

Eliminating Viral Hepatitis in Pennsylvania

Mobilizing Partners and Addressing
Syndemics through Micro-Elimination

May 18, 2021

Agenda

- The Role of Local Health Departments in Hepatitis Elimination
- Hepatitis Elimination Planning at the State and Local Levels in Pennsylvania
- Micro-Elimination Efforts:
 - Perinatal HCV
 - Hepatitis among people who use drugs
 - HIV co-infection
- Q&A
- Discussion

The Role of Local Health Departments in Hepatitis Elimination

Hepatitis Elimination

- We have the tools to eliminate viral hepatitis:
 - Highly-effective **vaccines** against hepatitis A (HAV) and B (HBV)
 - **Harm reduction strategies** that can prevent up to 3/4 of hepatitis C (HCV) cases
 - **Curative treatments** for HCV that prevent death and further transmission

Hepatitis Elimination

- But significant gaps in prevention, detection, and treatment remain:
 - Many jurisdictions **ban syringe services**
 - **Vaccination coverage** remains low
 - Many people living with HBV and HCV **don't know their status**
 - Social and structural barriers **limit access to HCV treatment**

According to a recent survey, most local health departments:



Conduct hepatitis A, B, & C (92%, 86%, 83%) **surveillance**



Provide or fund HAV & HBV **vaccination** (97%, 92%) & **syringe services** (43%)



Investigate cases (79%)



Provide **HBV & HCV screening/testing** (62%, 88%)



Respond to **outbreaks** (78%)



Educate local providers & the community (76%, 86%)



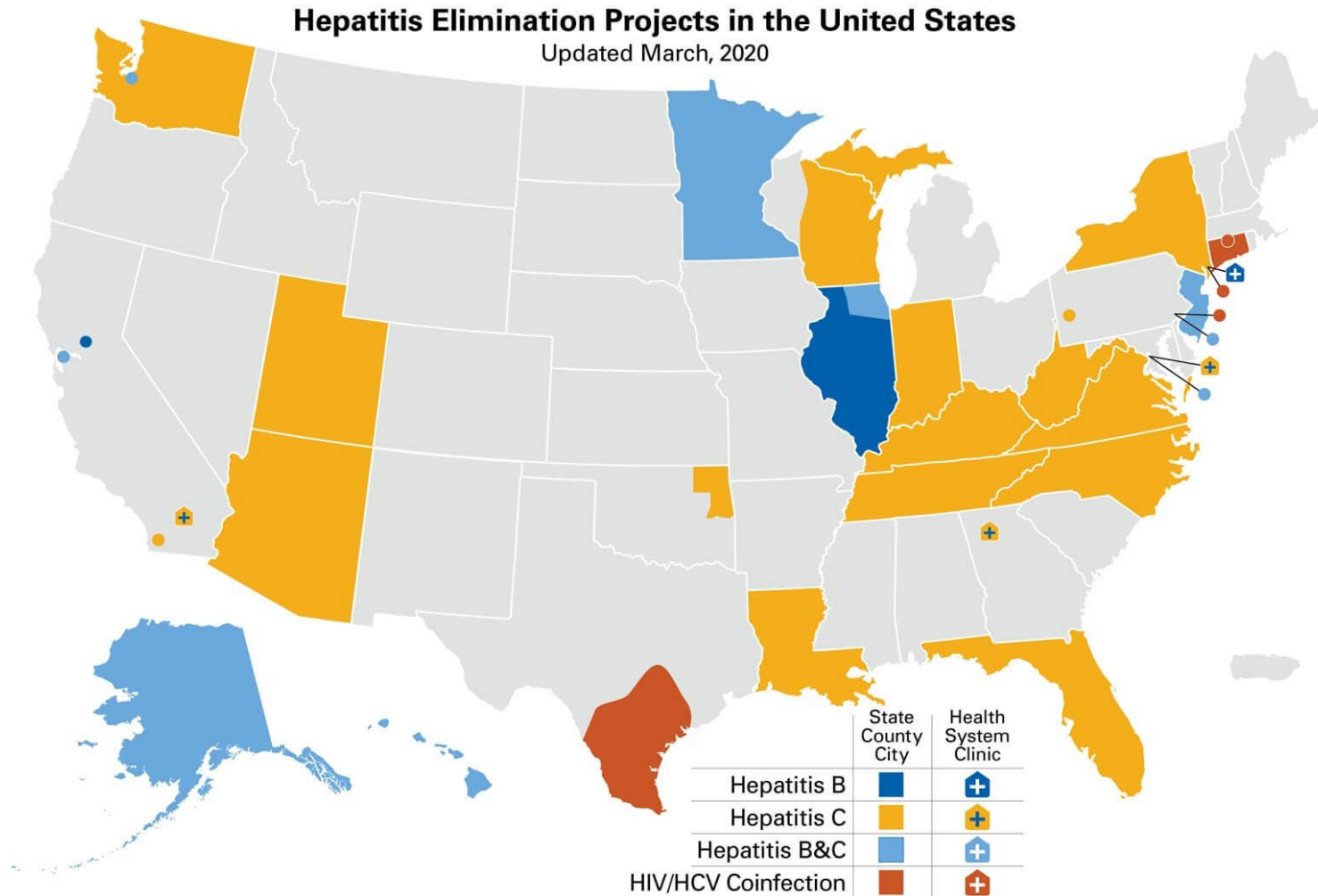
Provide **HBV & HCV linkage to care** (78%, 67%)



Integration of Services

- Local health departments take a **coordinated approach** to the **syndemic** of hepatitis, HIV and other STIs, and substance use:
 - 83% offer hepatitis services in STI clinical settings
 - 64% offer hepatitis services in harm reduction settings
 - 50% offer hepatitis services in correctional facilities

Hepatitis Elimination in the US



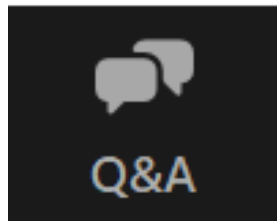


Poll: Hepatitis Elimination

- Is your jurisdiction engaged in hepatitis elimination?

Questions?

Click



to submit a question

Eliminating Viral Hepatitis in Pennsylvania

Hepatitis Elimination Planning Philadelphia

Melissa Hobkirk, MPH

Viral Hepatitis Prevention, Policy, and Community Engagement
Manager



Department of
Public Health

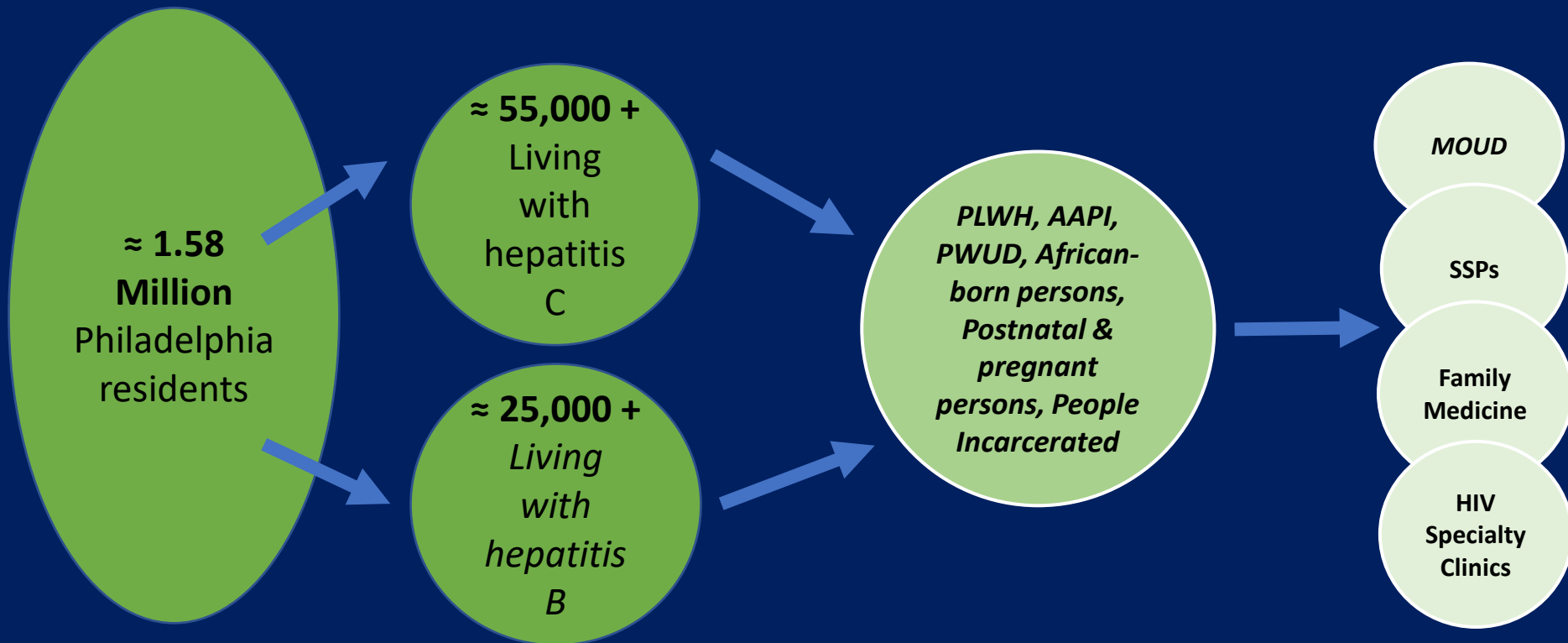
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Enhanced Surveillance

- Hepatitis registry
 - For example: Includes Undetectable HBV DNA and HCV RNA results
 - Identify risk and demographic information
- Follow-up by PDPH staff
 - A subset of newly reported individuals for HBV & HCV
 - Interviews of patient and provider as a part of enhanced surveillance
 - Identify linkage-to-care and provider/patient education needs
- Epidemiology
 - Three epidemiologists on staff to support data collection and analysis
 - Inform systems level reporting gaps/strengths and data management

Micro-Elimination

- Breakdown elimination strategy into targeted, smaller interventions for individual population segments



Elimination Planning Strategy

- Recruit and coordinate a Viral Hepatitis Elimination Technical Advisory Committee (VHETAC)
- Use Pennsylvania elimination plan as a guide



Hep C Free Allegheny

<https://www.hepcfreesallegheny.org/about-us>

<https://www.hhs.gov/hepatitis/mapping-hepatitis-elimination-in-action/index.html>

Jen Fiddner

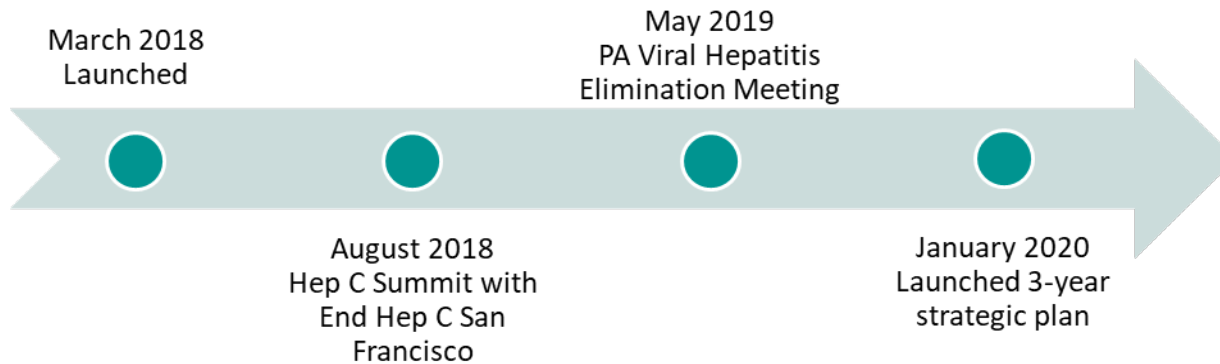
Allegheny County Health Department

NACCHO 2021





Background



[Home](#) [Get Tested, Get Cured](#) [Education & Prevention](#) [Advocacy](#) [Healthcare Provider Resources](#) [Data & Stats](#) [About Us](#)



Pittsburgh Hepatitis C Elimination Summit

- CDC-supported Capacity Building Assistance Providers Network
 - San Francisco Department of Public Health's Center for Learning and Innovation
- Subject matter expertise
- Elimination strategies
- Measuring progress



Structure

SURVEILLANCE WORKGROUP

Achievements:

- 2019 hepatitis C epidemiology profile completed
- 2019 facility survey completed
- Perinatal surveillance study completed with UPMC 2018 birth data

Challenges:

- 2019 epidemiology profile and outcomes surveillance were delayed during the COVID-19 pandemic



TREATMENT EXPANSION WORKGROUP

Achievements:

- Primary Care Treatment Program offered virtual trainings during the COVID-19 pandemic
- AHN and UPMC offered treatment in MAT clinics
- Implemented telehealth for hepatitis C treatment appointments

Challenges:

- Populations that lack technology access faced barriers in navigating telehealth appointments



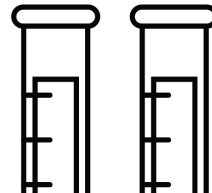
TESTING AND LINKAGE TO CARE WORKGROUP

Achievements:

- Educated providers and women of reproductive age on testing guidelines and linkage to treatment
- Acquired mobile test and treat van

Challenges:

- Community outreach was suspended during the COVID-19 pandemic
- Limited appointments during the COVID-19 pandemic led to a backlog and more loss to follow up



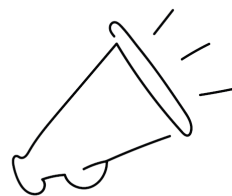
EDUCATION, PREVENTION, AND ADVOCACY WORKGROUP

Achievements:

- Drafted call to action letter for identifying community champions
- Drafted social media policies

Challenges:

- Community outreach was suspended during the COVID-19 pandemic
- Decided to delay social media launch and press conference during the COVID-19 pandemic



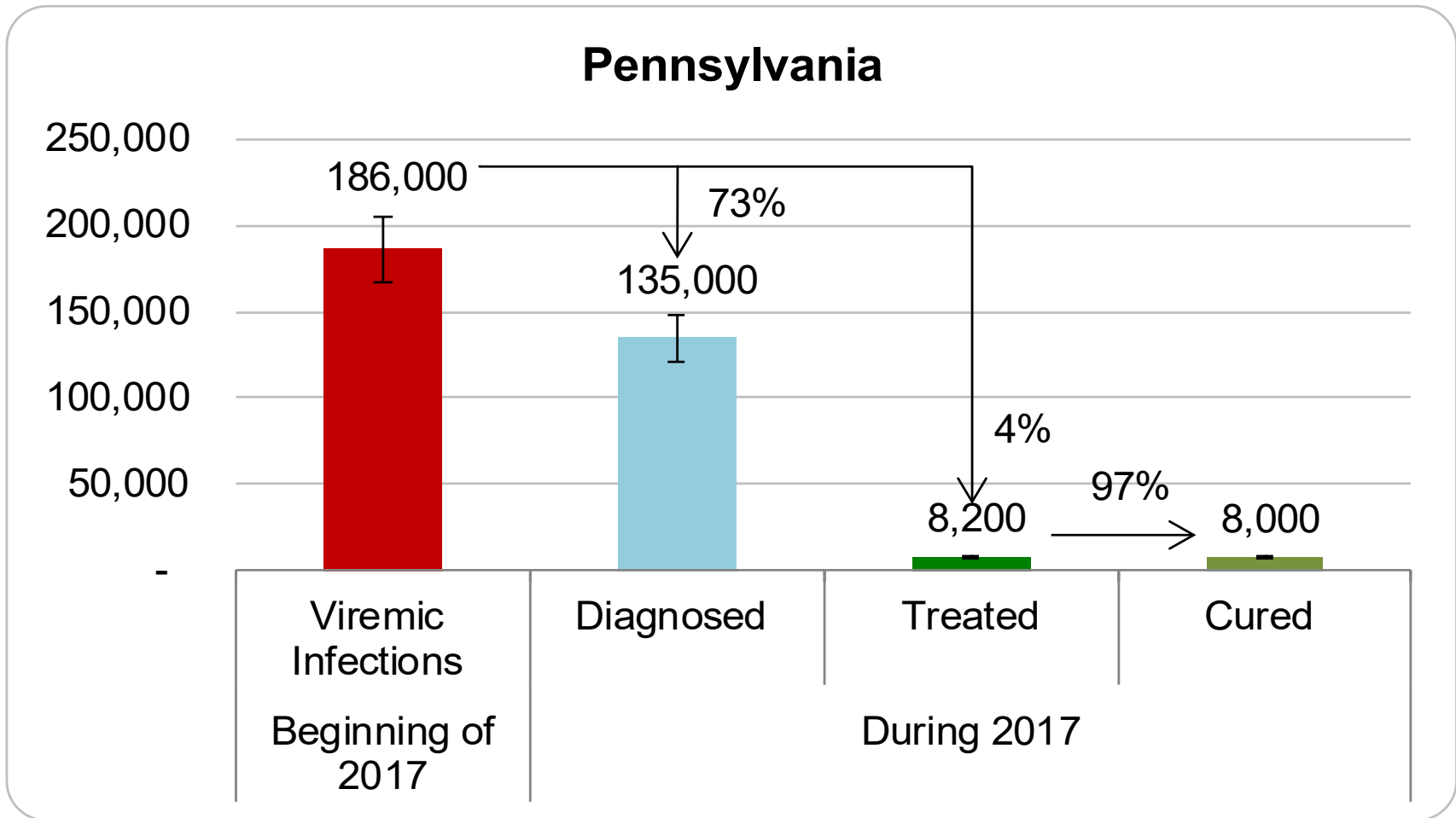
Pennsylvania Viral Hepatitis Elimination Planning

Lauren Orkis, DrPH
Viral Hepatitis Prevention Coordinator
Bureau of Epidemiology

Elimination in PA is Possible

- Pennsylvania can achieve elimination of hepatitis B and C through:
 - Vaccination
 - Screening
 - Linkage to treatment
- Pennsylvania currently lacks capacity to achieve elimination
 - No state funding for viral hepatitis programming
 - Limited federal funds available

Estimated PA HCV Care Cascade



Modeled by Center for Disease Analysis Foundation, 2018



Elimination Planning

- 2019
 - May – 1st Annual PA Viral Hepatitis Elimination Summit
 - October – Planning Committee meeting
- 2020
 - January to March – Elimination Plan Workgroups conference calls
 - June – Virtual Planning Committee meeting
 - October – PA Interagency Hepatitis Workgroup meeting
 - December – 2nd Annual (Virtual) Elimination Summit
 - TBD – Elimination plan distribution

▶ Planning in 2021

- Convene Hepatitis Workgroup
 - Review elimination plan
 - Identify methods for interagency collaboration
 - Draft implementation plans by agency
- Publish plan as well as implementation plan



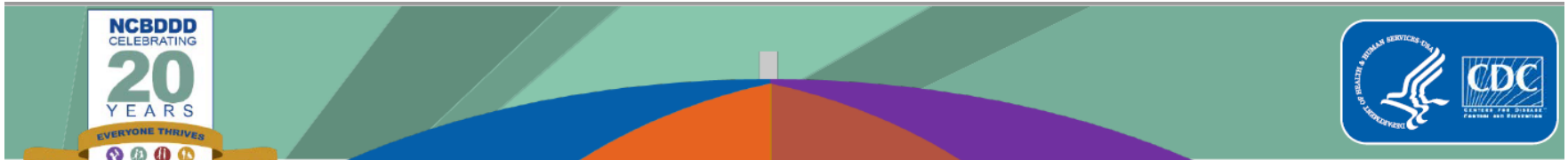
Perinatal HCV

Rachael Bieltz, MPH, CHES

CDC Public Health Consultant- SET-NET

Surveillance for Emerging Threats to Mothers and Babies





Surveillance for Emerging Threats to Mothers and Babies Network (SET-NET)

US Zika Pregnancy and Infant Registry (USZPIR)

Mother-Baby Surveillance of Syphilis

Mother-Baby Surveillance of Hepatitis C

Mother-Baby Surveillance of COVID-19

Mother-Baby Linked Longitudinal Surveillance



Perinatal HCV Working Group

- Established to increase
 - Testing
 - Linkage to care
- Members include
 - Health Care Providers
 - Service Providers
 - County and State HD Staff
 - Medicaid Providers
- Once a month meetings





Goals and Projects

Educate Health Care Providers and Increase Testing and Linkage to Care

- Partnership with MidAtlantic Public Health Training Center and physicians to develop webinars on testing and treatment during pregnancy and for children
- Collaborating with UPMC for You (Medicaid Provider) to understand testing rates during pregnancy and for babies born to HCV+ Mothers
- Collaborating with Health Care Systems to discuss using EMR to alert HCP to test for HCV
- Collaborating with CYS/Home Visiting Programs to educate providers on testing recommendations and linkage to care

DID YOU PASS ALONG YOUR
HEPATITIS C



Philadelphia Department of Public Health:

Perinatal Hepatitis C Program

Emily Waterman, MPH

Perinatal Hepatitis C Epidemiologist



DO YOU HAVE HEPATITIS C?
ASK YOUR DOCTOR ABOUT
TESTING YOUR BABY TODAY



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Perinatal Hepatitis C Program Activities

- **Identify HCV positive pregnant + postpartum persons**
 - Matching strategies, ELR messaging, provider reporting.
- **Outreach to all HCV positive pregnant + postpartum persons**
 - Learn from population served, opportunity to talk about limiting exposures, offer navigation services, and ask consent to speak to pediatrician about infant testing.
- **Support prenatal/pediatric services and refer to navigation services**
 - Provide educational sessions
 - Inform pediatricians of infant exposures and provide guidance on testing recommendations.
 - Collaborate w/ PDPH NAS Surveillance and Outreach Program + HCV Outreach Specialists

General Findings

- **Prenatal Testing**

Of 446 Chronic Confirmed birth parents identified between 2016-2019

- **353 (79%)** of birth parents **received prenatal HCV testing**
- **148 (33%)** of birth parents were **first diagnosed** in pregnancy

- **Infant Testing**

- **53%** of HCV-exposed infants have been tested
- **Between 2016-2018- 10** tested positive; **6** more were likely positive
- Pediatric knowledge of birth parent HCV status has increased significantly

- **Barriers to children being tested for HCV:**

- Outpatient testing
- Many children in care of guardian or DHS (>30%)
- Waiting for 18m antibody test -> lost to follow up due to transience

Future goals + collaboration

- **Data collected will continue to inform PDPHs Viral Hep Program elimination planning efforts**
- **Informing + educating prenatal providers on updated universal screening guidelines and HCV screening nuances**
- **Increasing HCV treatment rates among pregnant and postpartum persons**
 - **Prenatal care referrals to HCV treatment**
 - **Creating materials to share with pediatricians**

Agency Overview & CHIME Project



Locations



Free, anonymous, friendly
harm reduction services 5
days per week in City of
Pittsburgh locations:

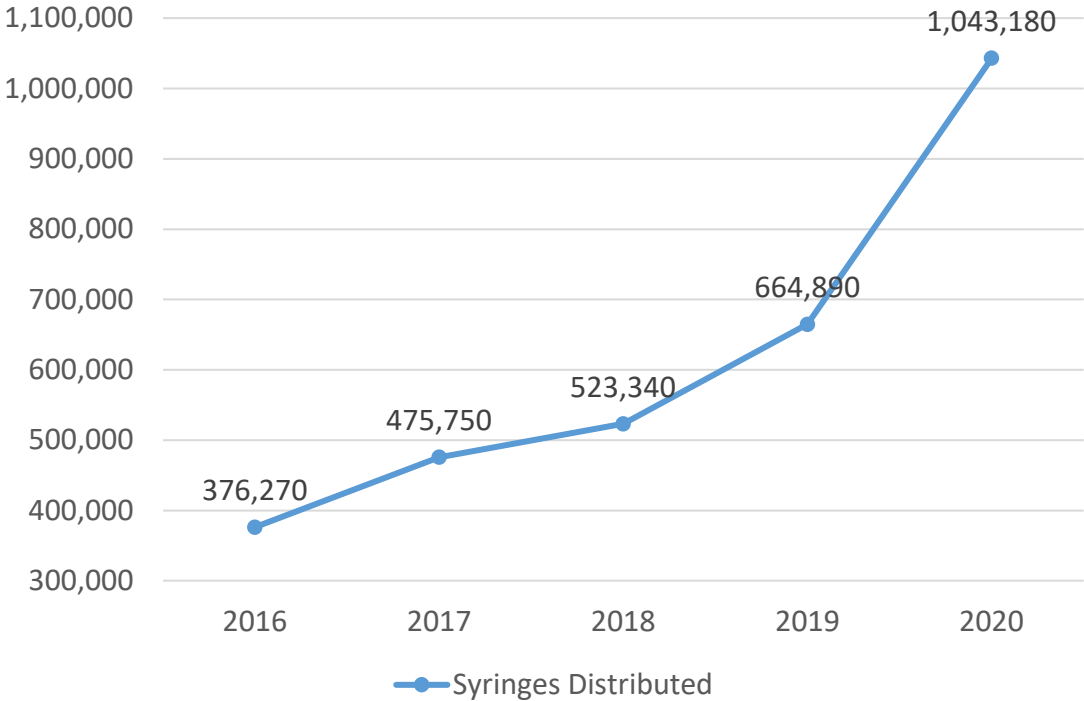
Sunday – East Liberty
Tuesday – Perry Hilltop
Wednesday – Hill District
Thursday – Overbrook
Friday – Homewood

Services

- Legal, anonymous syringe services and “works” distribution
- Access to safer smoking and snorting equipment
- Overdose prevention, naloxone distribution, fentanyl test strips
- Service Navigation (includes SUD treatment, basic needs, legal, etc.)
- Risk reduction & safer injection counseling
- HIV/Hep C/STD testing (Sunday only), linkage to treatment & PrEP
- Wound care, take home first aid, referral to care
- Medical waste disposal
- Outreach & education
- Technical assistance & training
- Advocacy

www.pppgh.org

Number of syringes distributed by year 2016 - 2020



New Services Added in 2020 & 2021

- Medical van – buprenorphine prescribing, wound care with antibiotic prescribing and dispensing, OTC med distribution, pregnancy testing, general health concerns, access to Social Worker
 - All services are available free of charge and regardless of insurance status
 - Adding in 2021 – additional vaccinations, HIV & HCV testing and treatment
- Free mail order naloxone anywhere in PA: www.nextdistro.org/pennsylvania
- Food, PPE, and other basic needs items distribution
- COVID testing & vaccination



Original CHIME Project

- Studying the effectiveness of peer-led outreach and testing efforts at SSP sites
 - Previously only offered on Sundays in full clinical setting where we borrow space
 - Two Community Health Advocates (CHAs) were recruited from PPP participants, received training from Lighthouse Studies at Peer Point and a nurse educator
 - Dispatched to Tuesday and Wednesday service locations in a van to offer on-site rapid testing for HCV antibodies weekly
 - Low uptake observed, most people seemed surprised to have the offer made on the spot and if it wasn't something they were already thinking about wanting or needing to do they were likely to decline
 - Referrals made to one of three partner agencies that agreed to low-barrier care strategies
 - Did encounter a large group of people who had previously tested positive for HCV but had not received confirmatory testing and/or treatment
- Activities were suspended at the end of February as COVID became an emerging risk

CHIME Project Relaunch May 2021

- Added the option of taking an at-home specimen collection kit or doing on-site rapid POC test
 - CHAs can call the person to walk them through the at-home process, results are automatically released back to individual and PPP (with consent)
 - Switched from Tuesday and Wednesday sites to Wednesday and Friday sites to intentionally shift resources (access to treatment) into Black communities
 - Medical van is being added as an option for referral should confirmatory testing or treatment be necessary
- Now includes a process for comparing uptake of testing with the addition of the at-home specimen collection device

Project Partners

Allegheny County Health Department: Planning, application support, IRB, implementation assistance

Gilead: Funding, implementation assistance

Allies for Health & Wellbeing – Referrals

Metro Family Health Services – Referrals

Mercy Family Health – Referrals

Allegheny Health Network – Medical van staffing (in combination with funding provided by Vital Strategies' Bloomberg American Health programs and the CDC OD2A initiative)

C Change: HCV Elimination among PWID

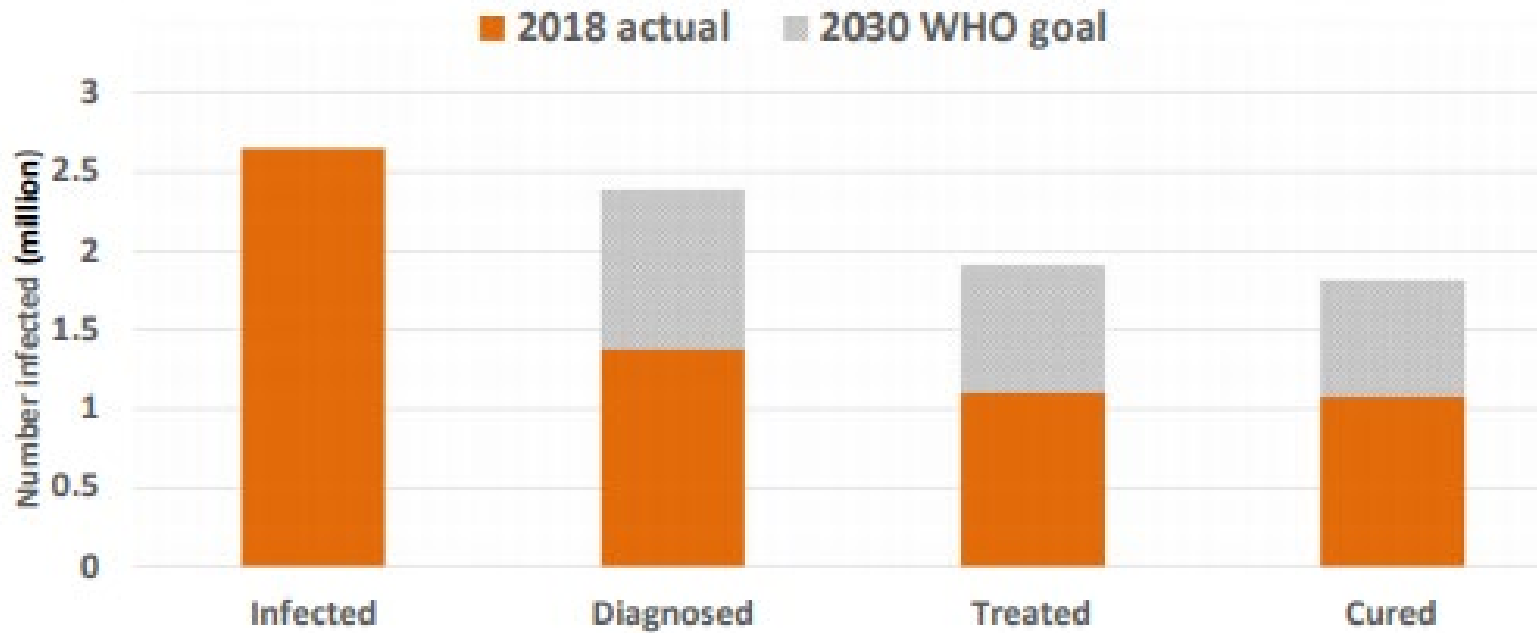
Stacey Trooskin MD PhD



HEALTH FEDERATION
OF PHILADELPHIA

The keystone of community health since 1983

US HCV Treatment Cascade



C Change: A Blueprint for HCV Elimination

HCV Elimination

SYSTEMS & POLICY TRANSFORMATION

- Advocate for increased resources
- Remove systemic barriers that halt innovation & complicate treatment initiation (payer silos, unnecessary & cumbersome PA process)
- Apply international best practices, create novel & unique programs, disseminate findings

INFRASTRUCTURE DEVELOPMENT

- Enhanced technical assistance
 - Clinical training
 - Collaborative workflow development
 - Ongoing clinical consultation & workflow/integration assessment and TA
- Support in creating a reimbursable model, 340b program

DIRECT SERVICE DELIVERY

- Embedded Care Coordinator
 - Patient education
 - Prior Authorization process
 - Manage patient movement through cascade
 - Provide one on one support for patient, coordinate overall service and care delivery with multi-disciplinary team

Technical Assistance Model

Initial Activities:

- Conducted site specific needs assessments, work flow analysis and collaborated with each site to determine intervention plan
- Convened behavioral and physical health services payers to resolve reimbursement issues

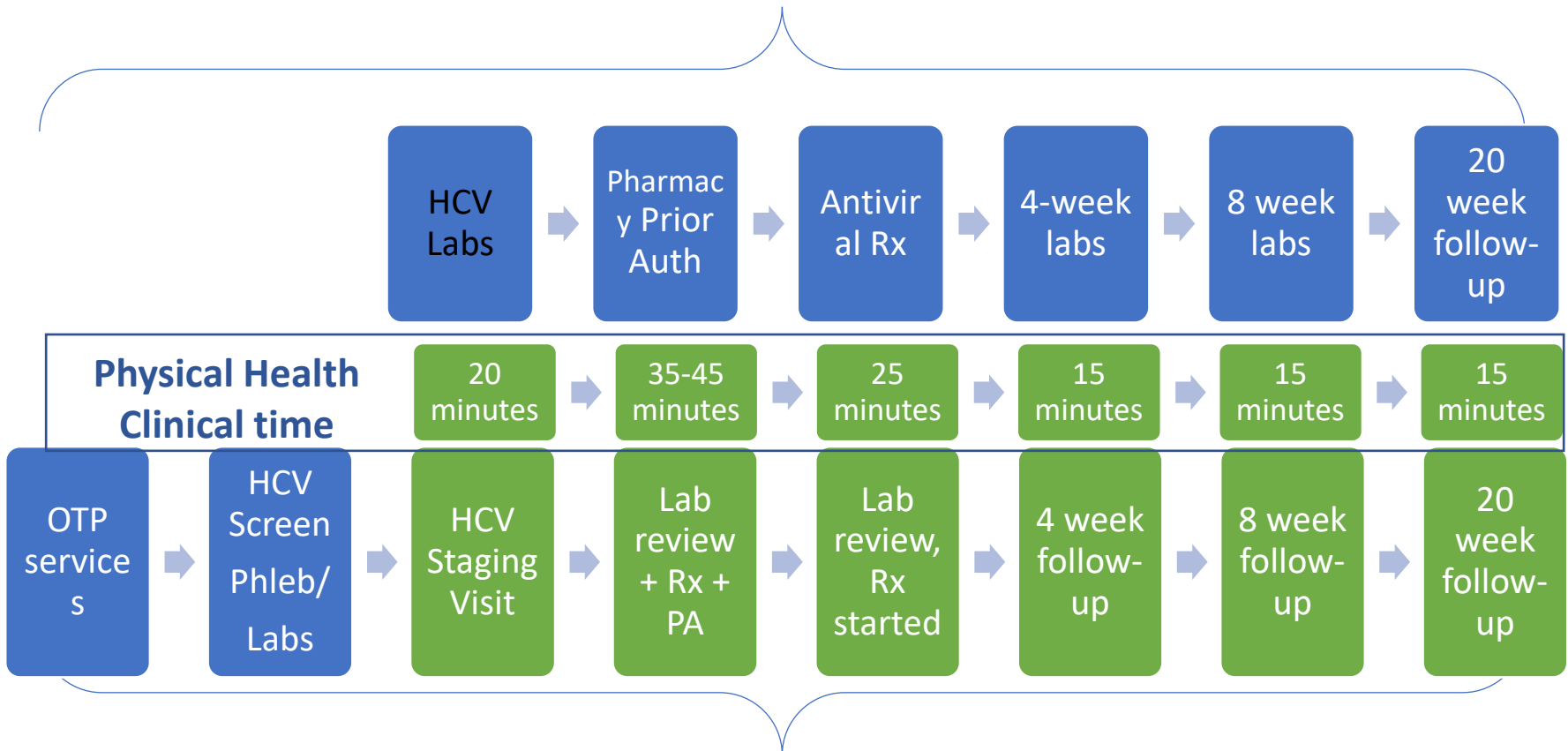
Site Level Interventions Along HCV Care Cascade

TYPE OF SITE	HCV Education & Materials Development	Ab testing	Confirmatory Testing	Establish Referral & Protocol	EMR Modification	On site HCV treatment
Community Based IOP with limited MAT	◆	◆	◆	◆	N/A	N/A
Community Based MAT Clinic (primarily methadone)	◆	◆	◆	◆	◆	◆
Needle/Syringe Service program	◆	◆	◆	◆	◆	◆
Clinical Setting with MAT services without existing HCV treatment capacity	◆	◆	◆	◆	◆	◆

LEGEND

- ◆ Existing infrastructure
- ◆ Implemented by C Change
- ◆ Enhanced by C Change
- N/A Not applicable to site needs

Physical Health Insurance Provider



Behavioral Health Insurance Provider

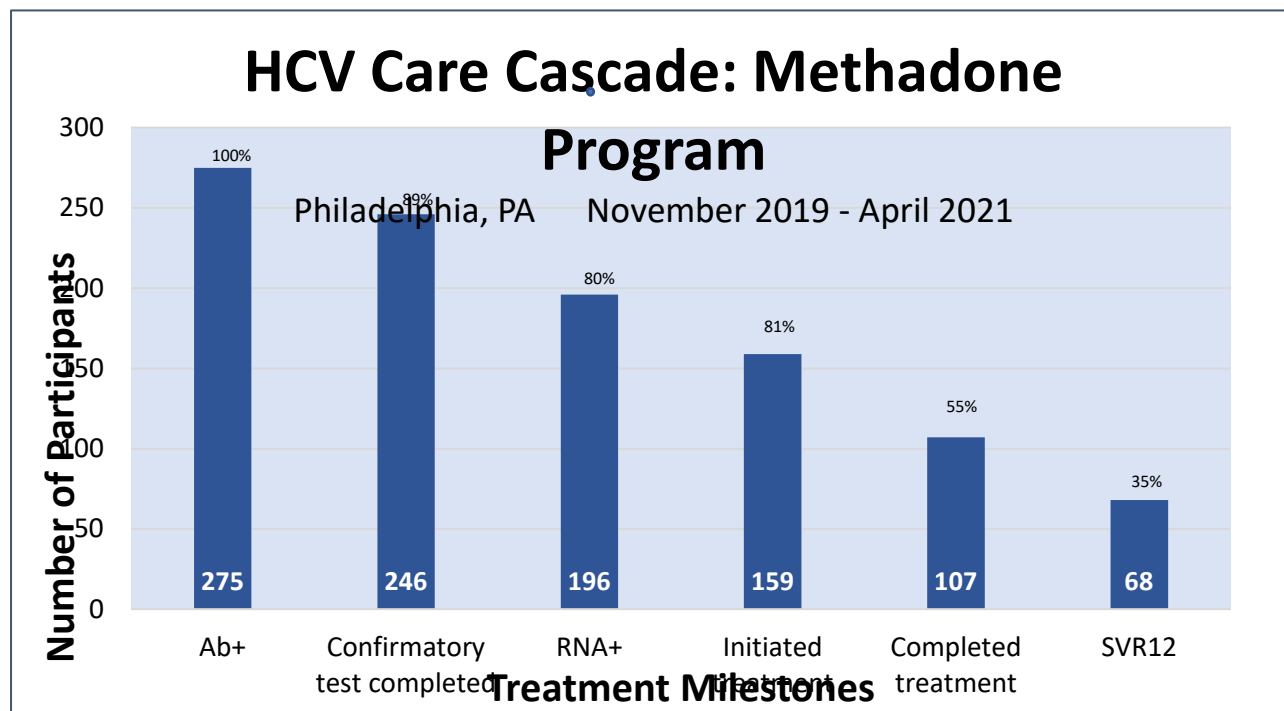
Successes of C Change

Full integration of HCV treatment required intervention at all points in the cascade.

> Ensuring adequate testing capacity

> Detailed analysis of workflow

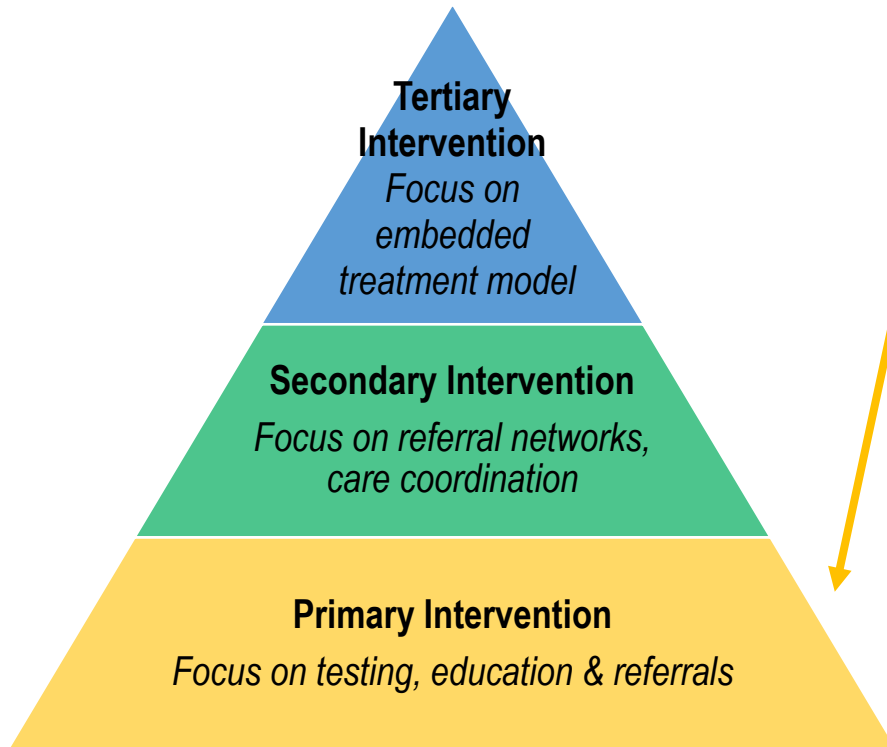
> Intensive clinical and administrative training



Next steps: PA wide expansion

- Increase capacity for diagnostic and routine screening for HIV and viral hepatitis in substance use treatment facilities
- Educate drug and alcohol treatment providers and clients about HIV Pre-Exposure Prophylaxis (PrEP) and viral hepatitis prevention and treatment.
- Develop protocols for referral and linkage to viral hepatitis evaluation and treatment for individuals testing positive for viral hepatitis B and/or C.

Intervention Modules



Year 1: Primary Intervention

- Implement standard of care for HCV screening & testing.
- Assess reference labs to determine capacity to roll out universal reflexive testing
- Determine current screening protocols and HCV knowledge base among SUD treatment providers
- Identify payers to address reimbursement issues.
- Identify HCV treaters, enabling SUD treatment providers to make referrals to HCV care in the community

C-YA!: Elimination of HCV Among HIV/HCV Co-infected Individuals (2016-2019)

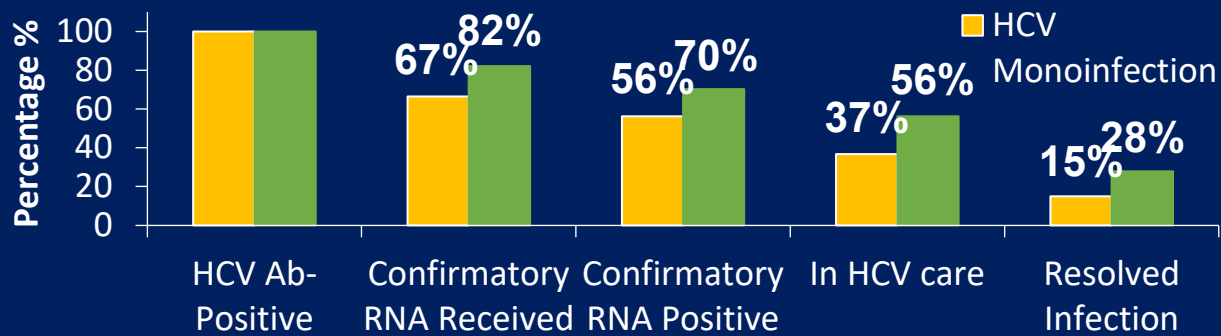
Eman Addish, MPH

Viral Hepatitis Program Epidemiologist



C-Ya: Project Overview

3,086 people coinfecting with HIV/HCV in Philadelphia in 2016 (16% of HIV and 7% of HCV)



HRSA-Funded SPNS Project 2016 – 2019

1. Build capacity to test and treat HCV among HIV care providers
2. Prioritize HCV among HIV providers → EMR changes, TA meetings

C-Ya: Interventions

Encouraged to standardize HCV reflex testing (HCV antibody with reflex testing to HCV RNA)

- 2016: 9 sites (43%) → 2019: 19 sites (90%)

Incorporate HCV treatment into HIV care : all sites have ≥ 1 HCV treater

- 14 sites in 2016 to 21 sites in 2019 and trained 89 providers

Identify Coinfected PLWH who are Out of HIV Care

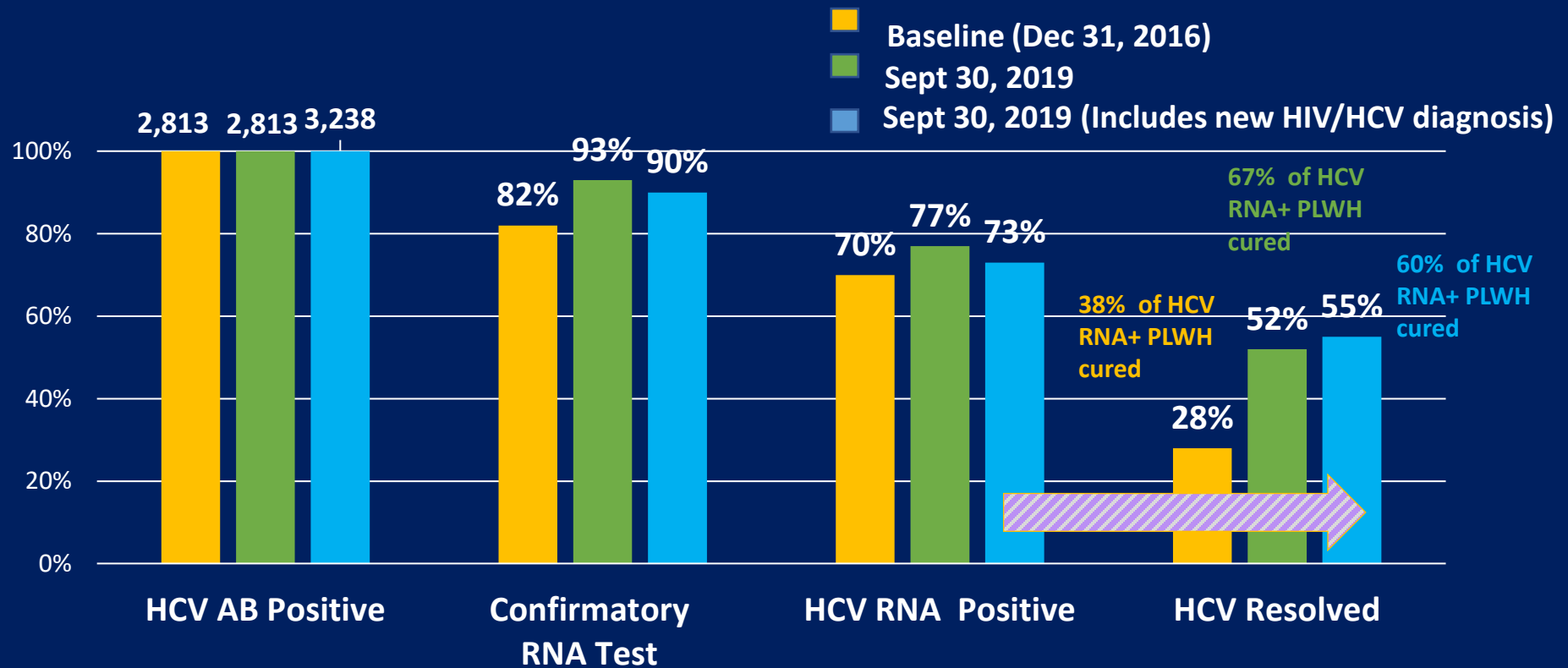
- Leverage existing data-to-care infrastructure to relink PLWH to care → Use DIS

Address Co-occurring Outbreak of HIV among PWUD

- Increased need to consider HIV among PWUD, improve PrEP prescriptions, and inform the community

HCV Care Continuum Improved

PLWH & HCV Diagnosis



Source: Philadelphia Department of Public Health, AIDS Activities Coordinating Office & Viral Hepatitis Program

Mobile Buprenorphine: A Harm Reduction Model



Mobile Model Overview

- Created by Prevention Point Pittsburgh in conjunction with the Center for Inclusion Health at Allegheny Health Network
- Increase access to low-barrier buprenorphine prescribing at existing syringe exchange sites
- Operates on harm reduction model
- Currently active at four different sites
- Provides buprenorphine prescriptions, access to wound care and COVID-19 vaccines on site

The Hill District: One Site's Experience

From 10/21/20-4/6/21:

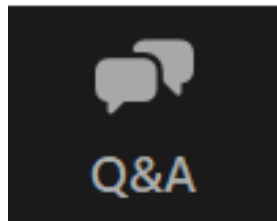
- 65 unique patients
- 24 patients are currently engaged in care (36.9%)
- Three patients have been transferred to a stable MOUD clinic
- 13/59 patients surveyed are uninsured (22%)
- 21/34 patients surveyed are homeless/unstably housed (61.8%)
- 19/65 patients have had 5 or more visits
- 22/65 patients re-engaged in care

Future Directions

- Hired a social worker for medical van in 3/2021:
 - Increase number of insured participants
 - Analyze benefit enrollment through mobile clinic
- Utilize electronic medical record and billing
 - Started at the beginning of May
- Begin testing and treating Hepatitis C on van
- Increase referrals to MOUD clinics

Questions?


Click



to submit a question

Discussion

- How does your jurisdiction define hepatitis elimination?
- What is the scope of your jurisdiction's hepatitis elimination planning?

*Click  to raise your hand
or answer in the chat!*

Discussion

- How can health departments move elimination planning forward?
- What partnerships are most important for hepatitis prevention and elimination in your jurisdiction?



Discussion

- How can jurisdictions collaborate to move elimination planning forward?
- How would you like to learn from and collaborate with other health departments?

Thank You!

Questions?

Contact Kat Kelley (kkelley@naccho.org)