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

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