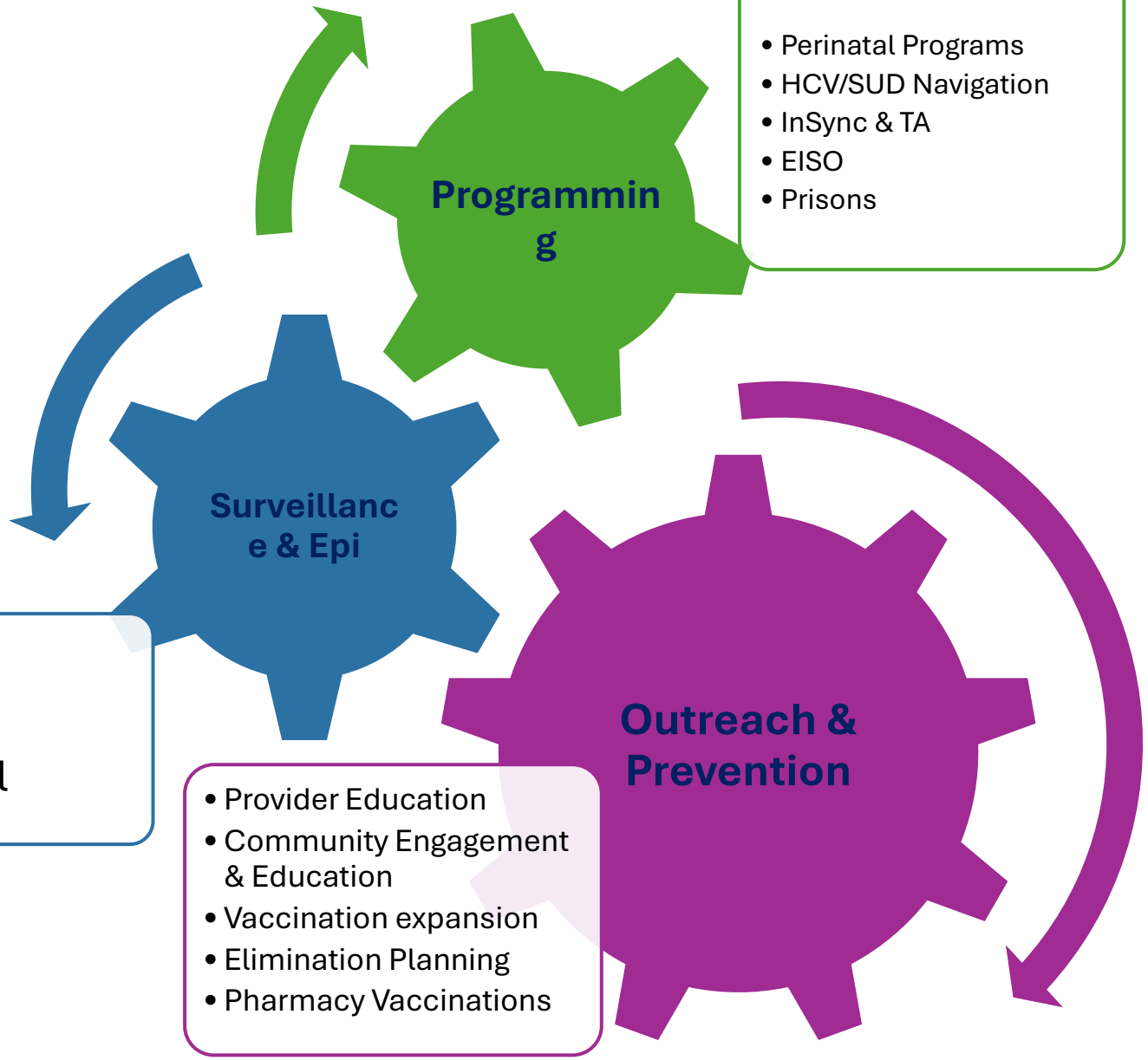
Viral Hepatitis Program Overview

Melissa Hobkirk, MPH
Viral Hepatitis Program Manager

Department of Public Health
CITY OF PHILADELPHIA

HEP Activities



Surveillance & Epidemiology

Department of Public Health
CITY OF PHILADELPHIA

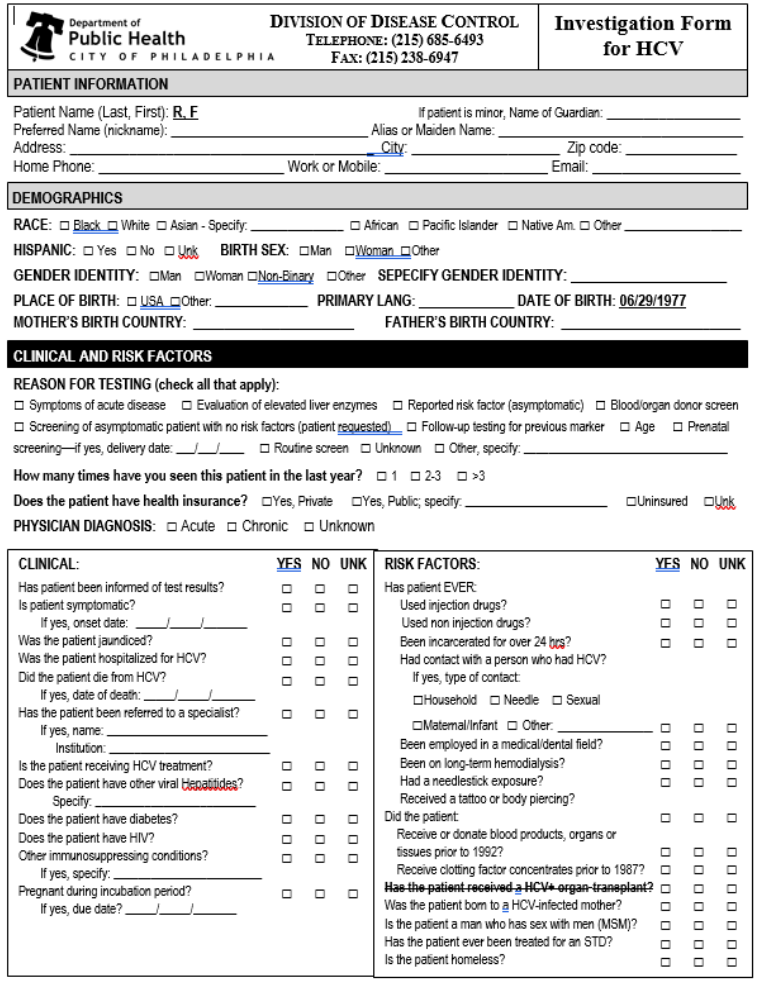
Public Health Surveillance

- Labs are reported to PDPH
- Dedicated staff investigate results

- Follow up for:
  - Potentially acute hepatitis B & hepatitis C
  - Chronic hepatitis B & hepatitis C
  - Potential hepatitis D (2023)
  - Potentially pregnant or recently delivered individuals w/ HBV or HCV

- Follow-up consists of patient & provider outreach
  - Notification of disease status, education
  - Risk factor data collection
  - Clinical care questions & linkage support
  - Narcan distribution
  - Patient & provider education

  - **ANNUAL SURVEILLANCE REPORTS:** Hepatitis B, C, and D in Philadelphia A… Department of Public Health | City of Philadelphia



Department of Public Health CITY OF PHILADELPHIA

DIVISION OF DISEASE CONTROL
TELEPHONE: (215) 685-6493
FAX: (215) 238-6947

Investigation Form for HCV

PATIENT INFORMATION

Patient Name (Last, First): R, F — If patient is minor, Name of Guardian: _____
Preferred Name (nickname): _____ Alias or Maiden Name: _____
Address: _____ City: _____ Zip code: _____
Home Phone: _____ Work or Mobile: _____ Email: _____

DEMOGRAPHICS

RACE: ☐ Black ☐ White ☐ Asian - Specify: _____ ☐ African ☐ Pacific Islander ☐ Native Am. ☐ Other _____
HISPANIC: ☐ Yes ☐ No ☐ Unk **BIRTH SEX:** ☐Man ☐Woman ☐Other
GENDER IDENTITY: ☐Man ☐Woman ☐Non-Binary ☐Other **SEPECIFY GENDER IDENTITY:** _____
PLACE OF BIRTH: ☐ USA ☐Other: _____ **PRIMARY LANG:** _____ **DATE OF BIRTH:** 06/29/1977
MOTHER'S BIRTH COUNTRY: _____ **FATHER'S BIRTH COUNTRY:** _____

CLINICAL AND RISK FACTORS

REASON FOR TESTING (check all that apply):
☐ Symptoms of acute disease ☐ Evaluation of elevated liver enzymes ☐ Reported risk factor (asymptomatic) ☐ Blood/organ donor screen
☐ Screening of asymptomatic patient with no risk factors (patient requested) ☐ Follow-up testing for previous marker ☐ Age ☐ Prenatal screening—if yes, delivery date: ___/___/___ ☐ Routine screen ☐ Unknown ☐ Other, specify: _____

How many times have you seen this patient in the last year? ☐ 1 ☐ 2-3 ☐ >3
Does the patient have health insurance? ☐Yes, Private ☐Yes, Public; specify: _____ ☐Uninsured ☐Unk
PHYSICIAN DIAGNOSIS: ☐ Acute ☐ Chronic ☐ Unknown

CLINICAL:	YES	NO	UNK
Has patient been informed of test results?	☐	☐	☐
Is patient symptomatic?	☐	☐	☐
If yes, onset date: ___/___/___			
Was the patient jaundiced?	☐	☐	☐
Was the patient hospitalized for HCV?	☐	☐	☐
Did the patient die from HCV?	☐	☐	☐
If yes, date of death: ___/___/___			
Has the patient been referred to a specialist?	☐	☐	☐
If yes, name: _____			
Institution: _____			
Is the patient receiving HCV treatment?	☐	☐	☐
Does the patient have other viral Hepatitides?	☐	☐	☐
Specify: _____			
Does the patient have diabetes?	☐	☐	☐
Does the patient have HIV?	☐	☐	☐
Other immunosuppressing conditions?	☐	☐	☐
If yes, specify: _____			
Pregnant during incubation period?	☐	☐	☐
If yes, due date? ___/___/___			

RISK FACTORS:	YES	NO	UNK
Has patient EVER:			
Used injection drugs?	☐	☐	☐
Used non injection drugs?	☐	☐	☐
Been incarcerated for over 24 hrs?	☐	☐	☐
Had contact with a person who had HCV?			
If yes, type of contact:			
☐Household ☐ Needle ☐ Sexual			
☐Maternal/Infant ☐ Other: _____	☐	☐	☐
Been employed in a medical/dental field?	☐	☐	☐
Been on long-term hemodialysis?	☐	☐	☐
Had a needlestick exposure?	☐	☐	☐
Received a tattoo or body piercing?			
Did the patient:	☐	☐	☐
Receive or donate blood products, organs or tissues prior to 1992?	☐	☐	☐
Receive clotting factor concentrates prior to 1987?	☐	☐	☐
~~Has the patient received a HCV+ organ transplant?~~	☐	☐	☐
Was the patient born to a HCV-infected mother?	☐	☐	☐
Is the patient a man who has sex with men (MSM)?	☐	☐	☐
Has the patient ever been treated for an STD?	☐	☐	☐
Is the patient homeless?	☐	☐	☐

Elimination Goals
Impact Target

Philadelphia Indicator	Philadelphia Baseline Data	Latest Available Philadelphia Data	Percent Change	GOALS
Newly Reported Cases of Chronic Hepatitis B	679 (2019)	655 (2023)	4% decrease	90% Decrease
Newly Reported Cases of Chronic Hepatitis C	1,699 (2019)	1,089 (2023)	36% decrease	
% of People with Hepatitis B Who Died Prematurely*	65% (2019)	61% (2023)	6% decrease	65% Decrease
% of People with Hepatitis C Who Died Prematurely*	59% (2019)	44% (2023)	25% decrease	

Prevention & Community Outreach

Department of
Public Health
CITY OF PHILADELPHIA

Outreach Activities

CE OPPORTUNITIES

EDUCATIONAL MATERIALS

SOCIAL MEDIA

VACCINE CLINICS

HEALTH FAIRS

COMMUNITY-BASED PRESENTATIONS

Educational Materials, Social Media & Websites

Follow Us!

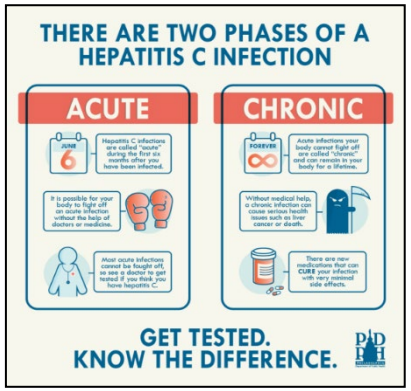
Instagram: @HepCAP
Twitter / X: @Hep_CAP
Facebook: PhillyHepCAP
Linked-In: Philly-Hepatitis

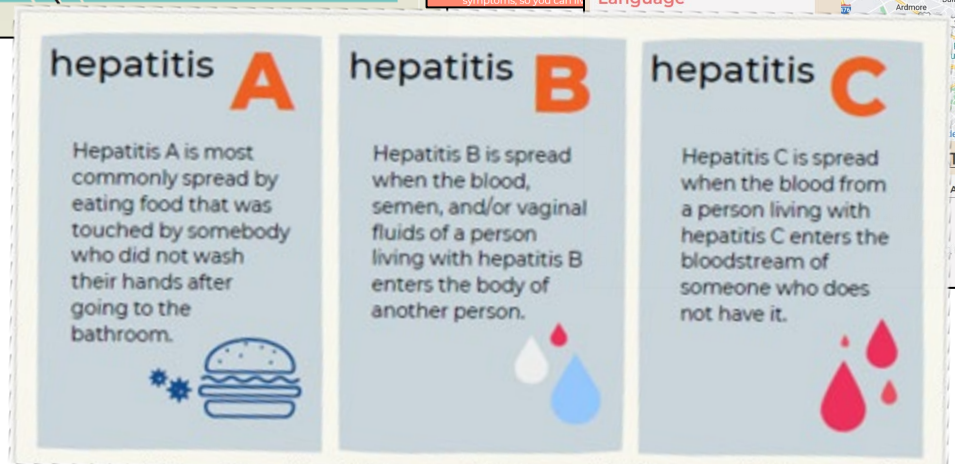
Phillyhepatitis.org
Hepcap.org

Order materials
https://bit.ly/hepeducationalmaterials

Subscribe to monthly newsletter
https://bit.ly/hepCAPmailinglist

Request a community presentation





Stakeholder Engagement

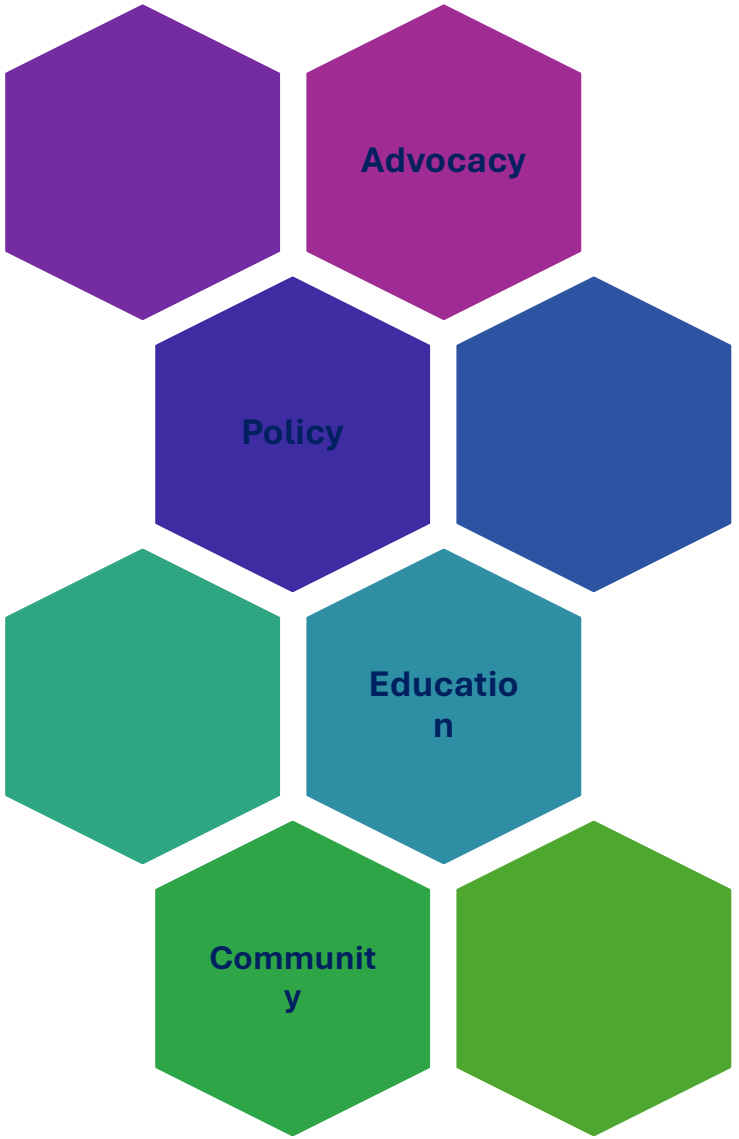
Hepatitis C Allies of Philadelphia

- City coalition for hepatitis C

Hep Free PA

- Collaboration of communities, CBOs and champions

- **Hep B United Philadelphia**



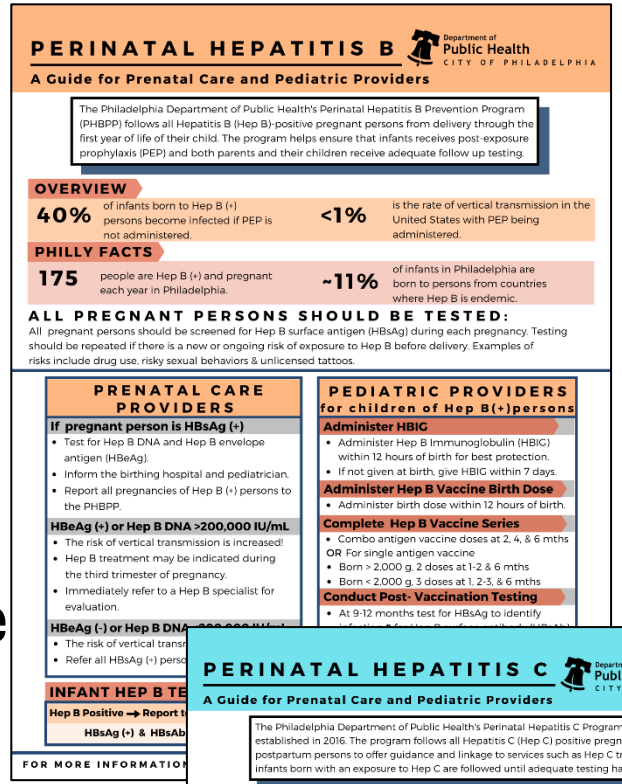
HepCAP

Programming

Department of
Public Health
CITY OF PHILADELPHIA

Perinatal Hepatitis B & Hepatitis C Programs

- Identify pregnant/postpartum people
- Follow birthing person & infant until 27 months of age
- Support provider communication & intervention/ testing support



PERINATAL HEPATITIS B

Department of Public Health
CITY OF PHILADELPHIA

A Guide for Prenatal Care and Pediatric Providers

The Philadelphia Department of Public Health's Perinatal Hepatitis B Prevention Program (PHBPP) follows all Hepatitis B (Hep B)-positive pregnant persons from delivery through the first year of life of their child. The program helps ensure that infants receives post-exposure prophylaxis (PEP) and both parents and their children receive adequate follow up testing.

OVERVIEW

40% of infants born to Hep B (+) persons become infected if PEP is not administered.

<1% is the rate of vertical transmission in the United States with PEP being administered.

PHILLY FACTS

175 people are Hep B (+) and pregnant each year in Philadelphia.

~11% of infants in Philadelphia are born to persons from countries where Hep B is endemic.

ALL PREGNANT PERSONS SHOULD BE TESTED:

All pregnant persons should be screened for Hep B surface antigen (HBsAg) during each pregnancy. Testing should be repeated if there is a new or ongoing risk of exposure to Hep B before delivery. Examples of risks include drug use, risky sexual behaviors & unlicensed tattoos.

PRENATAL CARE PROVIDERS

If pregnant person is HBsAg (+)

- Test for Hep B DNA and Hep B envelope antigen (HBeAg).
- Inform the birthing hospital and pediatrician.
- Report all pregnancies of Hep B (+) persons to the PHBPP.

HBeAg (+) or Hep B DNA >200,000 IU/mL

- The risk of vertical transmission is increased!
- Hep B treatment may be indicated during the third trimester of pregnancy.
- Immediately refer to a Hep B specialist for evaluation.

HBeAg (-) or Hep B DNA

- The risk of vertical transm
- Refer all HBsAg (+) perso

INFANT HEP B TE

Hep B Positive → Report t

HBsAg (+) & HBsAb

PEDIATRIC PROVIDERS for children of Hep B(+)persons

Administer HBIG

- Administer Hep B Immunoglobulin (HBIG) within 12 hours of birth for best protection.
- If not given at birth, give HBIG within 7 days.

Administer Hep B Vaccine Birth Dose

- Administer birth dose within 12 hours of birth.

Complete Hep B Vaccine Series

- Combo antigen vaccine doses at 2, 4, & 6 mths
  OR For single antigen vaccine
- Born > 2,000 g, 2 doses at 1-2 & 6 mths
- Born < 2,000 g, 3 doses at 1, 2-3, & 6 mths

Conduct Post- Vaccination Testing

- At 9-12 months test for HBsAg to identify

FOR MORE INFORMATIO

PERINATAL HEPATITIS C

Department of Public Health
CITY OF PHILADELPHIA

A Guide for Prenatal Care and Pediatric Providers

The Philadelphia Department of Public Health's Perinatal Hepatitis C Program (PHCP) was established in 2016. The program follows all Hepatitis C (Hep C) positive pregnant and postpartum persons to offer guidance and linkage to services such as Hep C treatment. All infants born with an exposure to Hep C are followed until adequate testing has occurred.

OVERVIEW

5.6% of infants born to Hep C positive persons become infected.

There is no pre- or post- exposure prophylaxis for Hep C to prevent vertical transmission.

PHILLY FACTS

~300 persons are Hep C (+) and pregnant each year in Philadelphia.

15% of infants born 2011-2013 to Hep C (+) persons were tested for Hep C by 24 months of age.

ALL PREGNANT PERSONS SHOULD BE TESTED:

All pregnant persons should be screened for Hepatitis C Antibody (Hep C Ab) & if positive tested for Hep C RNA. Testing should be repeated before delivery if there is continued risk for Hep C exposure. Risks include history of injection or illicit drug use, risky sexual behaviors, & non-commercial tattoos.

PRENATAL CARE PROVIDERS

If pregnant person is Hep C Ab (+)

- They have been exposed to Hep C.
- Test for Hep C RNA to confirm infection.
- Report Hep C Ab (+) result & pregnancy to PHCP.

If pregnant person is Hep C RNA (+)

- They are currently infected with Hep C and there is risk of vertical transmission to child!
- Refer them immediately to a Hep C specialist for access to treatment and cure.
- Inform the birthing hospital and pediatrician.
- Counsel them on behaviors to prevent Hep C transmission to others.

If pregnant person is Hep C RNA (-)

- They are not currently infected with Hep C.
- Counsel them on behaviors to prevent reinfection.
- Repeat RNA testing if there is continued risk exposure during pregnancy.

PEDIATRIC PROVIDERS test children of Hep C (+) persons

2-12 months of age

- Test for Hep C RNA **and** test again after 12 months of age, or at least 2 months after initial Hep C RNA test.
- Two tests are required regardless of result, as viral load can fluctuate in the first year of life.

OR 12 months of age or older

- Test once for Hep C RNA.

OR 18 months of age or older

- Test once for Hep C Ab; testing Hep C Ab before 18 months of age will reflect residual maternal Hep C Ab.
- If Hep C Ab (+), follow-up with a test for Hep C RNA to confirm infection.

If a child tests Hep C RNA (+) report to PHCP and refer child to a pediatric Hep C specialist!

QUICK HEP C TESTING GUIDE

Hep C Positive	Previously Exposed to Hep C	No Exposure to Hep C
Hep C Ab (+) & Hep C RNA (+)	Hep C Ab (+) & Hep C RNA (-)	Hep C Ab (-) & Hep C RNA (-)

FOR MORE INFORMATION: CALL 215-685-6849 OR VISIT: WWW.PHILLYHEPATITIS.ORG

HCV/SUD Navigation

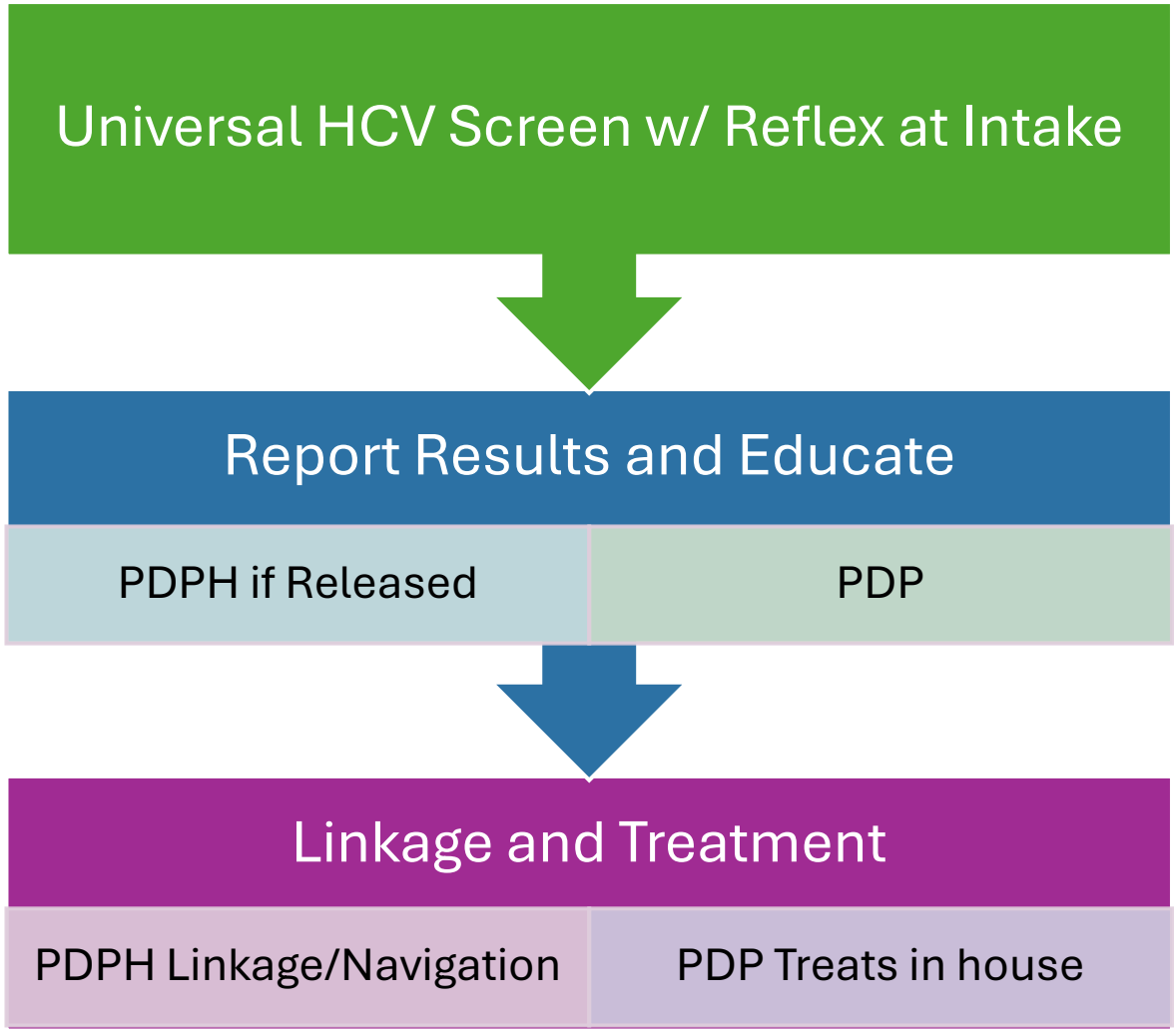
- Launched Navigation program in 2020 for HCV & SUD treatment
  - Prioritize co-located & coordinated treatment – VETTED Locations

- Identify persons from surveillance & perinatal HCV program→ offer linkage for SUD care/induction & HCV care/treatment

- Identify barriers to maximize success of referrals
  - Biggest barriers experienced: transportation, office location, office hours (work/school), mental health
  - Services desired onsite: behavioral/mental health, case management, lab onsite, pharmacy onsite

HCV in Philadelphia Prisons

- Partner with PDP and Philadelphia FIGHT
- Call individuals diagnosed with HCV in prisons who were released prior to being told/educated
- Send letters to anyone who test positive
- Support navigation to care



Philadelphia's Integration Program (Philly InSync)

- Two Components:
  - Technical Advisory Committee (TAC) - Quarterly
  - Enhanced technical assistance

Sites

- An SSP
- Mobile SUD Treatment
- Inpatient SUD Treatment Unit
- Outpatient SUD Treatment
- FQHCs

Sample Deliverables

- ✓Universal HBV, HCV, & HIV screening
- ✓Referral network partnerships
- ✓Offer HCV treatment onsite
- ✓EMR modifications
- ✓Leverage 340B

Division of HIV Health
&
Viral Hepatitis Program Collaborations

Department of
Public Health
CITY OF PHILADELPHIA

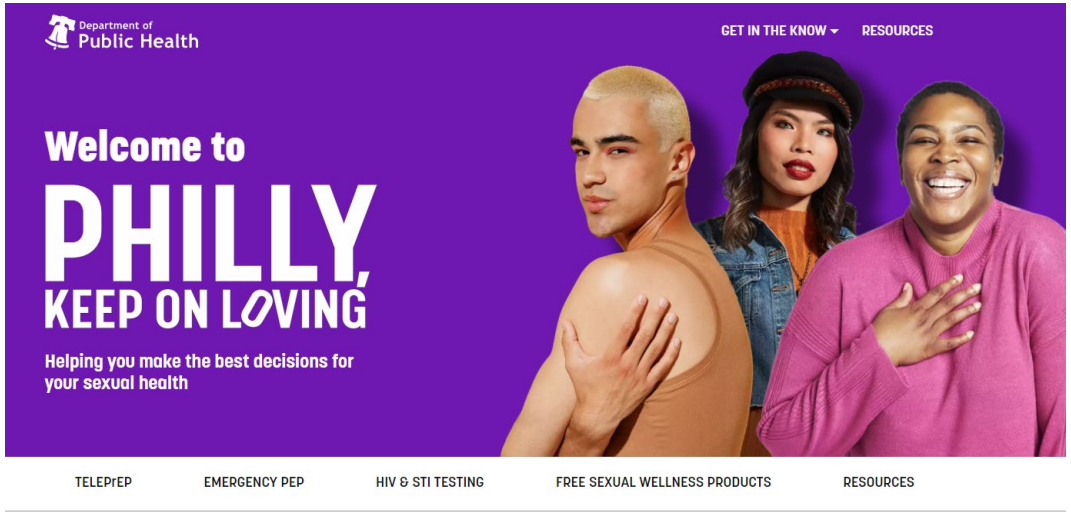
Coordinated Provider & Care Provision Outreach

Prepare Healthcare providers to address HIV & viral hepatitis, as well as substance use

- ✓HIV Data 2 Care Project
  - ✓HCV integration for case conferences and outcome measurement
- ✓Low Threshold Sexual Health Sites
  - ✓HIV funded sites include HCV testing & linkage to care along with HAV/HBV vaccination
- ✓HCV Treating Provider Preceptorship Model: started among HIV providers
  - ✓Through Mid Atlantic AETC
- ✓Performance Measures for RW continue to be used
- ✓Philly InSync project….

Coordinated Patient Education

- ✓Website Inclusion & Integration
  - ✓Share links and content
- ✓New coinfected individuals re-linked to HIV and viral hepatitis care
- ✓Event participation



Coordinated Epidemiology

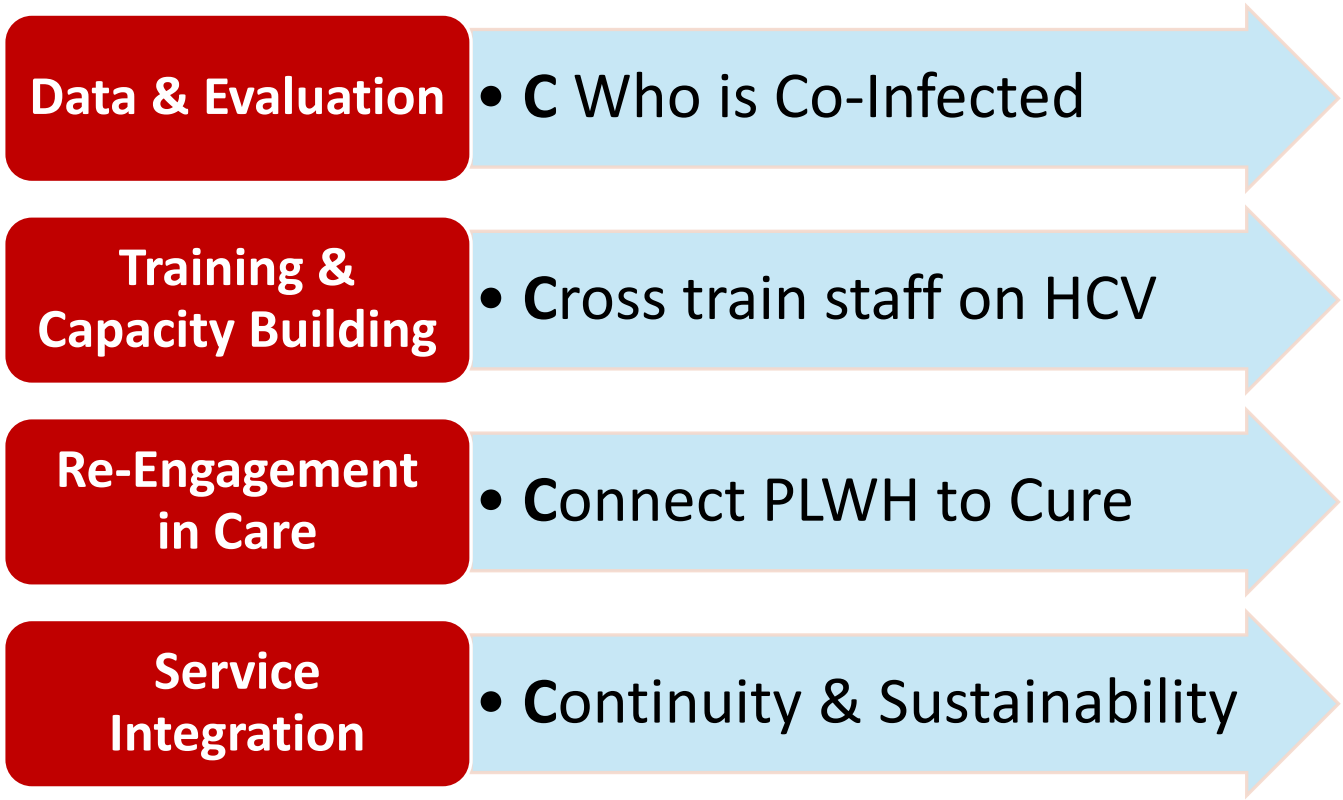
Regularly monitor coinfection in Philadelphia, identify new coinfections for enhanced outreach, etc.

- ✓Monthly Surveillance Data Matches
- ✓Syndemic EIS Officer
- ✓NHBS PWID, Trans cycles include HCV testing and extensive drug use related questions to inform epidemiology and programming
- ✓Special projects looking at HIV & HCV care continuums among coinfected individuals

Historical HIV/HCV Coinfection SPNS Project

Jurisdictional Approach to Curing HCV Among HIV/HCV Co-Infected People of Color (C-Ya)

- **3-year HRSA/SPNS cooperative agreement; September 2016 – September 2019**



Key CYa Successes

- **Improved diagnosis of HCV in PWH**
  - 90% of sites adopted HCV antibody testing with reflex to HCV RNA→ 95% of HCV AB+ patients in the RW care system received confirmatory HCV RNA testing

- **Improved HCV treatment access & success among PWH**
  - All sites had at least 1 provider trained to treat HCV
  - 75% of HCV RNA+ patients in care in the RW care system were cured of their HCV

- **Training developed by MA-AETC for providers to treat HCV**

- **Messaging in training activities emphasized harm reduction & strategies to treat PWUD**

Study & Analysis

- Using HIV and HCV surveillance data, looked at HCV mono-infection and HCV-HIV coinfection.
- Looked at HCV cure rates between the two groups.
- Looked at related factors for associations with people reaching HCV cure vs. not.
  - Many data limitations to HCV surveillance data..insurance status, housing, risk factors…

Results

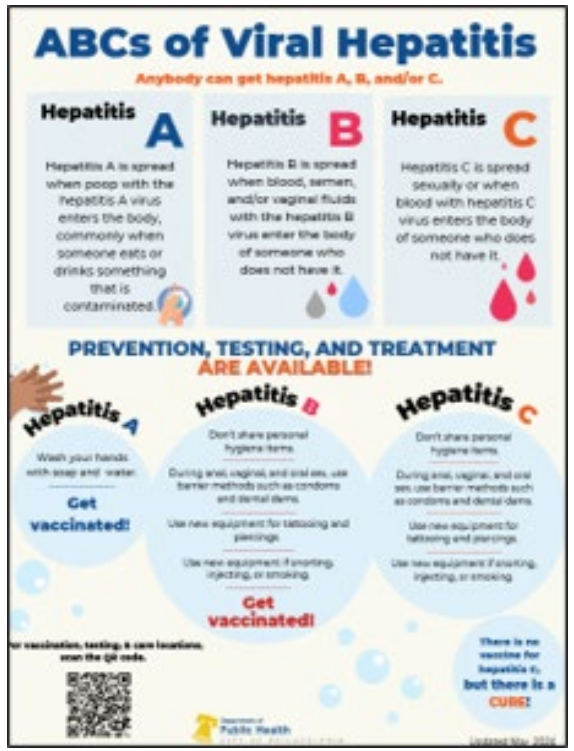
- **10,251 people with new HCV infection**
  - 35.2% NH White
  - 31.4% NH Black
  - 67.8% male sex at birth
  - Median age=47 years
- **3.4%** (n=353) people with HIV coinfection
- **HCV cure**
  - **38.5%** people with HCV monoinfection cured
  - **49.9%** people with HCV-HIV coinfection cured
  - People with coinfection **1.2 (adjusted) times** more likely to reach cure than HCV mono-infection

Ryan White Services

- HCV-HIV coinfection only

- Range of RW services **0 - 21.6** services monthly
  - Include MCM, Mental health, Food, transportation, HIV treatment adherence therapy, dental or SUD care, housing, etc.

- Compared to people who received <2 support services per month, people with:
  - **2-4 services/month had 70% increased** chance of HCV clearance
  - **4-6 services/month had >200% increased** chance of HCV clearance

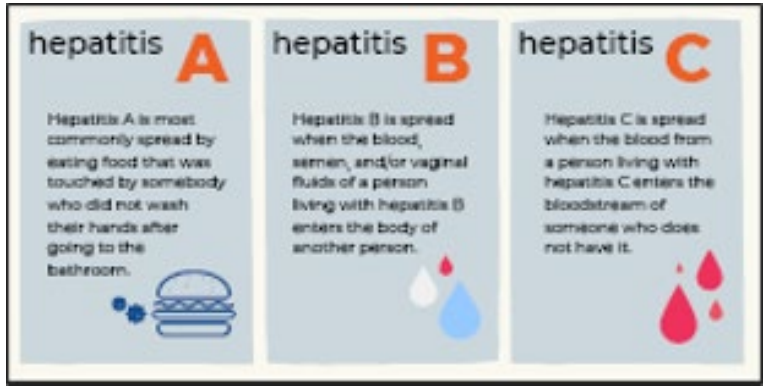


THANK YOU!

Melissa Hobkirk, MPH

Viral Hepatitis Program Manager

Melissa.hobkirk@phila.gov



Department of Public Health
CITY OF PHILADELPHIA