NYS Hepatitis C Elimination Plan

February 24, 2022
Hudson Valley Region
Purpose of Today’s Meeting

• Promote the NYS Hepatitis C Elimination Plan
• Review regional hepatitis C epidemiology
• Identify local opportunities to advance hepatitis C elimination
• Support local community mobilization
# Today’s Agenda

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>1:00pm-1:05pm</td>
</tr>
<tr>
<td>Overview of New York State Hepatitis C Elimination Plan</td>
<td>1:05pm-1:35pm</td>
</tr>
<tr>
<td>Tracking Progress Towards Hepatitis C Elimination</td>
<td>1:35pm-2:05pm</td>
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<tr>
<td><em>Surveillance, Data and Metrics</em></td>
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<tr>
<td><em>Regional HCV Epi Preview</em></td>
<td></td>
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<tr>
<td>Addressing Social Determinants of Health</td>
<td>2:50pm-2:15pm</td>
</tr>
<tr>
<td>Regional Priorities for Hepatitis C Elimination Breakout</td>
<td>2:15pm-3:00pm</td>
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<tr>
<td>Breakout Report Back</td>
<td>3:00pm-3:15pm</td>
</tr>
<tr>
<td>Showcase of the Elimination Dashboard</td>
<td>3:15pm-3:25pm</td>
</tr>
<tr>
<td>Closing &amp; Next Steps</td>
<td>3:25pm-3:30pm</td>
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Community Call for HCV Elimination

2016
Community-driven Steering committee forms and calls for discussion on HCV Elimination.

2017
Consensus Statement on Hepatitis C Elimination in NYS released during NYS HCV Elimination Summit

2018
NY commits $5M to HCV elimination and forms the HCV Elimination Task Force.

2019
Task force and work groups develop and prioritize recommendations for HCV elimination Plan.

2021
NYS HCV Elimination Plan released.
Plan Focus Areas

Surveillance, data & metrics
6 RECOMMENDATIONS

Hepatitis C Prevention
9 RECOMMENDATIONS

Hepatitis C Testing and Linkage to Care
12 RECOMMENDATIONS

Hepatitis C Care and Treatment Access
6 RECOMMENDATIONS

Social Determinants of Health
14 RECOMMENDATIONS
Priority Populations and Settings

Populations
- People who use drugs
- Currently or formerly involved in the justice system
- Baby boomers
- Homeless, or at risk of becoming homeless
- HIV+ individuals (including HIV/HCV coinfection)

Settings
- Correctional facilities, including jails, courthouses, prisons
- Harm reduction programs (including syringe exchange, peer facilitated, and other)
- Drug/Substance Treatment Program sites (including opioid substitution therapy, buprenorphine, and methadone)
- Primary and Routine Healthcare Offices, Community Health Providers, and FQHC
- Settings serving the homeless
Guiding Principles of the Plan

- Health Equity
- Harm Reduction
- People with Lived Experience
- Trauma Informed
HCV Elimination Goals

- 90% reduction in people living with HCV
- 90% of people living with HCV will be diagnosed
- 80% of diagnosed HCV infections will be treated or will have cleared infection
- 65% reduction in liver related deaths
- 80% reduction in new HCV infections

By 2030
# NYS HCV Elimination Targets

<table>
<thead>
<tr>
<th>Target</th>
<th>2015</th>
<th>2030 Target</th>
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<tbody>
<tr>
<td>People living with HCV (90% reduction from 2015)</td>
<td>116,000 – 189,000</td>
<td>10,400-14,400</td>
</tr>
<tr>
<td>(Estimated number of people living with HCV)</td>
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What needs to be done by 2030 to reach elimination targets?

<table>
<thead>
<tr>
<th>Target</th>
<th>Cumulative outcomes, 2020-2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screened for HCV (in millions)</td>
<td>10.0 – 10.6 million</td>
</tr>
<tr>
<td>Newly Diagnosed</td>
<td>33,200 – 75,000</td>
</tr>
<tr>
<td>Treated</td>
<td>75,600 – 143,000</td>
</tr>
<tr>
<td>New Infections</td>
<td>37,100 – 46,400</td>
</tr>
<tr>
<td>Liver Related Deaths</td>
<td>2,900 – 9,100</td>
</tr>
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</table>
Accomplishments to Date

• Infrastructure for HCV testing
  – HCV rapid antibody testing
  – Dried blood spot for HCV RNA*

• Introduction of legislation to expand NYS State HCV testing law
  – One-time universal testing for all adults over 18 years
  – HCV testing of all pregnant persons during each pregnancy

* Supported by $5M for HCV elimination
Accomplishments to Date

• Fourteen HCV care and treatment programs
• Seven HCV patient navigation programs in drug user health hubs*
• Three HCV innovative models of care for PWID
• Removal of prior authorization criteria in NYS Medicaid

* Supported by $5M for HCV elimination
Accomplishments to Date

• HCV Research*
  – Upstate PWID Study for Infectious Disease Elimination (UPSIDE)
  – NYS Incidence Survey for Infectious Disease Elimination (INSIDE)

• Universal HCV screening in NYS DOCCS

• Eleven community-based organizations funded to provide transitional services and peer support to incarcerated persons living with HCV*

* Supported by $5M for HCV elimination
Accomplishments to Date

• Initiative to build capacity provide high quality, stigma-free health care services to people who use drugs.

• Authorization of second tier syringe exchange and creation of a mail order syringe exchange program.

• Elimination of 10-syringe cap and limits on advertising for ESAP and decriminalization of possession of syringes and needles.
Accomplishments to Date

• **NY Cures Hep C multi-media awareness campaign** *

• Clinical Education Center of Excellence to address drug user health and HCV

• Training Center of Excellence on drug user health and HCV
  – Non-physician health and human services providers

* Supported by $5M for HCV elimination
Hepatitis C Elimination Plan Recommendations
Surveillance, Data & Metrics

Larissa Wilberschied – Bureau of Hepatitis Healthcare
Lucila Zamboni – Hepatitis B and C Surveillance Program
Surveillance, Data & Metrics Recommendations

In general, elimination recommendations include:

• Develop data sharing processes between stakeholders
• Continue evaluation & enhancement of hepatitis C surveillance systems
• Define & track metrics for hepatitis C elimination
• Estimate the size of the PWID population in NYS & monitor new infections among PWID
• Disseminate surveillance and elimination monitoring data
Surveillance, Data & Metrics
Accomplishments to Date
Enhancing HCV Elimination Efforts Through Data Sharing

• Developing data sharing agreements with DOCCS and across NYS DOH Divisions to help ensure best possible HCV care for incarcerated persons and clients of AIDS Institute-funded providers.

• Data access agreement in place with regional health information networks under the Statewide Health Information Network (SHIN-NY) to enhance surveillance data collection.

• Data use agreement between NYS DOH and New York City DOHMH allows for statewide tracking of elimination metrics.
Data Sources Developed to Track Primary Elimination Metrics

**Hepatitis Elimination and Epidemiology Dataset (H.E.E.D.)**
A new statewide dataset including all persons diagnosed and living with hepatitis C in New York State (including NYC)

**Incidence Survey for Infectious Disease Elimination (INSIDE)**
This joint UAlbany SPH/Wadsworth study uses questionnaires and special lab tests (recency assays) validated to identify recent infections among PWID at participating SEPs across NYS.
Primary Elimination Metrics

Diagnoses (2030 Goal: 90% of persons living with HCV will be diagnosed)

- Use H.E.E.D. to track number of people diagnosed with HCV
- To be combined with estimates of total people living with HCV to assess percent of people living with HCV who have been diagnosed.

Treatment/Clearance (2030 Goal: Treat 80% of diagnosed persons)

- Use H.E.E.D. to track laboratory confirmed clearance of infection due to treatment or spontaneous clearance.

New Infections Among PWID (2030 Goal: 80% reduction in new infections)

- Based on INSIDE study identifying new HCV infections among PWID.
- Results will be combined with estimates of size of PWID population to estimate total new infections among PWID.
New York State Hepatitis C Dashboard is Live!

Visit Dashboard for:
• NYS HCV Elimination Plan
• Elimination Recommendations
• Timeline of accomplishments
• Subscribing to mailing list
• Data & Metrics (coming soon)

https://hcvdashboardny.org
Hepatitis C in New York State
(Excluding NYC)
2019

Hudson Valley Region
Newly Reported Hepatitis C Diagnoses by Year: New York (Excluding NYC), 2012-2019

- **All New Diagnoses**
  - 2012: 6,886
  - 2013: 6,890
  - 2014: 8,807
  - 2015: 8,564
  - 2016: 8,313
  - 2017: 8,321
  - 2018: 7,165
  - 2019: 6,175

- **Acute Hep C**
  - 2012: 80
  - 2013: 115
  - 2014: 114
  - 2015: 113
  - 2016: 198
  - 2017: 204
  - 2018: 237
  - 2019: 253

- **14% decrease** in all newly reported hepatitis C diagnoses since 2018
- **Acute hepatitis C diagnoses increased** 7% since 2018

Source: NYS DOH Communicable Disease Electronic Surveillance System, 2020
Data current as of 10/25/2020. Data are preliminary and subject to change.
In the last decade, the hepatitis C epidemic has shifted from the baby boomer (born 1945-1965) population to younger adults. In 2019, 49% of individuals newly reported with hepatitis C diagnoses were < 40 years of age.
49% of people with newly reported hepatitis C were < 40 years of age.

87% of those < 40 with known risk factors have history of injection drug use (IDU).

Source: NYS DOH Communicable Disease Electronic Surveillance System, 2020
Data current as of 10/25/2020. Data are preliminary and subject to change.
Newly Reported Hepatitis C Among Females of Reproductive Age (15-44)
NYS (Excluding NYC), 2012-2019

- 60% of newly reported female cases were of reproductive age in 2019
- HCV treatments are not currently FDA approved for use in pregnant women.
- An estimated 6-12% of pregnant women with hepatitis C will transmit the virus to infant.
- 15% decrease in newly reported cases among women aged 15-44 since 2018

Source: NYS DOH Communicable Disease Electronic Surveillance System, 2020
Data current as 10/25/2020. Data preliminary and subject to change.
Race of Individuals with Newly Reported Hepatitis C by Age
NYS (Excluding NYC), 2019

Among Persons with Known Race*

<table>
<thead>
<tr>
<th>Race</th>
<th>Ages &lt;40</th>
<th>2019 NYS Population (Excluding NYC) ages &lt; 40</th>
<th>Ages 40+</th>
<th>2019 NYS Population (Excluding NYC) ages 40+</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>85</td>
<td>78</td>
<td>71</td>
<td>86</td>
</tr>
<tr>
<td>Black</td>
<td>6</td>
<td>5</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>American Indian/Alaskan</td>
<td>1</td>
<td>10</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Asian</td>
<td>17</td>
<td>12</td>
<td>18</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

- Race is known for 67% of individuals with hepatitis C aged < 40. Among these, more are white than in the NYS (excluding NYC) population.

- Race is known for 64% of individuals with hepatitis C aged 40+. Among these, more are non-white than in the NYS (excluding NYC) population.

*Information on race missing for 33% of cases aged <40 and 36% of cases aged 40+.
Source: NYS DOH Communicable Disease Electronic Surveillance System, 2020
Data current as of 10/25/2020. Data are preliminary and subject to change.
Ethnicity of Individuals with Newly Reported Hepatitis C by Age
NYS (Excluding NYC), 2019

Among Persons with Known Ethnicity*

<table>
<thead>
<tr>
<th></th>
<th>Hispanic</th>
<th>Non Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hep C Ages &lt;40</td>
<td>10</td>
<td>90</td>
</tr>
<tr>
<td>2019 NYS Population (Excluding NYC) ages &lt; 40</td>
<td>16</td>
<td>84</td>
</tr>
<tr>
<td>Hep C Ages 40+</td>
<td>13</td>
<td>87</td>
</tr>
<tr>
<td>2019 NYS Population (Excluding NYC) ages 40+</td>
<td>8</td>
<td>92</td>
</tr>
</tbody>
</table>

*Information on ethnicity missing for 60% of cases aged < 40 and 66% of cases aged 40+.

Source: NYS DOH Communicable Disease Electronic Surveillance System, 2020
Data current as of 10/25/2020. Data are preliminary and subject to change.

- Ethnicity is known for **40%** of individuals with hepatitis C aged < 40. Of these, more were **non-Hispanic** compared to the NYS (excluding NYC) population.

- Ethnicity is known for **34%** of individuals with hepatitis C aged 40+. Of these, somewhat more were **Hispanic** compared to the NYS (excluding NYC) population.
Hepatitis C Age-Adjusted Death Rates/100,000 by Race/Ethnicity
New York State (Excluding NYC): 1999-2019

- Age-adjusted death rates higher among people of color
- From 2012 to 2019, the largest declines in age-adjusted death rates were among people of color

Source: CDC Wonder Multiple Cause of Death files
ICD-10 Codes: Hep. C (B17.1, B18.2)
Newly Reported Hepatitis C by New York Region, 2019

- Central region had the most newly reported diagnoses and highest case rate
- In 2019, new reports of hepatitis C decreased in all regions

### # Newly Reported Diagnoses

- **Central**: 1,273
- **Long Island**: 1,201
- **Hudson Valley**: 1,195
- **Western**: 846
- **Northeastern**: 815
- **Finger Lakes**: 537

### Rate/100,000

- **Central**: 75.1
- **Long Island**: 42.4
- **Hudson Valley**: 51.4
- **Western**: 55.9
- **Northeastern**: 54.7
- **Finger Lakes**: 42.6

Central NY only region to exceed statewide case rate.

Case counts by region exclude individuals incarcerated by NYS Department of Corrections and Community Supervision.
Source: NYS DOH Communicable Disease Electronic Surveillance System, 2020
Data current as 10/25/2020. Data are preliminary and subject to change.
Hudson Valley Region*
Hepatitis C at a Glance
- 1,195 new cases in 2019
- Cases decreased 3% since 2018
- 3rd lowest case rate in NYS
- 61% male
- 42% <40 years of age
- 85% of cases <40 have history of IDU
- 52% of female cases are of childbearing age (15-44)

Hepatitis C case rates per 100,000 in the Hudson Valley region were highest for females age 25-29 and males in the 25-29 and 65-69 age groups.

*Case counts by region exclude individuals incarcerated by NYS Department of Corrections and Community Supervision.
Hepatitis C in Hudson Valley Region* by County

In 2019, Westchester County had the largest number of cases in the Hudson Valley region. Case rates per 100,000 were highest in Sullivan County.

<table>
<thead>
<tr>
<th>County</th>
<th>Regional Rate</th>
<th>NYS Rate 55.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Westchester</td>
<td>32.4</td>
<td></td>
</tr>
<tr>
<td>Orange</td>
<td>68.8</td>
<td></td>
</tr>
<tr>
<td>Dutchess</td>
<td>72.1</td>
<td></td>
</tr>
<tr>
<td>Rockland</td>
<td>38.7</td>
<td></td>
</tr>
<tr>
<td>Ulster</td>
<td>67.0</td>
<td></td>
</tr>
<tr>
<td>Putnam</td>
<td>82.4</td>
<td></td>
</tr>
<tr>
<td>Sullivan</td>
<td>104.7</td>
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Hepatitis C and Injection Drug Use in Hudson Valley Region

Injection drug use (IDU) is a major risk factor for hepatitis C. When risk factor information was available, 68% of total newly reported cases had a history of IDU. IDU was more common among those <40 years of age than those 40+.

**Case counts by region exclude individuals incarcerated by NYS Department of Corrections and Community Supervision.**

**Information on IDU was unknown for 66% of all cases.**

• Chautauqua, Onondaga & Broome counties have both cases and case rates/100,000 in the top quartile (top 25%) of all counties outside of NYC.

• Other counties shaded in blue have both cases and case rates/100,000 in the top 50% of all counties outside of NYC.

• Counties with no shading are in the bottom 50% for both cases and case rates/100,000.
Chautauqua, Onondaga, St. Lawrence & Broome counties have both cases and case rates/100,000 in the **under 40 population** in the top quartile (top 25%) of all counties outside of NYC.

Other counties shaded in **blue** have both cases and case rates/100,000 in the **top 50%** of all counties outside of NYC.

Counties with no shading are in the **bottom 50%** for both cases and case rates/100,000.

High >= median of counties, Low = < median of counties

Source: NYS DOH CDESS, as of Oct 25, 2020 & U.S. Census Bureau, Population Division 2019 population estimates
State & Region-specific HCV data summaries available online


Addressing Social Determinants of Health

- Stigma
- Criminalization of drug use
- Incarceration

Access to HCV testing and treatment
Harm reduction services

Transportation
Housing

Health Care and Quality

Neighborhood and Built Environment

Social and Community Context

Education Access and Quality

Economic Stability

Use of incentives
How can your region support hepatitis C elimination in NYS?
Breakout Session

Within your selected focus area:

– What are the priority needs of your region for HCV?

– What concrete actions are needed to advance HCV elimination in your region?
HCV Dashboard aims

• **Measure, track** and **disseminate** actionable information on progress towards eliminating hepatitis C in NYS

• NYS Hepatitis C Elimination Plan - Surveillance, Data, and Metrics Recommendation #6:
  • Establish the Dashboard as a comprehensive and definitive source of state and local data to track and report on plan progress to stakeholders at all levels (people infected and affected by HCV, clinical care and supportive service providers, advocates, policy makers, etc.)
  • Display information on key outcomes, targets, and implementation activities
Dashboard launch timeline

- June 2020: Announcement and mailing list sign up at hcvdashboardny.org
- March 2021: NYS HCV Timeline launched
- December 2021: Live site additions:
  - NYS Elimination Plan
  - Interactive Recommendations page
- May 2022: Expected Dashboard launch:
  - Featuring interactive HCV surveillance data visualizations, background information on targets and primary metrics, resources, blog, and social media highlights
The purpose of the HCV Dashboard is to measure, track and disseminate actionable information on progress towards eliminating hepatitis C (HCV) as a public health problem in New York State.

Hepatitis C virus (HCV) infection is a major public health problem causing substantial illness and death, including cirrhosis and liver cancer. Nationally, three out of four people living with HCV are persons born between 1945 and 1965, but most new infections occur because of injection drug use.

By making state and local HCV data available to all stakeholders, the HCV Dashboard will track New York State's...
Stay up-to-date with the HCV Dashboard

• Sign up for email updates at hcvdashboardny.org

• Follow us on Twitter @HCVDashboardNY for launch updates
Acknowledgements

• CUNY ISPH HCV Dashboard Development Team
  • Amanda Berry, Isabella Martin, Kathy Mills, Benjamin Katz, Sarah Kulkarni, Ashish Joshi, Denis Nash

• NYS Department of Health
  • Colleen Flanigan, Larissa Wilberschied, Lucila Zamboni, Sarah Shufelt, Ingrid Hahn, John Fuller, Eli Rosenberg

• University at Albany – School of Public Health
  • Sarah Shufelt

• NYC Department of Health and Mental Hygiene
  • Angelica Bocour

• NYS Hepatitis C Elimination Task Force - Advisory Committee
What’s Next

• Information about NYS’ progress will be monitored internally by the AIDS Institute

• Updates will be posted on the Elimination website

• Elimination Information and metrics data will be disseminated on the Hepatitis C Dashboard
  https://hcvdashboardny.org/
Thank you

Colleen Flanigan, RN, MS
Director, Bureau of Hepatitis Health Care
Colleen.Flanigan@health.ny.gov

Larissa Wilberschied, MS
Evaluation Specialist, Bureau of Hepatitis Health Care
Larissa.Wilberschied@health.ny.gov

Shannon Mason, MPH
Asst. Director, Bureau of Hepatitis Health Care
Shannon.mason@health.ny.gov

Lucila Zamboni, PhD
Program Manager, Hepatitis B and C Surveillance Program
Lucila.Zamboni@health.ny.gov