

Hepatitis C: A Kentucky Perspective

Summit on Stopping the Hepatitis C Virus Epidemic among Young Persons Who Inject Drugs

Atlanta, GA July 20, 2015

Kraig E. Humbaugh, M.D., M.P.H.

Senior Deputy Commissioner

Kentucky Department for Public Health



Kentucky Public Health
Prevent. Promote. Protect.

No disclosures about conflicts of interest

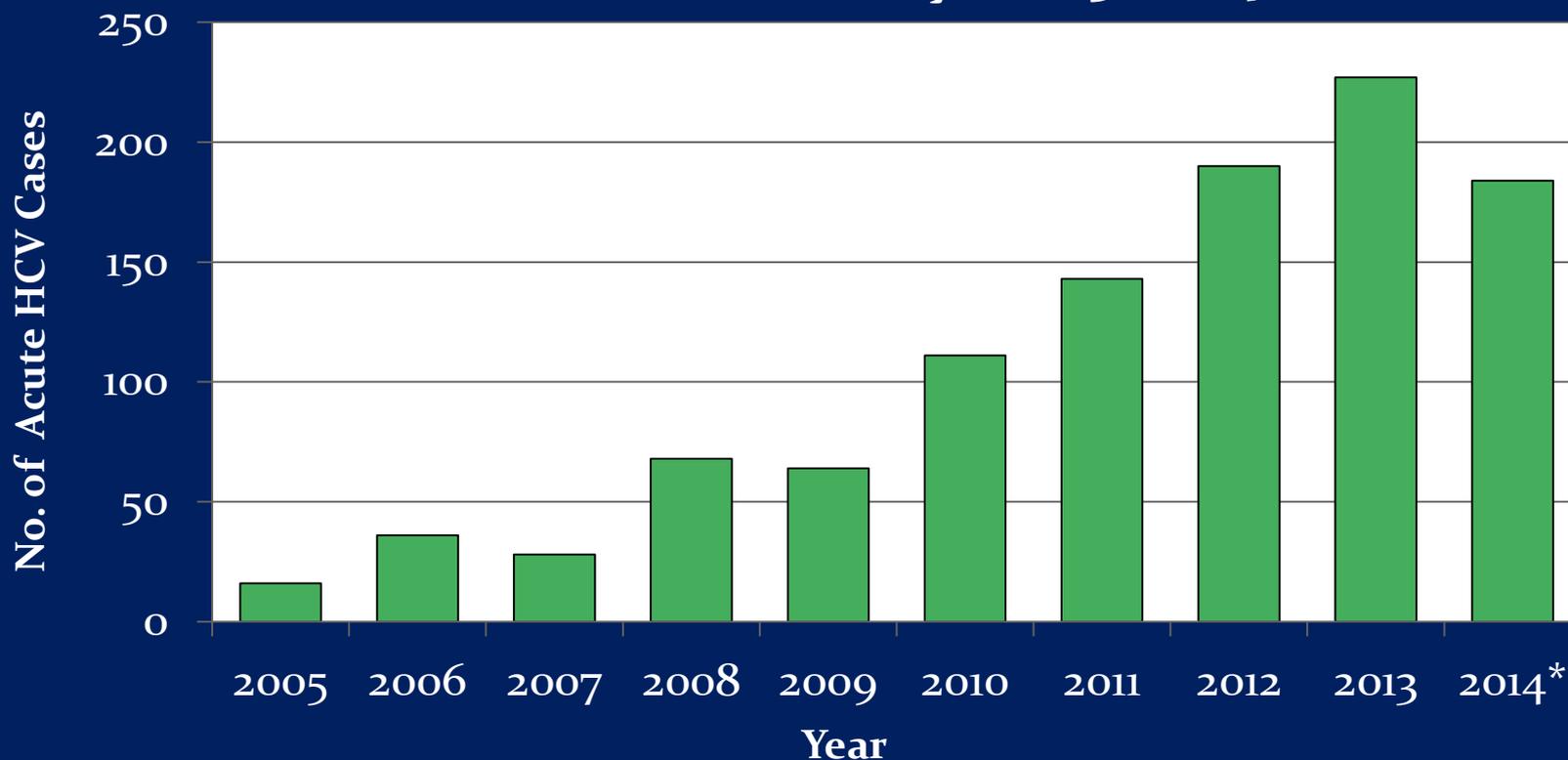


Epidemiology of Hepatitis C in Kentucky

- For 2013, Kentucky reported the highest rates of acute hepatitis C in the nation: 5.1 cases per 100,000.
- Acute hepatitis C rates in Kentucky *doubled* between 2010 and 2013.
- Though highest numbers of acute cases are found in the state's urban areas, rates are also increasing in rural areas.
- Half of all acute hepatitis C cases in 2014 in Kentucky were in the 21-30 year age group.
- An estimated 50,000 Kentuckians live with chronic hepatitis C.



Number of Acute Hepatitis C Virus (HCV) Cases in Kentucky, 2005-2014



Kentucky Public Health
Prevent. Promote. Protect.

*Case counts in 2014 are preliminary.

Data Source: National Electronic Disease Surveillance System.. Confirmed cases of Kentucky residents.
Data current as of July 14 ,2015.



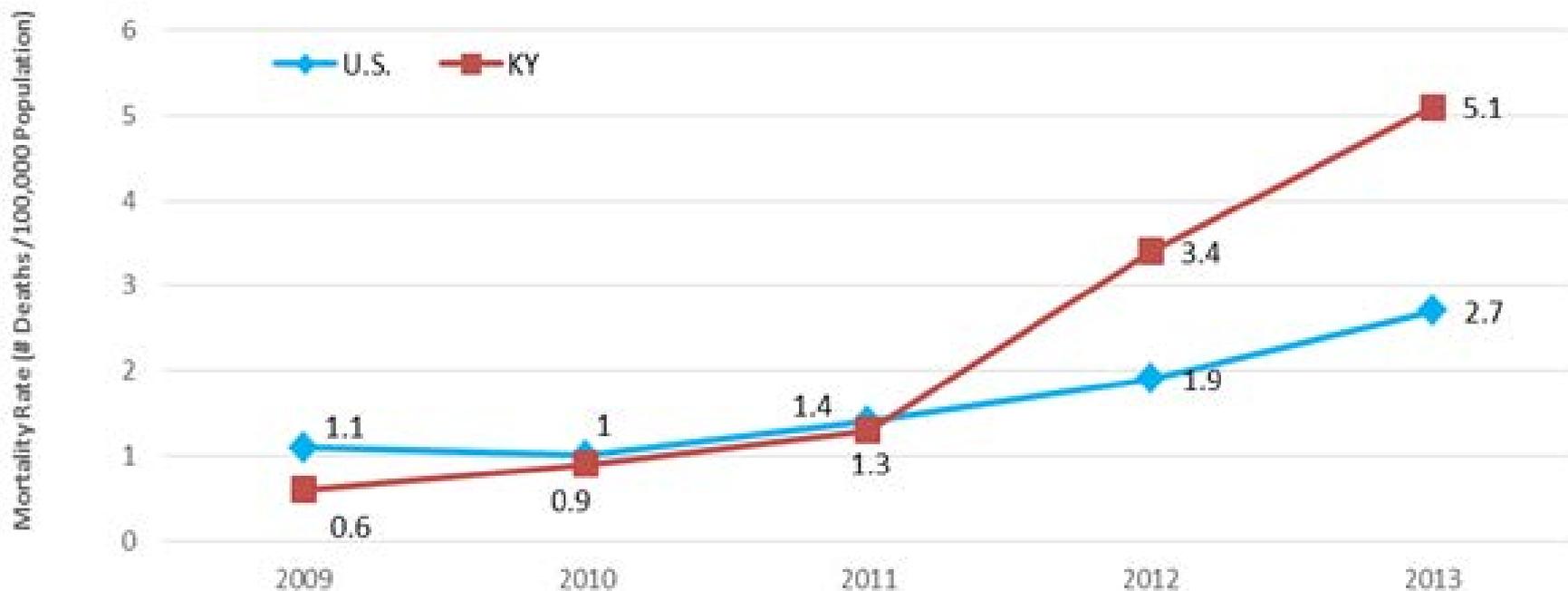
Hepatitis C and Drug Abuse in Kentucky

- Injection drug use is risk factor for hepatitis C.
- In 2013, Kentucky had the second highest age-adjusted drug overdose mortality rate.
- From 2011 to 2014, hospitalizations in Kentucky for neonatal abstinence syndrome *doubled*.
- May 8, 2015 *MMWR* article: Increases in Hepatitis C Virus Infection Related to Injection Drug Use Among Persons Aged ≤ 30 Years — Kentucky, Tennessee, Virginia, and West Virginia, 2006–2012



Rising Heroin Drug Overdose Rates in Kentucky

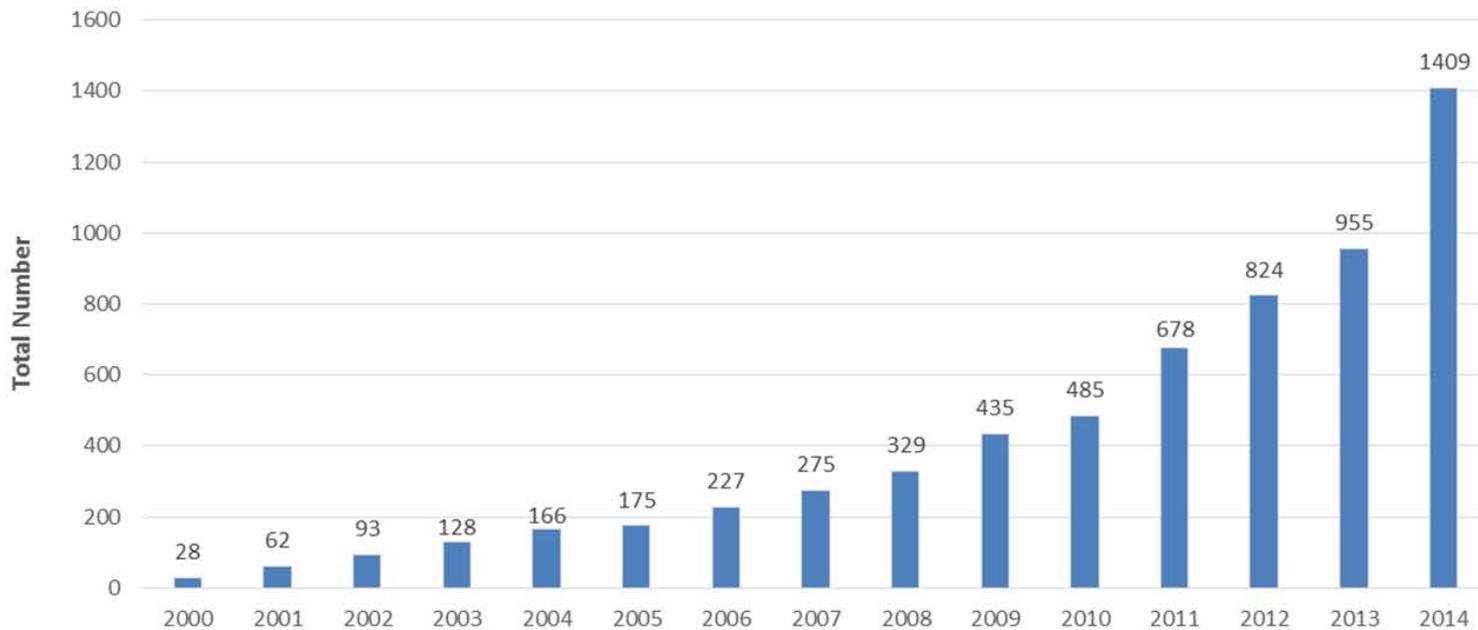
Age-Adjusted Rate for Drug Overdose Deaths Involving Heroin, 2009-2013



Produced by the Kentucky Injury Prevention and Research Center, February 2015. Data source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015.

Increasing Hospitalizations for Neonatal Abstinence Syndrome in Kentucky

Kentucky Resident Neonatal Abstinence Syndrome Hospitalizations, 2000-2014



Produced by the Kentucky Injury Prevention and Research Center, June 2015. Data source: Kentucky inpatient hospitalization discharge data, Office of Health Policy. Data for 2011-2014 are provisional and subject to change.

Some Challenges to Recognizing Hepatitis C Infection

- Surveillance challenges
 - Clinical course of infection: many acute infections asymptomatic and go unrecognized
 - Scarcity of data on infection in pregnant women and perinatal infections
 - Epi resources for sorting through the results in a timely manner: large volumes of positive test results due to large numbers with chronic infection
- Availability and access to hepatitis C testing
- Appropriate data sharing while protecting confidentiality



Some Challenges to Preventing the Spread of Hepatitis C Infection

- Dissemination of knowledge about hepatitis C and its transmission among high risk populations
- Making prevention a priority for high risk populations, such as injection drug users
- Creating availability and access to harm reduction strategies



Kentucky Response

- Support from the top: Governor's kyhealthnow goal to reduce deaths from drug overdose by 25% (<http://governor.ky.gov/healthierky/kyhealthnow>)



Kentucky Response

- Recognition and Testing for Hepatitis C
 - Improved real-time electronic laboratory reporting
 - Change in reportable disease regulations to require reporting of:
 - pregnant women, infants and children under 6 years with hepatitis C infection (acute or chronic)
 - newborns born to hepatitis C positive mothers at the time of delivery
 - Increased data sharing with and from Kentucky Injury Prevention and Research Center and Kentucky All Schedule Prescription Electronic Reporting
 - Anticipated implementation of hepatitis C testing at health departments; greater access to testing at medical homes
 - Encouragement of hepatitis C testing for high risk groups in the healthcare facility setting



Kentucky Response

- Prevention and Control of the Spread of Hepatitis C infection
 - Improved collaboration with behavioral health and healthcare partners
 - Passage of recent state law allowing for local option to operate syringe exchange programs and broadening the use of naloxone: one community's syringe exchange program already operational
 - Exploration of rural outreach, outreach to jails, etc...



Kentucky Response

- Treatment
 - Expansion of access to providers and services under the Affordable Care Act
 - New substance abuse treatment benefits for Medicaid enrollees
 - Kentucky Medicaid spent an estimated \$50 million on medications to treat hepatitis C infection in 2014
 - Identification of some new providers of hepatitis C treatment services in Kentucky, although proximity to patients a challenge
 - Exploration of Health Home model for those with drug addictions who are at risk for bloodborne pathogens, with emphasis on pregnant women

