

# Beating Hepatitis C: Closing Gaps in the Cascade

Carolyn Chu, MD, AAHIVS & Cristina Gruta, PharmD, AAHIVP  
Clinician Consultation Center

May 21, 2018

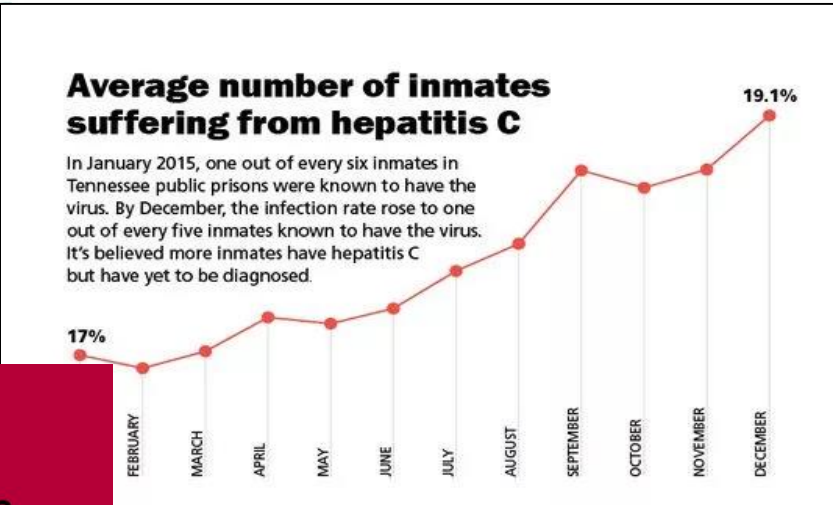
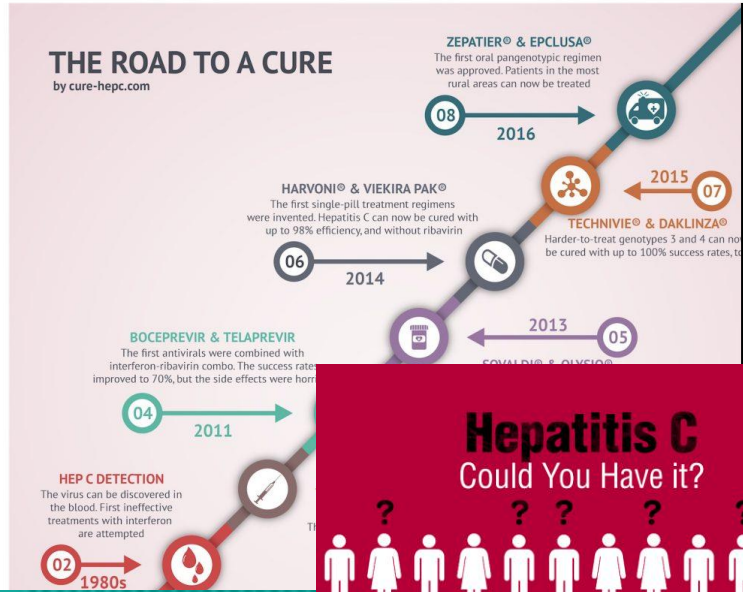
# Disclaimer

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# Disclosures

- Dr. Chu has no conflicts of interest to disclose.
- Dr. Gruta has no conflicts of interest to disclose.

# Hepatitis C: What have you heard?



THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLORADO

Civil Action No. \_\_\_\_\_

**ROBERT CUNNINGHAM**, on behalf of himself and all others similarly situated,  
Plaintiff,

v.

**SUSAN E. BIRCH**, in her official capacity only as Executive Director of the COLORADO STATE DEPARTMENT OF HEALTH CARE POLICY & FINANCING,  
Defendant.

CLASS ACTION COMPLAINT

For his Class Action Complaint against Defendant, Plaintiff alleges as follows on behalf

**ACLU CLASS ACTION LAWSUIT**

## Hepatitis C

Could You Have it?

Up to **75%** of people living with Hepatitis C **DO NOT KNOW THEY ARE INFECTED**

Many people can live with **HEPATITIS C** for **DECADES** WITH **NO SYMPTOMS**

**HEP C Blood Test**

**CDC recommends anyone born from 1945-1965 GET TESTED**

### PREGNANT AND LIVING WITH HEPATITIS C?

TALK TO YOUR DOCTOR SO YOU CAN GET THE CARE YOU AND YOUR BABY NEED

QUESTION? CALL THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH AT 215-685-6493

### DID YOU PASS ALONG YOUR HEPATITIS C?

DO YOU HAVE HEPATITIS C? ASK YOUR DOCTOR ABOUT TESTING YOUR BABY TODAY

QUESTION? CALL THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH AT 215-685-6493

TESTED	NOT TESTED
<p>KNOWING YOU HAVE HEPATITIS C can help you make important decisions about your health</p>	<p><b>LEFT UNTREATED, HEPATITIS C</b> can cause liver damage and <b>LIVER FAILURE</b></p>
<p>Many people can get <b>LIFESAVING CARE AND TREATMENT</b></p>	<p>HEPATITIS C is the <b>#1 CAUSE OF LIVER TRANSPLANTS</b></p>
<p>Successful treatments can <b>ELIMINATE THE VIRUS</b> from the body</p>	<p>HEPATITIS C is a leading cause of <b>LIVER CANCER</b></p>

# Why should I care about hepatitis C?

- Treatment has been revolutionized over the past few years
- Numbers of new infections are rising, despite recent attention to this important public health issue
- PBHCI/PIPBHC grantees play an extremely important role in engaging clients in prevention, screening/testing, treatment initiation, and treatment completion
- We all can help “eliminate hepatitis C”



<https://www.cdc.gov/nchstp/newsroom/2017/Hepatitis-Surveillance-Press-Release.html>

Image: Clinical Care Options

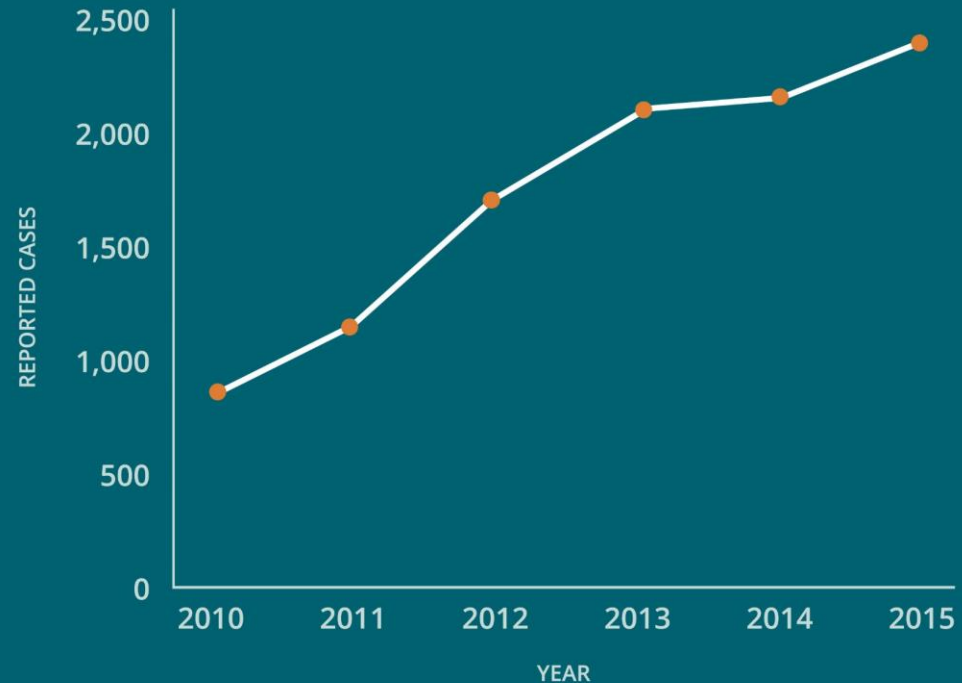
# Learning objectives

- Identify **risk factors** for HCV acquisition and transmission
- List steps in the **HCV Care Continuum** and why **screening is vital to eliminating HCV**
- Understand how to **incorporate HCV screening** as a part of integrative practice
- Increase awareness of how PBHCI/PIPBHC grantees can **support patients living with, and/or at risk for, hepatitis C**



# Epidemiology update

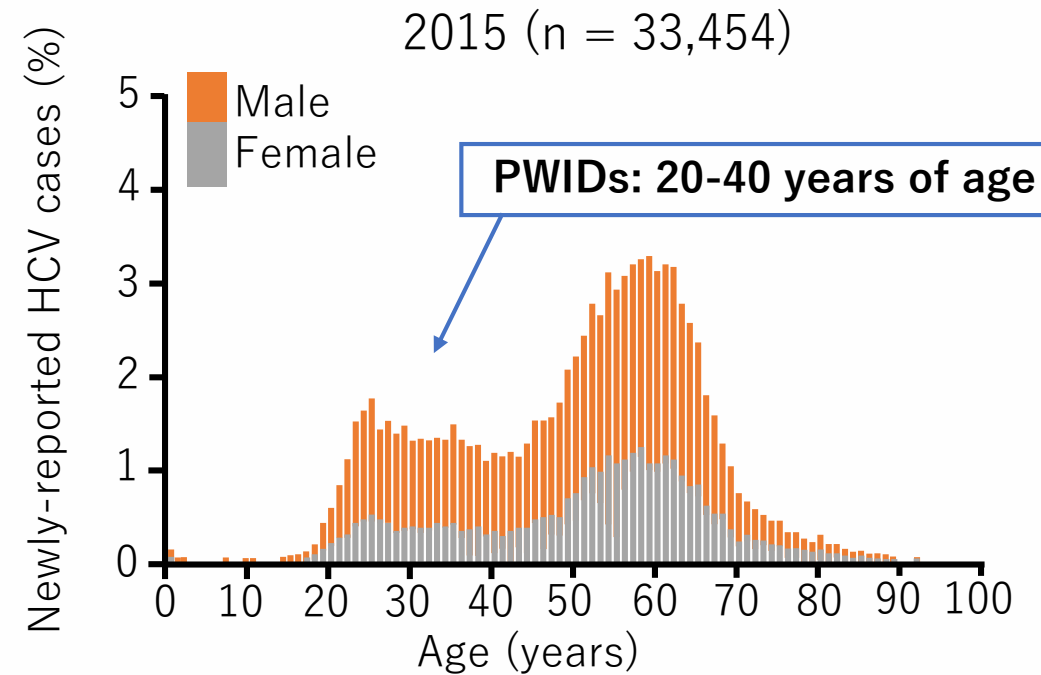
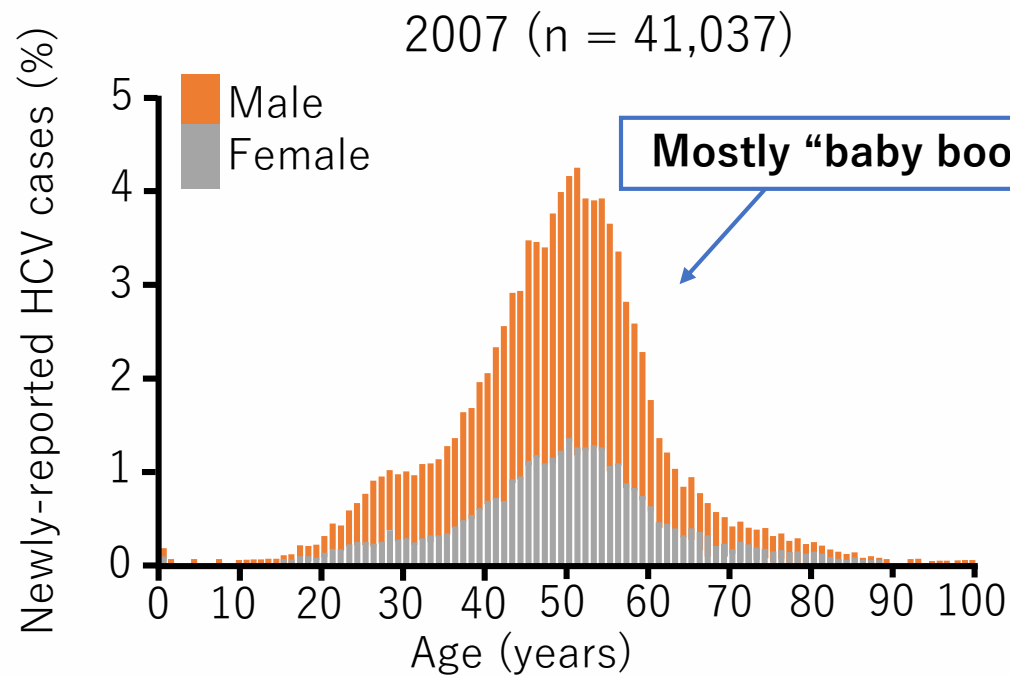
**NEW HEPATITIS C  
INFECTIONS HAVE  
NEARLY **TRIPLED**  
SINCE 2010**



GIVEN LIMITED TESTING AND UNDERREPORTING, CDC ESTIMATES THE ACTUAL NUMBER OF AMERICANS NEWLY INFECTED IS **34,000**

Source: Centers for Disease Control and Prevention

# Taking a closer look...



- Screening → linkage to HCV care → treatment cascade must work for all who are at risk
- Treatment of Person Who Inject Drugs (PWIDs) + harm reduction efforts are **essential** for HCV elimination efforts

California Department of Public Health. Chronic hepatitis C infections in California: cases newly reported through 2015. June 2017.



Slide credit: [clinicaloptions.com](http://clinicaloptions.com)

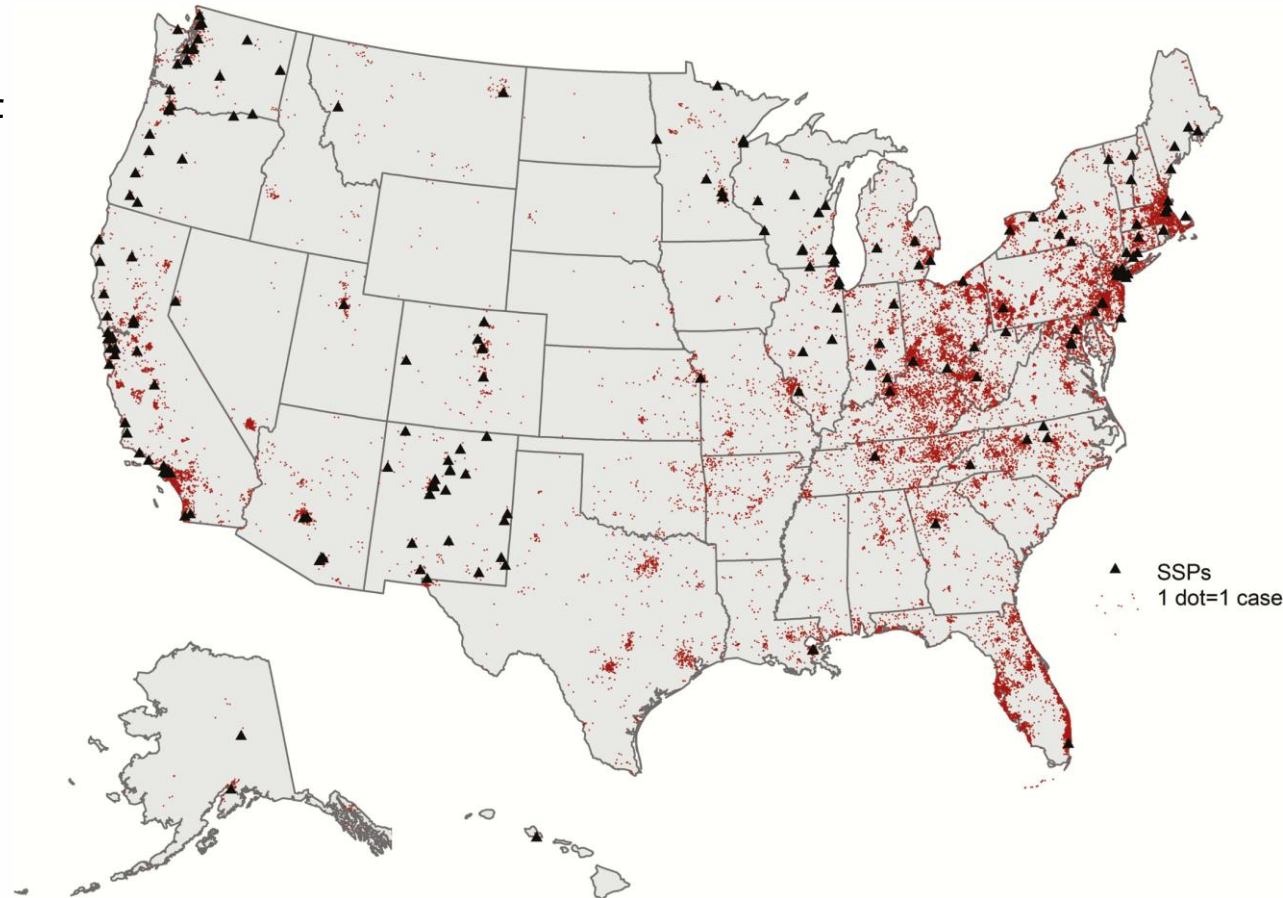
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# Access to prevention

2017 study: 80% of young people with HCV live > 10 miles from syringe service program (SSP)



From: Geographic Disparities in Access to Syringe Services Programs Among Young Persons With Hepatitis C Virus Infection in the United States

Clin Infect Dis. 2017;65(3):514-517. doi:10.1093/cid/cix333

Clin Infect Dis | Published by Oxford University Press for the Infectious Diseases Society of America 2017.

This work is written by (a) US Government employee(s) and is in the public domain in the US.

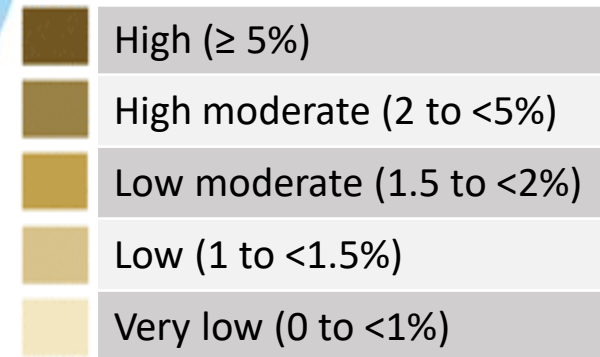
# What increases someone's risk?

- Injection drug use (current or former); intranasal drug use
- Born between 1945-1965
- Receiving tattoos or body piercings in unregulated setting (i.e. non-sterile equipment use), such as during incarceration
- Receipt of blood, blood product, or organs before 1992; or receipt of blood/product/organ from donor with HCV
- Long-term hemodialysis
- Occupational exposures (e.g., healthcare workers & needlesticks)
- HIV infection
- Perinatal exposure (maternal HCV)
- Sharing certain household items (e.g., razor) with a person who has HCV
- Having unprotected sex with someone living with HCV (esp. MSM)

# Worldwide epidemiology



## Prevalence



# Q: How can I talk with clients about their risk?

A: In much the same way you talk about their behavioral health!

- **Open, non-judgmental** approach
- Use **plain words**
- Important to use person centered language to prevent **perpetuating bias** against hepatitis C or associated risk behaviors
- Exploring someone's risk (or perception of risk) often taps into **sensitive content** such as sexual and substance use history
- Try to identify **client's goals** for the discussion – pay attention to their **reactions, beliefs, concerns**
- Might help to start conversation with: “What have you heard about hepatitis C?”...“Can I help you with getting tested?”



### eligibility.

OLD	NEW
	
STRICT REQUIREMENTS	ANY ADULT WITH A MEDICARE CARD

**new** hep c treatment things have changed.  
Ask your doctor about starting hep c treatment now.

FOR MORE INFORMATION [WWW.FACEBOOK.COM/OURVIC.TREATME](http://WWW.FACEBOOK.COM/OURVIC.TREATME)  
#treatme 

### side effects.

OLD	NEW
	
DEBILITATING	MINIMAL

**new** hep c treatment things have changed.  
Ask your doctor about starting hep c treatment now.

FOR MORE INFORMATION [WWW.FACEBOOK.COM/OURVIC.TREATME](http://WWW.FACEBOOK.COM/OURVIC.TREATME)  
#treatme 


### duration.

OLD	NEW
	
6-12 MONTHS	8-24 WEEKS

**new** hep c treatment things have changed.  
Ask your doctor about starting hep c treatment now.

FOR MORE INFORMATION [WWW.FACEBOOK.COM/OURVIC.TREATME](http://WWW.FACEBOOK.COM/OURVIC.TREATME)  
#treatme 

### cure rate.

OLD	NEW
	
0-50% SUCCESS	95-98% SUCCESS

**new** hep c treatment things have changed.  
Ask your doctor about starting hep c treatment now.

FOR MORE INFORMATION [WWW.FACEBOOK.COM/OURVIC.TREATME](http://WWW.FACEBOOK.COM/OURVIC.TREATME)  
#treatme 



# LIVE HEP C FREE




**PREVENT**  
**TEST**  
**TREAT**

**HEP C**  
LIVE HEP FREE

Hep C is a virus that can damage your liver and make you very sick. You can do things to... avoid getting it... be tested for it... be cured of it and **live hep C free.**


## HEPATITIS C can lead to liver disease and cancer



### Get Tested. Get Cured!

If you were born between 1945 and 1965, you are at risk for Hep C.

For more info, visit [nyc.gov/health/hepatitis](http://nyc.gov/health/hepatitis) or text LIVER to 877877



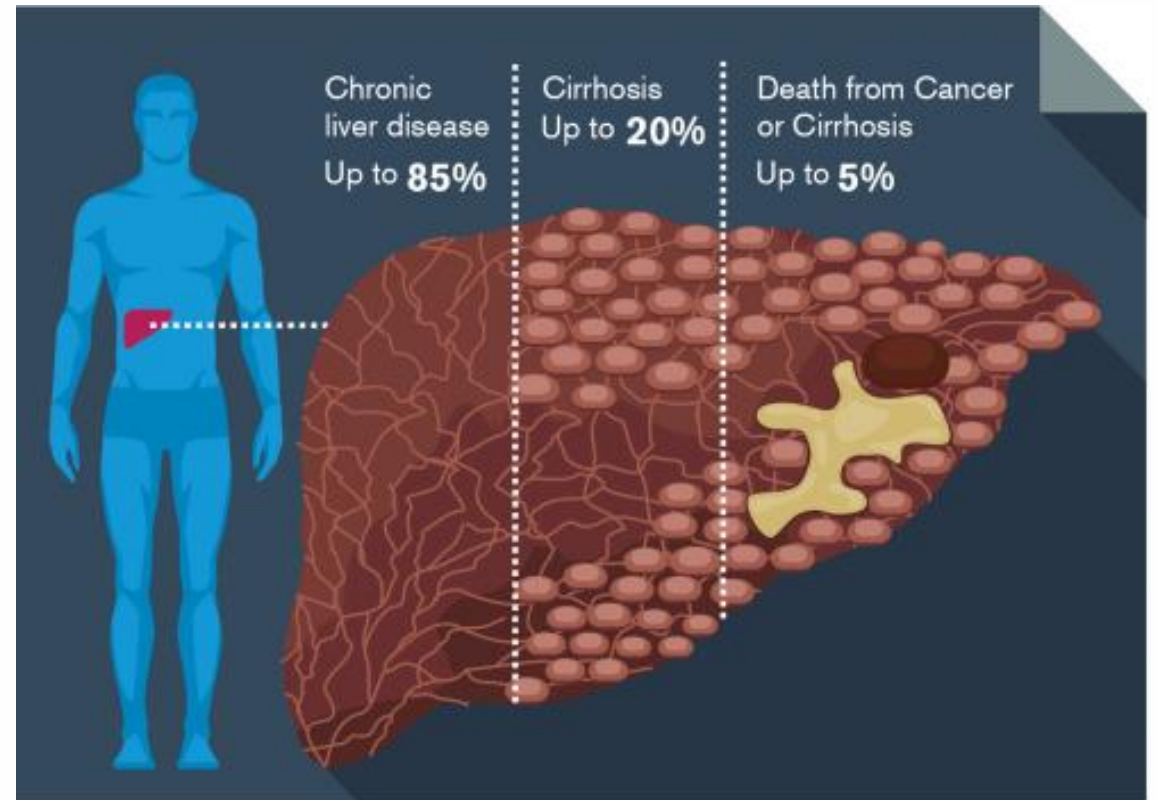
# How does hepatitis C affect health?

## (1) Liver inflammation

### The liver:

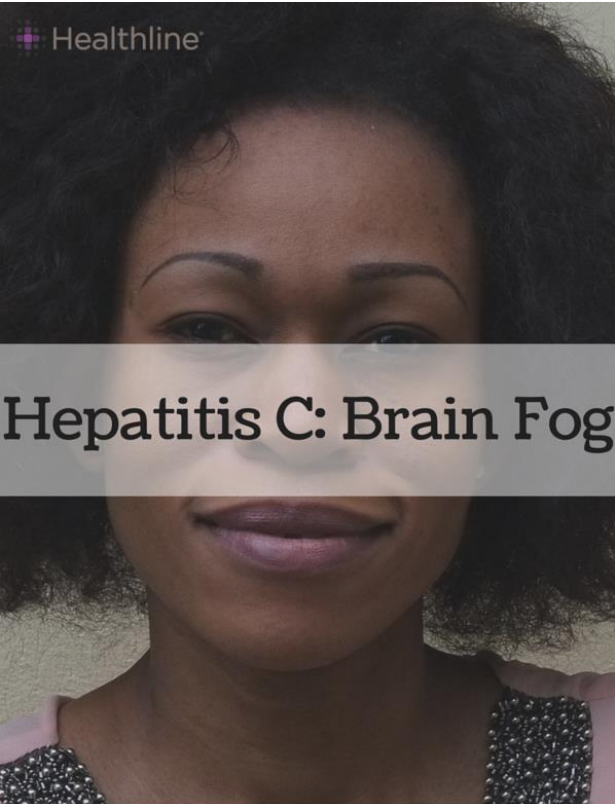
- Breaks down medications, toxins, and nutrients
- Is important for blood clotting
- Helps store iron, some vitamins
- Helps filter blood supply
- **Is the only organ that can heal!**

## (2) Can also affect other organ systems (“extrahepatic” impact)

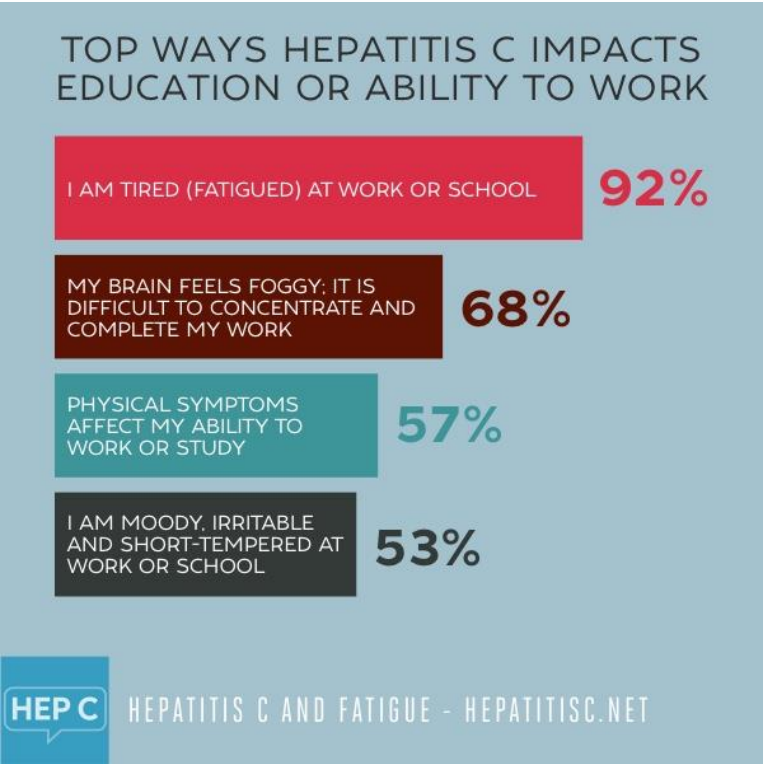




# Extrahepatic manifestations: brain, mood changes



Understand more about this common Hep C symptom



# Other extrahepatic manifestations



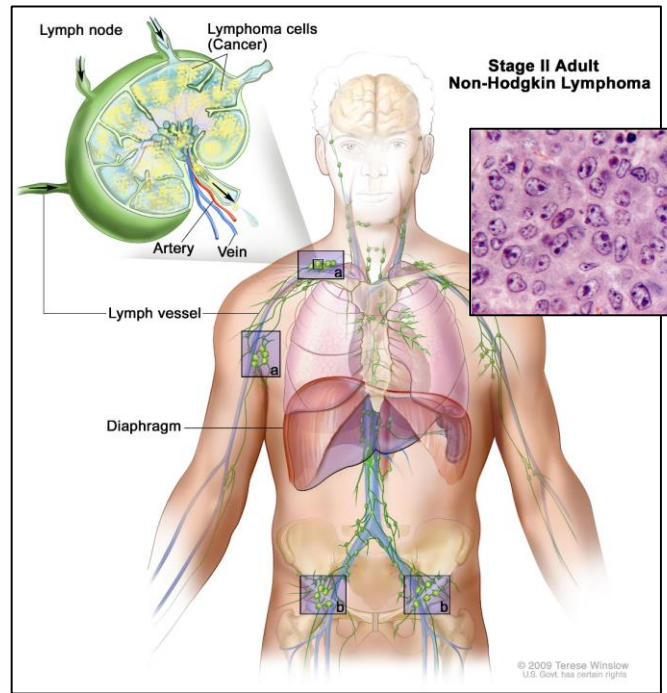
Vasculitis, cryoglobulinemia



Lichen planus



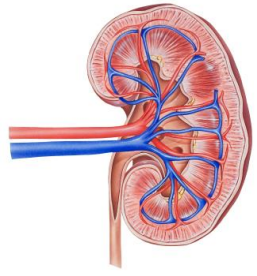
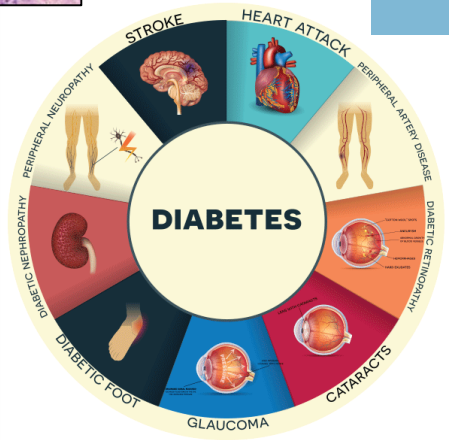
Porphyria cutanea tarda



Cancer (lymphoma)

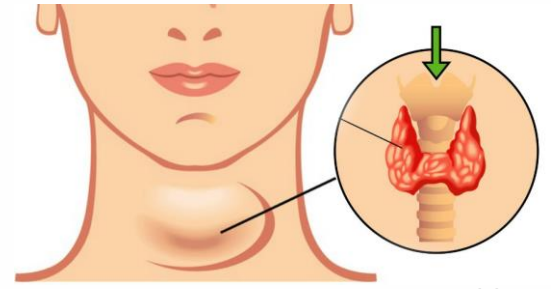
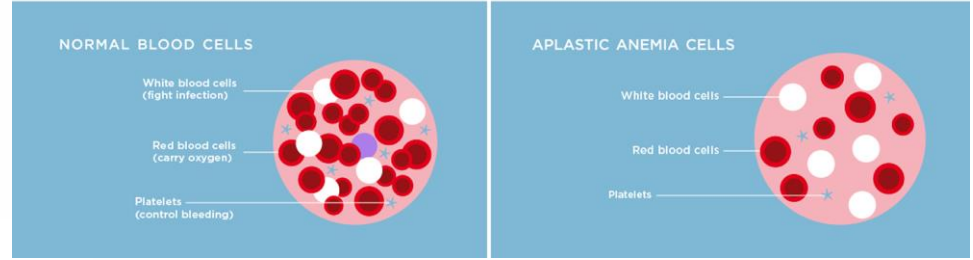


Arthritis, arthralgias

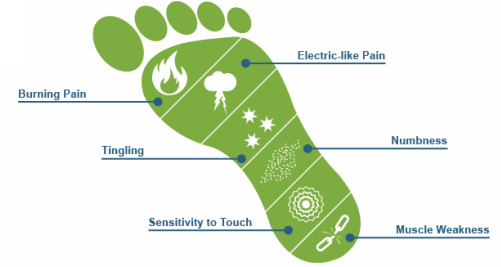


Kidney disease

## APLASTIC ANEMIA



Hypothyroidism



Neuropathy

# Goals of HCV treatment

## Primary goal

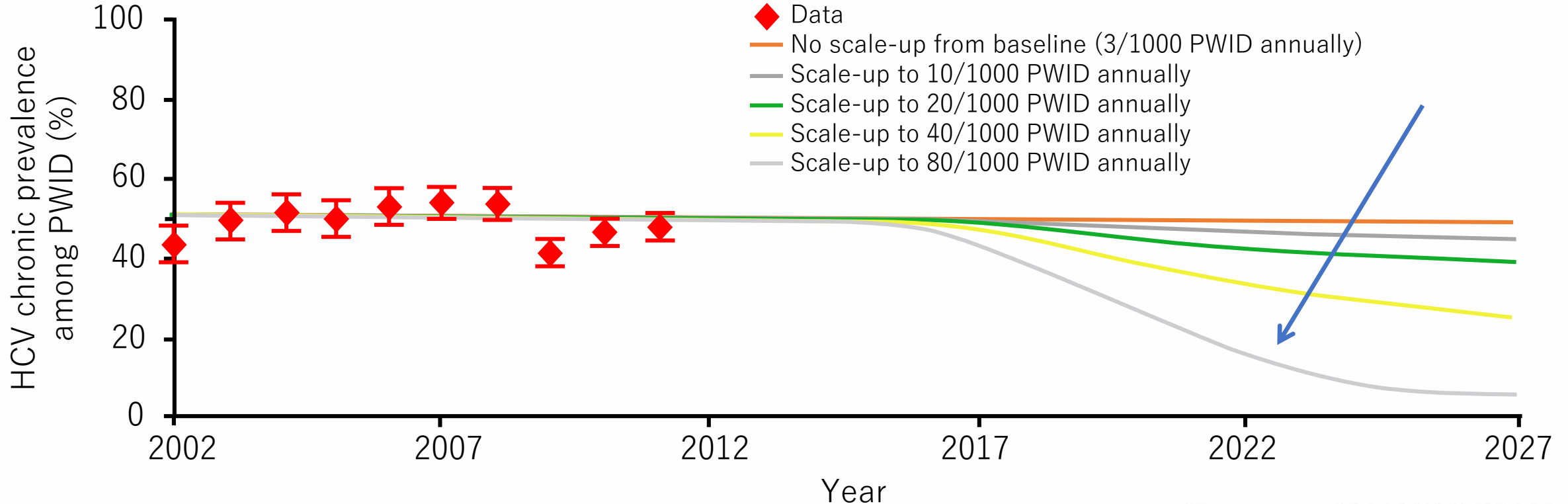
- Eradicate HCV infection (“cure”)

## Secondary goals

- Improve inflammation/scarring
- Slow down liver disease progression
- Reduce risk of liver cancer and death (end stage liver disease/cirrhosis, etc.)
- Reduce harmful impact on other organ systems
- Improve health-related quality of life
- Prevent transmission to others

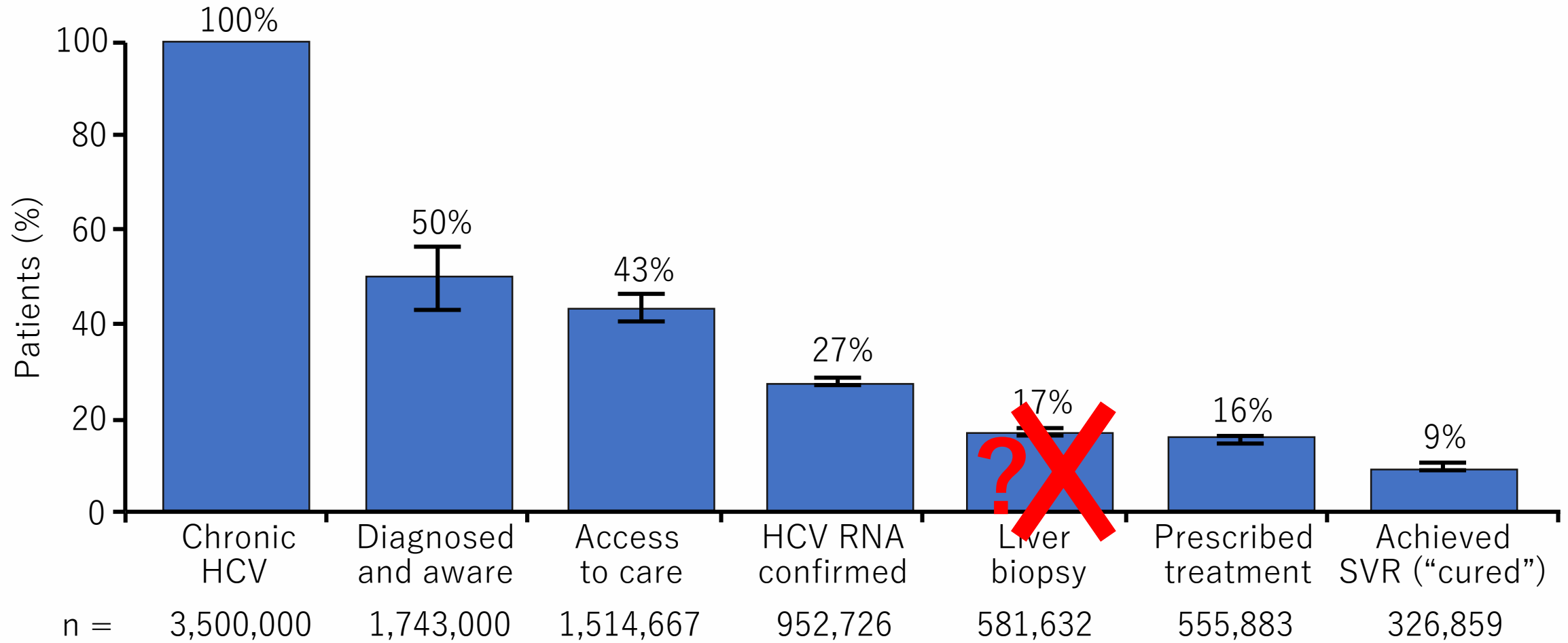
# Treatment can prevent onward transmission (“treatment as prevention”)

## Observed and modeled HCV prevalence among PWID in Australia

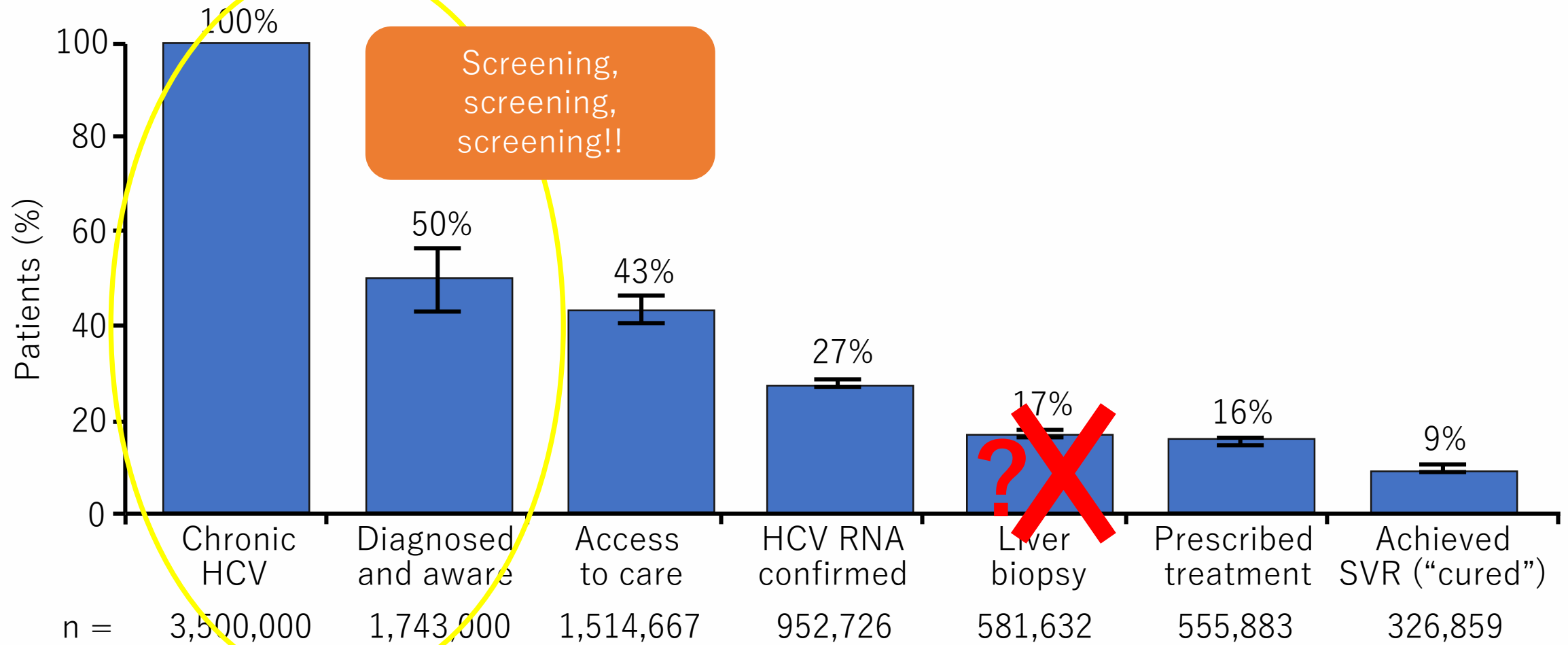




# U.S. Hepatitis C Care Continuum: where are the gaps?



# U.S. Hepatitis C Care Continuum: where are the gaps?



Slide credit: clinicaloptions.com

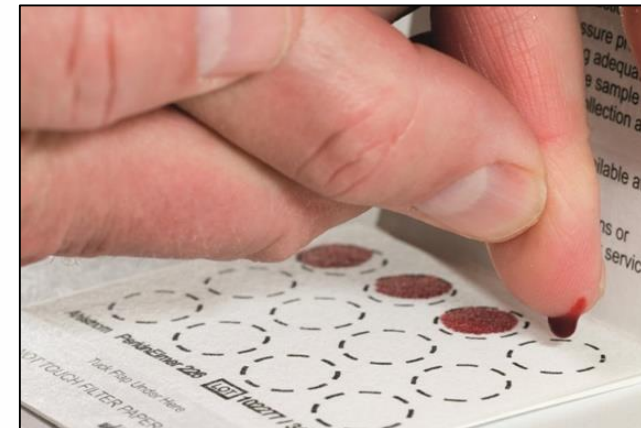
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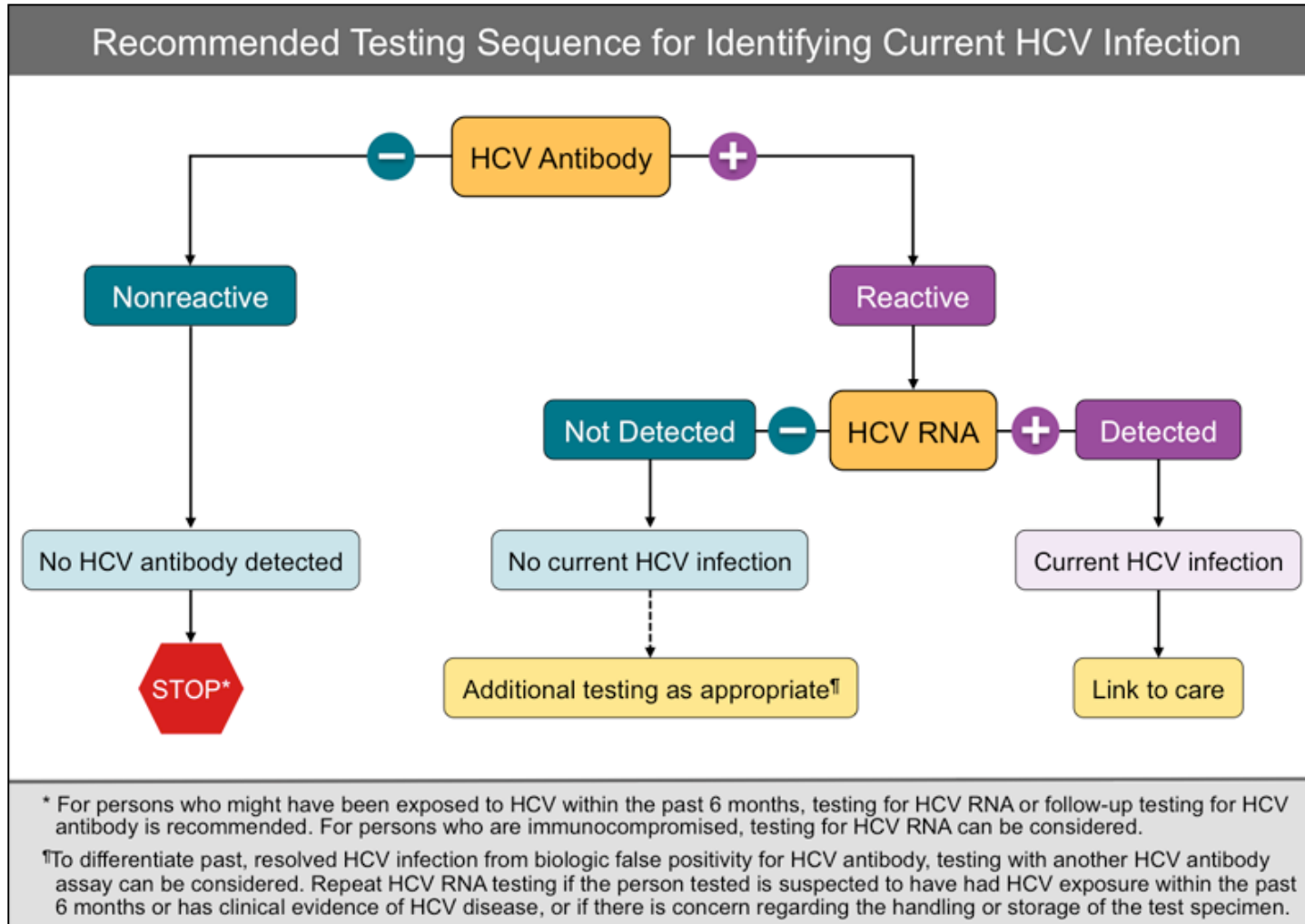
# Screening: what it is, challenges, and best practices

- Screening involves blood testing- currently, no FDA approval for using saliva or other body fluids
  - Traditional laboratory testing from blood sample, <or>
  - Point-of-care (“rapid”) test from fingerstick or venipuncture



← Left: “rapid” HCV test; ↑ above: dried blood spot sampling

# HCV testing algorithm



If someone has a positive HCV antibody, but negative/ undetectable viral load:

- “Cleared” on own without treatment
- Previously treated and cured
- “False positive”

**(Antibody and viral load do NOT give information about severity of liver disease)**

# Challenges to screening?

## Provider/system factors

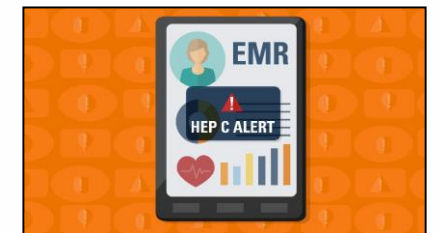
- Lack of knowledge about who is at risk
- Too many other things to address during visits
- Fragmented communication between care providers
- No one treating HCV in community

## Patient factors

- Competing priorities
- Perception of low/no risk
- “Silent killer”- HCV often doesn’t cause symptoms
- Lack of knowledge regarding consequences of untreated HCV
- Bias
- Mistrust of healthcare system or provider (desire for “non-traditional” screening location)

# Best practices for screening

- “Reflex” testing: positive antibody automatically leads to viral load testing without requiring new sample
- Alert in electronic health record
- Screening/incentives that reduce bias (couple with cholesterol or diabetes screening)
- Patient education: flyers in center and around community
- Dedicated resources and staffing to facilitate timely linkage to HCV care; ideal model = on-site, co-located treatment team (“It takes a therapeutic village”)



# Ways to integrate screening in your practice/community

## WHERE

- PCP office—birth cohort
- Hospital—ED/inpatient
- Prenatal
- Substance use treatment programs/services
- Outreach—homeless shelters, supervised injection sites

## HOW

- Current—Ab then RNA
- Point-of-care—Ab+ then RNA
- Dried blood spot—Ab with reflex RNA
- Rapid diagnostic test—RNA

## WHO

- PCP—GP/RN/other medical team members
- ED/hospital staff
- Peer workers
- Substance use counselors
- Outreach workers/case managers

All inter-related—the *how* will depend on the *who* and the *where*



Slide credit: [clinicaloptions.com](http://clinicaloptions.com)

# Substance use programs are uniquely well-suited for HCV care

## Where

- PCP office—birth cohort
- Hospital—ED/inpatient
- Prenatal
- Substance use treatment programs/services
- Outreach—homeless shelters, supervised injection sites

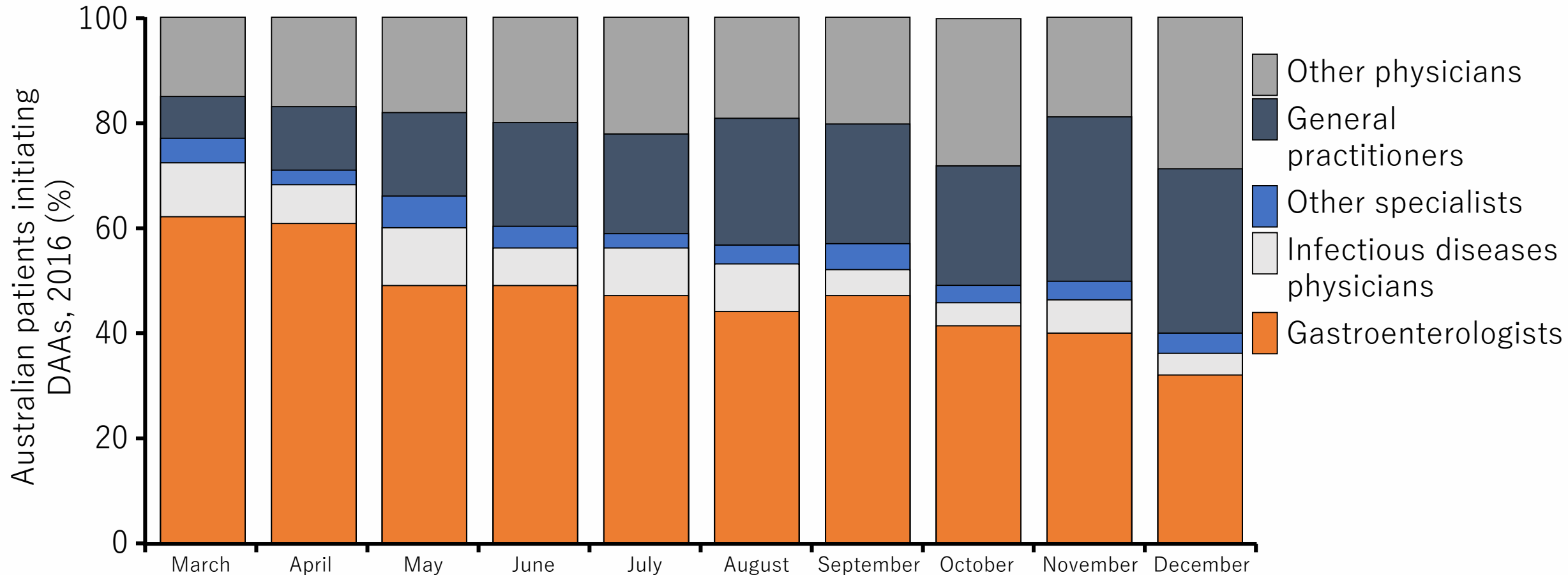
## Addiction services

- High-risk clients
- Needle exchange
- MAT program (methadone, buprenorphine, etc.)
- Harm reduction and outreach
- Supportive housing
- Daily drop-in center
- Peer counselors: can be trained to offer HCV screening and counseling





# Linkage: non-specialists can effectively treat HCV



The Kirby Institute. Monitoring hepatitis C treatment uptake in Australia (Issue 7).  
Available at: <https://kirby.unsw.edu.au/report/monitoring-hepatitis-c-treatment-uptake-australia-issue-7-july-2017>.

Slide credit: [clinicaloptions.com](http://clinicaloptions.com)



# OKAY, I GET IT: so who can be treated?

## EVERYONE!

- Only clinical reason to consider no treatment is anticipated short life-expectancy
- Pre-treatment assessment can be done in 1-2 outpatient visits (will need complete labs, imaging, counseling)
- “Recent or active injection drug use should not be seen as an absolute contraindication to HCV therapy”... “Scaling up HCV treatment among people who inject drugs is necessary to positively impact the HCV epidemic in the U.S. and globally.”
- Cost of HCV therapies have unfortunately led to some payer restrictions: state-by-state criteria, medication formularies

# Breakdowns in Care Cascade: historical exclusions for HCV therapy

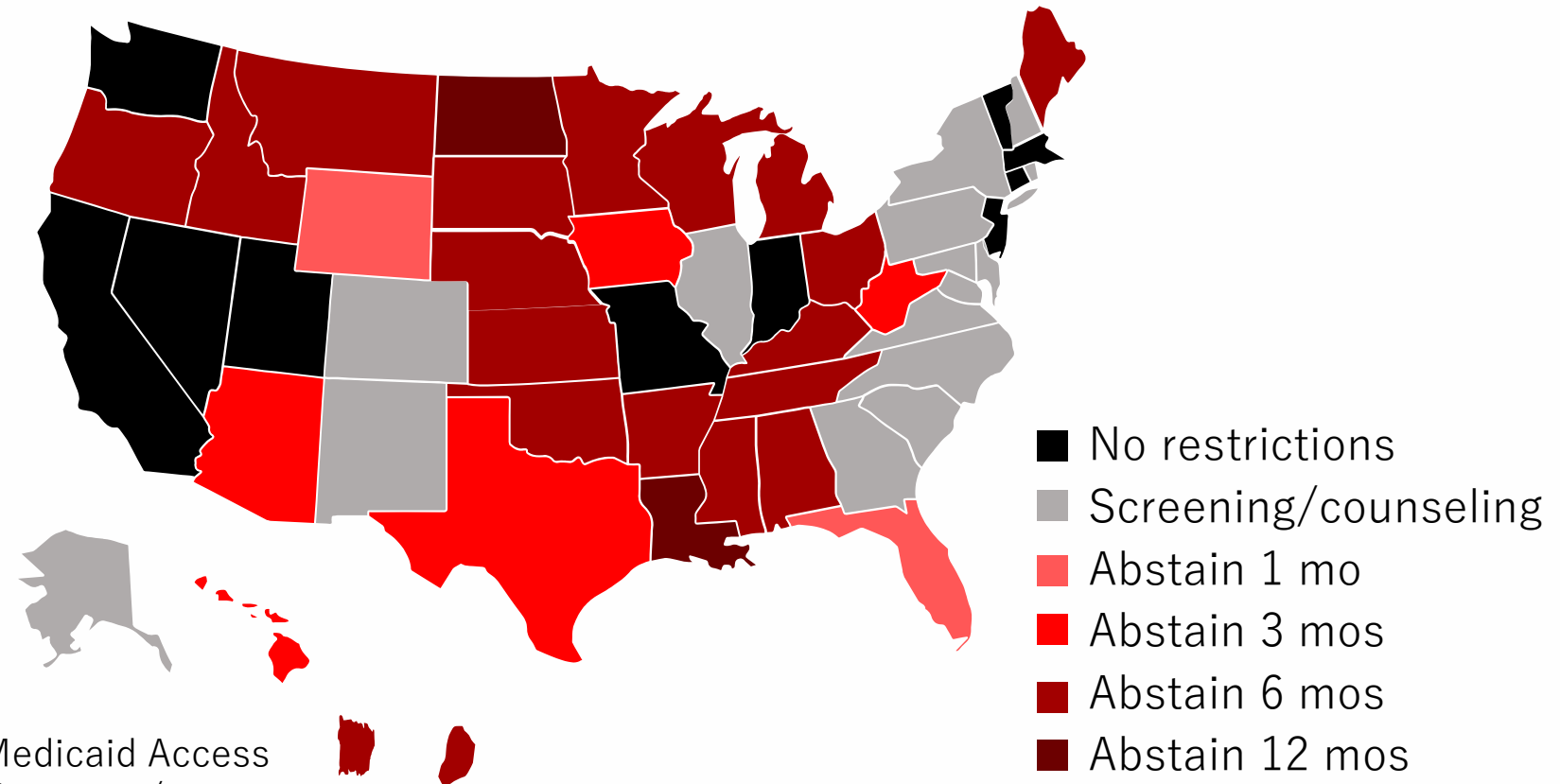
- Active PWID
- Homelessness
- Alcohol use
- Adherence concerns
- Advanced liver disease (or not advanced enough!)
- Mental health diagnoses (interferon)
- Autoimmune disease (interferon)
- Complex cardiopulmonary disease (ribavirin)

Populations with high HCV prevalence and variable access to healthcare:

Individuals who are incarcerated  
People living with HCV/HIV coinfection  
Men who have sex with men  
Emigrants  
Persons who use drugs

# 2017 NVHR update: drug/alcohol use leads to reduced treatment access in some settings

## 2017 Medicaid Fee For Service Sobriety Restrictions for HCV Treatment



NVHR State of Hepatitis C State of Medicaid Access Report. Oct 23, 2017. <https://stateofhepc.org/>



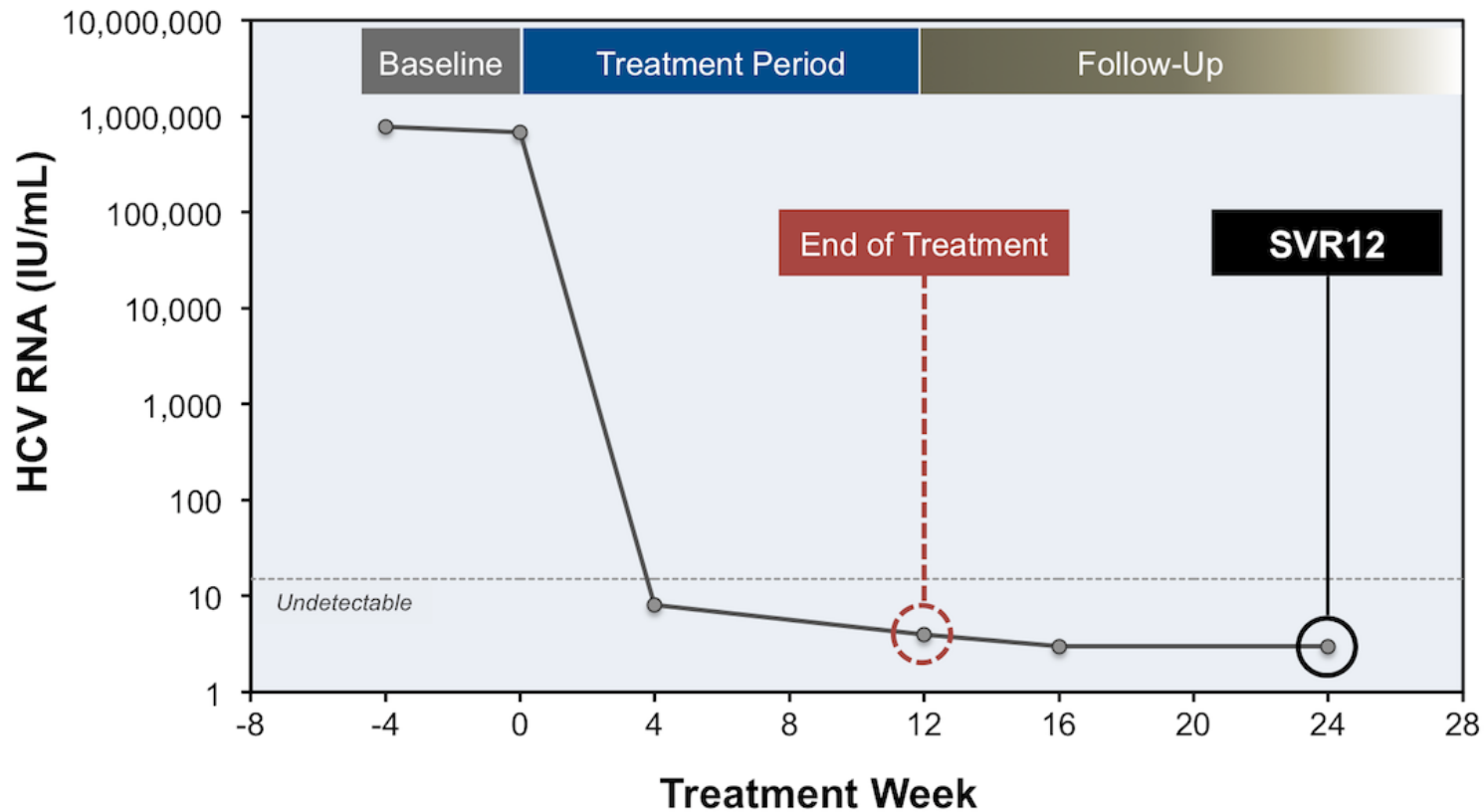
Slide credit: [clinicaloptions.com](http://clinicaloptions.com)

# Why are the newer HCV therapies so great?

- More effective: >90% “cure” rates – monitoring much simpler
- Many can treat multiple types/strains of HCV (“pangenotypic”)
- Shorter duration of treatment: most 8-12wks
- Fewer pills
- Fewer side effects
- Better options for populations who have been harder to treat in the past (cirrhosis, HIV/HBV co-infection, kidney disease, prior treatment failure)

# How do I know when I'm cured?

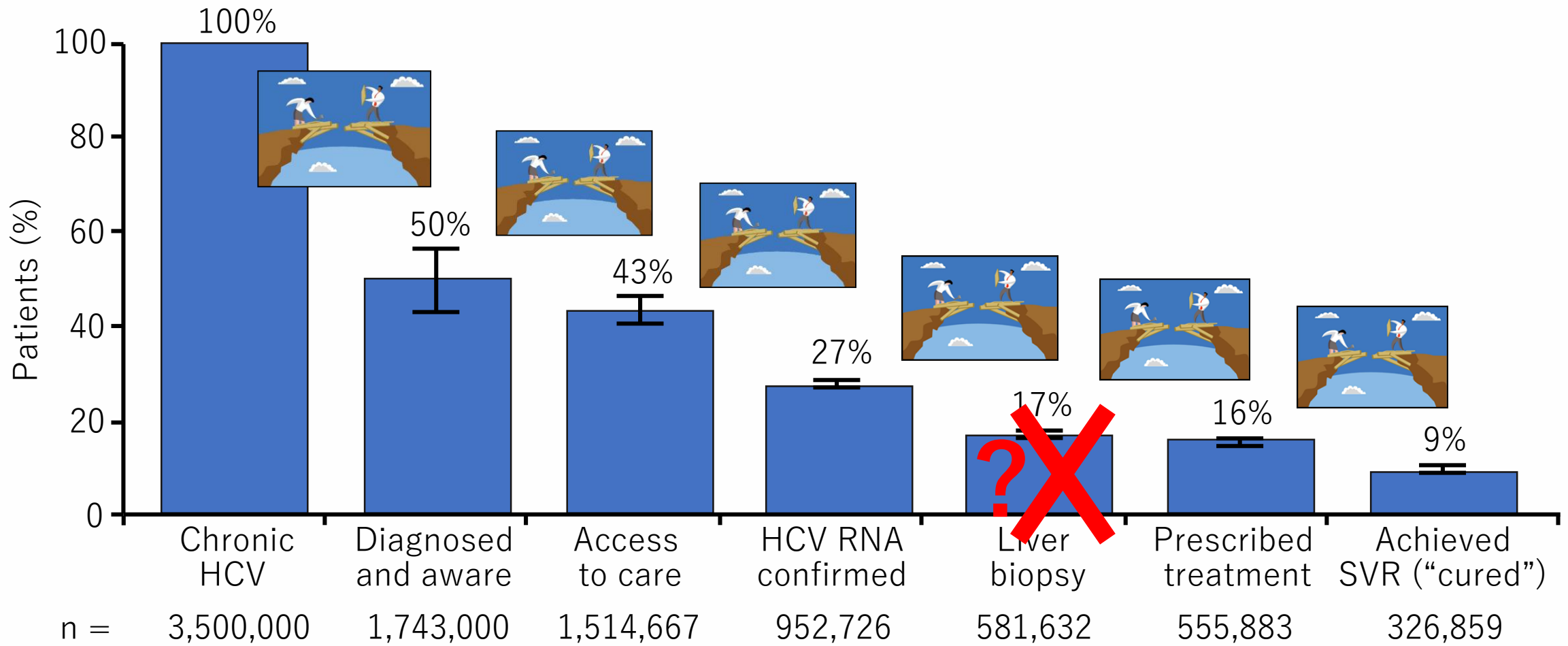
## Sustained Virologic Response 12 with 12-Week Treatment Course



<https://www.hepatitisc.uw.edu/>



# We are making some progress in closing the gaps!



# HCV elimination: simplifying and streamlining care

## Diagnosis

- Point-of-care testing
- Reflex testing (antibody positive → HCV RNA testing)
- HCV Ag (screening and confirmation in one)

## Treatment Evaluation

- No genotype testing needed with pangenotypic regimens
- Simple tools to evaluate for cirrhosis
- APRI/FIB4, elastography

## Treatment

- 1 daily dose (1 pill/day) for 8-12 wks
- No ribavirin, no drug interactions
- On-treatment monitoring much simpler
- Affordable



Slide credit: [clinicaloptions.com](http://clinicaloptions.com)

# So what can you do?

EDUCATION

OUTREACH

LINKAGE TO  
CARE



HEALTH  
COACHING

# Translating “doctor talk”

## Medical term

“Antibody”

“HCV RNA test”

“Genotype”

“Cirrhosis”

“Immunization”

“Sustained Virologic Response” (SVR)

## Patient-friendly language

What the immune system makes to fight HCV

Level of hepatitis C virus in the body

Type of hepatitis C virus someone has

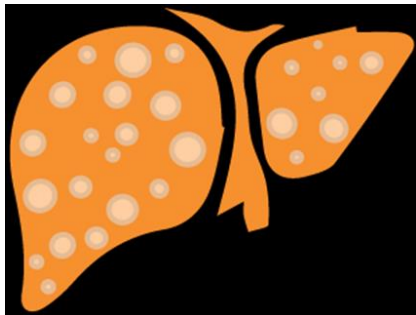
Liver scarring/damage

Shot/vaccine

No HCV virus in the body (cured!)

# Supporting someone before, during, and after treatment

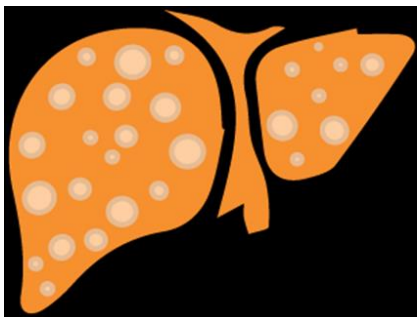
- Encourage clients to have open communication with medical providers
- Questions to consider: *Am I ready (physically/emotionally/mentally)?*
- Everything in place/coordinated with provider?
  - Working number, secure address for medication delivery
  - Destabilizing life events in near future (move/work/school/family)?
  - Responsibilities that might impact engagement and adherence?





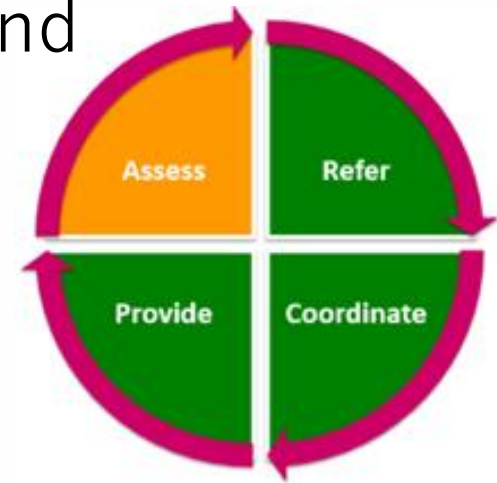
# Supporting someone before, during, and after treatment

- Friends/family close by to support through and after treatment?
- HCV patient support group in area?
- Adherence
  - Does client believe treatment can work? Do they trust their provider? Do they have support systems who can help remind them about taking medications, keeping appointments?
  - Plan ahead: troubleshoot with client- what is plan if side effects?



# What if my client isn't ready for treatment?

- Continue encouraging them to think about it
- Help ensure they remain engaged with HCV team/provider
- Encourage prevention, including hepatitis A, B vaccinations
- Reminders for regular liver cancer screening, if necessary\*
- Healthy diet, avoiding liver toxins (including alcohol and some supplements), exercise, rest
- Stress management
- Encourage engagement in HIV, HBV care (if applicable)



\*Recommended if someone has cirrhosis

<https://prepc.org/>

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Health Resources & Services Administration

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Substance Abuse and Mental Health Services Administration

# Motivational interviewing/troubleshooting strategies

Barriers	Examples	Possible Solutions
Socioeconomics	<ul style="list-style-type: none"> <li>No insurance or limited coverage</li> <li>Unable to afford medication</li> <li>Difficulty completing forms &amp; follow-up</li> <li>Low literacy level</li> <li>Other examples?</li> </ul>	
Logistical Issues	<ul style="list-style-type: none"> <li>Difficulty arranging or having access to reliable transportation</li> <li>Scheduling conflicts &amp; difficulty making appointment on time</li> <li>Difficulty finding child or elder care</li> <li>Other examples?</li> </ul>	
Language & Culture	<ul style="list-style-type: none"> <li>Difficulty understanding medical staff &amp; terminology</li> <li>Difficulty speaking or reading English</li> <li>Difficulty communicating desires, needs &amp; concerns</li> <li>Beliefs regarding treatment</li> <li>Other examples?</li> </ul>	
Feelings, Emotions & Mental Health	<ul style="list-style-type: none"> <li>Afraid of diagnosis</li> <li>Anxiety about treatment</li> <li>Mistrust or fear</li> <li>Fatalistic feelings about illness</li> <li>Stress</li> <li>Depression</li> <li>Other examples?</li> </ul>	
The Healthcare System	<ul style="list-style-type: none"> <li>Difficulty navigating system</li> <li>Difficulty obtaining care when needed</li> <li>Communication gaps</li> <li>Lack of coordination</li> <li>Lack of cultural competency</li> <li>Other examples?</li> </ul>	




Patient-centered discussions:  
solution-oriented



# Life after cure...

- Staying healthy
- Preventing reinfection
  - Virus can remain in water, filters, syringes, cookers, for 2-8+ weeks
  - Virus can also remain on straws/pipes
  - Safer sex practices
  - Tattoo equipment should be sterilized
  - Don't share razors/toothbrushes/nail clippers





Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

[CDC A-Z INDEX](#)

## Viral Hepatitis

- State & Local Partners, Grantees
- Point of Contact List & Program Websites
- Perinatal Hepatitis B Coordinator List
- State Prevention Program Websites
- Education Materials +

Quick Links to Hepatitis ...

[A](#) | [B](#) | [C](#) | [D](#) | [E](#)

Viral Hepatitis Home

- Statistics & Surveillance
- Populations & Settings
- Outbreaks

[Viral Hepatitis](#) > [State & Local Partners, Grantees](#)

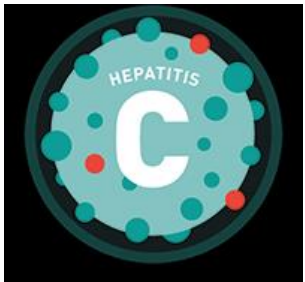
### Viral Hepatitis Prevention Point of Contact List

In support of CDC Cooperative Agreement [CDC-RFA-PS17-1702](#): Improving Hepatitis B and C Care Cascades; Focus on Increased Testing and Diagnosis

State/City	Program Manager / Coordinator	E-mail	Phone	Website
Alabama	Ronada Anderson	<a href="mailto:ronada.anderson@adph.state.al.us">ronada.anderson@adph.state.al.us</a>	334-206-7974	<a href="#">Website</a>
Alaska	Rebekah Clark	<a href="mailto:rebekah.clark@alaska.gov">rebekah.clark@alaska.gov</a>	907-279-8008	<a href="#">Website</a>
Arizona	Elizabeth Kim	<a href="mailto:Elizabeth.Kim@azdhs.gov">Elizabeth.Kim@azdhs.gov</a>	602-542-4077	<a href="#">Website</a>
Arkansas	Selestria Guy	<a href="mailto:Selestria.guy@arkansas.gov">Selestria.guy@arkansas.gov</a>	501-671-1626	<a href="#">Website</a>
California	Rachel McLean	<a href="mailto:rachel.mclean@cdph.ca.gov">rachel.mclean@cdph.ca.gov</a>	510-620-3403	<a href="#">Website</a>
Chicago	Kathleen Ritger (Interim Contact)	<a href="mailto:Kathleen.Ritger@cityofchicago.org">Kathleen.Ritger@cityofchicago.org</a>	312-746-5992	<a href="#">Website</a>
Colorado	Christopher Grano	<a href="mailto:christopher.grano@state.co.us">christopher.grano@state.co.us</a>	303-692-2729	<a href="#">Website</a>

# Key take-home points

- “Baby boomers” and PWID are two important populations that need increased HCV screening
- Improved screening and broader access to HCV treatment can close gaps in the HCV Care Cascade
- Substance use and mental health co-morbidities are not absolute contraindications for HCV treatment
- HCV elimination is only possible with engagement, linkage, and treatment of more challenging populations





# SAMHSA-HRSA Center for Integrated Health Solutions

## WHO WE ARE

The **SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)** is a national training and technical assistance center dedicated to the planning and development of **integration of primary and behavioral health care** for those with mental illness and/or substance use disorders and physical health conditions, whether seen in specialty mental health or primary care safety-net provider Settings across the country.

CIHS is jointly funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources Services Administration (HRSA), and is run by the National Council for Behavioral Health, the unifying voice of America's healthcare organizations that deliver mental health and addictions treatment and services.

# CIHS News and Resources

Visit

[www.integration.samhsa.gov](http://www.integration.samhsa.gov)

or e-mail

[integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org)

Free consultation on any  
integration-related topic!

The screenshot shows the website's header with the tagline "Making Integrated Care Work" and the phone number "202.684.7457". The main title is "SAMHSA-HRSA Center for Integrated Health Solutions" with an "eSolutions newsletter" link. A navigation menu includes "About Us", "Integrated Care Models", "Workforce", "Financing", "Clinical Practice", "Operations & Administration", and "Health & Wellness". Social media icons for Facebook, Twitter, and Listserve are present, along with "Ask a Question" and "Email" links. The main content area features a "Glossary" link and a "Facebook" icon. The "ABOUT CIHS" section includes a photo of a meeting and the text: "SAMHSA-HRSA Center for Integrated Health Solutions. CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings. > LEARN MORE". The "TOP RESOURCES" section lists two articles: "Integrating Physical and Behavioral Health Care: Promising Medicaid Models" (dated FEBRUARY 24, 2014) and "February Is American Heart Month!" (dated FEBRUARY 21, 2014). A "CALENDAR OF EVENTS" section lists two events: "Substance Use and Mental Disorders: Early Detection, Prevention, and Treatment" (FEB 26, FEBRUARY 26-26, 2014) and "Integrating Peer Support in Primary Care" (FEB 27, FEBRUARY 27-27, 2014). A "View Our RSS Feed" link is also visible.

# AETC Clinician Consultation Center

The Clinician Consultation Center is a free telephone advice service for clinicians by clinicians. Receive expert clinical advice on HIV, PrEP, PEP, hepatitis C, substance use and perinatal HIV.

Go to [nccc.ucsf.edu](http://nccc.ucsf.edu) for more information!

**HIV/AIDS Warmline** 800-933-3413  
HIV testing, ART decisions, complications,  
and co-morbidities

**HEPline** 844-HEP-INFO  
HCV screening and testing, monitoring,  
treatment

**Substance Use Warmline** 855-300-3595  
Substance use evaluation and management,  
MAT options

**Perinatal HIV Hotline** 888-448-8765  
Pregnant women living with HIV or at-risk  
for HIV & their infants

**PrEPline** 855-HIV-PrEP  
Pre-exposure prophylaxis for persons at  
risk for HIV

**PEPline** 888-448-4911  
Occupational and non-occupational  
exposure evaluation and management

# Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

The mission of HRSA is to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs.

Carolyn Chu ([Carolyn.Chu@ucsf.edu](mailto:Carolyn.Chu@ucsf.edu)) or check out: [nccc.ucsf.edu](http://nccc.ucsf.edu)

[www.hrsa.gov](http://www.hrsa.gov) | [www.samhsa.gov](http://www.samhsa.gov)  
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