MEETING HIGHLIGHTS

Meeting Date: Wednesday, October 1, 2014; 5:30pm – 7pm
Meeting Location: Philadelphia Department of Public Health, 500 S. Broad St
Organizations in Attendance: AbbVie, ACT UP, American Liver Foundation, BEBASHI, Burman’s Specialty Pharmacy, C A Difference, Centers for Disease Control and Prevention, Do One Thing, Drexel School of Medicine, Drexel School of Public Health, Feinberg Shopp Associates, Gilead, Global Health Aspiration, Hahnemann, Health Federation, Hep B United, Janssen, Jefferson University, Kadmon, Kensington Hospital, OraSure, Penn Medicine, Pennsylvania Department of Health, Philadelphia Department of Public Health, Prevention Point Philadelphia, Public Health Management Corporation, Temple University

WELCOME & INTRODUCTIONS

Over 50 people representing over 25 agencies attended our October HepCAP meeting!

**Announcement: Did you know that there are now TWO sites where people can receive walk-in rapid hep C testing in Philadelphia?**

- **BEBASHI**: Rapid hep C testing available at their office on Mon, Tues, Wed, Fri from 9am-4pm and on Thurs from 9-7pm.
  - **Address**: 1217 Spring Garden Street, 1st Floor
  - **Phone**: 215-769-3561

- **P-HOP**: Rapid hep C testing available at Partnership Clinic on the 2nd, 3rd, and 4th Fridays of each month from 9am-1pm.
  - **Address**: Partnership Clinic, 1427 Vine St, 2nd Floor
  - **Phone**: 267-773-4412

**Announcement: PA passes a bill to expand access to Naloxone and prevent overdoses!**

On September 30th, Governor Corbett signed legislation intended to prevent deaths from opioid overdoses. Nearly 2,300 deaths in PA were caused from drug overdoses – many from opioids such as heroin or prescription painkillers. The legislation has two main parts:

- **Expansion of Naloxone access**: Naloxone (brand name Narcan) can be administered to reverse an opioid overdose. Under the new PA bill, police and other first responders, as well as family and friends of users, can administer naloxone. The bill also law allows physicians to prescribe naloxone to friends and relatives of addicts.

- **Good Samaritan protection**: This is intended to protect people from prosecution if they summon help for an overdose victim. However, they must give their name to authorities and cooperate, and remain with the overdose victim until help arrives. They will be protected from arrest for offenses including parole and probation violations. But the law will not protect against prosecution for providing the drugs that caused the overdose.

*The next HepCAP meeting will be held on Wednesday, December 3rd from 5:30pm-7pm at PDPH (500 S. Broad St)*
HEP C IN PHILLY: DATA SNAPSHOT

In 2012, PDPH received a grant from CDC to expand hepatitis surveillance. This means that the health department is able to follow up on newly reported cases of hepatitis B and C. When PDPH receives a report, a team of hepatitis investigators contact both the patient and provider to ask questions such as demographic info, risk factors, and access to care. This information helps PDPH gain a better understanding of what hepatitis looks like in Philadelphia and which communities are most impacted by viral hepatitis.

At the October meeting, an analysis of hepatitis data was presented by PDPH’s Hepatitis Epidemiology program. Included at the end of this document are slides from their presentations. If you are interested in using any of the data presented or would like to talk to the Hepatitis Epidemiology program about how PDPH’s hepatitis data could help your organization, contact the presenters:

Kendra Viner, PhD, MPH
Hepatitis Epidemiology Program Coordinator
Kendra.viner@phila.gov
215-685-6493

Danica Kuncio, MPH
Hepatitis Surveillance Epidemiologist
Danica.kuncio@phila.gov
215-685-6493

HEP C TREATMENT ACCESS

Dr. Stacey Trooskin summarized the difficulty of treating patients with the newest hepatitis C medications because of the challenges of getting expensive medications covered for patients on public insurance (clinicians have said it is easier to get medications covered for patients on private insurance). Summary slides of her presentation are included at the end.

If you would like to be involved in advocating for access to hepatitis C treatment for ALL, here are some local and national campaigns you can be involved in:

- **Provider sign on letter:** Dr. Trooskin has circulated a sign-on letter to area clinicians who treat hepatitis. Clinicians who would like to to the state to reconsider their current treatment approval requirements are invited to add their names! Contact Stacey at Stacey.trooskin@drexelmed.edu or 215-497-6689 if you are a clinician who is interested in signing on.

- **NVHR:** The National Viral Hepatitis Roundtable is one of the leading groups to organize groups from around the country on issues related to hepatitis B and C. Becoming a member is easy so if your organization would like to be a part of the national conversation, join today!
  
  - **Become a Member:** [http://nvhr.org/civicrm/contribute/transact?reset=1&id=1](http://nvhr.org/civicrm/contribute/transact?reset=1&id=1)
  - **Follow on FB:** [https://www.facebook.com/pages/National-Viral-Hepatitis-Roundtable-NVHR/134305216642901](https://www.facebook.com/pages/National-Viral-Hepatitis-Roundtable-NVHR/134305216642901)

- **I Deserve A Cure:** Project Inform is asking hepatitis advocates to submit pictures for their social media campaign. Why do YOU think people living with hep C deserve a cure? Find out details of how to share your response here:

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HEPCAP IN 2015

Alex Shirreffs started out with the disappointing news that Philadelphia did not receive the Hepatitis C Test and Treat grant. The three awarded sites were Seattle, WA; Chicago, IL; and Baltimore, MD. But, there may be other opportunities for funding in the future. In order to expand leadership within HepCAP and to ensure the process of applying for funding/determining how to use funding is fair and transparent, HepCAP will be putting a Community Advisory Team in place in 2015. Interested individuals can submit their name to Alex at Alexandra.shirreffs@phila.gov.

HepCAP will also be sending out a survey in advance of our December meeting to get YOUR ideas and insight for 2015. There will also be room to nominate yourself or someone else for our advisory team!

UPDATES & ANNOUNCEMENTS

Several HepCAP members are hosting upcoming events:

- **Jefferson Liver Disease Symposium.** This symposium will address both the common, as well as critical, liver diseases feature presenting in the office of the gastrointestinal specialist, primary care practitioner, internist, and mid-level practitioner. Experts in the fields of Hepatology, Gastroenterology, Surgery, Medical Oncology, and Radiology will provide a multi-disciplinary approach to the treatment and management of patients.
  
  o Educational sessions during the conference will include:
    - Updates in Management of Viral Hepatitis B and C and Non-Alcoholic Fatty Liver Disease (NAFLD),
    - Diagnosis and Multi-disciplinary Treatment of Hepatocellular Carcinoma
    - Complications of Cirrhosis.
  
  o Saturday, October 11th at the Doubltree Hilton
  o Flyer/Agenda/Registration: [http://jeffline.jefferson.edu/jeffcme/GICME/events.cfm](http://jeffline.jefferson.edu/jeffcme/GICME/events.cfm)

- **American Liver Foundation Fall Events.** The American Liver Foundation announced several upcoming events. More details about these events can be found online at [http://www.liverfoundation.org/chapters/midatlantic/events/](http://www.liverfoundation.org/chapters/midatlantic/events/)
  
  o **Liver Education for the Primary Care Physician: Update on Hepatitis C and Fatty Liver Disease**
The next HepCAP meeting will be held on Wednesday, December 3rd from 5:30pm-7pm at PDPH (500 S. Broad St).

- 8am-12pm, October 18th
- Philadelphia Medical Society; 2100 Spring Garden St
- To provide physicians with information from the most current research and prescribing guidelines in order to better diagnose and more effectively treat patients with Fatty Liver disease and chronic Hepatitis C.

- 8th Annual Hepatology and Liver Transplantation Conference
  - 7:30am, November 14th, 2014
  - Jefferson Hospital, Alumni Hall; 1020 Locust St
  - The purpose of the hepatology and Liver Transplantation Conference is to provide education on hepatology and transplant issues and topics.

Upcoming HepCAP Meetings! HepCAP meetings are held on the first Wednesday of every other months at 5:30pm at 500 S. Broad Street):

- 2014 Meetings: Dec 3rd

Please contact Alex Shirreffs at 215-685-6462 or alexandra.shirreffs@phila.gov if you have edits to these notes or feedback about HepCAP.
The U.S. Continuum of Care for HCV Management

N = 3.2 million

- Used National Health and Nutrition Examination Survey (NHANES) data to show that HCV infected individuals are lost to follow-up at every stage of the HCV continuum of care and treatment.


The continuum of hepatitis C testing, referral to care, and treatment: Philadelphia, 2010 – 2013

Proportion of HCV-Infected Individuals Reaching Successive Stages
Mean number of individuals testing positive for HCV before and after ‘baby boomer’ screening recommendations

Demographics of individuals at each stage in the HCV continuum of care in Philadelphia: January 2010 – December 2013

- **Gender** ~ men are more likely to have received treatment for HCV than women.

- **Age** ~ baby boomers are more likely to be in care and to have received treatment than younger people.

- **Race** ~ African Americans are more likely to be in care and to have received treatment than Caucasians.
Conclusions

- The continuum of HCV care provides a ‘real-life’ snapshot of how HCV is managed in a major U.S. urban center.
- Underdiagnosis of HCV is likely a major contributor to the low number of HCV infected persons successfully identified by the Health Department.
- The increase in individuals screened for HCV Ab after the baby boomer testing recommendation was not accompanied by a significant increase in RNA testing.
- A higher proportion of young, white individuals who tested positive for HCV Ab were not RNA confirmed. Early evidence suggests that this may represent a new population of injection drug users in Philadelphia.
What is HEP doing to help patients through the cascade?

1. Making HCV rapid test results reportable to PDPH (as of Aug, 2014)
2. Requesting negative viral hepatitis test results from reference laboratories in Phila
   - Assures that PDPH has an accurate picture of who is getting tested
   - Can target screening and education activities accordingly
3. Working with Prevention Point Philadelphia to offer free HCV RNA testing to clients
   - On staff case workers help link RNA positive patients to care
4. Collaborating with the Department of Behavioral Health to better understand who is at-risk for hepatitis that is not in our surveillance system.
5. Initiating Patient, Provider, and CBO Education Programs

If you would like to cite any of the Continuum of Hep C Care Data, please contact Kendra Viner at PDPH:

kendra.viner@phila.gov or 215-685-6493

HCV Continuum of Care
PHMC Health Centers
October 1, 2012-June 30, 2014

Catelyn Coyle
October 1, 2014
HepCAP
*Waiting on consults from specialists for 8 more patients
**18 Care Clinic patients have started/finished treatment
HCV Cascade of Care

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>New Diagnosis</th>
<th>Previously Aware</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibody Positive</td>
<td>553 (12.9%)</td>
<td>320 (7.9%)</td>
<td>233 (5.9%)</td>
</tr>
<tr>
<td>Ab+ and had RNA Test</td>
<td>505 (91.3%)</td>
<td>291 (90.9%)</td>
<td>214 (91.8%)</td>
</tr>
<tr>
<td>RNA Positive</td>
<td>356 (70.5%)</td>
<td>190 (65.3%)</td>
<td>166 (77.6%)</td>
</tr>
<tr>
<td>Received RNA+ Results</td>
<td>297 (83.4%)</td>
<td>151 (79.5%)</td>
<td>146 (88.0%)</td>
</tr>
<tr>
<td>Referred to Specialist</td>
<td>221 (74.4%)</td>
<td>121 (60.1%)</td>
<td>100 (68.5%)</td>
</tr>
<tr>
<td>Seen by Specialist</td>
<td>142 (64.3%)</td>
<td>76 (62.8%)</td>
<td>66 (66.0%)</td>
</tr>
<tr>
<td>Percent of Total</td>
<td></td>
<td>8.3%</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

Patients Tested with Chronic HCV


HepCAP Presentation
October 1, 2014
Danica Kuncio, MPH
Background

• Vertical (mother-to-infant) transmission of hepatitis C virus (HCV) is the most common route of infection among children.

• 5% of infants born to HIV(-)/HCV(+) mothers are unable to clear the infection by 18 months of age.

• HCV treatment is approved for children ≥3 years of age.

Screening Recommendations

• AASLD & ACOG for infants born to HCV(+) women:
  1. Anti-HCV Antibody (Ab) after 18 months
     OR
  2. HCV RNA after 8 weeks and again after 12 months
HCV registry matches with 2011-2014 births

10% of babies born to HCV (+) mothers have been tested as of mid-September

All of 2011 and 2012 babies should have received an HCV test by now…
Assuming a rate of 5%, an additional 47 infants would be expected to have developed chronic HCV infection.

Additionally...

- Race, maternal age, and highest education all differ significantly between infants who were not tested and those who were tested.

- Integration of infants into care is crucial to the health of the child and to prevent 2° transmission.

- Effective infant screening practices requires **communication** between maternal and pediatric providers.
Next Steps…

• Pilot PDPH program?
  – 2012 focus
  – Work with providers

Questions?

IF YOU WOULD LIKE TO CITE ANY OF THE PERINATAL HEP C DATA, PLEASE CONTACT DANICA KUNCIO AT PDPH:

danica.kuncio@phila.gov or 215-685-6493

Factors Associated with Spontaneous Resolution of HCV, Philadelphia

HepCAP Presentation
October 1, 2014
Danica Kuncio, MPH
Data

- Investigated sample of newly reported HCV+ cases 1/1/2014 – 9/30/2014.

- Case definitions:
  - **Chronic**: Individuals who are currently HCV Ab+ RNA+ and have not received HCV treatment.
  - **Resolved**: Individuals with a historic HCV Ab+ or RNA+ test result and a more recent RNA- result who have not received HCV treatment.
15% of untreated investigated cases spontaneously resolved.

Demographic profiles of untreated HCV Resolved and Chronic cases

<table>
<thead>
<tr>
<th></th>
<th>Untreated Resolved N(%)</th>
<th>Untreated Chronic N(%)</th>
<th>Total N(%)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>89</td>
<td>487</td>
<td>576</td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td>0.007</td>
</tr>
<tr>
<td>Male</td>
<td>43(48)</td>
<td>319(64)</td>
<td>353(61)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>46(52)</td>
<td>177(39)</td>
<td>223(39)</td>
<td></td>
</tr>
<tr>
<td><strong>Age Group at Dx</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-18</td>
<td>2(2)</td>
<td>1(&lt;1)</td>
<td>3(&lt;1)</td>
<td></td>
</tr>
<tr>
<td>18-30</td>
<td>13(15)</td>
<td>24(5)</td>
<td>37(6)</td>
<td>0.0007</td>
</tr>
<tr>
<td>31-45</td>
<td>18(17)</td>
<td>91(19)</td>
<td>109(19)</td>
<td></td>
</tr>
<tr>
<td>46-65</td>
<td>51(57)</td>
<td>32(67)</td>
<td>83(66)</td>
<td></td>
</tr>
<tr>
<td>65+</td>
<td>5(6)</td>
<td>43(9)</td>
<td>48(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
<td></td>
<td>0.014</td>
</tr>
<tr>
<td>African</td>
<td>0</td>
<td>1(&lt;1)</td>
<td>1(&lt;1)</td>
<td></td>
</tr>
<tr>
<td>African-American</td>
<td>35(39)</td>
<td>255(52)</td>
<td>290(50)</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>1(1)</td>
<td>14(3)</td>
<td>15(3)</td>
<td></td>
</tr>
<tr>
<td>Native American</td>
<td>0</td>
<td>2(&lt;1)</td>
<td>2(&lt;1)</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>33(37)</td>
<td>164(34)</td>
<td>197(34)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>16(18)</td>
<td>35(7)</td>
<td>51(9)</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>4(5)</td>
<td>16(3)</td>
<td>20(3)</td>
<td></td>
</tr>
</tbody>
</table>

- Fewer males resolve
- Greater proportion younger cases resolve
- Fewer African Americans resolve

All consistent with previous findings.
Also found that a history of 'high-risk' sexual behaviors, injection drug use, or incarceration were all significantly higher amongst chronic cases than amongst resolved cases.

Risk factor profiles of untreated HCV Resolved and Chronic cases

Questions

IF YOU WOULD LIKE TO CITE ANY OF THE SPONTANEOUS HEP C RESOLUTION DATA, PLEASE CONTACT DANICA KUNCIO AT PDPH:

danica.kuncio@phila.gov or 215-685-6493
HCV/Cancer/Death Analysis

Kate Drezner, MPH
Immunizations Epidemiologist

Methods

* Matched HCV, Cancer, and Death Data
  * HCV: surveillance data 2003-2014
  * Cancer: PA cancer registry 2003-2012
  * Deaths: PA death certificates 2003-2012
Cancer sites

Cancer Only

- Liver: 36%
- Gastrointestinal: 16%
- Prostate: 12%
- Lung & Bronchus: 14%
- Breast: 12%
- Unknown: 2%
- Other: 2%

HCV + Cancer

- Liver: 28%
- Gastrointestinal: 14%
- Prostate: 14%
- Lung & Bronchus: 13%
- Breast: 17%
- Unknown: 2%
- Other: 2%

*Other=urogenital (12.1), endocrine glands (7.6), hematopoietic (4.5), other systems (11.5)

**Other=urogenital (9.9), endocrine glands (5.4), hematopoietic (3.3), other systems (9.8)

Liver Cancer and HCV

* Those with HCV and liver cancer were 3.8 times more likely to die than those with HCV and any other cancer

* Median time from liver cancer → death
  * HCV patients: 136 days
  * Non-HCV patients: 81 days
Females were less likely to have HCV than males

Males with HCV were more likely to die than females with HCV
Patients diagnosed with HCV at 50 years or younger were less likely to develop cancer and half as likely to die.

Those with HCV were 3x more likely to have their cancer diagnosed before age 65 years.

Non-Hispanic Blacks were more likely to have HCV, Whites were less likely.

Cancer Only Group:
- 47.6% non-Hispanic Whites (Census: 36.3%)
- 39.6% non-Hispanic Blacks (Census: 44.2%)
Never married people were 2x more likely than married patients and 2.3x more likely than previously married patients to have HCV.

Never married patients had the lowest mean death age (57.1 yrs), compared to married (60.5 yrs) and previously married patients (63.7 yrs).

Questions

* Contact: Kate Drezner
  * Katherine.drezner@phila.gov

THANK YOU!

IF YOU WOULD LIKE TO CITE ANY OF THE HCV/CANCER/DEATH ANALYSIS DATA, PLEASE CONTACT KATE DREZNER AT PDPH:

katherine.drezner@phila.gov
HCV ADVOCACY

HepCAP and beyond
Current Challenges in HCV Care

- **Cost of drugs**
  - Sofosbuvir + IFN + Ribavirin x 12 weeks: $94,245
  - Sofosbuvir + Ribavirin x 24 weeks: $169,980
  - Simeprevir 12 wks + IFN/ Ribavirin x 24 wks: $87,239
  - Sofosbuvir + Simeprevir x 12 weeks: $150,360

- **Disease burden**: 3-5 million Americans living with HCV
  - But 50 to 75% don’t know it

- **AASLD/ IDSA Guidance**
  - When and In Whom to Initiate Treatment
    - “Treatment is assigned the highest priority for those patients with advanced fibrosis (Metavir F3), those with compensated cirrhosis (Metavir F4), liver transplant recipients, and patients with severe extrahepatic hepatitis C”

http://www.hepatitisc.uw.edu/page/treatment/drugs/simeprevir-drug
Ratchford, F. Gilead Sciences, Arlene Price, Janssen (Personal Communication)
Current Challenges in HCV Care

- Restrictive criteria for drug approval for most payers
  - PA Medicaid MCOs are more restrictive with limited flexibility
    - Criteria for Interferon-Ineligibility
      - “History of depression with suicidality or resulting in hospital admission and the recipient is currently receiving antidepressant therapy”
    - Documented history of abstinence from alcohol and drugs for at least 6 months prior to treatment
      - For a recipient with a history of substance dependence need a blood alcohol level and UDS to document abstinence
    - Metavir fibrosis score of F3 or F4
    - HIV no longer mitigating factor

- Submit Prior Authorization
  - Denial
  - Appeal
    - Denial
    - Appeal
      - Denial
      - Peer to Peer

- Grievance
When insurance will not cover drugs what are the options?

• Wait for new drugs to be approved
  • No guarantee that those will be covered/ patient will qualify
• Wait until patient qualifies
  • Sobriety
  • Worsening fibrosis
• Take legal action
• Apply to patient assistance programs to obtain free drug
  • Financial information to qualify
  • Proof that patient does not qualify for insurance
  • Challenging to navigate
  • We have had success!
The response across the country

- NVHR: Treatment access group
- IDSA/AASLD open forum to comment on Guidance
- Project Inform: “I deserve a Cure”
- American Liver Foundation, Illinois Chapter Letter from providers
- Legal Action
PLANNING FOR 2015
2015 Training Calendar

- **Hepatitis 101**: Comprehensive overview of hepatitis C
  - ½ day; 4-6 times/year

- **Harm Reduction for Public Health**: Strategies for working with populations that can be hard-to-reach or challenging to retain in care
  - 2 hours; 2-3 times/year

- **Hepatitis C Treatment Update**: Overview of newest hepatitis C medications
  - 1-2 hours; 1-2 times/year
Other Meetings/Events

• Clinical Advisory Group/HepExperts
  • Meetings 3-4 times/year

• Meet the Experts
  • Opportunity for community experts and clinical experts to share experiences with patients/clients to improve linkage and retention to care
    • Good idea for a Hepatitis Awareness Month Activity…

• Hepatitis Awareness Month
  • Start thinking now about events your organization and/or HepCAP could host in MAY
What other training topics would be helpful?

Skills Building
Motivational Interviewing,
Cultural Competency,
Advocacy...

Hep C Rapid Testing

Launching a Hep C Support Group

Integrating Viral Hepatitis Into Your Work

HIV and Hepatitis Co-Infection

Linkage to Care/Case Management for Hep C+

Hep C and.... Are there special populations you want to know about?
(Baby Boomers, Corrections, MSM...)
HepCAP Member Survey

• HepCAP enters its FOURTH year in 2015 (!!!!!!!)

• We want YOUR input and ideas
  • What’s working?
  • What can be improved?
  • How can we keep growing and expanding our coalition?

• Look for the Survey in your inbox soon!
  • Please complete!
  • Results will be reviewed at the December meeting to continue planning for 2015
HepCAP Community Advisory Team

• Do you want to play a more active role in HepCAP? Are you willing to dedicate a few extra hours to help oversee HepCAP governance?

• Have an idea for someone who would be great on an advisory committee?

• Fill out a form TONIGHT or ONLINE
  • There will be space to nominate yourself or someone else in the HepCAP Member Survey… hitting your inbox SOON!