Emalie Huriaux, MPH

Project Inform & CalHEP

End Hep C SF:

HCV Elimination by Prioritizing Engagement of Marginalized Populations
End Hep C SF Launch
World Hepatitis Day, July 28, 2016
End Hep C SF Partners

[Logos of various partners in Hepatitis C prevention and treatment]
Sharing equipment spreads Hep C
Come get sterile stuff

There is new hope for people with Hep C
Come visit us to talk about the new cure

Glide Harm Reduction Program - 5th floor
330 Ellis Street (between Taylor & Jones)
San Francisco, CA 94102
(415) 874-5188 / hepC@glide.org
For more info, visit www.endhepcsf.org

END HEPC SF

We can’t treat Hep C if we don’t know we have it.

There is new hope for people with Hep C
Come visit us. Talk about the new treatments. Get tested.

San Francisco AIDS Foundation
Syringe Access Services
117 5th Street
San Francisco, CA 94103
(415) 241-5100 / sfaf@endhepcsf.org
For more info, visit www.endhepcsf.com
We can’t treat Hep C if we don’t know we have it.

There is new hope for people with Hep C

Come visit us. Talk about the new treatments. Get tested.

No podemos tratar la Hep C si no sabemos que la tenemos

Hay esperanza nueva para las personas que viviendo con la hepatitis C. Hazte la prueba.
Living with Hep C?
New treatments have changed the game

There is new hope for people with Hep C
Come visit us to talk about the new cure

Glide Harm Reduction Program - 5th floor
330 Ellis Street (between Taylor & Jones)
San Francisco, CA 94102
(415) 674-5186 / hepc@glide.org
For more info, visit www.endhepcsf.org
VISION:
End Hep C SF envisions a San Francisco where hepatitis C is no longer a public health threat and HCV-related health inequities have been eliminated.

MISSION:
To support all San Franciscans living with and at risk for hepatitis C to maximize their health and wellness. We achieve this through prevention, education, testing, treatment, and linkage to reduce incidence, morbidity, and mortality related to hepatitis C.
San Francisco and HCV

• Estimated 22,000 San Franciscans are HCV antibody positive¹
  • 2.5% of general population
  • Estimated 12,000 viremic infections¹

• Approximately 7,500 homeless individuals²

• Approximately 22,500 PWIDs³

• Disproportionate HCV impact on certain populations

<table>
<thead>
<tr>
<th>Population</th>
<th>Burden</th>
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<tbody>
<tr>
<td>PWIDs</td>
<td>68% of viremic population</td>
</tr>
<tr>
<td>Baby boomers</td>
<td>38% of viremic population</td>
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<tr>
<td>MSM</td>
<td>14% of viremic population</td>
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<tr>
<td>Homeless</td>
<td>46% antibody positive</td>
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<tr>
<td>African-Americans</td>
<td>31% of HCV case reports</td>
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References
1. www.endhepcsf.org, download
End Hep C SF

Treatment Access Strategies

**Value:** Continue to invest in populations that have frequently been characterized as “difficult to engage,” as we realize that these groups often have the greatest unmet need for services.

- Bringing treatment into primary care (out of specialists’ offices)

- Bringing treatment outside of primary care specialty care
  - Drug treatment programs
  - County jail
  - Street medicine
  - Homeless shelters
  - Syringe access programs
An estimated 25% of viremic population treated since DAAs became available in SF

- Lowered viremic number in SF population to 12,000
- Approximately 300 treated estimated to be PWIDs

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<thead>
<tr>
<th>Non-Traditional Treatment Setting in San Francisco</th>
<th>Estimated # patients treated 2016-2017</th>
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<tr>
<td>Primary care (San Francisco Health Network clinics)</td>
<td>400</td>
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<tr>
<td>Methadone</td>
<td>75</td>
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<tr>
<td>County jail</td>
<td>65</td>
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<tr>
<td>Street medicine</td>
<td>7</td>
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<tr>
<td>Shelter</td>
<td>6</td>
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<tr>
<td>Syringe access</td>
<td>5</td>
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Conclusions

1) HCV elimination strategies necessitate:
- A focus on specific interventions for marginalized populations
- A willingness to bring hepatitis C treatment outside of the walls of specialty clinics
- Unrestricted access to DAAs.

2) Focusing resources where marginalized populations access services creates opportunities to cure those at highest risk of acquiring and/or transmitting HCV, which has the added benefits of:
- Improves the quality of life for those who are successfully treated
- Expedites progress of hepatitis C elimination by reducing transmission rates.¹

¹: Biosci, 2014
## Acknowledgements:

Members of the End Hep C SF Coordinating Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Role</th>
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<tbody>
<tr>
<td>Katie Burk, MPH</td>
<td>SFDPH</td>
<td>Backbone Support</td>
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<td>Facente Consulting</td>
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<td>Janelle Silvis</td>
<td>Glide Foundation</td>
<td>Prevention &amp; Education Workgroup Representatives</td>
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<td>Joanna Eveland, MD</td>
<td>SFDPH/Tom Waddell Urban Health</td>
<td>Prevention &amp; Education Workgroup Representatives</td>
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<td>Pauli Gray</td>
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<td>Annie Luetkenmeyer, MD</td>
<td>UCSF/Positive Health Practice</td>
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<td>Kelly Eagen, MD</td>
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<td>Meghan Morris, PhD</td>
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<td>Isaac Jackson</td>
<td>Urban Survivors Union</td>
<td>Drug User Health Community Liaison</td>
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Especially those of you who have been cured of HCV and told your stories to others – you’re an inspiration!

Thank you for being part of the movement to cure all*

*Thanks to Daniel Raymond at Harm Reduction Coalition for coming up with this phrase
Thank you

End Hep C SF
www.endhep UCSF.org

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