Hepatitis C Overview for Narcotic Treatment Programs

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California Department of Public Health
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Overview

• Why hepatitis C?
• Epidemiology of hepatitis C in California
• Role of narcotic treatment programs in reducing the hepatitis C disease burden
Why Hepatitis C?

- **SAMHSA/CDC/U.S. Preventive Services Task Force HCV Testing Recommendations:**
  - Persons born during 1945-1965 (one-time)
  - People who have ever injected drugs (routine)\(^1\)

- **DHCS Hub & Spokes Grant Requirements:**
  “Hubs need to perform HIV and Hepatitis C virus (HCV) testing on all individuals who enter treatment. Funds can be utilized for testing only if the costs are not already covered by other sources.”\(^2\)

2. DHCS Opioid State Targeted Response (STR) Application
Hepatitis C Virus: What Is It?

- Bloodborne virus that replicates in the liver
- 10X more infectious than HIV
- More HCV deaths than due to HIV
- ≥400K living with HCV in California

Hepatitis C... Isn't that the one I have been vaccinated for?

NO
HCV Epidemiology
Chronic Hepatitis C – Rates of Newly Reported Cases by County, Excluding Cases in State Prisons, California, 2011 and 2015

Notes:
* No cases reported or statistically unstable rates for five local health jurisdictions in 2011, including Alpine, Colusa, Inyo, Mono, and Sierra counties; and two local health jurisdictions in 2015, including Alpine and Sierra counties.
• State prisons cases were removed from local health jurisdiction totals and attributed to the state prison system as a whole.
Cases and Percentages of Chronic HCV Cases by Race/Ethnicity, California, 2011-2015

Key: W=White, H/L=Hispanic/Latino, AA/B=African American/Black, API=Asian/Pacific Islander, AI/AN=American Indian/Alaska Native
Chronic Hepatitis C – Age Distribution of Newly Reported Cases, California, 2007 and 2015

2007*

2015†

*N = 41,037; excludes 547 cases with missing age or sex information.
†N = 33,454; excludes 294 cases with missing age or sex information.
Chronic Hepatitis C – Rates of Newly Reported Cases by Gender and Age, California, 2011-2015

Rates ↑ 37% in females 20-29

Rates ↑ 55% in males 20-29; 40% in males 15-19
Role of NTPs in reducing the hepatitis C disease burden
Enroll Young People Who Inject Drugs in MAT to **Prevent** HCV

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>AHR (95% CI)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug treatment in past 3 mo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>1 [Reference]</td>
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<tr>
<td>Non-OA therapy</td>
<td>0.71 (0.41-1.20)</td>
<td>.20</td>
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<tr>
<td>OA detoxification</td>
<td>1.39 (0.73-2.67)</td>
<td>.32</td>
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<tr>
<td><strong>Maintenance OA therapy</strong></td>
<td><strong>0.39 (0.18-0.87)</strong></td>
<td><strong>.02</strong></td>
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<tr>
<td>Age, y</td>
<td>0.99 (0.94-1.04)</td>
<td>.66</td>
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<tr>
<td>Duration of injection drug use, y</td>
<td>1.03 (0.98-1.07)</td>
<td>.24</td>
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<tr>
<td>Sex</td>
<td></td>
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<tr>
<td>Male</td>
<td>0.72 (0.52-1.00)</td>
<td>.05</td>
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<tr>
<td>Female</td>
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<tr>
<td>Race/ethnicity</td>
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<tr>
<td>White</td>
<td>1 [Reference]</td>
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<tr>
<td>Nonwhite</td>
<td>1.17 (0.82-1.67)</td>
<td>.37</td>
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<td>Homeless in past 3 mo</td>
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<td>No</td>
<td>1 [Reference]</td>
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<tr>
<td>Yes</td>
<td>1.22 (0.86-1.74)</td>
<td>.26</td>
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<tr>
<td>Incarcerated in past 3 mo</td>
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<tr>
<td>No</td>
<td>1 [Reference]</td>
<td>&lt;.01</td>
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<tr>
<td>Yes</td>
<td>1.58 (1.12-2.23)</td>
<td>&lt;.01</td>
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</tbody>
</table>

**Note:** Maintenance opioid agonist (OA) therapy included methadone and buprenorphine.

Injection drug use = #1 HCV risk. It’s all about the BLOOD.
Ensure People Receive Both Steps in the HCV Testing Process

1) Screen for HCV antibody (anti-HCV)
   - Rapid finger-stick test or blood draw
   - “Have you ever had hepatitis C?”
   - Expect ≥15-20% HCV positivity in NTPs

2) If reactive, test for HCV nucleic acid *
   - Blood draw only
   - “Do you have hepatitis C virus in your blood now?”
   - On-site phlebotomy recommended

* Also called ribonucleic acid (RNA) test; polymerase chain reaction (PCR) test, viral load test; quantitative or qualitative.
Provide Active Linkages to HCV Care and/or Treat HCV On-Site

• Warm hand-offs to HCV tx provider
  – Assure cultural competency with PWID

• Outreach, transportation, appointment reminders
  – Role for DMC-ODS case managers?

• Incentives for key appointments (e.g., SVR 12)

• Directly observed therapy for HCV treatment along with methadone
Direct-Acting Antivirals!

Living with Hep C?
New treatments have changed the game

There is new hope for people with Hep C
Come visit us to talk about the new cure

Glide Harm Reduction Program - 5th floor
330 Ellis Street (between Taylor & Jones)
San Francisco, CA 94102
(415) 674-5188 / hepc@glide.org
For more info, visit www.endhepcsf.org
Hepatitis C Can Be CURED in 8-12 Weeks

<table>
<thead>
<tr>
<th>Year</th>
<th>IFN 6 mo.</th>
<th>IFN 12 mo.</th>
<th>IFN/RBV 6 mo.</th>
<th>IFN/RBV 12 mo.</th>
<th>PEG-IFN 12 mo.</th>
<th>PEG-IFN /RBV 12 mo.</th>
<th>PEG-IFN /RBV + PI 6-12 mo.</th>
<th>DAA/RBV +/− PEG-IFN 3-6 mo.</th>
<th>IFN/RBV-Free DAAs 2-3 mo.</th>
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<tr>
<td>1986</td>
<td>6</td>
<td>16</td>
<td>34</td>
<td>42</td>
<td>39</td>
<td>55</td>
<td>72</td>
<td>90+</td>
<td>97</td>
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<td>1998</td>
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<td>2002</td>
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<td>2011</td>
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<td>2013</td>
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<td>2014+</td>
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Key:
- IFN = Interferon
- RBV = Ribavirin
- PEG = Pegylated
- PI = Protease Inhibitor (e.g., boceprevir / telaprevir)
- DAA = Direct Acting Antivirals (e.g., sofosbuvir, ledipasvir, daclatasvir)

Treating Active PWID

• PREVAIL Study (NY)\(^1\)
  – Randomized HCV tx: DOT vs. Individual vs. Group Tx at opiate agonist treatment program (n=150)
  – >50% were actively using during study
  – Drug use not associated with adherence or SVR12
  – Increased adherence associated with higher SVR12
  – SVR12 rates:
    • DOT (98.0%, 50/51)
    • Group (93.8%, 48/51)
    • Individual (90.2%, 46/51)

1 Litwin, EASL 2017.
HCV treatment is covered for people with...

• Evidence of liver disease:
  – Stage 2 or higher fibrosis, serious extrahepatic manifestations, liver cancer or post liver transplant

• Comorbidities:
  – HIV, HBV, liver disease, diabetes, debilitating fatigue

• Likelihood of transmitting HCV to others:
  – Men who have sex with men and have high risk sexual practices, active injection drug users, women of childbearing age who wish to get pregnant, health care workers who perform exposure prone procedures, people on hemodialysis

Source: http://www.dhcs.ca.gov/Pages/HepatitisC.aspx
HCV Prevention for Injection Drug Users: What Works?

• Multicomponent interventions that include...
  – Health education on safer injection practices AND
  – Syringe access AND
  – Medication assisted substance use treatment (specifically buprenorphine or methadone)

...reduce hepatitis C risk by 75%.

MAT, Syringe Access, and HCV Tx Needed to Eliminate HCV

Key: MAT = medication assisted treatment; SSP = syringe services program; HR = harm reduction.
Summary

• Hepatitis C rates are increasing among young adults in California
• MAT can reduce HCV incidence in young people who inject drugs by 60-75%!
• NTPs are a great place to offer HCV education, testing, care, and treatment
• New treatments have changed the game and people on MAT can be cured of HCV!
• NTPs have a critical role in ending hep C
Contact Information

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