



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

**COMMUNITY HEALTH EQUITY
& PROMOTION**

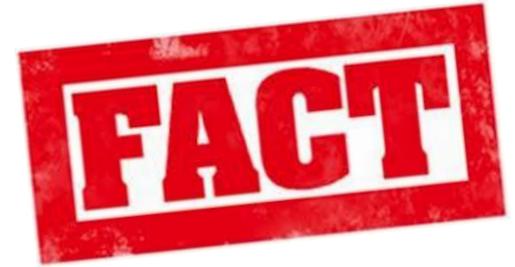
Developing New Partnerships to Eliminate Hepatitis C Among People Living with HIV

**SF HIV Planning Committee
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Hepatitis C Basics

Some Facts about Hep C



- Can live outside the body for at least 4 days to 6 weeks
- Enters body through direct blood exposure (blood-to-blood contact)
- Does not cause any symptoms right away in most people and can go unnoticed for years, but reduces lifespan by 15 years on average
- Is the most common reason for liver transplants in the US
- From 2013-2019, caused more deaths in the US than all 60 other reportable infectious diseases combined
 - At its highest in 2014, with 19,613 known deaths

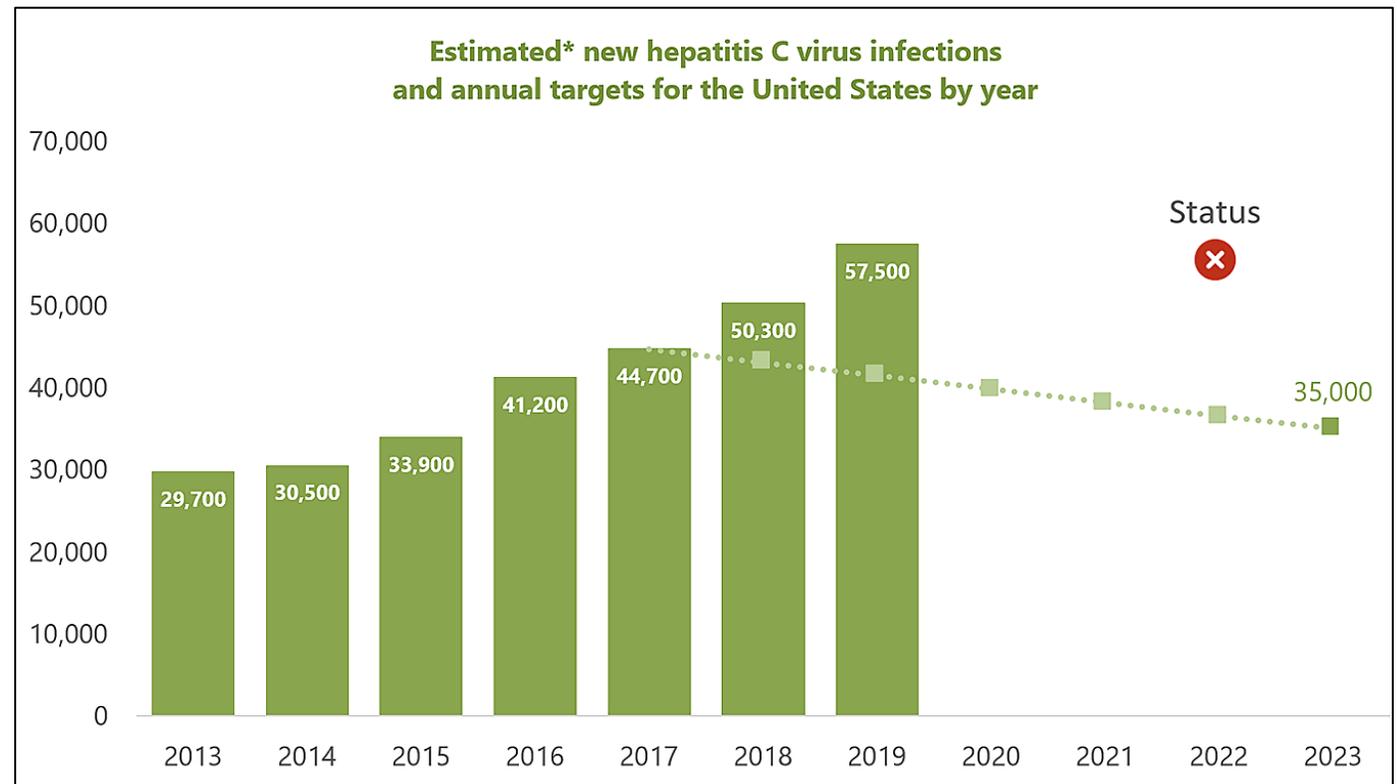


Hepatitis C Basics

Hep C in the US

US is not on track to meet our goal to eliminate hep C by 2030

- Estimated 2.5 million people living with chronic hepatitis C (HCV) in United States, as of 2020
- Estimated 57,500 acute infections in 2019
- 133% increase in acute HCV cases from 2012-2019



Hepatitis C Basics

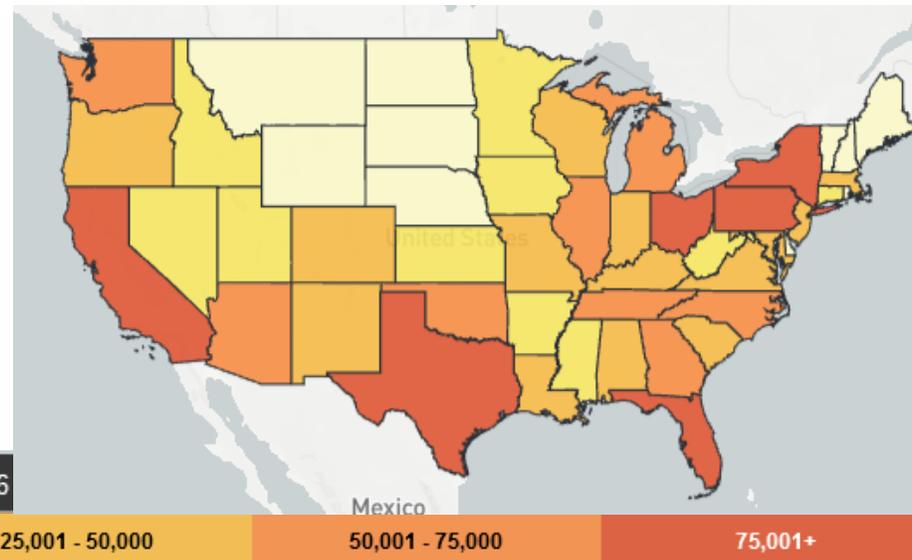
Hep C Locally

California

- 424,000 people with chronic hep C as of 2016, more cases than any other state
- California has higher HCV-related mortality than the national rate (1.35 times higher)

San Francisco

- Estimated 22,585 people in San Francisco with active or resolved HCV
- 11,582 (51%) people in San Francisco are still in need of HCV treatment



HepVu National Map – Hepatitis C Prevalence

Estimated Number of People Living with Hepatitis C, 2013-2016

0 - 10,000

10,001 - 25,000

25,001 - 50,000

50,001 - 75,000

75,001+



Hepatitis C Basics

Hep C in SF by Subgroup

Subpopulation	# HCV seropositive		% with anti-HCV antibodies		# with untreated active HCV infection		% of SF population	% of citywide HCV seropositives	% of untreated active infections citywide
	<i>pt. est.</i>	<i>(plausible range)</i>	<i>pt. est.</i>	<i>(plausible range)</i>	<i>pt. est.</i>	<i>(plausible range)</i>	<i>pt. est.</i>	<i>pt. est.</i>	<i>pt. est.</i>
PWID	16,508	(9,068–24,498)	67.4%	(64.6–70.1)	10,468	(4,690–17,628)	2.8%	73.1%	90.4%
MSM	2,635	(2,285–3,000)	3.8%	(3.5–4.1)	119	(0–423)	7.8%	11.7%	1.0%
TW (low SES)	320	(253–388)	24.8%	(20.3–29.2)	183	(130–252)	0.1%	1.4%	1.6%
Baby Boomers*	5,982	(3,238–11,430)	3.2%	(1.9–5.6)	3,070	(1,301–8,942)	21.1%	26.5%	26.5%
Men	16,467	(8,741–31,148)	3.7%	(2.0–6.8)	7,837	(3,179–21,688)	50.8%	72.9%	67.7%
Women	5,798	(3,019–12,632)	1.3%	(0.7–2.9)	3,501	(1,547–12,885)	49.1%	25.7%	30.2%

PWID: people who inject drugs; MSM: men who have sex with men, a population with a high prevalence of HIV in San Francisco; TW: transgender women; SES: socioeconomic status

*‘Baby boomers’ refer to people born 1945–1965, who were aged 55–74 in 2019, including those who are PWID, MSM, or TW, in the case of this table.



HIV/HCV Co-Infection

Prevalence

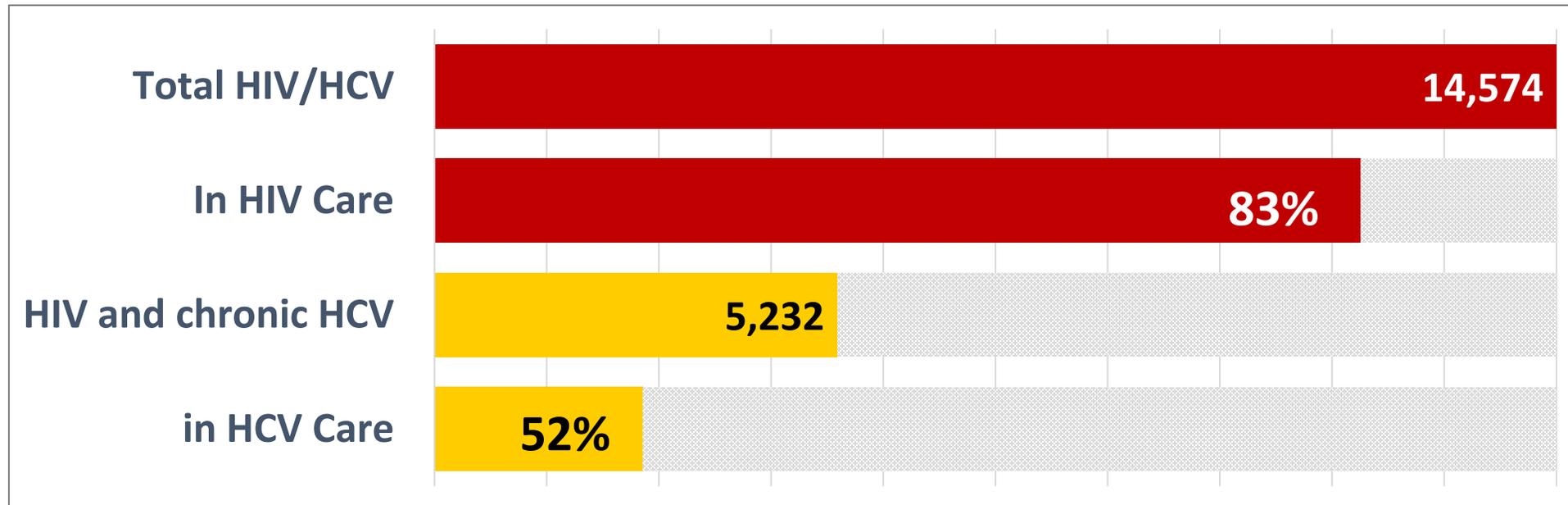
- People living with HIV (PLWH) are 6 times more likely to be infected with hepatitis C (HCV) than others and are more likely to be reinfected with HCV
- As of 2016, **11% of PLWH** in California were known to be coinfecting with HCV
- As of 2019, **248 SFHN patients** were HIV+ and had an active HCV infection



HIV/HCV Co-Infection

Hep C Treatment in California

Of the 5,232 people in CA who are known to be coinfecting with HIV and HCV, **only 52% are receiving treatment for HCV**



Courtesy of L. Stockman, California Department of Public Health
Office of Viral Hepatitis Prevention



HIV/HCV Co-Infection

Why It Matters

- Although new HIV cases are declining in CA, **HCV cases are increasing**
- Higher risk of sexual transmission of HCV if HIV+
- Risk of **perinatal transmission of HCV nearly doubles** if birth parent is HIV+
- More severe health problems for coinfecting people vs HCV+ only
 - Accelerated rate of fibrosis (12-16 years earlier)
 - At least **3x more likely to develop cirrhosis** or liver decompensation
 - Higher rate of liver-related mortality
 - Less access to life-saving liver transplants



HIV/HCV Co-Infection

Hepatitis C is Easily Cured!

- Short treatment regimen (8-12 weeks)
- Minimal side effects
- 95-98% cure rates, comparable to mono-infection
- Typically able to treat with same TX regimen as mono-infection
- HCV treatment can help with HIV medication adherence
- Fully covered by Medi-Cal, Medicare, and most private insurances
- Prior authorizations no longer needed for most Medi-Cal patients, under Medi-Cal rX



Micro-Elimination Program

Program Goals

- **Identify** priority patients who are coinfecting with HIV & HCV
- **Collect** accurate, up-to-date information on patients' HCV status and treatment progress, demographics and risk factors
- **Link** interested patients to HCV navigation and treatment
- **Strengthen** relationships and share community resources with local providers



Identifying Priority Patients

Internal Database Match SF Coinfected List

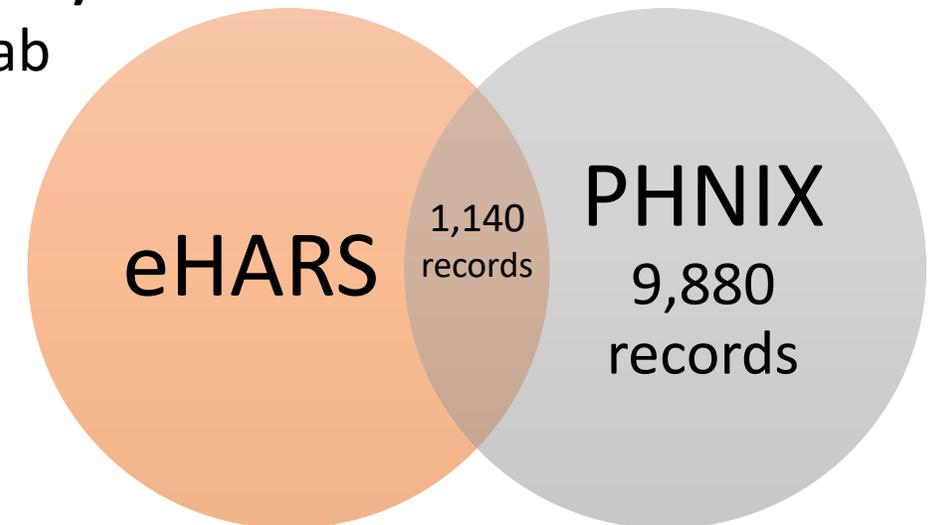
One-time match conducted in Fall 2021

SFDPH Hepatitis C Surveillance Registry (PHNIX / Maven)

- SFDPH ARCHES database for all HCV electronic lab records
- Review of all HCV labs, 2018-2021
- 9,880 HCV records included (living only)

CDPH HIV Surveillance Registry (eHARS)

- CDPH database for all HIV electronic lab records
- Compared with records found in PHNIX
- 1,140 HIV records matched to HCV records



Identifying Priority Patients

External Database Match Data to Care (DTC) List

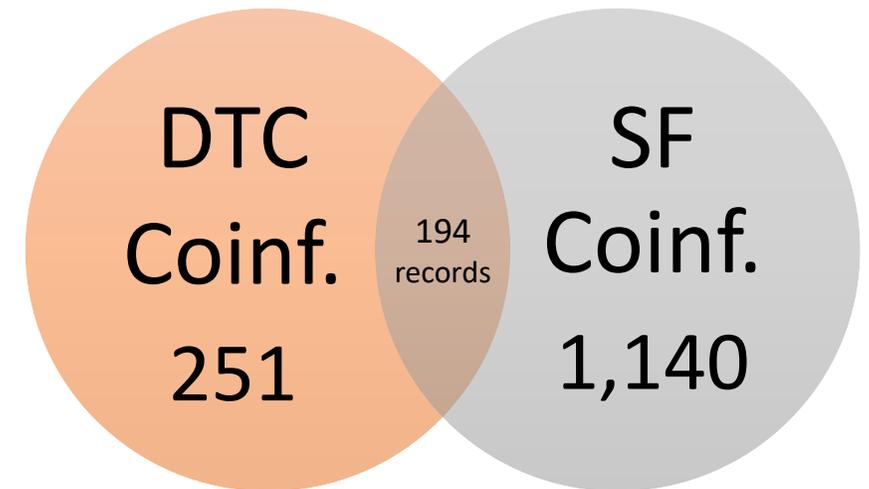
Ongoing match, conducted monthly, sent by Office of AIDS

CDPH HIV Surveillance Registry (eHARS)

- CDPH database for all HIV electronic lab records
- Review of all HIV labs from past 36 months
- 12,199 records (living only) – Nov 2021

CDPH Hepatitis C Surveillance Registry (CalREDIE)

- CDPH database for all HCV electronic lab records
- Compared to HIV records, lab data from past 36 months added
- 251 records matched to eHARS records



Identifying Priority Patients

Priority Level Definitions

Low Priority:

Patient has at least one negative HCV RNA test on record *or* indication of a resolved HCV infection in Epic provider notes

Medium Priority:

Patient has a reactive HCV Ab test result and does not have an HCV RNA test on record

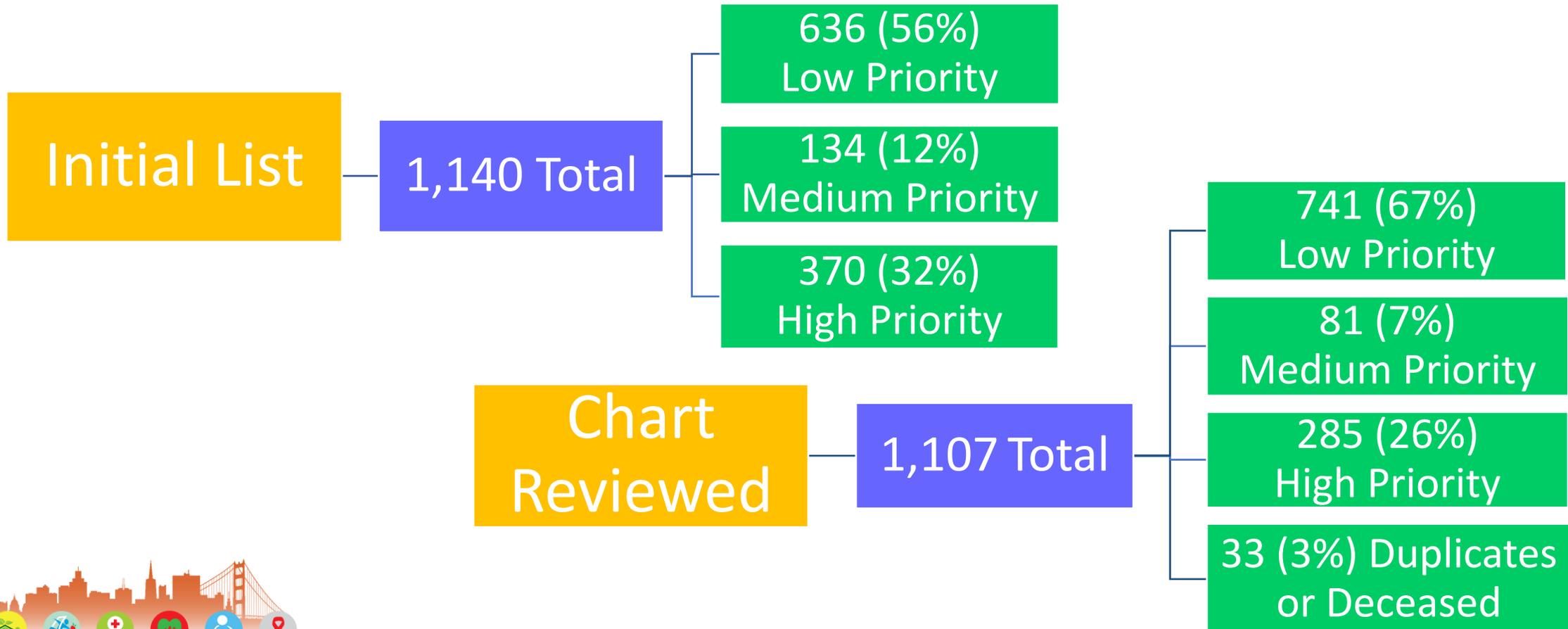
High Priority:

Patient's most recent HCV RNA test result is detectable / positive



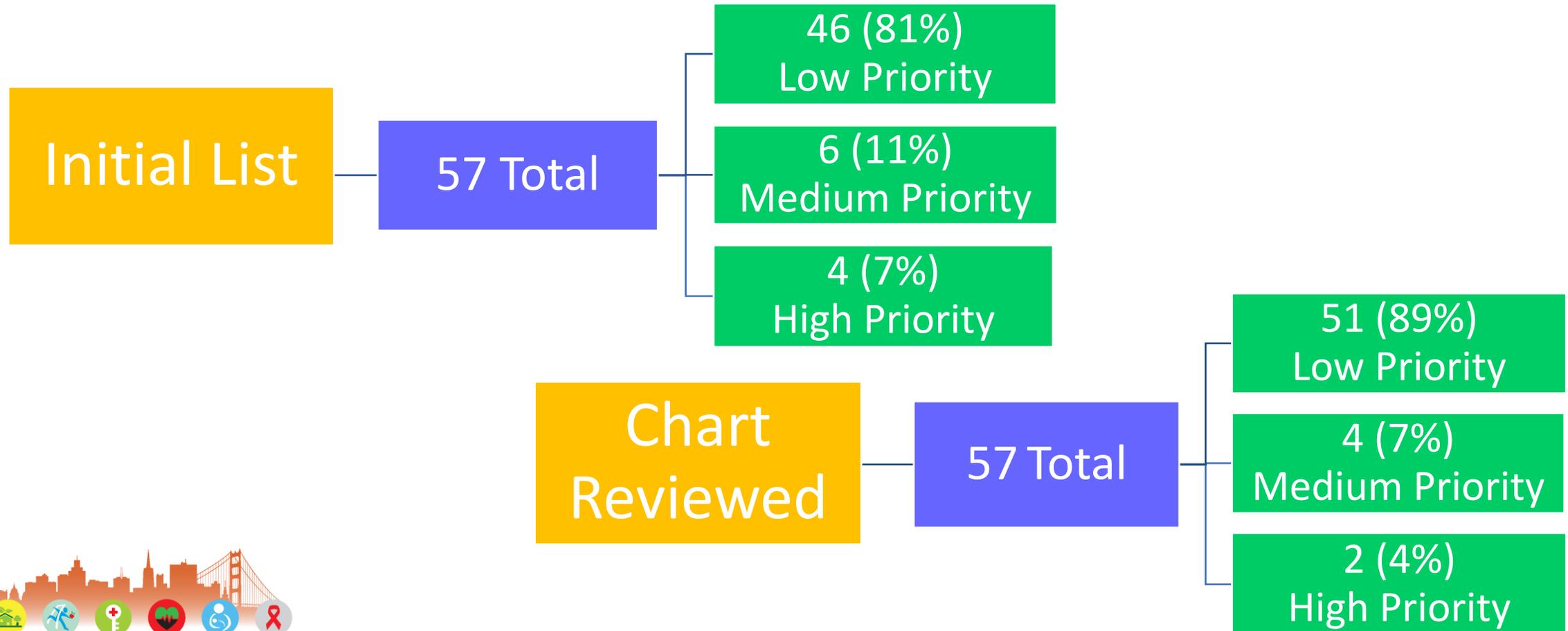
Identifying Priority Patients

SFDPH Coinfected List



Identifying Priority Patients

CDPH DTC Coinfected List



Data Collection

Data compiled from Epic EMR chart reviews, PHNIX ELR data and questionnaires to providers and patients

Collected:

- Basic Patient Information
- Contact Information
- Demographics
- HCV Information
 - Testing
 - Linkage to Care
 - Treatment
- Hepatitis Vaccine History
- Pregnancy Information
- Risk Factors

Data Collection Form for Providers

Instructions: Please answer the questions below for requested patient. For questions with pre-filled responses, please confirm the information is correct, and update if needed. Skip any questions that you do not have the information for, and please add any questions/comments in the Notes section. You can also contact us directly with any questions or concerns you may have.

Patient Information

First Name: [Click to enter text](#)

Middle Initial: [Enter text](#)

Last Name: [Click to enter text](#)

MRN: [Click to enter text](#)

Date of Birth: [Click to enter date](#)

Contact Information

Street Address: [Click to enter text](#)

City: [Click to enter text](#)

State: [CA](#)

Zip: [Click to enter text](#)

Phone Number 1: [Click to enter text](#)

Phone 1 Type: [Select One](#)

Phone Number 2: [Click to enter text](#)

Phone 2 Type: [Select One](#)

Email: [Click to enter text](#)

Demographics

Sex Assigned at Birth: [Select One](#)

Race 3: [Select One](#)

Current Gender Identity: [Select One](#)

Ethnicity: [Choose an item.](#)

Sexual Orientation: [Select One](#)

Current Housing Status: [Select One](#)

Race 1: [Select One](#)

Insurance Status: [Select One](#)

Race 2: [Select One](#)

Are you the primary care provider? [Select One](#)

If no, who is the primary care provider or primary clinic? [Click to enter text](#)

Data Collection

Outreach to Providers

- Organized patients by Med Home or Ordering Provider
- Outreach organized by clinic
- Initial outreach to 10 clinics, medium & high priority only (195 patients total)
- Contacted clinic HCV Champion or individual providers
- Sent partially completed data forms by secure email for completion by provider



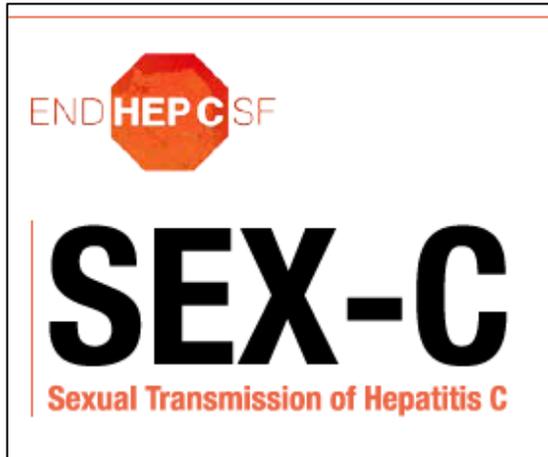
Data Collection

Outreach to Patients

- Contact patients if
 - Unable to gather information from provider
 - No record of successful treatment
- Attempt outreach by phone, text, email, letter
- \$20 gift card for completing data collection interview
- Linkage to care
 - Referrals to clinic- and community-based treatment
 - Warm hand-offs to partner CBOs' HCV navigators (in-person or by phone)



Support for Providers



Technical Assistance

SFHN Providers: HCV eConsult for treatment guidance and recommendations

Outside Providers: UCSF Warmline for HCV consultation

Patient Incentives

\$10 gift cards for treatment milestones (SFHN only)

Navigation Services

Connection to partnering HCV Navigation programs

Outreach to patients on behalf of provider

An infographic with a white background and orange accents. It features a large orange arrow pointing right. The text is organized into three columns. The first column discusses the rarity of sexual transmission of HCV in HIV-negative people. The second column lists risk factors for sexual transmission of HCV in MSM. The third column encourages routine testing for HCV in specific groups and notes that testing alone is not prevention.

In HIV-negative people, sexual transmission of hep C is rare. It can happen, but sex alone is not considered a reason for routine hep C testing.

The following activities have been shown to increase risk of sexual transmission of hep C in MSM:

- Multiple partners
- Serosorting and condomless anal sex
- Anal fisting
- Rough sex toy play
- Genital ulcerative STIs (herpes, primary syphilis, or LGV)
- HPV
- Use of non-injection drugs with sex

TEST FOR HEP C ROUTINELY.

If you are either HIV-positive or a person who injects drugs, get tested on a regular basis.

Testing for hep C alone is not prevention, but knowing your status so you can seek treatment and prevent transmitting it to others is very important.

Educational Materials

Handouts, posters & brochures for patients



Support for Patients

Incentive Gift Cards

\$20 gift card for completing phone interview / data collection

\$10 gift card for meeting with community partner for HCV treatment or navigation

Navigation Services:

Warm hand-offs to community-based HCV navigation and treatment programs

Referrals to clinics and other services

Educational Materials:

Handouts and brochures that can be distributed to patients

HEPATITIS C

END HEP C SF

- Hepatitis C virus (HCV) can cause long-term health problems, including liver damage, cirrhosis, liver cancer, liver failure, and even death
- HCV is passed through blood, often through sharing syringes or other equipment used to inject drugs. HCV can survive in a used syringe for over 60 days
- About 11,000 San Francisco residents are living with HCV, many of whom are unaware of their status

HCV can now be cured with medications that work in just 8-12 weeks. These medications are easy to take, have almost no side effects, and are free with Medi-Cal or other insurances

FREE HCV TESTING AND LINKAGE TO CARE
SoMa

Tom Waddell Health Ctr
(415) 355-7500

6th St Harm Reduction Ctr
(415) 487-3000

SoMa Health Center
(415) 503-6000

HealthRight 360
(415) 762-3700

Tom Waddell Health Ctr
230 Golden Gate Ave

6th St Harm Reduct Ctr
1117 6th Street

SoMa Health Center
229 7th Street

HealthRight 360
1563 Mission Street

All SF Hep C services: endhepcsf.org/st-work or 415-237-3628



Future Goals

- Review results from initial pilot outreach to improve processes
- Conduct thorough data analysis of results to analyze:
 - Accuracy and completeness of ELR and EMR data
 - Outreach response rates by provider & patient
 - Treatment rates among priority population
 - Program outcomes
- Expand to other targeted outreach groups
 - Perinatal HCV elimination
 - HCV+ pregnant and recently pregnant people
 - Female-bodied people of childbearing age (15-49 years old)
 - Young people who inject drugs (15-29 year olds)
 - Newly reported young people (15-29 year olds)



San Francisco Department of Public Health



**San Francisco
Department of Public Health**



Thank You!

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