HCV Testing in National HIV Behavioral Surveillance

Laura Weinberg, MNM
Alia Al-Tayyib, PhD

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Commitment to Equity in Data

Denver Public Health aspires to present data humbly, recognizing numbers never tell the whole story. We strive to work with individuals and communities to learn and share their stories to improve collective understanding. Knowing that people across life circumstances have inequitable opportunities to achieve optimal health, we commit to pair numbers and stories to inform policy and systems change to improve health for all.

Learn more about DPH’s Health Equity Data Commitment and Principles online at www.denverpublichealth.org
National HIV Behavioral Surveillance (NHBS)

- Initiated in 2003

- Conducted in annual, rotating cycles among:
  - Gay, bisexual, and other men who have sex with men (MSM)
  - People who inject drugs (IDU)
  - Heterosexually active persons at increased risk for HIV (HET)

- Monitors:
  - HIV risk behaviors (sex, drug use)
  - HIV testing behaviors
  - Use of prevention services
  - HIV prevalence
NHBS Project Areas
National HIV Behavioral Surveillance System

CDC-funded, 22 participating sites, 12-month cycles in 3 target populations

**MSM5 cycle - 2017**
- Venue-based sampling

**Formative Research**
- Key Informant Interviews
- Focus Group Interviews
- Venue Identification

**Surveillance Activities**
- Anonymous survey (N = 500)
- Voluntary and anonymous HIV testing

**IDUS cycle - 2018**
- Respondent-driven sampling

**Formative Research**
- Key Informant Interviews
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- Seed Identification

**Surveillance Activities**
- Anonymous survey (N = 500)
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**HET5 cycle - 2019**
- Respondent-driven sampling

**Formative Research**
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**Surveillance Activities**
- Anonymous survey (N = 500)
- Voluntary and anonymous HIV testing
Respondent Driven Sampling (RDS)

- RDS, a peer-referral sampling methodology, is an efficient method to recruit hard-to-reach populations
- Initial “seed” participants are identified and recruited for participation, seeds are then asked to recruit persons from their networks using referral coupons
Inclusion in NHBS

- General eligibility criteria
  - ≥ 18 years of age
  - Resident of the Denver metropolitan statistical area (MSA)
  - Not previously surveyed in current cycle

- **MSM cycles**: ever had oral or anal sex with another man, born male, and self-identify as male
  - Inclusion: oral or anal sex in past 12 months

- **IDU cycles**: injected drugs without a prescription in the past 12 months

- **HET cycles**: had vaginal or anal sex with an opposite sex partner in past 12 months, between the ages of 18 and 60, male or female
  - Inclusion: low SES defined as having income that does not exceed HHS poverty guidelines
NHBS Surveillance Activities

- A minimum of 500 eligible participants per metropolitan area are interviewed during each cycle
- Standardized core questionnaire across sites
  - Local questionnaire specific to each site
- Rapid HIV testing offered
  - HCV testing offered during some cycles
## NHBS HCV Antibody Testing

<table>
<thead>
<tr>
<th>Cycle</th>
<th># Tested</th>
<th># Positive</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>HET3 (2013)</td>
<td>550</td>
<td>49</td>
<td>8.9%</td>
</tr>
<tr>
<td>MSM4 (2014)</td>
<td>494</td>
<td>12</td>
<td>2.4%</td>
</tr>
<tr>
<td>IDU4 (2015)</td>
<td>584</td>
<td>350</td>
<td>59.9%</td>
</tr>
<tr>
<td>HET4 (2016)</td>
<td>471</td>
<td>44</td>
<td>9.3%</td>
</tr>
<tr>
<td>MSM5 (2017)</td>
<td>514</td>
<td>3</td>
<td>0.6%</td>
</tr>
</tbody>
</table>
NHBS-IDU5

- Data collected between May 22, 2018 and December 7, 2018
- A total of 739 persons screened to obtain final sample of 595
  - 20 seed participants
  - 575 referral participants
- 590 participants consented to HIV testing
  - 15 (2.5%) tested positive for HIV
  - All self-reported positive and all were in care
- 545 participants consented to HCV testing
  - 349 (64%) tested positive for HCV
  - 283 (51.9%) self-reported being positive
Preliminary NHBS-IDU5 Sample Characteristics

Race/Ethnicity:
- 68% White
- 19% Black
- 8% Hispanic
- 5% Other

Age:
- 20% 18-29
- 41% 30-39
- 23% 40-49
- 16% 50+

Most frequently injected drug:
- 56% Heroin
- 30% Meth
- 8% Heroin/meth
- 6% Cocaine

- 74% male (18% report ever having had sex with a man)
- 76% homeless in past 12 months
- 90% currently insured with 92% of those covered by Medicaid
HCV status by years since first injection

- <=1 year: 63% Negative, 37% Positive
- 2-3 years: 69% Negative, 31% Positive
- 4-6 years: 48% Negative, 52% Positive
- 7-10 years: 29% Negative, 71% Positive
- >10 years: 27% Negative, 73% Positive
Of those reporting having a positive HCV test, a total of 26 (10%) reported ever having received treatment.

Of the 26 who reported treatment, last treatment was:
- 6 months ago or less (31%)
- More than 6 months, but less than 1 year ago (15%)
- At least 1 year ago, but less than 5 years (15%)
- At least 5 years ago, but less than 10 years (23%)
- 10 or more years ago (15%)

Of those not in treatment, 168 (75%) expressed interest in taking medicine to treat their HCV.
NHBS-IDU5: HCV Treatment

- Location where treatment would be easiest to receive:
  - Primary care (36%)
  - Pharmacy (16%)
  - Specialist (10%)
  - Methadone or suboxone clinic (32%)
  - Other (e.g., syringe access program) (5%)

- Main reason not interested in treatment:
  - Too expensive (4%)
  - Don’t think they can be treated while actively using drugs (5%)
  - Medicine might make them sick (5%)
  - Don’t know where to get treatment (2%)
  - Don’t like doctors or medical clinics (13%)
  - Don’t think HCV is a problem (29%)
  - Other (e.g., will contract HCV again) (42%)
Aware of new medication to treat HCV that can get rid of the virus in eight to 12 weeks with very few side effects:
- No (21%)
- Yes (79%)
NHBS-IDU5: Navigator Pilot

- Staff were available to educate and offer navigation services to participants with a positive HCV test.
- Participants had to be completely done with the NHBS process.
- Participants were asked if they wanted to meet with a navigator.
- Participants were informed that meeting with a navigator was separate from NHBS and may no longer be anonymous.
NHBS-IDU5: Navigator Pilot

- Participating departments/organizations:
  - Denver Health’s Outpatient Behavioral Health Services (methadone clinic)
  - Colorado Department of Public Health and Environment, Disease Control and Environmental Epidemiology Division
  - Denver Public Health’s Outreach Team
  - Liver Health Connection
NHBS-IDU5: Navigator Pilot

- Services offered:
  - Education on new treatment available for HCV
  - Phlebotomy for PCR RNA or vouchers for future phlebotomy for PCR RNA
  - Enrollment at Denver Health (if not already enrolled)
  - Appointments in the Center for Positive Health at Denver Public Health with a doctor or nurse practitioner (with or without PCR RNA)
  - Other referrals as needed (e.g., MAT, naloxone)
  - A friendly face and positive experience surrounding medical treatment at Denver Public Health
71 participants with a positive HCV test (20.3%) chose to meet with a navigator:

- 13 blood draws for PCR RNA
- 14 vouchers for blood draws for PCR RNA
- 27 appointments made with a provider in the Center for Positive Health at Denver Public Health
- 2 MAT referrals (also offered at other stages in the NHBS process)
- 1 naloxone referral (also offered at other stages in the NHBS process and 144 kits were distributed to participants during the last two months of the cycle)
NHBS-IDU5: Navigator Pilot

- Lessons Learned
  - Participants don’t always want to meet with a navigator after completing an hour-long survey
  - Even if participants didn’t want to move forward with treatment, at least they were given information about the new treatments and how to move forward with an appointment in the future

- Future Ideas
  - Provider on site to prescribe and/or administer treatment
Acknowledgments

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- Liver Health Connection
Questions?

DenverPublicHealth.org/nhbs