



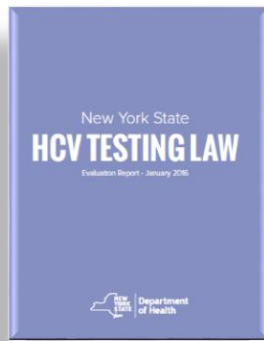
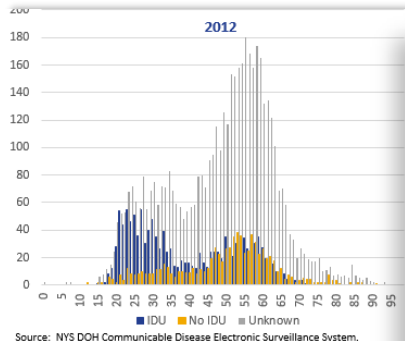
Department
of Health

Micro-Elimination Approach: Eliminating Hepatitis C in New York State

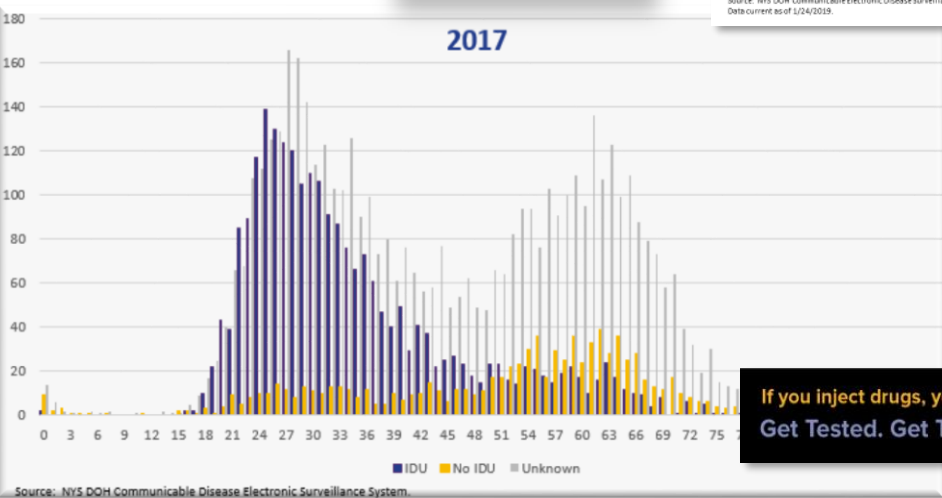
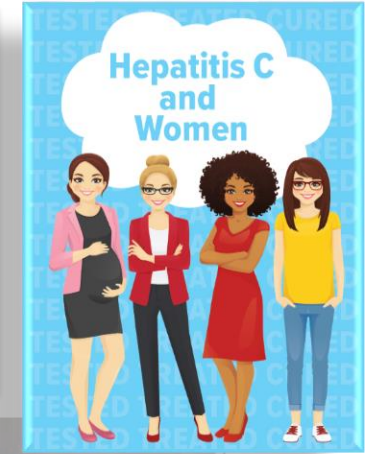
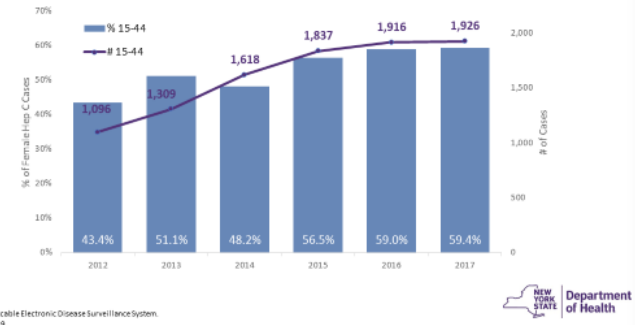
NY cures **HEP** 

Quality of Care Clinical Advisory Committee
September 12, 2019

What is NYS Doing to Eliminate Hepatitis C?



Total Acute and Chronic Hepatitis C Among Females by Year and Age Group, NYS (Excluding NYC)



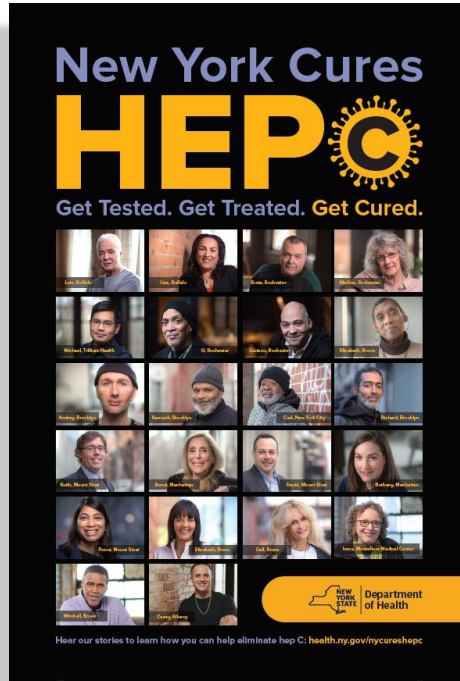
If you inject drugs, you are at highest risk for hep C. Get Tested. Get Treated. Get Cured.

NEW YORK STATE Department of Health
health.ny.gov/nycureshepc



What is NYS Doing to Eliminate Hepatitis C?

Expanding prevention, screening, care and treatment



- HCV Patient Navigation program
- Innovative Models of Care for PWID with HCV
- HCV Expansion of the Criminal Justice Initiative
- Surveillance infrastructure
- Expansion of HCV Testing
- Multi-media awareness campaign
- HCV Research

NYS Plan to Eliminate Hepatitis C

NYS Hepatitis C Elimination Task Force

- 28 appointed taskforce members and 100+ workgroup members
- Identify key populations, infrastructure needs and emerging needs
- Develop and prioritize recommendations

46 Recommendations on:

- HCV prevention;
- HCV testing & linkage to care;
- HCV care & treatment;
- Surveillance, data & metrics;
- Social determinants of health

Priority Populations and Settings Identified by the Hepatitis C Elimination Task Force

Populations

- People who use drugs
- Currently or formerly involved in the justice system
- Baby boomers
- Homeless, or at risk of becoming homeless
- HIV+ individuals (including HIV/HCV coinfection)

Settings

- Correctional facilities, including jails, courthouses, prisons
- Harm reduction programs (including syringe exchange, peer facilitated, and other)
- Drug/Substance Treatment Program sites (including opioid substitution therapy, buprenorphine, and methadone)
- Primary and Routine Healthcare Offices, Community Health Providers, and FQHC
- Settings serving the homeless

NYS HCV Elimination Targets

- 90% reduction in total viremic (RNA) prevalence
- 80% reduction in new infections
- 65% reduction in liver-related mortality
- 90% diagnosis of viremic infections
- 80% of diagnosed patients initiated on treatment



NYS HCV Elimination Targets

Target	2015	2030 Target
Prevalent (Viremic) Infections • 90% reduction from 2015	116,000 – 189,000	10,400-14,400

In order to get here, we must.....

NYS HCV Elimination Targets

Target	Cumulative outcomes, 2020-2030
Screened for HCV (in millions)	10.0 – 10.6
Newly Diagnosed	33,200 – 75,000
Treated	75,600 – 143,000
New Infections	37,100 – 46,400
Liver Related Deaths	2,900 – 9,100

Among People who Inject Drugs, Targets Needed to Reach Elimination

	2017	2030
Percent engaged in harm reduction	54% – 56%	87%
Percent with HCV RNA treated	3% – 4%	24%



What is HCV Micro-elimination?

- Break down elimination goals into smaller goals for individual population segments.
- Treatment and prevention interventions can be delivered more quickly and efficiently using targeted methods.

What does a Micro-Elimination involve?

- A plan for how to tailor resources and services to overcome known barriers to achieve high levels of HCV diagnosis and treatment in a defined population within a specific time frame
- A multi-stakeholder process is used to develop and implement the plan.
- Progress and outcomes are monitored and reported.

Candidate Populations for HCV Micro-elimination

- Patients with advanced liver disease
- People living with HIV and HCV coinfection
- Hemophilia patients
- Incarcerated
- Children
- Patients engaged with drug treatment
- Migrant communities from high prevalence regions
- People who inject drugs in networks
- Men who have sex with men
- Generational cohorts of high prevalence (baby boomers)
- Geographically defined areas

Leverage the Existing to Support Micro-elimination of HIV/HCV-coinfected

- All persons living with HIV should be tested for HCV at baseline.
- All patients with HIV who test seronegative for HCV, but have continued high-risk behaviors should be screened at least annually for HCV, including:
 - People who inject drugs,
 - Men who have sex with men without barrier protection; or
 - Anyone with multiple sexual partners
- HCV testing should be performed on all pregnant individuals.
- All persons chronically infected with HCV should be treated



What more can we do to eliminate hepatitis C among people with HIV in NYS?



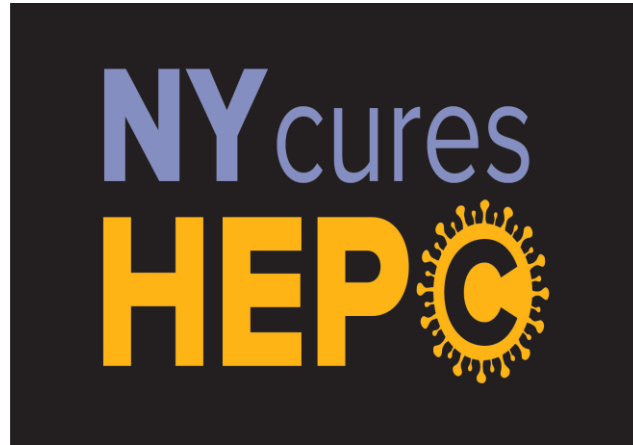


- What barriers do people with HIV experience:
 - Accessing HCV testing services
 - Accessing HCV treatment
 - Accessing HCV prevention services



- What opportunities can improve HCV treatment and prevention for people with HIV?
 - When do you screen for HCV? Is reflex testing used?
 - How do you treat HCV? Onsite? Through an MOU with an HCV provider?
 - How do you track patients screening? Treatment?
 - How do you address risk for HCV or reinfection?

Thank you



https://www.health.ny.gov/diseases/communicable/hepatitis/hepatitis_c/elimination.htm