

Alaska ID ECHO: HCV-HIV-PrEP-STIs



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



NPAIHB

Indian Leadership for Indian Health

This monthly ECHO is to share knowledge about prevention, screening, diagnosing, treatment and management of HCV, HIV, PrEP and STIs.

The ANTHC Liver Disease and Hepatitis Program, HIV Clinical Services, Behavioral Health Department and Southcentral Foundation's Pharmacists have partnered to host this ECHO, and it's funded by a grant from the Northwest Portland Area Indian Health Board.

Welcome to Alaska Infectious Disease ECHO – HCV, HIV, PrEP, STIs

Approved Provider Statements:



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, Alaska Native Medical Center (ANMC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Contact Hours:

ANMC designates this activity for a maximum of 12 contact hours, including 3 total pharmacotherapeutics contact hours, commensurate with participation.

Financial Disclosures:

Youssef Barbour, MD & Lisa Townshend-Bulson, APRN / faculty for this educational event, are primary investigators in an ANTHC sponsored hepatitis C study funded in part by Gilead Sciences. All of the relevant financial relationships listed have been mitigated.

Requirements for Successful Completion:

To receive CE credit please make sure you have actively engaged in the entire activity, your attendance is recorded by the facilitator, and complete the course evaluation form found here: <https://forms.gle/18t4EgvN2WdnM4P77>



For more information contact
jfielder@anthc.org or (907) 729-1387



ALASKA NATIVE
MEDICAL CENTER



We acknowledge the Dena'ina people,
on whose traditional lands we gather.
We also acknowledge the Creator and all
Indigenous people of Alaska. Thank you for
your past and present stewardship of the
waters, plants, animals and spiritual
practices of this place.



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AK ID ECHO: CONSULTANT TEAM



- Youssef Barbour, MD Hepatologist
- Leah Besh, PA-C HIV/Hepatology Provider
- Terri Bramel, PA-C HIV/STI Provider
- Rod Gordon, R.Ph. AAHIVP Pharmacist
- Jacob Gray, MD Infectious Disease Provider
- Annette Hewitt, ANP Hepatology Provider
- Brian McMahon, MD Hepatologist
- Lisa Rea, RN HIV/STI Case Manager
- Rebecca Robinson, PhD Clinical Psychologist
- Lisa Townshend, ANP Hepatology Provider



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ALASKA HCV EPIDEMIOLOGY AND ELIMINATION STRATEGIES

December 14, 2021

Rebekah Porter, RN, MSN, MPH, Viral Hepatitis Prevention Coordinator, DHHS, State of Alaska

Robert Lawrence, MD, Chief Medical Officer, Department of Corrections, State of Alaska

Lisa Townshend-Bulson, AFNP, FNP-C, Director, Liver Disease & Hepatitis Program, ANTHC

Hepatitis C in Alaska

Rebekah Porter, RN, MSN, MPH

Viral Hepatitis Prevention Coordinator

State of Alaska, Department of Health & Social Services

Division of Public Health, Section of Epidemiology

Infectious Disease Program

December 2021

HCV Case Classification Criteria

Hepatitis C, Acute

Probable

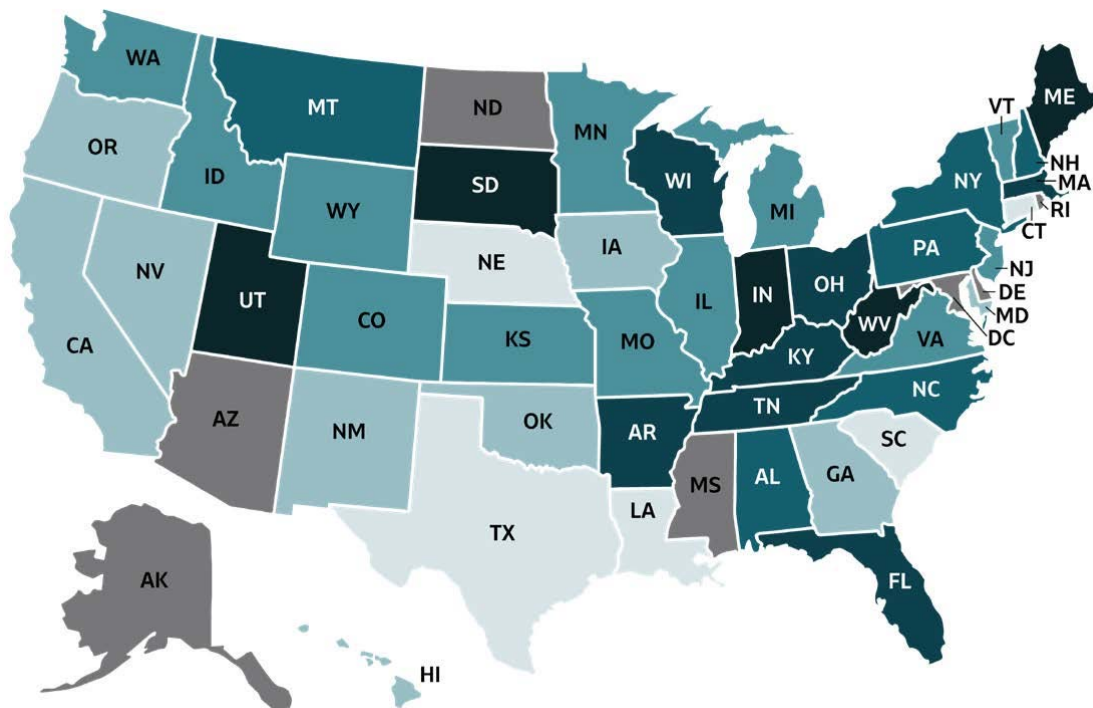
- A case that meets clinical criteria and has presumptive laboratory evidence, AND
- Does not have a hepatitis C virus detection test reported, AND
- Has no documentation of anti-HCV or HCV RNA test conversion within 12 months

Confirmed

- A case that meets clinical criteria and has confirmatory laboratory evidence, OR
- A documented negative HCV antibody followed within 12 months by a positive HCV antibody test (anti-HCV test conversion) in the absence of a more likely diagnosis, OR
- A documented negative HCV antibody OR negative hepatitis C virus detection test (in someone without a prior diagnosis of HCV infection) followed within 12 months by a positive hepatitis C virus detection test (HCV RNA test conversion) in the absence of a more likely diagnosis

<https://ndc.services.cdc.gov/case-definitions/hepatitis-c-acute-2020/>

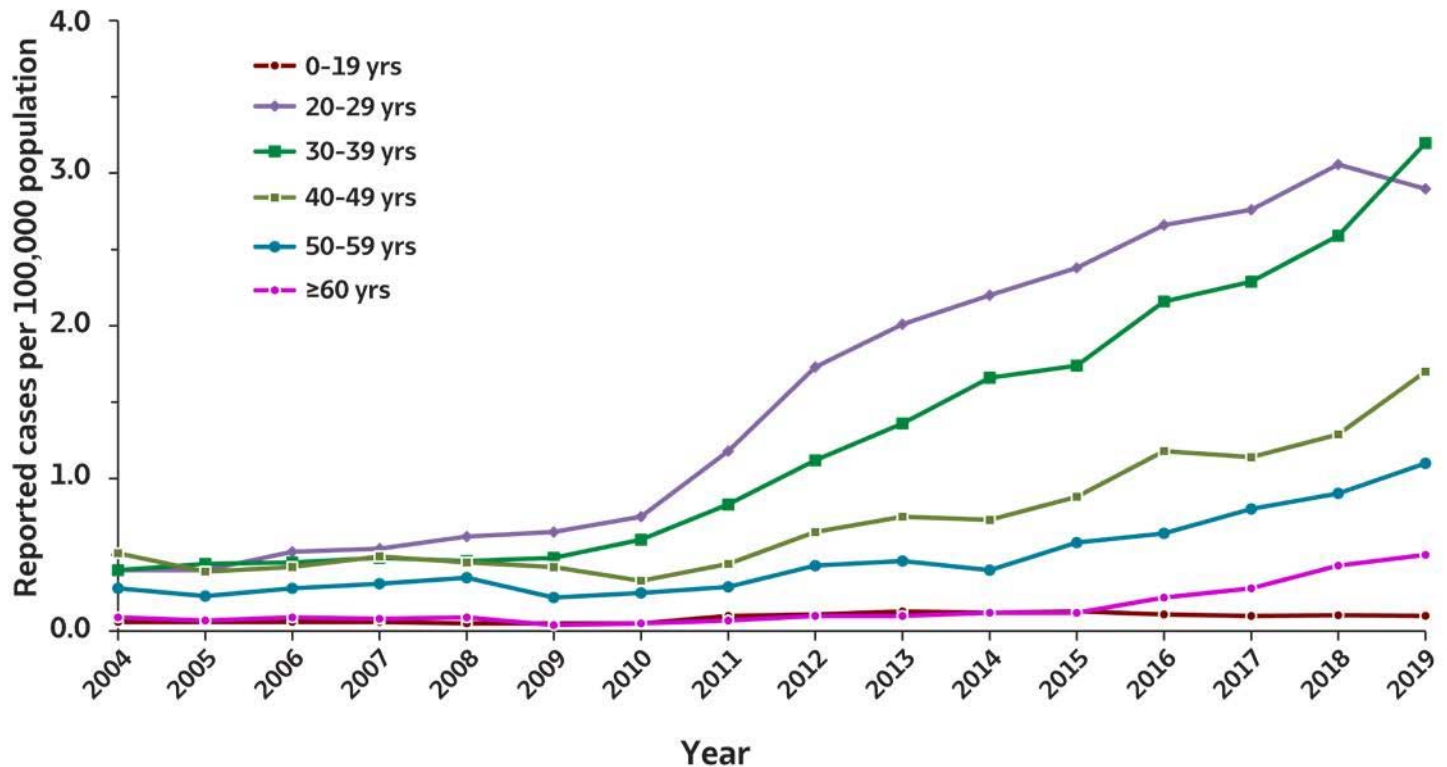
Figure 3.3. Rates of reported acute hepatitis C virus infection, by state or jurisdiction — United States, 2019



Color Key	Cases/100,000 Population	State or Jurisdiction
	0.0-0.2	CT, LA, NE, SC, TX
	0.3-0.6	CA, GA, HI, IA, MD, NM, NV, OK, OR
	0.7-1.2	CO, ID, IL, KS, MI, MN, MO, NJ, VA, VT, WA, WY
	1.3-1.8	AL, MT, NC, NH, NY, PA
	1.9-3.0	AR, FL, KY, MA, OH, TN, WI
	3.1-4.8	IN, ME, SD, UT, WV
	Data not available	AK, AZ, DC, DE, MS, ND, RI

Source: CDC, National Notifiable Diseases Surveillance System.

Figure 3.4. Rates of reported acute hepatitis C virus infection, by age group — United States, 2004–2019



Age (years)	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
0–19	0.1	0.1	0.1	0.1	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
20–29	0.4	0.4	0.5	0.5	0.7	0.7	0.7	1.2	1.7	2.0	2.2	2.4	2.7	2.7	3.0	2.9
30–39	0.4	0.4	0.4	0.5	0.5	0.5	0.6	0.8	1.1	1.4	1.7	1.7	2.2	2.3	2.6	3.2
40–49	0.5	0.4	0.4	0.5	0.5	0.4	0.3	0.4	0.6	0.7	0.7	0.9	1.2	1.1	1.3	1.7
50–59	0.3	0.2	0.3	0.3	0.4	0.2	0.3	0.3	0.4	0.5	0.4	0.6	0.6	0.8	0.9	1.1
≥60	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.3	0.4	0.5

Source: CDC, National Notifiable Diseases Surveillance System.

Using lab data alone, Alaska
identified one Hepatitis C, acute
case in 2020

HCV Case Classification Criteria

Hepatitis C, Chronic

Probable

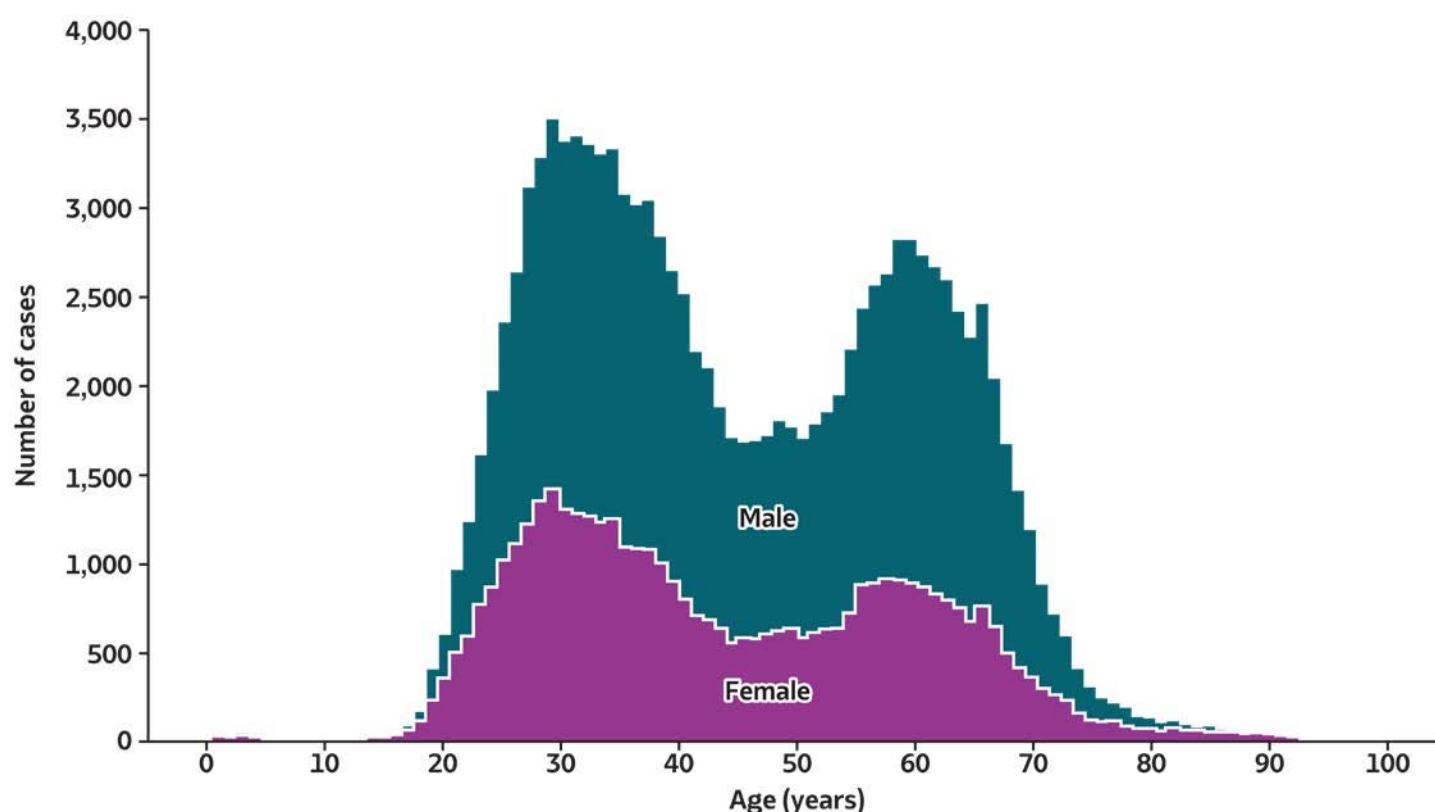
- A case that does not meet OR has no report of clinical criteria, AND
- Has presumptive laboratory evidence, AND
- Has no documentation of anti-HCV or RNA test conversion within 12 months, AND
- Does not have an HCV RNA detection test reported.

Confirmed

- A case that does not meet OR has no report of clinical criteria, AND
- Has confirmatory laboratory evidence, AND
- Has no documentation of anti-HCV or HCV RNA test conversion within 12 months.

<https://ndc.services.cdc.gov/conditions/hepatitis-c-chronic/>

Figure 3.8. Number of newly reported* chronic hepatitis C virus infection cases†, by sex and age — United States, 2019



Source: CDC, National Notifiable Diseases Surveillance System.

* During 2019, cases of chronic hepatitis C were either not reportable by law, statute, or regulation; not reported; or otherwise unavailable to CDC from Arizona, Arkansas, California, Delaware, District of Columbia, Hawaii, Indiana, Kentucky, Mississippi, Nevada, North Carolina, Rhode Island, and Texas.

† Only confirmed, newly reported, chronic hepatitis C cases are included. For the complete case definition, see <https://ndc.services.cdc.gov/conditions/hepatitis-c-chronic/>.

Annual Reported Cases of Hepatitis C in Alaska, 2010-2020

Year	Hepatitis C
2020	890
2019	1138
2018	1238
2017	1214
2016	1193
2015	1240
2014	1227
2013	1037
2012	987
2011	1092
2010	662

Numbers represent newly reported cases (acute and chronic) for each year.

HCV Case Classification Criteria

Hepatitis C, Perinatal Infection

Confirmed

- Infant who has a positive test for HCV RNA nucleic acid amplification test (NAAT), HCV antigen, or detectable HCV genotype at ≥ 2 months and ≤ 36 months of age and is not known to have been exposed to HCV via a mechanism other than perinatal.

<https://ndc.services.cdc.gov/case-definitions/hepatitis-c-perinatal-infection-2018/>

Perinatal Hepatitis C

Year	Hepatitis C, perinatal infection
2020	2
2019	2
2018	5



Hepatitis C Elimination in Alaska

Corrections as an Indicator for Success in
Hepatitis C Elimination

Robert T. Lawrence, MD, Med
State of Alaska Department of Corrections
December 13, 2021



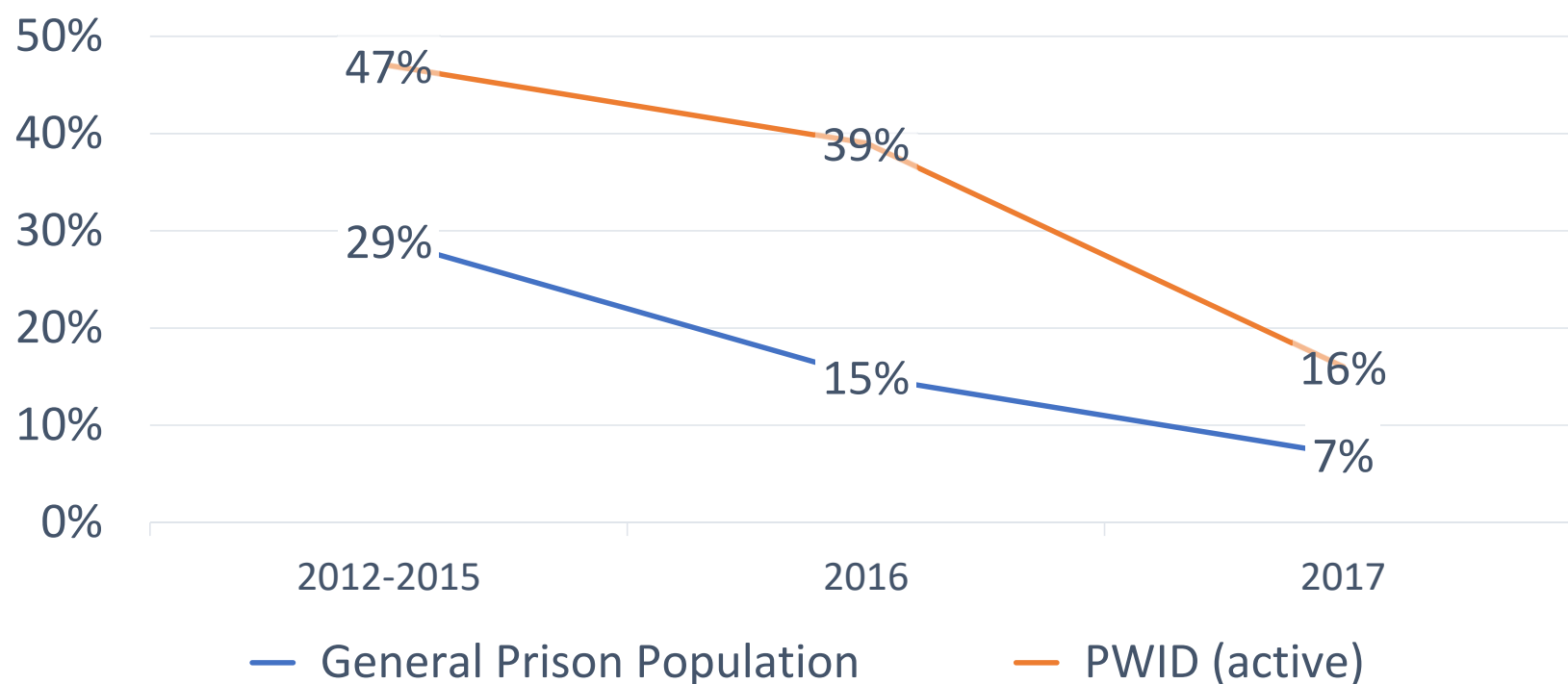
Disclosures

Robert Lawrence, MD is currently the Chief
Medical Officer for the State of Alaska
Department of Corrections

He has no conflicts of interest to report



Percentage of Detainees in Iceland Prisons with HCV Viremia

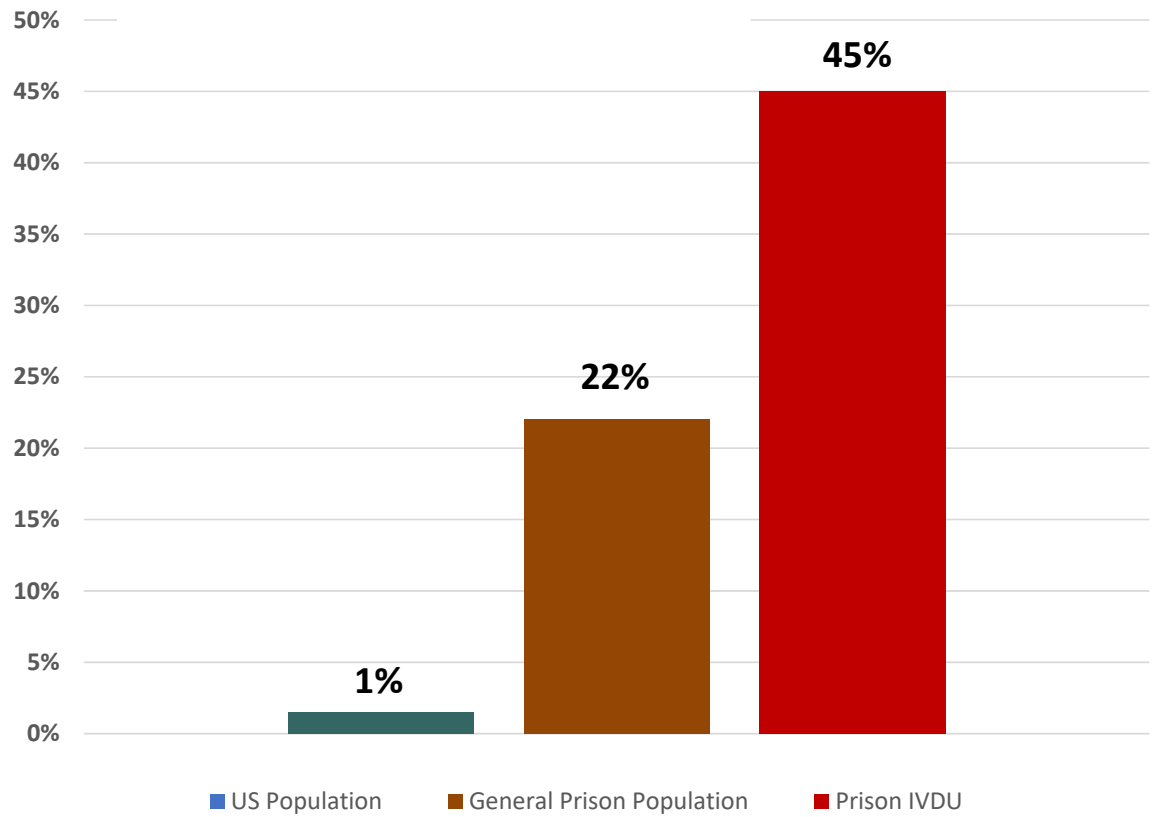


Gottfredsson, M, et al. Major Decrease in Prevalence of Hepatitis C Viremia in Key Populations following the 2nd Year of Treatment as Prevention for Hepatitis C (TraP HepC) Program in Iceland. Oct 5, 2018



State of Alaska Department of Corrections. 2019.

Prevalence of HCV in Alaska's Prisons and Jails





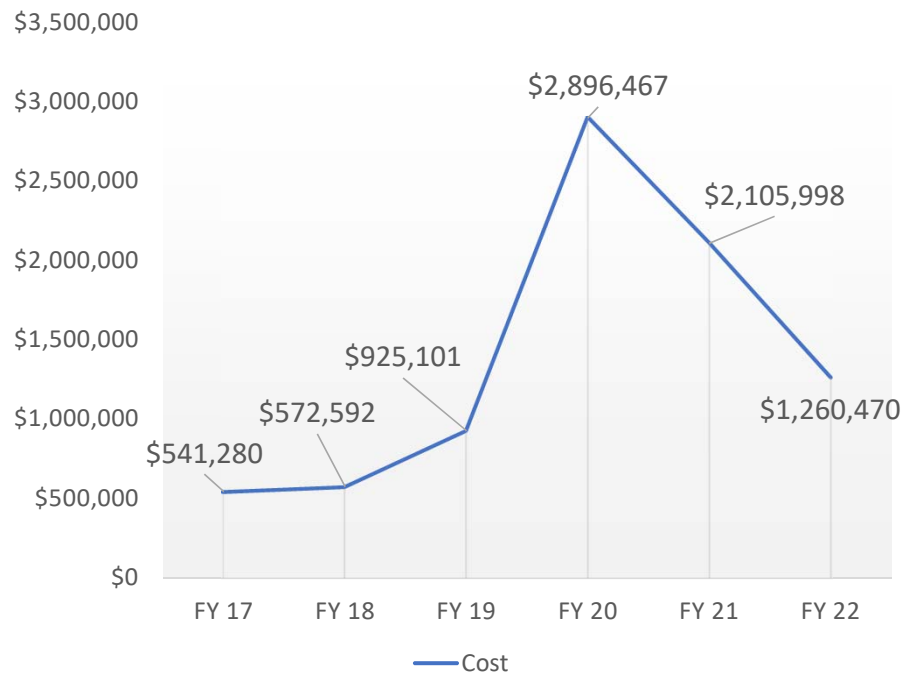
Hepatitis C Virus in Alaska

- Approx. **75%** of Alaska's inmates will return to the community within three years; eventually **95%** return to the community

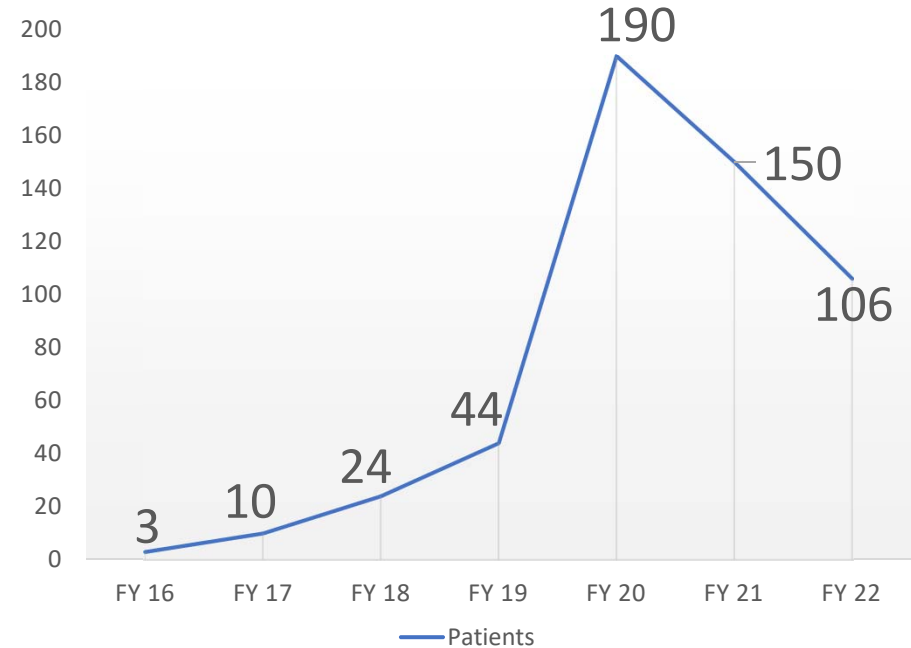


Alaska Dept. of Corrections HCV Treatment

Medication Costs



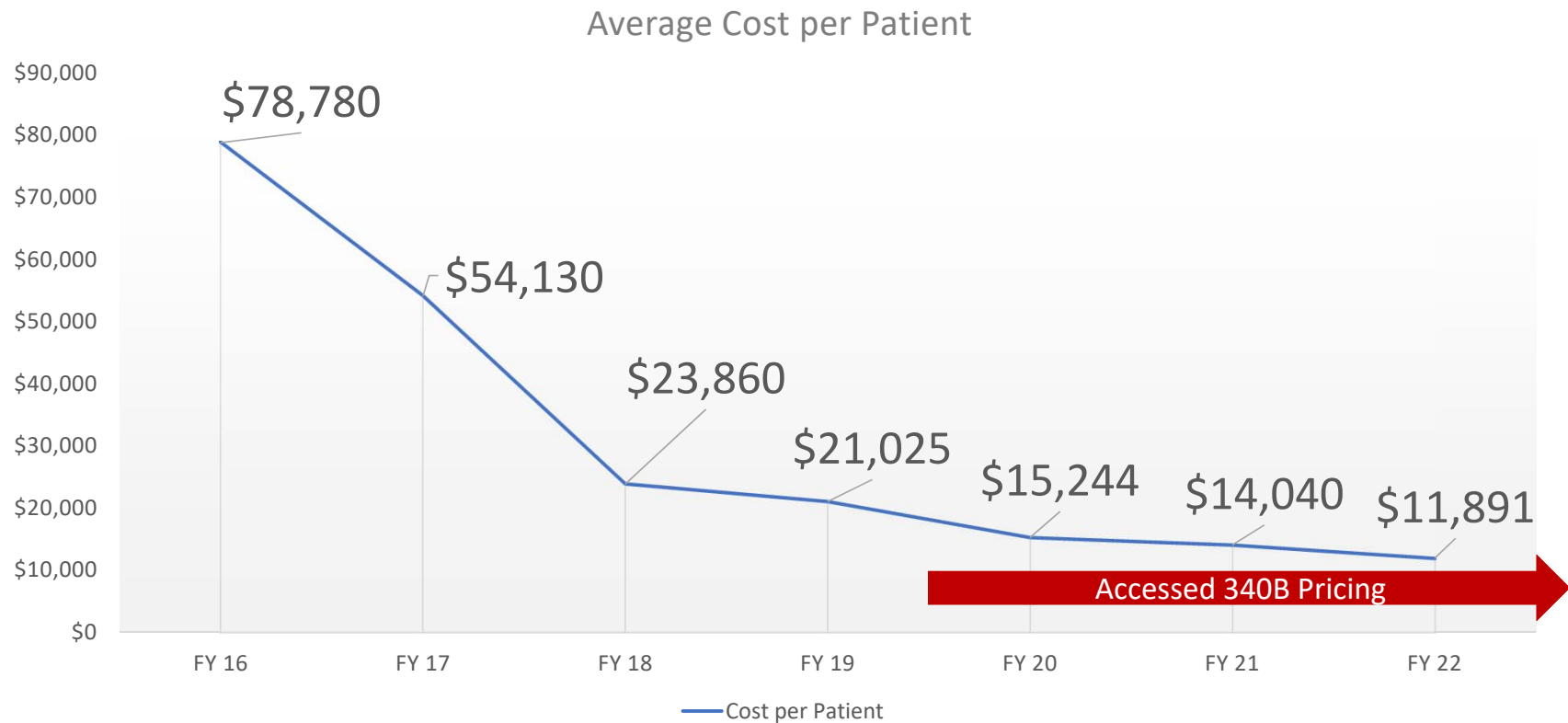
Patients Treated



State of Alaska Department of Corrections: December 2021.



Hep C Average Cost to Treat per Patient

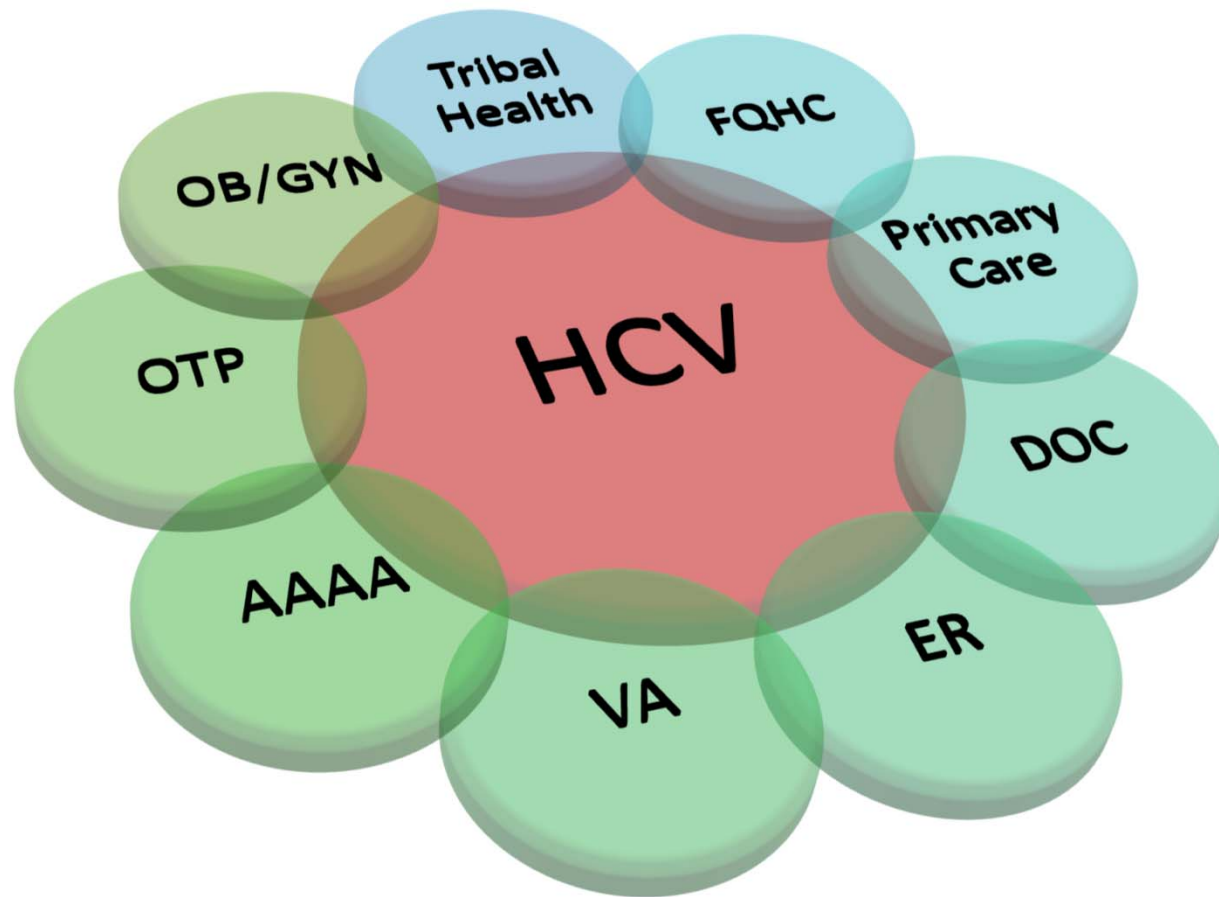


State of Alaska Department of Corrections. 2021.

Steps to Elimination

1. Increase capacity of treating clinicians
2. Reduce the per-patient cost of cure
3. Improve linkage to care

© 2012 U.S. Forest Service/Alaska Photo Credit to Alaska



HEPATITIS ADVISORY WORK GROUP (HAWG)

In 2014 the Alaska Section of Epidemiology along with State, Tribal, and private practice partners organized the Hepatitis Advisory Working Group. This group came together to address the high prevalence rate of viral hepatitis in Alaska and develop a strategic plan for the prevention, care, and treatment of Alaskans with chronic hepatitis B (HBV) and hepatitis C (HCV) and associated morbidities.

Source: State of Alaska Section of Epidemiology.
<http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/hepatitis/AlaskaHepatitisActivities.pdf>



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FOUR A's
ALASKAN AIDS ASSISTANCE ASSOCIATION



THANK YOU

doc.alaska.gov/health-rehab-services

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HCV Elimination in AN/AI in Alaska

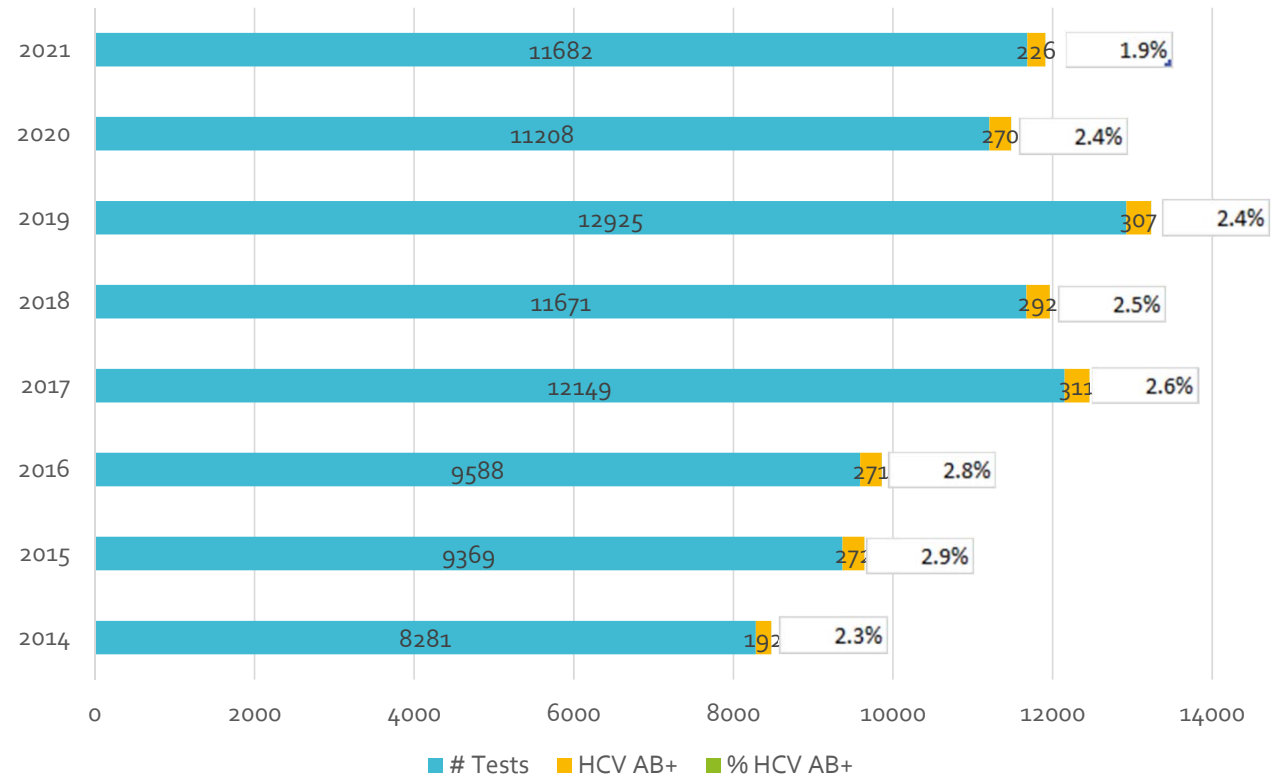
Lisa Townshend-Bulson, FNP-C

ANTHC Liver Disease & Hepatitis Program Director

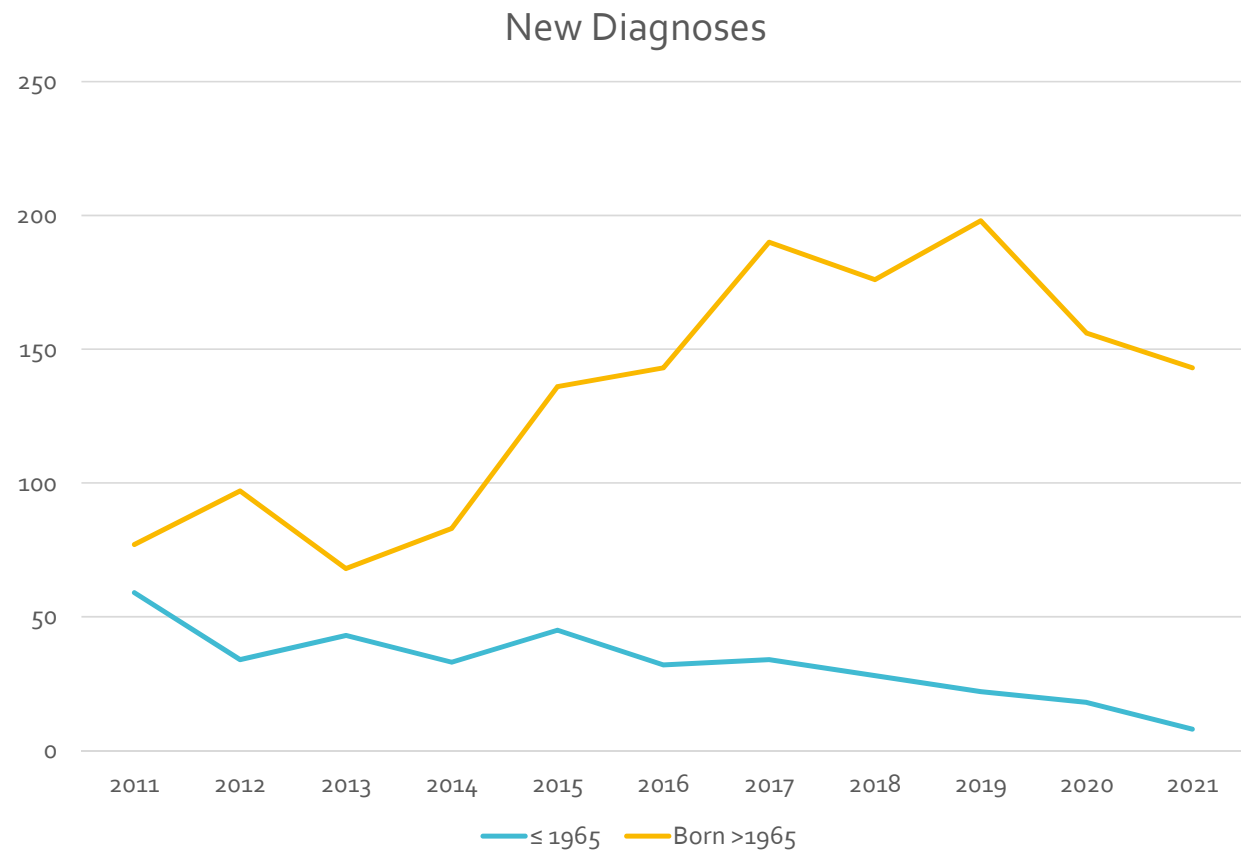
Disclosure

- I am a principal investigator of an ANTHC sponsored sofosbuvir-based treatment study of Alaska Native/American Indian persons. This study was funded in part by Gilead Sciences.

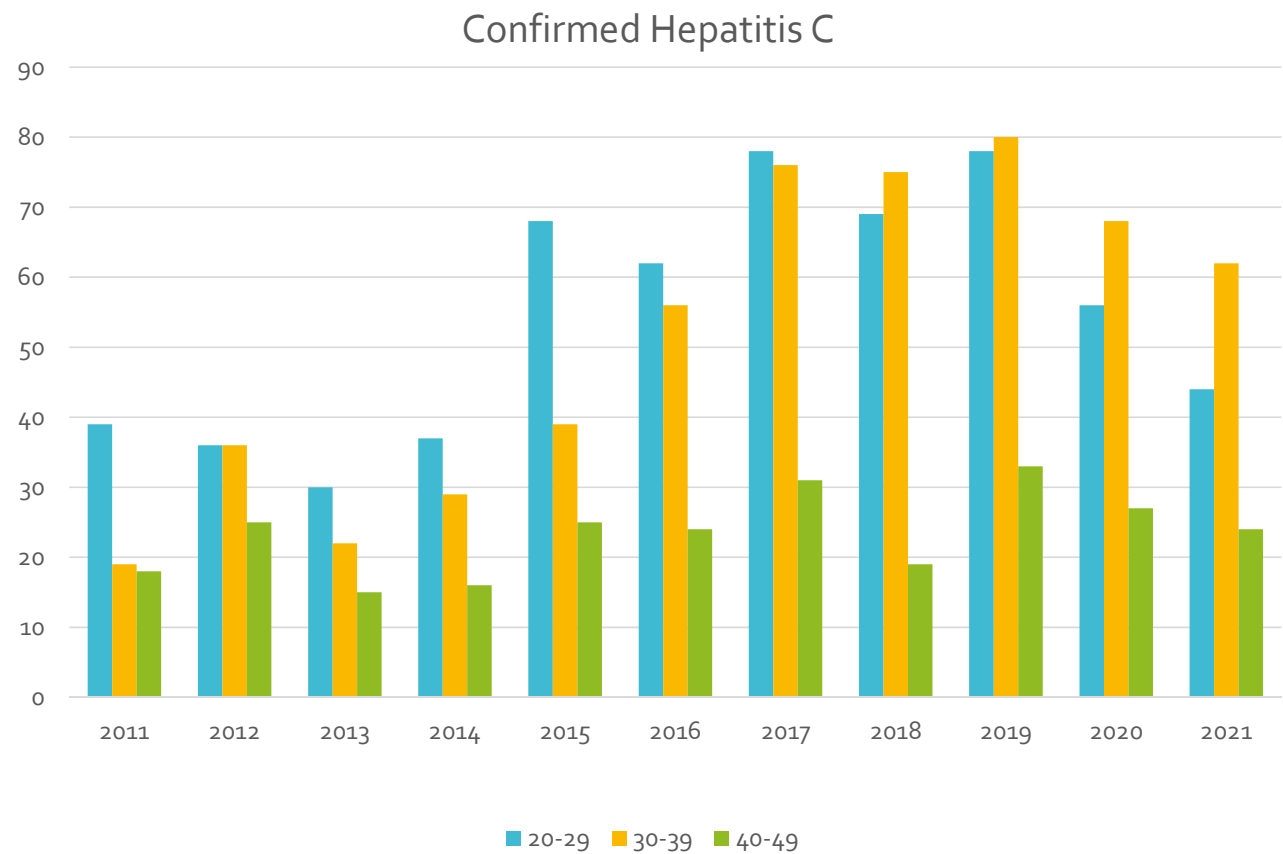
Number of Tests and #, % of HCV Ab+ (2014-2021)



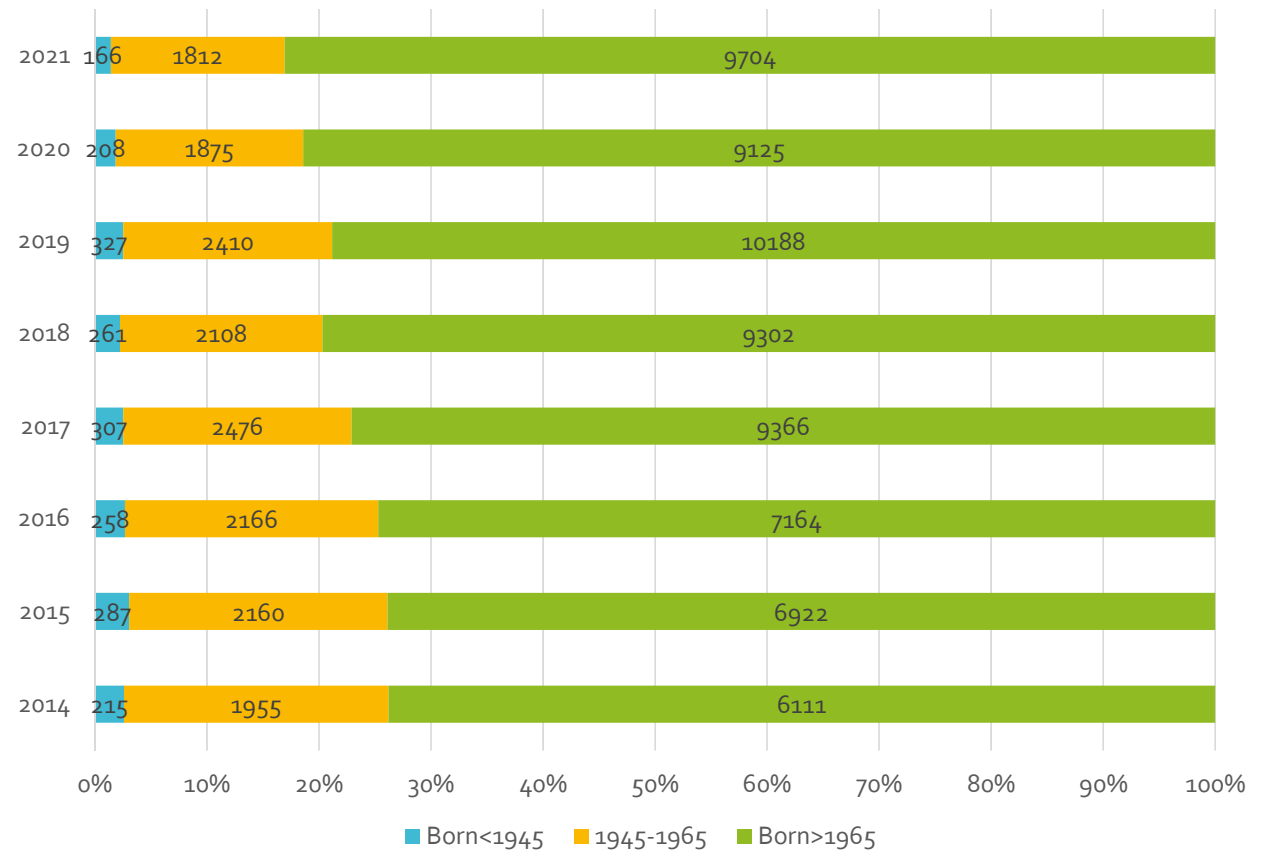
Confirmed Positive Hepatitis C



Age Breakdown of those 20-49y



Number of HCV Ab Tests Done by Age Group (2014-2021)

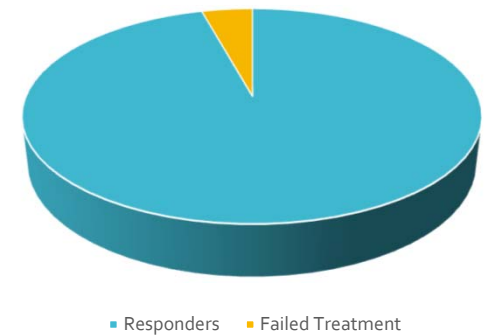


HCV Treatment

- 1118 Started on Treatment
- 38 currently still on treatment
- 105 pending SVR
- 904 responders
- 20 discontinued but responders
- 10 discontinued and failed tx
- 16 reinfected
- 15 treatment failures/relapse

SVR rate 924/965 = 96%

AN/AI DAA Treatment Response

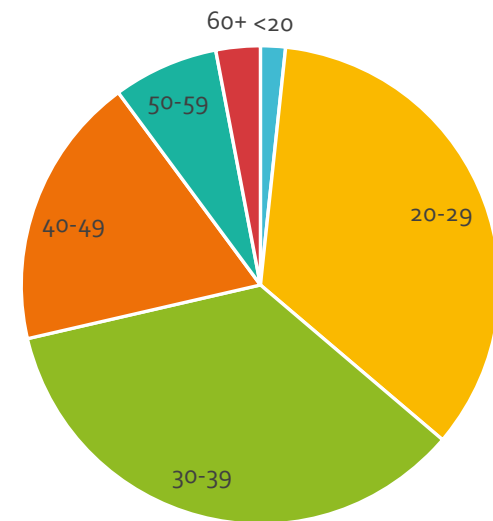


¹Townshend-Bulson, E Roik, Y Barbour, D Bruden et al. The Alaska Native/American Indian Experience of hepatitis C treatment with sofosbuvir-based direct acting antivirals. PLOS One, <https://doi.org/10.1371/journal.pone.0260970>, 12/2/21.

Diagnosed, Untreated Status

- 1066 diagnosed, untreated
- 70% in Anchorage/surrounding areas
- 30% spread across rural Anchorage and other service units
- **Harm reduction needed!!!**

Ages of Untreated



Future Treatment Within Tribal Health System

Simplified Treatment

- Medicaid PA going away soon
 - Test and Treat
 - Minimal monitoring on treatment
 - Still requires follow up 12+ weeks after treatment completion
-
- Coming soon - Updated information through LDHP website: www.anthc.org/hep

Novel Screening and Treatment Projects at ANTHC

- Upcoming Internal Medicine Pilot Project
- Rural Community Health Aide HCV Screening & Treatment Study

Emergency Room Studies

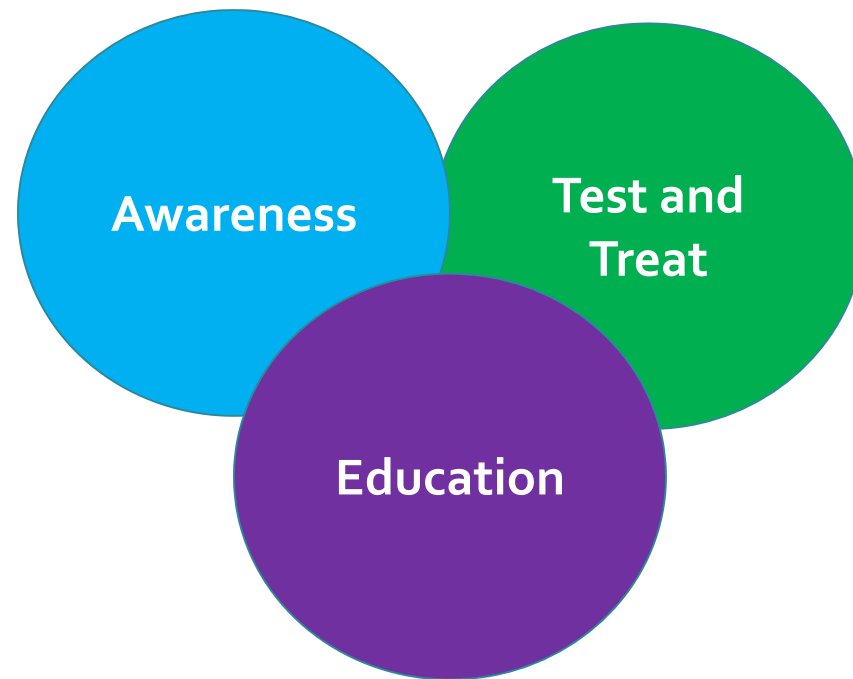
Oakland, CA
Birmingham, AL
Baltimore, MD



All found higher prevalence of
hepatitis C (**10-14%**) among persons
being treated in Emergency Rooms

Yu-Hsiang, H. et al. Clin Inf Diseases; 2016; 62(9): 1059-65
White, D. et al. Annals of Emergency Medicine; 2015.06.023
Galbraith, J. et al. Hepatology; 2015; 61(3): 776-782

How Do We
Reach HCV
Elimination?



QUESTIONS?

Please share questions in the chat or use the raise hand icon and unmute yourself.

DIDACTIC TOPICS FOR 2022

- January 11: TB in Alaska
- Other 2022 topics:
 - Congenital Syphilis
 - HCV - Insurance Changes and Abbreviated Treatment
 - HIV Treatment and Prevention - new injectable drugs
 - HCV Reinfection vs Treatment Failure
 - Public Health Reporting

What topics would you like to learn about?



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ADDITIONAL LEARNING OPPORTUNITIES

ANTHC Liver Disease ECHO

- Third Thursday of every month from 12:00-1:00 PM AKST
- anthc.org/project-echo/alaska-liver-disease-echo

ANTHC LiverConnect

- Second Tuesday of every month 8:00-9:00AM AKST
- anthc.org/what-we-do/clinical-and-research-services/hep/liverconnect



ADDITIONAL LEARNING OPPORTUNITIES

Addiction Medicine ECHO

- Second and fourth Thursday of every month from 12-1:00 PM
- January 13: Psychiatric Medication and MAT
- January 27: Treating ADHD & OUD at the Same Time
- anthc.org/project-echo/addiction-medicine-echo

Indian Country ECHO Programs

- Harm Reduction ECHO and more!
- www.indiancountryecho.org/teleecho-programs



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ADDITIONAL RESOURCES

AASLD HCV Guidance: Recommendations for Testing, Managing and Treating Hepatitis C

- hcvguidelines.org

Hepatitis C Online (curriculum), University of Washington

- hepatitisc.uw.edu

National HIV Curriculum, an ATEC Program led by the University of Washington

- hiv.uw.edu

CDC's Sexually Transmitted Diseases Treatment Guidelines

- cdc.gov/std/treatment-guidelines/default.htm

CDC's Pre-Exposure Prophylaxis (PrEP) overview and guidelines

- cdc.gov/hiv/effective-interventions/prevent/prep

UCSF Transgender Care

- transcare.ucsf.edu/guidelines



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Sexual Health & Wellness



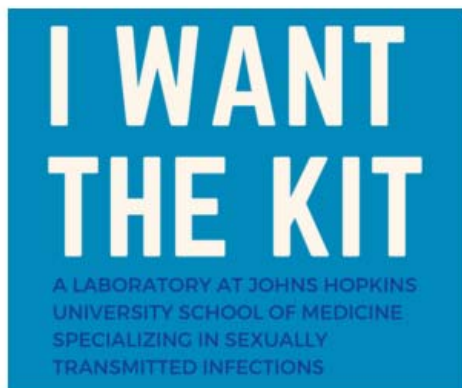
CONDOMS FOR INDIVIDUALS



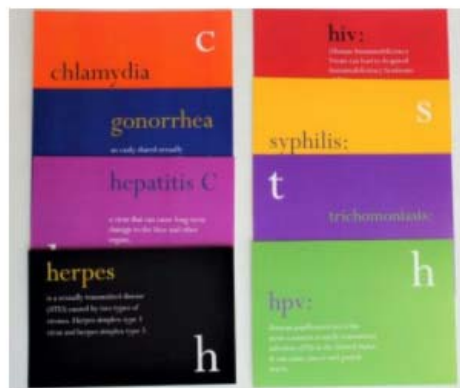
CONDOMS FOR ORGANIZATIONS



HIV SELF-TEST KIT



STI SELF-TEST KIT



STI CARDS



SEXUAL HEALTH PRINTED MATERIALS



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Safer Substance Use



SAFE MEDICINE DISPOSAL SYSTEMS



OVERDOSE RESPONSE | NARCAN® KIT



HARM REDUCTION KIT



FENTANYL TEST STRIPS



SAFER SUBSTANCE USE SUPPLIES



SUBSTANCE USE EDUCATION



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Harm Reduction Safer Injection Kit

These kits are made available to lower the risk of [HIV](#) and [HCV](#) by providing safer injection supplies. These kits are intended for people who inject substances, as well as Tribal organizations and non-profits in Alaska who provide services to people who inject substances.

This kit is meant to provide basic supplies. Depending on your location, you might have access to additional harm reduction supplies and resources. See below for more information.

Visit the [National Harm Reduction Coalition](#) for more information on safer injection supplies and check out the [Injection Safety Manual](#).

To learn more about what Harm Reduction is, please visit [our Harm Reduction page](#).

Limit of 5 per order.

In stock

- 1 +

ORDER NOW



ASK NURSE LISA



Harm Reduction Safer Injection Kit Contents

Injection bag supplies

- Generic syringes - 10
- One-Use cookers - 10
- One-Use filters - 10

Accessory bag supplies

- Tourniquet - 1
- Alcohol wipes - 10
- [Fentanyl testing strips](#) - 10
- Fentanyl testing strips instructional card - 1
- Sterile water pack - 10

Other supplies

- FitPack syringe storage container
 - Can hold up to 10 syringes that are 1ml.
 - It has a patented syringe disposal flap that allows the storage of both used and new ml syringes.
- [Safer sex kit with condoms \(contains latex\) and lubricant](#)
- First aid kit
- Vein care and safer injection booklet
- [Sexually Transmitted Infections \(STI\) 101 brochure](#)
- [Harm Reduction 101 brochure](#)
- [Hepatitis C \(HCV\) info card](#)
- [HIV info card](#)

AK ID ECHO Contacts

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907-729-4596 or jjwilliamson@anthc.org
- Lisa Rea RN, Case Manager: ldrea@anthc.org



ANTHC Liver Disease and Hepatitis Program: 907-729-1560

ANTHC Early Intervention Services/HIV Program: 907-729-2907

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Thank you!

AK ID ECHO is supported by a grant from the Northwest Portland Area Indian Health Board and funding is provided from the HHS Secretary's Minority HIV/AIDS Fund.

