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

<table>
<thead>
<tr>
<th>Baby Boomers</th>
<th>Marginalized, Disenfranchised Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support groups</td>
<td>Meeting people where they’re at</td>
</tr>
<tr>
<td>Education</td>
<td>Whole-person care</td>
</tr>
</tbody>
</table>

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

“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
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

Harm Reduction Programs are Critical Access Points
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

- **HBV**: 6-30% depends on HBeAg levels
- **HCV**: ~1.8%
- **HIV**: 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 ten people annually.

One study in Health Affairs found that the HBV burden increases in Appalachian states despite decreasing trend in US adults with a history of injection drug use.

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

Virginia A. Schad, PharmD, RPh

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

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

<table>
<thead>
<tr>
<th>Result Description</th>
<th>% of Total n=180</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Infection</td>
<td>7%</td>
</tr>
<tr>
<td>Not Immune</td>
<td>46%</td>
</tr>
<tr>
<td>Resolved acute infection</td>
<td>16%</td>
</tr>
<tr>
<td>Vaccinated</td>
<td>32%</td>
</tr>
</tbody>
</table>

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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