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OREGON HIV/AIDS CASE MANAGEMENT

## CDC Announces First Ever National Hepatitis Testing Day and Proposes that All Baby Boomers Be Tested Once for Hepatitis C

On the eve of the first ever National Hepatitis Testing Day (May 19), the Centers for Disease Control and Prevention is issuing draft guidelines proposing that all U.S. baby boomers get a one-time test for the hepatitis C virus. One in 30 baby boomers – the generation born from 1945 through 1965 – has been infected with hepatitis C, and most don't know it. Hepatitis C causes serious liver diseases including liver cancer, which is the fastest-rising cause of cancer-related deaths, and the leading cause of liver transplants in the United States.

CDC believes this approach will address the largely preventable consequences of this disease, especially in light of newly available therapies that can cure up to 75 percent of infections.

"With increasingly effective treatments now available, we can prevent tens of thousands of deaths from hepatitis C," said CDC Director Thomas R. Frieden, M.D., M.P.H.

More than 2 million U.S. baby boomers are infected with hepatitis C, accounting for more than 75 percent of all American adults living with the virus. Baby boomers are five times more likely to be infected than other adults. Yet most infected baby boomers do not know they have the virus because hepatitis C can damage the liver for many years with few noticeable symptoms. More than 15,000 Americans, most of them baby boomers, die each year from hepatitis C-related illness, such as cirrhosis and liver cancer, and deaths have been increasing steadily for over a decade and are projected to grow significantly in coming years.

"Identifying these hidden infections early will allow more baby boomers to receive care and treatment, before they develop life-threatening liver disease," said Kevin Fenton, M.D., director of CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and Tuberculosis Prevention.

Current CDC guidelines call for testing only individuals with certain known risk factors for hepatitis C infection. But studies find that many baby boomers do not perceive themselves to be at risk and are not being tested. CDC estimates one-time hepatitis C testing of baby boomers could identify more than 800,000 additional people with hepatitis C, prevent the costly consequences of liver cancer and other chronic liver diseases and save more than 120,000 lives.

CDC's draft recommendations will be available for a public comment period from May 22 – June 8, 2012.

For additional information about hepatitis, visit www.cdc.gov/hepatitis.
News Media Line, 404-639-8895 mailto:NCHHSTPMediaTeam@cdc.gov

http://www.cdc.gov/knowmorehepatitis/About-KMH.htm

KNOW MORE HEPATITIS™

**Next Meeting**

**June 12th**

**9:00-11:30 a.m.**

800 NE OREGON St, RM 1D

**KID'S CONNECTION PROGRAMS**
**TIFFANY WHITE**

## ASK Devon

Devon Flynn is a pharmacist with the OHSU-HIV Clinic

### Recent Updates in the Initiation of Antiretroviral Therapy in Treatment Naïve HIV Patients

By: John Darnell, PharmD., Legacy Health PGY1 Resident and Devon Flynn, PharmD, BCPS, AAHIVE

The decision to initiate antiretroviral therapy (ART) in treatment naïve patients has historically been made amidst murky waters. When weighing against factors such as patient adherence, pill burden, and safety of long-term ART, treatment has traditionally been delayed until the CD4 count is less than 350 - 500 cells/$mm^3$. CD4 cells are white blood cells that are targeted and destroyed by HIV. Normal CD4 count range is 500 – 1500 cells/$mm^3$, while progression to the Acquired Immune Deficiency Syndrome (AIDS) is diagnosed at a CD4 count < 200 cells/$mm^3$.

**What Changed?**

In the past, only in special cases such as pregnancy, HIV-associated nephropathy, and hepatitis B co-infection does starting ART, regardless of CD4 count; receive a strong recommendation (AI). With little evidence beyond observational and retrospective studies, previous guidelines have suggested a more conservative approach for patients with higher CD4 counts. Typically, no recommendation for treatment was given in HIV-positive patients with CD4 counts > 500 cells/$mm^3$. In fact, the guidelines panel remained split for over two years on whether patients with CD4 counts exceeding 500 cells/$mm^3$ should be recommended to start therapy.

**Why now?**

A subgroup analysis of the SMART Trial demonstrated a decreased rate of opportunistic infections and non-AIDS related morbidity in those starting ART at higher CD4 count thresholds versus those who delayed treatment until the CD4 counts were < 200 – 350 cells/$mm^3$. Non-AIDS related morbidity evaluated in these studies include: cardiovascular disease, renal disease, liver disease, neurologic complications, and non-AIDS malignancies. Another identified benefit of initiating ART regardless of CD4 count is to decrease risks of sexual transmission to non-infected partners[2]. It was because of that subanalysis and **the growing body of evidence (mostly observational cohort data), the recommendation to initiate ART in HIV positive patients, regardless of CD4 count, has since been strengthened.**'

**What Does This Mean?**

Given growing evidence of these benefits to ART, as of April 2012, the DHHS Guidelines Panel strengthened its recommendation for initiation of ART in patients with CD4 cell counts exceeding 500 cells/$mm^3$. It is important to recognize that **much of this data is still preliminary**. Clinical judgment must still be made when considering starting therapy in treatment naïve patients to help decrease the risk of resistance secondary to poor adherence. **Although current data shows greater risk of health consequences (opportunistic infections and non-AIDS events) in patients who start ART at lower CD4 counts, further research is needed to measure the long-term benefits and cost-effectiveness of therapy in early ART initiation.**

**Table I: Summary of "When to Start" Recommendations**

| Recommendation STRENGTH | IAS-USA 2010 Recommendations | 2012 DHHS Guidelines[2] |
|---|---|---|
| **Strong,** based on at least 1 randomized trial | **CD4 Count < 350 cells/$mm^3$**<br>-Pregnancy<br>-Symptomatic HIV disease | **-CD4 Count < 350 cells/$mm^3$**<br>-Pregnancy<br>-History of AIDS-defining Illness |
| **Strong**, based on non-randomized, cohort, or case-control studies | **-CD4 count 350 – 500 cells/$mm^3$**<br>-HIV VL > 100,000 copies/mL,<br>-CD4 count decrease > 100/μL per year<br>-Active Hepatitis B | **-CD4 count 350 – 500 cells/$mm^3$**<br>-HIVAN*<br>-Active Hepatitis B |

| | | |
|---|---|---|
| **Moderate**, based on non-randomized, cohort, or case-control studies | -HIVAN*<br>-Active Hepatitis C<br>-High risk for or with active - cardiovascular disease<br>-Symptomatic at the time of initial (acute) infection,<br>-To decrease risks of HIV transmission (i.e. as a "Positive Prevention" strategy). | |
| **Moderate**, expert opinion (based on panel's accumulation of information) | - | **-CD4 count > 500 cells/mm$^3$** |
| Expert opinion that there is insufficient evidence to support a recommendation | **-CD4 count > 500 cells/mm$^3$** | - |
| Other | | **Recommend more RAPID initiation of antiretroviral treatment:**<br>-Pregnancy<br>-AIDS-defining conditions<br>-Acute opportunistic infections<br>-Lower CD4 counts (e.g., <200 cells/mm$^3$)<br>-HIVAN<br>-HIV/Hepatitis B coinfection<br>-Rapidly declining CD4 counts (e.g., >100 cells/mm$^3$ decrease per year)<br>-Higher viral loads (e.g., >100,000 copies/mL) |

*HIV-Associated Nephropathy

1 Emery S, Neuhaus JA, and Phillips AN, et al. Major clinical outcomes in antiretroviral therapy (ART)-naive participants and in those not receiving ART at baseline in the SMART study. *J Infect Dis*. Apr 15 2008;197(8):1133-1144.
2 Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available at http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf. Section accessed [14 May 2012] [E1 – E20].
3 Thompson MA, Aberg JA, Cahn P, et al. Antiretroviral treatment of adult HIV infection: 2010 recommendations of the IAS–USA Panel. *JAMA* 2010;304(3):321-333.

# THIS FATHER'S DAY GIVE DAD SOME EXTRA HELP

**By Alan Edwards, Social Security Public Affairs**

You can probably think of a number of times when you asked your dad for a little extra help. Now, with Father's Day right around the corner, is the perfect time to offer a little extra help for Dad. People across the nation are helping their dads save nearly $4,000 a year on the cost of Medicare prescription drugs. You can help your dad too — and it won't cost you a dime.

The high cost of prescription medication can be a burden on fathers (or anyone) who have limited income and resources. But there is *Extra Help* — available through Social Security — that could pay part of his monthly premiums, annual deductibles, and prescription co-payments. That *Extra Help* is estimated to be worth about $4,000 a year.

To figure out whether your father is eligible, Social Security needs to know his income and the value of his savings, investments, and real estate (other than the home he lives in). To qualify for the *Extra Help*, he must be enrolled in Medicare and have:

· Income limited to $16,755 for an individual or $22,695 for a married couple living together. Even if his annual income is higher, he still may be able to get some help with monthly premiums, annual deductibles, and prescription co-payments. Some examples where income may be higher include if he or his spouse:
  —Support other family members who live with them;
  —Have earnings from work; or
  —Live in Alaska or Hawaii.
· Resources limited to $13,070 for an individual or $26,120 for a married couple living together. Resources include such things as bank accounts, stocks, and bonds. We do not count his house and a car (if he has one) as resources.

Social Security has an easy-to-use online application that you can help complete for your dad. You can find it at www.socialsecurity.gov/prescriptionhelp. To apply by phone or have an application mailed to you, call Social Security at 1-800-772-1213 (TTY 1-800-325-0778) and ask for the *Application for Help with Medicare Prescription Drug Plan Costs* (SSA-1020). Or go to the nearest Social Security office.

To learn more about the Medicare prescription drug plans and special enrollment periods, visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227; TTY 1-877-486-2048).

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The editor is Julia Lager-Mesulam.

Comments/questions about this publication should be directed to:
Julia Lager-Mesulam at lagermes@ohsu.edu,
or call (503) 230-1202, FAX (503) 230-1213,
5525 SE Milwaukie Ave. Portland, OR 97202

**This issue, and issues from Feb 2002 on, can be found electronically at http://www.oregon.gov/DHS/ph/hiv/services/news.shtml**