

Hepatitis A, B, and C in Virginia

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Viral Hepatitis

A

B

C

Vaccine

No Vaccine

Acute

Acute and Chronic

Fever, fatigue, nausea, abdominal pain,
jaundice, etc.

Supportive Care

Treatable

HEPATITIS A IN VIRGINIA

What is happening?

Since early 2019, Virginia has experienced an increase in hepatitis A cases statewide

Increase has occurred in residents with the following risk factors:

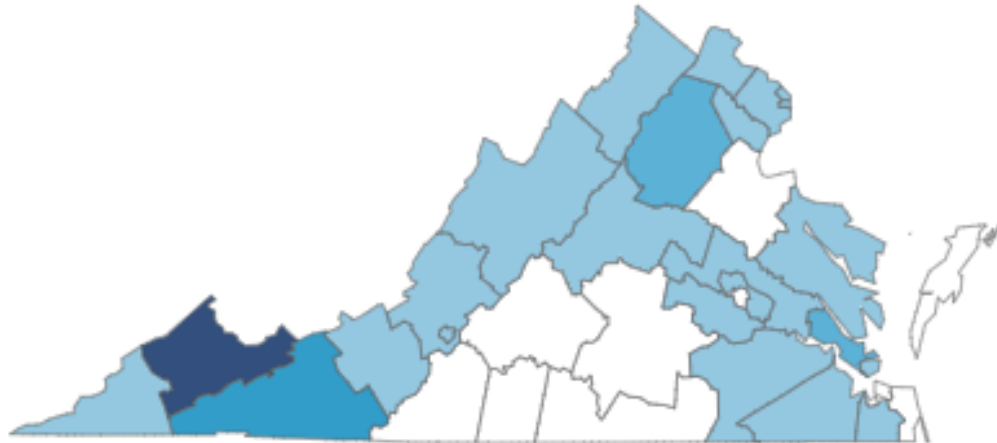
- Incarcerated/recently incarcerated
- Homeless/recently homeless/housing insecure
- Injection/non-injection drug use
- Men who have sex with men (MSM)

Virginia's outbreak mirrors a trend seen in other states, including states immediately adjacent to Virginia

Outbreak epidemiology

District Map, 2019

Cases



Region Distribution

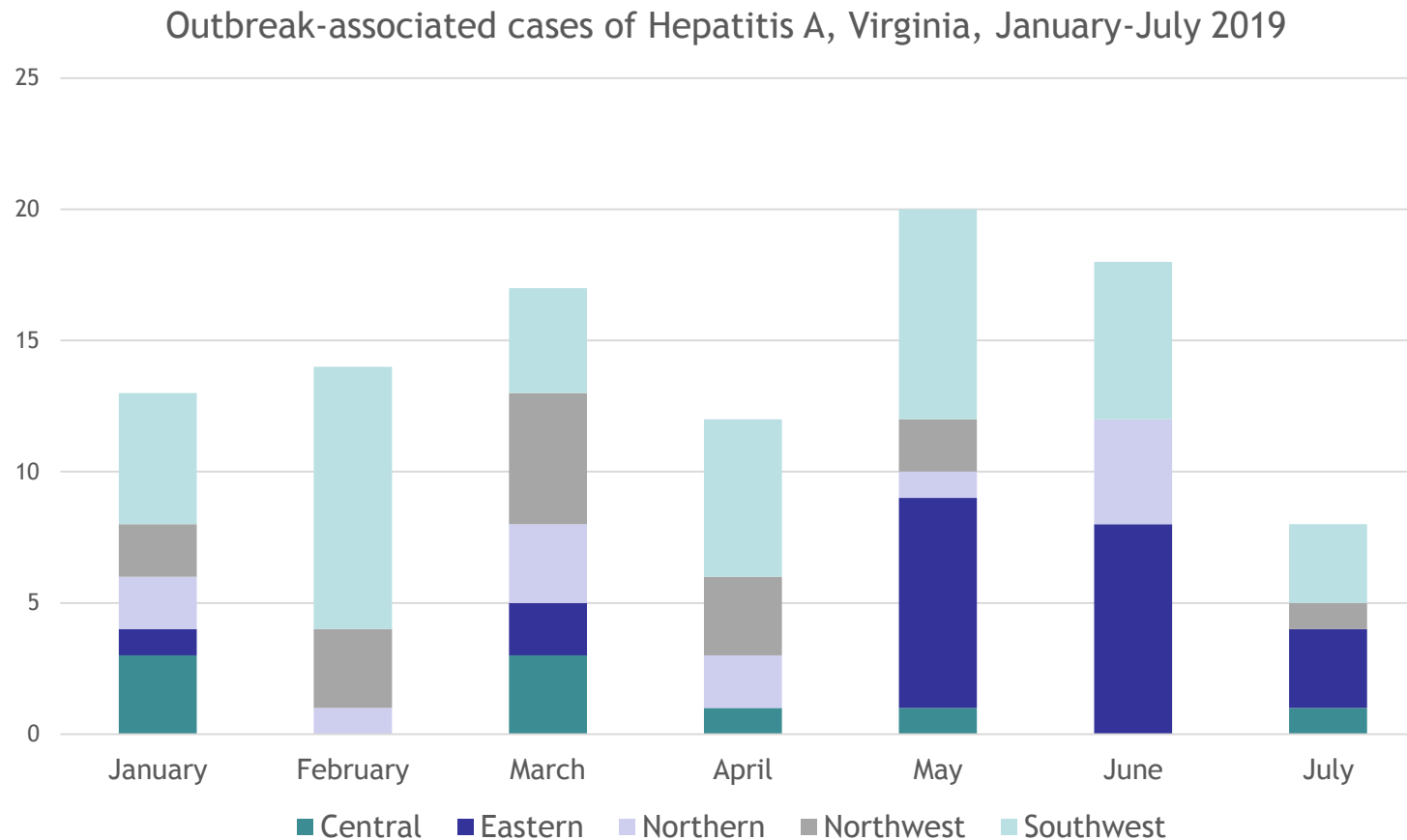
*Excludes cases with Event Dates prior to 2019

Click a region to filter other tables

Region	Cases	Percent
Southwest	42	41.2%
Eastern	22	21.6%
Northwest	16	15.7%
Northern	13	12.7%
Central	9	8.8%

* Data as of 7/19/2019

Outbreak epidemiology, continued



Outbreak epidemiology, continued

Total of 103 cases statewide January 1-July 17, 2019

Approximately 60% of cases are male

Median age = 38 (range 16-77 years)

62% of cases are hospitalized (normal hospitalization rate ~45%)

Risk factors:

- Drug use (injection or non-injection): 35%
- MSM: 12%
- Homelessness: 7%
- History of hepatitis B: 4%
- History of hepatitis C: 27%

What we are doing...

Statewide hepatitis A vaccination campaign launched January 1, 2019 (even before declaring outbreak status)

Campaign goals

- Vaccinate members of high risk groups throughout the state
- Integrate hepatitis A vaccination into routine health department clinical services
- Educate citizens on the importance of hepatitis A vaccination and prevention

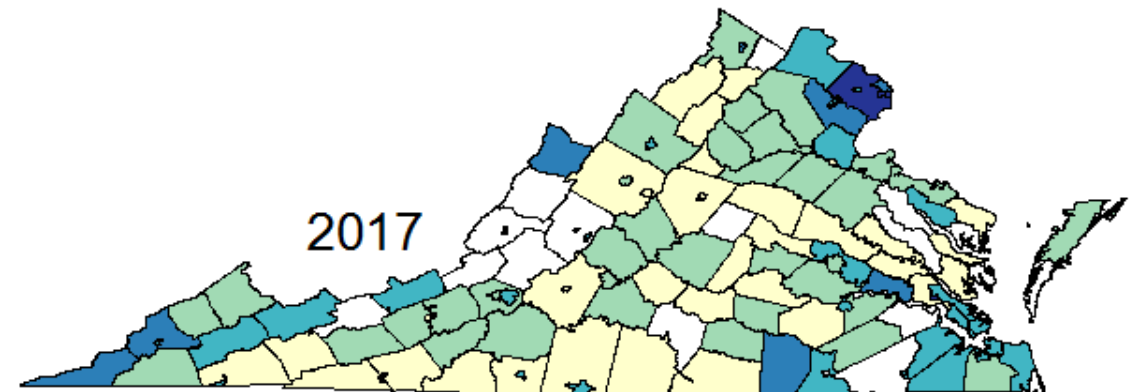
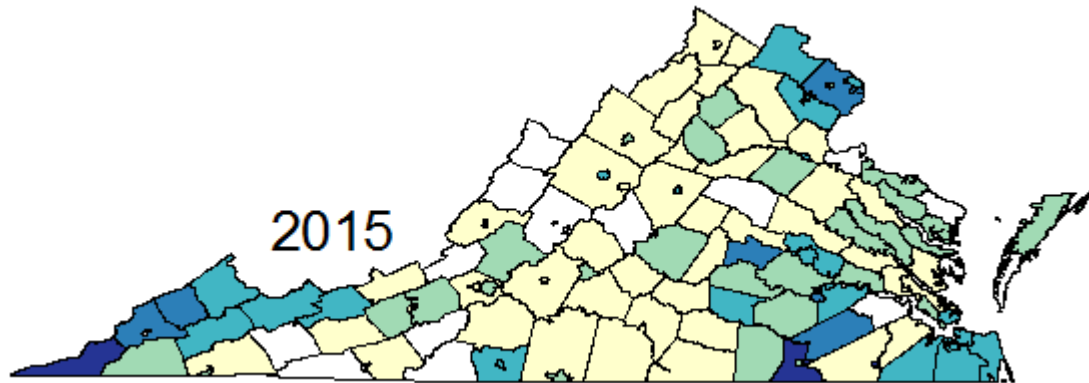
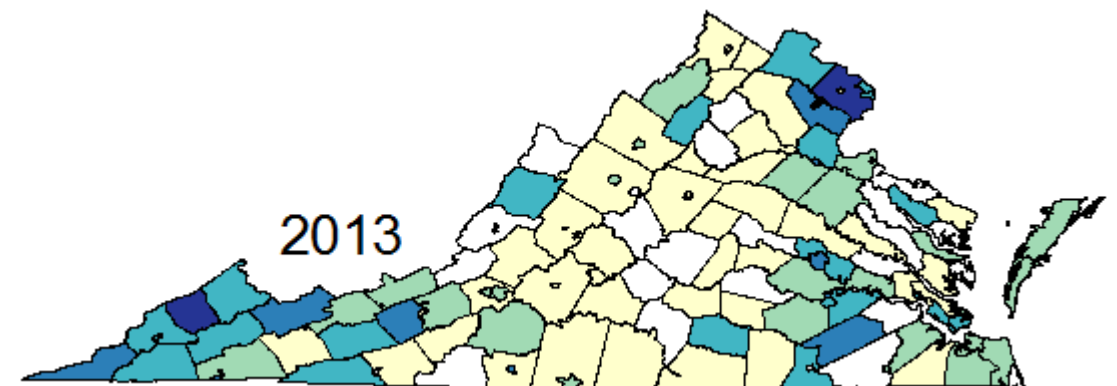
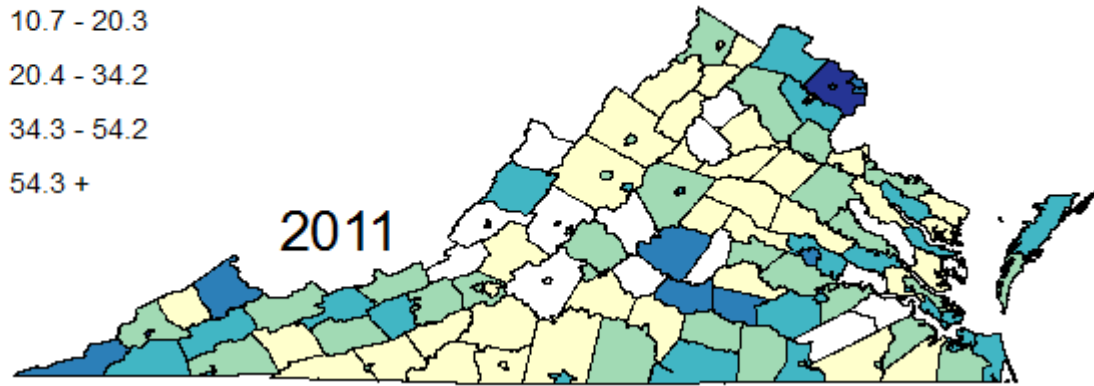
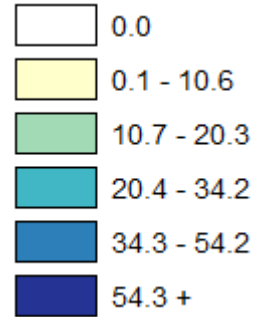
Resources

- Vaccine from CDC grants/state purchases
- Health department staff in partnership with outside organizations
- FY2020 grant supplement from CDC

HEPATITIS B AND C IN VIRGINIA

Time Progression of HBV Rates by County per 100,000 persons (excluding incarcerated individuals)

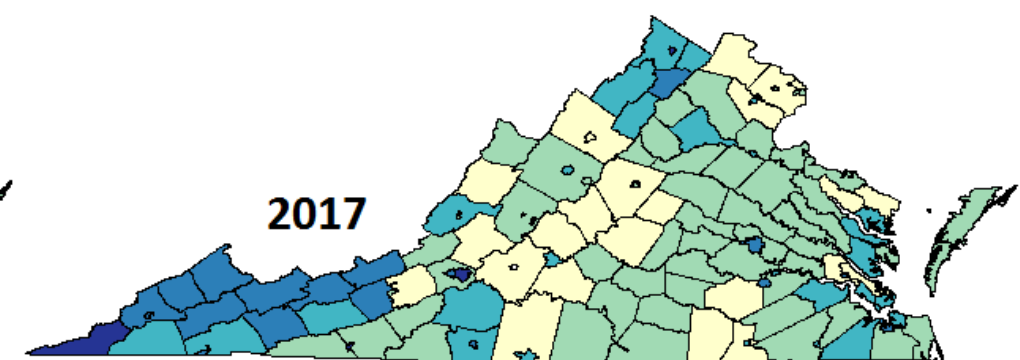
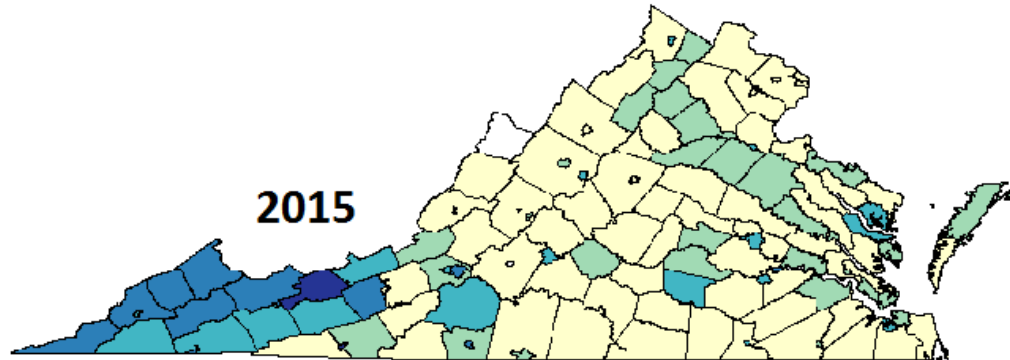
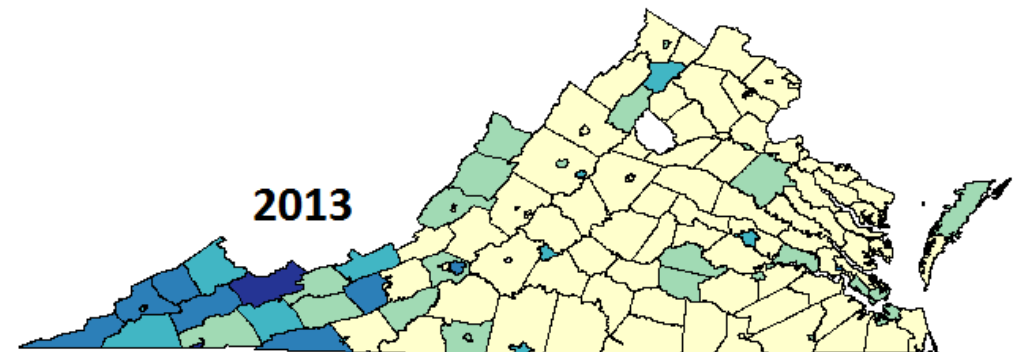
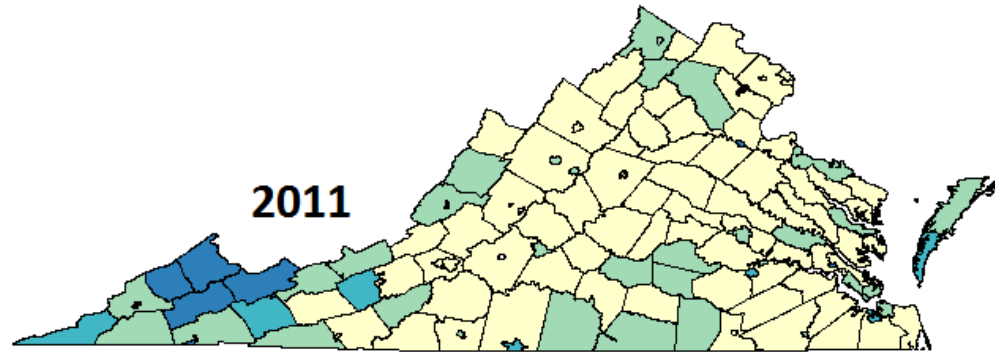
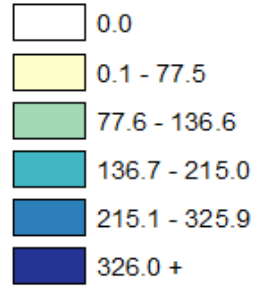
Rate (per 100,000 persons)



*These maps exclude reports from persons institutionalized (e.g., prison, inpatient at mental health facility) at the time of their diagnosis. Institutionalized persons are not included in census population data for the counties where these institutions are located.

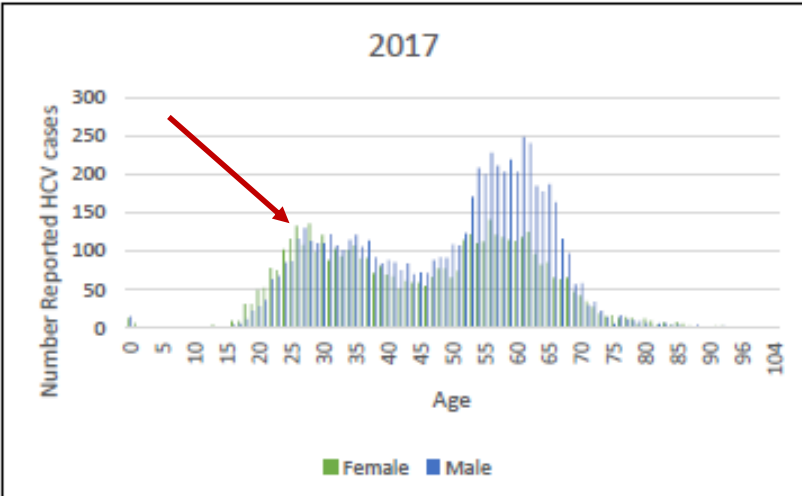
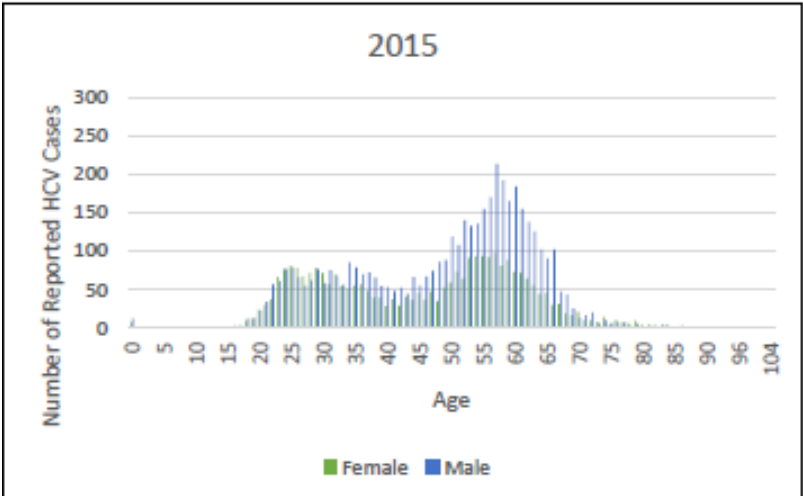
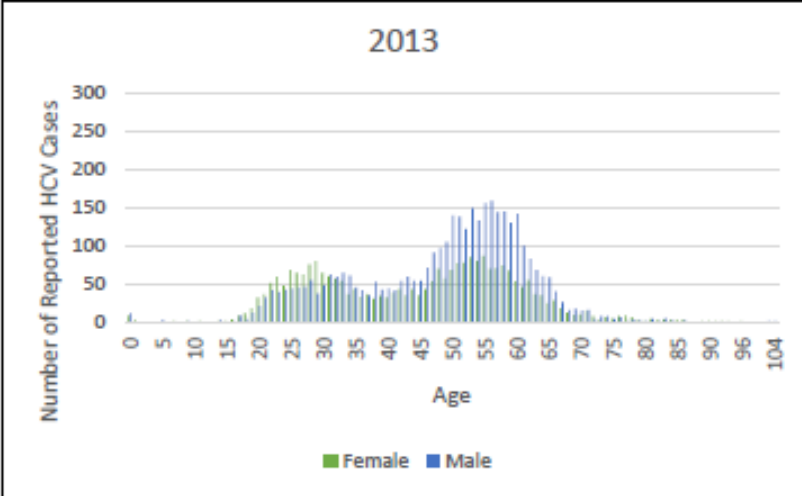
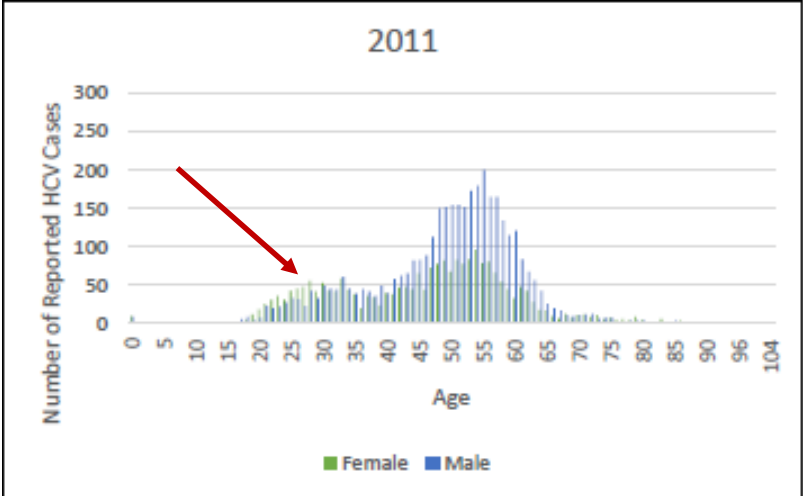
Time Progression of HCV Rates by County per 100,000 persons (excluding incarcerated individuals)

Rate (per 100,000 persons)



*These maps exclude reports from persons institutionalized (e.g., prison, inpatient at mental health facility) at the time of their diagnosis. Institutionalized persons are not included in census population data for the counties where these institutions are located.

Number of HCV Cases by Age and Gender



People who inject drugs and Hepatitis C

- The primary risk factor for newly acquired hepatitis C virus infection is injection drug use
- Needles, straws, and other works used to inject and snort drugs can be contaminated
 - Hepatitis C can survive outside the body at room temperature, on environmental surfaces, for up to 3 weeks
- HCV is 10 times more concentrated in blood than HIV
 - Transmission easier
- CDC recommends using a cleaning solution of one part household bleach to 9 parts water (10% solution) to clean up blood spills from surfaces

<https://www.cdc.gov/hepatitis/hcv/cfaq.htm>

http://hcvadvocate.org/hepatitis/factsheets_pdf/Similarities_and_Differences_between_HIV_and_HCV.pdf

HIV and Viral Hepatitis

- According to the CDC approximately 25% of people with HIV in the United States are coinfecting with HCV and about 10% are coinfecting with HBV.
- Among people with HIV who inject drugs, about 50%-90% also have HCV.
- HIV/HCV coinfection more than triples the risk for liver disease, liver failure, and liver-related death.
- In people with HIV/HCV coinfection, HIV may cause chronic HCV to advance faster

<https://www.cdc.gov/hiv/pdf/library/factsheets/hiv-viral-hepatitis.pdf>

<https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/26/88/hiv-and-hepatitis-c>

HCV and Incarceration

- HCV disproportionately affects incarcerated individuals
- HCV prevalence in the general population is ~ 1%
- HCV prevalence in incarcerated populations ranges anywhere from 12% - 35%
- It's estimated that 30% of all persons with HCV (in the US) spend at least part of the year in a correctional setting
- Testing and treatment in correctional settings is a rapidly changing landscape
 - Increased testing and treatment

Harm Reduction

- Provides needle exchange services within a holistic framework for people who use drugs (including HIV and HCV testing)
- Three sites currently operational
 - Wise and Smyth County Health Departments
 - Health Brigade in Richmond
- Promising outcomes from first year of operation:
 - Almost 100% return rate on used syringes
 - Provided services to over 160 individuals
 - 85 referrals to SUD treatment, 28 follow-throughs, 8 reported becoming abstinent
 - 32 overdose reversals reported due to naloxone distribution at sites

What we are doing...

- Increased Hepatitis B and C testing in Local Health Departments
 - all Health Districts offer testing
- Partnership with University of Virginia (UVA) to expand the capacity for HCV care
 - Dr. Rebecca Dillingham: trains primary care providers to treat HCV
 - 160 clients referred to care since July 1, 2018
 - 67 clients completed their medication therapy with 29 confirmed cures and 38 awaiting final lab work
 - Telemedicine and in-person trainings
- Rapid HCV testing at community based organizations and select Walgreens Pharmacies

Questions?

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