



Accomplishments and Future Directions

Summary for HCPC Meeting 6.25.18

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Presentation Outline

1. HCV interventions
2. State and local HCV epidemiology
3. End Hep C SF structure and strategies
4. End Hep C SF outcomes and accomplishments
5. End Hep C SF barriers



We can't treat Hep C if we don't know we have it.

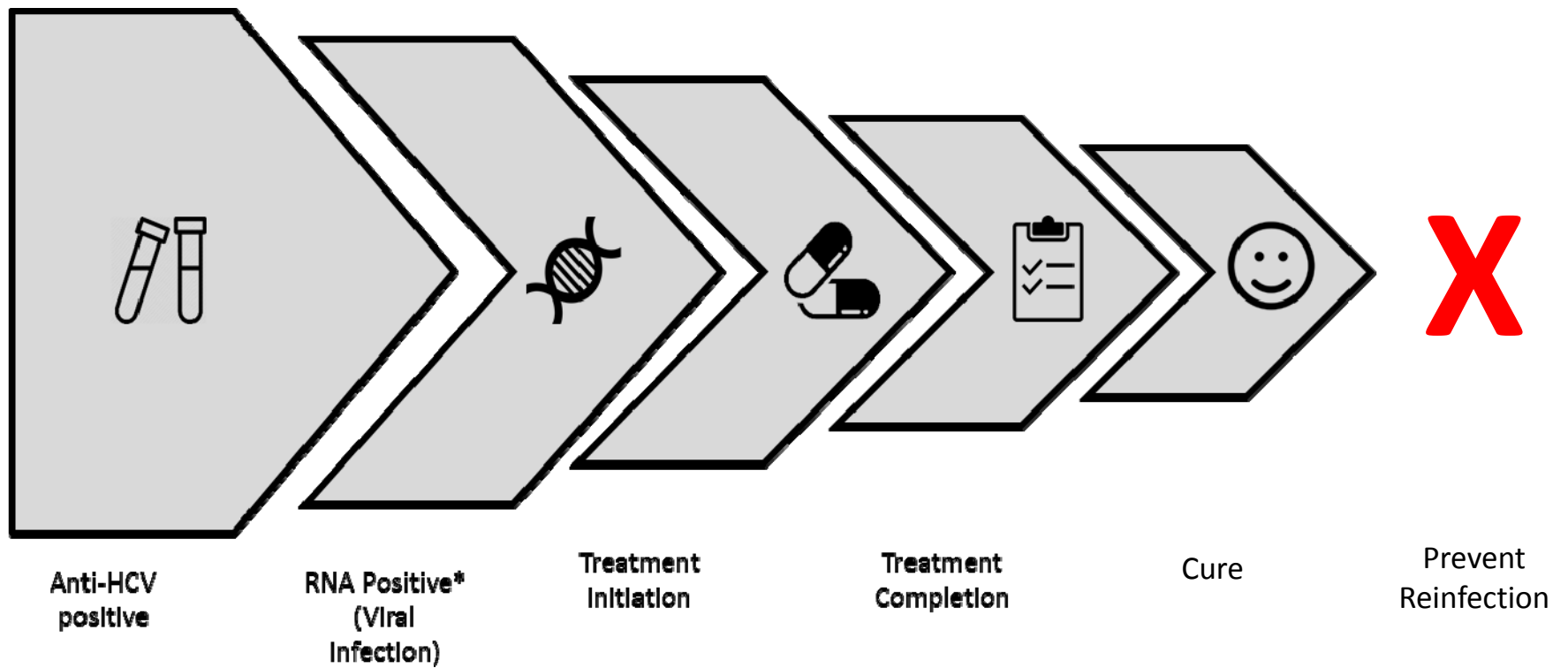
THERE IS NEW HOPE FOR PEOPLE WITH HEP C

Come visit us to talk about the new cure.

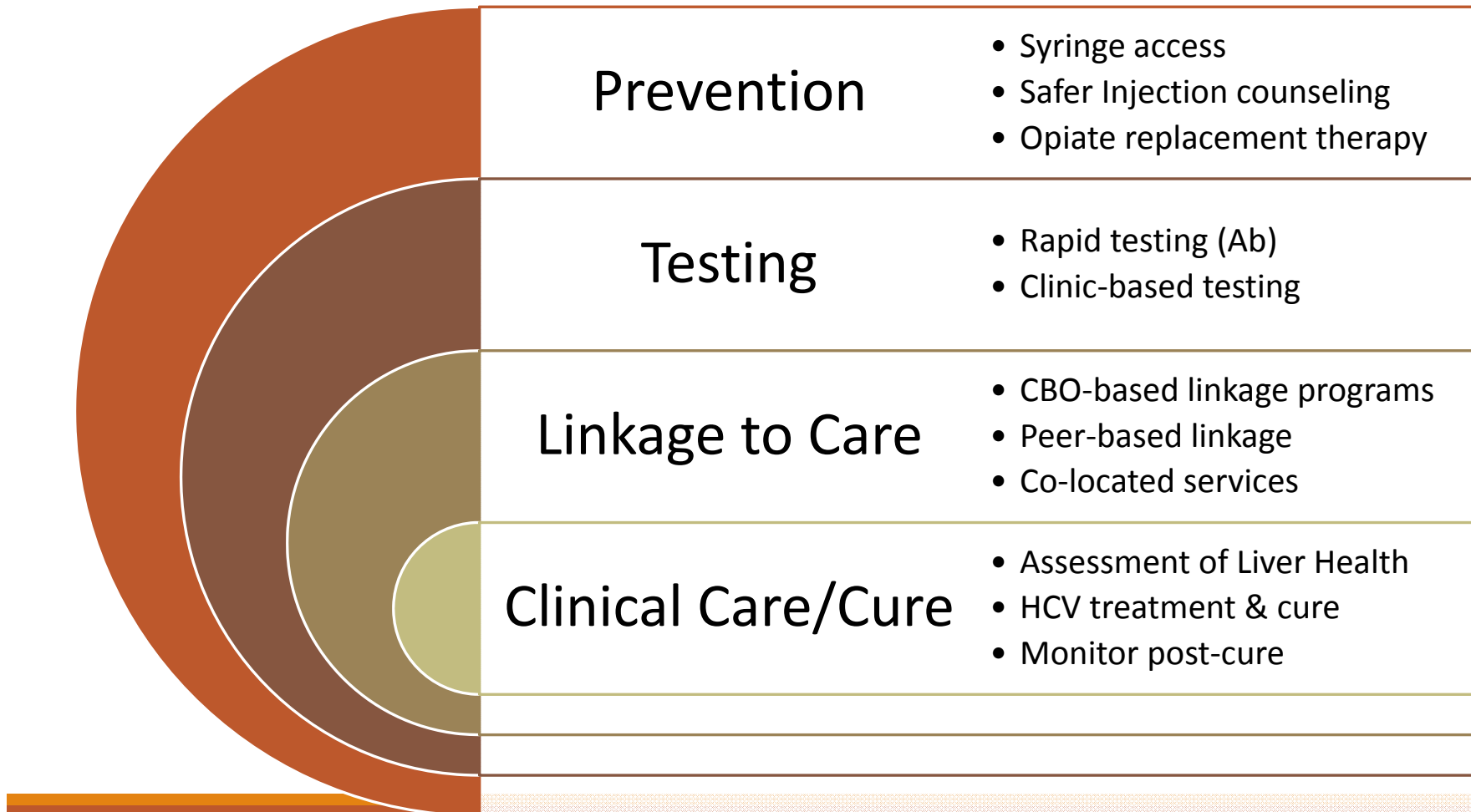
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HCV Cascade of Care

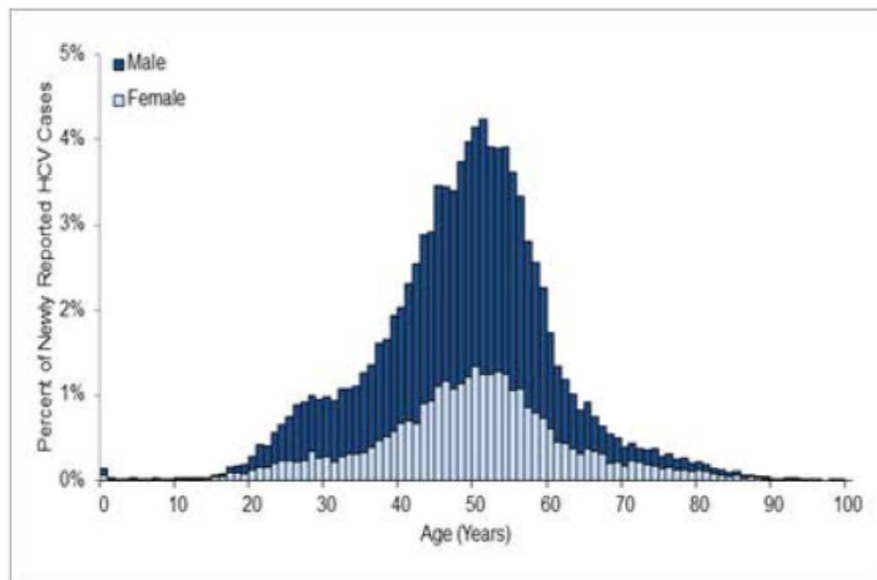


HCV Interventions

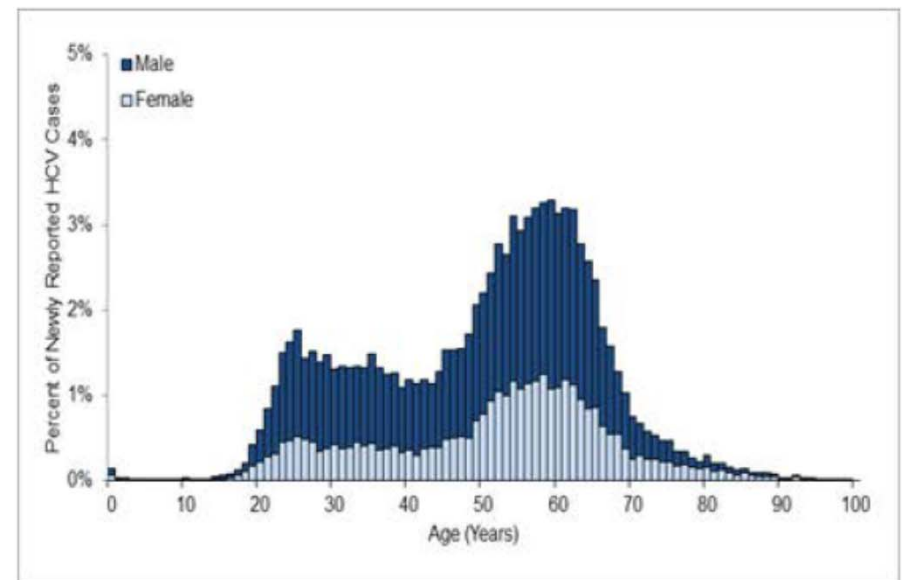


Chronic Hepatitis C – Age Distribution of Newly Reported Cases, California, 2007 and 2015

2007*



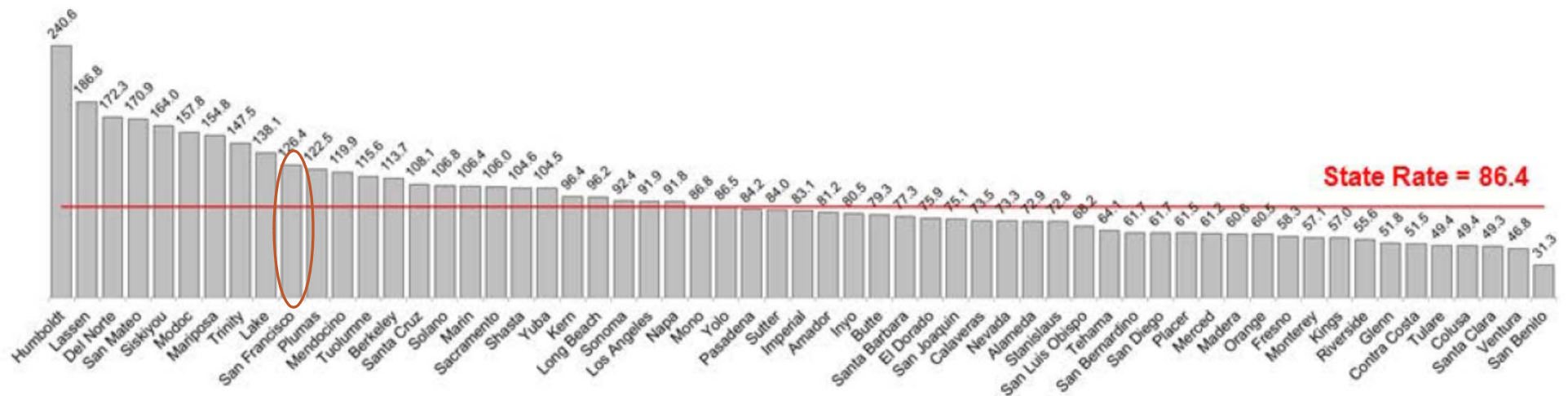
2015†



*N = 41,037; excludes 547 cases with missing age or sex information.

†N = 33,454; excludes 294 cases with missing age or sex information.

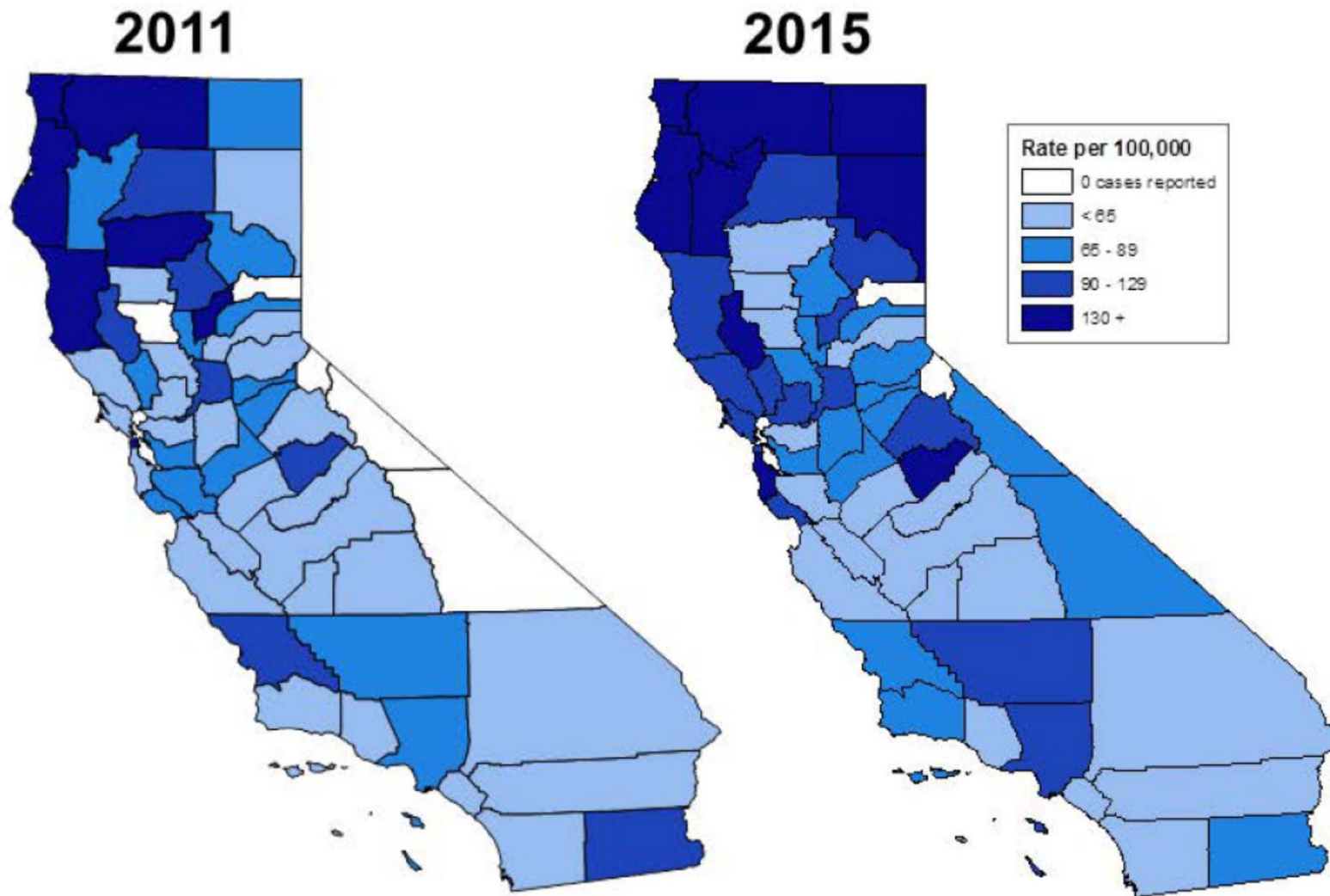
Chronic Hepatitis C – Rates of Newly Reported Cases in Ranked Order by Local Health Jurisdiction, Excluding Cases in State Prisons, California, 2015



Notes:

- Rates were not calculated for the following local health jurisdictions, which reported five or fewer cases in 2015: Alpine (0) and Sierra (2) counties.
- State prison cases were removed from local health jurisdiction totals and attributed to the state prison system as a whole.

Chronic Hepatitis C – Rates of Newly Reported Cases by County, Excluding Cases in State Prisons, California, 2011 and 2015



Notes:

- * No cases reported or statistically unstable rates for five local health jurisdictions in 2011, including Alpine, Colusa, Inyo, Mono, and Sierra counties; and two local health jurisdictions in 2015, including Alpine and Sierra counties.
- State prisons cases were removed from local health jurisdiction totals and attributed to the state prison system as a whole.

Hepatitis C in San Francisco

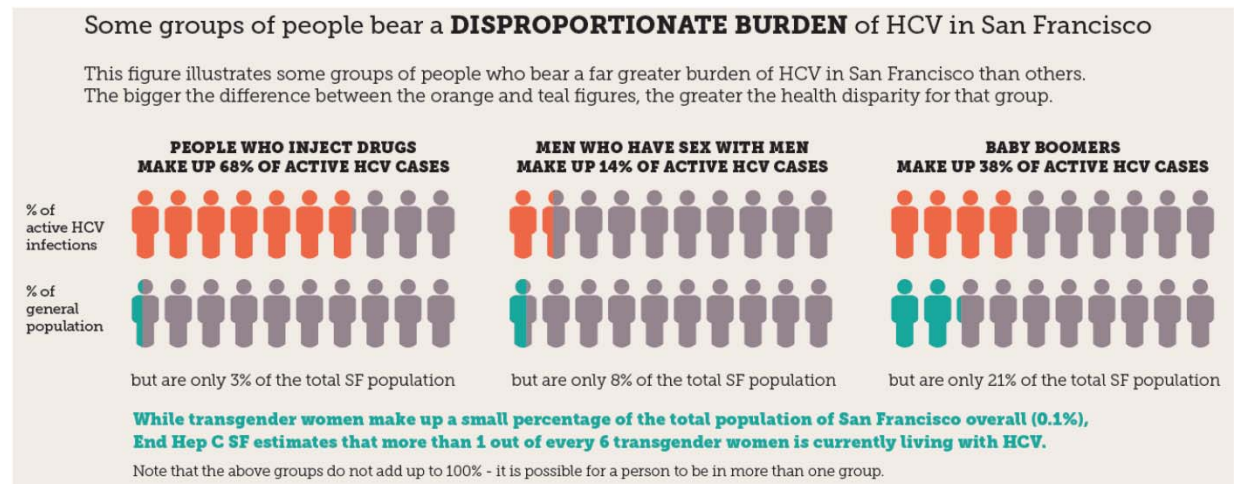
➤ In 2016, there were 1,008 (117.6/100,000) newly confirmed cases of Hepatitis C

- 30% African-American

A Nishimura, personal communication, Feb 2018

➤ About 2.5% of the population (or 22,000 residents) have been infected with HCV

➤ An estimated 12,000 persons currently infected with HCV



Facente SN, Grebe E, Burk K. Estimated Hepatitis C Prevalence and Key Population Sizes in San Francisco: A Foundation for Elimination. PLOS ONE.

End Hep C SF Partnerships and Strategic Plan



End Hep C SF Community Engagement Strategies

- **New Treatments Have Changed the Game Campaign 2015**
 - Video installment, 2018
- **Tales from the Cured community meeting, August 3, 2017**
- **Get Cured, Stay Cured community meeting, March 8, 2018**
- **Peer-based HCV linkage program, 2018**



End Hep C SF Community-based Testing Strategies

➤ HIV/HCV Rapid Testing Sites

- Syringe exchange programs
- Shelters
- Single-room occupancy hotels
- Residential drug treatment intake
- Transgender wellness group

➤ Lab-Based Testing

- Methadone programs
- Jails

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know we have it.**



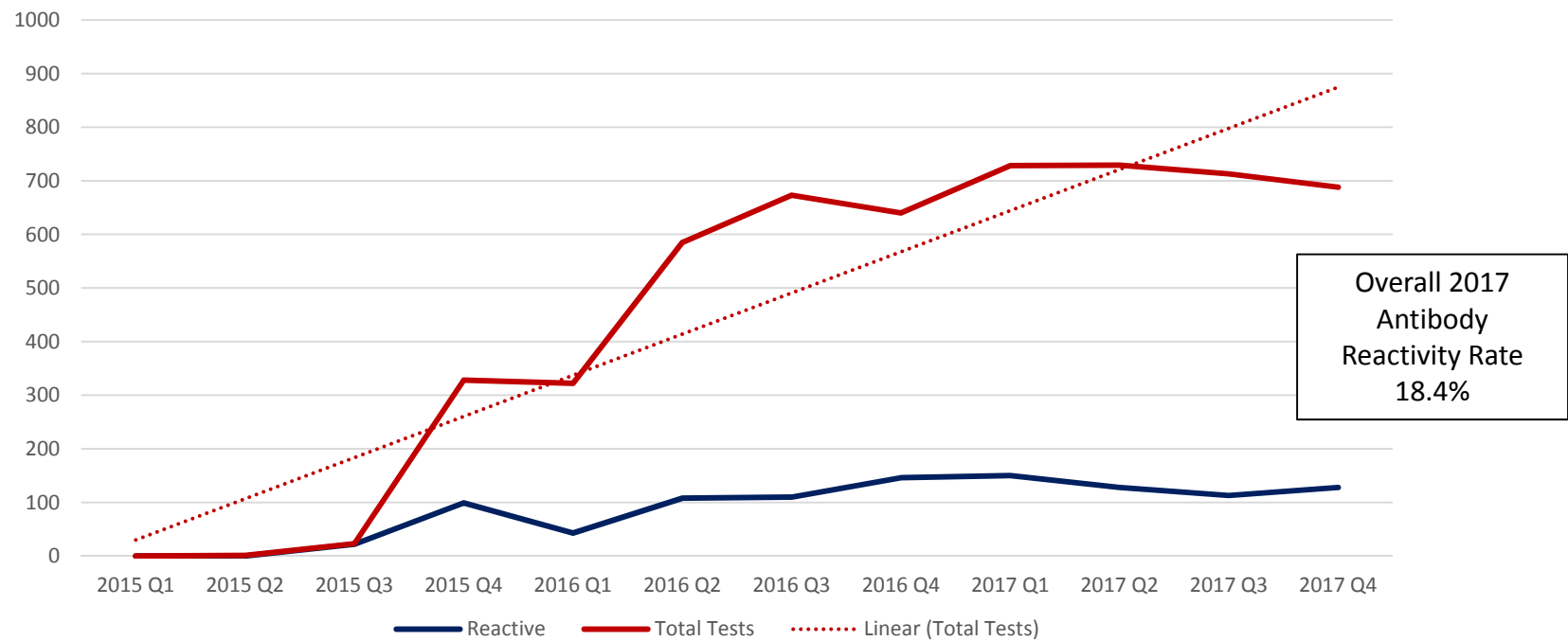
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Increased Community-Based Screening

Rapid Antibody HCV Testing, 1/1/15-12/31/17
San Francisco Department of Public Health



Community-Based Screening Antibody Reactivity by Risk Factor

Community-Based HCV Rapid Tests January 1–December 31, 2017 Reactive Tests (n=519)		
Risk Group	% of Reactives	Total Ab+ (n= 519)
IDU ever	92.1%	478
Ever stimulant smoking	84.0%	436
Homeless (in past 12 months)	72.1%	374
Baby Boomer	43.3%	225
Ever Incarcerated	24.1%	125

Primary Care-Based HCV treatment Access: Strategy for Scale

- **Three components of the capacity-building HCV treatment initiative for primary care physicians in the San Francisco Health Network**
 - As of February 2016
 - ☐ In-person training
 - ☐ eReferral consultation services
 - ☐ Individualized clinic technical assistance

Pre and Post Intervention Analysis					
	Pre-intervention (16 months)		Post-intervention (23 months)		Percent increase
	Total Number	Number per month	Total Number	Number per month	
Total Patients Treated*	143	8.9	435	18.9	112%
Total Clinics Represented among Treated	5	n/a	12	n/a	140%

*Five treated cases had no listed PCP

Facente SN, Burk K, Eagen K, et al. New Treatments Have Changed the Game: Hepatitis C Treatment in Primary Care. Infectious Disease Clinics of North America. June 2018

HCV Treatment Access Beyond Traditional Clinic Settings: Strategy for Impact

- **Discussions underway to initiate treatment in inpatient settings, and to reinstate at the shelter and jail**

Clinic	Number of Treatment Starts	Treatment Completion	Date Treatment Program Initiated
Opiate Treatment Outpatient Program (UCSF)	136	120	August 2016
San Francisco County Jail	100	77	March 2017
Residential Drug Treatment (HealthRIGHT 360)	69	67	January 2016
Syringe Exchange (San Francisco AIDS Foundation)	19	10	August 2017
Street Medicine	12	7	May 2016
Shelter	10	10	Dec 2016
Magnet (Gay Men's Sexual Health Clinic, SFAF)	4	1	June 2017
Total	350	292	

End Hep C SF Barriers

Patient level

- Homelessness
- Poverty
- Substance Use
- Trauma (interferon)
- Unaware of HCV status
- Unaware of developments in HCV treatment

Clinic Level

- Nursing support difficult to fund
- Onerous PA process
- “Ghost panels”
- IT needs to capture data
- Traditional clinic settings not drug user-friendly

Structural

- Jail population uninsured/can't get meds
- Lack of state and federal funding
- Limitations of surveillance data
- No centralized way of tracking cures

Upcoming Projects



- Research and Surveillance
 - NIH R21 application submitted for cascade development and modeling work
- Prevention, Testing, Linkage group
 - New treatments have changed the game video (RFP in process)
 - Peer-based HCV linkage project (funding awarded to partner agencies)
 - Stigma campaign
- Treatment Access
 - Academic detailing (funding awarded)
 - Continued capacity building a low-treating clinics (In partnership with SFHP)

Thank you!!!

Katie Burk, MPH

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