

Infections and Injection Drug Use in NC

Hepatitis C, the most common blood-borne infection in the United States, is most frequently transmitted through injection drug use.

Chronic Hepatitis C prevalence, estimated to be 1.1% of the population, may account for more than 110,000 infections in North Carolina. Fifty percent of these infections are likely undiagnosed.

Viral Hepatitis (B and C) associated Liver Cancer has nearly doubled during the past 10 years.

Injection drug use associated Endocarditis, a bacterial heart valve infection, has increase more than 13-fold during the past five years.

Figure 1: Acute Hepatitis C Rates by County in 2014

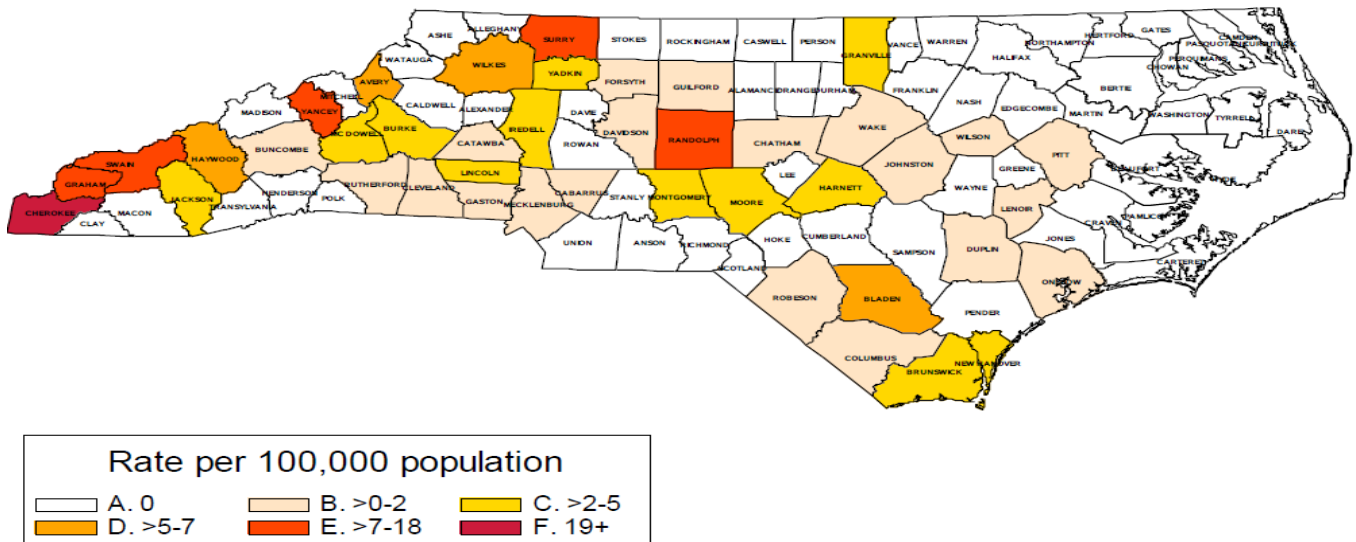


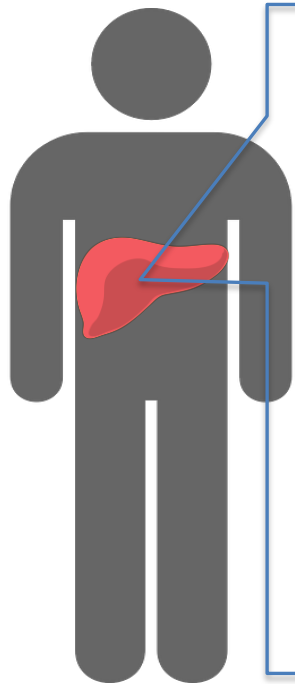
Figure 2: Acute Hepatitis B and C Cases by Year, North Carolina 2000-2015

Since 2009, acute Hepatitis C has increased >400%.

Since 2012, acute Hepatitis B has increased reversing a 10-year, decreasing trend.

Since 2006, the average age of acute hepatitis C patients has decreased six years from 40 to 34 years of age.

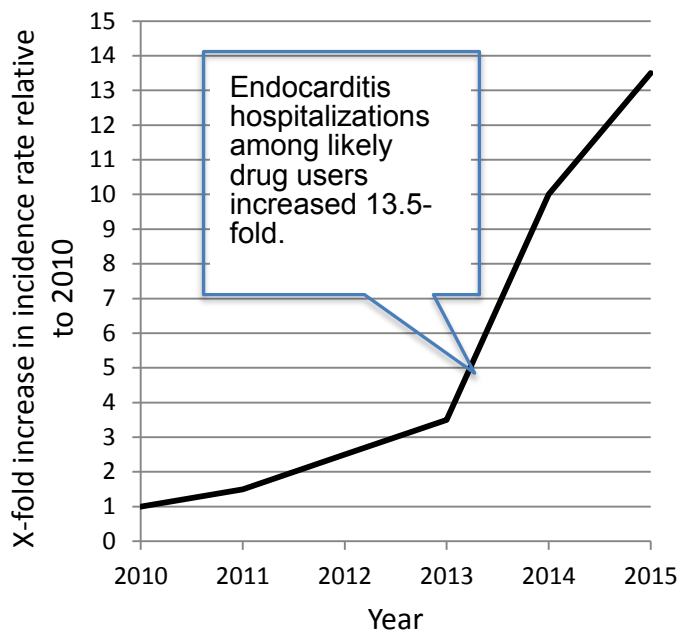




Between 2004 and 2014, Liver Cancer rates in North Carolina have nearly doubled in both:

Men (6.7 to 11.1 cases/100,000) and Women (2.1 to 3.9 cases/100,000)

* 65% of liver cancer is caused by viral hepatitis infections [CDC]



NC Communicable Disease Branch Response and Accomplishments

Hepatitis C TLC (Test, Link, Cure)

The goals for the project are to:

- 1) Enhance Surveillance;
- 2) Increase Hepatitis C testing for high risk persons (“Baby Boomers”, injection drug users, persons living with HIV);
- 3) Increase vaccination for Hepatitis A and B,
- 4) Link HCV positive persons to healthcare;
- 5) Increase access to Hepatitis C treatment and cure.

Expanded Testing Program, 2014-2016:

Site	# Tests	% Positive
Drug Treatment Facility	5,146	18.4
Prisons/Jails	4,084	12.2
CBOs	6,589	6.9
Community Health Center	718	3.9
HIV/STD/TB Clinic	8,574	3.4
Family Planning/ Prenatal Clinic	908	2.1
Total	26,111	8.6

*Testing only available to high risk counties through limited funding through 2017.

Accomplishments:

Surveillance

As of January 1, 2017, chronic hepatitis C became reportable in North Carolina using Electronic Laboratory Reporting (ELR).

Regional stakeholder outreach

The Branch has organized regional stakeholder workshops with local health departments, healthcare providers and community based organizations to discuss the responses to the acute hepatitis and injection drug use epidemics.

Carolina Hepatitis Academic Mentorship Program (CHAMP)

CHAMP, implemented in 2016, is a hepatitis telemedicine training program. CHAMP identifies primary providers in rural or difficult to reach locations and link them to academic medical centers for specialty care training.

CHAMP is sustained by the collaborative efforts provided by the North Carolina Division of Public Health, Communicable Disease Branch; the University of North Carolina, and Duke Health.

