MEETING HIGHLIGHTS

Meeting Date: Wednesday, February 5, 2014; 5:30pm – 7pm
Meeting Location: Philadelphia Department of Public Health, 500 S. Broad St
Organizations in Attendance: AbbVie, ACT UP, Americares Pharmacies, Do One Thing, Drexel School of Medicine, Drexel School of Public Health, Drug Policy Alliance, Gilead, Health Federation, Hepatitis B Foundation/Hep B United, HepTREC, Janssen, Jefferson University, Kadmon, MANNA, Penn Medicine, Philadelphia Department of Public Health, P-HOP/PHMC, Prevention Point Philadelphia, Temple University Hospital, University of Sciences Philadelphia

WELCOME & INTRODUCTIONS

Thirty-seven people representing 21 agencies were in attendance at our first HepCAP meeting of 2014!

Alex announced that the average attendance of HepCAP meetings in 2013 was 40 people per meeting. She congratulated Gus Grannan, Najia Luqman, and Charlene White for perfect attendance — they came to all seven meetings in 2013! Monika Burke, Kim Doring, Sandra Khalil had almost perfect attendance, attending six meetings. Thanks to EVERYONE who came out to HepCAP in 2013!

Alex noted that AIDS Education Month, the month of HIV-focused events in June hosted by Philadelphia FIGHT, is now accepting workshop submissions. Alex encouraged HepCAP members to think about submitting a workshop, especially for the Prevention Summit, which includes an HIV and Hep C track this year. Let’s make sure HepCAP members are well represented! Workshop submissions are due March 10th!


HEPATITIS C TREATMENT UPDATES

Dr. Stacey Trooskin summarized important updates on the two new hepatitis C drugs that were approved by the FDA at the end of 2013.

- **Olysio** (Simeprevir), Janssen, FDA approved 11/22/13
  - NS3/4A protease inhibitor
  - Genotype 1, compensated liver disease
- **Sovaldi** (Sofosbuvir), Gilead, FDA approved 12/6/13
  - NS5B polymerase inhibitor

*The next HepCAP meeting will be held on Wednesday, April 2nd from 5:30pm-7pm at PDPH (500 S. Broad St)*
HCV genotype 1, 2, 3 or 4 infection, including those with HCC and those with HCV/HIV-1 co-infection

Slides are attached that summarize the FDA indications for use, cure rates by genotype, a summary of the COSMOS study which looked at using simeprevir and sofosbuvir together (without interferon), and a brief summary of what new drugs are next in line.

These websites are good resources for additional information about sofosbuvir, simeprevir, and other new drugs in the hep C research pipeline:

- HIV and Hepatitis: [www.HIVandHepatitis.org](http://www.HIVandHepatitis.org)
- NATAP: [www.NATAP.org](http://www.NATAP.org)
- Hep C Advocate: [www.HepCAdvocate.org](http://www.HepCAdvocate.org)

**PARTNER SPOTLIGHT: TEENS AND TATTOOS SURVEY**

Dejenaba Gordon from the Philadelphia Hepatitis Outreach Project at PHMC and Anna Quinn from Thomas Jefferson University presented preliminary findings from a survey they are conducting to find out more information about teens’ tattoo practices and knowledge. Amy Leader could not be at the meeting, but she serves as the PI on this study. Slides from their presentation are attached.

So far, 85 surveys have been conducted (the study plans to recruit up to 250 teens) with youth aged 13 to 25 who participate in P-HOP’s Teens and Tattoos education session. So far, **67%** of the youth surveyed have tattoos; of those, almost half have three or more and almost half got one of their tattoos at an unlicensed setting. Knowledge about HCV transmission and infection among younger people was low.

Given the potential for risky tattooing among younger people, Anna and Dejenaba closed their presentation by asking the group for ideas about how to increase awareness about tattoo safety. The group had the following thoughts…

- Are there any policy changes that could help control illegal tattooing better?
  - Difficult since tattooing kits can be purchased online for ~$60 – becoming an amateur tattoo artist is cheap and accessible.

- Reach out to licensed tattoo artists and use them as allies/advocates to spread messages about safe tattoos. They could even help design educational posters or other materials.

- Do something during Hepatitis Awareness Month – media, posters, ads, etc…
  - Educate the public about safe tattooing.
  - Make the press/media aware of survey findings

- Someone mentioned jail tattoos as another risky tattooing venue. There was conversation about the challenges of doing education about tattooing in the jails. Since
technically tattooing is illegal in jails, to educate about it would be to acknowledge that illegal activity is happening.

If you have additional thoughts or ideas about teens, tattoos, and/or tattoo parties, contact Dejenaba or Anna:

- Dejenaba Gordon (P-HOP): dgordon@phmc.org or 267-773-4412
- Anna Quinn (Jefferson): AnnaMarie.Quinn@jefferson.edu or 215-503-4279

**PARTNER SPOTLIGHT: NNCC HEP C TESTING INITIATIVE**

Catelyn Coyle presented the latest data from the National Nursing Centers Consortium’s CDC-funded project to integrate hepatitis C testing in NNCC’s five nurse-run health centers in Philadelphia (Mary Howard, Care Clinic, Rising Sun, Congreso, Health Connection). The CDC grant is helping NNCC expand hep C testing to target hepatitis C testing for baby boomers and risk populations. NNCC also decided to expand testing to any patient who reports a history of past or current homelessness.

From Oct 2012 through December 2013, NNCC sites tested 2,438 people for hepatitis C and identified 203 new cases of hep C. Of these, 185 (91%) received an RNA test and 117 individuals received a positive confirmatory test; 78 (75%) of them were linked to care (very few have been lost to care – some are waiting on insurance or have conflicting health or social issues to deal with before they make it to a hepatitis specialist appointment). Slides included in the meeting highlights provide more detailed data from this project.

Catelyn recently presented NNCC’s outcomes in Atlanta to a group of other testing grantees (NNCC was one of 35 sites nationally to receive a testing grant) and staff from CDC’s Division of Viral Hepatitis. Thanks, Catelyn, for representing HepCAP and Philly to national leaders! We’re proud of the great work NNCC is doing getting more people tested, identifying new cases, and linking people to care!

**ADVOCACY UPDATES**

**PA House Bill 2003: Hepatitis C Screening Act**

This bill can be found online here: [http://legiscan.com/PA/text/HB2003/2013](http://legiscan.com/PA/text/HB2003/2013)

This bill is very similar to a bill passed in New York State that requires health care facilities to offer hepatitis C testing for anyone born between 1945 and 1965. Jenn Brierrman from Abbvie provided an update that the PA Bill has been referred to the House committee on Health. At some point, there will be a hearing scheduled, which is when HepCAP may have the opportunity to rally members in support of the bill. This would likely be scheduled in the Spring.

**PA Overdose Prevention Legislation**

Unfortunately opiate overdoses have been in the news a lot recently. In the last few weeks, at least 22 people died in Western PA of overdoses from heroin tainted with fentanyl and actor Philip Seymour Hoffman died of a heroin overdose.
Roseanne Scotti, from the Drug Policy Alliance, provided an update on legislation to help prevent overdose deaths in PA. Roseanne has worked for DPA in New Jersey, helping to pass the Overdose Prevention Act in 2013, a single bill that combined both Good Samaritan protections and expanded access to naloxone. Recently, 5 billboards in NJ even began advertising the new Good Sam law, encouraging people to call 911 if they are with someone experiencing a drug overdose.

First though, Roseanne noted that NJ is also considering legislation to require hepatitis C testing for Baby Boomers but the initial legislation was pulled because of opposition from the state medical society. Roseanne turned to HepCAP to offer insight to NJ Senator Vitale’s office on how they might be able to proceed and gain more support from clinicians. HepCAP’s reach is spreading!

**Good Samaritan Legislation**


The pending legislation in PA – which has already passed through the Senate and has been referred to the Judiciary committee of the House - is more restrictive than NJ’s legislation. Whereas the NJ law protects someone reporting an overdose from arrest or prosecution, the PA law does not protect someone who reports an overdose from arrest and protection from prosecution is conditional. Senator Pileggi, the sponsor of the Senate bill, is also one of the most powerful PA legislators. His office has not responded to inquiries to amend the bill.

**Naloxone Legislation**

Naloxone (Narcan) is a drug that can be administered nasally or by injection to reverse an opiate overdose. Seventeen states (including NJ) and the District of Columbia have passed laws that have expanded the availability of Naloxone to allow friends and family members of people who use opiates (including heroin and prescription painkillers) to be able to get a prescription from a doctor. Access to Naloxone prepares loved ones of drug users to respond in overdose situations and has saved thousands of lives!

Roseanne talked about efforts by the PA Overdose Prevention Action Network (POPAN) to introduce Naloxone legislation in PA. HepCAP members can help by:

- Sharing stories of overdoses that could have been prevented or stories of people who could benefit from access to Naloxone

- Signing on as an organization or individual in support of Naloxone
  - A Response Form is included in this Meeting Highlights packet – fill it out and return it to PAODActionNetwork@gmail.com
  - Follow POPAN on Facebook: [https://www.facebook.com/PAODAction](https://www.facebook.com/PAODAction)

More Naloxone information:

- [http://www.drugpolicy.org/drug-overdose](http://www.drugpolicy.org/drug-overdose)
- [http://prescribetoprevent.org/](http://prescribetoprevent.org/)
We hope HepCAP members will consider supporting this important legislation to support the health of people who use drugs.

**UPDATES & ANNOUNCEMENTS**

Alex made two quick notes to wrap up the meeting:

*May is Hepatitis Awareness Month!* The Hep B United coalition has already started working with City Council members to organize a briefing of policy makers in May. This would be a joint briefing with HepCAP and Hep B United. A great way to partner up to raise awareness!

HepCAP members with other ideas for HAM 2014 events can contact Alex (Alexandra.shirreffs@phila.gov or 215-685-6462).

*Stacey and Alex held their first round of HepCAP Chats!* These chats are opportunity for HepCAP’s leaders to meet one-on-one with folks to find ways other HepCAP members can take on more leadership within the coalition.

- Annah Hand is developing *Communicable Justice* - a Public Health Salon at Drexel. This would be an interdisciplinary space for discussions around social justice and infectious disease while simultaneously working as a bridge linking students and organizations with similar ideologies!
- Berly Laycox used her graphic design skills to develop a beautiful template for a new HepCAP brochure!
- Lane Taylor working her advocacy muscles to develop some tools like Letters to the Editor that HepCAP members will be able to use to promote the Hep C Testing Bill!
- Sandra Khalil is in search of folks who want to support her efforts to increase testing and linkage to care in Egyptian communities!

If you want to schedule a chat, email Alex Shirreffs at Alexandra.shirreffs@phila.gov to be the first to find out times for the next round of HepCAP chats!

Thanks to all who braved the weather and made it to our February HepCAP meeting! Hope to see you in April!

*Please contact Alex Shirreffs at 215-685-6462 or alexandra.shirreffs@phila.gov if you have edits to these notes or feedback about HepCAP.*

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Mark your calendar for this year’s meetings (meetings are held on the first Wednesday of every other months at 5:30pm at 500 S. Broad Street): Apr 2, June 4, Aug 6, Oct 1, Dec 3
TREATMENT UPDATE

The History of HCV treatment

Strader DB and Seef LB. 2012; Clin Liver Dis. 1:1; 6-11.
New HCV Drugs FDA Approved

- **Olysio (Simeprevir)** FDA approved 11/22/13
  - NS3/4A protease inhibitor
  - Genotype 1, compensated liver disease

- **Sovaldi (Sofosbuvir)** FDA approved 12/6/13
  - NS5B polymerase inhibitor
  - HCV genotype 1, 2, 3 or 4 infection, including those with HCC and those with HCV/HIV-1 co-infection

FDA Indications for Simeprevir

<table>
<thead>
<tr>
<th></th>
<th>OLYSIO, Peg-IFN alfa + Ribavirin*</th>
<th>Peg-IFN alfa + Ribavirin*</th>
<th>Total Treatment Duration*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Naïve and prior relapsers including those with cirrhosis</td>
<td>First 12 weeks</td>
<td>Additional 12 weeks</td>
<td>24 weeks</td>
</tr>
<tr>
<td>Prior non-responder including those with cirrhosis</td>
<td>First 12 weeks</td>
<td>Additional 36 weeks</td>
<td>48 weeks</td>
</tr>
</tbody>
</table>

*Recommended duration of treatment if patient does not meet stopping rule
FDA Indications for Sovaldi (Sofosbuvir)

<table>
<thead>
<tr>
<th>Patients with genotype 1* or 4 HCV</th>
<th>Treatment</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOVALDI + peginterferon alfa + ribavirin</td>
<td>12 weeks</td>
<td></td>
</tr>
</tbody>
</table>

| Patients with genotype 2 HCV | SOVALDI + ribavirin | 12 weeks |

| Patients with genotype 3 HCV | SOVALDI + ribavirin | 24 weeks |

Genotype 1 Treatment Naïve Patients

<table>
<thead>
<tr>
<th>Patient Characteristics</th>
<th>Regimen</th>
<th>SVR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Naïve No cirrhosis</td>
<td>Sofosbuvir + P/R 12 weeks</td>
<td>92%</td>
</tr>
<tr>
<td>Naïve Cirrhosis</td>
<td>Sofosbuvir + P/R 12 weeks</td>
<td>80%</td>
</tr>
<tr>
<td>Naïve No cirrhosis</td>
<td>Simeprevir + P/R 85% w/ 24 weeks</td>
<td>82%</td>
</tr>
<tr>
<td>Naïve Cirrhosis</td>
<td>Simeprevir + P/R 24 or 48 weeks</td>
<td>58%</td>
</tr>
</tbody>
</table>

Sofosbuvir = QD nucleotide analogue. Simeprevir = QD protease inhibitor. P/R = Pegylated interferon alfa plus Ribavirin

COSMOS: Simeprevir + Sofosbuvir

- Treatment with Simeprevir + Sofosbuvir +/- ribavirin:
  - High SVR12 rates (79-96%) in GT1 null responder patients with mild liver disease
  - High SVR4 rates (96-100%) in naive and null responder patients with fibrosis/ cirrhosis
  - Addition of ribavirin may not be needed
  - 12 weeks of treatment likely sufficient
  - Well tolerated


Genotype 2 Outcomes by disease Stage

<table>
<thead>
<tr>
<th>Patient Characteristics</th>
<th>Regimen Options</th>
<th>SVR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Naïve, no cirrhosis</td>
<td>SOF/RBV x 12 wks</td>
<td>92% - 98%</td>
</tr>
<tr>
<td></td>
<td>Peg-IFN/RBV x 24 wks</td>
<td>80%</td>
</tr>
<tr>
<td>Naïve, cirrhosis</td>
<td>SOF/RBV x 12 wks</td>
<td>91% - 94%</td>
</tr>
<tr>
<td>Treatment experienced, no cirrhosis</td>
<td>SOF/RBV x 12 wks</td>
<td>91% - 96%</td>
</tr>
<tr>
<td>Treatment experienced, cirrhosis</td>
<td>SOF/RBV x 16 wks</td>
<td>78%</td>
</tr>
<tr>
<td></td>
<td>SOF/Peg-IFN/RBV x 12 wks</td>
<td>93%</td>
</tr>
</tbody>
</table>

About 15% of the US population has genotype 2 infection

Lawitz et al. NEJM 2013; 368:1878-87. Jacobson et al. NEJM 2013; 368:1867-77. ; Antiviral Drugs Advisory Committee Meeting, FDA and Gilead reviews, 10/25/1
Genotype 3 Outcomes by Disease Stage

<table>
<thead>
<tr>
<th>Patient Characteristics</th>
<th>Regimen Options</th>
<th>SVR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Naïve, no cirrhosis</td>
<td>SOF/RBV x 24 wks</td>
<td>94%</td>
</tr>
<tr>
<td>Naïve, cirrhosis</td>
<td>SOF/RBV x 24 wks</td>
<td>92%</td>
</tr>
<tr>
<td>Treatment experienced, no cirrhosis</td>
<td>SOF/RBV x 24 wks</td>
<td>87%</td>
</tr>
<tr>
<td>Treatment experienced, cirrhosis</td>
<td>SOF/RBV x 24 wks</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>SOF/Peg-IFN/RBV x 12 wks</td>
<td>83%</td>
</tr>
</tbody>
</table>

<10% of the US population has genotype 3 infection

Lawitz et al. NEJM 2013; 368:1878-87. Jacobson et al. NEJM 2013; 368:1867-77; Antiviral Drugs Advisory Committee Meeting, Gilead review, 10/25/13; Zeuzem, AASLD 2013

Rapid Evolution of HCV Regimens

2013

Genotype 2 and 3: P/R
Genotype 1:
Telaprevir + P/R
Boceprevir + P/R

2014

Genotype 2:
Sofosbuvir + RBV
Genotype 3:
Sofosbuvir+RBV (+P?)
Genotype 1:
Sofosbuvir + P/R
Simeprevir + P/R
Sofosbuvir+Simeprevir

2015

Genotype 1:
Sofosbuvir + Ledipasvir+-/RBV
ABT-450/RTV + ABT-267 + ABT-333 + RBV
Daclatasvir+Asunaprevir (geno1b)

P/R = Pegylated interferon alfa plus ribavirin

Derived from National AIDS Treatment Advocacy Project; http://www.natap.org/2012/HCV/082912_01.htm
Conclusions

- Rapidly changing treatment paradigm in HCV
- Genotype 2 has the first approved, highly efficacious all-oral regimen
- Genotype 1 now has interferon free options, with more to come
- Balance risks and benefits of treating genotype 1 in 2014 or wait for approved all-oral regimens in 2015
The Philadelphia Hepatitis C Testing Project

PROJECT SUMMARY
CATELYN COYLE MPH, MED

Project Goals

- **CDC grant from DVH awarded to NNCC**
- **Timeframe**
  - 10/1/2012-9/30/2014
- **Testing goal**
  - Perform 4000 HCV antibody tests
  - 85% HCV Ab+ test confirmatory HCV RNA test
  - 75% HCV RNA+ linked to medical specialist for HCV treatment evaluation
  - 15% start antiviral therapy
Patients Targeted for HCV Tests

- Follow CDC testing guidelines
  - Baby boomer birth year cohort
  - Traditional testing risk factors
- Homelessness
  - Past
  - Current

Total HCV Ab Tests N=2438

HCV Ab- N=2235, 91.7%

HCV Ab+ w/ RNA Test N=203, 8.3%

**Had HCV RNA Test N=185, 91.1%

HCV RNA+ N=117, 63.2%
HCV RNA- N=67, 36.2%

No RNA Test N=18, 8.9%

Overall Results for Five PHMC Health Centers

Annual Goal: 85% Ab+ Receive Results Actual: N=179, 88.2%

**Annual Goal: 85% RNA Results Total Actual: N=161, 87.0%
Overall Results for Five PHMC Health Centers

- HCV RNA+ N=117, 62.9%
- Received Results N=104, 88.9%
- Did Not Receive Results N=13, 12.0%
- Linked to Care N=78, 75.0%
- Not Linked to Care N=39, 23.5%
- In Care N=1, 7.7%
- Lost to Care N=3, 23.1%
- Active File N=9, 69.2%
- In Care N=15, 38.5%
- Active File N=16, 41.0%
- Lost to Care N=8, 20.5%
- Did Not Receive Results N=13, 12.0%

Annual Goal: Linked to Medical Care N=75%

Overall Results for Homeless Population at Mary Howard Health Center

- Total HCV Ab Tests N=655
- *HCV Ab+ N=51, 7.8%
- HCV Ab- N=604, 92.2%
- False Positive N=1
- **Had HCV RNA Test N=46, 92.2%
- No RNA Test N=5, 11.4%

Annual Goal: HCV Ab+ w/ RNA test N=85%

**Annual Goal: 85% Ab+ Receive Results
Actual: N=44, (86.3%)**

**Annual Goal: 85% RNA Receive Results
Actual: N=41, (87.2%)**
Overall Results For Homeless Population at Mary Howard Health Center

HCV RNA+ N=31 66.0%

Received Results
N=29, 93.5%

Linked to Care
N=21, 72.4%

In Care
N=5, 62.5%

Active File
N=3, 37.5%

Not Linked to Care
N=8, 27.6%

Active File
N=2, 100%

Did Not Receive Results
N=2, 6.5%

Annual Goal Linked to Medical Care
N=75% RNA+

Results of HCV Testing by Race/Ethnicity

African American 70%
White 13%
Hispanic 17%

Race/Ethnicity of All Patients HCV Ab Tested
N=2788

Distribution of HCV Antibody and RNA Test Results by Race/Ethnicity at 5 PHMC Health Centers

*Only showing 3 most prevalent races/ethnicities

Note: N_ab=2235, N_ab+ = 203, N RNA+ = 117, N RNA- = 67
Results of HCV Testing by Gender

Distribution of HCV Antibody and RNA Test Results by Gender at Five PHMC Health Centers

Gender of Persons HCV Ab+ Tested
N=2788

- 57% Female
- 43% Male

- Antibody Negative
- Antibody Positive
- Chronic Infection
- Acute Infection

Note: N_{ab} = 2235, N_{Ab} = 203, N_{RNA} = 117, N_{RNA-} = 67

Results of HCV Testing by Insurance Type

Distribution of HCV Antibody and RNA Test Results by Insurance Type at Five PHMC Health Centers

Insurance Type of Patients HCV Ab Tested
N=2788

- 31% Private
- 65% Public
- 4% Uninsured

Note: N_{ab} = 2235, N_{Ab} = 203, N_{RNA} = 117, N_{RNA-} = 67
Results of HCV Testing by Birth Year Category

Distribution of HCV Antibody and RNA Test Results by Birth Year Category at Five PHMC Health Centers

Overall Demographics for HCV Antibody and RNA Test Results

<table>
<thead>
<tr>
<th>Patient Demographic</th>
<th>Antibody Negative (N=2235)</th>
<th>Antibody Positive (N=203)</th>
<th>Chronic Infection (N=117)</th>
<th>Acute Infection (N=67)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>Count</td>
<td>Percent</td>
<td>Count</td>
<td>Percent</td>
</tr>
<tr>
<td>African</td>
<td>1535</td>
<td>68.7%</td>
<td>115</td>
<td>56.7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>362</td>
<td>16.2%</td>
<td>23</td>
<td>11.0%</td>
</tr>
<tr>
<td>White</td>
<td>226</td>
<td>10.1%</td>
<td>50</td>
<td>27.1%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1245</td>
<td>55.7%</td>
<td>49</td>
<td>24.1%</td>
</tr>
<tr>
<td>Female</td>
<td>990</td>
<td>44.3%</td>
<td>54</td>
<td>27.1%</td>
</tr>
<tr>
<td>Insurance Type</td>
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<tr>
<td>Uninsured</td>
<td>737</td>
<td>33.0%</td>
<td>45</td>
<td>21.9%</td>
</tr>
<tr>
<td>Public</td>
<td>1395</td>
<td>62.4%</td>
<td>154</td>
<td>75.6%</td>
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<tr>
<td>Private</td>
<td>103</td>
<td>4.6%</td>
<td>4</td>
<td>2.0%</td>
</tr>
<tr>
<td>Birth Year Category</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;1945</td>
<td>29</td>
<td>1.3%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>1945-1954</td>
<td>228</td>
<td>10.2%</td>
<td>49</td>
<td>24.1%</td>
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<tr>
<td>1955-1964</td>
<td>688</td>
<td>30.8%</td>
<td>80</td>
<td>39.4%</td>
</tr>
<tr>
<td>1965-1974</td>
<td>539</td>
<td>24.0%</td>
<td>26</td>
<td>12.8%</td>
</tr>
<tr>
<td>1975-1984</td>
<td>358</td>
<td>16.0%</td>
<td>29</td>
<td>14.3%</td>
</tr>
<tr>
<td>1985-1994</td>
<td>354</td>
<td>16.3%</td>
<td>19</td>
<td>9.4%</td>
</tr>
<tr>
<td>&gt;1994</td>
<td>29</td>
<td>1.3%</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
HCV Seropositivity & Chronicity by Race/Ethnicity in Five PHMC Health Centers

Note: N_{Ab+} = 203, N_{RNA+} = 117

HCV Seropositivity and Chronicity by Gender in Five PHMC Health Centers

Note: N_{Ab+} = 203, N_{RNA+} = 117
HCV Seropositivity and Chronicity by Insurance Type in Five PHMC Health Centers

Note: $N_{Ab+} = 203$, $N_{RNA+} = 117$

HCV Seropositivity and Chronicity by Birth Year Category in Five PHMC Health Centers

Note: $N_{Ab+} = 203$, $N_{RNA+} = 117$
## Acknowledgements

- **PHMC**
  - Health centers where HCV testing and linkage to care is conducted

- **Philadelphia Department of Public Health**
  - Adult Viral Hepatitis Prevention Coordinator, Alex Shirreffs
  - Hepatitis Surveillance

- **Hepatitis C Allies of Philadelphia (HepCAP)**
  - Hepatitis advocacy coalition

- **Hepatitis Treatment, Education and Research Center (HepTREC)**
  - Provided initial HCV education for health center staff

- **Gilead Sciences, HIV FOCUS Program**
  - Linkage to Care Coordinator
  - HIV testing
Exploring Adolescents’ Knowledge and Understanding about the Risks of Tattooing

Tattoos and Risk of HCV

- Tattoos and piercings are increasing, especially among youths, but the risk of HCV infection from these practices has not been adequately assessed and there are conflicting findings in the literature.

- A recent (2012) meta-analysis showed no definitive evidence for an increased risk of HCV infection when tattoos and piercings were received in professional parlors.

- However, the risk of HCV infection is significant, especially among high-risk groups, when tattoos are applied in unlicensed settings or by friends.
Philadelphia Tattoo Laws

- It is prohibited to perform tattooing or body piercing on any body part of a person under the age of sixteen (16) except when prescribed by a physician’s statement
- Licensed establishment certificate: $100, annually
- Tattoo artist operator certificate: $40, every 3 years

Prerequisites:
- 3 year apprenticeship
- Blood-born pathogens training approved by DOH (every 3 years)

Philadelphia Hepatitis Outreach Project (P-HOP) is administered by Public Health Management Corporation (PHMC) with funding support from the Philadelphia Department of Behavioral Health and Intellectual DisAbilities.
Philadephia Hepatitis Outreach Project
Teens, Tattoos & Hepatitis C

P-HOP is a program of Public Health Management Corporation and is funded through the Office of Addiction Services.

Teens, Tattoos & Hepatitis C

Hey, do you have a Tattoo?
Maybe you should know about Hepatitis C!!!
Come and enjoy refreshments, games, and prizes!

OCTOBER 12, 2011
4:00-5:30 PM
Free Library of Philadelphia - Widener Branch
2808 West Lehigh Avenue

FOR MORE INFO: CALL 267-773-4412
Responsibilities of a Tattoo Artist

- Wash their hands before and after each tattoo procedure
- Sanitize your work space with an EPA (Environmental Protection Agency)-approved viricidal disinfectant.
- Wear new latex gloves during the tattoo procedure
- Use single service materials and equipment (i.e., each needle and tube set is individually packaged, dated and sealed, and autoclave sterilized)
- Set up and open sterile equipment in front of client
- Clean skin prior to tattooing
- Break down in front of client
- Dispose of any left over ink and disposable items
Study Purpose and Description

- To document the awareness, knowledge, and risk perceptions among Philadelphia youth about HCV infection and tattooing
- Baseline survey distributed to youth ages 13 to 25 who attended a P-HOP Teens and Tattoo session
  - Awareness of HCV
  - Knowledge about HCV transmission
  - Risk perceptions of infection
  - Number of tattoos and location(s) acquired
  - Demographics
- Data analyzed by means, frequencies and chi-square tests

Results

N=85
- Mean age: 18.5 (Range 13-22)
- 60% male
- 84% African American
- 80% reported ever hearing about HCV infection
- 67% have at least one tattoo:
  - 47% of those with a tattoo have 3 or more
  - 47% of those with a tattoo got one at an unlicensed setting
- 51% have been to a tattoo party
- 67% report it would be “very easy” or “easy” to find a tattoo party
Knowledge and Risk Perceptions

- Despite high awareness of HCV, knowledge was low:

<table>
<thead>
<tr>
<th></th>
<th>True</th>
<th>False</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>An HCV vaccine exists</td>
<td>37.6%</td>
<td>12.9%</td>
<td>49.4%</td>
</tr>
<tr>
<td>HCV is the most common blood-to-blood infection</td>
<td>35.3%</td>
<td>5.9%</td>
<td>58.8%</td>
</tr>
<tr>
<td>You can get HCV from a tattoo</td>
<td>83.3%</td>
<td>4.8%</td>
<td>11.9%</td>
</tr>
</tbody>
</table>

*4% answered all three questions correctly

- 55% acknowledge that there is a chance that they could get HCV infection from a tattoo

Significant Relationships

- By Gender:
  - Females were significantly more likely to have a tattoo: 82% of females, compared to 56% of males reported having at least 1 tattoo

- By Age:
  - Those >18 were significantly more likely to:
    - Have a tattoo
    - Be more knowledgeable about HCV
    - Have more accurate perceptions about tattoo risks
    - Say it would be “easy” or “very easy” to find a tattoo party in the future
Conclusion

• We show evidence of a high rate of tattooing in unlicensed facilities among adolescents, yet their knowledge about HCV transmission and infection is low, leading to heightened risk in this population.

• Efforts to provide youth-based education about HCV and tattooing are warranted.

Next Steps

• Other locations for adolescent education?

• Funding mechanisms?

• Collaboration with HepCAP?

• Efforts to educate a broader population in Philadelphia?

• Other ideas?