# Oregon Viral Hepatitis Elimination Plan

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#### **Outline**

- Team Introduction
- Brief Overview of Viral Hepatitis
- Introduce Viral Hepatitis Elimination Plan
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### **OHA Viral Hepatitis Team**



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### **Brief Overview of Viral Hepatitis**

- Hepatitis = inflammation of the liver
- Causes = acetaminophen, some anti-fungal drugs, chemical toxins, alcohol, viruses
- Viral Hepatitis A, B, C, D, E
  - These are distinct viruses, they are not genetically related
  - There do not turn into one another
  - There are viral subspecies (e.g. HCV 1a, 1b subtypes)
- Hep C is <u>curable</u>
  - Medications are easy to tolerate with 1 dose per day for 8 or 12 weeks
  - Medications are not as expensive as a decade ago
- Oregon has 2<sup>nd</sup> highest HCV-related mortality rate (10.8 per 100k) in the nation behind Oklahoma (13.9 per 100k), <u>HepVu</u> 2021



## Syndemic = Synergistic Epidemics

- Health impacts related to:
  - Substance use
  - Mental health needs
  - HIV, Viral Hepatitis, STIs
  - Chronic health conditions
- Intersectionality of social determinants of health (SDOH):
  - Racism and otherization
  - Poverty
  - Lack of access
  - Homelessness
  - Incarceration



# Elimination Goal 1: Prevent New Infections





#### **Elimination Goal 1: Prevent New Infections**



#### What does the data show?

- Between 2016 and 2020 in Oregon, **new cases** of hepatitis A virus (HAV) and hepatitis B virus (HBV) were highest in people older than age 30.
- However, new cases of hepatitis C virus (HCV) were most common in people aged 20-29 years.
- The proportion of chronic hepatitis C cases among people in their 20s **tripled** between 2010 and 2019.
- Of children born to pregnant people with hepatitis B in 2019 and 2020, **88% received vaccine** prophylaxis at birth. Seventy-eight percent finished the 3-dose series within eight months.



#### **Elimination Goal 1: Prevent New Infections**



Table 1: Goals and objectives to prevent new hepatitis infection.

Goals	1. Prevent new hepatitis infections				
Objectives	<ol> <li>1.1 Expand the availability of harm reduction services.</li> </ol>	<ol> <li>Increase HAV* and HBV† vaccination rates.</li> </ol>			
Secondary objectives	1.1.1 Expand harm reduction in health care and community settings.	1.2.1 Increase vaccination of high-risk adults.			
	1.1.2 Improve hygiene and sanitation for persons experiencing houselessness (PEH).	1.2.2 Increase uptake of HBV vaccine birth dose for newborns.			
	1.1.3 Use of MOUD and substance use disorder (SUD) treatment among people who use drugs.	1.2.3 Support routine vaccination of children.			



## Elimination Goal 2: Improve Health Outcomes





## **Elimination Goal 2: Improve Health Outcomes**



#### What does the data show?

- Each year between 2016 and 2020 Oregon averaged:
  - » 5,240 newly reported cases of chronic hepatitis C and 404 cases of chronic hepatitis B
  - » 2,165 hospitalizations related to hepatitis C and 194 to hepatitis B
  - » 460 deaths related to hepatitis C and 32 from hepatitis B
- Rates of HCV screening and treatment rose dramatically between 2011 and 2019
- Fewer young adults received treatment / CURE than did baby boomers.



## **Elimination Goal 2: Improve Health Outcomes**



Table 2: Goals and objectives to improve health outcomes.

Goals	2. Improve health outcomes					
Objectives	2.1	Increase screening and diagnosis of HBV and HCV.	2.2	Increase treatment and monitoring of chronic HCV.	2.3	Increase treatment and monitoring for chronic HBV.



## Elimination Goal 3: Eliminate Health Disparities and Inequities





# Elimination Goal 3: Eliminate Health Disparities and Inequities

What does the data show?

- Between 2016 and 2020, rates of cases of acute HBV were over four times higher in Native Hawaiian and Pacific Islander persons than the state average.
- American Indian, Alaska Native and Black persons experience higher rates of acute and chronic HCV compared to the state average.
- Rates of deaths related to HCV are twice as high among Black, American Indian and Alaska Native persons than the state average.
- People who use drugs (PWUD) and people who are houseless are disproportionately impacted by viral hepatitis.



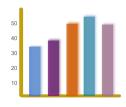
# Elimination Goal 3: Eliminate Health Disparities and Inequities (\*\*)

Table 3: Goals and objectives to eliminate health disparities and inequities.

Goals	s 3. Eliminate health disparities and inequities					
Objectives	3.1 Reduce stigma and discrimination in health care settings faced by people with or at increased risk for viral hepatitis	3.2 Reduce disparities in the diagnosis of viral hepatitis, knowledge of status, engagement with care and community stigma around diagnosis				



## Elimination Goal 4: Improve Surveillance and Data Usage





# Elimination Goal 4: Improve Surveillance and Data Usage

What can the data say?

- Routine surveillance data from case investigations of viral hepatitis are useful for monitoring trends in the transmission of viral hepatitis, so that communities can understand who is impacted and why.
- Data from hospitals, the Oregon State Cancer Registry (OSCaR), and death certificates can provide important information about complications of liver disease.
- Health agencies and OHA can use insurance claims data to track how many Oregonians are getting tested and treated for chronic viral hepatitis.



# Elimination Goal 4: Improve Surveillance and Data Usage

Table 4: Goal and objectives to improve surveillance and data usage.

Goals	4. Improve surveillance and data usage					
Objectives	4.1	Monitor and control the spread of viral hepatitis.	4.2	Monitor racial and ethnic disparities.	4.3	Monitor morbidity and mortality due to viral hepatitis and track access to testing and treatment.



#### **Collaborative Effort**

- High impact opportunities across public health priorities
  - Health equity
  - Infection prevention
  - Immunizations
  - Cancer prevention
  - Among others
- Important role for all partners
  - Peers, people with lived experience
  - Health care systems
  - Community based organizations
  - Harm reduction and substance use treatment providers
  - Plus, many more



#### Resources

- Your OHA team! Please reach out with any questions or ideas we are here to help!
- Team email: oregonviralhepatitis@odhsoha.oregon.gov
- New OHA webpage: <a href="https://www.oregon.gov/oha/ph/diseasesconditions/hivstdviralhepatitis/adultviralhepatitis/pages/index.aspx">https://www.oregon.gov/oha/ph/diseasesconditions/hivstdviralhepatitis/adultviralhepatitis/pages/index.aspx</a>
- Oregon Viral Hepatitis Elimination Room: <a href="https://hepeliminationroom.org/">https://hepeliminationroom.org/</a>
- HepVu webpage: <a href="https://hepvu.org/">https://hepvu.org/</a>
- CDC webpage: <a href="https://www.cdc.gov/hepatitis/abc/index.htm">https://www.cdc.gov/hepatitis/abc/index.htm</a>



#### Gratitude to All Who Developed the OVHEP

#### Learnings from:

- People with lived experience
- People who provide care and support to people with HIV, VH, STI and other syndemic health and social needs
- Community advocates, CBO, and harm-reduction staff and peers
- Dedicated and passionate public health professionals across Tribal, Local, and State public health entities

