

Hepatitis C and the opioid crisis

Dual epidemics

Community Level Strategies: Confronting the Opioid Epidemic

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Burden of Hepatitis C Disease

- Approximately 2.4 million persons are currently infected with HCV.¹
- 116,000 New Yorkers have chronic HCV.²
- Baby boomers account for 75% of HCV cases in the U.S.³
- Mortality among HCV-infected persons increased during 2006-2010.^{4,5}
- In 2007, HCV-related deaths exceeded HIV-related deaths.⁴
- In 2013, HCV associated deaths exceeded the combined number of deaths of 60 other infectious diseases as underlying causes.

1) Hofmeister MG, Rosenthal EM, Barker LK, Rosenberg ES, Barranco, MA, Hall EW, Edlin BR, Mermin J, Ward J, Ryerson AB. Estimating Prevalence of Hepatitis C Virus Infection in the United States, 2013-2016. Hepatology 2019;69 (3):1020-1031. 2) Rosenberg ES, Rosenthal EM, Hall EW, Hofmeister MG, Sullivan PS, Dietz P, Mermin J, Ryerson AB. Prevalence of Hepatitis C Virus Infection in US States and Hap Of Market III. Columbia, 2013 to 2016. JAMA Netw Open. 2018 Dec; 1(8): e186371; 3)CDC. MMWR 2012;61(RR04);1-18; 4) Ly KN, Xing J, Klevens RM, Jiles RB, Ward JW, Holmberg SD.. Ann Intern Med. 2012; 156 (#1221815) Mahajan R, Xing J, Liu SJ, Ly KN, Moorman AC, Rupp LB, et al. Clin Infect Dis. 2014;58(8):1055-61;

Trends in Hepatitis C Treatment

- Combinations of direct acting antivirals (DAAs)
- Most regimens taken one a day many one pill a day
- Shorter duration (approx. 12 weeks); 8 weeks for some
- · Regimens that are effective against multiple genotypes
- Effective in historically 'hard-to treat' patients:
 - Genotype 1a and Genotype 3
 - Cirrhotic
 - HIV coinfected

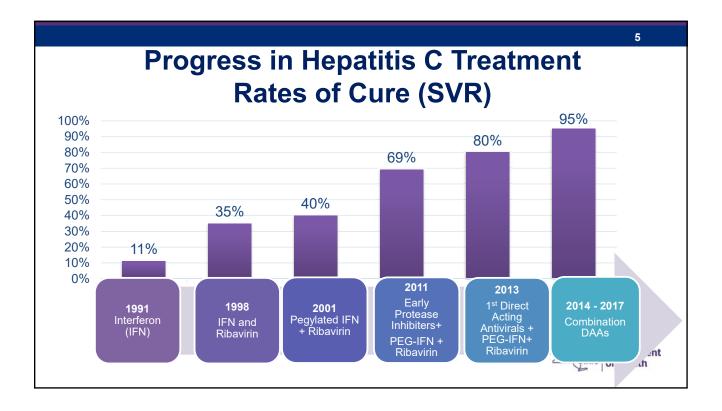


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Trends in Hepatitis C Treatment

- Current treatment regimens have far fewer adverse side effects
 - Recommended treatment regimens no longer include interferon
 - Most recommended regimens are ribavirin free
 - DAAs very well tolerated
 - Less than 1% discontinued due to adverse effects in DAA clinical trials vs.
 11-16% with interferon based treatment
- Most side effects are manageable
 - Headache, fatigue, nausea, diarrhea, Insomnia, skin irritation

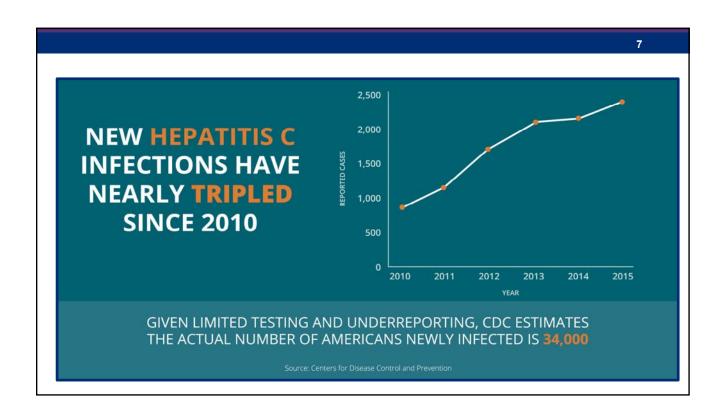


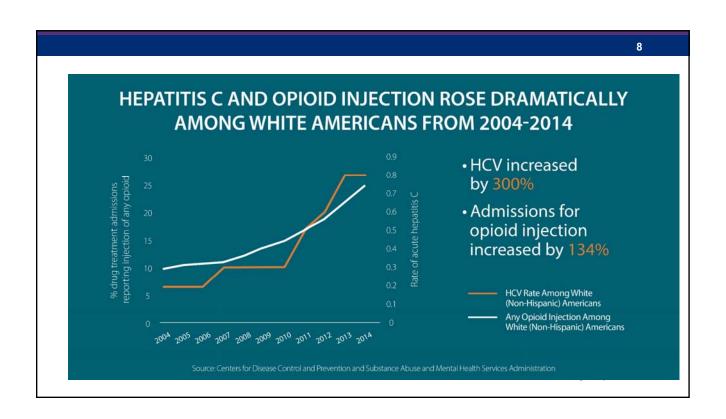


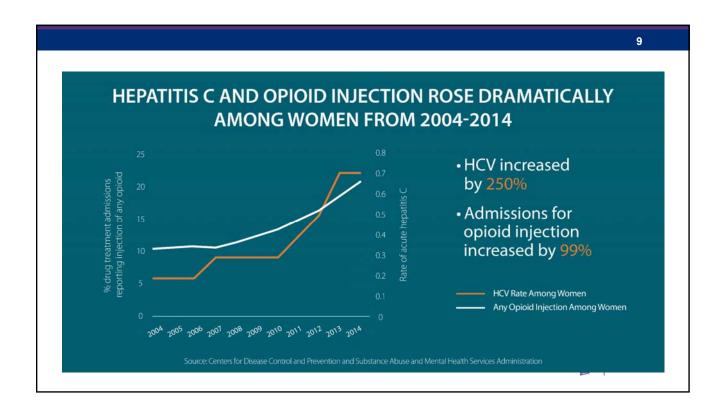
Burden of Hepatitis C among People Who Inject Drugs (PWID)

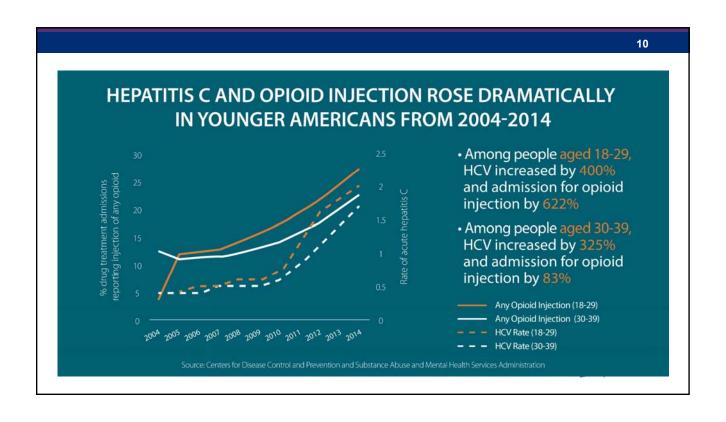
- The most common risk factor associated with HCV transmission is injection drug use
- PWID remain at highest risk for HCV infection
- PWID account for 60% of existing HCV infections
- PWID account for 80% of new HCV infections
 - Acquisition of HCV is fairly rapid after the start of IDU
- Increase in new HCV cases among young adults (15-29 years)
 - Living in suburban and rural areas
- Increases among women of child bearing age (15 -44 years)
 - IDU as the primary risk
- Most PWID are willing to receive HCV treatment
 - Only 1-2% are actually treated each year
 - HCV treatment could act as prevention

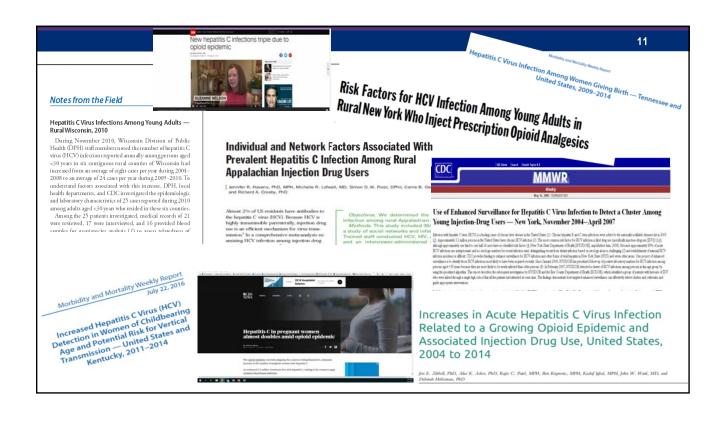


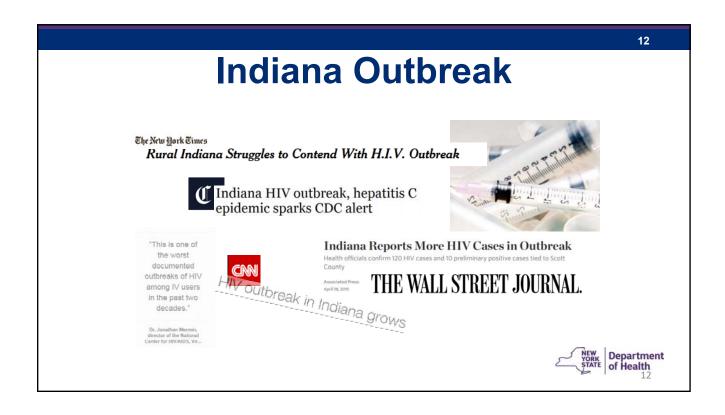












Barriers to treating HCV in PWID

Patient barriers

- · Lack of HCV knowledge
- No symptoms
- Misinformation/fear about medications
- Lack of insurance
- Stigma
- Competing health priorities: mental health, substance use, HIV
- Alcohol use
- Socio-economic factors: employment, income, child care, housing, social support

Provider barriers

- · Lack of provider capacity
- Lack of HCV knowledge
- Concerns about adherence
- Reinfection
- Abstinence requirement

Systems barriers

- Lack of provider capacity
- Insufficient resources for case managers, navigators, social workers
- · Cost of medications
- Medicaid restrictions
- Stigma



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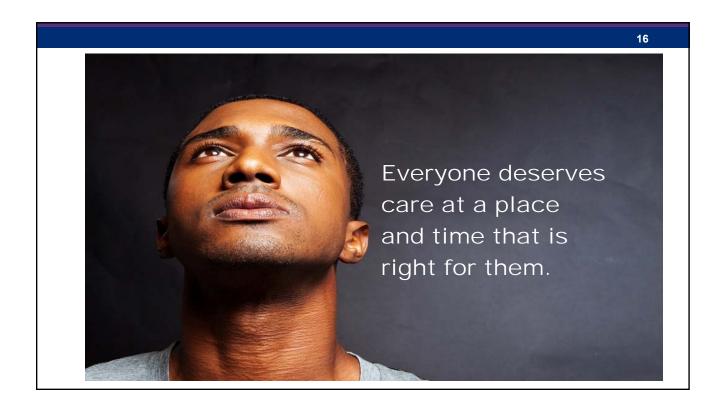
Facts about HCV treatment among PWID

- Active injection drug use is no longer a contraindication for HCV treatment (AASLD/IDSA and NYSDOH)
- · Several studies show that PWID:
 - Are adherent to treatments 1,2
 - Have similar treatment outcomes as non-PWID¹
 - With or without MAT
 - Low reinfection rates^{1,3-5}
- No drug-drug interactions between HCV medications and MAT

1) Dore GJ, et al. Ann Intern Med. 2016; 2) Grebely J. et al. The Lancet. 2018; 3) Aspinall EJ, et al. Clin Infect Dis. 2013;57(suppl 2):S80-S89; 4) Midgard H, et al International Liver Congress 2015. Abstract 0061; 5) Weir A, et al. Drug Alcohol Depend. 2016;165:53-60.







Stigma and Discrimination - Negative health impacts

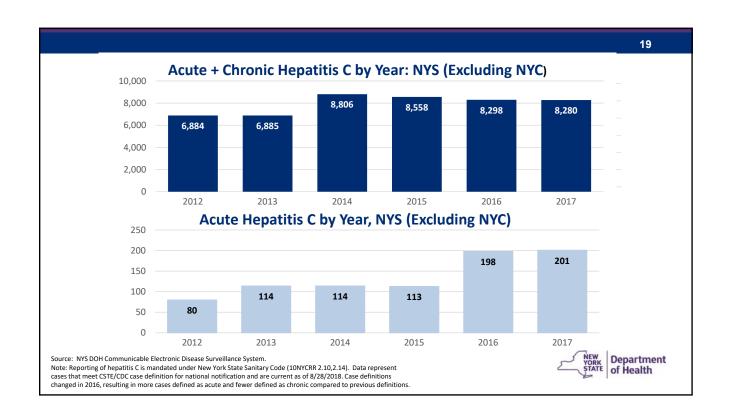
- Willingness to access medical assistance for future or ongoing treatment of health conditions
- Ability to receive quality therapeutic care and treatment from a broad range of health practitioners
- Motivation to disclose their status of drug use, a history of injecting, or associated medical conditions

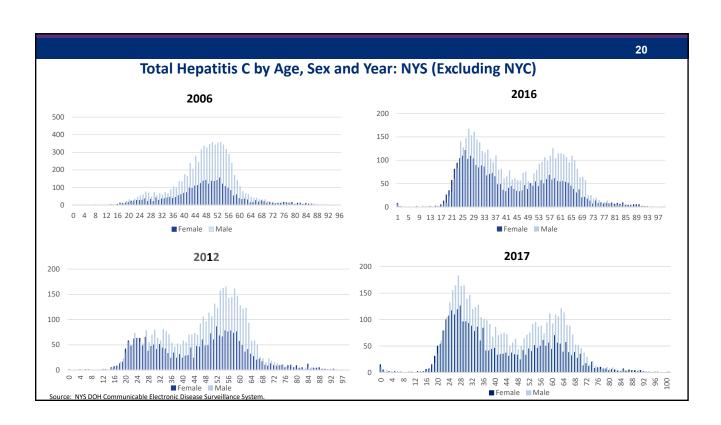
NEW YORK Department of Health

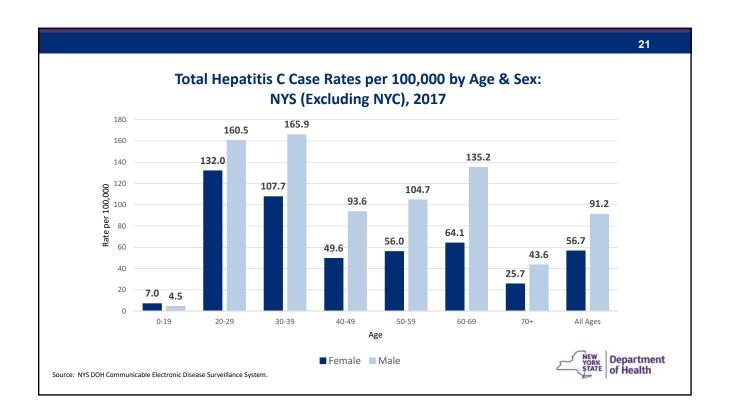
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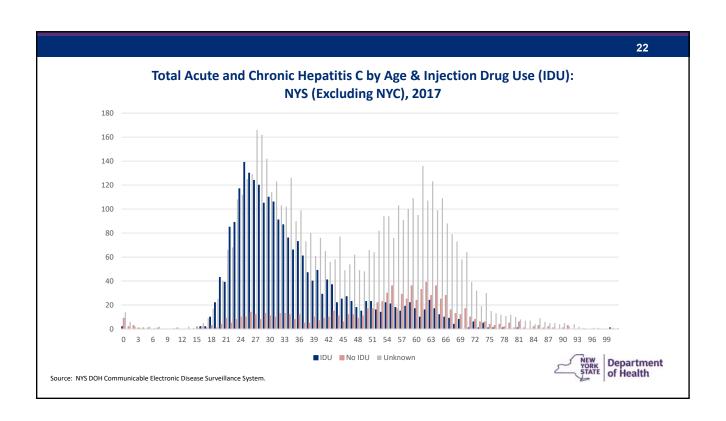
How has the opioid epidemic impacted HCV in NYS?

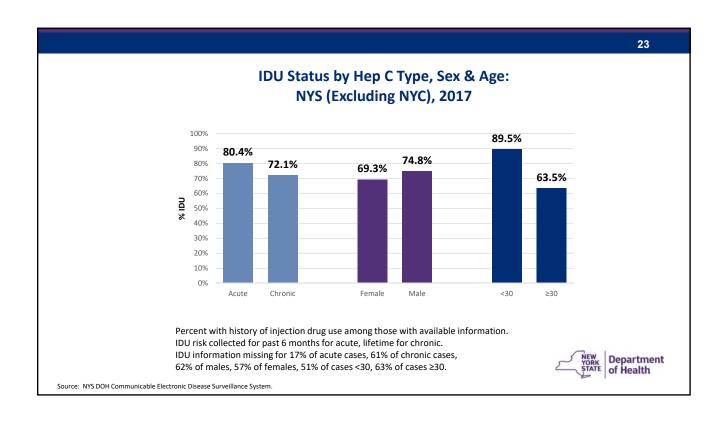


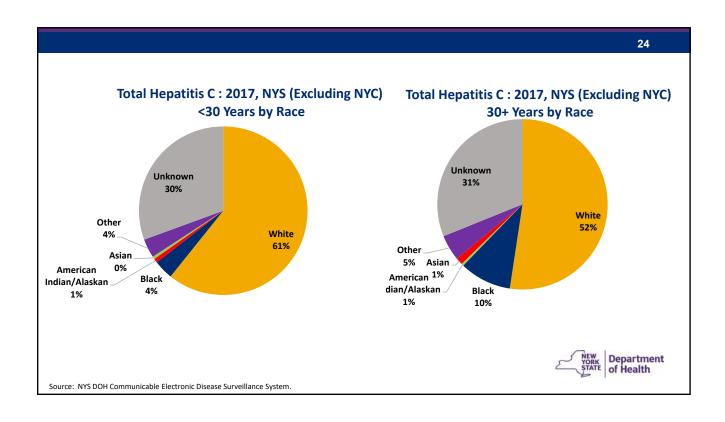


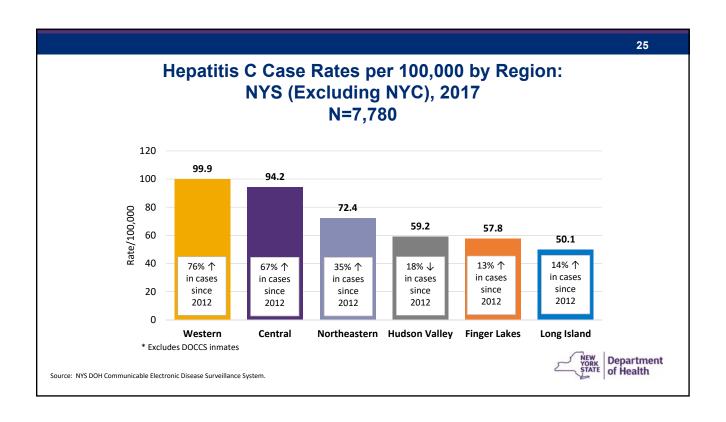


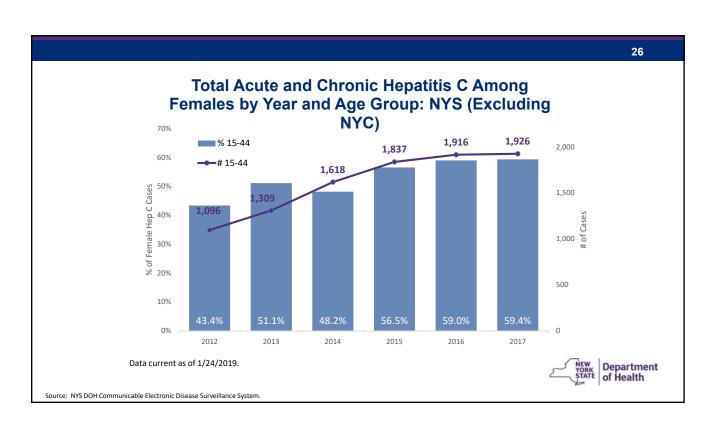


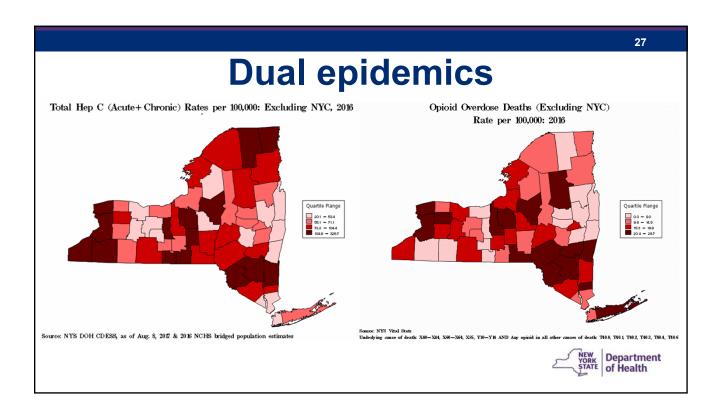












What needs to be done?



HCV Prevention

- Education, awareness and training clients and staff
- Evidence-based strategies to recruit and engage PWID into HCV care and treatment
- Not one intervention alone will work
 - Multi-prong approaches are needed
 - Harm reduction services + MAT + HCV treatment
- Expand capacity for and access to MAT
 - · Buprenorphine prescribed by PCPs, PAs, NPs
 - Target young people abusing prescription opioids before transition to injection
- Harm reduction and syringe access
 - · Not just syringe access/exchange
 - Provide sterile drug preparation and injection equipment



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HCV Prevention

- Co-locate HCV screening, counseling and linkage to care within programs serving PWID
 - Utilize dried blood spot testing for HCV RNA testing
- Develop effective interventions to reach young PWID and non-injectors
 - Peer delivered syringe exchange
 - Utilize social media, social networks
- HCV treatment as prevention



HCV Screening, Diagnosis and Linkage to Care

- Expand HCV screening to venues other than traditional health care settings
 - CBOs, SEPs, mobile vans, homeless shelters, jails/prisons, SU programs
- Utilize point of care rapid testing for hard to reach populations



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HCV Care and Treatment

- PWID should be a high priority for HCV treatment
- Access to affordable treatments
- Nondiscriminatory polices on accessing treatment
- Integration of HCV treatment:
 - Primary care settings
 - Substance use treatment programs
 - Jails and prisons



HCV Care and Treatment

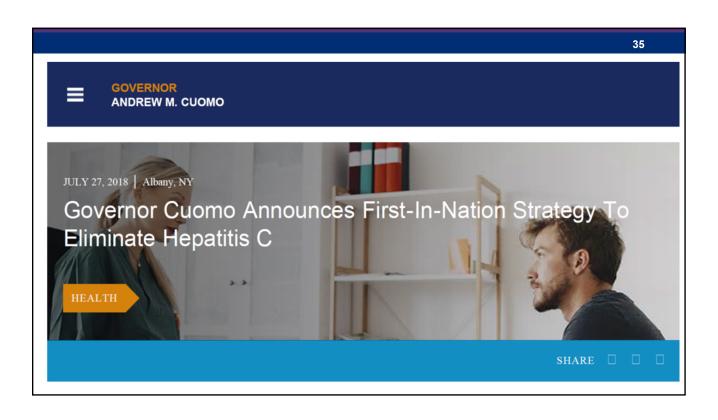
- Establish new models of care
 - HCV treatment at syringe exchange program/drug user health hubs
- Educate and train providers (PCPs, SU providers) to care for and treat PWID
- Establish case management, patient navigation and peer support programs to ensure adherence to HCV treatment
- · Eliminate stigma associated with drug use



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What is NYS doing for PWID with HCV?





NYS Hepatitis C Elimination Task Force

- 28 member Task Force
- Community members, public health experts, HCV providers and persons infected with and affected by HCV
- Establish NYS
 Hepatitis C Elimination
 Plan

- Five workgroups
 - HCV prevention
 - HCV testing and linkage to care
 - HCV care and treatment
 - Surveillance, data and metrics
 - Social determinants of health



Hepatitis C Rapid Testing Program

- 50 programs enrolled statewide
 - SEPS, CBOs, local health departments, county jails
- High impact testing targeting people who inject drugs
- HCV RNA testing is offered on site or by referral
- Conducting pilot dried blood spot (DBS) testing for HCV RNA
- In 2017, 7,105 tests were conducted
 - 832 (12%) HCV reactive/positive
 - 712 (85.6%) had an IDU risk



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Hepatitis C Patient Navigation Program

- Goal is to increase the number of PWID who know their HCV status and are linked to medical care and treatment
- Core services
 - Outreach and enrollment
 - HCV rapid testing
 - HCV education and health promotion activities
 - Treatment readiness and adherence
 - Linkage to HCV medical care and treatment
 - Referrals and assistance in accessing supportive services
 - Supportive services
- Seven upstate Drug User Health Hubs



Innovative Models of Care Targeting PWID

- Addresses the needs and the barriers PWID face when accessing HCV services in traditional health care settings.
- Provide HCV services in a non-traditional settings.
- Goals:
 - Increase HCV awareness and knowledge among PWID;
 - Increase HCV treatment initiation and completion rates among PWID;
 - Increase the number of PWID who are cured of HCV; and
 - Prevent re-infection among PWID who are treated and cured of HCV.
- Three (3) models statewide
- Evaluation component

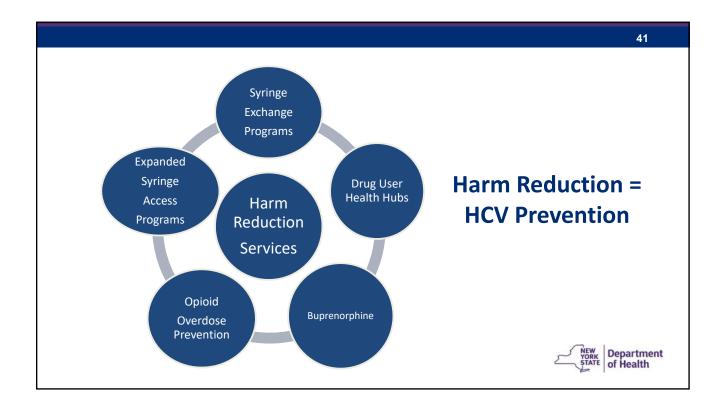


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HCV Testing

- Infrastructure building within NYSDOH Wadsworth Laboratory to perform HCV testing
 - Dried blood spot (DBS) for HCV RNA testing
 - Global Hepatitis Outbreak and Surveillance
 Technology (GHOST) to help identify and
 respond to clusters of HCV among IDU networks

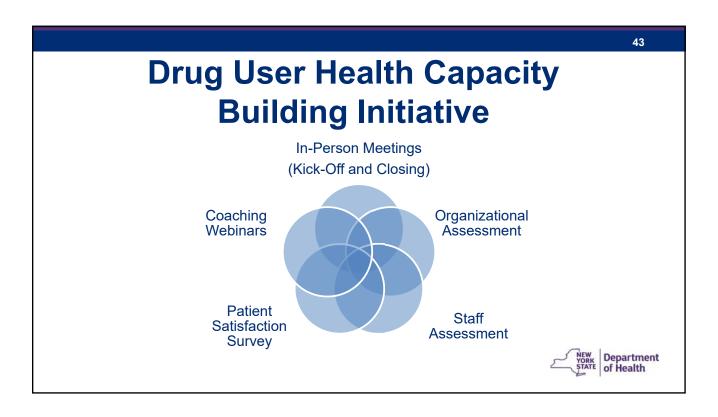




New Harm Reduction Policies

- Medicaid reimbursement for harm reduction services
- Expansion of syringe exchange access
 - STD clinics
 - Homeless shelters
 - Local health departments
 - Promotion of ESAP by pharmacies
- Allow for limited primary care services in harm reduction settings



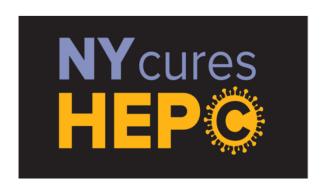


UPSIDE - Upstate PWID Study for Infectious Disease Elimination School of Public Health UNIVERSITY AT ALBANY Sease Vibreusity of New York UPSIDE UPSIDE

- Collaboration with the SUNY Albany, School of Public Health
- Three upstate SEPs rural areas
- Sample of PWID attending SEPs, respondent-driven sampling of their networks
 - Initiate study at SEP or at home
- Web-based self-administered questionnaire
- HCV and HIV rapid-testing at each site via DOH testing programs
 - DBS RNA confirmatory testing for HIV and HCV
- · Discussion of referral process and eliciting potential contacts
- Syringe services, other referrals offered as usual per site
- Incentives for testing, survey completion, recruiting peers Department of Health

Multi-media Campaign

- HCV stories campaign
 - Personal and provider
- TV PSA
- Digital ads
- Animated video
- Print materials
 - Palm cards
 - Women's piece
 - Treatment journal





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Multi-media Campaign

- Overdose prevention bags
- Promotional items targeting homeless
 - Backpacks
 - Gloves
 - Blankets
 - Hats
 - Socks





What's your role?

- Raise awareness within your community and organizations of the connection between opioid use and HCV
- Educate your colleagues, staff, clients and policy makers on HCV
- Collaborate with harm reduction programs in your county
- Ensure PWID are aware of their HCV status
 - Identify HCV testing programs in your area; refer clients
- If you are providing HCV rapid testing, promote to all CBOs, jails, etc.
- Familiarize yourself with health care providers in your area that provide HCV treatment
 - Refer clients infected with HCV
- · Make HCV educational materials available to your clients

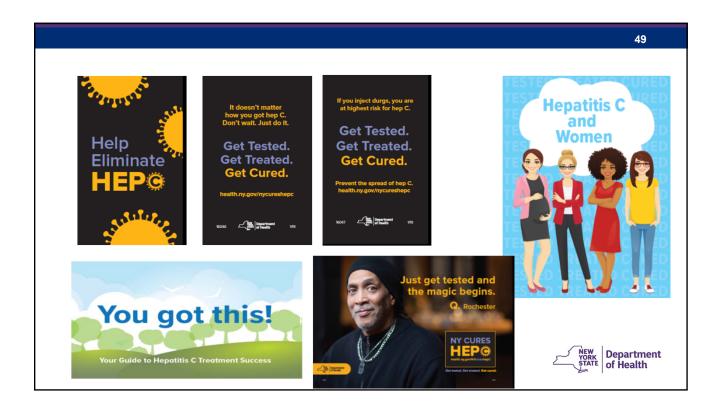


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Resources

- NYSDOH Hepatitis C Web Site
 - www.health.ny.gov/hepatitisc
 - NYS Hepatitis C Rapid Testing locations
 - Listing of HCV providers
 - HCV educational materials and order form
 - HCV clinical guidelines and recommendations
 - NYS HCV Elimination information
 - NYS HCV Testing Law information





Contact

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