

# Next Steps to Establish a Statewide Plan to Eliminate Hepatitis C in New York

NYC Hep C Task Force Meeting  
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# Learning Objectives

1. Understand recent developments that bring New York closer to establishing a hepatitis C elimination plan
2. Discuss next steps in this process and barriers to elimination and recommendations for overcoming barriers
3. Identify how you and your organizations can be part of the campaign to eliminate hepatitis C (and potentially viral hepatitis more broadly) in NYS

# Progress Toward HCV Elimination

- New gen HCV curative treatments show over 90% efficacy
- Downward trend in price of HCV direct acting antivirals
- National and international consensus that HCV elimination is feasible
- Recent actions in NYS to improve access to HCV testing and treatment:
  - 2014 HCV Testing Law
  - Ability to order Hep C antibody test w/ reflex to RNA – Hep C RNA Reflex test are reimbursable by Medicaid (and NYC DOHMH reflex testing regulations)
  - NYS Ending the HIV/AIDS Epidemic plan and process
  - Removal of Drug Utilization Review Board disease prognosis and severity restrictions for HCV treatments for Medicaid fee-for-service (and similar changes in private insurance)
  - Expanded ADAP coverage of HCV treatments
  - NYS DOH, Bureau of Hepatitis Health Care
  - NYC DOHMH, Viral Hepatitis Program
  - NYS DOH Office of Drug User Health
  - NYS Hepatitis C Continuity Program for New York State (NYS) Department of Correctional and Community Supervision (DOCCS) inmates who are under treatment for hepatitis C (HCV). Promotes treatment completion upon and after release to the community
  - February 2017 Summit and Consensus Statement on HCV Elimination in NYS, signed by over 147 organizations, including local health departments

# Recent Developments

- Two hepatitis C treatment manufacturers (Merck & Co. and Gilead Sciences) are in the process of negotiating with the State on a multi-year deal that will allow the State to scale up treatment
- March 16, 2018, Governor Cuomo makes a public commitment to eliminating hepatitis C in NYS
- Final NYS FY 19 Budget includes \$5 million in new funding for hepatitis C (\$10 million over 2 years)

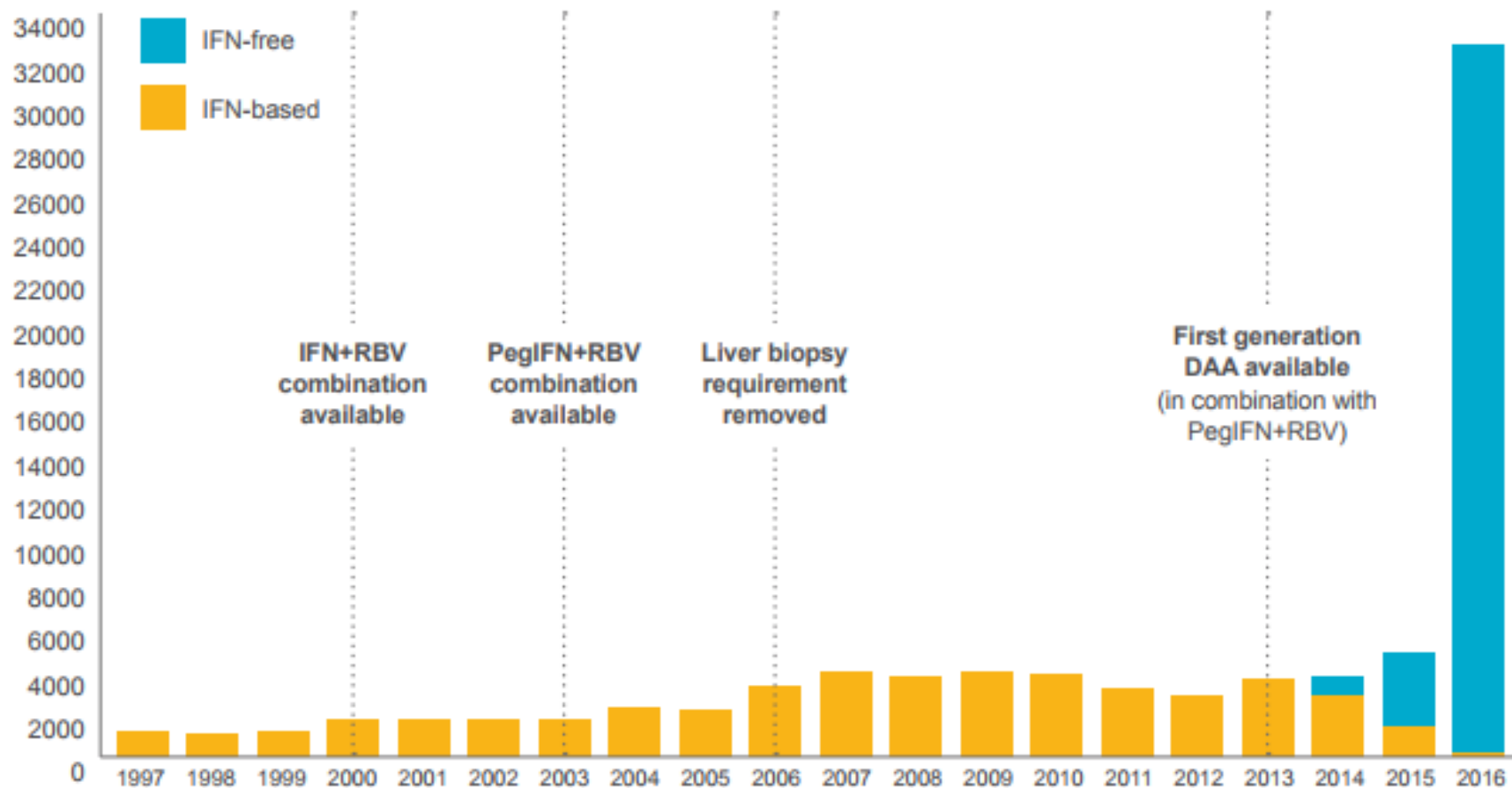
# Next Steps

- We need hepatitis C treatment targets from NYC DOHMH and NYS DOH to establish how many people we need to treat per year to achieve elimination
- We need a finalized deal with treatment manufacturers
- We need the Governor to appoint a NYS Hepatitis C Elimination Task Force
- We need continued support from the Executive and Legislature to take budget and legislative action to achieve the statewide elimination of hepatitis C





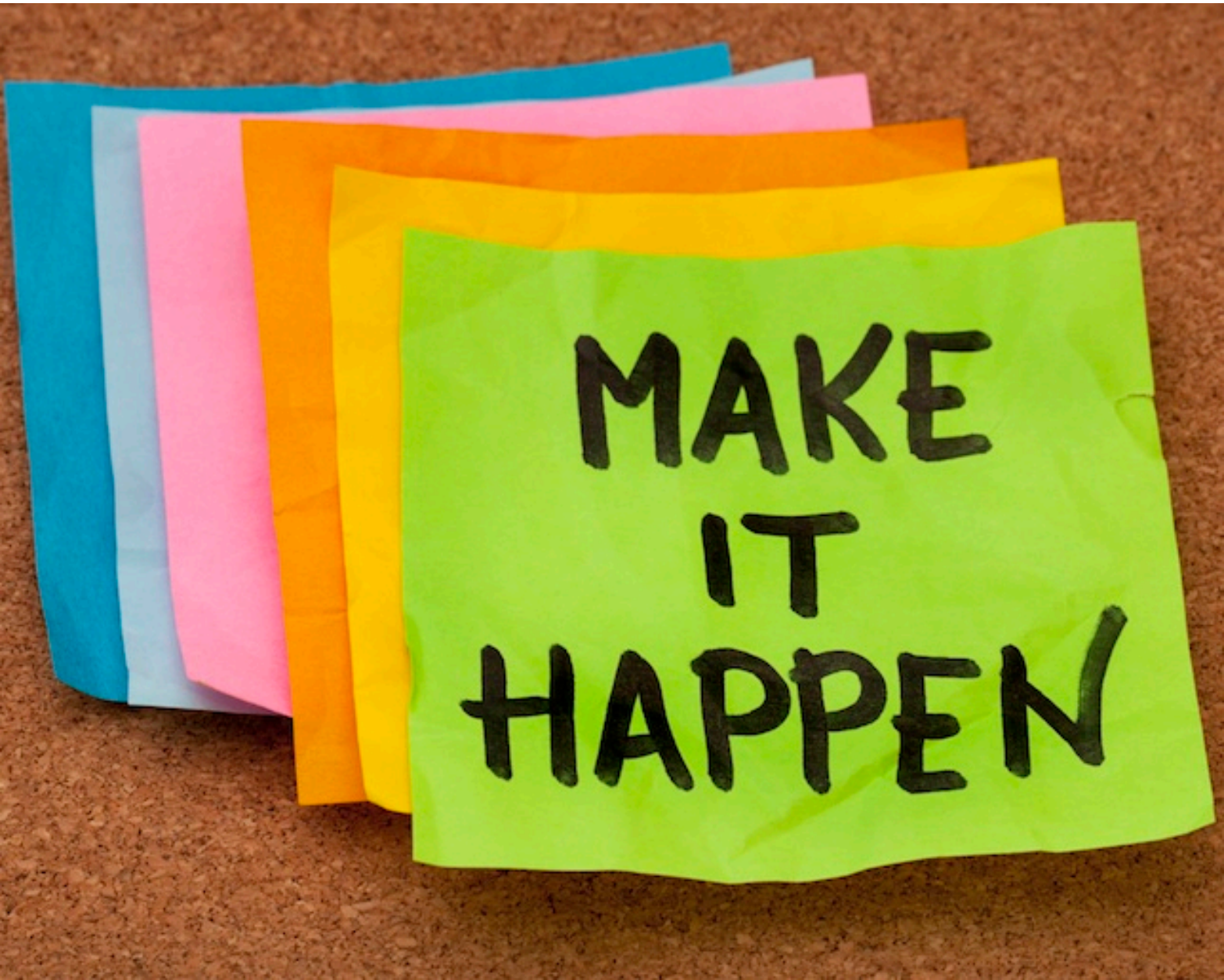
Figure 1: Estimated annual number of individuals with chronic HCV infection initiating HCV treatment from 1997 to 2016 in Australia.



IFN: interferon; PegIFN: pegylated interferon; RBV: ribavirin; DAA: Direct acting antiviral

Source: The Kirby Institute. Monitoring hepatitis C treatment uptake in Australia (Issue 7). The Kirby Institute, UNSW Sydney, Sydney, NSW, Australia, July 2017





A stack of six colorful sticky notes is placed on a brown corkboard. The notes are layered, with colors from top to bottom being light green, yellow, orange, pink, light blue, and dark blue. The topmost light green note has the words "MAKE IT HAPPEN" written in bold, black, hand-drawn capital letters. The text is arranged in three lines: "MAKE" on the first line, "IT" on the second line, and "HAPPEN" on the third line. The sticky notes are slightly wrinkled and have irregular edges.

**MAKE  
IT  
HAPPEN**

# **National Academy of Sciences, Engineering and Medicine: A National Strategy for the Elimination of Hepatitis B and C: Phase 1 Report:**

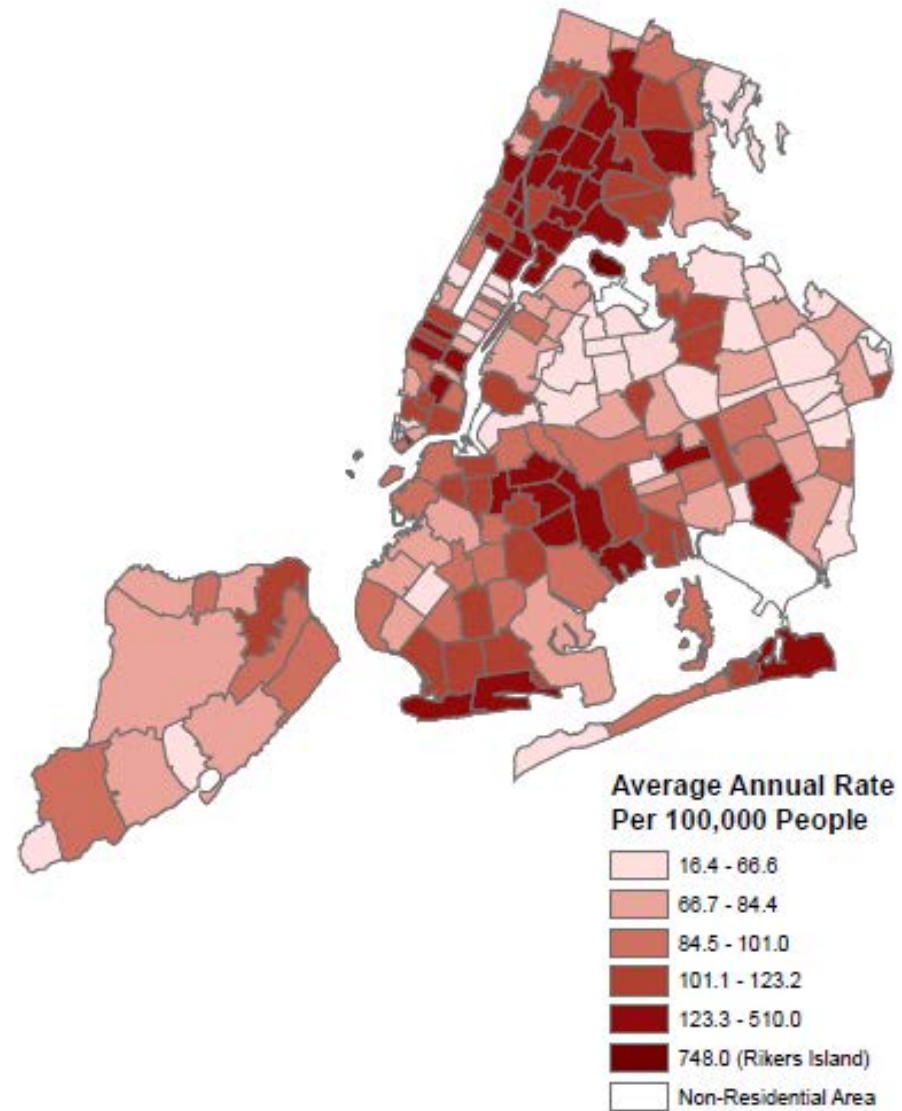
- Concludes the elimination of HBV and HCV as public health threats is achievable in the United States;
- 90% of HCV infections are curable;
- 80% of new HCV infections are preventable;
- And highlights substantial issues that must be addressed.

# **National Academy of Sciences, Engineering and Medicine: A National Strategy for the Elimination of Hepatitis B and C: Phase 2 Report:**

The report recommends:

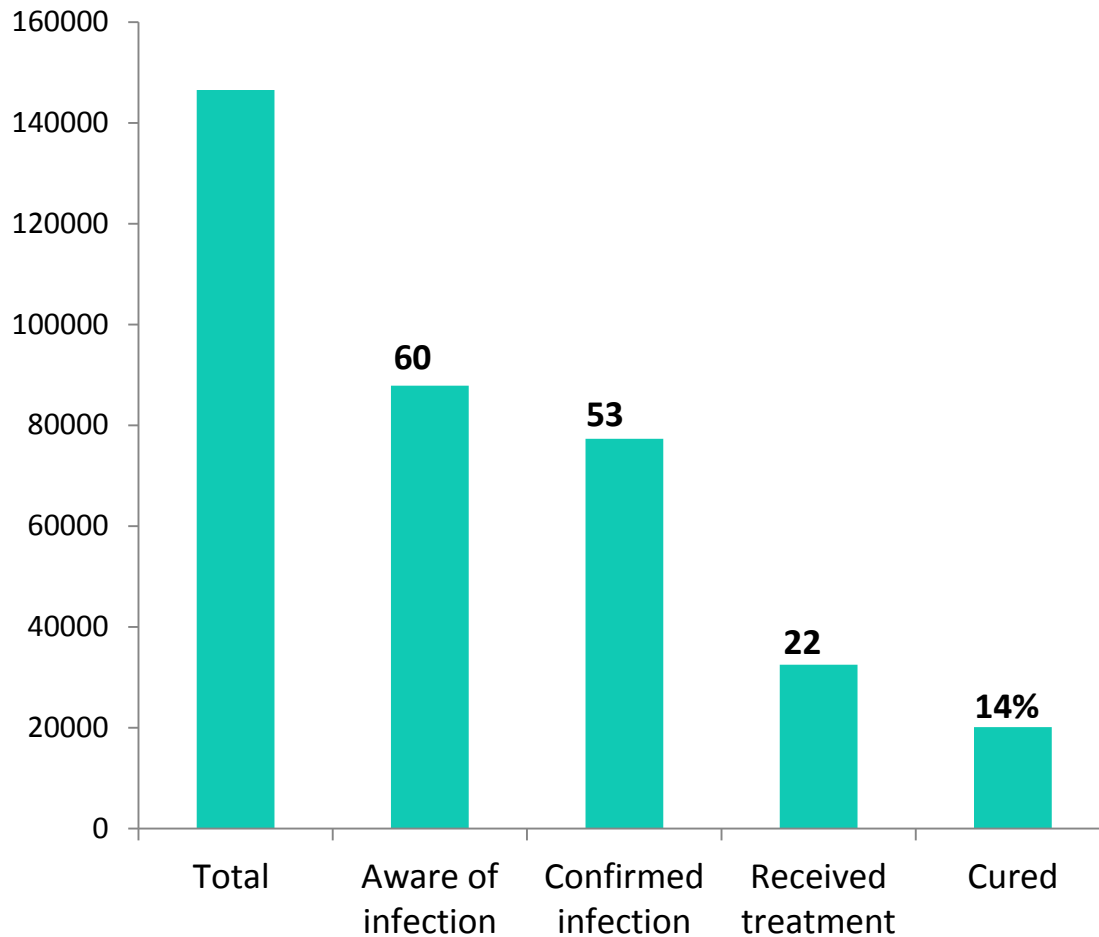
- Expanding access to adult hepatitis B vaccination, removing barriers to free immunization in pharmacies and other easily accessible settings (immunization against HBV can prevent 95 percent of infections)
- CDC supported standard hepatitis case finding measures and the follow-up, monitoring, and linkage to care of all viral hepatitis cases reported through public health surveillance;
- Expanding access to syringe exchange and opioid agonist therapy in accessible venues; Identifying settings appropriate for enhanced viral hepatitis testing based on expected prevalence;
- Removing restrictions that are not medically indicated and offer direct-acting antivirals to all chronic hepatitis C patients.
- Building capacity to treat hepatitis B and C in primary care.
- Screening, vaccinating, and treating hepatitis B and C in correctional facilities according to national clinical practice guidelines.
- Highlights areas for more research.

Map 2. People newly reported with chronic hepatitis C in New York City by ZIP code, 2015-2016.



Slide courtesy of NYC DOHMH Viral Hepatitis Program.

# NYC Care Cascade for Prevalent HCV Infections, 2015



Slide courtesy of NYC DOHMH Viral Hepatitis Program.

# Five Community Pillars of HCV Elimination

1. Enhance HCV prevention, testing and linkage to care services for people who inject drugs, people who are incarcerated, men who have sex with men, and other populations disproportionately impacted by HCV infection.
2. Expand HCV screening and testing to identify people living with HCV who are unaware of their status and link them to care.
3. Provide access to clinically appropriate medical care and affordable HCV treatment without restrictions, and ensure the availability of necessary supportive services for all New Yorkers living with HCV infection.
4. Enhance NYS HCV surveillance, set and track HCV elimination targets and make this information available to the public.
5. Commit NYS government and elected officials, public health professionals, HCV experts, and industry partners to leadership and ownership of the NYS Plan to Eliminate HCV alongside community members living with and affected by HCV.

# What You Can Do:

- Aggressively advocate for NYS HCV Elimination Plan – see this advocacy as an extension of your personal mission to heal.
- Create a culture of “Cure” at your organization.
- Create micro elimination targets within your organizations. For example, make sure that every HIV-HCV co-infected person gets cured of hepatitis C.
- Show up for the May 15 Hep Free NYC Advocacy Day at City Hall.
- Conduct visits with legislators and elected officials to get needed funding and legislation.

# Acknowledgements

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- Gillian Buckley

## **NYS Hepatitis C Elimination Campaign Steering Committee**

- Annette Gaudino
- Clifton Garmon
- Ronni Marks
- Mike Selick
- Ronni Marks



# Summit Acknowledgements

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- Co-chair: John Barry, Southern Tier AIDS Program
- Diana Aguglia, Alliance for Positive Health
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- Gale Burstein, Erie County Department of Health
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- Heidi Bramson, Legal Aid Society
- Hiawatha Collins, Harm Reduction Coalition
- Matt Scherer, New York Presbyterian
- Virginia Shubert, Housing Works Institute