

Ryan White HIV/AIDS Program Leadership in Addressing Hepatitis C among People Living with HIV (PLWH)

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August 26, 2016**

Disclosures

- **Rupali Doshi has no financial interest to disclose.**
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Learning Objectives

At the conclusion of this activity, the participant will be able to:

- 1. Understand why HIV/Hepatitis C virus (HCV) coinfection is an important health care and public health issue to address.**
- 2. Identify ways in which the Ryan White HIV/AIDS Program (RWHAP) is addressing HIV/HCV coinfection.**

Agenda

- **Why should HIV providers care about HCV?**
- **Updated guidelines for screening and treatment of HCV among PLWH**
- **Ryan White HIV/AIDS Program leadership in addressing HCV among PLWH**

Why should HIV providers care about HCV?

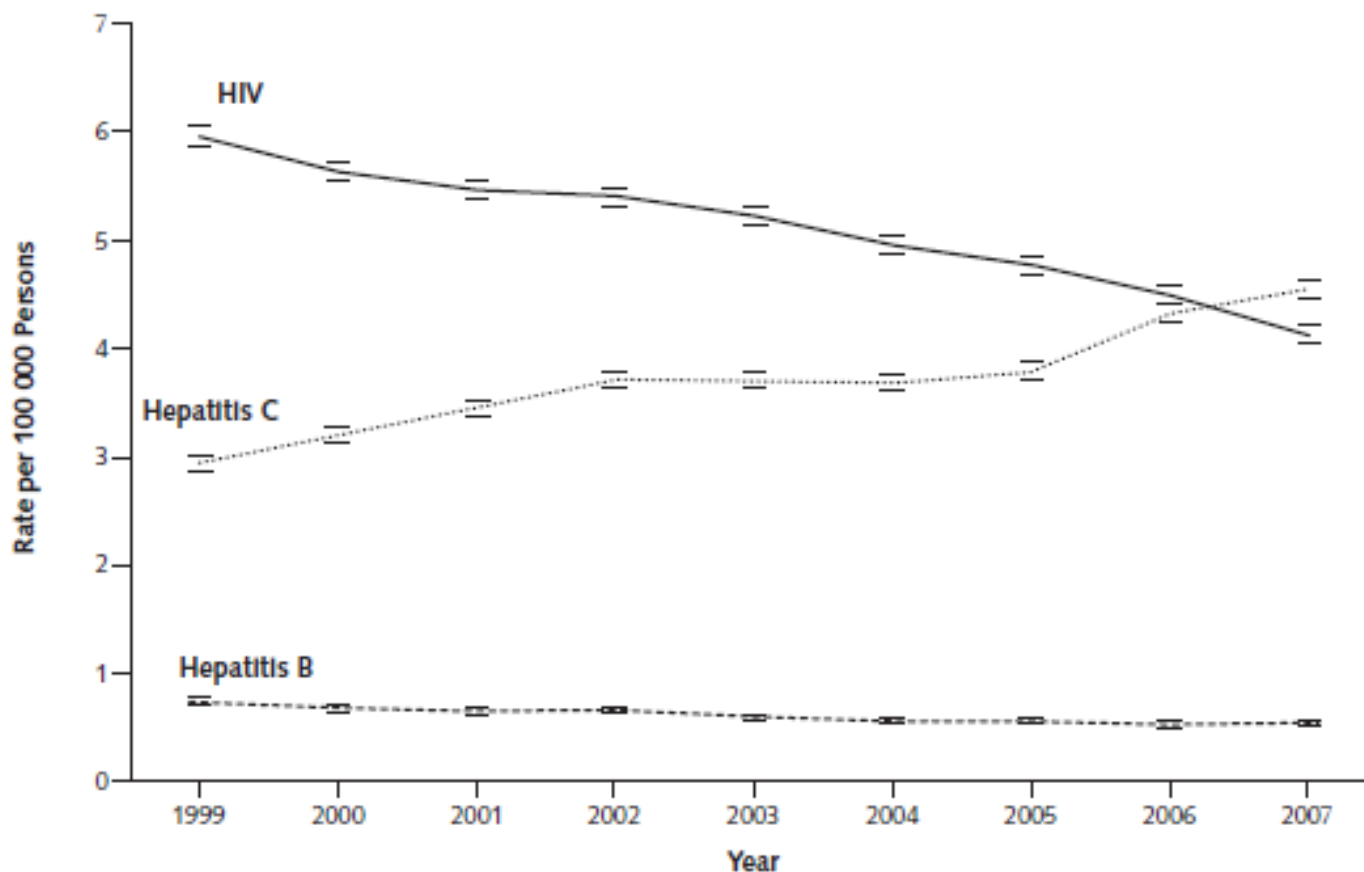
- **Many patients have both HIV and HCV**
 - Estimated 20-25% of PLWH in the United States are co-infected with HCV
 - Among HIV+ injection drug users (IDUs): up to 80-90% co-infected with HCV (HCV is usually acquired before HIV)
- **Having HIV accelerates liver damage**
- **PLWH are dying of liver disease**
 - Liver disease is a leading cause of non-AIDS death among PLWH

Ragni MV and Belle SH. *J Infect Dis* 2001;183:1112–5.

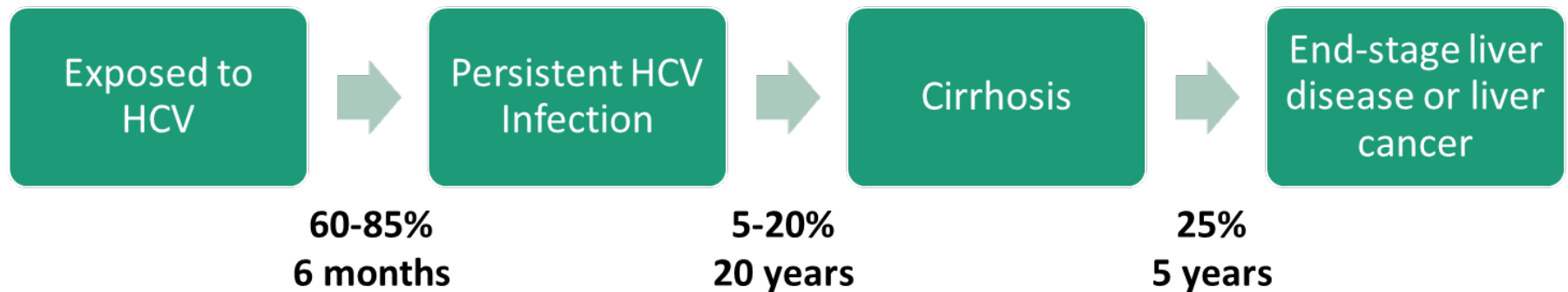
Weber et al for the D:A:D Study Group. *Arch Intern Med*. 2006;166:1632-1641.

Spradling PR et al. *J Acquir Immune Defic Syndr* 2010;53:388-396.

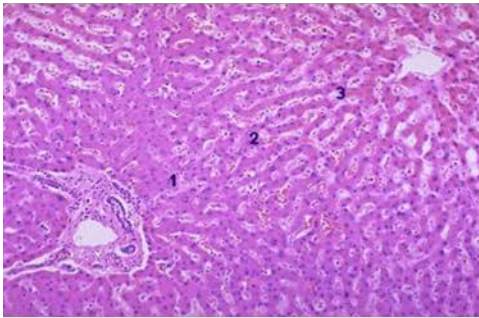
Mortality from Viral Hepatitis and HIV



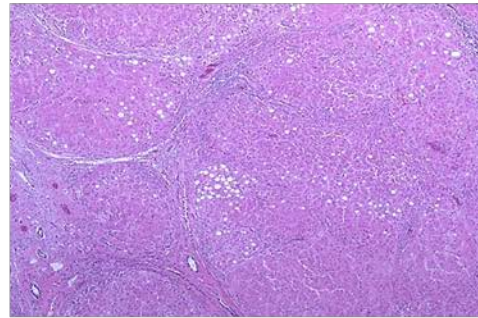
What is the risk of developing chronic HCV infection if exposed?



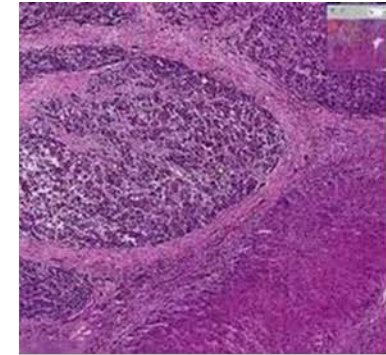
What happens to your liver if chronic HCV is not treated?



Normal Liver



Fibrosis & Cirrhosis



Hepatocellular carcinoma



How is HCV transmitted?

- Sharing needles
- Blood products
- Sexual activity - Men who have sex with men (MSM) and heterosexual
- Mother-to-child

HCV Screening Recommendation – CDC (2012)

Adults born during 1945 through 1965 should receive one-time testing for HCV without prior ascertainment of HCV risk factor. *(strong recommendation, moderate quality of evidence)*

All persons with identified HCV infection should receive a brief alcohol screening and intervention as appropriate, followed by referral to appropriate care and treatment services. *(strong recommendation, moderate quality of evidence)*

Centers for Disease Control and Prevention

MMWR

Recommendations and Reports / Vol. 61 / No. 4

Morbidity and Mortality Weekly Report

August 17, 2012

Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born During 1945–1965



HCV Screening among PLWH

- All PLWH should be screened for HCV at least once, at the time of HIV diagnosis
- PLWH who are HCV-negative but have ongoing risk behaviors or clinical signs/symptoms should receive repeat HCV screening annually.

RWHAP Part C Legislative Requirement: Screen & Counsel for Viral Hepatitis

“SEC. 2662. PROVISION OF CERTAIN COUNSELING SERVICES.

“(a) COUNSELING OF INDIVIDUALS WITH NEGATIVE TEST RESULTS.—The Secretary may not make a grant under this part unless the applicant for the grant agrees that, if the results of testing conducted for HIV/AIDS indicate that an individual does not have such condition, the applicant will provide the individual information, including—

“(1) measures for prevention of, exposure to, and transmission of HIV/AIDS, hepatitis B, hepatitis C, and other sexually transmitted diseases;

“(2) the accuracy and reliability of results of testing for HIV/AIDS, hepatitis B, and hepatitis C;

“(3) the significance of the results of such testing, including the potential for developing AIDS, hepatitis B, or hepatitis C;

“(4) the appropriateness of further counseling, testing, and education of the individual regarding HIV/AIDS and other sexually transmitted diseases;

HIV/ HCV Coinfection Therapy

- **Start Antiretroviral therapy (ART)**
- **Treat HCV**
- **Sequence of treatment depends on patient-related factors**
- **Closely monitor drug-drug interactions.**

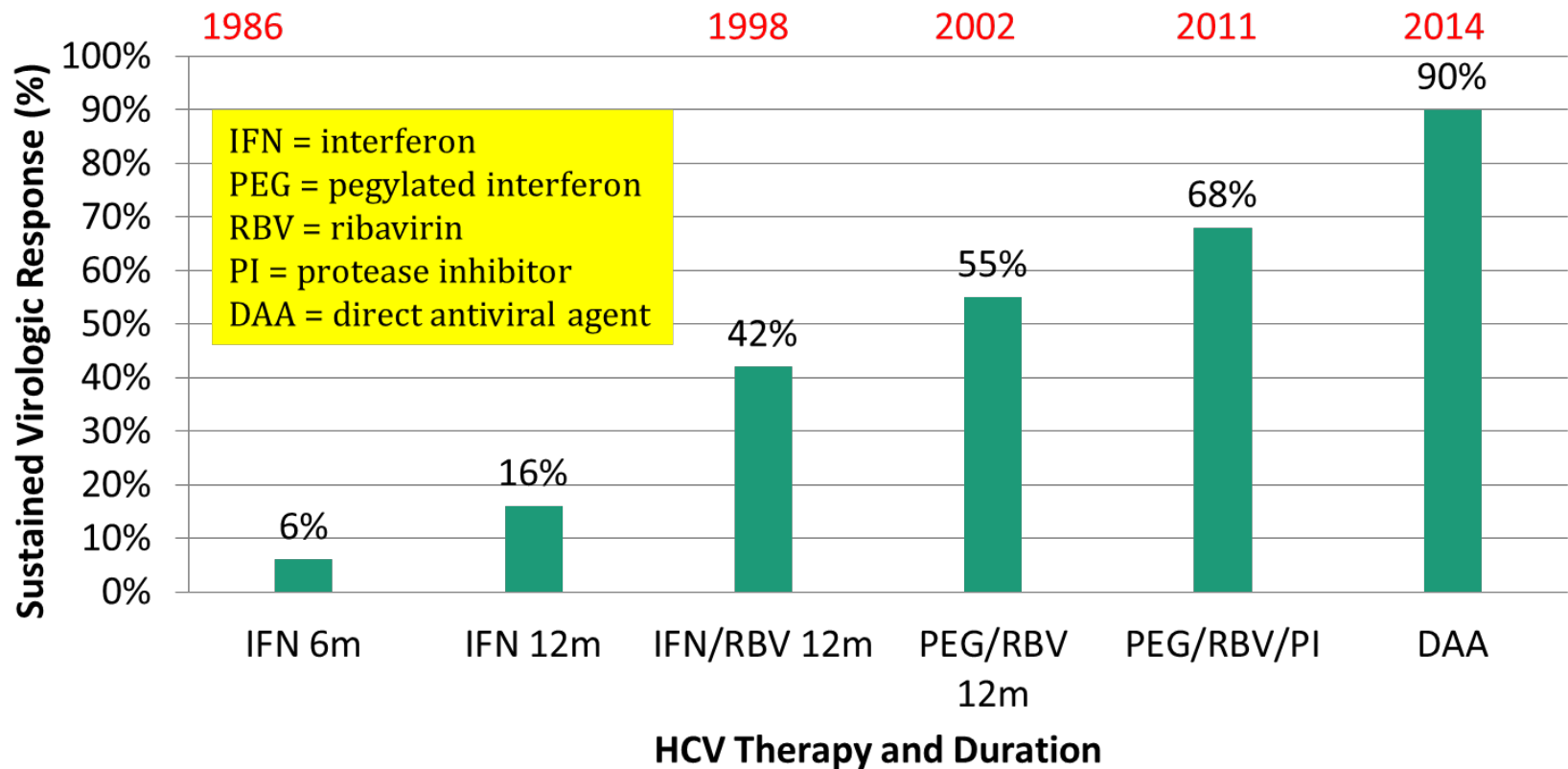
Immediate HCV treatment

- Advanced fibrosis (Metavir F3)
- Compensated fibrosis (Metavir F4)
- Transplant recipients
- Severe extrahepatic HCV
- Prioritized population: HIV coinfection

Goals of HCV treatment

- **Reduce all-cause mortality**
- **Reduce liver-related morbidity including end-stage liver disease and hepatocellular carcinoma, by achieving sustained virologic response (SVR)**

Advances in HCV Therapy



Adapted from Strader DB, et al. *Hepatology*. 2004;39:1147-71.

HIV/HCV Coinfection | Treatment

- For choice of treatment, go to www.hcvguidelines.org.
- Many PLWH in the United States will be eligible for all-oral regimens with few to no side effects.
- Combination of boceprevir or telaprevir and PegIFN/RBV is no longer recommended.

Health care for people with chronic HCV other than antiviral therapy

- **Vaccinations**

- Hepatitis A
- Hepatitis B

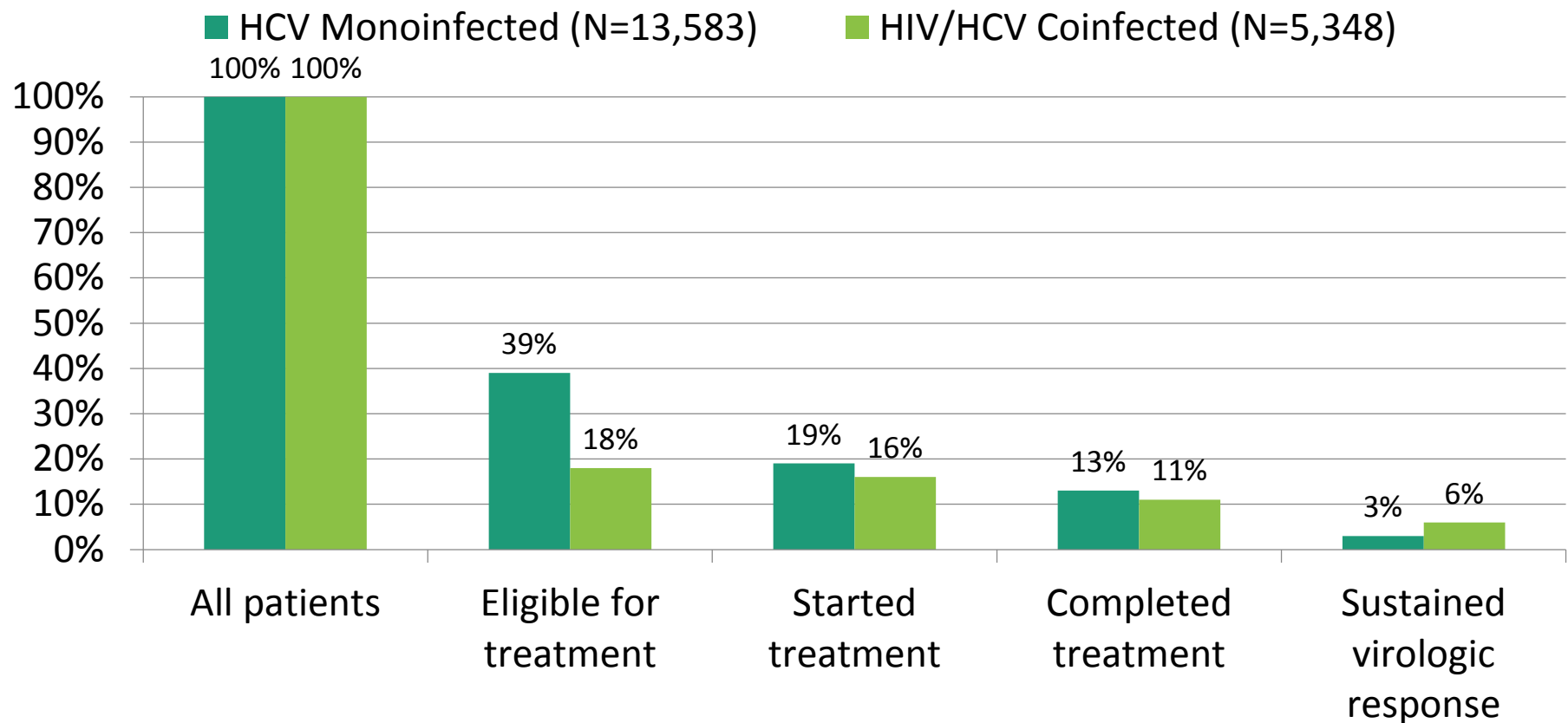
- **Screen for hepatocellular carcinoma (liver cancer) if cirrhotic**

- **Counseling**

- Alcohol abstinence
- Not to eat raw seafood
- Weight loss (if obese)
- Prevention of HCV transmission – avoid sharing toothbrushes, dental or shaving tools, cover wounds, clean needle use for IDUs, bleach for blood clean-up

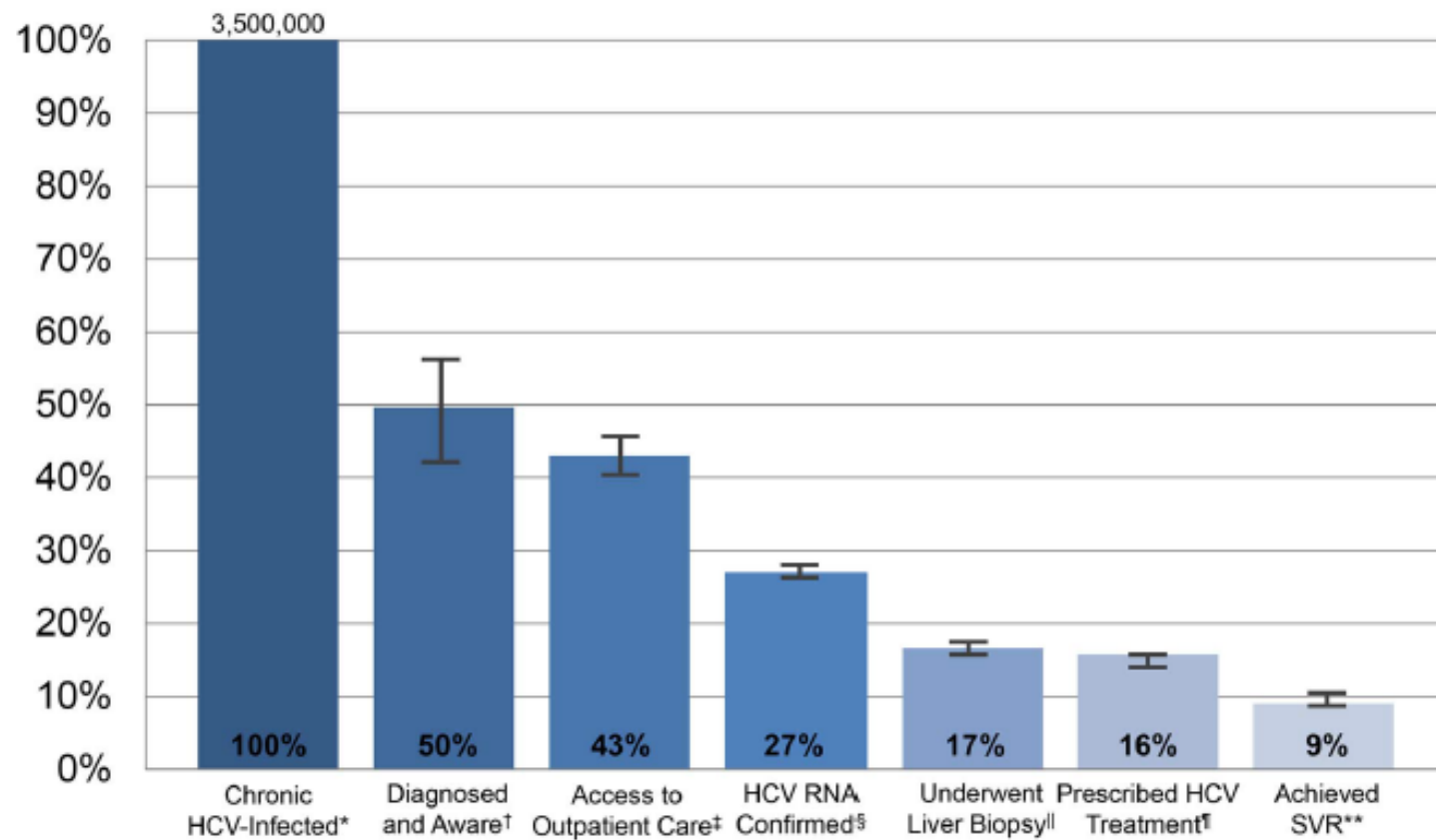
Estimated Percent of HCV Patients Eligible for Treatment, Started and Completed Treatment, and Achieved SVR (Pre-DAA era)

Systematic Review

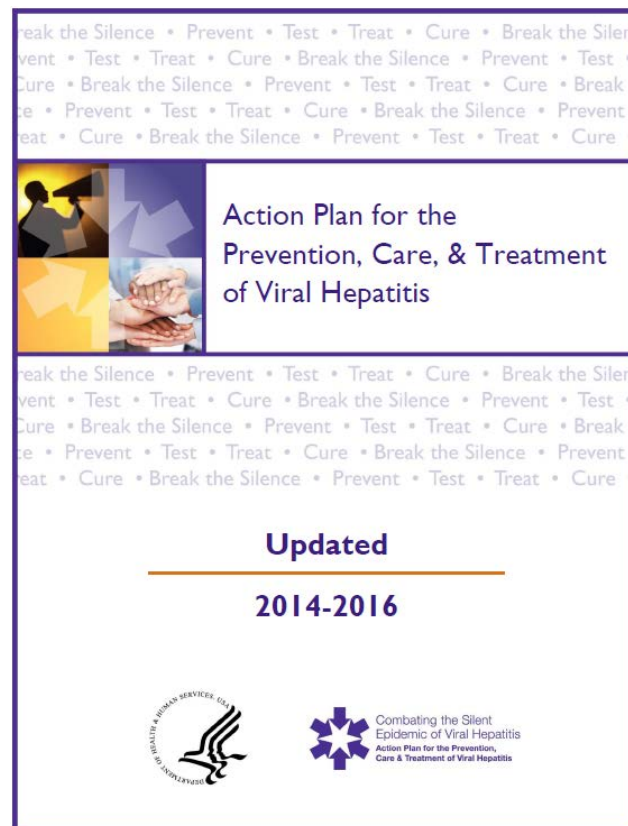
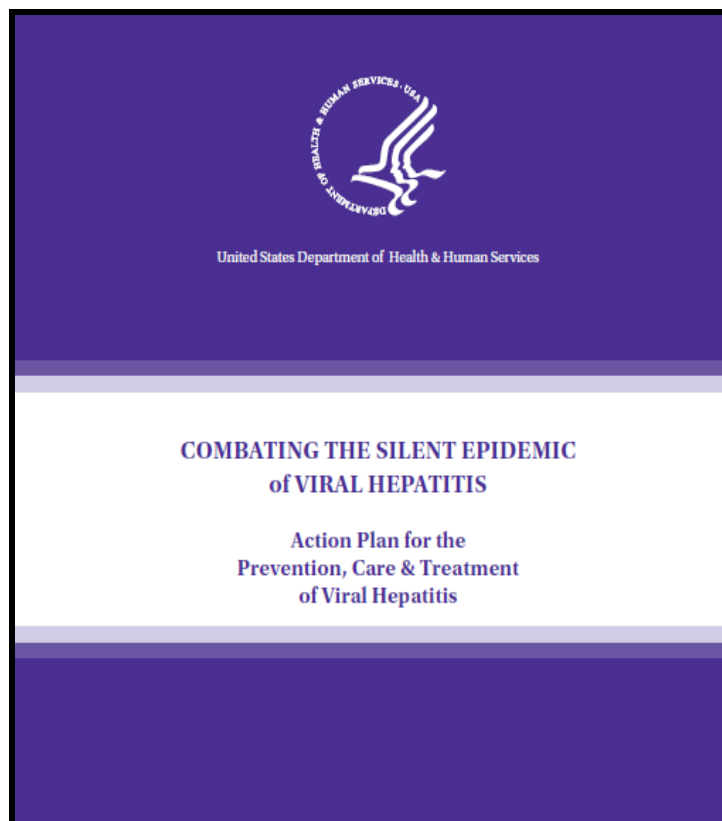


The Treatment Cascade for Chronic Hepatitis C Virus Infection in the United States: A Systematic Review and Meta-Analysis

Baligh R. Yehia^{1,2,3*}, Asher J. Schranz⁴, Craig A. Umscheid^{1,2,3,5}, Vincent Lo Re III^{1,3}



HHS Viral Hepatitis Action Plan



Viral Hepatitis Action Plan

<https://www.aids.gov/pdf/viral-hepatitis-action-plan.pdf>

Technical Consultation: Integrating HCV Treatment in Ryan White HIV/AIDS Program Clinics

Integrating Hepatitis C Treatment

In Ryan White Clinics

Models & Steps

June 2011

U.S. Department of Health and Human Services

Health Resources and Services Administration

HIV/AIDS Bureau



HRSA HIV/AIDS Bureau Clinical Guidance on HCV Management

A Guide for Evaluation and Treatment of Hepatitis C in Adults Coinfected with HIV

A quick reference guide for clinicians in the diagnosis, evaluation, and treatment of HCV in the setting of HIV primary care.

U.S. Department of Health and Human Services
Health Resources and Services Administration

Last Updated: January 14, 2011

GUIDE FOR HIV/AIDS Clinical Care

U.S. Department of Health and Human Services
Health Resources and Services Administration
HIV/AIDS Bureau

April 2014



HRSA HIV/AIDS Bureau Clinical Care Guidelines / Protocols
<http://hab.hrsa.gov/deliverhivaidscares/clinicalguidelines.html>



Models of care for HCV treatment among HIV/HCV coinfecting patients

1. Primary care delivery with expert back-up
2. Integrated care without a designated HCV clinic (expert consultation used for severe complications)
3. Integrated care with a designated HCV clinic internally
4. Co-located care with specialist who manages treatment at Ryan White clinical site

HRSA Program Letter on HCV Meds

February 2015



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services
Administration

HIV/AIDS Bureau

Rockville, MD 20857

February 13, 2015

Dear Ryan White HIV/AIDS Program Part B AIDS Drug Assistance Program Colleagues:

The treatment of hepatitis C virus (HCV) is rapidly evolving. New oral medications have greatly improved the outcomes of individuals with hepatitis C infection by achieving sustained viral suppression for the majority of people who complete treatment. These new regimens are not only more efficacious, but are better tolerated and are of shorter duration. In addition, studies suggest that individuals with HIV who are co-infected with HCV and utilize the new oral medications have similar rates of HCV viral suppression as those with HCV mono-infection.¹



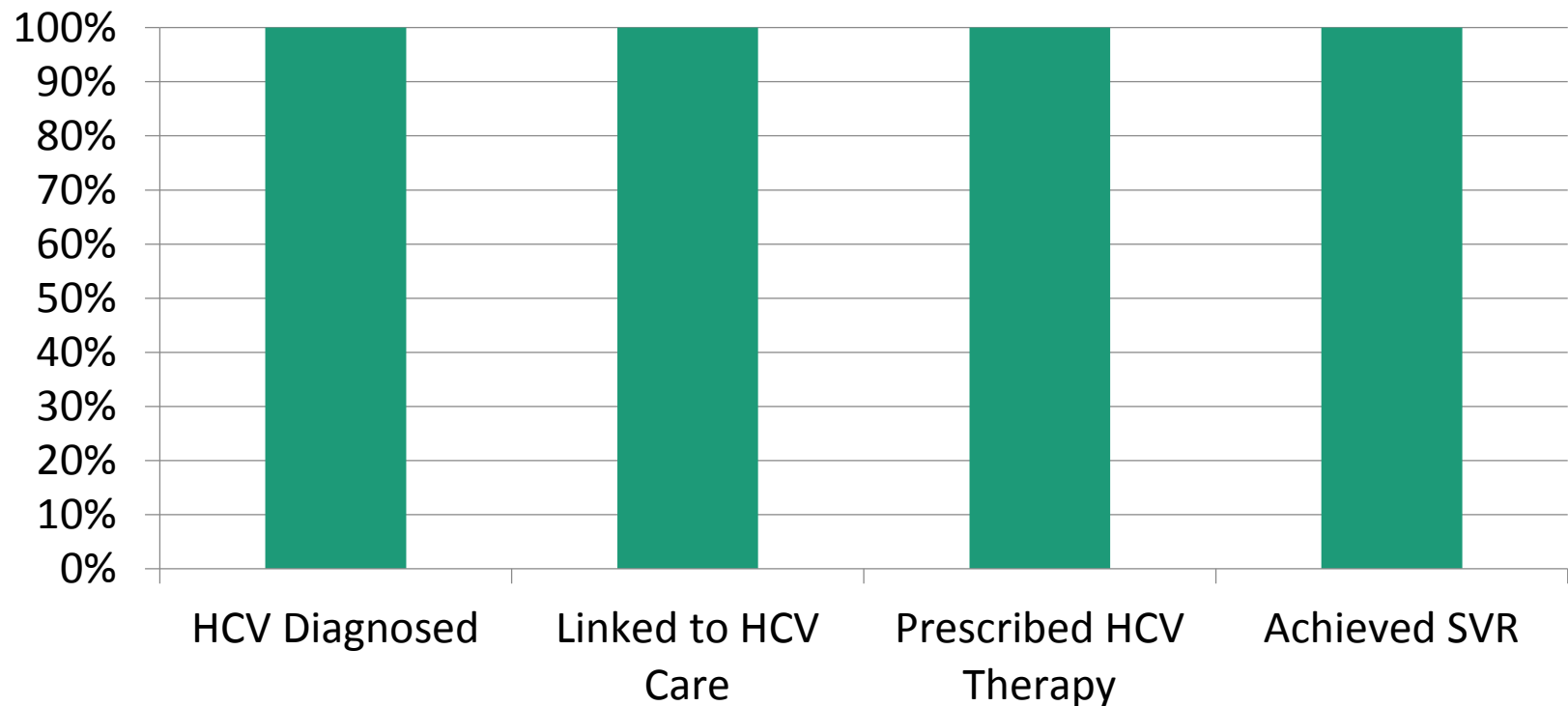
Jurisdictional Approach to Curing Hepatitis C among People of Color Living with HIV

- **Funded by FY 2016 Secretary's Minority AIDS Initiative Fund**
- **HRSA-16-188: Evaluation and Technical Assistance Center**
 - Up to \$550,000 per year for 3 years
- **HRSA-16-189: Jurisdictional Sites**
 - Up to \$650,000 per year for 3 years
 - RWHAP Part A
 - RWHAP Part B

Curing HCV in the Ryan White HIV/AIDS Program

- Over 500,000 PLWH are served by the RWHAP annually.
- If 20-25% are coinfectd with HCV, then at least **100,000 HIV/HCV coinfectd individuals** are served by the RWHAP annually.
- All RWHAP Parts (A, B, C, D, F) will need to work together to leverage the comprehensive public health approach and achieve the goal of curing HCV in the RWHAP.

Can the Ryan White HIV/AIDS Program achieve this for HIV/HCV coinfection in the next 10 years?



Summary

- HCV affects a large percentage of PLWH (20-25%).
- We can now cure HCV in the majority of patients, in order to prevent cirrhosis and liver cancer.
- HCV treatment is expensive and requires additional training of providers.
- RWHAP infrastructure and resources can be used to treat HCV in coinfecting individuals.

HRSA HIV/AIDS Bureau seeks to cure HCV among all PLWH who are served by Ryan White HIV/AIDS Program.

Resources

- CDC Division of Viral Hepatitis: <http://www.cdc.gov/hepatitis/>
- AASLD/IDSA Hepatitis C Guidelines: <http://hcvguidelines.org>
- University of New Mexico ECHO: <http://echo.unm.edu/>
- Ray, S. C. and D. L. Thomas (2010). Hepatitis C. Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases. G. L. Mandell, J. E. Bennett and R. Dolin. Philadelphia, Churchill Livingstone Elsevier.

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