



Northwest (HHS Region 10)

ATTC

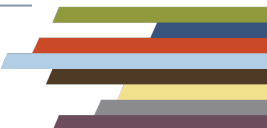
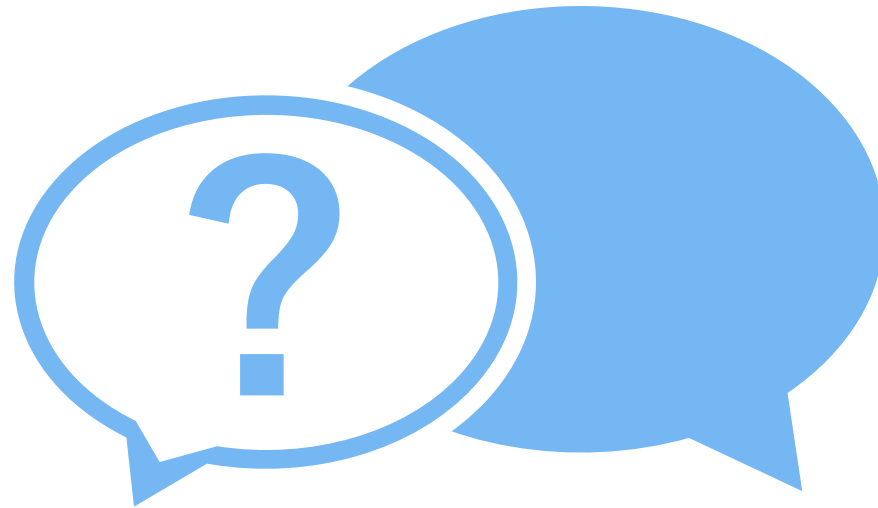
Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Thank you for joining us! The webinar will begin shortly.

Northwest ATTC presents: **Eliminating Hepatitis C**

- **Participants are automatically muted during this presentation**
- **Got questions?** Type them into the chat box at any time and they will be answered at the end of the presentation.
- An ADA-compliant recording of this presentation will be made available on our website at:
<http://attcnetwork.org/northwest>

**Questions? Please type them in
the chat box!**



Surveys

Look for our surveys in your inbox!

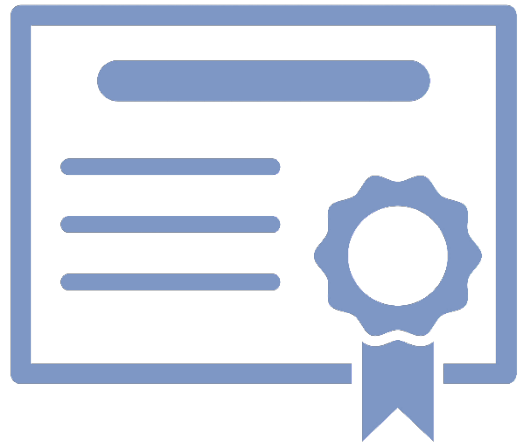
We greatly appreciate your feedback!

Every survey we receive helps us improve and continue offering our programs.

It only takes **1 minute** to complete!



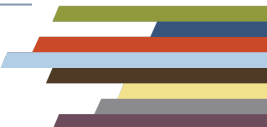
Certificates of Attendance are available for live viewers!



Viewing Groups:

Please send each individual's name and email address to northwest@attcnetwork.org within 1 business day.

Your certificate will be emailed within a week to the address you registered with.



Surveys

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Northwest ATTC Presents

Eliminating Hepatitis C



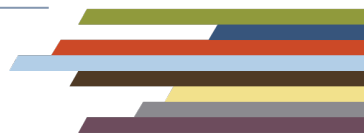
Presenter: Apoorva Mallya
Executive Director of Hepatitis Education Project (HEP)



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Upcoming Training Workshops!

Look out for an email with more information about 4 upcoming workshops from today's presenter!

**Behavioral
Health
Professionals**

February 25th
12-4pm PST

Providers

March 27th
2-6pm PST

Medical Staff

April 24th
Time TBD

Administration

May 29th
Time TBD





Hepatitis Education Project

Presentation at NWATTC Webinar

January 22, 2025

What is viral hepatitis?

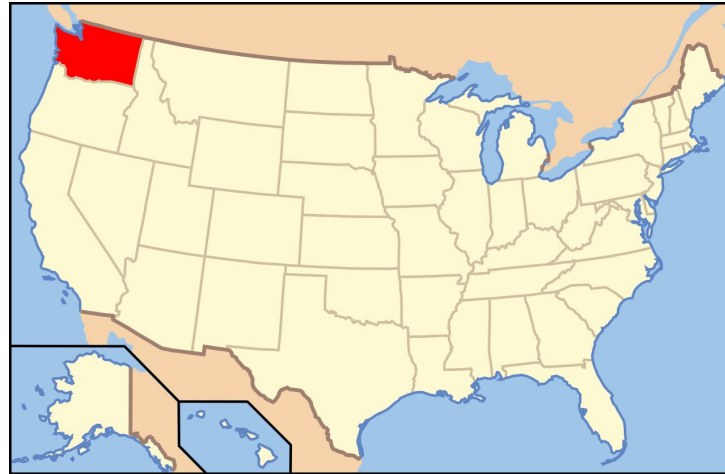
- *Viral hepatitis is an infection that can cause serious liver disease, cancer, and death. Hepatitis B and C are the two most common and devastating types of viral hepatitis.*
- *Together, they are the leading cause of liver cancer and a major cause of cancer overall.*



Viral hepatitis is bigger killer globally than HIV or malaria

Focus on Hepatitis C

2.4 million
people in the US
infected with
hepatitis C

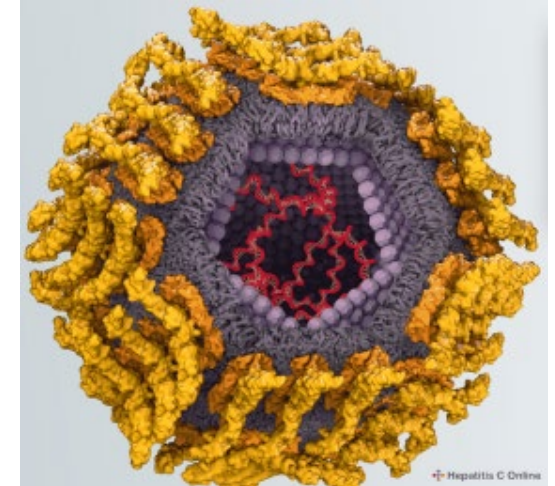


60,000 people
in Washington
State

In U.S., from 2003-2013, deaths from hepatitis C outnumbered those from HIV and from 60 other infectious conditions combined.

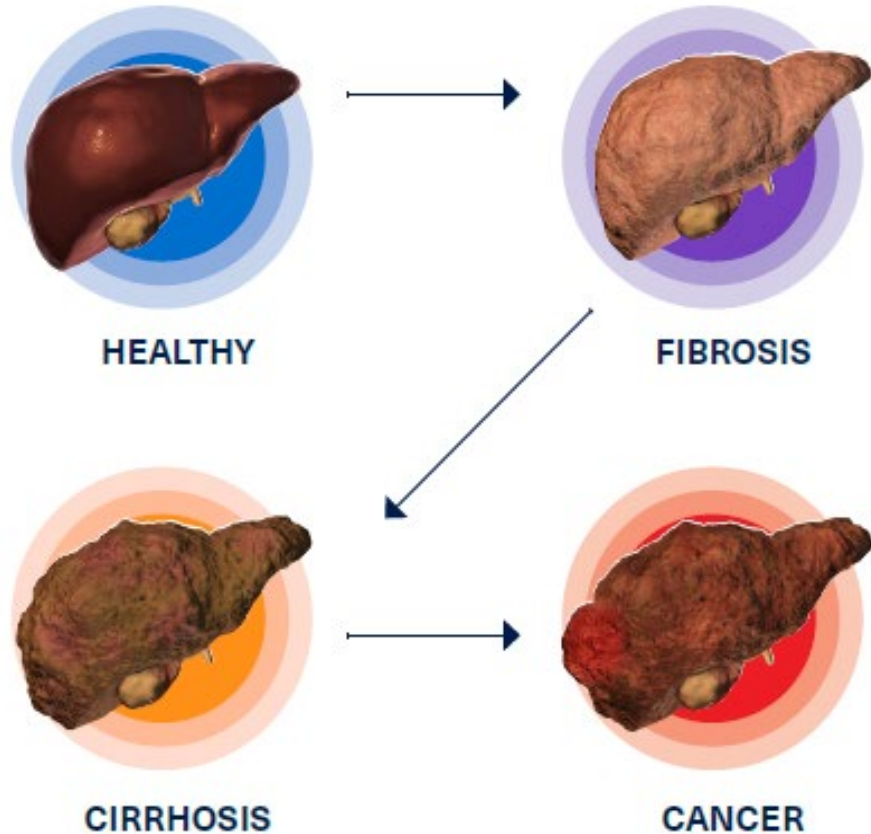
Hepatitis C Background

- RNA virus identified in 1988
- Most common blood-borne infection in US
- Not vaccine preventable
- Most people exposed to hepatitis C will develop chronic infection



Hepatitis C – Impact on Liver

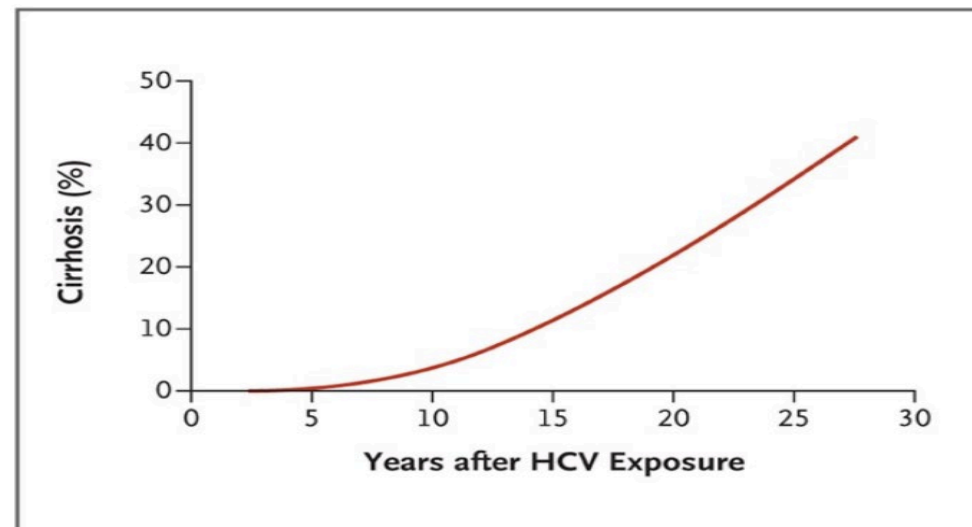
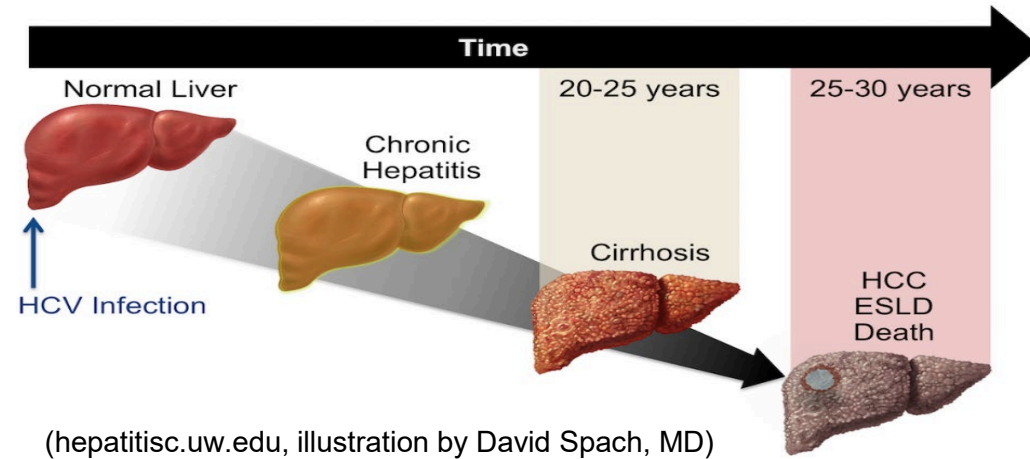
How liver disease can progress:



Whether your liver is infected with hep C or under attack in another way, the damage to your liver is likely to progress in a similar way. The basic danger is the same—that your liver will become so damaged that it can no longer work correctly.

Natural History of Chronic HCV

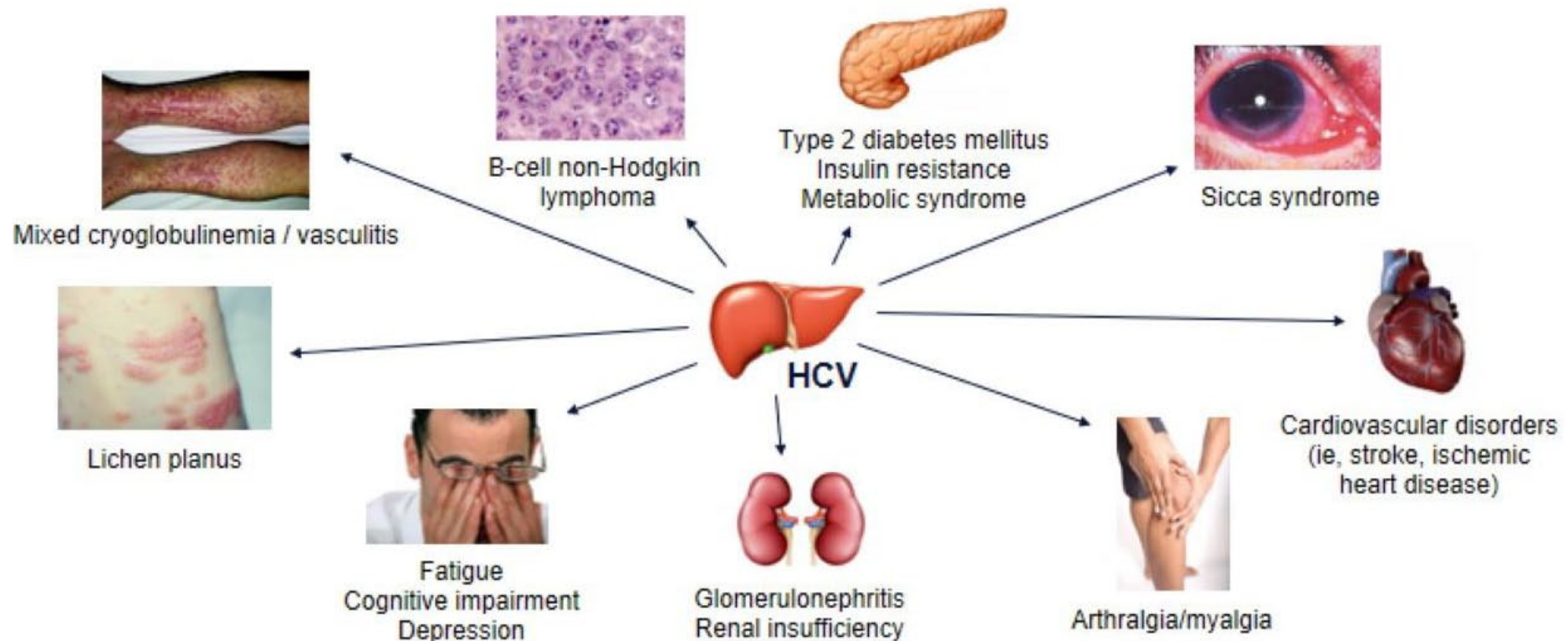
- 15-30% of those with chronic HCV will develop cirrhosis, which can lead to:
 - Hepatocellular carcinoma (3-5% incidence per year)
 - Liver failure
 - Death
- **Alcohol use** increases each of these risks AND affects transplant candidacy



Rosen H.R, NEJM
2011

Hepatitis C is a systemic disease with impacts across the body

Up to 74% of Patients Experience at Least 1 EHM Within 5 Years of HCV Diagnosis



Lived Experience with HCV

- Systemic illness – can affect entire body not just liver
- Increased risk of diabetes, heart disease, and a variety of cancers
- Patients frequently report fatigue, sleep problems, depression, and anxiety¹
- Stigma and illness-related uncertainty contribute to chronic stress²

Extrahepatic Manifestations of HCV Infection

Cryoglobulinemic vasculitis
Membranoproliferative glomerulonephritis
Membranous nephropathy
Monoclonal gammopathy
Non-Hodgkin lymphoma
Arthralgias/arthritis
Raynaud phenomenon
Fatigue
Sicca syndrome
Lichen planus
Porphyria cutanea tarda
Diabetes mellitus/insulin resistance
Hypothyroidism/hyperthyroidism

HCV in the U.S.: Routes of Transmission

- injection drug use: about 80% of cases
- blood transfusion prior to 1992
- receipt of solid organ transplantation or factor concentrates made before 1987
- male-to-male sex
- body tattoos
- intranasal drug use
- maternal-to-child transmission
- sharing personal items (e.g., toothbrushes, razors)

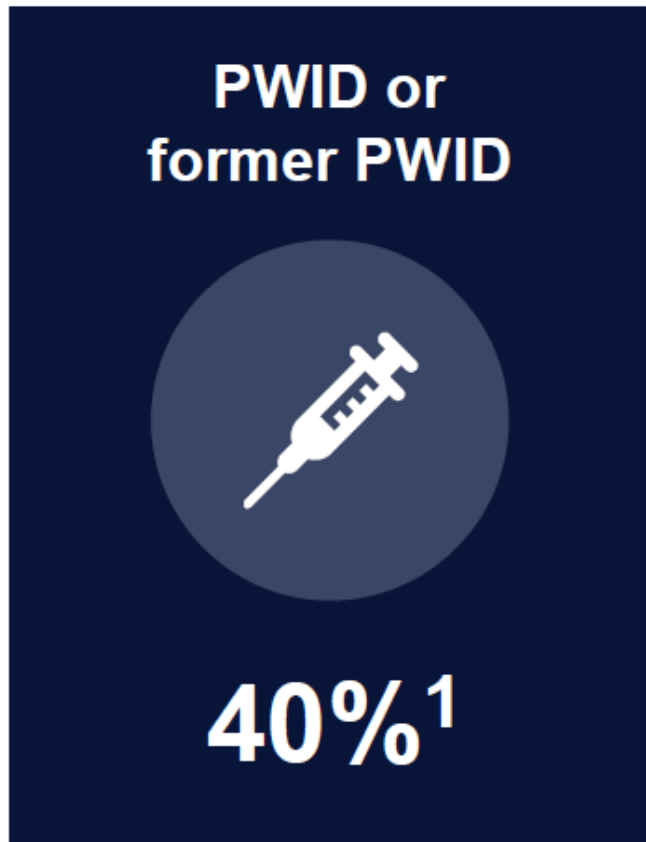


Highest risk: sharing needles and syringes

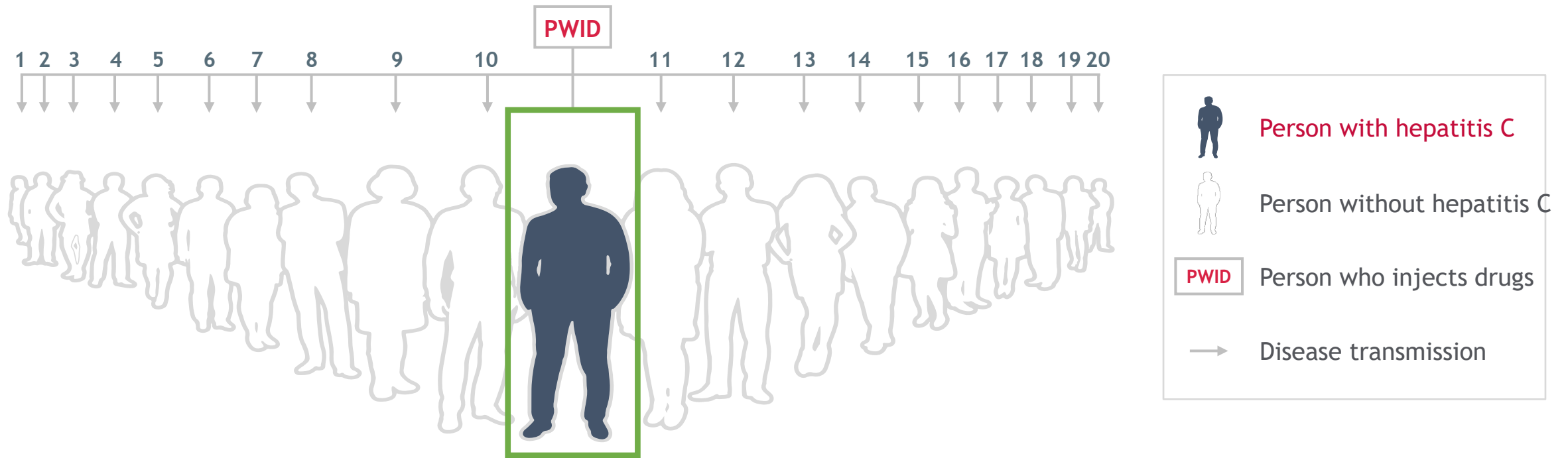
Can also occur with sharing injection paraphernalia such as water, cookers, and cotton filters



Prevalence Rates Amongst High-Risk Communities



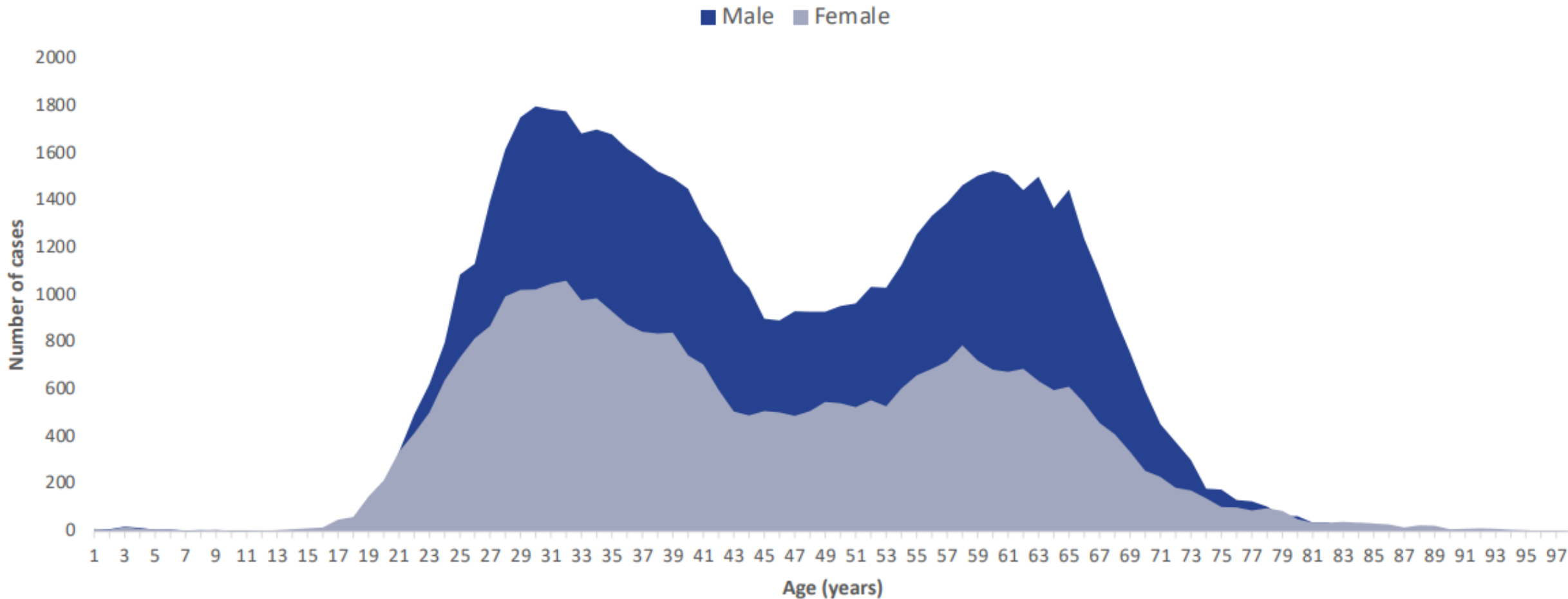
Each person who injects drugs with hepatitis C is likely to infect 20 other people within the first 3 years of initial infection^{1,2}



Based on the 2021 NIH National Institute on Drug Abuse Heroin Research Report

NIH=National Institutes of Health; 1. NIH National Institute on Drug Abuse. Updated June 2021. Accessed November 2, 2021. <https://www.drugabuse.gov/download/37596/heroin-research-report.pdf> 2. NIH National Institute on Drug Abuse. Updated August 3, 2020. Accessed November 9, 2021. <https://www.drugabuse.gov/drug-topics/viral-hepatitis-very-real-consequence-substance-use>

Number of newly reported* chronic hepatitis C virus infection cases† by sex and age United States, 2020



So what do we do?

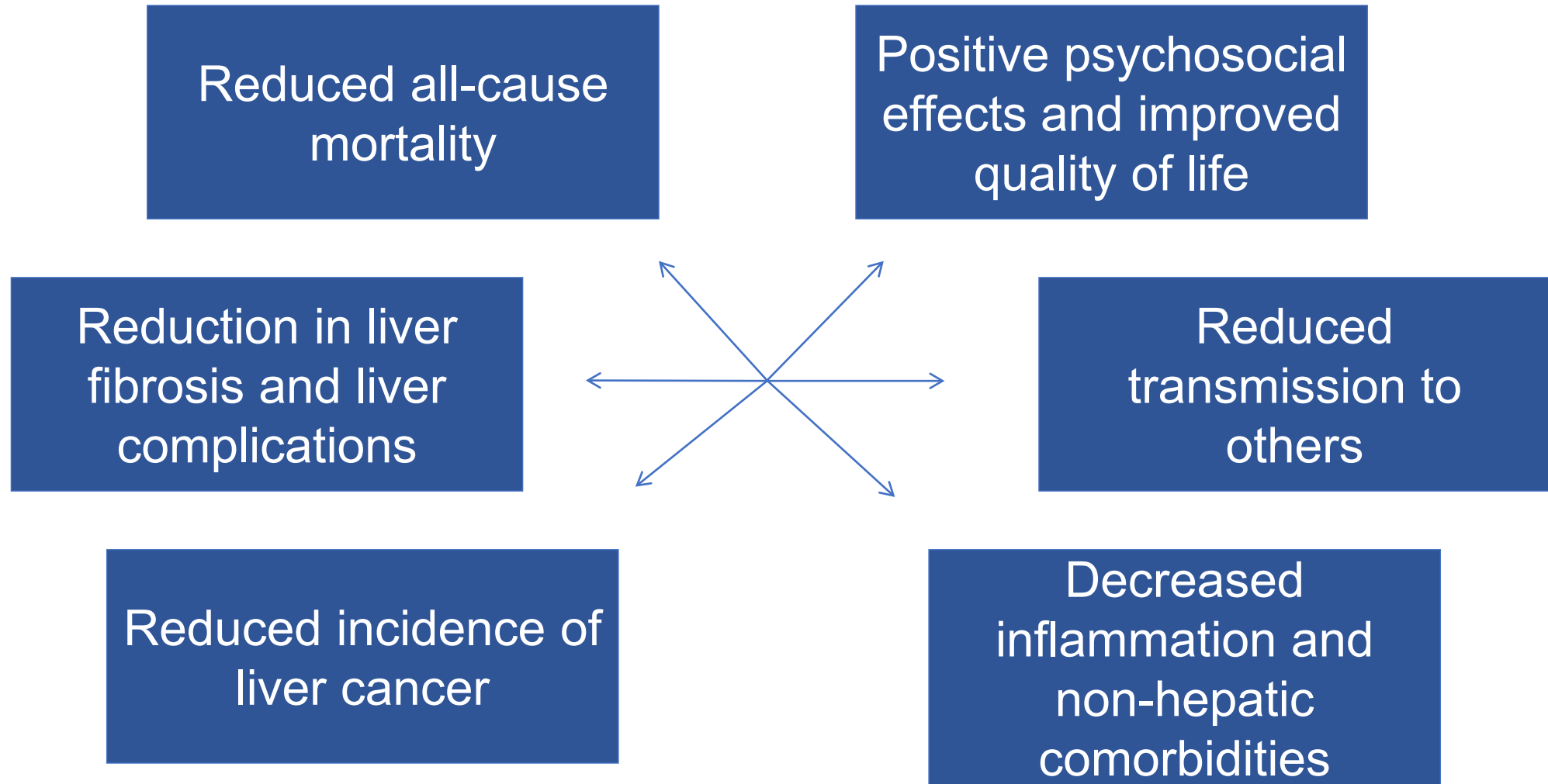
We do have a solution – a CURE for hepatitis C



Hepatitis C

- Excellent medicine available, 98% effective CURE!
- 1-3 doses per day for 2-3 months
- Low side effects
- Can be prescribed by a wide variety of providers

Benefits of Cure of HCV



Psychosocial Benefits

- Improved self-efficacy and empowerment
- Relief from stigma and from illness-related uncertainty, stress¹
- Positive impacts on substance use
 - *“Clearing HCV will help in defeating the bigger problems, because it’s like trying to get up when you’ve got 100 bricks on ya. But then if I took half the bricks off from the Hep C, then now I’ve got a bit more movement and I can start taking the bricks off.”*¹
 - *“Everything changed. I stopped drug use. I stopped everything because I said if I beat the Hep C, I could beat that too. Praise God up to today, I feel so good.”*²

¹Goutzamanis et al, BMC Infectious Diseases 2018; ²Batchelder et al, Drug and Alcohol Depend 2015

Treatment as Prevention for HCV among PWID

Treating populations that actively transmit HCV



Reduces new infections



Reduces prevalence over time

Myths

1. Hepatitis C treatment is complicated and requires specialist care
2. People who use substances can't be effectively treated and cured
3. People who use substances are just likely to get reinfected anyway

Countering Myth #1

Treatment of hepatitis C in people without cirrhosis or with compensated cirrhosis is **straightforward** and can be effectively done in primary care and addiction medicine settings.

- ASCEND trial (Kattakuzhy et al, Ann Int Med 2017) showed same cure rates among NPs and PCPs compared to specialists
- Radley et al, BMC Health Ser Research 2019 reviewed 17 studies including hepatitis C treatment in opiate treatment programs and found outstanding cure rates

Countering Myth #2

Studies from various settings show **good adherence** and **high cure rates** among people who use drugs, including those with injection drug use. There are **NO data to support pretreatment screening** for illicit drug or alcohol use.

- RCT at opiate treatment program showed cure rates >90% reflecting good adherence
- SIMPLIFY trial amongst people who inject drugs within the past 6 months showed cure rates >90%

Countering Myth #3

Rate of reinfection among people who use drugs is **low**. Rate of reinfection decrease for people **on MOUD**. Some degree of reinfection suggests you are treating the right population

- Meta analysis across 36 studies including people injecting drugs and people on MOUD showed reinfection rates of 4% to 6%.

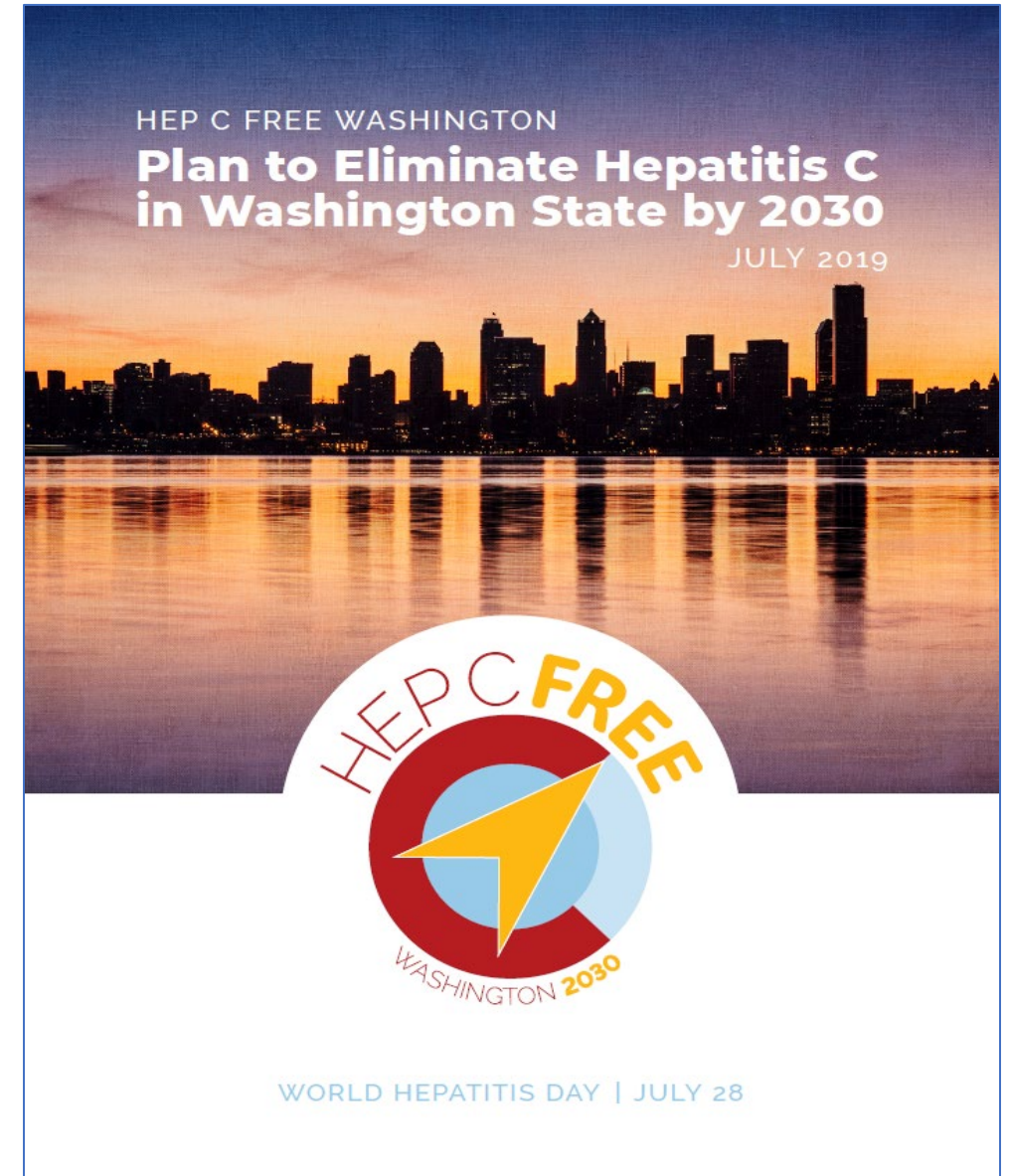
**Everyone who is hepatitis C
positive should be treated!**

Inslee unveils first-in-nation approach to eliminate hepatitis C in Washington by 2030



WA Governor's Office [Follow](#)

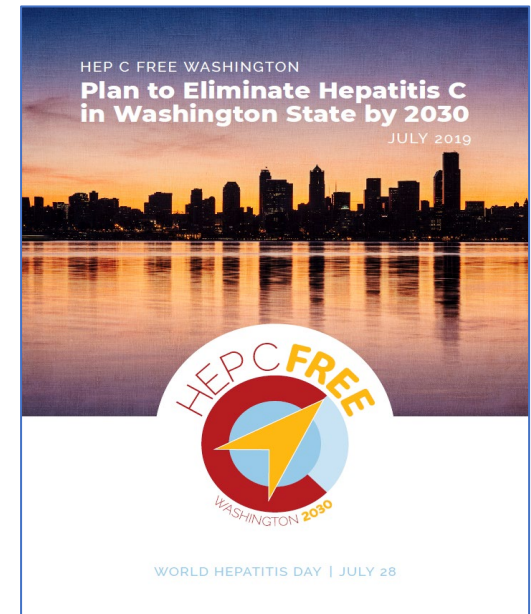
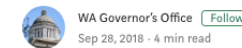
Sep 28, 2018 · 4 min read



Hepatitis C Elimination?

- **2016**: the WHO announces plan for elimination of HCV by 2030
 - Defined as 80% reduction in incidence, 65% reduction in mortality
- **2016**: WA HCA removes disease severity restrictions
- **2018**: Gov. Inslee announces “Hep C Free WA” initiative
 - PWID identified as a **priority population** for treatment
 - Prescriber restrictions removed
 - Medicaid hepatitis C drug agreement established

Inslee unveils first-in-nation approach to eliminate hepatitis C in Washington by 2030



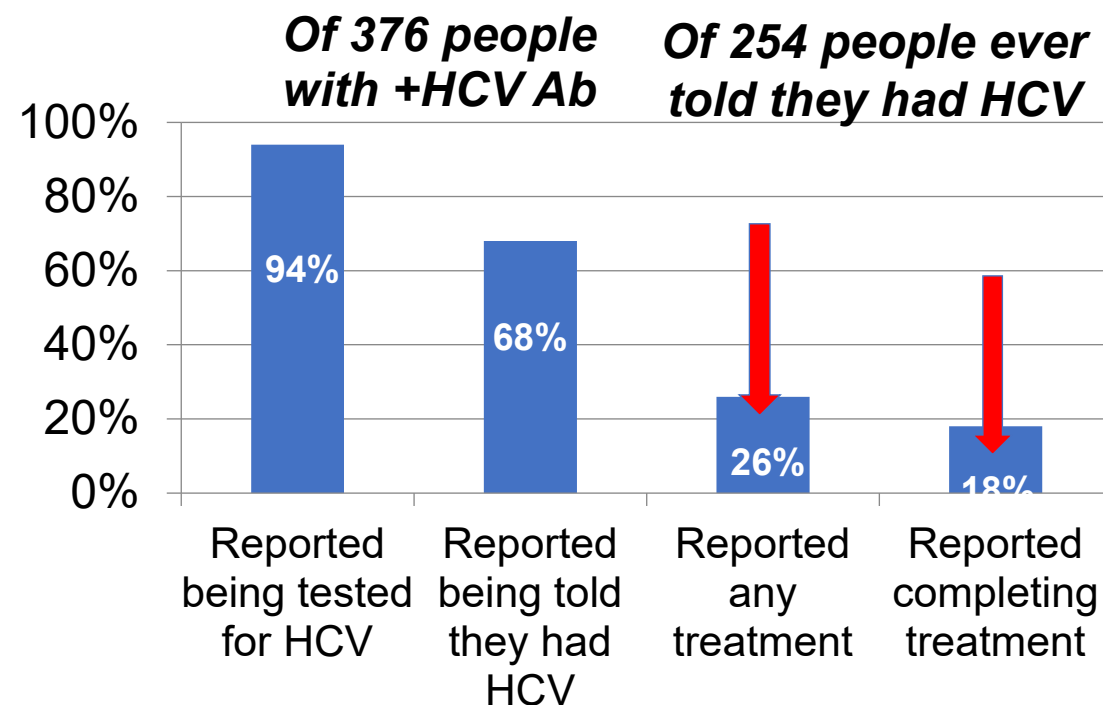
Progress on hepatitis C elimination in Washington

- Thousands of people treated since start of elimination plan
- >50% reduction in annual incidence
- But too many people still infected with hepatitis C despite the availability of highly-effective, largely free treatment

Less than 1/3rd of people diagnosed with hepatitis C have received treatment – despite the availability of highly effective

Treatment Gaps: local view

- Study of PWID in Seattle area found that only 26% of those who knew they had HCV reported any treatment
- **Urgent need to**
 - **connect people diagnosed with HCV to “rapid start” of treatment**
 - **offer treatment in settings in which PWID are seen**



HCV Care Continuum among Seattle PWID, National HIV Behavioral Surveillance Survey, 2018

Interest in HCV Treatment is High Among PWID in WA State

- 58% of respondents to a state syringe exchange survey from 2019 reported HCV testing in the last year
- Of those diagnosed with HCV,
 - 28% had received any treatment
 - 68% reported interest in treatment

Alcohol and Drug Abuse Institute: adai.uw.edu/wa-state-syringe-exchange



Photo: Hepatitis Education Project

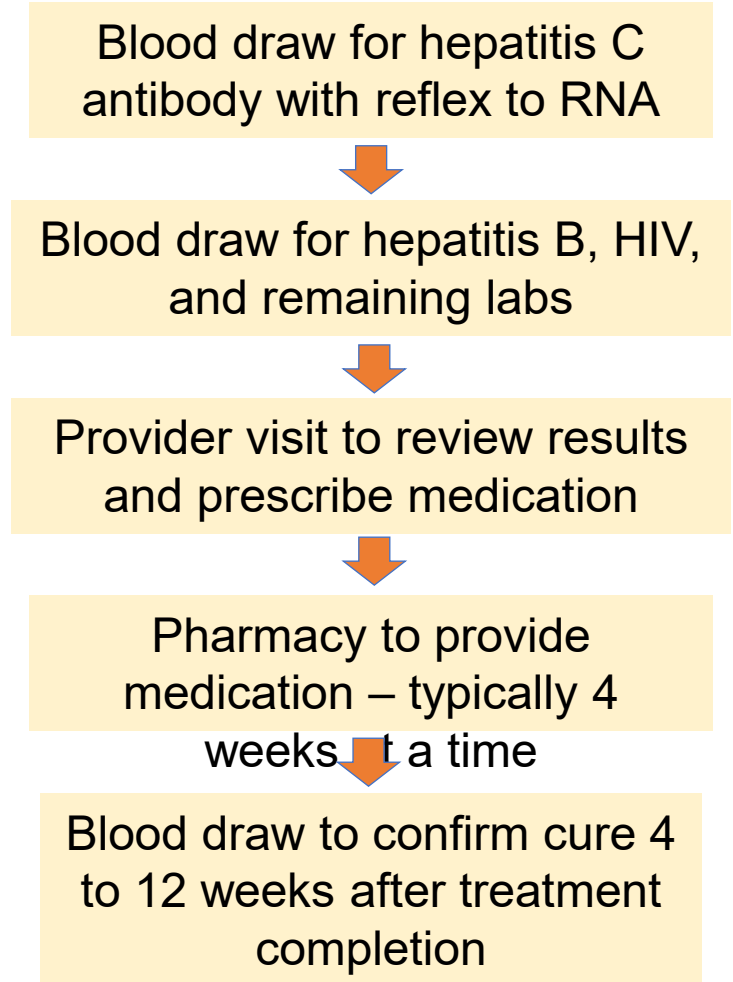
Hepatitis C within Addiction Medicine Settings

- Likely high prevalence of hepatitis C
 - 10% to 40% of patients in OTPs are infected with hepatitis C
- Ideal setting to treat for hepatitis C, given regular visits of patients over time
- Some testing and treatment happening including through partnership with HEP

Potential Hepatitis C efforts at Addiction Medicine Settings

- Test all patients for hepatitis C
 - Phlebotomy capacity?
- Treat the majority of hepatitis C-positive patients on-site
 - Refer complicated cases
- Community elimination of hepatitis C
 - Healthier, happier patients
 - Historic accomplishment

Example: Hepatitis C – Clinical Pathway



Key Resources!

- HCVguidelines.org: IDSA/AASLD guideline
- Hepatitisc.uw.edu: excellent free online training
- Project ECHO, weekly videoconferences : contact Pam Landinez at landinez@uw.edu
- UCSF phone consultation, 9 am-8 pm ET: (844) HEP-INFO or (844) 437-4636
- U. of Liverpool medication interaction checker: hep-druginteractions.org

Together we can tackle hepatitis!

Let's get everyone tested and treated!

