

# Pennsylvania: The State of HCV 2015

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## Introduction

- Baby Boomers
- Sentinel Events
  - ▮ Overdose deaths
  - ▮ Outbreak in Indiana
  - ▮ 400% increase in HCV in 4 States
- EPI studies using geospatial overlays
- Continuum of care
- Interventions
- Summary



## Prevalence of Current HCV Infection among U.S. Population

- ❑ ~3 million people with current infection
- ❑ **National Health and Nutrition Examination Survey (NHANES) prevalence estimate**
  - 2.7 million persons (2.2-3.2 million)
  - 1.0% of general U.S. population (0.8%-1.2%)
  - Civilian, non-institutionalized populations
- ❑ **Non-NHANES prevalence estimate**
  - 500,000 persons (360,000-840,000)
  - Incarcerated population (15-35% HCV prevalence)
  - Homeless persons

Denniston M, *Ann Int Med* 2014; Chak E, *Liver Int* 2011; Weinbaum *MMWR*, 2003



## ▶ Sentinel Events

- Overdose deaths
- HIV/HCV Outbreak in Indiana
- 400% increase in HCV in 4 States
- Tripling of heroin users

## HCV Infection from Injection Drug Use Behaviors

- ❑ Injection drug use (IDU) is the principle risk factor for HCV infection
  - Most reported risk behavior in acute case reporting
- ❑ HCV prevalence among persons who inject drugs (PWID) between 30% and 70%
- ❑ HCV prevalence among younger (<30 yrs.) between 10% and 36%
- ❑ HCV incidence between 16% and 42% per year

Hagan et al. 2010; Garfein et al. 1998; Armstrong et al. 2006; Amon et al. 2008; Kleven et al. 2013; Daniels et al. 2007



## Increases in New HCV Infections

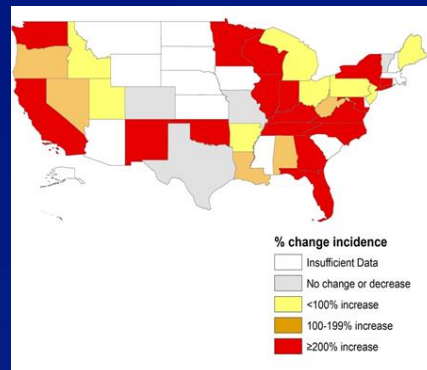
- ❑ **50% increase in national reporting**

**2007-2012**

- ❑ **200% increase in 17 states**

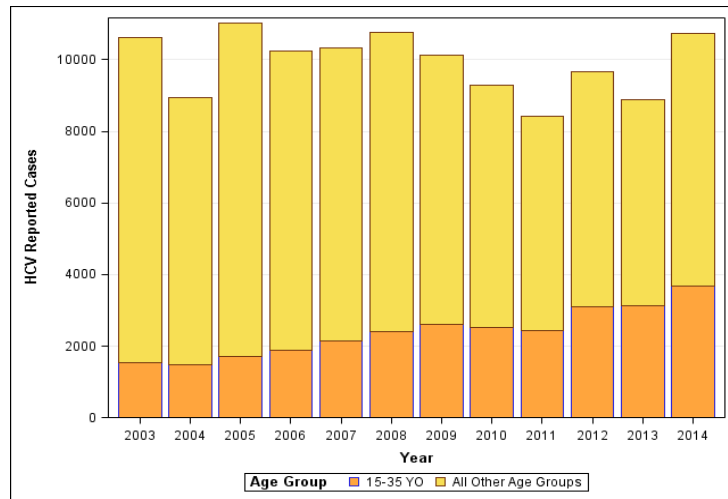
- ❑ **Recent studies show**

- ~70% report IDU
- Ages 18 to 29 years
- Predominantly white
- Equally female and male
- Non-urban and urban
- Antecedent presc opioid misuse



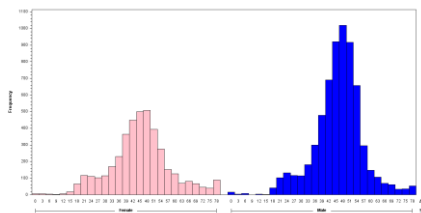
Source: CDC/hepatitis.gov; MMWR 2011; MMWR 2014; CDC unpublished data.

## PA-NEDSS Reported HCV Past and Present by Age Group

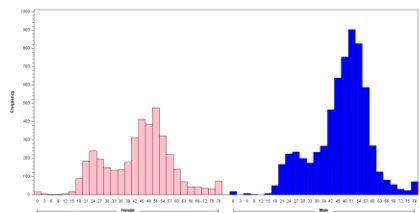


## Changes in Demographics PA

**2003**



**2007**



## Changes in Demographics PA

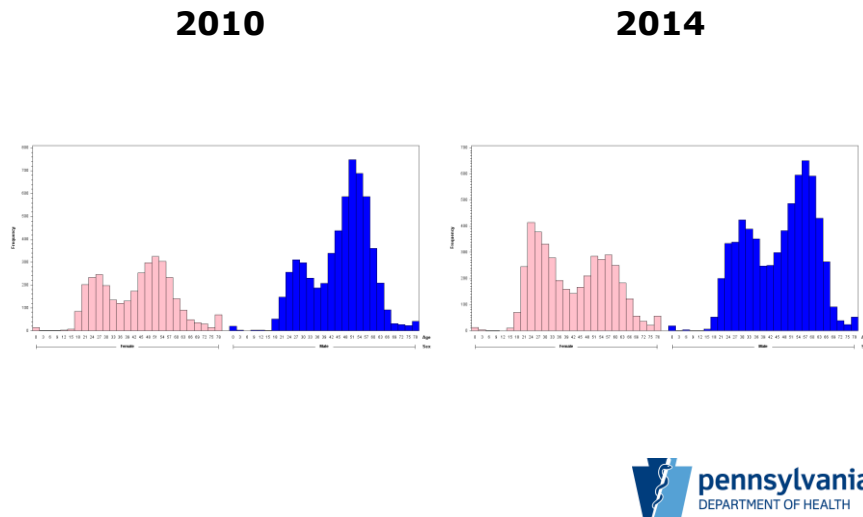
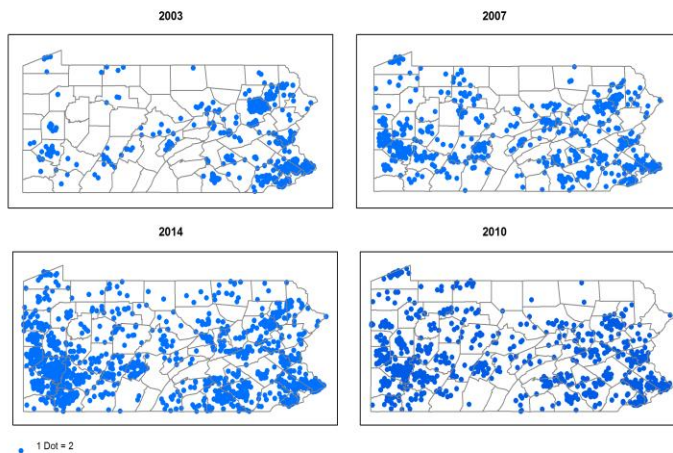


Figure 1: HCV Reported Cases in 15-35 Years old Age Group by County (excluding Philadelphia) , Dot Density Study, Pennsylvania, Selected Years.



## GIS Mapping of HCV Age-Specific per 100,000 for the 15-35 year old demographic

Figure 6: HCV age specific reporting rate per 100,000 for 15-35 YO population with Graduated Dot Analysis of cases of IVDU admitted for treatment (all age groups) by County and locations of State Correctional facilities, Pennsylvania, 2007

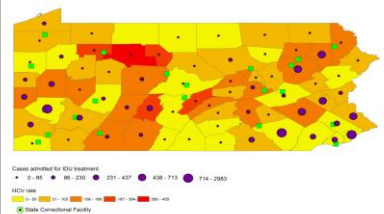


Figure 7: HCV age specific reporting rate per 100,000 for 15-35 YO population with Graduated Dot Analysis of cases of IVDU admitted for treatment (all age groups) by County and locations of State Correctional facilities, Pennsylvania, 2010

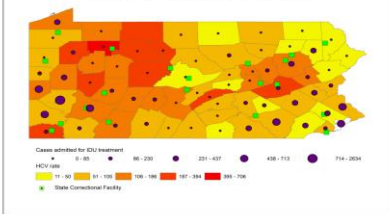
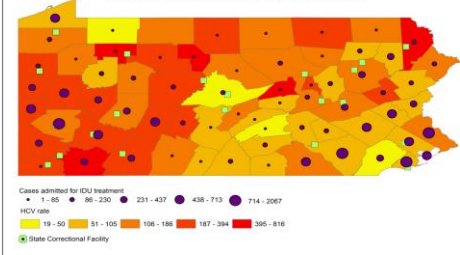
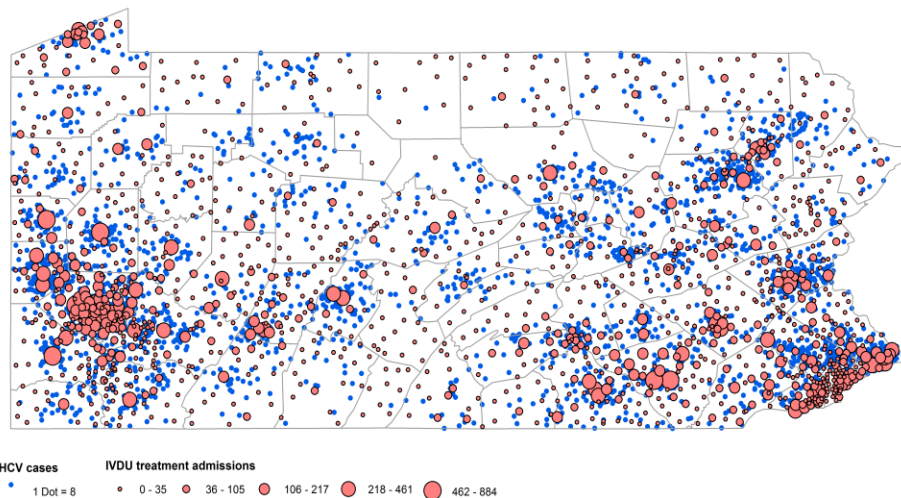


Figure 8: HCV age specific reporting rate per 100,000 for 15-35 YO population with Graduated Dot Analysis of cases of IVDU admitted for treatment (all age groups) by County and locations of State Correctional facilities, Pennsylvania, 2014



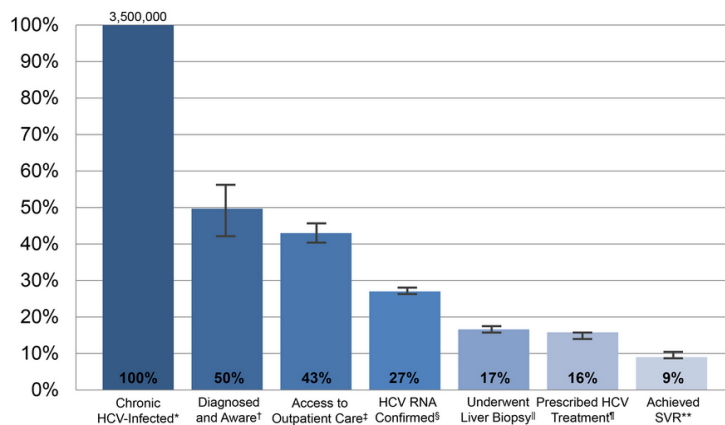
pennsylvania  
DEPARTMENT OF HEALTH

Total HCV Cases in the 15-35 Years Old Age Group cases Reported to PA NEDSS 2003 through 2014 and Cumulative number of IVDU Treatment Admissions 2010 through 2013 by zipcode and County, Pennsylvania



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## HCV Care Continuum



\* Chronic HCV-Infected; N=3,500,000.

† Calculated as estimated number chronic HCV-infected (3,500,000) x estimated percentage diagnosed and aware of their infection (49.8%); n=1,743,000.

‡ Calculated as estimated number diagnosed and aware (1,743,000) x estimated percentage with access to outpatient care (86.9%); n=1,514,667.

§ Calculated as estimated number with access to outpatient care (1,514,667) x estimated percentage HCV RNA confirmed (62.9%); n=952,726.

|| Calculated as estimated number with access to outpatient care (1,514,667) x estimated percentage who underwent liver biopsy (38.4%); n=581,632.

¶ Calculated as estimated number with access to outpatient care (1,514,667) x estimated percentage prescribed HCV treatment (36.7%); n=555,883.

\*\* Calculated as estimated number prescribed HCV treatment (555,883) x estimated percentage who achieved SVR (58.8%); n=326,859.

Note: Only non-VA studies are included in the above HCV treatment cascade.



## Necessary but not sufficient....

- Drug Treatment with MAT
  - ▮ Methadone
  - ▮ Suboxone
- Harm Reduction
  - ▮ Syringe/works exchange
  - ▮ Naloxone
- HCV treatment
  - ▮ Reduce the viral load of the using community



## Framework of a model HCV control strategy for PWID

### Prevent new infections

#### HCV prevention activities

- Access to syringes & other equipment
- OST
- Safe injection education
- Outreach to those not engaged

### Detect and care for existing infections

#### Screening and diagnosis

- Antibody screening
- RNA test to confirm infection
- Clinical evaluation to determine disease stage
- Monitoring disease progression
- Reduce alcohol use

### Reduce chronic infections

#### HCV care and treatment

- Treat to cure infection
- Support adherence to treatment
- Support post-cure to prevent reinfection

**Co-locating these services increases their impact on HCV control**

Provided by Holly Hagan

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## Multi-Component Interventions

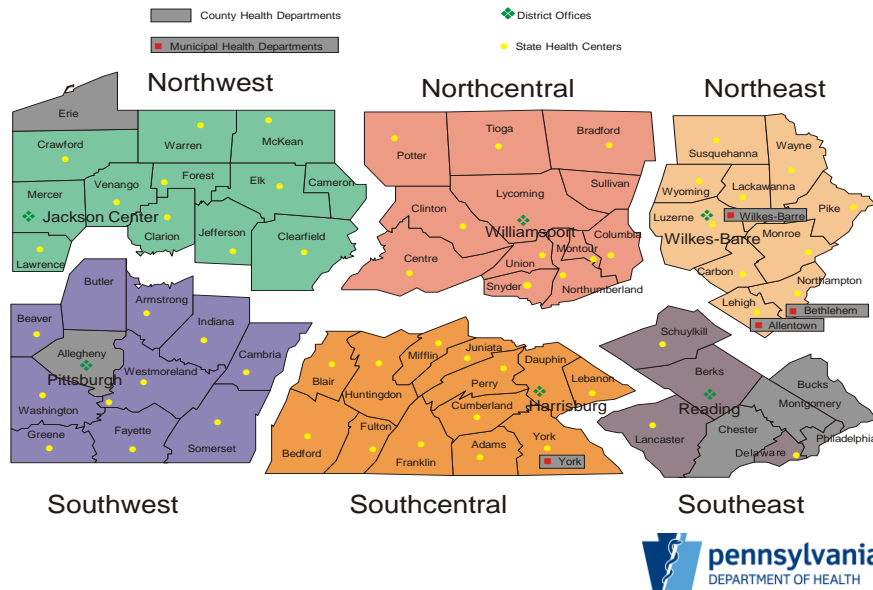
An approach to risk reduction where **syringe exchange programs (SEP)** and **opioid agonist therapy (OAT)** programs are combined as “packages” and offered concurrently in the form of a “one-stop shop.”

**A combination of *readily-available* and *low threshold* OAT (with methadone and/or buprenorphine) and SEPs have been shown to:**

- Reduce syringe sharing
- Lower injecting risk
- Reduce incidence of HIV and HCV
  - Up to 80% in UK
  - Three fold - New York



## Pennsylvania Department of Health Community Health Districts



## Hepatitis C: The "Silent Epidemic"

Community Liver Alliance  
**Hepatitis C: The "Silent Epidemic"**

The Community Liver Alliance, the Allegheny County Health Department, and the Pennsylvania Department of Health invite medical providers, drug/alcohol counselors, correction workers, community health workers and advocates for vulnerable populations to attend the educational seminar focusing on the HCV epidemic in the under 25 year old demographic. It will be held at the Embassy in Monacaire on **September 17th, 2016. Save the Date.**

Community Liver Alliance  
Suzanne Mawla  
Executive Director  
Community Liver Alliance  
812 Shady Oak Court  
Pittsburgh, PA 15206  
Phone: 412-638-0300  
Email: [suzanne@communityliveralliance.org](mailto:suzanne@communityliveralliance.org)  
[www.communityliveralliance.org](http://www.communityliveralliance.org)

- 6 seminars with CME
- Organized by stakeholders in the region with assistance from VHPC
- Focus on young adult IDUs
- Provide an atmosphere for cooperation, collaboration, and relationship building

## HCV Resource Guide

- 2 interns per region
- External SharePoint site for document sharing
- Web-based, searchable
- Use seminar contacts and participants to build the HCV Resource Guide
- Create informal care networks
- <https://extsharepoint.health.pa.gov/sites/HepCRGP/SitePages/Home.aspx>



## Mini-Grant HCV Testing Sites

- Sites
  - ▣ Harm reduction
  - ▣ Drug and alcohol treatment facilities
  - ▣ Medical facilities
  - ▣ HIV clinics
- Free Rapid HCV Ab test kits
- Share linkage to care data back with us

**OraQuick<sup>®</sup>** Rapid Antibody Test  
**HCV**



## Summary

- EPI studies using geospatial overlays
- Continuum of care
- Interventions
  - ▮ Community health districts
  - ▮ CME educational seminars
  - ▮ HCV Resource Guide
  - ▮ Rapid HCV Ab mini-grants
- Summary



***HEPCAP GOES TO WASHINGTON...***

# HEP ON THE HILL

## HEPCAP JOINS NATIONAL ADVOCACY

- 120+ advocates from 27 states
- 100+ Congressional offices visited!

**Our asks:**

- Increase CDC/DVH budget to \$62.8 million
- Support an end to the ban on federal funds for SEPs



## ANOTHER GREAT PA DELEGATION!



***THE WHITE HOUSE AGREES:  
DRUG USE IS A PUBLIC HEALTH ISSUE***

# FEDERAL SHIFT IN DRUG USER HEALTH POLICIES

## FEDERAL FUNDS CAN SUPPORT SYRINGE EXCHANGES!

- **December 2015:** Ban on using federal funds to support syringe service programs lifted!
- **March 2016:** HHS releases guidance on what the ban means for grantees
  - Funds may be used to support various components of SSPs, including HCV/HIV testing kits, naloxone and "supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers."
  - In consultation with CDC health departments must provide evidence that indicates whether the jurisdiction is "(1) experiencing or (2) at risk of, but not yet experiencing significant increases in viral hepatitis or HIV infections due to injection drug use."
    - Pennsylvania has evidence to prove need, including CDC risk analysis
  - Once a health department has received notice of approval regarding determination of need for the jurisdiction, **they will be eligible to apply to the respective federal agency for redirection of funds.**
    - Grantees should receive specific SSP guidance from their funding agency regarding which programs may apply for redirection and the application process for each agency.

<https://www.aids.gov/pdf/hhs-ssp-guidance.pdf>

## CDC RELEASES NEW OPIOID PRESCRIBING GUIDELINES

Clinical practices addressed in the guidelines:

- Determining when to initiate or continue opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care
- Opioid selection, dosage, duration, follow-up, and discontinuation
- Assessing risk and addressing harms of opioid use

Online resources include fact sheets, provider checklist, strategies to calculate dosage, posters, and links to more information

<http://www.cdc.gov/drugoverdose/prescribing/guideline.html>

## WHITE HOUSE PROPOSES \$1.1 BILLION TO ADDRESS OPIOID & HEROIN EPIDEMIC

“For too long we’ve viewed drug addiction through the lens of criminal justice. The most important thing to do is reduce demand. And the only way to do that is to provide treatment – **to see it as a public health problem and not a criminal problem.**”

President Barack Obama  
March 29, 2016



## \$1B TO EXPAND TREATMENT ACCESS

- **\$920 million:** Cooperative agreements with States to expand access to medication-assisted treatment
  - States will receive funds based on severity of the epidemic and strength of their response strategy
  - Use these funds to expand treatment capacity, make services more affordable.
- **\$50 million:** Expand access to substance use treatment providers
  - Support ~700 providers for substance use disorder treatment services, including medication-assisted treatment,
- **\$30 million:** Evaluate the effectiveness of treatment programs employing medication-assisted treatment in real-world conditions

## **\$500M BUILD ON EXISTING EFFORTS**

- Expand state-level prescription drug overdose prevention strategies:
  - Increase availability of medication-assisted treatment programs
  - Improve access to the overdose-reversal drug naloxone
  - Support targeted enforcement activities
  - A portion of funds will be directed to rural areas
  - HHS pilot project for nurse practitioners and physician assistants to prescribe buprenorphine, where allowed by state law.

## **OTHER WHITE HOUSE ACTIONS: EXPANDING ACCESS TO TREATMENT**

- **HHS:**
  - Proposed rule to increase patient limit for qualified physicians who prescribe buprenorphine to treat opioid use disorders from 100 to 200 patients
  - \$94 million in new funding to 271 Community Health Centers across the country earlier this month to increase substance use disorder treatment services, with a specific focus on expanding medication-assisted treatment
- **SAMHSA:**
  - \$11 million funding opportunity for up to 11 States to expand their medication-assisted treatment services
  - Distributing 10,000 pocket guides for clinicians that include a checklist for prescribing medication for opioid use disorder treatment and integrating non-pharmacologic therapies into treatment.
  - Coordinate trainings to increase the number of doctors qualified to prescribe buprenorphine, held in targeted States in greatest need



## OTHER WHITE HOUSE ACTIONS

- **Implementing Mental Health and Substance Use Disorder Parity in Medicaid:** HHS is finalizing a rule to strengthen access to mental health and substance use services for people enrolled in Medicaid and Children's Health Insurance Program (CHIP) plans by requiring that these benefits be offered at parity, meaning that they be comparable to medical and surgical benefits.
- **Preventing Opioid Overdose Deaths:** SAMHSA is releasing a \$11 million funding opportunity to States to purchase and distribute naloxone
- **New Private Sector Commitments to Address the Epidemic,** More than 60 medical schools will require students to take some form of prescriber education, in line with the newly CDC Guideline for Prescribing Opioids for Chronic Pain
  - Perelman School of Medicine at the University of Pennsylvania; Philadelphia College of Osteopathic Medicine

<https://www.whitehouse.gov/the-press-office/2016/03/29/fact-sheet-obama-administration-announces-additional-actions-address>

## WHAT DOES THIS MOMENTUM MEAN FOR PA AND PHILLY?

- Challenge: Public health and substance use are two different departments in both PA and PHL
  - SAMHSA funding goes through DDAP (PA), DBH (PHL)
  - HHS/CDC funding goes through DOH (PA), PDPH (PHL)
  - Overdose advocacy is helping bridge the gap between these agencies; threat of HIV outbreak (like in Indiana) a wake up call for public health departments
- Hepatitis staff/advocates should have a seat at the table in plans to address drug user health and safety
  - In Philadelphia, PDPH hepatitis team is part of the overdose prevention task force
  - In PA, DOH is working closely with DDAP to develop more integrated models of service delivery