

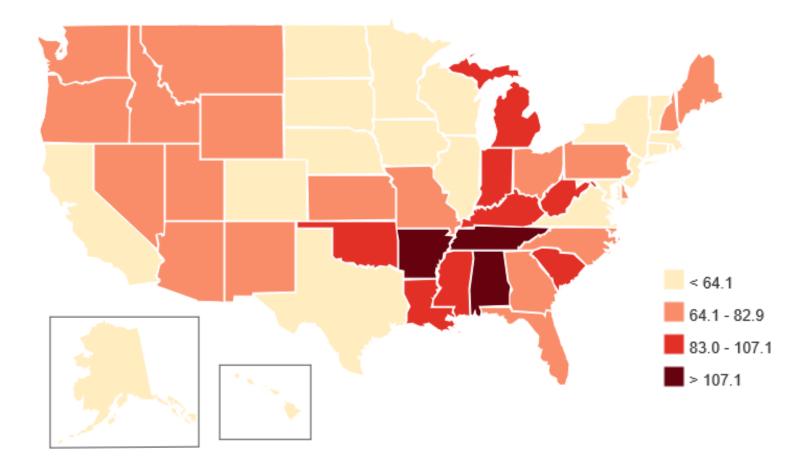
# Hepatitis B in Tennessee

NASTAD & Hep B United Webinar: Hepatitis B & the Opioid Crisis

## June 19, 2018

Carolyn Wester, MD, MPH / Medical Director HIV/STD/VH

## U.S. Opioid Prescribing Rates per 100 U.S. Residents by State (2016)

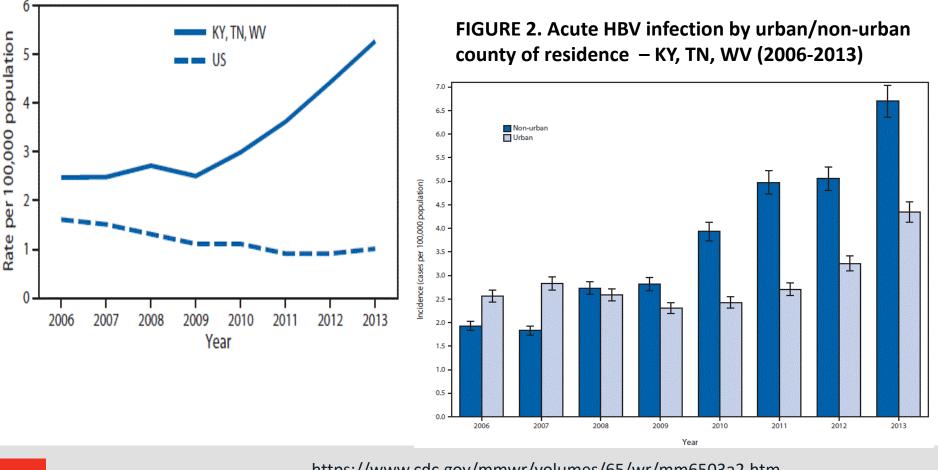




(https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html)

# Acute HBV Case Rates: U.S. and KY, TN, WV

FIGURE 1. Acute HBV infection by year – U.S. and KY, TN, WV (2006–2013)

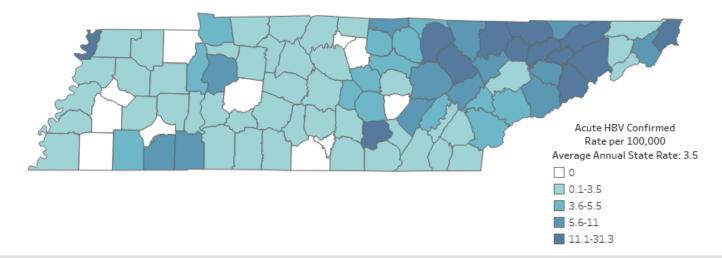




https://www.cdc.gov/mmwr/volumes/65/wr/mm6503a2.htm MMWR 2016

# **Acute HBV Cases in TN**

		<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
US	case rate*	0.9	1.0	0.9	1.1	1.0
	cases	2,895	3,050	2,953	3,370	3,218
TN	case rate*	3.7	4.0	3.5	3.7	3.1
	cases	240	262	232	243	204
	rank	3 <sup>rd</sup>	3 <sup>rd</sup>	3 <sup>rd</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>





http://www.cdc.gov/hepatitis/statistics/2016surveillance/pdfs/2016hepsurveillancerpt.pdf

## Acute HBV Cases in TN: Demographics (2012–2016, n= 1,173)

• Mean age: 41.9 yrs

#### Gender

- Female = 40.4%
- Male = 59.4%
- Other / Unknown = 0.2%

#### • Race / Ethnicity

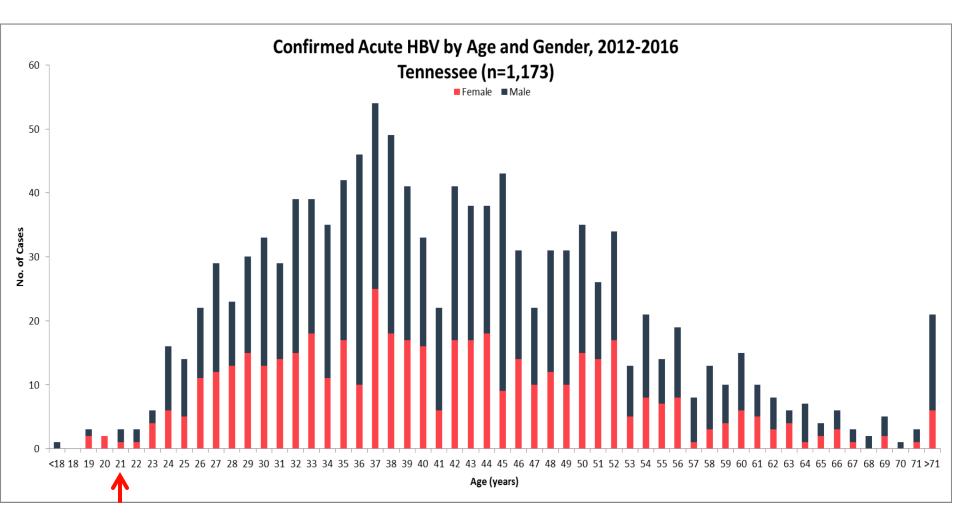
- White, NH = 72.0%
- Black, NH = 10.3%
- Hispanic = 1.1%
- Asian / Pacific Islander = 0.3%
- Other = 2.2%
- Unknown/Blank = 14.0%

#### • Risk Factors

- At least 1 RF reported = 78.3%
- No RFs reported = 21.7%



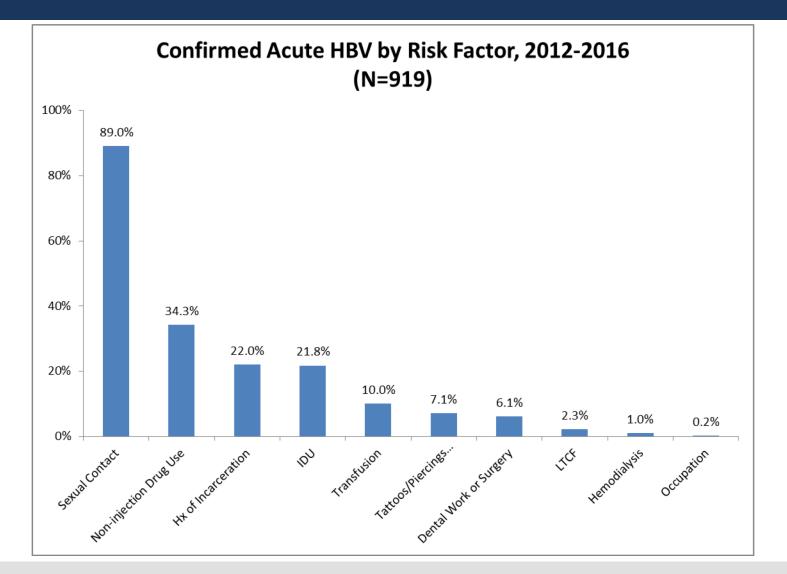
# Acute HBV Cases in TN by Age & Gender





(TDH NEDSS Based System, NBS)

## **Acute HBV Cases in TN: Risk Factors**





(TDH NEDSS Based System, NBS)

## **HBV Vaccination Funding in TN**

#### • Federal

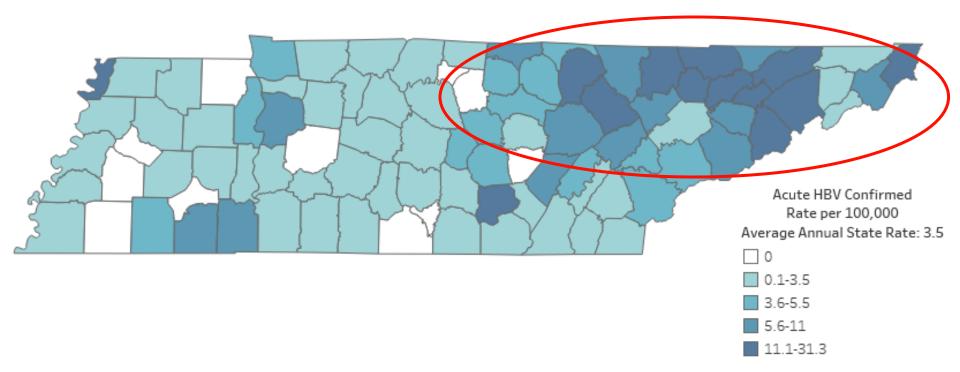
- Vaccines for children (VFC)
  - Provide ACIP-recommended vaccines free of charge to eligible under-/uninsured children <19 yo</li>
- 317 (limited supply for priority populations)
  - Underinsured children not covered by VFC
  - Contacts of known HBV cases
  - Uninsured or underinsured at-risk adults
  - Outbreak response
  - Incarcerated individuals

#### Other

- PPHF (2012 2015): Limited funding (HBV vaccination pilot in jails)
- State: Limited funding to maintain jail program after 2015



### Acute HBV Case Rates in TN by County (2012-2016)





## **HBV Vaccination Program Among Jail Inmates in TN**

#### Goal

 Reduce rates of acute HBV by providing HBV vaccination to previously unvaccinated at-risk adults

#### Methods

- Focus on adults incarcerated in jails in PHRs w/ highest case rates
- Provide VH education & 3-dose HBV vaccine in 27 jails in NE TN

#### • Results

- (Sept '12 Dec '17) 24,005 doses HBV vaccine administered
  - 51% (12,218) were 1<sup>st</sup> doses
  - 27% (6,558) were 2<sup>nd</sup> doses
  - 22% (5,229) were 3<sup>rd</sup> doses
- Recipients were predominantly male (67%) and NH-White (86%)
- From 2012 2016, rates acute HBV
  - 4 participating PHRs: ↓ 21.0% (8.1 to 6.4)
  - 9 other PHRs: ↓ 18.8% (1.6 to 1.3)



## **HBV Jail Vaccination Program in TN: Lessons Learned**

#### Programmatic

- Feasible, well-accepted (PHRs, jail staff, inmates)
- Modest budget (\$350,000 / yr)
- Framework for valuable partnerships
  - HAV vaccine, HCV testing, linkages to services upon release

#### Improvements

- Avoid "boosters"
  - Introduced tablets during jail clinics (check immunization registry)
  - Limited immunizations to inmates born before 1991
- Increase completion rates
  - Provided services within a network of jails
  - Provided case management of inmates upon release

#### Missed opportunities

Combined HAV & HBV vaccination from the start



## HBV Vaccination Program in TN: Next Steps

- Jails
  - Utilizing existing infrastructure to deliver HAV vaccine
  - Transitioning to 2-dose HBV vaccination
- HDs
  - Transitioning to 2-dose HBV vaccination strategy
  - STD clinic pilot (state funding)
    - Routine opt-out for all HD STD clients in NE TN
      - Born before 1991, not-pregnant, no prior HBV vaccine
      - Draw serology and administer first dose of 2-dose vaccine
      - Return in 4 wks for serology results and 2<sup>nd</sup> dose (as indicated)
      - Plan to evaluate utility of serology & 2-dose completion rates
- Explore strategies to expand utilization of 317 supply for HBV vaccination among at-risk adults





# **Thank You!**

# **TDH VH Program**

## Programmatic

Lindsey Sizemore

# Surveillance

- Jennifer Black
- Heather Wingate

# Prevention

Cathy Goff

# **Clinical Services**

• Kim Gill

# **HBV Jail Vaccine Team**

- Rebecca Lakey
- Peggy Shover
- Kristen Pittman

