A Harm Reduction Approach to Hepatitis A Outbreaks in the United States

WEBINAR
July 23rd, 2019
1-3pm Eastern Standard Time
Zoom Webinar
Housekeeping Slides
Zoom Webinar
Housekeeping Slides

From Amazing host to Everyone:
Thanks for joining today. Please feel free to use the chat panel to communicate.
Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.
Agenda

1. Webinar Overview

2. Alice Asher, RN, PhD
   Centers for Disease Control (CDC)

3. Stephany Campos, MPA
   Homeless Health Care Los Angeles

4. Donald Davis
   Kentucky Harm Reduction Coalition

5. Michael E. Kilkenny, MD, MS
   Cabell-Huntington Health Department

6. Dominick V. Zurlo, Ph.D.
   New Mexico Department of Health

7. Tara Stamos-Buesig
   Harm Reduction Coalition of San Diego County
Group Agreements

- Please stay on **mute** until the Q&A

- We will ask for participation a few times during the webinar using the chat box

- If you have a question during the presentation please type or enter into the **chat box**
Glossary

PWID—People Who Inject Drugs
PWUD—People Who Use Drugs
HCV—Hepatitis C Virus
SSP – Syringe Services Program
MSM – Men Who Have Sex with Men
LGB -- Lesbian, Gay, Bisexual
TGNC -- Transgender or Gender Non-Conforming
TGNB – Trans* Non Binary
Sexual Orientation
To whom we are sexually attracted

Gender Identity
Sense of self as male or female, neither or both

Gender Expression
An individual’s physical characteristics, behaviors, and presentation that are commonly linked to femininity, masculinity, or androgyny

GP
Gender Pronoun
Widespread outbreaks of hepatitis A among people who use drugs

Alice Asher, RN, PhD
National Center for HIV, Viral Hepatitis, STD and TB Prevention
Centers for Disease Control and Prevention

A Harm Reduction Approach to Hepatitis A Outbreaks in the United States

Harm Reduction Coalition
July 22, 2019
More than half of the United States is affected by the current HAV outbreaks

- As of July 19, 2019, 25 states have reported HAV outbreaks (July 2016 – July 2019)
  - Total cases: 22,295
  - Hospitalizations: 13,184 (59%)
  - Deaths: 216
- Outbreaks resolving in some states, increasing in others
- Vaccination of at-risk populations remains best intervention

State-reported Hepatitis A Outbreak Cases (July 2016 – July 2019)

Over 20,000 outbreak-associated hepatitis A cases have been reported since January 2017
Shifting Hepatitis A Virus Epidemiology

- Past outbreaks were associated with asymptomatic children
- A large population of adults are not immune to hepatitis A virus
- Older individuals are more likely to experience severe disease and adverse outcomes
- Vaccination uptake among at-risk adults is low

Hepatitis A among Homeless Populations

• Little is known about hepatitis A vaccination rates among homeless populations in the United States
• Homelessness is now considered an independent risk factor for HAV infection
• Older age, duration of homelessness, and injection drug use may indicate hepatitis A immunity

Injection drug use in the United States

National Survey on Drug Use and Health, SAMHSA
PWID and risk

- PWID are at high risk of transmission of blood borne viruses, particularly viral hepatitis

- Young PWID commonly remain unvaccinated into adulthood due to disenfranchisement from medical systems, engagement in the foster care system, high rates of incarceration and detention in juvenile facilities, and high mobility

- PWID are often considered ‘hard-to-reach’ and difficult to follow to series completion; novel methods to engage this population are critical to success
Among PWID, hepatitis A can be spread:
- Through direct oral-fecal routes
- Through percutaneous routes
- Via fecally-contaminated drug product

No evidence it is spread through:
- Frequency of injection
- Duration of injecting career

Mixed evidence HAV can be transmitted via needle sharing

Increased morbidity and mortality during 2016–2018

- Hepatitis A related hospitalizations were increasing prior to 2016
  - 7% in 1999 to 46% in 2015
- Hospitalizations for cases during 2016–2018 outbreaks range from 25-80%
- Case mortality in California and Michigan outbreaks around 3%
- Coinfections with hepatitis B and hepatitis C

Preventing transmission

- Educate clients on HAV risks
- Use safe injection practices
- Medication-assisted treatment for people with opioid use disorder
- Good hygiene
  - Wash hands before preparing drugs
  - SSPs can provide hand sanitizer gel or wipes
- Vaccination
Hepatitis A vaccination for outbreak control

- Vaccination is the cornerstone for control of community outbreaks
- Targeted vaccination to the groups at highest risk is the best way to control disease spread
- Primary prevention with adequate vaccination of at-risk groups is preferable

ACIP hepatitis A vaccine recommendations:
Groups at increased risk of HAV or severe HAV disease

- Travelers
- Men who have sex with men
- Users of injection and non-injection drugs
- Persons with clotting-factor disorders
- Persons who work with nonhuman primates
- Persons who anticipate close personal contact with an international adoptee
- Persons with chronic liver disease
- Persons experiencing homelessness

*MMWR* 1996;45(RR-15); *MMWR* 1999;48(RR-12); *MMWR* 2006;55(RR-7)
Vaccinating high-risk persons

- Syringe Service Programs, Homeless Shelters, and Substance Use Disorder Treatment Centers
  - Important for engaging individuals at-risk
  - Providing prevention efforts early
  - Vaccination on site increases initiation and completion
- Jails
  - Many report drug use
  - Can vaccinate a large number of individuals
  - Vaccinations can be tracked

Hepatitis A vaccine

- Hepatitis A vaccine is an inactivated (killed) vaccine
- 2 doses, given at least 6 months apart, are needed for long-lasting protection
- In clinical trials, more than 80% of adults demonstrate immunity after 1 dose; 100% after booster dose given
- The vaccine is safe: In studies of adults and children 2 years of age and older, the most common solicited adverse reactions were:
  - Injection-site soreness (56% of adults and 21% of children)
  - Headache (14% of adults and less than 9% of children)

Missed opportunities for adult vaccination

Of PWID with reported acute hepatitis B:

- 30% reported history of treatment for substance use disorder
- 20% report prior treatment for an STD
- 70% had been incarcerated
- 66% had used an SSP

Kuo, DAD, 2003
Make a plan for success

- Locate immunization clinics in areas with high numbers of PWID
  - Syringe service programs
  - Drop-in centers
  - Homeless clinics
  - Drug treatment facilities
- Develop an in-depth outreach plan, strategically targeting neighborhoods frequented by PWID
- Develop an aggressive retention plan
- Consider incentives
- **Initiate vaccination series at the earliest contact**
Vaccination provides immunity to hepatitis A

- In an outbreak setting, a single dose can prevent infection and interrupt transmission
  - Concern about inability to complete 2 doses should not determine first dose

PWID are more likely to complete series when they:
- Engage with social services/ability to rely on outreach workers
- Longer injecting career
- History of HIV and HCV testing
- Utilize syringe service programs
- Receive financial incentives

Lum et al, 2003; Altice et al 2005; Bowman et al 2014
Plan For Success

- Develop MOU agreements with local jails to ensure vaccine completion
- Develop an in-depth outreach plan to guide strategic outreach
- Use social networking and retention plan to remind clients to return for dose 2
- Use yellow immunization cards or reminder cards for interstate travelers
- Utilization of vaccination registries to track series completion
Outreach

• The street - identify the best street venues for recruitment and appropriate times for street outreach as well as establish a street presence

• Education – Staff work with other agencies serving PWID, i.e. other SSPs, community clinics, emergency departments

• Flyering – Outreach workers post flyers at SROs, clinics, key street locations, SEPs, alleys, parks, public bathrooms, shelters, bars, and any other places a PWID is likely to be.

• Provider education – Remind health care providers of this high risk population and the need to ensure immunity
Retention and follow up

- **Contact forms** – Collect detailed contact information collected including: address, email, phone number, social media, and family contacts.
- **Facebook** – With permission, the program ‘friends’ the participant
- **Photo** – With permission, a face shot is taken.
- **Registry** – Utilize a vaccine registry to track follow up
- **Reminders** – Participants receive appointment reminders by street contact, cell phone, email, home visits, text messages or social media.
- **No show** – If a participant misses an appointment, all contact information given is used to make every effort to get that person in. Call local jails, hospitals to ensure series completion
VACCINATION IS PREVENTION

YOUR NEXT APPOINTMENT IS ON Tuesday Jan. 20th

AT 11:15

THANK YOU!
Comprehensive SSPs help protect PWID from viral hepatitis

- Access to sterile needles and syringes
- Safe disposal of used injection equipment
- Services – or referrals to services – including
  - Substance use disorder treatment
  - Risk reduction education
  - Vaccinations
  - Social, mental health, and other medical services
Audience-Specific Materials

- Tailored materials for
  - People who use drugs
  - People experiencing homelessness
  - Gay or bisexual men
- Materials referencing all populations recommended for vaccination
  - Includes area for localization
  - Spanish materials coming

[Link to CDC Hepatitis A Outbreak page]

[Image of hepatitis A outbreak materials]
Outbreak Communication and Education Materials

- Fact sheets
- Posters
- Pocket cards
- Website with technical information
- Poster for EDs
- Flyer
- Vaccine hesitancy guidance

www.cdc.gov/hepatitis/HepAOutbreak
Other helpful resources


4. Recommendation on providing hepatitis A vaccine to persons experiencing homelessness https://www.cdc.gov/mmwr/volumes/68/wr/mm6806a6.htm?s_cid=mm6806a6_w
Conclusion

- Hepatitis A is vaccine preventable. Despite being a highly mobile, hard-to-reach population that often is reluctant to access medical care, *PWID can successfully complete a 2-dose series for HAV vaccination*

- Harm reduction programs are particularly suited to facilitate outreach to and vaccination of PWID

- SSPs should educate clients on the risks of hepatitis A and where to get vaccinated

- SSPs can partner with their local health department to host vaccination clinics or provide warm referrals to encourage vaccine uptake
Thank you!

Questions?
AAsher@cdc.gov

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
Visit: www.cdc.gov | Contact CDC at: 1-800-CDC-INFO or www.cdc.gov/info

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Overview

- The ReFresh Spot is a community-driven project that provides the community access to a restroom, shower, and laundry facility with supportive services. It is a public facility open to anyone with no discrimination for entry. The ReFresh Spot is open 24 hours a day, 7 days a week and includes a 24/7 Safe Passage Program, which is designed to create added safety for guests and visitors near and around the Skid Row area. The site offers a place for people to have their basic needs met with dignity.

- The ReFresh Spot’s main components include:
  1. Hygiene Services
  2. Supportive Services
Findings

Summary of Audit Findings

Public toilet access in Skid Row is a public health crisis. Los Angeles is critically underserving its Skid Row residents.

At any given time, Skid Row meets 10% to 23% of the toilet needs of residents, as per the United Nations operational sanitation standard for public toilets in long-term refugee camps:

- During overnight hours (9:00 pm to 6:00 a.m.), Automated Public Toilets are powered down and inaccessible.
- During overnight hours, only one provider offers nine public toilets for 1,777 unsheltered homeless people on Skid Row and these toilets are largely inaccessible — users have to step over people sleeping in a crowded courtyard to get to the toilets, and once inside, users discover that stalls have no doors.
- During overnight hours, Skid Row is 80 public toilets short of the United Nations sanitation standard.
- During daytime hours (6:00 am to 9:00 pm), when shelters empty and the street population increases to over 3,600, Skid Row is as many as 164 public toilets short of the United Nations sanitation standard.
Proposed Solutions

“At Your Service” Kiosks

It is not sufficient to provide toilets. We must also transform the space around the public toilet to ensure it is accessible. To have public toilets meet all standards of accessibility, LACPC, Skid Row Residents and Partners propose to transform the space around public toilets into “Safe Spaces” via “At Your Service” kiosks.

“At Your Service” kiosks are mobile physical structures that would accompany placement of permanent and portable public toilets. Each kiosk would be staffed 24 hours/day, seven days/week by teams of two trained and paid current or former Skid Row residents who have an understanding of community needs, and invested in building community. Staff should be diverse by gender (one man and one woman at each kiosk), race and ethnicity to appropriately reflect the Skid Row community. Enough people would need to be hired to ensure round-the-clock staffing.

“At Your Service” workers would assist people who need help. This is similar to the successful San Francisco “Pit Stop” program that substantially increased use of public toilets (See Page 55).
Skid Row Community ReFresh Spot

©HHCLA 2019
The ReFresh Spot is a collaborative project operated by Homeless Health Care Los Angeles and partners: Social Model Recovery Systems, Fidelity Security Services, and Goodwill of Southern CA. It is a pilot program out of Mayor Garcetti’s office with funding from the Los Angeles Homeless Services Authority.
Target Population

- People experiencing homelessness
- Skid Row community
- People with co-occurring disorders
- Available to anyone with no discrimination for entry
OPEN 24 HOURS EVERY DAY

FREE SHOWERS & RESTROOMS: available 24/7

LAUNDRY & SUPPORT SERVICES: 6AM-6PM

A place where everybody is somebody.
Current Statistics

• 700+ people per day
• 21,000+ people per month
• 800+ phone charges per month
• 2,700+ laundry loads per month
Questions?
Visit Us

Thank you!
Donald Davis is the founder of Kentucky Harm Reduction Coalition and has worked in the field of HIV, Hepatitis and Harm Reduction since 1997. Since founding Kentucky Harm Reduction Coalition he participated in Project Informs Hepatitis C Think Tank: Scaling-Up Risk Based HCV Screening in the United States and the Summit on Heroin and Prescription Drugs; Federal, State, Community Responses.
Michael E. Kilkenny, MD, MS

Physician Director of the Cabell-Huntington Health Department serving Cabell County and the city of Huntington, WV. Dr. Kilkenny was instrumental in the development of West Virginia’s first local health sponsored harm reduction and syringe exchange program in 2015. He currently serves on several advisory panels for the WV Bureau for Public Health as well as the Governor’s Advisory Council on Substance Abuse, Prevention, and Treatment. He is also a member of the board of directors of the National Association of County and City Health Officials.

www.harmreduction.org
Hepatitis A – Using Harm Reduction Approaches: New Mexico

July 23, 2019

Dominick V. Zurlo, Ph.D. Educational Psychology
Hepatitis and Harm Reduction Program Manager
New Mexico Department of Health
Public Health Division
Infectious Disease Bureau
Dominick.Zurlo@state.nm.us
Hepatitis A in New Mexico

• First cases identified early November:
  • 2 cases on November 5th; and,
  • 2 additional cases on November 7th.

• Friday, November 9th - vaccinations available during Syringe Service Outreach.

• As of Monday, July 22, 2019 there have been 130 cases identified in Bernalillo County and 2 in Santa Fe County.

• Preventative measures such as handwashing stations, educational material, and vaccination clinics started.
Hepatitis A – Vaccination Clinics

- Vaccination clinics at:
  - Outreaches;
  - Stationary Syringe Service Program locations;
  - Shelters (especially the Winter Shelter which opened for service mid-November);
  - Treatment programs;
  - Metropolitan Detention Center and other jails;
  - State Correctional Facilities; and,
  - Other facilities serving people experiencing homelessness or using substances.
Thank you & Contact Information

Dominick V. Zurlo, Ph.D. Educational Psychology
Hepatitis and Harm Reduction Program Manager
New Mexico Department of Health
Public Health Division
Infectious Disease Bureau
505-827-2507
Dominick.Zurlo@state.nm.us

Thank you to NMDOH Public Health Division and Epidemiology and Response Division Staff for their help and support.

A special thank you to the nurses, nurse managers, and staff within the Regions who have dedicated their time to prevention and response, especially the staff in the Albuquerque Metropolitan Region.
Hepatitis A Outbreak
San Diego

Harm Reduction Response
Tara Stamos-Buesig
History of HAV in San Diego

- 1995 – Effective HAV vaccine introduced, followed by routine childhood vaccinations.
- 2008 & 2013 – Outbreaks associated with multistate food sources and included about 20 cases locally per each outbreak.
- 2014 – Cluster of 4 cases, spread person-to-person.
- 2017 – Outbreak was found to be spread person-to-person via oral-fecal route. No common sources of food were identified. 587 cases reported.
2017–2018 HAV Outbreak

- First cases detected in March, 2017, traced back as early as November, 2016.
- Outbreak at–risk population discovered through routine surveillance.
- At–risk populations identified as transient, unsheltered, drug using.
- As of January, 2018, 587 cases of HAV identified, with 402 hospitalizations, and 20 deaths reported.
HAV Outbreak Response

- Handwashing stations*
- Public right-of-way cleaning and sanitizing
- Expanded access to public restrooms*
- Assessments of local encampments in an effort to identify clean up sites, both on public and private land as well as placement of handwashing stations
- Notifications posted giving 72 hours to remove items from identified encampments
- Removal and storage of items “left” in encampments. Only items deemed “valuable” were stored.
- Sanitization of encampments after clean up, using bleach and clean up crews
- Ongoing reassessment
- Vaccination events
- Partnerships with local public, private, and community-based organizations
- Public information and education
Field vaccination events, with public health nurses and outreach workers, who had already developed rapport with unsheltered populations, were employed to reach at-risk individuals.

Hygiene kits and handwashing packs (water bottles, soap, towelettes) distributed at local syringe access program, vaccination events, and during street outreach.

At-risk populations linked to community resources, housing, shelters.
Principles Employed During HAV Outbreak by Harm Reduction Workers

- Deliver same level of care to drug using and unsheltered individuals as any one else accessing health care or social services.
- Practice respect and dignity, using unconditional positive regard for all individuals, in an effort to build rapport and encourage engagement and retention.
- Recognition that drug users and unsheltered individuals have the right to protect their health as well as those around them, regardless of their circumstances.
- Involvement of peers with lived experience during program implementation, service delivery and community engagement.
“I was treated with respect by outreach workers and did not mind getting vaccinated, even though I don’t usually get flu shots.”

“I got my first of 2 shots in jail and didn’t know where to go for the 2nd one, but nurses found me at a local syringe program.”

“They cleared out all of my stuff from my camp, but at least I was able to get some of it back. I understand how important the clean up is.”

“I feel like they only did all of this because of all of the businesses downtown, our rights and needs are not usually considered.”
Thank you for Joining our Webinar!

Now we have time for Questions and Answers. This webinar has been recorded and will be archived on our website including the Question and Answer session.

Please use the Chat Box or raise your hand to speak in order to ask the panelists your question.