

# Hepatitis C

Promoting screening, linkage to care,  
and treatment in New York State

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# NYS Hepatitis C Rapid Testing Program

- Launched in April 2012
- HCV rapid test kits/controls available to programs serving high risk individuals, including baby boomers
- 42 programs enrolled statewide; offer free HCV rapid antibody testing
  - CBOs
  - Syringe exchange programs
  - LHD/STD clinics
- Onsite HCV RNA(Quant) testing available
  - 15 conducting onsite HCV RNA
- Programs must have an MOU with a provider who can order HCV RNA testing (at a minimum)

# NYS Hepatitis C Rapid Testing Program, April 2012 through March 2015

Demographics of persons tested	
Total # tests conducted	9,736
HCV antibody reactivity rate	11.1%
Male	58.3%
20-29 years of age	28.2%
White	44.5%
African-American	28.5%
Hispanic	34%

# HCV antibody reactive results summary, January 2013 through December 2014

	Total #	% reactive
Total number tests conducted	8,223	
Total number reactive tests	925	11.25%
Male	619	67%
≥ 50 years of age	316	34%
White	459	49.6%
African American	161	17.4%
Hispanic	414	44.8%

# HCV antibody reactive results summary-By risk, January 2013 through December 2014

Risk <sup>1</sup>	#(%)Tests N=8223	#(%) Reactive N=925
Injection drug use	2177 (26.5)	764 (35.1)
Sex with an HCV infected person	787(9.5)	223(28.3)
Baby boomers	2395 (29.1)	348 (14.5)
Blood Transfusion/Transplant	319 (3.9)	45 (14.1)
Tattoo (unlicensed setting)	2255 (27.4)	316 (14)
Clotting factor	85 (1.0)	11 (12.9)
Body piercing(unlicensed setting)	1382 (16.8)	179 (12.9)
Snorting drugs	900 (10.9)	108 (12)

<sup>1</sup>. Risk categories are not mutually exclusive

# HCV antibody reactive results summary- By site type, January 2013 through December 2014

Site type	# (%) tests N=8223	# (%) reactive N=925
Syringe Exchange Program	2466 (29.9)	591 (23.9)
Hospital based clinic	1080 (13.1)	106 (9.8)
Local Health Department	426 (5.2)	39 (9.1)
Community based organization	1105 (13.4)	72 (6.5)
Community health center	1596 (19.4)	74 (4.6)
STD clinic	1029 (12.5)	36 (3.5)
Hospital	521 (6.3)	7 (1.3)

# HCV RNA testing by referral vs. Onsite HCV RNA testing

- When referring offsite for HCV RNA testing
  - 76% accepted referrals
    - 54% went to the referral appointment
- When conducting HCV RNA testing onsite
  - 60% accepted the HCV RNA test following a reactive antibody rapid test
    - Of those with a detectable HCV RNA test, 63% return for result and accept a medical referral
      - Of those 63%, 57% went to referral appointment
- Why are clients still refusing the HCV RNA test?
  - Stigma
  - Other priorities
  - Fear of treatment, payment for treatment
  - Staff proficiency in delivering accurate counseling messages and motivating clients

# Linkage to care among HCV screening programs

- Surveyed all HCV rapid testing sites to identify linkage to care practices
- Only 38.5% of sites had funds to support linkage to care activities. Funding was commonly used for:
  - Client transportation expenses
  - Dedicated staff time for linkage activities
  - Escorting client
  - Patient navigator
- The majority(82%) of sites schedule an appointment for the client for HCV RNA testing and/or care and treatment
- The majority of sites(72%) assist the client in attending the appointment by sending a reminder (email, text, telephone, letter)
- To track referral appointments, 41% of the testing sites call the referral location to confirm that the client attended the appointment
- Common barriers to linking clients to care:
  - Client comorbidities
  - Unstable housing
  - Limited referral options
  - Limited staff time to make/track referrals

# Linkage to care among HCV screening programs- Best practices

- Testing site has dedicated funding to support linkage activities
- Testing site schedules an appointment for the patient and confirms attendance
- Testing site employs strategies to assist patient with attending appointment
  - Telephone, texts, letters, or email reminders
  - Escort to appointment
  - Patient navigator or peer escort
  - Coordinates or covers transportation expenses
  - Link client/coordinate with case manager at referral agency
- Staff understand the patient population
- Staff ensures clients' ability to understand counseling messages, test results
- Flexibility in providing services
  - Accommodate clients' unstable/unpredictable circumstances
  - Flexible office hours, short wait time for appointments


# NYS Hepatitis C Testing Law

- Effective January 1, 2014
  - A hepatitis C screening test be offered to every individual born between 1945 and 1965 receiving care as an inpatient of a hospital, in a primary care setting or by a physician, PA or NP regardless of setting
  - If an individual accepts the offer and the screening test is reactive, the health care provider must offer or refer the individual follow-up health care
    - The follow-up health care must include a hepatitis C diagnostic test (i.e., HCV RNA test)
- Impact of law is currently being evaluated
  - Survey of commercial labs
  - Analysis of Medicaid and surveillance data
  - Medical provider survey
  - Final report by January 2016

# Hepatitis C Testing Law Campaign


**Are you offering all baby boomers a hepatitis C test?**

On January 1, 2014, the New York State Hepatitis C Testing Law went into effect. The law requires all persons born between 1945 and 1965 receiving care as an inpatient of a hospital or in a primary care setting be offered a one-time hepatitis C screening test. For more information about the law, including free patient and provider materials, go to [health.ny.gov/hepatitis](http://health.ny.gov/hepatitis).

1822  Department of Health | AIDS Institute 2/15

- Developed fact sheets
  - Provider
  - Consumer
- Consumer post cards
- Waiting room videos
- Placed ads in AARP regional newsletter
- [www.health.ny.gov/hepatitis](http://www.health.ny.gov/hepatitis)

**3 out of 4 persons with Hepatitis C are baby boomers-born between 1945-1965.**

 Department of Health | AIDS Institute  
New York State Department of Health  
Albany, NY 12237

# Hepatitis C Care and Treatment

- Recent HCV care and treatment solicitation includes active linkage to care model
  - Actively and effectively connect HCV infected individuals to comprehensive HCV care and treatment
  - Collaboration with CBOs that are providing HCV screening
  - Dedicated Linkage to Care Specialist
    - Assess for barriers to linking to care
    - Implement strategies for overcoming barriers
    - Educate, coach and empower client
    - Assistance with scheduling and keeping appointments
    - Arranging for escorts, transportation, reminders, coordinating appointments
  - *Performance measure: % of clients linked to care within 30 days of first encounter with the linkage specialist*

# HCV SVR Rates among Patients Treated in Primary Care

- October 1, 2010 through April 30, 2015
- 2,447 HCV infected patients were served by the 13 primary care sites.
  - Of these patients, 816 (33.3%) initiated HCV treatment and of these patients,
  - 743 (91.1%) had final treatment outcomes available for analysis.
- Outcomes were better among HCV monoinfected patients (70.1%) vs coinfectd (50.8%)
- SVR rates ranged from 49.3% among those treated with the combination pegylated interferon and ribavirin to as high as 96.6% among those treated with Harvoni

	Total	#SVR	%SVR
All treatment types	743	457	61.5%
Pegasys/Peg-Intron +RBV	142	70	49.3%
Incevik	243	121	49.8%
Victrelis	52	21	40.4%
Sovaldi + RBV	109	81	74.3%
Sovaldi + Peg + RBV	114	92	80.7%
Sovaldi + Olysio	42	33	78.6%
Sovaldi+Olysio+RBV	12	11	91.7%
Harvoni	29	28	96.6%

# Summary

- Community-based HCV rapid testing increases the number of people that are screened for HCV, especially high risk IDU
  - Impact of a state law is to be determined
- Funding is needed to support active linkage to care activities
- Primary care settings can increase capacity for HCV care and treatment
  - Costs of HCV treatments are preventing HCV-infected persons from being cured

# Thank you

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- Posters!
  - Determining HCV reactivity for Baby Boomers Screened at Community-Based Organizations- #26
  - Hepatitis C virus (HCV) treatment outcomes in the primary care setting -#105