

HEPATITIS headlines

June 2014

CITY OF PHILADELPHIA
DIVISION OF DISEASE CONTROL

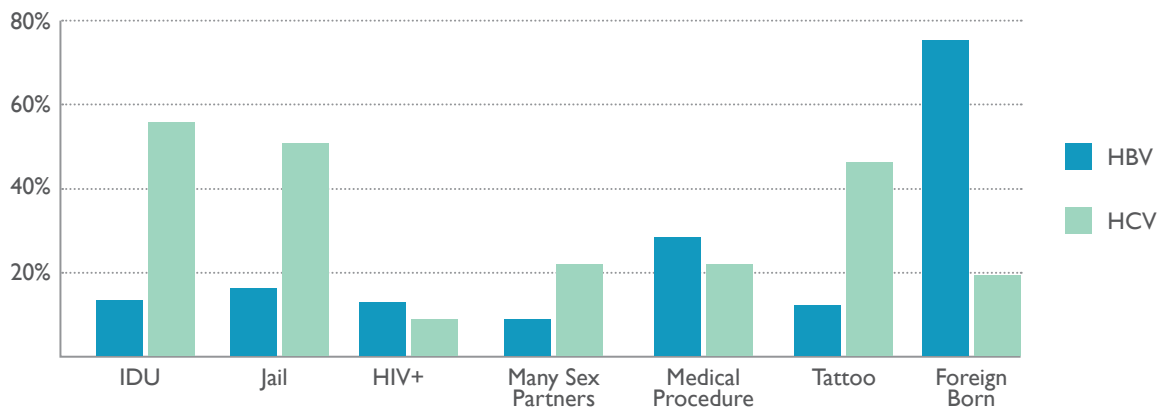
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HEPATITIS SURVEILLANCE UPDATE

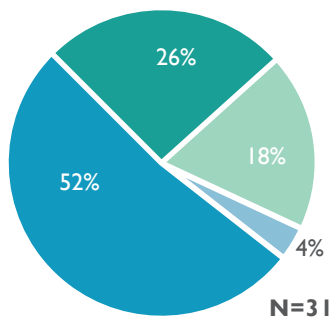
The Philadelphia Department of Health (PDPH)'s Hepatitis Epidemiology Program (HEP) has officially completed its first year of extended surveillance for newly reported chronic hepatitis B (HBV) and hepatitis C (HCV) in Philadelphia. From January 2013 to March 2014, HEP investigated 427 HBV and 1174 HCV cases. Risk factors are different between the two diseases, with foreign-born status being the most common among HBV patients, and lifestyle-based risk factors such as injection drug use (IDU), incarceration, and tattoos being most prevalent among HCV patients.

Known Risk Factors of Investigated Cases: Hepatitis B and Hepatitis C, Philadelphia 2013

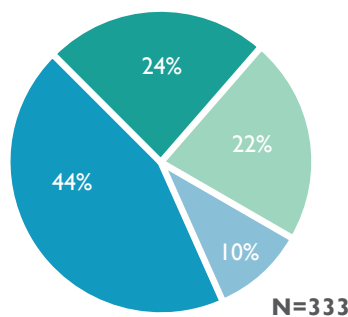


Since tattooing has recently been defined as a risk factor for viral hepatitis, we assessed whether one or more of the patients' tattoos were received in an unlicensed setting. Fifty-two percent of HBV and 44% of HCV patients with tattoos received at least one of them **outside of a commercial parlor**, where safe tattooing practices are less likely to be followed. This was higher than that seen using data collected from a cross-sectional survey study of PDPH's STD health center clients (38%). Please help us to better understand the breadth of this issue by asking new patients about their tattoo sources, and we will do our part to raise awareness about tattoo safety within the community.

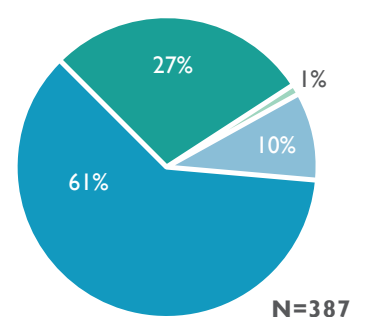
Hepatitis B Tattoo Sources



Hepatitis C Tattoo Sources



STD Health Center Client Tattoo Sources



Commercial Parlors Only

Friend

Jail

Tattoo Party

TO PROVIDERS AND THE CARE COMMUNITY:

HEP staff have had a difficult time reaching foreign born patients for interview. Many of these individuals avoid responding to a request to speak with someone from a city government agency. This may stem from a general mistrust of the U.S. government and/or fears that personal information will be handed over to the Immigration and Naturalization Service (INS). This is why **WE NEED YOU**. Please help us to spread the word that HEP's primary aim is to reduce the burden of hepatitis and help patients to get the care they need. Confidential patient information is maintained in a highly secure manner and does not leave PDPH. If any of your patients have a particular question regarding their personal privacy or how their information will be used, one of our hepatitis surveillance staff is more than willing to speak with them.



HepCAP is aiming to make Philadelphia a national leader in the fight against hepatitis C.

For information about how to join, visit www.hepCAP.org or contact Alex Shirreffs at Alexandra.shirreffs@phila.gov or 215-685-6462.

TWO NEW HCV DRUGS APPROVED BY THE FDA

In 2013, the FDA approved two drugs for HCV treatment; Olysio (Simeprevir) and Sovaldi (Sofosbuvir). Early evidence indicates that treatment with both drugs (with or without ribavirin) results in sustained virologic response in groups previously unresponsive or unqualified for treatment. Both drugs are well tolerated by most patients and require shorter treatment regimens.

Sofosbuvir is a NS5B polymerase inhibitor that can be used to treat genotypes 1-4 in treatment-naïve patients, those with hepatocellular carcinoma (HCC) and those coinfecting with HIV. Indications for treatment and duration for Sofosbuvir depend on genotype:

Sofosbuvir Treatment Regimen		
Genotype	Treatment	Treatment Length
1, 4	Sofosbuvir, peg-IFN- α , and ribavirin	12 weeks
2	Sofosbuvir, and ribavirin	12 weeks
3	Sofosbuvir, and ribavirin	24 weeks

Simeprevir is a NS3/4A protease inhibitor to treat genotype 1 with compensated liver disease. Indication for treatment is dependent on whether the patient is treatment-naïve or a prior HCV treatment non-responder, but not on being non-cirrhotic:

Simeprevir Treatment Regimen		
Prior Treatment History	Treatment	Treatment Length
Naïve and prior relapsers	Simeprevir, peg-IFN- α , and ribavirin	12 weeks
	Peg-IFN- α and ribavirin	12 weeks
Non-responder	Simeprevir, peg-IFN- α , and ribavirin	12 weeks
	Peg-IFN- α and ribavirin	36 weeks

New treatment options for HCV are rapidly evolving. HCV genotype 2 has the first approved, highly efficacious all-oral regimen and HCV genotype 1 may see an FDA approved all-oral regimen as early as 2015. Cure rates are reaching 90% and come at a much lower health cost than in previous years.

To stay up-to-date on the latest hepatitis treatment research: www.natap.org, www.hivandhepatitis.com and www.hepcadvocate.com.

For information on patient treatment assistant programs: http://www.hepmag.com/articles/hepatitis_paps_copays_20506.shtml, and www.padrugcard.com,

MOBILIZATION OF VIRAL HEPATITIS POLICY: NEW LAWS AND GUIDELINES

Policy around viral hepatitis is beginning to evolve at the state level. Following in the footsteps of New York City, a new bill, entitled the 'Hepatitis C Virus (HCV) Screening Act', has been passed by the PA House of Representatives. This initiative requires individuals of baby boomer age (ie. born between 1945 and 1965) to be offered HCV antibody testing if they are 1) admitted as a hospital inpatient, or 2) are the recipient of primary care services in an outpatient department of a hospital, health care facility, or physician's office. If the individual accepts the offer to be tested and tests HCV antibody positive, the bill requires that the health care provider offer confirmatory RNA testing and follow-up health care or

refer the patient to a physician who can provide these services. To learn more about this bill: <http://www.legis.state.pa.us/lcfdocs/Legis/CSM/showMemoPublic.cfm?chamber=H&SPick=20130&cosponId=13834>

There is also movement on the national level. While most people born in the United States have been vaccinated against hepatitis B virus (HBV), approximately one million individuals remain chronically infected with this disease. If left untreated, 15 – 25% of these individuals will die from liver cirrhosis or hepatocellular carcinoma. In February, the U.S. Preventive Services Task Force (USPSTF) released new guidelines for HBV screening of high-risk

adults, including: individuals with HIV, men who have sex with men, injection drug users, and people born in HBV endemic countries. Evidence indicates that screening will greatly increase the likelihood of catching the disease early in these populations and insuring that they receive appropriate follow-up and treatment. It should be noted that the USPSTF still advises against screening asymptomatic people in the general population, since research indicates that screening everyone does not significantly reduce disease burden or mortality. To learn more about these guidelines: <http://www.uspreventiveservicestaskforce.org/uspstf/uspshpb.htm>

HEP B HERO

STACEY B. TROOSKIN, MD, PHD, MPH



Dr. Trooskin is an infectious disease doctor, epidemiologist, and advocate who has devoted her career to serving the viral hepatitis community in Philadelphia. Her PhD thesis focused on identifying barriers to screening and testing for hepatitis C (HCV) among minority populations in Philadelphia, and now she serves patients with

hepatitis as a physician at Drexel University School of Medicine and the Partnership Comprehensive Care Practice.

Dr. Trooskin is the community coach for Hepatitis C Allies of Philadelphia (HepCAP), an organization that aims to improve collaboration between clinicians, local government and community members on addressing issues related to viral hepatitis in Philadelphia. She is also the co-principal investigator for the "Do One Thing, Change Everything" mobile testing and linkage campaign for HIV and HCV patients living in disenfranchised areas of Philadelphia. The overwhelming success of these projects and her work caring for and treating patient has been inspiring to everyone with whom she comes

in contact. Dr. Trooskin, however, still believes there is more to be done. An important focus of her current work is to improve HCV awareness and testing practices among primary care physicians and community based organizations. Dr. Trooskin is truly a leader in the fight against viral hepatitis and for this reason, she's our HEP Hero!

There are many people doing terrific work surrounding these diseases in Philly. **To nominate your HEP Hero**, contact Kendra Viner at Kendra.Viner@phila.gov.

