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

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

Source: CDC/hepatitis.gov; MMWR 2011; MMWR 2014; CDC unpublished data

Increases in New HCV Infections

- 50% increase in national reporting
- 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Source: CDC/hepatitis.gov; MMWR 2011; MMWR 2014; CDC unpublished data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

2010

2014

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

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

Detect and care for existing infections
- Antibody screening
- RNA test to confirm infection
- Clinical evaluation to determine disease stage
- Monitoring disease progression
- Reduce alcohol use

Reduce chronic infections
- Treat to cure infection
- Support adherence to treatment
- Support post-cure to prevent reinfection

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

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

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
Hepatitis C: The “Silent Epidemic”

- 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
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.


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

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

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

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