New York State Hepatitis C Elimination:
From Vision to Reality

HepCure Tele-Education Webinar Series
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Harm Reduction Coalition

- Founded in 1993 by needle exchange providers, advocates, drug users, and more.
- National advocacy and capacity-building organization to promote the health and dignity of individuals and communities impacted by drug use.
- Our work is driven by a commitment to drug user rights and social inclusion of marginalized communities.
Housing Works is a healing community of people living with and affected by HIV/AIDS.

Founded in 1990, we are a community-based HIV service organization that provides a range of integrated services for low-income New Yorkers with HIV/AIDS – from housing, to medical and behavioral care, to job training.

Our mission is to end the dual crises of homelessness and AIDS through relentless advocacy, the provision of life saving services, and entrepreneurial businesses that sustain our efforts.
Webinar Agenda

• **Part 1:** Overview of NYS and NYC Hepatitis C Epidemic

• **Part 2:** Is Hepatitis C Elimination Feasible?

• **Part 3:** Establishing NYS HCV Elimination Targets

• **Part 4:** Consensus Statement on HCV Elimination in NYS

• **Part 5:** Recommendations from Work Groups

• **Part 6:** Call to Action
Between May 2016 and February 2017, a broad committee of 94 NYS stakeholders—state and local government representatives; epidemiologists; physicians; harm reduction and social service providers; and community advocates—worked together to build consensus on the opportunity for statewide HCV elimination. This committee produced:

- New York State Hepatitis C Elimination Summit – a day-long event on February 7, 2017.

- 30 recommendations to inform a NYS plan to eliminate HCV infection.

- Consensus Document on NYS Hepatitis C Elimination – signed by 119 organizations and delivered to Governor Andrew Cuomo, Assembly Speaker Carl Heastie, and Senate Majority Leader John Flanagan on March 8, 2017.
Overview of the NYS Hepatitis C Epidemic:

- Since 2001, more than 254,200 chronic HCV cases have been reported in NYS.

- In 2014, there were 16,169 chronic HCV cases and 127 acute cases reported.

- Although NYC has historically been the epicenter of the State’s HCV epidemic, in 2014 more than half (51.2%) of new chronic hepatitis C cases were diagnosed outside of NYC.

- Since 2004, in NYS there has been a shift in the age distribution of reported HCV cases from being primarily among persons aged 40-60 years to being reported among a growing second cohort of persons aged 20-40 years. This shift is especially striking outside of NYC.

- There has also been a shift in the distribution of cases by sex. In 2004, females accounted for 31.9% of HCV cases reported outside of NYC. This proportion increased to 38.2% in 2014.
Total Hepatitis C by Age, Sex and Year, NYS (Excluding NYC)

2005

2012

2015
Total Hepatitis C: NYS (Excluding NYC) by Age & Injection Drug Use (IDU)
**Total Hep C (Acute + Chronic) Reports: 2012—2015**

Source: NYS DOH CDESS, as of Aug. 4, 2016, excludes NYC

**Total Hepatitis C: NYS Average Rates per 100,000 by County, 2012—2015**

Source: NYS DOH CDESS, as of Aug. 4, 2016 & 2015 NCHS bridged population estimates, excludes NYC
Total Hepatitis C Rates: NYS (Excluding NYC) by Region, 2015

- **Capital**: 71.0 (Cases ↑22% since 2012)
- **Central**: 85.9 (Cases ↑48% since 2012)
- **Metropolitan**: 66.9 (Cases ↑3% since 2012)
- **Western**: 87.4 (Cases ↑47% since 2012)
- **Total Rest of State**: 75.5 (Cases ↑23% since 2012)
Overview of the NYC Hepatitis C Epidemic:

- Estimated 146,500 people with chronic HCV in NYC.
- In 2015, 7,328 newly-reported persons with HCV.
- Preliminary 2016 data: 11,979 newly-reported persons
  - 55% males; 43% born between 1945-1965
  - Change in case definition accounts for large increase across all ages
- Enhanced surveillance project (2009-12):
  - 30% Hispanics, 30% blacks
  - 39% IDU and 36% intranasal drug use history
  - 51% born in the US/PR
- 23,152 (15%) of persons reported to DOHMH with HIV/AIDS also known to have current hepatitis C
Newly Reported Persons with Hepatitis C by Zip Code, 2014-2015
Care Cascade for Prevalent Infections

- Total: 145,000
- Aware of infection: 60
- Confirmed infection: 53
- Received treatment: 22
- Cured: 14%

14% of the total infections are cured.
Is Eliminating HCV Feasible?

The answer is YES.
Eliminating the Public Health Problem of Hepatitis B and C in the United States

• 90% of HCV infections are curable; 80% of new HCV infections are preventable

• The elimination of hepatitis C and hepatitis B as public health threats is achievable

• Substantial issues must be addressed to meet elimination goals

• In early 2017, final report will be released with strategies to reach elimination goals

http://national-academies.org
# Is Eliminating Hepatitis C Feasible?

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<th>Goal</th>
<th>Feasibility</th>
<th>Critical Factors</th>
<th>Crosscutting Barriers</th>
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<tbody>
<tr>
<td>Ending Transmission</td>
<td>Feasible</td>
<td>• No vaccine&lt;br&gt;• Reaching people who inject drugs with harm reduction programs&lt;br&gt;• Comprehensive drug and alcohol addiction programs&lt;br&gt;• Treating those transmitting the virus to prevent new infection&lt;br&gt;• Reducing the possibility of reinfection</td>
<td>• Surveillance is sporadic and underfunded&lt;br&gt;• Only about half of chronically infected people have been diagnosed&lt;br&gt;• Most new infection is associated with injection drug use, the group most affected is difficult to screen&lt;br&gt;• Poor, marginalized, and hard-to-reach populations are difficult to enroll and retain in care</td>
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How can NYS set a target for HCV elimination?

• **Cherokee Nation:** 85% cured by 2020

• **Country of Georgia:** 95% treated & cured by 2020

• **World Health Organization:** 70% reduction in new cases with 60% reduction in HCV-associated deaths by 2030

• **State of Rhode Island:** 90% reduction in chronic cases by 2030

Slide courtesy of Kyle Fluegge, NYC DOHMH
What is a target?

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<th>Goal</th>
<th>Target</th>
<th>Metric</th>
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| • Time-bounded realization of a vision/end-state  
• Collectively accountable  
• Ex: Eliminating HCV in New York State by 2030 | • Specific, quantitative indicators by which to measure progress towards realizing the goal  
• Specific organizations/strategies are accountable as part of a larger whole  
• Ex: 50% reduction in new cases by 2020; 15,000 treated per year by 2021 | • Measures that monitor the activities performed and resources used to meet the target  
• Used after target is set  
• Ex: # of HCV Medicaid-approved practitioners/prescribers |
Rhode Island Elimination Scenario

![Graph showing the difference in HCV burden between the base and elimination scenarios from 2000 to 2030. The graph indicates a significant reduction in the total viremic infections over time.]
WHO Impact Targets for Elimination of Hepatitis B and Hepatitis C as Public Health Threats

90% reduction in new cases of chronic HBV and HCV infection

65% reduction in deaths from chronic HBV and HCV

6-10 million infections (in 2015) to 900,000 infections (by 2030)

1.4 million deaths (in 2015) to under 500,000 deaths (by 2030)

Slide Courtesy of John Ward, CDC
Potential New York State (NYS) Elimination Target:

90% reduction in chronic cases by 2030

Number to treat annually in NYS starting in 2020

Slide courtesy of Kyle Fluegge, NYC DOHMH
Identify all individuals with hepatitis C in NYS from 2000-2015

Modify case list for deaths & out-migration from NYS

Adjust for individuals no longer infected & under-diagnosis to get proportion with HCV
Potential Next Steps for Target Setting:

1. Update HCV prevalence for NYS

2. Confirm elimination target: by 2030, achieve at least 90% reduction in number of chronic cases from 2015

3. Calculate number to treat annually (starting in 2020) in NYS that meets the 90% target
Consensus Statement on HCV Elimination in NYS
Call to Action

New York State (NYS) faces a growing hepatitis C epidemic with a rising death toll. Given the availability of new highly effective, well-tolerated curative treatments, we can no longer settle for a low cure rate that perpetuates the high fiscal and human costs of inaction. The committee that organized the NYS Hepatitis C Elimination Summit, along with the other providers, community-based organizations and individuals living with and affected by hepatitis C that sign this consensus statement, call on Governor Andrew Cuomo, the NYS Legislature, and industry partners to make a joint commitment to hepatitis C elimination, and for appointment of a formal NYS Hepatitis C Elimination Task Force.
Five Community Pillars of HCV Elimination

1. Enhance HCV prevention, testing and linkage to care services for people who inject drugs, people who are incarcerated, men who have sex with men, and other populations disproportionately impacted by HCV infection.

2. Expand HCV screening and testing to identify people living with HCV who are unaware of their status and link them to care.

3. Provide access to clinically appropriate medical care and affordable HCV treatment without restrictions, and ensure the availability of necessary supportive services for all New Yorkers living with HCV infection.

4. Enhance NYS HCV surveillance, set and track HCV elimination targets and make this information available to the public.

5. Commit NYS government and elected officials, public health professionals, HCV experts, and industry partners to leadership and ownership of the NYS Plan to Eliminate HCV alongside community members living with and affected by HCV.
Prevention Recommendations:

• Develop and implement a public health education campaign to raise awareness, inform, and educate the public, health care providers and social service providers.

• Expand Syringe Exchange Programming.

• Increase availability of Medication Assisted Treatment for those addicted to heroin/opiates.

• Prevent youth who are using drugs from transitioning to injecting.

• Increase prevention, testing and treatment in correctional facilities.

• Provide targeted prevention to men who have sex with men and the transgender community.
Testing & Linkage Recommendations:

• Create processes and systems that facilitate and/or ensure diagnostic testing
• Expand Patient and Peer Navigation Programs
• Expand training and other educational opportunities for medical providers, testing and linkage to care staff, and the Public
• Design screening, linkage to care, and treatment delivery models and processes that better engage complex patient populations (active drug users, including youth and women of childbearing age, homeless, mentally ill, etc.) in settings serving groups at high-risk for hepatitis C infection
• Develop better, more flexible HCV tests
• Increase provider capacity for HCV care and treatment
• Remove financial barriers to testing, care, and treatment
• Create tools to improve surveillance and outbreak detection so that testing can be offered to those at risk and follow up provided to those diagnosed with HCV
Care & Treatment Access Recommendations:

- Increase resources and support for providers regarding Hepatitis C management and treatment, particularly for providers in settings with high prevalence and/or limited Hepatitis C provider access. Maximize opportunities for supportive services for patients to achieve retention in care and successful treatment completion.

- There should be increased resources and attention for high risk populations: HIV+ patients, transgender persons, patients with substance abuse disorders, and minors.

- All payer formulary restrictions for Hepatitis C medication authorization that is not based on AASLD guidelines should be eliminated. Payers should always approve medications per evidence based guidelines.

- Payers should expect a clear and consistent policy and full payment for Hepatitis C medications. There should be increased transparency about negotiated drug costs for payers.

- Special attention should be given to the intersection between incarceration and Hepatitis C.

- Resources should be given to post-treatment health issues with Hepatitis C.
Surveillance, Data & Metrics Recommendations:

• Systematically estimate baseline status for key outcomes and set realistic but ambitious targets for these outcomes as part of NYS's HCV Elimination initiative.

• Strengthen surveillance systems to improve the timeliness and accuracy of key outcome-related metrics related to HCV elimination.

• Systematically track information on: implementation strategies, efforts and policies that are expected to result in achieving the initiative's goals; and on key outcomes in order to measure baseline status and progress towards achieving the goals of the initiative.

• Disseminate actionable information on progress towards achieving the HCV elimination initiative’s goals to all who need to know in a timely fashion.

• Establish sentinel surveillance programs to track HCV prevalence and incidence in populations where estimates based on reported cases are inadequate.
Social Determinants Recommendations:

• Identify and address social and structural barriers to linkage and retention in effective HCV treatment.
  – Assess barriers to HCV care using standardized measures.
  – Enhance services to support the non-medical needs of all persons with HCV infection.
  – Invest in affordable and supportive housing programs to eliminate mass homelessness statewide.
  – Employ referrals to the full range of existing care coordination systems to enhance and streamline access to services to meet the non-medical needs of low-income persons with HCV infection in New York State (including Health Home eligibility for HCV mono-infected).
  – Support development and evaluation of new models for improving HCV service delivery, to promote testing, engagement in care and treatment adherence.

• Eliminate Legal Barriers to HCV Prevention Services for People Who Inject Drugs.
  – Fully legalize syringe possession.
  – Legalize possession of non-syringe injection equipment, including with regard to drug residue.
  – Authorize supervised drug consumption services.
  – Reduce criminal justice involvement of PWID at risk of HCV infection.

• Give proper attention to and implement culturally appropriate messaging to the multiple populations with higher HCV risk or prevalence.

• Improve HCV prevention, screening and care for people with HCV who are incarcerated and increase funding for discharge planning and care coordination services following release from correctional settings.
Urgency and action from health care providers, advocates, and people affected by HCV will lead to...

- State negotiations with industry partners on HCV treatment cost
- The appointment of a NYS Hepatitis C Elimination Task Force
- And major new investments in HCV prevention, testing, linkage to care, treatment capacity, and supportive services

... but we all need to take action!
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