Florida’s Response to Hepatitis C and HIV Outbreaks and Clusters

Hepatitis Virtual Learning Collaborative
February 9, 2022
Miami-Dade County, Florida

• Estimated population is 2,864,600¹

• Highest rates of new HIV diagnoses (42.4 per 100,000) for any metropolitan statistical area in United States (13.2 per 100,000)²

• Rate of acute Hepatitis C (HCV) in Miami-Dade 1.6 per 100,000 (chronic HCV 46.7 per 100,000) in 2019

• At the time of the investigation Miami-Dade was the only county in Florida with a legal Syringe Services Program (SSP)

¹https://www.flhealthcharts.gov/FLQUERY_New/Population/Count
Acute Hepatitis C Cases in Miami-Dade, 2018

- 63 acute cases reported in 2018
- 34 (54%) investigated
- 3 (9%) interviewed

Legend

- ▲ NHBS site
- ⬤ Cases Investigated & Interviewed
- ⬤ Cases Investigated
- ⬤ Cases Not Investigated

1 2018 data as of 5/23/2019
NHBS-IDU5 Sample 2018

• Started sampling eligible PWID in Miami-Dade County August 15 through December 15, 2018
• 57% overall with reactive Hepatitis C (HCV) (includes acute)
• Acute non-reactive rapid HCV test, positive RNA NAT
• 18% positivity rate for acute HCV (n=89)
NHBS-IDU5 Acute HCV

506 individuals participated with a confirmatory HCV result, 89 determined HCV acute, 9 of the acute HCV cases had a reactive HIV result.
NHBS-IDU5 Acute HCV Needle Exchange Use

Participated in SSP

Yes ☑ No ☐

25%

Used Needle After Another Person by Number of People Shared

Compared to 53% of non-acute HCV participants
Time-series of individuals with confirmed HIV seroconversion, Miami, Florida, 2018
Primary epidemiologic and molecular network of confirmed HIV seroconversions

- Confirmed HIV Seroconversion
- Previous Positive HIV Status
- Negative HIV Status
- Unknown HIV Status
- No HIV Genotype
- IDEA Participant

- Epidemiological Link
- Social Link
- Molecular Link at 0.5% Genetic Distance
- Epidemiological Link and Molecular Link at 0.5% Genetic Distance
- Molecular Link at 1.5% Genetic Distance
- Epidemiological Link and Molecular Link at 1.5% Genetic Distance
Response to Increase in Acute HCV

• Organized local leadership in Miami-Dade

• Developed a comprehensive written “outbreak” response plan for HCV and HIV focus on PWID

• Mobilized community stakeholders including only SSP in the county
Response to Increase in Acute HCV

• Leveraged Department and local resources for testing and treatment referrals
• Ramped up outreach and testing events
• Improved focus on surveillance local investigations
• Developed alternative testing algorithm to identify acute HCV
Alternative Rapid HIV/HCV Testing Algorithm

Prescreen: Persons who have injected drugs in the last 30 days or who are participating in the IDEA Exchange SSP

Order HIV/HCV NAT test regardless of previous negative results

• Conduct a confidential rapid test
• Order NAT through State Lab

Previous negative rapid result within the last 6 months

Stop No further tests

HIV/HCV NAT

Nucleic Acid Test (NAT)

Rapid HIV/HCV antibody test

Link to care
HIV Risk Network Among PWID, Miami-Dade, Florida, 2018

AIDS and Behavior
https://doi.org/10.1007/s10461-019-02680-9

Rapid Identification and Investigation of an HIV Risk Network Among People Who Inject Drugs –Miami, FL, 2018

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Previous Bureau of Communicable Disease Organization

Bureau Chief
Emma Spencer

TB Control Section: Duane Ashe
HIV/AIDS Section: Brandi Knight
STD and Viral Hepatitis Section: Craig Wilson
HIV/Hepatitis Surveillance
Viral Hepatitis Prevention Program
New Bureau Section

Viral Hepatitis and Outbreak Response Program Administrator

- Epi Supervisor
- Biostatistician Vacant
- Health Educator: Ashley Huie
- Field Operations Consultant: Nita Harrelle

Lead Epi Outbreaks and Response: Scott Pritchard

Surveillance Epi: Michelle Fedrick

Surveillance Epi: Vacant
Florida Syringe Exchange Program Implementation Status
(as of October 1, 2021)

- **County with operational syringe exchange program***
- **County with approved county ordinance for syringe exchange**
- **County with executed letter of agreement****

*Per section 381.0038(4), Florida Statutes, county commissions must authorize syringe exchange programs by way of a county ordinance and must enter into a letter of agreement with the Florida Department of Health prior to contracting with an entity to operate the program.

**Counties that have executed a letter of agreement with the Department have also passed an ordinance.

www.floridahealth.gov/programs-and-services/idea/
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Discussion & Questions

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