



Project SUCCEED:
A Data to Care Approach to Hepatitis C Elimination
in People Living with HIV in New York City
June 2019 Update

Viral Hepatitis Program | Bureau of HIV Care and Treatment
NYC Health Department

Setting the Stage for Micro-elimination: 2014-2015

- People living with HIV (PLWH) and hepatitis C (HCV) are at elevated risk for rapid progression of liver fibrosis, cirrhosis, liver cancer¹ and premature death²
- Direct antivirals cure HCV in PLWH

1. Moore, *Open Forum Infect Dis*, 2018

2. Pinchoff, *Clinical Infections Disease*, 2014

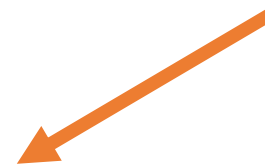
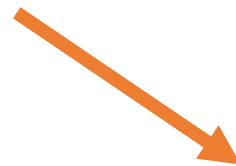
HIV/HCV Co-infection Estimate, NYC 2015

81,664

HIV-Diagnosed Individuals in NYC
as of December 2015*

71,744

HCV-Diagnosed Individuals in NYC
as of December 2015*



11,461

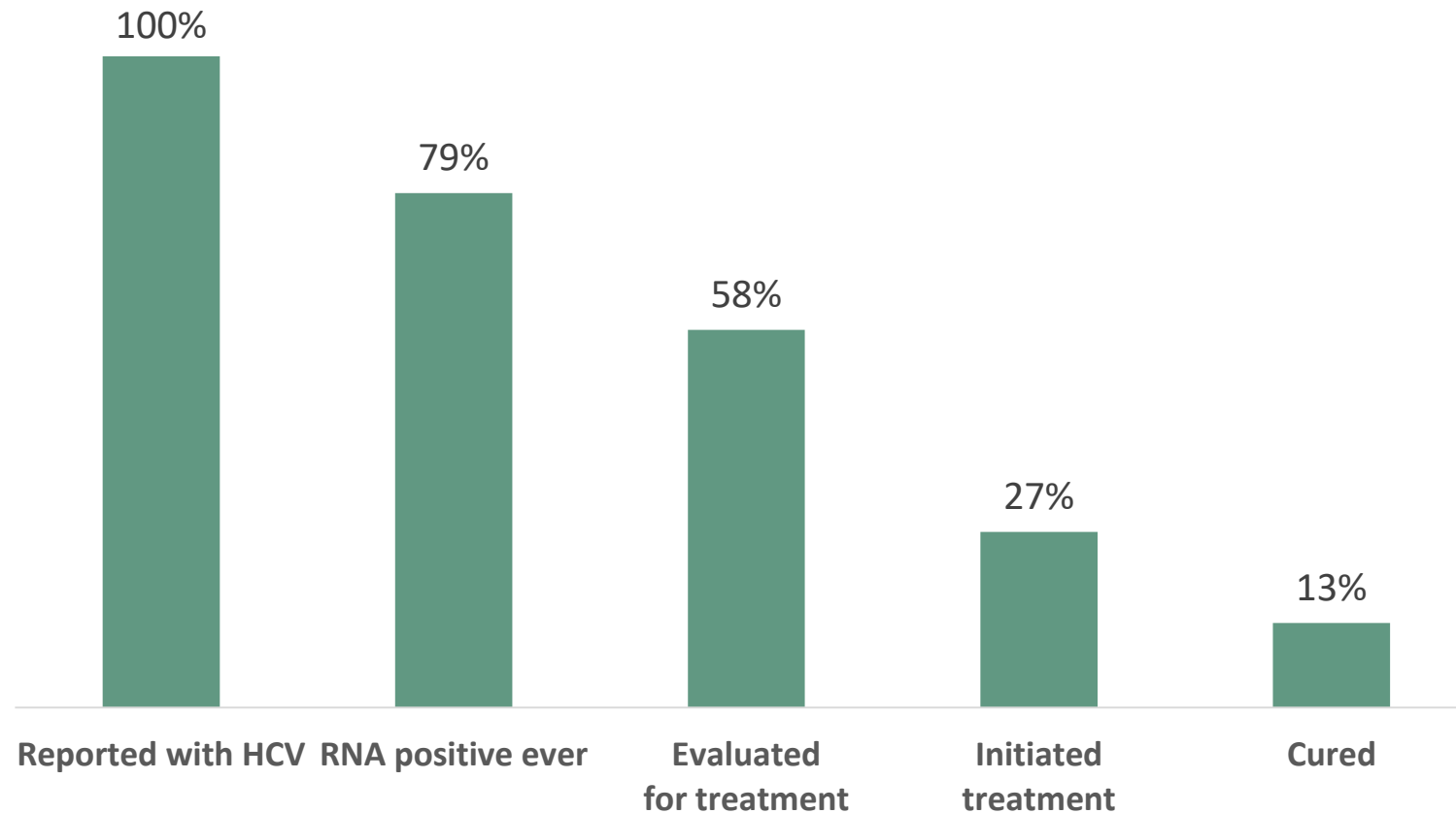
Individuals co-infected and diagnosed
with HIV/HCV

14% of HIV cases

16% of HCV cases

*To better account for out-migration and deaths, the number of individuals considered to be diagnosed and living in NYC has been restricted to people who had an HCV or HIV lab test reported in 2014 or 2015 and weren't known to have died prior to 2016.

HCV Care Continuum for HIV/HCV Co-infected Individuals, NYC 2015





Project SUCCEED Model

Analysis of Co-Infected Population
through matching of HIV and HCV
surveillance data



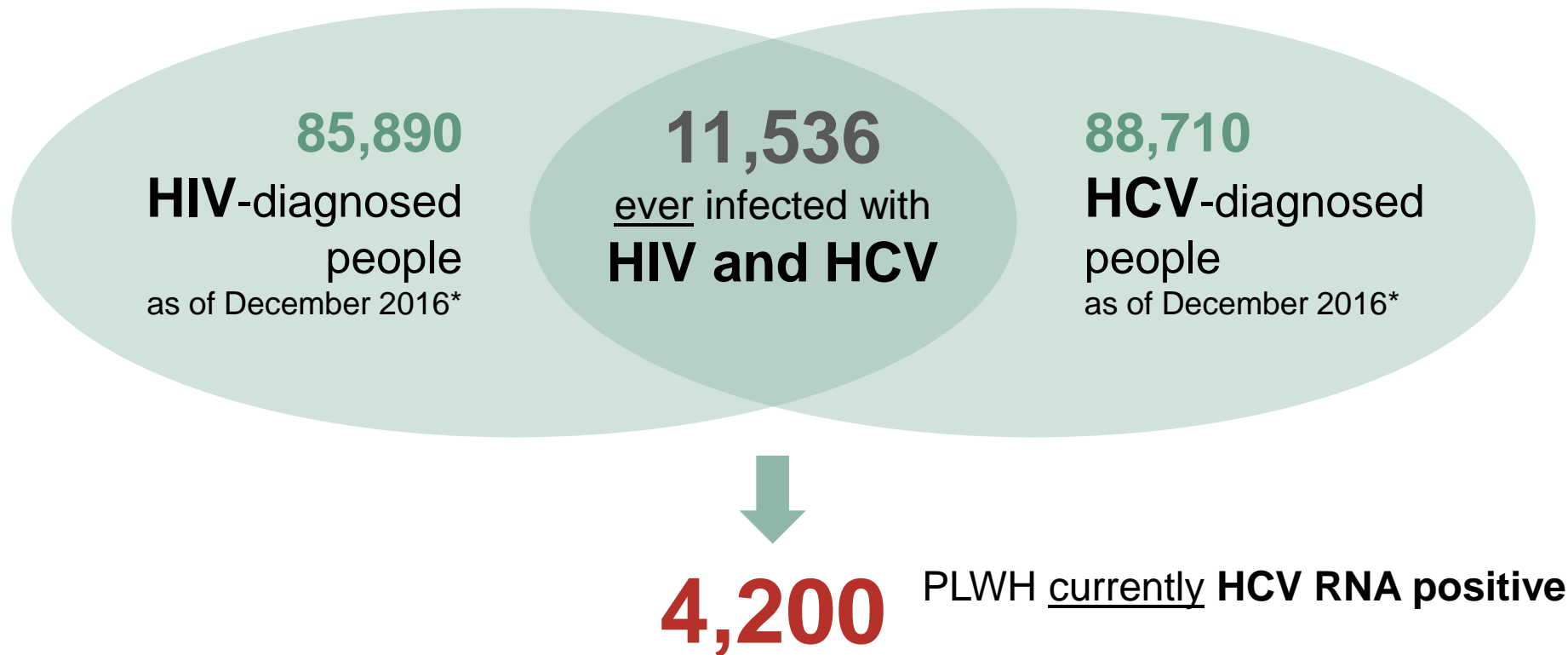
Provider Education
& Training

Clinical Practice
Facilitation

Outreach &
Linkage to Care

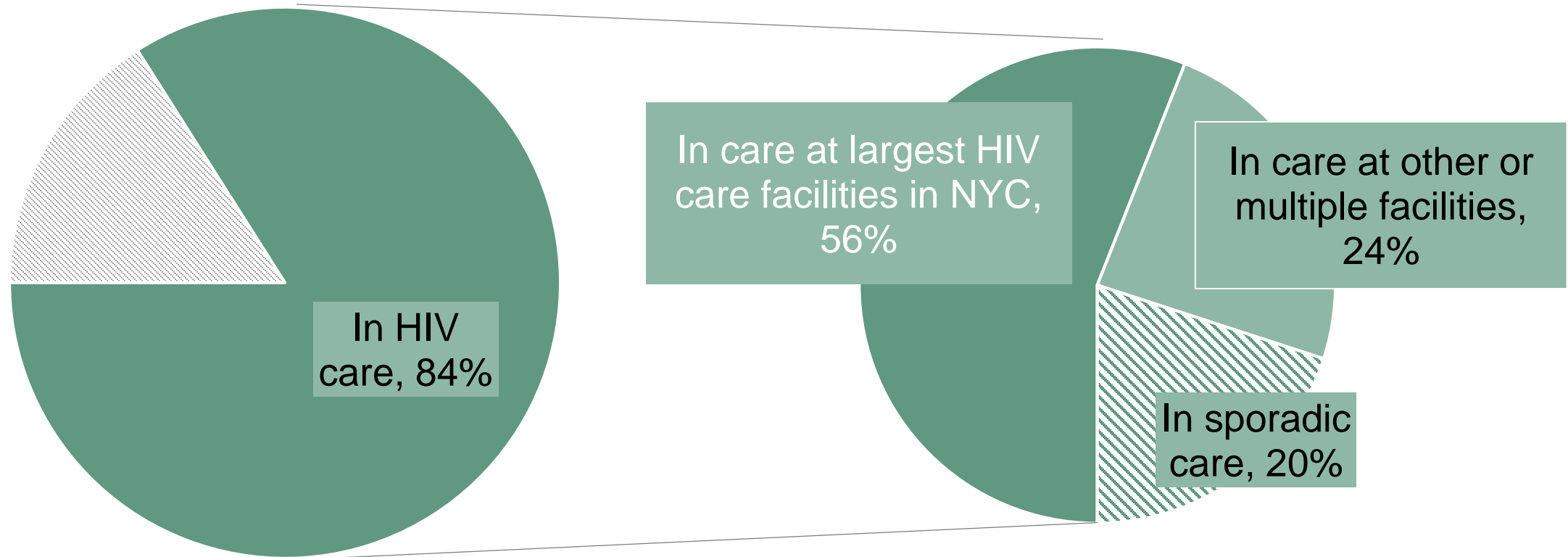
HIV and HCV Co-infection Estimates for NYC

HIV and Hep C surveillance data were matched in May 2017 to estimate prevalence of co-infected population:



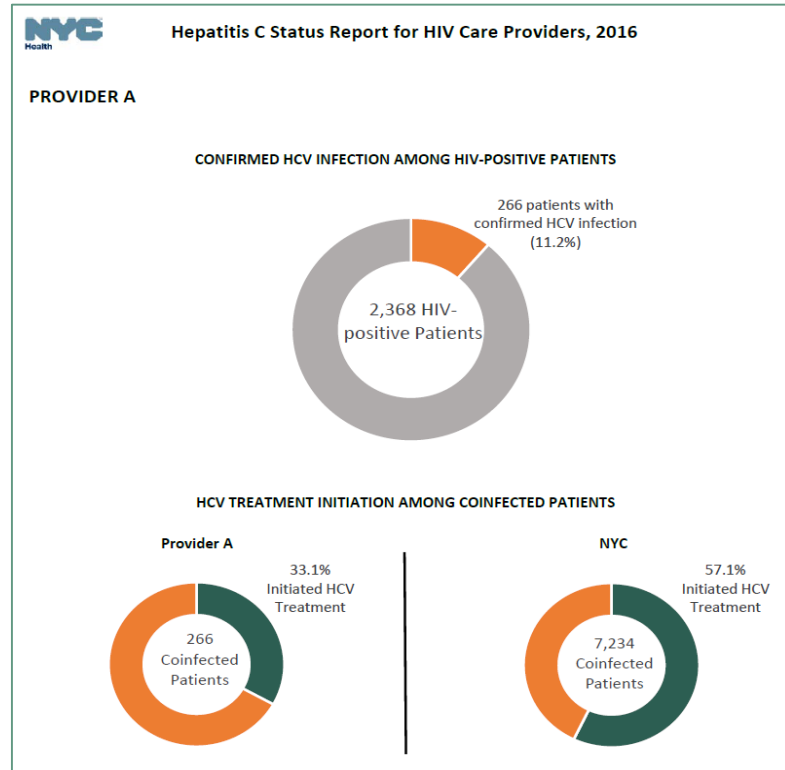
*To better account for out-migration and deaths, the number of individuals considered to be diagnosed and living in NYC has been restricted to people who had at least one HCV or HIV lab test reported since 2014 and weren't known to have died prior to 2017.

Care Status of HIV/HCV Co-Infected People in NYC



Hepatitis C Status Report for HIV Care Providers

Dashboards



- % HIV-positive patients with history of Hep C
- % co-infected patients at facility who initiated treatment vs. treatment initiation rates across NYC

Patient Lists

Health Department generated facility specific lists of HIV and Hep C RNA positive patients

Facilities were asked to:

- Review list
- Promote Hep C treatment
- Return list to the Health Department with patient disposition

Patient List Outcomes (2016)

24 facilities returned patient lists (**706** patients total). Providers reported patients were:

	N	%
Lost to care	144	20.4%
To be returned to care	118	16.7%
Previously treated and cured of HCV	99	14.0%
Not treatment candidate*	65	9.2%
Currently in treatment	58	8.2%
Other/No Response	52	7.4%
Not infected with Hep C	46	6.5%
Not patient at facility	41	5.8%
Referred/Transferred care/out of jurisdiction	32	4.5%
Deceased	26	3.7%
Declined treatment	25	3.5%

* Not treatment candidates (HIV uncontrolled, drug/alcohol use, co-morbid conditions)

Site Selection for Practice Facilitation Intervention

Using surveillance data, the Health Department

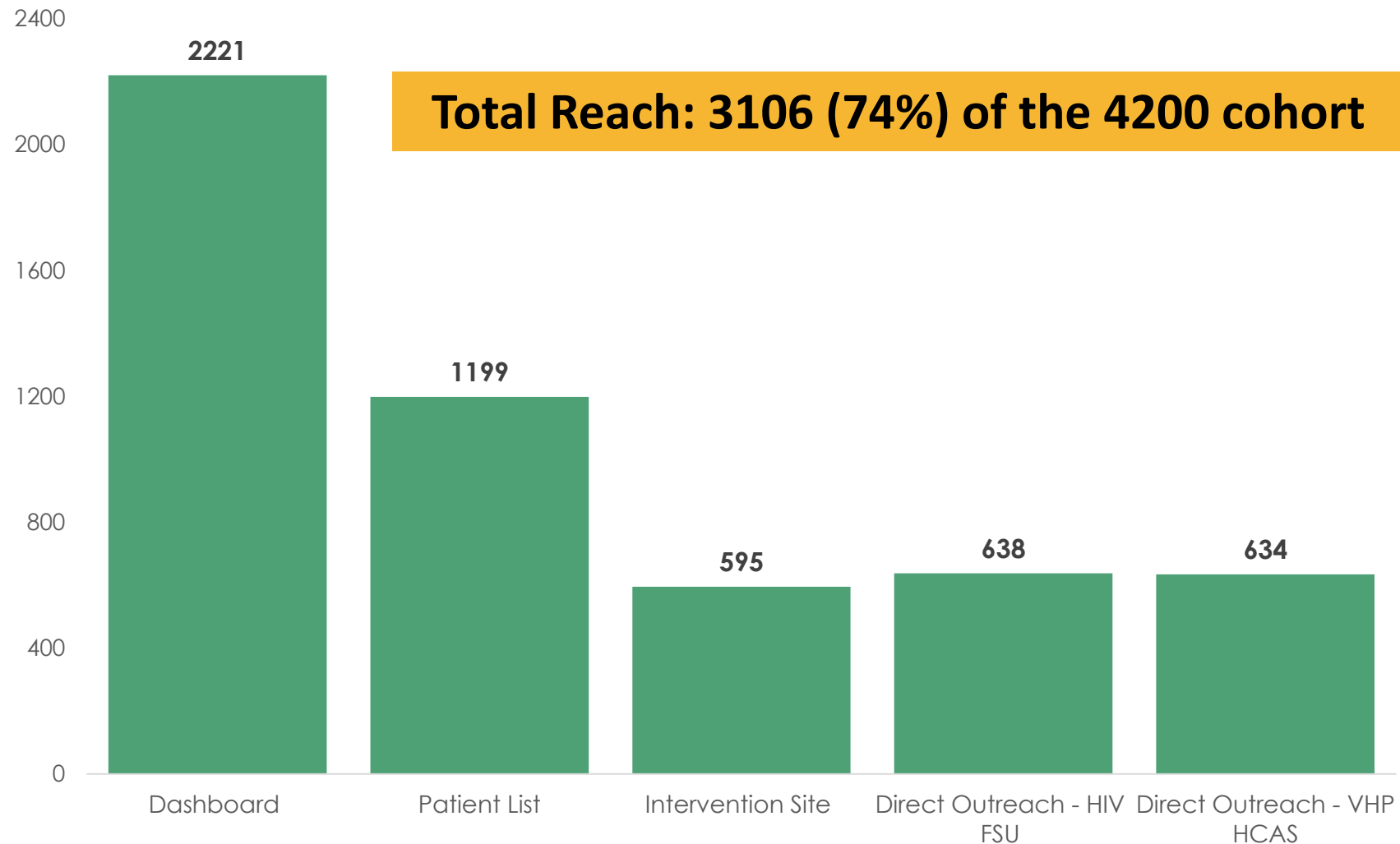
Generated a full list of facilities with coinfecting patients in need of HCV treatment

Selected top **15** facilities with highest number or percentage of patients not yet treated for HCV

9 facilities made formal commitments to participate in the intervention

- 4 community health centers
- 5 hospitals
- 672 patients represented

Project SUCCEED Patients by Intervention Type



*As of May 8, 2019

Case Investigation and Linkage to Care

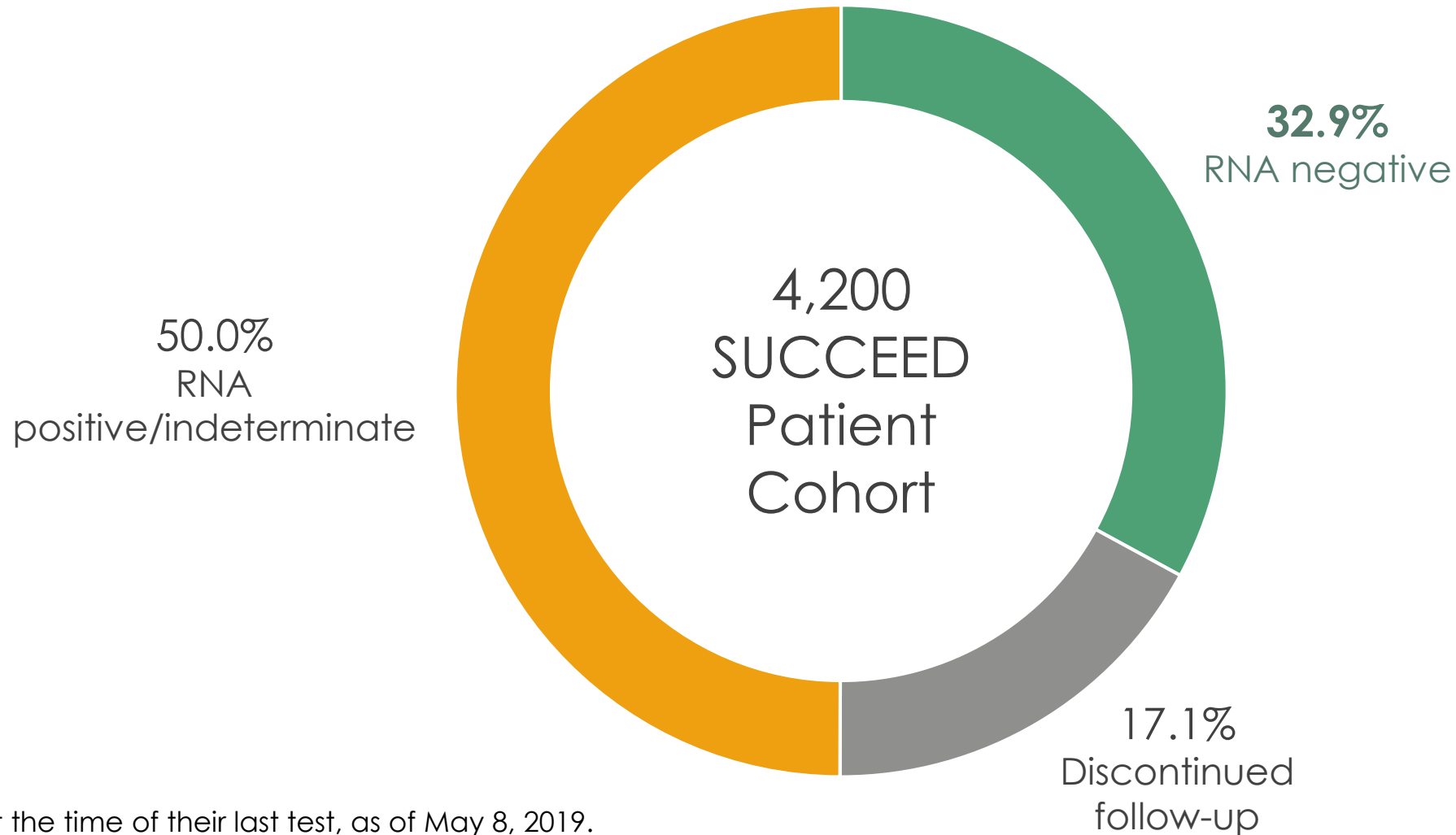
HIV and HCV RNA positive patients were assigned to Health Department staff for outreach and tele-navigation to promote HCV treatment.

May 2018 - June 2019

Assigned	Interviewed	Referral Provided	Returned to Provider	Linked to Care*	Most Recent Test result HCV RNA negative (of interviewed)
641	195 (30%)	18 (9%)	139 (71%)	121 (62%)	42 (22%)

*Appointment attended or HCV RNA test after case interview

Progress Towards Curing HCV in PLWH, NYC*



*Result at the time of their last test, as of May 8, 2019.

Findings

- Hep C screening rates for PLWH were lower than expected at healthcare facilities
- Providers need additional support to treat Hep C in people with uncontrolled HIV and/or active drug or alcohol use
- Unclear who some patients “belong to” if only marginally touched the healthcare system
- Many patients are intermittently lost to care

HCV Screening in PLWH

- EHIVQUAL included HCV screening rates in the past
 - 2013 screening rates
 - Baseline/at time of HIV diagnosis 91%
 - Repeat screening for at risk patients >70%
- Intervention sites reported as low as 57% baseline HCV screening

Call to action:

- Screen all PLWH for HCV at intake into care
- Screen PLWH at risk for HCV at least annually

New York City Project SUCCEED Team

HIV Care & Treatment

- Amber Casey, Deputy Director
- Katherine Penrose, Senior Research Analyst
- Kizzi Belfon, Surveillance & Evaluation Analyst
- Graham Harriman, Director

HRSA

- Sera Morgan, New York EMA's HRSA Project Officer

Viral Hepatitis

- Alexis Brenes, Health Care Access Specialists
- Farma Pene, Health Care Access Specialists
- Natalie Octave, HIV/HCV Project Coordinator
- MaNtsetse Kgama, HIV/HCV Project Manager
- Jessie Schwartz, Clinical Coordinator, Viral Hepatitis
- Kelly Huang, Surveillance & Evaluation Analyst
- Nirah Johnson, Director of Capacity Building, Viral Hepatitis
- Angelica Bocour, Director of Viral Hepatitis Surveillance
- Ann Winters, Medical Director, Viral Hepatitis Program

This initiative is funded through the U.S. Department of Health and Human Services (HHS) Secretary's Minority AIDS Initiative Funding (SMAIF) and administered through the Health Resources and Services Administration (HRSA)'s HIV/AIDS Bureau (HAB) through the Special Projects of National Significance (SPNS) Program (Grant number U90HA30517). This information and its conclusions are those of the authors and should not be construed as the official position or policy of HRSA or the U.S. Government. Responsibility for the content of this report rests solely with the named authors.



HIV Undetectable, HCV Cured!

For more information, contact:

Ann Winters, MD, Medical Director

Viral Hepatitis Program | New York City Department of Health

awinters@health.nyc.gov

www.HepFree.NYC