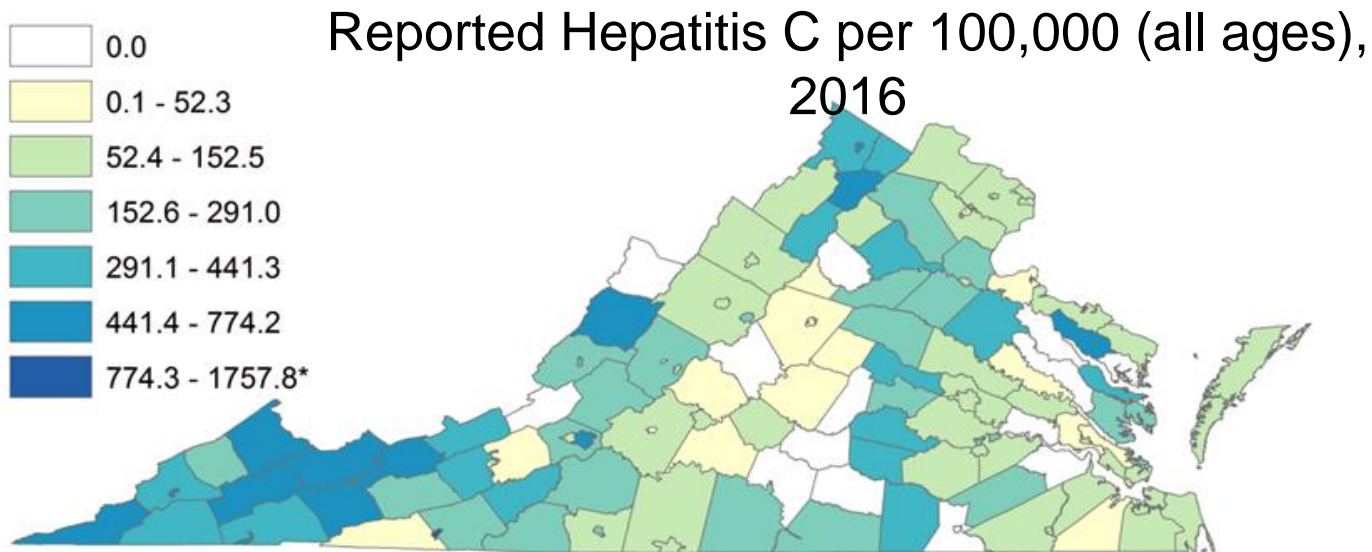


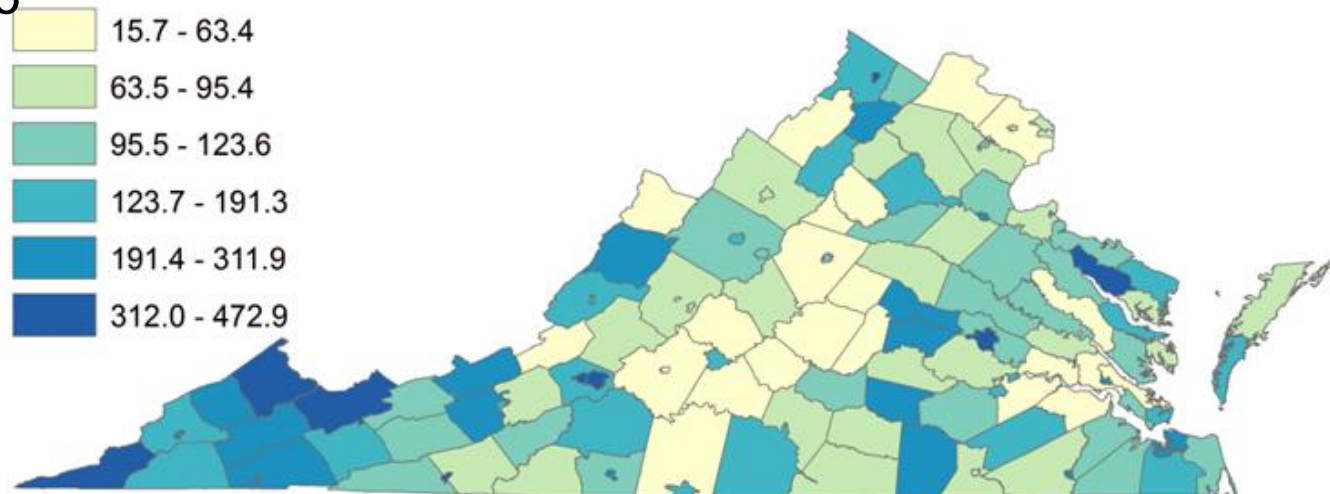
Harm Reduction: Heroin, HIV, and Hepatitis C – Weathering the Perfect Storm

(and HBV in Virginia)

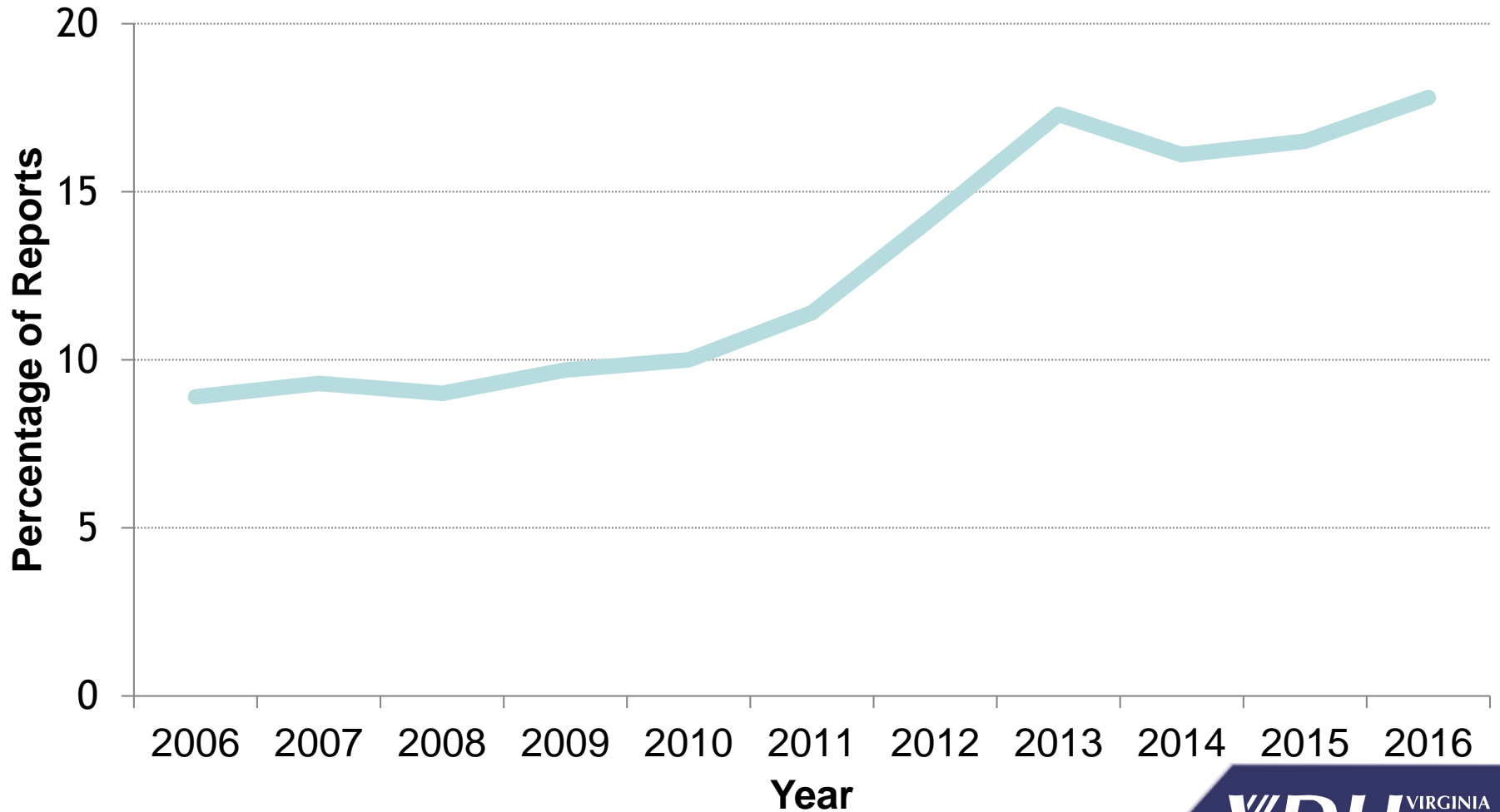
Hepatitis C



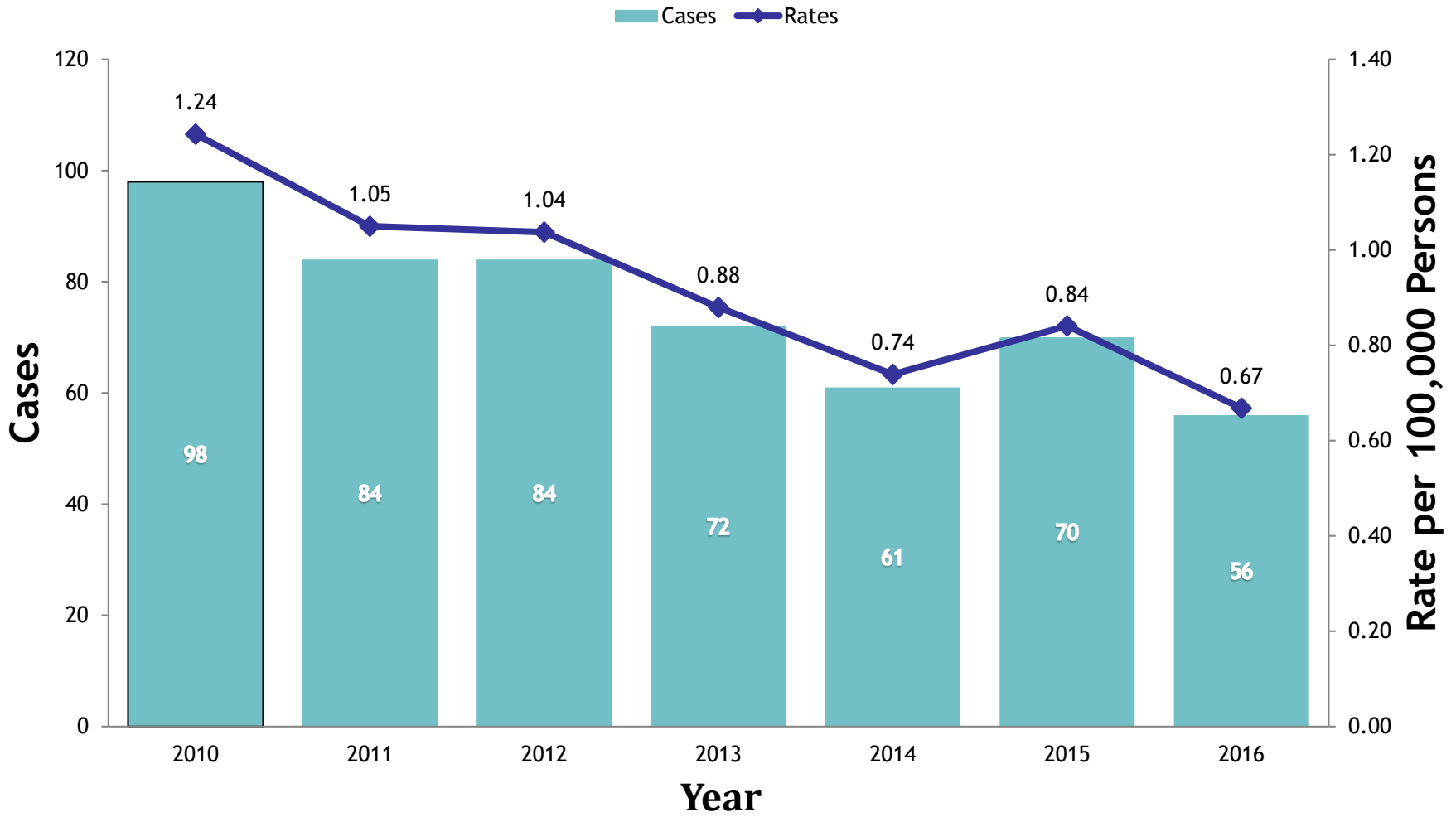
Reported Hepatitis C per 100,000 (18-30 year olds only),
2016



Percent of past or present hepatitis C cases occurring in individuals under 30 years of age, Virginia 2006-2016

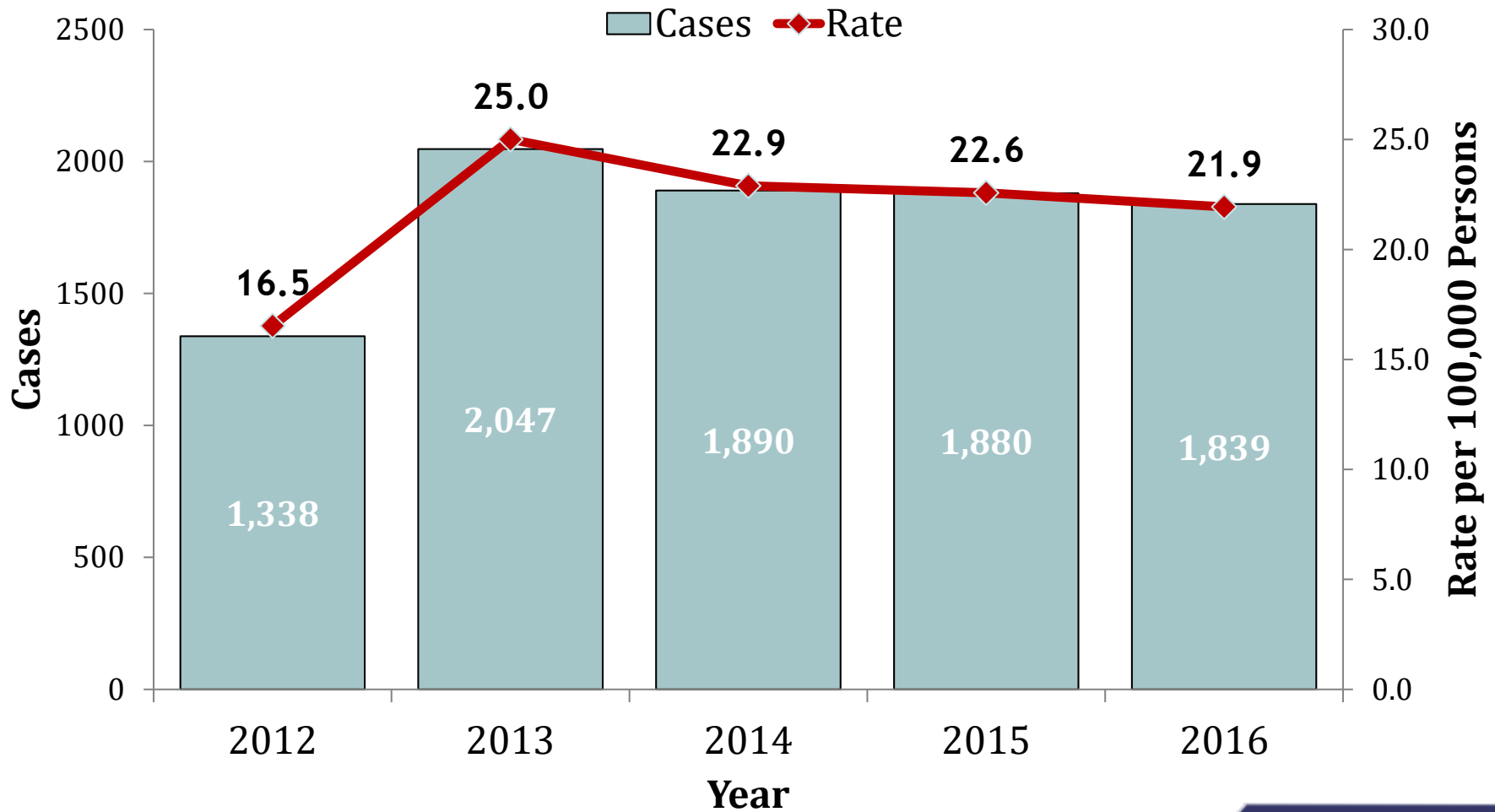


Number* and Rate* of Acute Hepatitis B Infections by Year, Virginia 2010-2016



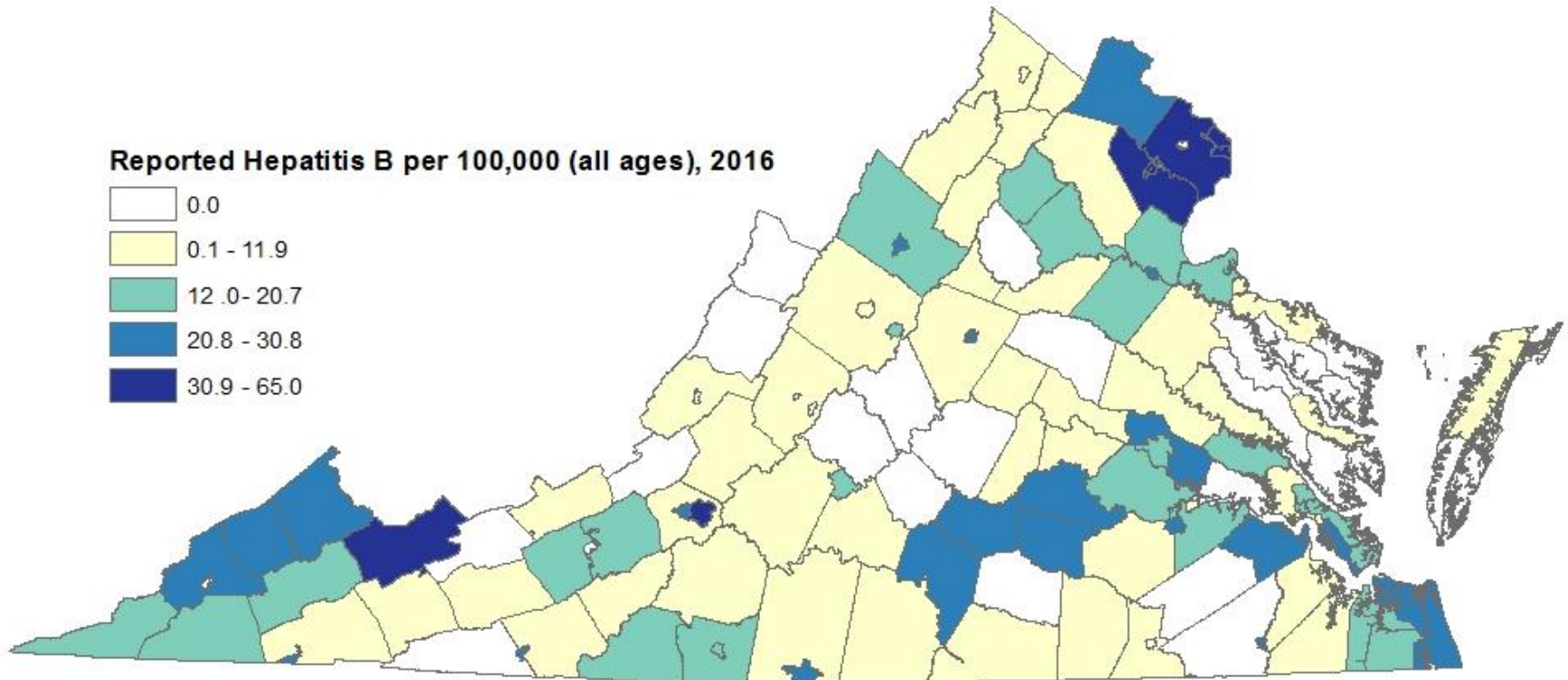
*Excludes persons incarcerated at time of their diagnosis

Number* and Rate* of Acute and Chronic Hepatitis B Infections by Year, Virginia 2012-2016

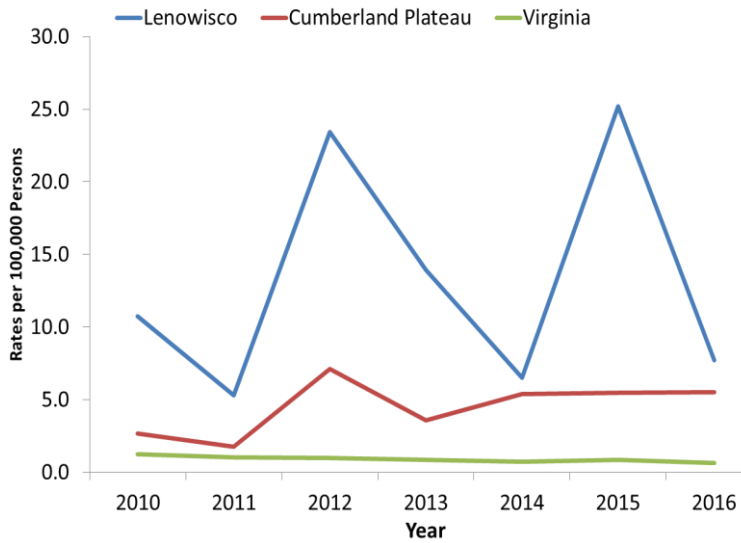


*Excludes persons incarcerated at time of their diagnosis

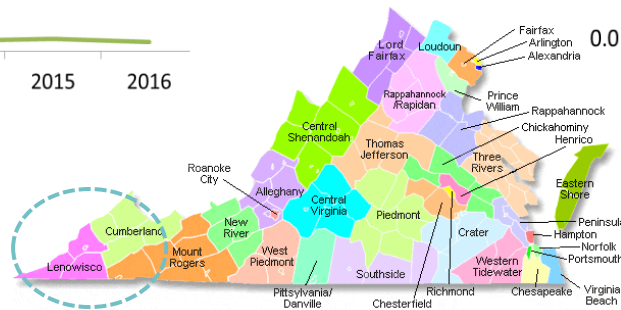
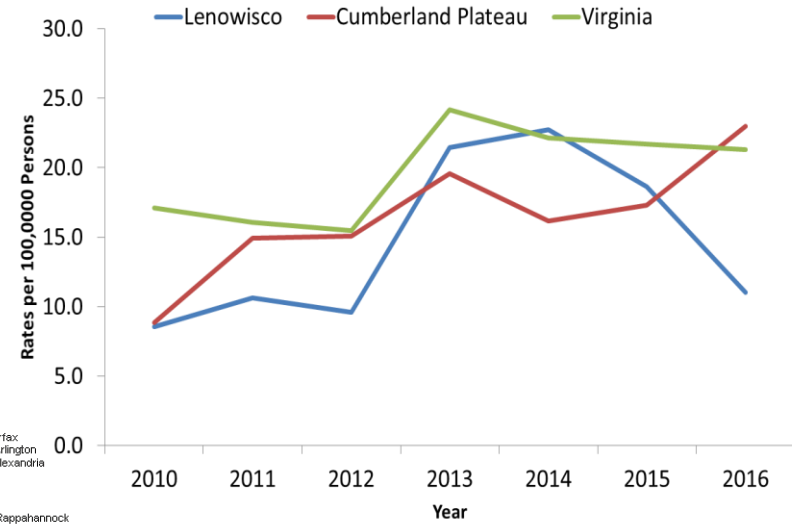
Hepatitis B



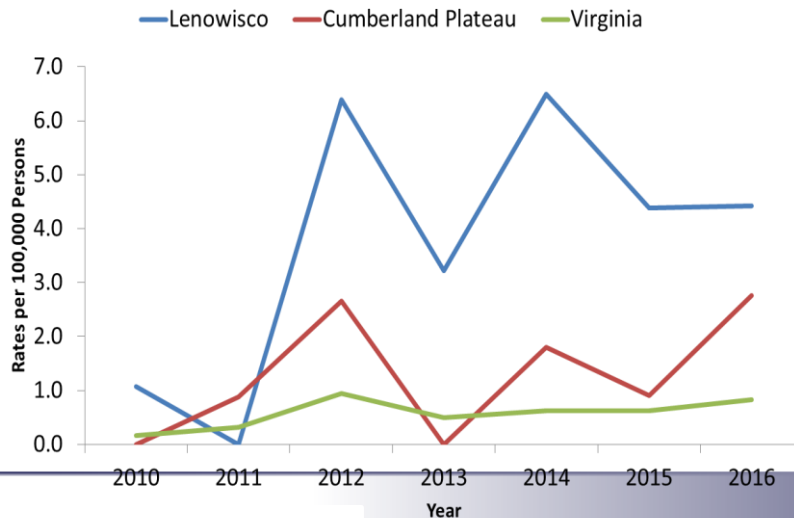
**Rates* of Acute HBV by District and Year
Virginia, 2010-2016**



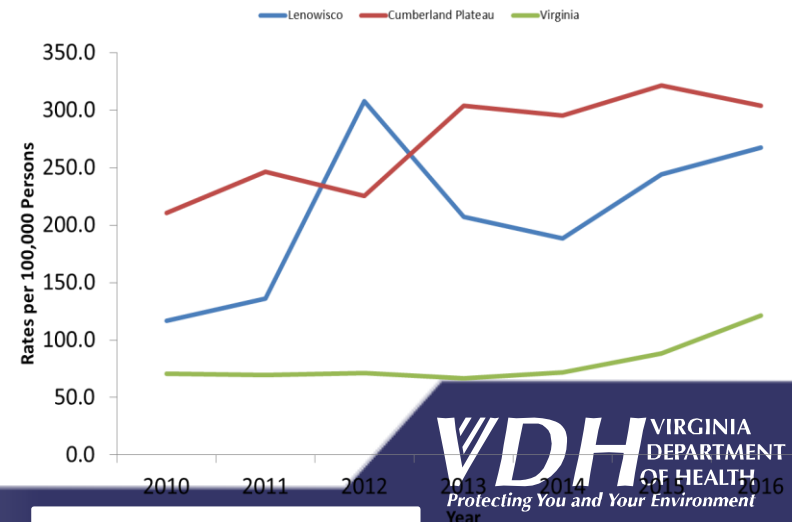
**Rates* of Chronic HBV by District and Year
Virginia, 2010-2016**



**Rates* of Acute HCV by District and Year
Virginia, 2010-2016**



**Rates* of Chronic HCV by District and Year
Virginia, 2010-2016**



Persons Living with HIV Disease as of December 31, 2016 in Virginia

Rate of persons living with HIV as of 2016
(Rate per 100,000)

12 - 131

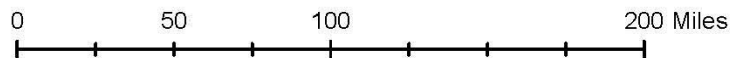
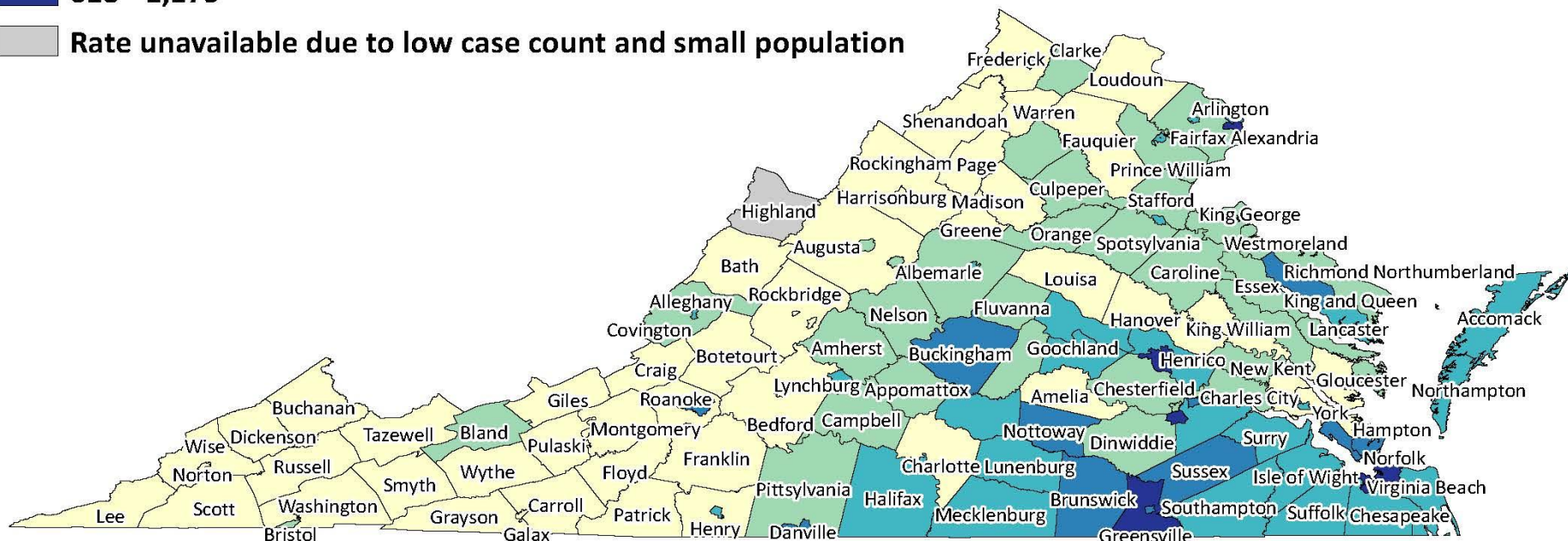
132 - 236

237 - 382

383 - 617

618 - 1,179

Rate unavailable due to low case count and small population



HIV and IDU

In Virginia, 3% (n=23) of new HIV diagnoses in 2016 were attributed to injecting drugs, either with injection drug use (IDU) only or male-to-male sexual contact and injection drug use (MSM & IDU) as the primary risk for HIV transmission.

In Virginia, 12% of persons living with HIV as of 12/31/2016 reported IDU or MSM & IDU as their primary risk for HIV transmission. In Lenowisco and Cumberland Plateau health districts, persons living with HIV who reported IDU or MSM & IDU as their primary risk for transmission was 21% and 18%, respectively.

Bacterial Infections and OUD

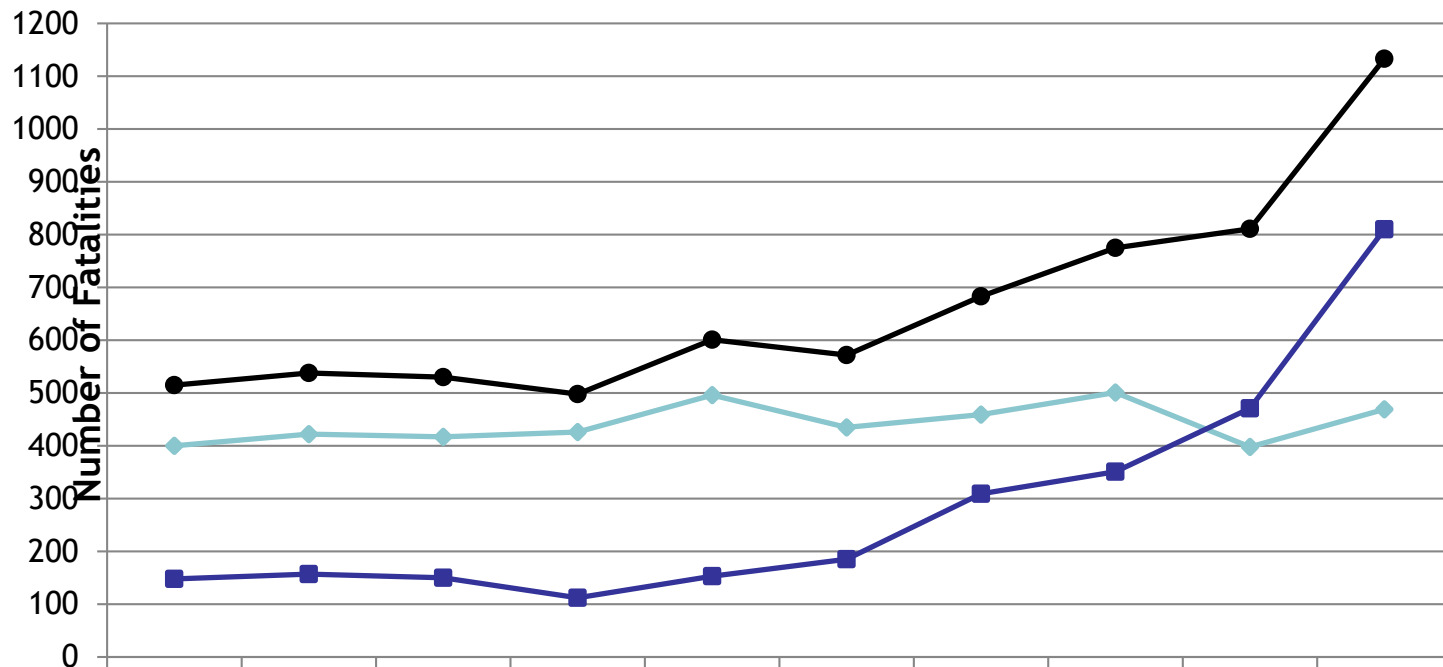
Hospitalizations Related to Opioid Abuse/Dependence and Associated Infections in Virginia

	Number of Hospitalizations				
	2010	2011	2012	2013	2014
	N = 809,922	N = 826,301	N = 828,430	N = 817,894	N = 808,607
Opioid Abuse/Dependence	7,318	7,759	8,623	9,982	10,913
Opioid Abuse/Dependence with Infection	77	94	79	118	170
Endocarditis	39	55	30	58	82
Osteomyelitis	7	11	18	17	29
Septic Arthritis	20	22	31	33	45
Epidural Abscess	15	10	13	20	36

Hospitalizations Attributable to Opioid Abuse/Dependence and Serious Infection by Region: Virginia, 2014

	Total Hospitalizations	Hospitalizations for Opioid Abuse/Dependence	Hospitalizations for Opioid Abuse/Dependence and Serious Infection	Hospitalizations for Opioid Abuse/Dependence and Serious Infection
	<i>Count</i>	<i>Count</i>	<i>Count</i>	<i>Rate per 100,000 Hospitalizations</i>
Central	171,294	3,020	48	28.0
Eastern	187,496	2,388	31	16.5
Northern	163,640	1,460	21	12.8
Northwestern	136,716	1,620	34	24.9
Southwestern	149,461	2,425	36	24.1

Total Number of Prescription Opioid (excluding Fentanyl), Fentanyl and/or Heroin, and All Opioid Overdoses by Year of Death, 2007-2016*



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016*
All Opioids	515	538	530	498	601	572	683	775	811	1133
Prescription Opioids (excluding fentanyl)	400	422	417	426	496	435	459	501	398	469
Fentanyl and/or Heroin	148	157	150	112	153	185	309	351	471	810

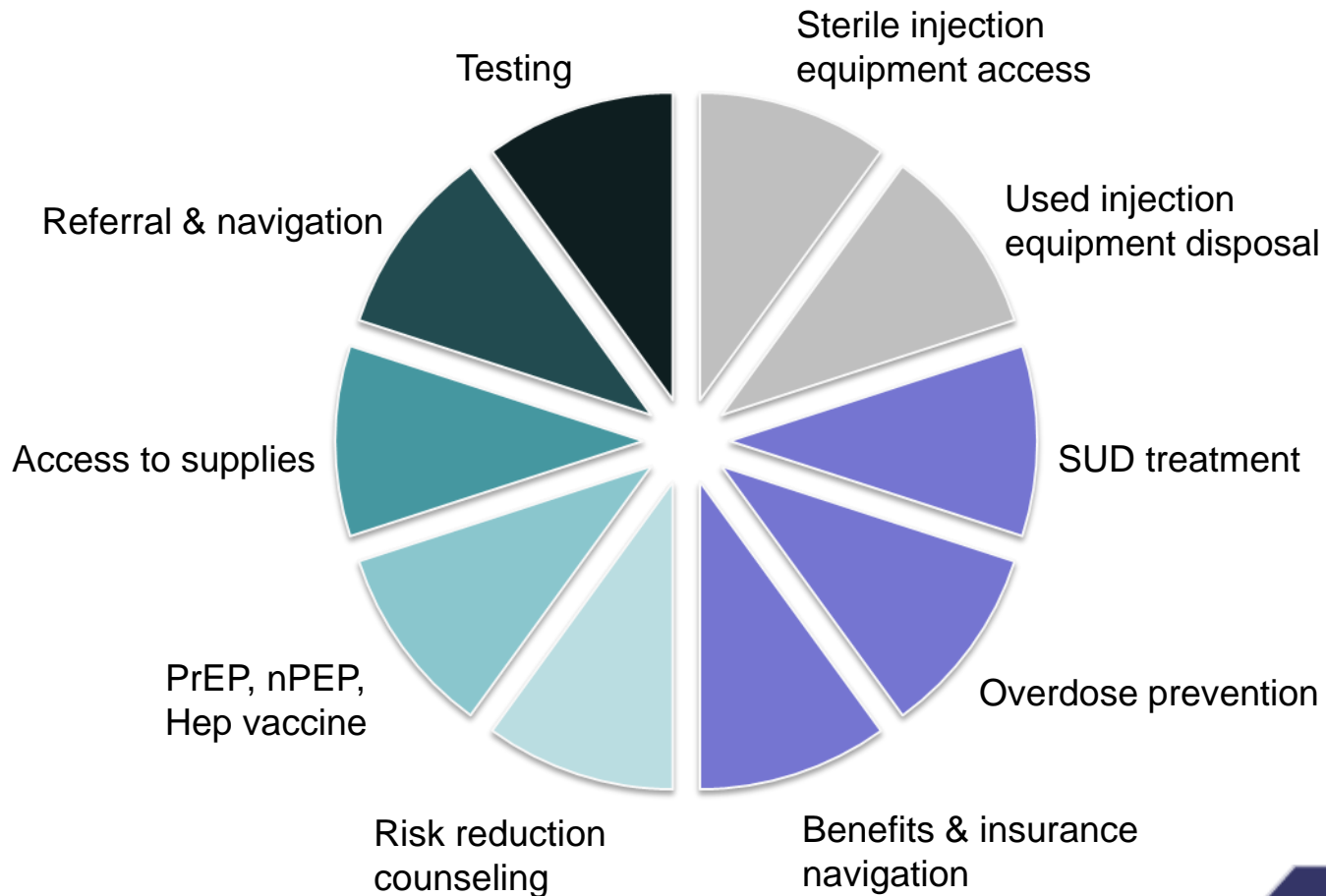
***2016 data may be incomplete and are subject to change**

1 'All Opioids' include all versions of fentanyl, heroin, prescription opioids, and opioids unspecified

2 Illicit and pharmaceutically produced fatal fentanyl overdoses are represented in this analysis. This includes all different types of fentanyl analogs (acetyl fentanyl, furanyl fentanyl, etc.)

COMPREHENSIVE HARM REDUCTION

Clinical Strategies



Risk Reduction Counseling, Testing

All cases of HBV, HCV and HIV reported to LHD are evaluated to attempt to determine if acute or chronic infection, to identify and address risk factors, and to assess client status re to other BBP if not tested (infected, immune, susceptible); contacts are requested; evaluated and tested and offered vaccine or other prophylaxis as indicated.

Risk reduction counseling, including determining readiness to change and providing risk reduction resources (condoms, cleaning supplies, REVIVE training, referrals to mental health/SU treatment and recovery support, etc).

Support for POC testing for HCV and HIV with support of Federal funding. Support for HBV vaccine, HBIG, meds: combination of state, Federal and local funds

PrEP, nPEP, HBV vaccine

Treatment is Prevention

PrEP

- Pre-Exposure Prophylaxis for high-risk clients (MSM+IDU or IDU) offered in LHD
- Effective in prevention of HIV infection if exposed to the virus
- Clients identified in case or contact investigation, informed about availability, offered referral to VDH clinics for PrEP eval and rx
- PrEP navigator assists in maintaining contact and facilitating visits

nPEP

- Non-occupational Post Exposure Prophylaxis
- Prevent HIV infection after exposure to the virus (start within 72 hrs)
- Ex: Having condom-less sex or sharing a needle with a person known to have HIV, or unknown HIV status

HBV vaccine

- Offered to susceptible contacts and cases of HCV or HIV

Treatment is prevention

- Challenges accessing ID tx for HIV positive people in rural SWVA; June 2016 began operating telemedicine clinics between Wise Co HD and UVA ID physician Dr. Rebecca Dillingham. Plans to offer HCV treatment to co-infected.

Injection Equipment Cleaning Support (current)

Disinfect Syringes to Reduce Disease Risk

Protect Yourself
and Protect Others



THREE STEPS, THREE CUPS

If you must reuse your syringes, follow these 3 steps *each time* to **flush** out the syringe, **disinfect** it with bleach, and **rinse** it to wash out the bleach. This will help reduce the risk of spreading disease.

STEP 1—FLUSH WITH WATER

- Fill syringe with clean water from cup #1.
- Shake the syringe and tap it.
- Squirt the water out, such as into a sink, toilet, or bucket.
- Repeat if possible.
- It's best to do this until you can't see any blood.



Why? This step removes blood and drugs.

STEP 2—DISINFECT WITH BLEACH

- Fill syringe with fresh, full-strength bleach from cup #2.
- Shake the syringe, tap it, and then let it sit for 30 seconds.
- Squirt the bleach out, such as into a sink, toilet, or bucket.



Why? This step kills viruses and germs that can make you sick.



STEP 3—RINSE WITH WATER

- Fill syringe with clean water from cup #3.
- Shake the syringe and tap it.
- Squirt the water out, such as into a sink, toilet, or bucket.



Why? This step washes out the bleach and any viruses that are left in the syringe.

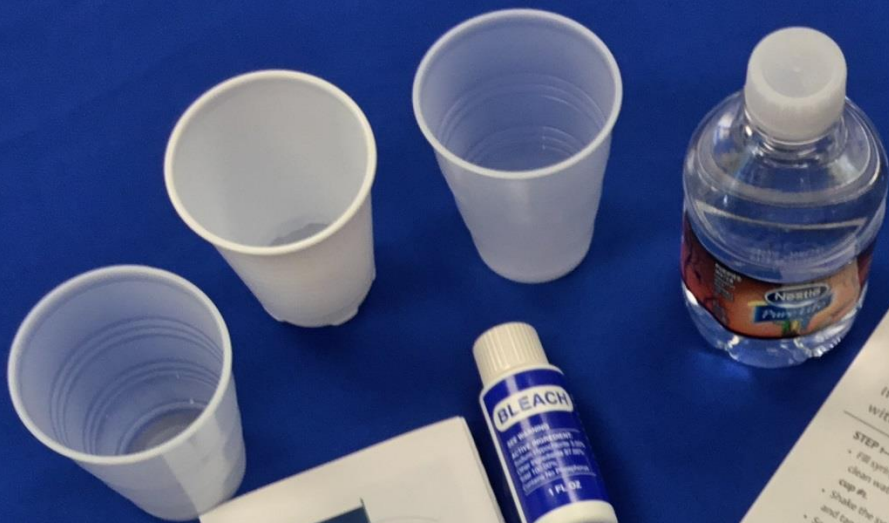
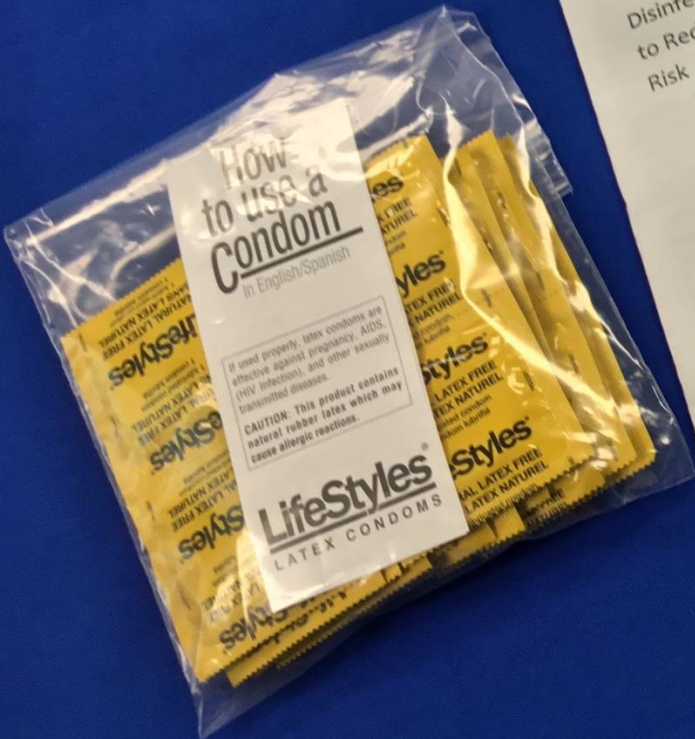
Other tips:

DO NOT share your cups with anyone else or use someone else's cups.
ALWAYS change your water and bleach at least once per day.

PROTECT YOURSELF TO STAY HEALTHY




- The best advice is to stop injecting and get into substance abuse treatment.
- If you can't do that, the next best thing is to use a new sterile syringe every time and NEVER reuse or share syringes, spoons, water, solutions, or cotton. HBV, HCV, and HIV can be spread by sharing those items. Any item contaminated with blood can contaminate other items and transmit disease.
- Wash your hands and arms.
- Make sure any surfaces your skin or blood might touch are kept clean.
- If you are having sex, use a latex condom every time and use water-based lube because that kind of lube won't destroy the condom.
- If you aren't already, get vaccinated against HBV.



Disinfect Syringes to Reduce Disease Risk

Protect Yourself and Protect Others



VDH VIRGINIA DEPARTMENT OF HEALTH
Preventing the bad and promoting the good

THREE STEPS, THREE CUPS
If you must reuse your syringes, follow these 3 steps each time to flush out the syringe, disinfect with bleach, and rinse it to wash out the bleach. This will help reduce the risk of spreading disease.

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- The best advice is to stop injecting and get into substance abuse treatment.
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- Make sure any surfaces your skin or blood might touch are kept clean.
- If you are having sex, use a latex condom every time and use water-based lube because that kind of lube won't destroy the condom.
- If you aren't already, get vaccinated against HIV.

PROTECT YOURSELF TO STAY HEALTHY

use someone else's cups.
ALWAYS change your water and bleach at least once per day.

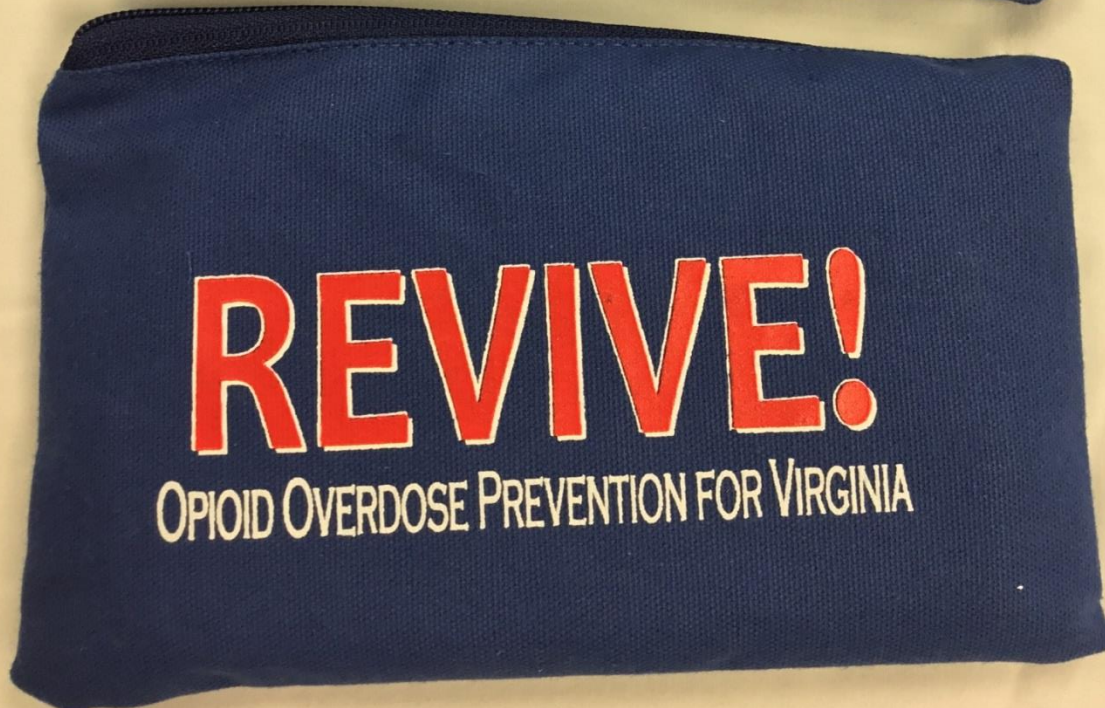
2017 Virginia General Assembly -- House Bill 2317 Sterile Injection Equipment Access & Used injection equipment disposal

Syringe Services Programs (SSPs)

- ***HB 2317 Harm reduction programs; public health emergency, etc.***
 - Authorizes the Commissioner of Health (the Commissioner) to establish and operate local or regional comprehensive harm reduction programs during a declared public health emergency that include the **provision of sterile and disposal of used hypodermic needles and syringes.**
 - The bill also provides that the Commissioner may authorize persons who are not otherwise authorized by law to dispense or distribute hypodermic needles and syringes to do so as part of a comprehensive harm reduction program during a declared public health emergency.
 - The bill has an expiration date of July 1, 2020.

Overdose Death Prevention

- Education about risks of overdose (opiates in combination with other opiates, alcohol, benzo, etc; relapse after periods of abstinence—leaving incarceration, recovery)
- REVIVE!* is the Opioid Overdose and Naloxone Education (OONE) program for the Commonwealth of Virginia.
- Provided by Department of Behavioral Health and Developmental Services (DBHDS)
 - REVIVE! provides “train the trainer” courses and direct training to professionals, stakeholders, and others on how to recognize and respond to an opioid overdose emergency with the administration of naloxone (Narcan ®).
- DBHDS, VDH and Adapt Pharma provided support for no-cost Narcan nasal spray for identified populations



Substance Use Disorder Treatment

- DMAS (Virginia Medicaid) expanded Medicaid coverage of and increased reimbursement for Addiction Recovery and Treatment Services (ARTS) including coverage for currently-eligible Medicaid recipients for services across the continuum of care as established by ASAM. This has resulted in an expansion of services available although not uniformly across the state.
- Increasing providers trained to provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) (and increasing reimbursement for SBIRT)
 - SBIRT* trained clinicians use an evidence-based screening tool(s) to identify individuals with /at-risk for SUD, provide a brief intervention and referral to specialty treatment resources
 - Public health nurses in STI, FP and other clinics trained to provide SBIRT in several localities.

* Developed by SAMHSA

Corrections Facilities

- Identify patients incarcerated in regional jail system who had begun HBV vaccine series but not completed it or had not completed follow-up testing to determine whether infection (HBV, HCV) had cleared, for follow-up vaccination and/or testing
- Provide GYN consultation/exam including contraceptive method (LARC) to women who desire prior to release; link to local services for follow up after release
- Provide information on other services available in the area

Thank you.