NCSL PUBLIC HEALTH WEBINAR SERIES

Policies and Strategies to Address Infectious Diseases

JANUARY 6, 2020
WEBINAR AGENDA

- Welcome
  - Charlie Severance-Medaris, policy specialist, National Conference of State Legislatures

- Policies and Strategies to Address Infectious Diseases
  - Sara C. Zeigler, associate director for policy, Office of Policy, Planning and Partnerships, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Centers for Disease Control and Prevention
  - Audience Q&A

- Legislative Respondents
  - Representative Alex Valdez, Colorado
  - Delegate Matthew Rohrbach, West Virginia
  - Audience Q&A
THANK YOU!
CDC NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION
UPCOMING WEBINARS

**NCSL Public Health Webinar Series:**
- Jan. 8 | Welcome to the Legislature: What You Need to Know About Public Health
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**Recorded Webinars from the Series**
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- Pharmacists' Role in Public Health: Increasing Access to Care | Watch now
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- Saving Moms: Strategies to Reduce Maternal Mortality in the U.S. | Watch now
Policies and Strategies to Address Infectious Diseases

NCSL Public Health Webinar Series

Sara C. Zeigler, MPA
Associate Director for Policy
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention,
U.S. Centers for Disease Control and Prevention

January 6, 2021
Overview

- HIV, viral hepatitis, sexually transmitted infections (STDs) and tuberculosis are costly to individuals and the healthcare system.
- Preventing these infectious can save lives, save money, and reduce disparities. State-level strategies can have a big impact.
- Opportunities to rebuild and innovate.
Not all Americans are affected equally

- Progress toward prevention of infectious diseases has been uneven among populations and we can do more.

- We have access to some of the most powerful prevention and treatment tools in history.
Preventing Infectious Diseases Can Save Lives and Money
The cost of HIV to America

700,000+
American with HIV have lost their lives

Without intervention
>350,000
Americans will get HIV in next 10 years

$28 billion
Spent on HIV by US government annually

Lifetime individual HIV treatment cost
$501,000

https://www.kff.org/hivaids/fact-sheet/u-s-federal-funding-for-hivaids-trends-over-time/
Most transmissions are from people who don’t know their status or aren’t in care

<table>
<thead>
<tr>
<th>% OF PEOPLE WITH HIV</th>
<th>STATUS OF CARE</th>
<th>ACCOUNTED FOR X% OF NEW TRANSMISSIONS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>15%</td>
<td>didn’t know they had HIV</td>
<td>38%</td>
</tr>
<tr>
<td>23%</td>
<td>knew they had HIV but weren’t in care</td>
<td>43%</td>
</tr>
<tr>
<td>11%</td>
<td>in care but not virally suppressed</td>
<td>20%</td>
</tr>
<tr>
<td>51%</td>
<td>taking HIV medicine and virally suppressed</td>
<td>0%</td>
</tr>
</tbody>
</table>

*Values do not equal 100% because of rounding

SOURCE: Vital Signs, 2019

- Average time from infection to diagnosis is 3 years
- 81% of HIV infections transmitted by people who don’t know they have HIV or aren’t in care
Tackling STDs is essential in ending the HIV epidemic

- Having an STD doubles the risk of acquiring or transmitting HIV during sex among heterosexuals
- About half of men diagnosed with syphilis have HIV
- Routinely screening and treating people with HIV for STDs will decrease new HIV infections

STDs cost the healthcare system nearly $16 billion each year
Increasing incidence of hepatitis C (HCV) infection

Rates of reported acute hepatitis C by race/ethnicity – United States, 2003-2018

Number of newly reported chronic hepatitis C, 2018 (n=137,713)

If CDC screening guidelines were implemented, hundreds of thousands of lives and billions of dollars saved.
A (too) common denominator: Injection drug use

The opioid crisis is fueling a dramatic increase in infectious diseases associated with injection drug use.

- Reports of acute hepatitis C virus (HCV) cases rose 3.5-fold from 2010 to 2016
- A majority of new HCV infections are due to injection drug use.
- Over 2,500 new HIV infections occur each year among people who inject drugs
- Increasing proportion of syphilis cases among people who inject drugs
- Invasive MRSA infections among people who inject drugs increased 124% from 2011 to 2016
HIV outbreaks have been occurring across the United States among people who inject drugs

(Select Examples)

- Scott County, Indiana: 215 cases, 2015
- Cabell County, West Virginia: 80 cases, 2018-2019
- Lawrence and Lowell, Massachusetts: 129 cases, Jan 2015-June 2018
- Philadelphia, Pennsylvania: 46 cases, Oct 2017-Sept 2018
- Cabell County, West Virginia: 80 cases, 2018-2019
- Northern Kentucky & Hamilton County, Ohio: 135 cases, Jan 2017-Oct 2018

Lifetime medical cost from Scott County, Indiana outbreak: >$100 million

Data adapted from Volkow et al., 2019, publications, presentations, and health alerts.
Implementation of Public Health Strategies Work
Incidence of new HIV infections has declined

1980s
Peak incidence near 130,000 annually

2008 - 2012
Interventions resulted in infection decreases to <40,000 annually

2013- Present
HIV infections stable

>$15 billion saved over time

https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html
Hepatitis C and hepatitis B death rates have declined

Source: CDC WONDER, Multiple Cause of Death Data
*Rates are age-adjusted per 100,000 U.S. standard population in 2000.
≠Cause of death is defined as the underlying cause of death or one of the multiple causes of death and is based on the International Classification of Disease, 10th Revision (ICD-10) codes B17.1 and B18.2.
Innovative models for hepatitis C treatment

Target population: Medicaid beneficiaries, other low-income adults, incarcerated persons

**Innovative Care Delivery Model**
- NM uses technology, best-practice protocols, rural & community primary care clinicians to deliver care

**Innovative Financing Models**
- WA pays fee up to a cap for access to treatment. After that, state will pay per prescription at a lower cost.
- LA pays set fee for five years of unlimited access to treatment.
Testing and screening policies

State Policy Approach: New York HCV testing law associated with 52% increase baby boomer testing

Healthcare System Approach: Veterans Administration HIV screening program doubled testing

FIGURE 1—Mean annual HIV testing rates at Veterans Affairs facilities with and without a routine HIV testing electronic clinical reminder: United States, 2009-2011.

FIGURE 2. Rate of hepatitis C virus testing* per 1,000 Medicaid recipients, by age cohort — New York, 2012–2014

Flanigan MMWR 2017; Kwan PHR 2016; Czamogorski AJPH 2013
Strategies to address syndemics

- Improve implementation of and access to high-quality syringe services programs nationwide
- Increase linkage to substance use disorder treatment at healthcare encounters for potential injection drug use-related infections
- Increase testing, linkage to care, and treatment for multiple infectious diseases at a time, including those related to substance use
- Increase state and local capacity to detect and respond to infectious disease clusters
- Implement effective programs to prevent substance misuse and infectious diseases, including with youth
Syringe services programs prevent transmission of blood-borne infections

- Access to sterile injection equipment can help prevent blood-borne infections, skin infections and endocarditis
- Health care provided at these programs can catch problems early and provide easy-to-access treatment
- In Philadelphia, these programs averted 10,582 HIV infections over 10 years; 1-year return on investment of $243.4M

*Medication for Opioid Use Disorder (MOUD)
Nearly 30 years of research demonstrates that Syringe Services Programs are safe, effective and provide critical services

- **Engage people who inject drugs in healthcare and other social service**
  - Improved access to primary care
  - **5 times** as likely to enter treatment for a substance use disorder
  - **3 times** more likely to stop injecting than those who don’t use the programs
  - Improved treatment retention

- **Do not increase crime**

- **Keep communities clean by providing safe needle disposal**

- **State and local laws** can facilitate access to clean injection equipment and other services for persons who inject drugs.
  - Authorization of syringe services programs
  - Drug paraphernalia
  - Retail sale of syringes to persons who inject drugs

Ample opportunity to increase HCV Screening

• Vast majority of new HCV infections are associated with injection drug use

• Less than half of persons who inject drugs reported getting tested for HIV or hepatitis C in the past year

• Less than 30% of substance use treatment facilities offer screening for HIV or hepatitis C

Key actions to help end the HIV epidemic

**PREDICT**
PREDICT people without HIV, but at risk for it, can take PrEP as prescribed to prevent getting HIV.

**TEST**
HIV tests determine the next prevention step, PrEP or HIV treatment.

**TREAT**
86% of people with HIV know they have it. TARGET: 95%

**PREVENT**
People who know they have HIV should take medicine daily to control the virus.

HAVE PREP PRESCRIPTION: 18%
TARGET: 50%

HAVE HIV UNDER CONTROL: 63%
TARGET: 95%

* The 4th pillar of Ending the HIV Epidemic, Respond, is not a part of these Vital Signs data.

SOURCE: MMWR December, 2019
State policy strategies that can impact HIV epidemic

- Normalized, routine, opt-out screening in primary care and other settings
- Scope of practice and prescribing
- Necessary Innovations: Self-testing and self-sample collection

Lessons learned can apply to viral hepatitis, STDs, latent TB infection

NY State law requires health care professionals to offer all patients between the ages of 16 – 64 an HIV test – including a rapid test.
Screening upon entry into correctional facilities

- 11 million admissions annually into correctional settings
- 30% of all persons with HCV infection in the US spend at least part of the year in a correctional institution
- Legal challenges: Not providing HCV treatment in correctional facilities

Conclusions

- Infuse resources and implement effective strategies where there is the greatest need
- Testing for infectious diseases is fundamental step in preventing, treating, and curing infectious diseases
- Scaling up innovative approaches is essential, especially now.
Thank you!

Acknowledgements: Michael Williams, Jonathan Mermin
Please type your questions into the chat box and we will get to as many as we can!
Syringe Service Programs (SSPs)

- **Florida SB19-366**: Allows county commissions to authorize sterile needles and syringe exchange programs.
- **Kentucky SB15-192**: Allows counties to establish SSPs. Kentucky’s SSPs refer participants to substance use disorder (SUD) treatment, provide overdose prevention education, test for infectious diseases and provide hepatitis A and B vaccinations.
- **Minnesota HF19-4601**: Provides a grant of $367,000 to the Rural AIDS Action Network to distribute naloxone kits and provide related training throughout the state, and to provide syringe exchange services.

Pre-Exposure Prophylaxis

- **California SB20-159**: Pharmacists are authorized to dispense PrEP and PEP without a prescription, permitting them to administer 30 to 60 days of the drugs after testing and counseling.
- **Colorado HB20-1061**: Allows a pharmacist to prescribe and dispense HIV infection prevention drugs and requires carriers to reimburse a pharmacist employed at an in-network pharmacy for prescribing HIV infection prevention drugs.
Screening and Testing for Congenital Syphilis

- **Nevada SB09-307**: Updates syphilis screening statues to include both the first and third trimester.

- **Texas SB19-748**: Expanded testing requirements to include syphilis testing at delivery and creating the Newborn Screening Preservation Account to help cover the costs of expanded testing.
NCSL TECHNICAL ASSISTANCE

- NCSL Can (Virtually) Come to You!
  - Connect your committee, staff or other colleagues to CDC experts and other professionals.
  - Tailored to fit your state’s needs.

- NCSL and CDC Kentucky Technical Assistance- 2019
  - NCSL provided overview of state legislative trends around syringe service programs.
  - CDC provided tailored information addressing specific questions and challenges Kentucky faced in implanting its SSP law.
  - State health officials provided testimony and research on the state’s successes to date.
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