Hepatitis B in Maine

Maine Center for Disease Control
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Hepatitis B Virus

- Virus that damages the liver

- Transmitted person-to-person by blood, semen or other bodily fluids.

- Leading cause of liver disease, cancer and transplants in the United States.
  - Despite the existence of a vaccine.

- 100 times more infectious than HIV.

- 67% of people with hepatitis B are not aware they have the virus.

- Less than 50% of people with hepatitis B have symptoms.
2012-2017 Acute Hepatitis B Rates; Maine & US

- 729% increase in Acute Hepatitis B
- Maine has 9th highest rate for Acute Hepatitis B in US (CDC 2016)
2017 Acute Hepatitis B; Maine Statewide Risk Factors

% of cases with risk factors

<table>
<thead>
<tr>
<th>Risk Behaviors</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injection Drug Use</td>
<td>53.2%</td>
</tr>
<tr>
<td>Non-Injection Drug Use</td>
<td>33.8%</td>
</tr>
<tr>
<td>Incarceration</td>
<td>32.5%</td>
</tr>
<tr>
<td>Coinfected w/ HCV</td>
<td>16.8%</td>
</tr>
<tr>
<td>Baby Boomer</td>
<td>15.6%</td>
</tr>
<tr>
<td>Multiple Sex Partners</td>
<td>14.3%</td>
</tr>
<tr>
<td>Dental work/surgery</td>
<td>9.1%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>7.8%</td>
</tr>
<tr>
<td>Unlicensed Tattoo</td>
<td>6.5%</td>
</tr>
</tbody>
</table>
2017 Acute Hepatitis B Demographics; Maine

HBV Acute cases by age & gender

Median age: 42

HBV Acute Race

HBV Acute Ethnicity

Maine Center for Disease Control and Prevention
White, younger males are over represented for acute hepatitis B rates in Maine:

<table>
<thead>
<tr>
<th></th>
<th>2017 Acute Hepatitis B</th>
<th>2017 Maine Census</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>97.4%</td>
<td>94.7%</td>
</tr>
<tr>
<td>Median Age</td>
<td>42.0</td>
<td>44.6</td>
</tr>
<tr>
<td>Male</td>
<td>66.2%</td>
<td>49.0%</td>
</tr>
</tbody>
</table>
2017 Acute Hepatitis B Rates; Maine by County

Maine Center for Disease Control and Prevention
2012-2017 Chronic Hepatitis B Rates; Maine & US

- 71% increase in Chronic Hepatitis B
Maine’s foreign born population is 3.6%; over represented for chronic HBV
2017 Chronic Hepatitis B Demographics; Maine

**Median age: 40**

**HBV Chronic cases by age & gender**

**HBV Chronic Race**

**HBV Chronic Ethnicity**

Maine Center for Disease Control and Prevention
African Americans & Asian/Pacific Islanders are over represented for Chronic HBV rates in Maine:

<table>
<thead>
<tr>
<th></th>
<th>African Americans</th>
<th>Asian/Pacific Islanders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic HBV</td>
<td>29.1%</td>
<td>17.3%</td>
</tr>
<tr>
<td>Maine population</td>
<td>1.5%</td>
<td>1.2%</td>
</tr>
</tbody>
</table>
HBV Vaccination Outreach Project

- Many patients Hepatitis C+, but no vaccination for Hepatitis B.
  - Within a year, they are infected with Hepatitis B.

- We identify new Hepatitis C+ patients that are susceptible to HBV in state database.

- Field Epidemiologists call patients’ providers to recommend vaccination.

- >64% of cases received 1 HBV vaccination shot after 3 calls to provider.

- We are now doing this project statewide.
Prevention Projects

• Focusing on two highest burden areas:
  o Penobscot County
  o Cumberland County

• Targeting highest risk individuals:
  o People who inject drugs
  o People who are incarcerated
  o People experiencing homelessness

• Partnering with facilities connected to highest risk individuals:
  o Federally Qualified Health Clinics (FQHCs)
  o Incarceration facilities
  o Shelters
Provider Education

- Targeting providers at FQHCs in high burden areas.
  - Test, Vaccinate, Linkage to Care

- Educational sessions include:
  - Epidemiologist
  - Disease Intervention Specialists

- Helping providers to:
  - Become comfortable asking patients about their risk behaviors
  - Become more culturally competent with the groups at risk
  - Understand the urgency of treating hepatitis B & C
  - Test patients who are at risk of hepatitis B & C
  - Vaccinate patients for hepatitis B, especially if they are hepatitis C+
Incarceration Facilities & Shelters

• Targeting facilities in high burden areas.
  o Jails: Vast majority in for drug related offenses
  o Shelters: Many residents are people with substance use disorders

• Point-of-care testing in facilities.

• Establish linkage-to-care.

• Education for people who are incarcerated & shelter residents.
  o Hepatitis 101
  o How to stay healthy
  o Train-the-trainer model for facility staff
Partnerships

• Very enthusiastic and engaged partners at FQHCs in our two highest burden areas.

• Most county jail administrators very supportive.

• Large pharmaceutical company offered to fund partner projects, however, partners declined to accept.

• 1702 supplemental funding was a game changer.
Challenges

• Jail in our highest burden area refused to let us test.
  – Fear of cost of treatment (even though FQHC would provide)
  – Jail medical contractor stigma and prejudices

• Very short window to spend funding.

• Funding for hepatitis and HIV are siloed.
  – Duplication in efforts for testing and linkage to care
  – Data system not integrated
Questions?

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