



Eliminating HCV among People Living with HIV

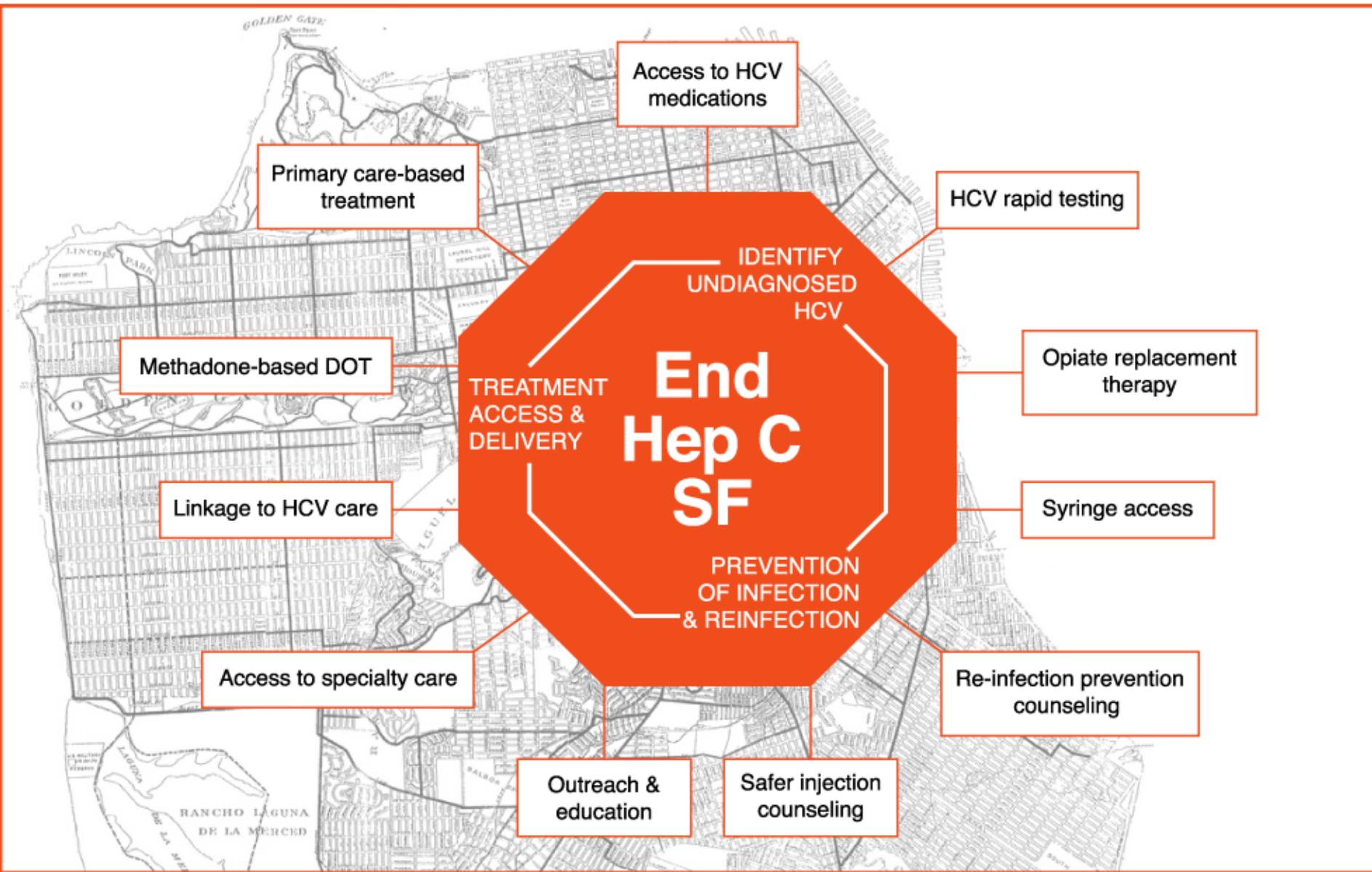
Recommendations for Micro-elimination in SF

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ALEX ARMENTA

VISION STATEMENT: *End Hep C SF envisions a San Francisco where HCV is no longer a public health threat, and HCV-related health inequities have been eliminated.*



Background

What is project OPT-IN? (Outreach, Prevention, Treatment -- INTEGRATION)

Project OPT-In is SFPD's 4 year demonstration project (2018-2022) funded by the CDC to decrease new HIV infections and increase viral suppression **among people experiencing homelessness and people who inject drugs (PWID)**. OPT-IN works with Glide, LINCS, and SFAF.



OPT-IN funded **End Hep C SF** to come up with a plan for the elimination of HCV among HIV-positive San Franciscans

- Included in the scope of work was to discuss with Getting to Zero and the HCPC

What do we mean when we say *micro-elimination*?

A micro-elimination approach entails “pursuing elimination goals in discrete populations through multi-stakeholder initiatives that tailor interventions to the needs of these populations.”*

Benefits of a micro-elimination strategy:

- Less complex and costly than full elimination
- Supports momentum and teachable moments for a broader elimination strategy

*Lazarus JV, et. al. [Semin Liver Dis.](#) 2018 Aug;38(3):181-192. doi: 10.1055/s-0038-1666841. Epub 2018 Jul 9.

Why are we talking micro-elimination now?

- Untreated Hepatitis C virus (HCV) amongst PLWH increases mortality despite antiretroviral treatment.
- Direct-acting antivirals (DAAs) considerably reduce HCV-related mortality and morbidity; HCV treatment is standard of care for all PLWH.
- Positive outcomes associated with successful HCV treatment support successful HIV treatment and care goals.
- We have work to do—Preliminary estimates of the number of co-infected San Franciscans in the SFHN alone is 230 patients as of Feb 2019

Context: How HIV and Hepatitis Surveillance Works at DPH

HIV

Active surveillance

- Monitor labs, pathology reports, medical records

Enhanced mortality surveillance

Molecular HIV surveillance

Annual epidemiology reports

HCV

Labs are mandated to report positive test results for chronic hepatitis

Patient demographic information often missing

- Enhanced surveillance on a subset of reports

Registry may include people who have died or moved away

We do not receive negative RNA results (but are working on it)

→ Cannot use surveillance data to track if HCV was cured

A Micro-Elimination Case Study: Ward 86

- ❖ **2014** : 672 people living with HCV ($\approx 27\%$), active elimination work initiated
 - All oral medications
 - Expanding access to HCV treatment- Medical now endorsed IDSA/AASLD Universal treatment guidelines (as of 7/10/27)
 - On-site HCV clinic @ W86 with multidisciplinary team
 - Treated > 400 by end of 2018
- ❖ **2019** : approximately 60 ($\approx 2.4\%$) remain
 - Now addressing hardest to treat
 - Ongoing surveillance & education challenges- new infections, re-infection
 - Address complication of cirrhosis that persist despite cure

A Micro-Elimination Case Study: SFHN

3,831 HIV+ Active SFHN Patients

3,147 (82%) HCV
Negative

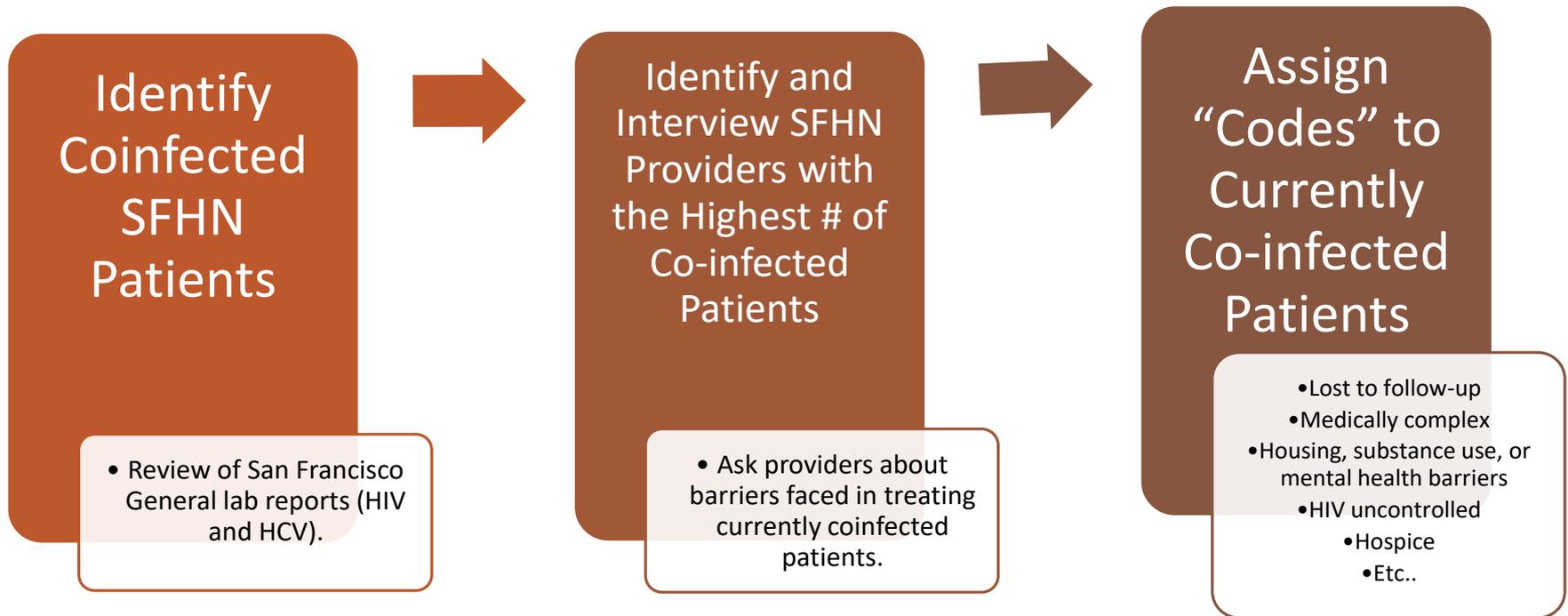
684 (18%) HCV
Positive



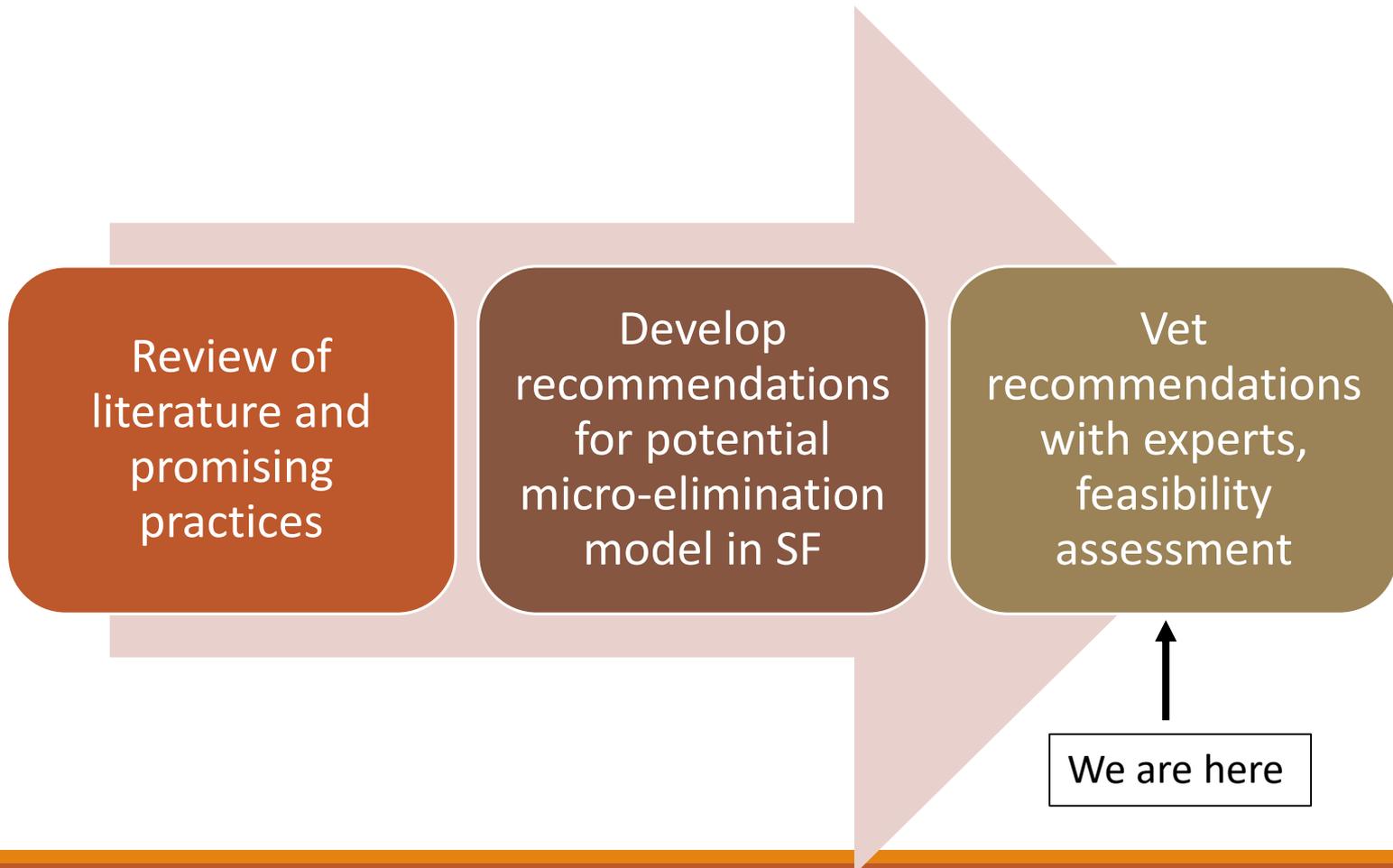
248 (36%)
Currently
Coinfected

436 (63%)
Successfully
Treated

A Micro-Elimination Case Study: SFHN Cont.



We don't know what we don't know: Micro-Elimination Planning Process



Success Factors from Promising Micro-elimination Work

- Data-to-care: demonstrated potential of data-to-care models to achieve micro-elimination amongst people co-infected with HCV/HIV
- Surveillance, monitoring and case identification, including:
 - Universal testing,
 - Negative result reporting, and
 - Case finding/retrieval for those lost to care.
- Integration of HIV infrastructure and HCV programs for collaborative management of micro-elimination.
- SF early investment in equitable care may have better positioned the city to address the needs of folks with the highest barriers to care.

HIV/HCV Micro-Elimination in SF: Recommendations for Success

**Implement Robust
HCV/HIV
Surveillance System;
Enable Data to Care**



**Develop Programs
for Care Settings,
Within & Beyond
Public Safety Net**



**Invest in Elimination
for Communities with
Highest Barriers to
Treatment and Care**



HIV/HCV Micro-Elimination in SF: Components for Success Break Down

Implement data to care

- Surveillance data and registry matching
- Establish target interventions, including case identification

Develop programs for care settings

- Assess practices for HCV testing and treatment beyond SFHN
- Implement practice transformation protocols

Invest in elimination for those with highest barriers to care

- Address gaps in accessibility
- Invest resources in high-support treatment and care models

How can HCPC support this work?

- Sign on to a letter of endorsement
- Support push for negative RNA reporting at SFDPH
- Ask SFDPH for progress reports on micro-elimination efforts
- Incorporate these guiding principles into your work:

PLWH should not be experiencing increased morbidity and mortality due to HCV, a curable disease .

and

All people living with HCV should be cured.

For More Information:
www.EndHepCSF.org

