

## PHD HEPATITIS C UPDATES

Melissa Sanchez Applied Research, Community Health Epidemiology & Surveillance Branch

And

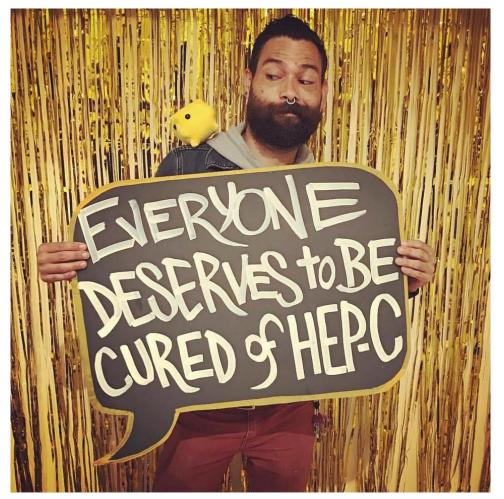
Rachel Grinstein Community Health Equity & Promotion Branch



**POPULATION HEALTH DIVISION** SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



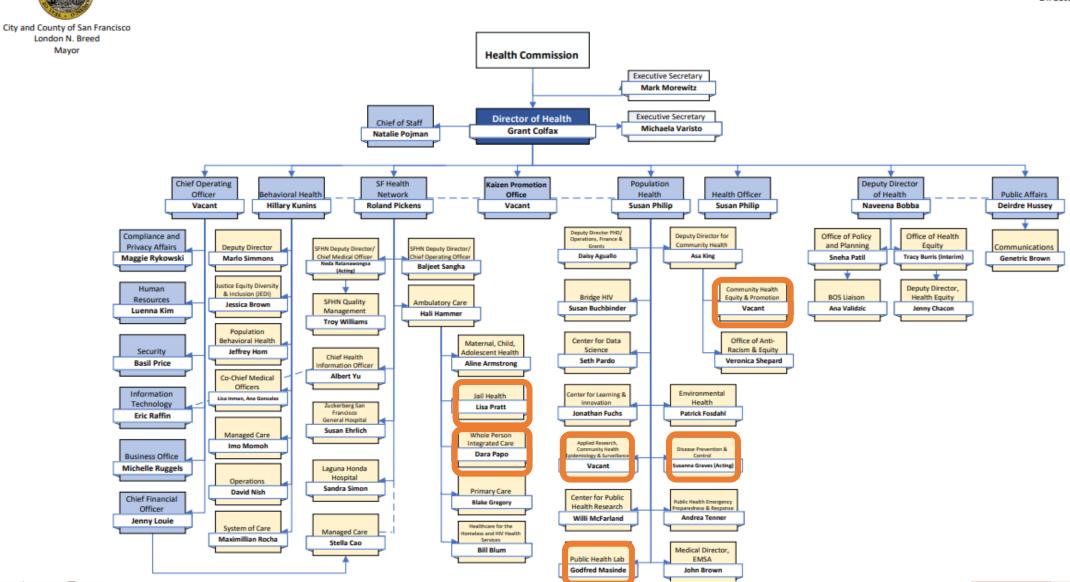
- Organizational Structure
- 2022 Surveillance Report
- Other Surveillance Efforts
- Elimination Strategies
- CHEP-Funded Community Efforts
- Community Partnerships



Photographs courtesy of End Hep C SF



San Francisco Department of Public Health Grant Colfax Director of Health





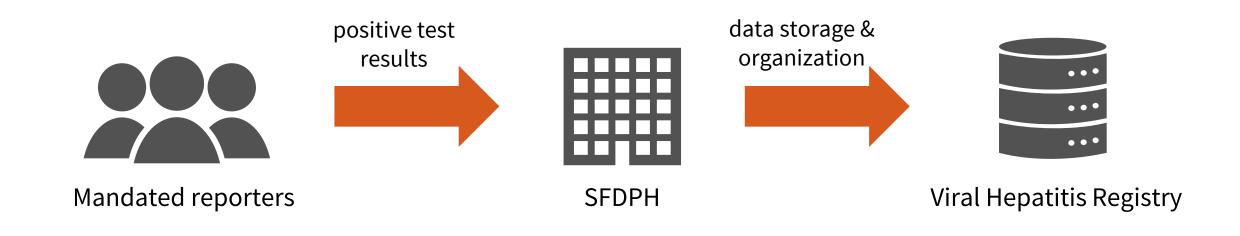
## Hepatitis C Virus (HCV) in San Francisco



- The SFDPH's Hepatitis Surveillance Program provides the data needed to inform community partners and advocates who serve the community directly, as well as national stakeholders.
- Our Program identifies special populations for targeted outreach.
- The San Francisco Chronic Viral Hepatitis Registry is a population-based registry that supports core surveillance of chronic hepatitis B and/or hepatitis C test results, along with basic demographic information (e.g. name, sex, birthdate, address)



### San Francisco Chronic Viral Hepatitis Registry: CORE SURVEILLANCE



**Registry data** allow us to examine the characteristics of positive HCV test results that are reported from laboratorians, clinicians, and other mandated reporters within a given time period

## Data Limitations

- Surveillance data do not measure prevalence.
- Surveillance data do not measure incidence.
- HCV infection data potentially overestimate the number of persons reported with chronic HCV infection because they may include acute, resolved, or cured HCV infections.
- Reporting gaps exist for labs that do not report electronically. Death data are not reported; cases who may have died after being reported to SFDPH are included.
- Lab reports are often missing information on patient race, ethnicity, and residential address. Cases with unknown addresses or those who may have moved out of SF are included in this report.
- Duplication of cases may occur if reports from the same person utilize multiple names. Conversely, cases may be erroneously matched.





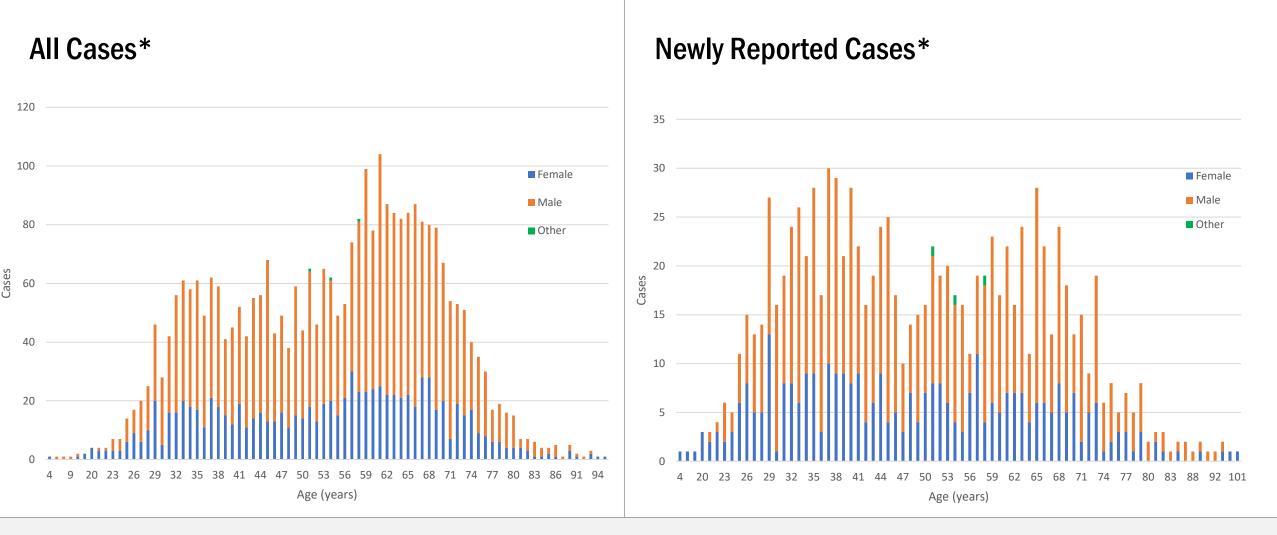


### Reported Sex of reported cases with chronic hepatitis C, 2022

	All Cases Reported		Newly Reported Cases	
Reported Sex	n	%	n	%
Female	926	29.8%	349	34.2%
Male	2180	70.1%	667	65.5%
Other	3	0.1%	3	0.3%
Total	3109	100.0%	1019	100.0%

About 2/3 of cases are male

### Age and sex distribution of reported chronic hepatitis C cases , 2022



#### Compared to all reported cases (left), newly reported cases (right) trend younger in age

\*Please note that these figures use different y axes when showing the numbers of cases

# Race/Ethnicity of all cases and newly reported cases with chronic hepatitis C in 2022 and the San Francisco population

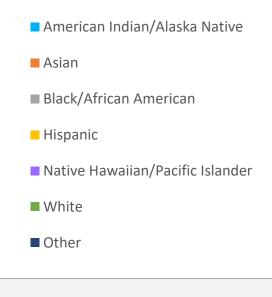


Race/Ethnicity of Chronic Hepatitis C Cases in 2022

\* Race/Ethnicity data missing for 473/3109 (15.2%) of all cases reported in 2022.

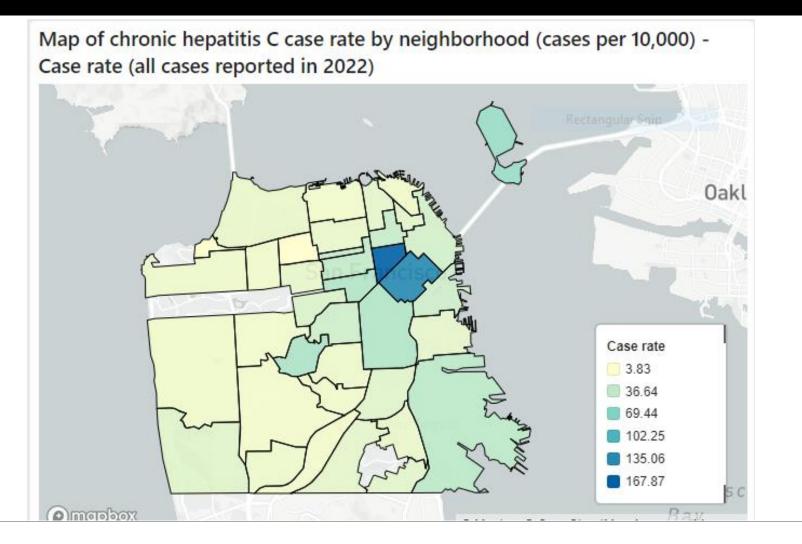
^ Race/Ethnicity data missing for 257/1019 (25.2%) of cases newly reported in 2022.

§ San Francisco Population data source: ACS 2020 5-year estimate



People who are Black/African American make up 22.5% of all cases and 12.5% of newly reported cases, but only 4.9% of the SF population

### Chronic hepatitis C cases reported in San Francisco 2022 by neighborhood\*



The highest case rates of all reported HCV cases occurred in the Tenderloin and South of Market neighborhoods

- Not shown are 585/3109 (18.8%) of all reported cases which could not be geocoded.
- Case counts and case rates not shown for neighborhoods with fewer than five cases or for neighborhoods with a population fewer than 1,000 people.
- San Francisco Population data source: American Community Survey 2020 5-year estimate.

# Core Surveillance - Reporting Regulations

March 2023 – CDPH requested labs to electronically report non-positive HCV RNA results

- Most labs are now reporting negative results.
- We are now receiving an estimated 99% of all negative results.

Negative/Non-positive results will assist in identifying:

- cured, cleared, and/or treated HCV cases
- acute HCV cases by test conversion (negative → positive within 12 months)



11

# HCV Negative RNA Analyses

In March 2023, we convened an HCV Negative RNA Analyses Workgroup which included HCV SMEs from UCSF and community stakeholders to discuss what questions we are trying to answer using these data.

- Who needs treatment? (RNA positive)
- Who does not need treatment/no longer has active HCV? RNA pos  $\rightarrow$  neg
- Who had a treatment failure or re-infection? RNA pos  $\rightarrow$  neg  $\rightarrow$  pos



# Upcoming HCV surveillance efforts



Complete HCV negative RNA data analyses. These analyses and results will be presented in formal reports for dissemination beginning with our next annual surveillance report this summer.



Generate Data-to-Care lists to support community partners in their efforts to implement targeted interventions.



Conduct a match of HCV and HIV registries to improve data completeness including demographic and address information and more accurately describe the coinfected population.



Continue collaborations with End Hep C SF, other community partners, SFDPH programs, CDPH, and the CDC.

## Roadmap to Eliminating Hepatitis C

Integrated Testing Opt-Out Screening Peer Programs

\*

TREAT

DIAGNOSE

Linkage & Navigation Services Same-Day Diagnosis & Treatment Treatment Engagement Integration with Housing Services



Increase Overdose Prevention, Harm Reduction, and Housing Services Consistent Public Data Reporting & Analysis



Outbreak Detection & Response Data-to-Care Interventions





### End Hep C in SF



## **CHEP-Funded Community Efforts**

TESTING

TREATMENT

 $\leftrightarrow 0$ 

Rapid antibody tests offered in community settings

6,035 antibody tests conducted in 2023\*

Testing at: Health Access Points Syringe Service Providers Community/Sexual Health Clinics Methadone Programs

Mobile/Street Health Fairs/Events

Supporting clients throughout treatment process NAVIGATION **110** clients linked to treatment in 2023

4 organizations funded for hepatitis C navigation

3 organizations funded for low-threshold treatment

72 clients completed treatment in 2023

Treatment at: Mobile/Street

Syringe Service Providers

Methadone programs

\*Q4 2023 testing data is still being finalized



#### HCV antibody testing in community settings and 1 more...





\*Q4 2023 testing data is not yet finalized

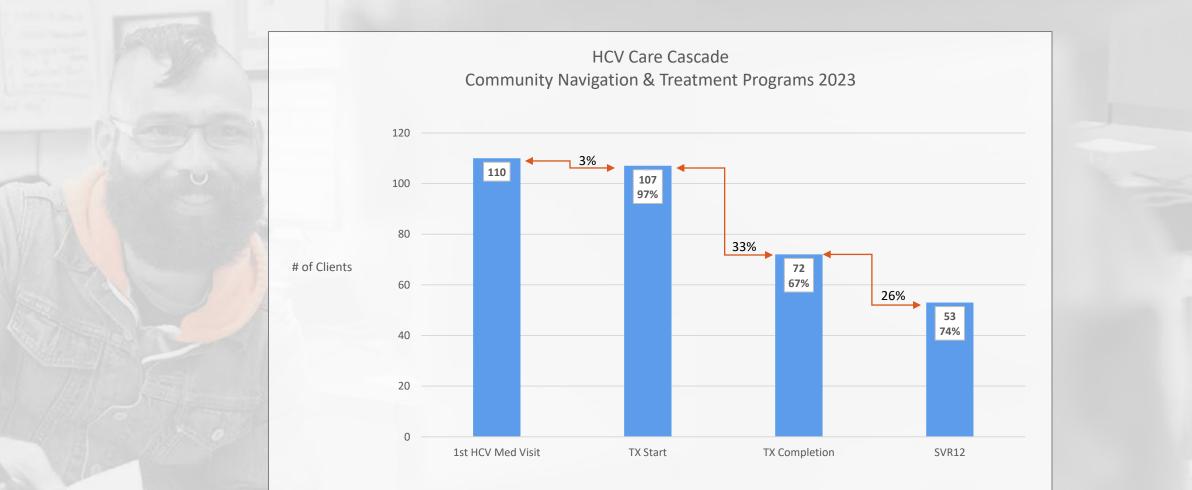


Q4 2023

Current Value

919

## Navigation & Treatment



## Health Access Points



Equity-focused, community-centered, whole-person care approach



Integration of HCV and STI with HIV



Increased emphasis on harm reduction services



Enhanced community engagement



Collaboration



**POPULATION HEALTH DIVISION** SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

## **Community Partnerships**





- Advising on HCV Surveillance report
- Priority setting & strategic planning
- Capacity building & trainings
- Making connections & building relationships

EVENTS

- INHSU Symposium
- End Hep C SF Executive Advisory Committee
- Street Health & Wellness Fair
- HAPpy Hour
- End Hep C SF Community Dinner
- World Hepatitis Day City Hall Lighting

COLLABORATIVE SPACES

- HCV Care Coordination meetings
- PHD Cross-branch viral hepatitis meetings
- End Hep C SF workgroups
- Perinatal HCV Taskforce
- Congenital Syphilis Taskforce
- Bay Area HCV Collaborative
- All-HAP meetings



### Questions?

Rachel Grinstein <u>Rachel.Grinstein@sfdph.org</u> Viral Hepatitis Coordinator Community Health Equity & Promotion Population Health Division San Francisco Department of Public Health Melissa Sanchez, PhD, MA <u>Melissa.Sanchez@sfdph.org</u> Director, Viral Hepatitis Surveillance Supervising Epidemiologist, Communicable Diseases Applied Research, Community Health Surveillance & Epidemiology Population Health Division San Francisco Department of Public Health