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# Opportunities for HIV/AIDS Programs to Provide Hepatitis Services to Co-Infected Individuals

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# HIV/Hepatitis Co-infection in the US

*“About a third of HIV patients in the United States have hepatitis infections”*

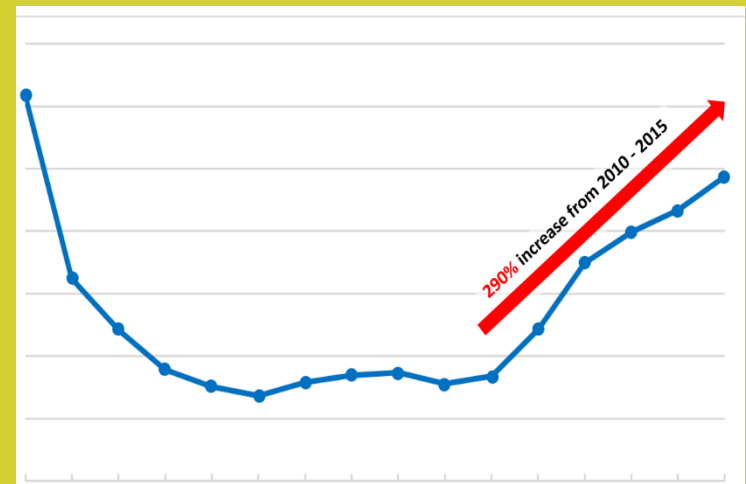
*“Persons who are co-infected with HIV and HBV can have serious medical complications, including an increased risk for liver-related morbidity and mortality”*

*“HCV infection may also impact the course and management of HIV infection”*

- CDC

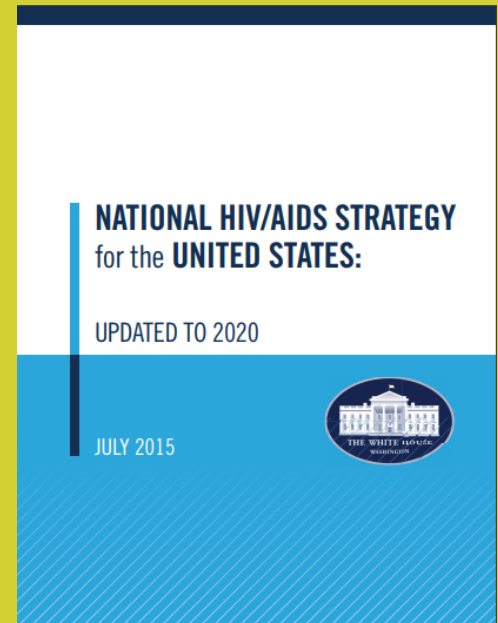
# Opioid Epidemic Increasing New Hepatitis Cases

- Approximately 70% of new HCV infections are likely occurring among persons who inject drugs
- Three-fold increase in new cases between 2010-2015
- Also increased risk of new HIV infections



# Screening, Vaccination, & Treatment Key

- HIV Guidelines
  - All HIV+ patients should be screened for hepatitis
  - Patients at high risk of HCV infection should be screened annually
- National HIV/AIDS Strategy (updated 2015)
  - Calls for coordinated care that addresses treatment of co-occurring conditions, including hepatitis

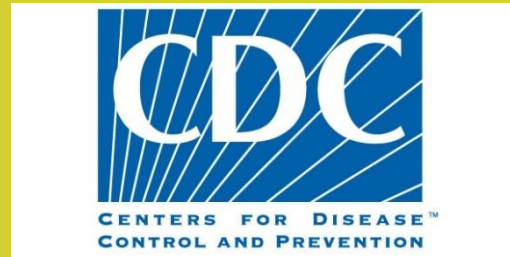


# Screening, Vaccination, & Treatment Key

- Viral Hepatitis Action Plan (updated 2017)
  - HIV/hepatitis co-infected a “priority population”
  - Key opportunity: *ID and treat hepatitis through existing health programs, including HIV programs*
- National Academies Report (released 2017)
  - *“Possible to eliminate viral hepatitis as a public health threat in the US by 2030”*
  - Use the Ryan White program as a model to build a national hepatitis mono-infected treatment program
  - Health plans should offer DAAs to all HCV patients

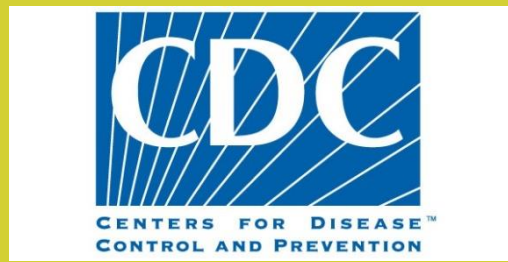
# Opportunities

- CDC Prevention Programs
- Ryan White HIV/AIDS Program
- Advocacy



- CDC focuses on prevention, education, screening, and laboratory research for both HIV and hepatitis
- Incorporates co-infection efforts throughout their work and grants





- Encourages coordinating with partners such as Ryan White funded agencies
- Within their HIV prevention grants:
  - *Identify persons with HIV infection and uninfected persons at risk for HIV infection*
  - *Conduct community-level HIV prevention activities*
    - includes using funding for Syringe Service Programs
  - Also allows programs to request funding to implement a demonstration project
    - includes innovative HIV and HCV testing programs

# Ryan White Provisions

- Ryan White grantees currently only authorized to treat co-infected individuals
- Provisions on hepatitis treatment enacted before DAAs made treatment shorter, more tolerable, and nearly 100% effective
  - Treatment with DAAs now the standard of care

# Ryan White Provisions

- Treatment barriers exist for co-infected individuals
  - As of Dec 31, 2016, only 31 ADAPs had a HCV DAA on their formulary
    - Most ADAPs with DAA on their formulary have reported uptake has been slow, with few patients being treated
  - Access restrictions like prior authorization and fScore and sobriety requirements extend to some ADAPs

# Ryan White Provisions

- Provider concerns impacting treatment
  - Some providers are unsure or uneducated on HIV and hepatitis treatment interactions
  - Some providers have concerns about prior authorization
    - Results in providers not pursuing treatment as aggressively as possible
    - Lost opportunity to reduce number of those co-infected
- Also, a general lack of data about co-infection treatment within the Ryan White program

# Progress in Ryan White

- In 2015, HRSA encouraged ADAPs to add HCV treatments to their formularies
- In July, National Clinician Resource Center released a [National Curriculum on HIV/HCV Co-infection Among People of Color](#)



# Progress in Ryan White

- George Washington University conducting “*Study to Identify Barriers to HCV Treatment among People Living with HIV*” in Ryan White
  - Supported in part by Secretary’s Minority AIDS Initiative (MAI) Fund
- Ryan White funding announcements have included focus on co-infection
- Special Projects of National Significance (SPNS) with co-infection focus
  - Important testing ground for new ideas

# SPNS Project

- Jurisdictional Approach to Curing Hepatitis C among HIV/HCV Co-infected People of Color
- Three-year MAI-funded project with three Part A recipients and two Part B recipients
  - plus State Health Departments Coordinating Center and Evaluation and Technical Assistance Center (ETAC)
- \$2.6M in grants to Ryan White recipients, \$550k to ETAC
- Announced May 2016
- *Increase jurisdiction-level capacity to provide comprehensive screening, care, and treatment for HCV among co-infected Ryan White clients*

# SPNS Project

- Curing Hepatitis C among People of Color Living with HIV
- Three-year MAI-funded project with two recipients
- \$2.5M in grants
- Announced June 2017
- *Improve the prevention, care, treatment, and cure of HCV in areas affected by HIV/HCV coinfection among low-income, underinsured, or uninsured racial and ethnic minority populations.*
- *Enhancement of health department surveillance systems to increase their capacity to monitor HIV/HCV coinfections*



# Summary – Ryan White Programs

- Ryan White grantees are limited in who they can treat for viral hepatitis
- Current provisions do not reflect recent significant advancements in HCV treatment
  - Treatment access for co-infected individuals is lacking as not all ADAPs include HCV treatments on their formulary, some include access restrictions, and uptake has been slow
- HRSA continues to encourage grantees to incorporate co-infection services into their programs
- HRSA continues to research best practices to prevent, care, treat, and cure viral hepatitis

# Advocacy

- ACA repeal efforts
- Ryan White efforts
- Current federal appropriations

# Fighting Affordable Care Act repeal

- Repealing ACA will strip away important tools in preventing, screening, and treating HIV and hepatitis

# Co-infection Advocacy Efforts within the Ryan White program

- HIV and hepatitis advocates met to discuss opportunities to implement NASEM report
- Some recommendations deemed unfeasible the short term
- Some recommendations possible through administrative and legislative action
  - Advocates focusing on these efforts initially



# Co-infection Advocacy Efforts within the Ryan White program

- Recent Federal AIDS Policy Partnership Ryan White Work Group call focused on co-infection activities within the Ryan White program
- HIV and hepatitis advocates planning to send letter to HRSA's HIV/AIDS Bureau encouraging greater focus on the co-infection population within Ryan White
  - Includes requesting grantees train providers on and better pursue treatment of HIV/HCV co-infected individuals
  - Request better data collection on HCV treatment rates

# Appropriations

- Federal funding key to co-infection prevention, education, screening and treatment efforts
- President proposed steep cuts to HIV programs including Ryan White, CDC HIV Prevention, and MAI
  - Proposed cuts would eliminate the SPNS and AETC programs within Ryan White, and eliminate MAI
- House of Representatives budget rejected CDC and Ryan White cuts, but included elimination of MAI
- Viral hepatitis activities within CDC did not see a cut
  - Significant funding increase necessary to put US on path to eliminating viral hepatitis

# Conclusion – Moving Forward

- Viral hepatitis vaccination, screening, and treatment becoming a key component to HIV treatment
  - Multiple opportunities for HIV service programs to incorporate hepatitis services into their work
- Still work to be done
  - Must fight attempted cuts to programs providing essential services
  - Need to advocate for increase resources where needed
- Important to fully utilize the opportunities that currently exist

# Thank you!

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*All presentations will be available online at:  
<http://www.theaidsinstitute.org/USCA2017>*