

**HIV Integrated Planning Council
Positive Committee
Monday, September 10, 2018
12-2 pm**

Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia, PA 19107

Present: PH (19), NJ (4), PA (1)

Guests: Amy Hueber

Staff: Nicole Johns, Stephen Budhu

Call to Order: K. Carter called the meeting to order at 12:00pm. Those present then introduced themselves and participated in an ice breaker activity.

Approval of Agenda: K. Carter presented the agenda for approval. **Motion:** J. W. moved, D.G. seconded to approve the agenda. **Motion Passed:** All in favor.

Approval of Minutes: K. Carter presented the minutes for approval. **Motion:** J. W. moved, M. W. seconded to approve the minutes. **Motion Passed:** All in favor.

Report of Chair: No report

Report of Staff: N. Johns reminded the committee the HIPC will meet Thursday, September 13, 2018. Within the meeting the council will discuss bylaws changes, host a co-chair election, and also Dr. Bauermeister will present. Dr. Bauersmeister specializes in research with young MSM's access to services. She explained his research has been targeted to identify gaps/barriers in services, and he uses data from "secret shopper" screenings to identify those gaps/barriers in service.

K. Carter mentioned D.G. and he have been actively doing outreach on behalf of the Positive Committee. He explained that the idea is to get younger persons of color to attend Positive Committee meetings as well as Planning Council meetings. D.G. added he wanted to encourage all those present to attend HIPC meetings and to become members of the Planning Council. For those who are interesting in applying, hard copies are available in the office or the application can be printed online at hivphilly.org

N. Johns stated K. Carter's co-chair term would be coming to an end in October 2018, at that point the committee could host co-chair nominations in October and elections in November. K. Carter can remain chair if he is nominated and then re-elected.

Public Comment: J. M. informed the committee about the a new RW provider that has been in the PGN newspaper. He urged the committee to inform themselves about the agency and asked the committee to proceed with caution when dealing with that particular provider. The committee discussed that agency and inquired about their services. J.M. noted they had some interesting practices and were not "pro-PrEP". He suggested this conversation could be discussed in the Planning Council meeting that is upcoming. The committee agreed.

Special Presentation: HIV 101 — *Amy Hueber, Hepatitis C Coordinator*

A. Hueber greeted the committee and shared the key points for her presentation. She explained she would review the different types of Hepatitis (A, B, C), their treatments, and the HCV public health burden. She informed the committee she is a part of the C-YA initiative at AACO, which is focused on eliminating co-infection of Hepatitis C and HIV in Philadelphia.

A. Hueber explained there are three types of the Hepatitis virus, in all cases they cause damage to the liver. When someone is infected with Hepatitis, extensive damage to the liver can occur. Damage or scarring to the liver is known as fibrosis, extensive scarring is known as cirrhosis. She explained the liver can regenerate itself, except when there is extensive scarring present. Extensive scarring may lead to liver failure and/or liver cancer.

A. Hueber stated Hepatitis is known as the silent killer, since symptoms may go unnoticed in those who are infected. Symptoms may include: jaundice, abdominal pain, loss of appetite, nausea, fever, diarrhea and fatigue

A. Hueber explained Hepatitis A (HAV) is spread through the fecal contamination of food or water. She explained Hepatitis A is not a common infection in the United States and your body may naturally pass the infection without treatment. She added there is an HAV vaccine that is recommended for: travelers to areas of the world with increased Hepatitis A infection, MSM, those with blood clotting problems, injection drug users, or anyone with long-term liver disease.

A. Hueber explained Hepatitis B. It is spread when people come in contact with the blood, open sores, or body fluids of someone who has the Hepatitis B (HBV) virus. In most cases infections don't last a long time. Your body fights it off within a few months, and you're immune for the rest of your life. HBV is spread through unprotected sex, blood to blood transmission, or sharing needles or syringes. Like HAV, there is a vaccine to prevent HBV.

A. Hueber reviewed Hepatitis C (HCV). She explained unlike the other types of the Hepatitis virus, HCV does not have a vaccine, but treatment is available. HCV is spread from blood to blood contact, needles/syringes, and perinatal transmission. She noted HCV can be sexually transmitted in some cases. M.W. asked why is HCV rising in the MSM population. A. Hueber replied MSM may get exposed to the HCV while engaging in anal sex, similar to HIV anal sex represents a significant transmission risk. She explained the "baby-boomer" generation is at risk for Hepatitis C infection, primarily because blood used for transfusions was not screened for HCV until 1992. M.W. asked how long can HCV live outside of the body. A. Hueber replied HCV can live up to 72 hours outside the body on a fomite. It can live up to 14 days when left in a syringe.

A. Hueber reviewed the differences between HCV and HIV testing. She stated both tests involve an antibody screening (finger prick), but unlike HIV, HCV tests require a blood test if the antibody test is positive. She added it has been observed those who are younger who have been infected with HCV may be able to clear the infection without treatment. Not much is known about the mechanism for clearing the virus. On average less than 20% of people who are infected with HCV can pass the virus without treatment.

A. Hueber reviewed national and localized HCV statistics. From 2016, it is estimated that 3.5-5 million people have been infected with HCV nationally, and about 50% of those infected are undiagnosed. There are about 67,000 new HCV cases and 20,000 deaths per year. HCV is the primary cause of liver cancer, liver transplantation, infectious disease death It is estimated that 54,000 people are infected with HCV in Philadelphia. Of those 54,000, 2,929 persons are co-infected with HCV and HIV. Of those who are coinfecting, 72% are male. 65% of the total number of coinfections are in persons 50 and over. Black MSM make up 58% of all the coinfecting cases in Philadelphia.

A. Hueber explained the prevalence of HCV has been on the rise nationally; more young people are getting infected with HCV due to the opioid epidemic. It is estimated that the 85% of HCV cases observed in those who are under 30 can be linked to injection drug use. K. Carter asked about routine

testing. A. Hueber explained routine testing is only recommended for individuals aged 45-64 under current guidelines. Everyone should be screened for HCV but that will take activism to change the current guidelines.

A. Hueber reported nationally only 3% of people infected with HCV actually receive treatment. She reiterated only 50% at best get tested for HCV, so there's a huge drop off in the continuum. She noted the funding for HCV treatment is not adequate so there are systematic barriers to treatment. She stated there is a cure for HCV, but many cannot access care. She added the continuum is improving for those who are infected within Philadelphia. 61% of those who received a positive confirmatory test have received treatment as of 2017, and 36% have been cured of infection.

A. Hueber briefly reviewed the risk factors for those who are coinfecting with HCV and HIV. She explained HCV does not increase the spread of HIV; however, HIV can increase the viral load of HCV.

A. Hueber reviewed HCV treatment. She explained earlier in the 1990s interferon was used to treat HCV, and its efficacy versus its side effects was poor; efficacy was around 10%. After interferon, Ribavirin was introduced in 1998 and treatment efficacy rose to about 30%. In 2001, peginterferon was introduced and treatment success rate rose to around 50%. The current treatment, that was released in 2015, efficacy is over 95%. Most people are cured within 8-12 weeks, with minimal, if any side effects. Unlike earlier treatments, treatment is now completely oral, interferon injections are no longer used. K. Carter asked if treatment for those who are re-infected with HCV is covered by insurance. A. Hueber replied yes, those who are re-infected can receive treatment and those who are insured through Medicaid will be fully covered.

A. Hueber reviewed the Medicaid access report for Pennsylvania. She stated on an A-F scale, Pennsylvania received an A-. She explained people can be treated with any stage of liver health. Formerly people would have to have a fibrosis score of F3 (F score is out of 4; greater number means greater severity) in order to be treated. Currently the treatment stipulations have been expanded to anyone who tests positive for HCV, regardless of liver health at the time of treatment.

A. Hueber briefly reviewed the HCV medications. She noted Harvoni was the most well-known, but noted there were a few other brands that have the same efficacy. For more information about available HCV medications visit: <https://www.positivelyaware.com/hcv-drug-guide>.

A. Hueber concluded her presentation by listing some websites that would be useful resources for up-to-date HCV data and treatment availability and other info. The websites are as follows:

- www.hcvguidelines.org
- <https://www.hep-druginteractions.org/>
- <https://aidsetc.org/hivhcv>

Action Items: None

Discussion Items: None

Old Business: None

New Business: None

Announcements: G. T. announced the woman's support group at the Bebash is hosting a fund raiser on Wednesday, September 12, 2018. Funds will be used to take the support group to the aquarium.

D.G. announced the Elder Initiative is hosting a “Successful Aging with HIV” conference on Tuesday, September 18, 2018 from 12-1:30pm. The event will be held at the Church of St. Luke & the Epiphany at 330 S. 13th St, Philadelphia, PA 19107. Refreshments and lunch will be provided. RSVP is required for those who are interested.

J. W. announced the annual Philadelphia AIDS Walk is on Sunday, October 21, 2018. To participate in the walk you can register online at <http://www.aidswalkphilly.org>.

J. Murdock thanked those present for their participation in the school drive at Philadelphia FIGHT.

Adjournment: Motion: J. W. moved, G. T. seconded to adjourn the meeting at 1:40pm. Motion Passed: All in favor.

Respectfully submitted by,

Stephen Budhu, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes
- OHP Calendar