Addressing the Opioid and HCV Syndemic

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Disclosures

• No relevant disclosures to report
Outline

- Opioid use/hepatitis C epidemiology in the US
- Treatment strategies for opioid use disorder and hepatitis C
- Harm reduction and treatment as prevention as they relate to elimination of hepatitis C

Syndemic

- A set of linked health problems involving two or more afflictions, interacting synergistically, and contributing to excess burden of disease in a population
Opioid use disorder

- An estimated 2 million individuals in the United States have opioid use disorder associated with prescription opioids
- An estimated $78.5 billion in economic costs annually
  - including the costs of health care, lost productivity, addiction treatment, and criminal justice involvement


www.hepvu.org/resources/opioids/
Hepatitis C infection

- Estimated number of acute hepatitis C cases was over 41,200 in 2016
- Most people become infected with the hepatitis C virus by sharing needles or other equipment to prepare or inject drugs

New simplified treatment regimens can cure all major subtypes of hepatitis C within 2–3 months with a success rate of over 90%

The cure leads to reductions of at least 87% in liver-related deaths and 80% in the risk of liver cancer due to HCV

Hepatitis C and HIV are often-overlooked consequences of America’s opioid crisis.

EIGHT IN TEN new Hepatitis C infections in the U.S. are transmitted through injection drug use.

Nearly ONE IN TEN new HIV infections in 2015 were due to injection drug use.

SOURCE: U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

www.hepvu.org/resources/opioids/
IN THE SHADOW OF THE OPIOID CRISIS, NEW HEPATITIS C INFECTIONS HAVE MORE THAN TRIPLED

Visit www.cdc.gov/hepatitis for more information

Three-quarters of Americans living with Hepatitis C are Baby Boomers (born between 1945-1965).

However, the largest increases in new Hepatitis C infections over the last decade have been among people under 40.

This is primarily due to increased injection drug use associated with the opioid crisis.
Treatment

**Opioid use disorder**
- Medication-assisted treatment
  - Methadone
  - Buprenorphine
  - Naltrexone
- Counseling
- Harm reduction
- Overdose prevention

**Chronic hepatitis C**
- Medication
  - Direct acting antivirals
- Infection control measures
- Counseling
- Harm reduction

What is harm reduction?

Methods of reducing harm:
- Needle/syringe exchange programs
- Provision of condoms
- Education re: safe injection practices
- Overdose prevention (naloxone)
- Tobacco cessation assistance
- Medication-assisted treatment
- Screening for infectious diseases
  - Treatment as prevention
- HIV PrEP

https://harmreduction.org/enablinghealth/
High SVR in PWID with HCV despite imperfect medication adherence: Data from the ANCHOR study

Objective: To understand if people who inject drugs (PWID) with HCV and active injection drug use (IDU) can adhere to DAAAs and achieve SVR

Methods: Single-center study of PWID with chronic HCV, opioid use disorder, and active IDU of heroin within 3 months, treated with SOF/VEL x 12 weeks

Main findings:
- Of the patients who have reached the SVR time point and have attended the week 24 visit, 52 (90%) patients achieved SVR.
- SVR was significantly associated with HCV VL <200 IU/mL at week 4 (p=0.004) and taking all 84 pills of SOF/VEL (p=0.003).
- Completing treatment after 12 weeks did not impact SVR, even in patients finishing more than 14 days late.

Conclusions: PWID with HCV and ongoing IDU have high rates of adherence, treatment completion, and SVR. Even with imperfect adherence, patients are able to achieve high rates of SVR with completion of treatment.

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- 2015-2017
  - 52 people with HCV infection and injection drug use in previous 12 months treated for HCV
  - 47 with SVR data available
    - 45 achieved SVR: a cure rate of 96%
  - 5 people did not return for SVR lab draw
    - Similar rate as people without injection drug use in previous 12 months

- 96% cure rate!

Esses, WE & Mera, JM (2018) HCV cure rates among PWID not in medication assisted treatment in an AI/AN population presented at INHSU 2018
One thing leads to another...

Problems

- Mental health disorders
- Historical trauma
- Childhood abuse
- Abandonment
- Socioeconomic factors
- Environmental
- Housing
- Education

Opioid Use Disorder > (injecting), Other injection drug use

Symptoms

- Hepatitis C Infection
- HIV
- Endocarditis
- Skin infections
- Overdose
- Death

Try to fix the problems and not just treat the symptoms

Conclusions

- Opioid use disorder and hepatitis C infection are a devastating syndemic, caused by underlying issues that must be addressed
- Consider harm reduction at every hepatitis C encounter
- To eliminate hepatitis C, we must prevent transmission
- Treating people who inject drugs is preventing others from acquiring hepatitis C infection
Comments

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