



HCV Treatment in WA:

Lummi Tribal Health Center & Statewide HCV Elimination Plan

March 5, 2021

ADAI



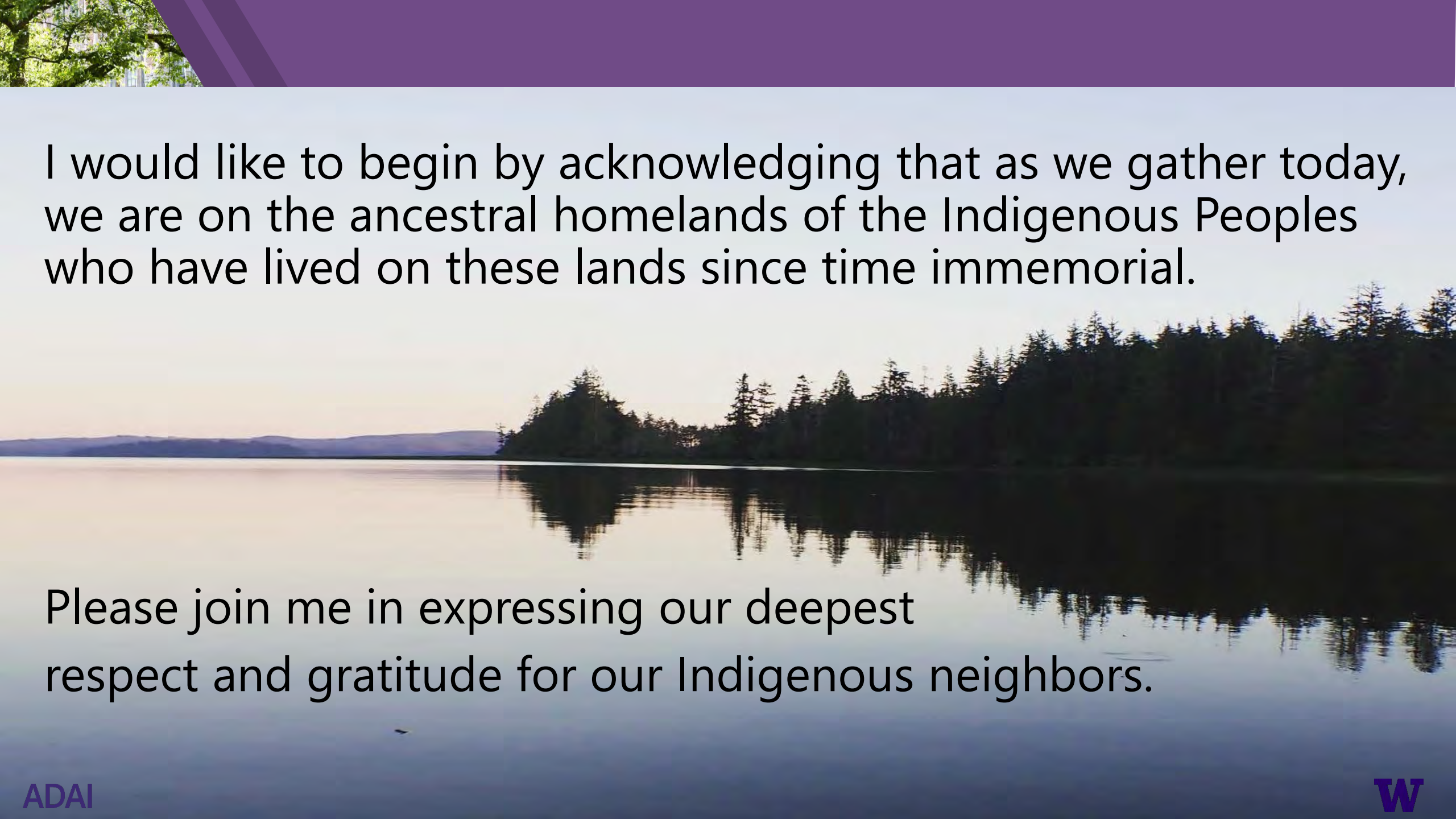
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Agenda

- Introduction and logistics
- Hepatitis C & HCV Elimination In Washington
- Lummi Tribal Health Center
- Questions

Webinar logistics

- Zoom webinar, not meeting
 - You are muted and we can't see you. Only panelists and hosts can share their video and audio.
 - Please enter questions in Q & A. They will be answered at the end of the webinar.
 - Enter comments in the comment box.
- This webinar will be recorded and posted here <https://stopoverdose.org/section/webinars/>

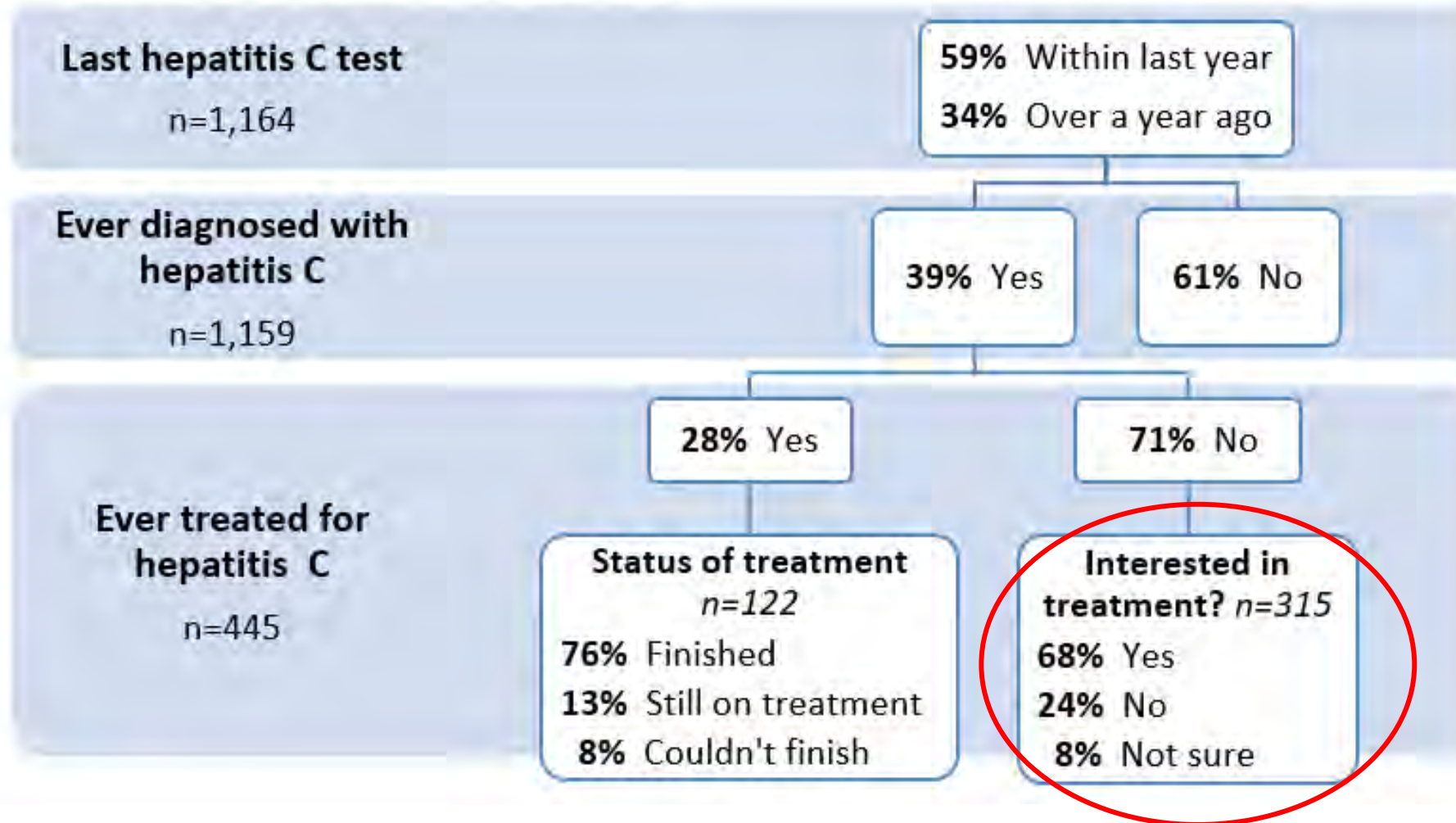


I would like to begin by acknowledging that as we gather today, we are on the ancestral homelands of the Indigenous Peoples who have lived on these lands since time immemorial.

Please join me in expressing our deepest respect and gratitude for our Indigenous neighbors.

From WA State SSP Survey 2019

Hepatitis C diagnosis and treatment





HEPATITIS C & HCV ELIMINATION IN WASHINGTON

Emalie Huriaux, MPH
Jon Stockton, MHA
March 5, 2021

Key Presentation Objectives

To Provide:

1. A brief overview of the hepatitis C virus (HCV) in Washington State.
2. A description of the Governor's Directive related to HCV elimination.
3. An overview of Health Care Authority's work related to the Directive.
4. An overview of Department of Health's work coordinating Hep C Free WA.

Hepatitis












- Inflammation of the liver
- Either asymptomatic

OR

Symptoms can include:

- Fever
- Fatigue
- Loss of appetite
- Nausea
- Vomiting
- Abdominal pain
- Joint pain
- Dark urine, grey-colored stools, and jaundice

A, B, C's of Viral Hepatitis

Virus	Transmission routes	Vaccine	Cure
A	<i>A = vowel rhymes with bowel</i>  Fecal-Oral		
B	<i>Body fluids</i>  Blood Semen Vaginal fluid		
C	<i>Circulation</i>  Blood*		

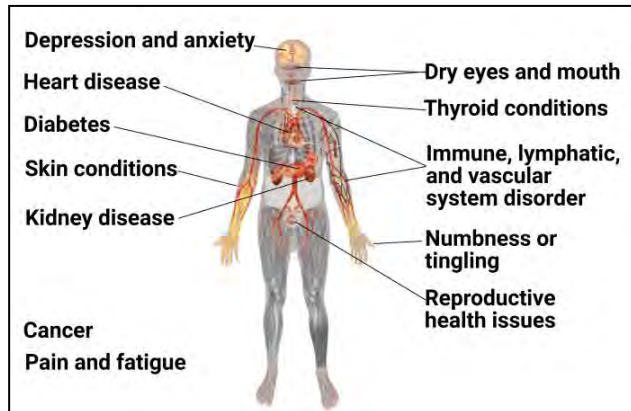
© 2018 Hepatitis Education Canada
www.hepatitiseducation.ca

* If blood is present in body fluids (e.g., semen, vaginal), HCV transmission is possible (e.g., unprotected sex if rough or if other sexually transmitted infections are present).

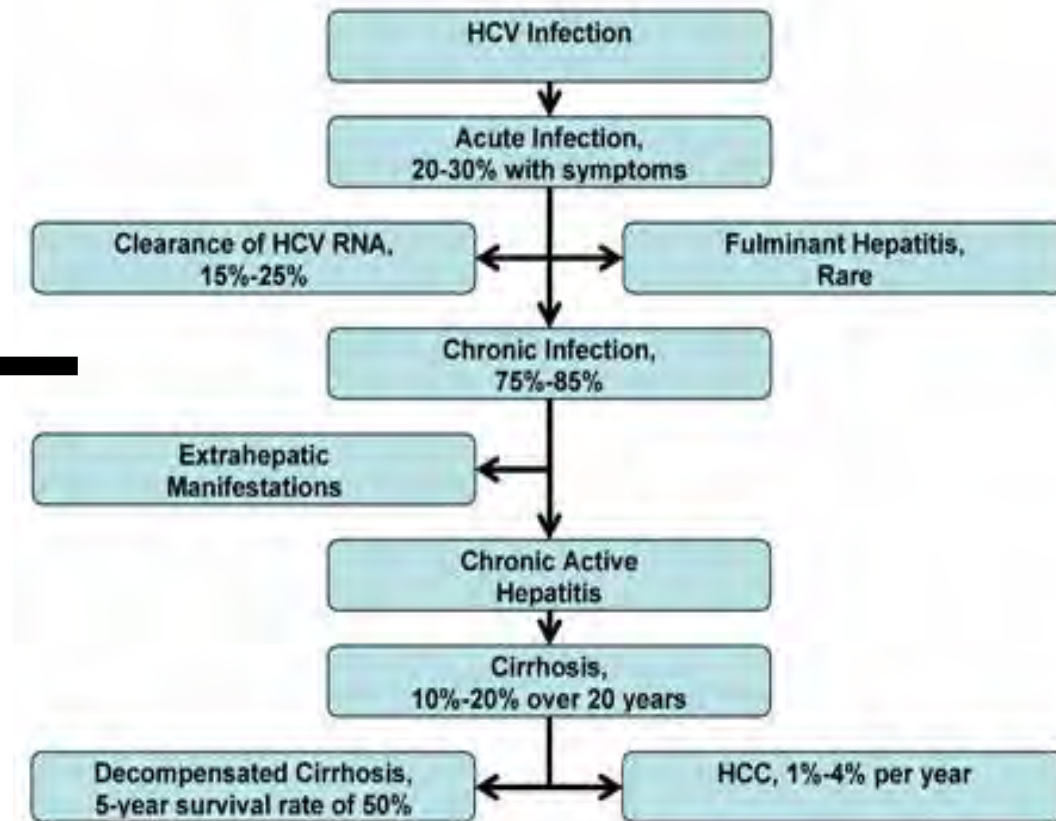
Hepatitis C

Natural history of hepatitis C

Up to 74% of people living with HCV have symptoms outside the liver



<https://nvhr.org/sites/default/files/users/u34/EHM%20Fact%20Sheet%201%20Final.pdf>

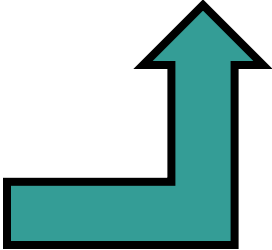
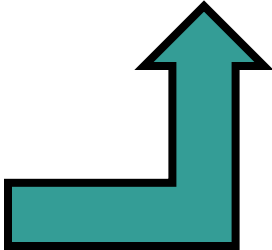


Hepatitis C Virus (HCV)

- Most common bloodborne infection in the United States
- Rising morbidity and mortality in the aging Baby Boomer cohort (born 1945 through 1965)
- A leading cause of liver cancer and leading indication for liver transplant in U.S.
- Hospitalization costs related to HCV in WA were \$114 million from 2010 through 2014
- No vaccine to prevent HCV
- New medications, “direct acting antivirals” or “DAAs,” can cure infection in >90% of patients in 8–12 weeks with few side effects

Hepatitis C Surveillance

Hepatitis C reporting became mandated in 2000



Secure Electronic Transmission

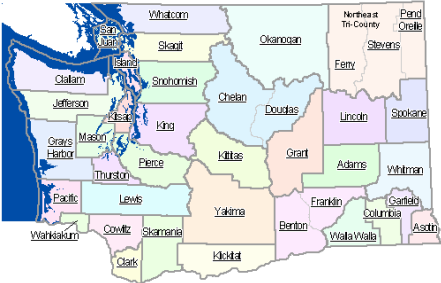
Reporters

Laboratories

Health Care Providers

Health Care Facilities

35 Local Health Departments



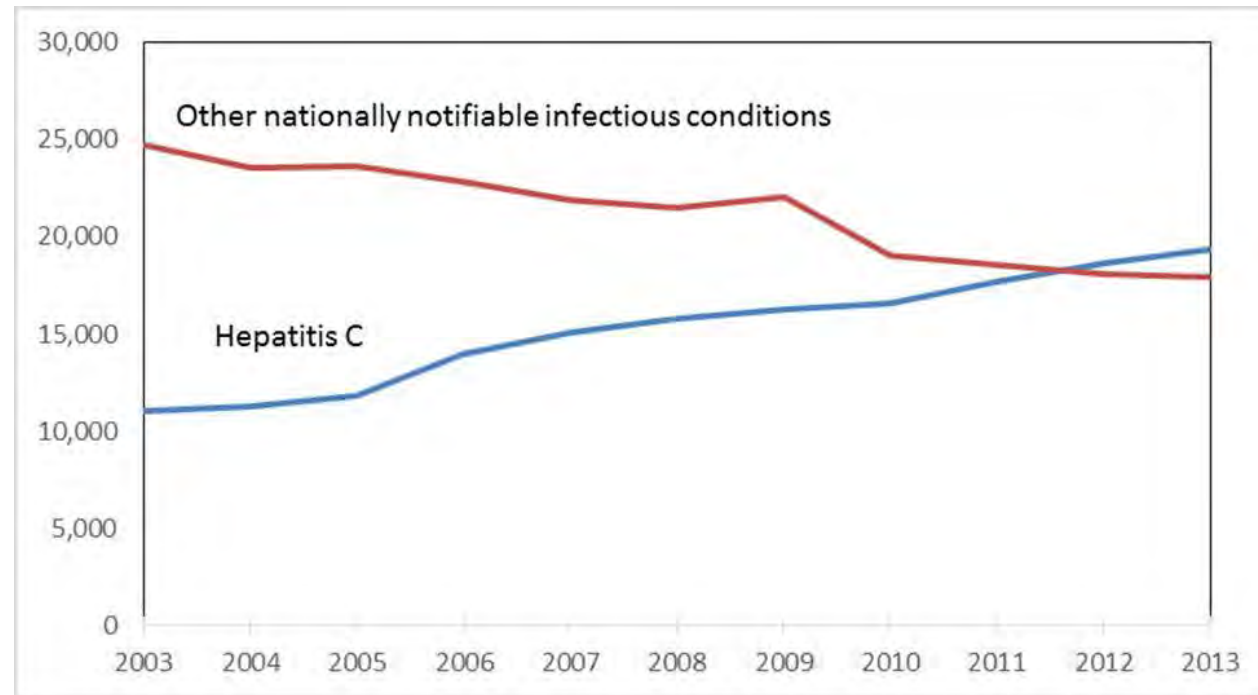
- Investigations
- Disease control



Challenges of Hepatitis C Surveillance

- **Lack of resources:**
 - CDC only funds 14 states in the country for hepatitis surveillance; federal response very different from HIV/STDs
 - Most LHJs do not have resources to collect data on cases, link patients to care, and/or conduct contact investigations
 - ~75% of risk data among known chronic cases are missing
- **Unable to accurately track patients in the registry who have:**
 - Moved out of state
 - Died
 - Been cured
- **Diagnoses missed due to asymptomatic nature of disease**

U.S. HCV Deaths Exceed Deaths from 60 Other Infectious Diseases Combined



Other notifiable infectious conditions include HIV, tuberculosis, and hepatitis B



Hepatitis C in Washington State

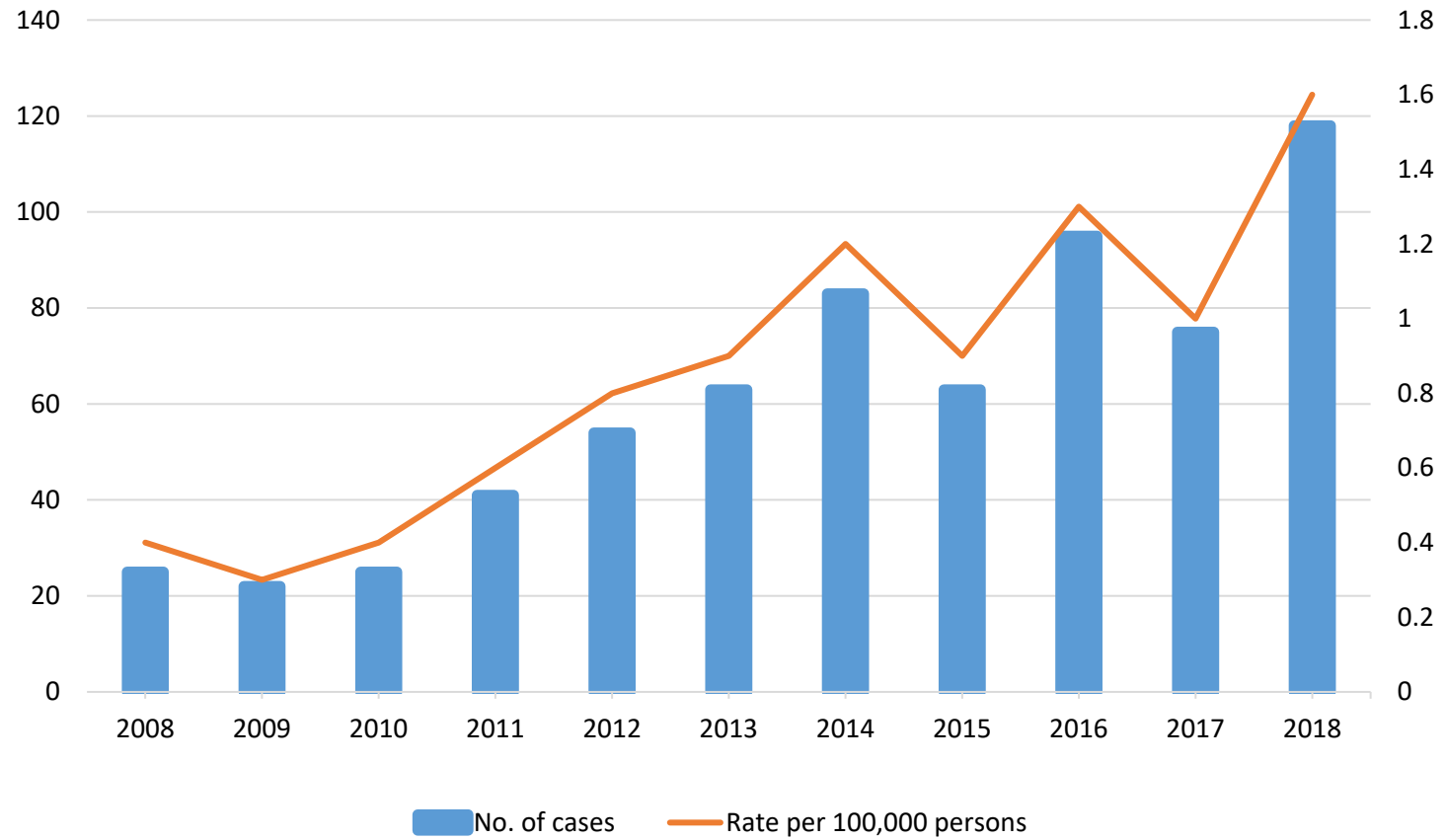
- At the beginning of 2018, there were an estimated **59,100** (32,500-71,500) people living with HCV in Washington.
(Source: CDA Foundation, 2019)
- In 2017, 543 deaths attributed to chronic HCV.
- In 2018, 479 deaths attributed to chronic HCV, 118 new reports of acute infection, the highest in over twenty years.

Newly Reported HCV cases			
Year	Acute	Chronic	Total
2012	54	4,865	4,919
2013	63	4,438	4,501
2014	83	5,995	6,078
2015	63	7,085	7,148
2016	95	8,118	8,213
2017	73	8,839	8,912
2018	118	8,085	8,203

Source: WA DOH Hepatitis Surveillance Records



Acute HCV Cases in Washington State are Increasing

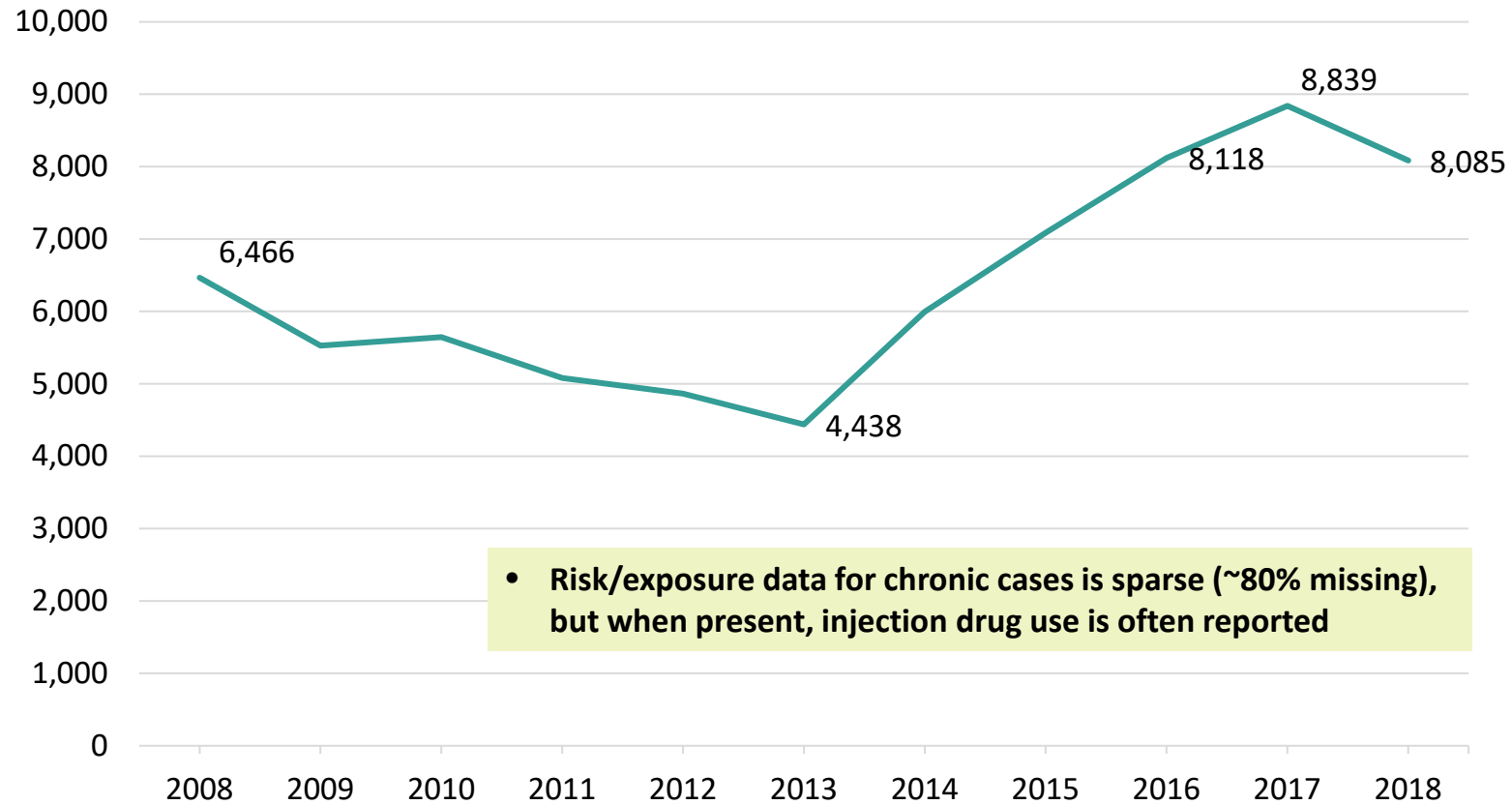


- 372% increase statewide 2008–2018
- **~75% of those for whom risk factors were collected report injection drug use**

Source: WA DOH Hepatitis Surveillance Records

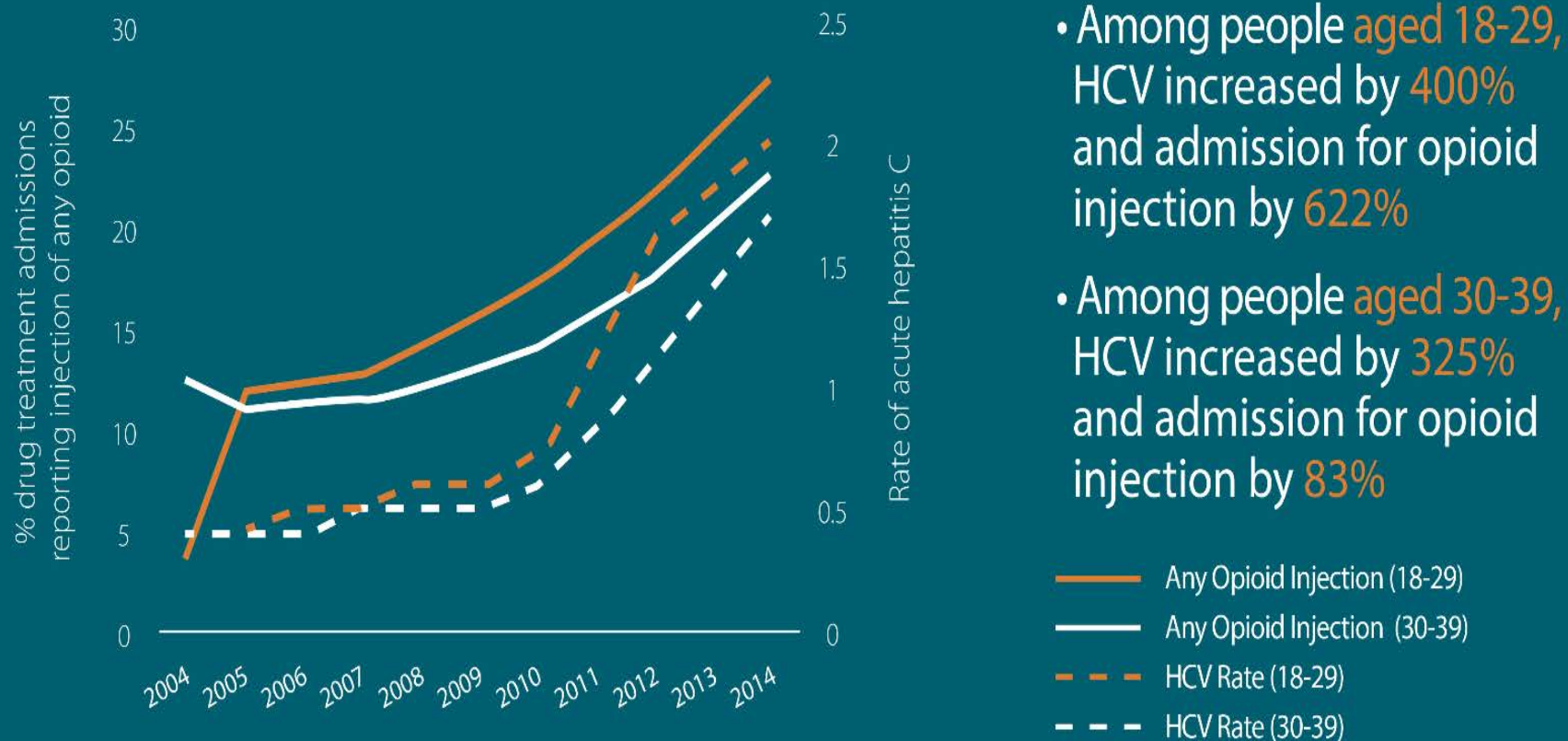


Chronic HCV Cases in Washington State by year of report, 2008–2018



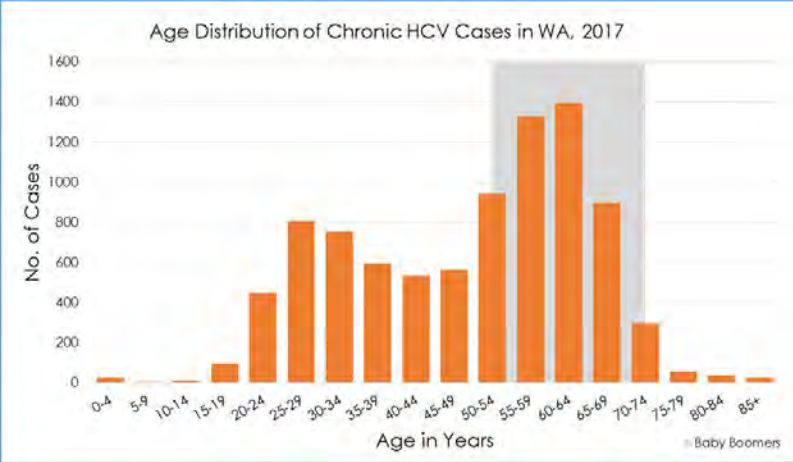
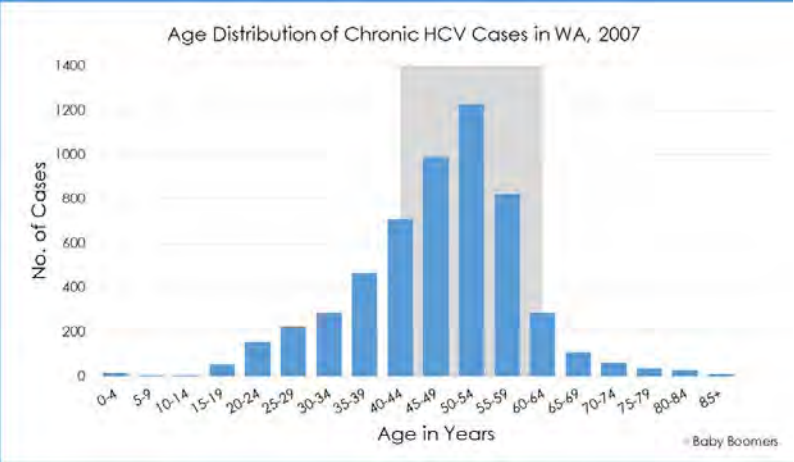
Source: WA DOH Hepatitis Surveillance Records

HEPATITIS C AND OPIOID INJECTION ROSE DRAMATICALLY IN YOUNGER AMERICANS FROM 2004-2014



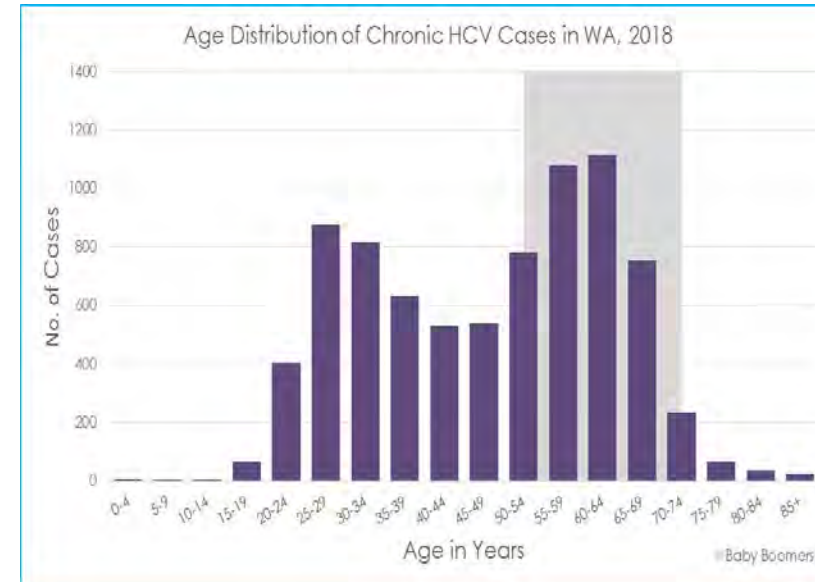
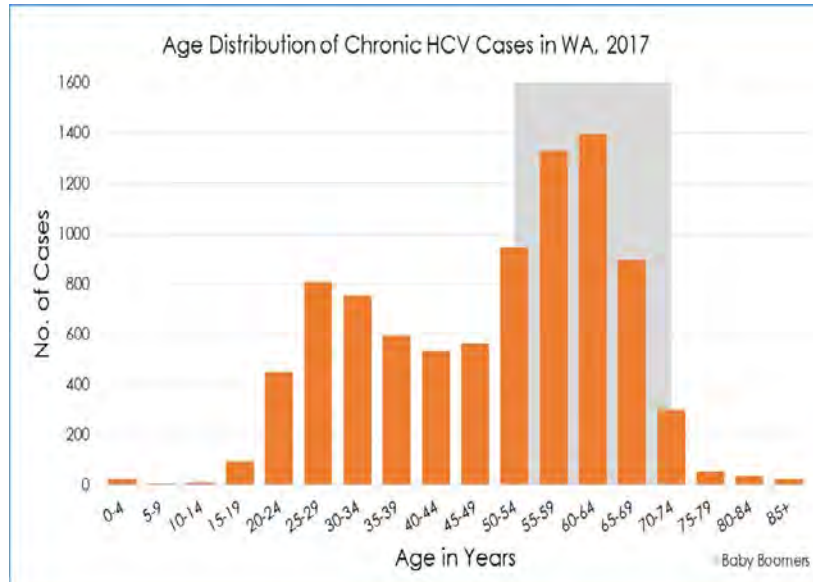
Source: Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration

Age shift among chronic cases

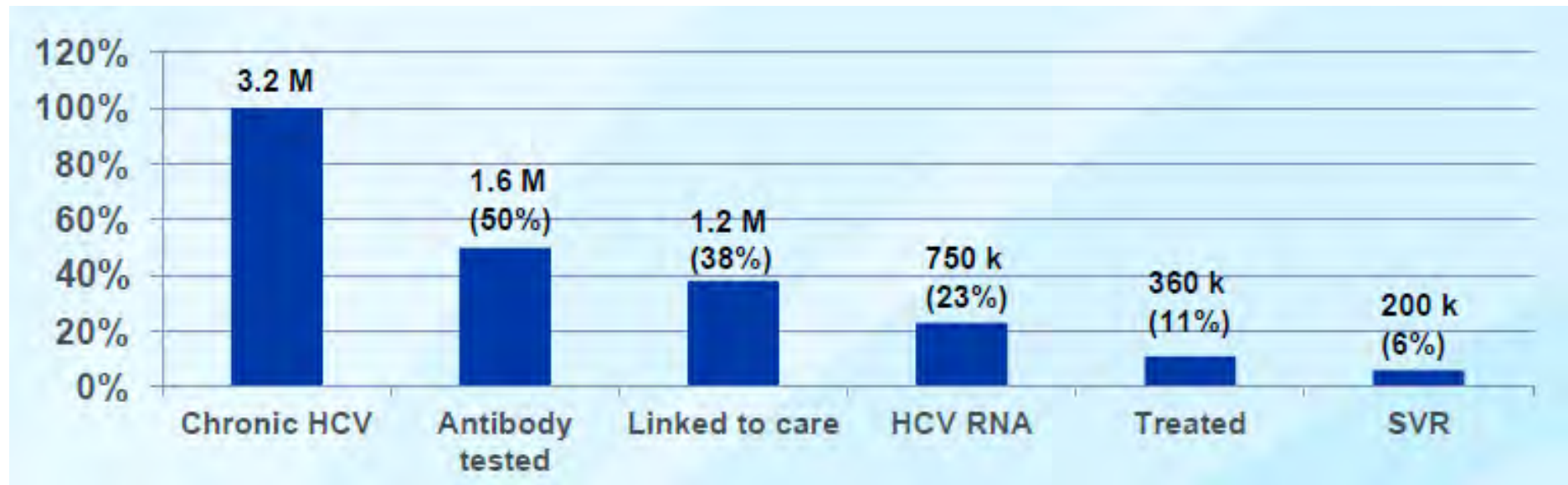


Source: WA DOH Hepatitis Surveillance Records

Continuing Age Shift Among Chronic Cases



HCV Care Cascade, United States

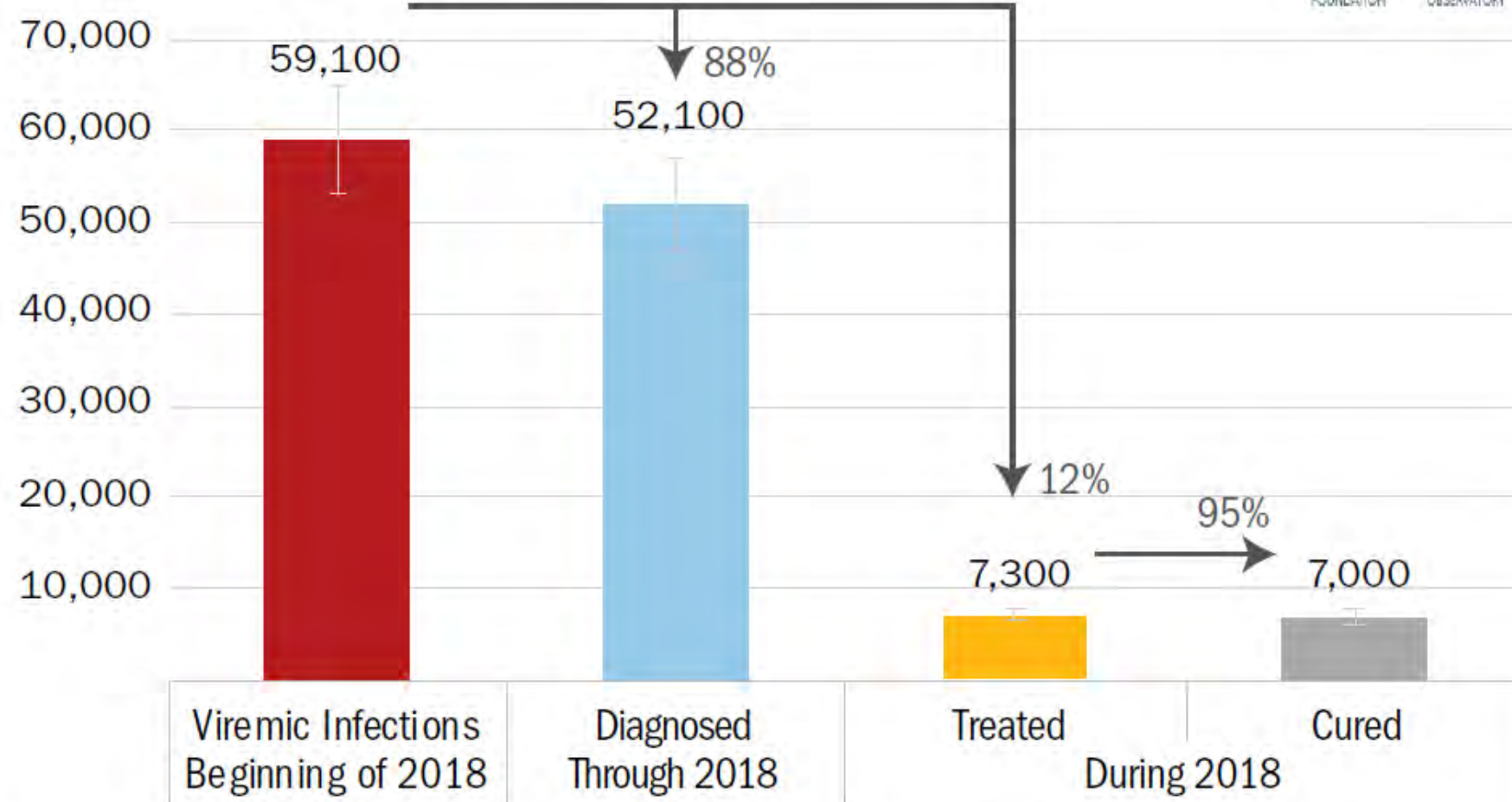


SVR = sustained virologic response

If there is no evidence of HCV 12 weeks after treatment completion, the person is considered cured. You may hear this called "SVR 12"

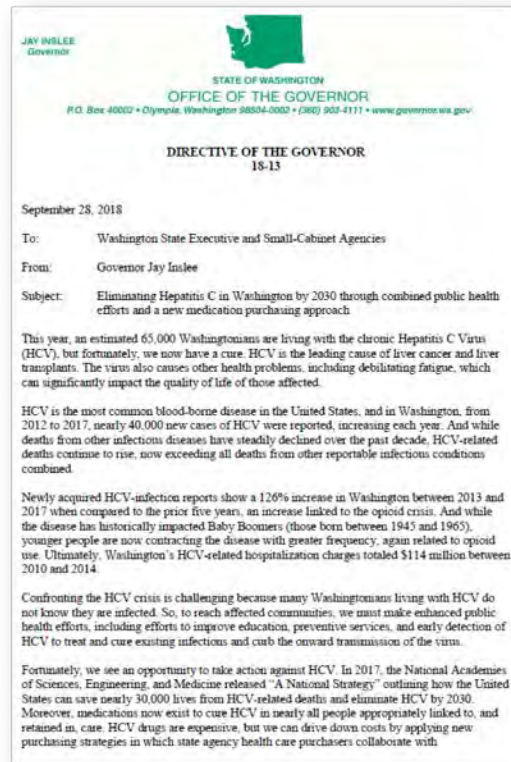
Source: Holmberg SD, et al. Hepatitis C in the United States. *N Engl J Med* 2013; 368(20): 1859–1861.

Figure 1: HCV Care Cascade, Washington, 2018



Source: Center for Disease Analysis Foundation report, 2019 (Appendix A)

Governor Inslee issued directive on September 28, 2018 to eliminate Hepatitis C in Washington by 2030



Photos from Seattle Times, September 28, "Inslee: Erase hepatitis C in Washington by 2030"

<https://www.governor.wa.gov/sites/default/files/18-13%20-%20Hepatitis%20C%20Elimination.pdf>

History of how we got here

- 1998** – Advocates press for a state response to HCV
- 2003** – Bill passed requiring DOH to develop an HCV strategic plan
- 2004** – DOH develops first Washington State HCV strategic plan
- 2006** – Funding for HCV response included in state budget for first time
- 2014** – DOH develops second Washington State HCV strategic plan
- 2018** – State cross-agency work group starts discussing HCV elimination

- ◆ *Department of Corrections*
- ◆ *Department of Health*
- ◆ *Department of Labor & Industries*
- ◆ *Department of Social & Health Services*
- ◆ *Health Care Authority*
- ◆ *Office of Financial Management*
- ◆ *Office of the Governor*
- ◆ *Office of the Insurance Commissioner*

Main Elements of Governor Inslee's Directive

- Health Care Authority
 - Develop innovative procurement strategy to reduce costs of drugs for all state covered lives and finance public health efforts
- Department of Health
 - With multisector stakeholder group, develop comprehensive strategy to eliminate public health threat of HCV in Washington by 2030

A bit of background...

- Direct-acting antiviral (DAAs) came to the market with a ground-breaking cost (\$84k)
 - Costs have come down, but still high for a course of treatment.



- DAA's are carved out of the Medicaid Managed Care contracts (meaning Health Care Authority purchases all DAAs for people living with HCV who are covered by Medicaid).
- Health Care Authority led an innovative approach to procuring the medications and expanding access without increasing the state's spend.

WA Health Care Authority's Medicaid Pharmacy Policy for Curative HCV Treatment

- Aligns with national expert (AASLD/IDSA) HCV guidance
 - No sobriety requirement.
 - Evidence of fibrosis not required.
 - Any licensed prescriber allowed to screen and treat.
 - Wait time to validate chronic condition not required.
 - Prior Authorization not required for AbbVie's Mavyret product.
 - Also...steps for treatment guidance available.



Who we are:

A collective impact initiative seeking a multisector response to the public health threat of hepatitis C

Our vision:

A world free from hepatitis C

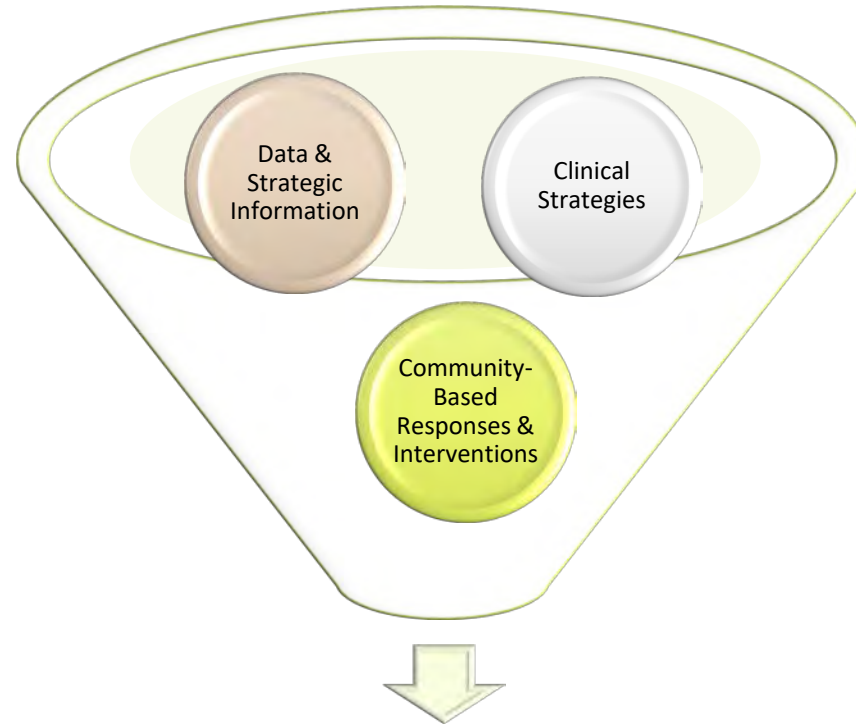
Our mission:

Working together to eliminate hepatitis C in Washington State by the year 2030

Our Values:

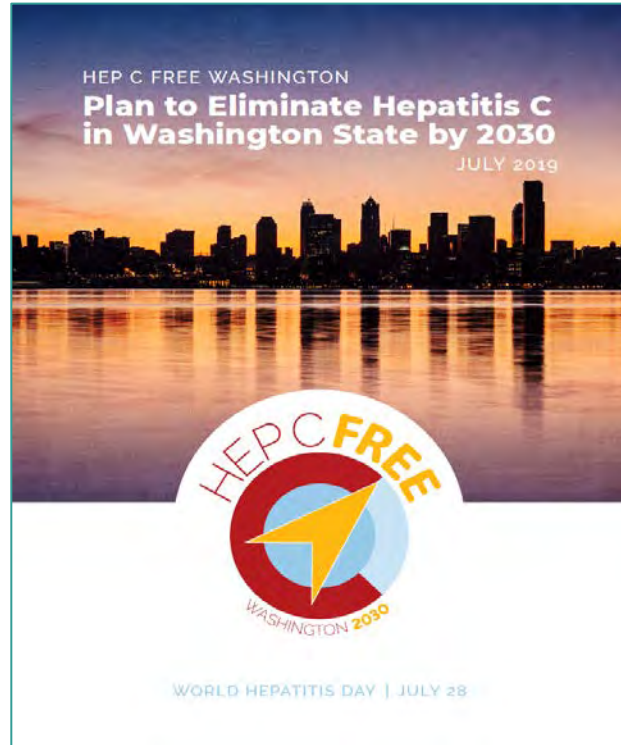
Easy access for all
Uphold the dignity of each person
Clear communication
Health equity
Innovative solutions

Hep C Free WA Work Groups



Hep C Free WA Coordinating Committee

Hep C Free Washington's Plan



- Elimination plan released in July 2019
- Plan comprised of 15 goals and 90 recommendations

<https://www.doh.wa.gov/Portals/1/Documents/Pubs/150nonDOH-HepCFreeWA-PlanJuly2019.pdf>



Priority populations for HCV in Washington

While addressing HCV, must address disparities and work toward health equity. In addition to **people who inject drugs** and **Baby Boomers** (those born from 1945-1965), other priority populations include:

- People who have been incarcerated
- People living with HIV
- Native Americans
- African Americans

Importance of linkage to HCV treatment for PWID

HCV cure is prevention (i.e., curing someone who is at risk for transmitting to others prevents forward transmission of the virus).

This makes people who inject drugs the key priority population from a public health perspective, but linkage to curative treatment for this population is poor.

Interest among PWID in receiving treatment

- WA State Syringe Exchange Health Survey, 2019 results (UW, ADAI):
 - 58% of respondents reported HCV testing in the last year
 - Only 28% of those diagnosed with HCV had completed, or at least started, HCV treatment.
 - Interest in HCV treatment is high.
 - Among those diagnosed but not treated, 68% were interested in treatment.

<https://adai.uw.edu/wa-state-syringe-exchange-health-survey-2019-results/>

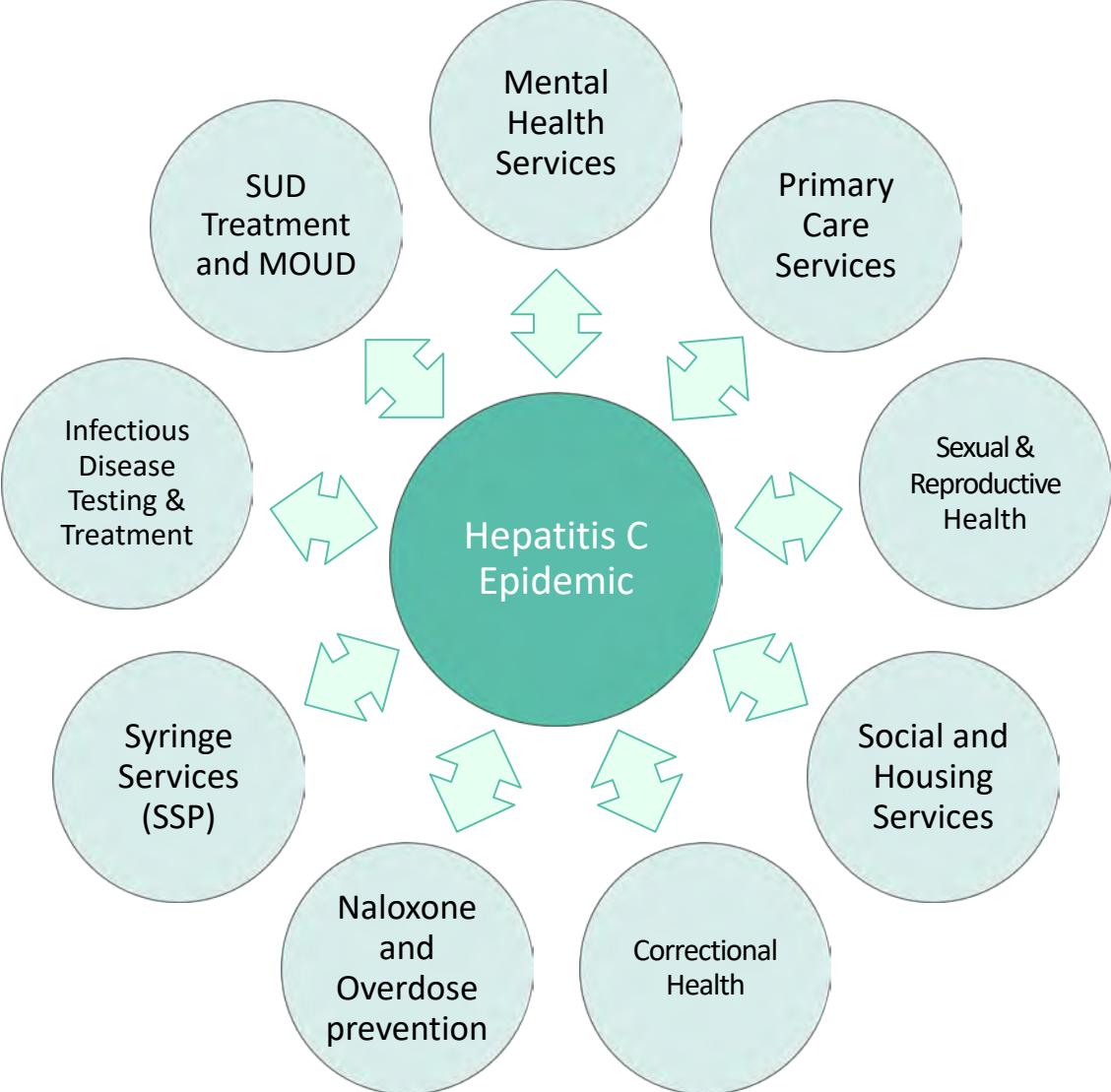
What makes HCV elimination possible in Washington State?

- Good access to syringe service programs
- Increasing access to medications for opioid use disorder
- Committed medical providers willing to treat and cure HCV
- Academic institutions with clinicians and educators studying HCV interventions and building provider capacity
- Medicaid expansion and a new Medicaid policies that makes it possible to treat majority of beneficiaries living with HCV
- AIDS Drug Assistance Program that supports HCV treatment for people who are living with HIV and HCV
- Improving HCV surveillance and assessment efforts
- CDC support for some HCV programming and surveillance

Potential barriers to HCV elimination in Washington State

- Increasing homelessness and displacement
- Increasing incidence of HCV among young people who inject drugs
- Racial disparities in HCV case reporting
- Many primary care providers not yet ready or willing to treat and cure HCV in their practices
- Limited federal investment in viral hepatitis surveillance, prevention, testing, and treatment interventions

Opportunities for collective impact and integration



Treat People Who Use Drugs for HCV

HEP C FREE WASHINGTON

Urgent: Test and Treat People Who Use Drugs for Hepatitis C

Hepatitis C Virus (HCV) challenges and solutions

- In the United States, HCV kills more Americans than all other infectious diseases combined (HIV, TB, etc.).¹
- In Washington state, there are an estimated 59,100 people living with HCV infection, many of whom do not know it.²
- There has been a rise in acute (recent) HCV infections in Washington associated with injection drug use. As a result, Washington has seen increasing rates of newly reported cases of HCV among young adults ages 20–29 in recent years.³
- In the United States, 70% of new HCV infections occur in people who use drugs (PWUD).⁴

This increase in infections occurs at a historic moment in time when we have safe, well-tolerated medications that can cure HCV with a few months of treatment, and there is a statewide initiative to eliminate HCV. One of the challenges to achieving elimination is providing access to HCV cure among persons who use drugs.

In order to achieve our Hep C Free Washington goal to eliminate the public health threat of HCV by 2030, the Washington State Department of Health and the Health Care Authority advise health care professionals to follow evidence-based guidelines when making clinical decisions regarding the treatment of HCV for people who use drugs.

Washington Medicaid's pharmacy policy supports HCV treatment for all

- Any licensed prescriber can screen and treat HCV, including in primary care, without specialist clinical consultation.
- There is no prior authorization for the direct-acting antiviral Mavyret (prior authorization is required if a different medication is clinically indicated) and non-specialists can treat.
- There is no sobriety/abstinence requirement.
- Evidence of fibrosis is not required.
- Labs six months apart to validate chronic infection are no longer required by Medicaid, so patients can be treated and cured in the acute state to avoid transmitting the virus.

Fast Facts: HCV treatment for people who use drugs

- People who use drugs have high rates of medication adherence, achieve high rates of virologic cure, and have low rates of reinfection.^{5, 6, 7, 8}
- The direct-acting antivirals (DAAs) that cure HCV are well-tolerated with minimal side effects⁹ and there are no contraindications between the DAAs and medications for opioid use disorder (MOUD).
- Most people living with HCV can be treated in primary care or community-based settings.
- Eliminating HCV is good for individuals, the health system, and the public's health.¹⁰

In a recent survey of clinicians in Washington, a relatively large proportion of respondents reported serving people who use drugs in their practice. However, a relatively small proportion reported testing or treating them for HCV, despite awareness of drug use as a risk factor for HCV acquisition.

Do not delay: Test and treat today



Test all patients who inject drugs annually for HCV.

Depending on the level of risk, more frequent testing may be indicated.



Treat HCV in people who use drugs, including people who inject drugs.

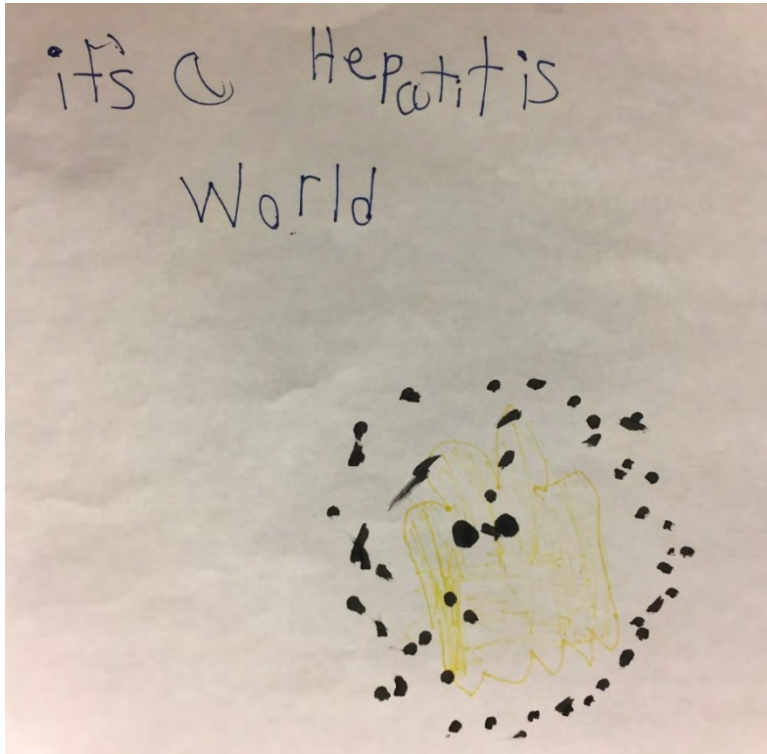
Active or recent drug use or a concern for reinfection is not a contraindication to HCV treatment. Requiring sobriety as a condition of HCV treatment runs counter to current guidance from the Association for the Study of Liver Diseases and Infectious Diseases Society of America.



Provide nonjudgmental whole-person care and refer to services.

Creating space for patients to have an honest dialogue about their drug use without fear of judgment or denial of services is imperative to provide the best care and health outcomes possible. Refer people who use drugs to harm reduction services, such as syringe service programs and substance use disorder treatment.

Questions?



For resources and more information about Hep C Free WA, visit www.doh.wa.gov/hepC

Email HepCFreeWA@doh.wa.gov

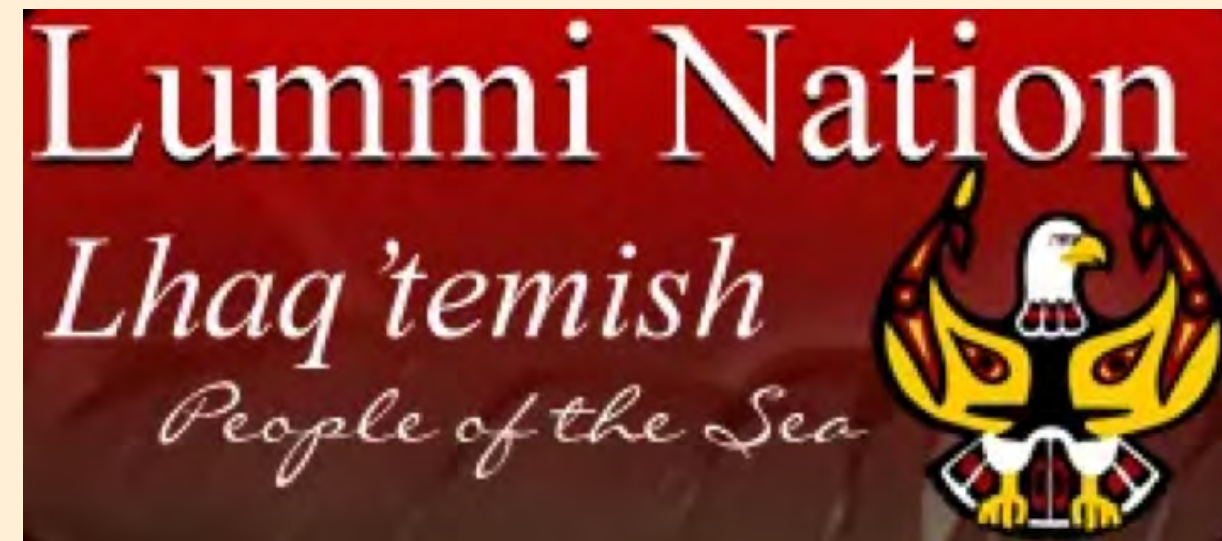


Washington State Department of

Health

**HEPATITIS C &
HARM REDUCTION
AT THE
LUMMI TRIBAL
HEALTH CENTER**

By Stephanie Rey, Michaela Hooper & Emma
Elsner



HISTORY OF LUMMI'S HARM REDUCTION PROGRAM



2012

40% of new HCV cases in Whatcom County were Native American



2013

Preliminary SSP founded



2015

SSP revamped!
Official HCV & HR Office opened



**2020-
March**

Community Based Harm Reduction Program, HR Van

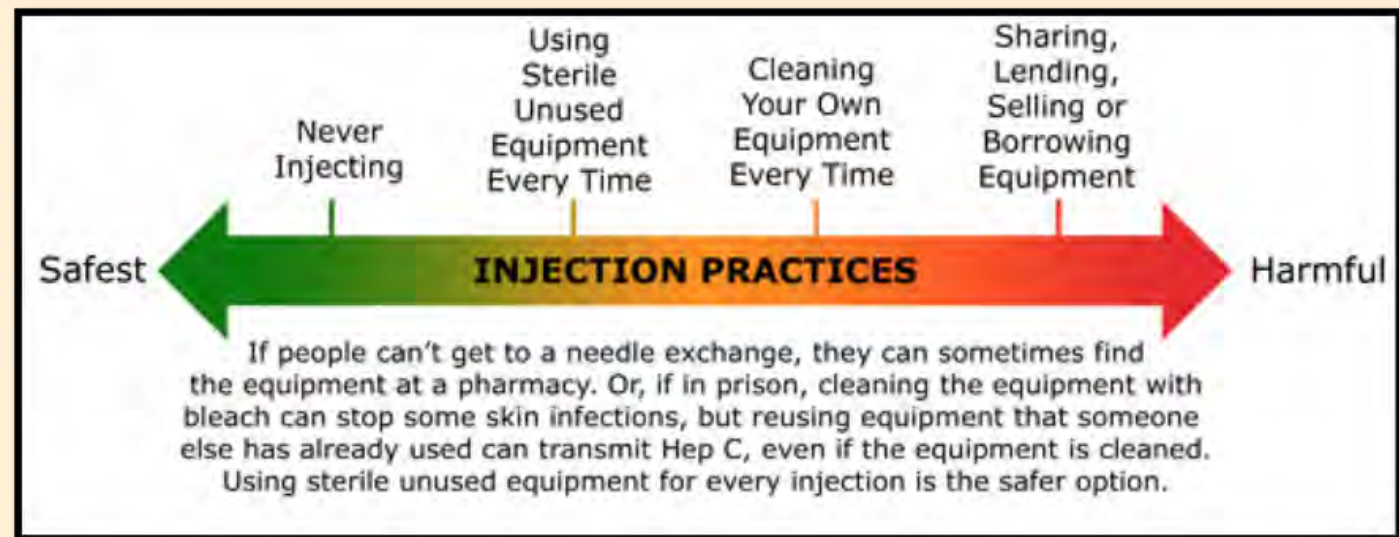


**2020-
December**

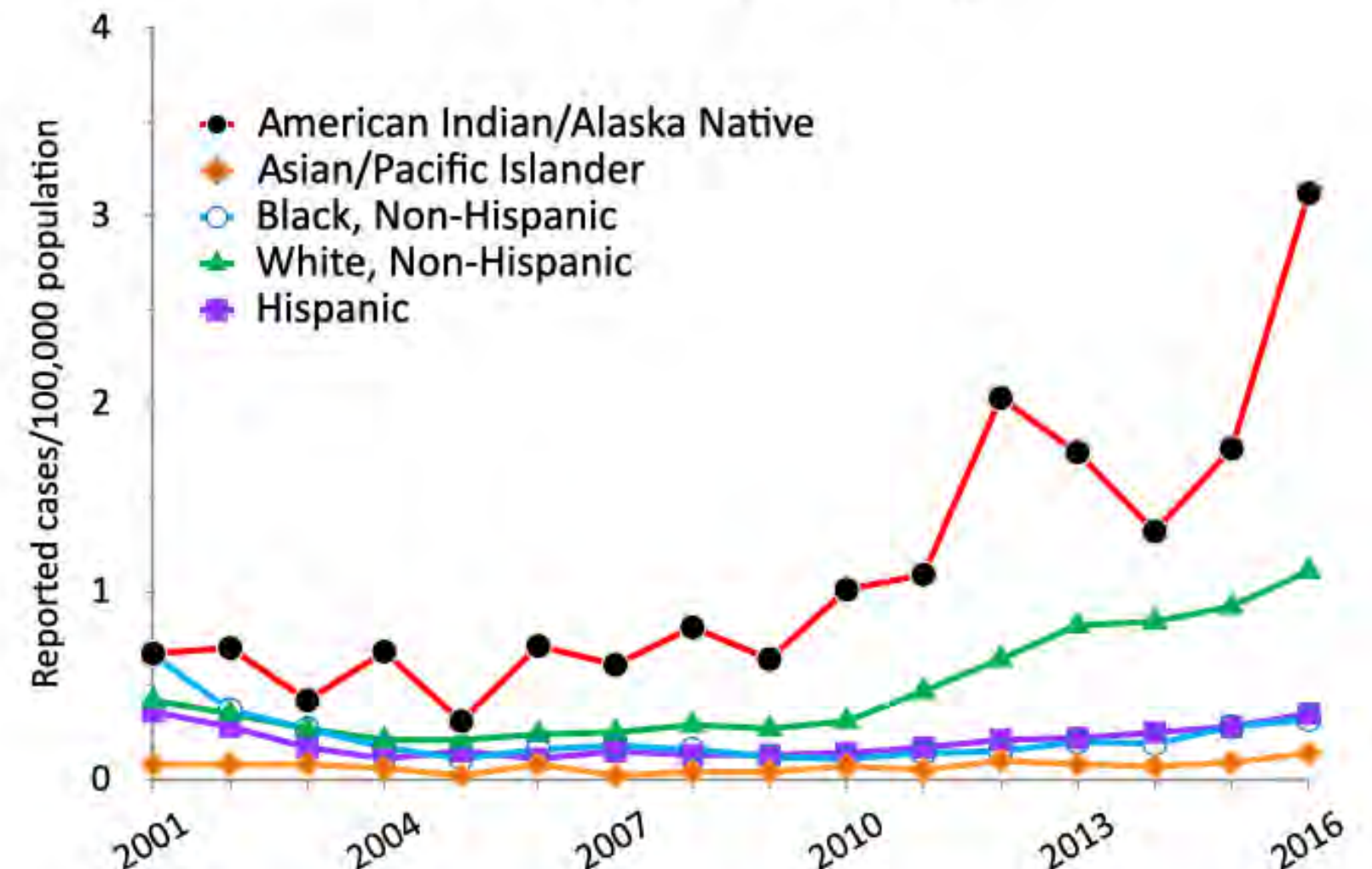
Staggering increase in SSP participant visits and supplies out

HEPATITIS C CASE MANAGEMENT

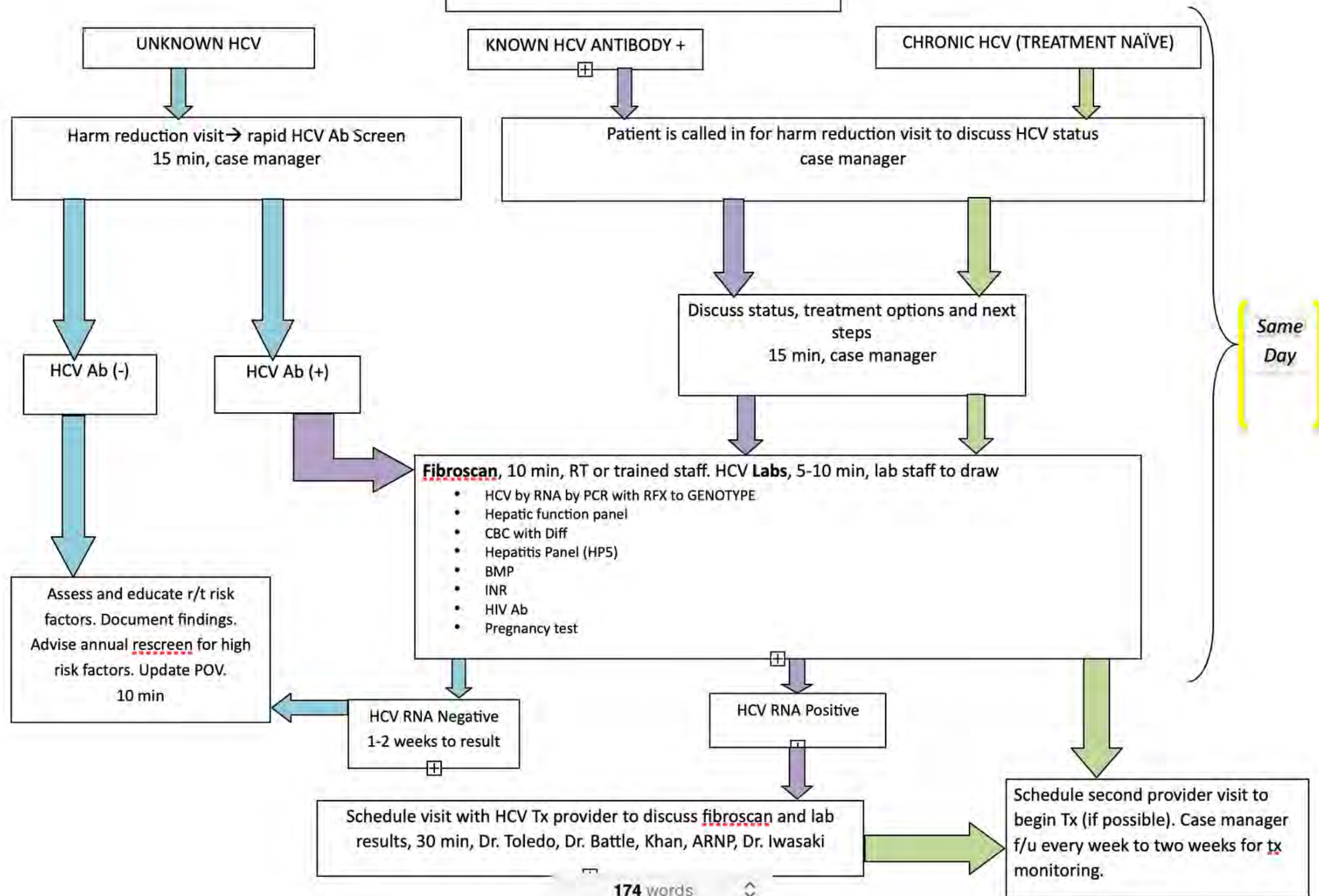
All patients deserve treatment.



Incidence of Acute Hepatitis C by Race/Ethnicity (USA)



HCV FLOW CHART



CURRENT PROGRAM

Staffing & Hours

Monday-Friday from 8:30AM-5:00PM



Services Provided

- HCV testing
- Naloxone distribution and training
- HIV testing
- STI testing
- Mental health care
- Primary care
- SUD treatment
- Social services
- Reproductive healthcare
- Case management
- Community Safe Syringe Pick-up






SAFE DISPOSAL



**USING A SHARPS CONTAINER
CAN HELP PREVENT AN INJURY**

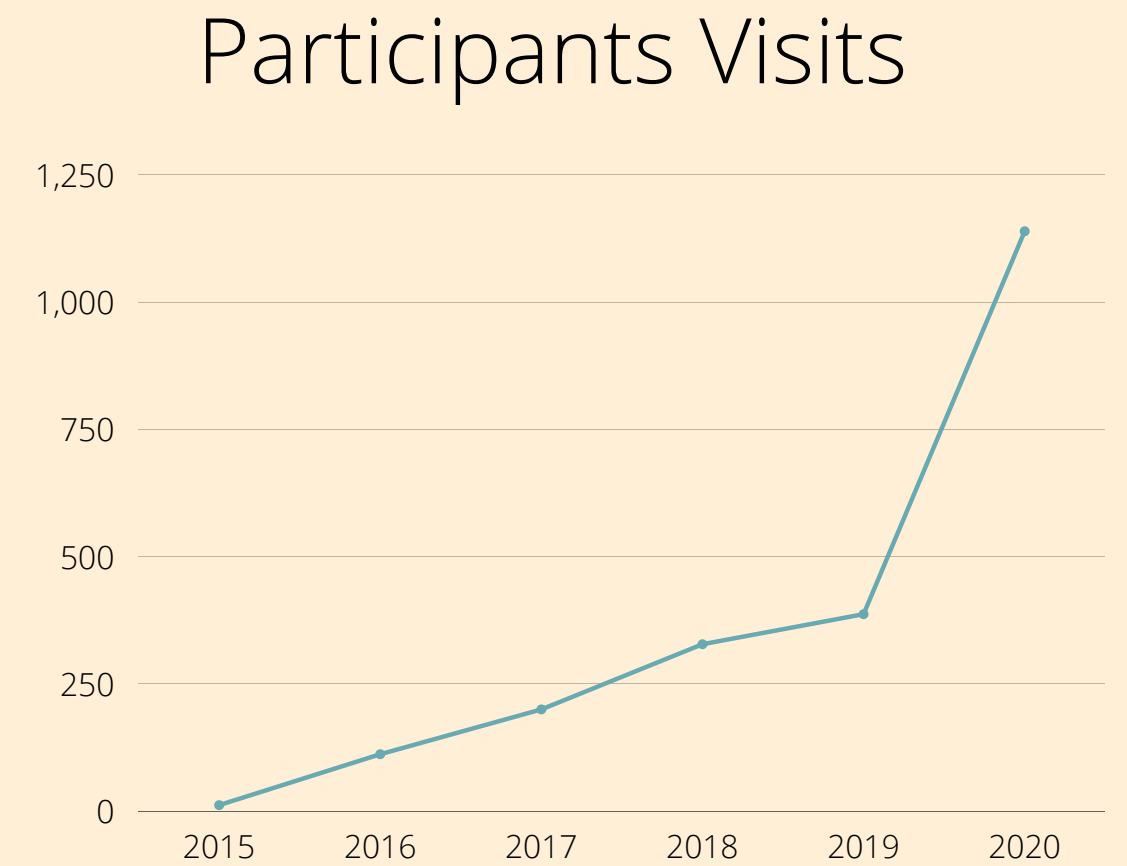
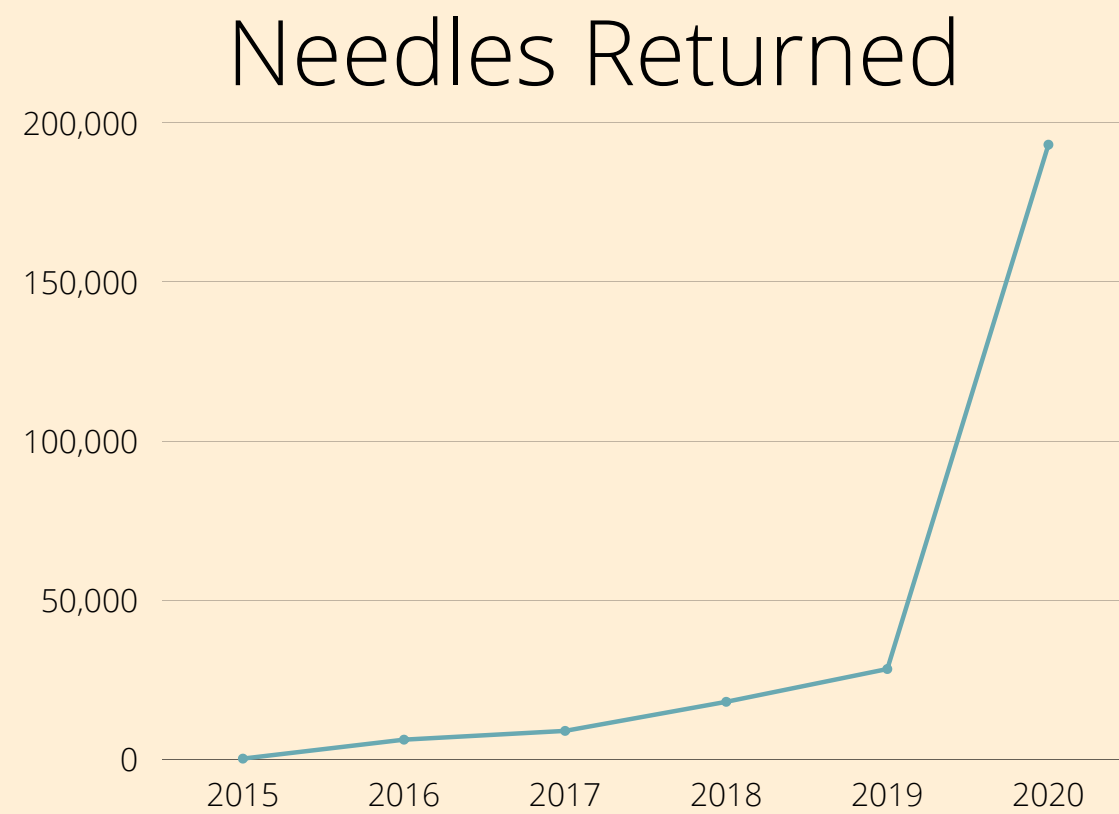
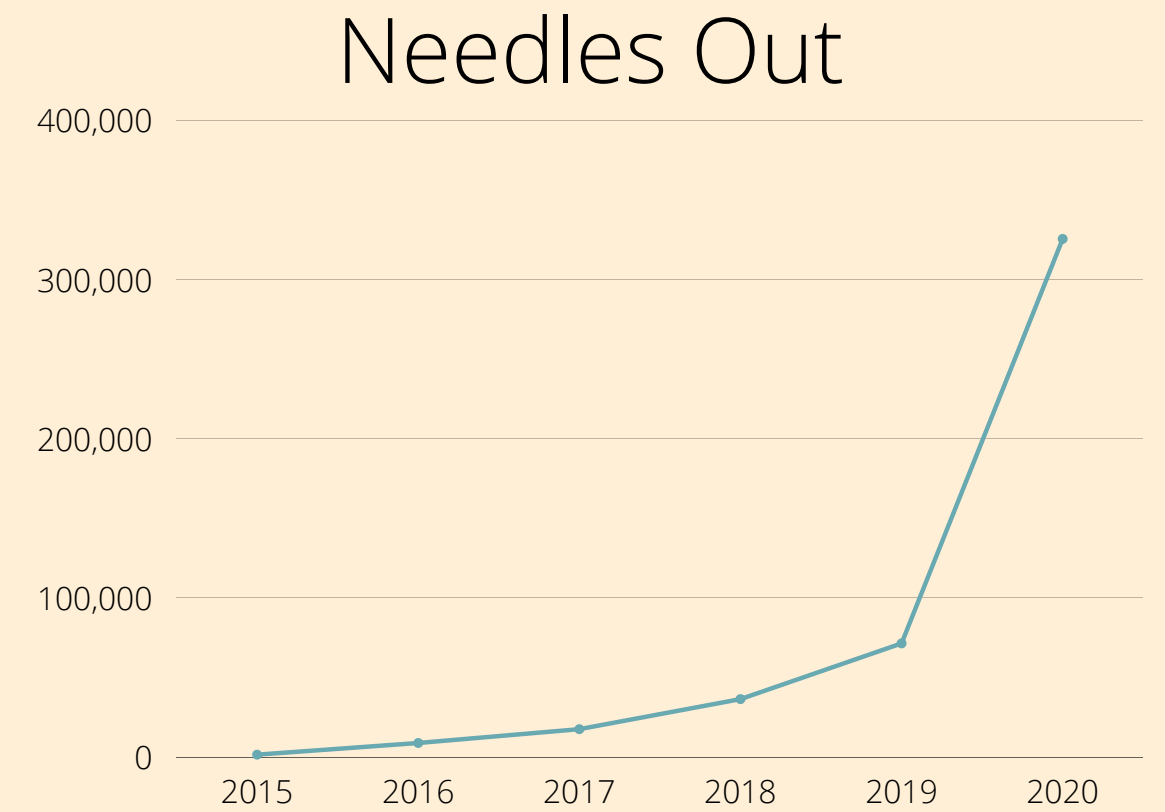
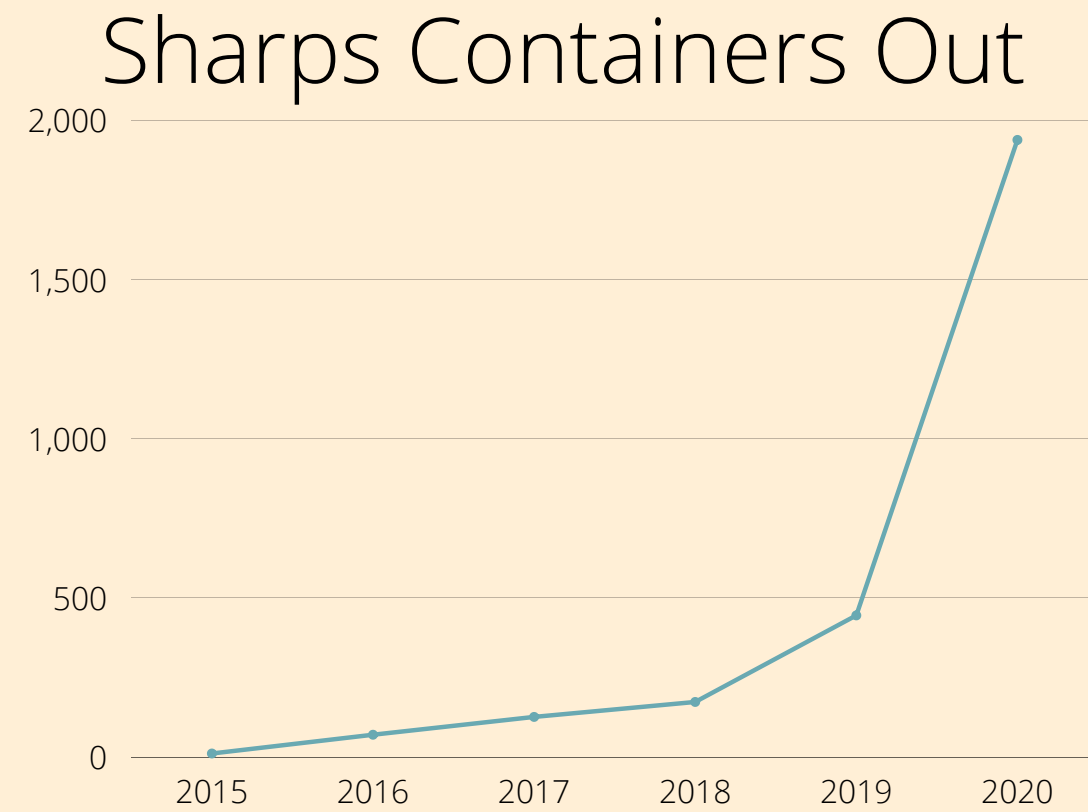
<p>BROKEN GLASS</p> 	<p>INSULIN SYRINGES</p> 
<p>SEWING NEEDLES</p> 	<p>EPI PENS</p> 

**THANK YOU FOR KEEPING
THIS COMMUNITY SAFE!**

IF FULL OR DAMAGED PLEASE CALL - LTHC @ 360-384-0464



STATISTICS



Shower Trailer



Laundry Trailer



HARM REDUCTION IN THE TIME OF COVID-19

Highlights from 2020

Increase in number of participants accessing our services

Mobile Office

Acquired a new van for drop-off & pick-up services

Shower & Laundry Trailers



Lummi Tribal Health Center Van



COMMUNITY BASED HARM REDUCTION PROGRAM



Dr. Iwasaki leading a CPR training

Program Mission :

The mission of the Community Based Harm Reduction Program is to offer a low-threshold point of access to harm reduction information for high risk patients who have been difficult to reach through fixed location programs. This model of healthcare delivery will build capacity based on relatability and trust between social networks of people who use drugs to reduce rates of infectious disease and overdose deaths related to injection drug use.



QUESTIONS?

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REFERENCES

1. https://www.google.com/search?q=lummi+reservation+map&sxsrf=ALeKk02hwF5uUVUpMCw3_MeteSMgK7-ftQ:1606937988963&source=lnms&tbm=isch&sa=X&ved=2ahUKEwj9xIHAhrDtAhXfHzQIHQ75AxMQ_AUoAnoECBEQBA&biw=1149&bih=650&dpr=2#imgrc=RnPh-VSdQyqxPM
2. https://www.google.com/search?q=lummi+nation+logo&sxsrf=ALeKk038T8W-d2-WAkMy7gmgmUCQpOYSBQ:1606938161641&tbm=isch&source=iu&ictx=1&fir=eVq3Gi6okfVwHM%252Can7T0oSd9wKyM%252C_&vet=1&usg=AI4_-kQS0SaiUzAh9S20CsnyF5HX_TpCbA&sa=X&ved=2ahUKEwjnqrOSh7DtAhWdGDQIHemTDvsQ9QF6BAgPEAE&biw=1149&bih=650#imgrc=25QxclW5_qNA_M
3. https://www.google.com/search?q=lummi+nation+logo&sxsrf=ALeKk038T8W-d2-WAkMy7gmgmUCQpOYSBQ:1606938161641&tbm=isch&source=iu&ictx=1&fir=eVq3Gi6okfVwHM%252Can7T0oSd9wKyM%252C_&vet=1&usg=AI4_-kQS0SaiUzAh9S20CsnyF5HX_TpCbA&sa=X&ved=2ahUKEwjnqrOSh7DtAhWdGDQIHemTDvsQ9QF6BAgPEAE&biw=1149&bih=650#imgrc=eVq3Gi6okfVwHM
4. Whatcom County Department of Health - Infectious Disease Reporting 2012
5. <https://www.cdc.gov/hepatitis/statistics/2016surveillance/index.htm>
- 6.



Thank you!

Please email any questions to alison26@uw.edu

Recording will be posted on stopoverdose.org in a week.