

Addressing Viral Hepatitis in the Opioid Crisis in Maine

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1

Presenters

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2

Penobscot Community Health Care (PCHC)



- Largest, most comprehensive of the 19 FQHC organizations in Maine and the 2nd largest in New England.
- Mission:
 - Provide comprehensive, integrated primary health care services for all.
 - Improve the health and wellbeing of our patients and the Maine communities we serve.
- Patients:
 - Over 65,000 in 2016.
 - 70% are lower income persons and seniors.
 - Always open to new patients.
 - Affordable Care Program: Over \$2 million written off annually.

3

Penobscot Community Health Care (PCHC)



- Serve a diverse population with a number of disease states.
- As a leader in the Opioid Use Disorder Treatment population we have access to patients that can be tested and treated for diseases such as Hepatitis and HIV.
- Commitment to all patients in our service area including those:
 - Incarcerated
 - Experiencing homelessness
 - Struggling with substance use disorders
 - Otherwise underserved by common healthcare standards

4

Hepatitis B & C



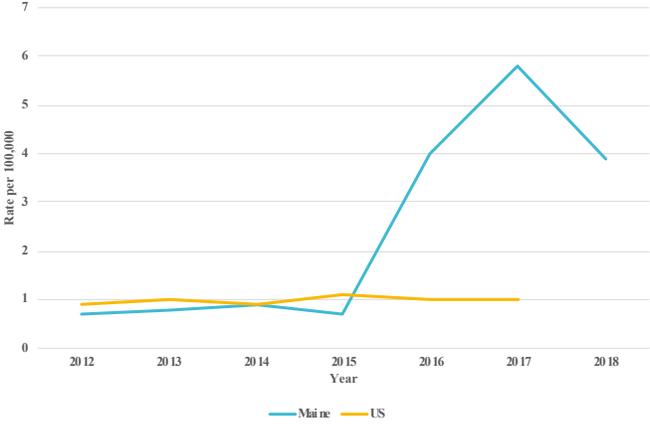
- Viruses that damage the liver.
- Transmitted person-to-person by blood.
 - Hepatitis B is also transmitted via semen or other bodily fluids.
- Leading causes of liver disease, cancer and transplants in the U.S.
 - Despite the existence of a hepatitis B vaccine and hepatitis C cure.
- Less than half of people with hepatitis B & C know they are infected.
- Less than half of people with hepatitis B & C have symptoms.
- The longer people live with hepatitis B & C untreated, the more likely they are to develop serious, life-threatening liver disease.
- More people die from hepatitis C than all of the 60 other reported infectious disease combined.

5

Hepatitis B in Maine



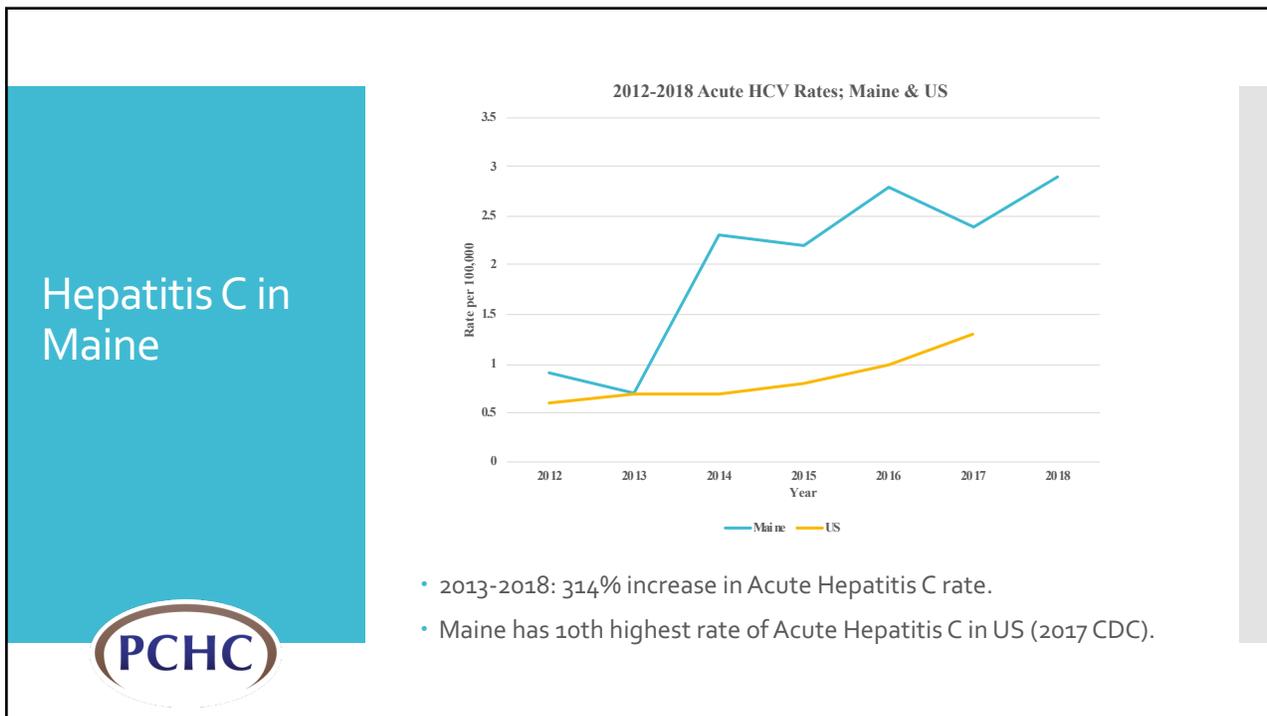
2012-2018 Acute HBV Rates; Maine & US



Year	Maine (Rate per 100,000)	US (Rate per 100,000)
2012	~0.8	~1.0
2013	~0.9	~1.0
2014	~0.9	~1.0
2015	~0.8	~1.1
2016	~4.0	~1.0
2017	~5.8	~1.0
2018	~4.0	~1.0

- 2015-2018: 457% increase in Acute HBV rate.
- 2015-2017: 729% increase in Acute HBV rate.
- Maine has the 2nd highest rate for Acute HBV in US (2017 CDC).

6

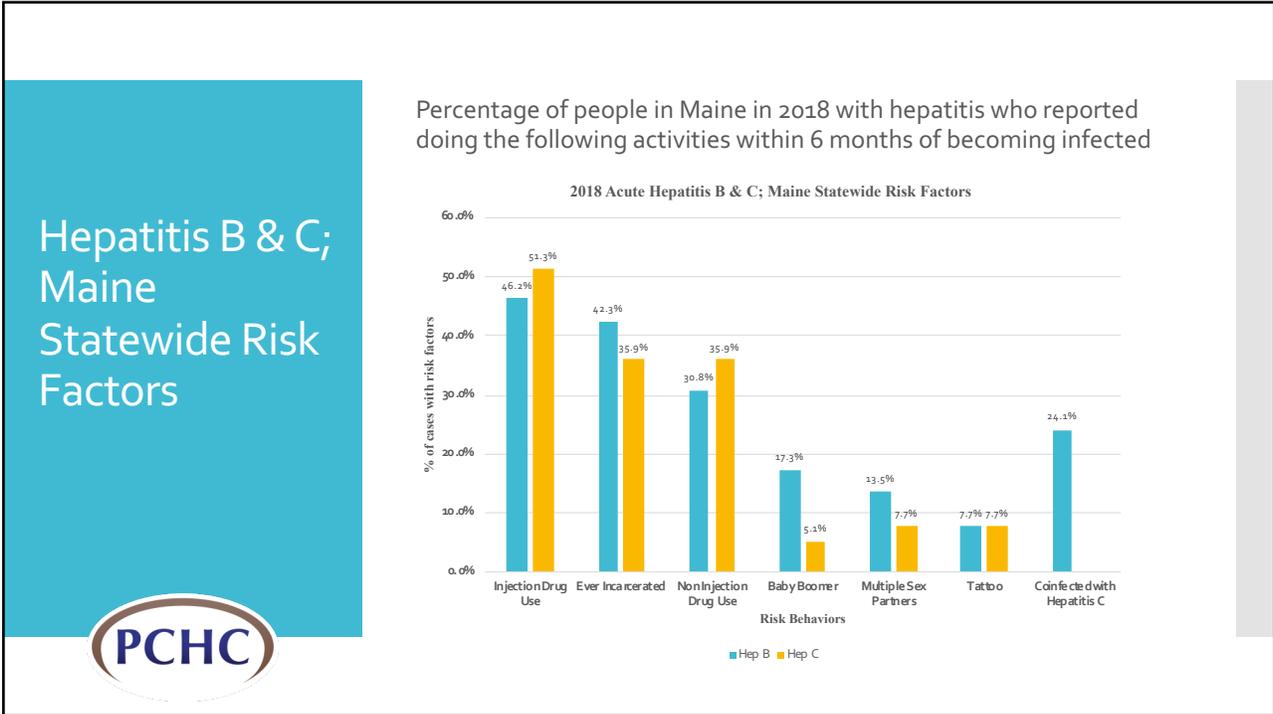


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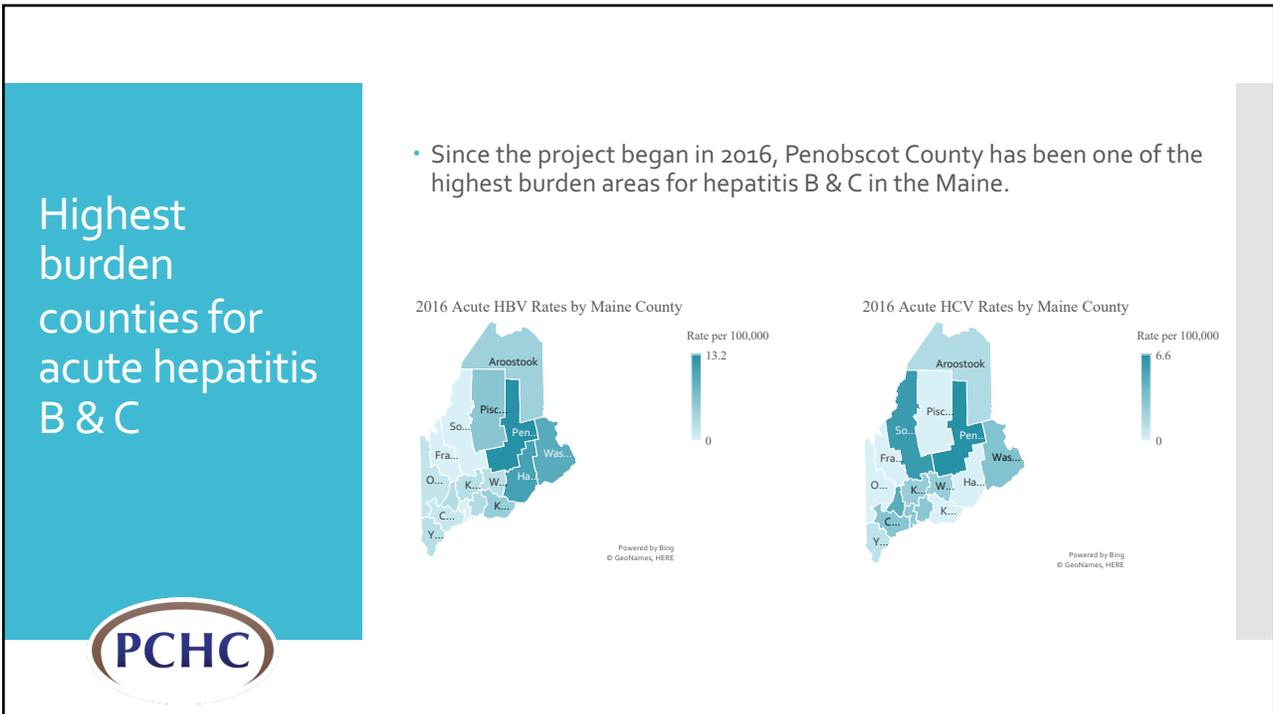
There is a link between the growing opioid epidemic and the spread of bloodborne infections such as HIV and Hepatitis B & C

(Van Handel et al., 2016).

8



9



10

Hepatitis Testing and Linkage to Care Project



- Maine CDC funded project through a federal grant.
- Targeting highest risk people:
 - People who inject drugs
 - People who are incarcerated
 - People experiencing homelessness
- Focusing on the highest burden areas:
 - Penobscot County
 - Cumberland County
 - Washington County
 - Waldo County
- Testing at facilities providing services to highest-risk people:
 - County Jails
 - Recovery Programs
 - Shelters
 - Federally Qualified Health Clinics (FQHC)
- Link those who test positive to care.

11

Educational sessions prior to testing



- Hepatitis 101 Train-the-Trainer:
 - Teaching staff at jails, recovery centers and shelters
 - How to inform clients about hepatitis
- Done in hopes of increasing uptake of those opting to be tested.
- Provider Education; helping providers to:
 - Become comfortable asking patients about their risk behaviors
 - Become more culturally competent with the groups at risk
 - Understand the urgency of treating hepatitis B & C
 - Test patients who are at risk of hepatitis B & C
 - Vaccinate patients for hepatitis B, especially if they are hepatitis C+

12

Testing Clinics



- Testing takes place in the jails, recovery centers and shelters.
- Rapid antibody to hepatitis C test.
- If positive (know in 20 minutes), conduct blood draw.
- Submit blood specimen to commercial laboratory (NorDx) for confirmatory testing:
 - Hepatitis C RNA (HCV RNA)
 - Hepatitis B Surface Antigen (HBsAg)
- Link those who test positive to care.

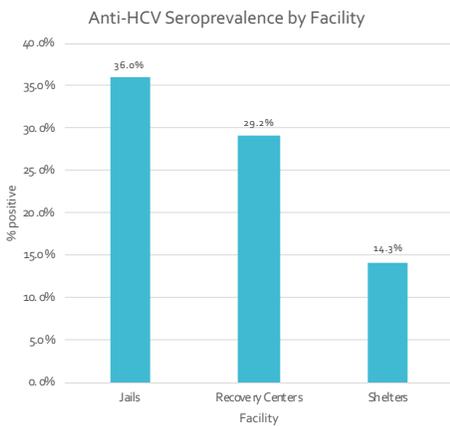
13

Results



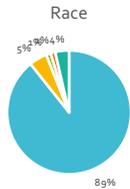
- Total Seroprevalence: 30.7% (274 tested to date)

Anti-HCV Seroprevalence by Facility



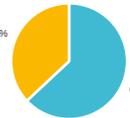
Facility	% positive
Jails	36.0%
Recovery Centers	29.2%
Shelters	14.3%

Race



Race	Percentage
White	89%
Native American	5.2%
Multi-racial	3.0%
Other	4.4%
Unknown	7.4%

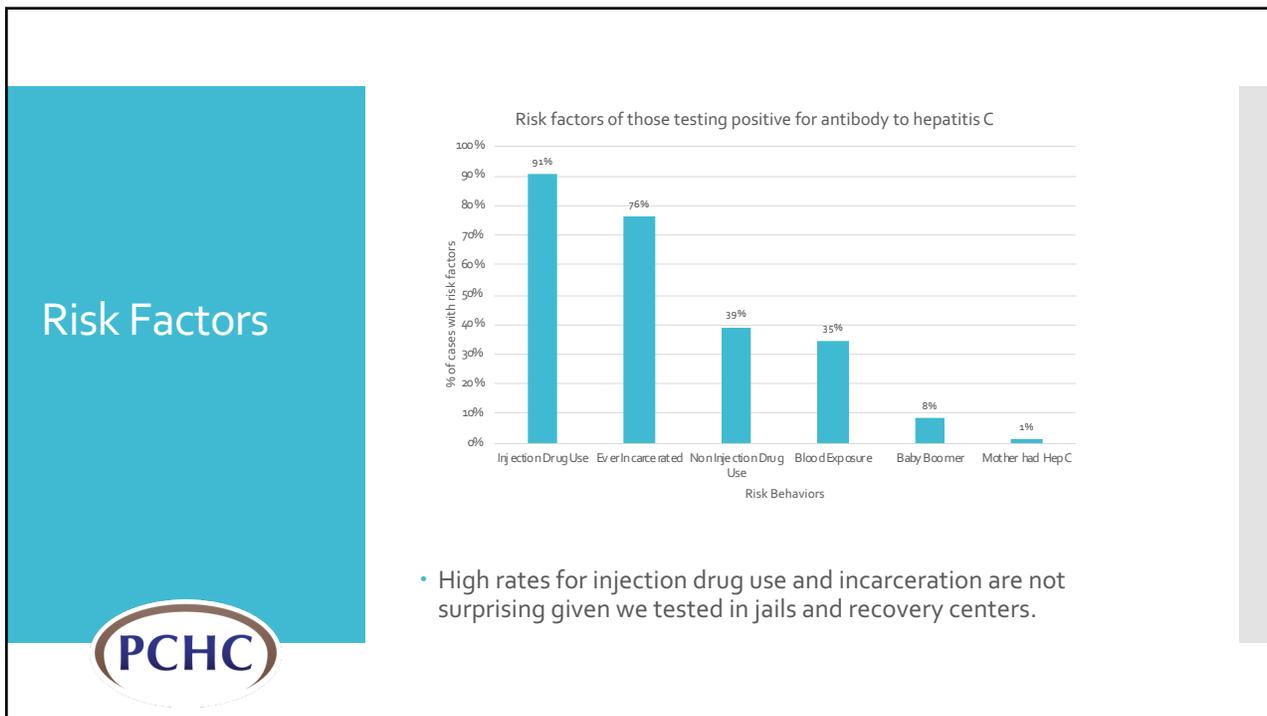
Gender



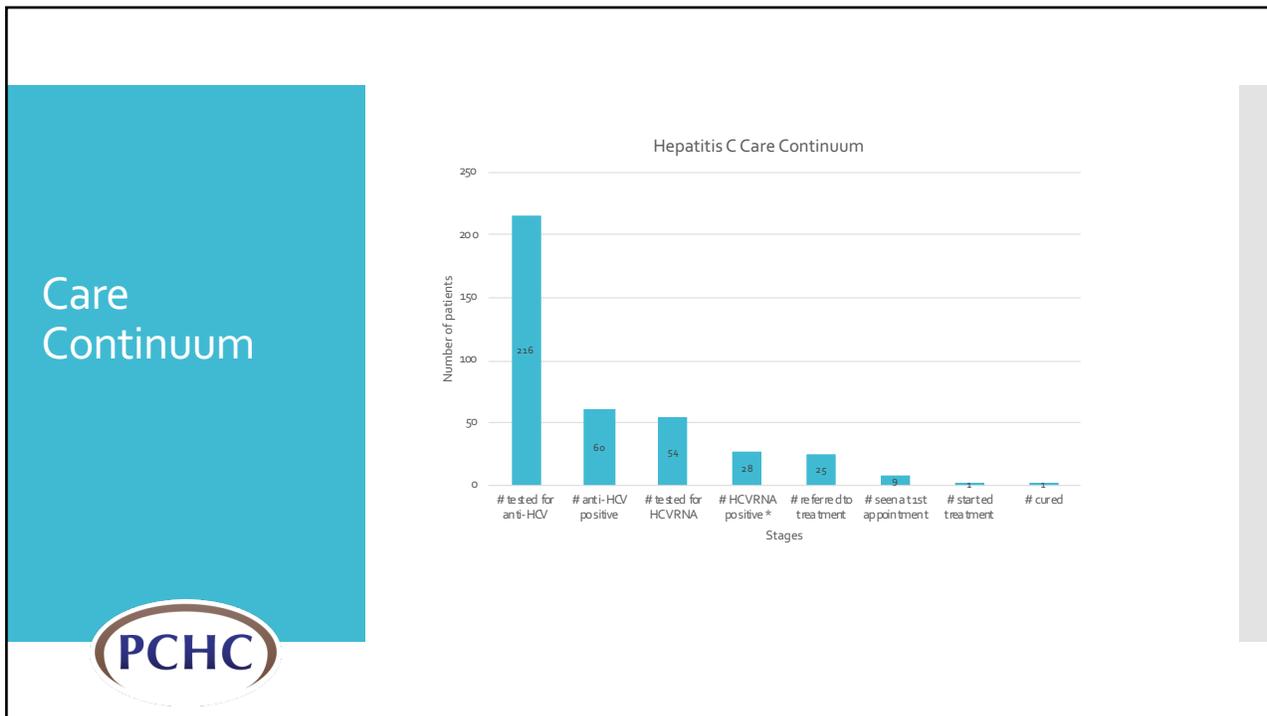
Gender	Percentage
Male	63%
Female	37%

- Median age: 34 years

14



15



16

Conclusions



- U.S. prevalence for hepatitis C is approximately 1.7%.
- Our screening high-risk people at facilities that serve high-risk populations yielded seroprevalence rates ~30%.
- This reflects national rates where 1 in 3 incarcerated people have hepatitis C.
- It is more efficient to focus limited resources on testing high-risk populations in settings where they receive services.

17

Moving forward



- Continue testing high-risk individuals in high-burden settings.
- Test more women, especially those incarcerated.
- This project has recently expanded into two more of the state's highest burden areas for hepatitis C:
 - Cumberland County
 - Washington County

18



The slide features a teal background on the left and a grey gradient on the right. The text 'Thank You!' is prominently displayed in white on the teal background. Below it, the event details are listed in a smaller white font. The PCHC logo, consisting of the letters 'PCHC' in a blue oval with a white border, is positioned in the bottom right corner of the teal area.

Thank You!

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