



The Role of DIS in Reaching the Population Most Affected by Indiana's Hepatitis A Outbreak

-  **TARGET POPULATION**..... People experiencing homelessness or incarceration; people who use drugs; and contacts of other cases
-  **LOCATION**..... Indiana
-  **PROGRAM DESIGN**..... Outbreak Response Support
-  **ESTIMATED COST**..... There was no added cost to using DIS in this capacity
-  **FUNDING SOURCE**..... Indiana state dollars for state DIS only

SUMMARY

Since November 2017, the Indiana State Department of Health (ISDH) has been investigating an outbreak of acute hepatitis A virus (HAV). Outbreak-related cases have been confirmed throughout the state. In previous years, Indiana has had an average of 20 reported hepatitis A cases over a 12-month period, and as of March 2019, has documented more than 1,100 cases and four deaths since the outbreak began. ISDH disease intervention specialists (DIS) have been critical in supporting the response, from conducting outreach in communities most impacted, such as people experiencing homelessness, to providing education, vaccination, and testing in key settings such as jails.

BACKGROUND

DIS are public health outreach workers who are responsible for finding and counseling people with sexually transmitted infections and their partners. DIS serve an integral role in the work of health departments and possess skills such as contract tracing, and motivational interviewing. They often have longstanding relationships within the community that have been critical when responding to outbreaks and mobilizing for emergency situations such as interviewing clients when a bridge collapses or during a tuberculosis outbreak. The unique skills of DIS were highly effective in reaching communities at risk for hepatitis A in Indiana.

CORE ACTIVITIES

ISDH DIS are assisting with the Indiana hepatitis A outbreak in multiple ways. ISDH's STD program DIS assist public health nurses find individuals who are lost to follow up through online outreach and utilizing known patient networks in areas the DIS serve for STD investigations. DIS are also collaborating with ISDH immunization strike teams to improve community participation in vaccination clinics. These strike teams are an ISDH-funded resource to enhance local health department responses and prevention specific to this outbreak. Once the strike team has identified a clinic location, the DIS are deployed to that community at least two days ahead of the clinic date to advertise the clinic operations and locations on behalf of the strike team. DIS work with local agencies to identify areas to focus outreach efforts and reach segments of the population at highest risk for hepatitis A, specifically homeless populations and other areas of high morbidity. Outreach to this area includes infographic distribution with disease information for HIV, STD and viral hepatitis. DIS further support the strike team by offering onsite testing during the immunization clinic for STDs, HIV and HCV. In the event of a new positive result for STD or HIV, the DIS provide referrals and immediate case interviewing. DIS have also paired with the strike teams in county jails to offer additional testing.

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DATA

From November 1, 2017 through March 22, 2019, 1,148 outbreak-related hepatitis A cases have been reported in Indiana, with four deaths and a 52 percent hospitalization rate. The median age of persons identified in the Indiana hepatitis A outbreak is 36 years, with 51.7 percent reporting any kind of drug use and approximately 20 percent reporting close contact with a known hepatitis A case. Twenty-eight percent of hepatitis A positive persons are also co-infected with hepatitis C, 16 percent have been incarcerated, and 34 percent of cases have been lost to follow up. Since January 1, 2018, 132,183 total hepatitis A vaccine doses have been administered. ISDH immunization strike teams have administered more than 4,800 of those doses. You can find updated outbreak information here: www.hepAfacts.isdh.in.gov.

STRENGTHS

DIS have the expertise of knowing the best ways to reach the populations being served because of their connections to local resources. DIS have networks within local communities to best do outreach to bring the target population to the vaccination and screening clinics. State DIS are deployable for emergency situations within 48 hours to a local area, so they are an efficient way to provide quick response to an area with an emerging threat. DIS are specifically trained to provide immediate response and are able to draw blood to perform rapid testing, helping clients find resources through both providing linking them to support services. Finally, they are highly trained to not only tailor interviews to the client's specific needs, they can also conduct motivational interviewing and work on reasonable methods of behavior change to assist with reducing future infections.

LIMITATIONS

DIS outreach is a more expensive approach to public health, efforts in a specific area during an emergency requires coordination by headquarters staff, time and effort of the DIS, travel expenses and time away from their current job responsibilities. Furthermore, DIS are often in short supply, requiring six months or longer for a DIS to be fully trained by CDC's Division of STD Prevention. Finally, funds from STD Prevention and HIV Prevention and Services are often limited, so not many DIS serve in each state, and many states do not have state-funded DIS as Indiana has.

STAKEHOLDERS

ISDH Division of HIV/STD/ Viral Hepatitis; ISDH Epidemiology Resource Center; ISDH Immunization Division; local health departments; healthcare providers; Indiana county jails; local homeless shelters; food pantries.

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