On February 1, 2012 seventy-two people representing over thirty agencies came together at the Philadelphia Department of Public Health (PDPH) for the launch of a new hepatitis C coalition. The two-hour meeting served to introduce people to the purpose of HepCAP by describing its formation and offering an overview of hepatitis C in Philadelphia. A conversation with OraSure addressed the impact of PA State Bureau of Laboratories classification (Level 3) on rollout of the HCV rapid test.

The next HepCAP meeting will be held on Wednesday, April 4th from 4pm-6pm. Since the attendance for the first meeting was so outstanding, PDPH is considering moving the second meeting to a larger venue. Stay tuned for an announcement about the location of the 4/4 meeting!

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

WELCOME TO HEPCAP

Dr. Caroline Johnson, the Director of Division of Disease Control, welcomed the audience to the first HepCAP meeting, pledging the group PDPH’s full support. Dr. Johnson noted that a major challenge for hepatitis C is the lack of resources available. This is different from other disease areas like STDs which have more resources for testing/counseling, case investigation, and prevention activities. Even understanding the population affected by hepatitis C in Philadelphia is a challenge because the volume of cases reported to PDPH is so large that it does not have the capacity to follow-up and ask patients about risk factors or detailed demographic information (race, ethnicity, etc.)

Dr. Johnson noted that this is not just a Philadelphia problem, but a national problem and resources from the CDC are still limited, despite their growing interest in addressing hepatitis. HepCAP can serve as way for hepatitis stakeholders to advocate for more resources and to share resources between involved agencies. The City has a lobbyist who may be able to help HepCAP advocate for more funding or policy/regulatory changes.

PRESENTATIONS

Why HepCAP?: Starting a hepatitis C coalition in Philadelphia

Alex Shirreffs, MPH, Adult Viral Hepatitis Prevention Coordinator (AVHPC) at PDPH described her role at PDPH, explained the HepCAP planning process and described the reasons that the time is right to begin a hepatitis C coalition in Philadelphia.
• **Why?** A national *Viral Hepatitis Action Plan* was released in May 2011 to better coordinate the national hepatitis B and C efforts across federal agencies. As more attention is given to hepatitis C, it is important that Philadelphia’s hepatitis stakeholders come together to:

- Raise the profile of hepatitis C locally;
- Provide input to help PDPH prioritize its hepatitis activities;
- Foster collaboration between agencies to maximize local resources; and
- Position Philadelphia to be a leader in the fight against hepatitis C.

• **Planning Committee:** A HepCAP planning committee began meeting in July 2011. The group met regularly leading up to the 2/2/12 launch of HepCAP to look at existing hepatitis C coalitions (New York City, Los Angeles, California), plan Philadelphia’s structure (mission, goals, etc), develop a HepCAP priorities survey, and conduct outreach to invite agencies within our networks to attend the first meeting. The following agencies participated in the planning process:

- Hepatitis B Foundation/Hep B Free Campaign
- Hepatitis Treatment, Research and Education Center (HepTREC)
- Office of Addiction Services (Department of Behavioral Health)
- Philadelphia Hepatitis Outreach Project at PHMC
- Prevention Point Philadelphia

• **What will we do?** HepCAP will bring a variety of agencies together to address the challenges of meeting the needs of people living with hepatitis C and to prevent new cases in Philadelphia.

- People living with hepatitis C need to learn their status, be linked to care, and need to be supported as they have their disease monitored and/or treated. This includes activities from raising awareness and providing education (both to the public and medical providers) about hepatitis C to strengthening the coordination of testing and medical care.
- New cases of hepatitis C need to be prevented. Since most new hepatitis C cases occur among injection drug users, this means supporting projects and policies address drug user health and developing resources targeting this population.
- HepCAP members have the opportunity to share their opinions about hepatitis C priorities by completing this short 10-question survey:


• **Building our HepCAP community.** Ms. Shirreffs asked that people commit to attend five more meetings in 2012. Invite other hepatitis C stakeholders. Build our community so that together we can make noise about hepatitis C and build a coordinated effort to improve hepatitis C services in Philadelphia.

Following Ms. Shirreffs, two agencies involved in the planning process offered their perspective on HepCAP. **Daniel Chen, MPH, the Program Manager for the Hepatitis B Foundation’s Hep B Free campaign,** spoke from the perspective of the hepatitis B community. Hep B Free consists of over fifty partner agencies that stay engaged through monthly conference calls and special events.
Hep B Free’s goals are to 1) Raise awareness about hepatitis B, 2) Increase hepatitis B screening and vaccination and 3) Improve safety net services for vaccination and treatment. Mr. Chen talked about some of the innovative ideas Hep B Free has used to engage community partners, raise awareness, and provide services like hepatitis B testing to the community. A current project is a contest that challenges people to make their own hepatitis B PSA! This perspective gave a glimpse of what HepCAP may also be able to accomplish! You can find out more about Hep B Free at:

- [http://bfreephilly.org/](http://bfreephilly.org/)
- Like them on Facebook: [http://www.facebook.com/hepbfreephilly](http://www.facebook.com/hepbfreephilly)

Mary-Kate McGinty, the Director of External Relations for University of the Sciences and HepTREC, explained that HepTREC was initially founded as a community-based not-for-profit organization in 2002 and moved into the University in 2009. In a university home, HepTREC benefits from the university's infrastructure and the enthusiasm and participation of USP's students, faculty and staff. HepTREC is interested in the potential that HepCAP might have to link students to interdisciplinary hepatitis projects in the community – thus fostering a new generation of hepatitis C advocates. Ms. McGinty also noted that HepCAP has the potential to do great things for hepatitis C care and HepTREC is excited to be involved. You can find out more about HepTREC at:

- [http://www.heptrec.org/default.asp](http://www.heptrec.org/default.asp)

**Epidemiology of Hep C in Philadelphia: What we know and don’t know**

Ms. Shirreffs introduced PDPH staff who presented on the epidemiology of hepatitis C in Philadelphia:

- Robbie Madera, MPH; Epidemiologist
- Kathryn Gevitz; Data Manager
- Shadia BelHamdounia, Young Hepatitis C Surveillance Coordinator
- Seth Sheffler-Collins, MPH; PCSI Epidemiologist

Ms. Madera and Ms. Gevitz opened this presentation by noting the limitations of our hepatitis C data – information collected by PDPH through electronic lab reporting mainly consists of name, address, and birthday. Because of the volumes of HCV case reports, PDPH does not do any further HCV surveillance or case investigation (unless it is an acute case, although very few are reported each year). In addition to an overview of how hepatitis C data is collected by PDPH, Ms. Gevitz provided a breakdown of HCV case reports.

Ms. BelHamdounia discussed an enhanced surveillance project that will enable PDPH to follow-up on hepatitis C cases in people under 30 years old. Philadelphia was one of seven sites – and the only city – to receive CDC funding for this project. Ms. BelHamdounia asked providers to help spread the word about this project. Anyone interested in learning more about this can contact her at:

- Shadia.BelHamdounia@phila.gov

Mr. Sheffler-Collins is the Epidemiologist for the Program Collaboration and Service Integration Program (PCSI) at PDPH. Philadelphia is one of six national CDC-funded PCSI pilot sites. This program aims to encourage more collaboration between HIV, Hepatitis, STD, and TB programs at health departments, in order to better serve populations that may be at risk for multiple diseases. In his role, Mr. Sheffler-Collins matches data between each program’s disease registries. Since risk factor and demographic data is so limited for hepatitis C, these matches may help PDPH develop a
better understanding of what specific populations or communities are most impacted by hepatitis C as well as co-infections with other diseases like HIV.

*Slides containing data from these presentations will be provided to HepCAP members soon!*

**DISCUSSION**

**HCV Rapid Test & PA State Level 3 Classification**

OraSure representatives were present to describe current challenges with rolling out their new hepatitis C rapid test in Pennsylvania.

- Rebekah Parsons, MS; Public Health Account Manager, Infectious Disease Testing
- Reggie Carr, MBA; Director of Global Marketing, HCV
- Christine Logan; Account Manager, Hospital Division

The HCV rapid test is FDA approved for whole blood and fingerstick. In November the test was CLIA waived. It is exactly the same platform as the HIV rapid test. Ms. Parsons passed around a sample test and distributed folders containing more detailed information about the rapid test. The test detects HCV antibodies, the results are ready within 20 minutes.

The PA Bureau of Laboratories requires sites offering the HIV or HCV rapid test to fulfill specific lab classifications. Each test has a different classification from the Bureau of Labs.

- **HIV Rapid Test – Level 2 Classification:** For a site in PA to offer the HIV rapid test, their lab/physicians office must meet the Level 2 lab classification standards which include: apply for a state lab license; designate a lab director and lab supervisors; document training and competency evaluations; develop a procedure manual; develop and adhere to quality control; participate in a proficiency test; and notify the bureau of labs of changes. More details about each of these requirements can be found in these documents:

- **HCV Rapid Test – Level 3 Classification:** In addition to all of the standards required for the HIV test, the HCV test also requires a Medical Director to be onsite and the facilities must be inspected by the state before they begin testing.

In Philadelphia, HIV testing is able to be done on a citywide scale because AACO serves as the “lab director” for all of their funded test sites and oversees the associated training, procedures, and proficiency testing. If the HCV test also had Level 2 classification, it could be incorporated at AACO’s testing sites fairly easily. The Level 3 classification poses many barriers: many sites do not have a medical director onsite at all times and the Bureau of Labs has a waiting list of sites that need to be inspected, which means that even if a site did fill the Level 3 requirements it would have to wait before someone from the state came to inspect the facility. Sites that use the rapid test without fulfilling the certification requirements could get shut down if the State found out.
UPDATE: As these meeting highlights were being prepared, OraSure met with the PA Secretary of Health. He has committed to resolving this problem over the next few weeks. If there is no change to the classification, we will let HepCAP members know what specific actions they can take to move the process along. Thank you for coming to the meeting to voice your support for an accessible hepatitis C rapid test!

What can be done to reverse the State’s decision? Since there is no official process to appeal the Bureau of Laboratories decision, OraSure is involved in discussions with the PA Department of Health to advocate for the classification to be downgraded to at least a Level 2. Since Philadelphia would potentially be doing a lot of hepatitis C testing as the State’s largest city, pressure on the State needs to come out of Philadelphia. OraSure suggested writing letters to the PA Secretary of Health and State Senator Vincent Hughes.

ANNOUNCEMENTS

Viral Hepatitis Resource Guide: Since one of the challenges of expanding HCV testing is that many providers do not know where to refer patients who test positive, PDPH is updating the Hepatitis Resource Guide for the first time since 2008. Jason Bell, a Drexel MPH student, has developed a comprehensive survey to collect information about agencies that provide hepatitis B and/or C prevention, treatment, and/or support services. If your agency has not yet completed the survey, it is still open here:

• http://www.surveymonkey.com/s/HNMKKDD

Hep C Support Group: A group is starting at the PHMC Care Clinic
• It will be held on the third Wednesday of each month. For flyers or more information contact Dejenaba Gordon at the Philadelphia Hepatitis Outreach Project
  • dgordon@phmc.org

Liver Life Walk: Sponsored by the American Liver Foundation on May 12th
• http://www.liverfoundation.org/chapters/midatlantic/events/789/
• For more information contact Ivory Allison at iallison@liverfoundation.org

National Hepatitis Testing Day: Saturday, May 19th
• There was a recommendation to add this as a discussion item at the April HepCAP meeting.

While testing cannot be done at community-based sites right now, sites that are interested in being trained on the new test can contact Rebekah Parsons:

• rparsons@orasure.com
NEXT STEPS

Ms. Shirreffs will send out the meeting minutes. At the April 4th meeting, the following topics will be discussed:

- Amend and approve the mission, goals, and logo for HepCAP
  - Proposed mission, goals and logo were distributed on the meeting’s agenda. They will also be included in the meeting minutes to be distributed via email.

- Nominate HepCAP community co-chair
  - A community co-chair would serve to support the governmental co-chair (Alex Shirreffs) in the duties of leading HepCAP. Among the expectations would be that the community co-chair:
    - Co-facilitate meetings
    - Provide a community perspective on agenda items and HepCAP projects
    - Take on additional support and leadership duties as the group evolves

- Brainstorming activity based on HepCAP priorities survey results

*The next HepCAP meeting will be held on Wednesday, April 4th from 4pm-6pm. Location TBA so please check your email for updates and an RSVP link!!*

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**2012 HepCAP Meetings**

*First Wednesday of every other month, 4pm-6pm*

April 4  
June 6  
August 1  
October 3  
December 5  

*Mark your calendars now!*