Is Your County At-Risk for a HIV or Hepatitis C Outbreak?
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TOPICS
- Opioid Crisis
- Hidden Component of the Crisis
- ND Data
- Vulnerable Counties
- Syringe Service Programs
- Public Health Response

MORE THAN 130 PEOPLE IN US DIE EACH DAY FROM OPIOID OVERDOSE
WHAT ABOUT HEPATITIS C?

"Hepatitis C is a deadly, common, and often invisible result of American opioid crisis," said Jonathan Marmor, M.D., M.P.H., director of CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. "By testing people who inject drugs for hepatitis C infection, treating those who test positive, and preventing new transmissions, we can mitigate some of the effects of the nation's devastating opioid crisis and save lives."

Increases in Hepatitis C Virus Infection Related to Injection Drug Use Among Persons Aged ≤30 Years — Kentucky, Tennessee, Virginia, and West Virginia, 2006-2012

Weekly
May 3, 2013 / 64:17 / 453-458
HEPATITIS C

- **Hepatitis C** is a liver infection caused by the Hepatitis C virus (HCV).
- HCV is a blood-borne virus.
- Transmission: sharing needles or other equipment to inject drugs.
- HCV may be a short-term illness but for 70%–85% of it becomes a long-term, chronic infection.

Injection Drug Use:

- About 9% of New HIV Cases
- Over 65% of HCV Cases

Among People Who Inject Drugs (PWID):

- 60%–90% Have HCV after 5 Years
- Median Time to HCV Transmission is 3 Years
- Each Year 20–30% of PWID Acquire HCV

Among PWID with HIV, 80% Also Have HCV

Hepatitis C Cases Have Increased 23% in the Past 5 years from 2014 to 2018.

**Life time cost of each HIV infection is over $380,000**

**Accumulated costs of HCV care over the next 20 years on this trajectory over $78 billion**
More Males than Females were Diagnosed with Hepatitis C in 2018.

In 2018, the Greatest Increase in New Diagnoses is Among Young Adults and Baby Boomers.

The 30 and younger age group has surpassed the baby boomer population in the number of cases.
American Indian/Alaskan Natives Had the Highest Rate of Hepatitis C in 2018.

IN 2018, HIV INCIDENCE CASE COUNT INCREASED BY ONE CASE FROM 2017.

IN 2018, ND SAW A 35% DECREASE IN NEW DIAGNOSES AMONG INDIVIDUALS BORN IN THE US.
PWID have been diagnosed with HIV each year since 2016.

HIV incidence by risk factor, North Dakota 2014-2018

SCOTT COUNTY
- HIV Outbreak in Austin, Indiana (pop. 4,200) in 2015
- Only had 5 reported cases of HIV in the previous decade
- As of April 2017, 215 cases of HIV and currently about 90% are co-infected with Hepatitis C

142 cases of HIV linked to illegal drugs
Many cases in Scott County are traced to opiate use, a prescription painkiller similar to heroin and sold in pill form.

Oxymorphone
An opioid painkiller sold under names Opana and OxyContin

Scott County

To slow the rise in HIV, Indiana has extended its emergency needle exchange program in this area.
Enhanced surveillance (2017-2018) shows that of people 35 and under who were asked about risk factors 88% reported injection drug use as their primary risk. IDU reported as a risk factor for new HIV infection reported in 2016, 2017 and 2018. Rarely reported previous to that.

As of December 31, 2018 there are 457 people living with HIV/AIDS in North Dakota. Injection drug use was reported among 12%.

ND VULNERABILITY INDEX
- Chronic Hepatitis C in persons under 35 as proxy for IDU
- Included variables such as drug overdose mortality, access to prescription opioids, drug related criminal activity and sociodemographic characteristics among others.
DATA SOURCES
- Census – American Community Survey
- Behavioral Risk Factor Surveillance System
- North Dakota Department of Health
- Disease Control
- Vital Records
- North Dakota Department of Human Services
- Prescription Drug Monitoring Program
- Office of the Attorney General
- Drug Enforcement Agency

METHODS
- Multilevel regression modeling
- Identify indicators with the strongest associations

PRIMARY MODEL
1. Percent Uninsured
2. NCHS Urban/Rural Classification
3. Percent Poverty
4. Teen Birthrate
5. Gonorrhea Rate
6. Percent Unemployed
7. Poor Health Rating
8. No Vehicle Access
9. No High School Diploma
PRIMARY MODEL
1. Benson County
2. Rolette County
3. Sioux County
4. Mountrail County
5. McKenzie County

SECONDARY MODEL
- Contained additional variables with high-epidemiologic association with injection drug use that were not indicated in the primary model
- The counties analyzed were limited only to the counties in which this data was available.

1. Amphetamine/Methamphetamine Incidents
RECOMMENDED STRATEGIES

- Safer Prescribing of Opioid Pain Relievers
- Expanding Availability and Access to Naloxone
- Increasing Access to Medication-assisted Treatment in Combination with Behavioral Therapies
- Increasing Access to Syringe Service Programs to Prevent the Spread of Hepatitis C Virus Infection and Human Immunodeficiency Virus Infections.
- Improve Detection of and Response to Outbreaks Associated with Drug Overdoses Related to Illicit Opioids

LEGAL IN ND SINCE AUG. 2017

AUTHORIZATION BY NDDoH

3 AUTHORIZED PROGRAMS IN ND AS OF JULY 1, 2019

METH: MOST COMMONLY REPORTED SUBSTANCE USED

350 PARTICIPANTS SERVED FROM JULY 1, 2018 TO DEC. 31, 2018
Comprehensive Approach

HEPATITIS A
- Since March 2017: Many Hepatitis A Outbreaks Across the U.S.
- More than 15,000 cases, 8,500 (57%) hospitalizations, and 140 deaths

OPPORTUNITIES FOR PREVENTION
- Partnerships with Pharmacies, Law Enforcement
- Hepatitis A and B Immunizations
- Syringe Disposal
- Community Education on Safe Disposal
- Sterile Supplies
- Ensure Healthcare Providers are Testing
- Community Education: NDCPG