

# HEPATITIS headlines

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## NOW TWO POPULATIONS OF HEP C IN PHILADELPHIA

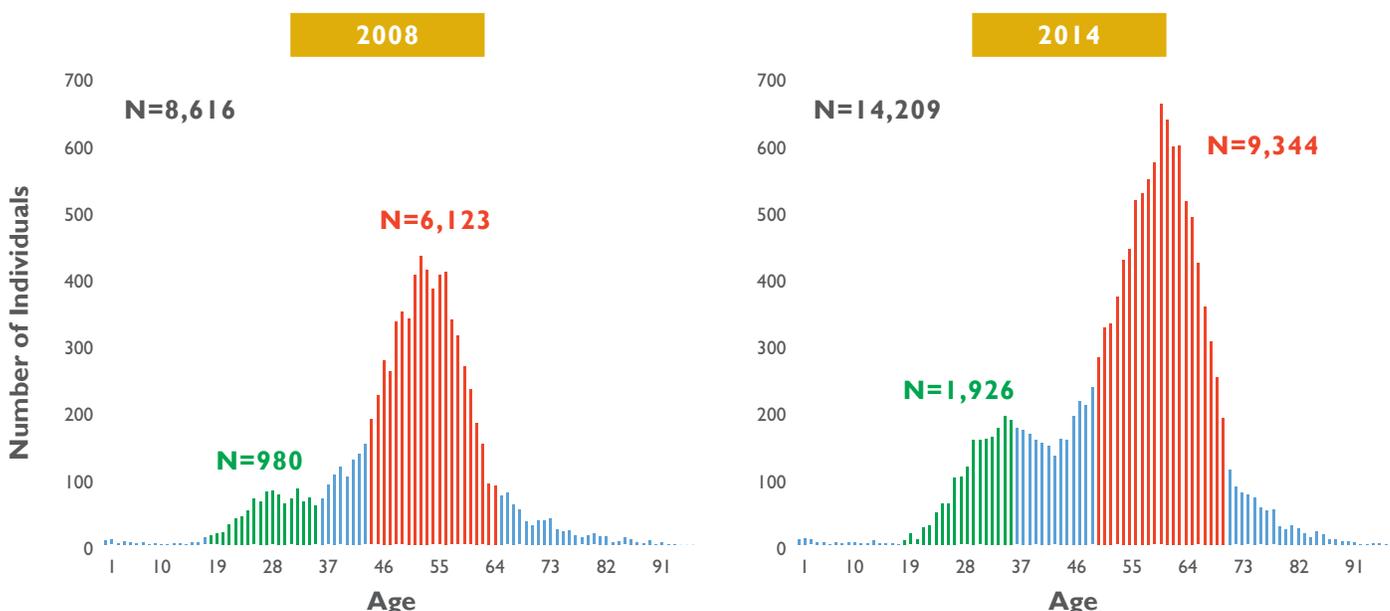
The routine reporting of positive Hepatitis C virus (HCV) test results to the Philadelphia Department of Public Health (PDPH) increased by 65% between 2008 and 2014 (Figure 1). While there was a ~50% rise in the number of reported individuals born between 1945 and 1965 (ie. 'baby boomers'), the number of positive labs reported for 18-35 year olds (ie. youth) rose by more than 100%. The change from a unimodal to a bimodal age distribution of HCV disease is not unique to Philadelphia; the increase has been seen across the United States. The majority of new cases are among young people who are engaging in behaviors that put them at risk for

infection. One of the primary culprits is the rise in illicit use of opioid painkillers, which often progresses to the cheaper and more accessible use of injectable heroin. In Philadelphia, this drug is less expensive and more pure than anywhere else in the country. As a result of the opioid epidemic, HCV has begun to spread from urban centers into suburban and rural communities.

In 2012, the CDC introduced a recommendation that all baby boomers receive one-time testing for HCV, which is likely to explain the increase in reported tests within this population. Unfortunately, without such a recommendation, barriers to screening

and care remain prevalent for at-risk youth populations. These include limited walk-in testing programs which are critical for a vulnerable population that may not be seeking regular healthcare, and limited reimbursement for testing conducted in non-primary care settings. A lack of knowledge about the risks and consequences of HCV infection and the fear of being stigmatized for being HCV-positive may also keep young people from taking an active role in learning their disease status. As providers, we need your help to promote policies that will address some of these issues and improve both testing and linkage to care for HCV-infected young people.

**Increase in reporting of positive HCV laboratory tests for baby boomer and youth cases in Philadelphia from 2008 to 2014.**



# WORKING TO END HEPATITIS C IN PENNSYLVANIA

**State Hep C Summit** - On May 1st, 91 hepatitis C stakeholders from across Pennsylvania were joined by CDC, the Department of Health and Human Services, and other national partners for the first Leadership Summit to End Hepatitis C in PA. PA was one of three states selected by CDC to host a hep C summit, sponsored by the CDC Foundation. Now that we have effective cures for hepatitis C this summit started the conversation about how to work towards ending hep C in Pennsylvania. Panel discussions engaged hep C experts and the audience in conversations about points along the hepatitis C care cascade, including surveillance, testing and linkage, and treatment access. PDPH is working with HepCAP and Health Federation to transcribe the event recording and prepare a summit report. Agenda, slides and other summit materials are available on the HepCAP website: <http://www.hepcap.org/pa-hepatitis-summit/>



**Hep C Treatment Expansion** - On May 20th, the PA Pharmacy and Therapeutics Committee, which recommends prior authorization guidelines for non-preferred drugs as well as certain preferred drugs, discussed amendments to hepatitis C treatment criteria. In huge news for PA, the committee voted to amend treatment criteria to open up access to stage 0 (no fibrosis) for patients with HIV, HBV, and extrahepatic manifestations. For all other hep C patients, they rolled restrictions back to stage 2 (mild fibrosis). Disease severity can now be established by physical exam, imaging or non-invasive markers. They also voted to completely eliminate the sobriety requirement.

The committee also opted for AbbVie's ViekiraPak as the preferred regimen although they also made a verbal commitment to allow equal access to Gilead's Sovaldi for treatment of Genotype 2 and 3 and access to Gilead's Harvoni for Genotype 1 patients who have with contraindications to Viekira. While these changes only apply to Fee-For-Service Medicaid, it is expected that the same criteria will be adopted by the Medicaid Managed Care Organizations as well. PA's Medical Assistance Advisory Committee (MAAC) will post these guidelines on its website soon for public comment: <http://bit.ly/1HSIOVe>.

## CHECK OUT HEP'S LATEST PUBLICATIONS:

Coyle, C. K. Viner, H. Kwakwa, E. Hughes, J. Zibbell, C. Vellozzi, and D. Holtzman. Identification and Linkage to Care of Persons with Chronic Hepatitis C Virus Infection in Five Health Centers: Philadelphia, PA, 2012-2014. *Morbidity and Mortality Weekly Report*. 2015. 64 (17); 459-463.

Kuncio, D., E. Claire Newbern, M. Fernandez-Vina, B. Herdman, C. Johnson, and K. Viner. Comparison of Risk-Based Hepatitis C Screening and the True Seroprevalence in an Urban Prison System. *Journal of Urban Health*. 2015. 92 (2); 379-386.

Viner, K., D. Kuncio, E. Claire Newbern, and C. Johnson. The Continuum of Hepatitis C Testing and Care. *Hepatology*. 2015. 61 (3); 783-789.

*If you are interested in obtaining PDFs of any of these articles, please email [Kendra.viner@phila.gov](mailto:Kendra.viner@phila.gov).*

Need local hepatitis resources? Check out  
**PhillyHepatitis.org**

# HEP HERO

## PREVENTION POINT PHILADELPHIA



(Photo credit - Emma Lee/WHYY - <http://www.newsworks.org/index.php/local/healthscience/81697-needle-exchange-finds-new-home-in-epicenter-of-phillys-drug-corridor?l=dt>)

Our HEP Hero for this issue of Hepatitis Headlines goes to **Prevention Point Philadelphia** (PPP). PPP is a non-profit organization that was founded in 1991 by a group of Philadelphia citizens and stakeholders concerned by the growing drug epidemic in Philadelphia. Located in the Kensington region of North Philadelphia, PPP serves the city's most at-risk populations, including drug users/abusers and sex workers. Services offered include on-site clinical care, health education, support groups, and needle and works exchange sites both in house and at multiple mobile locations. PPP offers a safe and welcoming space where clients can access health care and social services while taking a break from life on the street.

To address the growing burden of HCV among drug users,

PPP began offering free HCV rapid testing to its clients in 2012. In 2014, PPP began a collaboration with HEP to provide weekly on-site confirmatory testing. As a result of PPP's unwavering dedication to its clients, ~70% HCV RNA positive patients have been successfully linked to medical care by case workers and volunteers. Once PPP staff began to learn how pervasive HCV is within the population it serves, they made the necessary logistical changes required to provide testing three times per week. This is the way of Prevention Point. They remain unconstrained by administrative barriers, continuously creating innovative Harm Reduction approaches to meet the changing needs of their clients. HEP feels honored to be a PPP partner!!

PPP's new address is: 2913-15 Kensington Ave, Philadelphia, PA, 19134

**HEPCAP**  
HEPATITIS C ALLIES OF PHILADELPHIA

**Want to network with Philly hepatitis partners and get updates on the latest hep C issues?**

Come to our next **HepCAP** meeting!

**Wednesday, August 5th from 5:30-7pm**  
**500 S. Broad Street.**

For more info check out [www.hepCAP.org](http://www.hepCAP.org)