



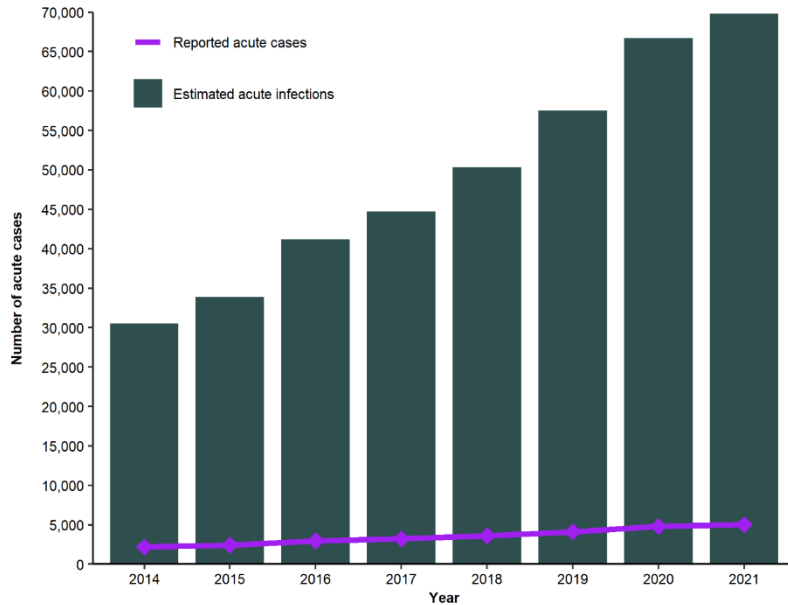
Reducing Barriers and Improving Outcomes in HIV and Hepatitis C (HCV) Co-infection

Neil Gupta, MD, MPH
Chief, Epidemiology & Surveillance Branch
Division of Viral Hepatitis

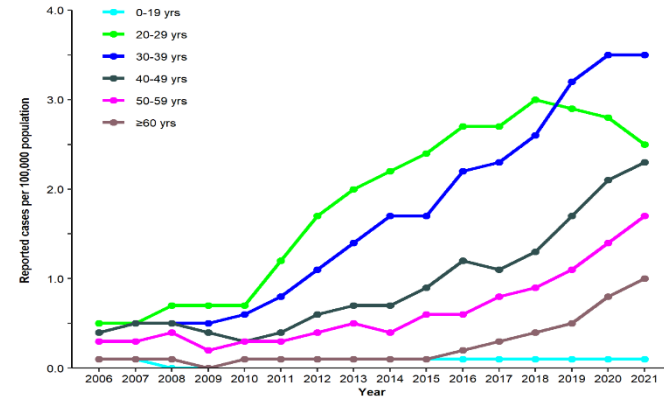
CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHAC)
October 24, 2023

Hepatitis C is a Public Health Crisis

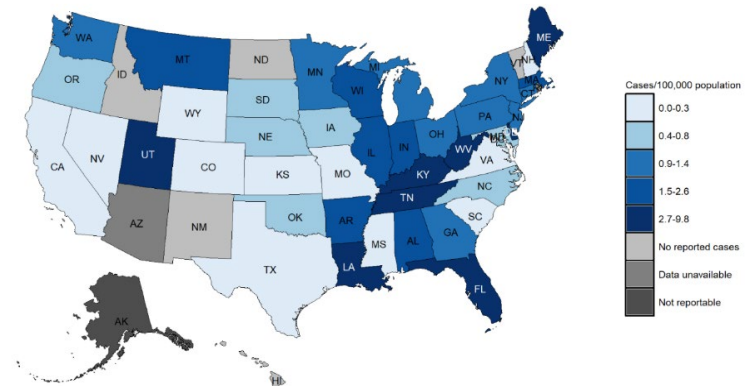
Acute hepatitis C by year, 2014–2021



Acute hepatitis C by age, 2006–2021

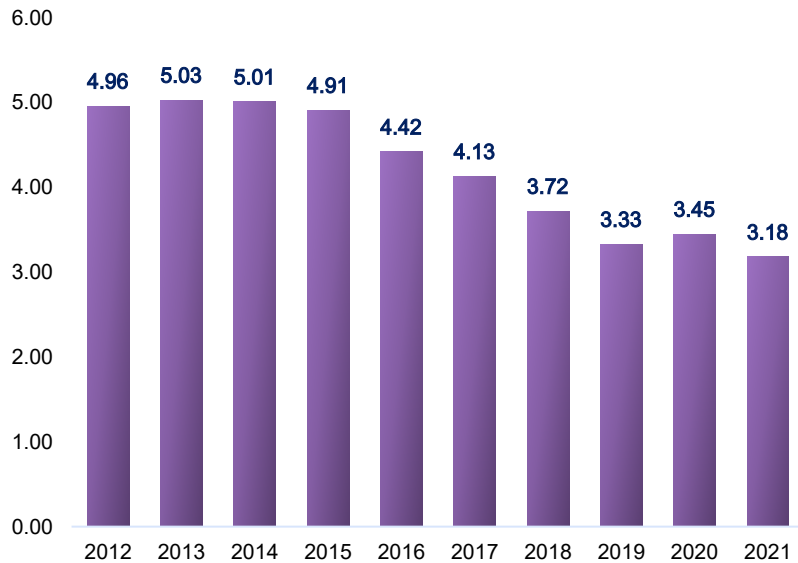


Acute hepatitis C, by jurisdiction, 2021

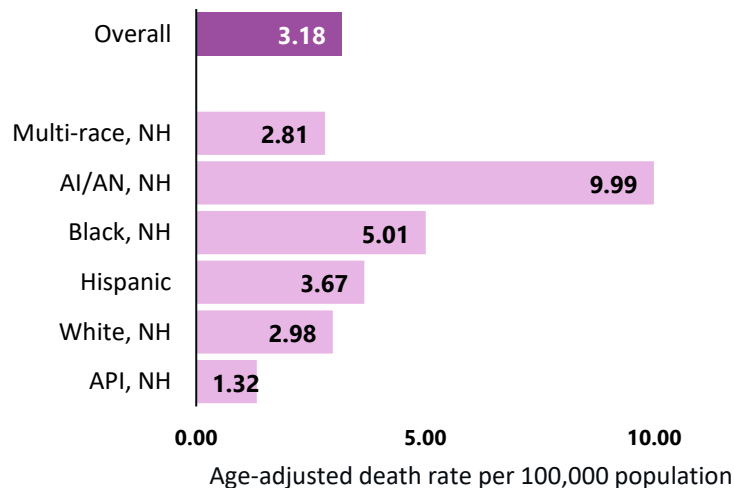


Declines in Hepatitis C-Related Deaths have Stalled and Disparities Persist

Hepatitis C-related deaths, United States, 2012-2021

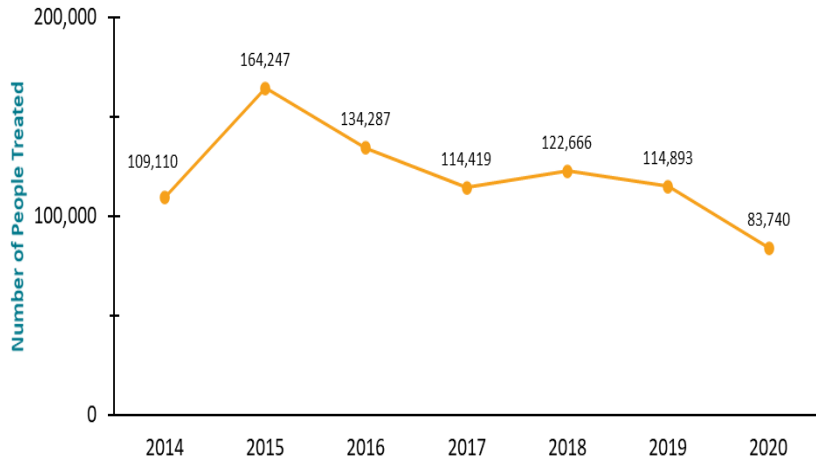


Hepatitis C-related deaths, by race/ethnicity, United States, 2021



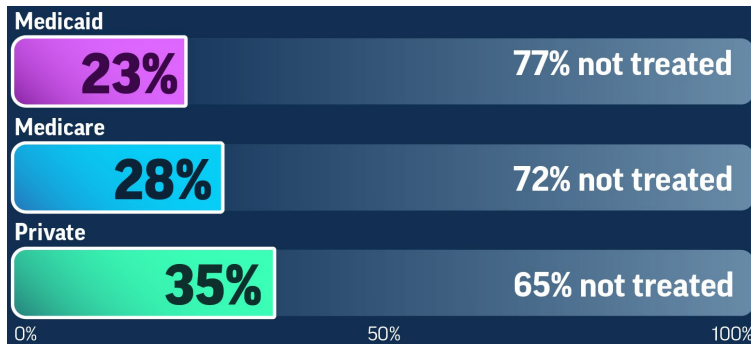
Hepatitis C Treatment Coverage is Insufficient

Number of Persons Treated for Hepatitis C with DAAs Using National Pharmacy Claims Data, United States, 2014–2020



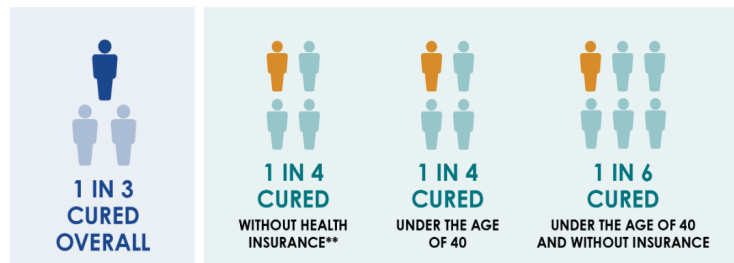
Source: [Teshale et al, CID, 2022](#). DAAs = direct-acting antiviral agents

Timely Hepatitis C Treatment by Insurance Type, 2019–2020



Source: [Thompson et al, MMWR, 2022](#)

ADULTS DIAGNOSED AND CURED* OF HEPATITIS C IN THE U.S. 2013–2022

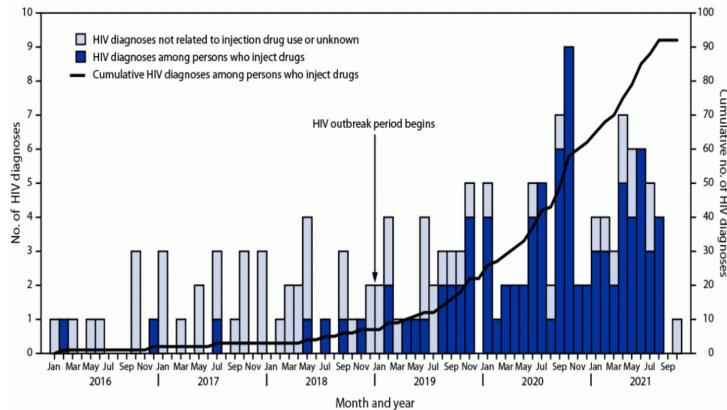


Source: [Wester et al., MMWR, 2023](#)

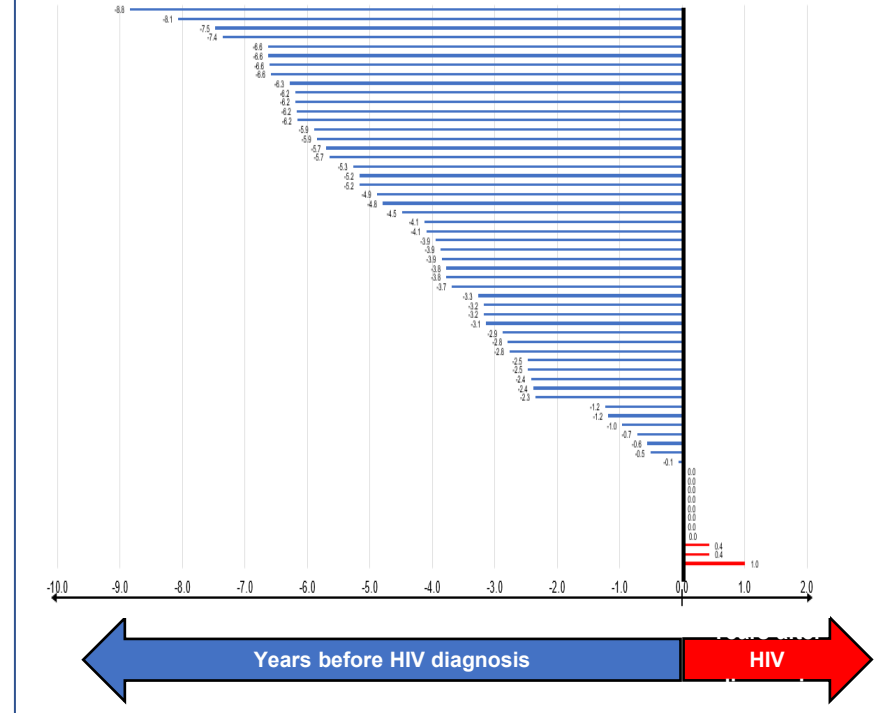
Overlapping Epidemics of Hepatitis C and HIV

During an HIV Outbreak Among People Who Inject Drugs in Kanawha County, West Virginia during 2019–2021:

- **86%** of cases had current hepatitis C virus infection
- Hepatitis C diagnosis preceded HIV diagnosis by a median of **46 months** (IQR: 29–71 months)



Timing of Hepatitis C Diagnosis Relative to HIV Diagnosis



Interventions and Outcomes for PWID

Interventions \ Outcomes	Overdose mortality	All-cause mortality	HIV transmission	HCV transmission
MOUD	59%	53%	68%	74%
Syringe services			50%	

Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments (CDC-RFA-PS21-2103)


- **Component 1: Surveillance**

- Improve surveillance of viral hepatitis, including outbreak detection and control

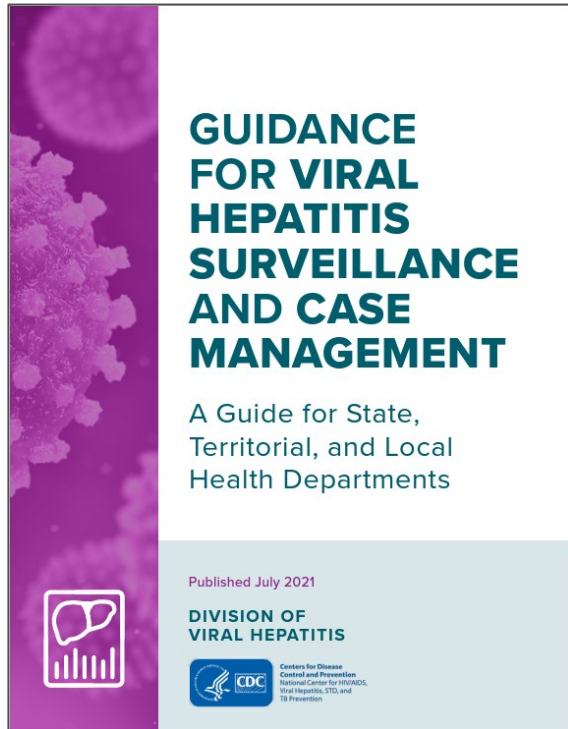
- **Component 2: Prevention**

- Increase access to hepatitis testing, prevention, and treatment

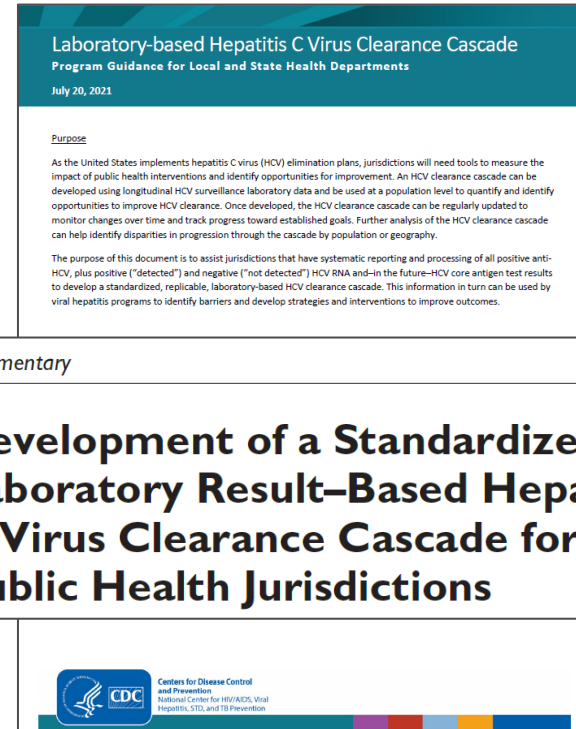
- **Component 3: Special Projects**

- Enhance services to people who inject drugs through outcome-focused activities
- 

Developing Viral Hepatitis Surveillance Guidance



Source: [Viral Hepatitis Surveillance Guidance](#)



Source: Montgomery et al, PHR 2022.

Statewide Viral Clearance Cascade for Hepatitis C Among People With HIV and HCV Coinfection in Connecticut

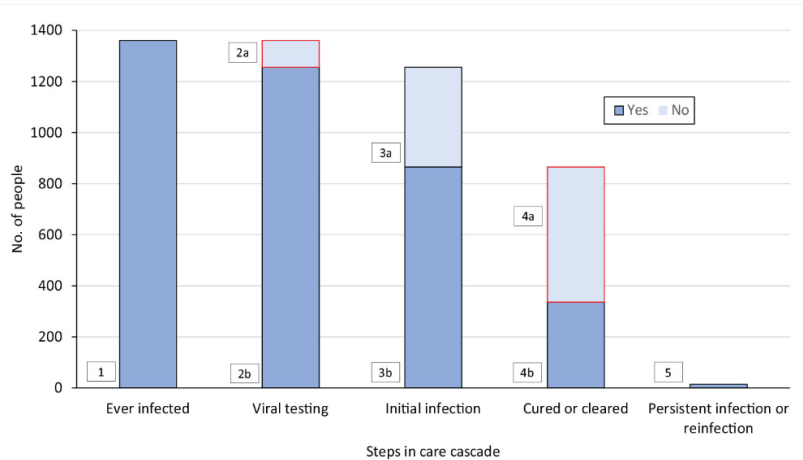


Figure 2. Hepatitis C virus (HCV) clearance cascade for people with HIV (as of December 31, 2019) and HCV coinfection in Connecticut based on HCV laboratory data from January 1, 2016, through August 3, 2020. Bars show the number of people in each step of the Centers for Disease Control and Prevention HCV clearance cascade.

Table 2. Conditional proportions of people in Connecticut with HIV and HCV coinfection (as of August 3, 2020) by laboratory-based HCV clearance cascade step^a

Variable	Step, no. (%) ^a				
	1: ever infected	2b: viral testing	3b: initial infection	4b: cured or cleared	5b: persistent infection or reinfection
Total	1361	1256 (92.3)	865 (68.9)	336 (38.8)	15 (4.5)
Birth year					
Before 1965	917	852 (92.9)	573 (67.3)	222 (38.7)	9 (4.1)
1965 and later	444	404 (91.0)	292 (72.3)	114 (39.0)	6 (5.3)
Sex					
Female	421	382 (90.7)	252 (66.0)	97 (38.5)	0
Male	940	874 (93.0)	613 (70.1)	239 (39.0)	15 (6.3)
Race and ethnicity					
Non-Hispanic Black	448	418 (93.3)	316 (75.6)	108 (34.2)	4 (3.7)
Hispanic	551	509 (92.4)	350 (68.8)	151 (43.1)	9 (6.0)
Other ^b	23	21 (91.3)	9 (42.9)	3 (33.3)	0
Non-Hispanic White	339	308 (90.9)	190 (61.7)	74 (38.9)	2 (2.7)
HIV transmission category					
Heterosexual	169	151 (89.3)	90 (59.6)	35 (38.9)	0
MSM	124	104 (83.9)	59 (56.7)	21 (35.6)	0
MSM and PWID	62	60 (96.8)	36 (60.0)	16 (44.4)	3 (18.8)
Other/unknown	56	49 (87.5)	36 (73.5)	19 (52.8)	1 (5.3)
PWID	950	892 (93.9)	644 (72.2)	245 (38.0)	11 (4.5)
Most recent HIV viral load level, copies/mL					
Detectable, ≥200	143	131 (91.6)	104 (79.4)	26 (25.0)	1 (3.8)
Undetectable, <200	1218	1125 (92.4)	761 (67.6)	310 (40.7)	14 (4.5)

Abbreviations: HCV, hepatitis C virus; MSM, men who have sex with men; PWID, people who inject drugs.

^a Results show No. or No. (%) of people, with previous step used as the denominator.

^b Other consisted of people who indicated race and ethnicity as American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, other, or unknown.

By completing Component 3 projects, funded jurisdictions will help improve infectious disease outcomes for PWID



by



leading to

Outcomes



Increased access to **high-coverage needle-syringe exchange** among PWID



Increased **linkage to SUD treatment** (including MOUD for PWID with OUD)



Increased **HCV, HIV, and HBV testing** among PWID



Increased **hepatitis C cures among PWID** with hepatitis C



Increased **receipt of hepatitis B and A vaccination** among PWID



Decreased **new viral hepatitis, HIV and other infections** (e.g., bacterial, fungal) among PWID

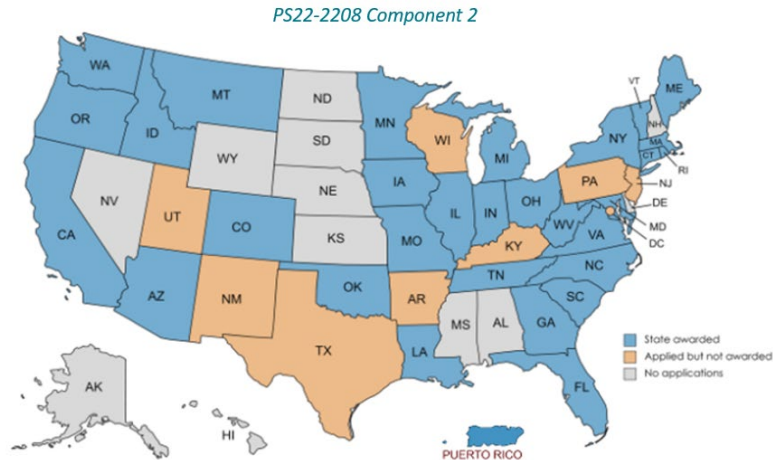
Acronyms:

HBV: hepatitis B virus HCV: hepatitis C virus HIV: human immunodeficiency virus
MOUD: medication for opioid use disorder SSP: syringe service program SUD: substance use disorder

CDC-RFA-PS22-2208: *Strengthening Syringe Services Programs*

- **Purpose:** Increase access to **harm reduction** services for PWID and reduce incidence of infectious diseases and other complications of injection drug use
- **Component 1:** Support a **national network** of Syringe Services Programs (**SSPs**) and oversee implementation and use of an **annual survey** of SSPs
- **Component 2:** Support and strengthen **SSP implementation**

65 programs across 31 jurisdictions were awarded a total of \$6 million



Conclusions

- **Accelerated progress** is urgently needed to meet national viral hepatitis elimination goals. Several critical **surveillance infrastructure** and **policy gaps** remain (information systems, human resources, reporting policies, data sharing, etc.)
- Social and structural factors put **people** at risk for *multiple* viral hepatitis and other diseases. This negative interaction can potentially exacerbate the adverse health outcomes of the affected population.
- By **centering** our efforts on key **populations**, rather than pathogens, we can more effectively study the health outcomes and service gaps for populations, provide more **holistic** services, reduce **stigma**, and improve **efficiency** and **cost-effectiveness** of interventions.

Acknowledgements

Monica Adams

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Anne Moorman

Karina Rapposelli

Carolyn Wester

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Professional Learning Communities: A Model to Support Integrating HCV, HIV, and STD Services into Opioid Treatment Programs

CDC/HRSA Advisory Committee on HIV, Viral Hepatitis,
and STD Prevention & Treatment

October 24, 2023

Background

- SAMHSA provided supplemental funding to ATTC Network to address rising rates of Hepatitis C Virus (HCV), especially among people who inject drugs in 2017.
- ATTC Network Coordinating Office developed strategies and tools that go beyond training to increase diagnosis and treatment of HCV in Opioid Treatment Programs.
- Supplemental funding ended in 2020 and carry-over and Opioid Response Network funding have been utilized to bring this integration work to its current state.

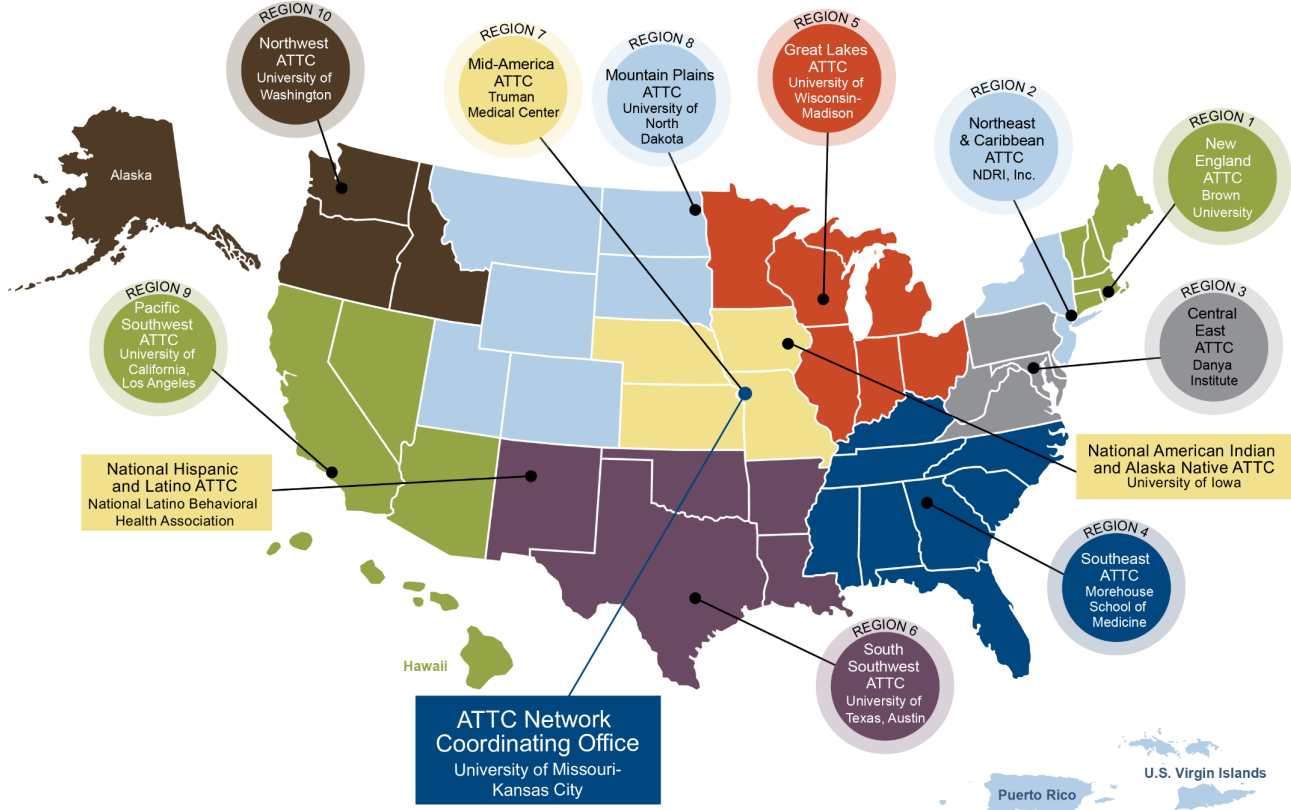
The Addiction Technology Transfer Center Network



ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

U.S.-based ATTC Network



The Opioid Response Network

Opioid Response Network provides training and technical assistance (TA) via local experts across the country, focusing on applying evidence-based practices in prevention, treatment and recovery to meet locally identified needs. TA activities are designed to enhance efforts already underway throughout the United States and territories. ORN utilizes the infrastructure of the ATTC Network for TA delivery.



About Us

Assistance

Lessons Learned

Education

[SUBMIT A REQUEST](#)

Project Overview

ORN was created through a Substance Abuse and Mental Health Administration (SAMHSA) grant awarded to the American Academy of Addiction Psychiatry (AAAP) in collaboration with the Addiction Technology Transfer Center Network, at the University of Missouri - Kansas City, Columbia University Division on Substance Use Disorders and a large coalition of over 40 national professional organizations. ORN provides training and technical assistance (TA) via local experts across the country, focusing on applying evidence-based practices in prevention, treatment and recovery to meet locally identified needs. TA activities are designed to enhance efforts already underway throughout the United States and territories.

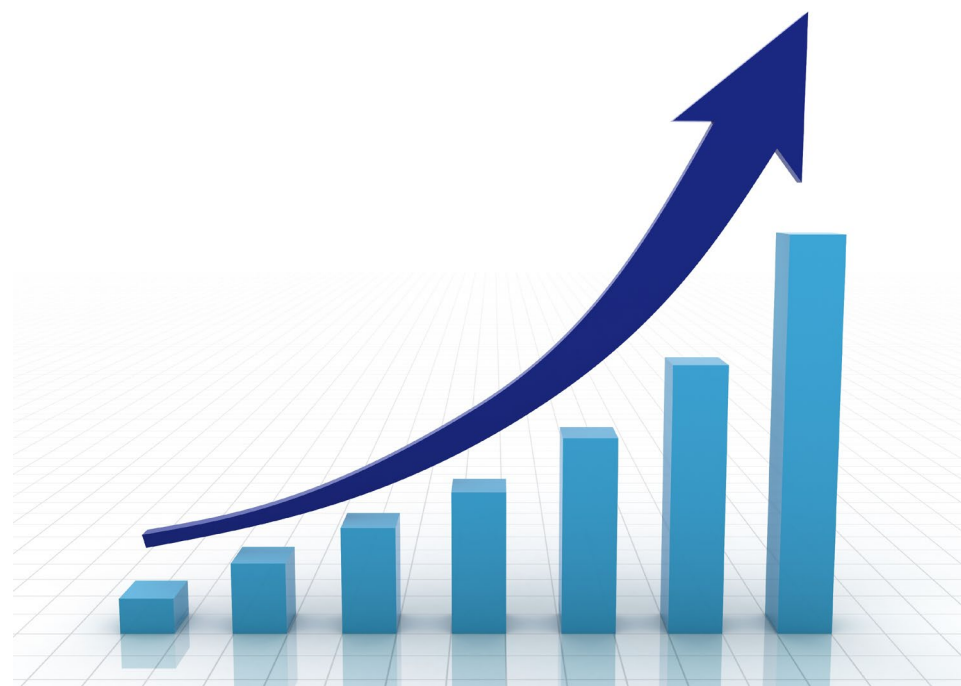
Each TA team assigned to every state and territory has a prevention, treatment (physician with two years' experience treating opioid use disorders with medications), and recovery consultant. These consultants have been identified and vetted by ORN. All consultants provide evidence-based practices and resources as defined by the consortium. The goal of ORN is to streamline efforts to fill all gaps where needed and as defined by states.



<https://opioidresponsenetwork.org/>

HCV and Opioids

- There has been a steep increase in HCV infection associated with opioid injection and injection drug use (IDU).
- Globally, the HCV prevalence among people who inject drugs (PWID) is estimated at 40%, with IDU accounting for 23% of new infections.



Why OTPs and HCV?

- OTPs help patients navigate and overcome barriers to care.
- OTPs see their patients regularly.
- In some cases, OTPs have onsite medical staff.
- OTPs have shown success in integrating HCV screening into initial and/or routine physical exams and blood work.



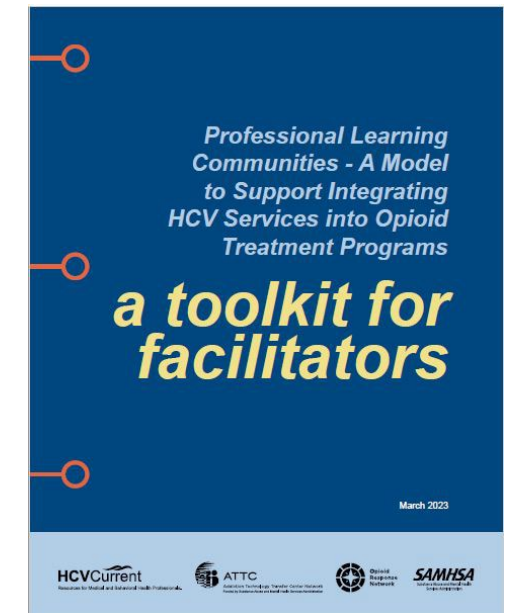
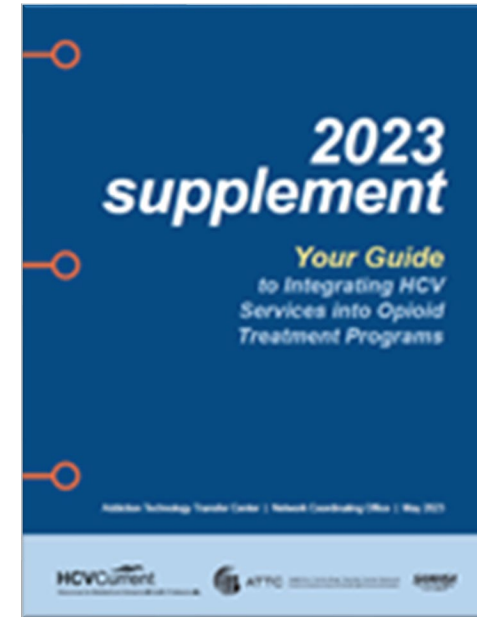
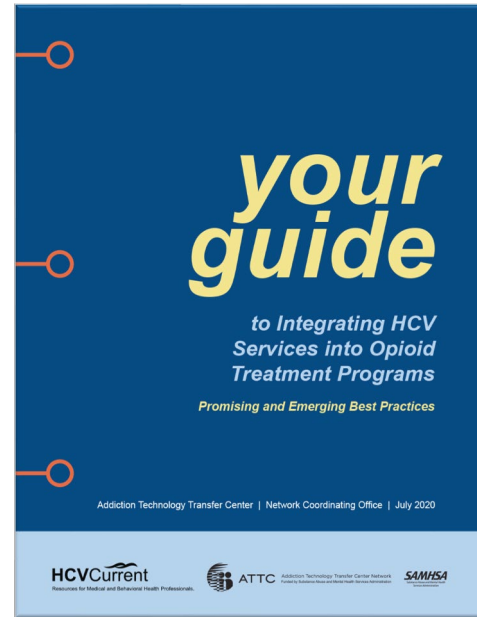
What does this mean for OTP patients?

- We met Riley early in our project work – a client at Athens Clinic, an OTP in Georgia (photo shared with permission).
- He had been living with HCV for more than 20 years and described his attempts to get treated as an “enormous amount of headache and heartache.”
- When the clinic began offering HCV testing and treatment, Riley was first in line and became the first patient cured of HCV from the clinic.



Resources Developed

<https://attcnetwork.org/centers/global-attc/hcv-current-initiative>



Levels of Integration

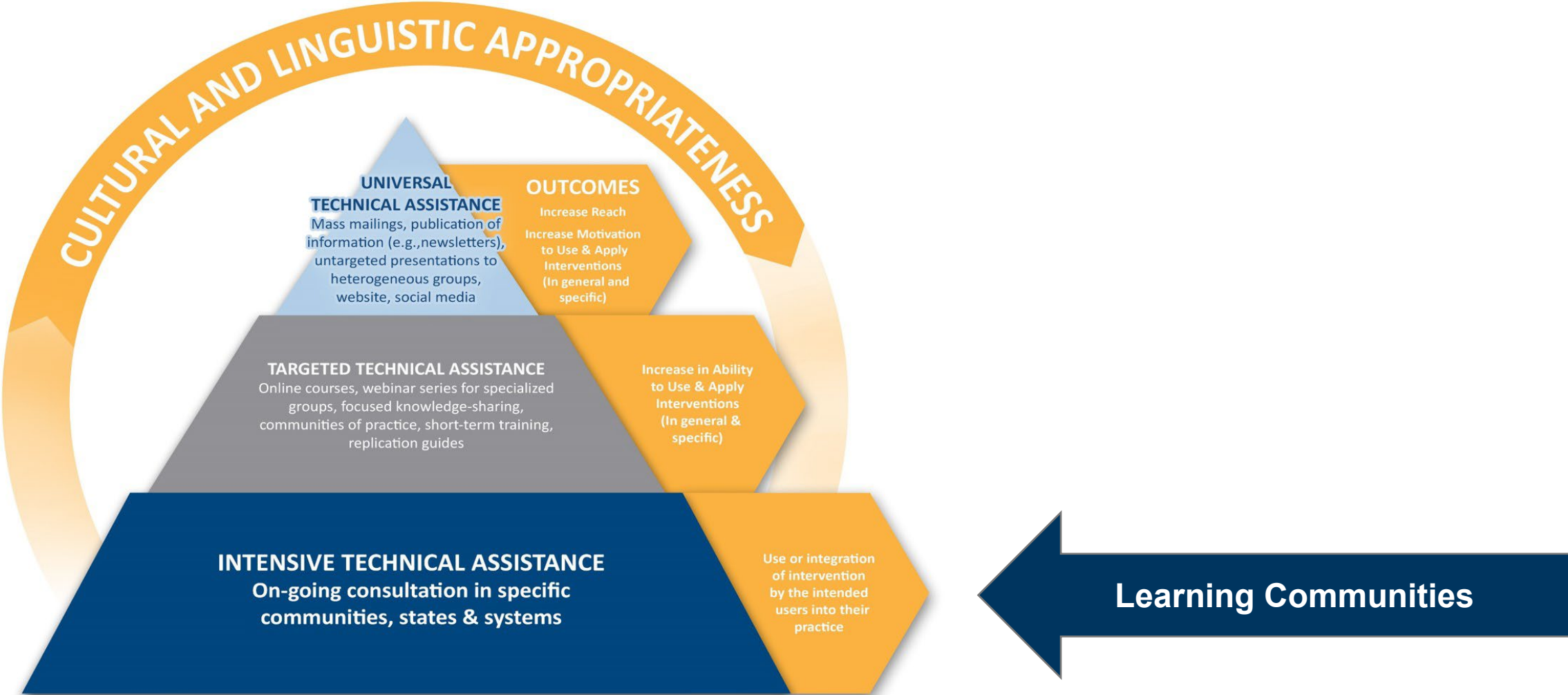
- There is considerable variation within and across OTPs such as in size, capacity, treatment populations, state restrictions, funding, etc.
- Our tools recognize these variations and propose the use of tiered approach to integration.
- There is no rigid timeline to move from one tier to another.

**MEETING MINIMUM
REQUIREMENTS**

**MAKING
ENHANCEMENTS**

**MOVING TOWARD
INTEGRATED CARE**

Learning Communities as Technical Assistance





What is a Learning Community?

A Learning Community brings together a cohort of individuals or teams in a collaborative environment of learning, open communication, and peer support with opportunities for problem-solving, co-learning, and implementation of evidence-based strategies.

HCV/OTP Learning Community Session Topics

1. Integrated Care Model, HCV Testing, and Orientation to the Learning Community
2. Preparing for Organizational Change and Planning
3. Building Workforce Capacity and Change Indicator Review
4. Developing Protocols and Procedures
5. Ensuring Care Coordination and Linkages to Services
6. Change Indicator Sharing and Discussion
7. Assessing and Evaluating
8. Planning for Funding and Sustainability
9. Closing Ceremony

OTP Participation: A Team Approach

- Our learning community model uses a team approach. Participating OTPs must identify and engage a team of staff.
- Teams must have buy-in and support from the highest level of leadership (i.e., CEO, Executive Director), a crucial prerequisite.

Role	Responsibility
Change Leader	Serves as the point person from the OTP
Clinical Lead	Has decision-making authority and ability to impact clinical pathways and workflows
Finance Lead	Provide financing support for sustainable program implementation
Medical Lead	Oversees medical and prescriber initiatives - generally the OTP medical director

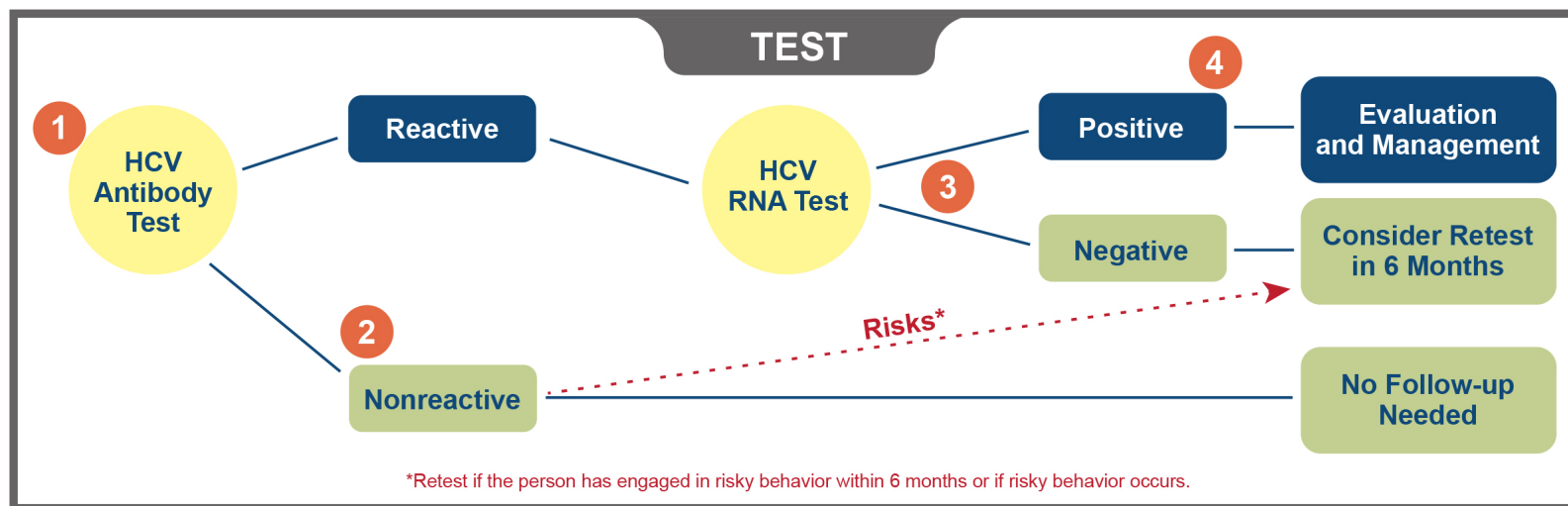
Data Collection

- Learning Community participants use their own data to gauge progress of integration over time.
- Ideally participants will report data three times during the Learning Community.



Change Indicators

- 1 Number of patients given an HCV antibody test
- 2 Number of patients who had no HCV antibody detected (nonreactive to antibody test)
- 3 Number of patients who had HCV antibodies (reactive to antibody test) and who had no HCV RNA (RNA not detected)
- 4 Number of patients who had HCV RNA detected and who were linked to care [this definition will vary by OTP: referral, treatment initiated on-site, etc.]



Snapshot of a Learning Community – Cohort 1

Location	Number Served Annually	Tested at Baseline	Tested at Final	Percent Change
Scottsdale, AZ	4,413	167	N/A – stopped testing due to lack of bloodborne pathogen training	N/A
Tucson, AZ	10,005	46	104	126%
Salinas, CA	114	9	13	44%
Des Moines, IA	753	40	90	125%
Greensboro, NC	269	4	17	325%
Raleigh, NC	663	0	unknown - withdrew	N/A
Pleasantville, NJ	1,324	165	182	10%
Milford, OH	727	unknown – they partnered with another org that was not tracking monthly data	20 (developed own tracking)	unknown
Allegheny, PA	300	unknown - withdrew	N/A	N/A
Walla Walla, WA	94	unknown - withdrew	N/A	N/A

Snapshot of a Learning Community – Cohort 2

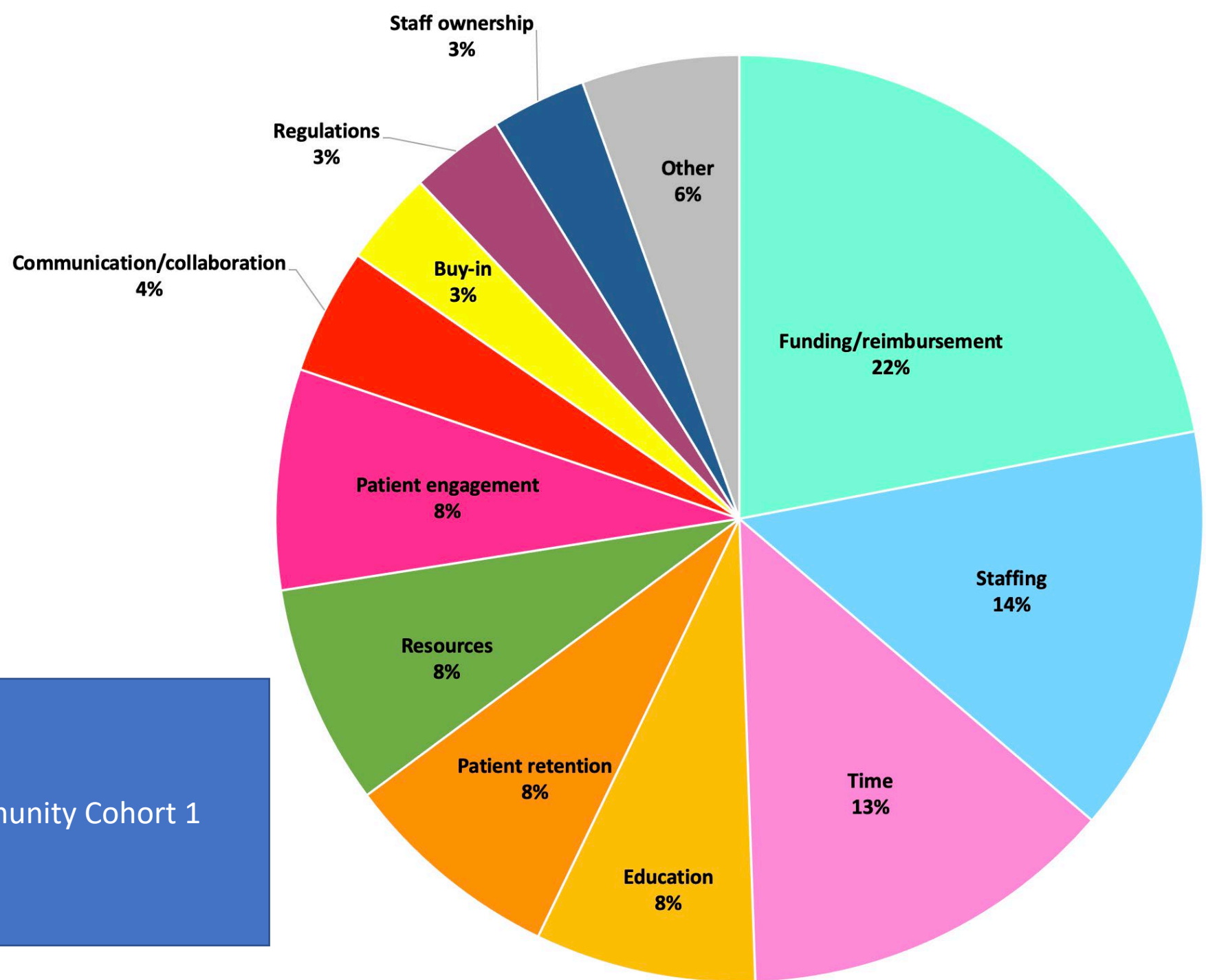
Location	Number Served Annually	Tested at Baseline	Tested at Final	Percent Change
Denver, CO	575	0	0	0% - anticipated beginning testing soon
Stratford, CT	930	unknown - withdrew	N/A	N/A
Three Sites in MD	1195	55	unknown – withdrew	N/A
North Wilkesboro, NC	578	unknown - withdrew	N/A	N/A
Binghamton, NY	400	48	51	6%
Glen Oaks, NY	420	10	8	-20%
Rochester, NY	935	unknown - withdrew	N/A	N/A
Syracuse, NY	1022	48	31	-35%
Watertown, NY	280	5	10	100%
Two Sites in OR	2204	60	117	95%
Lansdowne, PA	250	79	65	-18%
Sequim, WA	unknown - just opened	0	20	2000%
Three Sites in WA	4122	0	3	300%
Vancouver, WA	640	46	24	-48%

Anecdotal reasons shared about decrease in testing:

Fewer untested patients, pauses for additional staff training or formal policy creation

Anticipated Barriers to HCV Testing

Learning Community Cohort 1



Closing & Next Steps

1. We are responding to the national movement toward syndemic approaches.
2. Expanding from single infectious disease testing and treatment in the OTP setting to multi-disease testing and treatment.
3. Modifying our resources for the field to reflect this expanded scope and pilot testing new resources with OTPs.
4. Pilot testing resources with one Certified Community Behavioral Health Center to determine if this model could be expanded to include treatment settings beyond OTPs.

Addressing Gaps in Public Health HCV Surveillance Data Systems

Kelsa Lowe, MPH

Hepatitis C Epidemiologist

Wisconsin Department of Health Services, Bureau of Communicable Diseases



Acknowledgments

Abby Winkler, MPH

HIV Care Services Epidemiologist

Wisconsin Department of Health Services, Division of Public Health

Purpose

- Efforts to improve HCV data surveillance systems
- Successes/challenges experienced
- How these efforts have helped get more co-infected individuals treated for HCV

Wisconsin Electronic Disease Surveillance System (WEDSS)

- WEDSS Support Team

- 4 system administrators

- Public Health
- Transmit
- Infectious Disease

- 2 WEDSS

- Wisconsin
- Office

- Information

- Disease
- Reporting
- System
- Electronic

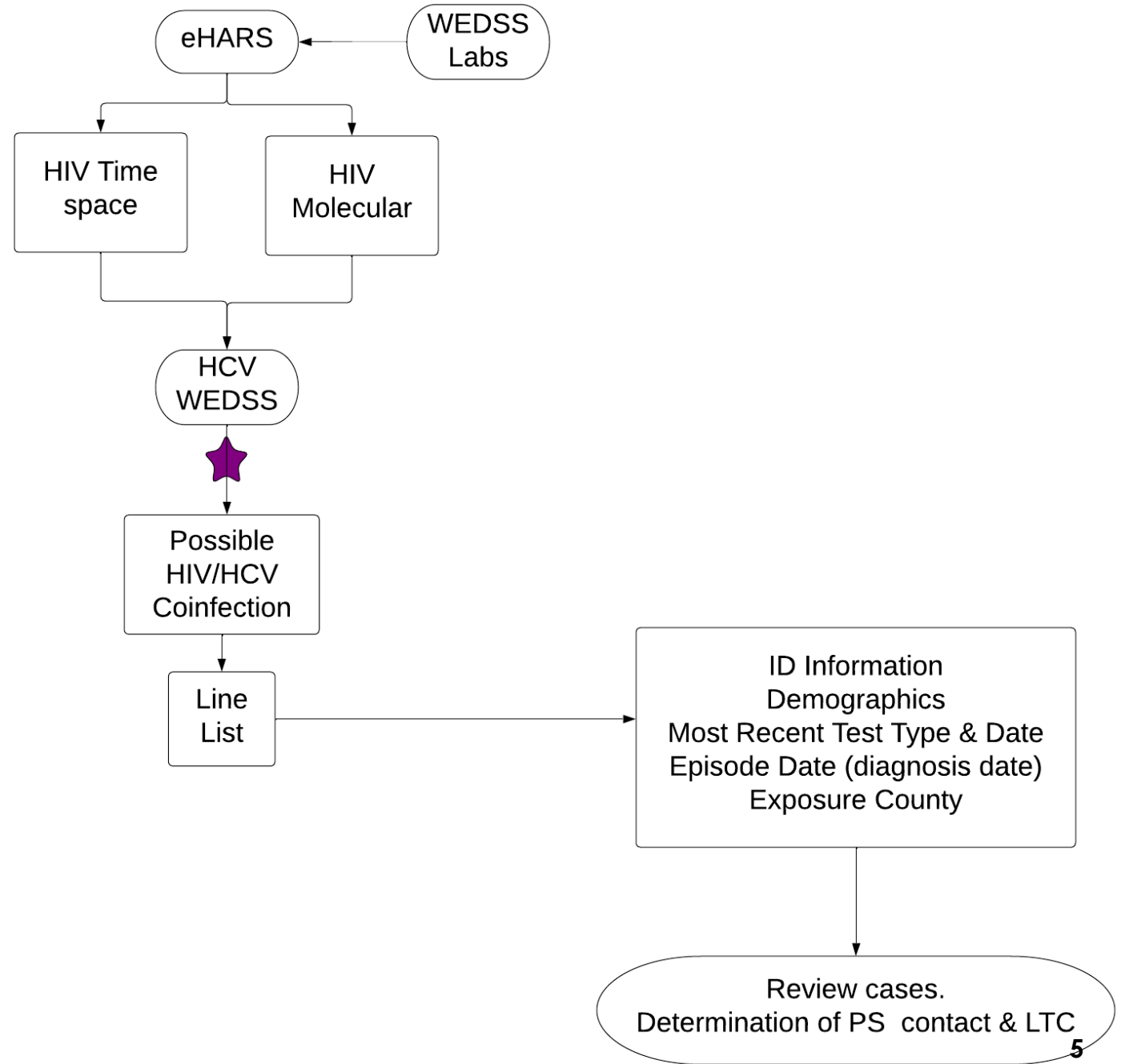
The screenshot displays the 'Rule Editor' interface. At the top, there are checkboxes for 'Is No Match Rule', 'Select Most Recent', and 'Skip if Multiple Matches', along with a 'Sort By:' dropdown. Below this, there are buttons for 'NOT', 'AND', and 'OR' logic, and '+ Add Rule' and '+ Add Group' buttons. The main area contains a rule structure:

- Outer rule: S.[Test Code] in '10676-5','11011-4','11259-9','20416-4','3'
- Inner group (dashed box):
 - Group logic: NOT AND OR
 - Group buttons: '+ Add Rule', '+ Add Group', '- Delete Group'
 - Rule 1: S.[Result Value] in 'Detected','DETECTED','Hepatitis C Vir'
 - Rule 2: S.[Organism Description Text (From ELR/eICR)] in 'Above threshold','DETECTED','Detecte'
 - Rule 3: S.[Abnormal Flag] in 'Abnormal (applies to non-numeric results) x', 'Above high normal x', 'Very abnormal (applies to non-numeric units, analogous to panic limits for numeric units) x'

WEDSS

- Additional staff positioned at Wisconsin State Lab of Hygiene (WSLH) coordinating ELR
 - WEDSS staff at WSLH communicate with lab partners across the state to increase quality of reporting and provide TA

HIV/HCV Co-diagnosis Process



HIV/HCV Co-diagnosis Dashboard

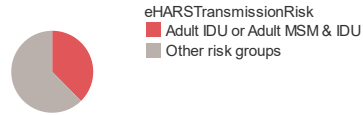
Number of Newly Detected HCV-HIV Coinfections

(Per eHARS currently living with HIV in WI; Per WEDSS ever had HCV+ test)

Filter by Date of Most Recent Diagnosis

1/9/2019 to 8/28/2023
and Null values

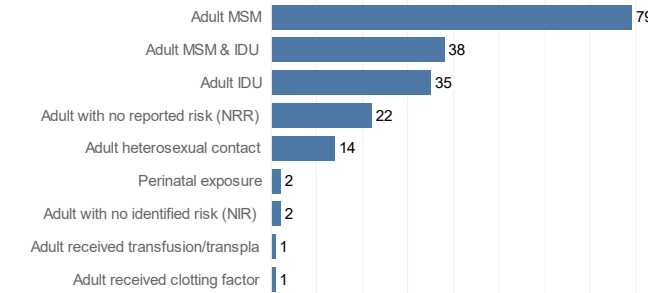
Filter by risk



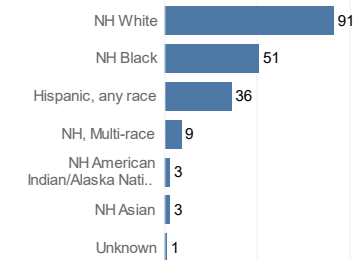
Total cases by quarter

Year of Mos..	MostRecentDiagnosisDate				Total
	Q1	Q2	Q3	Q4	
2019	11	12	9	7	39
2020	11	3	17	15	46
2021	11	6	7	10	34
2022	12	12	13	12	49
2023	13	8	5		26

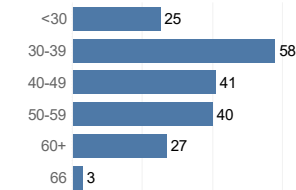
By risk



By race



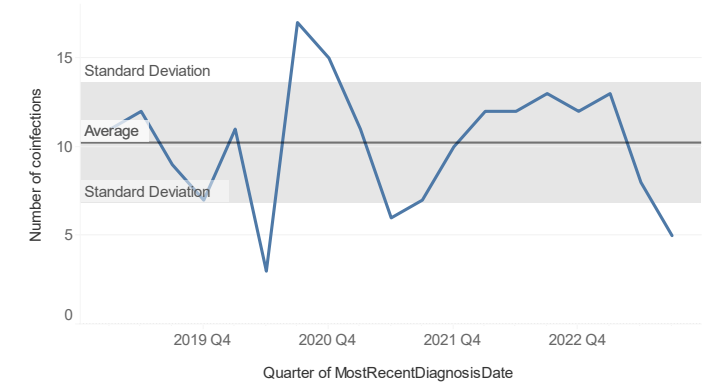
By age



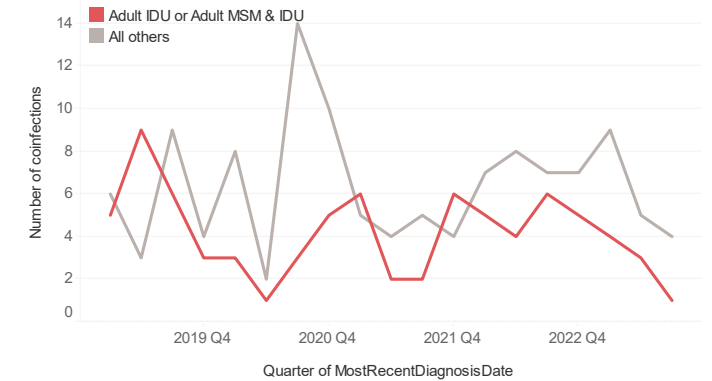
By Gender



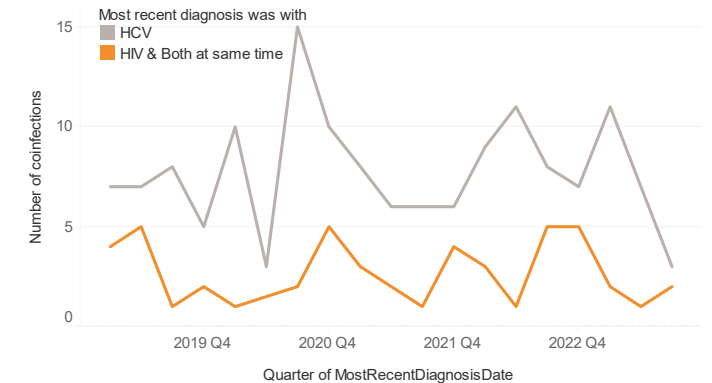
By date



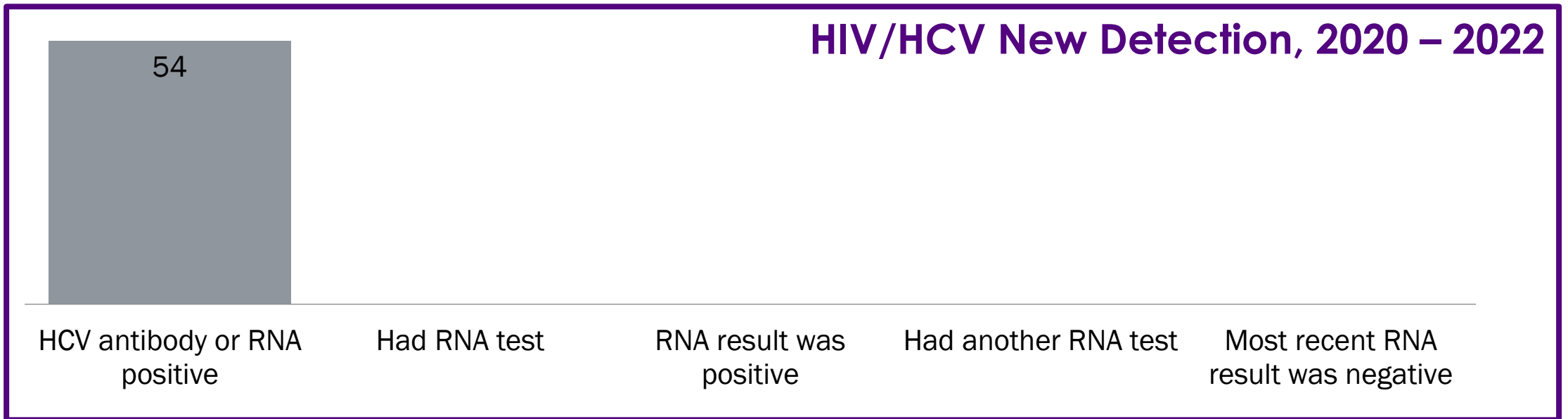
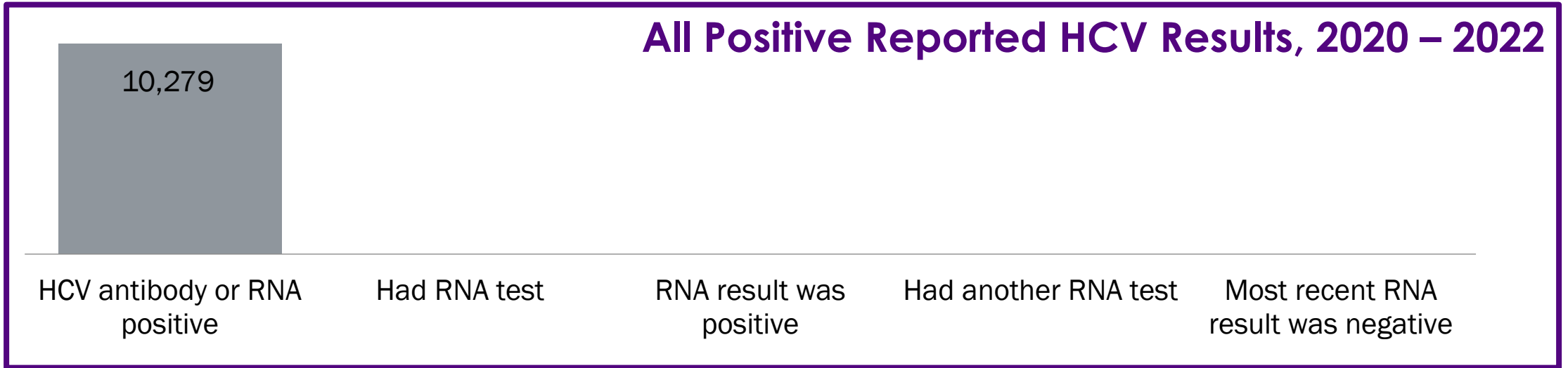
By date and risk



By date and most recent disease diagnosed with

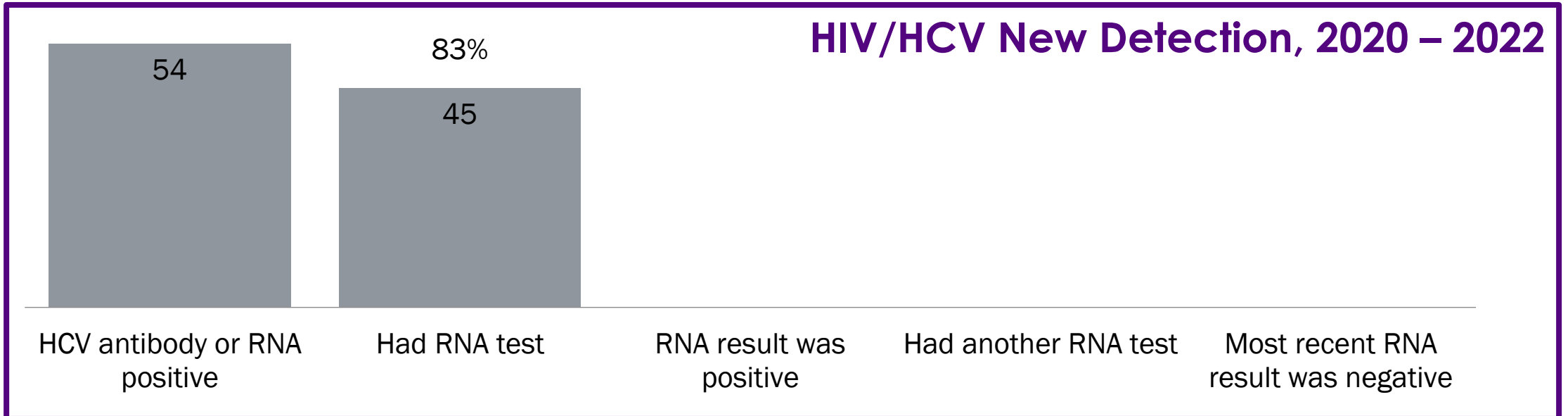
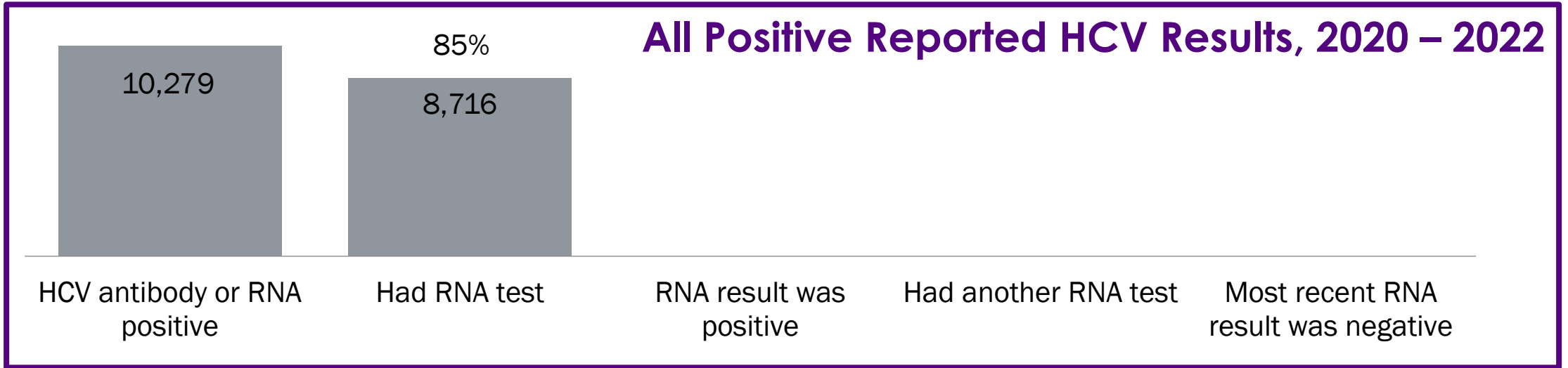


Wisconsin Coinfection Care Cascade, 2020-2022



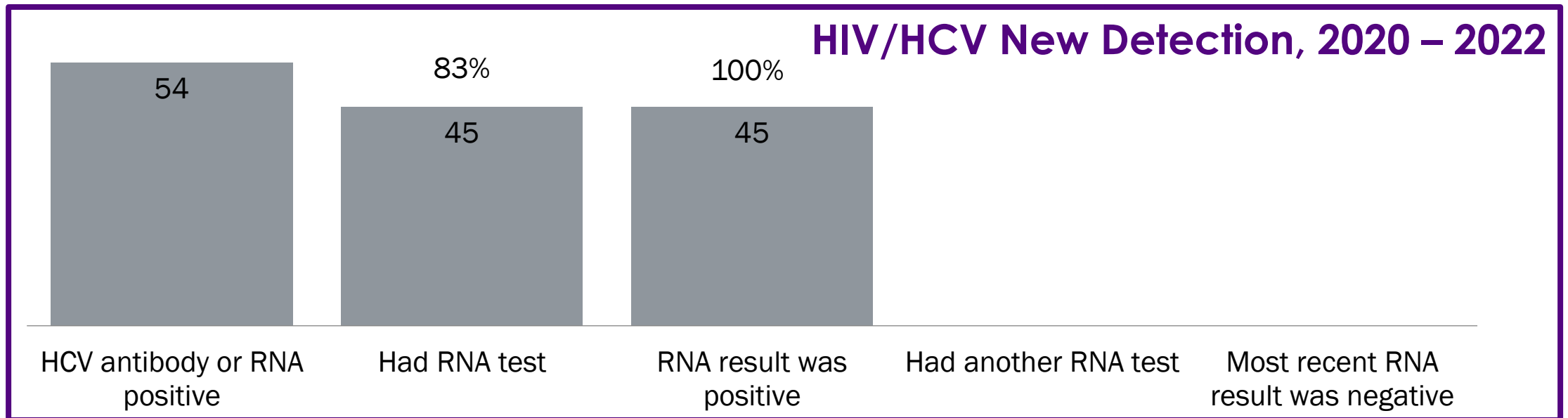
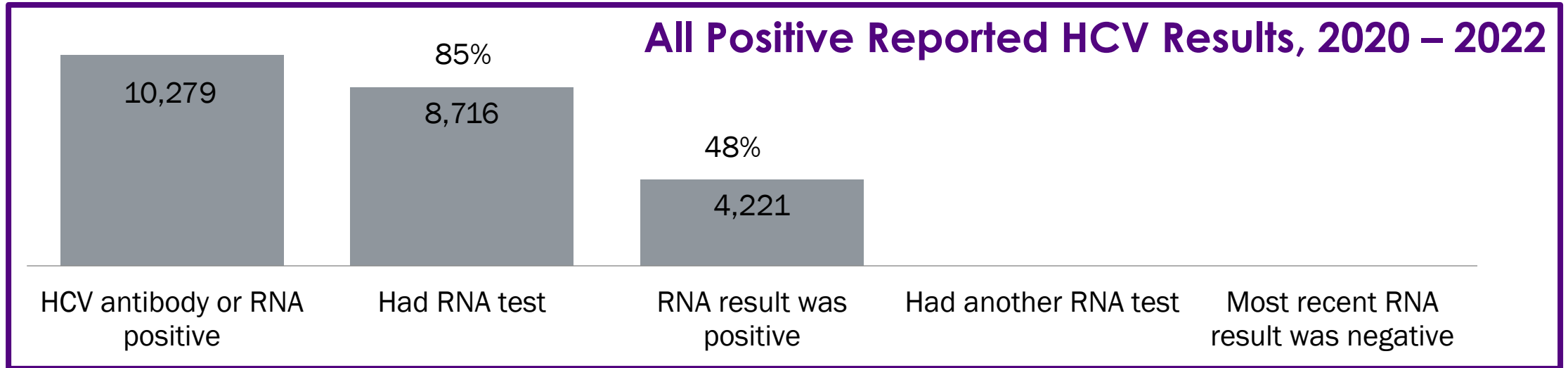
Source: Wisconsin Electronic Disease Surveillance System, newly reported hepatitis C cases 2020-2022.

Wisconsin Coinfection Care Cascade, 2020-2022

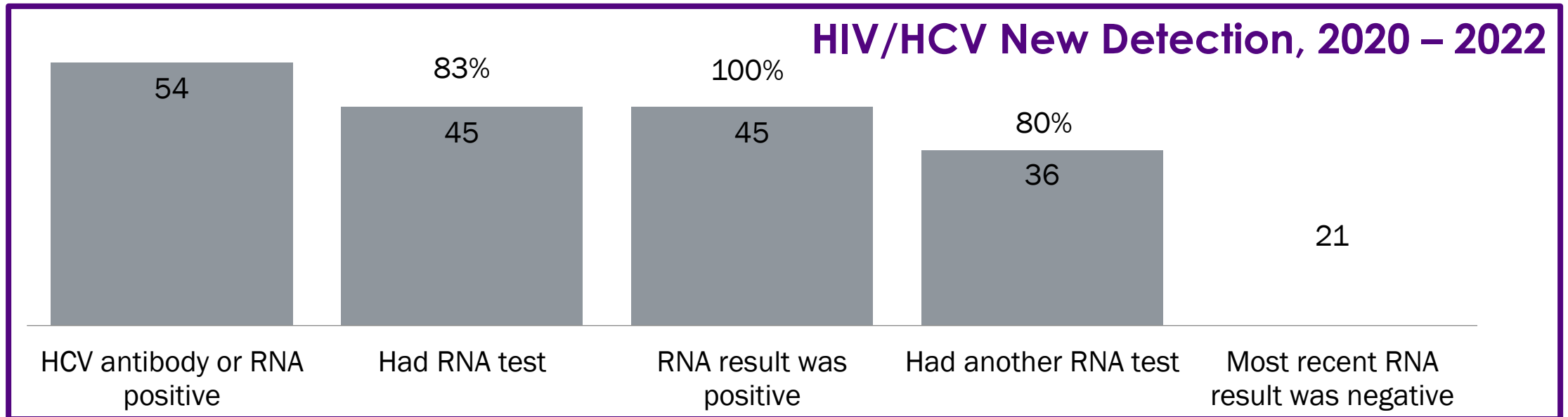
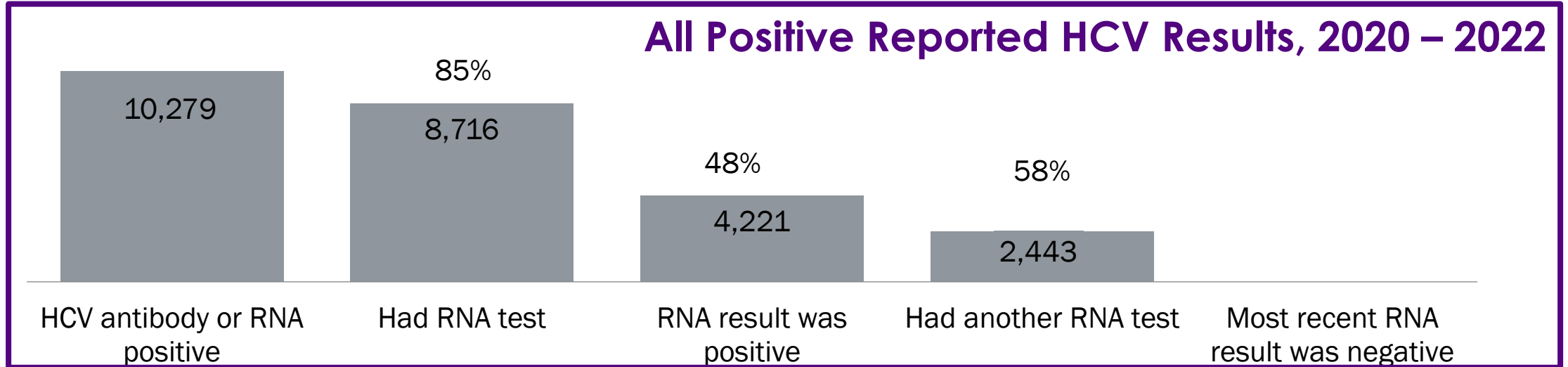


Source: Wisconsin Electronic Disease Surveillance System, newly reported hepatitis C cases 2020-2022.

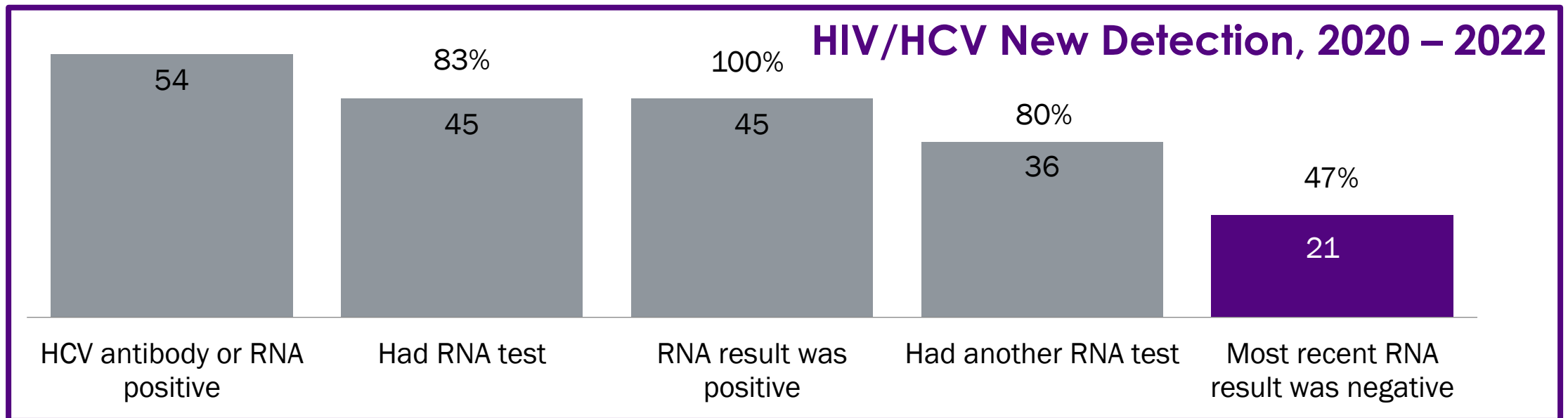
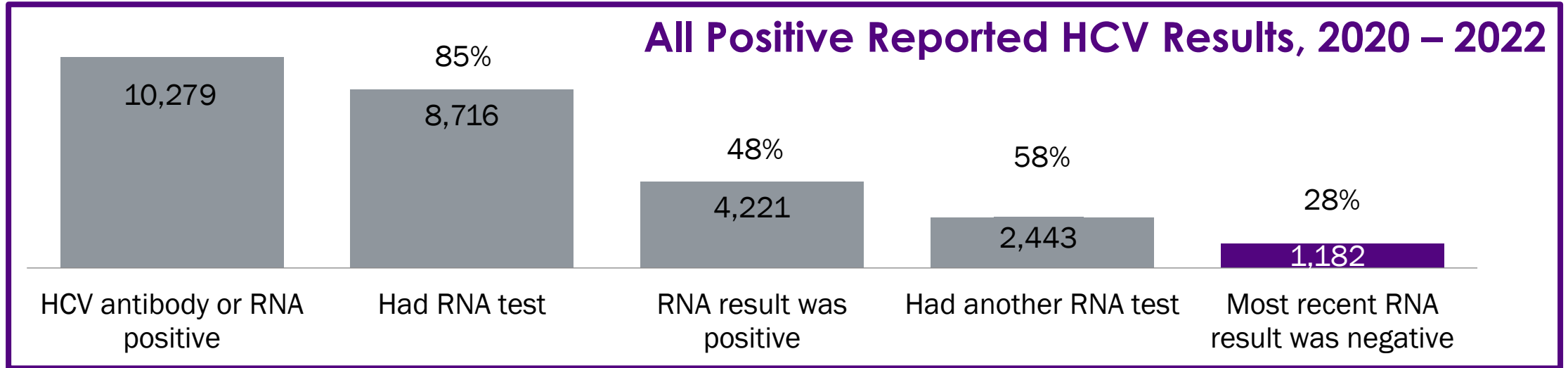
Wisconsin Coinfection Care Cascade, 2020-2022



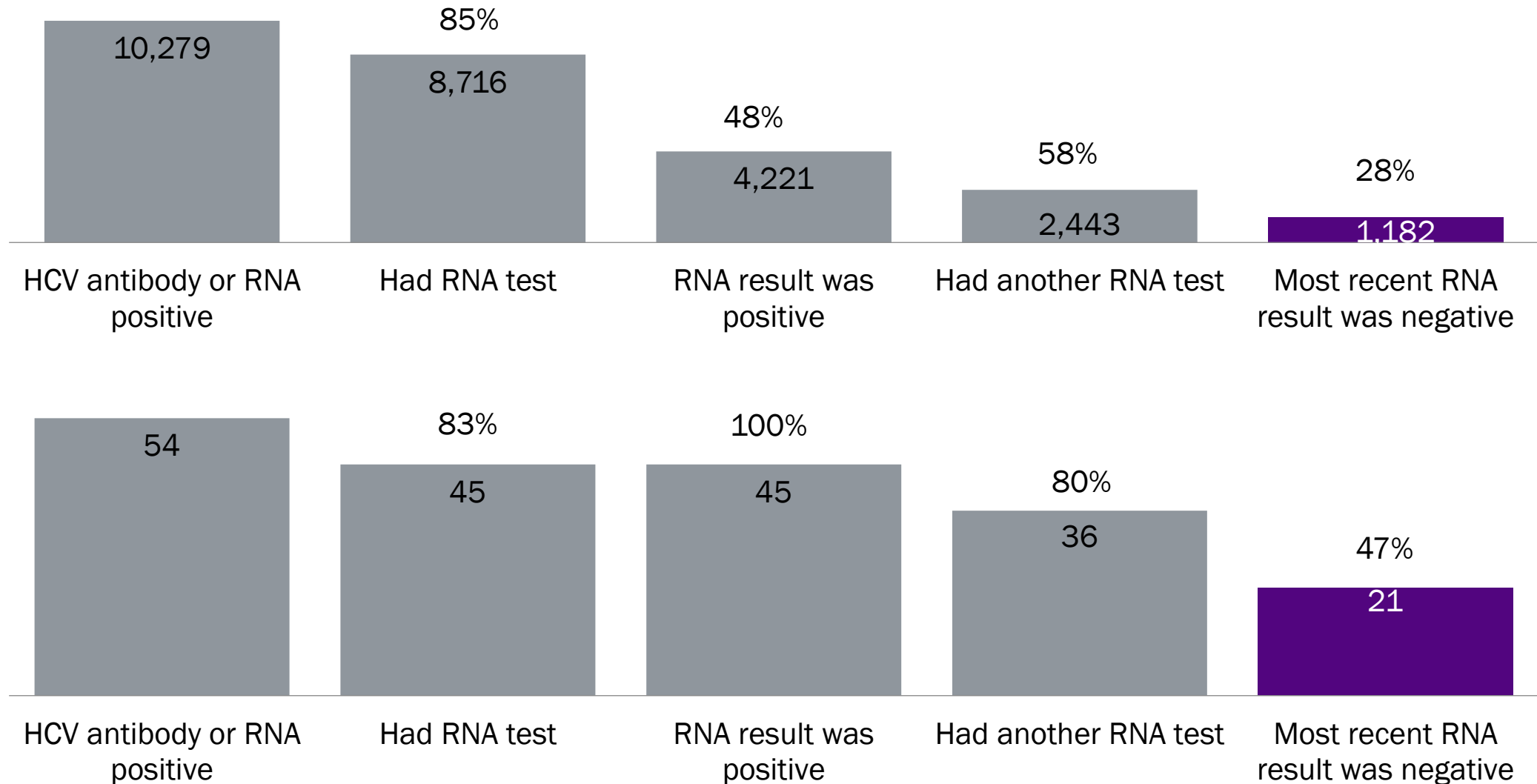
Wisconsin Coinfection Care Cascade, 2020-2022



Wisconsin Coinfection Care Cascade, 2020-2022



Wisconsin Coinfection Care Cascade, 2020-2022

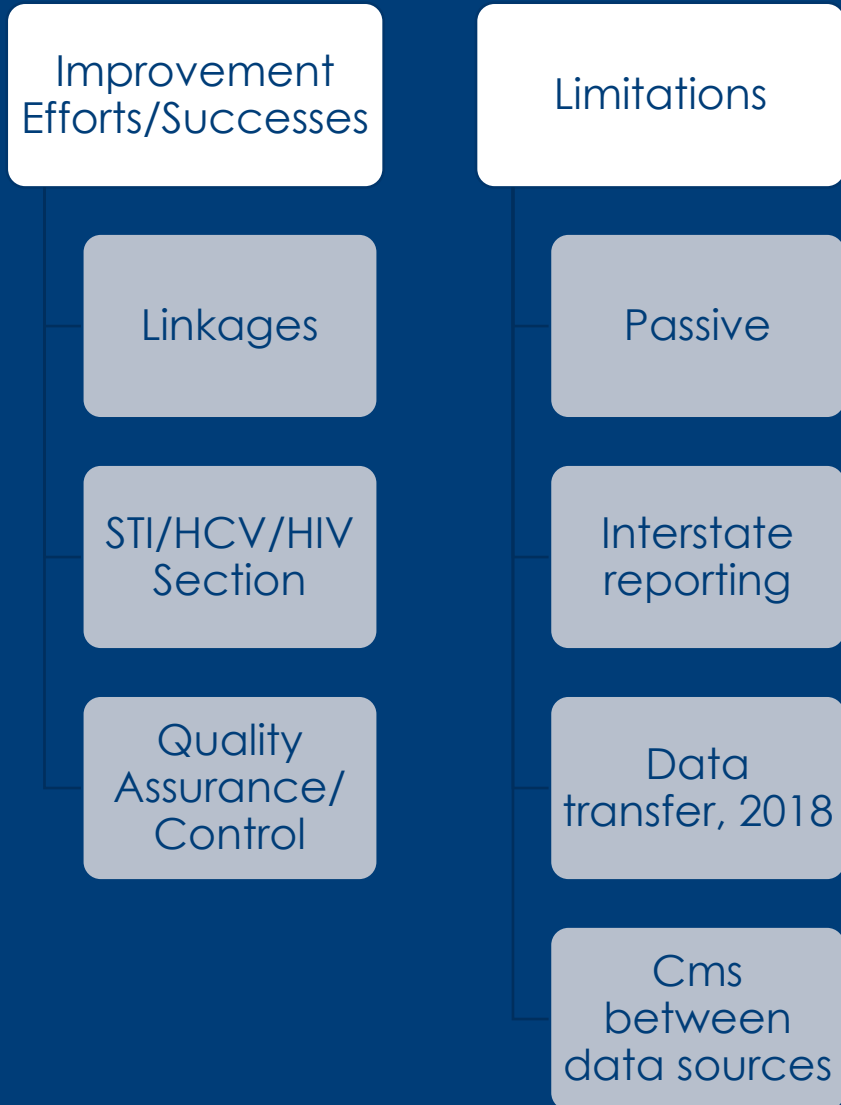


Source: Wisconsin Electronic Disease Surveillance System, newly reported hepatitis C cases 2020-2022.

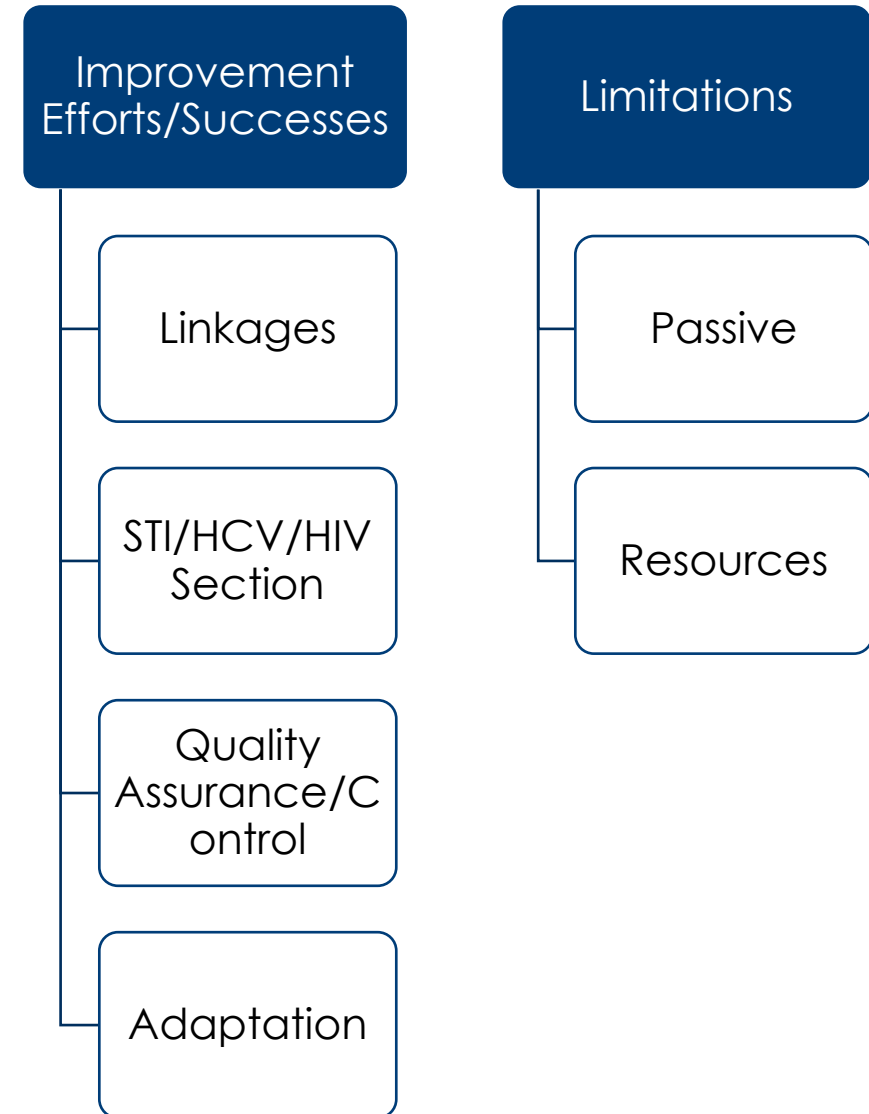
Coinfection Cases on ADAP, March 2020

- March 2020: 55 cases HIV/HCV Co-diagnosed on ADAP
 - 3 clients had ever filled HCV medications
- In 2019, WI expanded ADAP formulary
 - [AIDS Drug Assistance Program \(ADAP\) Formulary \(wisconsin.gov\)](https://www.wisconsin.gov/ADAP)
- National HCV Formulary for ADAP clients
 - [Hepatitis C Treatment Medications | NASTAD](#)

HIV Surveillance System (eHARS)



WEDSS




Questions?

Thank you!

Kelsa Lowe, Hepatitis C Epidemiologist
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Implementing STIRR-IT Among Vulnerable Individuals at High Risk for HCV & HIV: Results from two SAMHSA Programs

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University of Maryland

Screening &
Testing for HIV/HCV,
Immunization for HBV/HAV
Risk
Reduction Counseling
Integrated
Treatment

WHAT
DOES
STIRR-IT
MEAN?

STIRR-IT DELIVERY MODEL

Integrated staff

Accessible office

Blood drawing
facilities on-site

Vaccines stored
and delivered
on-site

Connected to
Electronic
Medical Record



YOUR HEALTH

Taking Care of Yourself

Community Psychiatry

ER GET A MEDICAL PROVIDER GO TO APPOINTME
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 ID ALCOHOL AND DRUGS GET A MEDICAL PROVIDE
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 UR MEDICATION GET REST EAT HEALTHY AVOID A
 OL AND DRUGS **GET A MEDICAL PROVIDER** GO TO
 TO APPOINTMENTS TAKE YOUR MEDICATION GET

How to AVOID getting or spreading Hepatitis and HIV

AVOID
 getting or spreading these infectious diseases by:

- Don't use intravenous drugs
- If a person can't stop using drugs, don't share needles with other people
- If a person feels that they have to share needles with other people, sterilize the works by immersing it in bleach for 30 seconds at least 3 times
- Don't have sex unless you are sure your partner has been tested and doesn't have any infectious diseases
- Always use a latex condom when having sexual relations
- Don't share personal items such as a razor, tooth brush, nail file, or nail clippers with others

Make a list of what you want to do to avoid getting or spreading these viruses.

- _____
- _____
- _____
- _____
- _____

YOUR HEALTH 10

How do you KNOW if you could have gotten Hepatitis or HIV?

Some of the ways people get exposed to the contaminated blood of other people and get infectious diseases are listed below.

CHECK
 off the ones that apply to you.

- Sharing injection needles with other people
- Sharing a straw for snorting cocaine, amphetamine, or heroin with others
- Having unprotected sex (without a condom) with more than 2 partners over your life or with people you do not know well
- Having a blood transfusion, hemodialysis, or organ transplant from an infected source before 1992 (for Hepatitis B virus or Hepatitis C virus) or before 1985 (for HIV)
- Having a body piercing or tattoo from improperly sterilized needles
- Using personal articles such as a razor, tooth brush, nail file, or nail clippers from someone else with the infection
- Being born to a mother with the infection

If you checked off any of these items, talk with your case manager, nurse, or doctor about getting a test to see if you have been infected.

Hepatitis B, Hepatitis C, and HIV can not be spread using public toilet seats, unless there is direct contact with blood.

6 YOUR HEALTH

IMPLEMENTATION

Demographics of *STIRR -IT* Participants

- ▶ 270 participants
- ▶ > 80% self-identify as African-American
- ▶ Average age 53 years (range: 18-69 years)
- ▶ Gender - 50% male and 50% female
- ▶ >70% diagnosis of serious mental illness
- ▶ Vast majority history of substance use

STIRR-IT OUTCOMES

- ▶ Successfully implemented model
- ▶ Total of 270 participants
- ▶ Nearly all clients attend all 4 sessions of (234/270)
- ▶ Outcome Measures:
 - ▶ 25% HCV positive
 - ▶ 8% HIV positive
 - ▶ 100% referred to care

"Why Me?" Understanding the HCV Care Continuum Among People With Serious Mental Illness

Rachel M. Arnold, B.A., Hana Machover, B.S., Megan E. Wall, B.S., Ida Ahmadizadeh, B.S., Wendy Potts, M.S., Seth Himelhoch, M.D., M.P.H.

Objective: Despite possible cure rates of >90% with new treatment, people with serious mental illness are rarely screened for hepatitis C virus (HCV). A collocated approach may help patients navigate the care continuum.

Methods: This study used a mixed-methods approach to increase understanding of the HCV care continuum for people with mental illness (N=170). Quantitative data included laboratory testing, risk assessments, and chart reviews. Qualitative interviews (N=9) were conducted to gain a broader understanding.

Results: Thirty-one (18%) patients tested positive for HCV; 13 were cured of HCV, and 10 are still receiving treatment. Qualitative interviews revealed that fear of the diagnosis may be an important treatment barrier.

Conclusions: Those with serious mental illness who were diagnosed as having HCV and received the collocated prevention and treatment program were able to navigate the continuum of care for HCV treatment. Fear of diagnosis may be an important consideration for future efforts.

Psychiatric Services 2018; 69:1188–1190; doi: 10.1176/appi.ps.201700542



Taking Care of Yourself By Women, For Women.

4 What can I do to lower my risk of, treat, or cure infection?

	Hepatitis A	Hepatitis B	Hepatitis C	HIV	HPV
Treatment		✓		✓	✓
Cure			✓		
Vaccine	✓	✓			✓
Preventative Steps	✓	✓	✓	✓	✓

Preventative Steps

Although this chart summarizes what can be done to treat a positive test result for infectious diseases (i.e., Hepatitis, HIV, and HPV), it is also important to remember that preventative steps can be taken to avoid testing positive for these diseases. Some of these steps are:

- Having protected sex with a condom
- Not sharing toothbrushes, nail clippers, nail files, or other personal items
- Not sharing needles, cotton/cookers, or water when using drugs

Hepatitis A & Hepatitis B

Prevention

There is a vaccine to prevent Hepatitis B infection. A blood test can determine if a person need the vaccine. If a person gets a vaccine before exposure to Hepatitis B, they will be protected. **The vaccine is free and safe.** A person will need 3 shots over 6 months to be fully protected.

There is also a vaccine for Hepatitis A. If you use drugs or have Hepatitis B, Hepatitis C, or HIV, you should **also have a vaccine for Hepatitis A.** A person will need 2 shots over 6 months to be fully protected.

Actions to Take



From the list of actions in the left-hand column below, place a checkmark in one of the columns next to it depending on if it's something you're already doing, will do, or need help to do:

Taking Care of Yourself	Things I am already doing.	Things I will do.	Things I need help to do.
Regularly seeing a healthcare provider for primary care			
Regularly seeing an OB/GYN			
Taking medication(s) as prescribed			
Getting enough rest			
Eating healthy foods			
Avoiding alcohol and street drugs*			

Avoiding Getting or Spreading the Viruses	Things I am already doing.	Things I will do.	Things I need help to do.
Reducing IV drug use and using clean needles			
Getting both you and your partner tested for STIs			
Always using condoms correctly when having sex			
Not sharing personal items that could come into contact with blood or body fluids, like a toothbrush or razor			

*Alcohol and other drugs are toxic. These may be especially toxic to the liver. Because of this, people infected with Hepatitis B or Hepatitis C need to avoid drinking alcohol or drink as little as possible.

IMPLEMENTATION

Demographics: *ATHENA* Participants

- ▶ 181 participants
- ▶ 79% self-identify as African American
- ▶ Average age 54 years (range: 24 - 75 years)
- ▶ Gender – 100% Female
- ▶ >65% with a diagnosis of mental illness
- ▶ 100% with history of substance abuse

ATHENA OUTCOMES (To Date)

- ▶ **Successfully implemented model**
- ▶ **Total of 181 participants**
 - ▶ **As of 10/1/2023**
- ▶ **Nearly all clients attend all 4 sessions of STIRR-IT (66% 120/181)**
- ▶ **Outcome Measures:**
 - ▶ 14.4 % HCV positive
 - ▶ 6.4 % HIV positive
 - ▶ 100% referred to care