WORKING SESSION: CREATING AN HCV CURE CASCADE

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SESSION OUTLINE

1. Philadelphia’s Cascades Overview

2. Table Discussions

3. Report Out to the Group

4. Open discussion
PHILADELPHIA’S CASCADE
METHODS

1. **HCV Ab-Positive Estimate:** Adjusted for likelihood of being tested in the study period

2. **Screened:** Unknown

3. **HCV Ab positive:** Surveillance Data

4. **HCV RNA tested:** Unknown

5. **HCV RNA-positive:** surveillance data

6. **In Care:**
   - ≥ 2 HCV RNA tests reported ≥ 6 months apart
   - ≥ 1 HCV test ordered by a Hepatologist, GI, or ID specialist

7. **Treated:** Investigation findings → projected for population

8. **Cure/SVR:** Unknown
RESULTS

HCV-positive individuals are being lost at all stages of the HCV testing, referral to care, and treatment cascade.
ORIGINAL PHILADELPHIA HCV CONTINUUM OF CARE, 2010 – 2013

- **Total HCV Ab+ Estimate**: 47,525
- **Ab Tests Expected Estimate**: 28,990
- **AB+ Received**:
  - Confirmatory RNA+: 6,383 (27%)
  - In HCV care: 1,745 (13%)
  - HCV Treatment*: 956 (7%)

15% Treatment Initiation Among Confirmed+ Cases
USING THE CASCADE TO INFORM ACTIVITIES AND UNDERSTAND HCV IN PHILLY
Linkage Initiatives

- **Education of Patients**
  - Created Philly-specific Educational materials to distribute to new cases
  - [Phillyhepatitis.org](http://www.phillyhepatitis.org) provides resources for education and linkage
  - Provide materials to community partners

- **Perinatal HCV Program**
  - Importance of mom & infant being in care for HCV

- **Work with Philadelphia’s syringe exchange program (Prevention Point)**
  - Investigators draw blood from any HCV Ab-positive clients
  - Screen for RNA and RNA-positive clients are linked to care by case workers
TREATMENT UPDATE AMONG INVESTIGATED CASES

- Follow-up with previously investigated cases
  - Have you been treated since we last spoke?
  - Experiencing barriers to treatment?
  - Clarify misinformation about treatment restrictions
  - Provide linkage resources

Important to remember our data is not static → reevaluation is necessary
Updated: Philadelphia HCV Continuum of Care, 2010 – 2013

31% Treatment Initiation Among Confirmed+ Cases

Number of Cases

<table>
<thead>
<tr>
<th>Total HCV Ab+ Estimate</th>
<th>Ab Tests Expected Estimate</th>
<th>AB+ Received</th>
<th>Confirmatory RNA+</th>
<th>In HCV care</th>
<th>HCV Treatment*</th>
</tr>
</thead>
<tbody>
<tr>
<td>47,525</td>
<td>28,990</td>
<td>13,596</td>
<td>7,344</td>
<td>4,852</td>
<td>2,273</td>
</tr>
</tbody>
</table>

100% 100% 54% 66% 36% 47% 17%

100%
**Original and Updated HCV Continuum of Care, 2010 – 2013**

Number of Cases

- **AB+ Received**: Increase of 15%*
- **Confirmatory RNA+**: Increase of 178%*
- **In HCV care**: Increase of 138%*

* p-value < 0.05
OTHER USES
Any new potential acute case is investigated and receives outreach if not LTFU

Measure the success of the intervention
HIV-HCV Coinfected & HCV Monoinfected

- In City of Philadelphia, 3,086 (16%) PLWH are co-infected with HCV
- Matched HCV and HIV surveillance datasets
THANK YOU!

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THERE ARE TWO PHASES OF A HEPATITIS C INFECTION

ACUTE
- 3-6 months
- Symptoms may vary
- May have fever, fatigue, dark urine, jaundice

CHRONIC
- 6 months or more
- No symptoms
- May cause liver damage or cancer

GET TESTED. KNOW THE DIFFERENCE.

NEW WORKS ARE FREE OF HEPATITIS C.

USE NEW WORKS EVERY TIME!

ANTIBODY
- An Antibody test detects if you have been exposed to hepatitis C.
- A positive result only means that you have been exposed to hepatitis C.
- An Antibody test is a blood test.

RNA
- An RNA test is a blood test.
- An RNA test can tell if you are currently infected with hepatitis C.
- A positive RNA test result means that you have hepatitis C.

Phillyhepatitis.org
https://hip.phila.gov/DiseaseControlGuidance/DiseasesConditions/HepatitisC
SCALE DOWN THE CASCADE

- Use whatever data you have to assess particular steps in the cascade (ie. the drop off from Ab-only to Ab+RNA)
  - Everyone can create a local estimate!

- Assess cascade at sentinel sites

- Assess cascade for special populations
  - Youth
  - Baby Boomers
  - Homeless
  - Incarcerated Individuals
  - IDU
  - Other?
1. Manpower

2. Legal:
   – Access to Behavioral Health/Other data sources held up by law

3. Data silos:
   – Access held up by red tape

4. Data Content:
   – No race/ethnicity information from our reported labs

5. Cost
   – Even if you don’t use surveillance data, how can you pay for any time spent to build and change cascade?
   – Linkage to care, testing all require $$$
WHY CREATING A LOCAL CASCADE IS WORTH THE EFFORT

• Localities often more likely to get identified data

• Easier to identify groups at increased risk of falling out of the cascade

• Reasons for falling out may be region specific (eg. In Philadelphia, MATs are unable to perform RNA testing)
  - Policy change may need to be state/city level

• The National picture may not be representative of the local experience
  – Can use data to inform National efforts with local data

• Any information is helpful information!!
USE ALL ACCESSIBLE DATA

- Vital stats – birth records and death certificates
- Negative Testing
- MCO Claims
- Behavioral Health
- Medical Examiner
- Pharmacy
- Other Payers
- EMR
- Inpatient/Outpatient PHC4 data
- Other Health Department data (STD, HIV, etc.)
- Cancer registry data
1. **Estimate HCV seroprevalance for Philly**
   - Age, gender, and race/ethnicity specific NHANES rates → 2012 US census estimates (adjusted for deaths, births, etc)
   - Refined using high-risk institutionalized group estimates excluded from NHANES (homeless, incarcerated)


*Chak et al. Hepatitis C virus infection in USA: an estimate of true prevalence. Liver Int 2011;31:1090-1101*
PHILADELPHIA HCV CONTINUUM OF CARE, COHORT 2 (2014 – 2016)

- Total HCV Ab+ Estimate*: 54,131
- Ab Tests Expected Estimate: 21,743
- 53% increase in the number of patients
- 28% Treatment Initiation Among Confirmed+ Cases

- AB+ Received: 11,525
- Confirmatory RNA+: 5,301
- In HCV care: 2,272
- HCV Treatment*: 1,469

- Treatment Initiation Among Confirmed+ Cases:
  - 46% completed confirmatory RNA+ testing
  - 43% received AB+ tests
  - 20% initiated treatment
  - 13% are currently receiving treatment

Data from HILADELPHIA HCV CONTINUUM OF CARE, COHORT 2 (2014 – 2016)
PHILADELPHIA HCV CONTINUUM OF CARE, COHORT 1 & COHORT 2

- AB+ Received: 100%
- Confirmatory RNA+: 47% 46%
- In HCV Care: 13% 20%*
- HCV Treatment*: 7% 13%*

* p-value < 0.05