Philadelphia Dept. of Public Health’s Approach to the Viral Hepatitis, HIV, and Opioid Syndemics

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NASTAD TA Meeting October 12th, 2018
Philadelphia Context

• Viral Hepatitis, Behavioral Health, and HIV siloed
  • Different divisions within Health and Human Services
  • Physical separation
  • No Surveillance for drug use or opioid epidemic until 2017

• Competing priorities
  • Not consolidating guidance, approach, or responsibility

• Different funding streams and scales

• CDC PCSI funding 2010-2013 paved way for more collaboration
Viral Hepatitis Surveillance Informing Substance Use Epidemic

• HEP includes in routine investigations, questions on: substance use behavior, overdose history, naloxone access, and barriers to drug treatment
  ▫ Provide aggregate info to Opioid team to inform practice

• HEP provides referrals to BH services and harm reduction education
  ▫ All staff trained to use naloxone and in harm reduction

• Acute HCV in drug user health reports and dashboard

• Opioid is flush with cash at moment…helped partially fund some staff in HEP

Overdose Rate among those who have experienced or witnessed an overdose, 2017
C YA: HCV Elimination Project among HIV/HCV Co-Infected People of Color

HRSA funded since Fall 2016 → Incentivized staff to think collaboratively

• Increase capacity to provide HCV screening, care, & treatment in HIV system

• Ensure continuity by identifying opportunities to integrate HCV into existing RW activities

• Encourage harm reduction and BH service integration in care → medical homes

• Coinfected people interviewed by HEP → more in-depth info than HIV routine follow-up

• Support programmatic interventions to assess HCV care and HBV screening/vaccination among PLWH
**HIV/AIDS Coinfected & HCV Monoinfected Philadelphia Residents**

<table>
<thead>
<tr>
<th>Status</th>
<th>HCV Ab-Positive</th>
<th>Confirmatory Received</th>
<th>RNA Confirmatory Positive</th>
<th>In HCV care</th>
<th>Resolved Infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCV Monoinfection</td>
<td>40,794</td>
<td>27,134</td>
<td>22,98</td>
<td>14,969</td>
<td>6,126</td>
</tr>
<tr>
<td>HIV/ HCV Coinfection</td>
<td>3,086</td>
<td>2,537</td>
<td>2,171</td>
<td>1,736</td>
<td>859</td>
</tr>
</tbody>
</table>

In Philadelphia **3,086 (16%)** PLWH are co-infected with HCV.
Data & Evaluation
- Integrate new HCV measures into CAREWare
- Match PDPH HCV and HIV datasets
- Identify best practices and gaps in services

Training & Capacity Building
- Share best practices from successful providers
- Partner with local AETC to build HCV into existing provider training

Re-Engagement in Care
- Data to Care
- Leverage RW system and MCMs to access cure
- Re-engage lost-to-care clients for hep C care

Service Integration
- Integrate HCV into existing patient support activities
- Will targeting re-reengagement of co-infected people also help improve HIV outcomes?
Alphabet Study
A Special Project To Better Understand Viral Hepatitis In PWID In Philly

1. Understand the differences between Hep A, B, C & D prevalence among PWID
2. Understand Hep A & B vaccination coverage among PWID
3. Educate a high-risk population about viral hepatitides and prevention
4. Link people who are infected to care
5. Vaccinate vulnerable clients
6. Inform practice at syringe exchange and across the city
General Study Results

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruited</td>
<td>438</td>
<td>---</td>
</tr>
<tr>
<td>Any blood draw</td>
<td>387</td>
<td>88.4</td>
</tr>
<tr>
<td>Full blood draw</td>
<td>356</td>
<td>81.3</td>
</tr>
<tr>
<td>Partial blood draw</td>
<td>31</td>
<td>7.1</td>
</tr>
<tr>
<td>No blood draw</td>
<td>51</td>
<td>11.6</td>
</tr>
</tbody>
</table>

*Where specimens were obtained and lab processing was completed

All results presented are preliminary and subject to change
### Prevalence and Immunity Of HEP A, B, C, D

#### Serological Status

<table>
<thead>
<tr>
<th></th>
<th>N=384</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hep A</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Infection</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>IgM Positive – Not a case*</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Hep B</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current infection</td>
<td>7</td>
<td>1.8</td>
</tr>
<tr>
<td>Past/cleared infection</td>
<td>77</td>
<td>20.3</td>
</tr>
<tr>
<td>No infection</td>
<td>295</td>
<td>77.8</td>
</tr>
<tr>
<td><strong>Hep C</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current infection</td>
<td>160</td>
<td>42.3</td>
</tr>
<tr>
<td>Past/cleared infection</td>
<td>46</td>
<td>12.2</td>
</tr>
<tr>
<td>Past or Current infection - status unknown</td>
<td>19</td>
<td>5.0</td>
</tr>
<tr>
<td>No infection</td>
<td>153</td>
<td>40.5</td>
</tr>
<tr>
<td><strong>Hep D</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Past/present infection</td>
<td>4</td>
<td>1.1</td>
</tr>
<tr>
<td>No infection</td>
<td>375</td>
<td>98.9</td>
</tr>
</tbody>
</table>

*Upon investigation, participant was asymptomatic and did not meet disease case definition.

† HCV Antibody available, no confirmatory RNA

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### Immunity Status

<table>
<thead>
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<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hep A</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Susceptible</td>
<td>186</td>
<td>48.4</td>
</tr>
<tr>
<td>Immune - vaccine or past exposure</td>
<td>198</td>
<td>51.6</td>
</tr>
<tr>
<td><strong>Hep B</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Susceptible</td>
<td>148</td>
<td>40.9</td>
</tr>
<tr>
<td>Immune - vaccine</td>
<td>153</td>
<td>42.3</td>
</tr>
<tr>
<td>Immune - past exposure</td>
<td>61</td>
<td>16.9</td>
</tr>
<tr>
<td><strong>Hep A &amp; B</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Susceptible</td>
<td>93</td>
<td>25.8</td>
</tr>
</tbody>
</table>

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C Change Project
HCV Elimination Among PWID In Philly

- Collaboration with local coalition, HepCAP

- Work towards elimination of HCV among people who are currently using drugs or have a history of drug use

- At MAT sites dedicated to integrated medical care:
  - Build capacity to screen, test for HCV RNA, treat or link to treatment, and cure HCV
  - 5 Navigators to ensure patients move through the care continuum

- HEP tracking study data and use surveillance to measure impact citywide
STILL Room for Improvement ….

• Sustainability questions when projects are completed

• HCV not in ‘outbreak mode’, treated differently by health departments, PWID, funders…

• HAV and HBV vaccination needed to be improved among HIV, HCV, & behavioral health providers

• Conversations about Opioid Epidemic need to include infection prevention AND control

• Complacency with HAV, HBV, & HIV associated with opioid use is dangerous….
Increase in HAV and HIV among PWID and Homeless

**Health Advisory**
Increase in New HIV Diagnoses among People who Inject Drugs
October 4, 2018

- Collaborative Response Needed!
- Conversation about Coinfection from the start
- Coinfection Outbreak plan

**Health Alert**
Hepatitis A Increases in Philadelphia: Considerations for Diagnosis, Control, and Prevention
June 12, 2018

*Philadelphia Department of Public Health. HIV Spread Among People who Inject Drugs. CHART 2018;3(4):1-4*
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Jose Benitez – Prevention Point

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