



# Hepatitis C in Tennessee

Cathy Goff – VH Prevention Coordinator

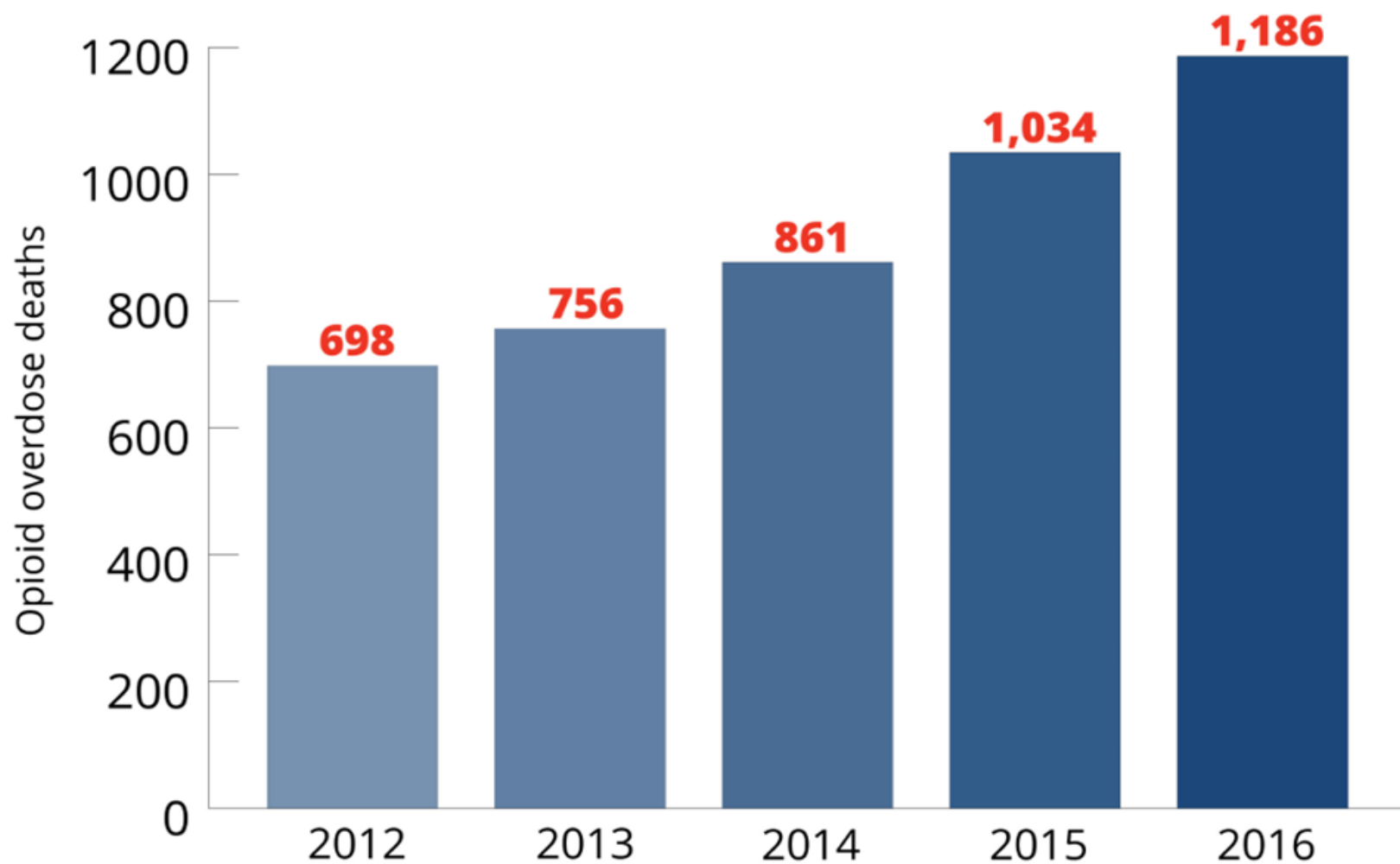
# HCV in Tennessee

- **Background**
  - Opioid Epidemic
  - HCV Surveillance
  - VH Funding
- **HCV Testing**
- **HCV Treatment**
- **SSPs**



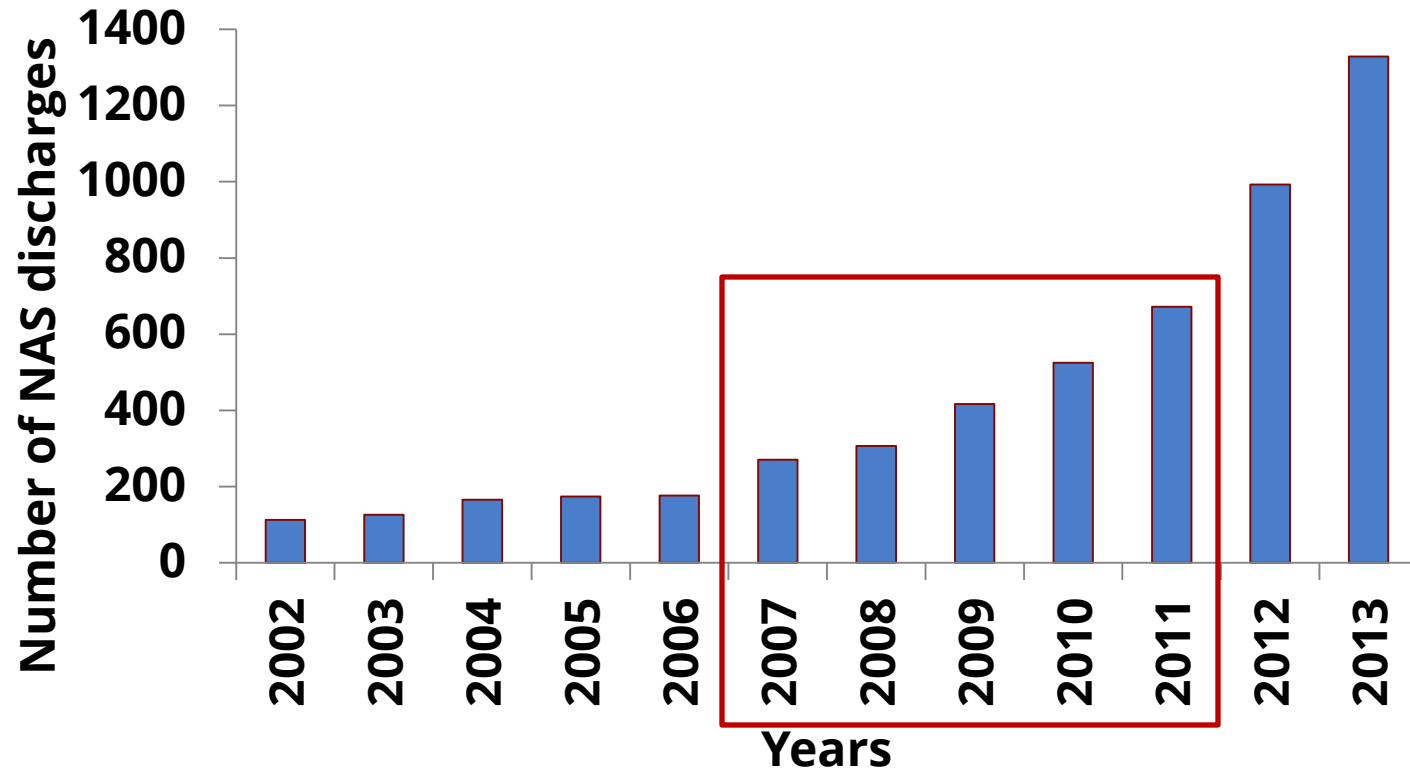
# Opioid Epidemic

# Opioid Overdose Deaths in Tennessee



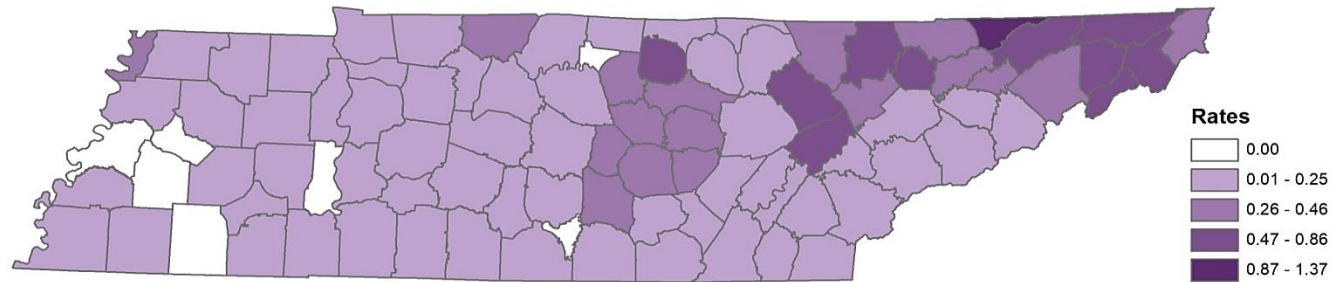
# NAS Discharges

**NAS Discharges, Tennessee — 2002–2013**

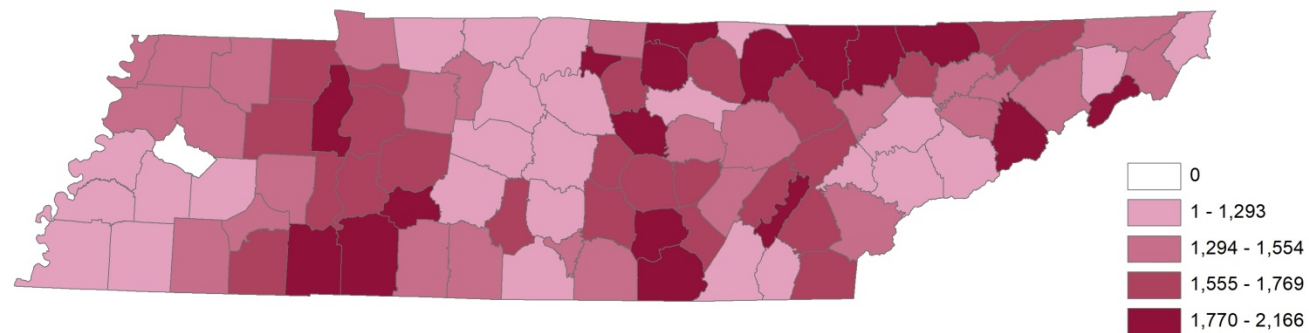


# NAS Reporting vs. Pain Medicine Rx

**Rates of NAS by Mother's County of Residence  
per 1,000 Population —2016**



**Rates of Pain Medication Prescriptions per 1,000 Population —2016**

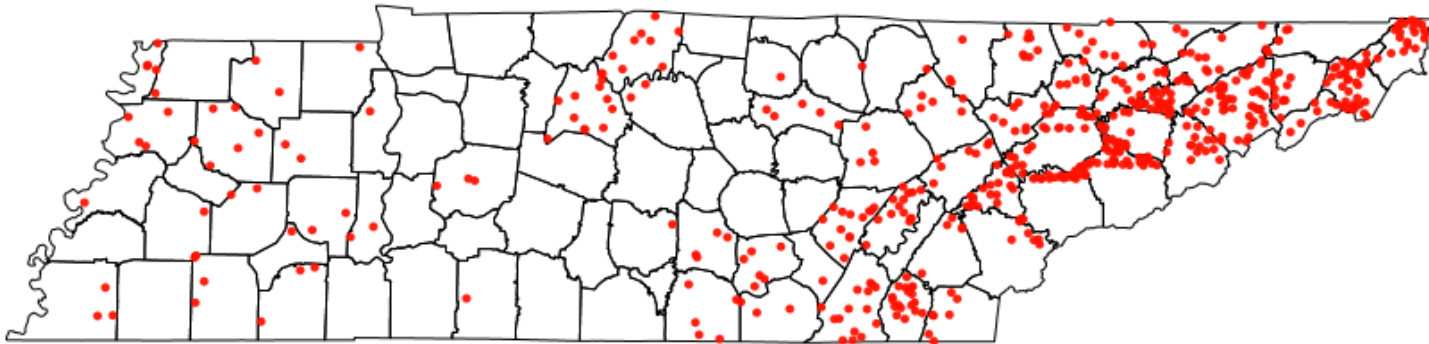




**HCV Surveillance**

# Reported Cases of Acute HCV in Tennessee

		<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>
US	case rate*	0.4	0.6	0.7	0.7	0.8
	cases	1,229	1,778	2,138	2,194	2,436
TN	case rate*	1.3	2.0	1.5	1.9	2.6
	cases	83	129	98	123	173
	rank	4 <sup>th</sup>	4 <sup>th</sup>	6 <sup>th</sup>	5 <sup>th</sup>	4 <sup>th</sup>





# Increasing HCV Surveillance

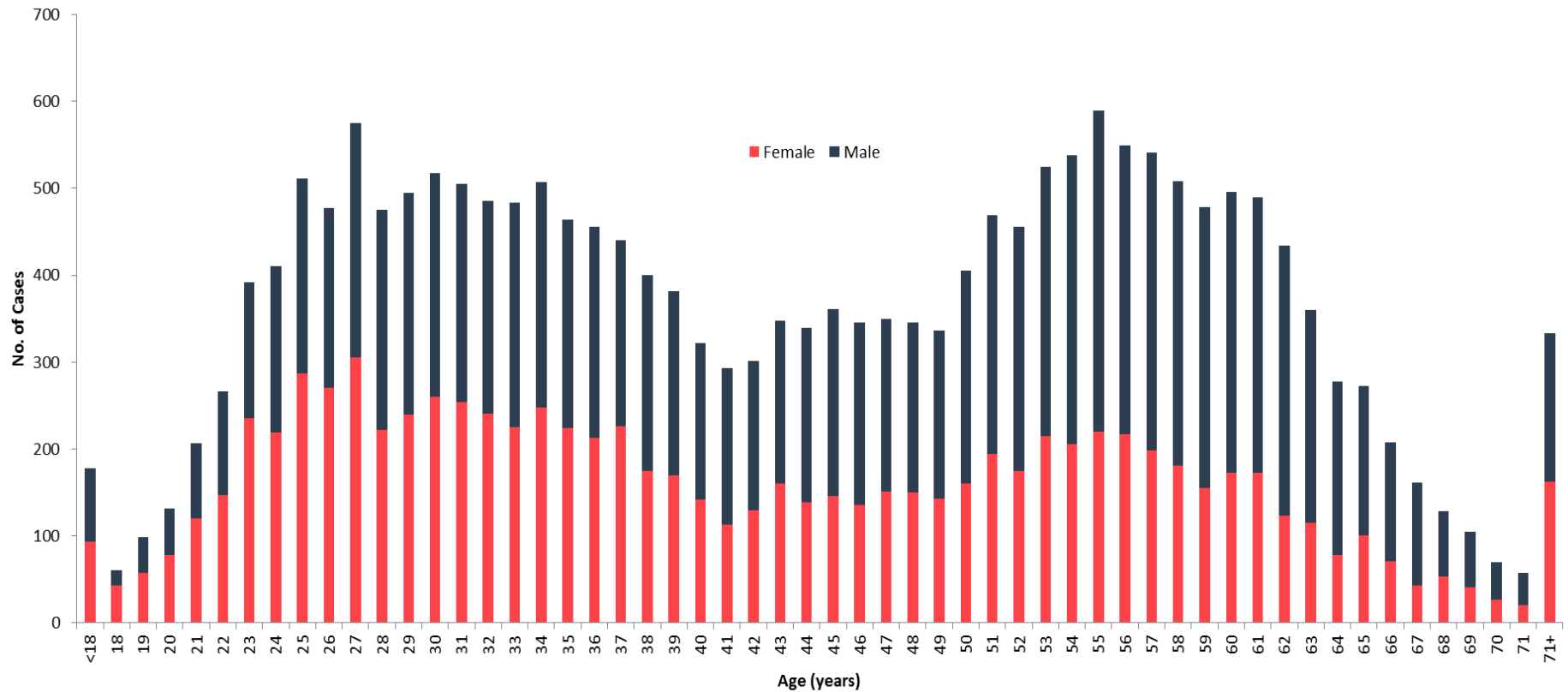
- Simplify and streamline existing efforts
- Continue field investigations of all suspected acute HCV by regional staff
- Establish reporting for chronic HCV labs by Central Office
  - Associate “orphan” laboratory reports (ELR) with cases in NBS
  - Data entry of paper laboratory reports
    - Notify regional staff of any cases suspected of acute HCV

# Surveillance for Chronic HCV in Tennessee

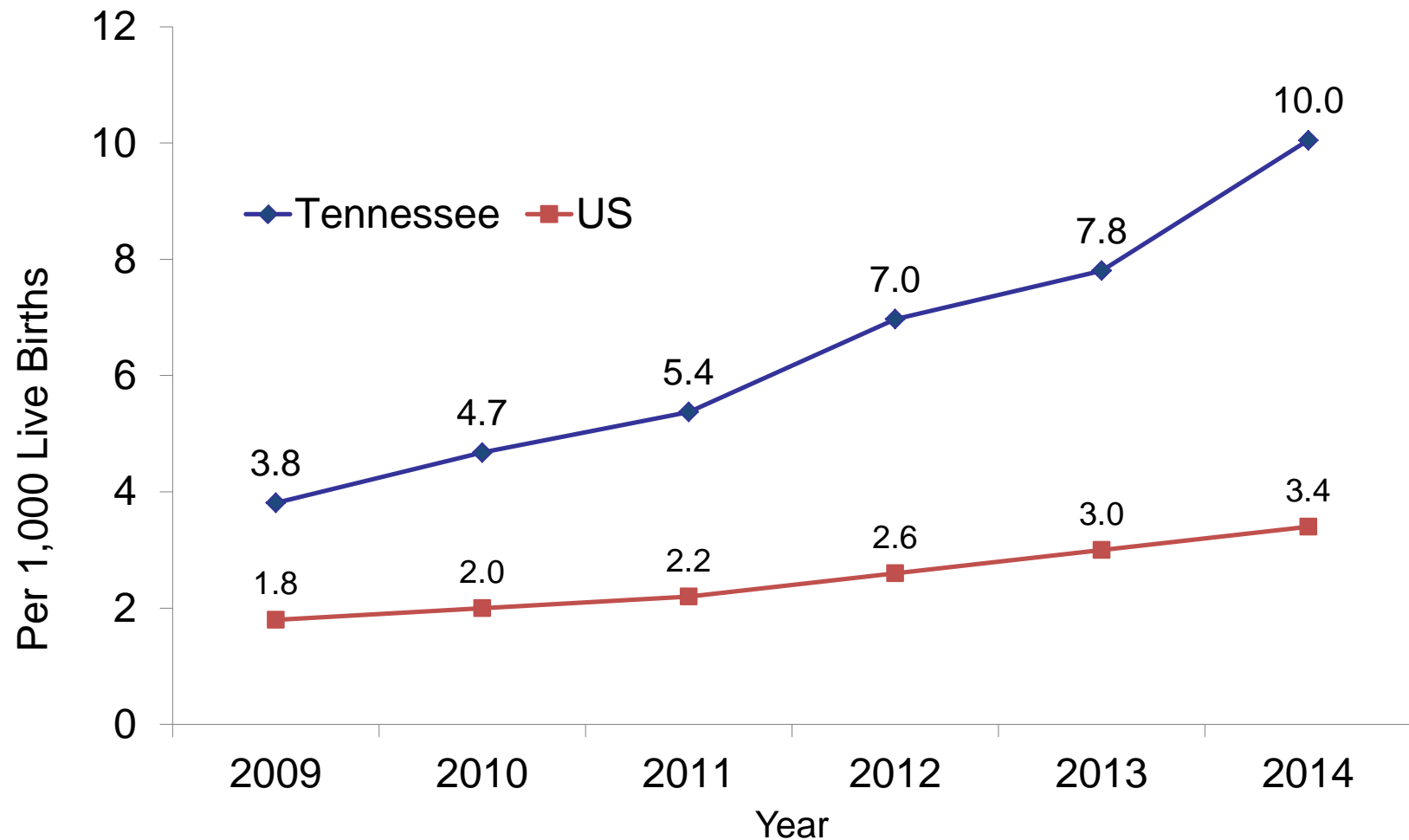
Case Classification	2013	2014	2015*	2016
Confirmed	1,782 (44%)	3,385 (50%)	7,394 (59%)	10,442 (50%)
Probable	2,234	3,421	5,244	10,496
Total (C + P)	4,016	6,806	12,628	20,938

# Confirmed & Probable Cases of Chronic HCV in TN (2016)

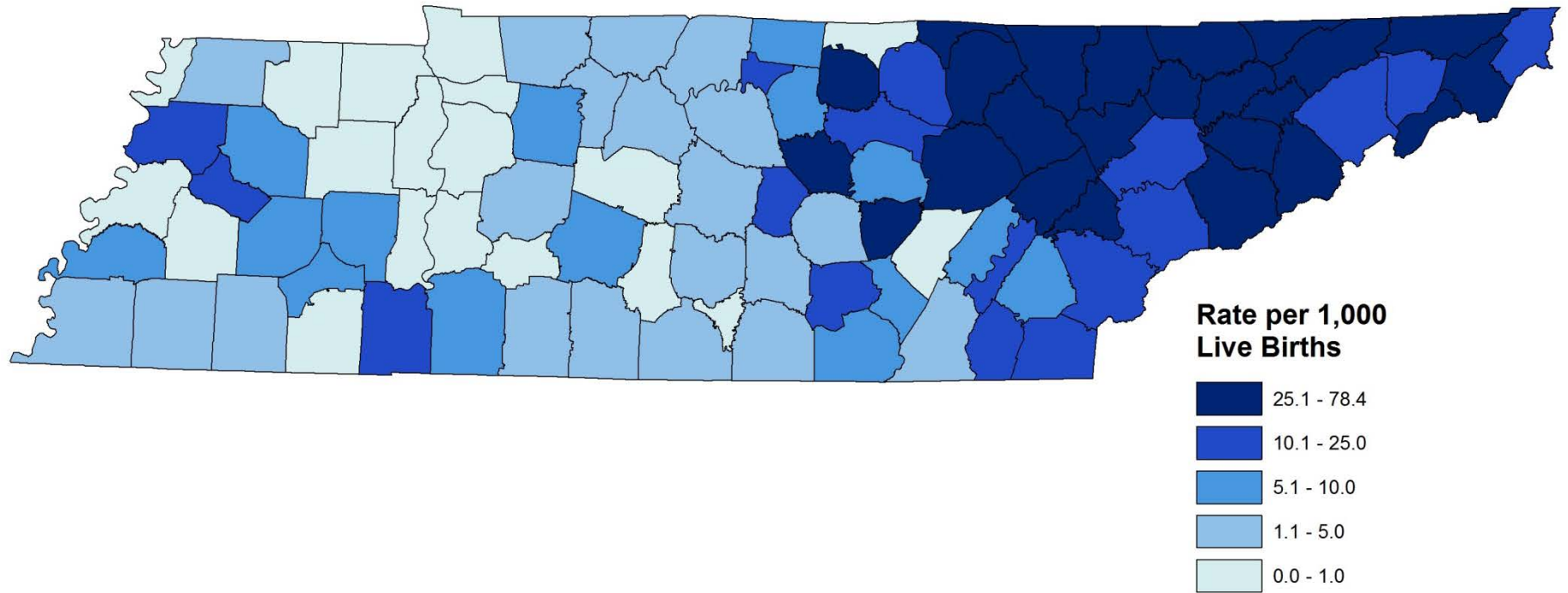
(n = 20,938)



# HCV Prevalence Among Women with Live Births (TN & U.S., 2009 – 2014)



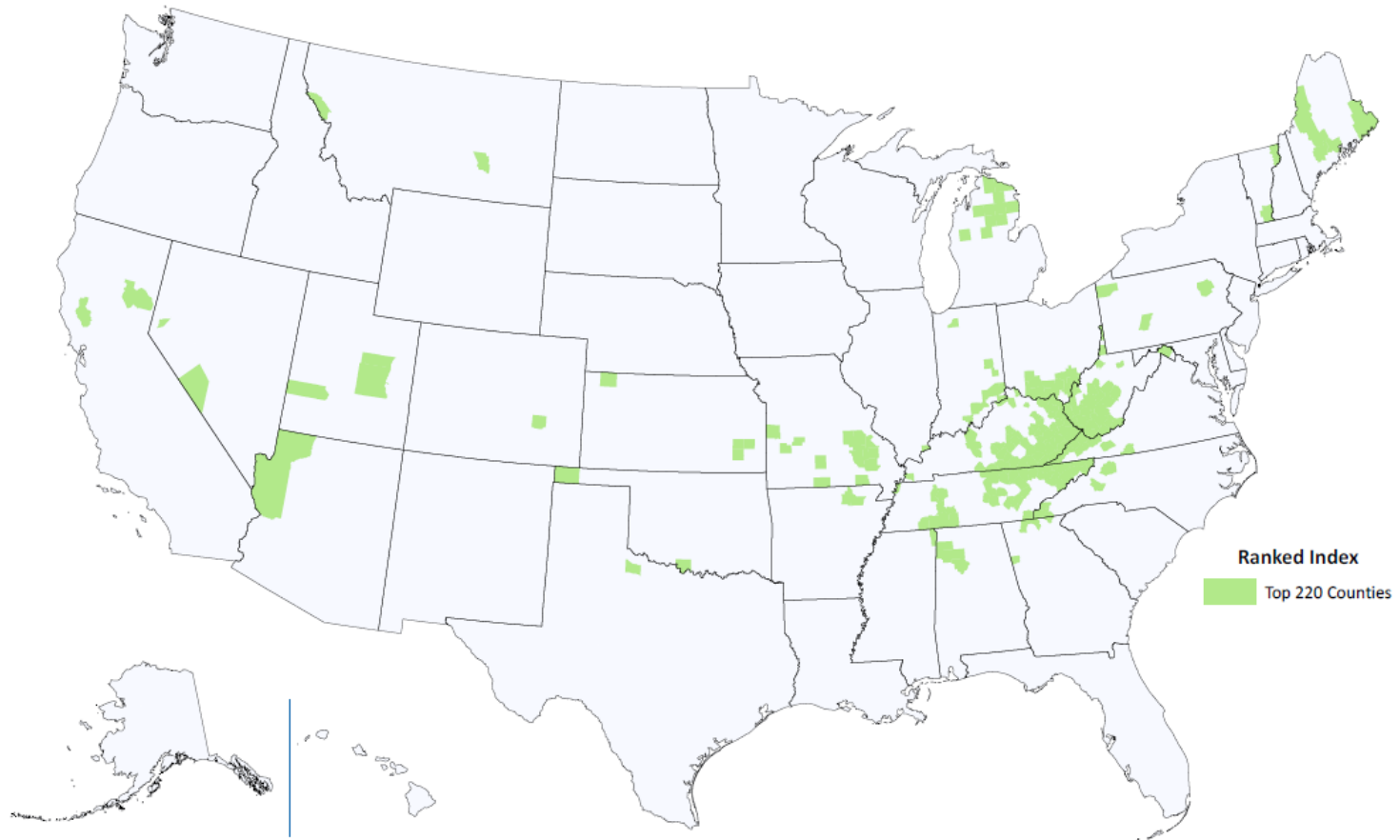
# HCV Prevalence Among Women with Live Births (2014, TN by County)



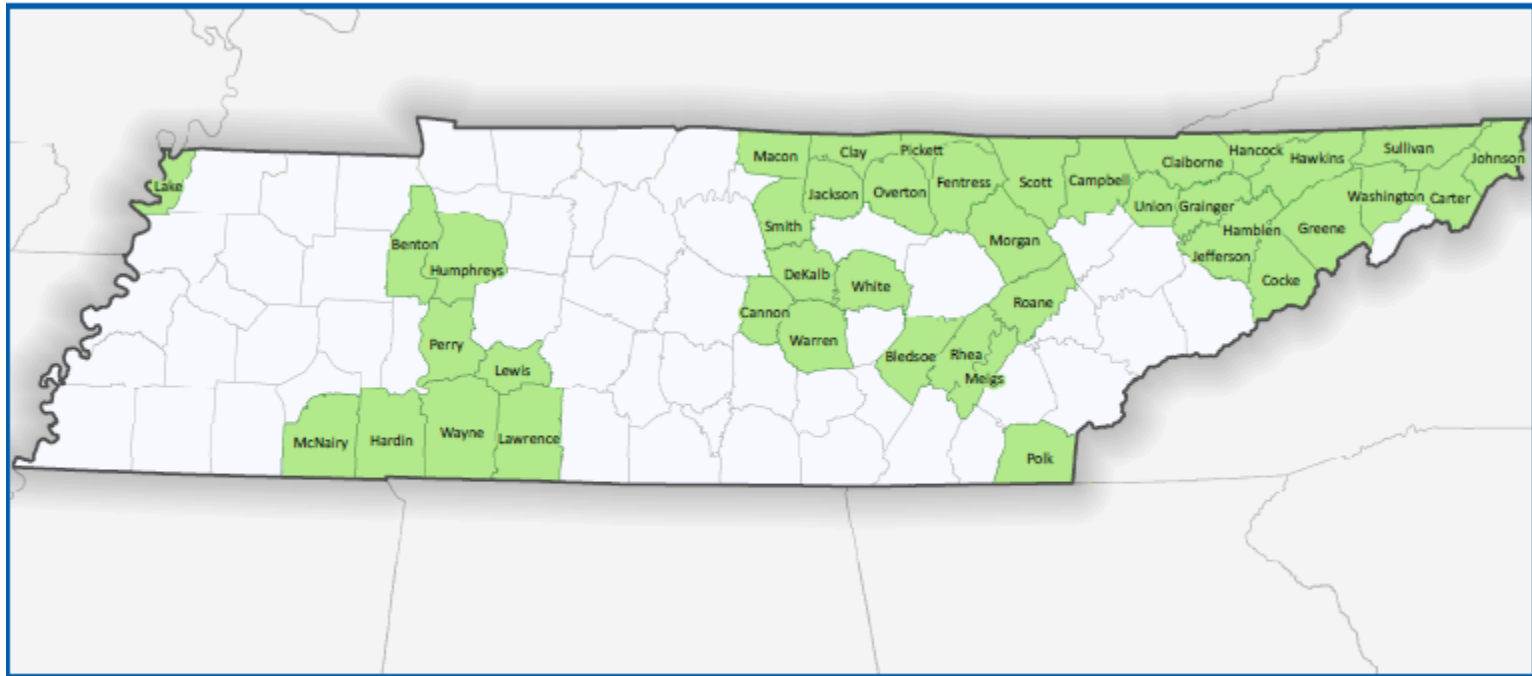
# HIV Risk Vulnerability Assessment Webinar (CDC, September 2, 2015)

**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



# HIV Risk Vulnerability Assessment, Tennessee Profile, County Level



**Notes:** Map and Analysis provided by the Geospatial Research, Analysis, and Services Program (GRASP), Div of Toxicology and Human Health Sciences, ATSDR (2015). **Data Sources:** American Community Survey 2012-2013; DEA ARCOS 2013; NCHS/NVSS 2012-2013; SAMHSA DATA 2000 Program Info 2014.

# Outbreak Planning, Detection, and Response

- Shift our thinking to outbreak detection
- Plan, prepare, and have early detection since we are vulnerable
- Increase surveillance and testing activities (including groups with currently low rates of HIV)





VH Funding

# VH Funding in TN

- **State** (\$1.4 million, beginning 7/1/16)
  - Outbreak Response planning
  - HCV testing
    - HDs and CBOs
  - VH Case Navigators (n=8)
- **VH Prevention** (\$125,000 each year for four years)
  - Partner with FQHCs, HDs, and MHSA to increase testing, linkage to care and treatment
- **VH Surveillance** (\$250,000 each year, beginning in 5/1/17)
  - Expansion of current knowledge on the statewide burden of VH



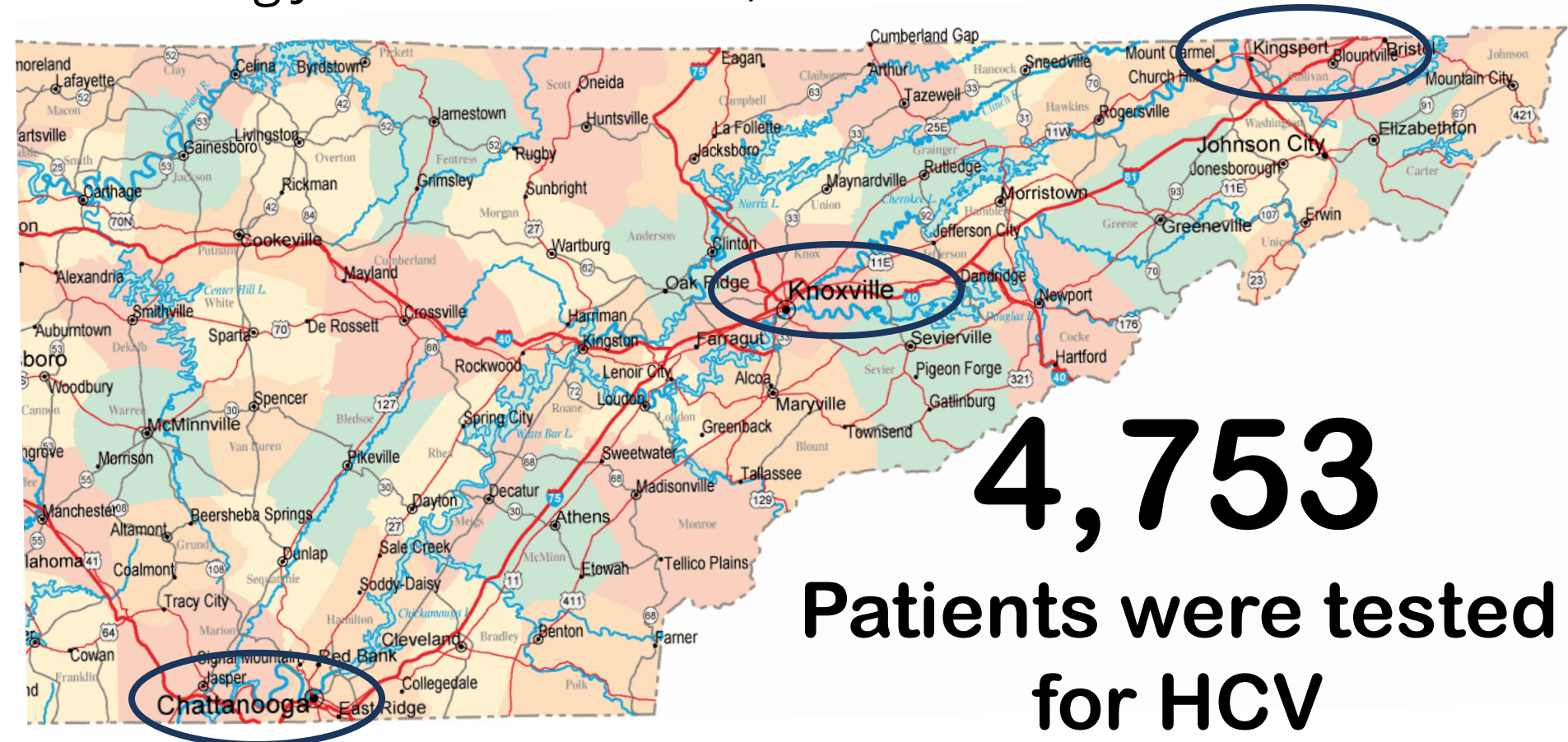
HCV Testing

# CBO Testing: Results (TDH, 2017)

Site (HIV Prevention Partners)	Tests Conducted	Antibody Positive
East TN		
5 CBOs	1,147	441 (38%)
Middle TN		
2 CBOs	1,032	385 (37%)
West TN		
1 CBO	611	94 (15%)
TOTAL	2,790	920 (33%)

# Health Department (HD) HCV Testing Pilot

- During June 1–October 31, 2016:



# HCV Testing: HD Pilot Results

- 4,753 persons tested
  - 8.4% Ab positive
  - 74.1% RNA Positive

Risk Factor	Total n (%) N=4753	HCV Ab (+) n (%) N=397	HCV Ab (-) n (%) N=4356	P Value
Injection drug use	425 (8.9)	276 ( <b>64.9</b> )	149 (35.1)	<0.0001
Intranasal drug use	967 (20.3)	295 ( <b>30.5</b> )	672 (69.5)	<0.0001
Tattoo / piercing	1092 (23.0)	188 ( <b>17.2</b> )	904 (82.8)	<0.0001
Incarceration	1309 (27.5)	303 ( <b>23.1</b> )	1006 (76.9)	<0.0001
Transfusion	62 (1.3)	13 ( <b>21.0</b> )	49 (79.0)	0.0003
No risk factors	2598 ( <b>54.7</b> )	39 (1.5)	2559 (98.5)	<0.0001

# 2017: Scaling-up HCV Testing in HDs (STI Clinics)

- Developed HCV Testing
  - Nursing Protocol
  - Training Manual
- Indications
  - Baby Boomers
  - STI clinic patients
  - Anyone with any identified risk or requesting testing
- Testing Results (4/1/17 – 12/31/17)
  - 15,000 tested
    - 13% Ab +
      - 73% RNA +



**HCV Treatment**

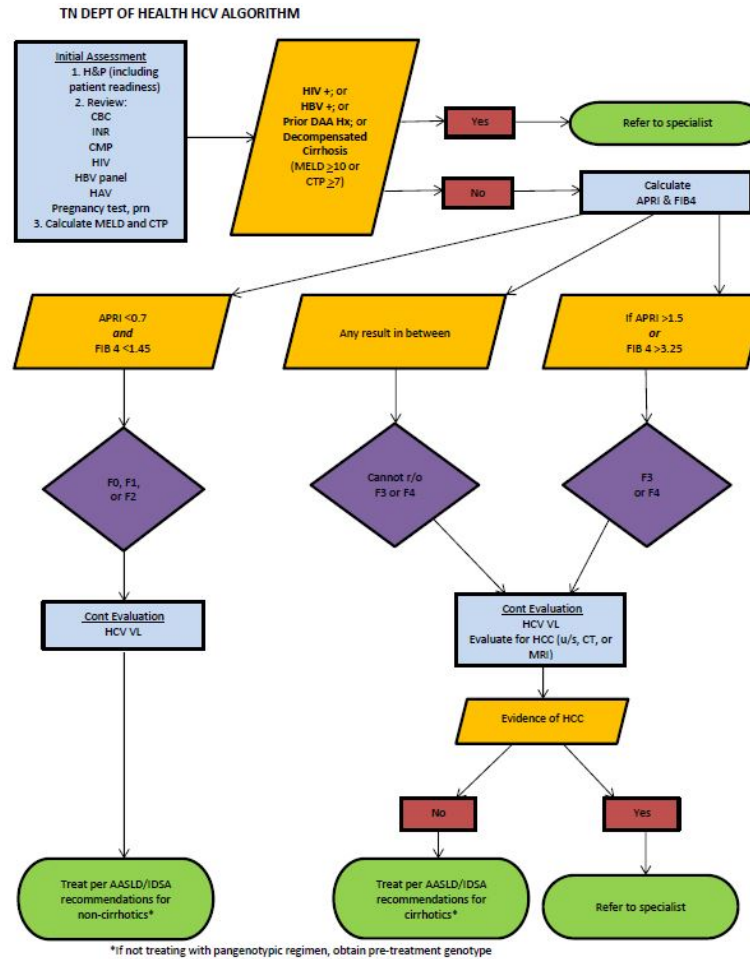


# Expanding HCV Treatment

- Partnering with Vanderbilt's AIDS Education and Training Center (AETC)
  - Conducted six 1-day HCV treatment provider trainings across TN
  - Developed Provider “Toolkits” for treatment & medication access
  - Teleconference partnership, twice per month
- International Antiviral Society-USA (IAS-USA)
  - One day advanced HCV training
- Community Health Services
  - Participated in work group to develop HCV treatment guidelines for Health Departments for the uninsured
  - Conducted site visits at all HCV treating HD facilities
  - Capturing treatment data to assess outcomes
- Transient Elastography RFA
  - Awarded 6 facilities FibroScan equipment to serve as referral hubs for clients regardless of insurance status

# TDH HCV Treatment Algorithm Pilot

(for uninsured clients in resource limited settings)



TDH HCV Treatment Pilot

23 Oct 2017



SSPs

# SSPs in TN

- May 18, 2017
  - Legislation signed into law permitting (if approved by TDH) any NGO to establish and operate a needle and syringe exchange program.
- Aug 29, 2017
  - TDH received CDC approval to use federal funds to support syringe and needle exchange programs in all 95 counties
    - Note: No public funds to be used to purchase needles, syringes, or other injection supplies.
- As of March 14, 2018
  - 3 applications received; 2 approved (1 pending)
- Currently proposed legislation (metros only)
  - Decrease limit on greenways to 1000 ft (from 2000 ft)
  - Permit (with county approval) SSPs in HDs

# Acknowledgements/Resources

- TDH Viral Hepatitis Team
- TDH HIV Surveillance
- Vanderbilt SE-AETC
- <http://www.hcvonline.org>
- <http://www.clinicaloptions.com>
- <http://hcvguidelines.org>



**Thank You!**

# TDH VH Contacts

## Programmatic

- **Carolyn Wester**
  - [Carolyn.Wester@tn.gov](mailto:Carolyn.Wester@tn.gov),  
615-532-8516
- **Lindsey Sizemore**
  - [Lindsey.Sizemore@tn.gov](mailto:Lindsey.Sizemore@tn.gov),  
615-770-6928

## Surveillance

- **Jennifer Black**
  - [Jennifer.Black@tn.gov](mailto:Jennifer.Black@tn.gov),  
615-253-4782

## Prevention

- **Cathy Goff**
  - [Catherine.Goff@tn.gov](mailto:Catherine.Goff@tn.gov),  
865-549-5384

## Clinical Services

- **Kim Gill**
  - [Kimberly.Gill@tn.gov](mailto:Kimberly.Gill@tn.gov),  
615-253-7304