

Integrated DIS: Connecting HCV and HIV

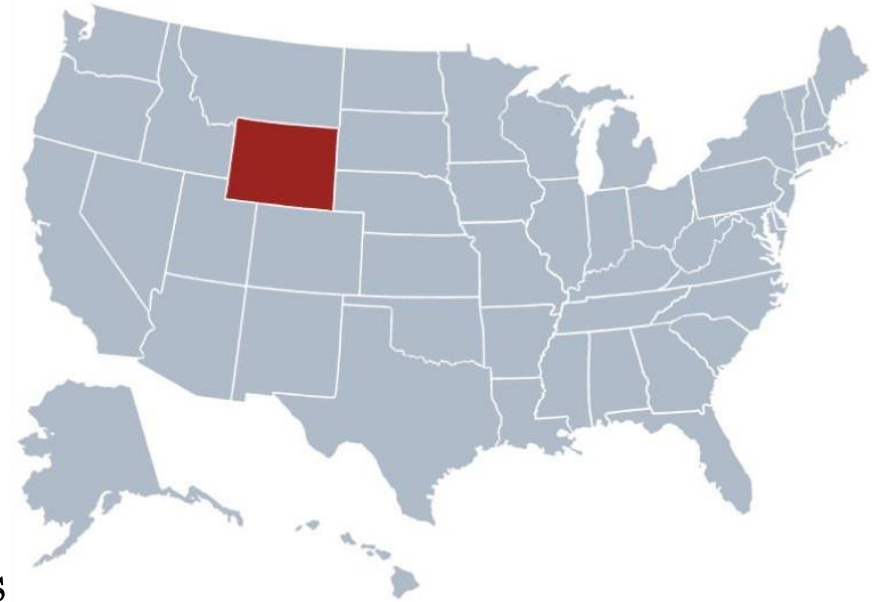
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Background

- Wyoming has a population of 579,315
 - 2 counties designated as urban
 - 4 counties designated as rural
 - 17 counties designated as frontier
- Limited number of infectious disease providers
- Communicable disease testing available in every county through Public Health Nursing offices
 - STD (extragenital), HIV, hepatitis B and C, and tuberculosis
- Integrated Communicable Disease Unit
 - Surveillance, Prevention, and Treatment
 - Responsible for HIV, STDs, tuberculosis, and viral hepatitis
 - 2 DIS cover these diseases for the entire state
 - HIV interviews are conducted in person, all others are conducted via telephone



Wyoming – Hepatitis C

- HCV prevalence estimates*
 - NHANES HCV infected: 4810-9808
 - Unaccounted HCV infected: 7,015
 - Total: 11,825 – 16,823

- HCV - 2017
 - 382 cases
 - 66% of reported cases were male
 - 65.5/100,000
 - 6.4% of people with HIV in Wyoming are co-infected with HCV
 - Injection drug use accounted for 76% of documented risk factors (65/86)

Wyoming – HIV

- HIV prevalence
 - 312 people living with HIV
 - 218 enrolled in Ryan White
- HIV – 2017
 - 11 newly diagnosed cases
 - 91% of new diagnoses were among men
 - 36% were diagnosed as AIDS
 - 91% were among non-Hispanic Whites
 - Transmission
 - MSM accounted for 55% of cases
 - Heterosexual sex made up an additional 18%
 - No risks were identified for 27% of cases

DIS Provider Follow-up

- All newly diagnosed cases of hepatitis C have some degree of follow up
- Every case includes provider follow-up which consists of:
 - Ensuring an RNA test has been done
 - Symptoms
 - ALT level
 - HIV testing status
 - Risk factors
 - Pregnancy status (female patients)
 - Plans of care going forward for the patient

DIS Patient Follow-up

- DIS follow-up with all patients that:
 - Disclose a risk of intravenous drug use to the provider
 - Are 36 years old or younger
- Patient follow-up includes:
 - Treatment education
 - Obtaining all potential risks
 - Partner services (needle, sex, and potential blood exposures)
 - HIV testing recommendations
 - Risk reduction
- DIS contact all partners and recommend hepatitis C and HIV testing

2017 – Treatment Status Data

- 177 patients were brought to non-standard treatment (monitoring a chronic condition or referral to a specialist)
- 11 patients were brought to treatment
- 47 patients were not treated
- 13 unable to locate
- 26 other

2017 – Partner Services Data

- Drug use
 - 27 reported meth only
 - 27 reported meth and heroin (3 also reported cocaine)
 - 7 reported heroin only (1 also reported cocaine)
 - 1 crack only
 - 15 reported other drugs
- Sexual risks
 - 18 reported anonymous sex partners
 - 18 have multiple sex partners
 - 10 have new sex partners
 - 1.6% of males reported sex with males

HIV testing practice

- DIS collect HIV testing status on every hepatitis C patient
 - For those who are not tested, the DIS educate the provider about the importance of HIV testing
- For patients that are followed up with the DIS:
 - Recommend HIV testing for those who have not received it
 - Stress the importance of HIV testing, including getting routinely tested
 - Ask the patient if they know their HIV status
 - Ask the patient if the provider gave them HIV results if they were tested
 - Refer patients to public health for HIV testing
 - Offer risk reduction to patients at risk for HIV

Testing Results

- Total - 274 cases of hepatitis C in 2018
 - 37.6% had an HIV test (103)
 - 19.7% did not have an HIV test (54)
 - 7.7% had an unknown HIV test status (21)
 - 1 refused testing
- 70 of the cases reported injection drug use
 - 80% had an HIV test (56)
 - 11% did not have an HIV test (8)
 - 7% had an unknown HIV test status (5)
 - 1 refused testing

Testing – Provider Type

Type of Provider	% tested for HIV (n)
Private	65% (66)
Hospitals	33% (19)
Corrections (jail/prison)	62.5% (20)
FQHCs	33% (6)
Public Health	93% (14)
VA	31% (4)
IHS	25% (1)
Treatment centers	100% (4)
Other	28% (8)

Successes

- Overall the program found:
 - 37.6% of newly diagnosed cases were tested for HIV
 - 80% of the cases where injection drug use was a risk were tested
- DIS can provide additional risk reduction with at-risk patients
- Patients are educated about HIV and best practices for routine testing
- Patients can also be notified if they think they were tested at their provider but actually were not
- Allows opportunity for PrEP education

Challenges

- Only 33% of patients seen in a hospital setting were HIV tested
- Only 33% of patients seen in an FQHC were HIV tested
- Providers/patients do not recognize risk
- HIV is not on screening panels
- Patients do not know that they can get HIV tests for free at local public health
- Patients who are at risk may not want to go back for HIV testing if not tested initially
 - There is not a good follow-up process in place to ensure that patients who are at risk go in for HIV testing after follow-up

Outbreak detection

- Monitoring HIV status in those testing positive for hepatitis C ensures rapid detection of potential outbreaks
- Allows for education for the patients who are negative, but at risk
- Catches patients who are at risk that have not been tested so they can be referred to get testing
- Outreach to partners for referrals to testing

Future Plans

- Patient Linkage Coordinator (PLC)
 - January 2019
 - PLC will provide patient linkage coordination for individuals at risk for or living with communicable diseases in Wyoming
- Plan to compare SVR with treatment indicated by provider
 - Currently collecting hepatitis C negatives from certain labs
- Implement revised risk assessment
 - Make changes in PRISM
 - Train users in new forms
 - Collect more comprehensive data

Contact Information

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