

UNLOCKING HCV CARE IN KEY SETTINGS



HepNET
Hepatitis Network for
Education and Testing



NASTAD



NVHR
National Viral Hepatitis Roundtable

September 12-13, 2023, 12:30-5:00pm ET

**UNLOCKING
HCV CARE
IN KEY SETTINGS**

Welcome

Carolyn Wester, Director, Division of Viral Hepatitis, CDC

Partners and Objectives

- Convene hepatitis C subject matter experts to identify effective strategies to increase nationwide hepatitis C testing and treatment in key settings
- Foster inclusive and transparent engagement between sectors engaged in hepatitis C elimination activities

Each session we'll reflect:

- 1) What are the main barriers to providing HCV testing and treating in this key setting?
- 2) What are the optimal models of care at this key setting?
- 3) What partners, platforms, and strategies can be used to scale HCV testing and treatment at this key setting?

End Goal: Prepare a meeting report that summarizes the key strategies that will most effectively increase hepatitis C testing and treatment capacity in key settings.

Day 1: Tuesday September 12, 12:30-5pm ET



12:30 – 12:45: Welcome

12:45 – 1:15: Setting the stage: HCV testing and treatment in the United States, Nathan Furukawa, CDC

1:15 – 2:45: Medication for Opioid Use Disorder (MOUD) Treatment Facilities

Speaker 1: Lynn Taylor, Rhode Island

Speaker 2: Tony Martinez, Buffalo

Speaker 3: Yngvild Olsen, SAMHSA

Q&A, Discussion, Concluding Remarks

2:45 – 3:00: Break

3:00 – 4:30: State Correction Facilities

Speaker 1: Lindsey Sizemore, Tennessee

Speaker 2: Deb Nichols and Brittany Gross, Indiana

Speaker 3: Paulina Deming and Daniel Rowan, New Mexico

Q&A, Discussion, Concluding Remarks



Day 2: Wednesday September 13, 12:30-5pm ET



12:30 – 12:45: Welcome

12:45 – 2:15: Federally Qualified Health Centers

Speaker 1: Andy Seaman, Oregon

Speaker 2: Stacey Trooskin, Philadelphia

Speaker 3: Stephanie Constantino, San Diego

Q&A, Discussion, Concluding Remarks

2:15 – 2:30: Break

2:30 – 4:00: Syringe Services Programs (SSPs)

Speaker 1: Tyler Bartholomew, Miami

Speaker 2: Abigail Hunter, NYC

Speaker 3: Virginia Harm Reduction Coalition

Q&A, Discussion, Concluding Remarks

4:00 – 4:45: General discussion, synthesis and next steps



Housekeeping



- Participants are in *“listen and view only”* mode



- Submit your questions through the session via the Q&A box



- Recording will be available
- Report will be disseminated in October
- Evaluation – tell us how we did!

Acknowledgments



NVHR:

- Adrienne Simmons
- Daniel Raymond

NASTAD:

- Boatemaa Ntiri-Reid
- Isabel Lechuga
- Jasmine West
- Zakiya Grubbs

CDC DVH:

- Carolyn Wester
- Dee Bixler
- Karina Rapposelli
- Mona Doshani
- Nathan Furukawa
- Pam Lemos
- Talia Pindyck



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Hepatitis C Testing and Treatment in High-Impact Settings

Nathan Furukawa, MD, MPH

Senior Advisor for Hepatitis C Elimination

Division of Viral Hepatitis

Centers for Disease Control and Prevention

Unlocking HCV Care in Key Settings

September 2023

Progress Towards Hepatitis C Elimination

Advances in hepatitis C treatment have helped drive down deaths related to hepatitis C.

Age-adjusted rate of hepatitis-C related deaths and annual targets for the United States by year



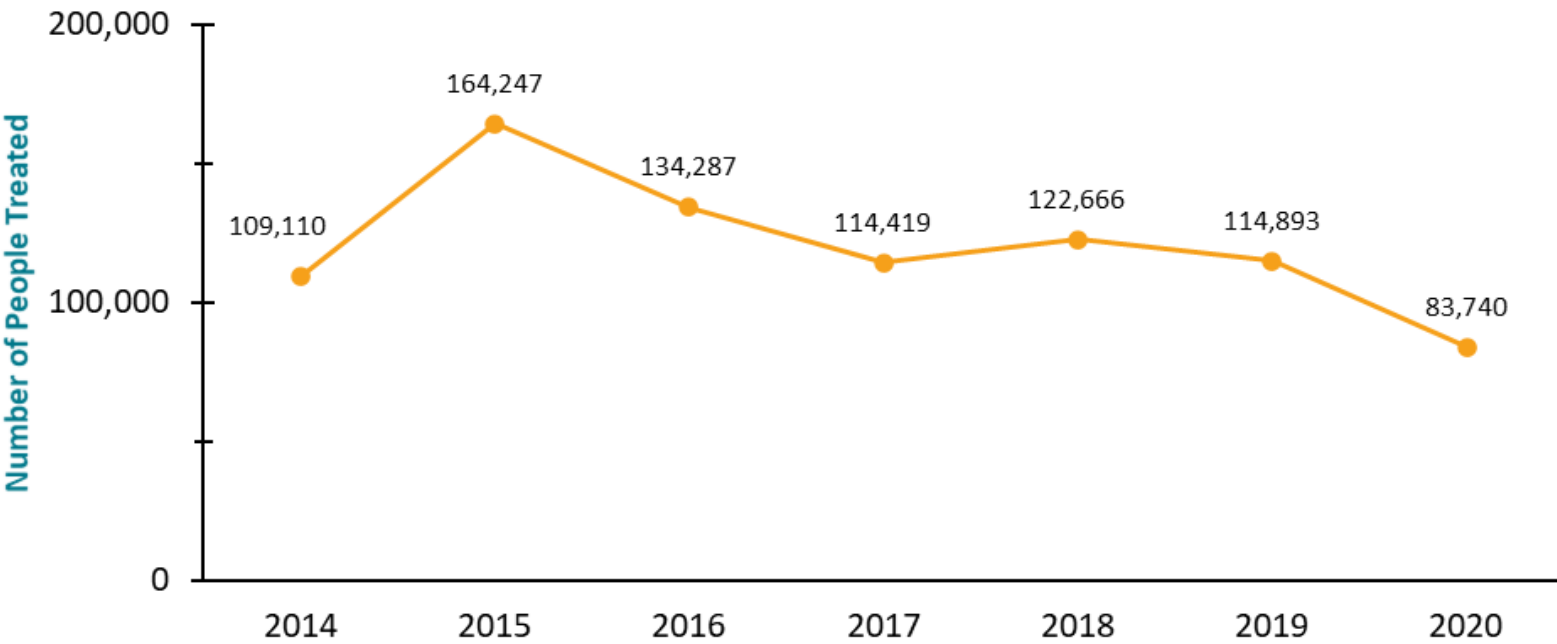
Rates of estimated new HCV infections have continued to increase and are moving away from the elimination target.

Estimated acute hepatitis C virus infections and annual targets for the United State by year



>1 million people have been treated for hepatitis C since the debut of HCV direct acting antivirals, though treatment numbers have decreased recently.

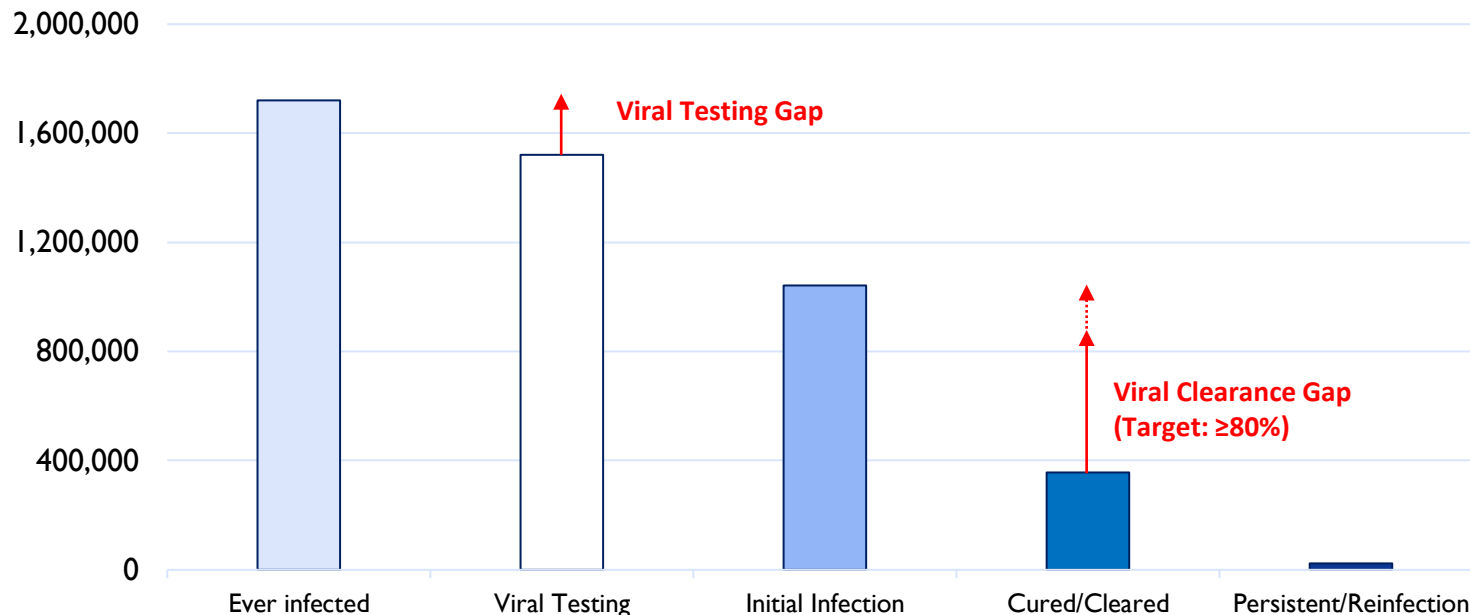
Number of Persons Treated for Hepatitis C with DAAs Using National Pharmacy Claims Data, United States, 2014–2020



Teshale EH et al. Characteristics of Persons Treated for Hepatitis C Using National Pharmacy Claims Data, United States, 2014-2020. Clin Infect Dis. 2022 Sep 29;75(6):1078-1080.

Despite an increasingly favorable landscape for hepatitis C treatment, significant gaps remain.

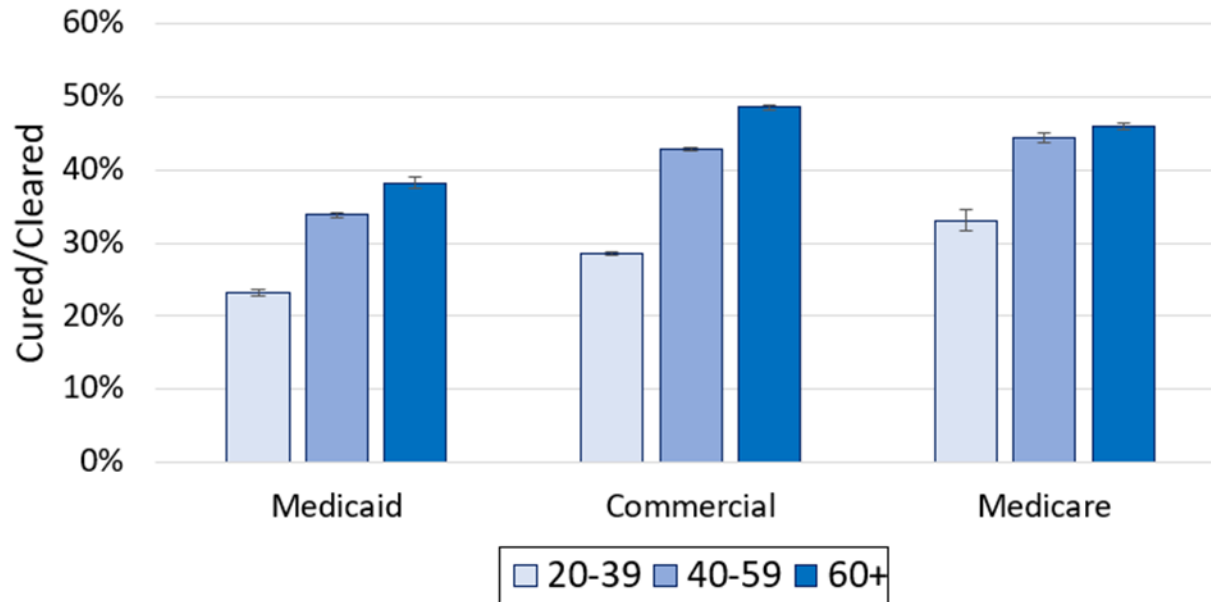
2022 U.S. Hepatitis C Viral Clearance Cascade — United States, 2013–2022



Frequency	1,719,493	1,520,592	1,042,082	356,807	23,518
Proportion	100.0%	88.4%	68.5%	34.2%	6.6%

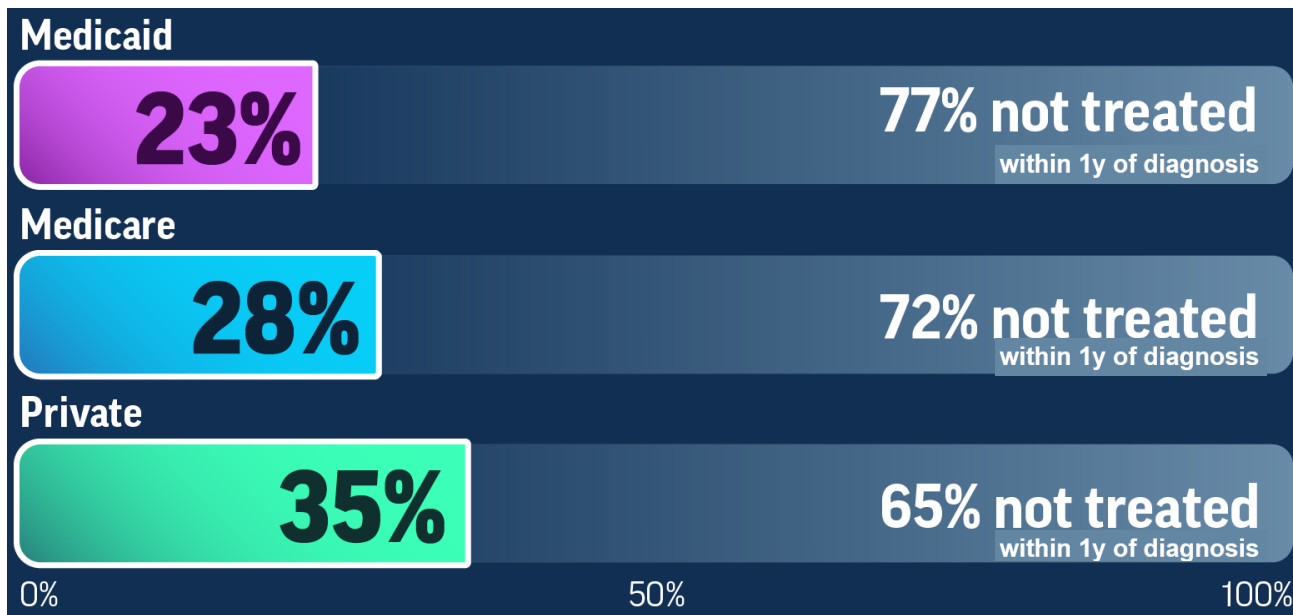
Disparities in viral clearance exist across age and insurance type.

Proportion of HCV-Infected Individuals with Evidence of Viral Clearance by Age and Payor, 2013–2022



Many people who are diagnosed with hepatitis C do not get timely treatment.

Hepatitis C Treatment within 1 Year of Diagnosis Among Continually Insured Adults by Insurance Type, 2019–2020



Current rates of testing and treatment have not significantly reduced hepatitis C prevalence.

Prevalence and awareness of HCV infection persons aged > 18 years – United States (NHANES data)

Estimates	2013 – 2016	2017 – Mar2020
Prevalence (95% CI)	2.1 million¹ (1.8 – 2.5 million)	2.2 million² (1.3 – 3.6 million)
% Awareness of infection (95% CI)	56%³ (43% - 69%)	68%² (50% - 82%)

Sources: 1) Hofmeister et al, Hepatology, 2018; 2) Lewis et al, CID, 2023; 3) Kim et al, JVH, 2018.
Note: NHANES = National Health and Nutrition Examination Survey, which is conducted among non-institutionalized civilians.

High-Impact Settings for Hepatitis C Testing and Treatment

Priority High-Impact Settings to Advance HCV Testing and Treatment



Federally Qualified Health Centers (FQHCs)



State Departments of Correction (DOCs)



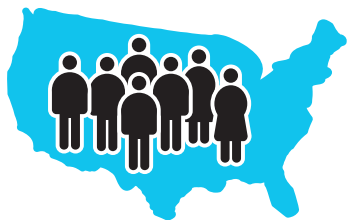
Medication for Opioid Use Disorder (MOUD) Programs



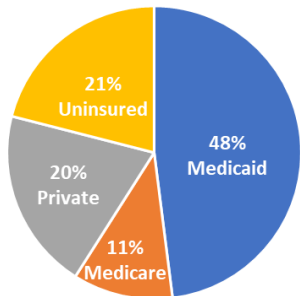
Syringe Service Programs (SSPs)



FQHCs provide essential primary care services to underserved populations.



More than 30 million people receive care at an FQHC each year.



Patients at FQHCs are more likely to be covered by Medicaid or lack insurance.

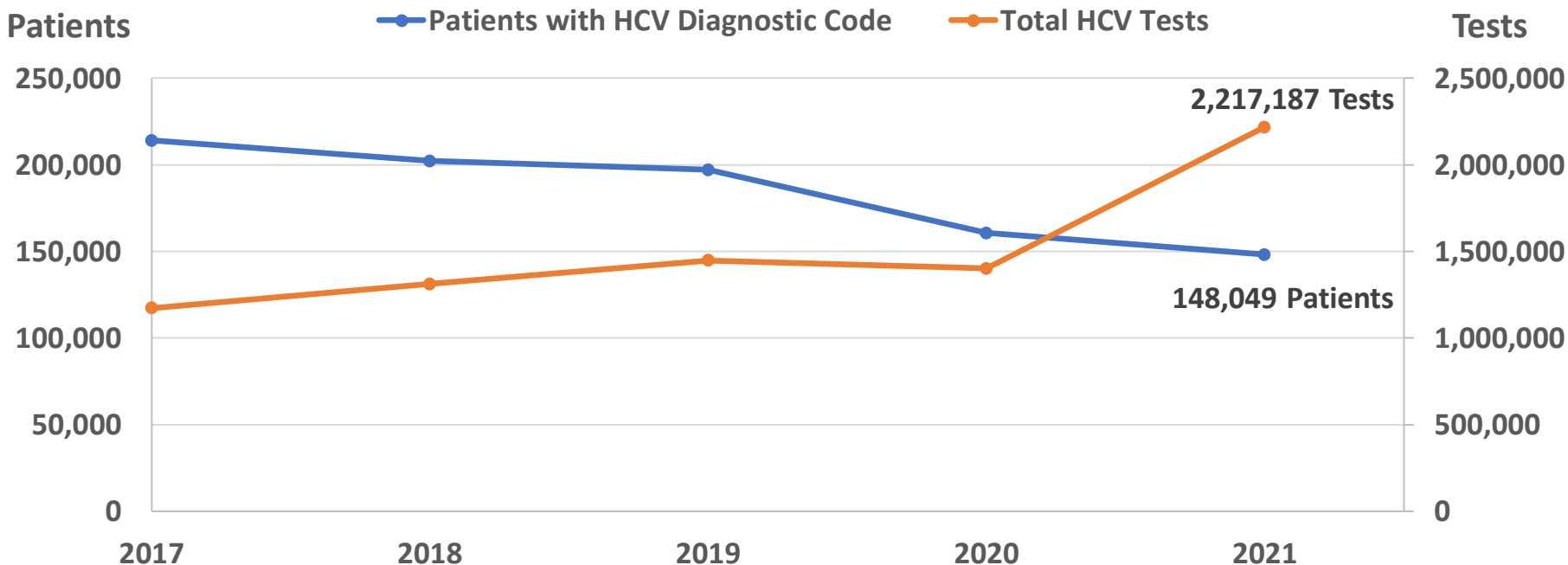


FQHCs care for underserved populations who are at increased risk for hepatitis C.



Higher rates of hepatitis C testing and treatment are needed in FQHCs to reach elimination.

Number of patients with a hepatitis C diagnosis code and total number of HCV tests among FQHC and Look-Alike patients — United States, 2017-2021





People who are incarcerated or detained have a disproportionately high prevalence of hepatitis C.



Prisons are federal, state, or private facilities that hold people convicted of a crime serving longer sentences.



Jails are usually local facilities that hold people pre-trial, pre-sentencing, or for minor offenses.



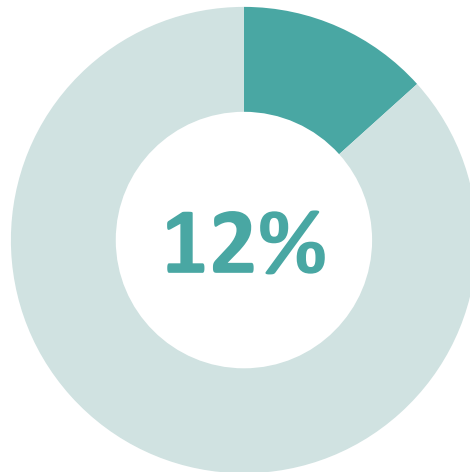
An estimated 1 in 3 people with hepatitis C pass through a jail or prison each year.



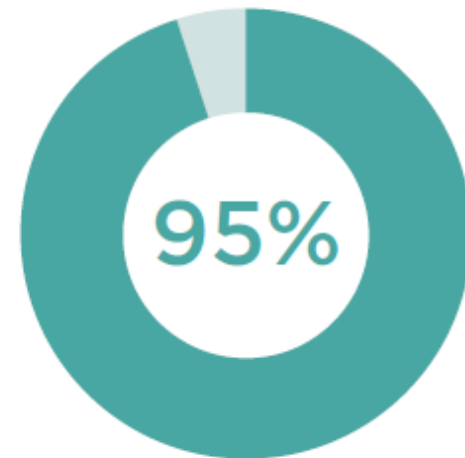
State prisons offer great opportunities to treat hepatitis C.



APPROXIMATELY 1.2 MILLION
PEOPLE WERE INCARCERATED
IN PRISONS IN 2021



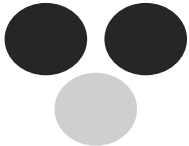
STATE PRISONS HAD AN
ESTIMATED HEPATITIS C
PREVALENCE OF 12% IN 2015



95% OF PEOPLE IN U.S.
PRISONS WILL TRANSITION
BACK TO THE COMMUNITY



MOUD programs serve clients with opioid use disorder in a variety of modalities.



Two thirds of acute hepatitis C cases with risk data report injection drug use.



Methadone, buprenorphine, and naltrexone are all effective at treating opioid use disorder.



Methadone can only be provided by opioid treatment programs (OTPs).

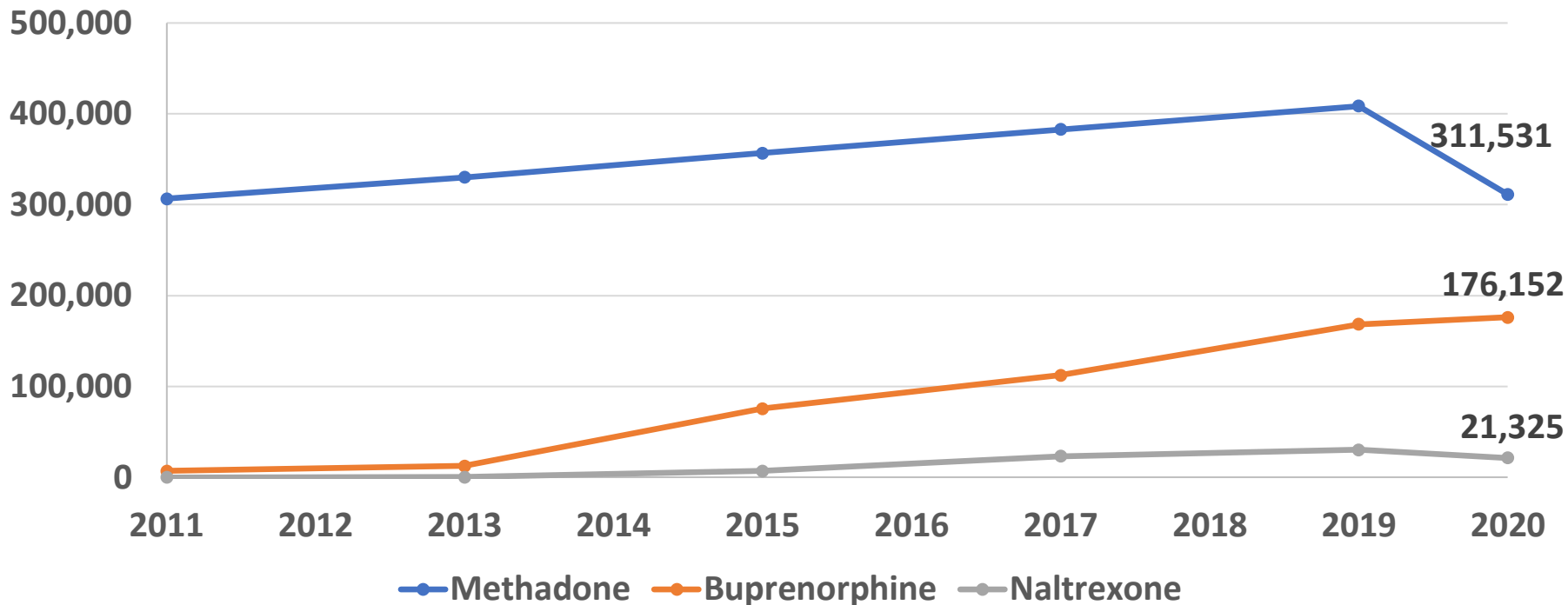


Buprenorphine can be provided in a variety of settings and the 2023 X-Waiver elimination will increase its use.



Over half a million people receive medications for opioid use disorder treatment.

Number of people receiving medication-assisted treatment — United States, 2011-2020





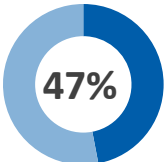
SSPs provide essential harm reduction services to people who inject drugs (PWID).



There are an estimated **3.7 million PWID** nationally.



Half of urban PWID report receiving services from an SSP in the past year.



Almost half of SSPs report offering HCV testing.



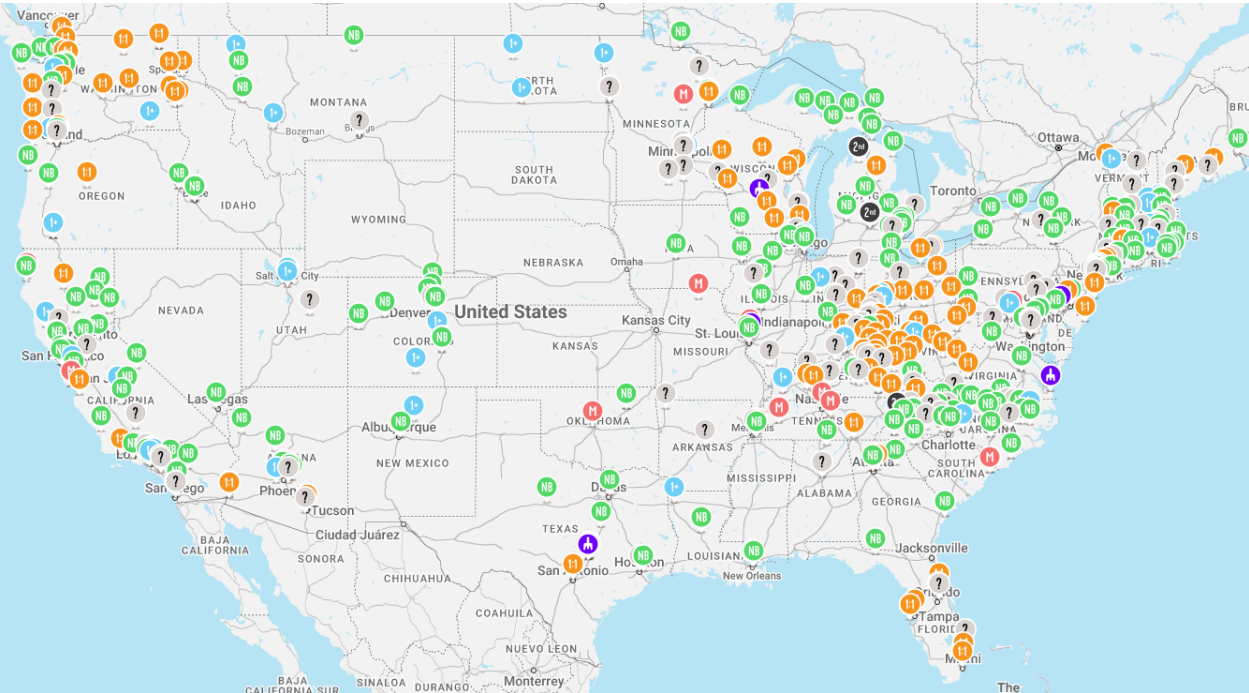
The prevalence of hepatitis C among PWID visiting SSPs is high (**23%** in a recent CDC supported study).

Bradley H et al. Estimated Number of People Who Inject Drugs in the United States. Clin Infect Dis. 2023 Jan 6;76(1):96-102.
HIV Infection Risk, Prevention, and Testing Behaviors Among Persons Who Inject Drugs — National HIV Behavioral Surveillance Injection Drug Use. 2018.
Program and Operational Characteristics of Syringe Services Programs — United States 2020–2021. 2023.
Injection Drug Use Surveillance Project — United States, 2021–2023. 2023.



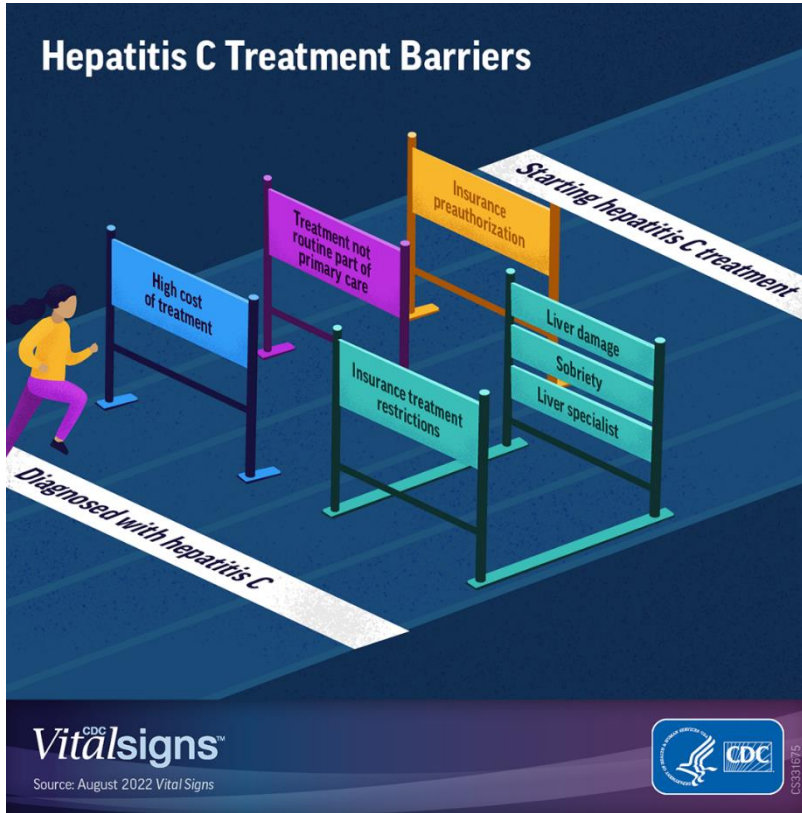
Although there are at least 535 SSPs nationally, there are disparities in access in several geographic areas.

Location of syringe service programs in the NASEN database — United States, 2023



Implementation Challenges & Opportunities

There are multiple barriers to hepatitis C treatment.



Lack of Awareness



Stigma



Two-Step Diagnostic Testing



High Drug Costs



Insurance Coverage Gaps



Insurance Treatment Restrictions



Treatment Not Co-Located

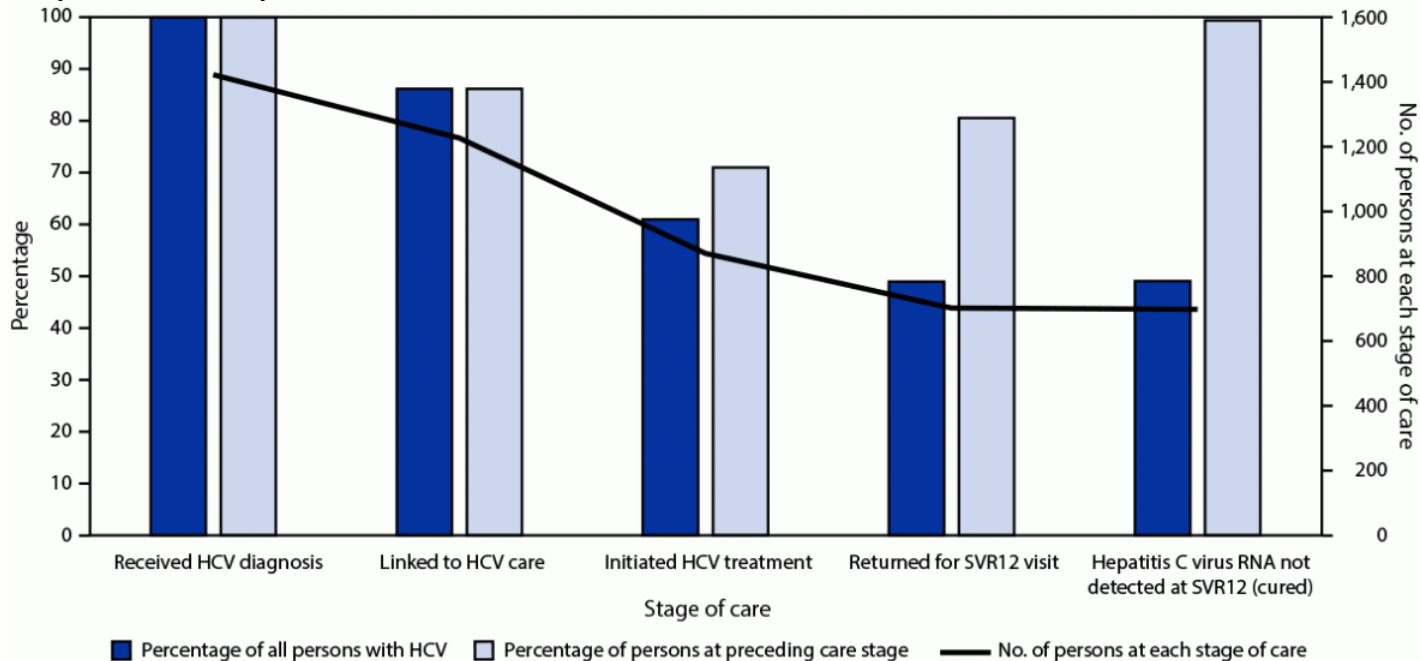


Hard-to-Reach Populations



Cherokee Nation shows how a health care system can effectively advance hepatitis C elimination.

Cascade of care among persons with hepatitis C virus infection (N = 1,423) — Cherokee Nation Health Services, Oklahoma, November 2015–October 2020





California Department of Corrections and Rehabilitation is close to treating all their identified patients with hepatitis C.

California State Prisons: HCV Access to Treatment Initiative			
Year	2017	→	May 2023
Approx. Total Prison Population	132,000	→	97,000
Active (+RNA) Prev.	14%	→	4%
Approx. Patients Treatment Eligible	18,000	→	3700
Patients Completing Treatment per Year	< 1000	→	3000-9000

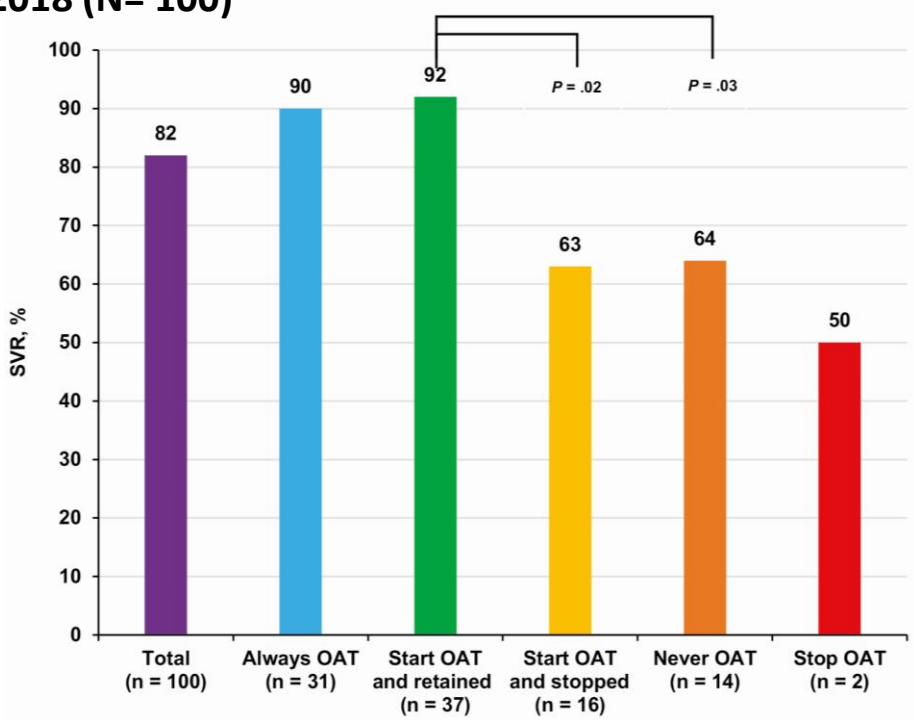
Total Number Treated at CCHCS (May 2023):
33,437

Patients Remaining to be Offered Treatment (May 2023): 1,105



Integrating MOUD and hepatitis C treatment results in significantly higher rates of hepatitis C cure.

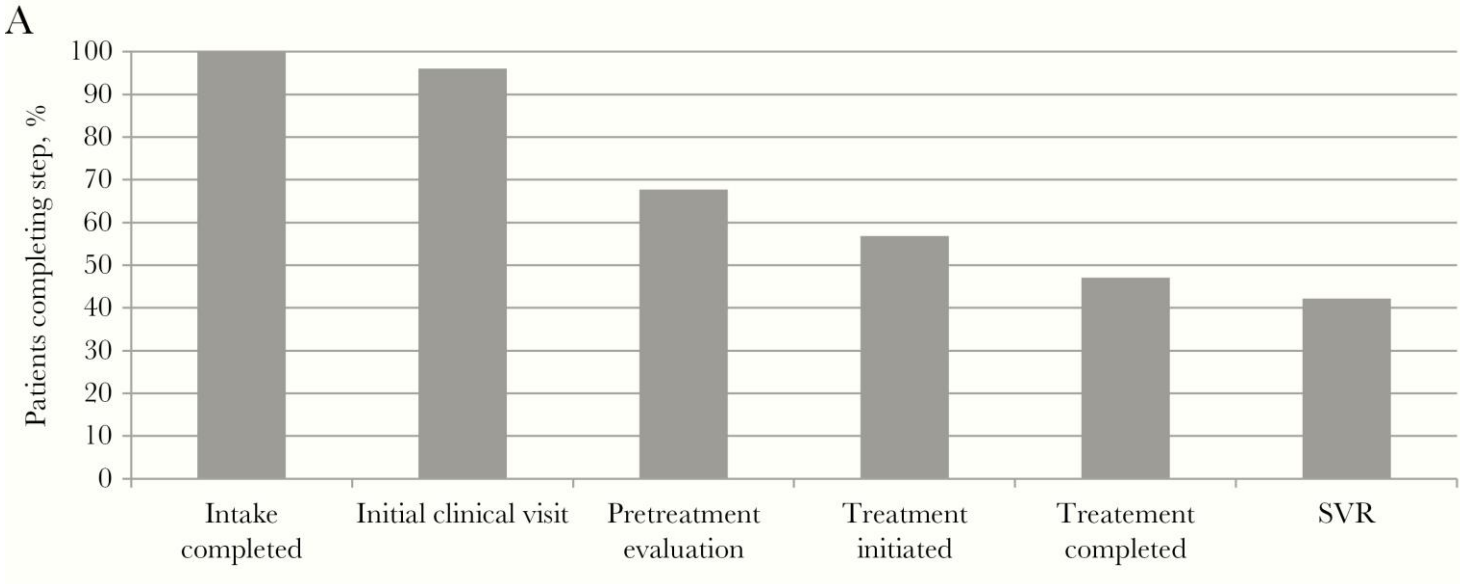
HCV SVR by opioid agonist therapy (OAT) uptake and retention in a trial offering both — Washington, DC, 2017–2018 (N= 100)





SSPs that co-locate hepatitis C care can achieve results comparable to other clinical settings.

Care cascade for co-located hepatitis C care at an SSP — New York City, 2015–2018 (N= 102)



**WE HAVE THE TOOLS
NEEDED TO ELIMINATE
HEPATITIS C**



**BUT WE NEED TO SCALE THEIR
USE TO REACH ELIMINATION**

Nathan Furukawa, MD, MPH

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Centers for Disease Control and Prevention

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For more information, contact CDC
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TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



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