WHAT WILL IT TAKE TO ELIMINATE HCV AMONG SAN FRANCISCANS LIVING WITH HIV?

Emily Raganold
HCV Project Coordinator
San Francisco Department of Public Health
Community Health Equity and Promotion Branch
CONFLICT OF INTEREST DISCLOSURE
EMILY RAGANOLD, B.S.

• None
LEARNING OBJECTIVES

• Define the scope of HIV/HCV co-infection in San Francisco.
• Describe the process of microelimination plan development.
• 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.
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†

- Care for People Experiencing Homelessness
- HIV Network of Care
- Drug User Network of Care

https://doi.org/10.1371/journal.pone.0195575

~200 Overdose Deaths in 2016*
Estimated 25,000 PWID in SF†
2017 Point in Time Count: 7,500 People∞
SAN FRANCISCO LANDSCAPE OF CARE

- Low Barrier Opiate Replacement Therapy (ORT)
- Naloxone Access and Syringe Access

Drug User Network of Care

- Linkage, Integration, Navigation, and Comprehensive Services (LINCS)
- San Francisco Health Network (Positive Health Program)

HIV Network of Care

- Street Based Medicine
- Low Threshold Access to Care

Care for Folks Experiencing Homelessness

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

Why microelimination?

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

Why HCV microelimination for People Living with HIV (PLWH)?

• Untreated HCV among PLWH increases mortality despite antiretroviral treatment.
• Direct-Acting Antivirals (DAAs) considerably reduce HCV-related mortality and morbidity.
• Positive outcomes associated with successful HCV treatment support successful HIV treatment and care goals.
• Nationally estimated that 20% of PLWH have a past or current HCV infection.
  • Current evidence, though limited, indicates that significant progress has been made with this population.
• Community Led and Supported
  – Getting to Zero and San Francisco HIV Community Planning Council
WHY MICROELIMINATION NOW?

• Low new infections of HIV.
• High proportion of folks in care.
  – Those that are not in care are also at high risk for HCV.
• CDC funding for SFDPH Project OPT-IN.
  – HIV prevention for PWID and people experiencing homelessness.
• Other jurisdictions have laid out successful models of microelimination.
  – New York
  – Philadelphia
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

**DPH**
- 3,831 (24%) HIV+ Active San Francisco Health Network (SFHN) Patients
- 248 (36%) Currently Coinfected
- 436 (63%) Successfully Treated

**NON-DPH**
- Kaiser and Other Private Providers
- Out of Care
- Unknown
UNDERSTANDING THE BARRIERS TO HCV TREATMENT WITHIN DPH

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
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
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.

**HIV Surveillance**
- Active Surveillance
- Monitor labs, pathology reports, medical records
- Enhanced mortality surveillance
- Molecular HIV surveillance
- Annual epidemiology reports

**HCV Surveillance**
- Mandated reporting of HCV positive lab reports
- Can not determine who has been cured
- Patient information often missing
WHERE WE ARE NOW

Registry Match Planning
Endorsements from Getting to Zero and HIV Community Planning Council
Early Stages of HCV Negative Lab Planning
Low Threshold HCV Treatment Models Initiated
NEXT STEPS FOR CITY-WIDE MICROELIMINATION

**Registry Match**
- HIV Surveillance Registry and HCV Surveillance Registry

**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.
THANKS TO OUR END HEP C SF PARTNERSHIPS!

We are the Drug Policy Alliance.

GLIDE

harm reduction education

health right

Project Open Hand
meals with love

Kaiser Permanente

Larkin Street Youth Services

SFPDH

San Francisco Cancer Initiative

San Francisco Health Plan

shanti

Sutter Health

the UFO Study

UCSF

Walgreens

Getting to Zero San Francisco
THANK YOU

Emily Raganold
HCV Project Coordinator
San Francisco Department of Public Health
emily.raganold@sfdph.org

For More Information Visit EndHepCSF.org