HEPATITIS headlines

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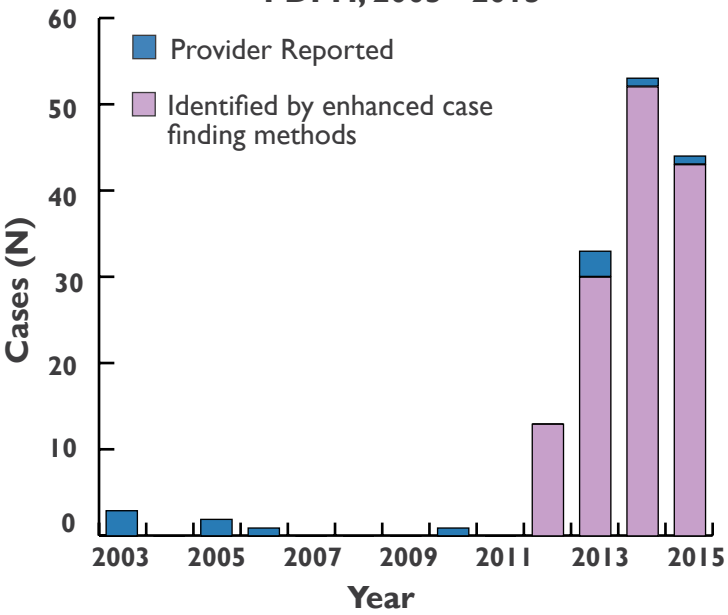
IMPROVED ACUTE HEPATITIS C CASE FINDING

Due to the rise in prescription opioid and heroin addiction among young adults, national rates of new hepatitis C virus (HCV) infections are on the rise. However, prior to launch of its enhanced surveillance program in 2013, the Philadelphia Department of Public Health (PDPH) was only alerted to about 1 - 3 acute HCV cases per year, primarily through provider reporting. Believing this to be a gross underestimate, the Hepatitis program began targeting particular patients for investigation, including those with elevated LFTs, young (≤30 years) or older (>75 years) age, evidence of testing at a dialysis center, or seroconversion from a negative anti-HCV antibody test to a positive result within 12 months. As a result of these strategies, PDPH has identified ~40 acute HCV cases per year since 2013.

Figure. Acute HCV Cases Identifed by PDPH, 2003 - 2015



While still an underestimate, the number of cases PDPH has found in recent years better reflects the burden of acute HCV disease in Philadelphia. Identifying acute HCV cases has enabled PDPH to find outbreaks, address prevention breaches, and understand the populations most at risk for HCV in our city. Further, it has helped to raise awareness of the growing burden of HCV infections and highlighted the need for additional resources. PDPH will continue utilizing enhanced methods to identify acute HCV case but encourages all providers to continue reporting suspected acute cases to help define particular areas of need in Philadelphia.

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, June 1st from 5:30 - 7pm

500 S. Broad Street.

For more info check out **www.hepCAP.org**

IMPROVING HEPATITIS A AND B VACCINATION RATES AMONG HEPATITIS C POSITIVE PATIENTS

PDPH encourages HCV-positive patients to take measures to protect their liver health, including getting the hepatitis A virus (HAV) and hepatitis B virus (HBV) vaccines. A recent match of our hepatitis surveillance data to the citywide Immunization Registry indicated that more than a third of investigated HCV-positive patients did not have record of HAV or HBV immunity.

In January 2016, the viral hepatitis program (HEP) launched a campaign to boost vaccination rates within this population. The first step assessed which locations of Philadelphia's major chain pharmacies, Walgreens, CVS, and Rite Aid, stock HAV and HBV vaccines. Next, all HCV-positive patients who were previously investigated by HEP and who lacked evidence of HAV/HBV immunity, were mailed a letter recommending that they receive vaccine if they had any of a specified list of risk factors (including current or past HCV infection). Insured patients were provided a list of pharmacies in their neighborhood that were known to have the vaccines in stock. Uninsured patients were encouraged to call the Health Department to schedule an appointment to receive free vaccine at City Health Center 1.

Letters were mailed to over 1,000 patients located in nearly every zip code in Philadelphia. The response was immediate and large-scale. Dozens of patients called the Health Department with questions about vaccines, treatment, and risk factors, allowing HEP staff to engage them in important dialogues about hepatitis and prevention. While many patients expressed interest in getting vaccinated, the next step will be to quantify any change in reported vaccinations for these patients. Importantly, this initiative also interested health care providers who learned about it from their patients and contacted HEP to obtain the list of pharmacies stocking vaccine. This speaks volumes about the impact that initiatives like this can have on community health, awareness, and prevention.

CME OPPORTUNITY: HEPATITIS C FOR PRIMARY CARE PRACTICES

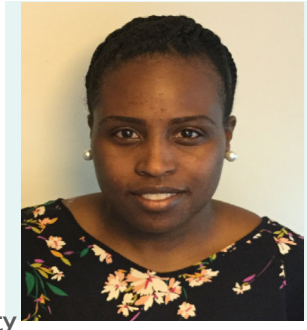
An estimated 50,000 Philadelphians are living with HCV but less than half have been diagnosed. Primary care providers are essential partners in expanding testing rates in our city. The Hepatitis C Allies of Philadelphia (HepCAP) coalition, in partnership with the Health Federation of Philadelphia, aims to improve city-wide HCV care by working with a faculty of local HCV treatment experts to provide a **one-hour, CME credited training** on the virus. Trainings will cover:

- **Local and national trends in HCV**
- **Clinical implications of HCV infections**
- **A review of the recommended HCV screening algorithm**
- **Best practices for linkage to subspecialty care**
- **Updates on the latest treatment options**

This is an opportunity for primary care practices to improve their HCV screening and linkage rates by engaging in a conversation about best practices with clinicians experienced in providing specialty care and treatment for HCV. By offering this opportunity, HepCAP and Health Federation hope to build the capacity of local providers identify all people living with the virus and connecting them to curative treatments. Together, we can make Philadelphia the first major city to eliminate hepatitis C!

Interested primary care practices can contact **Lane Taylor at Health Federation** to schedule a training session: **215-246-5212** or **hepCAP@healthfederation.org.**

PDPH RECEIVES CDC GRANT TO ENHANCE PERINATAL HEPATITIS B PREVENTION PROGRAM



In December 2015, PDPH received a grant from the CDC to build upon the existing Perinatal Hepatitis B Prevention Program (PHBPP). The new award has three primary aims: 1) to increase identification of Hep B-positive pregnant women, 2) to improve the proportion of exposed infants receiving post-vaccination serological testing, 3) better understand sociodemographic and risk factors associated with perinatal Hep B transmission.

A new PHBPP Epidemiologist, Deborah Hinds, was hired to fulfill these grant requirements. Deborah received her Bachelors of Science degree from Loyola University in Maryland and her MPH in Quantitative Methods at Rutgers School of Public Health. She is Baltimore, MD born and raised, and pursued public health because of "a desire to contribute to the improvement in the quality of health of the U.S. population, particularly the underserved, uninformed, and misinformed." We are excited to welcome her to the HEP Team!!!!

REMINDER:

1. ALL WOMEN SHOULD BE TESTED FOR HBSAG DURING PREGNANCY

- Hep B positive women should also receive HBV DNA or HBeAg Testing

2. ALL INFANTS BORN TO HEP B POSITIVE WOMEN SHOULD RECEIVE:

- HBIg and first dose of HBV vaccine at birth
- Additional HBV vaccine doses at 2 and 6 months (to complete series)
- Subsequent testing for HBsAg and anti-Hep B surface antibody at ≥ 9 months of age

HEP HERO JAY KOSTMAN, MD

Our HEP Hero for this issue of Hepatitis Headlines is Dr. Jay Kostman, staff physician at Philadelphia Fight. Dr. Kostman graduated from Cornell University and received his Medical Degree from Yale University in 1984. He is board certified in both Internal Medicine and Infectious Diseases and played a large role in fighting the HIV/AIDS epidemic, co-directing the HIV/HCV Scientific Working Group at the Penn Center for AIDS Research (CFAR) from 1988 to 2015.

As treatments improved and his patients were no longer succumbing to HIV/AIDS, Dr. Kostman began to see an increase in liver disease that resulted from concurrent hepatitis C infection. This spurred his interest in providing care and treatment for viral hepatitis. Dr. Kostman was also the founding Medical Director at Philadelphia FIGHT's Jonathan Lax Treatment Center and has worked closely with Prevention Point Philadelphia's Street-Side Clinic for the homeless population. He is heavily involved with the Hepatitis C Allies of Philadelphia (HepCAP), and feels that it is a unique coalition in the United States because of its diversity of providers, community based organization leaders, syringe exchange staff, government employees, and patients who come together to advocate for hepatitis C testing and treatment access in Philadelphia.