



**THE AIDS INSTITUTE**

# Trends and Topics in Viral Hepatitis

## Federal, State and Local Recommendations for Viral Hepatitis Testing Programs

October 8, 2014

# Purpose of Webinar

NASTAD's July 11 2014 HCV released report: 'Investing in Health Department HCV Testing – 2013 Survey Results'

TAI's 'Analysis of Local Florida Health Department Viral Hepatitis Programs and Key Recommendations'

# Learning Objectives

- 1) To review and introduce key recommendations of current hepatitis testing practices
- 2) To provide an opportunity for discussion that could lead to the promotion of increased testing for hepatitis C throughout local, state, and federal entities

# Learning Objectives

- 3) To gain knowledge of best practices among viral hepatitis programs and determine if they could be adaptable within a variety of settings (i.e. health department, community-based organization)

# Webinar Logistics

**The webinar is being recorded.**

**All lines are muted to reduce background noise.**

**Questions may be asked at the end by virtually “raising your hand.”**

**You must enter your AUDIO PIN to be able to speak.**

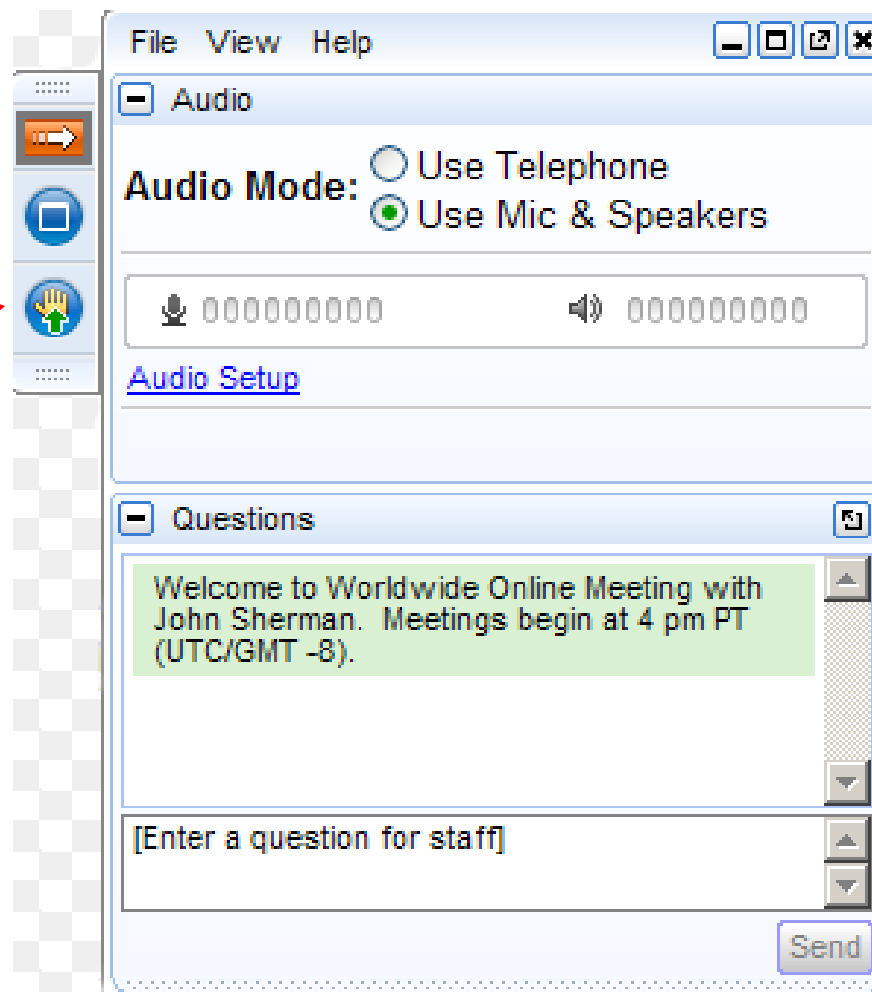
# Questions

Questions may be asked by virtually “raising your hand.” All lines are muted until individuals are called upon.

Your “hand” is raised when a red arrow is present.

Your “hand” is down when a green arrow is present.

You must enter your  
AUDIO PIN  
to be able to speak.



# Presenters

National Alliance for State and Territorial AIDS  
Directors (NASTAD)

--Chris Taylor, Director, Viral Hepatitis

--Amanda Bowes, MPH, Associate, Health Care Access and Viral  
Hepatitis

The AIDS Institute (TAI)

Michelle Scavnicky, MS, Director of Education and Capacity Building



# **INVESTING IN HEALTH DEPARTMENT HCV TESTING**

**Chris Taylor, Director, Viral Hepatitis**

**Amanda Bowes, Associate, Health Care Access and Viral Hepatitis**

# The Role of VHPCs in HCV Testing

- Health departments are at the forefront of our nation's efforts to identify and prevent new hepatitis C infections
- CDC funds a position in 52 jurisdictions through the Viral Hepatitis Prevention Coordinator (VHPC) program
- CDC does not provide funds to these 52 jurisdictions for the provision of core public health prevention services such as HCV testing
- Despite a lack of adequate funding, health departments have leveraged other funds and have sought limited state funding to support HCV testing

# The Role of VHPCs in HCV Testing

- These funds are not nearly enough to adequately respond to the HCV testing needs in the U.S. and much of the leveraged funding is not available from year to year.
- To best leverage existing opportunities to reach individuals at risk for HCV, a majority of health department respondents support HCV testing in traditional public health venues
- Health departments have the expertise and infrastructure to scale up HCV testing with an increased federal investment

# 2013 HCV Testing Survey Results

# Background

- NASTAD conducted a survey of state health departments' current HCV testing practices in 2013
- Forty-four (85%) health departments responded to the survey, representing 42 states and 2 cities

# Health Department's Support of HCV Testing

- Eighty percent of health department respondents provide indirect support for local providers to conduct HCV testing (laboratory support, test kits, etc.)
- Thirty-nine percent of respondents specifically fund HCV testing

# Health Department's Support of HCV Testing Cont.

- Health department respondents funded more than 120,000 HCV tests in 2013 with a positivity rate of 14%. This represents a 41% increase from 2011.

Type of Test	Number performed	Number positive (%)
HCV antibody by EIA (anti-HCV EIA)	72,778	8,661 (11.9%)
OraQuick rapid HCV antibody test	31,309	5,858 (18.7%)
HomeAccess Hepatitis C antibody	1,783	281 (15.8%)
HCV PCR qualitative	1,703	742 (43.6%)
HCV PCR quantitative	3,381	1,920 (56.8%)
Type of test not known	11,778	0 (0%)
<b>TOTAL</b>	<b>122,732</b>	<b>17,462 (14.2%)</b>

# HCV Testing Settings

- A majority of health department respondents support HCV testing in traditional public health venues such as community-based organizations (CBOs) and sexually transmitted disease (STD) clinics
- Thirty-six (82%) health department respondents supported HCV/HIV integrated testing while 19 (43%) supported HCV standalone testing



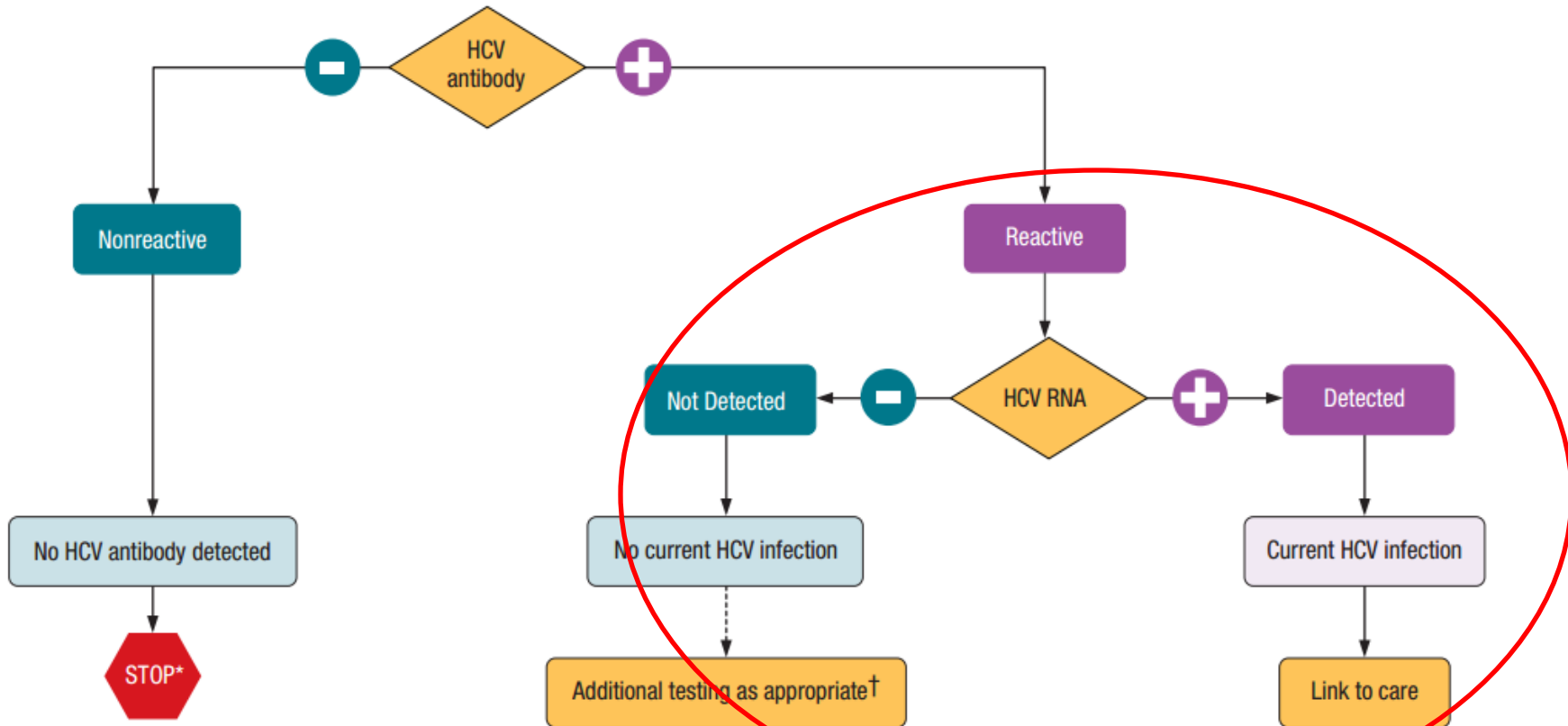
# HCV Testing Settings Cont.

- Twenty-seven (61%) respondents support HCV testing in HIV CBOs
- Twenty-five (57%) respondents support HCV testing in HIV testing sites
- Twenty-two (50%) respondents supported testing in substance use treatment centers
- Twenty-one (48%) respondents support HCV testing in STD clinics
- Jail facilities, outreach programs, syringe access programs and other health department clinics were each cited by 19 (43%) health departments as venues in which integrated HIV and HCV testing is supported

# Linkage to Care

- Provide clients with information regarding accessing services as a strategy to connect them to care (n = 35, 80%)
- Staff contacting providers in order to schedule appointments on behalf of clients (n = 17, 39%)
- Conducting follow-up phone calls with clients (n = 13, 30%)
- Escorting clients to appointments (n = 9, 21%)
- Conducting reflex testing at the time of reactive antibody test result with a follow-up appointment (n = 7, 16%)

# HCV Testing Algorithm (CDC)



Source: CDC. Testing for HCV infection: An update of guidance for clinicians and laboratorians. MMWR 2013;62(18).

# Linkage to Care Cont.

- Of the clients testing anti-HCV positive, eleven health departments reported an estimated 6,054 (4.9%) also received NAT for HCV RNA testing to confirm active HCV infection
  - Of these, 2,643 (44%) were confirmed with active HCV infection

# HCV and Young People

- In recent years, health departments in several states were first to identify an alarming increase in new HCV cases among people under the age of 30 who inject drugs
- Recent study of young people who inject drugs indicated that 72% of those living with HCV were unaware of their infection

# HCV and Young People Cont.

- Twenty-one (48%) health departments responded that they are currently conducting or supporting routine HCV testing
  - Four have plans to implement testing in the next 12 months
- Nineteen health departments reported an estimated 23,380 individuals under the age of 30 received a positive HCV antibody test
  - Of these, 5,801 (25%) received a positive HCV nucleic acid test (NAT) confirmatory result

# Challenges to HCV Testing and Linkage to Care

- Thirty-nine (89%) health departments cited lack of funding for HCV testing and 37 (84%) identified lack of funding to support referral and linkage to medical care as ongoing challenges
- There is limited to no uniform surveillance system for HCV on either the state or federal level

# Funding HCV Testing

- CDC only provides \$5.2 million to health departments for the VHPC program
  - **This is less than one dollar for every estimated case of viral hepatitis!**
- For over a decade, health departments have been working to leverage other funding sources to support HCV testing
- While these efforts have been successful in reaching some people living with HCV, the funding is neither adequate nor sustainable



# Funding HCV Testing

- Funding leveraged to support HCV testing:
  - Limited VHPC carry forward funds
  - Limited federal HIV prevention funds
  - Limited federal STD prevention funds
  - Limited state funds earmarked for HCV testing
- These sources of funding are not consistently available for HCV testing and linkage to care
- They are frequently one-time allocations or are from carry-over funds in the previous year's budget
- As a result of this unpredictable and inconsistent funding landscape, health departments are challenged to plan expansive or long-term activities related to HCV testing, prevention and treatment.

# Recommendations

# Recommendations for Health Departments

- Leverage existing funds to support HCV testing
- Support access to insurance for persons at risk of HCV
- Increase proportion of HCV antibody positive persons receiving confirmatory testing
- Target HCV testing to young people who inject drugs
- Promote birth cohort testing among primary care providers
- Collect, analyze and publish HCV testing data

# Recommendations for the Federal Government

- Continue to fund the Viral Hepatitis Prevention Coordinator program in at least 52 jurisdictions (CDC)
- Designate at least an additional \$5.2 million for health department HCV testing initiatives (CDC)
- Update HCV testing recommendations (frequency) for people who inject drugs (CDC)
- Develop surveillance guidance for monitoring and follow up of HCV among people under 30 years of age (CDC)

# Recommendations for the Federal Government Cont.

- Require grantees serving people who inject drugs to provide HCV testing (SAMHSA)
- Incentivize HCV testing of birth cohort by community health centers (HRSA)
- Update HCV testing guidelines (frequency) for people living with HIV (CDC/HRSA)
- Incentivize HCV testing of birth cohort utilizing Medicare and Medicaid (CMS)
- Increase HCV testing in tribal communities (IHS)

# Recommendations for Congress

- Increase funding at the CDC Division for Viral Hepatitis (DVH) by \$16.4 million to total \$47.8 million to more effectively combat the epidemic
- Increase funding for the Viral Hepatitis Prevention Coordinator program by \$5.2 million, to total \$10.5 million, to support and expand programs in all currently funded jurisdictions
- Support the Viral Hepatitis Testing Act of 2013
- Join the Congressional Hepatitis Caucus

# Discussion

# **Analysis of Local Florida Health Department Visits to Viral Hepatitis Programs: Key Recommendations**

**Michelle Scavnicky, MS**

**The AIDS Institute**

**Director of Education and Capacity Building**



# Background

1. No nationally recognized best practices for creating and executing successful public health viral hepatitis programs.
2. Variation from state to state, program to program, which often creates barriers to information sharing between programs
3. Programs are often housed in different silos.

# Opportunity

TAI's plan is to create an initial set of key recommendations for ultimately developing a base of standardization of best practices for budding and experienced viral hepatitis programs.

# Purpose: Survey and Health Department Site Visits

- 1) Connect with the individuals who manage and operate the program
- 2) To gain a rudimentary understanding of each program's operations and HCV testing practices
- 3) Create novel recommendations that will enhance the capacity of existing viral hepatitis programs or develop new programs

# Stage 1: Survey

- ✓ Initial contact with 15 local health departments (LHDs) viral hepatitis programs
- ✓ 22-question survey
- ✓ All 15 LHD's responded

# Stage 2: Site Visits

Seven LHDs were visited between February and April of 2014:

- ✓ Broward
- ✓ Miami-Dade
- ✓ Orange
- ✓ Palm Beach
- ✓ Pinellas
- ✓ Polk
- ✓ Seminole

# Recommendations

- ✓ The following are 7 recommendations that were the result of the survey and site visits.

# Recommendation 1: Develop a more centralized way of using data

How do other participating health departments access quarterly and yearly Viral Hepatitis testing, outreach, vaccination, and referral data?

# Recommendation 2: Standardize use of the PCR test

- ✓ CDC algorithm
- ✓ Definitive diagnosis
- ✓ Spectrum of use



## **Recommendation 3: Reduce eligibility for HCV testing by restricting the risk factor criteria to only the following:**

- ✓ Baby boomer population (rare in health departments)
- ✓ Injection drug users (current or former)
- ✓ Recipients of clotting factors prior to 1987
- ✓ Recipients of blood prior to 1992
- ✓ Hemodialysis patients (current or former)
- ✓ Persons living with HIV
- ✓ Healthcare workers with risk of body fluid exposure
- ✓ Children born to mothers with HCV
- ✓ Former or current prisoners

## **Recommendation 4: Create one standardized protocol addressing viral hepatitis testing, vaccination, counseling and continuity of care**

A protocol ensures that:

- ✓ Training of new Viral Hepatitis professionals is consistent
- ✓ Validation of public health methods has been established
- ✓ Programmatic updates and changes can be documented

## **Recommendation 5: Use electronic media to make HBV and HCV testing availability clear on both local health department sites, as well as the state health department site.**

- ✓ Difficult at present
- ✓ Needs to be in at least one electronic location for users
- ✓ Vaccination and testing opportunities are diminished

## Recommendation 6: Design and offer Viral Hepatitis training curriculum for health counselors

- ✓ Similar to HIV 501 course
- ✓ Creation of “toolkits”
- ✓ Standardize care and create the first-ever training program from A to Z with regard to testing, counseling, referral and follow-up

## Recommendation 7: Design and offer training during yearly statewide meetings

- ✓ Purpose of meetings would be to ensure standardization of education, outreach, vaccination, testing, referral to evaluation / care, data collection, and surveillance.

# Other Ideas for Consideration

1. Rapid versus Conventional Testing: Inconsistent from county to county
2. Tracking positives after they leave health department.
3. Offering results (whether positive or negative) via text. Various health departments are now doing this in Florida for G/C.

# TAI and NASTAD-Complement Each Other

## The AIDS Institute

- Develop a more centralized way of using data
- Standardize use of the PCR test
- Reduce eligibility for HCV testing by restricting the risk factor criteria
- Create one standardized protocol addressing viral hepatitis testing, vaccination, counseling, and continuity of care
- Use electronic media to make HBV and HCV testing availability clear
- Design and offer viral hepatitis training curriculum for health counselors
- Design and offer training during yearly statewide meetings

## NASTAD

- Leverage existing funds to support HCV testing
- Support access to insurance for persons at risk of HCV
- Increase proportion of HCV antibody positive persons receiving confirmatory testing
- Target HCV testing to young people who inject drugs
- Promote baby boomer birth cohort testing among primary care providers
- Collect, analyze and publish HCV testing data

# Questions/Discussion





**Michelle Scavnicky**  
[MScavnicky@TheAIDSInstitute.org](mailto:MScavnicky@TheAIDSInstitute.org)

**Chris Taylor**  
[ctaylor@NASTAD.org](mailto:ctaylor@NASTAD.org)

**Amanda Bowes**  
[abowes@NASTAD.org](mailto:abowes@NASTAD.org)