Wisconsin Hepatitis C Elimination Community Webinar

February 1, 2023

Bureau of Communicable Disease
Communicable Disease Harm Reduction Section
Harm Reduction Unit
Wisconsin Hepatitis C Program

WISCONSIN DEPARTMENT *of* HEALTH SERVICES

Introduction

Sheila Guilfoyle

Harm Reduction Unit Supervisor

Hepatitis Overview

Kailynn Mitchell, MPH

Hepatitis Prevention Coordinator

Hepatitis

- Hepatitis is inflammation of the liver and the name for the family of viral infections that affect the liver (Hepatitis A, B and C).
- Hepatitis A and B are vaccine-preventable.
- If a person has had one type of viral hepatitis in the past, they can still get the other types.
- Hepatitis A, B, C are reportable communicable diseases.

Hepatitis C Virus (HCV)

Hepatitis C Virus (HCV)

- Most common blood-borne virus in the United States with **2.5 – 3.5 million** people living with HCV.
- Leading cause of liver transplants in the U.S and a leading cause of mortality among people living with HIV.
- Approximately 8,000 to 10,000 people die each year in the U.S. due to liver disease caused by hepatitis C.
- High case rates in people born 1945-1965 (baby boomers) and young people who inject drugs.

Hepatitis C can…

- Resolve on its own or become chronic.
- Often have no symptoms for many years but causes serious disease.
- Be transmitted through infected blood.
- Live for weeks outside the body.
- **Be cured, but most people have not been treated.**

Hepatitis C Transmission

- Today most people acquire HCV through injection drug use with shared, unsterilized equipment.
- HCV can also be transmitted through cracked or bleeding skin when sharing equipment to smoke or snort drugs.
- 6% of babies born to women with HCV acquire HCV.
- Before 1992, when universal screening of the blood supply began, HCV was commonly transmitted through contaminated blood and organs.

Hepatitis C diagnosis and trends

- Only way to diagnose hepatitis C is through blood specimen testing.
- Best practice for testing is to order Antibody with reflex to PCR RNA or NAT/NAAT.
- Since 2020, CDC recommends all adults receive HCV testing at least once in their lifetime and during every pregnancy.
- Over the past decade, as injection drug use has increased, new hepatitis C infections have increased.

Hepatitis Elimination

Kailynn Mitchell, MPH

Hepatitis Prevention Coordinator

World Health Organization

In 2016 WHO's World Health Assembly called for global elimination of viral hepatitis by 2030 and set these goals:

- 90% reduction in new cases of Hepatitis B and Hepatitis C
- 65% reduction in deaths from Hepatitis B and Hepatitis C
- Treatment of 80% of people living with these infections

Source - https://www.cdc.gov/hepatitis/global/index.htm

World Health Organization – (2019 Data)

- 296 million people worldwide are living with Hepatitis B.
- 58 million people worldwide are living with Hepatitis C.
- 1.5 million people with new infections of Hepatitis B.
- 1.5 million people with new infections of Hepatitis C.
- Both hepatitis B and hepatitis C were estimated to cause 1.1 million deaths.

Source - https://www.cdc.gov/hepatitis/global/index.htm

Global Immunization Strategic Framework

CDC released the Global Immunization Strategic Framework 2021-2030 for vaccine-preventable diseases (VPDs).

The 5 goals are:

- Prevent VPDs
- Detect VPDs
- Respond to and prepare for VPD outbreaks
- Sustain immunization programs
- Innovate through research and evaluation

Source - https://www.cdc.gov/hepatitis/global/index.htm

Viral Hepatitis National Strategic Plan

The plan provides a framework to eliminate viral hepatitis as a public health threat in the United States by 2030.

The five goals are to:

- Prevent new viral infections
- Improve viral hepatitis-related health outcomes of people with viral hepatitis
- Reduce viral hepatitis-related disparities and health inequities
- Improve viral hepatitis surveillance and data usage
- Achieve integrated, coordinated efforts that address the viral hepatitis epidemics among all partners

Source: https://www.hhs.gov/sites/default/files/Viral-Hepatitis-National-Strategic-Plan-2021-2025.pdf

Division of Viral Hepatitis Strategic Plan

The plan outlines goals, strategic approaches, objectives, and outcomes to make measurable progress on by 2025.

The four goals of the plan are:

- Reduce new viral hepatitis infections
- Reduce viral hepatitis-related morbidity and mortality
- Reduce viral hepatitis-related disparities
- Establish comprehensive national viral hepatitis surveillance for public health action

CDC DVH 2025 Strategic Plan: https://www.cdc.gov/hepatitis/aboutus.htm

Hepatitis C: State of Medicaid Access

- The Center for Health Law and Policy Innovation of Harvard Law School (**CHLPI**) and the National Viral Hepatitis Roundtable (**NVHR**) assess the state for access to Direct Acting Antivirals (DAAs) for Medicaid enrollees across America.
- The national report and state-by-state report cards provide an in-depth evaluation of DAA access in each state's Medicaid program, while highlighting successes in access expansion as well as ongoing challenges.
- Wisconsin went from a grade D to a grade A by lifting all Medicaid restrictions.
- Wisconsin still needs to continue to ensure broad access to hepatitis C treatment.

Source: Wisconsin_June-2022.pdf (stateofhepc.org) and Home | Hepatitis C: State of Medicaid Access (stateofhepc.org)

Hep ElimiNATION

- The O'Neill Institute for National and Global Health Law at Georgetown University Law Center (**O'Neill Institute**), the National Viral Hepatitis Roundtable (**NVHR**), and the Center for Health Law and Policy Innovation (**CHLPI**) at Harvard Law School are evaluating elimination efforts across the United States.
- ***HepElimiNATION*** uses a rubric to assess states' capacity for viral hepatitis elimination.
- Wisconsin received a grade B.

Source: Wisconsin | Eliminate Hep and Together We Can Eliminate Hepatitis by 2030 | Eliminate Hep

WISCONSIN HEPATITIS C ELIMINATION

CDC Grant - Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

This cooperative agreement supports integrated viral hepatitis surveillance and prevention programs in states over five years (2021–2026).

It will support the capacity of states to:

- Detect and respond to viral hepatitis outbreaks.
- Collect and analyze data to inform the development and implementation of public health interventions to prevent and control viral hepatitis.
- Support viral hepatitis elimination planning and maximize access to viral hepatitis prevention, testing, and treatment to reduce the burden of viral hepatitis in their jurisdictions.

Source: Viral Hepatitis Surv. and Prev. Funding for Health Depts | CDC

Wisconsin Grant Activities

1. Viral Hepatitis Outbreak Response and Surveillance Activities

2. Viral Hepatitis Prevention Activities

Hepatitis Elimination Planning

CDC Division of Viral Hepatitis RFA PS21-2103

Hepatitis C Elimination in Wisconsin

- Emails
- Community Webinars
- Elimination Planning groups
- Wisconsin Hepatitis C Elimination Plan

Harm Reduction Unit

Hepatitis C Program

Hepatitis C Program

Sheila Guilfoyle
Harm Reduction Unit Supervisor

Kailynn Mitchell
Hepatitis Prevention Coordinator

Kelsa Lowe
Hepatitis C Epidemiologist

Caroline Mohr
Hepatitis C Surveillance Specialist

Allison Budzinski
Trauma and Resilience Coordinator

Emily Hacker
Hepatitis C
Disease Investigation Specialist

Hepatitis C Program

- Hired a Hepatitis C disease investigation specialist (DIS) to assist with acute, perinatal, and HIV/HCV co-diagnosed case follow up.
- Supports rapid Hepatitis C testing at outreach sites across the state.
- Provides trainings and technical assistance to community-based organizations, local and tribal health departments, and health care providers.

Wisconsin Vital Strategies Initiative

Harm Reduction Strategic Planning

- Integration of Harm Reduction across prevention, treatment, and recovery continuum

Harm Reduction Response Teams

- Two mobile units will include:
  - Harm Reduction Response Team Coordinator.
  - Six team members (2 RNs and 4 outreach staff that are trained in behavioral health and harm reduction) to staff the mobile units that will be deployed when needed across the state.

Drug User Health

- Hired a Drug User Health Coordinator to provide:
  - Community education and awareness
  - Training presentations for agencies
  - Technical assistance with implementation of best practices

Other Statewide Services

- NARCAN® Direct Program
- Syringe Service Providers
- ED2Recovery+
- Wisconsin Addiction Recovery Helpline – Call 211
- DHS/DOA Recovery Housing Grant – Voucher Program

Hepatitis C in Wisconsin

Kelsa Lowe, MPH

Hepatitis C Epidemiologist

Hepatitis C update for 2021

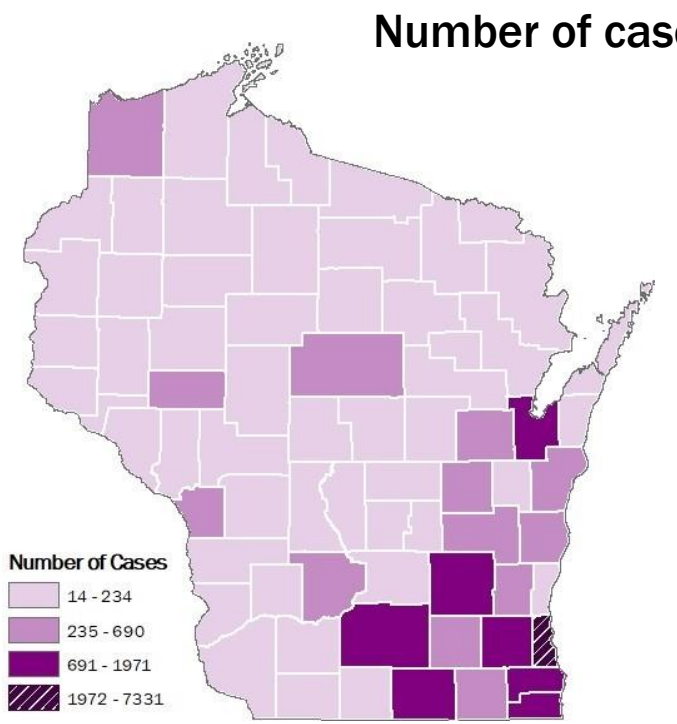
2,059 newly reported cases in 2021

- 134 acute cases
- 1,921 chronic cases
- 4 perinatal cases

221 (11%) were reported from the Wisconsin Department of Corrections.

As many as 47,000 people are living with hepatitis C in Wisconsin, but only 25,328 have been identified and reported.

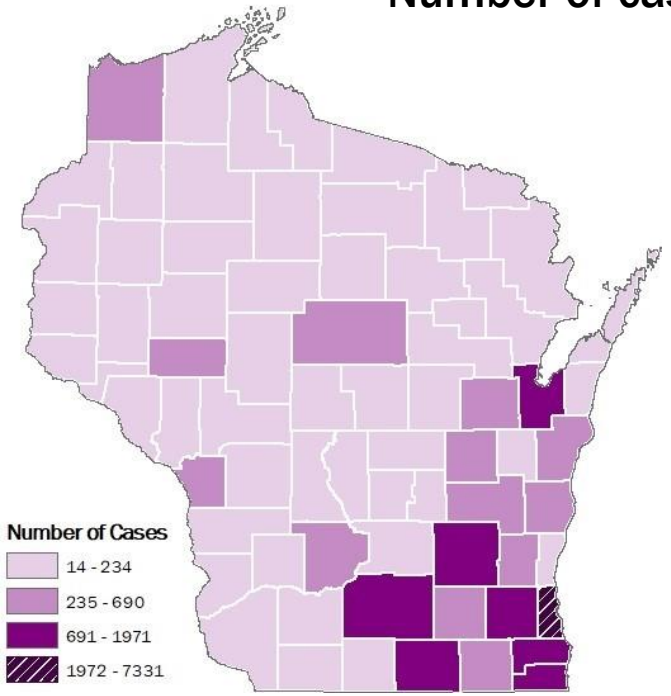
Most hepatitis C cases reside in southeastern Wisconsin



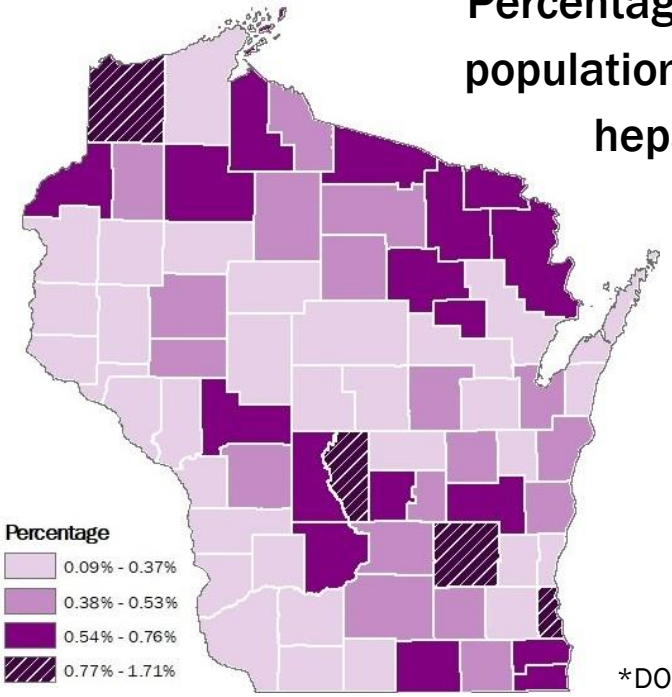
*DOC cases not included

Most hepatitis C cases reside in southeastern Wisconsin, but prevalence rates are also high in northern Wisconsin.

Number of cases



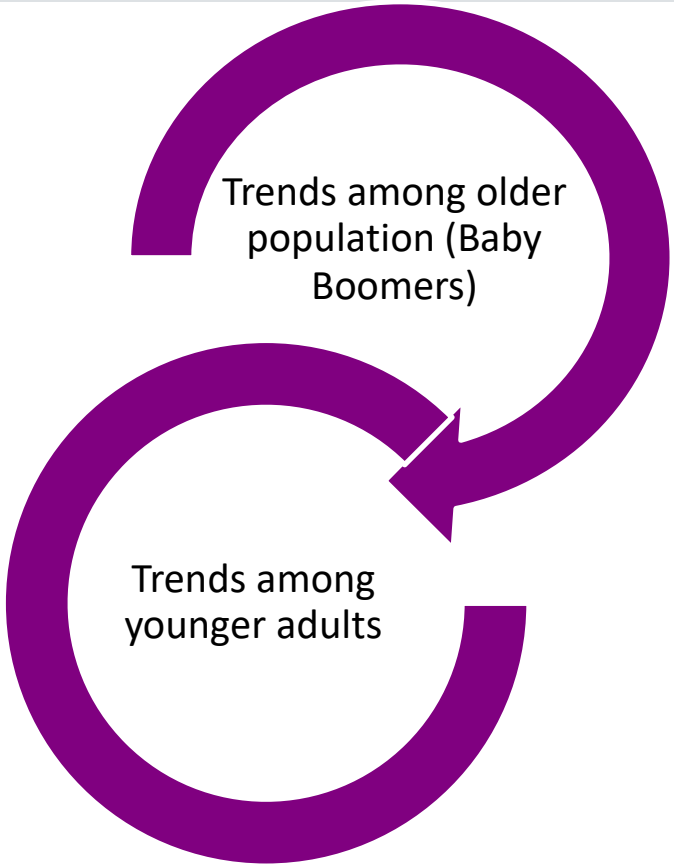
Percentage of county population living with hepatitis C



*DOC cases not included

Two different groups affected

For Discussion

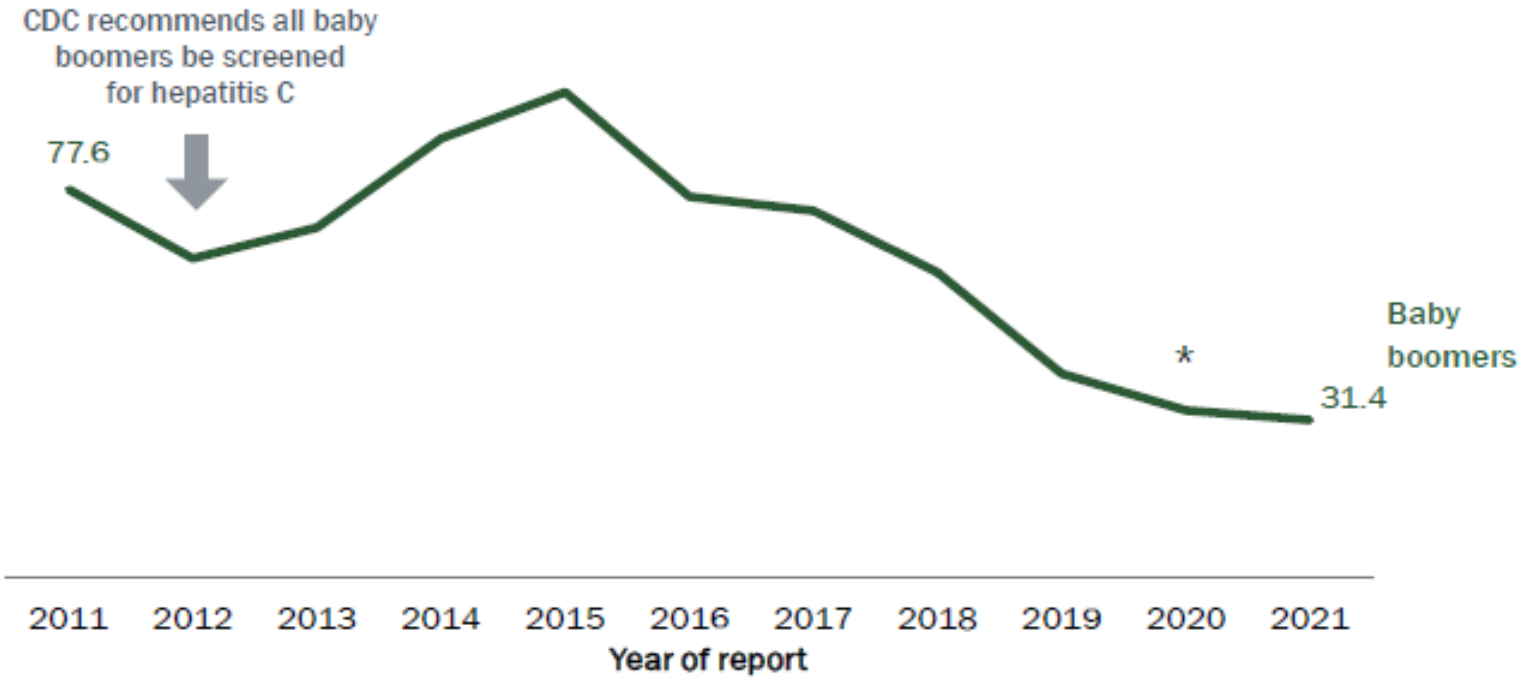


Trends among older adults

Trends among baby boomers

New diagnoses among baby boomers increased after new screening guidelines, but in recent years the rate of new diagnoses has declined.

Rate per 100,000 of confirmed hepatitis C infections among people born during 1945–1965, by year of report, Wisconsin, 2011–2021

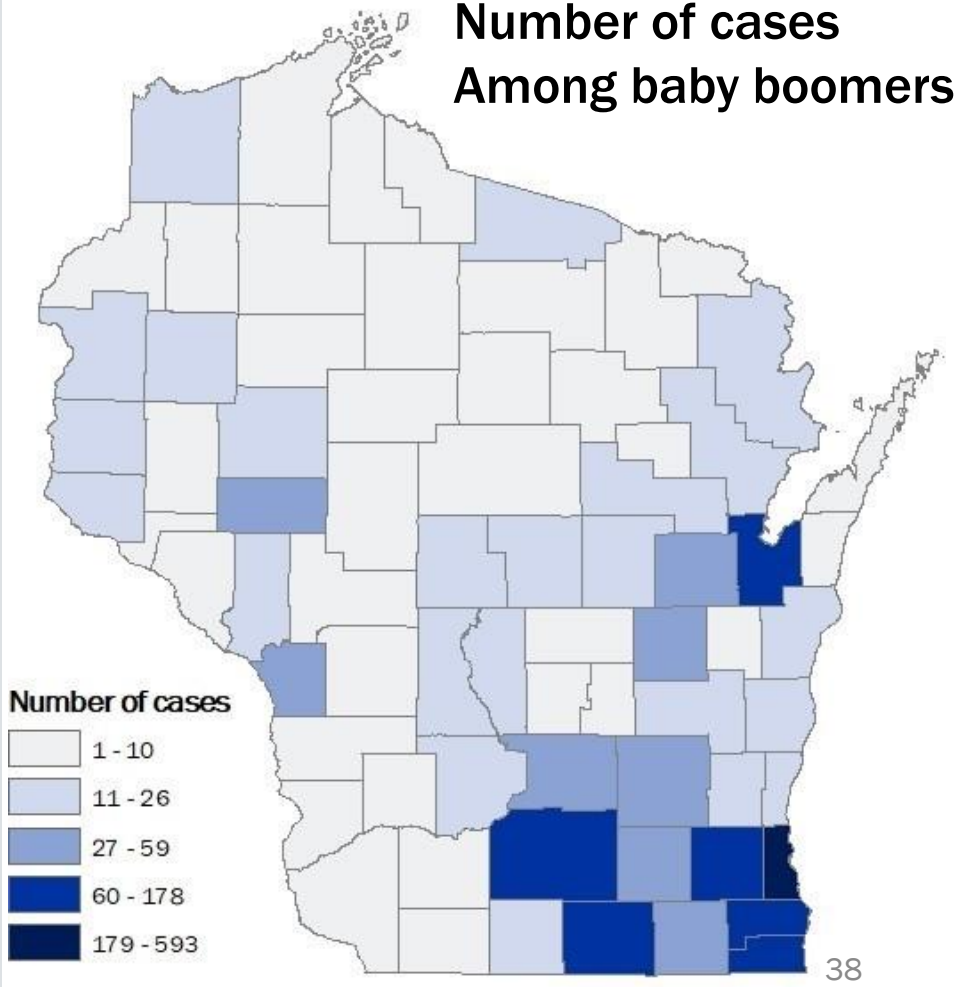


National and state data show that **baby boomers** (people born during 1945–1965) have **high rates of hepatitis C.**

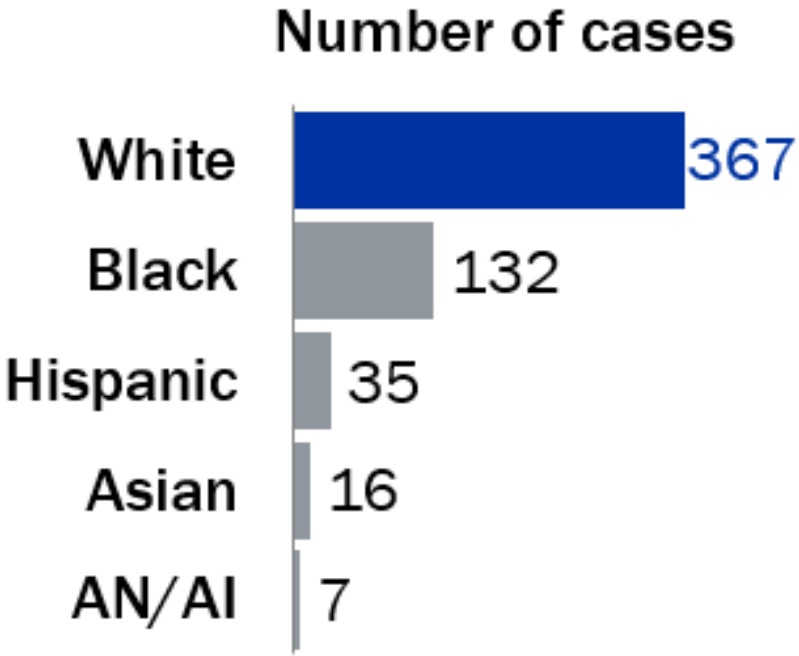
National and state data show that **baby boomers** (people born during 1945–1965) have **high rates of hepatitis C.**

And we know that **most have not received the treatment that cures it.**

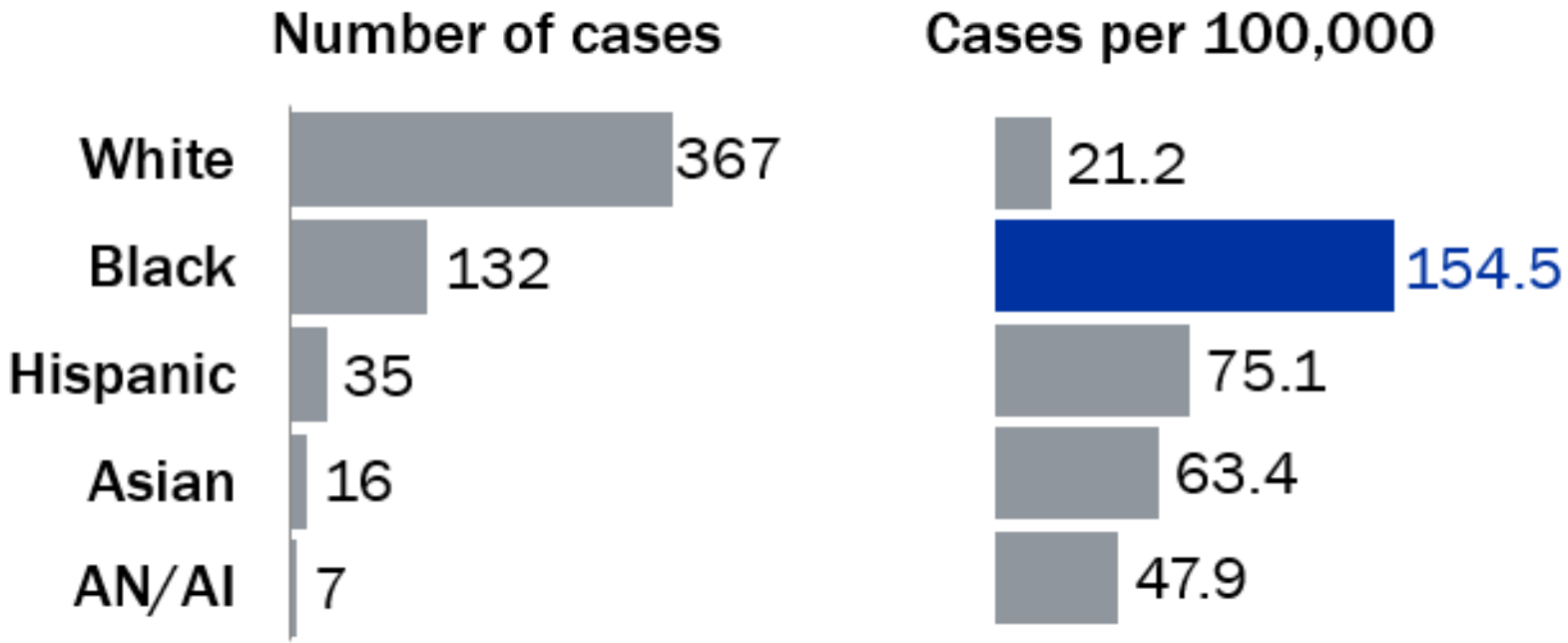
In 2021, most newly reported cases of hepatitis C among baby boomers resided in **southeastern and southern Wisconsin**.



In 2021, **most newly reported cases** of hepatitis C among baby boomers were **among white people**.

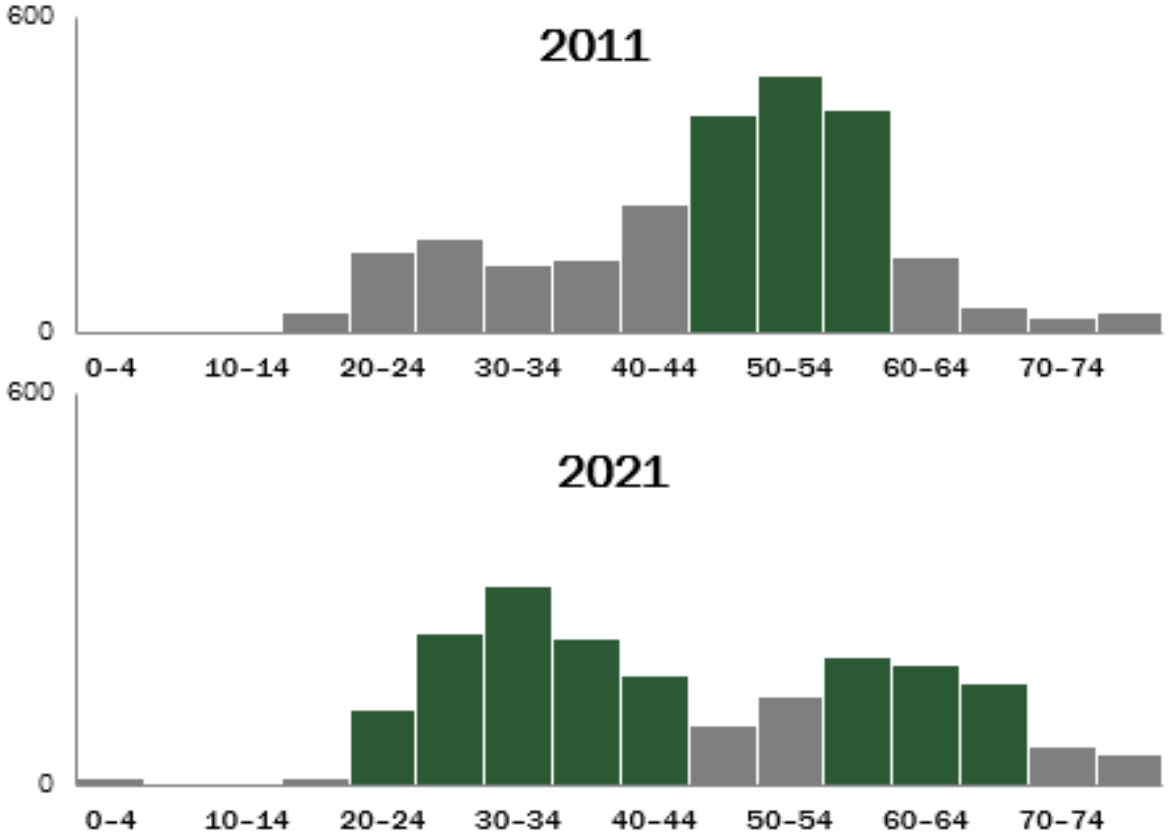


But persons identifying as Black were **disproportionately affected**.



Demographic Shift

For Discussion

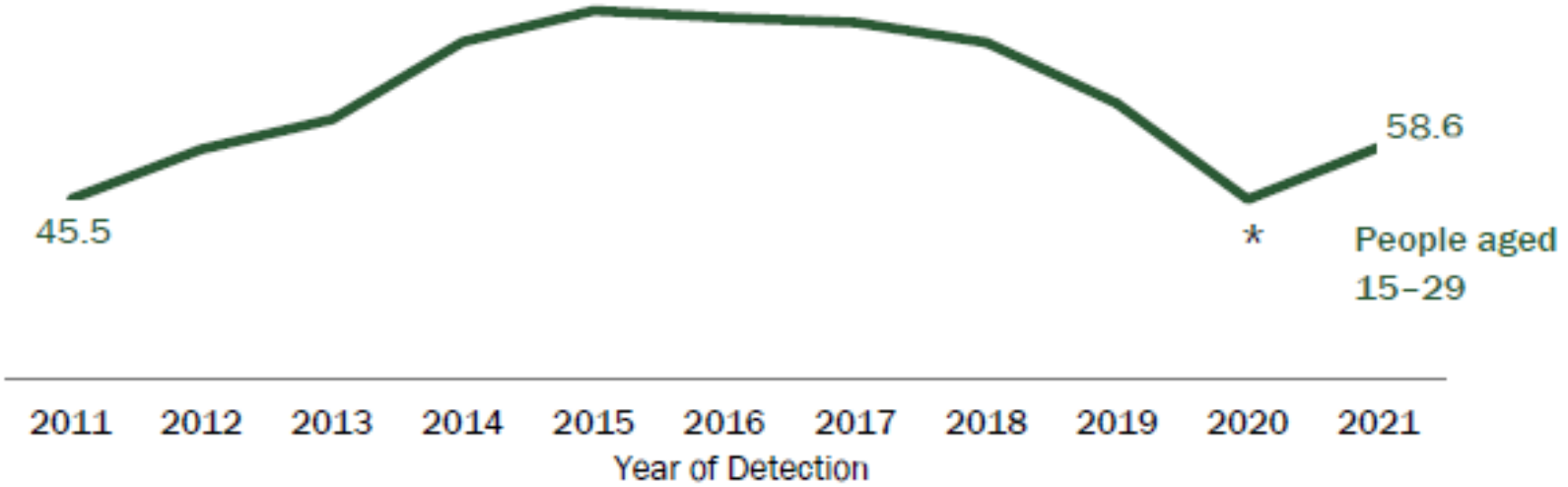


Trends among younger adults

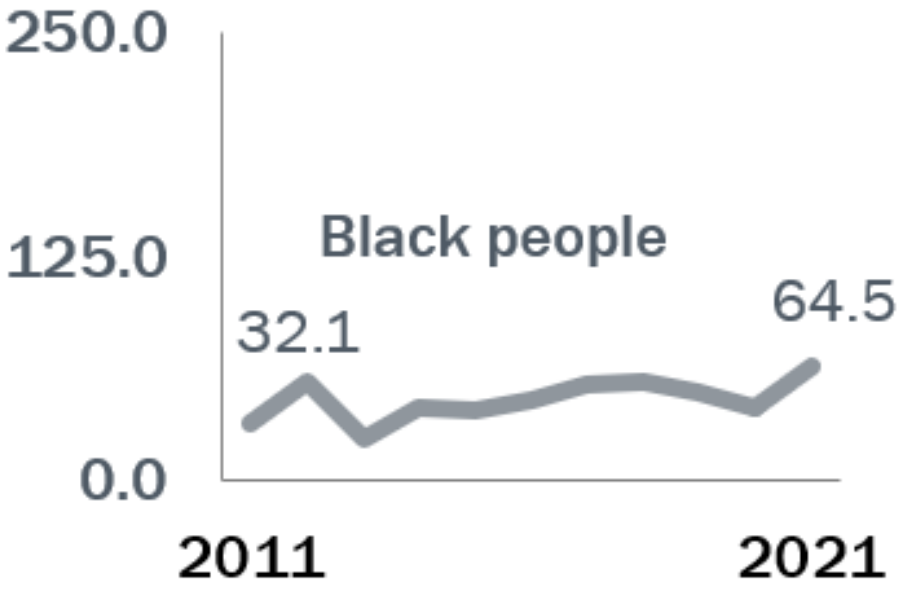
Trends among younger adults

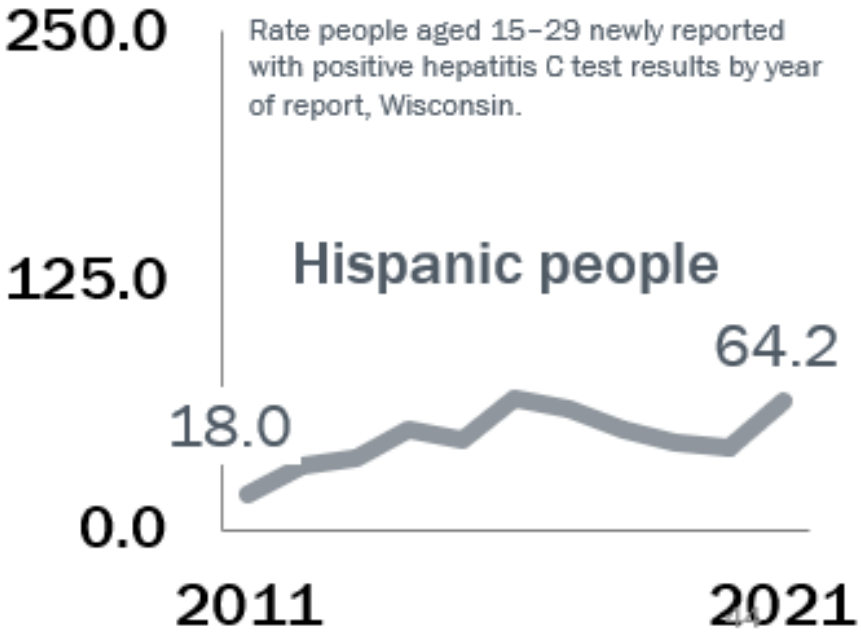
The rate of new positive hepatitis C test results among people aged 15–29 was impacted by reduced testing in 2020*. The rate of new positive test results began to rebound in 2021.

Rate per 100,000 of people newly reported with positive hepatitis C test results† among people aged 15–29, Wisconsin, 2011–2021 -

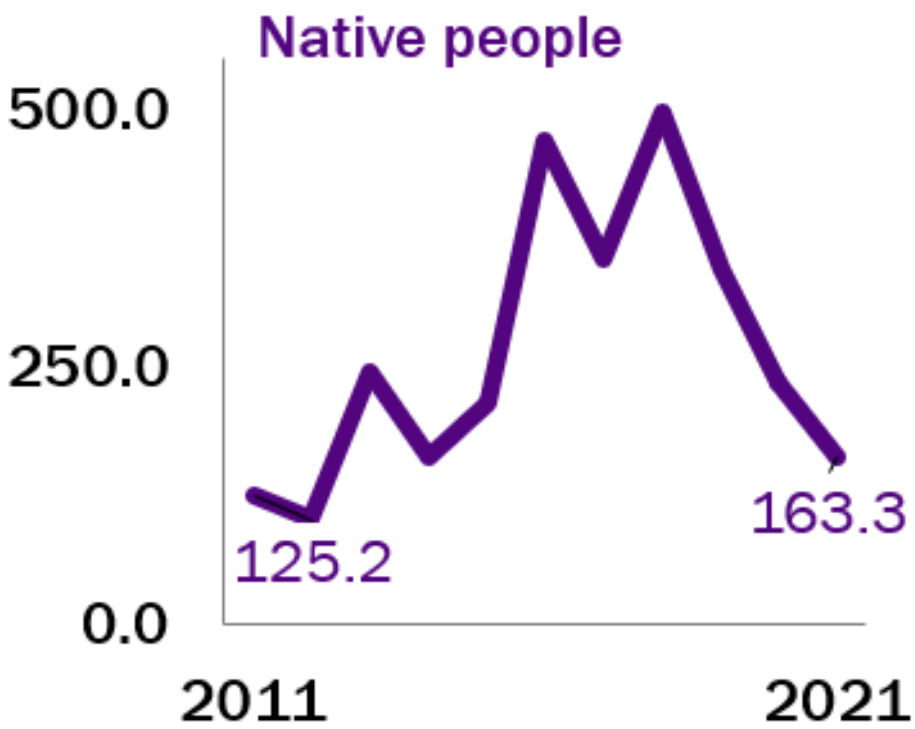


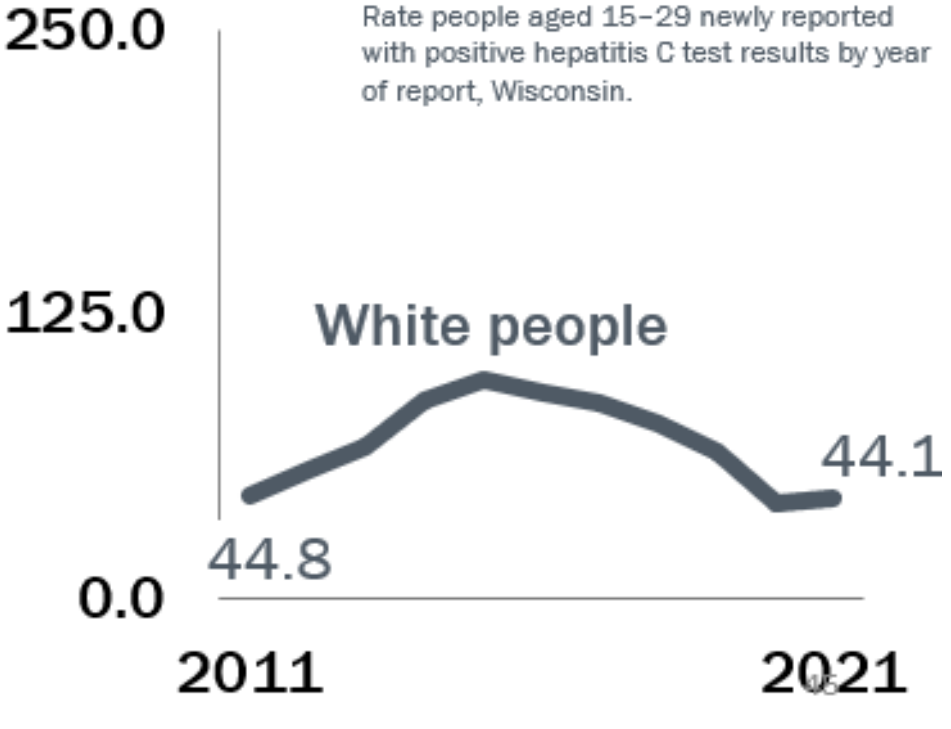
These **increases** have occurred among **all racial and ethnic groups** in Wisconsin.



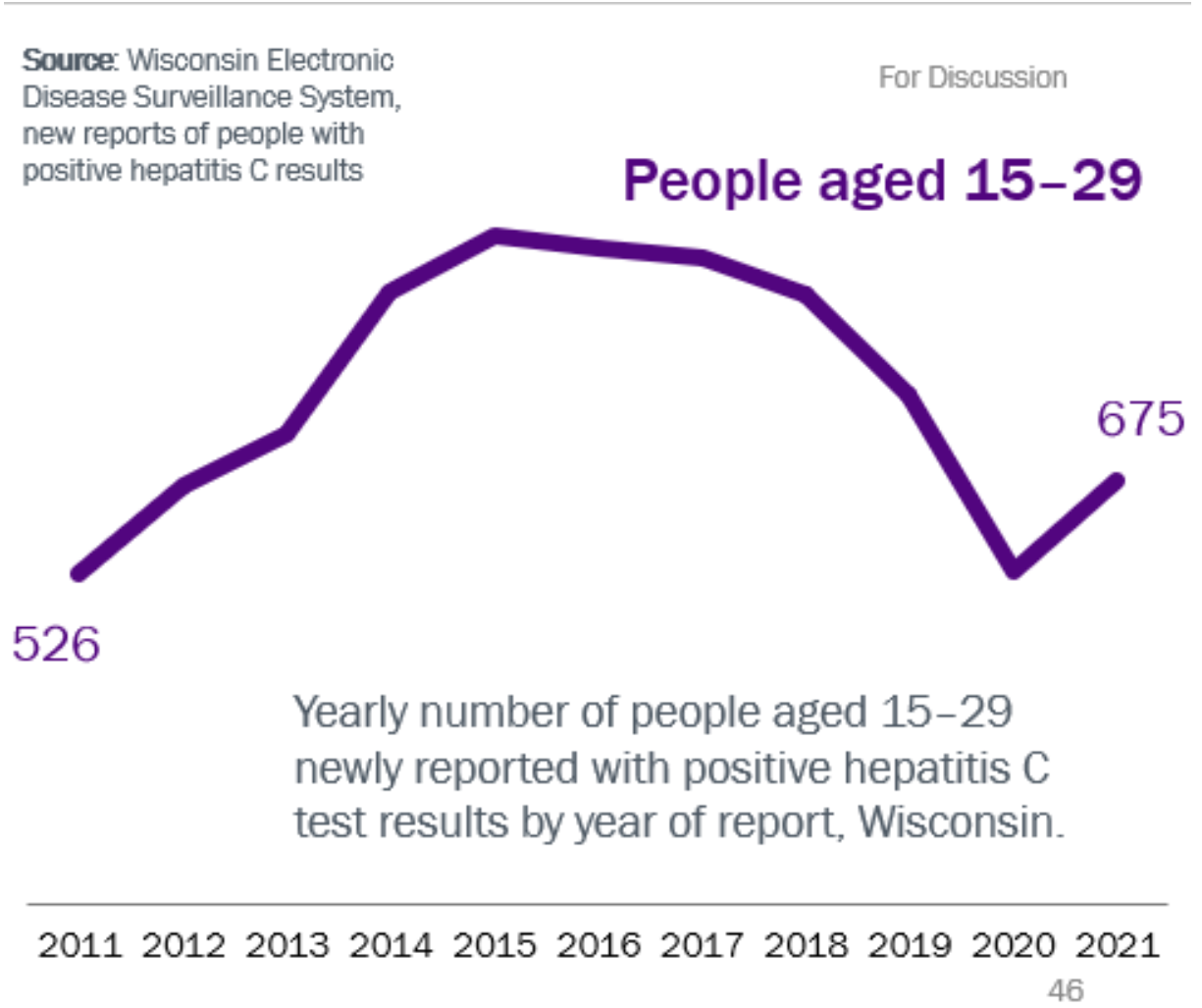


But the rates and increases have been **highest among Native people**.

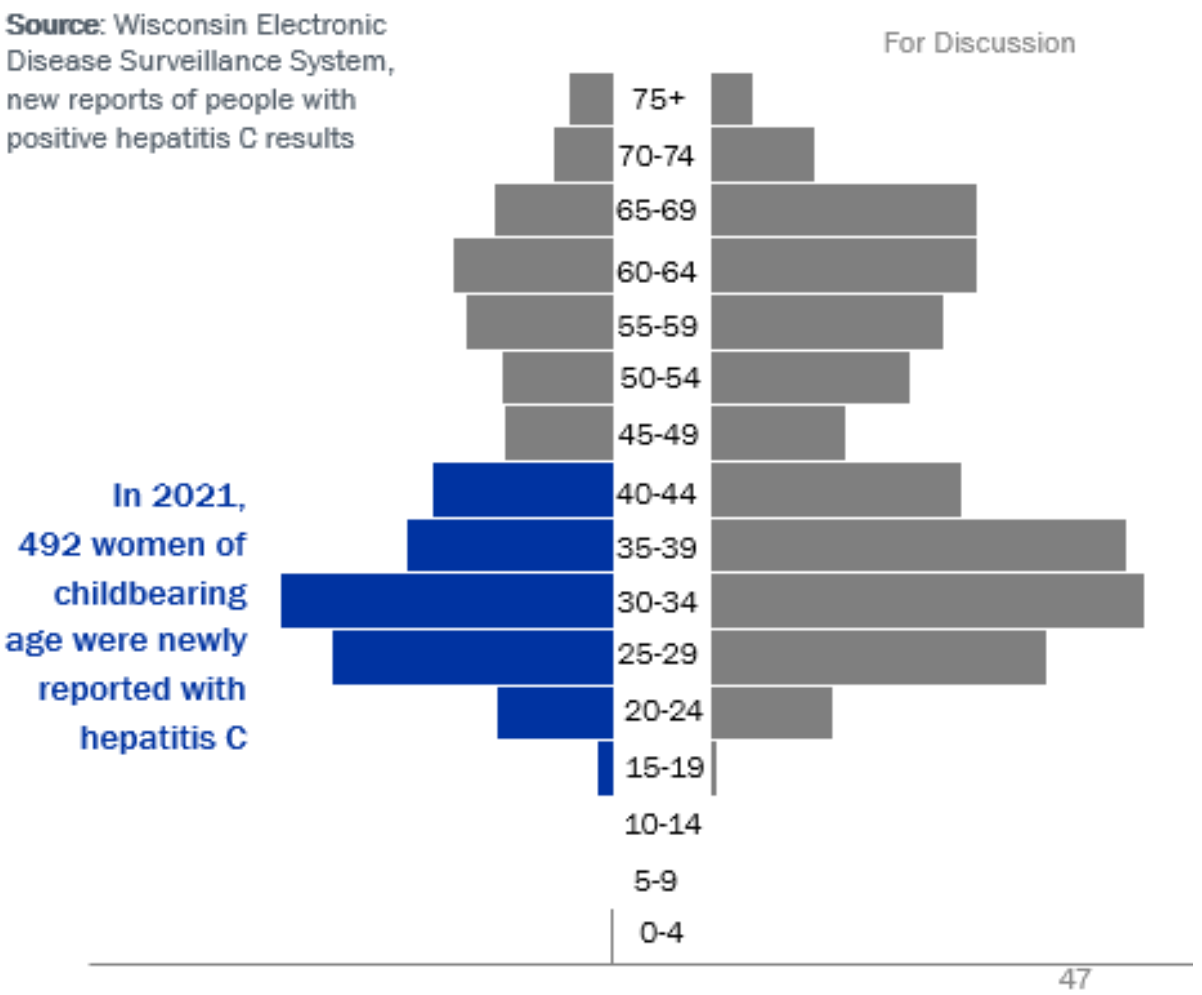




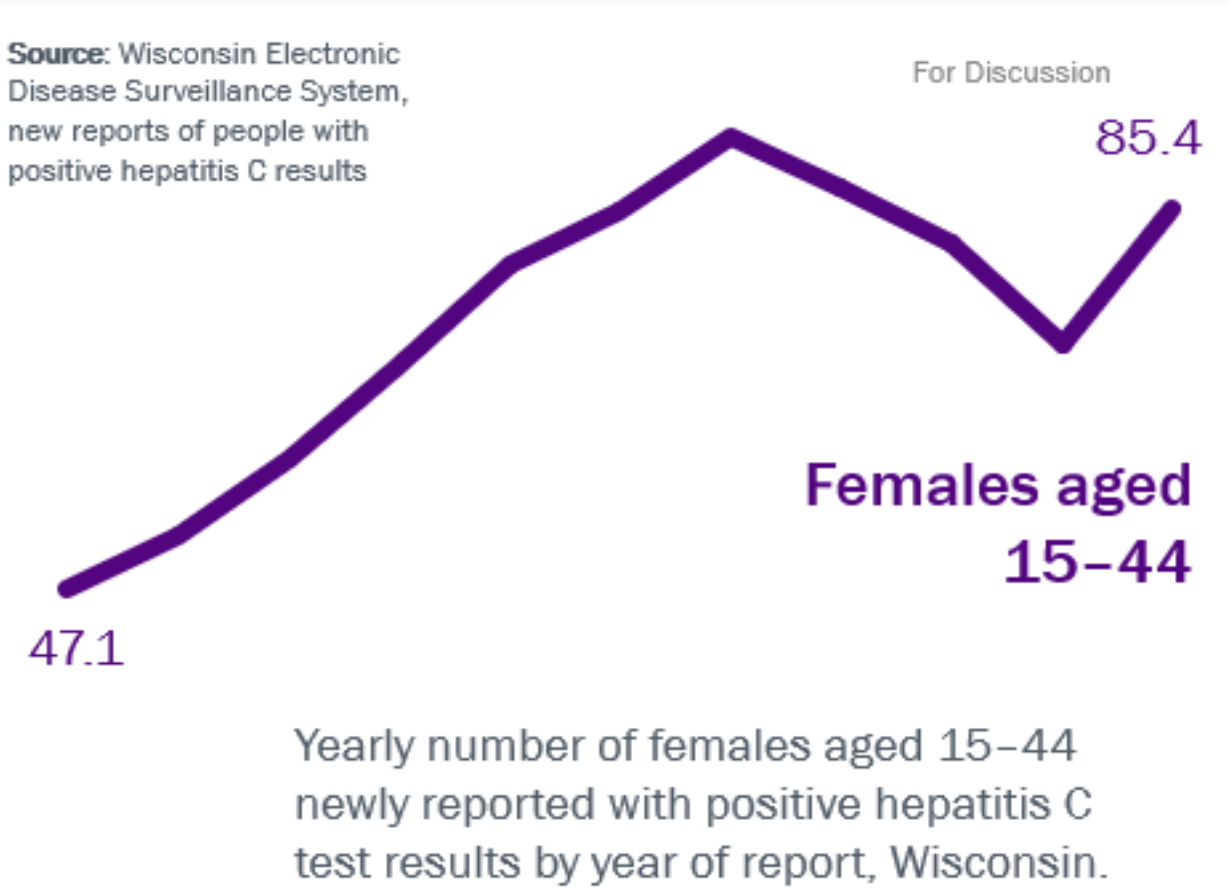
In the past 10 years, the number of **people aged 15–29** newly detected with hepatitis C has **increased** in Wisconsin.



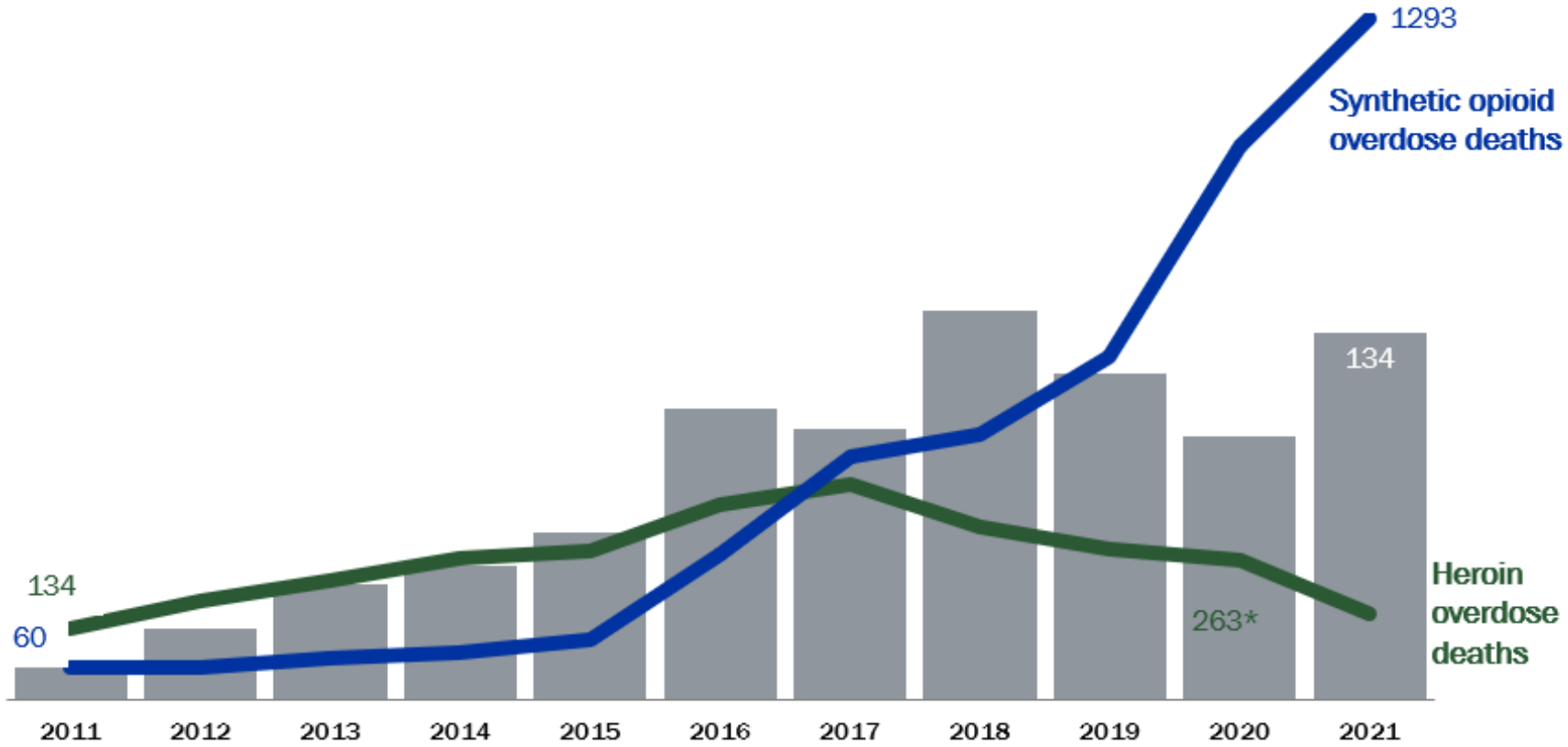
There were a **high number of cases among young adults** in 2021.



This increase is affecting both males and females, including **women of childbearing age**.



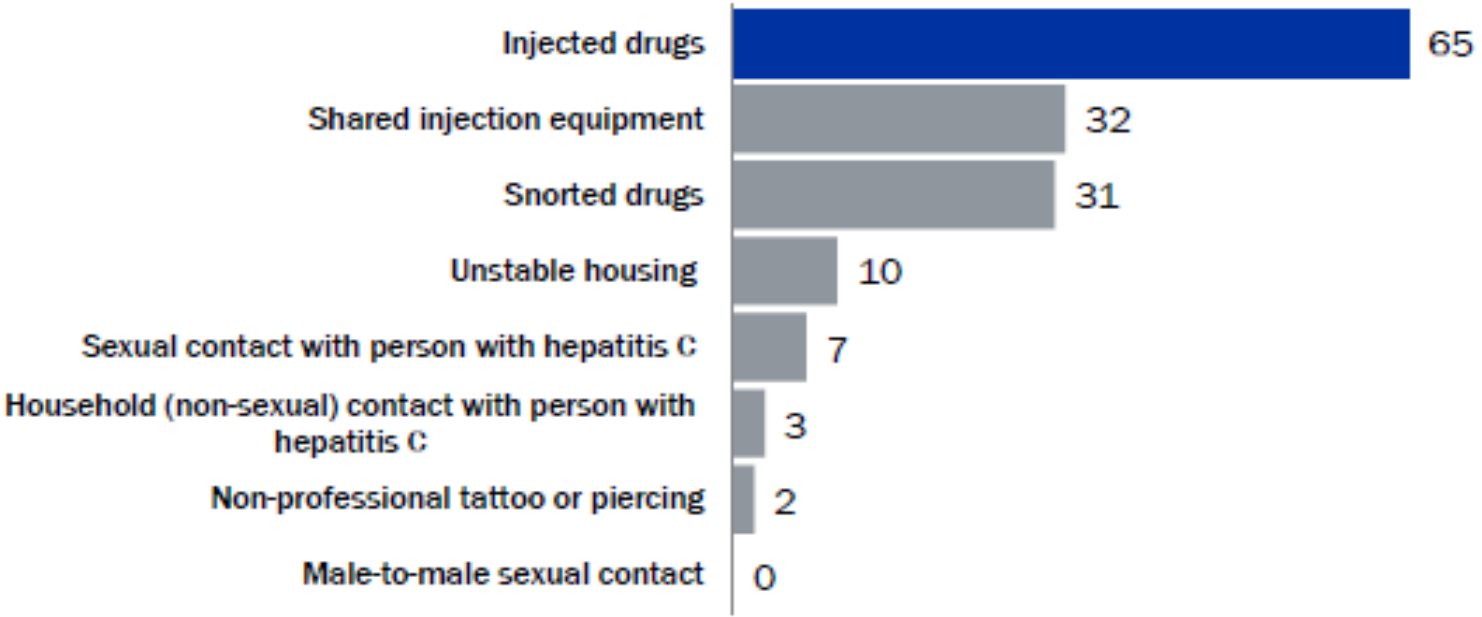
The rise in synthetic opioid overdose deaths is an important consideration in acute hepatitis C cases in Wisconsin.



Risk factors among acute cases

Injection drug use was the most commonly reported risk factor among people with acute hepatitis C.

Number of acute hepatitis C cases that reported each risk behavior or exposure, Wisconsin, 2021



Hepatitis C care cascades

- Hepatitis C care cascades include:

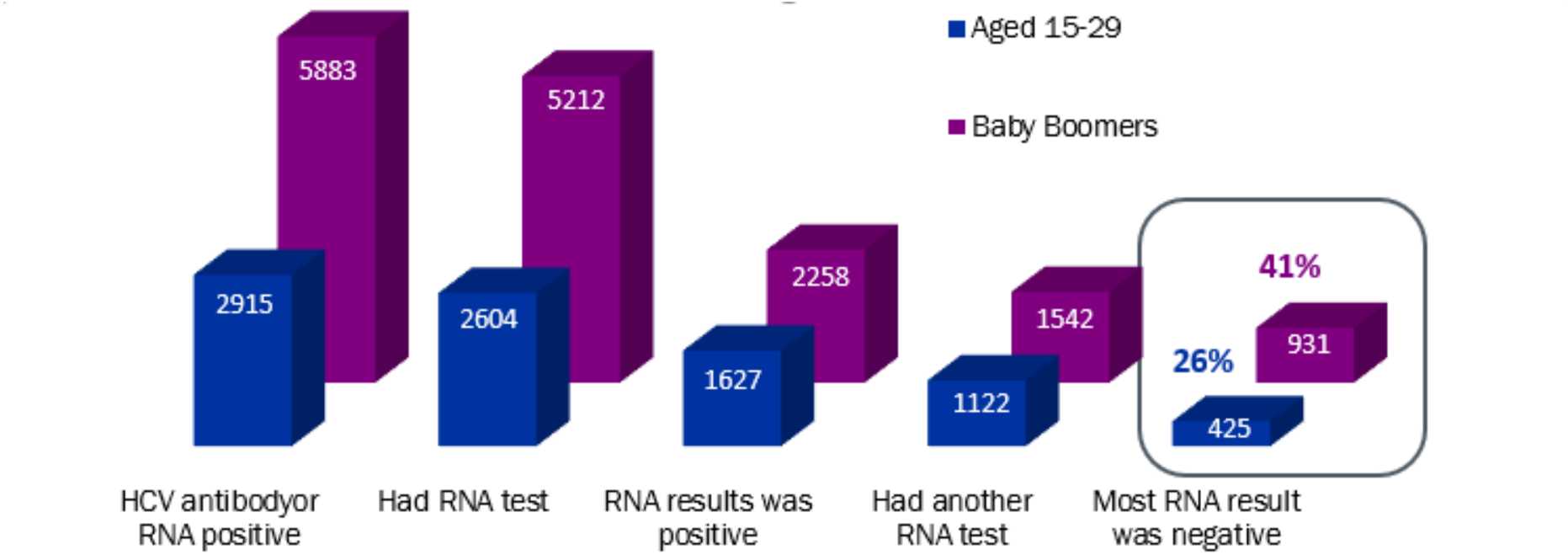
  RNA confirmatory testing.

  Among RNA+, repeat RNA testing to determine if the virus has cleared (RNA-).

- Hepatitis C virus can be cleared naturally or through treatment.

  With surveillance data it is not possible to determine how virus was cleared.

In Wisconsin, persons born between 1945-1965 living with HCV are more likely to obtain treatment and/or resolve the infection.



Source: Wisconsin Electronic Disease Surveillance System, newly reported hepatitis C cases 2019-2021.

HCV Treatment in Adults

- Few insured persons with HCV receive timely DAA treatment, and disparities in treatment exist.
- Unrestricted access to timely DAA treatment is critical to reducing viral hepatitis-related mortality, disparities, and transmission.
- Treatment saves lives, prevents transmission, and is cost saving.

Source:MMWR, Vital Signs: Hepatitis C Treatment Among Insured Adults — United States, 2019–2020 (cdc.gov)

Harm Reduction can prevent HCV and other infections.

Services offered at Syringe Services Programs (SSPs):

- Hepatitis C, HIV, and STI Testing
- Access to sterile supplies and risk reduction education
- Overdose prevention trainings and naloxone (NARCAN®) distribution

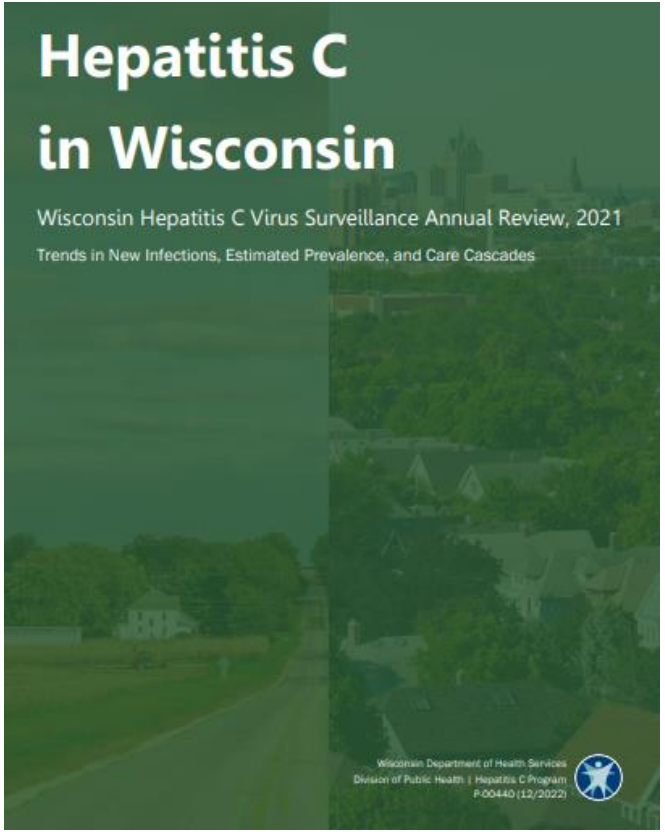
Viral hepatitis reminders

People who use or inject drugs should be vaccinated against hepatitis A and hepatitis B.

People who use or inject drugs should be tested for hepatitis B and hepatitis C.

Source: https://www.cdc.gov/hepatitis/populations/idu.htm

2021 Report Published



2-Pager Published

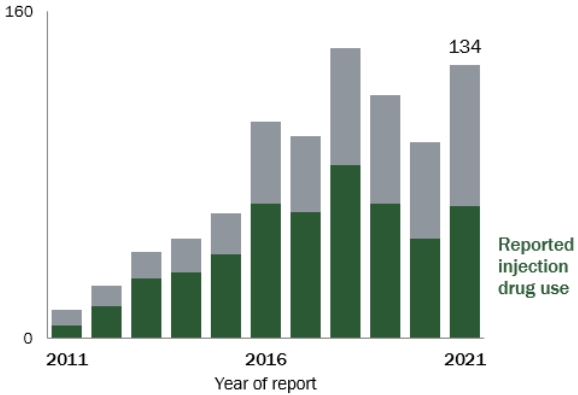
HEPATITIS C IN WISCONSIN

2021 Summary Report

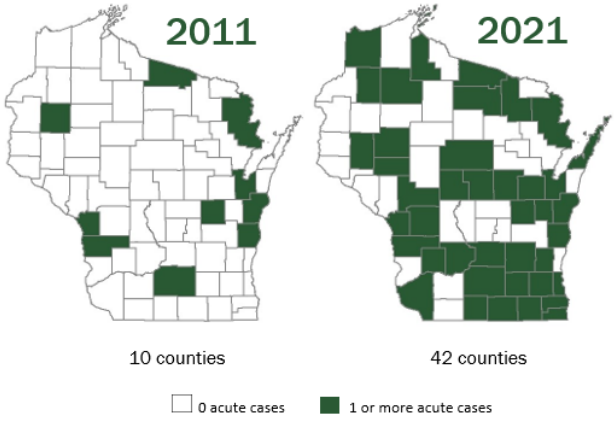
Despite disruptions to hepatitis C testing because of the COVID-19 pandemic, during 2021 there were 2,059 newly reported cases of hepatitis C, including 134 acute cases. An estimated 47,000 adults are living with hepatitis C in Wisconsin, but only about half (25,276) have been identified and reported. Hepatitis C prevalence was above 0.1% in all counties. Rates of hepatitis C are highest among people of color because of inequities caused by structural racism. For more information, visit the Hepatitis C Annual Review for 2021.

Hepatitis C Trends

The number of acute hepatitis C cases has increased over the past 10 years, with 134 cases reported in 2021. **Most people with acute hepatitis C reported injecting drugs.**



In 2021, the number of **counties reporting cases of acute hepatitis C** was more than four times higher than in 2011.



1 of 2

HCV Screening Recommendations and HCV Simplified Treatment

Ryan Westergaard, MD, PHD, MPH

State Epidemiologist for Communicable Diseases
Chief Medical Officer, Division of Public Health

Hepatitis C Recommendations

Quiz

Who should be screened for hepatitis C?
(a) All people aged 18 and older
(b) All pregnant people
(c) All people with certain conditions, including people living with HIV
(d) People with ongoing risk factors, including people who inject drugs
(e) (c) and (d)
(f) All of the above

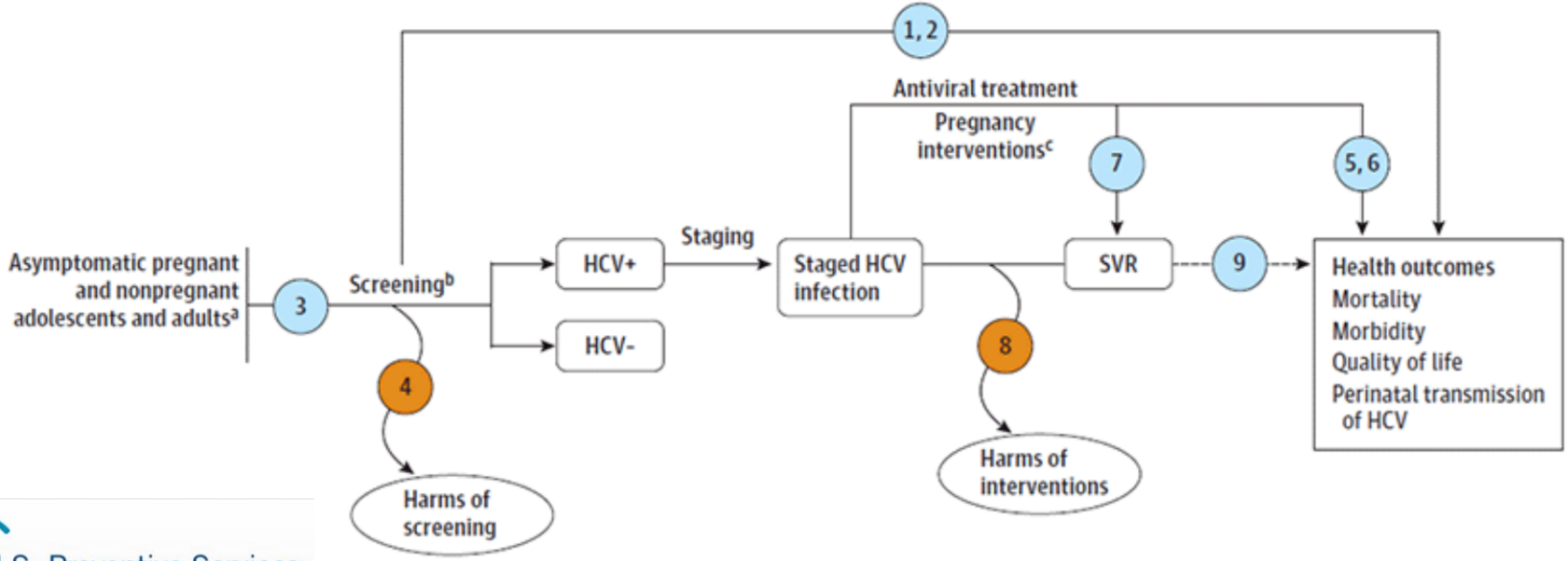
Universal Testing Recommendations

Who should be screened for hepatitis C?	How often?
All people aged 18 and older	At least once in lifetime
All pregnant people	During every pregnancy
All people with certain conditions, including people living with HIV	One-time testing
People with ongoing risk factors, including people who inject drugs	Routine, periodic testing

March 2020, USPSTF https://www.uspreventiveservicestaskforce.org

Why Universal HCV Testing?

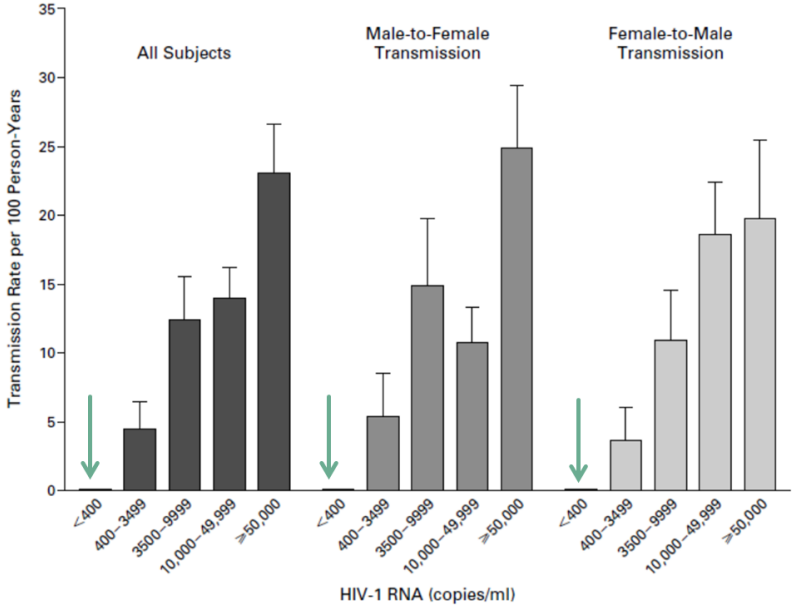
Figure 1. Analytic Framework: Screening for Hepatitis C Virus Infection in Adolescents and Adults



U.S. Preventive Services TASK FORCE

March 2020, USPSTF https://www.uspreventiveservicestaskforce.org

Treatment as Prevention (HIV)



Quinn TC, *NEJM*. 2000; 342:921-9

UNDETECTABLE = UNTRANSMITTABLE

90-90-90

An ambitious treatment target to help end the AIDS epidemic

Ending the HIV Epidemic

GOAL:

75% reduction in new HIV infections in 5 years and at least 90% reduction in 10 years.

GETTING TO ZERO
END AIDS BY 2030
WORLD AIDS DAY 2015

World Health Organization

Treatment as Prevention (Hep C)

WHO Vision: Eliminate Viral Hepatitis as a Major Health Threat by 2030

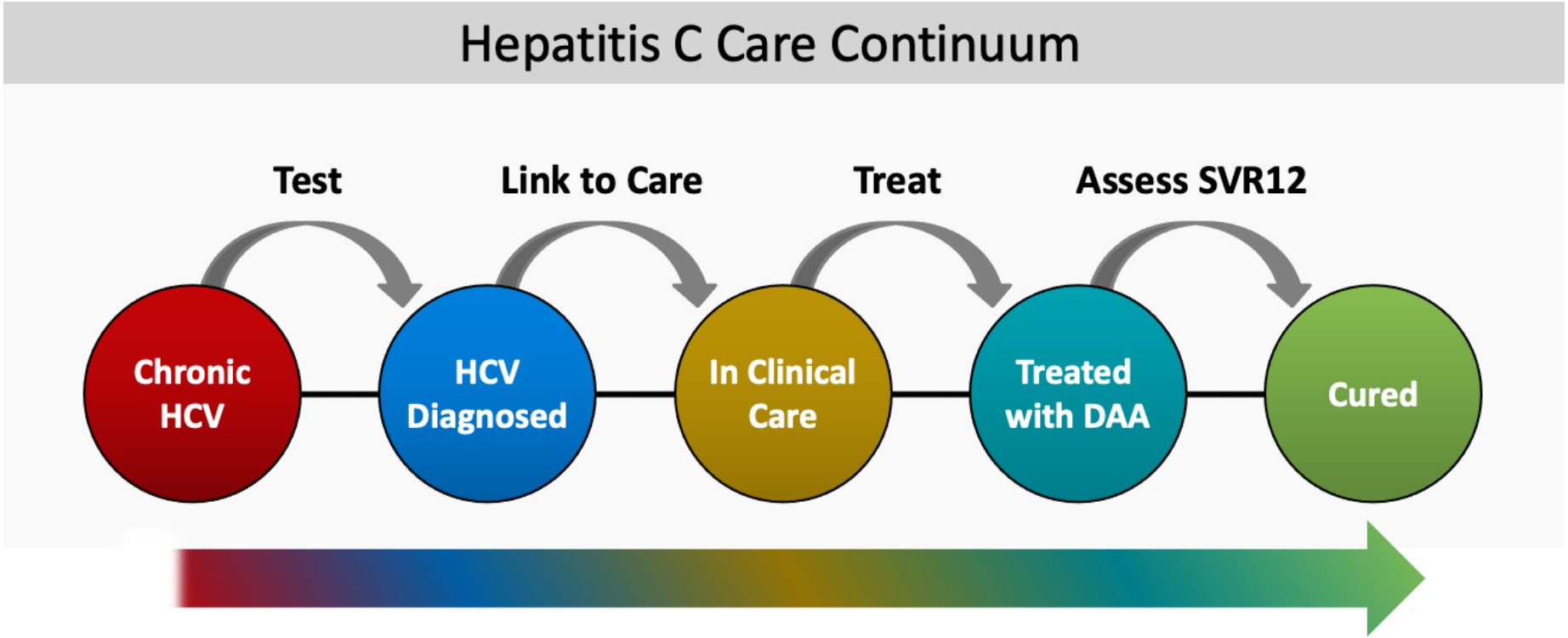
World Health Organization

"A world where viral hepatitis transmission is halted and everyone living with hepatitis has access to safe, affordable and effective care and treatment services"

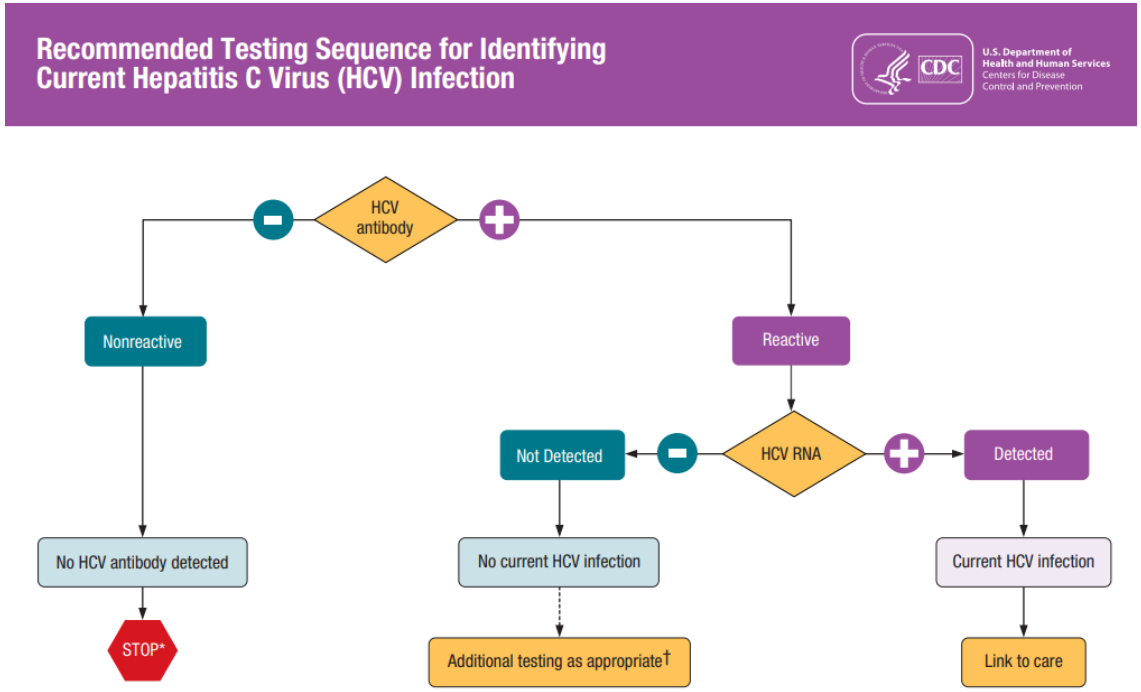
WHO. https://www.who.int/hepatitis/strategy2016-2021/ghss-hep/en/. Accessed November 17, 2020.

Slide credit: clinicaloptions.com

Treatment as Prevention (Hep C)



Hepatitis C Testing Algorithm



Source: https://www.cdc.gov/hepatitis/hcv/pdfs/hcv_flow.pdf

HCV Simplified Treatment

HCV Treatment

For Discussion

- Direct Acting Antivirals (DAAs)
  - Oral medication taken for 8-12 weeks
  - >95% cure rate
  - Covered under WI Medicaid and HIV ADAP
  - Pharmaceutical Companies have patient assistance programs
  - Pharmacy partnerships can improve access

Wisconsin Medicaid HCV Treatment has…

- No sobriety restrictions.
- No provider restrictions.
- No disease severity restrictions.
- No prior authorization needed.
- Retreatment considered.

HCV Treatment in 2023 is simpler than ever

	DRUG	GENERIC NAME
	Epclusa*	sofosbuvir/velpatasvir
	Harvoni*	ledipasvir/sofosbuvir
	Mavyret	glecaprevir + pibrentasvir
	Vosevi	sofosbuvir/velpatasvir/ voxilaprevir
	Zepatier	elbasvir/grazoprevir

All Genotypes
1 tablet daily x 12 weeks

All Genotypes
3 tablets once daily with food x 8 weeks

HCV Treatment

AASLD
AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES

HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C

IDSA
Infectious Diseases Society of America

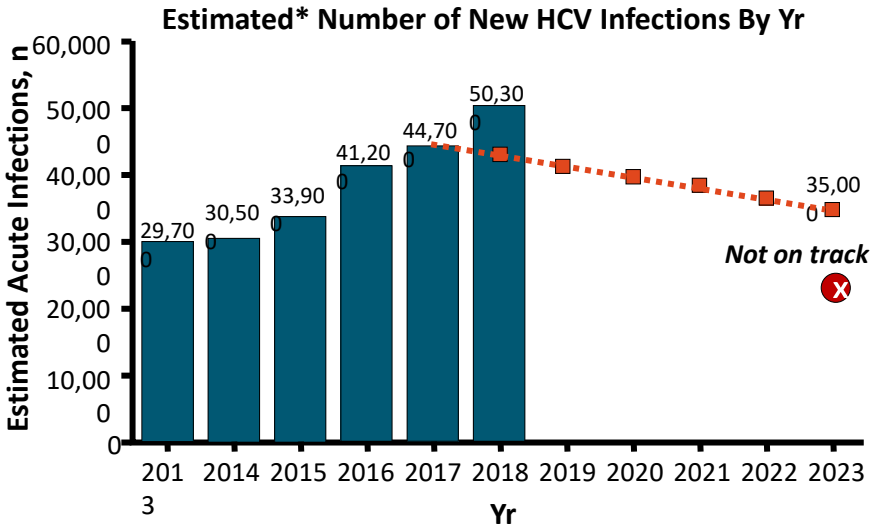
Recommendation for When and in Whom to Initiate Treatment	
RECOMMENDED	RATING
Treatment is recommended for all patients with chronic HCV infection, except those with a short life expectancy that cannot be remediated by HCV therapy, liver transplantation, or another directed therapy. Patients with a short life expectancy owing to liver disease should be managed in consultation with an expert.	I, A

Source: https://www.hcvguidelines.org

CDC: National HCV Progress Report on 2025 Goals

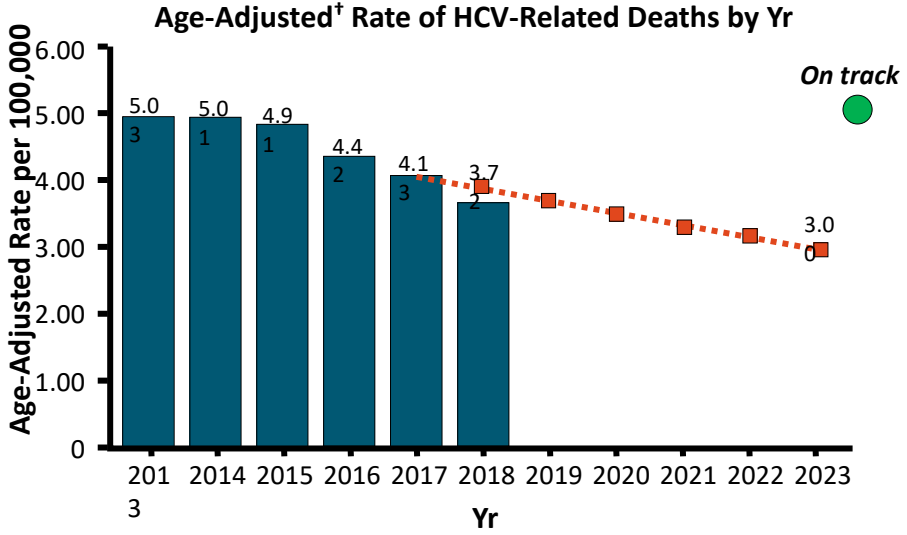
For Discussion

- Goal: Reduce rate of acute HCV infections to ≤ 35,000/yr by 2025



*By multiplying the no. of reported cases by a factor to adjust for under-reporting.

- Goal: Reduce Rate of HCV-Related deaths to ≤ 3.00/10OK population by 2025



†Age-adjusted to the 2000 US standard population.

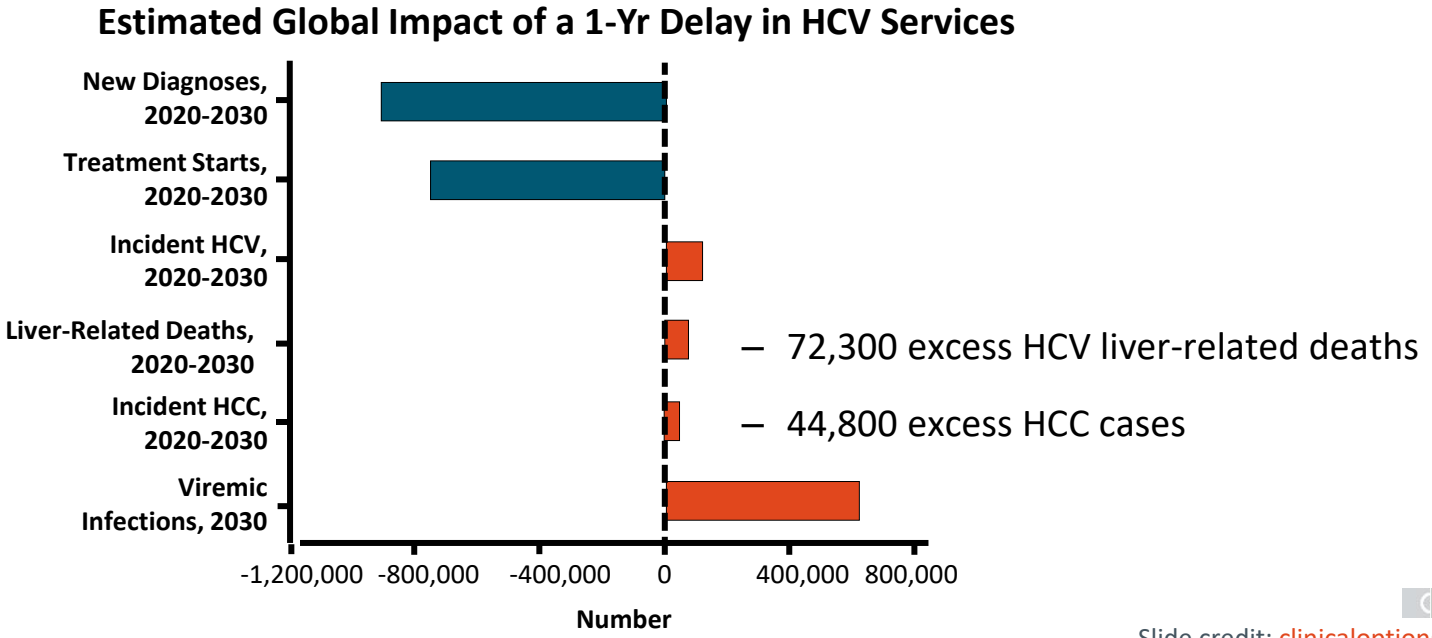
CDC. National Viral Hepatitis Progress Report 2025. https://www.cdc.gov/hepatitis/policy/NationalProgressReport.htm.

Slide credit: clinicaloptions.com

Projected Impact of COVID-19 Pandemic on Global HCV Elimination

For Discussion

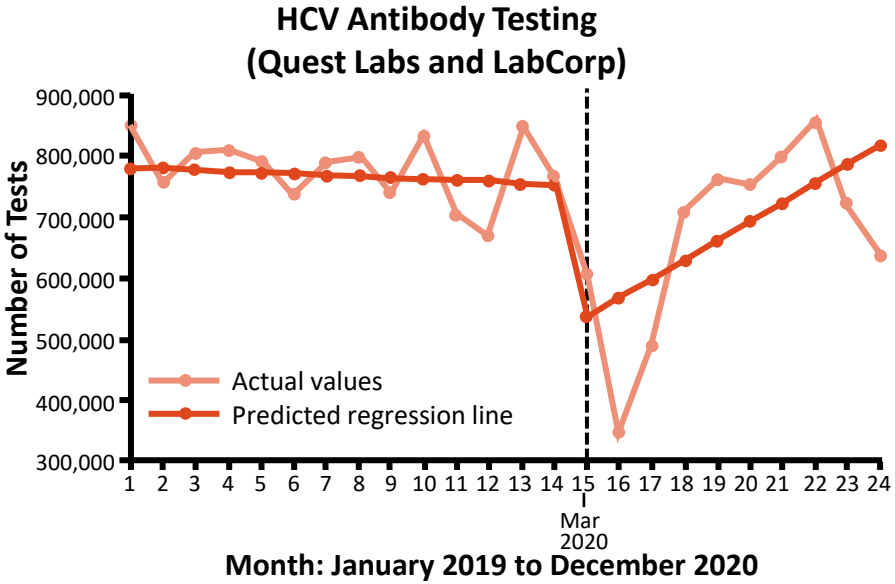
- Modeling of impact of 1-yr delay in hepatitis elimination programs across 110 countries
  - Did not assess impact of increased harm behaviors, which likely rose during pandemic

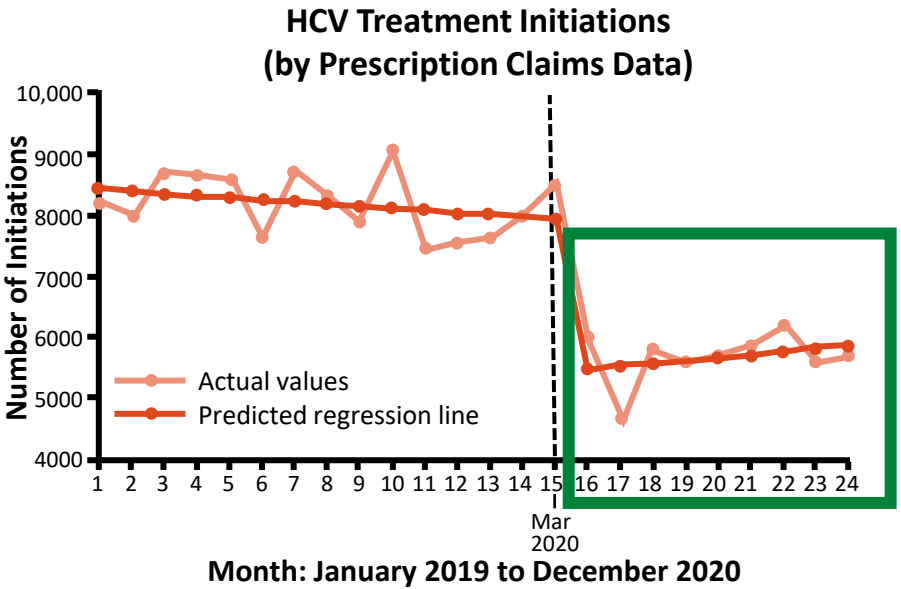


Blach. J Hepatol. 2021;74:31.

Slide credit: clinicaloptions.com

Impact of COVID-19 Pandemic on HCV Testing and Treatment in the United States

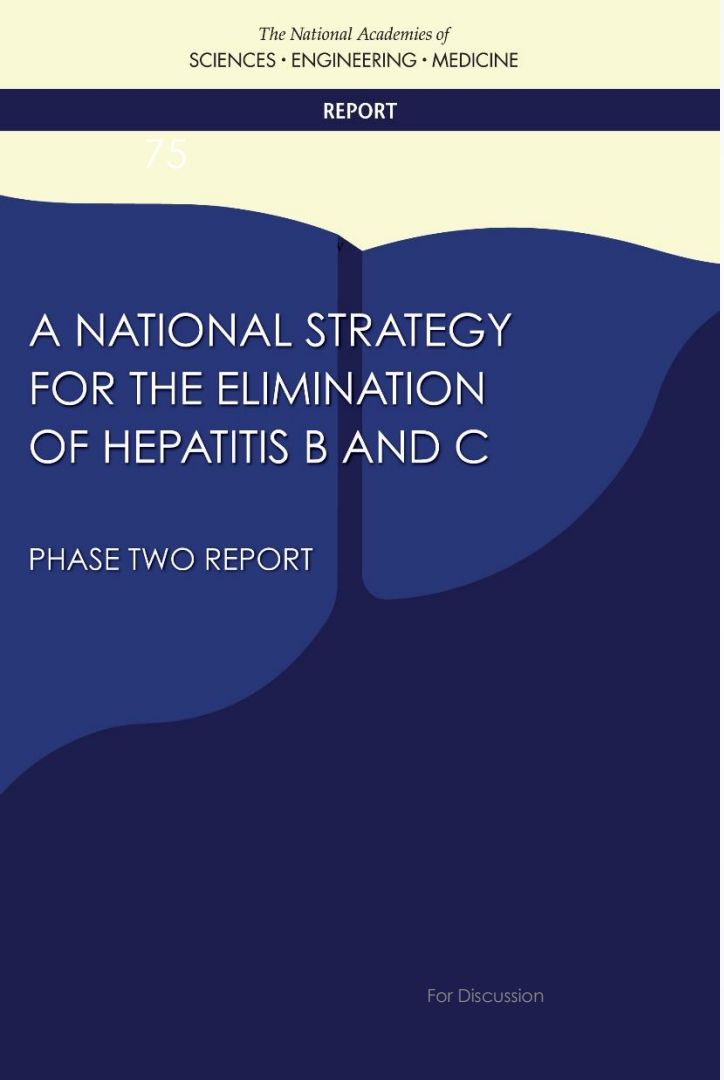




- **HCV treatment initiations failed to rebound by December 2020**
- HCP efforts should be directed at linking patients who are HCV RNA positive to care, increasing engagement with treatment

Hoenig. The Liver Meeting. 2021. Abstr 913.

Slide credit: clinicaloptions.com



1. Remove restrictions that are not medically indicated and offer DAAs to all patients with chronic hepatitis C. ***in Wisconsin***

2. The criminal justice system should screen and treat hepatitis C in correctional facilities according to the national clinical practice guidelines. ***in Wisconsin***

3. Build capacity to treat in primary care and referral systems for medically complex patients.

Why aren't more non-specialists prescribing DAAs?

University of Wisconsin Rural Opioid Study – Provider Survey

600

Family medicine physicians responded to survey in 2018

Koepke et al. Wisconsin Medical Journal. 2021: https://wmjonline.org/wp-content/uploads/2021/120/2/koepke.pdf
Commentary: https://wmjonline.org/wp-content/uploads/2021/120/2/tyska.pdf

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Had prescribed DAAs in consultation with specialist

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Did not know non-specialists could now prescribe DAAs covered by Medicaid

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Physicians affiliated with health systems less often prescribed DAAs

University of Wisconsin Rural Opioid Study – Provider Survey

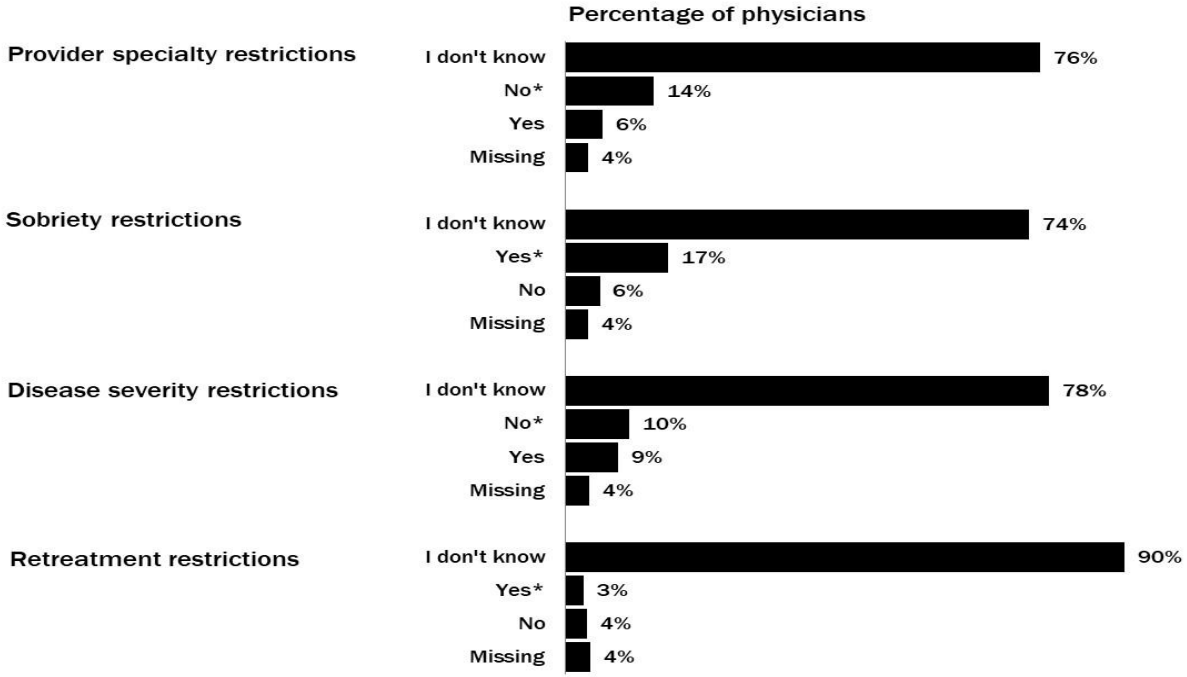
"Do you currently prescribe treatment for hepatitis C treatment?"

	N (%)
Yes, independently	4 (1%)
Yes, in consultation with a specialist	35 (6%)
No*	**441 (92%)**
"No, but I would if I could"	108 (18%)
Just "No"	441 (74%)
No response	15 (3%)

Koepke et al. Wisconsin Medical Journal. 2021: https://wmjonline.org/wp-content/uploads/2021/120/2/koepke.pdf

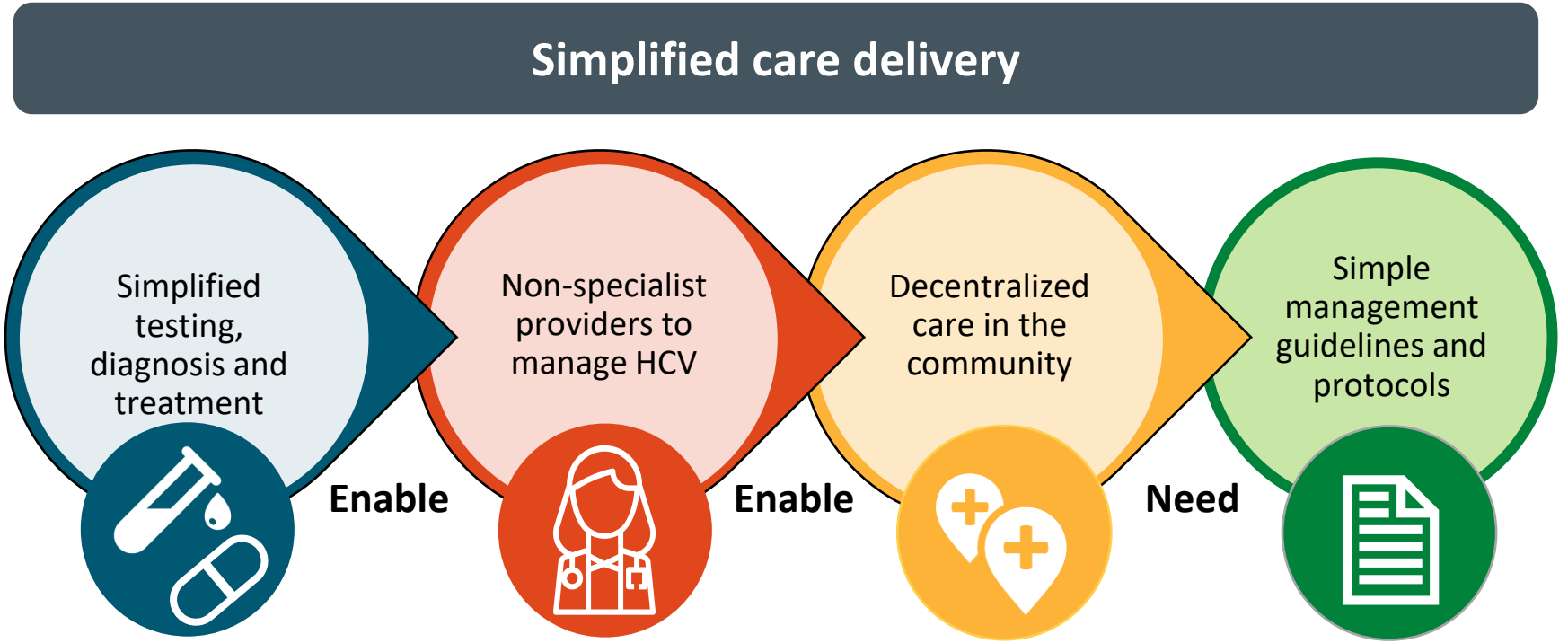
University of Wisconsin Rural Opioid Study – Provider Survey

Are you aware of any restrictions placed on HCV treatment by the WI Medicaid Program?



Koepke et al. Wisconsin Medical Journal. 2021: https://wmjonline.org/wp-content/uploads/2021/120/2/koepke.pdf

What Does Simplified Care Delivery Entail?



Conceptual slides based on Hellard. J Hepatol. 2018;68:383. Cooke. Lancet Gastroenterol Hepatol. 2019;4:135.

Slide credit: clinicaloptions.com

AASLD/IDSA Simplified Treatment Guidelines for Treatment-Naïve Patients Without Cirrhosis

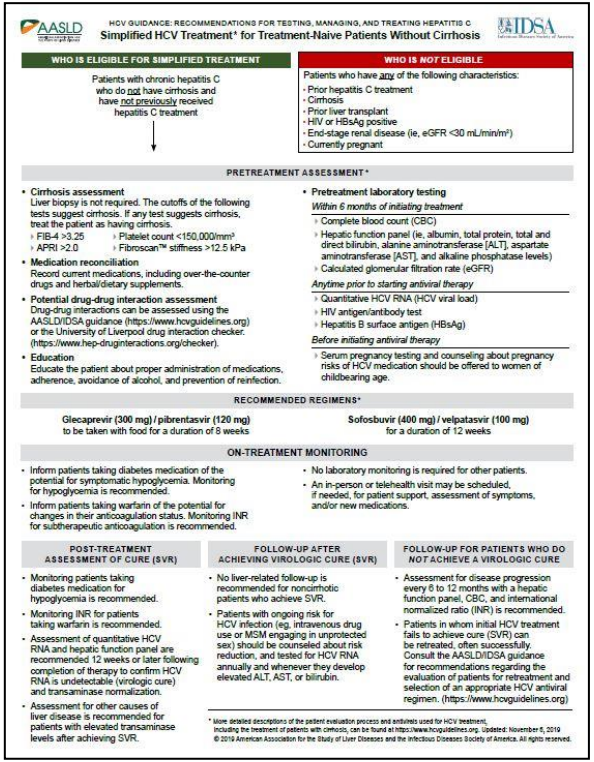
Exclude Advanced Fibrosis/Cirrhosis
(No biopsy required)

Screen for DDI
HIV/HBsAg testing

Pangenotypic Therapy
GLE/PIB 8 weeks or SOF/VEL 12 weeks

Minimal Monitoring
(No HCV-related laboratory monitoring required)

Assess for Cure→ SVR12
Risk Reduction



HCV GUIDANCE: RECOMMENDATIONS FOR TESTING, MANAGING, AND TREATING HEPATITIS C

Simplified HCV Treatment* for Treatment-Naive Patients Without Cirrhosis

WHO IS ELIGIBLE FOR SIMPLIFIED TREATMENT

Patients with chronic hepatitis C who do not have cirrhosis and have not previously received hepatitis C treatment

WHO IS *NOT* ELIGIBLE

Patients who have any of the following characteristics:
- Prior hepatitis C treatment
- Cirrhosis
- Prior liver transplant
- HIV or HBsAg positive
- End-stage renal disease (ie, eGFR <30 mL/min/m²)
- Currently pregnant

PRETREATMENT ASSESSMENT*

- **Cirrhosis assessment**
  Liver biopsy is not required. The cutoffs of the following tests suggest cirrhosis. If any test suggests cirrhosis, treat the patient as having cirrhosis.
  - FIB-4 >3.25
  - APRI >2.0
  - Platelet count <150,000/mm³
  - Fibroscan™ stiffness >12.5 kPa
- **Medication reconciliation**
  Record current medications, including over-the-counter drugs and herbal/dietary supplements.
- **Potential drug-drug interaction assessment**
  Drug-drug interactions can be assessed using the AASLD/IDSA guidance (https://www.hcvguidelines.org) or the University of Liverpool drug interaction checker. (https://www.hep-druginteractions.org/checker).
- **Education**
  Educate the patient about proper administration of medications, adherence, avoidance of alcohol, and prevention of reinfection.
- **Pretreatment laboratory testing**

  Within 6 months of initiating treatment
  - Complete blood count (CBC)
  - Hepatic function panel (ie, albumin, total protein, total and direct bilirubin, alanine aminotransferase [ALT], aspartate aminotransferase [AST], and alkaline phosphatase levels)
  - Calculated glomerular filtration rate (eGFR)

  Anytime prior to starting antiviral therapy
  - Quantitative HCV RNA (HCV viral load)
  - HIV antigen/antibody test
  - Hepatitis B surface antigen (HBsAg)

  Before initiating antiviral therapy
  - Serum pregnancy testing and counseling about pregnancy risks of HCV medication should be offered to women of childbearing age.

RECOMMENDED REGIMENS*

Glecaprevir (300 mg) / pibrentasvir (120 mg) to be taken with food for a duration of 8 weeks

Sofosbuvir (400 mg) / velpatasvir (100 mg) for a duration of 12 weeks

ON-TREATMENT MONITORING

- Inform patients taking diabetes medication of the potential for symptomatic hypoglycemia. Monitoring for hypoglycemia is recommended.
- Inform patients taking warfarin of the potential for changes in their anticoagulation status. Monitoring INR for subtherapeutic anticoagulation is recommended.
- No laboratory monitoring is required for other patients.
- An in-person or telehealth visit may be scheduled, if needed, for patient support, assessment of symptoms, and/or new medications.

POST-TREATMENT ASSESSMENT OF CURE (SVR)

- Monitoring patients taking diabetes medication for hypoglycemia is recommended.
- Monitoring INR for patients taking warfarin is recommended.
- Assessment of quantitative HCV RNA and hepatic function panel are recommended 12 weeks or later following completion of therapy to confirm HCV RNA is undetectable (virologic cure) and transaminase normalization.
- Assessment for other causes of liver disease is recommended for patients with elevated transaminase levels after achieving SVR.

FOLLOW-UP AFTER ACHIEVING VIROLOGIC CURE (SVR)

- No liver-related follow-up is recommended for noncirrhotic patients who achieve SVR.
- Patients with ongoing risk for HCV infection (eg, intravenous drug use or MSM engaging in unprotected sex) should be counseled about risk reduction, and tested for HCV RNA annually and whenever they develop elevated ALT, AST, or bilirubin.

FOLLOW-UP FOR PATIENTS WHO DO *NOT* ACHIEVE A VIROLOGIC CURE

- Assessment for disease progression every 6 to 12 months with a hepatic function panel, CBC, and international normalized ratio (INR) is recommended.
- Patients in whom initial HCV treatment fails to achieve cure (SVR) can be retreated, often successfully. Consult the AASLD/IDSA guidance for recommendations regarding the evaluation of patients for retreatment and selection of an appropriate HCV antiviral regimen. (https://www.hcvguidelines.org)

* More detailed descriptions of the patient evaluation process and antivirals used for HCV treatment, including the treatment of patients with cirrhosis, can be found at https://www.hcvguidelines.org. Updated: November 6, 2019

https://www.hcvguidelines.org/treatment-naive/simplified-treatment.

Slide credit: clinicaloptions.com

Eligibility for Simplified Treatment

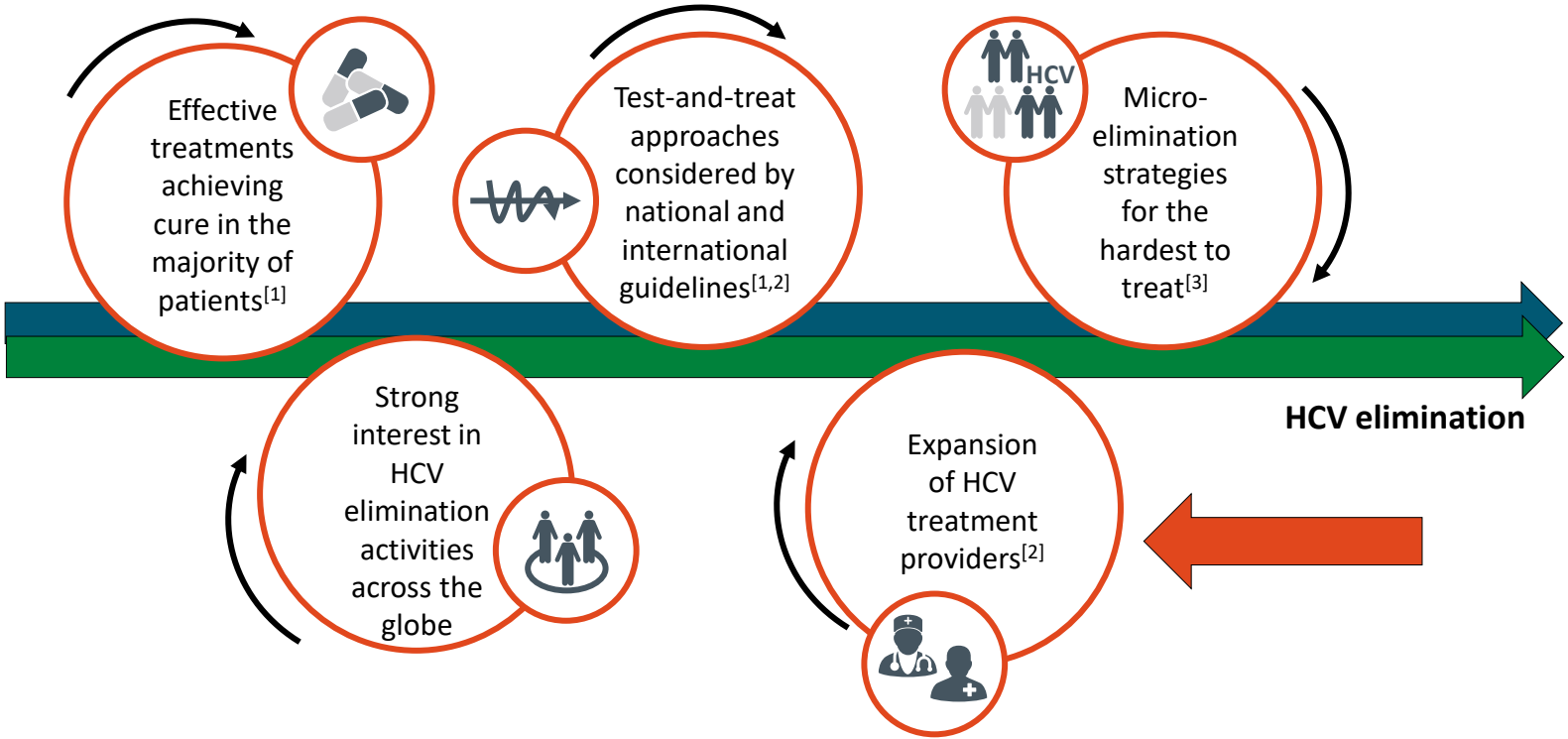
Eligible for Simplified Treatment
Adults with HCV infection (any genotype); treatment-naive and without cirrhosis

Not Eligible for Simplified Treatment
Prior HCV treatment
Cirrhosis
Known or suspected hepatocellular carcinoma
Prior liver transplantation
HIV or HBsAg positive
Current pregnancy

https://www.hcvguidelines.org/treatment-naive/simplified-treatment.

Slide credit: clinicaloptions.com

Summary: Elimination of HCV Requires Effort on Several Fronts



1. WHO. Guidelines for the care and treatment of persons diagnosed with chronic hepatitis C virus infection. Accessed November 17, 2020. 2. Kattakuzhy. Ann Intern Med. 2017;167:311. 3. Lazarus. Semin Liver Dis. 2018;38:181.

Slide credit: clinicaloptions.com

Next Steps

Kailynn Mitchell, MPH

Hepatitis Prevention Coordinator

Call to Action

For Discussion

- Join mailing list
- Improve universal HCV screening
- Expand access to HCV treatment
- Attend elimination community webinars
- Go to elimination planning groups
- Provide feedback on draft elimination plan

Contact information

Wisconsin Hepatitis Elimination Email:

DHSHepatitisEliminationPlan@dhs.wisconsin.gov

Resources for Health Professionals

Hepatitis C Guidelines for Local Public Health:
www.dhs.wisconsin.gov/publications/p4/p42134.pdf

Hepatitis C Guidelines (AASLD/IDSA): www.hcvguidelines.org

University of Washington: Hepatitis C Online: www.hepatitisc.uw.edu
and Hepatitis B Online: www.hepatitis.uw.edu

UCSF National Clinician Consultation Center (HCV):
https://nccc.ucsf.edu/clinician-consultation/hepatitis-c-management/

Questions?

Closing Remarks

Scott Stokes

Communicable Disease
Harm Reduction Section Manager