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

1. Hepatitis C Disparities
2. Working with High-Risk Groups
3. 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 Americans 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


CDC: National Notifiable Disease Surveillance System (NNDSS).
Incidence of Acute HCV by Age – U.S., 2000-2013

CDC: National Notifiable Disease Surveillance System (NNDSS).
Increase in Acute HCV Cases in Young Non-Urban Persons – 2006-2012

Working with High-Risk Groups
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
HCV and HIV Services Provided at SSPs

- **Hepatitis C Education and Counseling**
  - 2010: 85%
  - 2011: 88%
  - 2012: 87%
  - 2013: 87%

- **HIV Counseling and testing**
  - 2010: 87%
  - 2011: 81%
  - 2012: 80%
  - 2013: 87%

- **Hepatitis C Testing**
  - 2010: 67%
  - 2011: 62%
  - 2012: 68%
  - 2013: 76%

- **Hepatitis C Treatment**
  - 2010: 7%
  - 2011: 4%
  - 2012: 6%
  - 2013: 9%

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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

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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/PH-HAN_Advisory_1_PerinatalHepatitisC_01052015.pdf

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