



**END HEP C SF**

September 16, 2019

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# **SAN FRANCISCO HEPATITIS C RESEARCH SYMPOSIUM 2019**

***Data and Dialogue to End Hep C***

# THANK YOU

## FOR JOINING US!

Welcome to End Hep C SF's first Research Symposium! Thank you for choosing to spend your time with us today. In 2016 End Hep C SF was founded, bringing together people from research, service, advocacy and clinical care to collaborate to eliminate hepatitis C as a public health threat in San Francisco. Cooperative work was our vehicle and willpower was our engine. Data is our map!

Today we come together to celebrate the successes to date toward eliminating hepatitis C in San Francisco. Our community will share results, demonstrating the many successes related to prevention, testing, diagnosis, and care. Similarly, we will learn about the remaining work—the opportunities for us to improve the quality and type of data necessary to guide us toward elimination. Barriers that prevent data synergy and the ability to assess progress toward elimination persist, and we will discuss them today.

Please join in today as an active participant. Listen, discuss, collaborate and let's strengthen the data map toward a hep C-free San Francisco!

**~ End Hep C SF Research & Surveillance Workgroup**



A detailed historical map of San Francisco, showing the city's grid system, major streets, and landmarks. The map is oriented with North at the top. Key features include Fort Mason in the upper left, the Golden Gate in the upper right, and various tracts and squares labeled throughout the city. The map is rendered in black lines on a white background.

# AGENDA

**8:30AM**

**REGISTRATION**

**9:00AM**

**Welcome Plenary**

**9:55am**

**Session I**

**Priority Populations**

**11:30AM**

**Break/Lunch**

**12:00PM**

**Lunch Panel Discussion**

**Models for Hep C Treatment**

**1:30PM**

**Session II**

**Program Models**

**“Where the Rubber Meets the Road”**

**2:45PM**

**Break**

**3:00PM**

**Session III**

**Future Directions to Increase Engagment**

**Among New Communities**

**4:30PM**

**Closing Plenary**



# AGENDA

## MORNING SESSION

**9:00-9:55am**     **WELCOME PLENARY**  
**KATIE BURK** and **MEGHAN MORRIS**

**9:55-11:30am**     **SESSION I: PRIORITY POPULATIONS**  
**MODERATOR: RACHEL MCLEAN**

**9:55-10:10am**     **ALI MIRZAZADEH**, DEPARTMENT OF EPIDEMIOLOGY AND BIOSTATISTICS, INSTITUTE FOR GLOBAL HEALTH SCIENCES, UNIVERSITY OF CALIFORNIA SAN FRANCISCO  
**CO-AUTHORS: Meghan Morris, Yea-Hung Chen, Jessica Lin, Katie Burk, Erin Wilson, Desmond Miller; Danielle Veloso; Willi McFarland**  
***Progress Toward Closing Gaps in the Hepatitis C Virus Cascade of Care for People Who Inject Drugs, San Francisco***  
We analyzed data from the National HIV Behavioral Surveillance (NHBS) surveys among PWID in San Francisco in 2018 and 2015. Participants were age 18 or older, self-reported drug injection in past 12 months, and were recruited by peers through respondent-driven sampling (RDS). Key indicators were the proportions of PWID self-reporting: (1) ever testing for HCV, (2) testing HCV antibody positive, (3) HCV diagnosis, (4) HCV treatment, (5) and attaining SVR. Of 456 PWID interviewed in 2018, 418 (92%) ever tested, 292 (64%) tested antibody positive, and 226 (50%) were diagnosed with infection. Of those diagnosed, 93 (41%) received treatment and 71 (31%) attained SVR. In survey 2015, fewer proportion of PWID with diagnosed HCV infection had received HCV treatment (15%, 47 of 307). Surveys prior to and following the scale-up of HCV treatment services in San Francisco indicates a tripling of the proportion of PWID with HCV receiving treatment between 2015 and 2018. Nonetheless, priority gaps remain, as over half of PWID reporting an HCV diagnosis in 2018 said they did not receive treatment.

**10:10-10:25am**     **AMANDA BIERKAMP**, SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH  
**CO-AUTHORS: Emily Behar, Katie Burk, Elizabeth Kinnard, Shelley Facente, Phillip Coffin**  
***Barriers and Facilitators to Treatment Using Direct Acting Antivirals among People who Inject Drugs in San Francisco***  
Treating people who inject drugs (PWID) to prevent forward transmission is a cornerstone of HCV elimination; this study identifies facilitators of successful treatment for PWID in San Francisco (SF). We conducted qualitative interviews with 30 participants enrolled in a randomized-controlled trial to test two medication delivery models (modified directly observed therapy (mDOT) and unobserved dosing) in SF from 2015-2017. There were no differences in reported facilitators or barriers between the two treatment arms. Two thematic categories emerged related to treatment facilitators: logistical support (financial incentives, routines, and reminders) and emotional support (community support, staff engagement, and personal empowerment). Identifying barriers to treatment engagement was challenging for participants; the primary two barriers were chaotic lifestyles and conflicting obligations.

**10:25-10:40am**     **ERIN WILSON**, SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH  
**CO-AUTHORS: Caitlin Turner, Jess Lin, Willi McFarland, Katie Burk, Henry Fisher Raymond**  
***Hepatitis C Seroprevalence and Engagement in Related Care and Treatment Among Transwomen***  
A cross-sectional survey of transwomen in San Francisco was conducted to determine the prevalence of HCV and examine indicators of engagement in HCV care. A total of 315 transwomen were interviewed and tested for HCV antibodies. Overall HCV seroprevalence was 23.6%. HCV

seroprevalence was significantly ( $p < 0.05$ ) higher among transwomen who had ever injected drugs (48.2% vs 9.9%), had smoked crack or methamphetamine (30.8% vs 12.5%), had used intranasal drugs (28.4% vs 15.8%), and had been incarcerated (27.9% vs 9.9%). Prior HCV testing was reported by 79.3% overall, with 80.7% of HCV-seropositive transwomen reporting a prior diagnosis. Viral load testing was reported by 83.3% of those previously diagnosed, with 90.6% of those reporting a positive result. HCV treatment was reported by 77.9% of those with a positive viral load result, of whom 33.6% were told they cleared the virus following completion of treatment. Our data document that transwomen are a population at elevated risk for HCV infection. HCV care indicators suggest many transwomen in San Francisco have access to HCV testing and treatment, presenting an opportunity for HCV control and elimination.

**10:40-10:55am** **ROBERT THAWLEY**, UNIVERSITY OF CALIFORNIA, SAN FRANCISCO  
CO-AUTHORS: **Alya Briceno, Midori Niemi, Judy Hahn, Michelle Yu, Jennifer Evans, Kimberly Page, Meghan Morris**

***From Their Lips to Our Ears: Findings From UFO Study Exit Interviews***

Young adult (<30 years old) people who inject drugs (PWID) experience conditions contributing to high rates of hepatitis C virus (HCV) infection and a 'hard-to-reach' reputation. The UFO Study, a San Francisco observational cohort of HCV transmission in young adult PWID, adopted a research approach with targeted street-outreach, weekly "hang out" space with food and movies, and health-care, harm-reduction and social-services to build trust through consistent presence. Of the 856 people screened, 185 were eligible (HCV RNA negative, <30 years of age, injected  $\geq 1/30$  days, and English speaking) and enrolled. While target enrollment was not met, those who enrolled completed multiple visits. Participants who completed exit interviews reflect a group of participants more deeply engaged, likely due to the study's culture, consistent presence and monetary reimbursement.

**10:55-11:10am** **RACHEL KANNER**, SCHOOL OF MEDICINE, UNIVERSITY OF CALIFORNIA, SAN FRANCISCO  
CO-AUTHORS: **Eileen Johnson, Judy Hahn, Kimberly Page, Meghan Morris**

***Getting to Full Disclosure: HCV Testing and Status Disclosure Behaviors in Young Adult PWID and Their Injecting Partners***

Young adult people who inject drugs (PWID) have the highest risk for acquiring hepatitis C virus (HCV) infection and may have multiple injecting partners. HCV testing affords infection status disclosure, thus increasing one's level of HCV knowledge and opportunity to change behaviors to prevent forward transmission. Using baseline data from a prospective study of young adult PWID and their injecting partners, we calculated the prevalence of (1) both partners disclosing their HCV status, (2) only one partner disclosing their HCV status, and (3) both partners not disclosing their HCV status; overall and by partnership HCV infection status. Among this sample of young PWID injecting partnerships in San Francisco, we found that HCV testing uptake was high and most who knew their status disclosed it to their main injecting partner. Disclosure was less common among HCV sero-negative partnerships, indicating an opportunity for counselors to encourage sharing results independent of status to encourage a platform of communication and harm reduction strategizing within partnerships.

**11:10-11:30am** **DISCUSSION / Q&A SESSION**

**11:30-12:00pm** **BREAK/LUNCH**

Boxed lunches will be available at the rear of the ballroom

# AGENDA

## LUNCH PANEL DISCUSSION AND AFTERNOON SESSIONS

12:00-1:30pm

### **LUNCH PANEL DISCUSSION:**

#### **HCV TREATMENT SUCCESS IN NON-TRADITIONAL SETTINGS**

**MODERATOR: KELLY EAGEN**

**PANEL: SORAYA AZARI, JANESSA BROUSSARD, ANDREW DESRUISSEAU, COLLEEN SURLYN, JESSICA NAUGLE**

During our provided lunch, we have an esteemed panel of providers who support provision of HCV treatment in non-traditional settings. Our panel includes prescribers at a syringe services program, a methadone clinic, and a residential drug treatment center, in addition to a primary care clinic and a “street medicine” team from the SFDPH. They will each speak briefly about their program model, impacts, and lessons learned, followed by an in-depth question and answer session where audience engagement is strongly encouraged.

1:30-2:45pm

### **SESSION II: PROGRAM MODELS: “WHERE THE RUBBER MEETS THE ROAD”**

**MODERATOR: PERRY RHODES III**

1:30-1:40pm **PAUL HARKIN, GLIDE**

#### ***Integrated Harm Reduction Programing: HIV, HCV & SSP***

We are currently in the throes of a syndemic of HIV, HCV and opioids. As a response GLIDE created an Integrated Harm Reduction Program Model, which includes providing: Street Outreach; HIV & HCV Testing Navigation and Linkages; Syringe Access Services & Overdose Prevention/Education & Narcan Distribution and Community (Peer) Navigation Program. By cross-training staff GLIDE has created a national model of Harm Reduction Integrated Programming. Our model has been very successful in working with so called “hard to reach populations” mostly homeless PWID and PWUD, and, engaging them successfully in our programs. The workshop leans heavily on harm reduction theory and practice and the need for culturally competency and trauma-informed models of care.

1:40-1:50pm **EVA KERSEY** and **CAMILLA BOLLAND**, LARKIN STREET YOUTH SERVICES

**CO-AUTHORS: Ladan Khoddam-Khorasani, Camilla Bolland, Carol Dawson-Rose, Adam Leonard**

#### ***Treating Youth Experiencing Homelessness: A Multi-Sector Collaboration***

In the spring of 2018, San Francisco nonprofit Larkin Street Youth Services added rapid HCV testing to its rapid HIV testing program. Via a collaboration between Larkin Street, UCSF School of Nursing, SFDPH’s youth clinics, and federal funders, we created protocols and are piloting methods for HCV prevention and treatment with youth experiencing homelessness. We will present data on our client population and discuss our successes and lessons learned by reviewing a selection of cases, including our findings that housing supports our clients’ ability to engage with treatment, and that treatment can be an entry into services that our unhoused and injection drug-using clients typically don’t access. This research has also demonstrated how multi-sector collaboration supports innovative service models, even without large financial investments.

1:50-2:00pm **ISAAC JACKSON**, URBAN SURVIVOR’S UNION

#### ***A Novel Crack User Harm Reduction Intervention***

Most of San Francisco’s virus-related harm reduction interventions for drug users target injection drug users amidst the opioid crisis. From needle exchanges to supervised injection sites, these interventions aim to reduce the high rates of hepatitis C found amongst injection drug users in the city. But crack smokers also face elevated risks of hepatitis C due to exposure to broken glass tainted with blood from shared use as well as other routes of transmission. This presentation will provide

quantitative and qualitative evidence to show that crack cocaine users are both underserved and more diverse in their demographics and public health needs than is currently addressed within traditional harm reduction services, with real-life examples of outreach and intervention to successfully reduce hepatitis C risk in this population.

**2:00-2:10pm** **LISELI MULALA, SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**

***Pharmacist Impact on Hepatitis C Treatment, Linkage and Access***

Specialty Pharmacists can help providers to choose the right regimen for patients. Pharmacists can also be a part of the solution to increase rates of testing and linkage to care and treatment. In California, Advance Practice Pharmacists can write prescriptions after completing a collaborative practice agreement with a physician for at least one year and completing a residency or completing the advanced practice pharmacist certification. Pharmacists in independent pharmacies in California are already doing point of care testing for HCV. This presentation will share evidence that pharmacists are a valuable resource and in San Francisco have been a successful way to address gaps in the treatment cascade.

**2:10-2:20pm** **KATIE BURK, SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**

**CO-AUTHORS: Joanne Kay, Sam Formo, Pauli Gray, Rachel Grinstein, William Buehlman, Paul Harkin, Amber Sheldon, Alexandra Armenta**

***End Hep C SF Community Navigator Program: Cycle 1 Evaluation Findings***

In 2018, End Hep C SF awarded mini-grants to three agencies to train and mentor community members, most of whom having lived experience with HCV, to recruit members of their social networks for HCV education, testing, and treatment. Over the course of the first cycle, the combined cohort of 16 navigators reported having conducted 1,875 service contacts completed by navigators and provided 332 hours of services and support. 16 community navigators were asked to share their perspectives on the experience via 1:1 interviews or a small focus group discussion. The navigators held generally positive views on the benefit of navigation support to clients and to themselves, with themes emerging around changing perceptions of HCV and appreciation for their connection to funded agencies. Noted challenges included overcoming complacency among their target audience and negotiating boundaries in their role as navigators.

**2:20-2:45pm** **BREAK**

**2:45-3:00pm** **DISCUSSION / Q&A SESSION**

**3:00-4:30pm** **SESSION III: FUTURE DIRECTIONS TO INCREASE ENGAGEMENT AMONG NEW COMMUNITIES**

**MODERATOR: SHELLEY FACENTE**

**3:00-3:15pm** **JENNIFER PRICE, UNIVERSITY OF CALIFORNIA, SAN FRANCISCO**

**CO-AUTHORS: Rachel Kanner, Emily Valadao, Yesenia S Laguardia, Maria Duarte, Norah A Terrault**

***The DeLIVER Care Van: Feasibility of an innovative Mobile Medical Unit to Optimize HCV Screening and Fibrosis Staging in Northern California***

We aimed to assess the feasibility of utilizing a mobile medical unit, the DeLIVER Care Van, to bring HCV screening and liver fibrosis staging to impacted communities in and around San Francisco. A university shuttle bus was outfitted with a phlebotomy station, Fibroscan®430 Mini+ and clinical

# AGENDA

## AFTERNOON SESSIONS (cont.)

exam table. Screening with the OraQuick® HCV Rapid Antibody (Ab) test was performed in various settings: 1) street outreach; 2) community events; and 3) a methadone clinic. HCV Ab+ clients were offered venipuncture for confirmatory HCV RNA and genotype, Fibroscan®, HCV counseling, and linkage to care. Fibroscan® was also offered to clients awaiting their HCV Ab results. This presentation will highlight data from this program, including findings that van-based HCV screening and fibrosis staging is feasible and highly accepted by people living with hepatitis C.

**3:15-3:25pm** **JESSICA NAUGLE, STREET MEDICINE, SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**  
***Developing a Programmatic Focus on Hep C Treatment, Lessons and Challenges***

Street Medicine is a small San Francisco based team dedicated to serving the most at-risk unhoused persons in San Francisco. A random sample of our case load showed that over fifty percent of our patients have had a positive antibody test. Our patients have been underserved by the standard models of healthcare. Scheduled appointments, rigid registration processes, and limited visit time all require a bandwidth that many patients who have been traumatized by bureaucratic systems just don't have. In 2016, Street Medicine treated our first Hep C patient with the support of the HCV Primary Care Based Treatment initiative. Since then, treatment numbers increased slowly each year until 2019, when we teamed up with the SFGH Liver Clinic on a study that allowed one team member to have more dedicated time to focus on HCV treatment. As of June of this year we have treated twice as many people than in all of 2018. This talk will address the development of our program, look at how we have addressed difficulties, including a few challenging patient cases, and explore how we would like to grow in the future.

**3:25-3:40pm** **EMILY RAGANOLD**  
***Eliminating HCV among People Living with HIV in San Francisco***

Hepatitis C (HCV) is one of the most common co-infections for people living with HIV (PLWH). Through an analysis of the San Francisco Health Network (SFHN), a safety-net health system serving some of San Francisco's most vulnerable, we found that we are well on our way of eliminating HCV among PLWH. This presentation will explore the scope of co-infection within San Francisco as well as the resources needed to eliminate HCV among PLWH.

**3:40-3:55pm** **AMY ROSENWOHL-MACK**  
**CO-AUTHORS: Robert Thawley, Alya Briceno, Ali Mirzazadeh, Meghan Morris**  
***The Impact Of Symptom Experiences On Treatment Motivation Among PWID With Hep C***

The objective of this study was to explore Hep C-related symptom experiences among people who inject drugs (PWID) in San Francisco, with a focus on how symptoms and health beliefs influence treatment access. Young adult PWID experience the highest rates of new Hep C infection but the lowest rates of Hep C treatment. We describe findings from qualitative in-depth semi-structured interviews conducted in January/February 2019 with 18 PWID with experience of being diagnosed with Hep C. Hep C symptom awareness and interpretation informed motivation to start treatment, and relief of symptoms promoted treatment continuation. Perceived interactions between Hep C and other causes of liver damage, including drugs, alcohol, and poor nutrition, also affected beliefs about the impact of Hep C on health and desire to access treatment. Providing information on the health consequences of Hep C may promote treatment access among those experiencing symptoms, but for others, alternative approaches may be more effective.

**4:15-4:30pm** **DISCUSSION / Q&A SESSION**

**4:30-5:00pm** **CLOSING PLENARY**  
**ANNIE LUETKEMEYER**



# BIOGRAPHIES

**SORAYA AZARI, MD** is an Associate Professor of Medicine at UCSF based at Zuckerberg San Francisco General. She is a primary care internal medicine physician, addiction medicine specialist, and HIV/HCV provider that is based at ZSFG. She teaches on topics that include substance use disorder, chronic pain, and hepatitis C treatment in primary care.

**AMANDA BIERKAMP** graduated with her BA in nutrition and food science from Wayne State University in 2016. She is actively enrolled and working on her Master's in Public Health from Michigan State University with a focus on infectious disease. In early 2019, she relocated from Michigan to San Francisco where she is currently working at the San Francisco Department of Public Health in the Substance Use Research Unit as the Recruitment Assistant.

**CAMILLA BOLLAND** has worked with homeless and at-risk youth for the past seven years. In addition to being a Hepatitis C and HIV tester and counselor, she is currently the program manager for the Outreach team at Larkin Street Youth Services.

**JANESSA BROUSSARD, NP** practices at the San Francisco AIDS Foundation. She has been instrumental in developing programs which address the disparities in access to Hepatitis C treatment, PrEP, sexual health education, and STI treatment. At the Harm Reduction Center, she provides Hepatitis C treatment and other medical treatment as needed primarily to homeless people who inject drugs (PWID).

**KATIE BURK, MPH** is the Viral Hepatitis Coordinator at the San Francisco Department of Public Health where she oversees hepatitis programming and works on other issues related to the health of people who use drugs. She is a co-founder and Coordinating Committee member of End Hep C SF and a Governance Council member of Hep B Free-Bay Area.

**ANDREW DESRUISSEAU, MD** is an infectious diseases physician who has been treating Hepatitis C in the Tenderloin Health Services clinic at Glide. He works closely with the Glide harm reduction team to provide low barrier, supportive treatment at the clinic. Tenderloin Health Services also provide rapid testing and treatment initiation for individuals entering their residential substance use disorder treatment facilities.

**KELLY EAGEN, MD** is a primary care provider who treats Hepatitis C at the Tom Waddell Urban Health Clinic. She is also Medical Director of the Medical Respite and Sobering Center and the Permanent Supportive Housing Nursing Services. In addition she is the Primary Care-based Hepatitis C Treatment Champion for the San Francisco Health Network and has led expansion of HCV treatment across many settings in San Francisco.

**SHELLEY FACENTE, MPH** is a senior public health consultant with over a decade of experience working with government agencies and community-based non-profits. She is also currently a PhD student in epidemiology at the University of California, Berkeley. She has been involved with End Hep C SF since its early formation, including taking a leading role with the first-ever estimate of hepatitis C prevalence in San Francisco in 2016.

**PAUL HARKIN, MA** earned his degree in Cultural Studies from East London University, England and has worked in HIV/Hep C Prevention in the USA since 1997. He is a long-term member of San Francisco's HIV Community Planning Council, serves as the San Francisco Community Member on the Urban Coalition for HIV/AIDS Prevention Services (UCHAPS) and is a member of the SF Mayor's Task Force on Methamphetamine.

**ISAAC JACKSON, PHD** graduated with Media Arts and Sciences from Media Laboratory, Massachusetts. Areas of research include cultural studies, drug users, drug use, public health, and harm reduction.

# BIOGRAPHIES (cont.)

**RACHEL KANNER, MPH** has been the Project Manager for UCSF DeLIVER Care and ECHO-PLUS for nearly two years, working to expand hepatitis C testing, linkage and treatment services in San Francisco and rural northern California. She recently earned her MPH at University of San Francisco, where she completed her fieldwork by analyzing data from the Partnership Study under Meghan Morris's apprenticeship.

**EVA KERSEY** has over ten years' experience in harm reduction as a program manager and direct service provider. She is currently the Manager of Health Interventions and HIV Prevention at Larkin Street Youth Services. Current projects include expanding access to rapid HIV testing, rapid Hepatitis C testing, and PrEP for high risk youth, including young MSM of color and transgender youth, throughout San Francisco.

**ANNIE LUETKEMEYER, MD** is an associate professor of medicine in the HIV, Infectious Diseases, and Global Medicine Division at Zuckerberg SF General Hospital at UC San Francisco. She is co-principal investigator of the UCSF AIDS Clinical Trials Group clinical research site, directs SF General Hepatitis and HIV Research Center and is director of the SF General HIV/AIDS Division Hepatitis clinic and a founding member of End Hep C SF.

**RACHEL MCLEAN, MPH** is the Chief of the Office of Viral Hepatitis Prevention with the California Department of Public Health, where she has worked since 2008. She previously served as outreach coordinator for the an epidemiological study of HIV and viral hepatitis among young people who inject drugs in San Francisco (the UFO Study), and also founded the Drug Overdose Prevention and Education (DOPE) Project.

**ALI MIRZAZADEH, MD, PHD** is an Assistant Professor of Epidemiology in the Division of Infectious Disease & Global Epidemiology at UCSF Department of Epidemiology & Biostatistics. He has more than 10 years of research on HIV and HCV prevalence and risk, and program evolutions among key populations including people who inject drugs in Iran, US and other countries in Asia and Africa.

**MEGHAN MORRIS, PHD, MPH** is an epidemiologist engaged in research at the intersection of social justice and infectious disease transmission. Meghan is an Assistant Professor at the University of California, San Francisco, a member of End Hep C SF's coordinating committee and co-lead of the Research and Surveillance workgroup.

**LISELI MULALA, RPH, PHD** is a certified diabetes educator and a pharmacist with the San Francisco Department of Public Health working at Zuckerberg San Francisco General Hospital as a discharge counseling pharmacist with a BSc in Pharmacy from Northeastern University, MPH from San Francisco State and PhD from Walden University. She has been a pharmacist for 26 years and has been working with underserved populations with hepatitis C since 2015, other interests are in underserved populations with diabetes.

**JESSICA NAUGLE, NP** has worked with unhoused communities for over a decade, with organizations such as The Woman's Community Clinic and SF HOT. She is now a nurse on the Street Medicine Team with a focus on HCV, and is also working through UCSF on a study to implement Hep C testing and treatment in the shelter system.

**JENNIFER PRICE, MD, PHD** is an Associate Professor of Medicine in the Division of Gastroenterology and Hepatology at UCSF and Director of the UCSF Viral Hepatitis Center. She leads the UCSF HCV Project Extension for Community Healthcare Outcome (ECHO) Program and the DeLIVER Care Van, a mobile medical unit aimed at improving the HCV care cascade in Northern California.



**EMILY RAGANOLD** currently works for the SF Department of Public Health coordinating healthcare for people experiencing homelessness through the Street Medicine and Shelter Health program. Emily formerly served as the HCV Project Coordinator for SFDPH and focused on HCV testing within community sites and HCV treatment within the San Francisco Safety-Net Health Network. Emily holds a BSc in Health Education from SF State University and is a MPH student at UC Berkeley.

**PERRY RHODES, III** began working at UCSF Alliance Health Project in 2006 and became the Manager of Sexual Health Services in 2014. He started his career in HIV prevention with the Minority Men's Program at AIDS Services of Austin in 1996 and has extensive experience in the development of culturally competent HIV prevention programs and disease prevention outreach to African American gay and bisexual men at risk of infection and living with HIV. He currently serves on the Coordinating Committee of End Hep C SF.

**AMY ROSENWOHL-MACK** is a public health nurse from the UK and a third-year PhD student in the Nursing Health Policy program at UCSF. Her research focuses on relationships between housing and health, particularly in terms of access to healthcare.

**COLLEEN SURLYN, MD MPH** is an internal medicine/primary care/addiction medicine physician practicing with the Department of Public Health primarily in the Bayview Hunter's Point and Potrero Hill neighborhoods of San Francisco. She is passionate about increasing access to treatment for HCV and substance abuse services in primary care.

**ROBERT THAWLEY** is a research coordinator for the UFO-Studies and The NOW (No One Waits) Study, focusing on preventing, detecting and treating HCV infection among people who inject drugs. Bob has worked in the field of HIV/HCV-epidemiology and prevention sciences at UCSF since 1997 and on community-based outreach and harm-reduction initiatives since the early days of needle exchange.

**ERIN WILSON, DRPH** is a research scientist at SFDPH and an Assistant Professor in the Dept of Epidemiology and Biostatistics at UC San Francisco. For the last two decades she has conducted social epidemiological and intervention research to inform HIV care and prevention interventions for trans women and youth in the US and internationally. Data for this presentation comes from the Trans\*National study.

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## FUNDING PARTNERS

THIS SYMPOSIUM IS SUPPORTED IN PART BY THE HELLMAN FOUNDATION'S COLLABORATIVE CHANGE INITIATIVE. END HEP C SF ARE GRATEFUL TO ALL OF OUR FUNDING PARTNERS FOR THEIR SUPPORT.







**END HEP C SF** is a multi-sector collective impact initiative that utilizes evidence-based practices, community wisdom, and the creative leveraging of resources to work toward hepatitis C elimination in San Francisco. San Francisco has a history of innovative and ambitious public health efforts. End Hep C SF emerges from that history to tackle an epidemic that kills more Americans than the deaths from sixty other reportable infectious diseases, including HIV, pneumococcal disease, and tuberculosis, combined.

End Hep C SF envisions a San Francisco where hepatitis C is no longer a public health threat, and hepatitis C related health inequities have been eliminated. Our mission is to support all San Franciscans living with and at risk for hepatitis C to maximize their health and wellness. We achieve this through prevention, education, testing, treatment, and linkage to reduce morbidity and mortality related to hepatitis C.

**We have based our work on beliefs that:**

- All people living with hepatitis C deserve access to the most effective treatment.
- Everyone living with or at risk for hepatitis C should have equal access to prevention and care regardless of individual characteristics, including but not limited to race/ethnicity, insurance status, housing status, gender identity, sexual orientation, age, mental health status and substance use.
- Our work is most effective when people who have lived experience with hepatitis C are involved in all aspects of planning and implementation.
- It is imperative to draw on the wisdom of service providers, activists, people who use drugs, and others in the community who have been most impacted and engaged in the fight against hepatitis C over many years.




**We are committed to working together to:**

- Provide interventions that are evidence based, and continuously review our progress to determine areas where we need to improve, through the regular collection of and use of local data related to hepatitis C.
- End stigma about hepatitis C and people living with hepatitis C.
- Maximize the health and wellness of people who use drugs by treating them with respect, ensuring access to appropriate services, and empowering them to reduce harm and make choices to improve their health.
- Continue to invest in populations that have frequently been characterized as “difficult to engage,” as we realize that these groups often have the greatest unmet need for services and support.

**For more information and to sign on as a community partner go to [www.endhepcsf.org/about-us/](http://www.endhepcsf.org/about-us/)**

**If you would like to join any of our workgroups (Research & Surveillance / Treatment Access / Prevention, Testing and Linkage) please send a note to [info@endhepcsf.org](mailto:info@endhepcsf.org). All are welcome!**

**Join our community mailing list: <http://endhepcsf.groupsie.com>**

**Follow us social media:**  [facebook.com/EndHepCSF](https://facebook.com/EndHepCSF)  [twitter.com/EndHepCSF](https://twitter.com/EndHepCSF)  
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**Hashtags: Please use #endhepcsf2019 #endhepcsf**

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**Restrooms** are located on the lobby level. Exit the ballroom and make a left past guest services. There are more toilets on the second floor of the hotel. Please exit the ballroom and turn right. Take the elevator to the Mezzanine level.

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**End Hep C SF would like to thank all of our partners, community members, volunteers, and funders. Working together we can and will eliminate hepatitis C as a public health threat.**