

Urgent: Test and Treat People Who Use Drugs for Hepatitis C

Hepatitis C Virus (HCV) challenges and solutions

- In the United States, HCV kills more Americans than all other infectious diseases combined (HIV, TB, etc.).¹
- In Washington state, there are an estimated 59,100 people living with HCV infection, many of whom do not know it.²
- There has been a rise in acute (recent) HCV infections in Washington associated with injection drug use. As a result, Washington has seen increasing rates of newly reported cases of HCV among young adults ages 20–29 in recent years.³
- In the United States, 70% of new HCV infections occur in people who use drugs (PWUD).⁴

This increase in infections occurs at a historic moment in time when we have safe, well-tolerated medications that can cure HCV with a few months of treatment, and there is a statewide initiative to eliminate HCV. One of the challenges to achieving elimination is providing access to HCV cure among persons who use drugs.

In order to achieve our Hep C Free Washington goal to eliminate the public health threat of HCV by 2030, the Washington State Department of Health and the Health Care Authority advise health care professionals to follow evidence-based guidelines when making clinical decisions regarding the treatment of HCV for people who use drugs.

Washington Medicaid's pharmacy policy supports HCV treatment for all

- Any licensed prescriber can screen and treat HCV, including in primary care, without specialist clinical consultation.
- There is no prior authorization for the direct-acting antiviral Mavyret (prior authorization is required if a different medication is clinically indicated) and non-specialists can treat.
- There is no sobriety/abstinence requirement.
- Evidence of fibrosis is not required.
- Labs six months apart to validate chronic infection are no longer required by Medicaid, so patients can be treated and cured in the acute state to avoid transmitting the virus.

Fast Facts: HCV treatment for people who use drugs

- People who use drugs have high rates of medication adherence, achieve high rates of virologic cure, and have low rates of reinfection.^{5, 6, 7, 8}
- The direct-acting antivirals (DAAs) that cure HCV are well-tolerated with minimal side effects⁹ and there are no contraindications between the DAAs and medications for opioid use disorder (MOUD).
- Most people living with HCV can be treated in primary care or community-based settings.
- Eliminating HCV is good for individuals, the health system, and the public's health.¹⁰

In a recent survey of clinicians in Washington, a relatively large proportion of respondents reported serving people who use drugs in their practice. However, a relatively small proportion reported testing or treating them for HCV, despite awareness of drug use as a risk factor for HCV acquisition.

Do not delay: Test and treat today



Test all patients who inject drugs annually for HCV.

Depending on the level of risk, more frequent testing may be indicated.



Treat HCV in people who use drugs, including people who inject drugs.

Active or recent drug use or a concern for reinfection is not a contraindication to HCV treatment. Requiring sobriety as a condition of HCV treatment runs counter to current guidance from the Association for the Study of Liver Diseases and Infectious Diseases Society of America.



Provide nonjudgmental whole-person care and refer to services.

Creating space for patients to have an honest dialogue about their drug use without fear of judgment or denial of services is imperative to provide the best care and health outcomes possible. Refer people who use drugs to harm reduction services, such as syringe service programs and substance use disorder treatment.



Connect with colleagues

Achieving hepatitis C elimination depends on expanding access to cure for all persons, including those who use drugs. To do that, we need to expand the pool of treating providers. There are a number of clinicians treating people who use drugs for HCV in Washington. If you need support to get started, reach out to HepCFreeWA@doh.wa.gov to be connected to your colleagues.

To learn more about Hep C Free WA, visit www.doh.wa.gov/hepcfreewa and <https://www.hca.wa.gov/about-hca/clinical-collaboration-and-initiatives/eliminating-hepatitis-c>.

Resources*

- **HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C** (AASLD/IDSA): Up-to-date guidelines on hepatitis C clinical management.
- **HCV Current Initiative**: Addiction Technology Transfer Center (ATTC) initiative to increase HCV knowledge among medical and behavioral health professionals.
- **UW Viral Hepatitis ECHO**: A project to mentor clinicians in underserved and rural areas treating HCV using telehealth technology.
- **Hepatitis C Online** (CDC-funded): Includes free online continuing medical education (CME) or continuing nursing education (CNE) for providers.
- **UCSF Clinician Consultation Center** (HRSA-funded): Hepatitis C patient management consultations available.
- **How to talk about substance use disorders with your patients** (AMA).
- **Hepatitis C and Injection Drug Use** (CDC) Fact sheet.
- **Syringe Service Programs** (WA DOH) Information on syringe service programs in Washington.
- **Washington Recovery Helpline** (HCA-funded): Resources on medication for opioid use disorder, other treatment options for substance use disorders, and mental health services.

* **Resources** links available on the Eliminating Hepatitis C web page: www.doh.wa.gov/hepcfreewa.



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Notes

- ¹ U.S. Centers for Disease Control and Prevention Newsroom. Hepatitis C Kills More Americans than Any Other Infectious Disease. Accessed November 12, 2017 at <https://www.cdc.gov/media/releases/2016/p0504-hepc-mortality.html>
- ² Center for Disease Analysis Foundation
- ³ Washington State Department of Health
- ⁴ AASLD and IDSA. HCV Guidelines (updated November 6, 2019). Accessed December 6, 2019 at www.hcvguidelines.org
- ⁵ Litwin AH; et al. Successful Treatment of Chronic Hepatitis C with Triple Therapy in an Opioid Agonist Treatment Program. *Int J Drug Policy*. 2015 Oct;26(10):1014-9. <https://www.ncbi.nlm.nih.gov/pubmed/26341685>
- ⁶ Aspinall EJ; et al. Treatment of Hepatitis C Virus Infection Among People Who Are Actively Injecting Drugs: A Systematic Review and Meta-Analysis. *Clin Infect Dis*. 2013 Aug; 57(S2):S80-9. <http://www.ncbi.nlm.nih.gov/pubmed/23884071>
- ⁷ Barocas JA; et al. Experience and Outcomes of Hepatitis C Treatment in a Cohort of Homeless and Marginally Housed Adults. *JAMA Intern Med*. 2017 Jun; 177(6):880-882. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5575839/pdf/nihms899370.pdf>
- ⁸ Grebely J, Haire B, Taylor LE, Macneill P, Litwin AH, Swan T, et al. Excluding people who use drugs or alcohol from access to hepatitis C treatments - is this fair, given the available data? *J Hepatol*. 2015;63(4):779-82.
- ⁹ Yek C, de la Flor C, Marshall J, Zoellner C, Thompson G, Quirk L, et al. Effectiveness of direct-acting antiviral therapy for hepatitis C in difficult-to-treat patients in a safety-net health system: a retrospective cohort study. *BMC Med*. 2017;15(1):204.
- ¹⁰ Martin NK, Hickman M, Hutchinson SJ, Goldberg DJ, Vickerman P. Combination Interventions to Prevent HCV Transmission Among People Who Inject Drugs: Modeling the Impact of Antiviral Treatment, Needle and Syringe Programs, and Opiate Substitution Therapy. *Clin Infect Dis*. 2014 Apr; 58(8):1203. <https://www.ncbi.nlm.nih.gov/pubmed/23884064>