

# Hepatitis B Community Testing during COVID-19

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CATHERINE FREELAND, MPH

PUBLIC HEALTH PROGRAM DIRECTOR

HEPATITIS B FOUNDATION





# Hep B United Philadelphia

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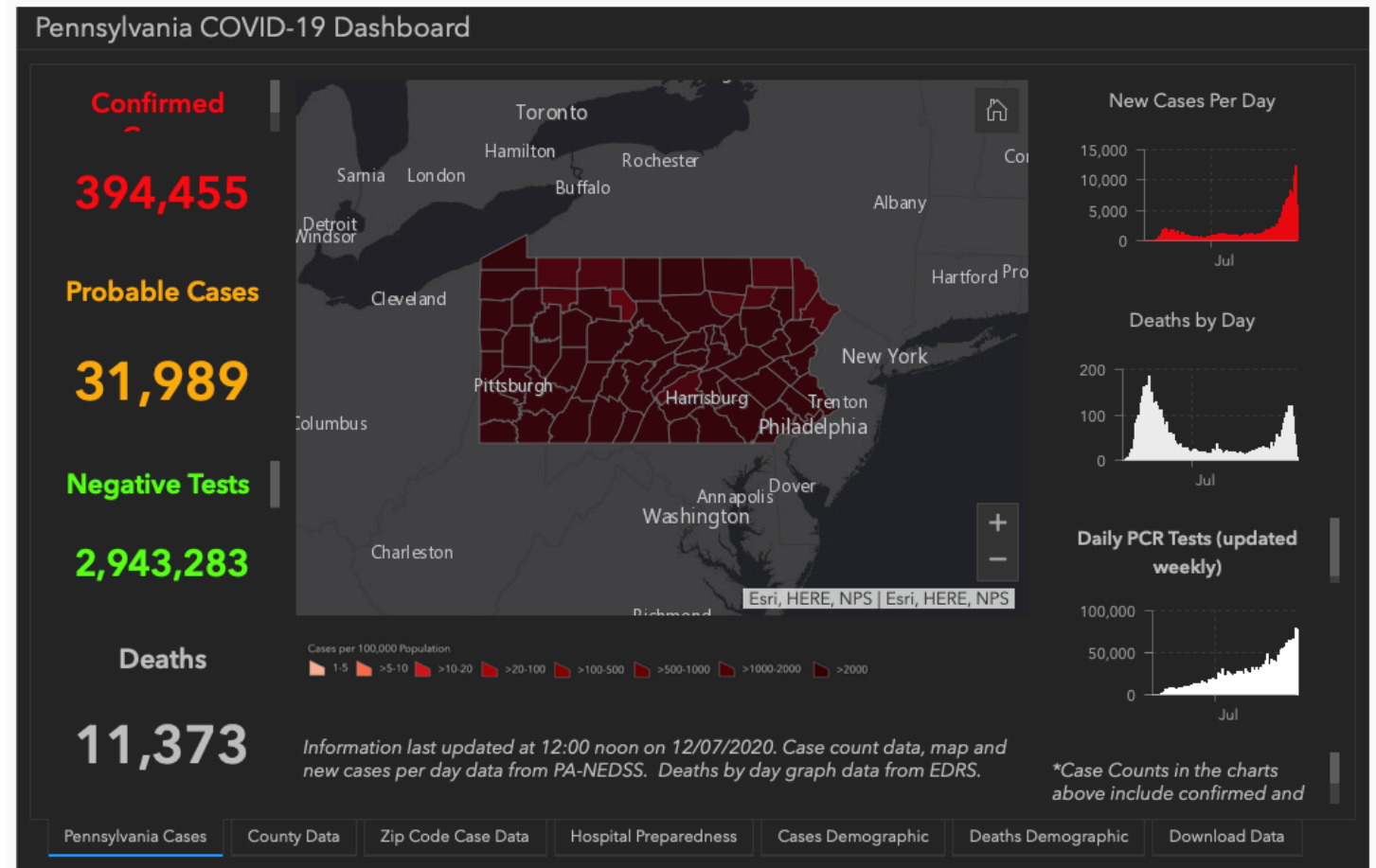
- A local community-owned coalition with over 70 coalition partners throughout Greater Philadelphia, PA led by the Hepatitis B Foundation
- Works with community partners throughout the city to expand awareness, screening and outreach to those vulnerable to hepatitis B.
- Provides free community-based testing, education and resources particularly for those at risk (Asian, Pacific Islander, African, PWID)



# Problem: March 2020

Covid -19 forced us to cancel all our in-person events (we had over 13 on the books through May)

As a result, our free HBV screening and education sessions were put on hold and have been on hold for the past several months due to COVID-19.



<https://www.health.pa.gov/topics/disease/coronavirus/pages/cases.aspx>

# “Contactless Testing for HBV”

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1. Ideally provide education– hep B 101
2. People interested in free HBV testing fill out a google form to collect contact information
3. Within 12-24 hours participants receive an e-voucher for HBV testing at Quest or Labcorp and within a week a hard mailed copy of the testing voucher with instructions on what lab to go to (closest to their address)
4. Participants get tested at Quest or Labcorp
5. After participants are tested HBF gets test results
6. We snail mail the lab results and an explanation letter for their results with \$5 dollars
7. If persons need vaccine or test positive for HBV, we follow up with a phone call and help with individualized linkage to care

# “Contactless Testing” Continued

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- This service is available in Chinese (Mandarin), English and Vietnamese so far
- Medical students assist with linkage to care particularly for those individuals who prefer Chinese language
- We use a third-party company – PALS <https://pals-labs.org> for the direct linkage to the labs
  - This company also offers other testing services ( like COVID testing, Hep A and Hep C testing among many others)
  - Per test ordered the total cost is \$42 (includes HBsAg, HBcAb and HBsAb Quant., phlebotomy at lab, incentive and administration fee)
- We have a standing order from a specialist in Philadelphia who reviews our lab results as needed

# Results So Far

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Participants	Vouchers	Tested
<b>Total N=46</b> Chinese N=28 Vietnamese=18	<b>46 emailed/mailed</b>	<b>Total=15</b> Chinese=12 Vietnamese=3

	HBsAg (+)	HBsAb (-/low)
Chinese	5	2
Vietnamese	0	0
<b>Total</b>	<b>5</b>	<b>2</b>

# Linkage to Care

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- All five individuals positive for HBsAg were also positive HBsAb meaning they were currently infected
- One knew of their infection and needed help finding a doctor, one had a doctor and scheduled an appointment, two were scheduled at local doctors offices, only one had insurance.

# Continuation of this program

- HBUP/HBF will continue to offer this free service beyond COVID-19 to the community and are promoting it in Chinese, and Vietnamese newspapers and community partners in Greater Philadelphia.
- We offered incentives to our partners to promote this screening opportunity.
- There is some hesitation particularly for those undocumented and uninsured. People are afraid to get tested for fear of the costs associated with being positive for HBV.



**FREE** XÉT NGHIỆM  
VIÊM GAN B MIỄN PHÍ  
**HEPATITIS B  
TESTING**

Đăng Kí Tại Đây



Thêm thông tin:

- Điền vào biểu mẫu
- Đến phòng thí nghiệm kiểm tra gần nhất
- Nhận kết quả của bạn qua thư với giải thích về kết quả của bạn
- Nhận một voucher đi lại miễn phí

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nếu có bất kỳ câu hỏi nào





# Contact Information

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# Questions/Comments?

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# Telemedicine & Chronic Hepatitis C

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Tuesdae Stainbrook, DO MPH



# Telemedicine

has been recognized by the CDC as an opportunity to expand identification, link to care, and treat persons living with HCV in order to help attain HCV 2030 goals

# Telemedicine

## Advantages

- Convenience
- Time (no missed work)
- Rural location (travel)
- Privacy and confidentiality
- Access to physicians that would not usually be available
- Cost

## Disadvantages

- Rural (poor connectivity)
- Poor (lack of smart device/internet)
- Elderly
- No face-to- face relationship
- Limited physical exam
- Payment



# Availability

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- 96% owning a cellphone (81% have smartphones)
- 75% people have computers as well as broadband internet service at home

# Evidence

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- several studies have analyzed the outcomes of patients being managed via telemedicine encounters and consistently found similar SVR12 cure rates compared to standard clinic visits
- One study reported no difference in SVR12 cure rates with DAA regimens (94.7% vs 94.8% for telemedicine and hospital outpatient clinic patients, respectively) despite the telemedicine cohort having significantly more patients with a history of injection drug use, excess alcohol use, and incarceration.
- Studies have also shown an increase in treatment initiation, decrease in time to treatment, and a greater treatment completion with the use of telemedicine for HCV care.
- An analysis of a 2020 systematic review of literature of eHealth interventions for the management of HCV infections reported higher patient satisfaction among patients in telemedicine groups

# My challenges

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- Pre-paid smart phones
- Poor Internet access- freezes/delay
- No cell phone
- Elderly
- Initial set up (must download an app)
- Personal connections are lost
- Limited exam
- Technology challenged people
- Difficult sometime to explain things



# PA Hepatitis Elimination Planning Stakeholder Summit

Danica Kuncio, MPH

Philadelphia Department of Public Health

December 11<sup>th</sup>, 2020



Department of

**Public Health**

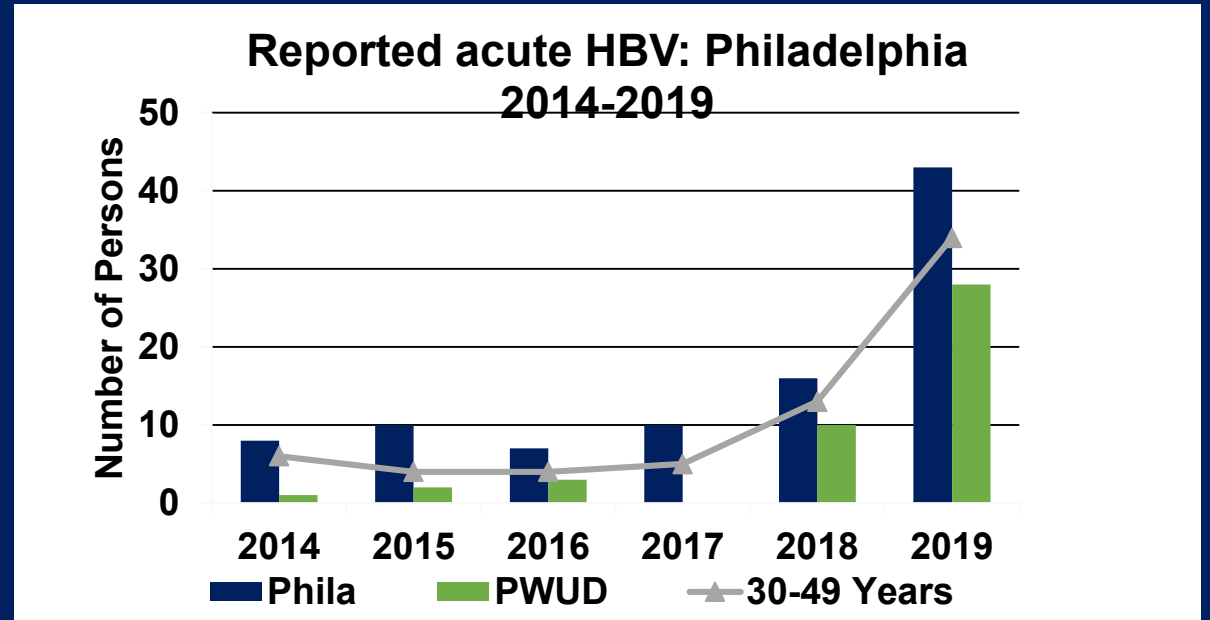
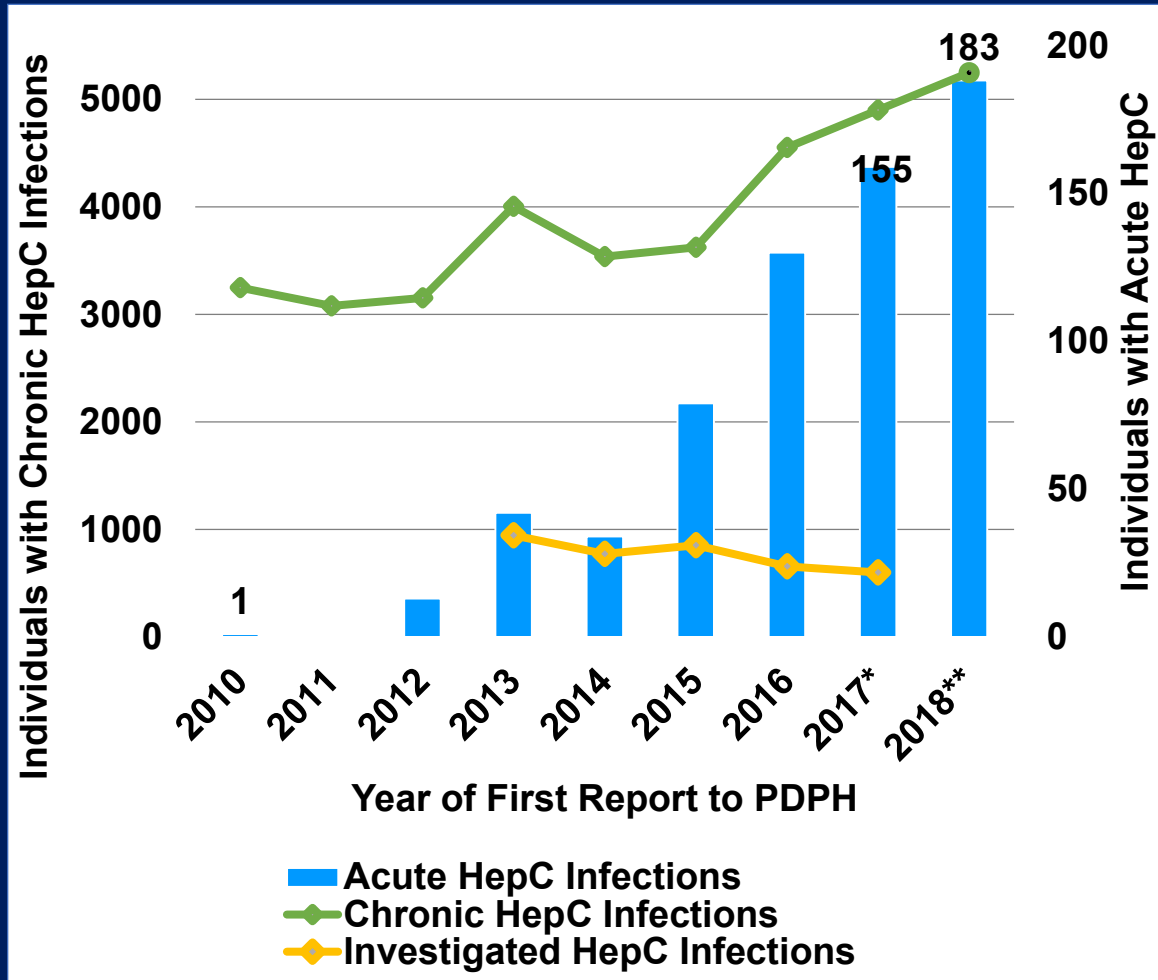
CITY OF PHILADELPHIA

# Enhanced Surveillance in Philadelphia

- Hepatitis registry
  - Includes Undetectable HBV DNA and HCV RNA results
- Follow-up by PDPH staff
  - A subset of newly reported individuals
  - Interviews of patient and provider as a part of enhanced surveillance
- Epidemiology
  - Three epidemiologists on staff to support data collection and analysis



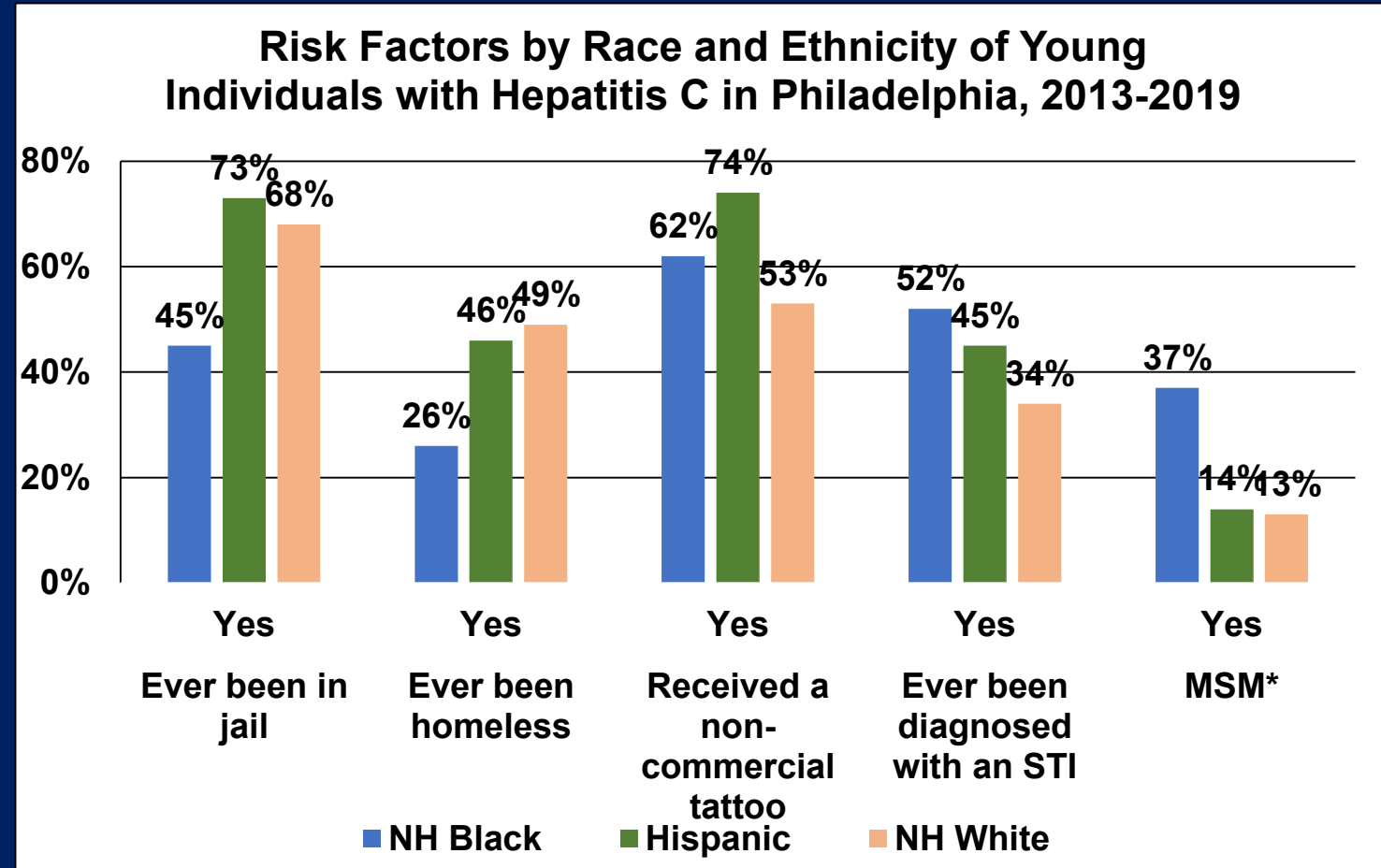
# Acute Disease and Outbreak Identification



- Identify more acute infections with increased and novel monitoring
- Drill down on populations where increases or outbreaks are seen

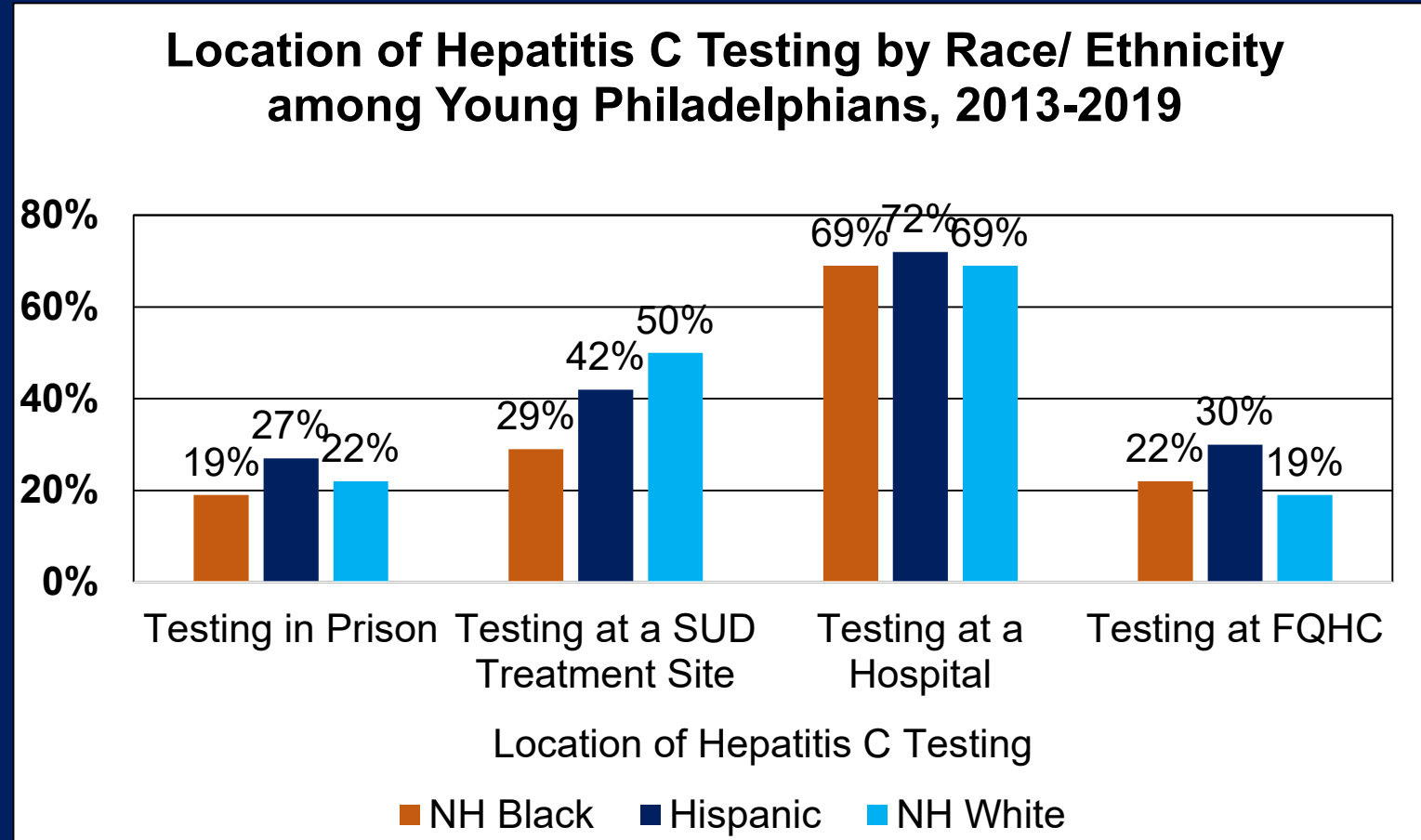
# Risk Factor and Race Data

- Risk and race information can inform services needed
- Also highlight potential routes or places of transmission and prevention needs
- Address health disparities



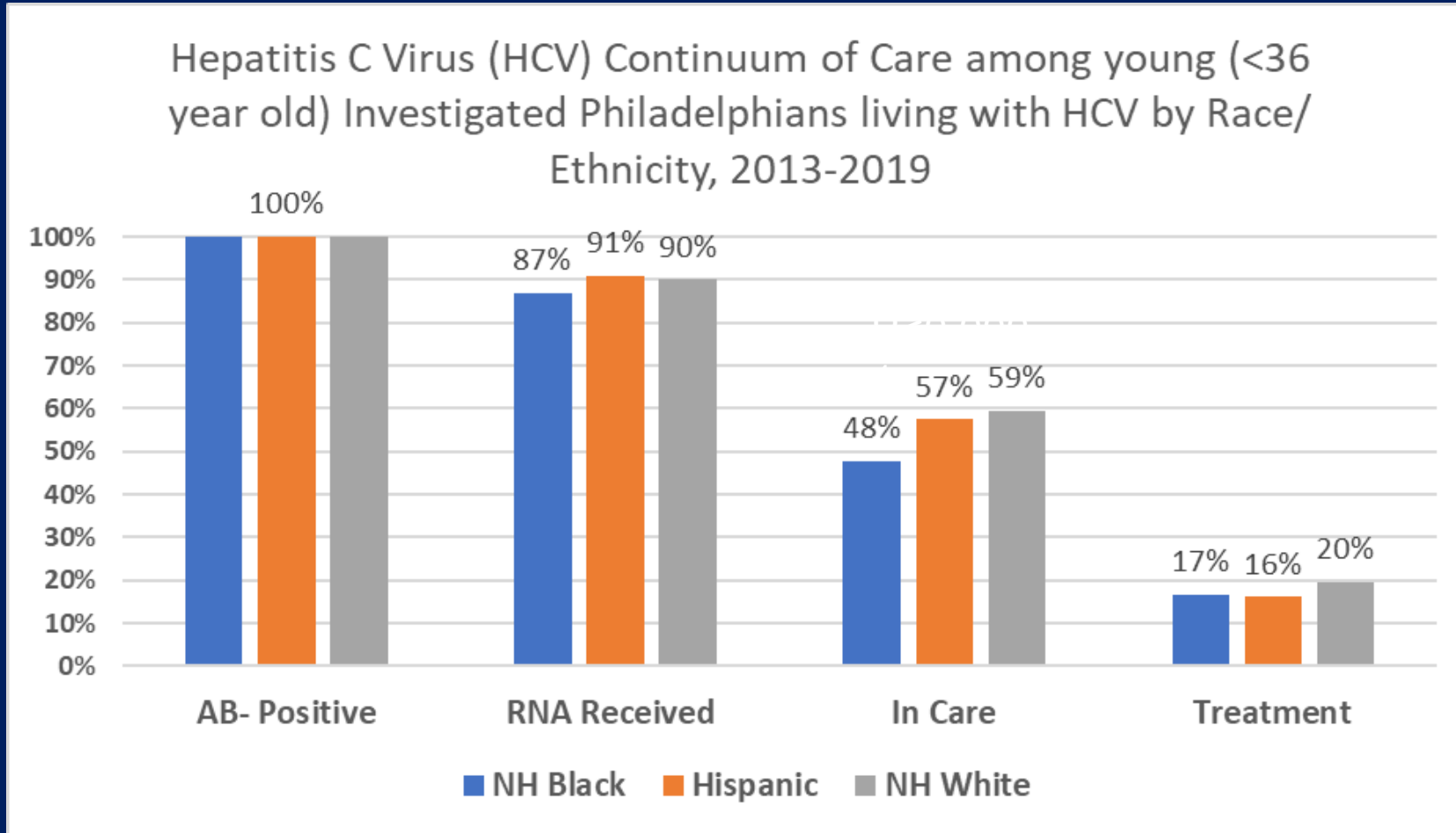
# Risk and Demographic Data

- Understanding where testing is being done and of whom
- Thinking about how priority populations are accessing care



Note: The testing categories are not mutually exclusive

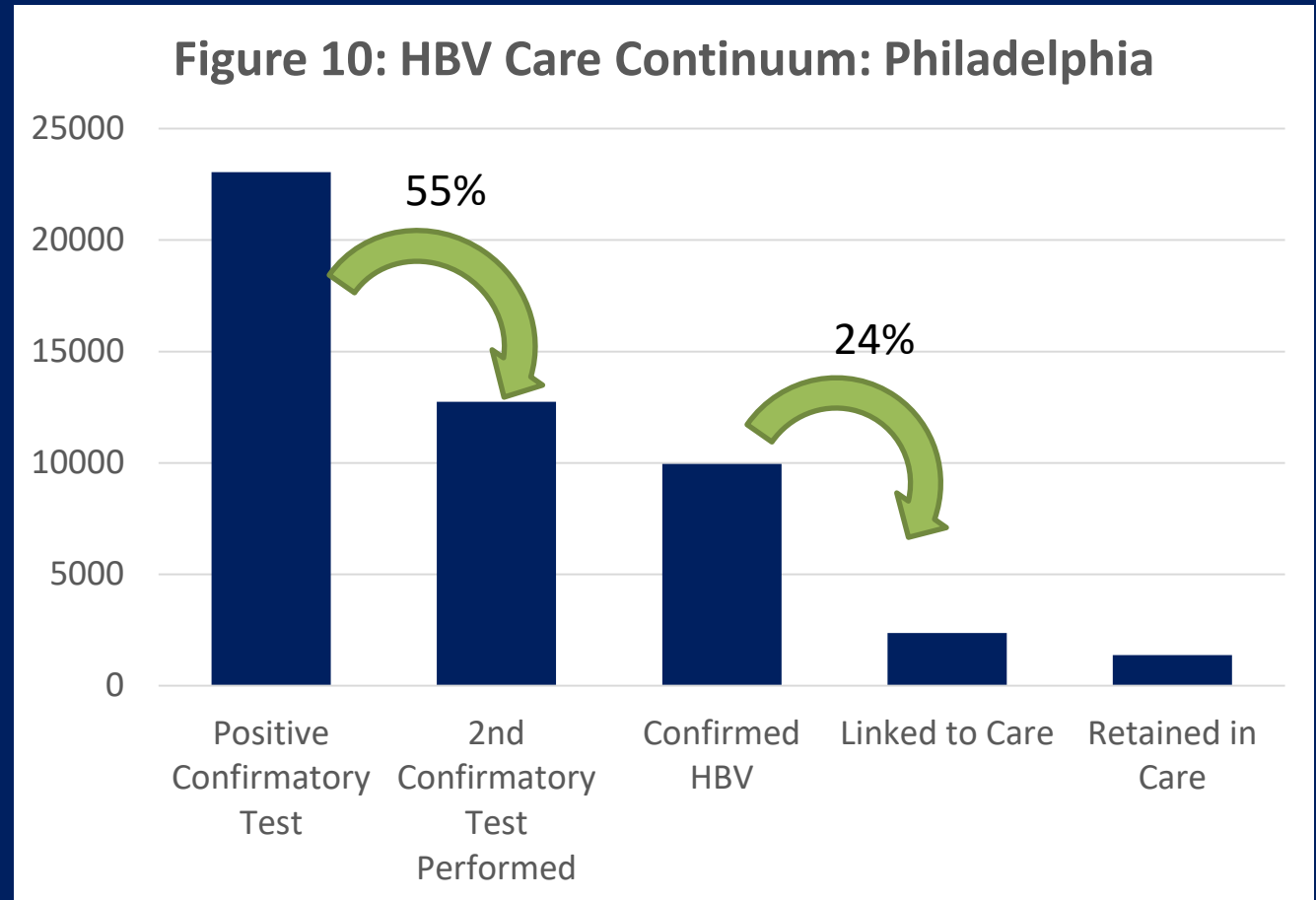
# Hepatitis C Continuum of Care



- Over time, greater proportion receiving HCV RNA
- Fewer NH black individuals were in care compared to Hispanics and NH White individuals.
- However, fewer Hispanics accessed antiviral treatment compared to NH Black and NH White individuals (P=0.04).

# Hepatitis B Continuum of Care

- Working on HBV CoC development
  - Challenges with algorithms: NOT FINAL
- Shows meaningful drop offs for linkage to HBV care and retention
- Target linkage to care improvements

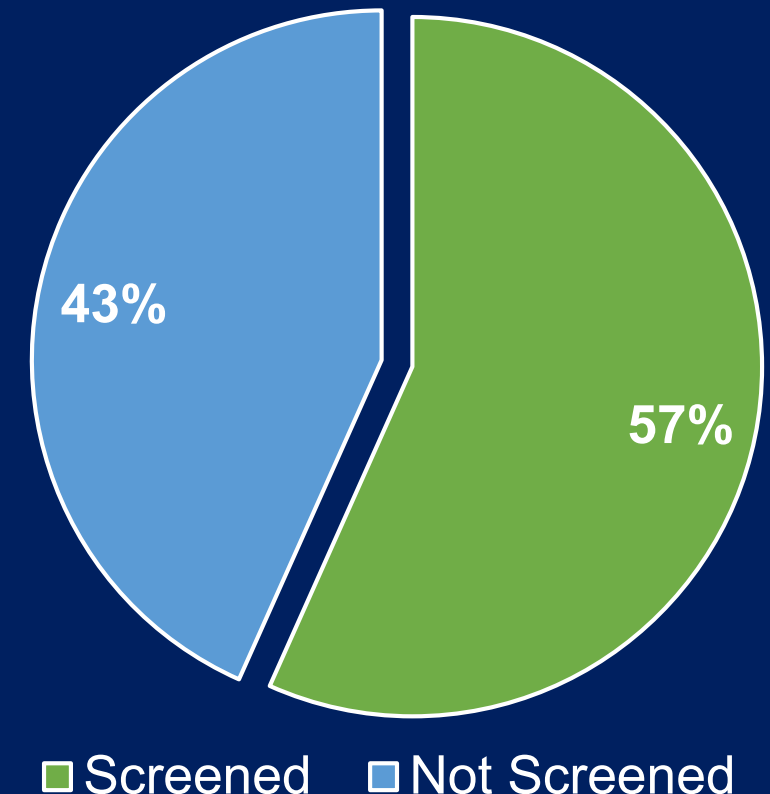




# Patient and Provider education needs

- Interactions with patients and providers flag gaps in knowledge
- Providers misinterpreting HBV testing: telling patients they don't have an infection or don't need to do anything about it
- Providers who only order HCV Ab and not HCV RNA
  - Target for education on reflex testing
- HBV and HCV screening tests in exposed infants often mis ordered

HCV screening rates of children whose birth parents were engaged in the Philadelphia perinatal hepatitis C program, 2016-2018



# Thank You and Questions

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