

# Hepatitis C in Iowa

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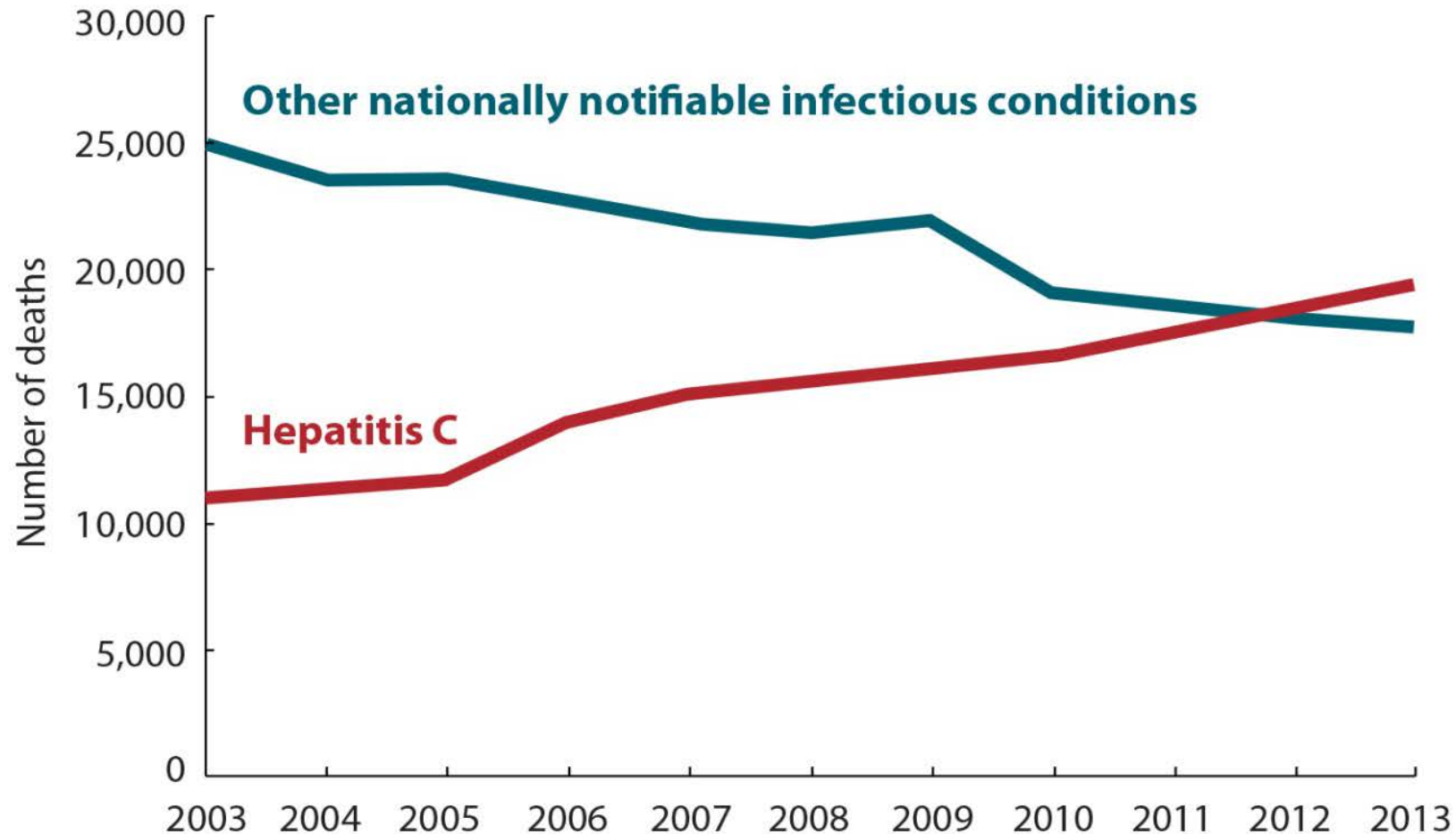
Chief, Bureau of HIV, STD, and Hepatitis

Iowa Department of Public Health



## Annual number of hepatitis C-related deaths vs. other nationally notifiable infectious conditions in the US, 2003-2013

**The problem:**  
Deaths from HCV have surpassed deaths from all other infectious diseases combined



Source: Centers for Disease Control and Prevention

# Epidemiological Profile of Hepatitis C in Iowa

Iowa Department of Public Health

2015



Issued December, 2016

## Hepatitis C Virus IN IOWA



### WHAT IS HEPATITIS C?

Hepatitis C is a liver disease caused by the Hepatitis C Virus (HCV). HCV is the most common blood-borne illness in the United States. Hepatitis C can cause serious health problems, including liver damage, cirrhosis, liver cancer, and even death.

### HOW MANY PEOPLE HAVE HCV?

As of December 31, 2016, there were 23,588 Iowans diagnosed with hepatitis C who were reported to the Iowa Department of Public Health. Based on this number of reports, there are likely 39,215 to 149,173 Iowans with hepatitis C infections, with 17,647 (45%) to 126,797 (85%), of these people undiagnosed.

### WHERE IN IOWA?

Over 55% of people living with HCV who were ages 18 to 64 reported residency in one of six counties: Polk, Linn, Scott, Woodbury, Pottawattamie, and Black Hawk.

### HEPATITIS C DIAGNOSES ARE INCREASING

HCV diagnoses have increased sharply in Iowa since 2000. There were 2,287 Iowans diagnosed in 2016, an increase of over 200% since 2000. HCV diagnoses among those 30 and under have increased 237% since 2010.

### WHO SHOULD GET TESTED?

- Those who currently or have ever injected drugs
- Those who were born between 1945 and 1965
- Those who received a blood transfusion or organ transplant before 1992
- Those who are living with HIV

For more information on hepatitis C and to view the recently released profile of Hepatitis C in Iowa, please visit: <http://idph.iowa.gov/hivstdhep/hep/hep-c>.

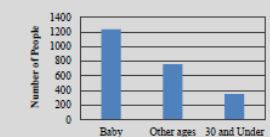
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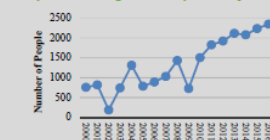
### WHO IS INFECTED?

53% of people with hepatitis C reported to IDPH in 2016 were baby boomers. However, a growing percentage of people reported with HCV are those 30 years of age and younger.

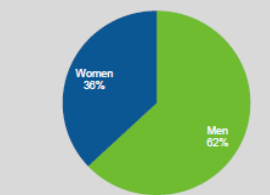
Age Distribution of People Diagnosed with HCV in 2016



Hepatitis C Diagnoses Reported by Year



Men make up a majority of people with HCV ever reported to the IDPH.



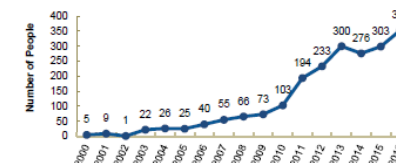
## Hepatitis C Virus ON THE RISE: YOUNG ADULTS



### WHAT IS HEPATITIS C?

Hepatitis C is a liver disease caused by the Hepatitis C Virus (HCV). HCV is the most common blood-borne illness in the United States, and new cases are on the rise. Hepatitis C can cause serious health problems including liver damage, cirrhosis, liver cancer, and even death.<sup>1</sup>

### HCV IN YOUNG ADULTS AGES 30 & YOUNGER IS ON THE RISE IN IOWA



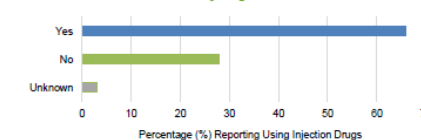
### WHY ARE YOUNG ADULTS GETTING HEPATITIS C?

Injection drug use is the primary driver for increases in new, young hepatitis C cases. The recent increase in abuse of prescription and non-prescription opioids is fueling an increase of hepatitis C among people 30 and under.

### HEPATITIS C AND INJECTION DRUG USE

HCV can spread easily through surfaces, equipment, or objects contaminated with infected blood. People who inject drugs can acquire and spread hepatitis C through contaminated needles, syringes, water, cotton, and other equipment.<sup>2</sup> Of the youth and young adults ages 30 and under reported diagnosed in 2016, 68% reported ever using injection drugs to their medical provider.

Injection drug use among adults living with HCV who are 30 years of age or younger

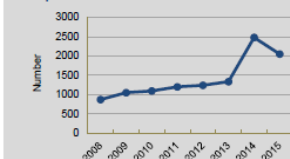


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### HEROIN AND OPIOIDS

In Iowa, rates of heroin and opioid-related overdoses have increased greatly over the last 10 years. Opioid-related emergency department (ED) visits and hospitalizations have increased significantly from 2008 through 2015.

Opioid-Related Emergency Dept. Visits and Hospitalizations



Youth and young adults who report ever having injected drugs should be tested for Hepatitis C.

For more information on hepatitis C virus and to view the recently released Hepatitis C Iowa Profile please visit: <http://idph.iowa.gov/hivstdhep/hep/hep-c>

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<sup>1</sup>Centers for Disease Control and Prevention: <http://www.cdc.gov/hepatitis/hcv/diag.htm>

<sup>2</sup>Centers for Disease Control and Prevention: <https://www.cdc.gov/hepatitis/hcv/pdfs/factsheet-paid.pdf>

Find these documents at: <https://idph.iowa.gov/hivstdhep/hep>

# Epidemiology of HCV in Iowa – 2016 data

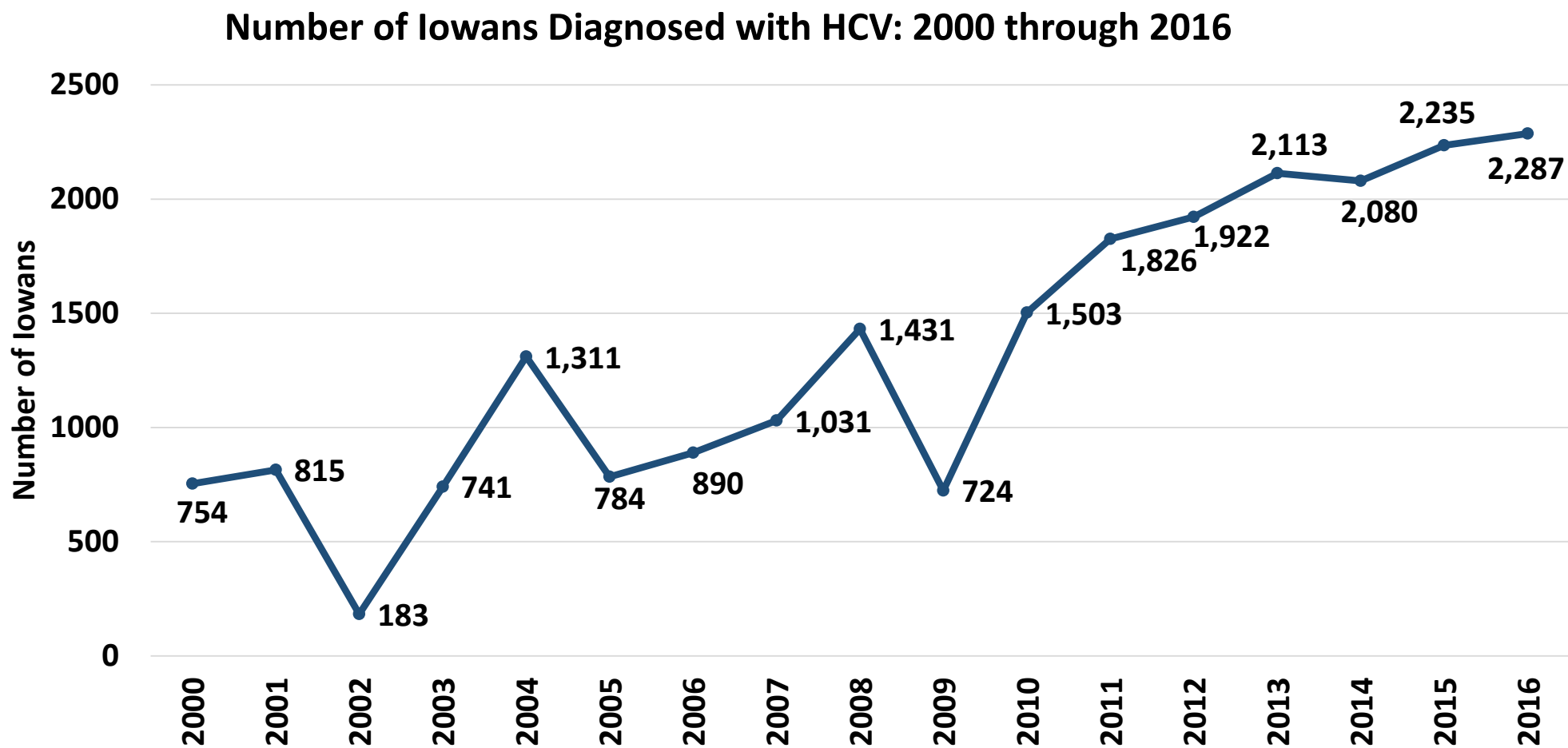
- **23,588 Iowans ever reported to IDPH as diagnosed with HCV**
  - 15,510 people with evidence of confirmatory result
  - 8,078 people with antibody only results (75% to 85% are likely chronically infected)

CDC estimate: 45 to 85% of people with HCV are undiagnosed

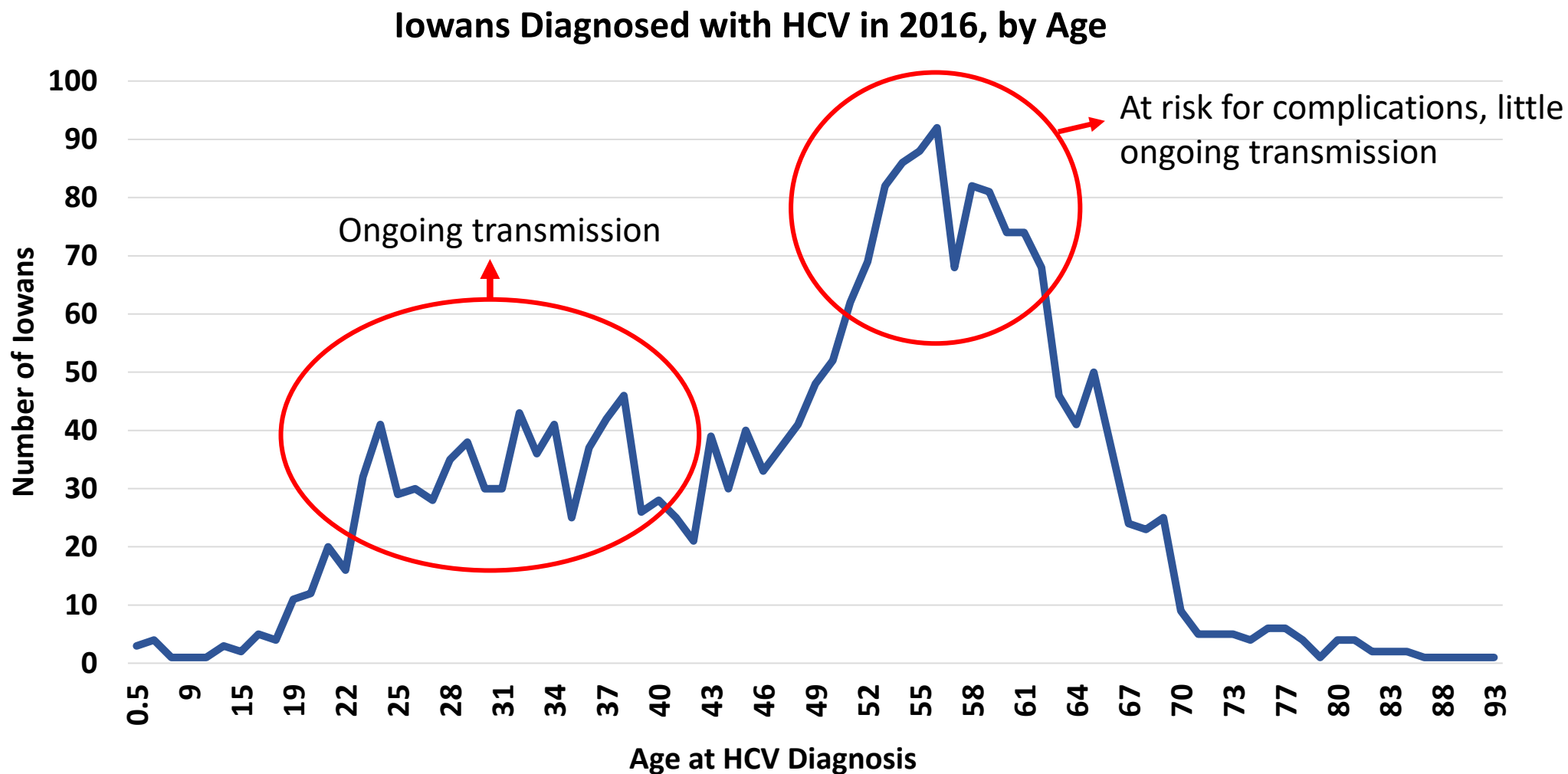
**IDPH estimates there are 39,215 to 149,173 Iowans with HCV**

- 17,647 to 126,797 of these people are undiagnosed

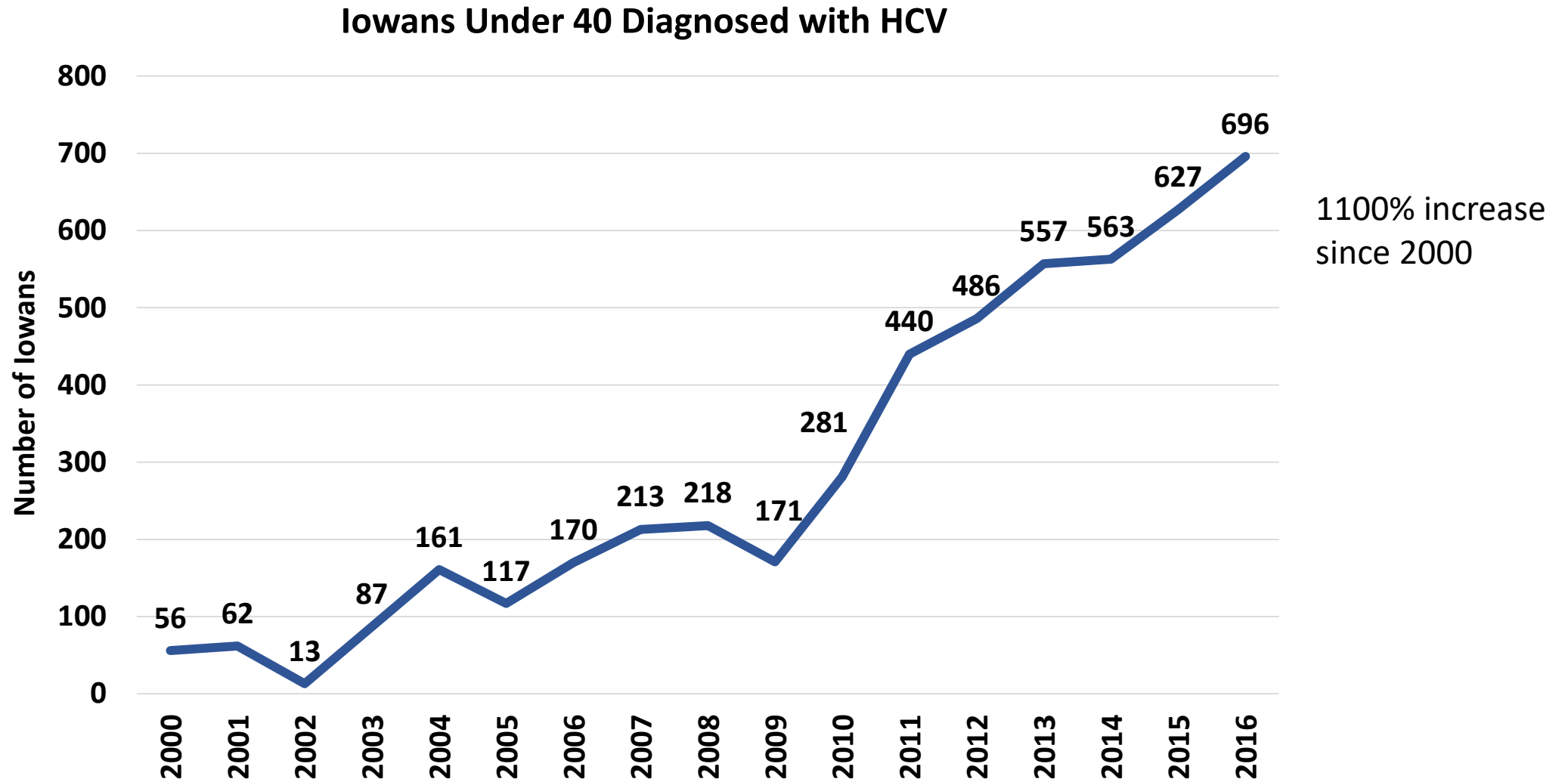
# lowans with HCV



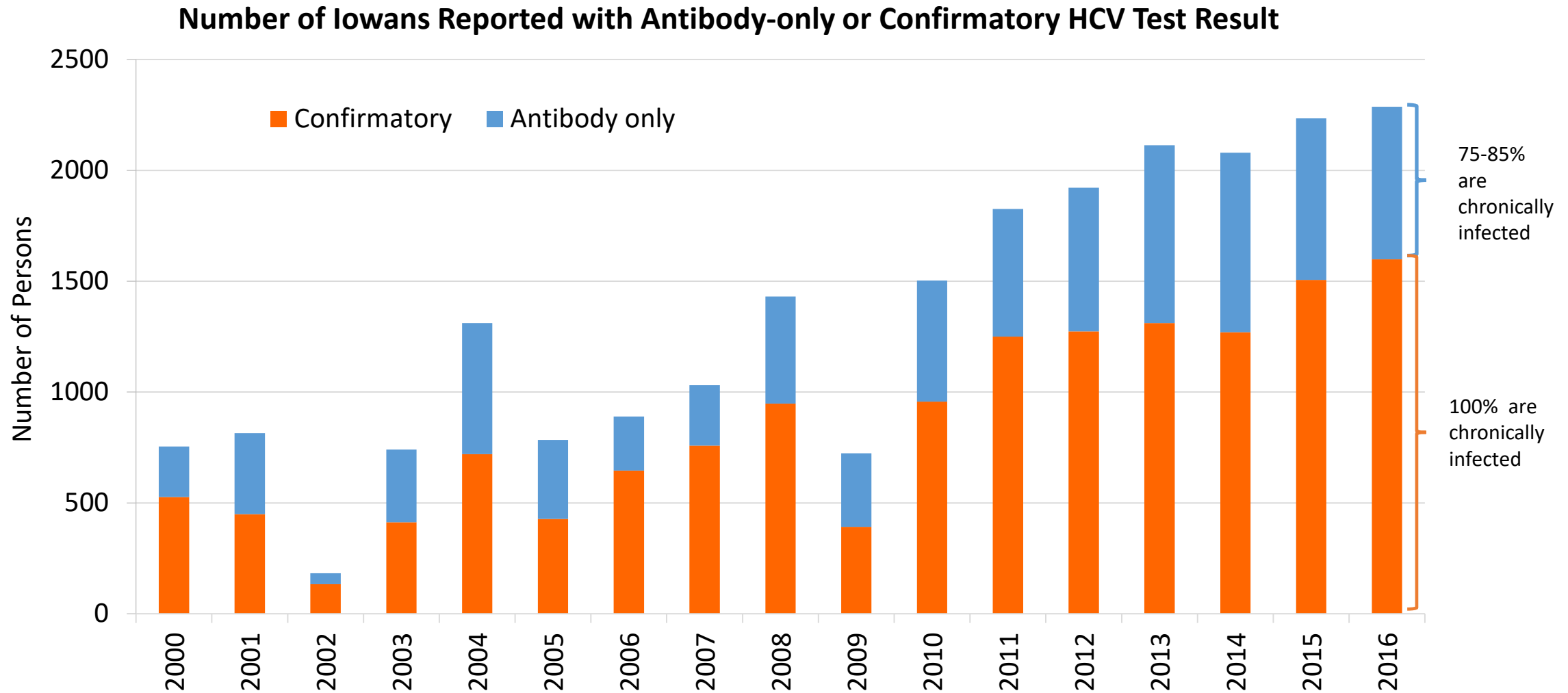
# lowans Diagnosed with HCV in 2016, by Age



# lowans with HCV: Ages 15 to 39

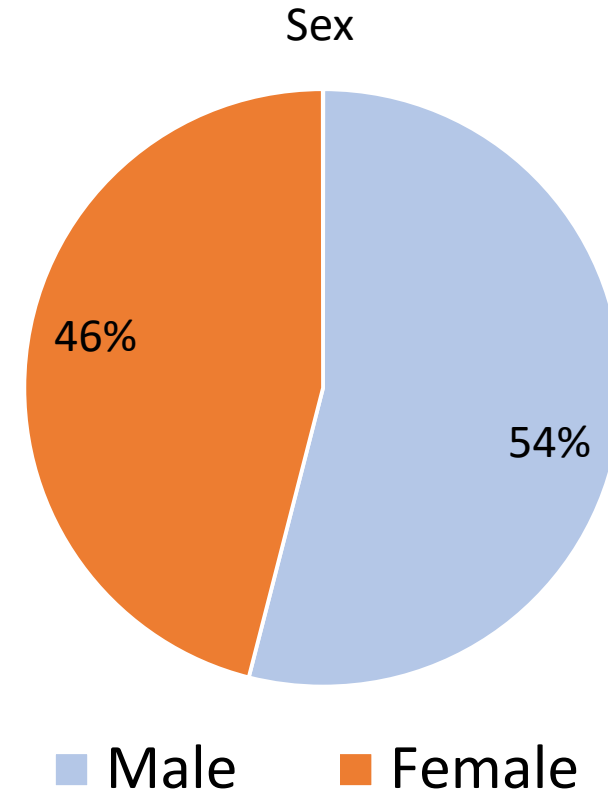
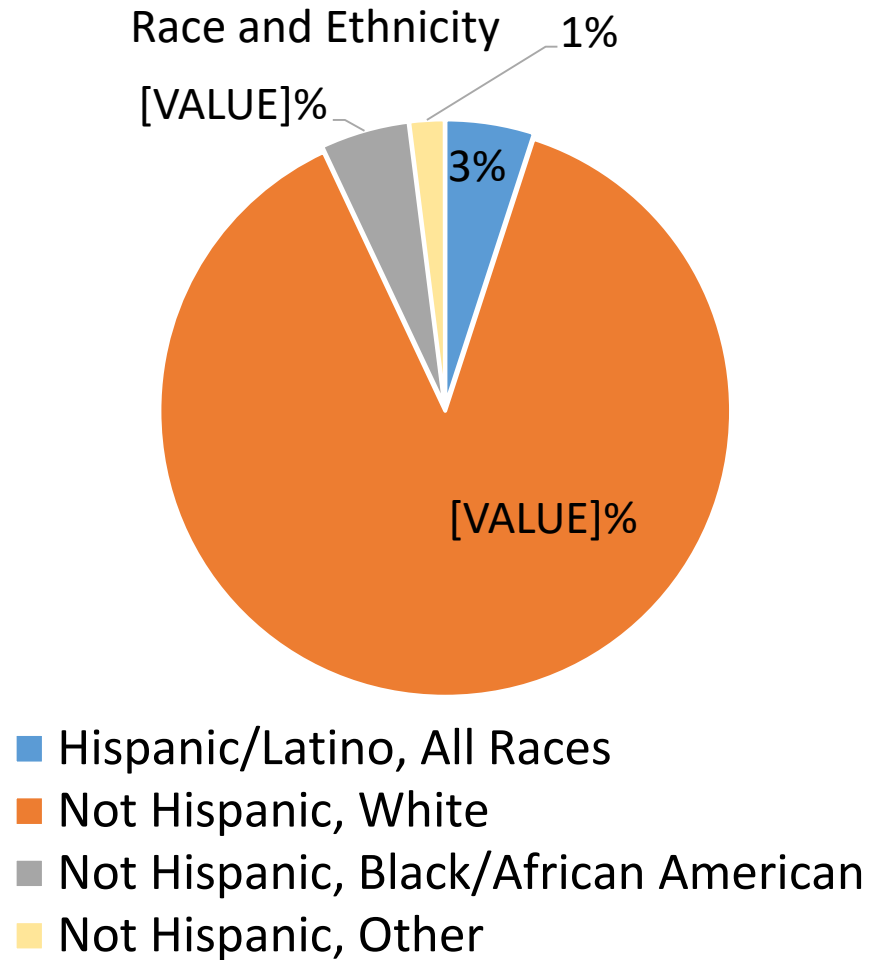


# Evidence of HCV Chronic Infection in Iowans



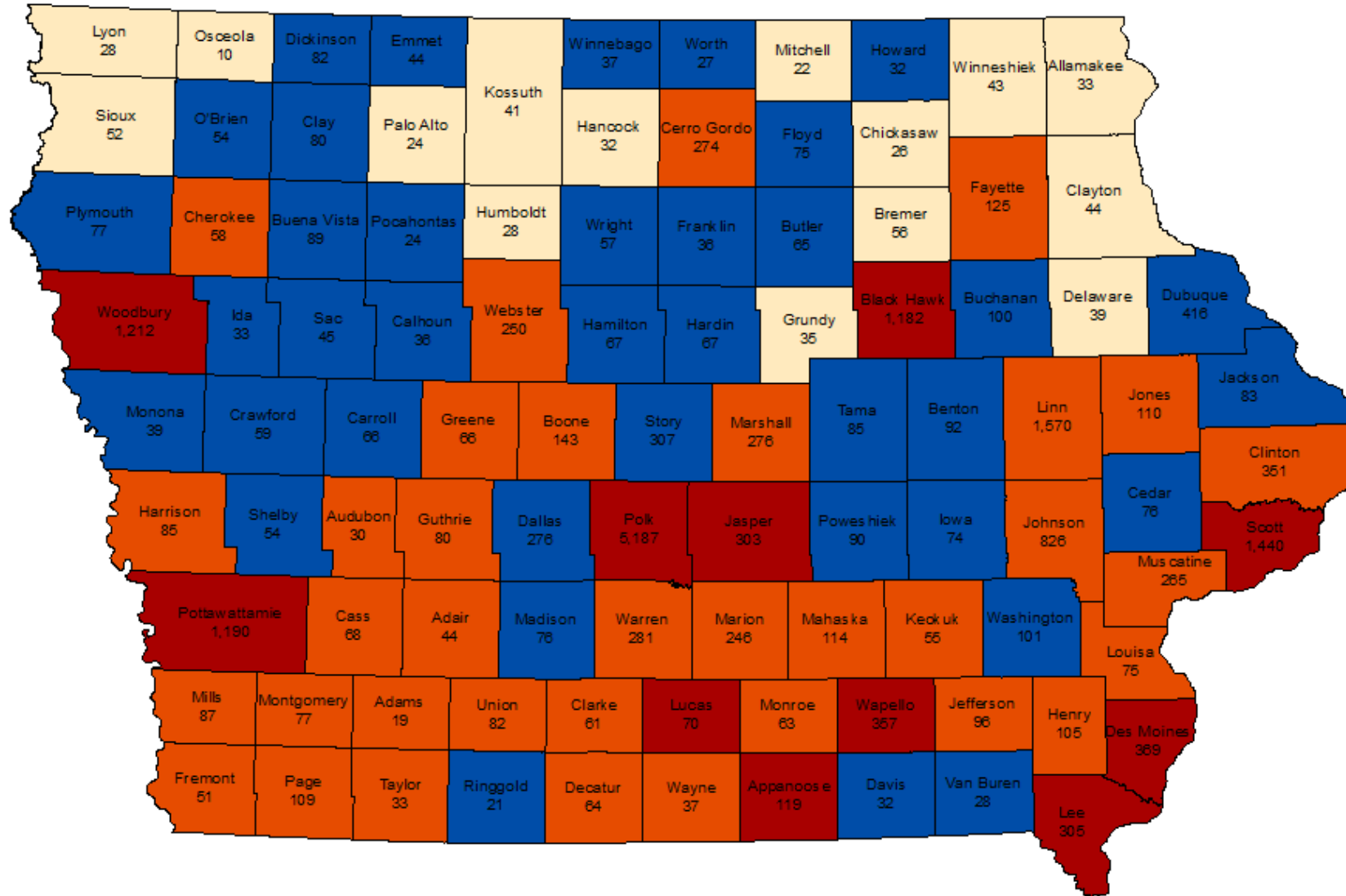


# HCV in Iowans Ages 15 to 39 Diagnosed in 2016

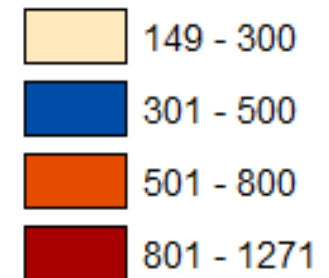


- 67% reported injection drug use to their diagnosing provider

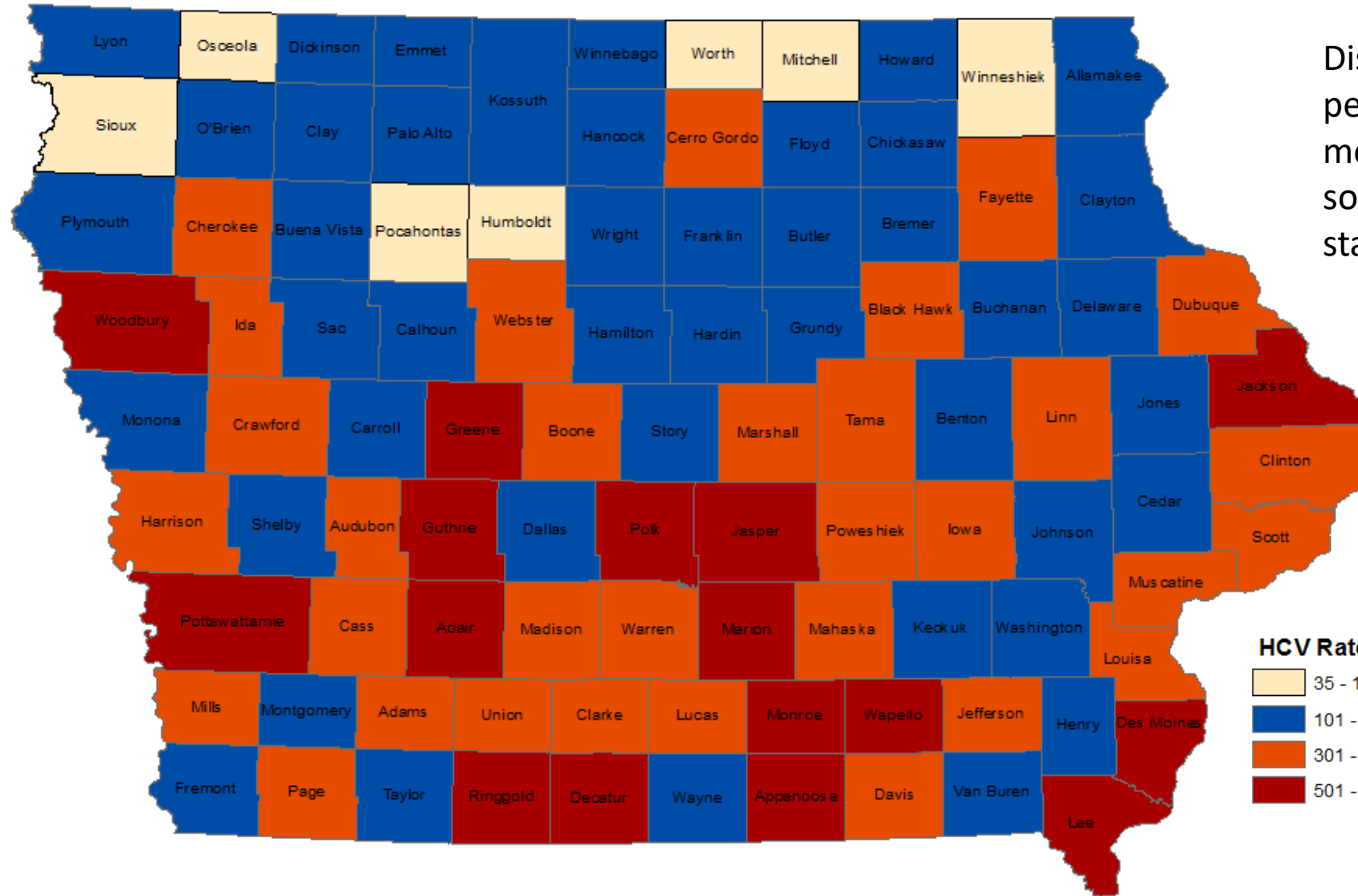
# Distribution of HCV in Iowa



## HCV Rates per 100,000

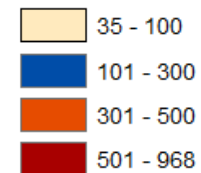


# Distribution of HCV in Iowa: 15 to 39 years old



Distribution of HCV in people 15 to 39 years old is more heavily focused on the south-central parts of the state.

### HCV Rate Per 100,000 among Age 15-39 year

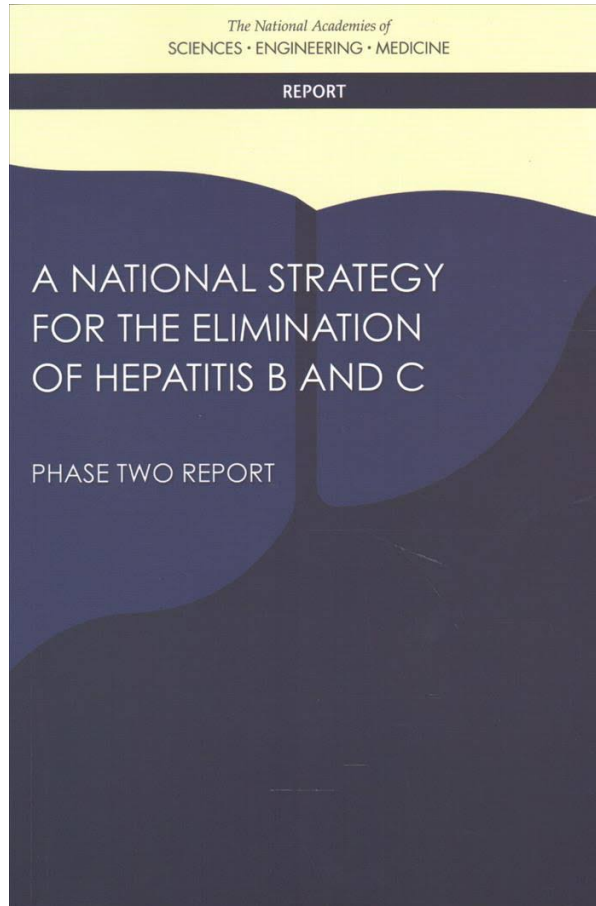


# Co-Infection of HIV and HCV

- 11% of Iowans living with HIV (as of Dec. 31, 2016) have been diagnosed with HCV
- HCV treatment meds were added to the Iowa AIDS Drug Assistance Program (ADAP) formulary in 2014 (eligibility = 400% FPL)
- ADAP can also pay for treatment of HCV for people who are co-infected with HIV and denied treatment by Medicaid



# US National Elimination Strategy – 90% reduction in HCV incidence by 2030



Averting new infections requires removing restrictions on treatment:

**TABLE B-3** Key Model Output Summary by Scenario, United States, 2015-2030

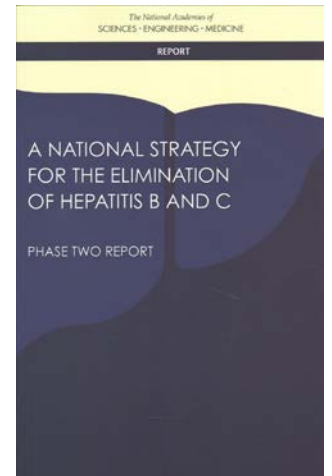
Scenario:	Base 2015	Aggressive $\geq 0$	Aggressive $\geq 2$
Relative to:	Base 2013	Base 2015	Base 2015
Reduction in viremic infections	910,000	1,105,100	515,500
Liver deaths averted	215,000	28,800	98,500
Total new HCC cases averted (2015-2030)	123,000	19,000	57,700
Total new decompensated cirrhosis cases averted (2015-2030)	124,000	19,000	58,200
Total number of new infections averted (2015-2030)	(200)	279,400	0

NOTE: HCC = hepatocellular carcinoma.

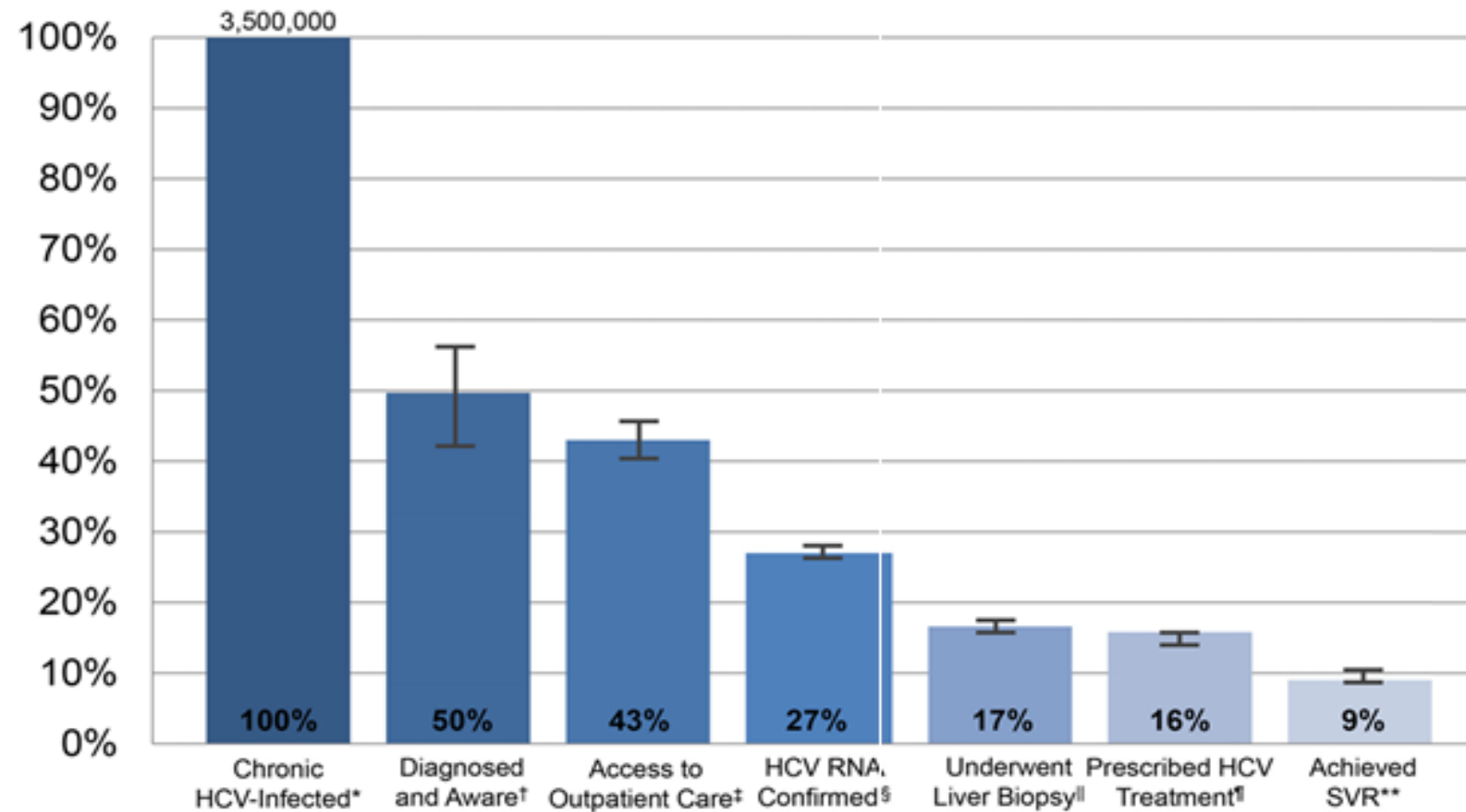
<http://nationalacademies.org/hmd/Activities/PublicHealth/NationalStrategyfortheEliminationofHepatitisBandC.aspx>

# National Elimination Strategy Recommendations

- States and federal agencies should expand access to syringe exchange in combination with opioid treatment in accessible venues
  - Combination of opioid use treatment and syringe exchange is most effective at reducing incidence of hepatitis C (75% - Hagan et al., 2011; 80% - Turner et al., 2011)
  - Syringe service programs do not increase drug use or crime and do facilitate entry into substance use treatment programs (Hagan et al., *J Subst Abuse Treat.* 2000 Oct;19(3):247-52)
- CDC should work with states to identify venues for expanded HCV testing and HBV vaccinations
  - Syringe service programs provide these venues
- Public and private health plans should remove restrictions on HCV treatment that are not medically indicated and treat all patients.



# HCV Treatment Cascade: United States



SVR = sustained viral response (= cure)

Yehia et al., 2014

# Determination of Need

- Under the Consolidated Appropriation Act of 2016, federal law permits use of funds from the Department of Health and Human Services (SAMHSA, HRSA, CDC) to support syringe service programs, EXCEPT that funds may not be used to purchase needles or syringes.
- To use HHS funds for this purpose, eligible state, local, tribal, and territorial health departments must first submit a Determination of Need to CDC to provide evidence that the jurisdiction is experiencing or is at risk for significant increases in hepatitis infections or an HIV outbreak due to injection drug use.

IDPH is currently preparing a Determination of Need document to submit to CDC for review.

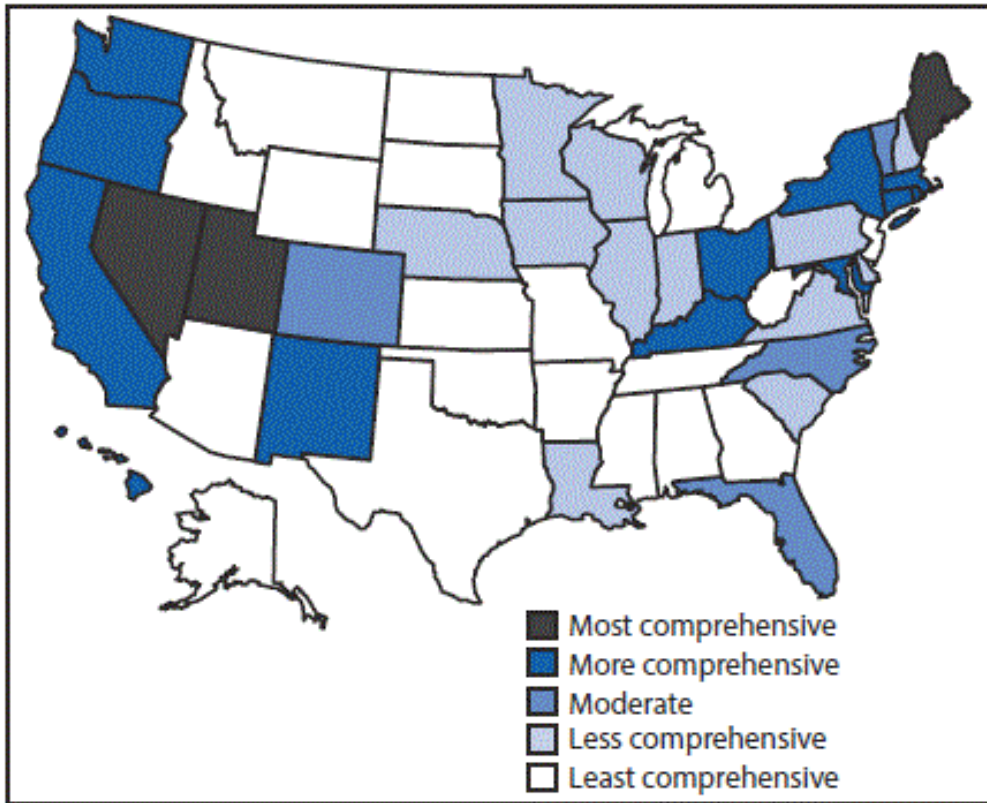




# Payment options for SSPs

- CDC HIV Prevention funds and HRSA Ryan White Part B Supplemental Funds allow for purchase of supplies and staff time related to syringe exchange programs, *excluding needles or syringes*
- The Bureau of HIV, STD, and Hepatitis receives state general funds for HIV and STD programming, including the AIDS Drug Assistance Program (ADAP), that could be prioritized after ADAP for use in syringe service programs

# CDC Report on State Legislation & Readiness to Prevent Hepatitis



Assessment based upon five elements of laws:

1. Authorization of syringe exchange statewide or in selected jurisdictions;
2. Exemption of needles or syringes from the definition of drug paraphernalia;
3. Decriminalization of possession and distribution of syringes or needles for participants of legally authorized syringe service programs;
4. Avoidance of criminal prosecution for possession of drug paraphernalia by disclosing its presence to an arresting officer; and
5. Allowance for the retail sale of syringes without a prescription.

# Contact Information

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