

Integrating Hepatitis Services into HIV Programs: *Working Together to Meet Community Needs*

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Who is NASTAD?

Mission

NASTAD strengthens state and territory-based leadership, expertise and advocacy and brings them to bear on reducing the incidence of HIV and viral hepatitis infections and on providing care and support to all who live with HIV/AIDS and viral hepatitis.

Vision

NASTAD's vision is a world free of HIV/AIDS and viral hepatitis.

Who is NASTAD?

- NASTAD is the non-profit national association of state health department program directors who administer HIV/AIDS and viral hepatitis prevention, care and treatment programs funded by state and federal governments.
 - Domestic Programs
 - Health Care Access
 - Prevention and Surveillance
 - Health Equity
 - Viral Hepatitis
 - Policy and Legislative Affairs
 - Global Program

NASTAD and Viral Hepatitis

- Since 2000, NASTAD has been providing viral hepatitis support and technical assistance to health departments.
 - Due to the similarities in populations at risk, an emphasis on integration of HIV, STD, VH, immunization and behavioral health activities at the client level
- NASTAD's viral hepatitis program has three major components
 - Technical assistance
 - Public policy
 - Coalition engagement
- Priorities include
 - Health Equity
 - Drug User Health/Young People who Inject Drugs
 - Treatment Access
 - Increasing Federal Funding

Core Public Health Services?

- In the United States, No Dedicated Federal Funding for:
 - HBV or HCV Counseling, Testing and Referral
 - Adult HAV/HBV Vaccination
 - Chronic Viral Hepatitis Surveillance
 - Treatment for HBV or HCV Mono-Infected
 - Treatment for HBV or HCV and HIV Co-Infected*
- ~ \$90,000 to 55 Health Department Hepatitis Programs
 - Supports One Position
 - No Funding for Services

Care and Treatment Needs

- There is no dedicated funding stream for care for HBV and HCV mono-infected
 - Community Health Centers need increased resources to help meet the needs of these patients
 - Successful programs utilize case managers to assist patients through treatment
 - Providers need training on HBV and HCV
- Persons co-infected with HIV and HBV/HCV are dependent on the already stretched Ryan White HIV care system
 - Ryan White grantees are struggling to provide comprehensive services to their HIV infected clients
 - Part C clinics are serving many of the co-infected
 - ADAPs must be fully funded and cover HBV/HCV treatments to address the needs of the HIV-infected and the co-infected
 - Ramp up of provider and grantee education needed

Our “house” in on fire!



We Need to Use Everything We Have!



Examples of Community Responses

- Integration efforts with HIV/STD/Immunization
- HCV Counseling, Testing & Referral (HIV, State & Local Funds)
- HAV/HBV Vaccination (317, State & Local Funds)
- Case Management Services (HIV, State & Local Funds)
- HCV Treatment for HIV Co-Infected (HIV, State & Local Funds)
- Disease Intervention Specialists (STD, HIV, State & Local Funds)
- Awareness & Prevention Campaigns (HIV, State & Local Funds)
- HIV/STD/Immunization Contracts – Integrating Hepatitis
- Community Planning – Hepatitis Advisory Members
- Support Groups (State & Local Funds)

Minimum Standards

- Staff In-service
- Brochures & Posters in Clinic/Agency
- Referral Guide
- Integrated Risk Assessments
 - Hepatitis Risk
 - Previous Testing
 - Vaccination History
- Prevention Interventions
- Integrated Presentations/Trainings
- Including in Advocacy Strategies

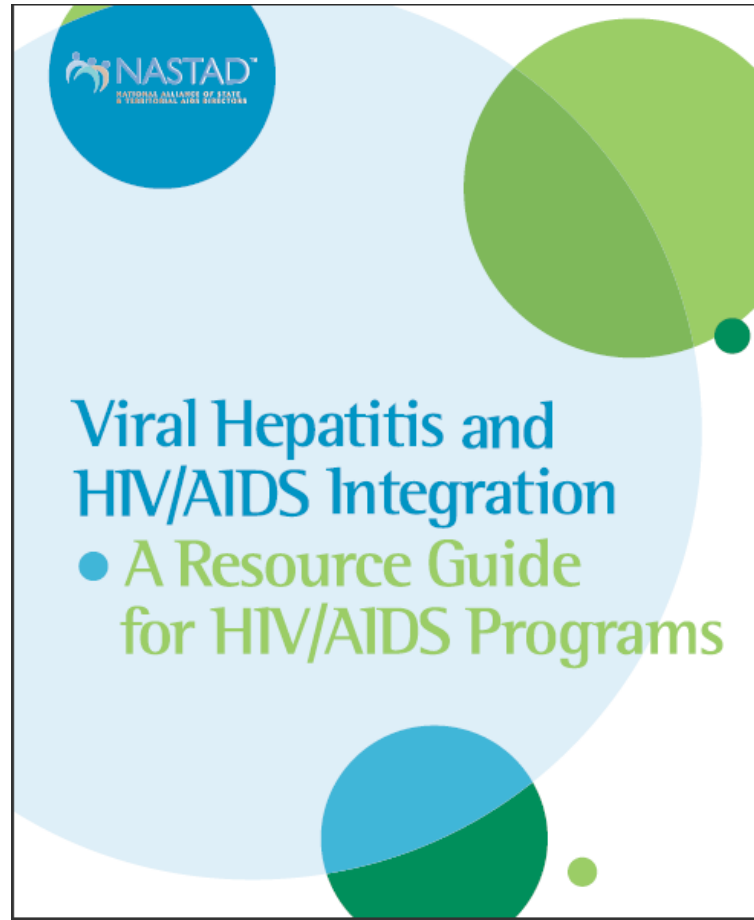
Possibilities of Next Steps

- Hepatitis Workgroup/Committee
- Fee for Services
 - HBV/HCV Testing
 - HAV/HBV Vaccination
- Partner Services
- Support Group
- Include Hepatitis in Organization Mission
- Case Management – Navigation Services
- Clinical Advocacy and Education

Longer Term Commitments

- Free Testing and Vaccination
- Medical Monitoring and Management
- Hepatitis Case Management
- Hepatitis Prevention Research
- Clinical Trials/Vaccine Development
- Successful Treatment! (Cure!)
 - For **EVERYONE!**

Integration Strategies



Health Department HCV Testing Survey

- NASTAD conducted a survey of state health departments' current HCV testing practices in 2013
- Forty-four (85%) health departments responded to the survey, representing 42 states and 2 cities

Health Department Support of HCV Testing

- Eighty percent of health department respondents provide indirect support for local providers to conduct HCV testing (laboratory support, test kits, etc.)
- Thirty-nine percent of respondents specifically fund HCV testing

Health Department Support of HCV Testing Cont.

- Health department respondents funded more than 120,000 HCV tests in 2013 with a positivity rate of 14%. This represents a 41% increase from 2011.

Type of Test	Number performed	Number positive (%)
HCV antibody by EIA (anti-HCV EIA)	72,778	8,661 (11.9%)
OraQuick rapid HCV antibody test	31,309	5,858 (18.7%)
HomeAccess Hepatitis C antibody	1,783	281 (15.8%)
HCV PCR qualitative	1,703	742 (43.6%)
HCV PCR quantitative	3,381	1,920 (56.8%)
Type of test not known	11,778	0 (0%)
TOTAL	122,732	17,462 (14.2%)

HCV Testing Settings

- A majority of health department respondents support HCV testing in traditional public health venues such as community-based organizations (CBOs) and sexually transmitted disease (STD) clinics
- Thirty-six (82%) health department respondents supported HCV/HIV integrated testing while 19 (43%) supported HCV standalone testing

HCV Testing Settings Cont.

- Twenty-seven (61%) respondents support HCV testing in HIV CBOs
- Twenty-five (57%) respondents support HCV testing in HIV testing sites
- Twenty-two (50%) respondents supported testing in substance use treatment centers
- Twenty-one (48%) respondents support HCV testing in STD clinics
- Jail facilities, outreach programs, syringe access programs and other health department clinics were each cited by 19 (43%) health departments as venues in which integrated HIV and HCV testing is supported

Funding HCV Testing

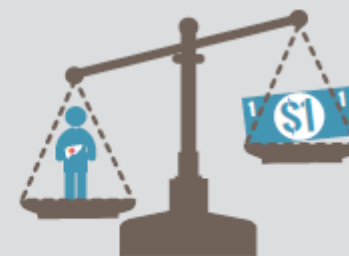
- Funding leveraged to support HCV testing:
 - Limited VHPC carry forward funds
 - Limited federal HIV prevention funds
 - Limited federal STD prevention funds
 - Limited state funds earmarked for HCV testing
- These sources of funding are not consistently available for HCV testing and linkage to care
- They are frequently one-time allocations or are from carry-over funds in the previous year's budget
- As a result of this unpredictable and inconsistent funding landscape, health departments are challenged to plan expansive or long-term activities related to HCV testing, prevention and treatment.

The Status Quo

VIRAL HEPATITIS PREVENTION: IS \$1 ENOUGH?

FUNDING

Health department Viral Hepatitis Prevention Coordinators receive less than \$1 in federal funding for every person living with viral hepatitis.



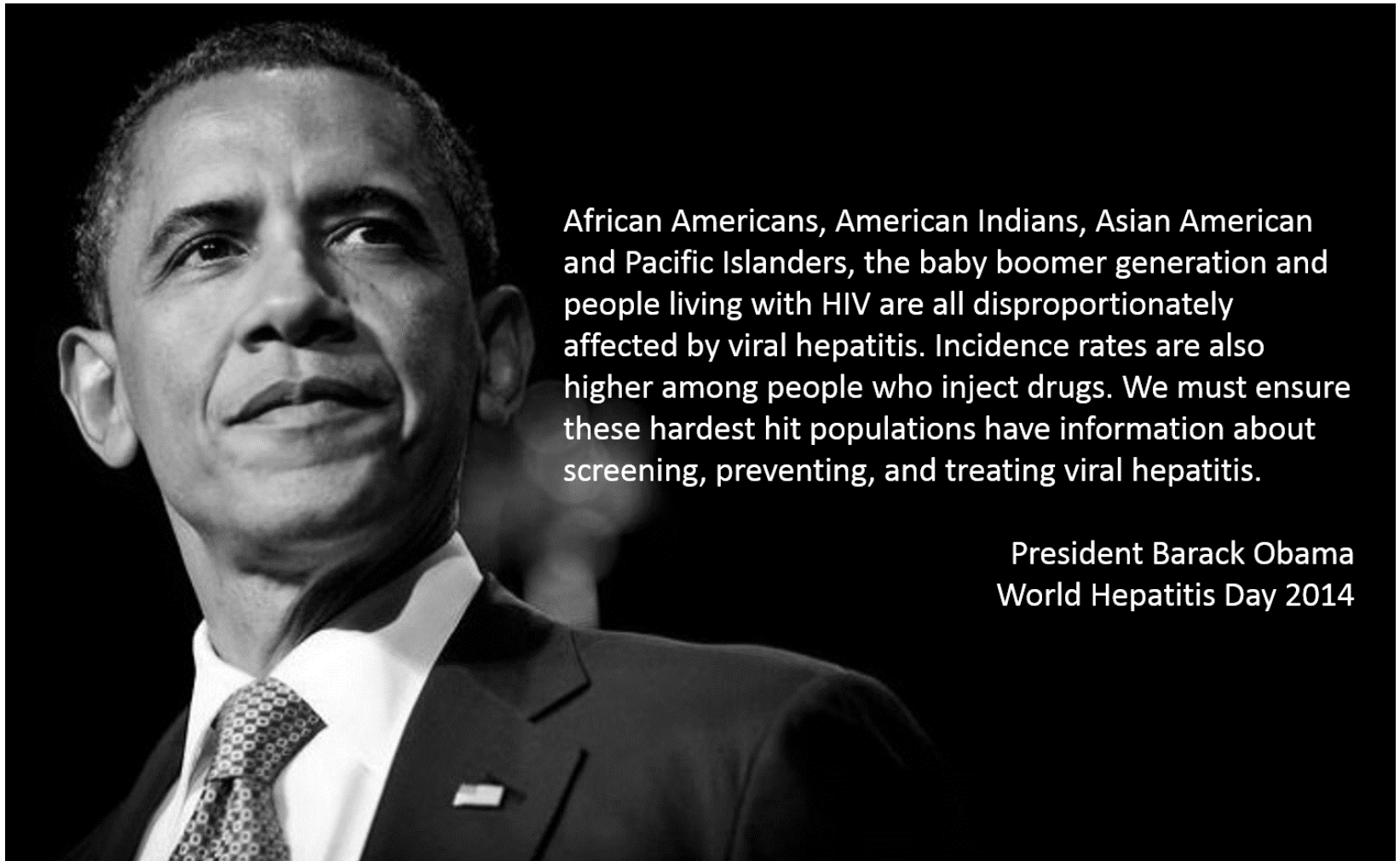
NASTAD Hepatitis Priorities

- Health department capacity and expertise
 - Support and technical assistance
 - Advocacy with Congress and federal agencies
- Access to prevention services
 - Hepatitis B and C testing
 - Syringe services programs
 - Mental health and substance use treatment
- Drug user health
 - Access to prevention AND treatment services
- Addressing Hepatitis through a Health Equity Approach
 - African Americans, Latinos, Native Americans, Asian Pacific Islanders and immigrants, PWID, gay men/MSM
- Advocacy and policy

Our Responsibility – Who and What?

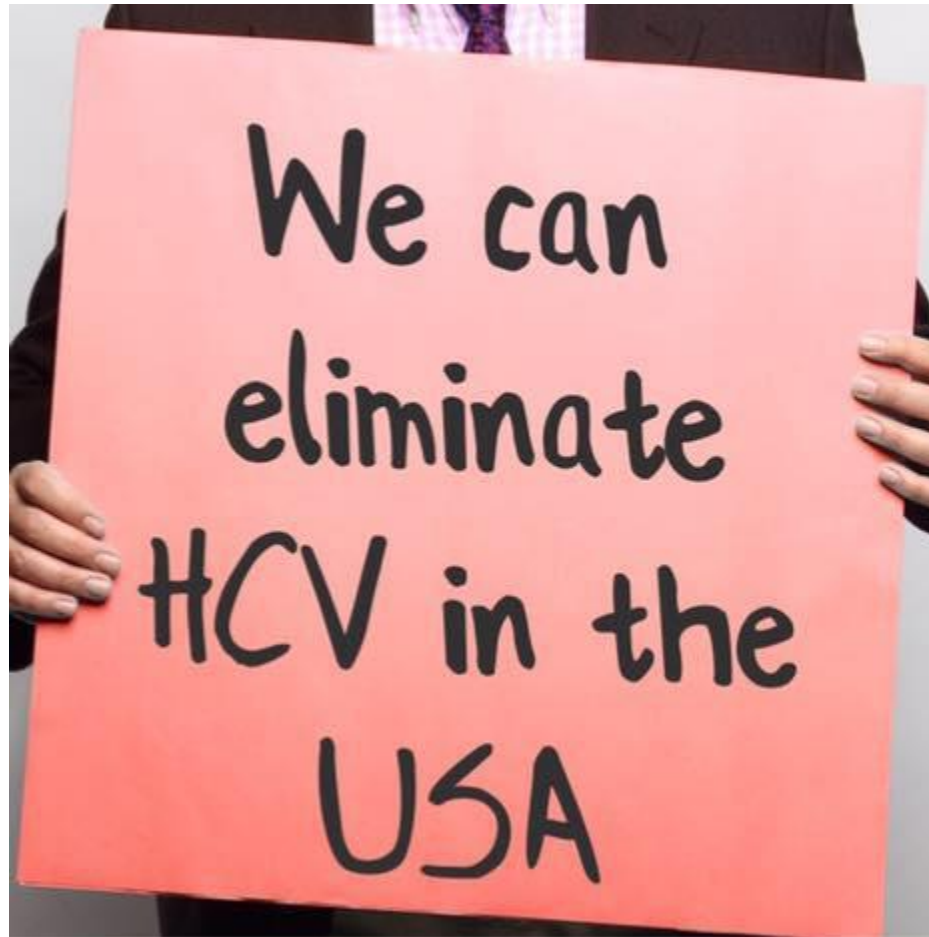
- Federal Government
 - Administration – Follow Science & Increase Funding
 - Congress – Prevention before Politics & Increase Funding
 - HHS/CDC/DVH – Make Prevention of HBV and HCV a Top Priority & Work Collaboratively Across Agencies
- State & Local Government
 - Increase Funding, Urgency and Innovation
- Academia
 - Increase Prevention and Operational Research
- Providers
 - Prioritize Treatment of PWID – Individual AND Population Health
- Industry/Payers
 - Responsibility to Make Pricing and Coverage Decisions that Lead to the Elimination of HBV and HCV in the U.S. and Globally!
- Advocates (all of us!)
 - Make Noise & Hold Policymakers, Industry and Payers Accountable!

World Hepatitis Day 2015



African Americans, American Indians, Asian American and Pacific Islanders, the baby boomer generation and people living with HIV are all disproportionately affected by viral hepatitis. Incidence rates are also higher among people who inject drugs. We must ensure these hardest hit populations have information about screening, preventing, and treating viral hepatitis.

President Barack Obama
World Hepatitis Day 2014



Contact

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