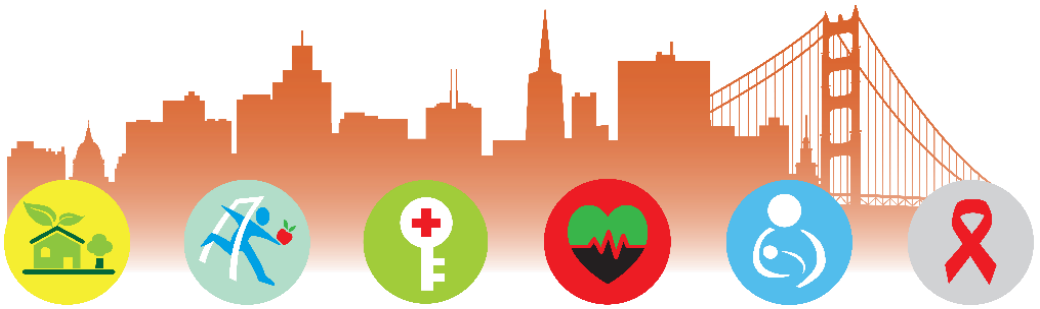


POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

COMMUNITY HEALTH EQUITY & PROMOTION

HIV/HCV Microelimination in San Francisco

AMINAH HABIB

APPLIED RESEARCH, COMMUNITY EPIDEMIOLOGY & SURVEILLANCE

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Overview

PROGRAM GOALS

PROGRAM OVERVIEW

PILOT OUTCOMES

SECOND PHASE OUTCOMES

DISCUSSION

Program Goals

- Identify patients within San Francisco with HIV/HCV coinfection
- 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 resources with local providers and community partners

Program Overview

Program Development and Pilot Implementation

- Developed standard work and identified patients
- Data validation through chart review and provider outreach
- Patient outreach for linkage to care

2021–2023

2024

Program Evaluation

- Reviewed pilot outcomes and identified areas for improvement
- Edited outreach process and data collection methods

Phase 2 of Program Implementation

- Identified patients and validated list through chart review and provider outreach
- Outreach to patients for linkage to care

2025

Patient List Identification

- Patients identified through a match between the ARCHES HIV/AIDS case registry and the SFDPH Viral Hepatitis Surveillance case registry.
- Cases categorized by HCV status as defined by the California Department of Public Health.
  - Updated to include treatment and medical record data as evidence of clearance or cure.

Case Categories

Category	Case Investigation Definition	Next Steps
High (Viremic)	Patients have a positive/detectable HCV RNA viral load and no evidence of viral clearance or cure	Conduct outreach to link to treatment
Medium (Antibody Only)	Patients have a reactive HCV antibody test and no evidence of HCV RNA testing	Conduct outreach to link to testing and treatment
Low (Cleared or Cured)	Patients have evidence of clearance or cure based on negative/undetectable HCV RNA viral load, documentation in electronic medical record, or confirmation from the patient, provider and/or care team	No action needed
Ineligible	Patients are deceased, out of jurisdiction, only have records of nonreactive antibody tests, or have named competing priorities	No action needed

Pilot Process and Outcomes

- Pilot List
  - Included 1,199 HCV cases reported from 2018-2021
    - Prioritized 516 records for outreach
- Outreach Process
  - Focused initially on SFHN patients to review process and materials

Data Collection

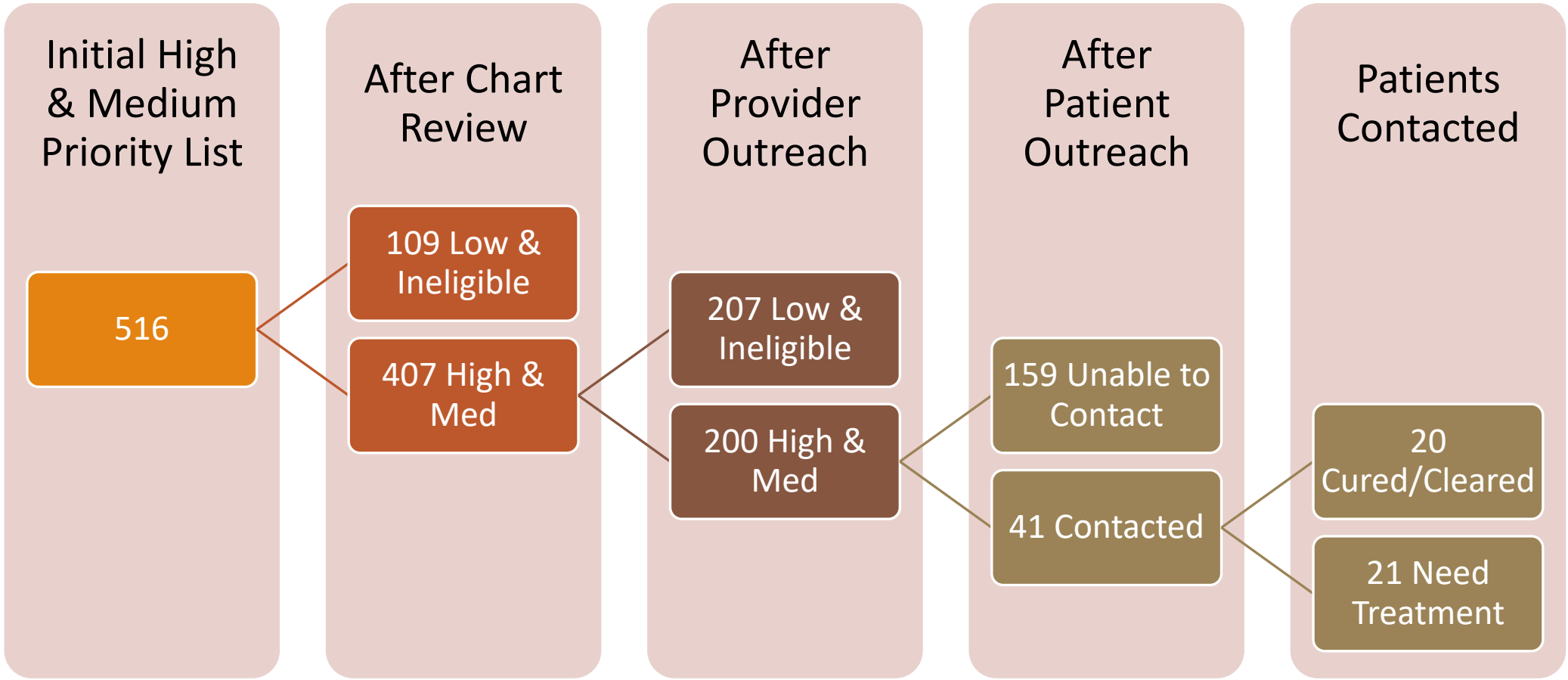
Data Collected:

- Patient Contact Information
- Demographics
  - Sex, Gender, Race, Ethnicity, Sexual Orientation, Current and Most Severe Housing Status, Insurance Status
- HCV Testing History
- HCV Treatment History
- Hepatitis Vaccine History
- Risk Factors
- Barriers to Care
- Patient Care Team

Data Collection Methods:

- Electronic medical record review
- SFDPH Viral Hepatitis Surveillance Registry review
- CDPH HCV Surveillance Registry review
- Provider outreach via phone, email, and fax
- Patient outreach via phone and mail

Pilot Program Flow

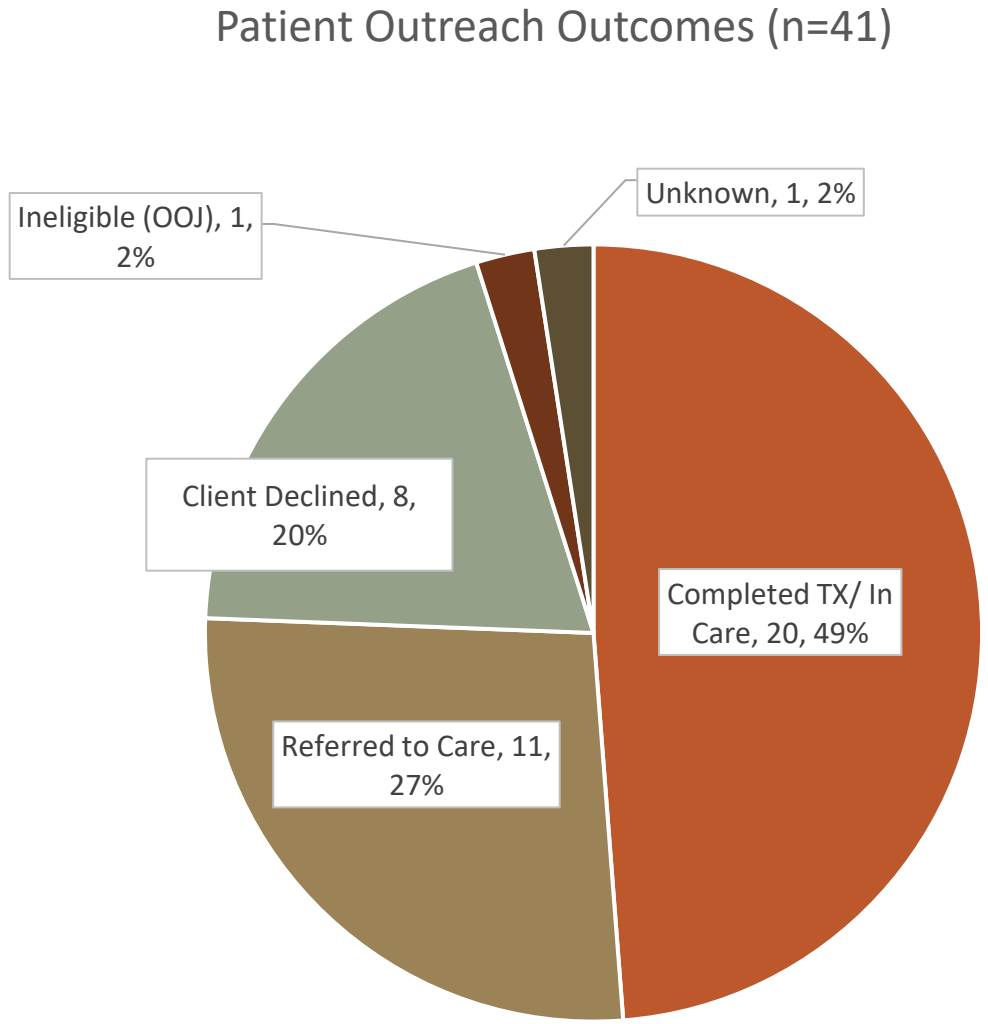


Pilot Demographics

Variable	Characteristic	Total (N=516)	
Ethnicity	Hispanic/Latino	66	13%
	Not Hispanic/Latino	379	73%
	Unknown	71	14%
Race	Native American /Alaska Native	7	1%
	Asian	8	2%
	Black/African American	86	17%
	Multiracial	31	6%
	Other	16	3%
	Unknown	120	23%
	White	248	48%
Sex	Female	59	11%
	Male	456	88%
	Unknown	1	0%

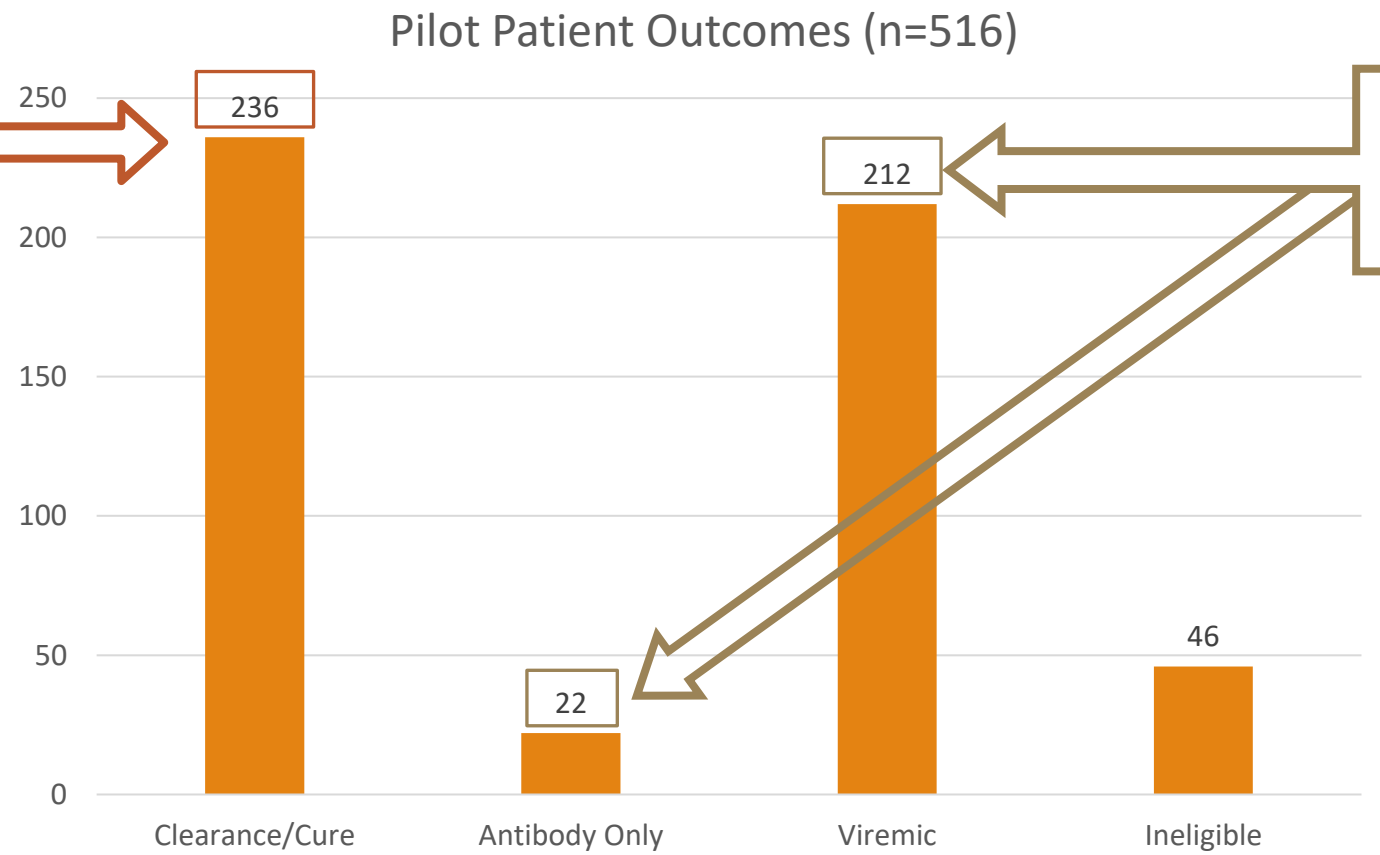
Pilot Patient Outreach

- Outreached to 200 patients
  - Unable to contact 159 patients
  - Response rate of 20.5% (n=200)
- Patients declined care due to competing priorities and hesitation about treatment.
- Referrals to care included low-threshold testing and treatment options and navigation services in the city.



Pilot Patient HCV Outcomes

46% of patients had already cured or cleared HCV



45% of patients needed further testing or treatment

Pilot Successes

- Validated the HCV case status for patients and confirmed cure/clearance for almost half of patients
- Strengthened relationships with clinics, health systems, and community organizations.
  - Found new contacts at external health systems.
  - Shared educational resources with clinics.
  - Started care coordination meetings.

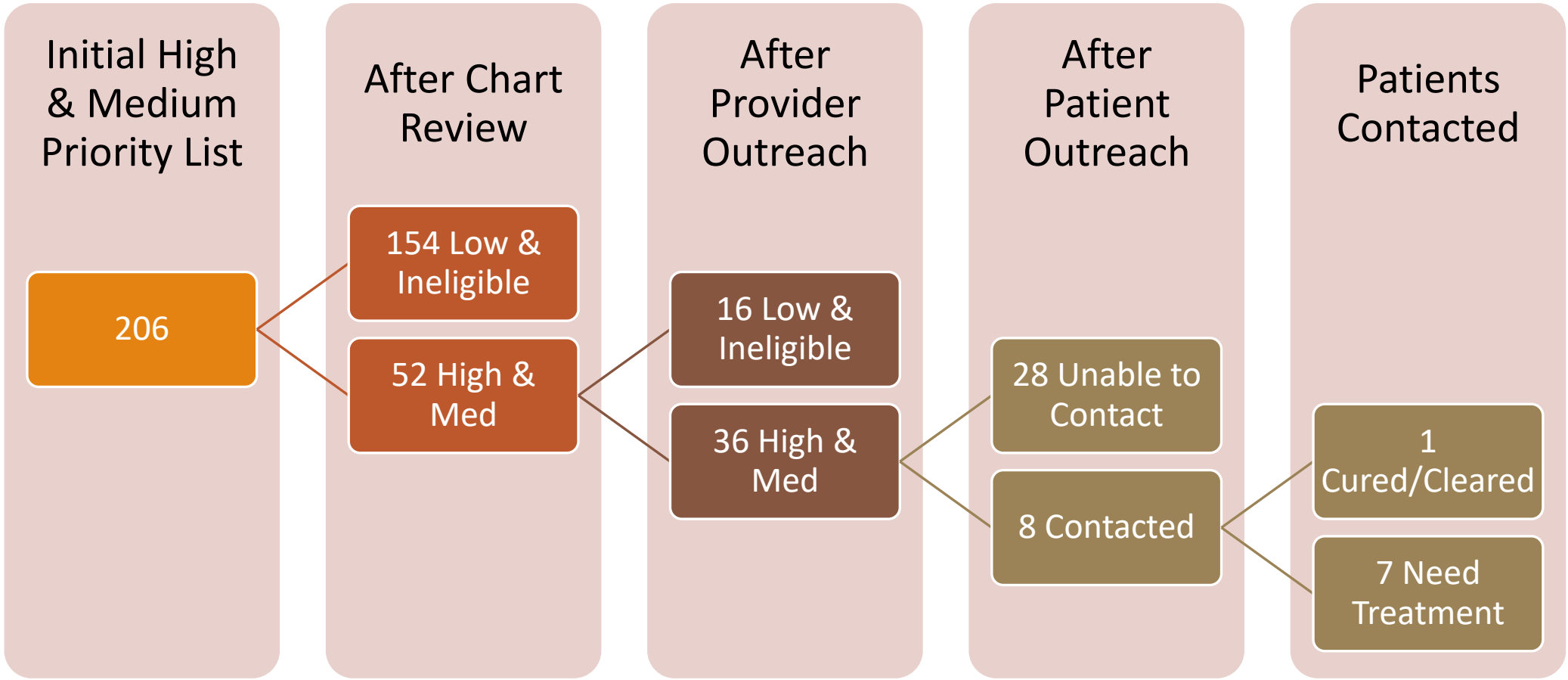
Program Revisions

- Reviewed case definitions
- Reduced the amount of data collected from providers based on provider feedback
  - Focused more on HCV testing and treatment history, care team information, and patient contact information
- Built out a data storage system and data tracking process in Hepatitis Registry

2025 Process and Outcomes

- 2025 List
  - Included 665 HCV cases reported from 2021-2023
    - Prioritized 206 records for outreach
- Simplified the data collection process
  - Removed forms from provider outreach
  - Reduced the amount of information asked of care team members

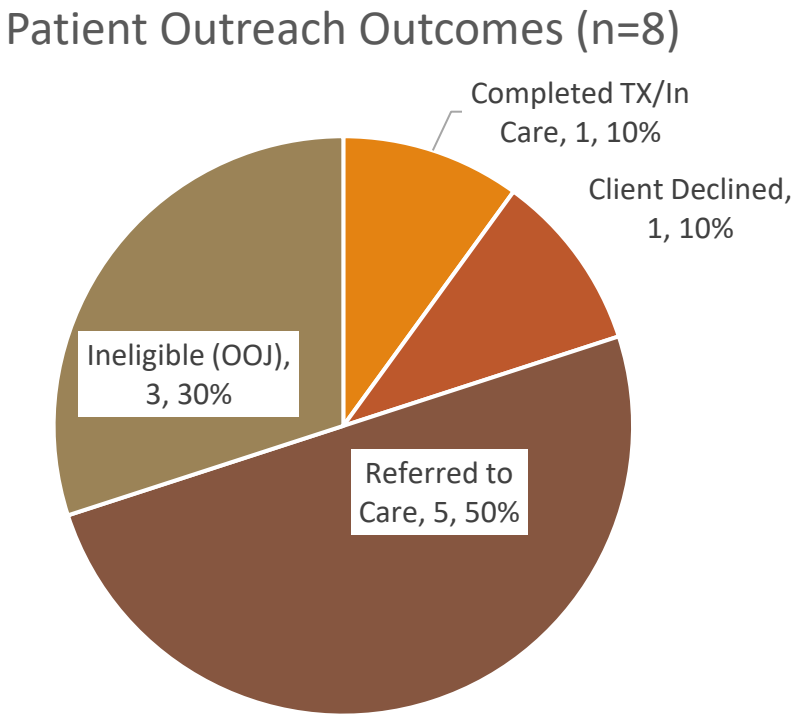
2025 Program Flow



Variable	Characteristic	Total (N=206)		Ineligible (n=16)		Clearance or Cure (n=150)		Antibody Only (n=5)		Viremic (n=35)	
Ethnicity	Hispanic/Latino	33	16%	4	25%	25	17%			4	11%
	Not Hispanic/Latino	154	75%	10	63%	109	73%	4	80%	31	89%
	Unknown	19	9%	2	13%	16	11%	1	20%		
Race	Native American /Alaska Native	4	2%			5	3%				
	Asian	9	4%			9	6%				
	Black/African American	32	16%	5	31%	16	11%			11	31%
	Multiracial	7	3%			4	3%			2	6%
	Other	21	10%	4	25%	16	11%			1	3%
	Unknown	8	4%			8	5%				
	White	125	61%	7	44%	92	61%	5	100%	21	60%
Sex	Female	20	10%			12	8%			8	23%
	Male	167	81%	14	88%	122	81%	4	80%	27	77%
	Unknown	19	9%	2	13%	16	11%	1	20%		
Housing Status	Stable	138	67%	4	25%	117	78%			17	49%
	Unstable	45	22%	6	38%	21	14%	2	40%	16	46%
	Unknown	21	10%	4	25%	12	8%	3	60%	2	6%
	OOJ	2	1%	2	13%						
Insurance	Uninsured	17	8%	1	6%	13	9%	1	20%	2	6%
	Insured	163	79%	13	81%	117	78%	1	20%	32	91%
	Unknown	26	13%	2	13%	20	13%	3	60%	1	3%

Demographics

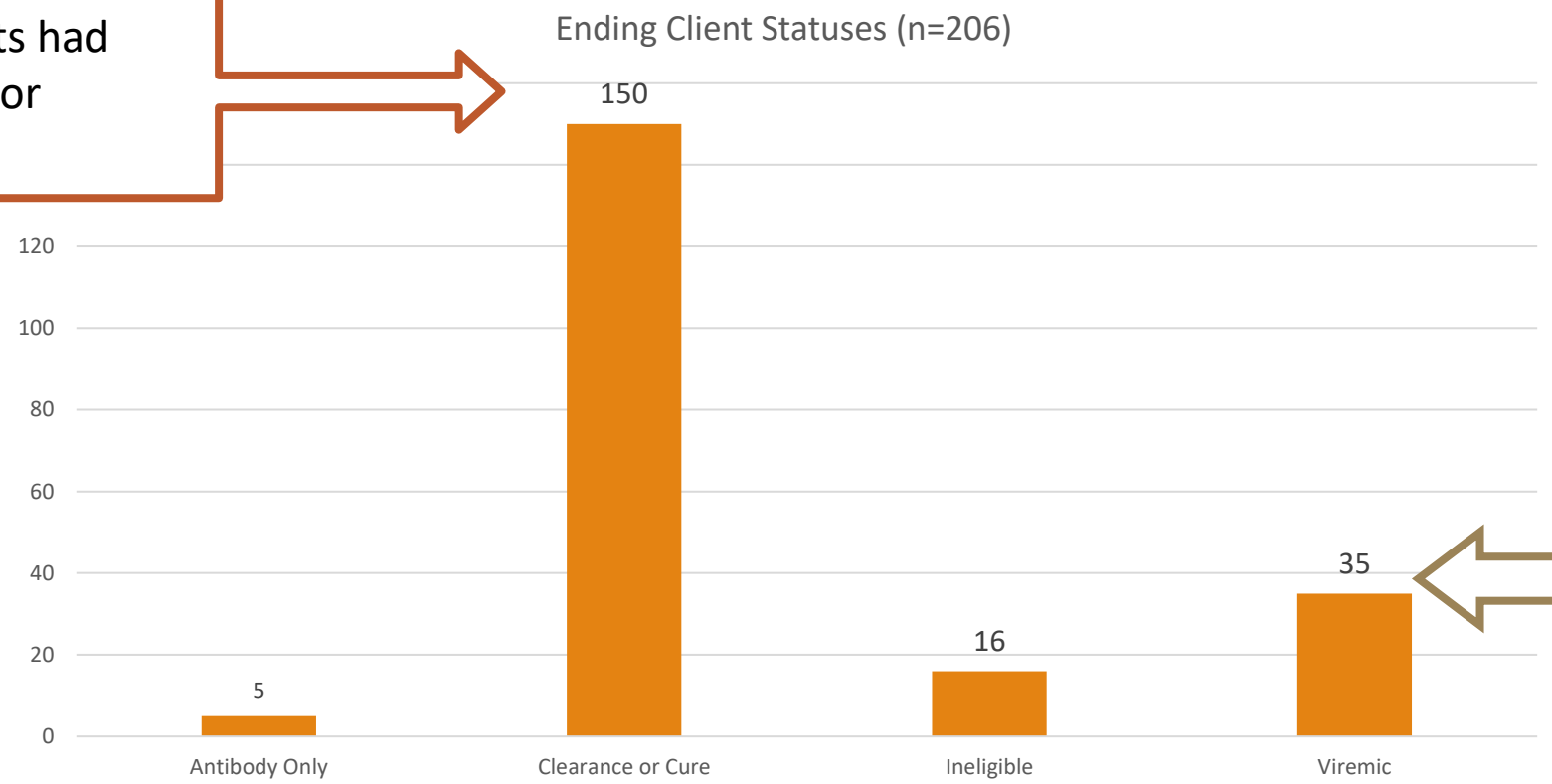
Patient Outreach Outcomes



- Outreached to 36 patients
  - Unable to contact 25 patients
  - Response rate of 22% (n=36)
- One patient declined care due to competing priorities.
- Referrals to care included low-threshold testing and navigation services in the city.

Patient HCV Outcomes

73% of patients had already cured or cleared HCV



19% of patients needed further testing or treatment

Patient HCV Outcomes

Status	Pilot (n)	Pilot (%)	2025 (n)	2025 (%)
Clearance/Cure	273	52.9	150	72.8
Antibody Only	22	4.3	5	2.4
Viremic	179	34.7	35	17.0
Ineligible	42	8.1	16	7.8
Total	516	100	206	100

Program Successes:

- Validated the HCV case status for patients and confirmed cure/clearance for the majority of patients
- Identified gaps in surveillance data
- Continued to strengthen relationships with clinics, health systems, and community organizations
  - Connected with navigators at community organizations through care coordination meetings and outreach
- Highlighted areas for future work

Areas for Improvement

- Education for providers and patients about current treatment regimes and their benefits and community resources
- Individualized outreach follow-up for patients
  - Confirm patient contact information
  - Provide more non-HCV specific resources during outreach

San Francisco Department of Public Health

POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Thank You!

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