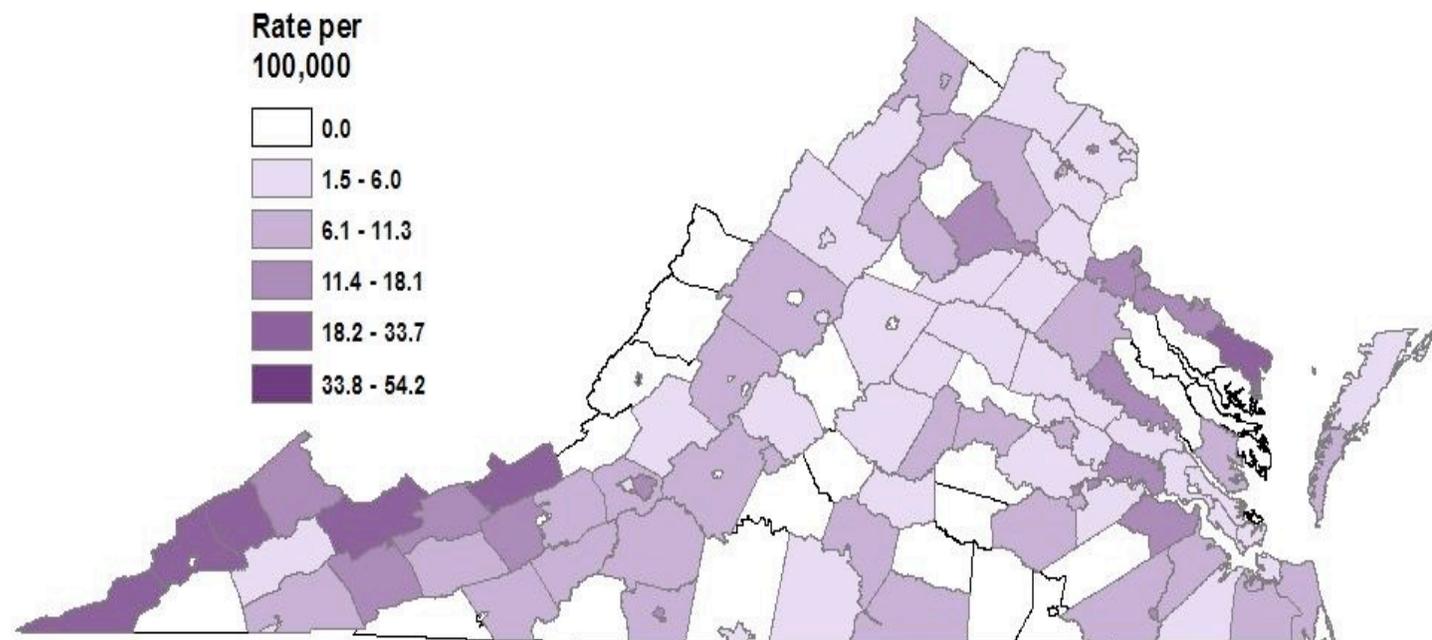


LENOWISCO Health District Comprehensive Harm Reduction Program

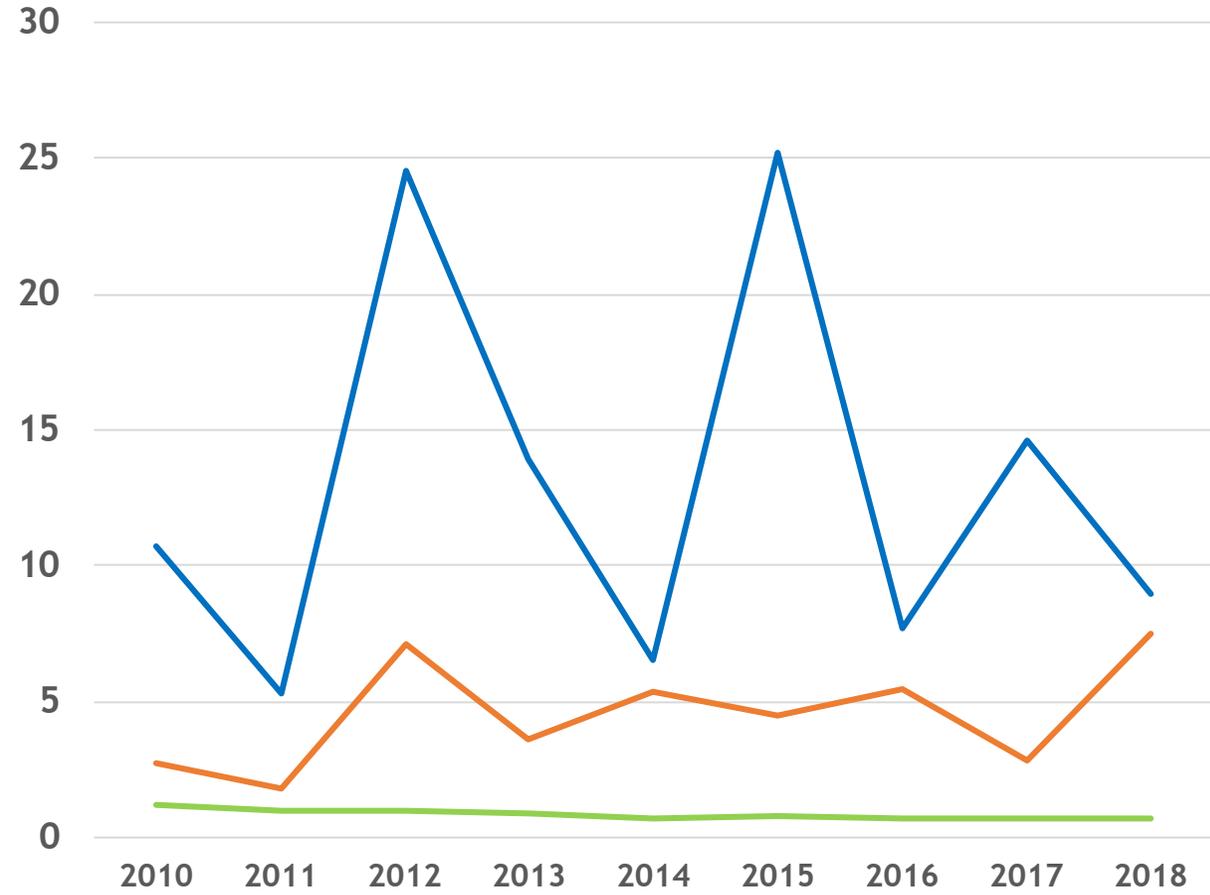
LENOWISCO Health District

VDH VIRGINIA
DEPARTMENT
OF HEALTH

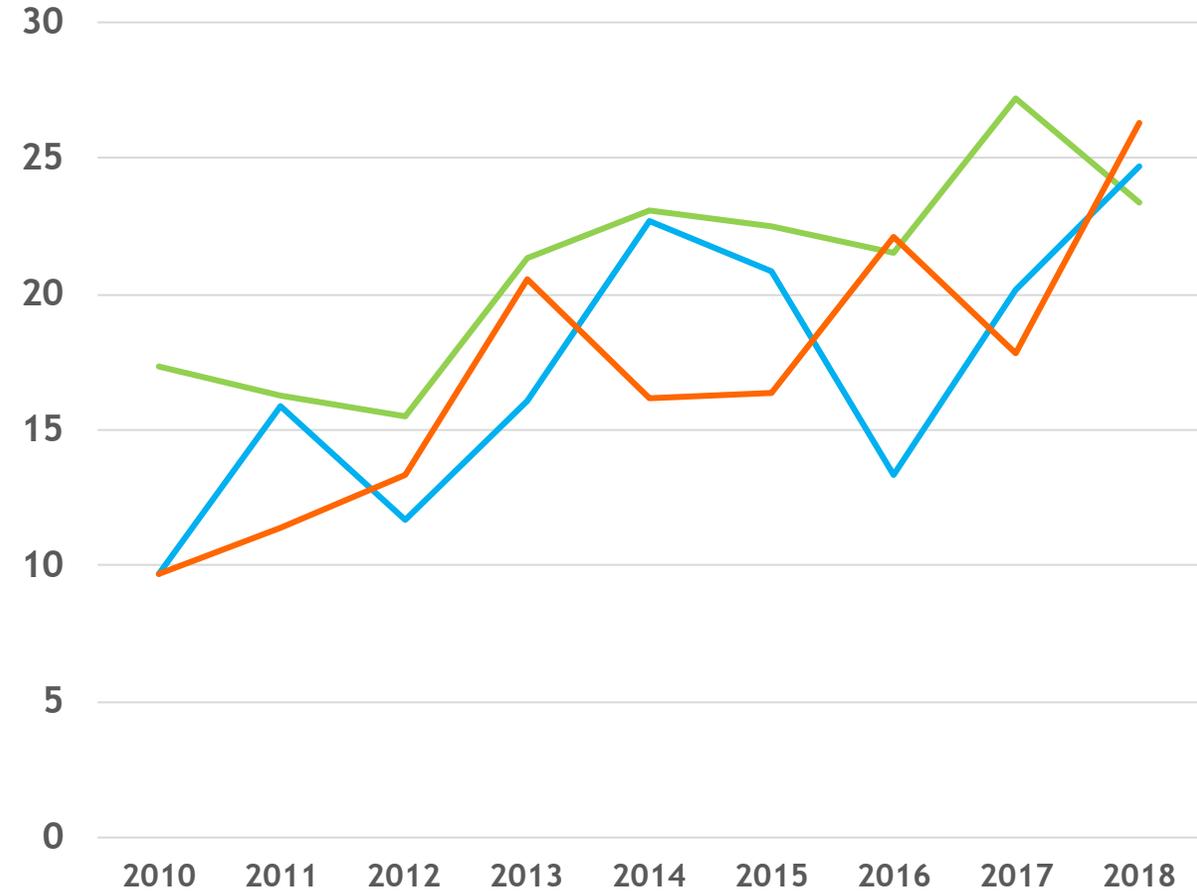
Rates of Fatal Prescription Opioid (Excluding Fentanyl) Overdoses by Locality of Residence, 2017



Rates of Acute HBV by District & Year, Virginia 2010-2018

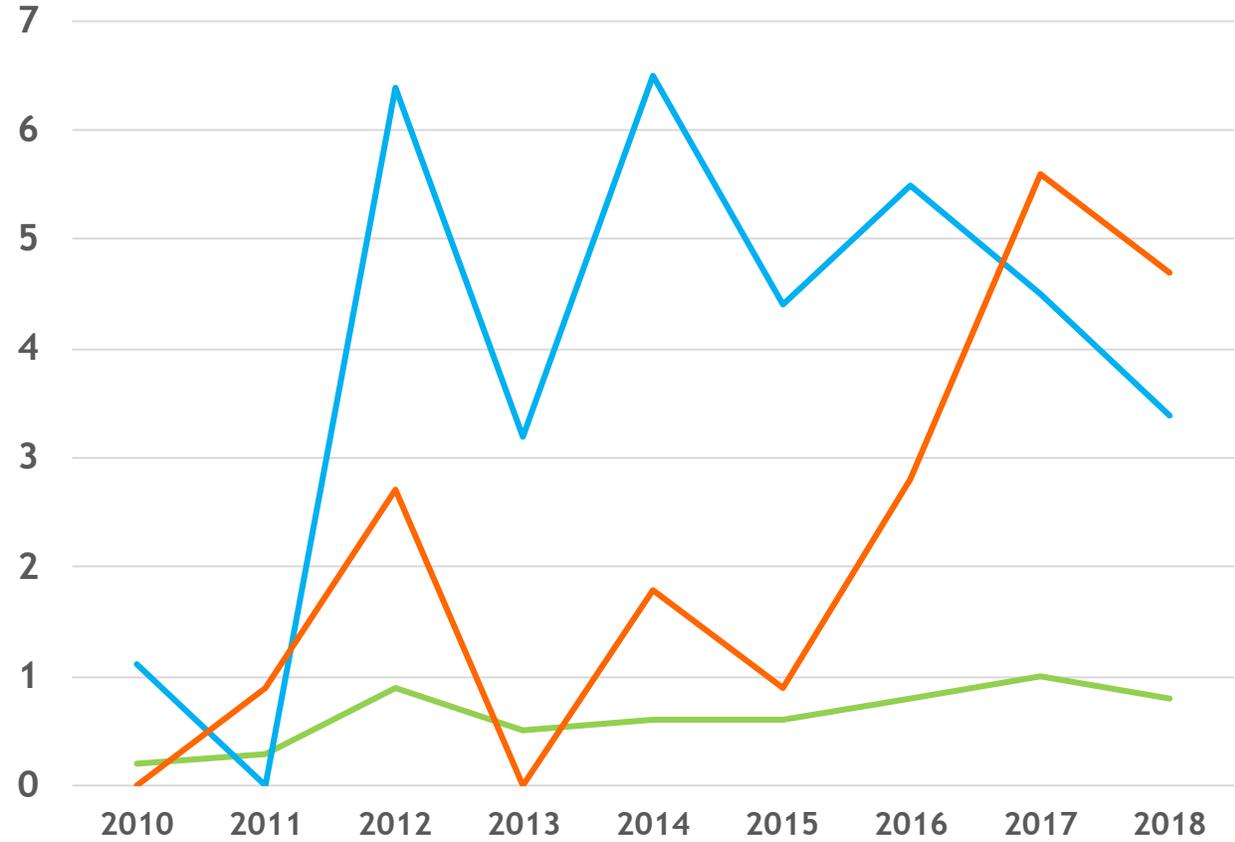


Rates of Chronic HBV by District & Year, Virginia 2010-2018

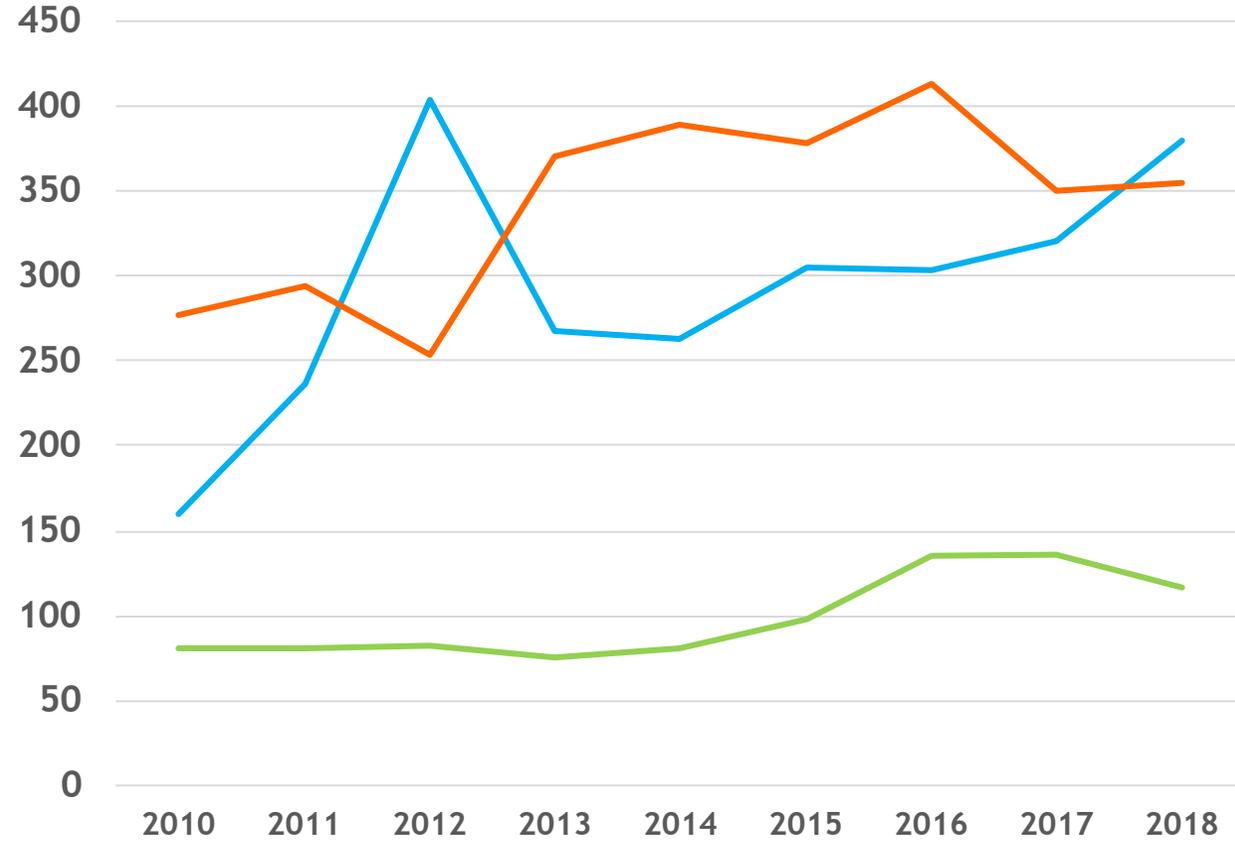


— LENOWISCO — Cumberland Plateau — Virginia

Rates of Acute HCV by District & Year, Virginia 2010-2018



Rates of Chronic HCV by District & Year, Virginia 2010-2018



— LENOWISCO — Cumberland Plateau — Virginia

Rates of Hepatitis per 100,000 population

	U.S.	Virginia		LENOWISCO		Cumberland	
	2016	2017	2018	2017	2018	2017	2018
Acute Hepatitis B	1.0	0.7	0.7	14.6	9.0	2.8	7.5
Chronic Hepatitis B		27.2	23.4	20.2	24.7	17.8	26.3
Acute Hepatitis C	1.0	1.0	0.8	4.5	3.4	5.6	4.7
Chronic Hepatitis C		135.9	117.2	320.6	380.0	349.7	364.7
Hepatitis A	0.6	0.5	0.9		0.9		5.6

Background LENOWISCO Hepatitis B Outbreak

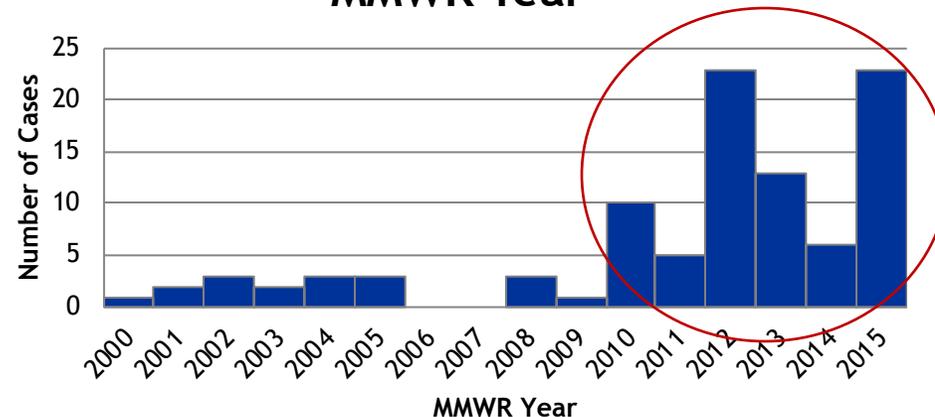
2000-2009

- 17 confirmed cases

2010-2015

- 82 confirmed cases
- 16.9% of cases in the state

**Acute Hepatitis B Case Count by
MMWR Year**



Cases according to CDC case definition; not all cases are included in outbreak counts

LENOWISCO Rates of Acute Hepatitis B

	US Rates* (per 100,000)	VA Rates* (per 100,000)	Lenowisco Rates* (per 100,000)
2015	-----	0.9	24.4
2014	0.9	0.8	6.4
2013	1.0	0.9	13.8
2012	0.9	1.0	24.4
2011	0.9	1.0	5.3
2010	1.1	1.2	10.6
2009	1.1	1.4	1.1
2008	1.3	1.7	3.3
2007	1.5	1.9	0.0
2006	1.6	1.0	0.0
2005	1.8	2.0	3.2
2004	2.1	4.1	3.2
2003	2.6	3.1	1.1
2002	2.8	3.1	3.3
2001	2.8	3.0	2.2
2000	2.9	2.5	1.1

~ US data not available for 2015
 * Rates based on 2010 US Census Population

LENOWISCO 2012 Hepatitis B Outbreak Investigation

Morbidity report received on May 1, 2012

- IVDU
- No contacts given

Morbidity report received on May 30, 2012

- IVDU
- 24 contacts

Field Investigation Techniques

Community Health Fair

RAM Testing

Home Visits

Disease reporting

Local Jail

- Educational training
- Single use lancets and individual blood glucose monitors recommended

Tips for Interviewing IVDU

In-person interviews

Home visit

Establish rapport

Emphasize no involvement with law enforcement

Wear scrubs

Do not use state car as transportation

Ask around

Keep questioning

Normal cleaning methods unavailable

Travel in pairs

Maintain Contact

Bring food



Results of 2012 Hepatitis B Contact Investigation

177 persons evaluated

- 125 tested
 - 40 acute
 - 6 chronic
 - 19 resolved
 - 23 immune by vaccination
 - 34 susceptible
 - 3 indeterminate

40 Acute Hepatitis B Infection Cases

100% White, non-Hispanic

70% male

Mean age of 43; range of 27-75

Hepatitis C Results

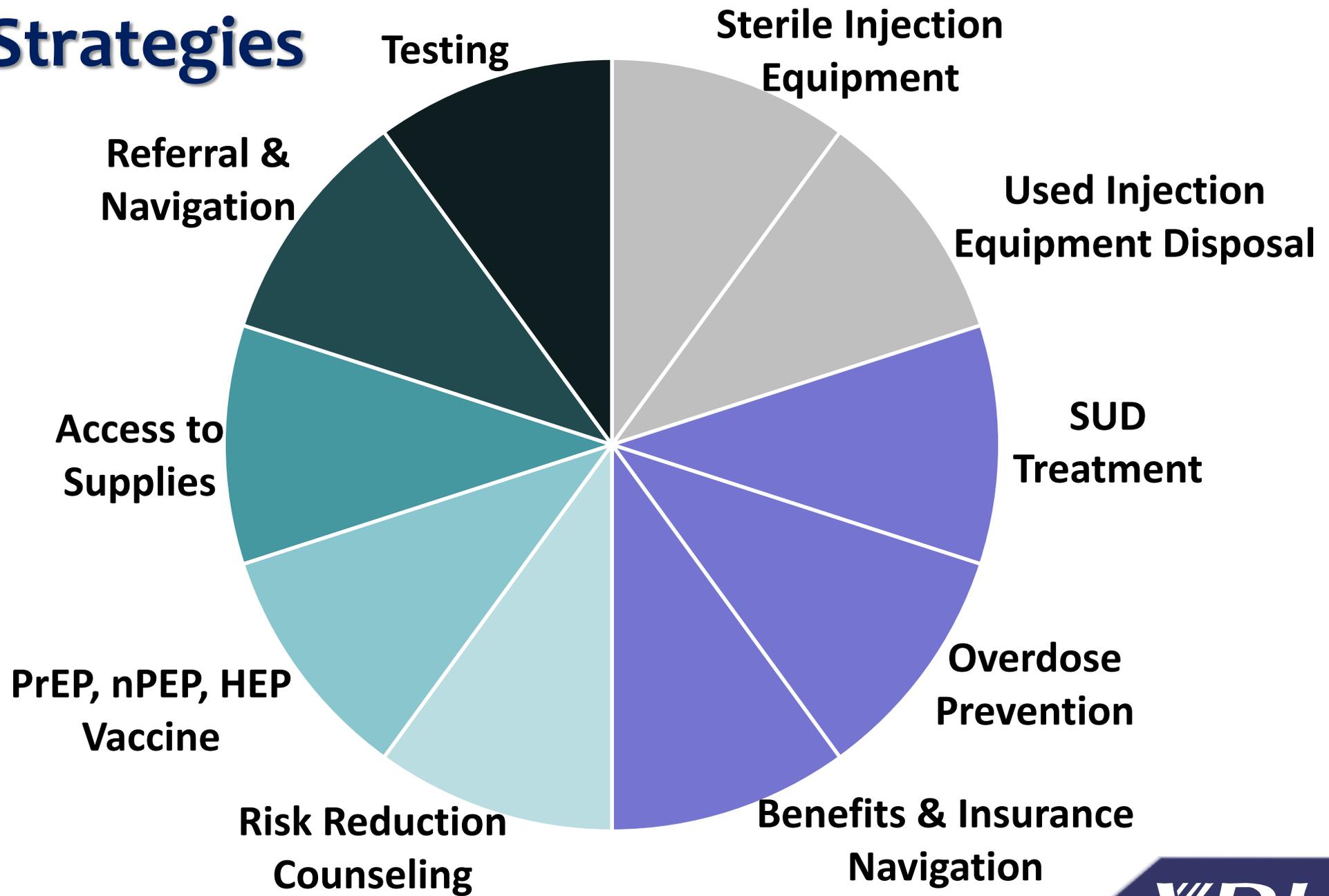
- 17 cases

100% HIV negative

Results from retests

- 3 deceased
- 5 resolved
- 5 chronic

Clinical Strategies



Public Health Actions

HBIG

Vaccination Series
Education

- High-risk

Additional testing

Referral to PCP



Three Cup Method

THREE STEPS, THREE CUPS

If you must reuse your syringes, follow these 3 steps *each time* to **flush** out the syringe, **disinfect** it with bleach, and **rinse** it to wash out the bleach. This will help reduce the risk of spreading disease.

STEP 1—FLUSH WITH WATER

- Fill syringe with clean water from **cup #1**.
- Shake the syringe and tap it.
- Squirt the water out, such as into a sink, toilet, or bucket.
- Repeat if possible.
- It's best to do this until you can't see any blood.



Why? This step removes blood and drugs.

STEP 2—DISINFECT WITH BLEACH

- Fill syringe with fresh, full-strength bleach from **cup #2**.
- Shake the syringe, tap it, and then let it sit for **30 seconds**.
- Squirt the bleach out, such as into a sink, toilet, or bucket.



Why? This step kills viruses and germs that can make you sick.



STEP 3—RINSE WITH WATER

- Fill syringe with clean water from **cup #3**.
- Shake the syringe and tap it.
- Squirt the water out, such as into a sink, toilet, or bucket.



Why? This step washes out the bleach and any viruses that are left in the syringe.

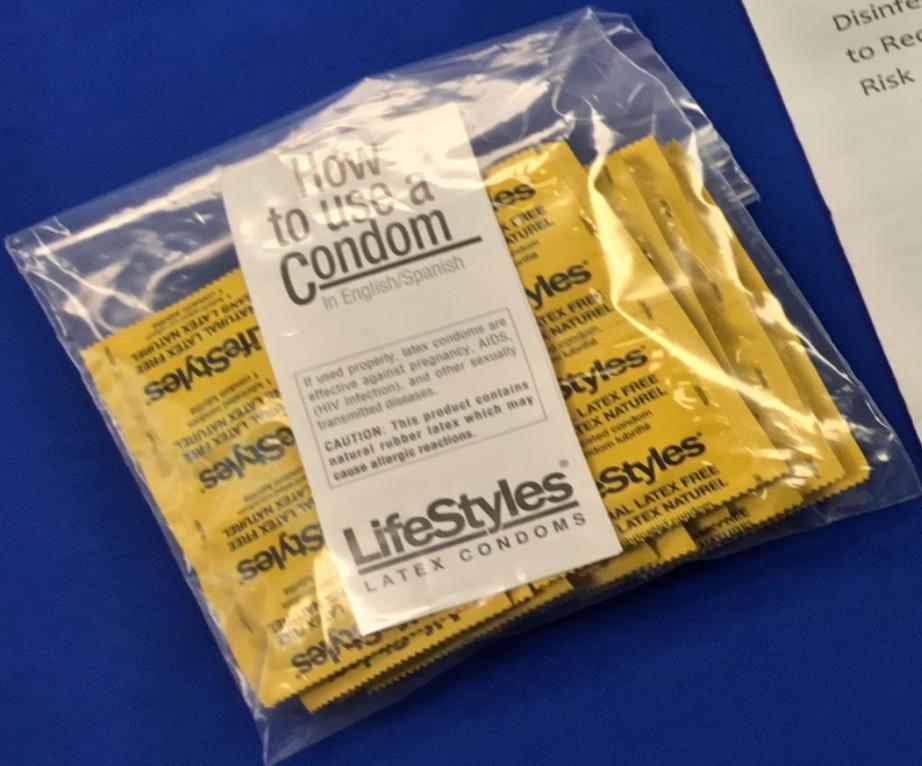
Other tips:

DO NOT share your cups with anyone else or use someone else's cups.
ALWAYS change your water and bleach at least once per day.



PROTECT YOURSELF TO STAY HEALTHY

- The best advice is to **stop injecting** and get into **substance abuse treatment**.
- If you can't do that, the next best thing is to use a **new** sterile syringe **every time** and **NEVER** reuse or share syringes, spoons, water, solutions, or cotton. HBV, HCV, and HIV can be spread by sharing those items. **Any** item contaminated with blood can contaminate other items and transmit disease.
- Wash your hands and arms.
- Make sure any surfaces your skin or blood might touch are kept clean.
- If you are having sex, use a latex condom every time and use **water-based** lube because that kind of lube won't destroy the condom.
- If you aren't already, **get vaccinated** against HBV.



Disinfect Syringes to Reduce Disease Risk

Protect Yourself and Protect Others

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

THREE STEPS, THREE CUPS

If you must reuse your syringes, follow these 3 steps each time to flush out the syringe, disinfect with bleach, and rinse it to wash out the bleach. This will help reduce the risk of spreading disease.

STEP 1—FLUSH WITH WATER

- Fill syringe with clean water from cup #1.
- Shake the syringe and tap it.
- Squirt the water out, such as into a sink, toilet, or bucket.
- Repeat if possible.
- It's best to do this until you can't see any blood.

Why? This step removes blood and drugs.

STEP 2—DISINFECT WITH BLEACH

- Fill syringe with fresh, full-strength bleach from cup #2.
- Shake the syringe, tap it, and then let it sit for 30 seconds.
- Squirt the bleach out, such as into a sink, toilet, or bucket.

Why? This step kills viruses and germs that can make you sick.

STEP 3—RINSE WITH WATER

- Fill syringe with clean water from cup #3.
- Shake the syringe and tap it.
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Other tips:
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The best advice is to stop injecting and get into substance abuse treatment.
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Wash your hands and arms.
Make sure any surfaces your skin or blood might touch are kept clean.
If you are having sex, use a latex condom every time and use water-based lube because that kind of lube won't destroy the condom.
If you aren't already, get vaccinated against HIV.

PROTECT YOURSELF TO STAY HEALTHY

The best advice is to stop injecting and get into substance abuse treatment.
If you can't do that, the next best thing is to use a new sterile syringe every time and use water-based lube because that kind of lube won't destroy the condom.
Wash your hands and arms.
Make sure any surfaces your skin or blood might touch are kept clean.
If you are having sex, use a latex condom every time and use water-based lube because that kind of lube won't destroy the condom.
If you aren't already, get vaccinated against HIV.

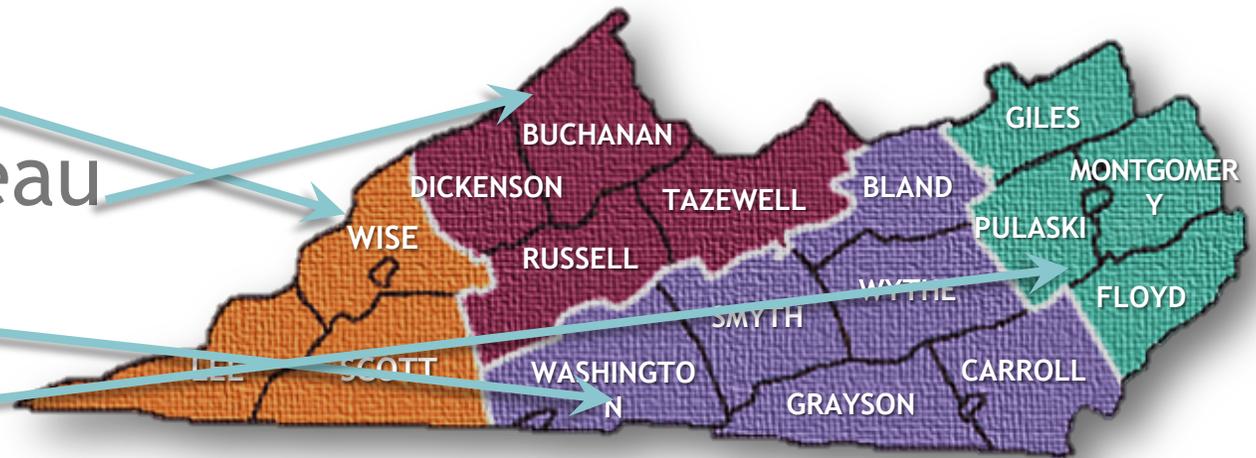
Scott County, Indiana

- December 2014- 3 HIV diagnoses → May 2018- 231 HIV diagnoses
 - All linked to single strain of HIV
 - 91% co-infected with Hepatitis C
- Nation-Wide Assessment by CDC Identified 220 Similar 'At-Risk Counties'
 - Drug Overdose Deaths
 - Rx Opioid Sales
 - Mental Health Services
 - Insurance Coverage
 - Urgent Care Facilities
 - Vehicle Availability
 - Access to Interstate
 - Education
 - Income
 - Poverty
 - Unemployment
 - HCV Infection Rates



April 2016- Southwest Outbreak Exercise (SWOBEX)

- Identify and initiate response to an outbreak of Hepatitis and HIV
- 4 Southwest Virginia Health Districts Participating
 - LENOWISCO
 - Cumberland Plateau
 - Mount Rogers
 - New River

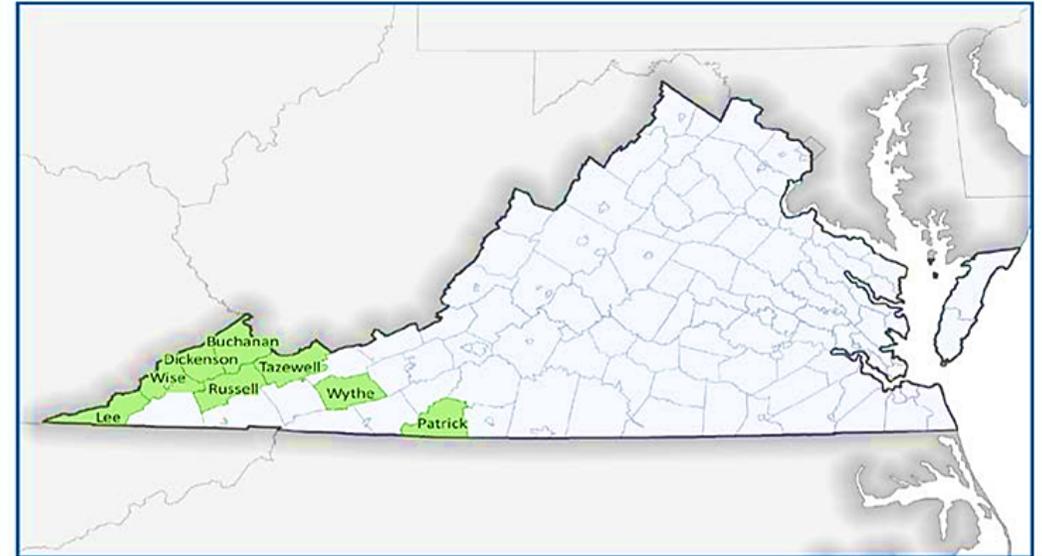


220 Vulnerable Counties- CDC

VIRGINIA

8 Counties Identified

County-level Vulnerability to Rapid Dissemination of HIV/HCV Infection Among Persons Who Inject Drugs



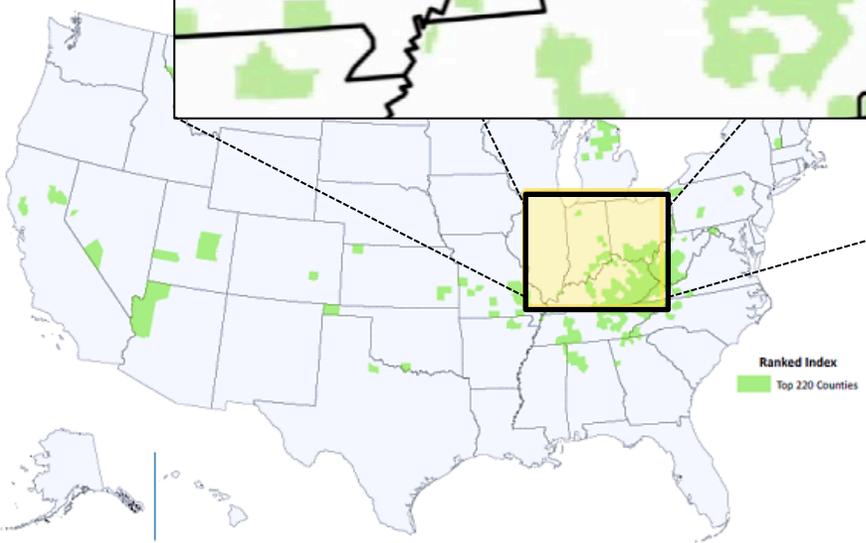
Notes: Map and Analysis provided by the Geospatial Research, Analysis, and Services Program (GRASP), Div of Toxicology and Human Health Sciences, ATSDR (2015). Data Sources: American Community Survey 2012-2013; DEA ARCOS 2013; NCHS/NVSS 2012- 2013; SAMHSA DATA 2000 Program Info 2014.

Vulnerable Counties and National Ranks (from 1-220)

Buchanan	28	Lee	73	Patrick	166
Dickenson	29	Wise	78	Wythe	210
Russell	61	Tazewell	96		



Courtesy: CDC



Ranked Index
Top 220 Counties



NACCHO Project- Phase I

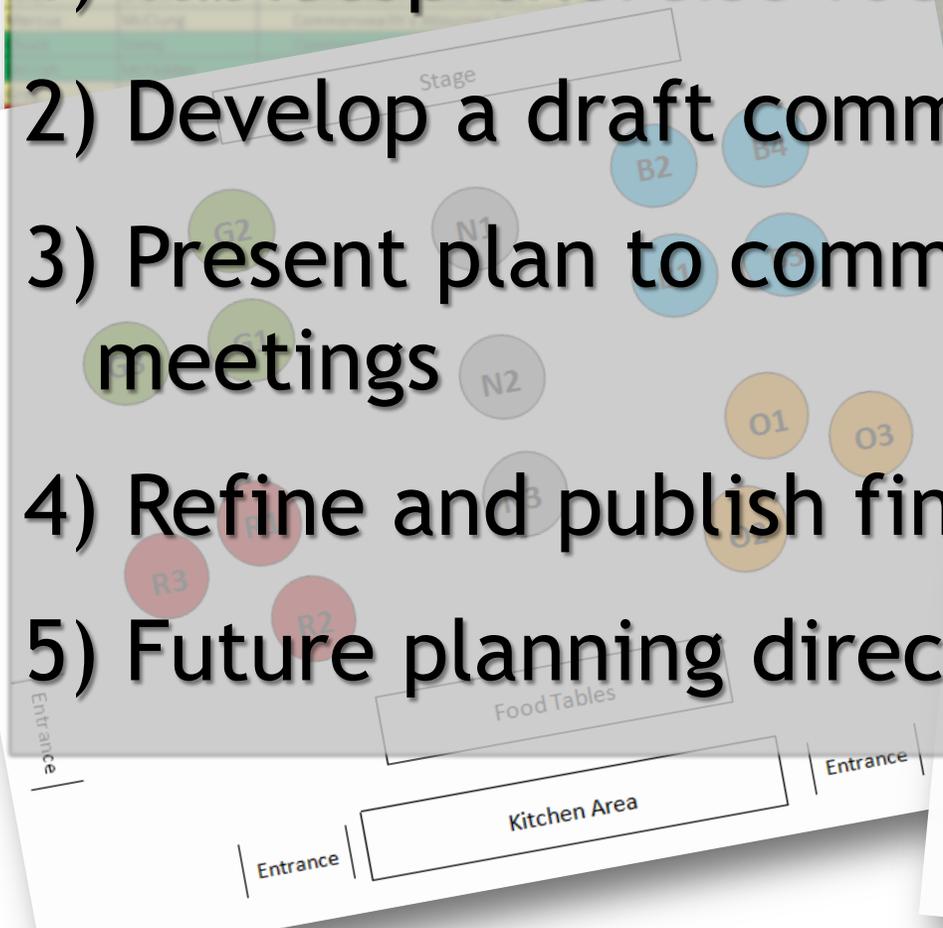
“...to develop a model practice to address the syndemics of HBV, HCV, HIV and opioid abuse that can be adapted and implemented by local health departments throughout the U.S.”



With Support from CDC Division of Viral Hepatitis

First Name	Last Name	Organization	Sector	Locality	Phone #	Email	Cell	Contact #	Comments
John	Smith	10th District Adult Drug Court	Law Enforcement	SWVA	779-528-9400	johnsmith@swva.com			
John	Smith	10th District Adult Drug Court	Treatment	SWVA	779-528-9400	johnsmith@swva.com			
John	Smith	10th District Court Services	Corrections	SWVA	779-528-2241	johnsmith@swva.com			
John	Smith	Adult Education Center	Treatment	SWVA	779-549-5432	johnsmith@swva.com			
John	Smith	Advanced Home Care	Provider	SWVA	779-528-9400	johnsmith@swva.com			
John	Smith	Appalachian Community Action	Community	SWVA	779-528-9400	johnsmith@swva.com			
John	Smith	Mountain Empire's Office	Law Enforcement	SWVA	779-528-9400	johnsmith@swva.com			
John	Smith	Long Suffer Ministries	Faith-Based	SWVA	779-528-9400	johnsmith@swva.com			
John	Smith	Central Pharmacy	Pharmacy	SWVA	779-528-9400	johnsmith@swva.com			

- 1) Tabletop exercise focused on community response
- 2) Develop a draft community response plan
- 3) Present plan to community in series of 'town hall' style meetings
- 4) Refine and publish final response plan
- 5) Future planning direction



Please Join Us

In following to a 2015 injection drug use outbreak in Indiana, the Centers for Disease Control and Prevention (CDC) identified the most vulnerable counties nationwide. Southwest Virginia has some of the highest rates of Hepatitis C (HCV) and Hepatitis B (HBV) infection in the Commonwealth. Sharing drug injection equipment easily transmits HCV and other infections including HIV. Injection drug use (IDU) is the primary risk factor for the spread of communicable diseases. Drawing on the lessons learned from Indiana as well as our own resources and partnerships, we are requesting key community stakeholder involvement.

Please plan to attend and participate, as your input will be vital in developing the plan. In the weeks following the tabletop exercise, the plan will be presented in a series of community meetings for review/comment. The exercise will start promptly at 10:00am. *Please register before Friday, March 3rd.*

Tabletop Exercise: 10:00AM — 2:00PM
 Mountain Empire Community College— Goodloe Center
 3441 Mountain Empire Rd.
 Big Stone Gap, VA 24219

Please register at: appalachianheart.eventbrite.com

For More Information:
 Daniel Hunsucker, Health Educator
 YDH—LENOXCO Health District
 Scott County Health Department
 Phone: 276-386-1312
 E-mail: daniel.hunsucker@vdh.virginia.gov



APPALACHIAN H.E.A.R.T. TABLETOP EXERCISE

HEART Exercise Objectives

Discuss outbreak prevention and mitigation.

Discuss viral hepatitis/HIV outbreak response needs.

Examine information sharing processes with community partners.

Discuss laws, regulations, and procedure for viral hepatitis/HIV outbreak.

Executive Summary

Southwest Virginia has been heavily impacted by the opioid epidemic and an opioid-driven increase in injection drug use and is vulnerable to rapid increases in viral hepatitis and/or HIV among persons who inject drugs (PWIDs). In some areas, increases have already been witnessed. Given these circumstances, the LENO WISCO Health District and Dickenson County, Giles County, Buchanan County, and Scott County Health Districts have developed a community response plan. The plan will be shared with local health care providers in the county to support planning and response efforts for an outbreak of viral hepatitis and/or HIV among PWID.

The LENO WISCO Health District and Dickenson County (DIL ENO WICO) Hepatitis and HIV Community Response Plan (CRP) is a community response plan for the rapid identification and response to a bloodborne pathogen (specifically hepatitis B, hepatitis C, and HIV) outbreak associated with injection drug use (IDU). The plan includes steps for rapid identification of an increase in hepatitis and/or HIV infections; determines the most likely source(s) of the emergency and prevents the spread of hepatitis and HIV; outlines the roles and responsibilities of the community; and identifies the tasks, effective emergency response, community resource mobilization and emergency communication capabilities must be employed.

The CRP integrates the key elements of communicable disease control and prevention with emergency management concepts and community resource mobilization. It is such as the response plan phases (preparedness, response, and recovery) of an emergency situation and from the increase number of cases of hepatitis B, hepatitis C and HIV related to IDU.

The CRP serves as a guide for hepatitis B, hepatitis C, and HIV surveillance and investigation activities and is an annex to the LENO WISCO Health District Emergency Operations Plan. It identifies community resources (i.e., transportation, medical specialty treatment, access to SUD treatment, etc.) needed may vary depending on the nature of the outbreak, including location and size; therefore additional community resources will be identified as the event unfolds. While general strategies have been outlined, it is recognized that the support of the community is essential to the success of any incident command structure and the implementation of strategies.

Specific objectives of this plan are to:

- Define an emergency response structure which may be applied to insure that all of the necessary elements of the emergency response plan are in place and functioning during an epidemic outbreak:
 - I. Existing hepatitis B, hepatitis C, and HIV disease surveillance system
 - II. Processes involved in investigating occurrences or outbreaks of disease
 - III. Steps for ensuring the timely, accurate, and consistent flow of disease- and outbreak-related information to the necessary stakeholders
 - IV. Roles and responsibilities of epidemiology staff during HBV, HCV, and HIV events
- Detail the community resources and partnerships necessary in a HBV, HCV, and HIV event:
 - I. Access to medical specialty care
 - II. Insurance navigation
 - III. Transportation

Town Hall Meetings

- Reviewed key components of draft plan
- Obtained feedback from town hall participants
- Town hall participants received a copy of draft executive summary of the response plan
- Feedback from participants at the 4 meetings was used to inform and refine the final plan

TOWN HALL MEETINGS

Harm Reduction: real-world strategies & actions to reduce the negative consequences associated with drug use including hepatitis & HIV infection

Please join the Virginia Department of Health LENO WISCO Health District for a discussion about injection drug use (IDU), infections associated with IDU including hepatitis B and C and HIV infection, as well as the elements of a comprehensive harm reduction approach to reduce risk.

- Health District staff will present a draft emergency response plan to address a rapid increase in new infectious hepatitis B and C and HIV infections in the community. Community members and stakeholders will have the opportunity to review key components of the proposed plan, comment, and provide feedback.
- Considering the substantial impact on individuals, families, and communities, the availability of community resources currently available or needed to address such a situation, community input from the community is essential to the development of a workable plan.

June 7

9:00-10:30 am - Giles County
One Williams United Methodist Church
Church and Institute Street
Jonesville, VA

2:00-3:30 pm - Scott County
First Baptist Church of Weber City
2436 US HWY 23 N
Weber City, VA

9:00-10:30 am - Dickenson County
Dickenson County Extension Building
1000 Mountain Empire Road
Clintwood, VA

2:00-3:30 pm - Wise County
Wise County Extension Building
1000 Mountain Empire Road
Big Stone Gap, VA

VDH VIRGINIA DEPARTMENT OF HEALTH
Healthy People in Healthy Communities
www.vdh.virginia.gov

Emergency Response Plan

Community
Prevention

Targeted education; partnering with community/agencies

Community
Response

Targeted prevention; BBP surveillance & testing; community-wide education & training efforts

Community
Recovery

Messaging; training; treatment; continued community status analysis

COMMUNITY RESPONSE
PLANNING FOR OUTBREAKS
OF HEPATITIS AND HIV
AMONG PEOPLE WHO
INJECT DRUGS
A CASE STUDY FROM
LENOWISCO HEALTH DISTRICT,
A RURAL COMMUNITY IN VIRGINIA

NACCHO
National Association of County & City Health Officials

PrEP Program

- Provides PrEP in all health departments in LENOWISCO, Cumberland Plateau and Mt Rogers Health districts (14 locations)
 - Funded in part by VDH Division of Disease Prevention
 - Lab/medication provided FREE to patients

PrEP Might Be Right For You IF You Are:

- HIV Negative
- 18 Years of Age
- Have ongoing engagement in one of these high risk behaviors:

- You have injected a drug and shared needles or injection equipment in the past 6 months.
- You have injected methamphetamine (such as crystal or speed) in the past 6 months.
- You have had unprotected sex with someone who injects drugs.
- You have unprotected sex and your partner is same sex, bisexual, or HIV positive.
- You or your partner have ever exchanged money for sex or drugs.
- You have been prescribed non-occupational post-exposure prophylaxis.
- You have been diagnosed with an STI in the past year and continue to engage in high risk behaviors.

You May be Eligible for PrEP at No Cost if You Are:

- VA Resident
- Uninsured

LENOWISCO Health Departments

Hours
8:00 am-4:45 pm
Monday- Friday, except holidays.
(Scott County), Wednesdays (Wise County) and Thursdays (Lee County)

Extended evening hour clinics are available:
4:45-7:30 p.m.
Lee County: First Monday each Month
Scott County: Second Thursday each Month
Wise County: Third Thursday each Month

Locations

Lee County Health Department
134 Hill Street
P. O. Box 247
Jonesville, VA 24263
(276) 346-2011
(276) 346-0401 (Fax)

Scott County Health Department
190 Beech St., Suite 102
Gate City, VA 24251
(276) 386-1312
(276) 386-2116 (Fax)

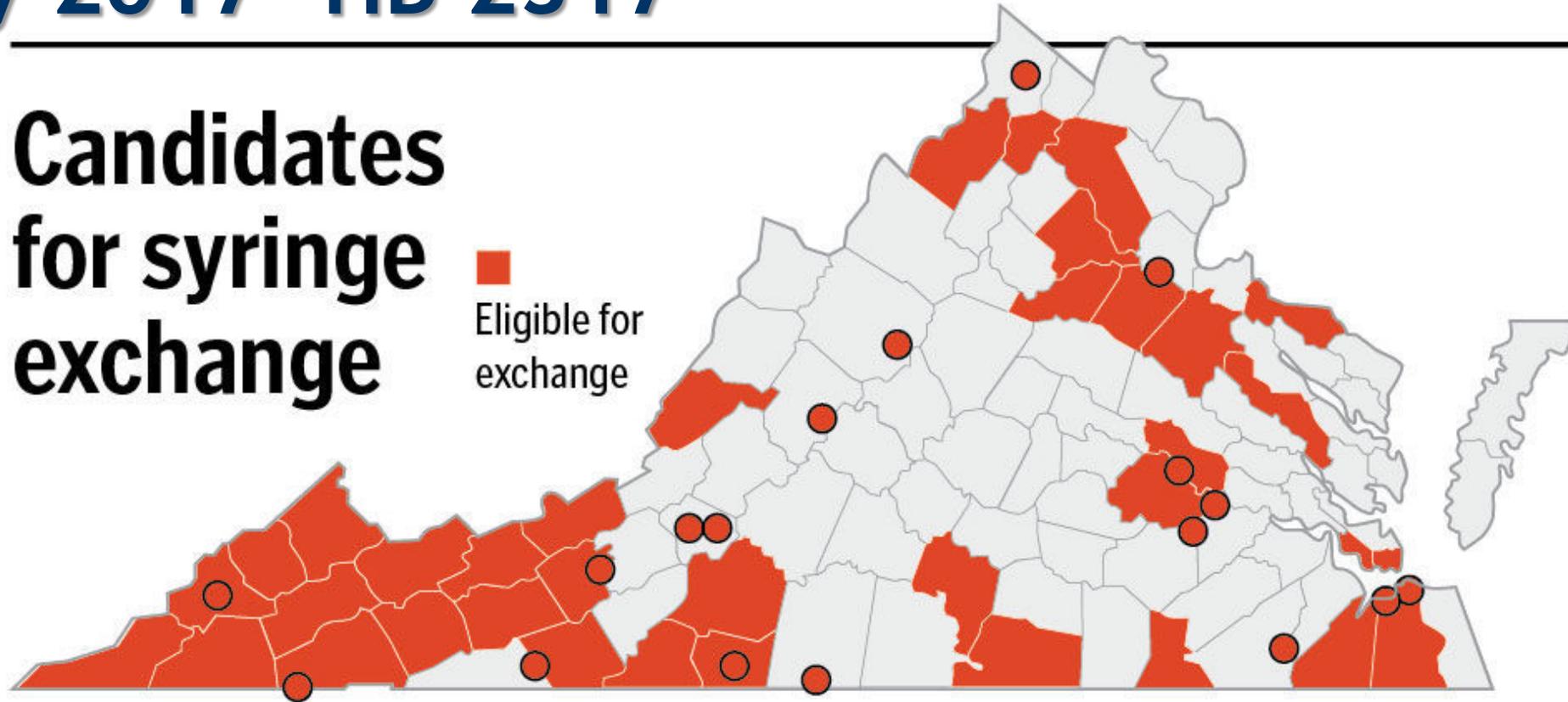
Wise County/City of Norton Health Department
134 Roberts St., SW
Wise, VA 24293
(276) 328-8000
(276) 376-1020 (Fax)

PrEP
Drug Abuse & HIV
Start Talking. Stop HIV.

LENOWISCO Health District
VIRGINIA DEPARTMENT OF HEALTH
Healthy People in Healthy Communities
www.vdh.virginia.gov



Candidates for syringe exchange



The Virginia Department of Health identified 55 localities with high rates of hepatitis C as candidates to open a syringe exchange. They include Salem, Roanoke and Radford.

The Roanoke Times

NACCHO Project- Phase II

...to engage local communities, including law enforcement and local government officials to support and implement comprehensive harm reduction; adhering to Virginia Code § 32.1-45.4, Virginia Code § 54.1-3467, as well as identified evidence-based best practice strategies. Criteria to implement a harm reduction program in Virginia is as follows:

- *Demonstrate support from locality's governing body*
- *Demonstrate support from locality's law enforcement*
- *Demonstrate support from the local health department*
- *Demonstrate support from partner agencies that will accept referrals for key services*
- *Demonstrate and document a plan for community engagement.*
- *Demonstration of sufficient administrative capacity including but not limited to budget and source of funding*



With Support from CDC Division of Viral Hepatitis



First Name	Last Name
Dena	Rickman
Shirley	Smith
Logan	Horne
Chrystal	Diets
Debbie	Moore
Brenda	Palmer
Karrie	Potter
Teresa	Viers
Lori	Gates-Addison
Cindi	Stout
Shannon	Stout
Michael	Wampler
Steve	Hamm
Danny	Deuch
Jason	Taylor
Teresa	Meade
Jason	Stout
James	Stout
Amy	Duncan
Joie	Cantrell
Sydney	Manis
Michelle	McPheron
Dan	Hunsucker
Brandi	Jett
Sue	Cantrell

UVA Wise Gilliam Center for the Arts

Wise, VA

"Black Box" style theater. Seats between 130 and 200 people. Seating on 3-sides with a 4th side for stage.

- 1) Engage community coalitions for support
- 2) Syringe exchange site visit to Charleston, WV
- 3) Community engagement & education forums

Appalachian Substance Abuse Coalition
 for Prevention, Treatment, & Recovery



Regional Coalition Serving Southwest Virginia:
 Bland • Buchanan • Carroll
 Dickenson • Grayson • Lee
 Russell • Smyth • Tazewell
 Washington • Wythe
 Scott • Wise
 & the Cities of:
 Bristol • Galax • Norton

PERFORMANCE VENUE
 The theater is a sort of hybrid performance space with the technical flexibility of a large-scale 'black box' theater.

Wise County gets approval to launch Virginia's first needle exchange

By KATIE O'CONNOR Richmond Times-Dispatch Apr 25, 2018

One Year Later, Wise County Needle Exchange

Virginia's first as localities seek

By Amy Friedenberger amy.friedenberger@



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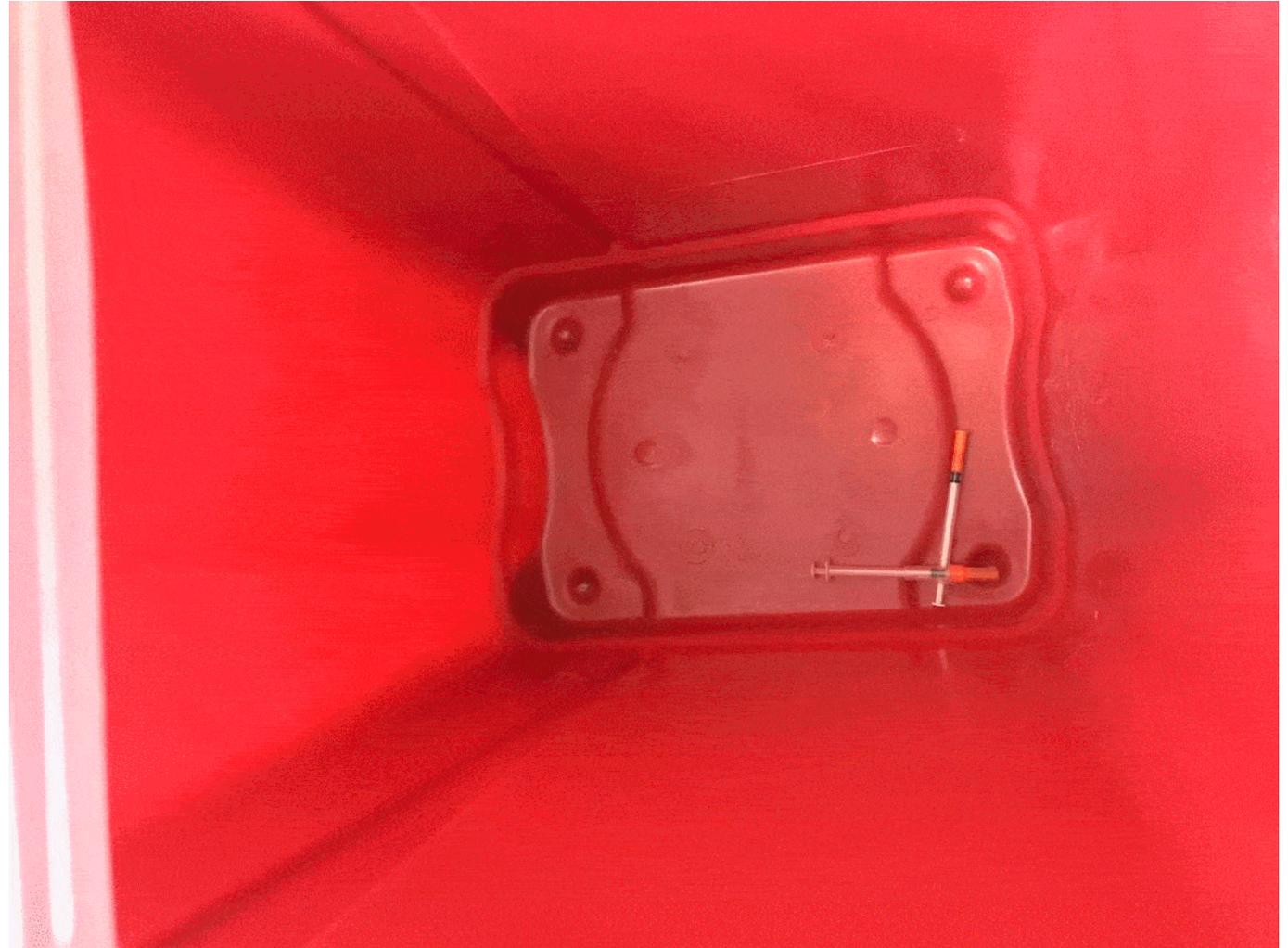
Working, so

Virginia opening first needle exchange program to combat the spread of diseases

Associated Press
Apr 26, 2018

LENOWISCO CHR Overview *As of March 31, 2019*

- Total Participants: 52
 - Ages 20 to 65
 - 349 Total Visits



*LENOWISCO CHR First Sharps Bin-
July to October 2018*

LENOWISCO CHR Outcomes *As of March 31, 2019*

■ Syringes

- Distributed: 7,033
- Collected: 8,860

■ Hepatitis C & HIV

- 42 Screening Tests Complete
 - 13 Currently Active in HCV Tx Program
 - 3 Participants in Pre Exposure Prophylaxis (PrEP) Program
- 3 Participants in Recovery
- 47 dual pks Narcan dispensed
- 6 Overdose Reversals Reported
- 30 Referrals for Family Planning
- 5 Referrals for Domestic Violence Support Services
- 1 Participant Pregnant & Linked with Support Services
- 25 Participants Linked with Wrap Around Social Services (food, clothing, and housing assistance)

Exchange Room



Counseling Room





Supply Cabinet



Harm Reduction Supplies

Prevention NOT Permission

Hepatitis C Treatment Program

Partnership with Virginia Department of Health, LENOWISCO Health District, University of Virginia Health System, and Stone Mountain Health Services

- No-cost treatment for Virginia residents
- Telemedicine Services (I.D. clinician mentoring local providers)



June 2012
LENOWISCO HD
Hepatitis B Outbreak

January 2015
Scott County, Indiana
HIV Outbreak Related
to PWID

November 2016
Virginia
Public Health
Emergency Declaration

December 2016
DiLENOWISCO HD
NACCHO Phase I

June 2017
DiLENOWISCO HD
Public Town Hall
Meetings

July 2018
LENOWISCO HD
Harm Reduction
Start



2012

2015

2016

2017

2018

2012 & Onward
LENOWISCO HD
Ongoing In-Depth HBV
& HCV Case
Investigations/
Response

April 2016
Virginia Dept. of Health
SWOBEX Tabletop Exercise

November 2016
*Centers for Disease Control
and Prevention (CDC)*
County Level Vulnerability
Assessment- 220 Counties ID'd

March 2017
DiLENOWISCO HD
Appalachian H.E.A.R.T.
Tabletop Exercise

September 2017
LENOWISCO HD
Community Response Plan Finalized

January 2018
DiLENOWISCO HD
NACCHO Phase II

Timeline

Thank
You

Michelle McPheron, RN, BSN

Nurse Manager Senior

LENOWISCO & Cumberland Plateau

Health Districts

michelle.mcpheron@vdh.virginia.gov