Developing a Community Response Plan for an Outbreak of Hepatitis and HIV among Persons Who Inject Drugs

How a Rural Community in Virginia is Preparing for and Addressing this Vulnerability

April 10, 2018

Audio Access
Dial-in: 1-866-740-1260
Participant Access Code: 5074233#
Webinar Logistics

- Participant lines will be muted.
- Chat with other participants and make comments via the chat box.
- Submit questions via the Q&A box. These questions will be addressed during the Q&A session at the end of the webinar.
- The webinar is being recorded and will be archived on [www.naccho.org](http://www.naccho.org).
Agenda

• Welcome and Introductions

• LENOWISCO Health District Presentation: Addressing Hepatitis, HIV, and Substance Use Disorder in a Rural Community

• Q&A
Speaker Introductions

**Moderator**

*Gretchen Weiss*, MPH, Director of HIV, STI, and Viral Hepatitis, NACCHO

**Speakers**

*Sue Cantrell*, MD, District Director, LENOWISCO Health District and Cumberland Plateau Health District

*Dan Hunsucker*, Public Health Educator, LENOWISCO Health District

*Sydney Manis*, MPH, Local Health Emergency Coordinator, LENOWISCO Health District
• The United States is in the midst of an opioid crisis that is fueling an increase in injection drug use and rates of transmission of blood-borne viruses, including HIV, hepatitis C virus (HCV), and hepatitis B virus (HBV).

• Vulnerability to the rapid dissemination of HIV was experienced during the 2015 HIV outbreak in rural Scott County, Indiana, where over 90% of those newly diagnosed with HIV were co-infected with HCV.

• In 2016, CDC released the results of its vulnerability assessment, which identified 220 counties most vulnerable to the rapid dissemination of HIV and HCV infection among people who inject drugs.

• In the wake of the HIV outbreak in Scott County and in response to the CDC’s vulnerability assessment, the LENOWISCO Health District of the Virginia Department of Health initiated efforts to develop a comprehensive community response plan to address this vulnerability.
Addressing Hepatitis, HIV, & Substance Use Disorder in a Rural Community
The LENOWISCO Health District (LHD) is located in the heart of the beautiful Appalachian mountains of southwest Virginia, extending east from the Cumberland Gap, and bordering Kentucky and Tennessee. Much of our district is closer to at least seven other state capitals than to Virginia’s own capital, Richmond. LHD serves three counties Lee, Wise and Scott, and the independent City of Norton, with a total population of approximately 92,000.
Acute HBV Rates
per 100,000 population

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment
Reported Hepatitis C per 100,000
18-30 year olds only, 2016
Rates of **Acute HCV** by District and Year
Virginia, 2010-2016

Rates of **Chronic HCV** by District and Year
Virginia, 2010-2016

LENOWISCO  Cumberland Plateau  Virginia
## Rates of Hepatitis per 100,000 population

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<tr>
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<tr>
<td>Acute Hepatitis B</td>
<td>1.1</td>
<td>0.7</td>
<td>12.0</td>
<td>2.7</td>
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<tr>
<td>Chronic Hepatitis B</td>
<td>4.6</td>
<td>24.2</td>
<td>15.3</td>
<td>17.3</td>
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<tr>
<td>Acute Hepatitis C</td>
<td>0.8</td>
<td>0.9</td>
<td>4.4</td>
<td>5.5</td>
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<tr>
<td>Chronic Hepatitis C</td>
<td>57.5</td>
<td>121.3</td>
<td>283.6</td>
<td>340.6</td>
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</table>
County Opioid Prescribing
Rate per 100 persons, 2016

- < 57.2
- 57.2 – 82.3
- 82.4 – 112.5
- > 112.5
- Missing Data

Rates of Fatal Opioid Overdoses
by Locality of Injury, 2015
*Excluding Fentanyl

Rate per 100,000
- 0.0
- 1.3 - 4.2
- 4.3 - 7.2
- 7.3 - 12.6
- 12.9 - 25.4
- 25.5 - 46.3
Scott County, Indiana

- **December 2014:** 3 New HIV Diagnoses in Austin, IN
  - Common Needle Sharing Partners
  - Contact Tracing → 8 Additional Infections by January 23, 2015
  - Previously, only 5 HIV infections reported 2004-2013
- **As of April 2016:** 190 Individuals Diagnosed with HIV
  - All linked to Austin, IN
  - Infections were recent and from a single strain of HIV
  - 91% Co-Infected with Hepatitis C

- Importantly, there was a sign that the community was ripe for the HIV outbreak.
  - That sign was **acute hepatitis C**, driven by injection drug use
  - The cluster of cases of HCV pointed to widespread injection drug use
CDC County-level Vulnerability to Rapid Dissemination of HIV/HCV Infection Among Persons who Inject Drugs

Vulnerable Counties and National Ranks (from 1-220)

<table>
<thead>
<tr>
<th>County</th>
<th>Rank</th>
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<tbody>
<tr>
<td>Buchanan</td>
<td>28</td>
</tr>
<tr>
<td>Lee</td>
<td>73</td>
</tr>
<tr>
<td>Patrick</td>
<td>166</td>
</tr>
<tr>
<td>Dickenson</td>
<td>29</td>
</tr>
<tr>
<td>Wise</td>
<td>78</td>
</tr>
<tr>
<td>Wythe</td>
<td>210</td>
</tr>
<tr>
<td>Russell</td>
<td>61</td>
</tr>
<tr>
<td>Tazewell</td>
<td>96</td>
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April 2016– Southwest Outbreak Exercise (SWOBEX)

- Identify and initiate response to an outbreak of Hepatitis and HIV
- 4 Southwest Virginia Health Districts Participating
  - LENOWISCO
  - Cumberland Plateau
  - Mount Rogers
  - New River
NACCHO COMMUNITY RESPONSE PLAN PROJECT
Develop Project Taskforce

- Project Coordinator/Health Educator
- Health Director
- Nurse Manager
- Epidemiologist
- Emergency Coordinator
- (2) Public Health RNs
- Disease Intervention Specialist
- MPH Fellow/Office Specialist

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<table>
<thead>
<tr>
<th>Planning Task Force</th>
<th>S. Cantrell, J. Cantrell, Freeman, Hamilton, Hunsucker, Jett, Manis, McCabe, McPherson, Sturgill</th>
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<tr>
<td>Exercise Development</td>
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<tr>
<td>Identify need for exercise</td>
<td>Nov-18, 2018, Assigned Staff: S. Cantrell, McPherson, Status: COMPLETE</td>
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<tr>
<td>Work plan &amp; schedule</td>
<td>Dec-18, Assigned Staff: Hunsucker, Status: COMPLETE</td>
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<td>Identify appropriate exercise venue</td>
<td>Nov-17, Assigned Staff: S. Cantrell, McPherson, Sturgill, Status: COMPLETE</td>
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<td>Develop exercise evaluation</td>
<td>Dec-18, Assigned Staff: Hunsucker, Status: COMPLETE</td>
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<td>Develop public information plan</td>
<td>Feb-17, Assigned Staff: ALL, Status: COMPLETE</td>
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<tr>
<td>Exercise Design</td>
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<tr>
<td>Establish goals</td>
<td>Feb-17, Assigned Staff: ALL, Status: COMPLETE</td>
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<tr>
<td>Scope &amp; scale</td>
<td>Nov-17, Assigned Staff: S. Cantrell, McPherson, Status: COMPLETE</td>
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<td>Identify key stakeholders in each community</td>
<td>Feb-17, Assigned Staff: ALL, Status: COMPLETE</td>
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<td>Define extent of play</td>
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<td>Develop objectives</td>
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<td>Develop exercise scenario</td>
<td>Feb-17, Assigned Staff: Manis, McCabe, Lucas, Sturgill, Status: COMPLETE</td>
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<td>Develop security plan (exercise safety)</td>
<td>Feb-17, Assigned Staff: Manis, McCabe, Lucas, Sturgill, Status: COMPLETE</td>
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<tr>
<td>Develop exercise timeline, master scenario, events list, logistics</td>
<td>Mar-17, Assigned Staff: Manis, McCabe, Lucas, Sturgill, Status: COMPLETE</td>
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<tr>
<td>Finalize scenario</td>
<td>Feb-17, Assigned Staff: Manis, McCabe, Lucas, Sturgill, Status: COMPLETE</td>
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<td>Define resource requirements</td>
<td>Mar-17, Assigned Staff: Manis, McCabe, Lucas, Sturgill, Status: COMPLETE</td>
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<td>Develop briefing materials</td>
<td>Mar-17, Assigned Staff: Hunsucker, Manis, Sturgill, Status: COMPLETE</td>
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<td>Conduct the Exercise</td>
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<td>Conduct pre-exercise briefings</td>
<td>Mar-17, Assigned Staff: Manis, McCabe, Lucas, Sturgill, Status: COMPLETE</td>
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<tr>
<td>Conduct player trainings</td>
<td>Mar-17, Assigned Staff: Manis, McCabe, Lucas, Sturgill, Status: COMPLETE</td>
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<tr>
<td>Conduct exercise</td>
<td>Mar-17, Assigned Staff: ALL, Status: COMPLETE</td>
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The project task force worked on:

1) Review SWOBEX Exercise-learn from the first tabletop plan in order to prepare for the project.

2) Identify Elements of Model Practice-to address hepatitis/HIV outbreak in a rural community.

3) Conduct an Outbreak Exercise-coordinate logistics for a local outbreak response exercise to identify community strengths and weaknesses.

4) Participation-determining agencies and stakeholders that should participate.

5) Future Planning-town hall meetings and comprehensive response plan.
Identified Strategic Agencies and Stakeholders to Participate in Exercise

- VA Department of Health
- VA Dept. of Emergency Mgmt.
- Local Hospital Infection Prevention/Healthcare Providers
- Local Law Enforcement
- State Police
- Emergency Medical Services
- Department of Social Services
- Community Service Board
- Local Recovery Groups
- Peer Recovery Coaches
- Elected Officials
- Home Health Agencies
- Commonwealth’s Attorney(s)
- Faith-based Community
- School System
- Civic Groups
- Non-profit/Service Agencies
- Federal Partners
- Transportation Providers
APPALACHIAN H.E.A.R.T. TABLETOP EXERCISE
Exercise Task Force

LENOWISCO Emergency Coordinator
Western Region Emergency Coordinator
Western Region Public Information Officer
Western Region Epidemiologist
Cumberland Plateau Health District Epidemiologist
MPH Fellow/LENOWISCO Office Specialist
Exercise Objectives

Discuss outbreak prevention and mitigation.

Discuss viral hepatitis/HIV outbreak response needs.

Examine information sharing processes with community partners.

Discuss laws, regulations, and procedures for viral hepatitis/HIV outbreak.
• Participant evaluation - better explain HSEEP form to participants
• Introductions - polling introduction or small group intro
• Provide a follow-up online toolbox
• Sharing contact information - expand community partnerships
• Repetitive answers - opportunity for questions and assistance
• Clarifying roles - explaining agency role in this scenario to increase participation
• Invite local media to be players - additional information sharing opportunity

Lessons Learned - Tabletop
• Agencies/organizations evenly distributed at each table
• Registration process-Eventbrite used
• Color coded systems-organized by county and discipline for equal representation
• Engagement of existing partners-helped to drive participation
• Subject matter experts-utilized for scenario development
• Information folder provided to every participant

Best Practices-Tabletop
TOWN HALL MEETINGS
Information from SWOBEX & Appalachian HEART to develop a draft response plan

Town hall participants received an executive summary of the draft response plan.

Reviewed key components of draft plan at town hall meetings.

Feedback from participants at each meetings was used to inform and refine the final plan.
• Time of meetings - vary meeting times
• Registration - Eventbrite not as good for community members
• Data/statistics - some audience noted being overwhelmed by amount and type of data
• Policy makers & community leaders - limited participation at town hall meetings
• Announcement timeframe - publicize early and often

Lessons Learned - Town Halls
Subject matter experts at meetings - CDC, NACCHO, VDH Central Office, Regional & Local Experts

Discussion/Q & A - excellent participation, feedback, and questions

REVIVE! - audience could take REVIVE (Narcan®) training at end of meeting

Engage existing coalitions - utilizing community expertise

Partnerships are key - In order to be effective, a comprehensive community response plan must engage and include representative community sectors. A successful response requires representation and active collaboration from all sectors.

Best Practices - Town Halls
COMMUNITY RESPONSE PLAN
Response Phases

Community Prevention
Targeted education; sharing surveillance data; partnering with community/agencies

Community Response
Targeted prevention; BBP surveillance, testing, & intervention; community-wide education & training efforts

Community Recovery
Messaging; training; treatment; continued community status analysis
Community Prevention

Educate community members & Local Government on situation & available resources

Educate at-risk populations
- Persons Who Inject Drugs (PWID)
- Partners
- Household Contacts

Educate healthcare providers
- Epi surveillance data
- Indicators of SUD, BBP screening

Educate Inmates
- Substance abuse class offered through re-entry program
- BBP, IDU
COMMUNITY RESPONSE
Immediate Response

Targeted efforts for BBP screening and referral to services
PWID, Contacts of PWID, Reports of individuals with one BBP

Alert healthcare providers and provide clinician education
Resources for provision of HBV vaccine; Alert healthcare providers in neighboring unaffected regions; PrEP, nPEP; HCV Treatment

Provide BBP prevention training to at-risk population
Community professionals, PWID, Community members
Immediate Response

Partner with SUD Treatment/Mental Health Providers

- Refer new SUD clients for:
  - BBP Screening
  - PrEP and nPEP
  - Safer Injection Practices
  - Family Planning

Continue to Update Healthcare Providers

- SBIRT Training
- Encourage continued screening and referral

Community Outreach Centers

- Based on Indiana’s “One Stop Shop” model
Community Outreach Centers

- Insurance Enrollment
- Child Care
- Care Coordination
- Health Department services (WIC)
- Syringe Services Program
- Social Services
- BBP Testing and Referrals as Indicated
- Workforce Development
- Telemedicine Capability
- Immunizations
- Pharmacy Connect
- Referral to SUD
- Treatment/Recovery
- Homeless Shelters
- Referral to Behavioral Health
- Family Planning Services
- Food Assistance
- Employment Assistance
Intermediate Response

Improve access to sterile needles and syringes/proper disposal of used injection equipment in areas vulnerable to viral hepatitis and HIV outbreaks through implementing comprehensive harm reduction.

• Health District will continue to educate PWIDs on syringe and injection equipment cleaning to reduce risk of BBP infection transmission, until a more effective means to reduce infection rates are adopted (such as comprehensive harm reduction).

• Public health leadership will approach county leadership and local law enforcement for support in the adoption of a comprehensive harm reduction program.
Intermediate Response

Provide information to the public: current status of incident, incident response, and available resources

- Flyers posted in common areas (e.g., grocery stores, discount stores, post office)
- Social media information posts
- Community forum/town hall meetings/recovery groups
COMMUNITY RECOVERY (SUSTAINED RESPONSE)
Community Recovery (Sustained Response)

Circumstances that may trigger implementation of the Recovery component of Plan:

- Return to pre-outbreak BBP incidence levels.
- Containment of cases (reduced or no further transmission/identification of secondary cases).
- Resources in place to provide on-going management of HIV and treatment of HBV and HCV.
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Daniel Hunsucker
Daniel.Hunsucker@vdh.virginia.gov

Sydney Manis
Sydney.Manis@vdh.virginia.gov
NACCHO and the LENOWISCO Health District acknowledge and thank all the individuals and organizations who served on the exercise task force and who participated in the tabletop exercise and town hall meetings. Additionally, we thank the following persons at the Centers for Disease Control and Prevention for their guidance and support during the project: Alice Asher, Danae Bixler, Ijeoma Ihiasota, Alyson Rose-Wood, and Eyasu Teshale.
If you have a question, please type it in the Q&A box on your screen.

We also welcome other comments in the Chat box. If you have undertaken similar efforts, please share!
Thank You!

Contact:
Gretchen Weiss, MPH
Director of HIV, STI, and Viral Hepatitis
gweiss@naccho.org

Visit www.naccho.org and check out:
• NACCHO’s Hepatitis C Resources
• NACCHO Exchange: Opioids
• Recording of NACCHO’s November 2017 Hidden Casualties Congressional Briefing
• Sign-up for NACCHO’s HIV, STI, and Viral Hepatitis Digest

Coming soon! LENOWISCO Project Report and Webinar Recording
The report and webinar recording will be emailed to everyone who registered for the webinar and available on the NACCHO website.