



## San Francisco's ambitious plan to eliminate hepatitis C

For more on **End Hep C SF** see <http://www.endhepcsf.org>

For more on **collective impact** see <http://www.collaborationforimpact.com/collective-impact>

For the **Getting to Zero HIV initiative** see <http://www.gettingtozerosf.org>

For **data on the prevalence of HCV in San Francisco** see *PLoS One* 2018; **13**: e0195575

It is a lofty plan to say the least, but the city of San Francisco (CA, USA) is aiming to become the first in the US to eliminate hepatitis C (HCV) infection among its residents. The campaign, known as End Hep C SF, is the result of a multi-sector collaboration of health officials, hospitals, advocates, and clinicians supporting the effort to treat all individuals who are already infected, stop the spread of the virus, prevent reinfection, and reduce HCV-associated stigma, based on principles of "collective impact".

San Francisco has a history of innovative and ambitious public health efforts. Katie Burk, Viral Hepatitis Coordinator at San Francisco Department of Public Health, explained that they were very inspired by the Getting to Zero HIV initiative that is working to reduce both HIV infections and HIV deaths by 90% by 2020. "We started talking about doing something similar with hepatitis C, now that a curative treatment had become available", she said.

One of the first steps was to reach out to leadership and stakeholders in San Francisco to help form a steering committee, which had its first meeting in 2016. That was followed by outreach to individuals and the formation of work groups, and the first 6 months were spent planning

the strategic planning process to move forward. "We had to decide as an initiative what our mission was, our values, and decide our plan for the next 3 years", said Burk. "That was an important process in forming the identify of End Hep C SF—not just talking about what elimination is but how we wanted to go about getting there."

But to properly measure progress, an estimate of baseline HCV prevalence was crucial, as well as an estimate of active infections in the various subpopulations. An analysis was undertaken, and findings showed that an estimated that 22 000 people living in San Francisco are HCV seropositive, which extrapolates to an overall seroprevalence of 2.5%. Of this group, 12 250 have active HCV infection (RNA viraemic) and have not received treatment. More than two-thirds (67.9%) of those with active infection were intravenous drug users.

Even before this initiative began, Annie Luetkemeyer, an infectious disease physician at Zuckerberg San Francisco General Hospital, pointed out that there had been a real focus and interest in tackling HCV. "Not necessarily elimination because the tools weren't there yet", she said, "but we knew that HCV was disproportionately affecting the most vulnerable populations, such as intravenous drug users, people of colour, and those who were homeless or marginally housed."

Luetkemeyer explained that they need to reach the populations most at risk, and one approach was to expand a primary-care based model to treat patients with HCV. Most patients can be successfully treated in the primary-care setting, and do not need to be treated by a specialist unless their case is more complex. "We are also not just looking at broad-based primary-care treatment in settings where HCV prevalence is high, but getting care to where the patients are, beyond

primary care", she emphasised. HCV care has been successfully expanded to methadone clinics, inpatient drug treatment programmes and syringe access sites, and End Hep C SF is working on expanding to other non-primary-care settings such as homeless shelters. "We are trying to bring as many people as possible who are working with these populations into the conversation, and find creative, sustainable ways to build HCV capacity", she said.

The efforts are paying off. In 2017, End Hep C SF partners were able to perform 3500 HCV tests—a 52% increase from the previous year. Another key target is to increase the availability of HCV treatment, and that was also achieved in 2017, with 15 new sites beginning to offer treatment. Additionally, a county-wide assessment conducted by the group was able to identify gaps in HCV services. Although prices have dropped, the new HCV antiviral agents remain quite expensive. But MediCal, the state-funded health insurance in California for low-income individuals, revamped its protocols in 2016 and removed many of the barriers to reimbursement. This has allowed the majority of patients with HCV to meet the criteria for treatment and be covered for it.

As the programme moves into its third year, priorities include increasing the willingness and capacity of medical providers to offer HCV treatment; expanding the availability of HCV treatment offered at sites outside of primary care, such as syringe exchange sites; and compiling accurate interval data to create an HCV care "cascade" that can track estimated HCV infections, HCV tests delivered, individuals linked to care, and HCV treatment delivered in the city, which will help track overall progress toward HCV elimination.

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