

Welcome to A Chronic Disease You Can Cure: Hepatitis C Treatment for Primary Care Providers Conference February 24, 2018

Approved Provider Statements:

ANTHC is accredited by the Washington State Medical Association to provide continuing medical education for physicians.

ANTHC is approved as a provider of continuing nursing education by the Montana Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Contact Hours:

ANTHC designates this provider-directed activity for a maximum of 4.25 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ANTHC designates this activity as meeting the criteria for one nursing contact hour credit for each hour of participation up to a maximum of 4.25 hour(s), including 1.25 hours of pharmacology credits.

Conflict of Interest Disclosures:

- The planners and faculty for this activity do not have any relevant relationships to disclose except for those listed here:
 - Lisa Townshend-Bulson
 - PI for Gilead Study

Requirements for Successful Completion:

To receive CE credit please make sure you have signed in, claimed credit commensurate with your participation in this activity and completed the course evaluation form.



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Hepatitis C: A Chronic Disease You Can Cure

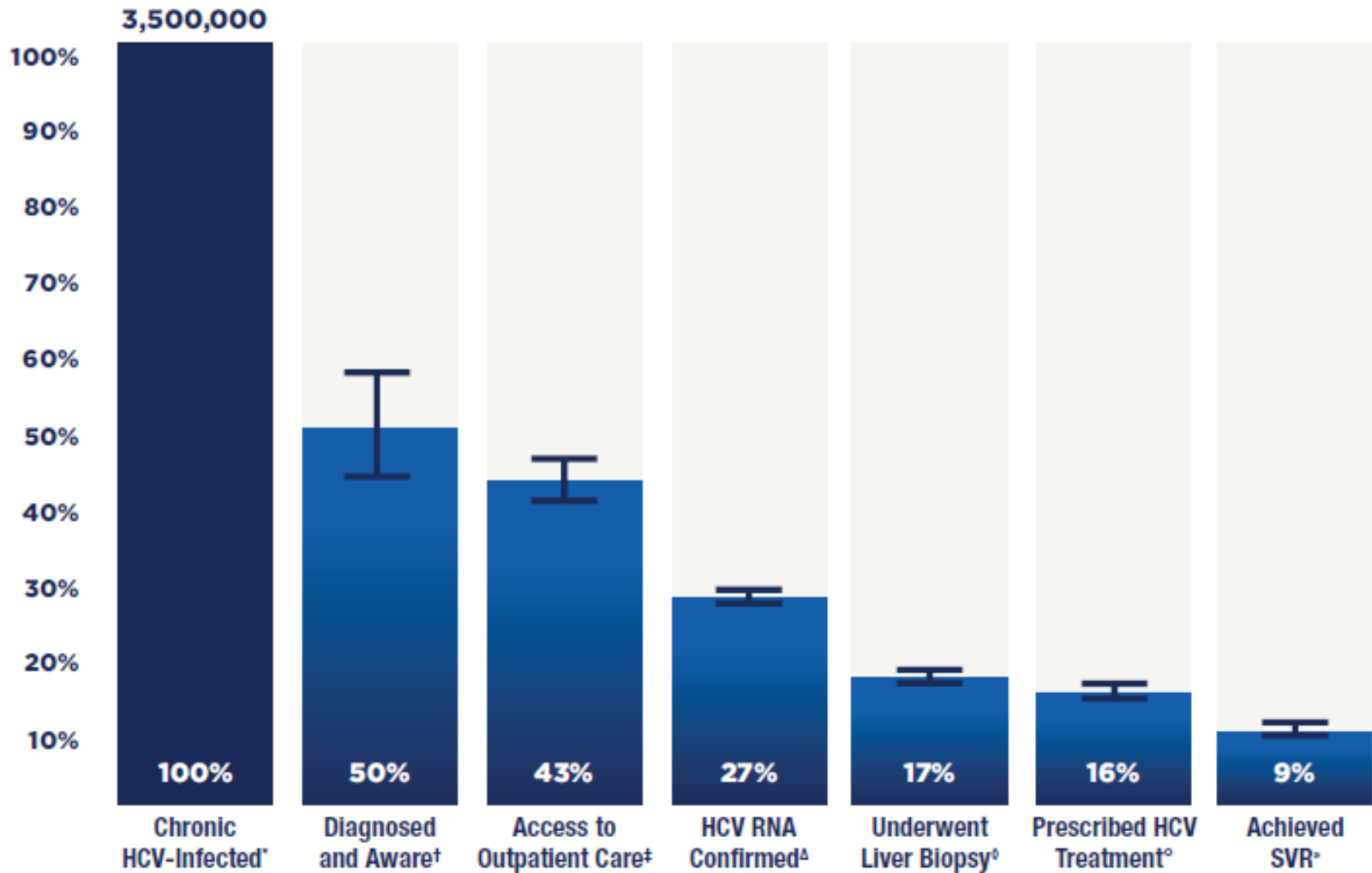
Why Are We Here Today?

Jay C. Butler, MD, FAAP, MACP, FIDSA
Chief Medical Officer
Alaska Dept of Health and Social Services



Why Are We Here Today?

Improving the Continuum of Care

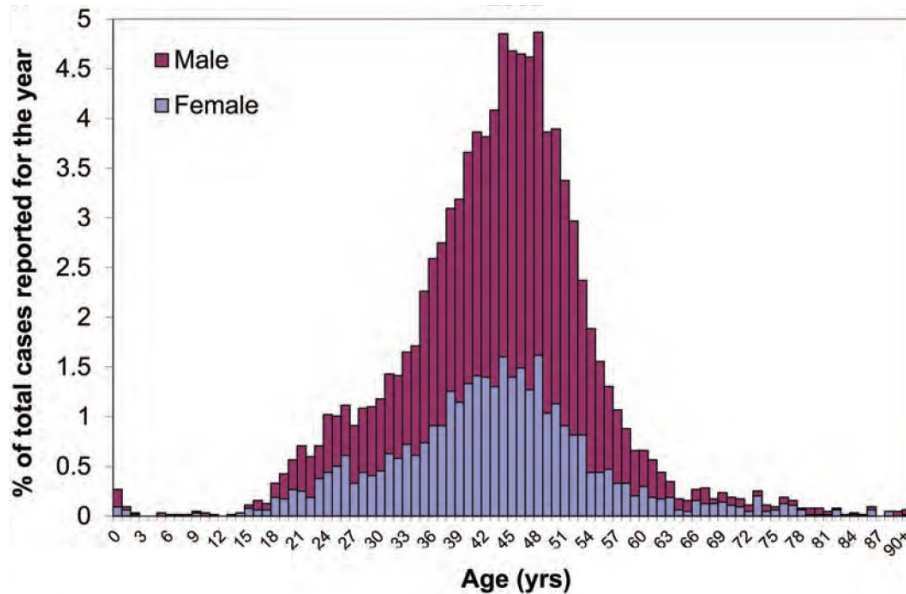


CDC Recommendations for HCV Screening

- All born 1945-65 (1-time if no other risk factors)
- HIV-infected
- Ever self-injected drugs
- Received a blood transfusion or organ transplant before July 1992
- Received clotting factor concentrates before 1987
- Ever on chronic hemodialysis
- Follow-up to any needlestick or to mucosal exposure to HCV + blood
- Born to HCV + woman
- Persistent abnormal ALT

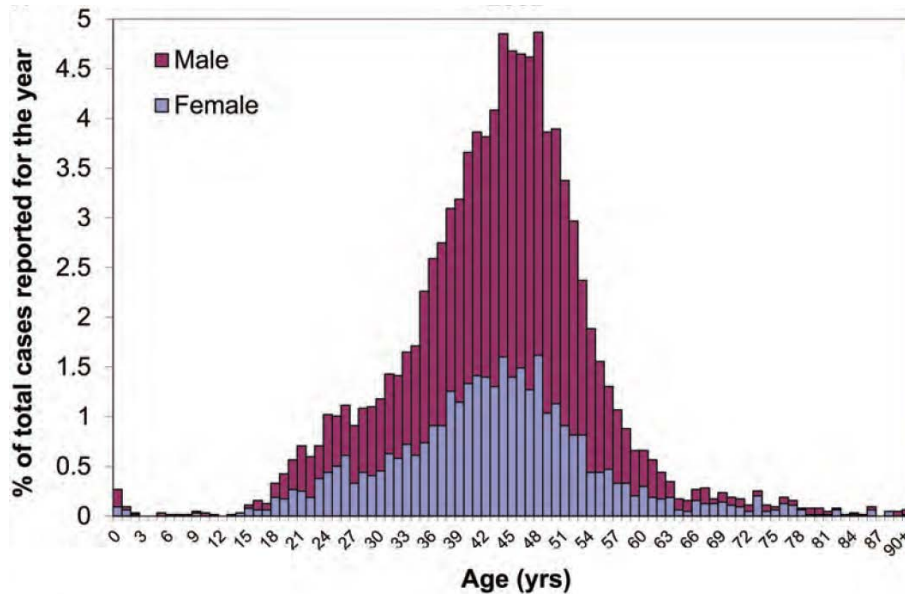
Epidemiologic Trends in HCV: Newly Reported Confirmed HCV, Massachusetts, 2002 and 2011

2002



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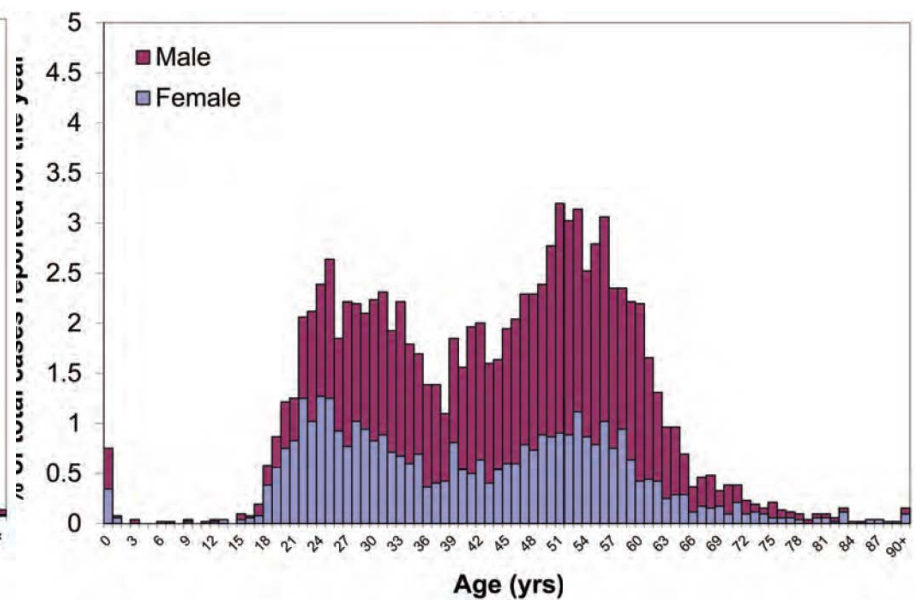
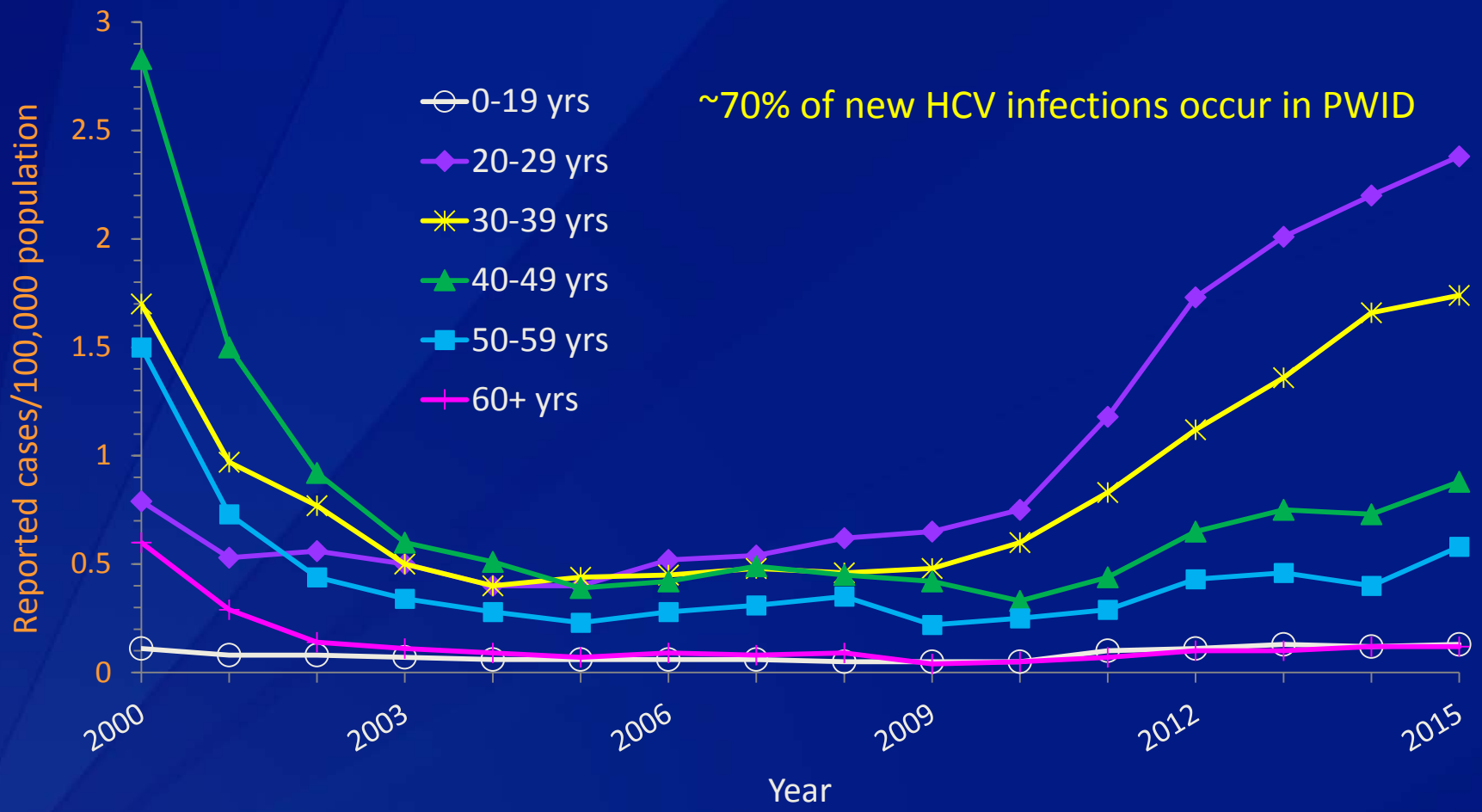


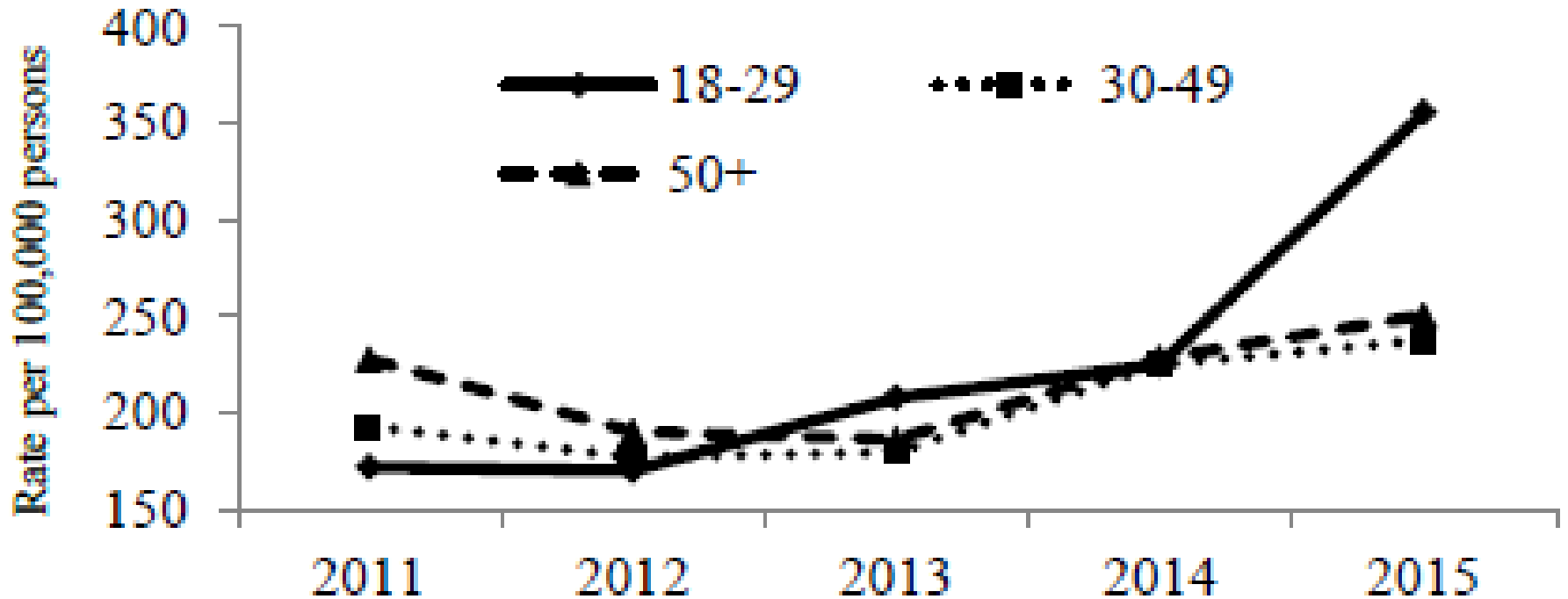
Figure 4.2. Incidence of acute hepatitis C, by age group — United States, 2000–2015



Source: CDC, National Notifiable Diseases Surveillance System (NNDSS)

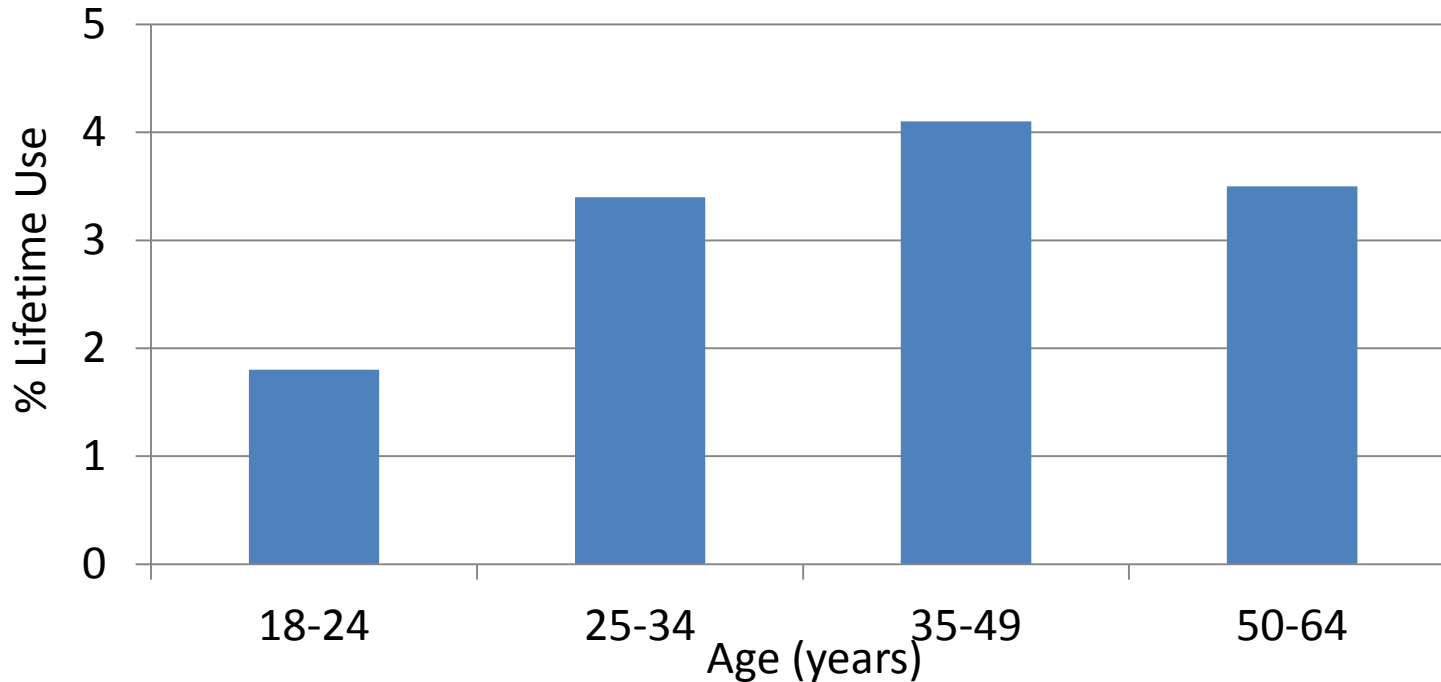


Rates of HCV Diagnoses in Alaska by Age, 2011-2015



Self-Injection Drug Use, 2011, U.S.

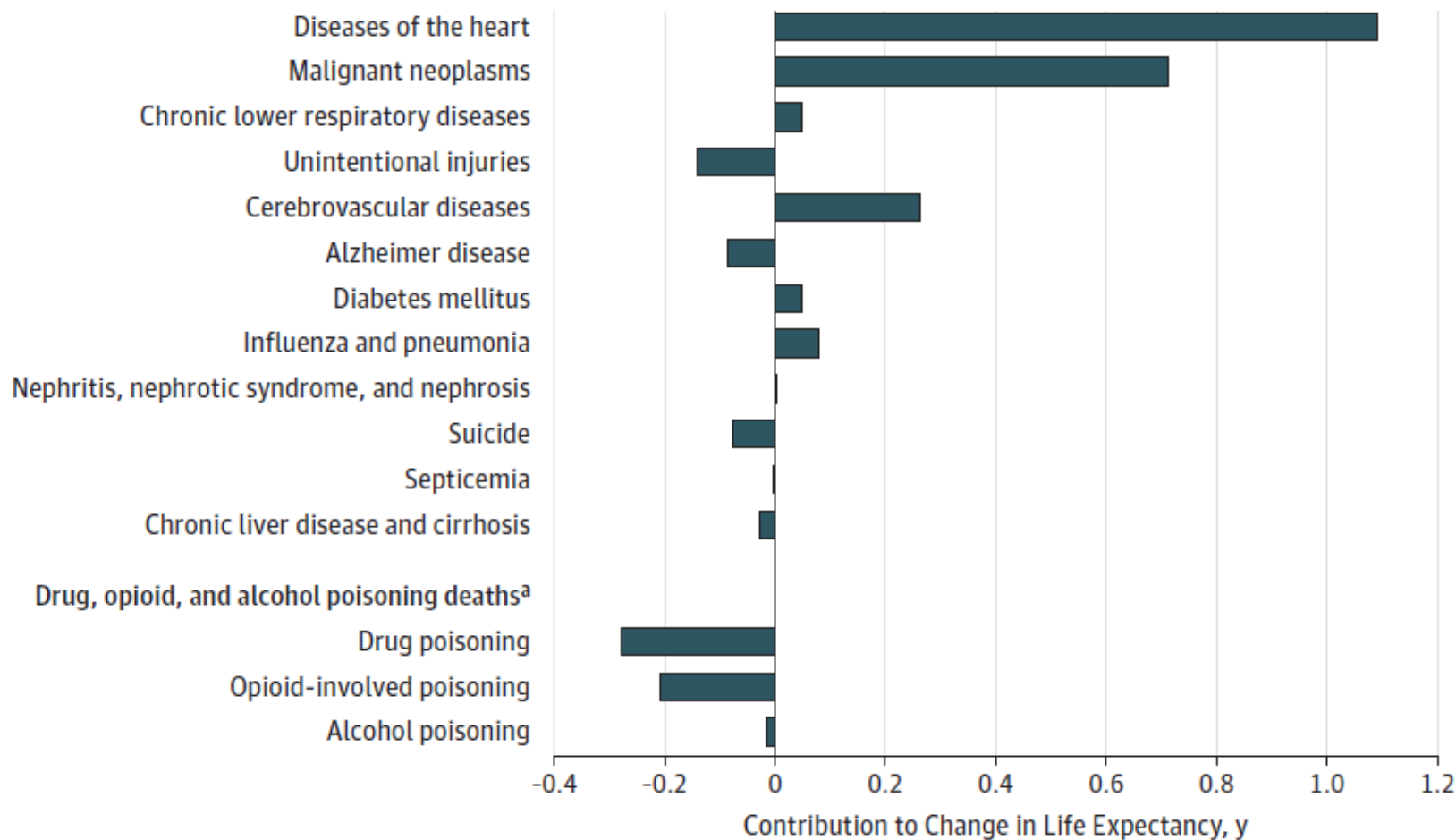
Meta-analysis of National Survey of Family Growth, National Survey of Drug Use and Health, National Health and Nutrition Examination Survey, General Social Survey



- 2.6% of population aged ≥ 13 years \rightarrow 6,612,488
 - 0.3% (774,434) injected during the past year
- **HCV infection rate among persons aged 40-65 years with lifetime use: 43%**

Drivers of Changes in Life Expectancy, US, From 2000 to 2015

12 Leading causes of death (ranked highest to lowest according to No. of deaths in year 2015)



HCV Treatment During MAT and Active Drug Misuse

- 301 treatment-naïve patients with HCV genotypes 1, 4, or 6 *and* receiving opioid agonist therapy
- Patients actively misusing drugs *not* excluded
- Received elbasvir/grazoprevir (Zepatier®) for 12 weeks (randomized to immediate or delayed Rx)
- SVR12: 89.5% to 91.5%
- Adherence (>95% of doses taken): >95%
- At 24 weeks: 6(2.2%) had evidence reinfection
 - 3 of these spontaneously cleared

HCV Treatment During Active Drug Misuse

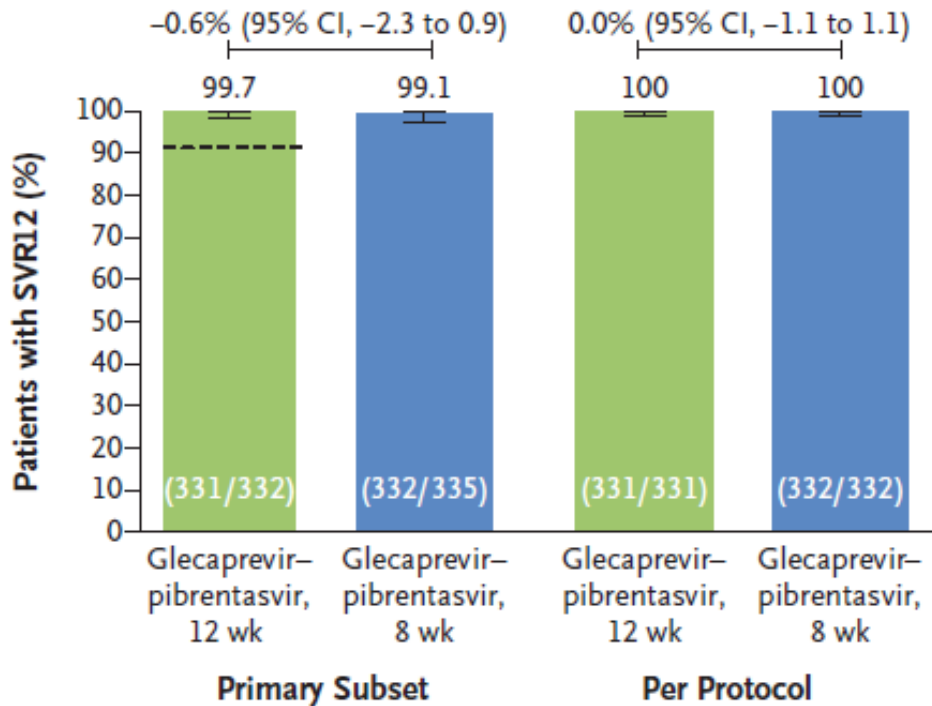
- Open-label phase 4 study (SIMPLIFY)
- 103 participants
 - 9 with cirrhosis
 - 36 GT-1, 5 GT-2, 50 GT-3, 2 GT-4
 - 76 injected in past month, 27 at least daily
- Sofosbuvir/velpatasvir (Epclusa[®]) daily for 12 weeks
- 100 completed treatment; 97 achieve SVR12

IDSA/AASLD Guideline, October 2017

“....no data to support the utility of pretreatment screening for illicit drug or alcohol use in identifying a population more likely to successfully complete HCV therapy. These requirements should be abandoned because they create barriers to treatment, add unnecessary cost and effort, and potentially exclude populations that are likely to obtain substantial benefit from therapy. Scaling up HCV treatment in persons who inject drugs is necessary to positively impact the HCV epidemic in the US and globally.”

Glecaprevir/Pibrentasvir (Mayvret®): Preferred Drug in Alaska Medicaid

A Patients with HCV Genotype 1 Infection



B Patients with HCV Genotype 3 Infection

