

HEPATITIS EDUCATION PROJECT (HEP)

Increasing adult hepatitis B
vaccination in vulnerable
communities through a
comprehensive harm reduction
approach

Jason Sterne, Chief Operating Officer



For over 25 years, HEP has been supporting individuals disproportionately impacted by viral hepatitis through education and awareness, advocacy, low-barrier prevention, and testing and linkage to care services. We are a leading agency in supporting policy change to improve access to care and treatment and increasing city, state, and federal viral hepatitis funding.



VISION

We envision a world where everybody has access to affordable, high-quality care to support all their health needs.

MISSION

HEP is committed to improving health for underserved communities disproportionately impacted by viral hepatitis.

Shift in demographics from 1993-2019

Baby Boomers

Support groups

Education



Marginalized, Disenfranchised Communities

Meeting people where they're at

Whole-person care

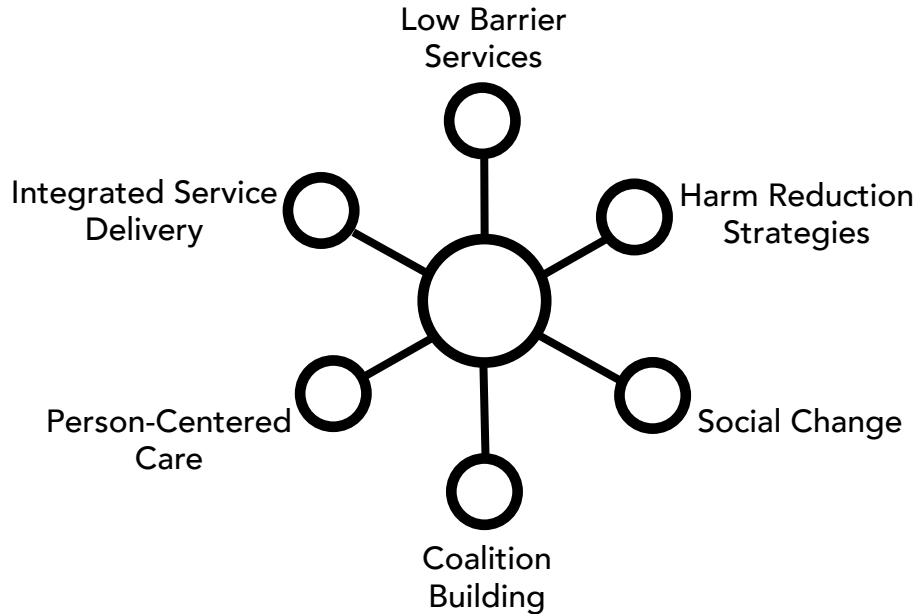
Barriers to accessing and receiving quality care

Determinants of Health Inequity

stigma, discrimination, fear and mistrust, language and cultural insensitivity, education, lack of awareness, incarceration, substance use, mental health, insurance, policy restrictions, housing, transportation, socio-economic status etc.



IMPROVING HEALTH OUTCOMES THROUGH CLIENT-CENTERED CARE



PROGRAMS

Prevention and Outreach

Medical Case Management

SSP and SUD Treatment

Mobile Medical Care

Correctional Health

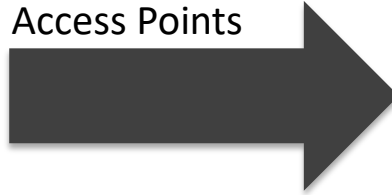
Policy and Advocacy

"We're constantly trying to find new and creative ways to meet clients where they're at and be there for them in a way that keeps them involved in the computer and part of our HEP family"

HEP Medical Case Manager



Harm Reduction Programs are Critical Access Points



Comprehensive Service Delivery

Clean works & overdose prevention

SUD treatment (MOUD)

Mental health services

Infectious disease testing & treatment HCV, HBV, HIV

Vaccination

Wound care

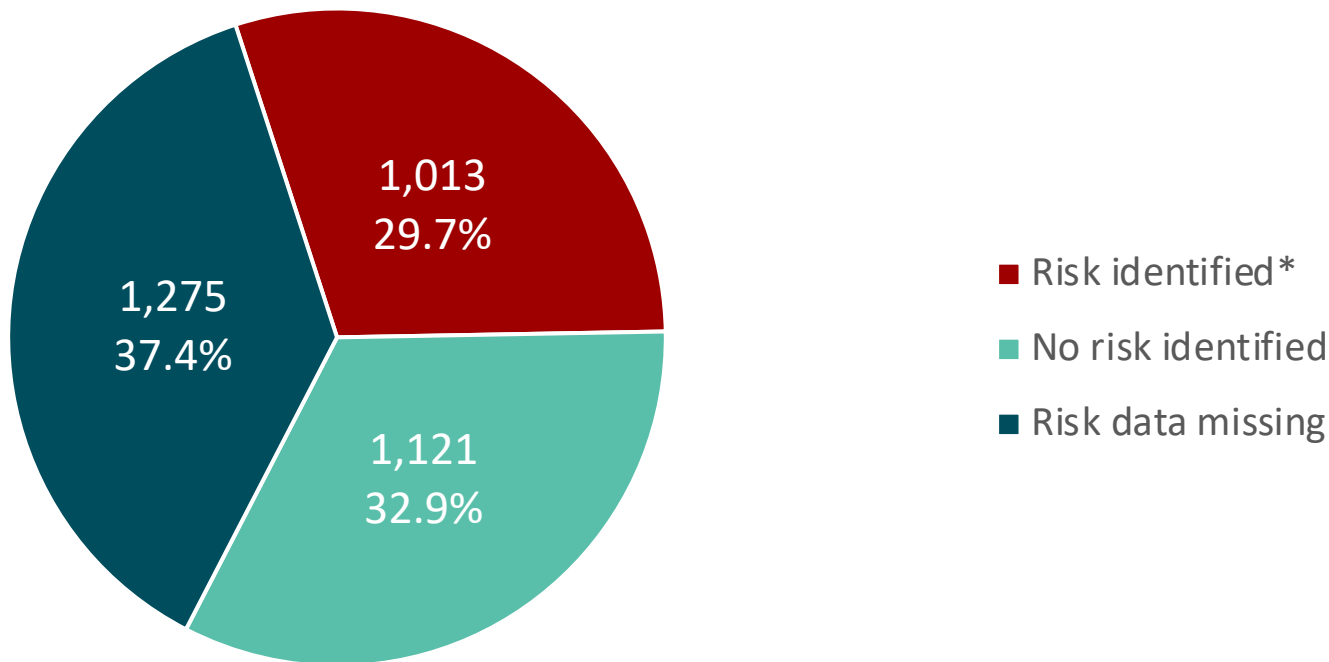
Reproductive health

Referrals to social & health services

Strengthened social structure

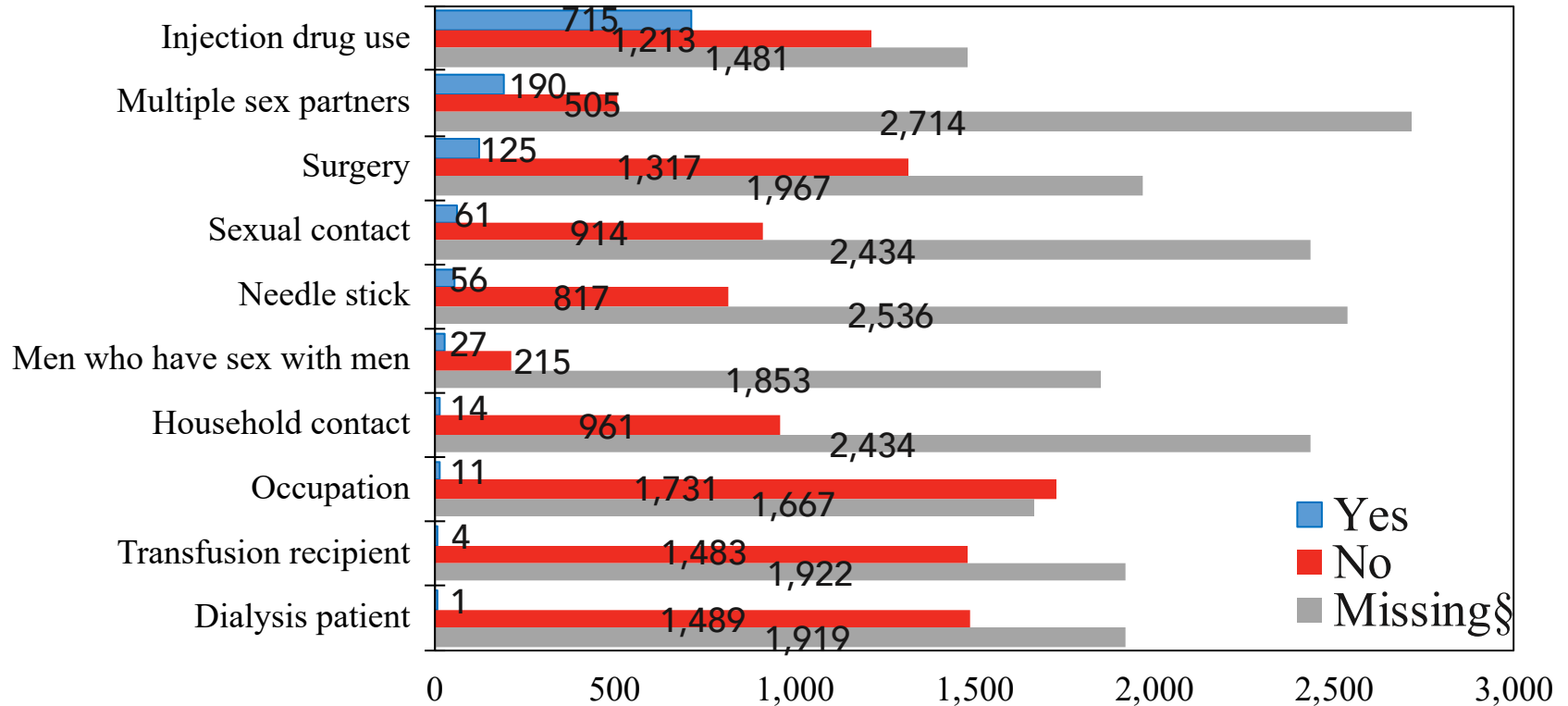
COVID-19 support

FIGURE 3.6. Availability Of Information On Risk Behaviors/ Exposures* Associated With Reported Cases Of Acute Hepatitis B — United States, 2017



Source: CDC, National Notifiable Diseases Surveillance System.

FIGURE 3.7. Reported Cases Of Acute Hepatitis B, by Risk Behavior/Exposure — United States, 2017



Source: CDC, National Notifiable Diseases Surveillance System.

RISK OF INFECTION AFTER EXPOSURE TO BLOOD WITH ACTIVE VIRAL INFECTION



6-30%

Depends on
HBeAg levels



~1.8%



0.3%

Source: CDC, Exposure to Blood, Updated July 2003

Injecting heroin comes with other risks as well. By one estimate, less than 2 percent of heroin users fatally overdose, but [one-third to two-thirds](#) of injection drug users contract hepatitis C. Others may contract hepatitis B or H.I.V. These diseases kill [tens of thousands](#) of people annually.

[One study in Health Affairs](#)

been reform-

IN THE JOURNALS

HBV burden increases in Appalachian states despite decreasing trend in US
for August 29, 2019
Clin Infect Dis. 2019;doi:10.1093/cid/ciz841.

Prevalence of Hepatitis B Virus in US Adults With a History of Injection Drug Use



Virginia A. Schad, PharmD, RPh



Programs promoting safe injection drug use practices, drug treatment, and hepatitis A and B vaccination should be key components of viral hepatitis prevention, according to study results published in *Clinical Infectious Diseases* 1



March 23, 2020

Hepatitis B Exposure Risk, Prevalence in the US Adult Homeless Population

Bradley van Paridon



20% of adults with injection drug use have been infected with HBV
Shing JZ, et al. Clin Infect Dis. 2019;doi:10.1093/cid/ciz669.
August 11, 2019

ADD TOPIC TO EMAIL ALERTS

Financial Incentives Improve Hepatitis B Vaccination Among Injection Drug Users

DEC 24, 2019 | JONNA LORENZ

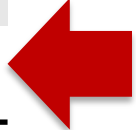


Cases of hepatitis B have risen along with increases in injection drug use (IDU), driving a need to improve vaccination rates among people who inject drugs (PWID).

TESTING FOR HBV IN SSP PARTICIPANTS IN SEATTLE, WA



Result Description	% of Total n=180
Current Infection	7%
Not Immune	46%
Resolved acute infection	16%
Vaccinated	32%



**68% not
vaccinated at
appropriate time or
adequately**

CHALLENGES & BARRIERS

1. Non-traditional settings are typically grant funded – no billing for services
2. Difficult to reach communities
3. Fear and mistrust of healthcare system
4. Can be easily lost to follow-up
5. Competing priorities

STRATEGIES TO OVERCOME

- Incorporate services into existing programming
- Meet people where they are
- Case management
- Address whole person health
 - consider social determinants of health
 - 2-dose vaccine
- Foster strong referral networks
- Be understanding, flexible, and available



LEGISLATIVE AND ADMINISTRATIVE ASKS:

1. Increase funding to the Division of Viral Hepatitis (DVH) at CDC
2. Flexibility and directive for HBV vaccine administration in programming that supports vulnerable communities
 - SAMSHA, HUD, OMH, IHS etc.
3. Funding to CDC for infectious disease consequences of the opioid epidemic
4. CDC and HHS to increase support for all vulnerable communities impacted:
 - Education and awareness materials
 - Guidance on best practices
5. Remove the ban on syringes and other restrictions for using federal funds.





THANK YOU

www.hepeducation.org

 @hep911

 @HepEduProject

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