



Health Alert Network

Tri-County Health Department

Serving Adams, Arapahoe and Douglas Counties

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The pages that follow contain information critical to protecting the health of your patients and the citizens of Colorado.

HAN ADVISORY

Number of pages including cover: 4

Subject: **Advisory - Increases in hepatitis C infection likely related to injection drug use**

Message ID: 10/27/2017 4:15:00 PM

Recipients: HAN Community Members.

From: TRI-COUNTY HEALTH DEPARTMENT

Adams, Arapahoe and Douglas County, Colorado

Recipient Instructions: **This is a revised HAN. You may have received a similar HAN recently from CDPHE. This version includes corrected phone numbers for reporting hepatitis C cases.**

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Categories of Health Alert Network Messages:

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service/Public Health Brief: Provides general information that is not necessarily considered to be of an emergent nature.



HEALTH ADVISORY | Increases in hepatitis C infection likely related to injection drug use

October 26, 2017

Health care providers: Please distribute widely in your office

This information is for the public health and health care community. Do not post this document on a public web or social media site.

Key points

- Diagnosis of hepatitis C virus (HCV) infection increased 66 percent among individuals 21-30 years old in 10 front-range counties between 2015 and 2016.
- The increase in reported cases is believed to be driven by injection drug use, which may also increase risk of HIV transmission.
- Syringe exchange programs are effective in reducing HCV infection among people who inject drugs.
- Health care providers and laboratories are required to report a case of HCV within four days to the CDPHE Disease Reporting line at 303-692-2700 or outside metro Denver at 1-800-866-2759.

Background information

Hepatitis C virus (HCV) is a bloodborne illness that can cause acute or chronic infection. Severity ranges from a mild illness with spontaneous clearance to a serious, lifelong illness that can result in death. Symptoms of acute HCV infection occur in approximately 25 percent of infected people and include fever, fatigue, lack of appetite, nausea, vomiting, dark urine, grey-colored stool, joint pain, and jaundice. Advanced cases may show symptoms of decompensated liver disease. HCV is transmitted through contact with infected blood, on items such as injection drug equipment, blood monitoring devices, razors, tattoo equipment, or other sharps that can contain blood. More rarely, HCV can also be transmitted through traumatic sex and childbirth. HCV is a curable disease.

In Colorado, between 2015 and 2016, reported HCV cases among 21-30 year olds increased approximately 46 percent (to 908 in 2016, from 624 in 2015), driven by 10 Front Range counties where cases increased by approximately 66 percent (to 557 in 2016, from 335 in 2015). These 10 Front Range counties accounted for almost all of the reported cases among 21-30 year olds where county of residence was identified: Adams, Arapahoe, Boulder, Broomfield, Denver, El Paso, Jefferson, Larimer, Pueblo, and Weld Counties. In these counties, among reported HCV cases 21-30 years old, 53 percent were male, and approximately half had no information on race/ethnicity; of those with information reported, most were white. In incarcerated populations in Colorado, between 2015 and 2016, reported HCV cases

among 21-30 year olds increased approximately 53 percent (to 184 in 2016, from 120 in 2015). Trends in other age groups did not change dramatically; the majority of reported cases continue to be in an older age cohort, reflecting acquisition of HCV in prior decades of life.

Almost all cases among 21-30 year olds were classified as having a chronic infection. Severe under-reporting is a known issue for acute cases, and case ascertainment remains limited, with significant risk for misclassification. Newly reported chronic infections in this age group are likely to represent more recent infection, and are most likely driven by injection drug use (IDU). IDU is the greatest risk factor for newly acquired HCV as reflected in both national and state surveillance, although documented risk factor data for 21-30 year olds is largely missing from Colorado surveillance data. This is a reflection of both limitations of surveillance systems and the likelihood that people who inject drugs (PWID) may decline to report risk factors.

Current observations are consistent with data that reflect an intensifying opioid crisis across the USA and in Colorado, including injection of heroin and prescription opioids such as oxycodone. Based on current limitations of public health surveillance in Colorado, it is not known if changes in HCV screening might be a factor in identifying more cases in Colorado.

The predominance of Front Range counties in observed increases may be a function of population density; other areas of Colorado, including rural and frontier counties, may be experiencing HCV increases or risk for increases that have not been detected. There may be a need to increase HCV screening, especially in rural areas.

This advisory raises concerns about an increase in HCV infections and a potential increase in HIV infections related to injecting drugs, because IDU is a risk factor for both HCV and HIV infection. Current analysis does not reflect any observed increase in HIV infections related to IDU.

Recommendations / guidance

Testing and treatment

Test any person for HCV and HIV who discloses IDU risk factors. HCV and HIV screening is also recommended for all sexual and needle sharing contacts to a person who injects drugs. HIV screening, as well as screening for other sexually transmitted infections, should be provided for all patients infected with HCV. Refer diagnosed patients for care and treatment. HCV is curable and patients with a reactive (positive) antibody test and a positive confirmatory HCV RNA test result should be evaluated by a practitioner with expertise in assessment of liver disease severity and HCV treatment. Testing guidance and interpretation references are provided below.

Syringe services programs for disease control

People who inject drugs should never share injection material and should always use sterile syringes, sterile water, and new cottons and cookers. Syringe services programs have been shown to be effective as a method for disease control

through provision of free sterile syringes and other IDU supplies. The programs also collect used syringes, which contributes to a safer community environment.

Counsel patients who inject drugs

To reduce the risk of contracting hepatitis C from injecting drugs, health care providers can counsel patients:

- If possible, to stop drug use altogether. Be supportive of patients who are ready to consider treatment options.
- Smoking drugs can be a safer alternative to injection.
- Never share injection materials. Always use new, sterile syringes, sterile water, and new cottons and cookers.
- Refer patients to a local syringe services program if one is available. Check <https://www.colorado.gov/cdphe/reducing-infections-injection-drug-use>
- People who inject drugs may be candidates for HIV pre-exposure prophylaxis (PrEP).
- People who inject drugs are also at high risk for hepatitis A and B virus infection. All persons who inject drugs should be offered hepatitis A and B vaccination.

Healthcare providers and laboratories are required to report a case of HCV within four calendar days to the CDPHE Disease Reporting line at 303-692-2700 or outside metro Denver at 1-800-866-2759. Report HIV cases to 303-692-2694.

For more information

HCV and HIV testing algorithms and guidance can be found at:

https://www.cdc.gov/hepatitis/hcv/pdfs/hcv_flow.pdf

<http://www.cdc.gov/hepatitis/hcv/hcvfaq.htm#section3>

<http://www.cdc.gov/hiv/testing/>

The case definitions for acute and chronic HCV can be found at:

<https://wwwn.cdc.gov/nndss/conditions/hepatitis-c-acute/case-definition/2016/>

<https://wwwn.cdc.gov/nndss/conditions/hepatitis-c-chronic/case-definition/2016/>