

Ending the HIV & HCV Epidemics: A Critical Role for Substance Use Providers

Speaker(s)

Role/Organization

Date



Opioid
Response
Network
STR-TA



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Learning objectives

- ✧ Describe the overlap between the opioid, HIV, and hepatitis C (HCV) epidemics.
- ✧ Reflect on the unique role substance use providers can play in HIV and HCV screening and prevention, and “ending the epidemics”.
- ✧ Share information on resources and educational opportunities offered by HRSA’s national AIDS Education and Training Center (AETC) Program.



HIV- and HCV-affected communities need you

Hepatitis C and HIV

are often-overlooked consequences of America's **opioid crisis**.

EIGHT IN TEN

new Hepatitis C infections in the U.S. are transmitted through **injection drug use**.



Nearly

ONE IN TEN

new HIV infections in 2015 were due to **injection drug use**.

What are our “Ending the Epidemic” goals?

Goals for HIV



Reduce new HIV infections in the United States by 75% in 5 years and by 90% by 2030⁵

Goals for HCV



Prevent new viral hepatitis infections

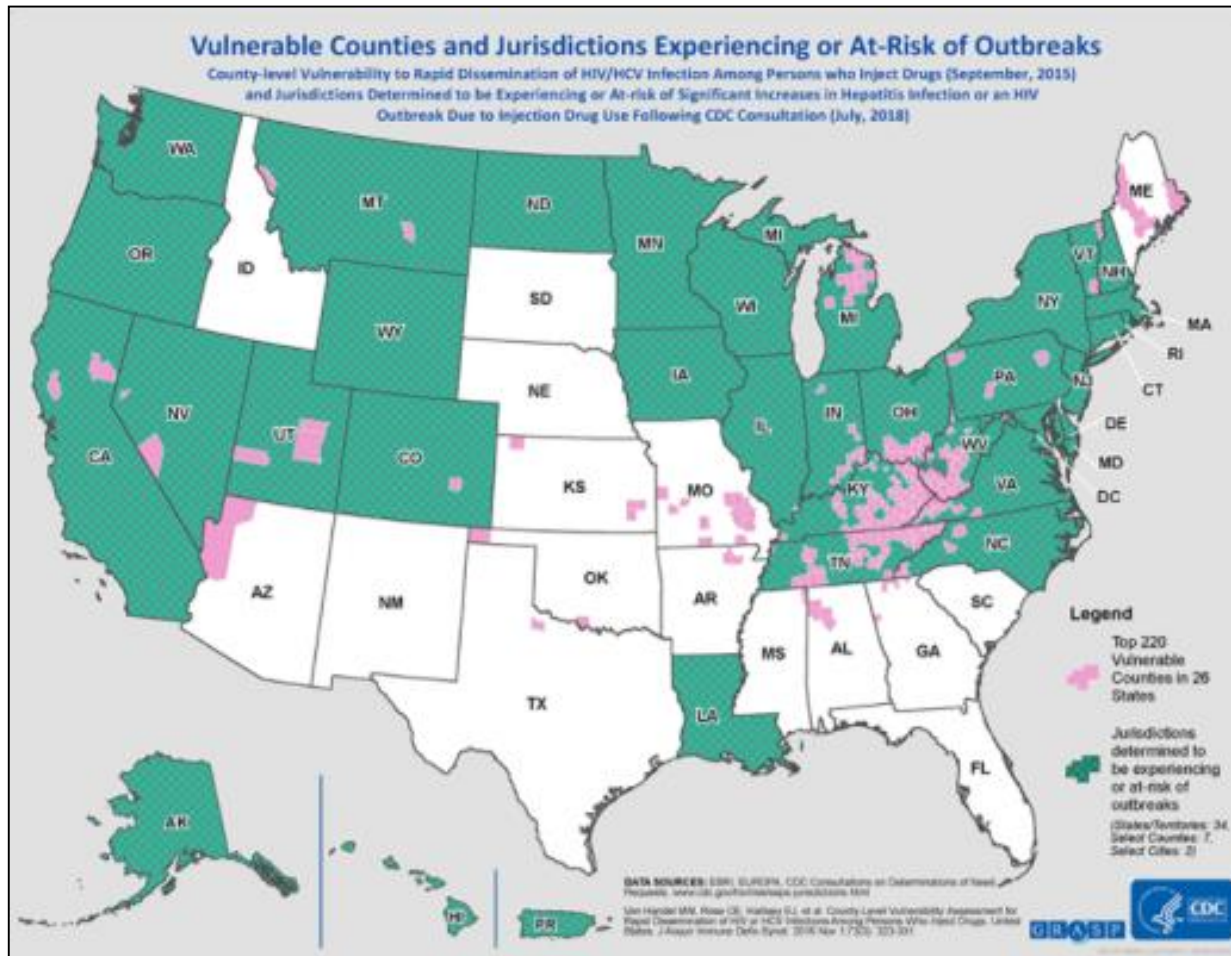
Reduce deaths and improve the health of people living with viral hepatitis

Reduce viral hepatitis health disparities

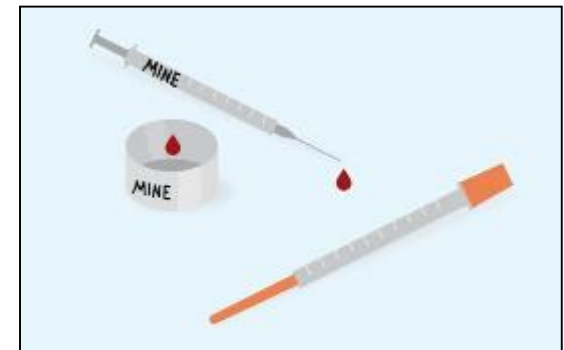
Coordinate, monitor, and report on implementation of viral hepatitis activities⁶



Has the CDC predicted an HIV/HCV outbreak in your community?



As of 2018, only 18 of 220 “vulnerable” counties had syringe exchange programs

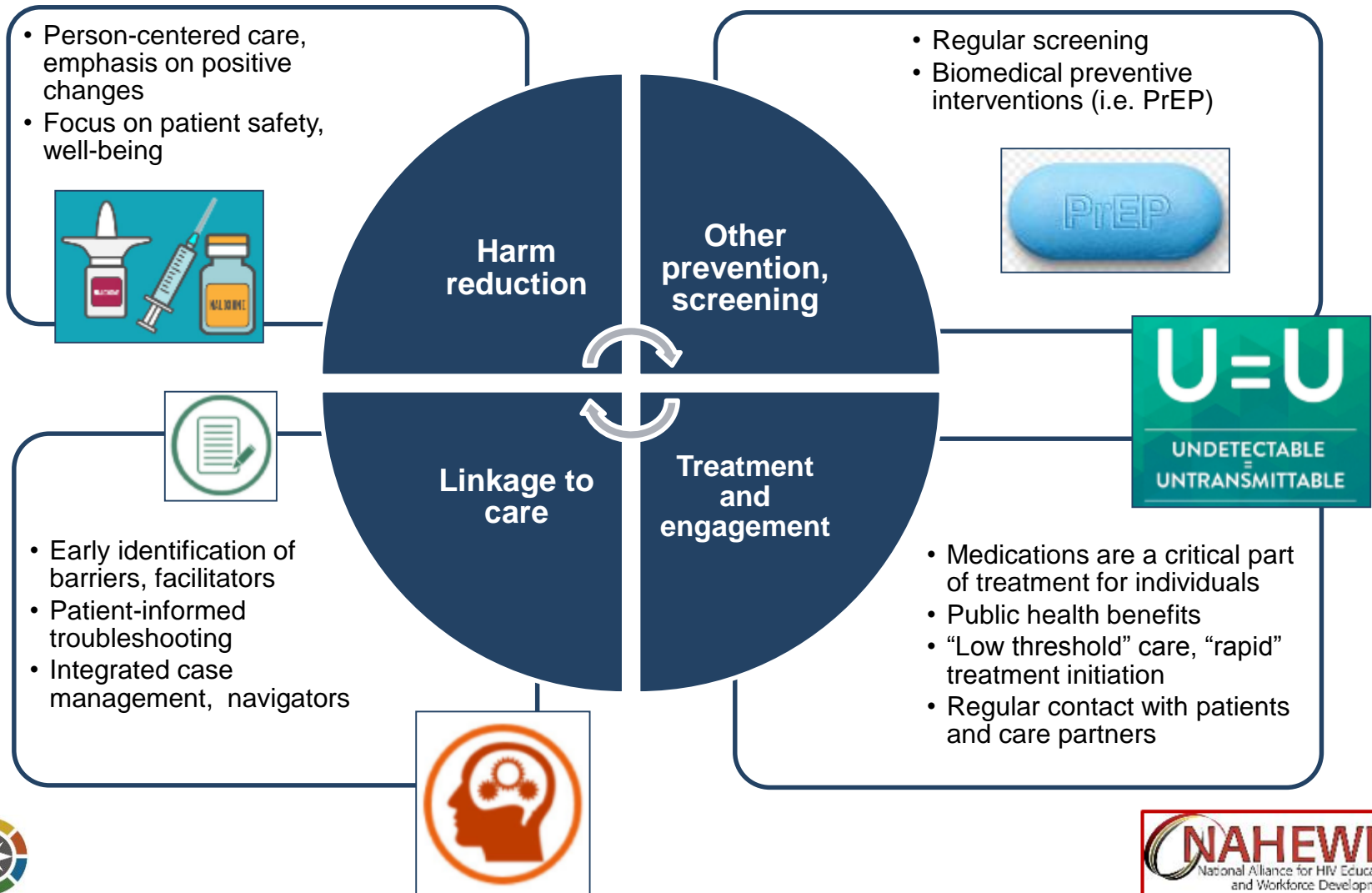


Map: <https://www.cdc.gov/pwids/vulnerable-counties-data.html>

Other images from Harm Reduction Coalition

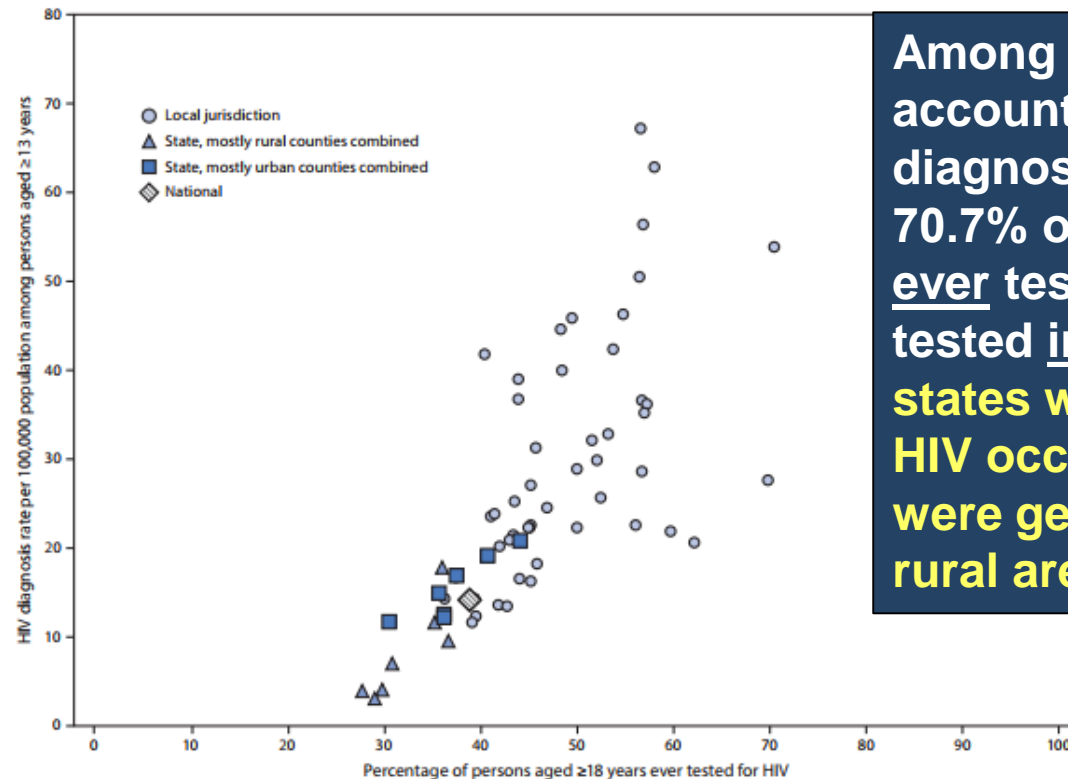


Substance use care is not so different from HIV/HCV care: guiding principles



HIV screening: where are we at with this critical piece?

FIGURE. Percentage of adults aged ≥ 18 years ever tested for human immunodeficiency virus (HIV) infection and HIV diagnosis rate* among adults and adolescents aged ≥ 13 years — Behavioral Risk Factor Surveillance System and National HIV Surveillance System (NHSS), 50 local jurisdictions accounting for the majority of new HIV diagnoses and seven states with disproportionate occurrence of HIV in rural areas,[†] 2016–2017[‡]



Among the 50 local jurisdictions that account for the majority of new HIV diagnoses in the U.S., 36.5% to 70.7% of persons aged ≥ 18 years ever tested for HIV; 8.1% to 31.3% tested in the past year. Among the 7 states with disproportionate rural HIV occurrence, testing percentages were generally low in both urban and rural areas.⁷

* HIV diagnosis rates per 100,000 population among persons aged ≥ 13 years during 2016–2017 were calculated from HIV diagnoses reported to NHSS through December 2018 and U.S. Census population estimates for 2016 and 2017.

[†] The 50 local jurisdictions (48 counties, the District of Columbia, and San Juan, Puerto Rico) and seven states (Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, and South Carolina) were identified from diagnoses made during 2016–2017 reported to NHSS through June 2018. Diagnosis data from 2017 were considered preliminary.

[‡] Pearson's correlation coefficient = 0.71; $p < 0.01$.



Integrating HIV-HCV screening with substance use programs: room for improvement

- ✧ HIV screening is not universal across substance use programs; further, only a small proportion offer on-site, HIV-specific services⁸
- ✧ HCV testing rates also remain sub-optimal across opioid treatment programs in general: wide variation by program type; also, program leadership decision-making and varying translation of policies into practice seem to affect screening implementation¹¹

<https://www.cdc.gov/stophivtogether/index.html>



HIV SCREENING. STANDARD CARE.™

Opportunities to facilitate on-site screening

- ✧ Routine, opt-out consent
- ✧ Waiting/counseling/exam room signage
- ✧ Standardized incorporation into intake and reassessment protocols
- ✧ Point-of-care (“rapid”) assays
- ✧ Reimbursement for testing services; new funding opportunities (e.g., federal EtE initiative, micro-elimination grants, substance use and HIV/HCV integration grants)

Implementing HIV Testing in Nonclinical Settings
A Guide for HIV Testing Providers

March 2, 2016

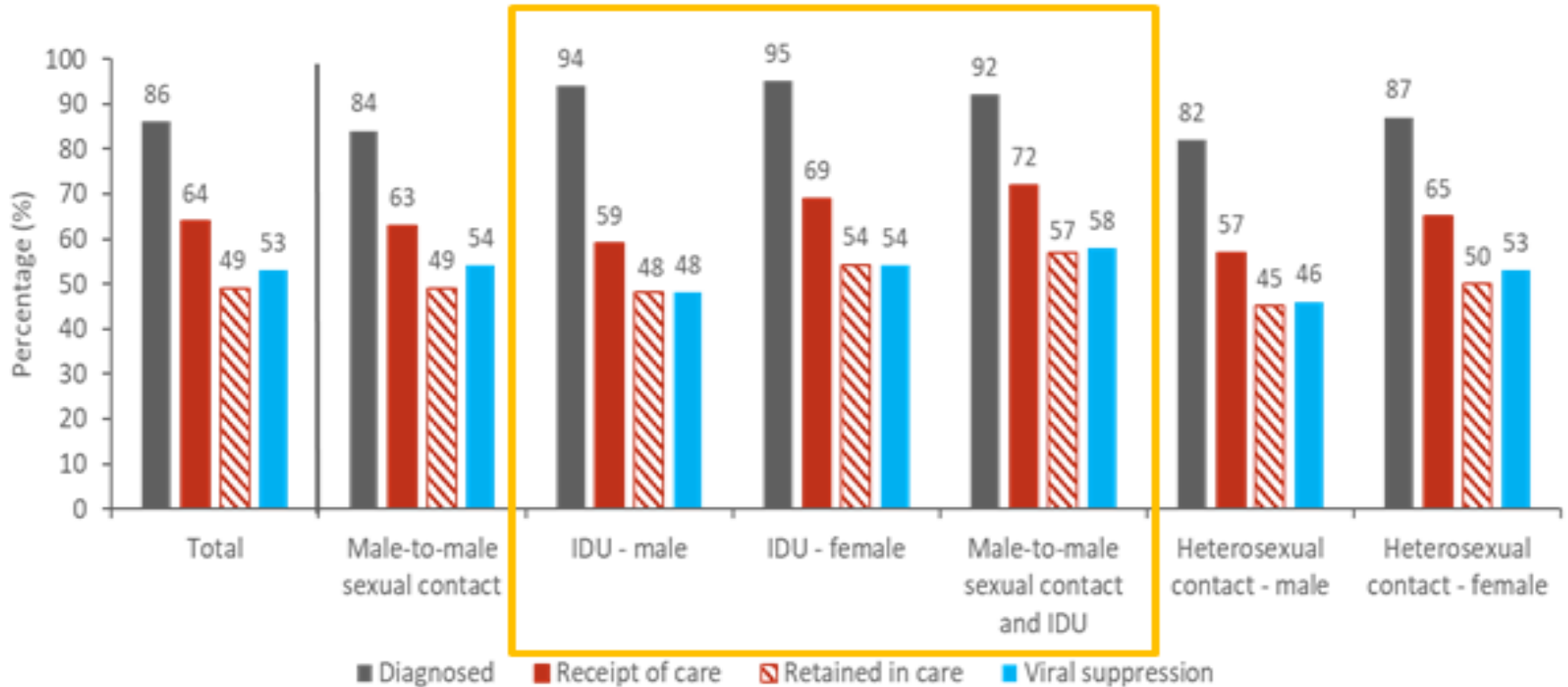
Program guidance intended for use by CDC-funded HIV testing providers in nonclinical settings. HIV testing providers not funded by CDC may also find this information useful.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention



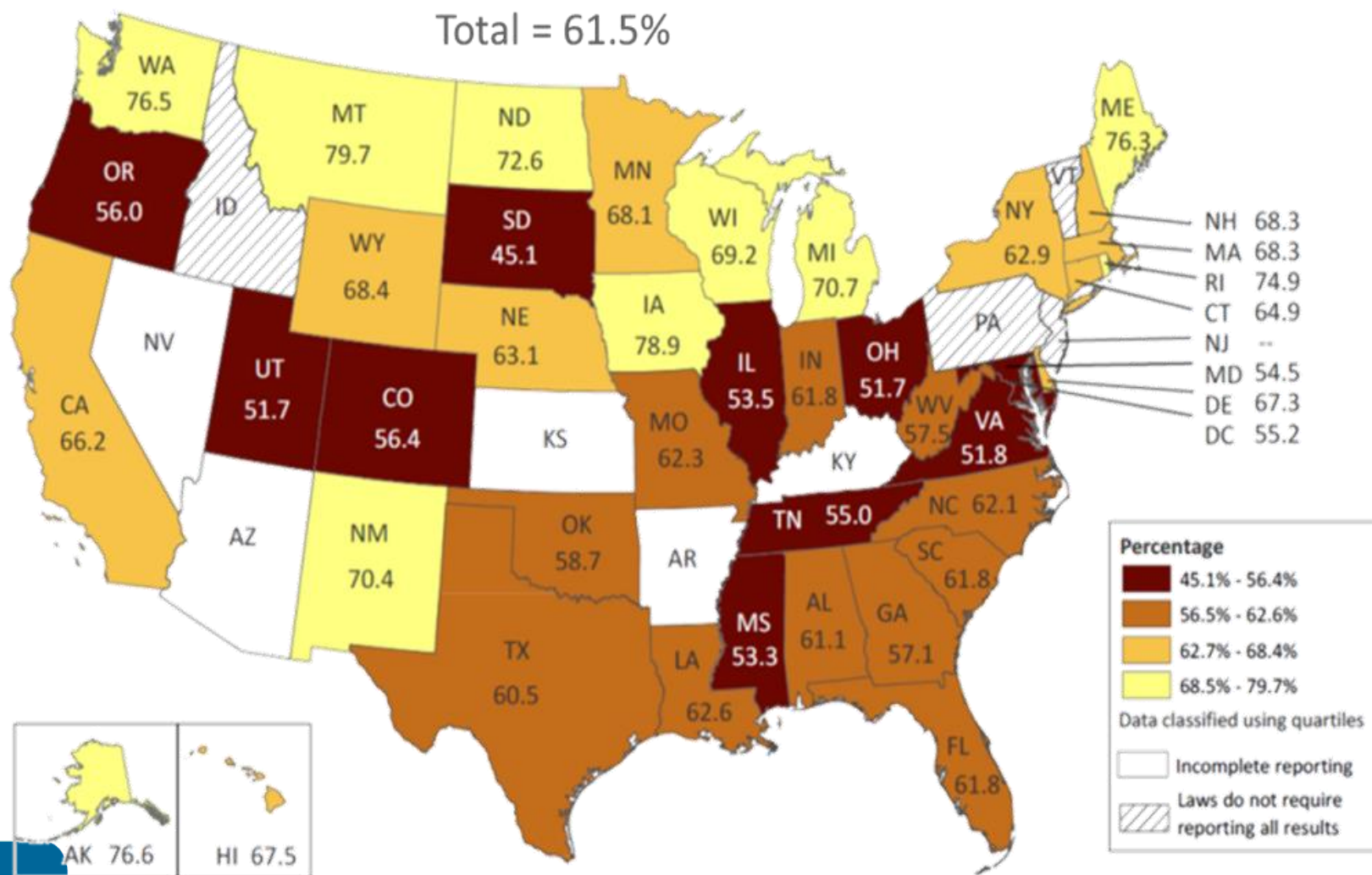
Beyond screening: needs are great across the HIV Care Cascade

**Persons Living with Diagnosed or Undiagnosed HIV Infection
HIV Care Continuum Outcomes, by Transmission Category, 2016—United States**



Note. Receipt of medical care was defined as ≥1 test (CD4 or VL) in 2016. Retained in continuous medical care was defined as ≥2 tests (CD4 or VL) ≥3 months apart in 2016. Viral suppression was defined as <200 copies/mL on the most recent VL test in 2016. Heterosexual contact is with a person known to have, or be at high risk for, HIV infection. IDU, injection drug use

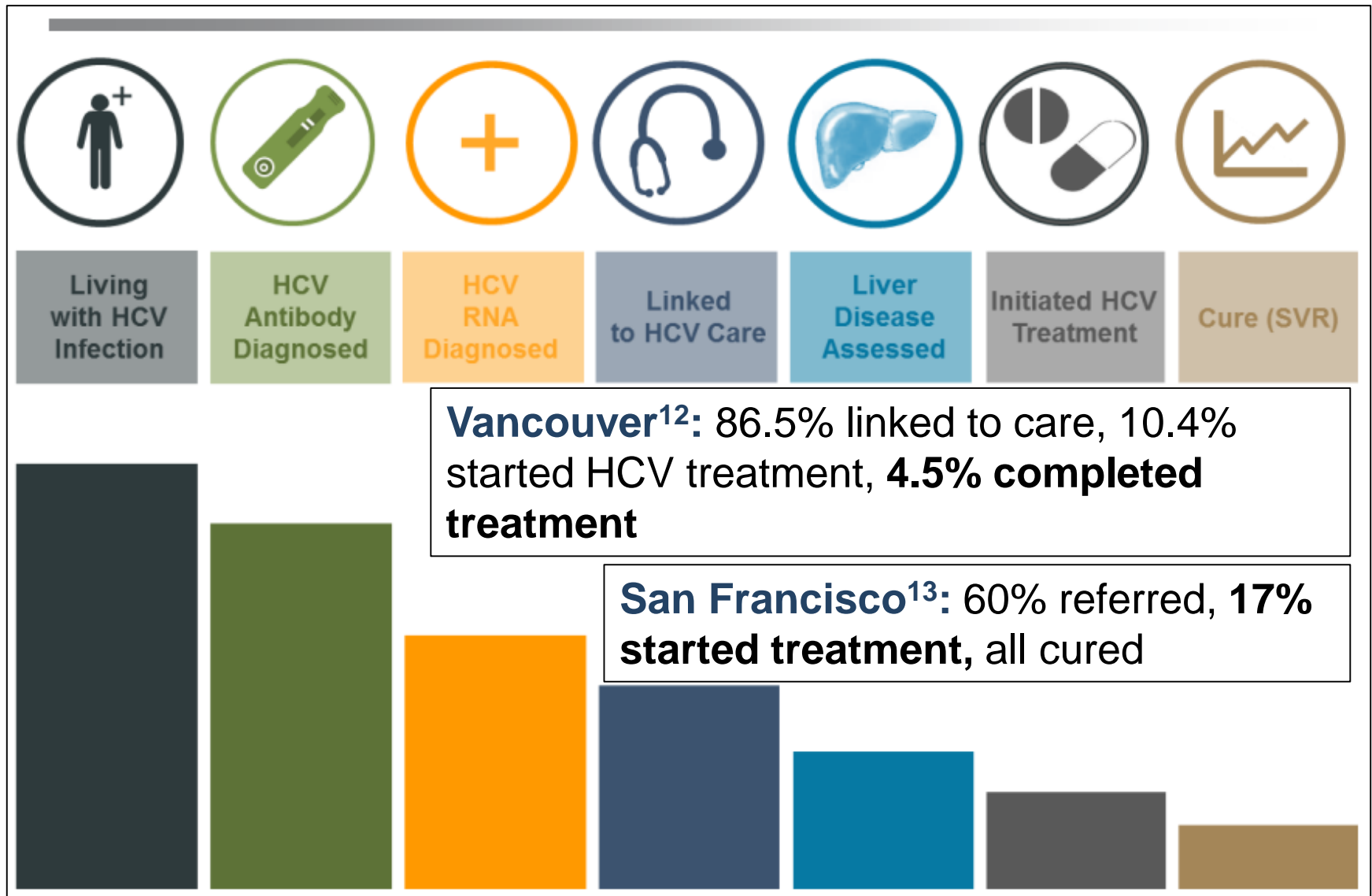
Viral suppression among persons aged ≥ 13 years living with diagnosed HIV infection (2016): 41 states and District of Columbia



Note. Viral suppression was defined as <200 copies/mL on the most recent VL test in 2016. Residence was based on most recent known address as of year-end 2016.



HCV Care Cascade among people who inject drugs



**IF YOU'RE PROVIDING
SUBSTANCE USE
CARE, YOU ARE WELL-
POSITIONED TO
PROVIDE HIV AND HCV
CARE!**



...already providing harm
reduction?

**CONSIDER ON-SITE HIV
AND HCV SCREENING
(AT INTAKE AND
REGULARLY
THEREAFTER)**

...already
screening for HIV
and HCV?

**OFFER PrEP FOR
HIV
PREVENTION!**

...already providing “warm hand-off” to
local HIV and HCV providers?

**CONSIDER PROVIDING HIV AND
HCV TREATMENT ON-SITE
(INITIATION AND ONGOING
MONITORING)**



Select resources

- ✧ “Effectiveness of Prevention Strategies to Reduce the Risk of Acquiring or Transmitting HIV” (CDC):
https://www.cdc.gov/hiv/risk/estimates/preventionstrategies.html?deliveryName=USCDC_1046-DM64284
- ✧ “Hepatitis C Questions and Answers for Health Professionals” (CDC): <https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm>
- ✧ Opioid Response Network (ORN):
<https://opioidresponsenetwork.org/>
- ✧ National HIV Curriculum, Hepatitis C Online:
<https://www.hiv.uw.edu/>, <https://www.hepatitisc.uw.edu/>
- ✧ National AETC Program
 - Regional Training Centers: <https://aidsetc.org/directory>
 - Clinician Consultation Center– HIV Warmline/Perinatal Hotline, HCV Warmline, PrEPLine, Substance Use Warmline: nccc.ucsf.edu
 - National Coordinating Resource Center– Provider resources: <https://aidsetc.org/>



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Please contact us!

✧ For more information, or to collaborate with NAHEWD, you can:

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