

Hepatitis C Coinfection with HIV in MSM: Southeast Michigan Cluster Ryan White / Public Health Partnership

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Disclosures

Presenter has no financial interest to disclose.

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Learning Objective

At the conclusion of this activity:

- The participant will gain an understanding of the need for coordinated team approach to case finding and re-engagement in care to treat HIV infected MSM with HCV for their own health and to interrupt ongoing HCV transmission.

HCV testing in HIV infected MSM

- The nationwide effort to diagnose and treat persons with hepatitis C is focused on baby boomers and persons with history of injecting drugs
- Additional strategies were used to diagnose HCV in the Ryan White clinic
 - screening asymptomatic sexually active HIV/MSM
 - testing clinic patients with hepatitis symptoms or new elevations in liver enzymes
 - providing partner services to men with HIV/HCV coinfection.
- Among MSM, HCV was often recently acquired and in all the cases in our group the HIV infection occurred first.

Epidemiology and CDC statistics of HCV/HIV Coinfection in MSM

- CDC estimates that about 25% of persons living with HIV are co-infected with HCV
 - Prior estimate was 21% in 2009
 - Who among PLWH are most at risk for HCV
 - People who inject drugs (62-80% of HIV are HCV co-infected)
 - Sexual transmission among MSM (no percentages are available)
 - Sexual transmission among heterosexuals is rare, but thought to be higher among PLWH
 - Perinatal transmission of HCV is higher among women with HIV than the general population

Our Clinic Setting

- Wayne State University operates 5 HIV clinics for adults, youth, children, infants and pregnant women, and the Detroit Public Health STD Clinic
- Tolan Park Adult Infectious Disease Clinic cares for 2105 HIV infected adults in midtown Detroit in 2017
 - 90% African American
 - 48% MSM
 - Ryan White Parts A, C and D; additional Michigan state funding for prevention and intensive targeted HIV programs
 - Interdisciplinary Care Teams: ID specialist faculty, NP, RN, patient advocate, peer navigator
 - Behavioral health assessment, services and referrals on site
 - Community case managers on site
- Our patients have Medicaid (67%), &/or Medicare (21%), commercial insurance (19%), or are uninsured (8%)
 - Michigan Medicaid pays for HCV treatment for all HIV/HCV coinfecting with criteria for alcohol and drug use and medication adherence

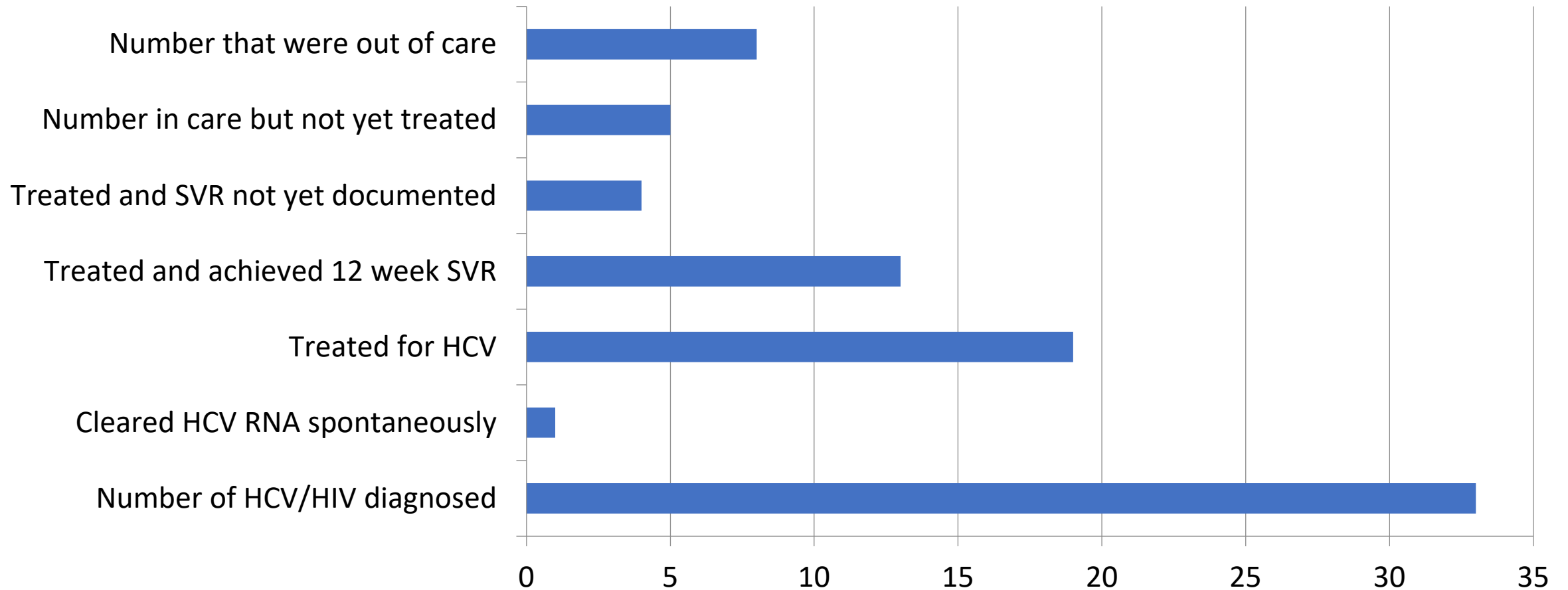
The Process of Identifying HCV in HIV Infected MSM in our clinic

- In early 2016, we noticed an increase in HCV positive tests in our HIV positive patients who are MSM.
- In retrospective review we found many seroconversions between 2014 and 2015.
- We reported this to the State Epidemiologist and these cases were forwarded to MDHHS for partner notification services by DIS
- HCV testing in sexually active MSMs in the local STD Clinic was increased
- Samples were sent to the CDC for genetic cluster mapping
- ***My goal for this project was to review the cases we diagnosed and assess for their outcomes such as treated and cured, not yet treated and those that were lost to follow up and out of care.***

Our cluster

- Among 33 HIV/HCV/MSM patients:
 - 1 cleared HCV RNA spontaneously
 - 19 were prescribed HCV medication
 - 13 achieved a 12 week sustained virologic response
 - 4 patients have been treated but 12 SVR not yet documented
 - 2 patients didn't achieve an SVR
 - 1 possibly reinfected
 - 1 patient died of liver cancer after completing treatment
 - 5 patients are in care and have not been prescribed treatment for various reasons such as uncontrolled HIV, ETOH, drug use etc.
- 8 patients were found to be out of care for HCV and requiring multidisciplinary teamwork for follow up.*

Our Cluster



Stepwise process used to find patients

1. Most of the patients identified in this cluster were reported to me for surveillance in the clinic.
2. Charts were reviewed to determine the outcomes and to identify those that were lost to care.
3. Attempts were made to contact the patient directly using information from the charts: phone numbers, email addresses.
4. Discussed with clinic team members: advocates, social workers, front desk staff.
5. Outside resources were checked: CAREWare provided information regarding HIV case management agencies/CBOs involved in the patients' care, pharmacy as listed in patients' charts.
6. Link-Up Detroit.

Link-Up Detroit: Detroit's Data to Care (D2C) program

- Engaging people who fall out of care or never start care
- Uses HIV labs to determine if an individual is out of HIV medical care
- Has been working to (re)engage individuals in care since February 2017
 - An individual needs to be out of care for at least 15 months, or have never started care, before they are contacted by Link-Up Detroit
- Link-Up Detroit works with each individual person to make a care plan to offer help with competing barriers:
 - Referral to early intervention services
 - Medical appointment
 - Discussing different providers
 - Housing

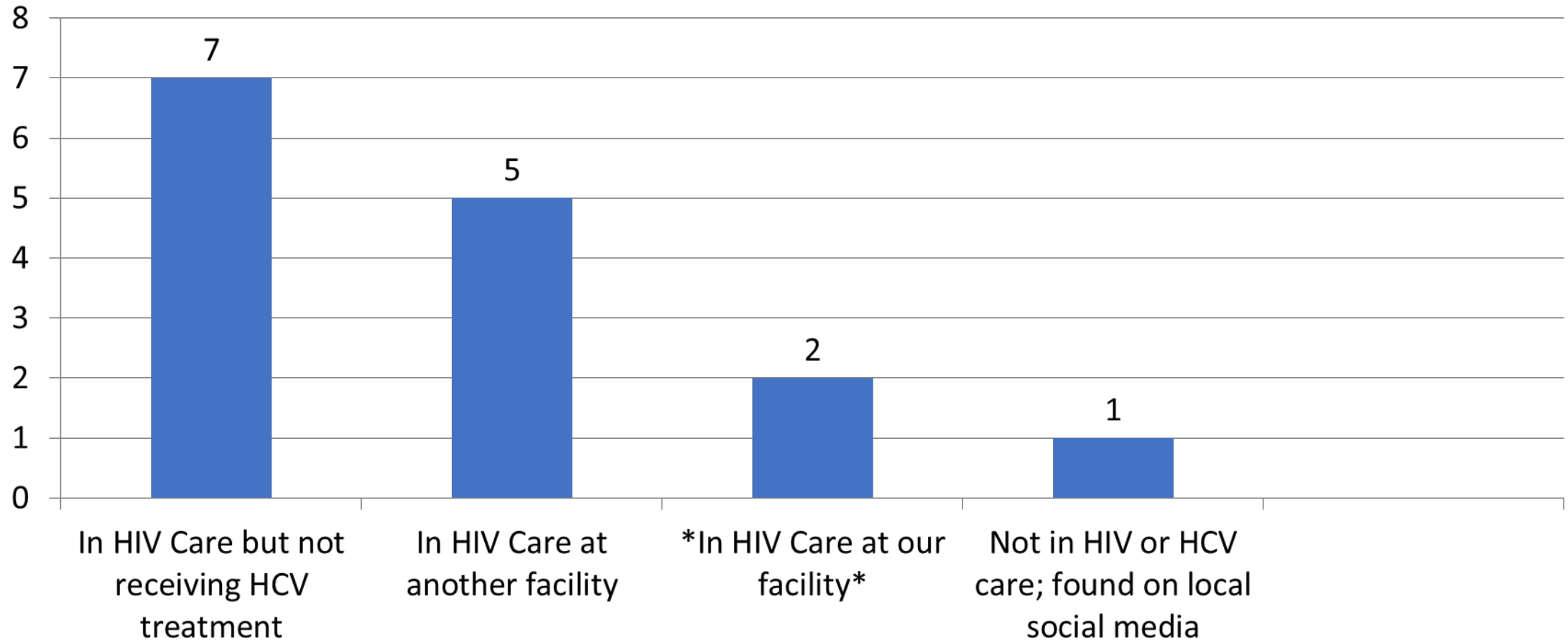
Engaging people in care

- People can self-refer & ask for connection to supportive services
 - www.linkupdetroit.com
 - Marketing materials that gives phone number for individuals to call or text
- **Partnerships with clinics** & non-HIV providers (e.g. ERs & shelters)
 - Contact Link-Up Detroit **when they are unable to locate someone** and/or someone living with HIV is in need of HIV medical care or supportive services
- Link-Up Rx – Partnership with MedCart Pharmacy to re-engage people after 3 weeks of missed medication pick-up
 - Want to learn more?
 - Link-Up Rx will be presented @ this conference, session #11088, Thursday, Dec 13, 10:30am-12pm

Follow up of the 8 patients: all found as not yet treated for HCV

Age	Race	Latest HIV viral load	Contact with CBO	Where are they?
40	AA	20 in 2018	Yes	Other care facility
40	White	20 in 2018	Yes	Other care facility
53	White	40 in 2018	Yes	Other care facility
34	AA	40 in 2018	Unknown	Incarcerated
37	AA	20 in 2018	Unknown	*In our care but not keeping appts*
25	AA	20 in 2018	Yes	Returned to local care recently
29	AA	10,218	Unknown	*Returned to our care recently*
24	AA	8,708 in 2017	Unknown	Only found on social media-not in care

Where are the 8 patients?



What are our next steps?

- Link-Up Detroit staff are in the process of contacting the other providers for information regarding HCV treatment plans for these patients.
- Our clinic is continuing to work with re-engaging patients into care:
 - Working as a multidisciplinary team to find and re-engage out of care patients
 - Contacting other providers caring for these patients to ensure access to HCV care
 - Reporting of cases to State Hepatitis Epidemiologist to assist with partner notification services and surveillance
 - HCV treatment as soon as guidelines and insurance allow as well as when patient barriers removed

Conclusions

Our experience underscores the importance of the current DHHS ART guidelines.

- Ongoing surveillance for new HCV infections among those at risk
 - Annual HCV testing among sexually active HIV infected MSM
 - HCV testing of male sex partners with HCV infection
 - Evaluation for HCV in persons with acute hepatitis

Conclusions

- We recommend a coordinated approach to case finding, re-engagement in care, and aggressive treatment in this population with HCV infection and potential for transmission.

Obtaining CME/CE Credit

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<http://ryanwhite.cds.pesgce.com>