Hepatitis C Outreach to People Who Inject Drugs and Baby Boomers in Philadelphia

STACEY B. TROOSKIN MD PHD

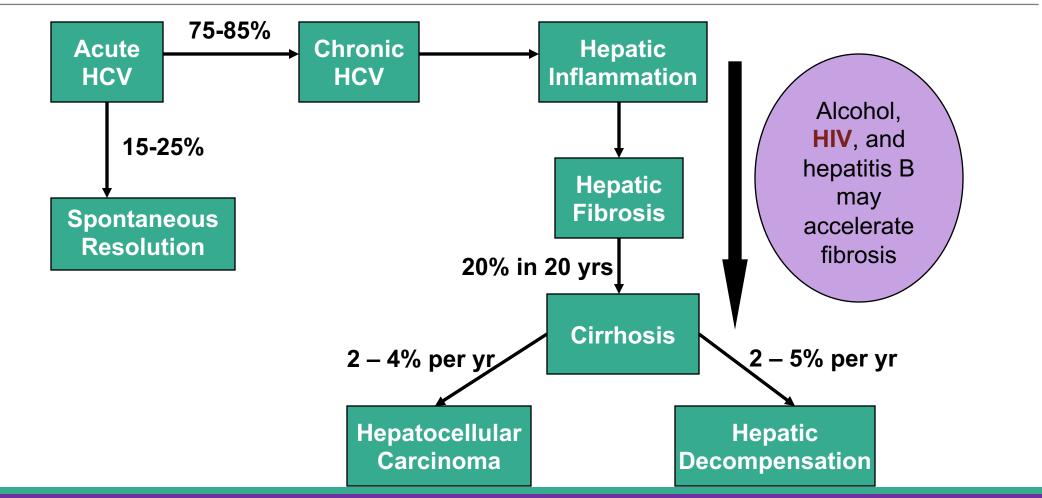
DIRECTOR OF VIRAL HEPATITIS PROGRAMS

PHILADELPHIA FIGHT COMMUNITY HEALTH CENTERS

PHILADELPHIA, PA



Natural History of HCV Infection



www.CDC.gov Seeff LB. *Hepatology* 2002;36 (Suppl 1):S35-46.

Epidemiology of HCV in the US

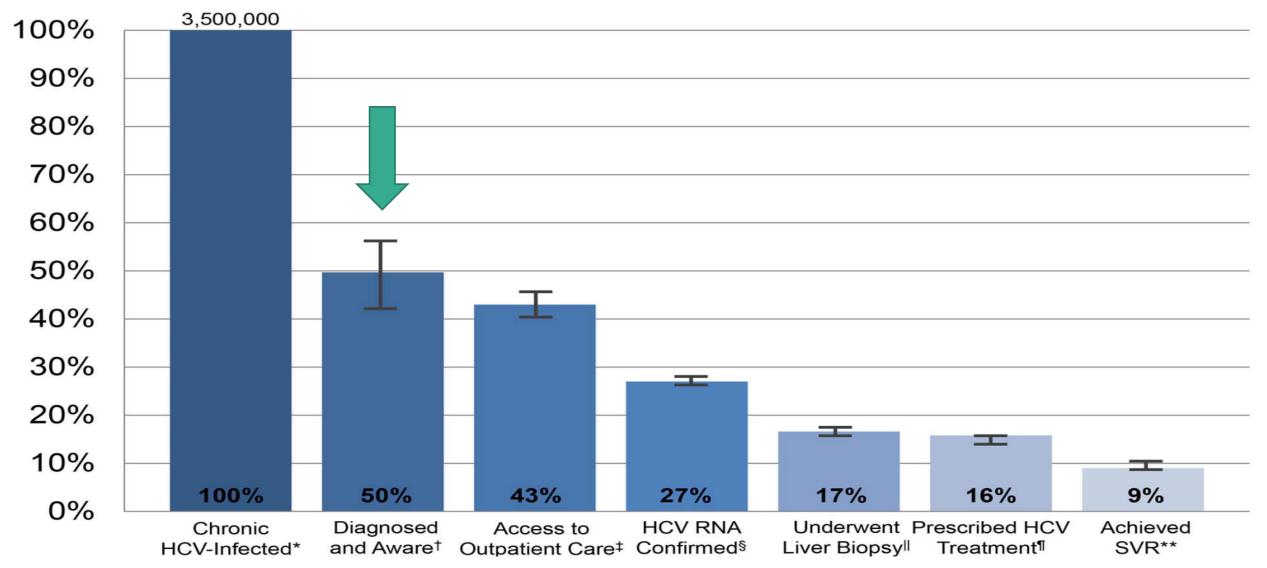
Most common blood-borne infection in the US

- 3.2 million to 5.2 million persons chronically infected
- Birth cohort 1945-1965: **3.27%** antibody positive
 - Non-Hispanic blacks: 6.31%
 - Non-Hispanic whites: 2.92%
 - Mexican American/ other: 2.78%

50% to 75% of individuals chronically infected with HCV are unaware of their infection



Treatment cascade for people with chronic HCV infection

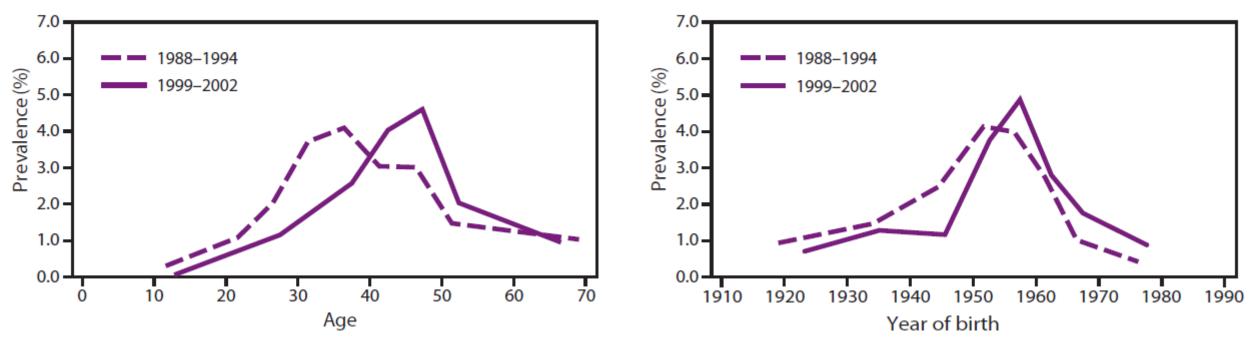


Yehia B. PLoS One. 2014; 9(7) e101554.

Birth Cohort with high rates of HCV

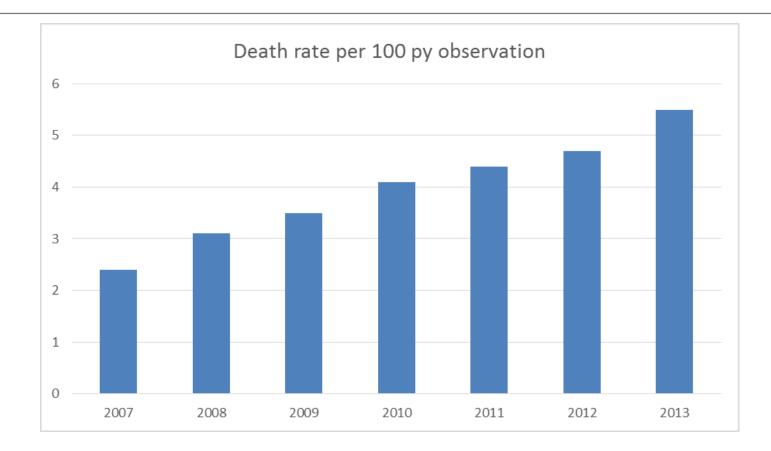
FIGURE 1. Prevalence of hepatitis C virus antibody, by age at time of survey — National Health and Nutrition Examination Survey, United States, 1988–1994 and 1999–2002

FIGURE 2. Prevalence of hepatitis C virus antibody, by year of birth — National Health and Nutrition Examination Survey, United States, 1988–1994 and 1999–2002



CDC. MMWR. August 17, 2012, Vol. 61, No. 4 Armstrong GL et al. *Ann Internal Med*, 2006;144:705–14.

The Chronic Hepatitis Cohort Study (CHeCS) Doubling of mortality rate, 2007-2013



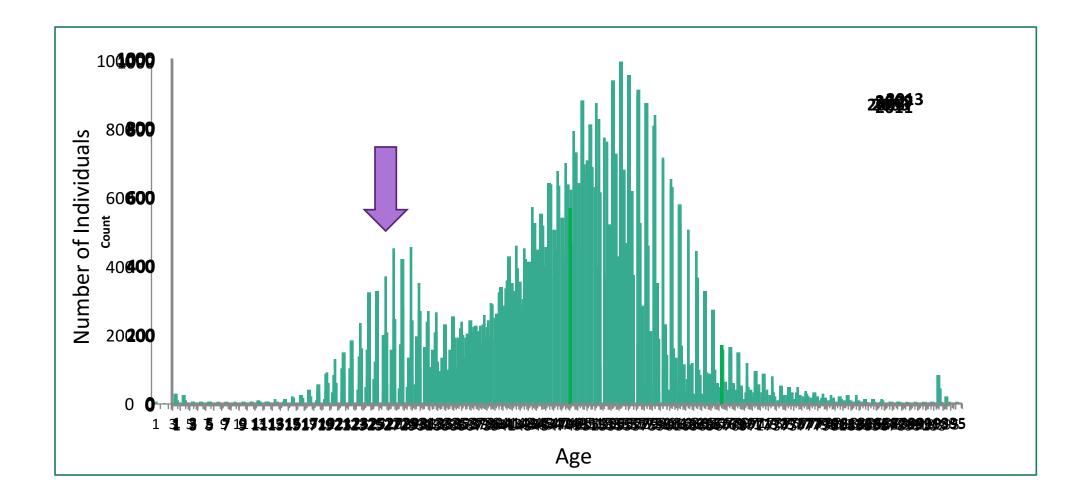
Slide courtesy of S. Holmberg, presented at IDSA 2015

CDC Recommendations for HCV testing

Birth Cohort based screening

- All individuals born between 1945 and 1965 should be tested at least once for HCV
- All individuals outside of this cohort with a HCV risk factor should be screened
- Cost-effective
- 1-time cohort screening would identify about 86% of undiagnosed cases, compared with 21% with risk-based screening
- US Preventive Services Task Force: Grade B recommendation

A new population of young HCV cases is emerging in Philadelphia 2007-2013



Data provided by Dr. Kendra Viner PhD from the Philadelphia Department of Public Health

Heroin Use Has INCREASED Among **Most Demographic Groups**

Heroin Addiction and Overdose **Deaths are Climbing**

286%

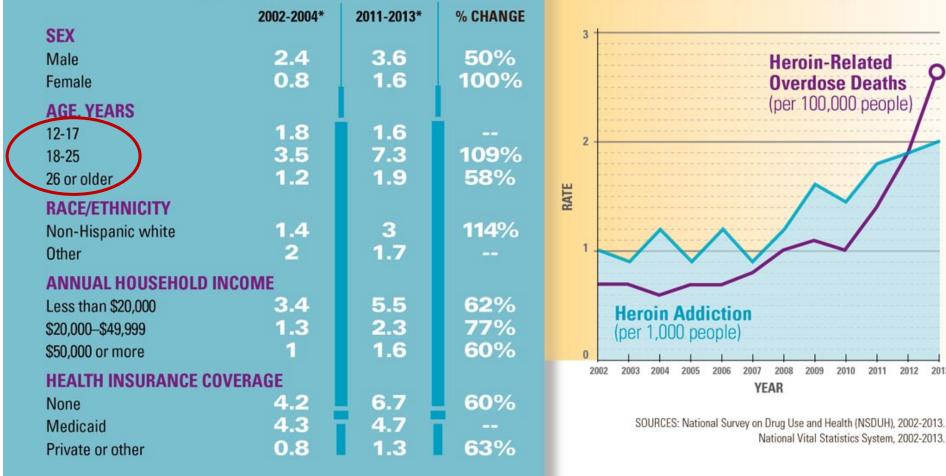
2011

2010

2013

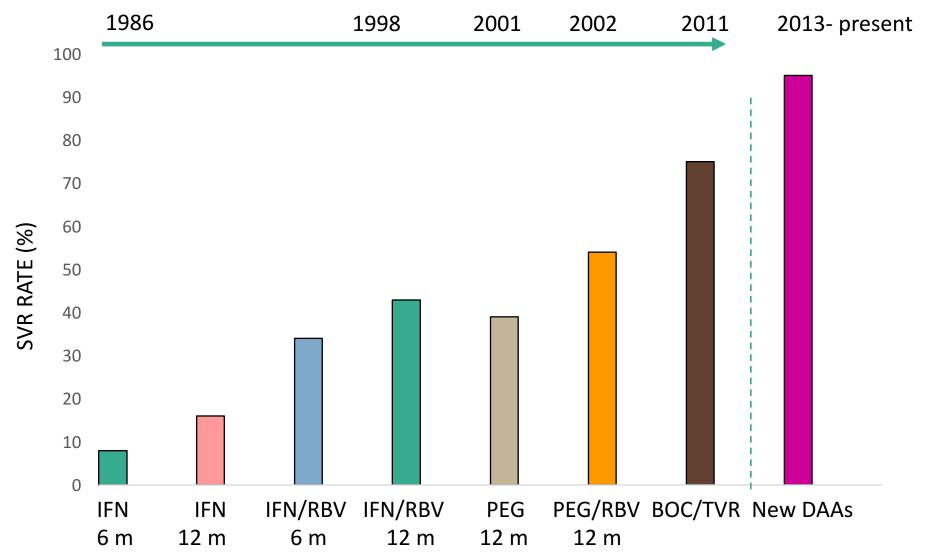
2012

increase



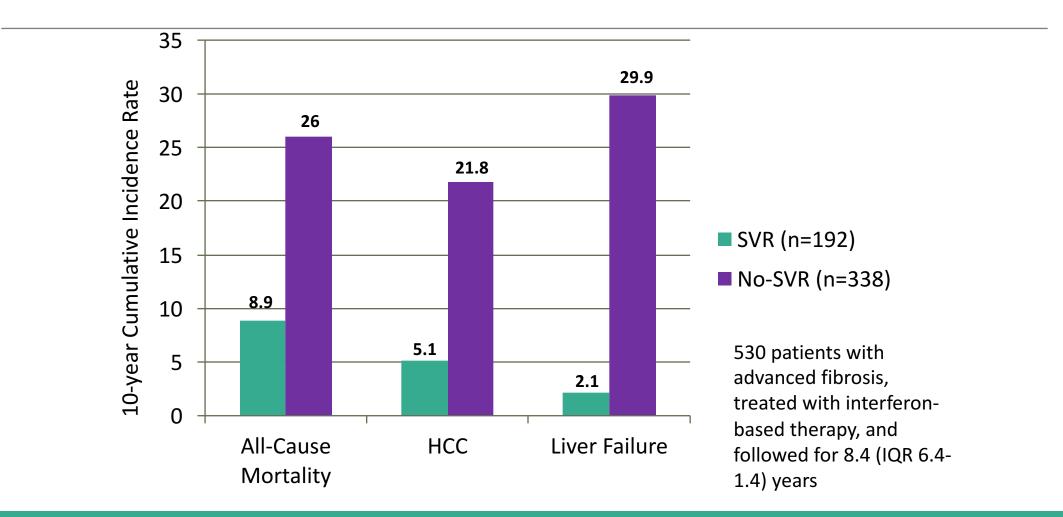
http://www.cdc.gov/vitalsigns/heroin/

Evolving HCV Treatment



Adapted from Strader DB. Clin Liver Disease 2012, 1:1; 6-11.

SVR (Cure) Associated with Decreased All-Cause Mortality



Next steps



The Jonathan Lax Treatment Center The Youth Health Empowerment Project The John Bell Health Center



COMMUNITY BASED TESTING

Syringe Exchange Program Drug Treatment Programs Homeless shelters Opioid substitution programs Senior Centers



A Program of Philadelphia FIGHT

Testing Data

Senior Center Testing Program

- 23 sites in 38 sessions, 20 more scheduled sessions at 12 sites)
- Goal of educating 4000
- Goal of testing 500 (364 tested as of 4/18)
- Seroprevalence: 1.64%

Testing and linkage to care services for PWID

- Syringe Exchange Program: Prevention Point Philadelphia
- Recovery and drug treatment programs
- Methadone program
- Institute for Community Justice
- Seroprevalence: 30% to 60%

Thank you!

C a Difference Team

Philadelphia Department of Public Health

Prevent Cancer Foundation

Gilead FOCUS Initiative