Eliminating HCV Among People Living with HIV in San Francisco

KATIE BURK, MPH
VIRAL HEPATITIS COORDINATOR
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
Learning Objectives

- Define End Hep C SF
- Define the scope of HIV/HCV co-infection in San Francisco.
- Describe the microelimination plan development process.
- Identify three existing resources within the health service system that were employed to support this project.
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.

MISSION STATEMENT: To support all San Franciscans living with and at risk for hepatitis C to maximize their health and wellness. We achieve this through prevention, education, testing, treatment, and linkage to reduce incidence, morbidity, and mortality related to hepatitis C.
End Hep C SF has based their work on the belief that all people living with hepatitis C deserve access to the most effective treatment.

End Hep C SF is committed to working together to maximize the health and wellness of people who use drugs by treating them with respect, ensuring access to appropriate services, and empowering them to reduce harm and make choices to improve their health.

For More Information Visit EndHepCSF.org
# Microelimination

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

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<table>
<thead>
<tr>
<th>Why Microelimination?</th>
<th>HCV Elimination for PLWH</th>
<th>Why Now?</th>
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<tbody>
<tr>
<td>• Less Complex</td>
<td>• DAAs Decrease Mortality and Morbidity</td>
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<td>• Supports Broader Elimination</td>
<td>• 20% of PLWH have had an HCV Infection</td>
<td>• Low New HIV Infection Rates</td>
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<td>• High Proportion of People in Care</td>
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<td>• CDC Funding</td>
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San Francisco Landscape of Care

- 221 New Infections in 2017**
- 74% of all SF PLWH Virally Suppressed in 2016**
- 16,000 PLWH in SF

- ~200 Overdose Deaths in 2016*
- Estimated 25,000 PWID in SF

San Francisco Landscape of Care

**DPH**
- 15 Clinics and 2 Hospitals
- Access to All Labs

**Non-DPH**
- Kaiser and Other Private Providers
- Access to HCV Positive RNA Lab Reports Only
Access to HCV Treatment for People living with HIV (PLWH)

16,000 PLWH in San Francisco

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<tr>
<th>DPH</th>
<th>NON-DPH</th>
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<tr>
<td>3,831 (24%) HIV+ Active San Francisco Health Network (SFHN) Patients</td>
<td>Kaiser and Other Private Providers</td>
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<tr>
<td>216 (32%) Currently Coinfected</td>
<td>Out of Care</td>
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<tr>
<td>468 (68%) Successfully Treated</td>
<td>Unknown</td>
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Ward 86 Case Study

2014
- 672 Coinfected Patients
- DAA Released (All Oral Meds)
- Onsite HCV Tx @ Ward 86

2015-2018
- Medi-Cal Expanded Access to HCV Tx
- Treated >400 Patients by Dec. 2018

2019
- ~60 Coinfected Patients
- On-Site Navigation Services
- Increased Surveillance and Education
Identify Coinfected SFHN Patients
- Review of San Francisco General lab reports (HIV and HCV).

Identify and Interview SFHN Providers with the Highest # of Co-infected Patients
- Ask providers about barriers faced in treating currently co-infected patients.

Assign “Codes” to Currently Co-infected Patients
- Lost to follow-up
- Medically complex
- Housing, substance use, or mental health barriers
- HIV uncontrolled
- Hospice

Understanding The Barriers to HCV Treatment within DPH
SFHN: Treatment Barriers

Disengaged/Low engagement 29%
Mental Health/Substance Use 28%
Lost to Follow Up 20%
Medical Complexity* 12%
Ambivalence/Declined Treatment 8%
Housing Instability 3%

*Medical complexity includes unmanaged HIV
Data challenges

Only have anecdotal evidence that private providers have cured their HIV+ patients of HCV. Need HIV AND HCV surveillance data to determine who has been cured outside of the San Francisco Department of Public Health Safety-Net.

◦ Initial estimate is 15% of PLWH in San Francisco were at one time also living with HCV.

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<th>HIV Surveillance</th>
<th>HCV Surveillance</th>
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<tr>
<td>o Active Surveillance</td>
<td>o Mandated reporting of HCV</td>
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<tr>
<td>o Monitor labs, pathology reports, medical records</td>
<td>positive lab reports</td>
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<tr>
<td>o Enhanced mortality surveillance</td>
<td>o Can not determine who has been cured</td>
</tr>
<tr>
<td>o Molecular HIV surveillance</td>
<td>o Patient information often missing</td>
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<td>o Annual epidemiology reports</td>
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Where we are now

HIV and HCV Registry Match
AND
Field Investigation Planning

Endorsements from Getting to Zero and HIV Community Planning Council

Early Stages of HCV Negative Lab Planning

Low Threshold HCV Treatment Models Initiated, Expanded
Next Steps For city-wide microelimination

**Develop Programs**
- Implement Practice Transformation Protocols

**Increase Surveillance**
- HCV RNA Negative Lab Reporting
- Enable Data to Care

**Invest in Elimination**
- Address gaps in Accessibility
- Invest Resources in High-Support Treatment and Care Models

**Applying Lessons Learned**
- Apply lessons learned through microelimination efforts towards broader HCV elimination.
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- Alex Armenta, MPH
Thank you

Katie Burk, MPH
Viral Hepatitis Coordinator
San Francisco Department of Public Health
katie.burk@sfdph.org

For More Information Visit
EndHepCSF.org