

# HCV: The Silent Epidemic -- an Educational Intervention

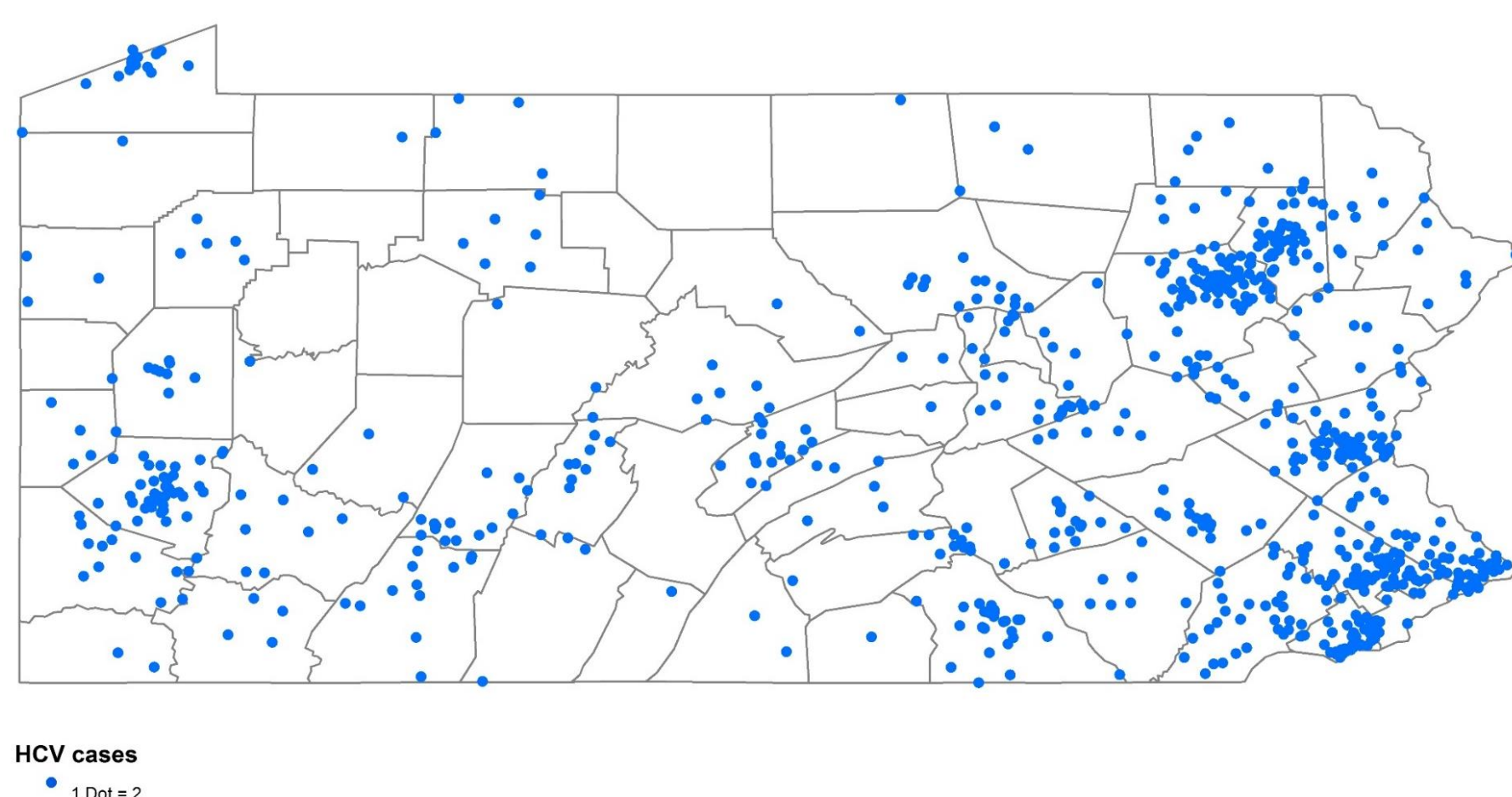
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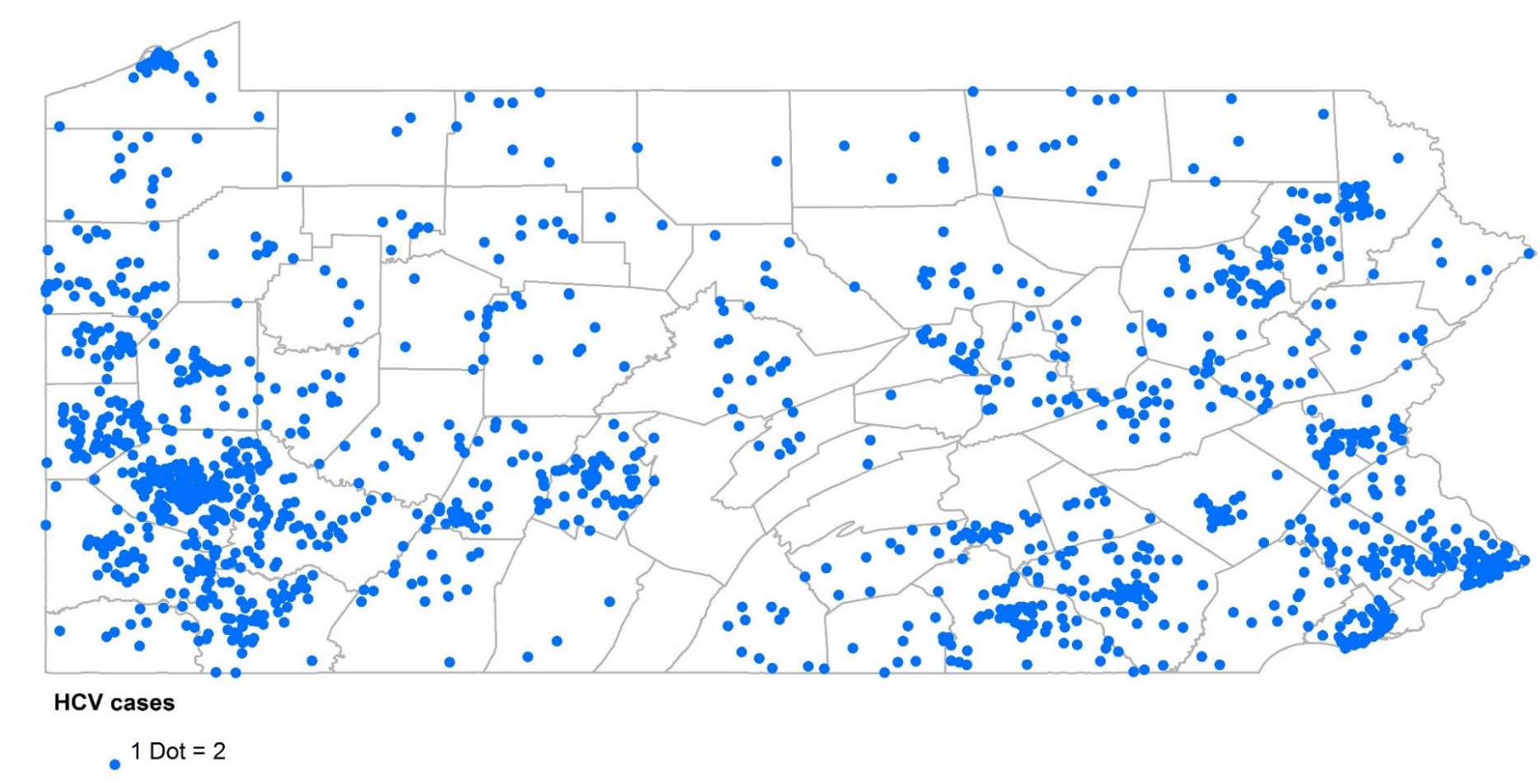
## Background

In Pennsylvania, the number of newly reported HCV infections among individuals age 15 to 34 more than tripled from 2003 to 2016 (Figures 1 and 2). Over 6000 new cases were reported in this age group in 2016 alone. The emerging bimodal distribution of cases (Figure 3) is being driven by hepatitis C virus (HCV) transmission in young people who inject drugs (PWIDs), primarily opiates. The Pennsylvania Department of Health, the Community Liver Alliance and members of the medical community formed a partnership to raise awareness of the intersection of opiate use disorder, overdose and infectious disease epidemics in young adults. We describe a yearlong initiative of holding educational seminars throughout the six health districts of Pennsylvania.

**Figure 1:** Dot Density Study for Reported HCV Cases in 15-34 age group, Pennsylvania National Electronic Disease Surveillance System (PA-NEDSS), 2003



**Figure 2:** Dot Density Study for Reported HCV Cases in 15-34 age group, Pennsylvania National Electronic Disease Surveillance System (PA-NEDSS), 2016



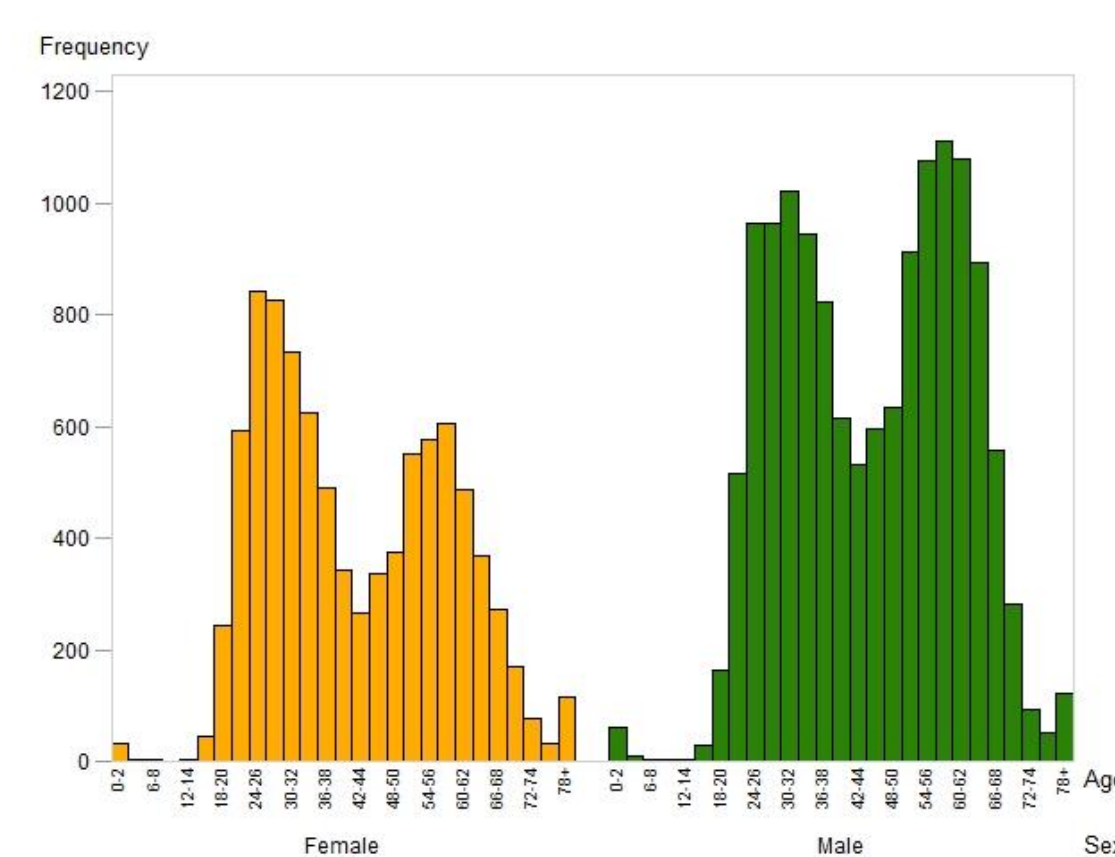
## Methods

We selected six venues, one each in the six state community health districts. Sessions specifically targeted health care providers, counselors and nurses and included topics on HCV screening, treatment, harm reduction and HCV/HIV antibody testing certification. The goals were to raise awareness of the epidemics; to provide an opportunity for medical providers, drug and alcohol counselors, community and public health workers, harm reduction workers, and patient advocacy groups to form informal care networks; to improve drug user health care; and to prevent overdose and infectious disease transmission in PWIDs. The current epidemiological data for HCV across the state was described. Officials from the CDC and state officials reported on the rising epidemic of new HCV infections among persons who inject drugs. Local officials spoke on the current opioid epidemic and strategies to address the problem.

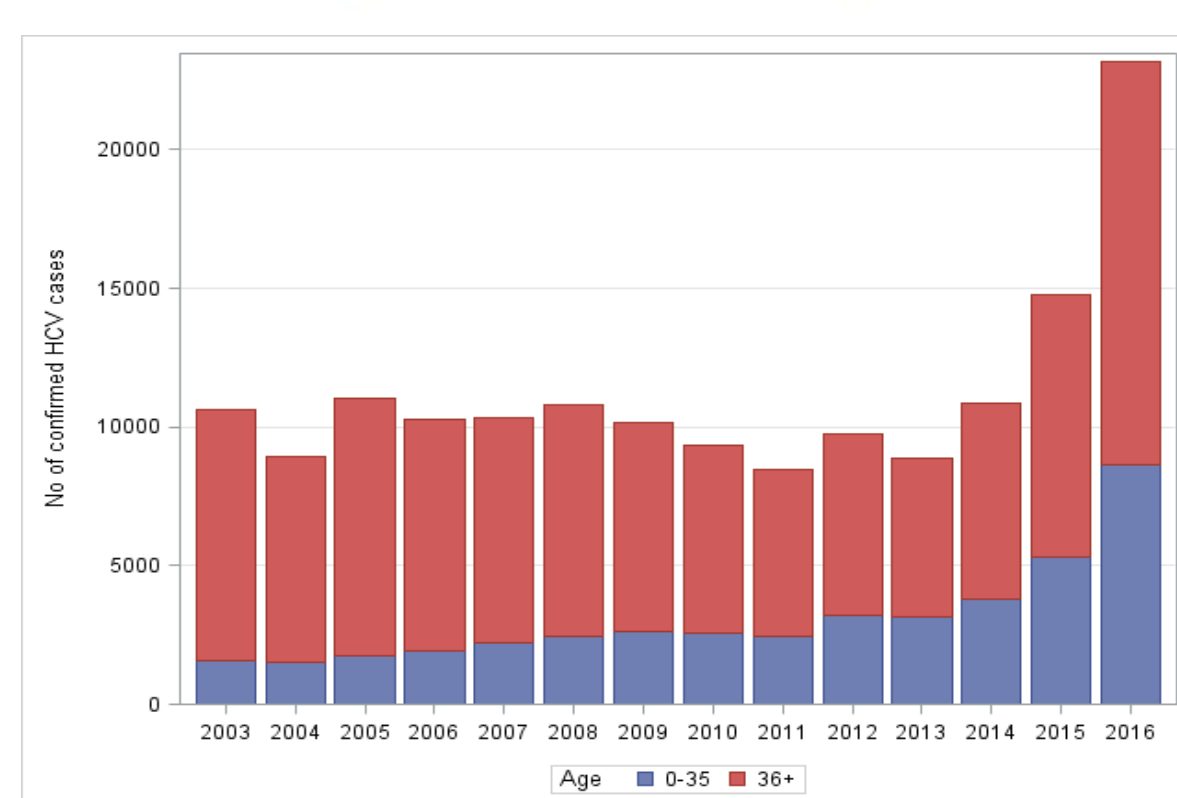
## Results

1. A total of 759 participants attended from the 6 separate Community health districts (Figure 5)
2. A total of 356 participants were certified in HCV/HIV rapid antibody testing and taught overdose prevention.
3. The number of harm reduction programs operating across the state tripled during the yearlong initiative, from three to nine, despite syringe exchange being illegal in Pennsylvania. (Figure 6)
4. The total number of electronic lab-reported positive HCV screening tests in Pennsylvania more than doubled during the period from an average of 10,000 new cases per year from 2003 to 2014, to 15,000 new cases in 2015 and 23,500 new cases in 2016. (Figures 3 and 4)
5. The number of electronic lab-reported positive HCV screening tests in Pennsylvania in young adults (risk-based screening) increased from an average of 2500 cases from 2003-2014 to 4000 cases in 2015 and 6000 cases in 2016. (Figures 3 and 4)

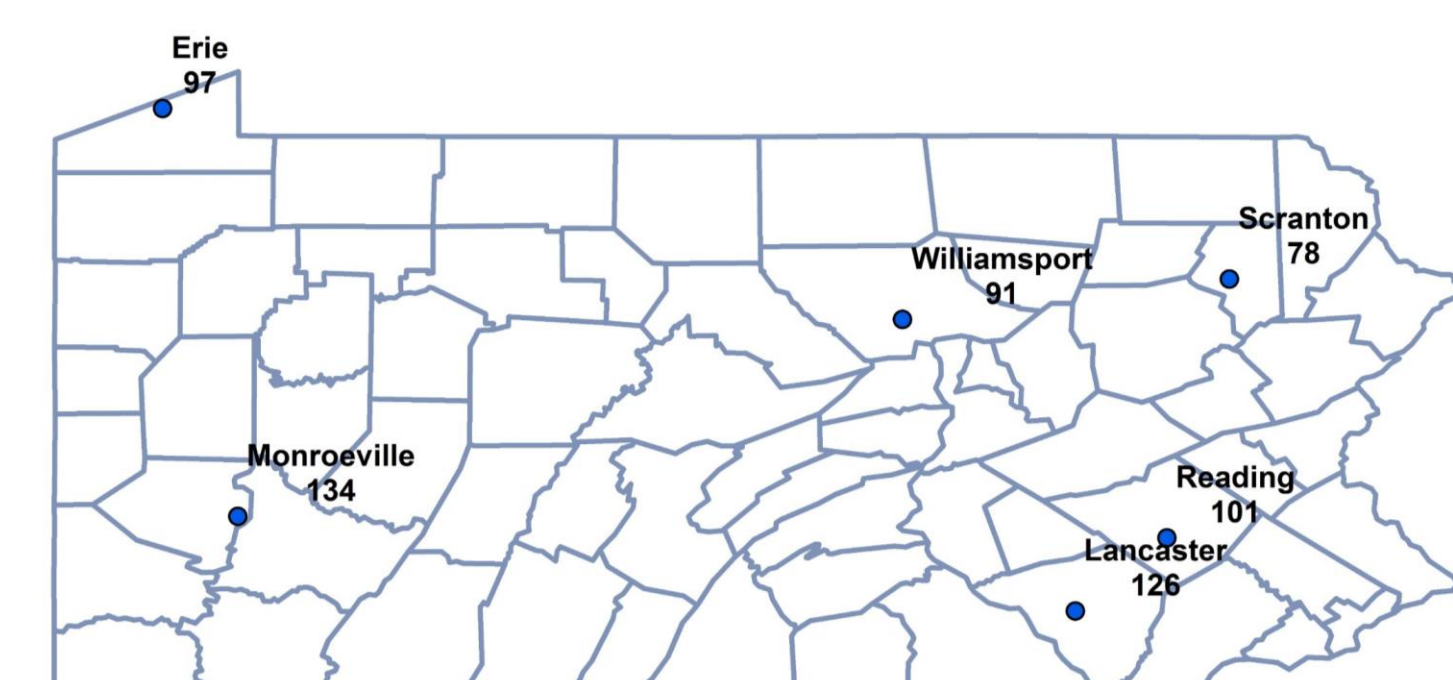
**Figure 3:** Reported HCV Cases by Age and Sex, Pennsylvania National Electronic Disease Surveillance System (PA-NEDSS), 2016



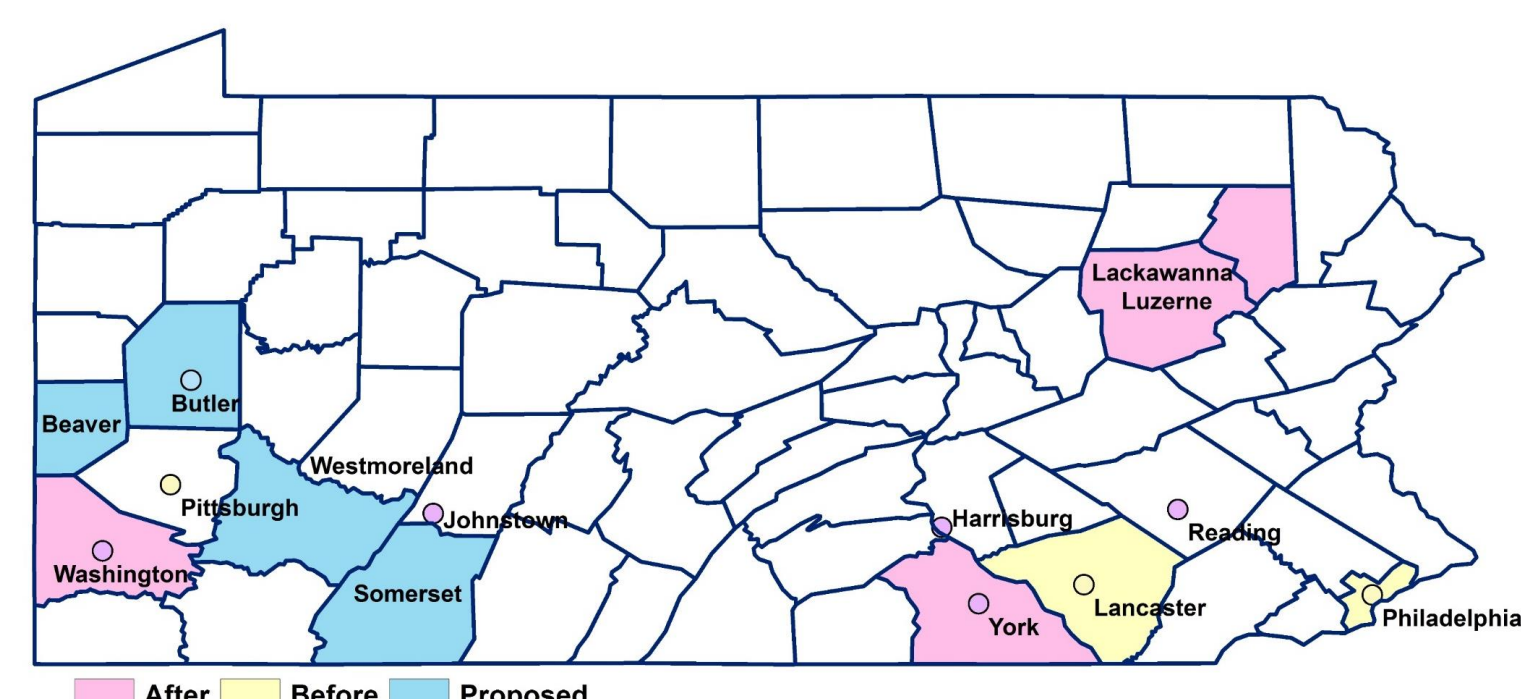
**Figure 4:** Reported HCV Cases by Age Group, PA-NEDSS, 2003-2016.



**Figure 5:** HCV Silent Epidemic Seminars participants by Geographic Location, Pennsylvania, 2015-2016.



**Figure 6:** Progression Of Harm Reduction Programs in Pennsylvania in Relation to the Educational Intervention 2015-2016.



## Conclusions

Raising awareness of the concurrent entwined HCV and opioid epidemics to a variety of stakeholders is the first step to addressing the epidemics. Risk-based HCV screening of current and former PWIDs can be improved by building knowledgeable collaborative networks of health departments/public health workers, drug and alcohol treatment providers, primary care providers and harm reduction workers.

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