NYS
Hepatitis C Elimination Plan

March 3, 2022
New York City
New York State Hepatitis C Elimination Plan

NY CURES HEP C

New York State Hepatitis C Elimination Plan (ny.gov)
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
<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
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</thead>
<tbody>
<tr>
<td>1:00 – 1:05 pm</td>
<td>Welcome</td>
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<tr>
<td>1:05 – 1:35 pm</td>
<td>Overview of New York State Hepatitis C Elimination Plan</td>
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<tr>
<td>1:35 – 1:45 pm</td>
<td>Addressing Social Determinants of Health</td>
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<tr>
<td>1:45 – 2:00 pm</td>
<td>Tracking Progress Towards Hepatitis C Elimination: <em>Surveillance, Data and Metrics</em></td>
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<tr>
<td>2:00 – 2:20 pm</td>
<td>New York City Hepatitis C Epidemiology</td>
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<tr>
<td>2:20 – 3:05 pm</td>
<td>Regional Priorities for Hepatitis C Elimination Breakout</td>
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<tr>
<td>3:05 – 3:30 pm</td>
<td>Breakout Report Back</td>
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<tr>
<td>3:30 – 3:40 pm</td>
<td>Relationship between NYS Hepatitis C Elimination Plan and the NYCDOHMH Plan to Eliminate Viral Hepatitis</td>
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<tr>
<td>3:40 – 3:50 pm</td>
<td>Showcase of the Elimination Dashboard</td>
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<tr>
<td>3:50 – 4:00 pm</td>
<td>Next Steps</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</td>
<td>116,000 – 189,000</td>
<td>10,400-14,400</td>
</tr>
<tr>
<td>(90% reduction from 2015)</td>
<td>(Estimated number of people living with HCV)</td>
<td></td>
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</table>
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>
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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 HVC elimination
Addressing Social Determinants of Health

- Stigma
- Criminalization of drug use
- Incarceration
- Transportation
- Housing
- Access to HCV testing and treatment
- Harm reduction services
- Use of incentives
- Economic Stability
- Social and Community Context
- Neighborhood and Built Environment
- Health Care and Quality
- Education Access and Quality
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)
Hepatitis C Prevalence, New York City (NYC)

91,000 New Yorkers with hepatitis C
Newly reported cases of chronic hepatitis C in 2020

- Number of people newly reported: 2,810
- Rate of newly reported per 100,000 people: 35.1
Impact of COVID-19 on hepatitis C diagnoses

- Monthly number of hepatitis C cases in 2019
- Monthly number of hepatitis C cases in 2020
- Daily number of COVID-19 cases in 2020
Epidemiology of hepatitis C in NYC

Neighborhoods with the highest rates of people newly reported with chronic hepatitis C (per 100,000 people):
1. Rikers Island, Bronx (302.8)
2. Brighton Beach, Brooklyn (108.1)
3. East Tremont, Bronx (99.9)
4. Midtown-Midtown South, Manhattan (84.7)
5. Murray Hill-Kips Bay, Manhattan (82.8)
6. Fordham South, Bronx (73.7)
7. Crotona Park East, Bronx (71.9)
8. Mount Hope, Bronx (68.5)
9. Stapleton-Rosebank, Staten Island (68.0)
10. Melrose South-Mott Haven North, Bronx (67.5)
CHARACTERISTICS OF PEOPLE REPORTED WITH CHRONIC HEPATITIS C IN NYC
Birth cohort of people reported with chronic hepatitis C in NYC

People newly reported in 2020
N=2,810

- 5.7% (1900–1944)
- 32.2% (1945–1965)
- 33.5% (1966–1983)

All people reported 2017-2020, regardless of year of first report
N=87,543

- 7.6% (1900–1944)
- 60.6% (1945–1965)
- 23.6% (1966–1983)
Age at time of first report of people reported with chronic hepatitis C in NYC

- Newly reported 2020
- All people reported 2017-2020

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Newly reported 2020</th>
<th>All people reported 2017-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>3–19</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>20–29</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>30–39</td>
<td>23%</td>
<td>17%</td>
</tr>
<tr>
<td>40–49</td>
<td>17%</td>
<td>18%</td>
</tr>
<tr>
<td>50–59</td>
<td>18%</td>
<td>17%</td>
</tr>
<tr>
<td>60–69</td>
<td>17%</td>
<td>11%</td>
</tr>
<tr>
<td>≥ 70</td>
<td>11%</td>
<td></td>
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</tbody>
</table>
Neighborhood poverty level of people reported with chronic hepatitis C in NYC

Newly Reported 2020

- Low (< 10% below poverty): 13.7%
- Medium (10 to < 20%): 39.5%
- High (20 to < 30%): 26.0%
- Very high (≥ 30%): 20.8%
Starting in 2018, children ages 0 to 36 months reported with hepatitis C are reported as perinatal infection.
People newly reported with chronic hepatitis C, ages 3 to 29

Number of people ages 3 to 29 years reported with chronic hepatitis C in NYC by year of first report, 2011–2020

- 2011: 719
- 2012: 742
- 2013: 732
- 2014: 805
- 2015: 830
- 2016: 814
- 2017: 741
- 2018: 761
- 2019: 628
- 2020: 386

Number of people ages 3 to 29 years newly reported with chronic hepatitis C in 2020: 386

Rate of newly reported chronic hepatitis C per 100,000 people ages 3 to 29 in 2020: 13.6
People newly reported with chronic hepatitis C, ages 3 to 29

Neighborhoods with the highest rates of people ages 3 to 29 years newly reported with chronic hepatitis C (per 100,000 people):
Rikers Island, Bronx (125.6)
West Brighton, Brooklyn (67.6)
Hunts Point, Bronx (45.5)
Stapleton-Rosebank, Staten Island (43.2)
Clinton, Manhattan (42.5)
Ft. Totten-Bay Terrace-Clearview, Queens (42.3)
Mount Hope, Bronx (36.9)
Charleston-Richmond Valley-Tottenville, Staten Island (36.8)
Brighton Beach, Brooklyn (35.0)
Annadale-Huguenot-Prince’s Bay-Eltingville, Staten Island (33.4)

Annual rate per 100,000 people
- 0.0
- 2.9–4.6
- 4.6–12.0
- 12.0–19.8
- 19.8–31.2
- 31.2–67.6
- 125.6 (correctional facilities)
Non-residential areas
ENHANCED SURVEILLANCE
CHARACTERISTICS OF PEOPLE REPORTED WITH CHRONIC HEP C IN NYC, AGES 18 TO 34 YEARS
In 2020, the Health Department investigated 290 out of 381 (76%) people ages 18 to 34 years in NYC newly reported with chronic hepatitis C and their health care providers. Patients were interviewed for 163 (56.0%) investigations.

### Gender Identity

- **Men**: 67.6%
- **Women**: 30.0%
- **Transgender women**: 1.7%

### Race and Ethnicity

- **Asian, non-Latino/a**: 6.2%
- **Black, non-Latino/a**: 23.1%
- **Latino/a**: 18.3%
- **Native American or Alaska Native, non-Latino/a**: 0.3%
- **White, non-Latino/a**: 35.5%
- **Other**: 4.5%
<table>
<thead>
<tr>
<th>Risk factors</th>
<th>32.6%</th>
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<tbody>
<tr>
<td>Routine screening</td>
<td>28.1%</td>
</tr>
<tr>
<td>Drug or alcohol treatment</td>
<td>24.4%</td>
</tr>
<tr>
<td>Elevated LFTs</td>
<td>9.5%</td>
</tr>
<tr>
<td>Jaundice</td>
<td>7.2%</td>
</tr>
<tr>
<td>Previously tested for hepatitis C</td>
<td>4.1%</td>
</tr>
<tr>
<td>Symptoms or signs</td>
<td>3.2%</td>
</tr>
<tr>
<td>Incarceration</td>
<td>2.3%</td>
</tr>
<tr>
<td>Dialysis</td>
<td>1.8%</td>
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Hepatitis C risk factors

- IDU: 43.1%
- MSM: 39.3%
- Intranasal drug use: 26.2%
- Contact with a household member with hepatitis C: 15.5%
- HIV infection: 15.5%
- History of homelessness: 15.2%
- Medical procedure involving injections, anesthesia, or blood: 13.8%
- Hospitalized: 11.4%
- Dental work or oral surgery: 11.0%
- Non-professional tattoo or body piercing: 9.0%
- Long term care facility: 6.9%
- Transfusion or transplant before 1992, or outside of the U.S.: 2.8%
- Biological birthing parent with hepatitis C: 2.4%
- Contact with blood through work: 2.1%
- History of incarceration: 1.7%
- Received dialysis: 1.4%
Deaths where hepatitis C is listed as the underlying cause

**Number of deaths in 2020:** 282

**Age-adjusted rate per 100,000 people:** 2.9

### Age-adjusted death rate per 100,000 among New York City residents where hepatitis C is listed as the cause of death in 2020

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td></td>
<td>4.5</td>
<td>1.7</td>
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</table>

<table>
<thead>
<tr>
<th>Race and Ethnicity</th>
<th>Asian/Pacific Islander, non-Latino/a</th>
<th>Black, non-Latino/a</th>
<th>Latino/a</th>
<th>White, non-Latino/a</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.6</td>
<td>3.9</td>
<td>4.6</td>
<td>2.1</td>
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Thank You!

- **Surveillance**
  - Angelica Bocour
  - Aiesha Hibbert
  - Kelly Huang
  - Christina Hwang
  - Aprielle Wills
  - Laura Graf

- **Interns**
  - Samantha Carpen
  - Shaili Ghandi

- **Programs**
  - Sarah Ahmed
  - Marie Bresnahan
  - Alex Brenes
  - Diana Diaz Munoz
  - Nadine Kela-Murphy
  - Adeeba Khan
  - Umaid Khatun
  - Farma Pene
  - Jackilyn Rivera
  - Liz Tang
  - Leandra Urena
  - Rahel Yosief
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?
New York State Hepatitis C Elimination Plan & New York City Plan to Eliminate Viral Hepatitis

Tristan McPherson, Medical Director
Viral Hepatitis Program | Bureau of Hepatitis, HIV, and Sexually Transmitted Infections
March 3, 2022
On December 27, 2021, NYC DOHMH released the Plan to Eliminate Viral Hepatitis as a Major Public Health Threat in New York City by 2030

- Aligns with and supplements the New York State Hepatitis C Elimination Plan
- Based on disease prevalence, community partner recommendations, and complementary goals, efforts to reduce hepatitis B inequities and increase healthcare access are also included
- NYC is partnering with NYS to implement regulatory changes that will impact the state and support specific strategies in NYC
NYC Goal 1: Reduce new hepatitis C infections among people in NYC by 90% by 2030

NYS Elimination Targets:

• 90% reduction in prevalent (viremic) infections
• 90% of prevalent (viremic) infections will be diagnosed
• 80% of diagnosed infections will be treated
• 65% reduction in liver related deaths
• 80% reduction in new infections
NYC Goal 1: Reduce new hepatitis C infections among people in NYC by 90% by 2030

90% of participants in the NYC Health Department Viral Hepatitis Program-contracted programs will be screened for hepatitis C

80% of adults newly diagnosed with hepatitis C will be RNA negative within one year of diagnosis

The number of people re-infected with hepatitis C annually will be reduced

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NYC Goal 2: Improve the health of people with hepatitis B or hepatitis C in NYC and reduce premature deaths among people with chronic viral hepatitis in NYC by 65% by 2030

80% of people in NYC reported with hepatitis C since 2014 will be RNA negative

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NYC Goal 3: Reduce health inequities related to viral hepatitis infection among people in NYC

Mortality due to hepatitis C will be reduced by 65% for Black and Latino people in NYC

Inequities in hepatitis B and hepatitis C treatment rates across neighborhoods of residence will be reduced

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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
- February/March 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.

ABOUT THE HCV DASHBOARD

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

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