

Targeted Outreach & Other Strategies for Increasing HCV Testing

Working in Settings that Serve High-Risk Populations

Webcast 2.4



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Webcast Overview

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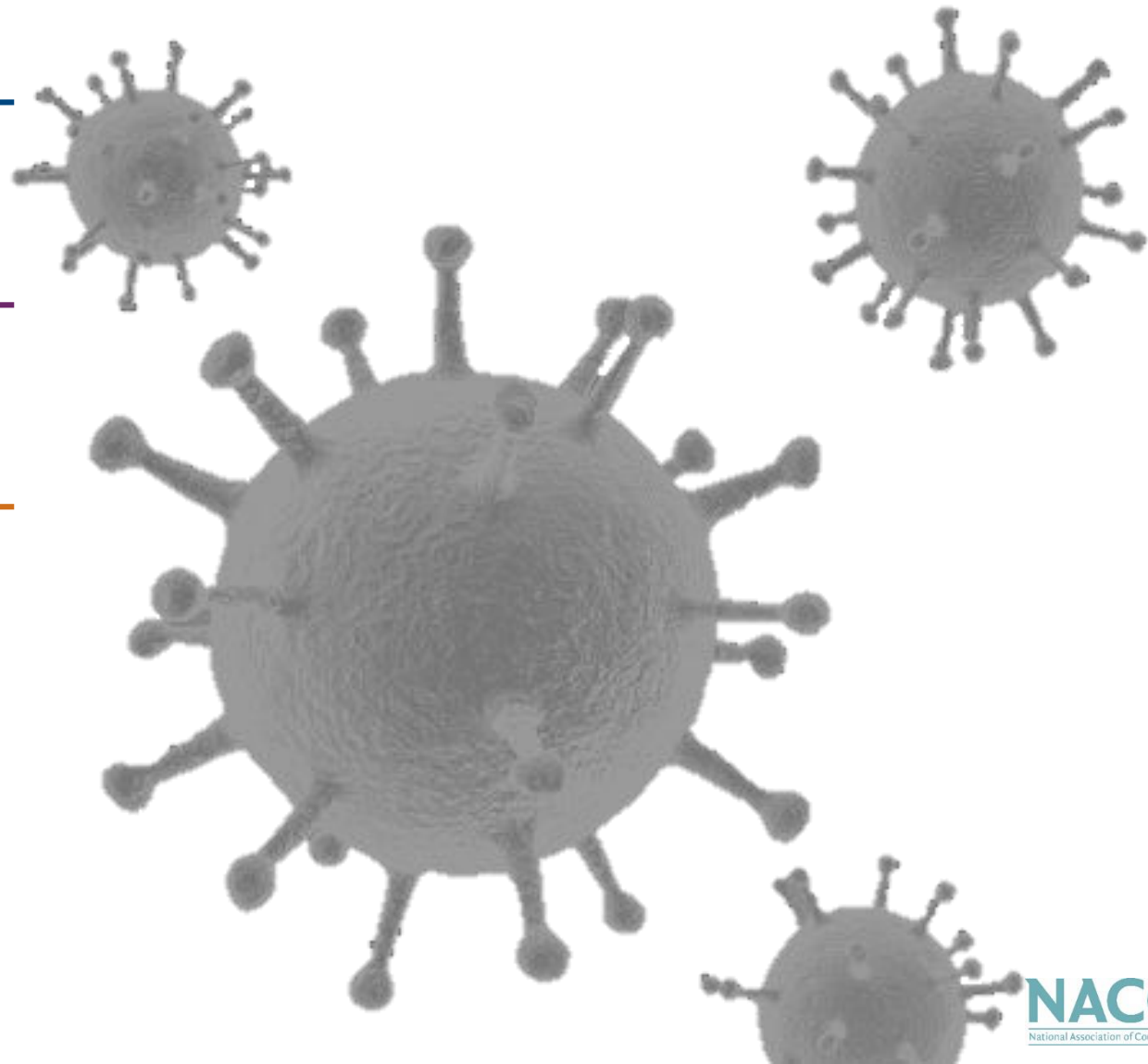
Hepatitis C
Disparities

2

Working with
High-Risk Groups

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Tools to Increase
Testing & Linkage
to Care



Hepatitis C Disparities



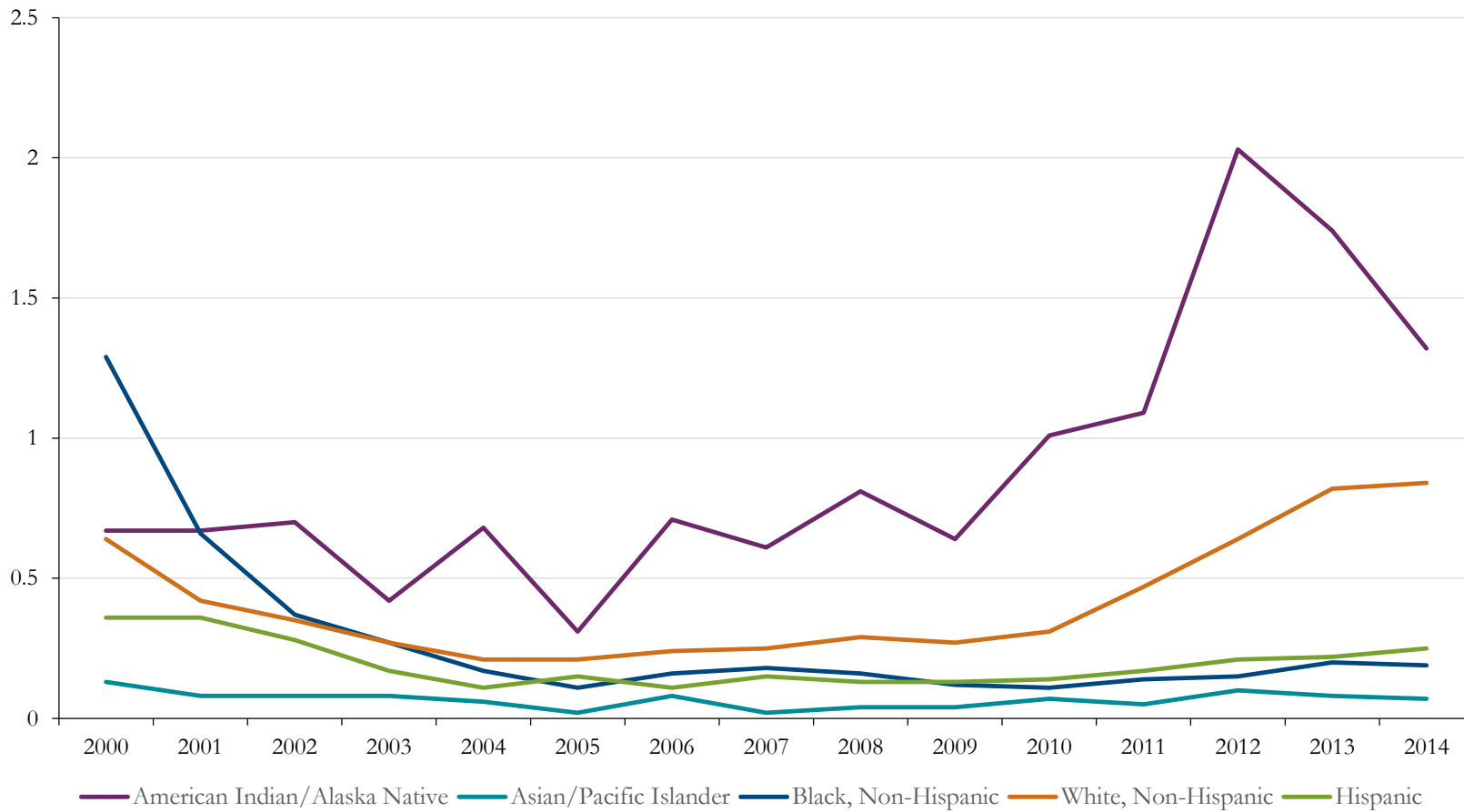
HCV Health Disparities

- African Americans are 2 times more likely to be infected with HCV compared to the general US population
- African American are 2 times more likely to die from HCV than white Americans
- 1 in 7 African American men born 1950-1955 have HCV
- American Indians and Alaska Natives are 1.5 times more likely to be infected with HCV compared to white Americans
- American Indians/Alaska Natives are 2.8 times more likely to die from HCV than white Americans
- 25% of HIV-positive individuals are co-infected with HCV
- 60-90% of people who inject drugs (PWID) acquire HCV within 5 years

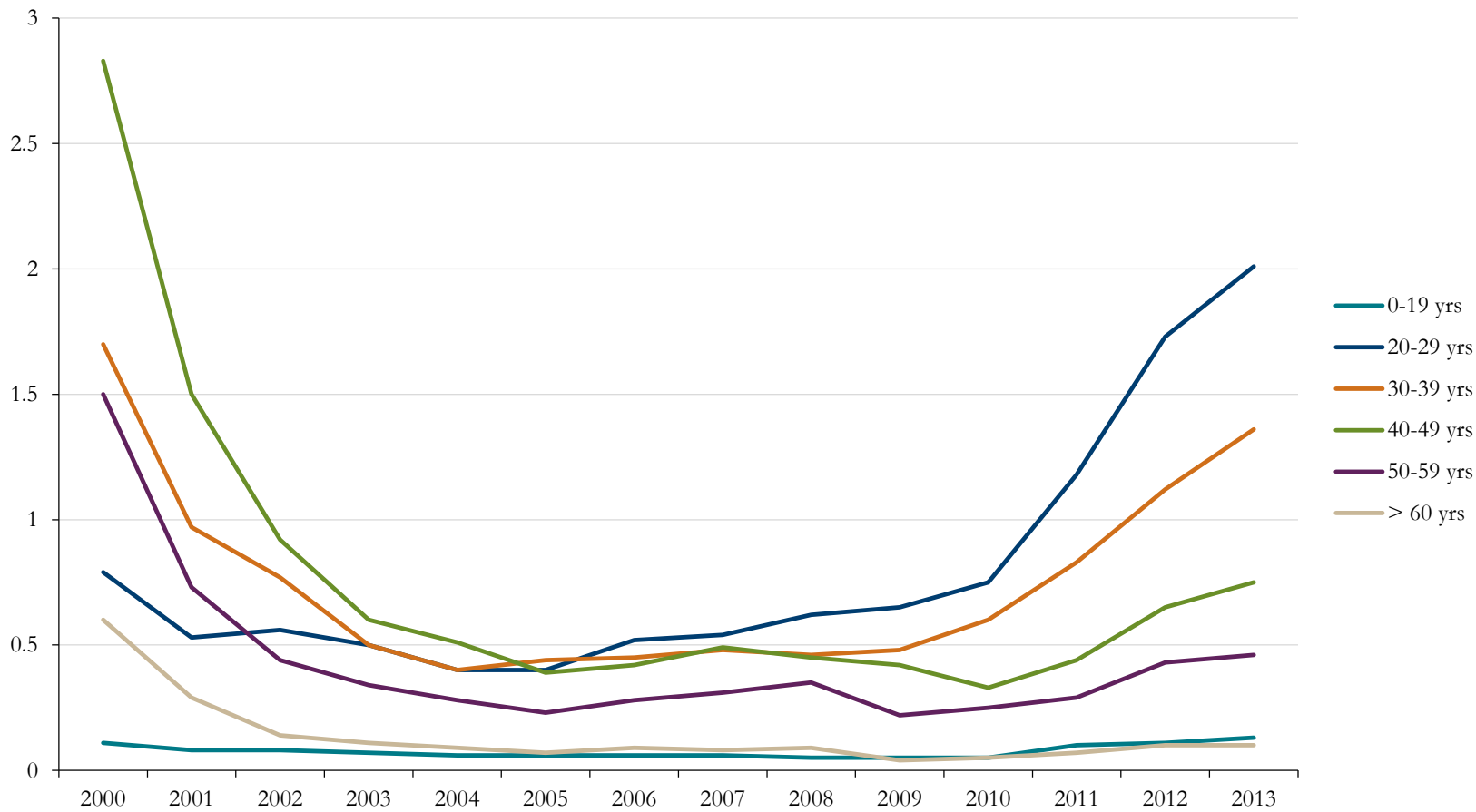
1. Centers for Disease Control and Prevention: Surveillance for Viral Hepatitis – United States, 2014.

2. Grebely, J. and Dore, G. J. (2011). Prevention of hepatitis C virus in injecting drug users: A narrow window of opportunity. *J Infect Dis*, 203(5): 571-4.

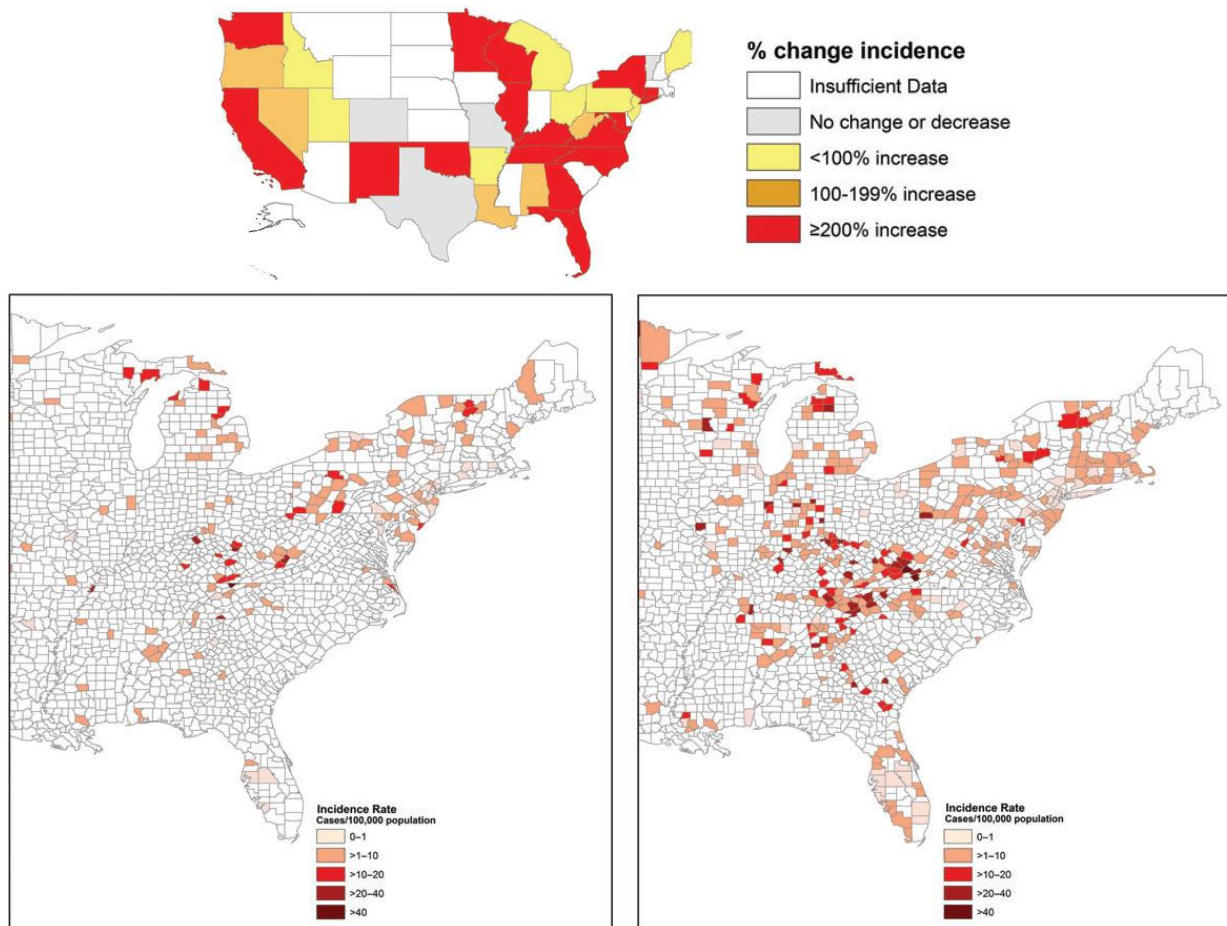
Incidence of Acute HCV by Race/Ethnicity – U.S., 2000-2014



Incidence of Acute HCV by Age – U.S., 2000-2013



Increase in Acute HCV Cases in Young Non-Urban Persons – 2006-2012



Suryaprasad, A. (2014). Emerging epidemic of hepatitis C virus infections among young nonurban persons who inject drugs in the United States, 2006-2012. *Clinical Infectious Diseases*, 59(10): 1411-9.

Working with High-Risk Groups

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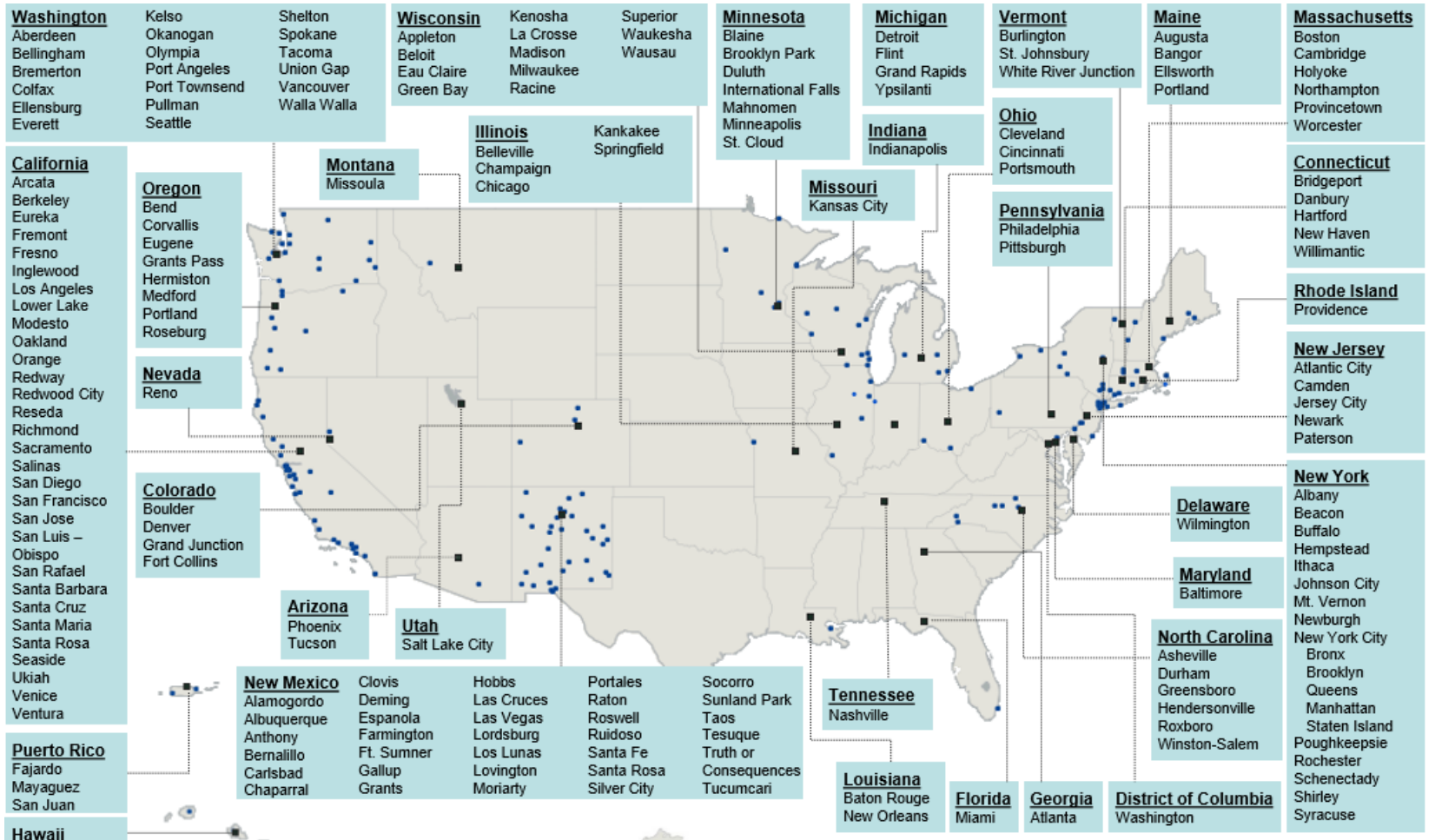
Barriers to Accessing HCV Services

- Lack of health insurance
- Lack of financial resources
- Lack of primary care provider
- Structural barriers
 - Transportation challenges
 - Stigma and lack of culturally competent and nonjudgmental providers
 - Legal barriers
 - Medicaid and insurance treatment restrictions
 - Incarceration

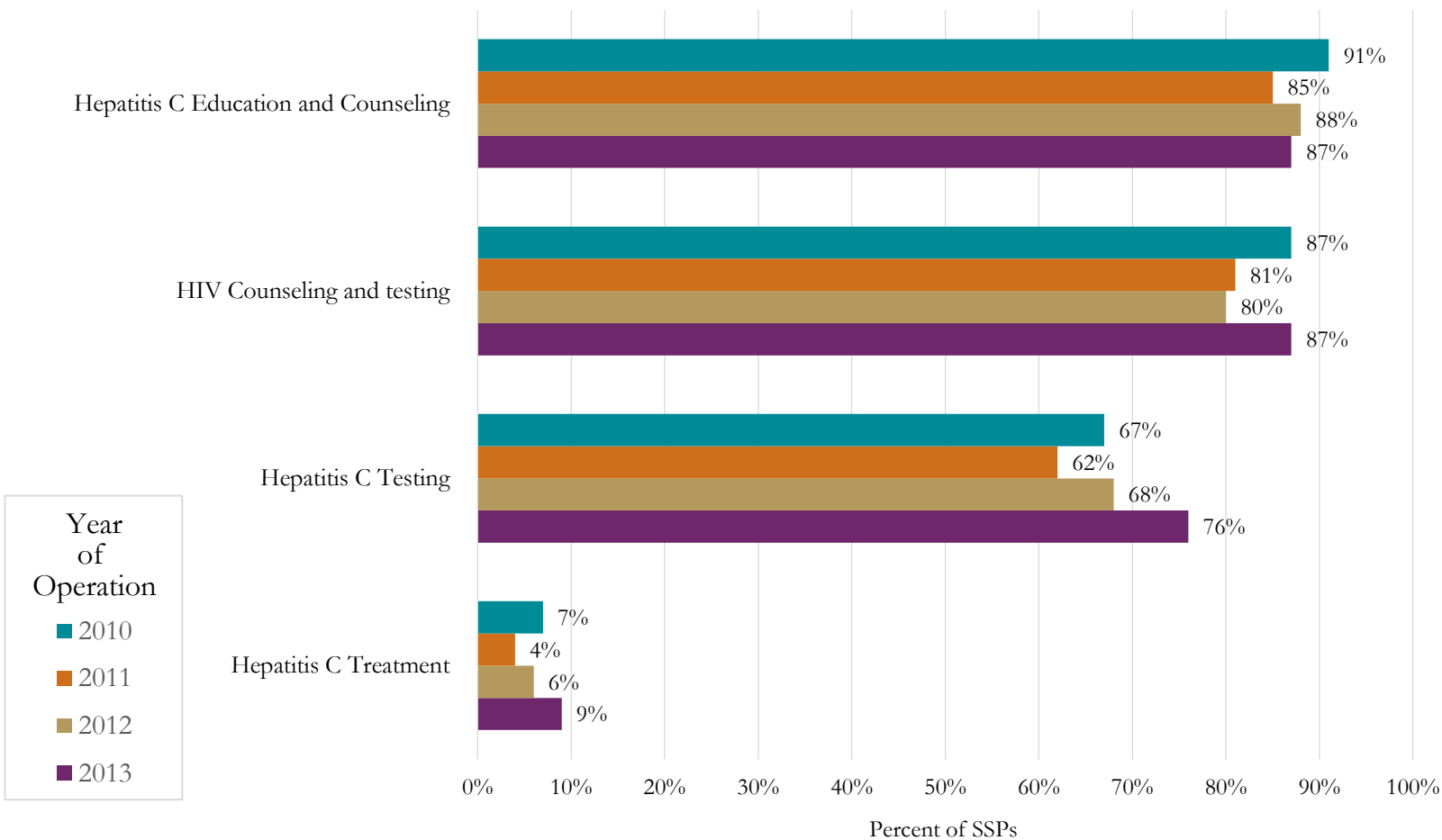
Syringe Services Programs (SSPs)

- Core services:
 - Sterile needles/syringes
 - Other drug preparation equipment (cookers, cottons, etc.)
 - Used syringe disposal
- Wrap-around services:
 - Comprehensive sexual and injection risk reduction counseling
 - Provision of naloxone to reverse opioid overdoses
 - HIV and viral hepatitis testing, plus referral and linkage to treatment services
 - STD testing and treatment, or referral to treatment
 - Referral and linkage to hepatitis A and hepatitis B vaccination
 - Referral to integrated and coordinated treatment of substance use disorder, mental health services, physical health care, social services, and recovery support services

SSPs in the U.S. – 2014



HCV and HIV Services Provided at SSPs



Substance Abuse Treatment Programs

- Serve key populations at risk for HCV
- Link to care and community resources
- Opportunities for LHD to:
 - Educate clients and program staff
 - Train counselors on HCV, HIV, and STD prevention
 - Provide technical assistance
 - Provide or refer for screening, immunizations, and treatment information

Reaching Other At-Risk Populations

- Behavioral and mental health
 - People with mental health conditions are at greater risk for HCV and have been excluded from HCV treatment in the past
 - Health departments can educate behavioral health partners and patients about new treatments, and provide field-based screening at behavioral health centers
- Homeless
 - Prevalence 22% - 52%¹
 - Health departments can reach out to:
 - Service providers including shelters, food kitchens, prevention programs, and community agencies serving the homeless
 - Faith-based services
 - Emergency departments

1. Chak, E., et al. (2011). Hepatitis C virus infection in USA: An estimate of true prevalence. *Liver Int*, 31(8): 1090-101.

Reaching Other At-Risk Populations

- Pregnant Women
 - 5% risk of vertical transmission
 - Cases of HCV-positive newborns increasing because of the opioid epidemic
 - HCV-positive women should be counseled to have child tested
 - RNA at 1-2 months, repeated subsequently; or antibody test at 18 months
 - Health departments can educate primary providers on screening guidelines and changing epidemiology of HCV
 - Health Alert from the Philadelphia Department of Public Health:
https://hip.phila.gov/Portals/_default/HIP/HealthAlerts/2015/PD_PH-HAN_Advisory_1_PerinatalHepatitisC_01052015.pdf

Tools to Increase Testing & Linkage to Care

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Tools and Resources

- Field-based testing
 - Rapid, finger-stick or whole blood test
 - CLIA-waived
 - Can be used in outreach, mobile, and nontraditional settings:
 - Alongside SSPs
 - At methadone clinics and at detox or recovery centers
 - At job fairs, job training programs, or local government offices
- Strong referral network
 - Health departments can develop and distribute information on culturally competent providers willing to accept HCV patients, including PWID and homeless persons
 - Initial referrals should be to providers who can do confirmatory testing
 - Refer to FQHCs or community health centers for uninsured persons
 - Initial referral experience can impact follow-up and health outcomes

Education

- Field-based testing is important opportunity for education
 - Information on results
 - Importance of confirmatory testing and where confirmatory testing is available locally
 - How to stay healthy and prevent transmission
- Key messages:
 - Using own injection equipment, including syringes, cookers, cottons, spoons, and other supplies
 - Using new equipment whenever possible
 - Liver health topics: reducing alcohol and acetaminophen use, maintaining healthy body weight, exercise and nutrition information, and vaccination of hepatitis A and B
 - Improved treatment options with shorter treatment periods and fewer side effects
 - For HCV-negative persons: importance of retesting every 3-6 months, depending on continuing risk



NACCHO's Educational Series on HCV & Local Health Departments: *Module 2*

2.1: Planning for Action at the Local Level

2.2: Creating a Local HCV Epidemiologic Profile

2.3: HCV Testing Challenges and Systems-based Solutions

2.4: Targeted Outreach and Other Strategies for Increasing HCV Testing: Working in Settings that Serve High-risk Populations

2.5: *Building and Supporting Local Capacity for HCV Care, Treatment, and Cure*

2.6: Advocating for Sensible Policies in the Age of HCV Cure