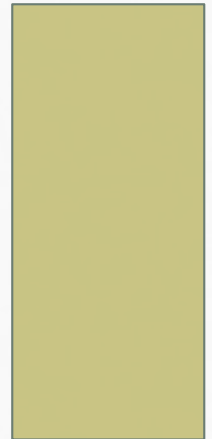




“FIRST, DO NO HARM” THE RYAN WHITE PROGRAM OPIATE EPIDEMIC RESPONSE IN WV

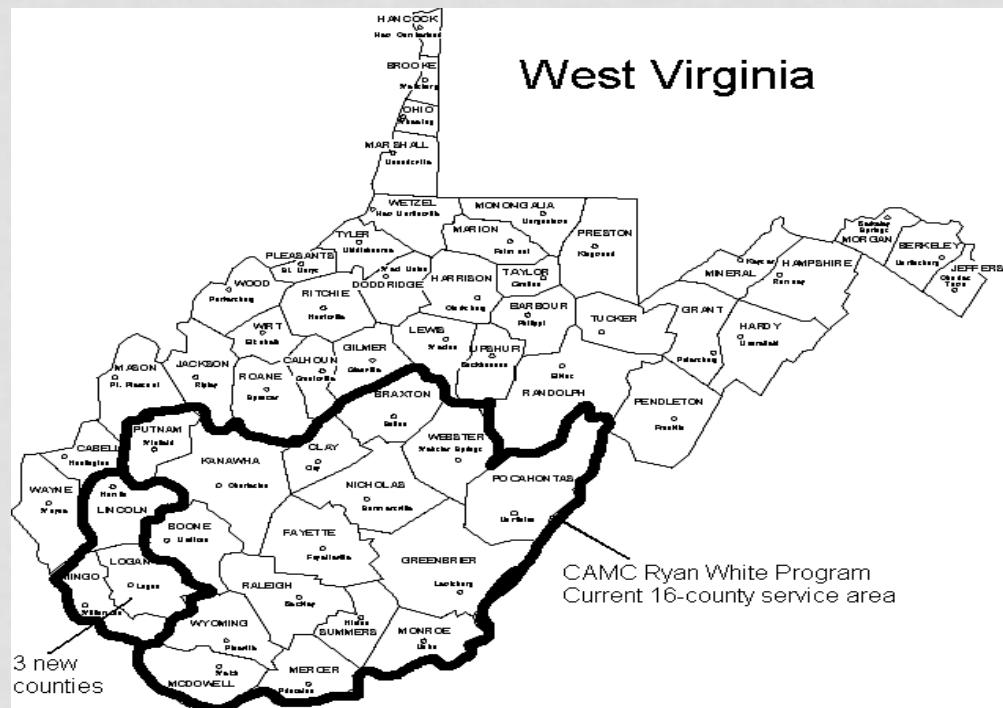
A. CHRISTINE TEAGUE, PHARMD, MPH, AAHIVP
CAMC RYAN WHITE PART C PROGRAM DIRECTOR



CAMC RYAN WHITE PROGRAM

- One of two RW Part C programs in WV
- One of two largest health systems in WV
 - 4 hospital campuses
 - RWP located in Memorial Hospital in Outpatient Care Center
 - Downtown campus is General Hospital, Level I trauma center, more SUD/behavioral health admissions
- Located in Charleston, Kanawha County, capitol city
- 3-4 hour drive to Pittsburgh, Cincinnati, Charlotte
- Entirely rural and overarching issues with poverty, stagnant economy and population decline

CAMC RWP SERVICE AREA



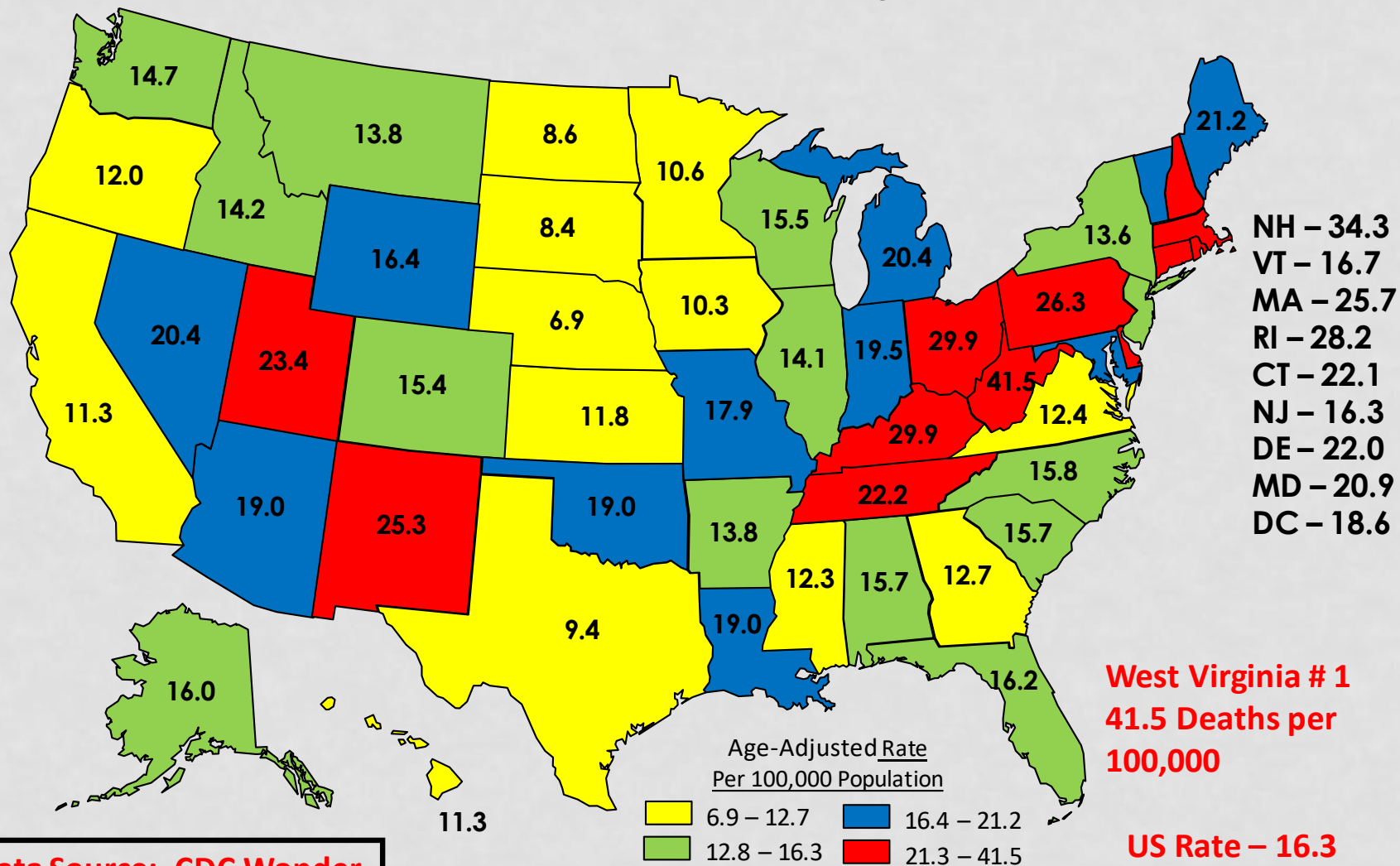
CAMC RYAN WHITE PROGRAM

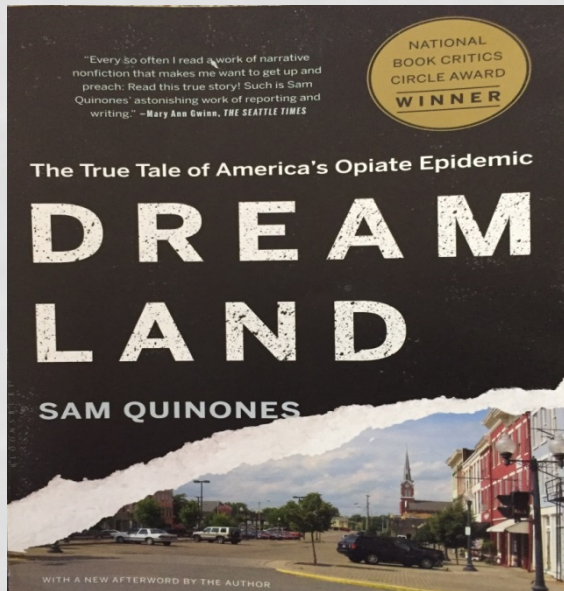
- Part C funding since 2001 to provide comprehensive outpatient HIV services
 - Including mental health, substance use disorder/MAT and HCV management
 - All day, every day primary care HIV clinics at CAMC and once monthly satellite/telemed at HD in Raleigh County
 - 3 physicians and 2 NPs
- 399 clients
- Elton John AIDS Foundation funding started 2016 to provide harm reduction services
 - 4 counties in RWP area as well as local homeless services provider agency



DRUG OVERDOSE RATES BY STATE

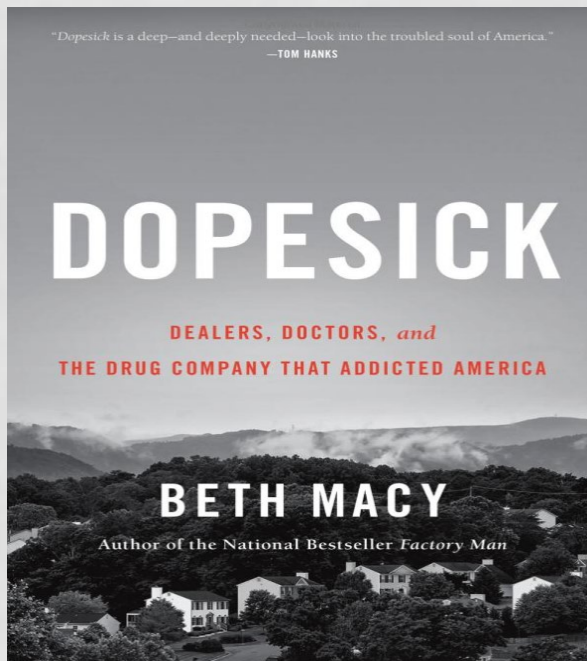
US Resident Overdose Deaths by State, 2015





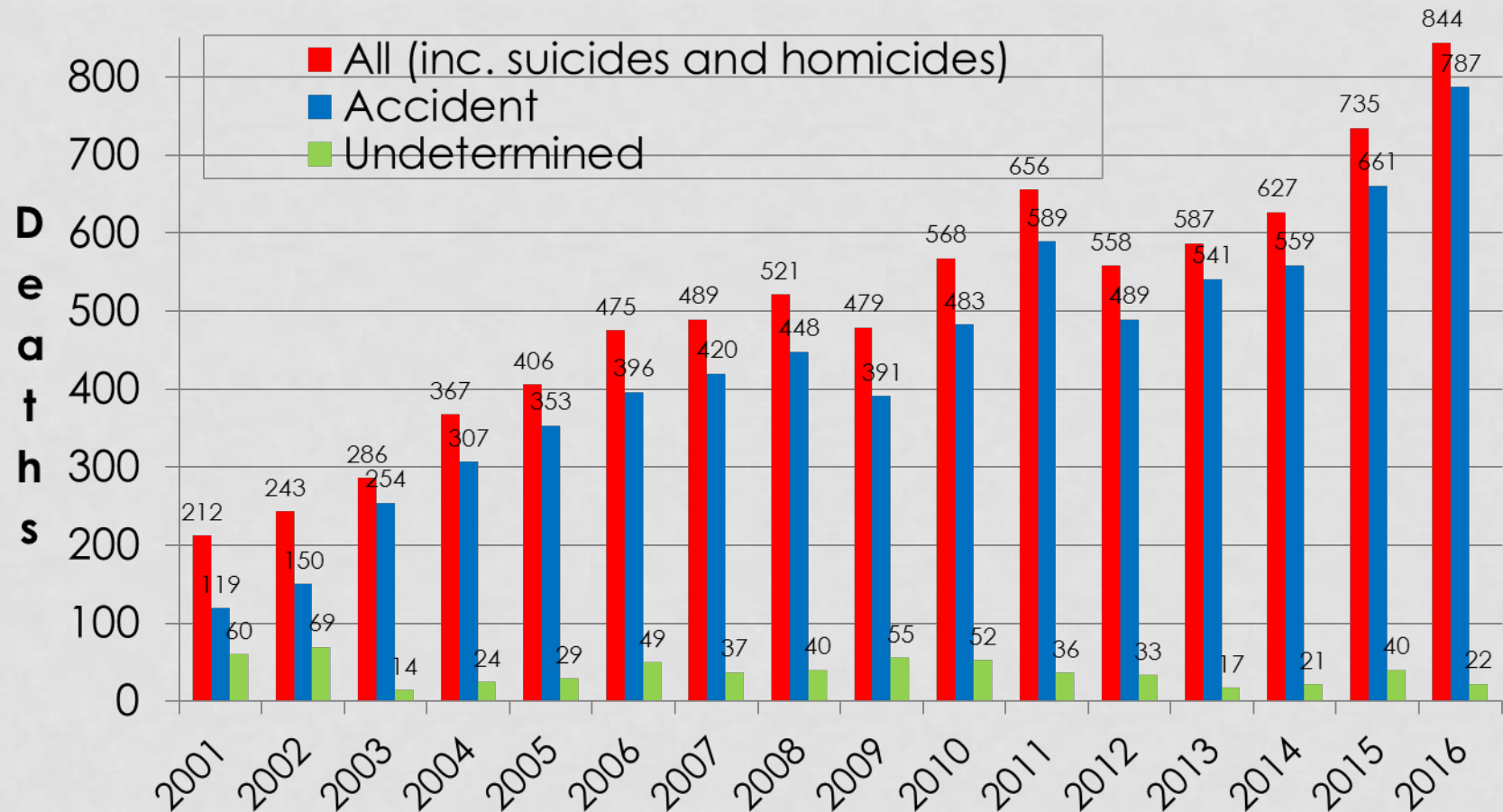
How did this happen??

1. Pain treatment philosophy
2. Drug company marketing
3. Manual labor jobs prone to injury
4. Highly addictive nature of opiates
5. Economic collapse in Appalachia
6. "Pill mills"
7. Cheap Mexican black tar heroin business model



TREND IN DEATHS

WV Drug Overdose Deaths by Year & Manner 2001-2016 Occurrences



Data Source: WV Health Statistics Center, Vital Statistics System

HARM REDUCTION BASICS

- HR is a set of practical strategies that reduce the negative consequences of drug use
- These strategies attempt to meet drug users “where they’re at”
- Community acknowledges and accepts –for better or worse- that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than to simply ignore or condemn them

RATIONALE FOR HARM REDUCTION PROGRAMS

- Reduce spread of blood-borne pathogens (such as HIV, HCV)
- Reduce development of bacterial infections and their complications
- Linkage to substance disorder treatment, medical care, housing and other vital social services
- Reduce drug overdoses
- Do NOT encourage, enable, or increase drug use
- Do NOT increase crime rates or criminal activity
- Do NOT increase needlestick injuries in the community

HARM REDUCTION AT CAMC

- Hospital screening of SUD inpatients admitted to CAMC Hospitals for HIV/HCV and linkage, and Medication-Assisted Treatment (MAT)
- In RW Primary Care HIV clinics:
 - Medication-Assisted Treatment
 - Testing and treatment for HCV
 - Naloxone provision and education by pharmacist
 - Referral to WV Health Right for clean injection equipment
 - Bleach and safe injection education materials found at “Ryan’s Place” (food/supply pantry)
 - Mental health screening by one of three social workers
 - WVSBI RT intervention by one of three social workers
 - Screening, Brief Intervention and Referral to Treatment
 - 1-800-HELP4WV



NALOXONE (NARCAN, EVZIO)



SCOTT COUNTY, INDIANA - 2015

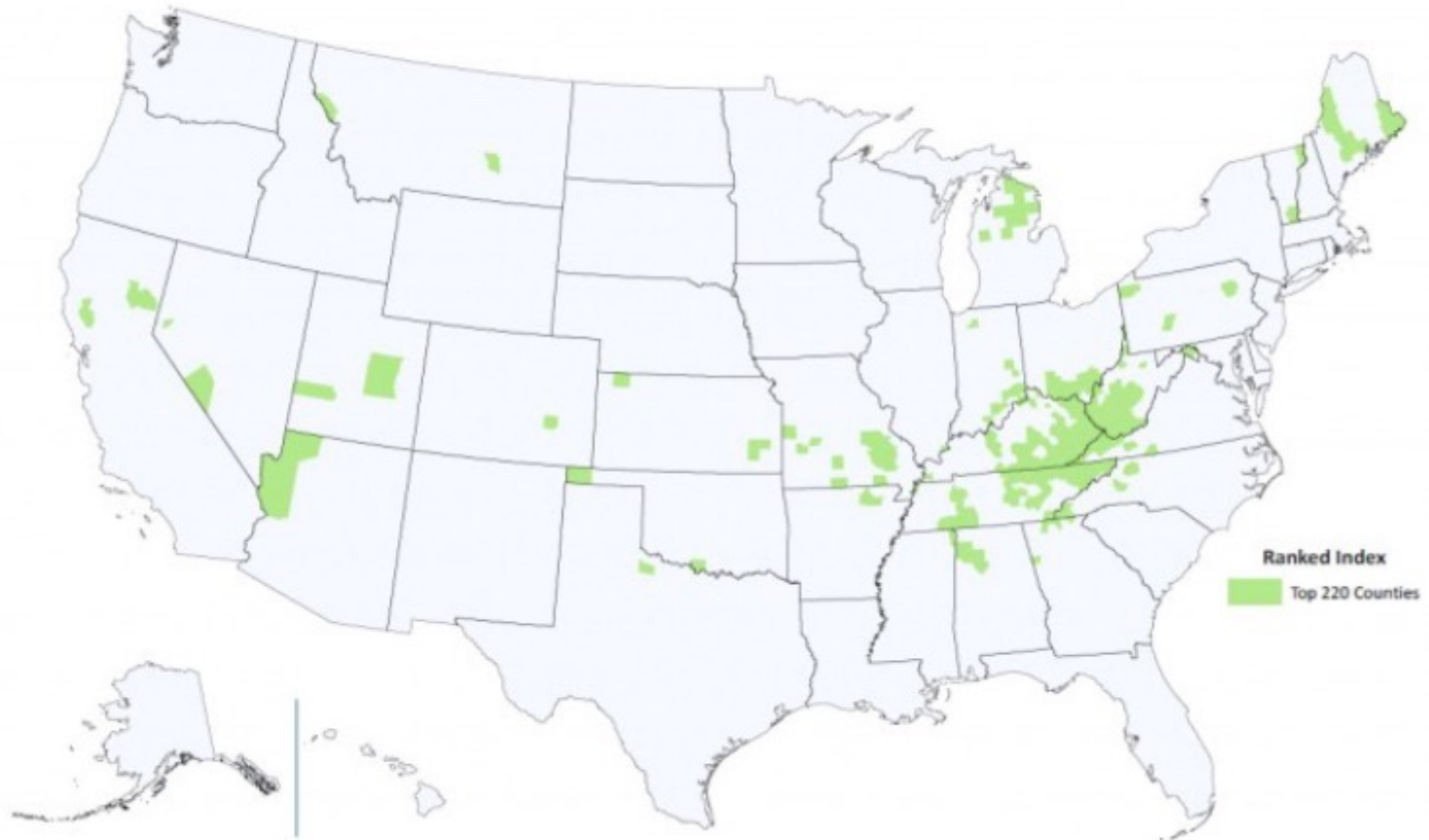
- Small community south of Indianapolis (pop.2,500)
- Over 210 new cases of HIV in IDUs
- Fewer than 5 cases annually previously
- Linked to sharing and re-using dirty needles, cotton and cookers
- Astute public health officials in the health department there made the connection

CDC HIV/HCV OUTBREAK VULNERABILITY ASSESSMENT

- Prompted by the Scott County HIV outbreak
- Parallel epidemics of opioid abuse, unsterile IDU and HCV infection
- Analysis of variables highly associated with IDU which then calculated vulnerability scores for each U.S. county
- 6 indicators associated with acute HCV infections (IDU proxy):
 - Drug overdose deaths
 - Prescription opioid sales
 - Income
 - White
 - Unemployment
 - Buprenorphine prescribing potential by waiver

**Vulnerability to Rapid Dissemination of HIV/HCV Infections Among
Persons Who Inject Drugs: Ranked index using regression model coefficients**

26 States with 1 or
more vulnerable
counties



28 Counties Identified

[illegible]

Vulnerable Counties and National Ranks (from 1-220)									
McDowell	2	Fayette	27	Brooke	76	Lincoln	121	Roane	165
Mingo	7	Morgan	44	Mason	85	Cabell	122	Marshall	182
Wyoming	16	Monroe	47	Calhoun	90	Taylor	133	Berkeley	205
Raleigh	18	Hancock	49	Nicholas	98	Mercer	147	Kanawha	205
Logan	20	Clay	60	Summers	110	Braxton	150		
Boone	22	Wayne	62	Wetzel	113	Tyler	162		

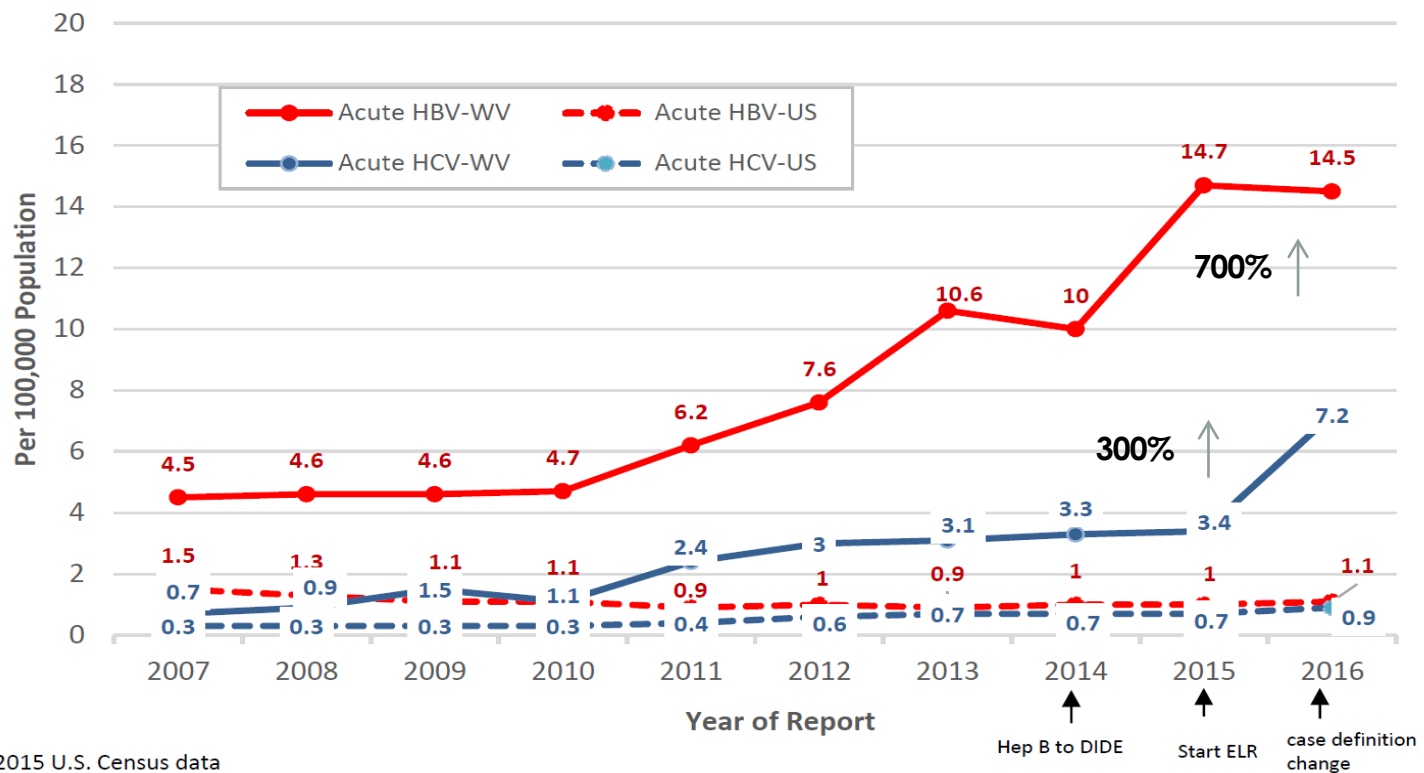


HCV DISEASE

- Leading cause of liver death and liver transplant in the U.S.
- West Virginia is #1 in the U.S. for new cases of acute HCV infections
- The Appalachian region of the US is experiencing a large increase in HCV infections related to IDU
 - Suryaprasad AG et al. Clin Infect Dis 2014;59:1411-9.

VIRAL HEPATITIS IN WV

Figure 1. Incidence¹ of acute HBV and acute HCV infections in WV compared with the U.S., 2007-2016 (n=1,709)



HEPATITIS C IN WV

Figure 7.

The Rate of Acute Hepatitis C per 100,000 Population,
West Virginia - 2016 (n=132)

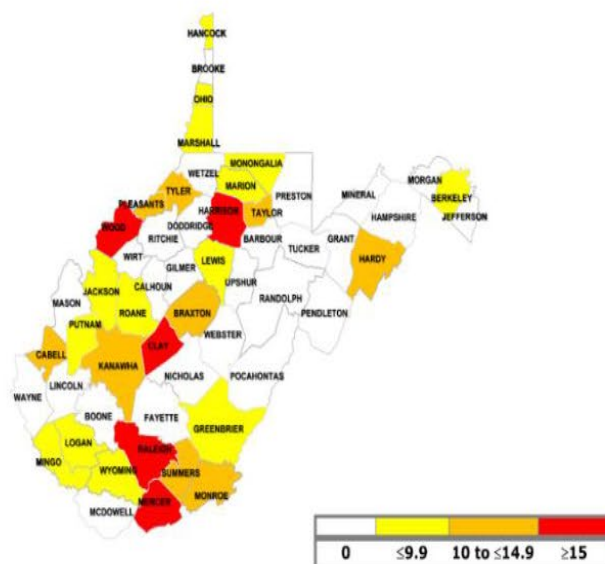
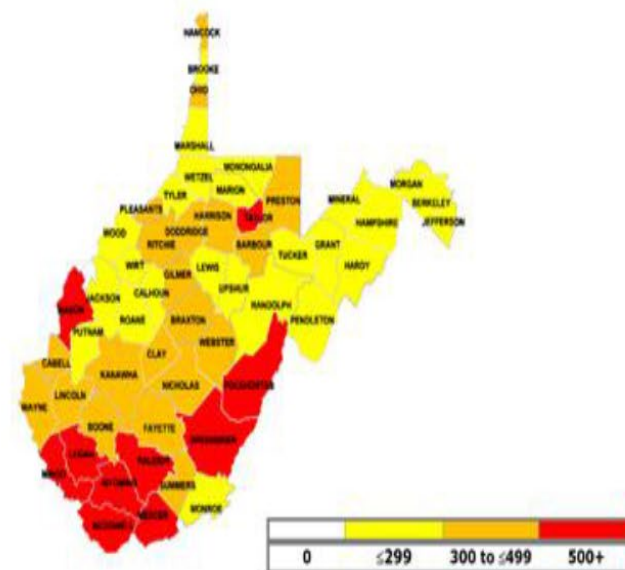


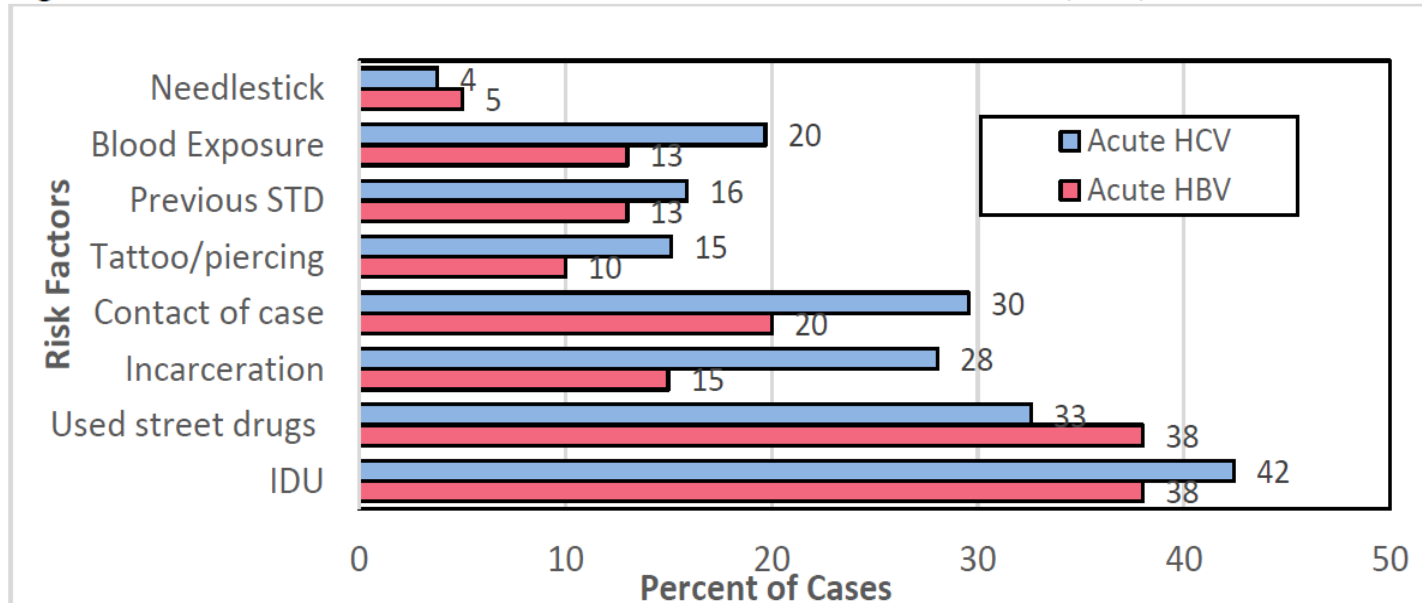
Figure 8.

The Rate of Chronic Hepatitis C per 100,000 Population,
West Virginia - 2016 (n=6,316)



VIRAL HEPATITIS IN WV

Figure 10. Percent of acute HBV and acute HCV cases with risk factors, WV, 2016



HCV VERSUS HIV IN IDU

- Why so many more HCV infections than HIV in WV?
- Why don't we see higher rates of HIV IDUs?
- Higher prevalence and higher infectivity
 - HCV is at least 10 times more infectious (3-10% per injection compared to 0.3% for HIV)¹
 - Virus also remains infective in liquid, syringes and on inanimate surfaces for weeks²⁻³

¹Ann Occup Hygiene 2008;52:615-22

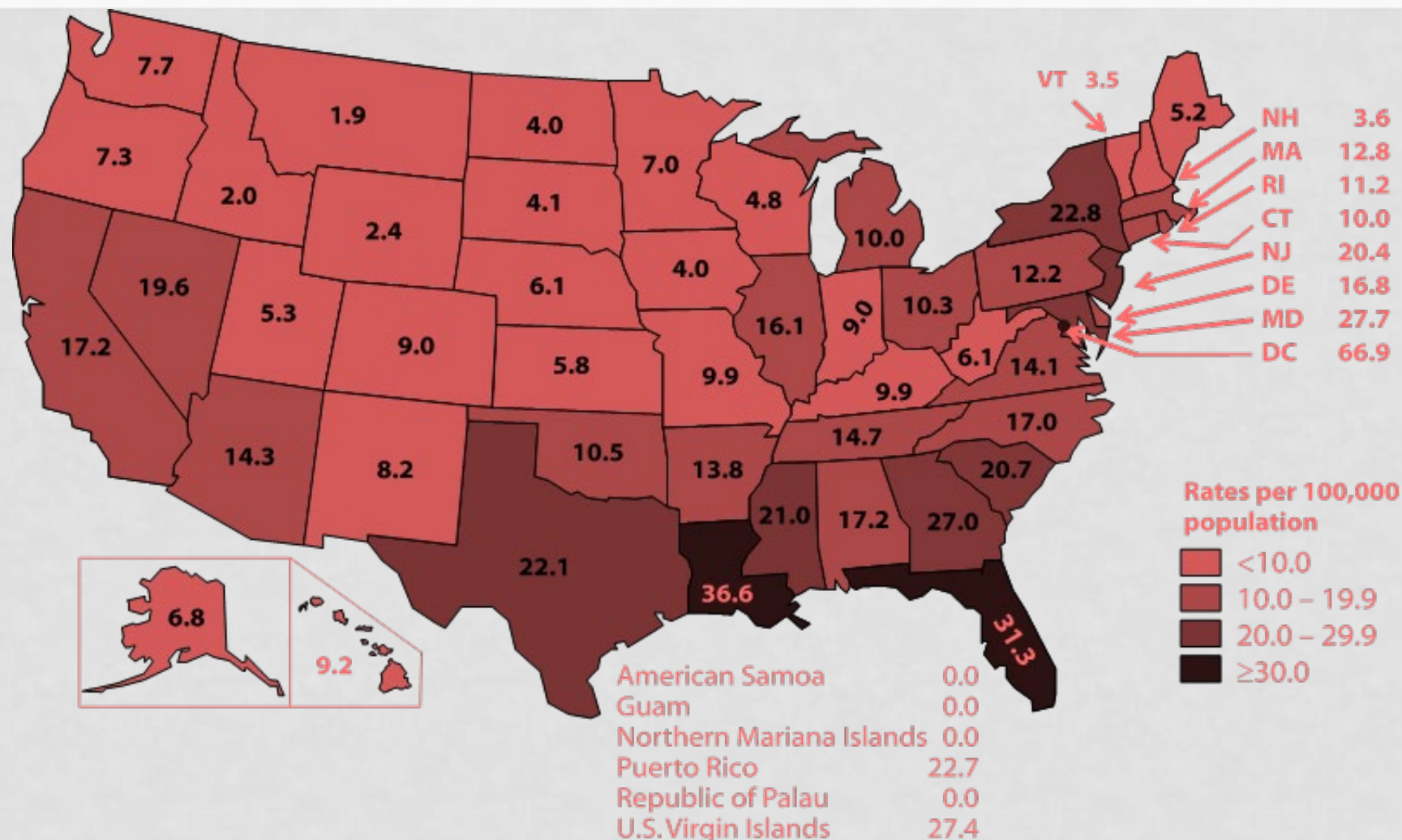
²J Infect Dis 2010; 202:984-90

³J Infect Dis 2011; 204:1830-8.

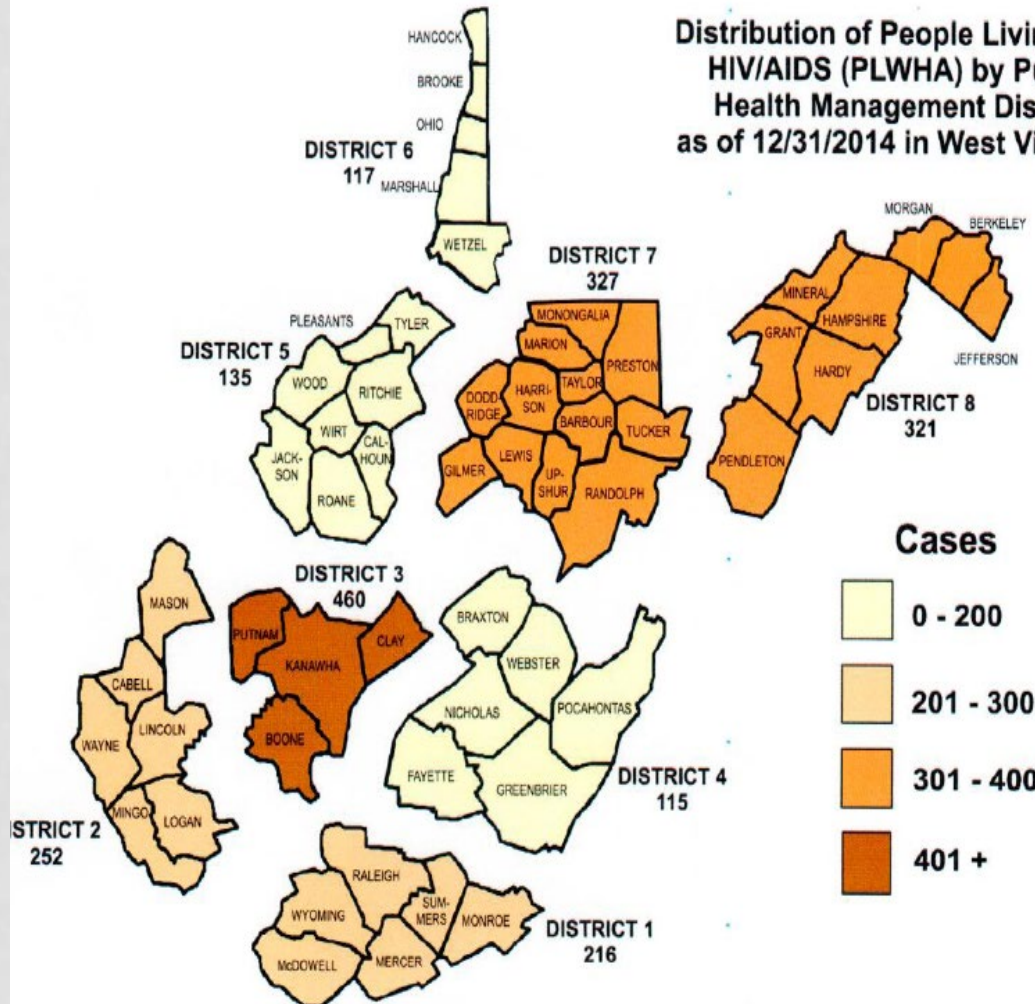
RATES OF DIAGNOSES OF HIV INFECTION AMONG ADULTS AND ADOLESCENTS, 2014 – UNITED STATES AND 6 DEPENDENT AREAS

N = 44,609

TOTAL RATE = 16.6



Distribution of People Living with HIV/AIDS (PLWHA) by Public Health Management District as of 12/31/2014 in West Virginia*

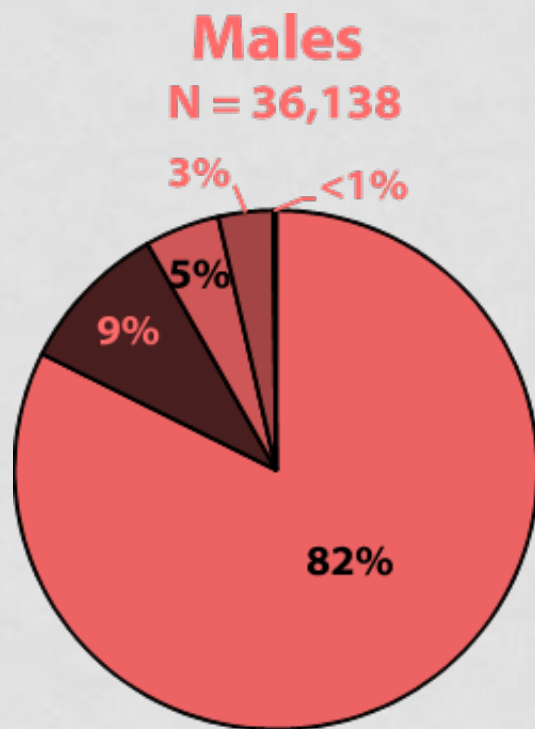


Source: West Virginia Department of Health and Human Resources
Bureau of Public Health, Office of Epidemiology & Prevention Services,
West Virginia HIV/AIDS/STD Program, Enhance HIV/AIDS Reporting System

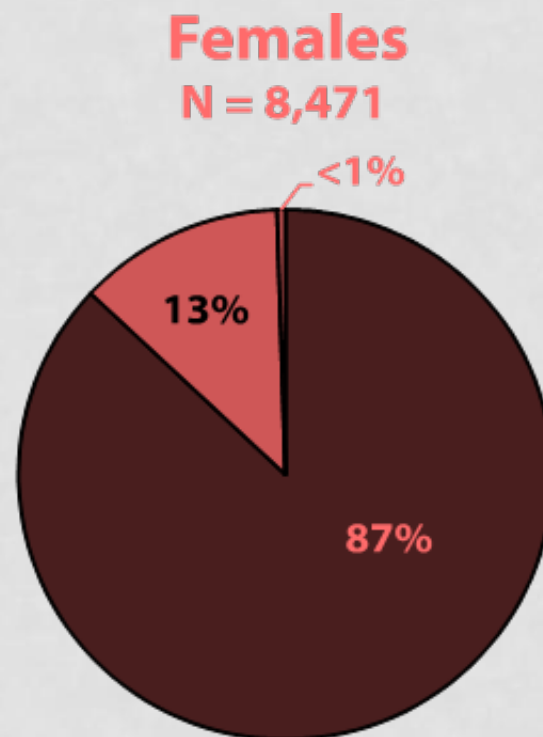
Total PLWHA in West Virginia: 1,954

*Excludes federal prisoners. There are 11 cases with unknown district of residence.

DIAGNOSES OF HIV INFECTION AMONG ADULTS AND ADOLESCENTS, BY SEX AND TRANSMISSION CATEGORY, 2014 – UNITED STATES AND 6 DEPENDENT AREAS



■ Male-to-male sexual contact
■ Injection drug use (IDU)
■ Male-to-male sexual contact and IDU



■ Heterosexual contact^a
■ Other^b

^a Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

^b Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.

HIV OUTBREAK – WV 2017

- January-July 2017
 - 10 cases in Raleigh, Wyoming, Summers Counties
 - 9 were MSM (2 of whom had prior IDU history)
- Sexual/IDU contacts named by persons in the investigation tested throughout the fall
- Through October 2017
 - 57 persons tested positive linked to the original 10
 - 15 high-risk counties, 3 have syringe services
 - 34 MSM; 5 IDU; 2 heterosexual; 13 unknown

ACTIVE HIV CLUSTER – WV 2019

- Cabell County (Huntington)
- Tracked from Jan 2018 through Oct. 11, 2019
- 81 known cases compared to average of 8 annually
- 93% IDU, 75% <40 yrs old, 50% HCV coinfecting
- Most diagnosed at the Cabell County Health Department SEP
- 75% homeless and transient
- Estimated known 1,800 active IV drug users in that county
- Outreach is ongoing

OUTBREAK RESPONSE FRAMEWORK

- Expand testing (facility, street and community-based)
- Expand prevention service access
 - PrEP, MAT, HRP
- Identify cases and link to care
 - Community partnerships key
- Wraparound services to support retention in care
- Work towards viral suppression
- Advance community understanding of HIV and Addiction

REDUCING/ERADICATING VIRAL EPIDEMICS

- Optimizing BOTH the “care and prevention continuums”
- At-risk uninfected persons – harm reduction
 - Availability of syringe exchange programs
 - Avoid sharing toothbrushes, nail clippers, shaving items (HCV)
 - Opioid addiction treatment (i.e. buprenorphine)
 - Condoms
 - PrEP for HIV
 - Regular testing
- Infected persons
 - In care and either on treatment (HIV) or
 - In care and treated and cured (HCV)

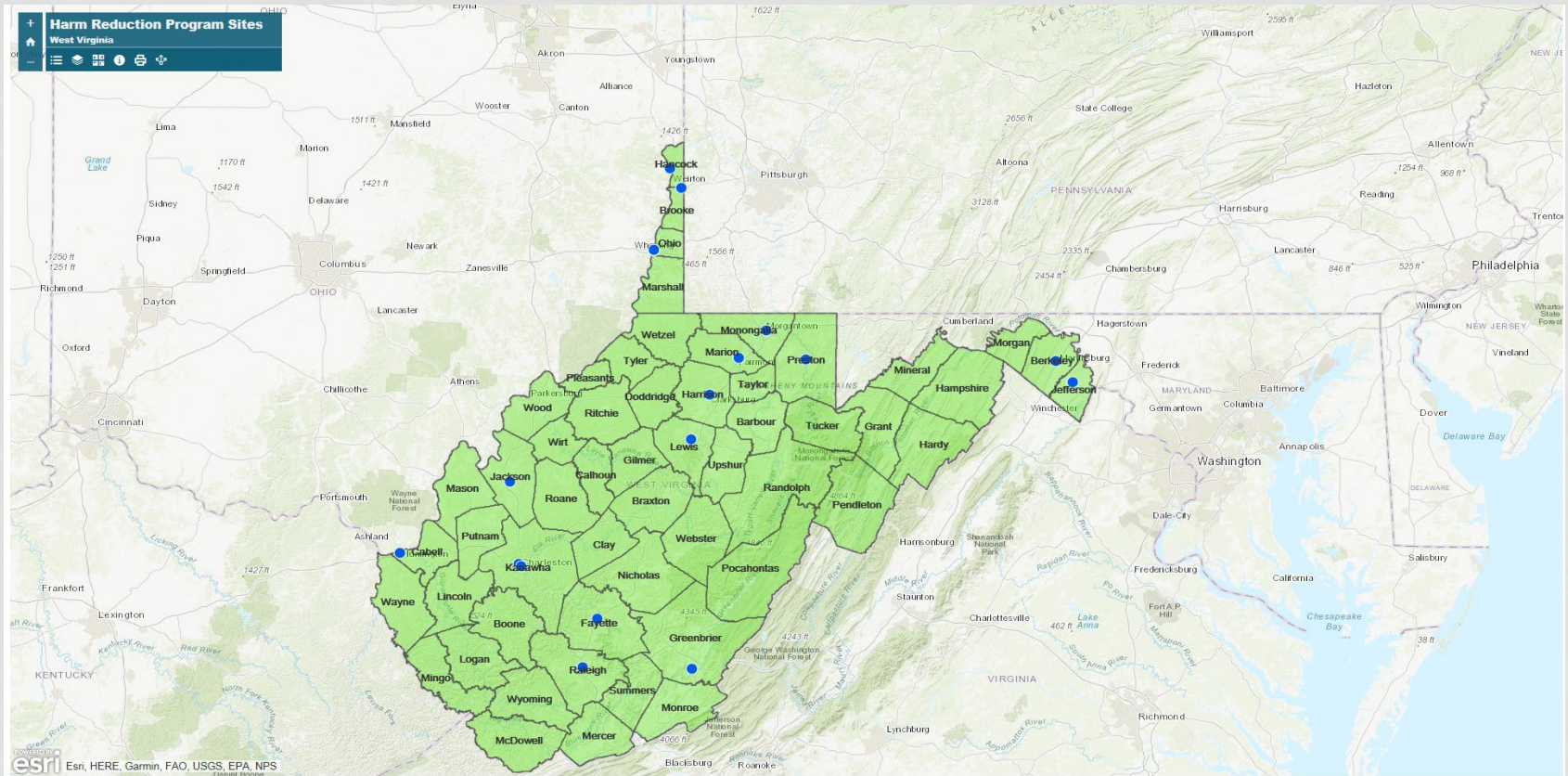
WHAT IS A SYRINGE SERVICES PROGRAM?

- A community-based public health program that provides **comprehensive harm reduction** services:
 - Sterile needles, syringes, injection equipment, disposal containers
 - HIV/HCV testing and linkage to treatment
 - Education about overdose prevention and safer injection practices
 - Access to naloxone
 - Referral to substance disorder treatment
 - Referral to medical, mental health and social services
 - Pregnancy testing, prenatal care, contraception
 - Condoms and vaccinations for Hepatitis A and B

WEST VIRGINIA HARM REDUCTION EXPERIENCE

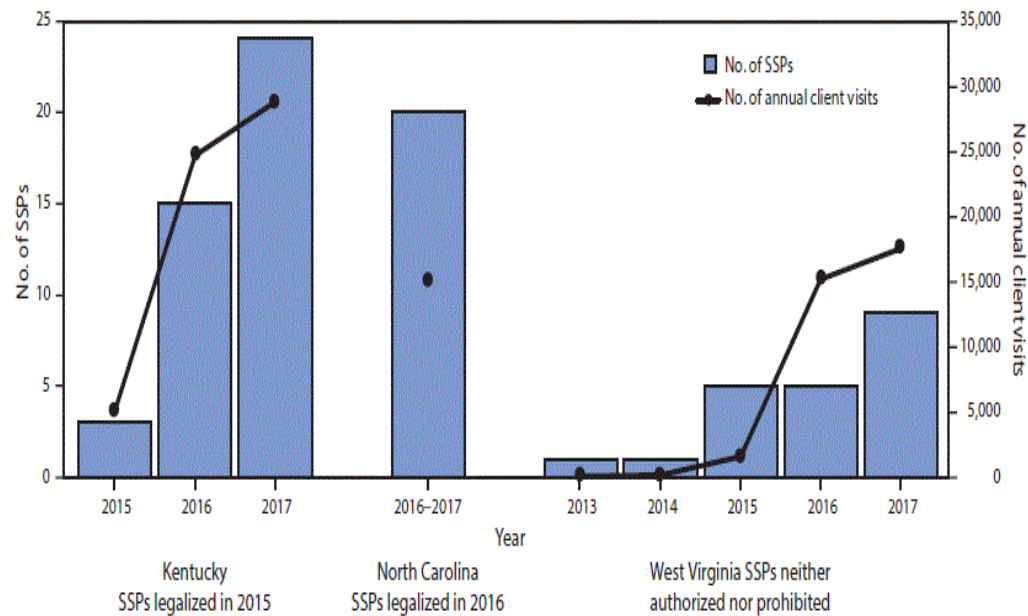
- As of October 2019, 16 HRP in the state
- September 2017, DHHR released *Harm Reduction Program Guidelines and Certification Procedures*
- West Virginia awarded \$600,000 in funding through SAMSHA's Opioid State Targeted Response (STR) grant to support HRP initiatives in November 2017
 - Wyoming County HD
 - Cabell-Huntington HD
 - Kanawha-Charleston HD
 - Greenbrier County HD
 - Harrison-Clarksburg HD
 - Ohio Valley Harm Reduction Coalition
 - Berkeley County HD
 - Jefferson County HD
 - Fayette County HD
 - Hampshire County HD
 - Milan Puskar Health Right

Distribution of HRP's in West Virginia as of May 2018



SYRINGE SERVICES PROGRAMS - KENTUCKY, NC AND WV, 2017

FIGURE. Syringe service programs (SSPs) and client visits to SSPs by persons who inject drugs – Kentucky, North Carolina, and West Virginia, 2013–2017



* Current as of August 1, 2017.

† North Carolina's visits represent total attendees for the first full year of operation. Kentucky and West Virginia reported data on a calendar-year basis.

* As of August 1, 2017

Bixler D et al. MMWR May 11, 2018; 529-32

SERVICES OFFERED BY SSPS WEST VIRGINIA* (N=9)

• Needle and syringe exchange	9
• Other drug paraphernalia provided	6
• Service delivery models	
• Fixed site	9
• Mobile services	5
• Naloxone education provided	8
• HBV vaccine	7
• HIV screening	9
• HCV screening	7
• Substance use disorder linkage	5

* As of August 1, 2017

Bixler D et al. MMWR May 11, 2018; 529-32

WEST VIRGINIA HARM REDUCTION EXPERIENCE

- Projected 35,000 visits in 2019
- Developing trusted relationships with a few thousand difficult to reach, at-risk individuals, making possible:
 - 1,250 links to treatment recovery services
 - 2,200 vaccinations (Hep A, B)
 - 31,000 educational materials shared
 - 1.4 million syringes exchanged
 - 2,300+ doses of naloxone distributed + education
 - 7,000 screenings for HIV (1%), HBV (5%), HCV (25%) and links to treatment if positive

LEGAL ISSUES

- WV law does not specifically authorize HRPs, but the state health officer is empowered to adopt rules and regulations to prevent the introduction or spread of infectious diseases (WV Code §16-3-1)
- Possession of any amount of a controlled I substance is illegal
- Possession of hypodermic needles may open HRPs to criminal liability
 - WV Uniform Controlled Substances Act (WV Code § 60A-f-403a) regarding drug paraphernalia/devices
 - Common or public nuisance
 - Fine of up to \$1,000 or 6 months in jail
- City or local ordinances can decriminalize possession of drug paraphernalia

HARM REDUCTION/SYRINGE SERVICES PROGRAM IN CHARLESTON

- Limited SSP at WV Health Right (WVHR) clinic – since 2007
- Full community-based public health SSP at KCHD – started Dec 2015 after needle ordinance lifted
- At peak in 2017, over 350 clients served at weekly clinic (30 needles distributed per client transaction)
- Public outcry over needle litter from public, Mayor's office and police chief started fall of 2017
- City mandated “rules” for continued SSP operation
- KCHD halted SSP in March 2018, continued syringe delivery with rules at WVHR clinic and mobile sites

CITY OF CHARLESTON SSP RULES

- Limited to Kanawha County residents
- Photo ID required
- HIV/HCV testing if needles are received
- Needle logistics:
 - One-for-one exchange
 - 30 needles per transaction
 - All needles must be returned otherwise client is placed on restriction for 60 days
 - Use of retractable needles

WV HEALTH RIGHT MOBILE HRP

- In collaboration with WV Health Right mobile dental unit
- Monthly, started September 2017
- CAMC Ryan White Program Elton John AIDS Foundation grant
- 5 counties: Clay, Logan, McDowell, Roane and Kanawha (Covenant House)
- Rapid testing, clean syringes and equipment, naloxone, recovery referrals – Westbrook Health and Southern Highlands, immunizations





WV HEALTH RIGHT MOBILE HRP: COVENANT HOUSE

Homelessness services provider in Charleston

- 11 clinics, interacted with 69 individuals
 - 60 persons received needles, 2 repeats
 - 1 person went into drug treatment
 - 29 persons received naloxone
 - 7 persons received HAV vaccine
-
- 22/47 positive HCV screens (50%)
 - 1/69 HIV positive HIV screens







The Washington Post
Democracy Dies in Darkness

National


Another outbreak related to the nation's opioid crisis: hepatitis C

By Katie Zezima 

October 17
Loaded in 1.38 seconds ⚡



A patient fills out a form while her blood and saliva are screened for hepatitis C and HIV in the rural town of Spencer, W. Va. Through partnerships, West Virginia Health Right has begun doing



Christine Teague takes a sample of blood from a patient to screen for hepatitis C in Spencer, W.Va. (Philip Scott Andrews for The Washington Post)

HEPATITIS A OUTBREAK, 2018

- As of October 15, 2019 there have been 2,577 confirmed, probable and suspected cases
- 8 different counties
 - Kanawha and Putnam
- 23 deaths; >50% hospitalization
- Individuals who report illicit drug use (70%)
- Co-infection with HCV (55%)
- Mass vaccination campaign
- Ideally HRP's offer HAV vaccine

<https://dhhr.wv.gov/oeps>



