



HepTAC VLC: North Dakota

Working Across the Health Department and with Other State Agencies to Increase Collaboration on Viral Hepatitis Prevention and Surveillance Activities

March 8, 2023



Health & Human Services

Topics of Discussion

- NDHHS Program Structure
- Surveillance Tools
- Relationship with Medicaid, Corrections and Behavioral Health



NDDoH now NDHHS.

- Department of Health and Department of Human Services Merged in September 2022
- Public Health Division and a Behavioral Health Division
 - HIV, STIs, Viral Hepatitis, Ryan White and TB in one Unit
- Now Under Same Agency as Medicaid

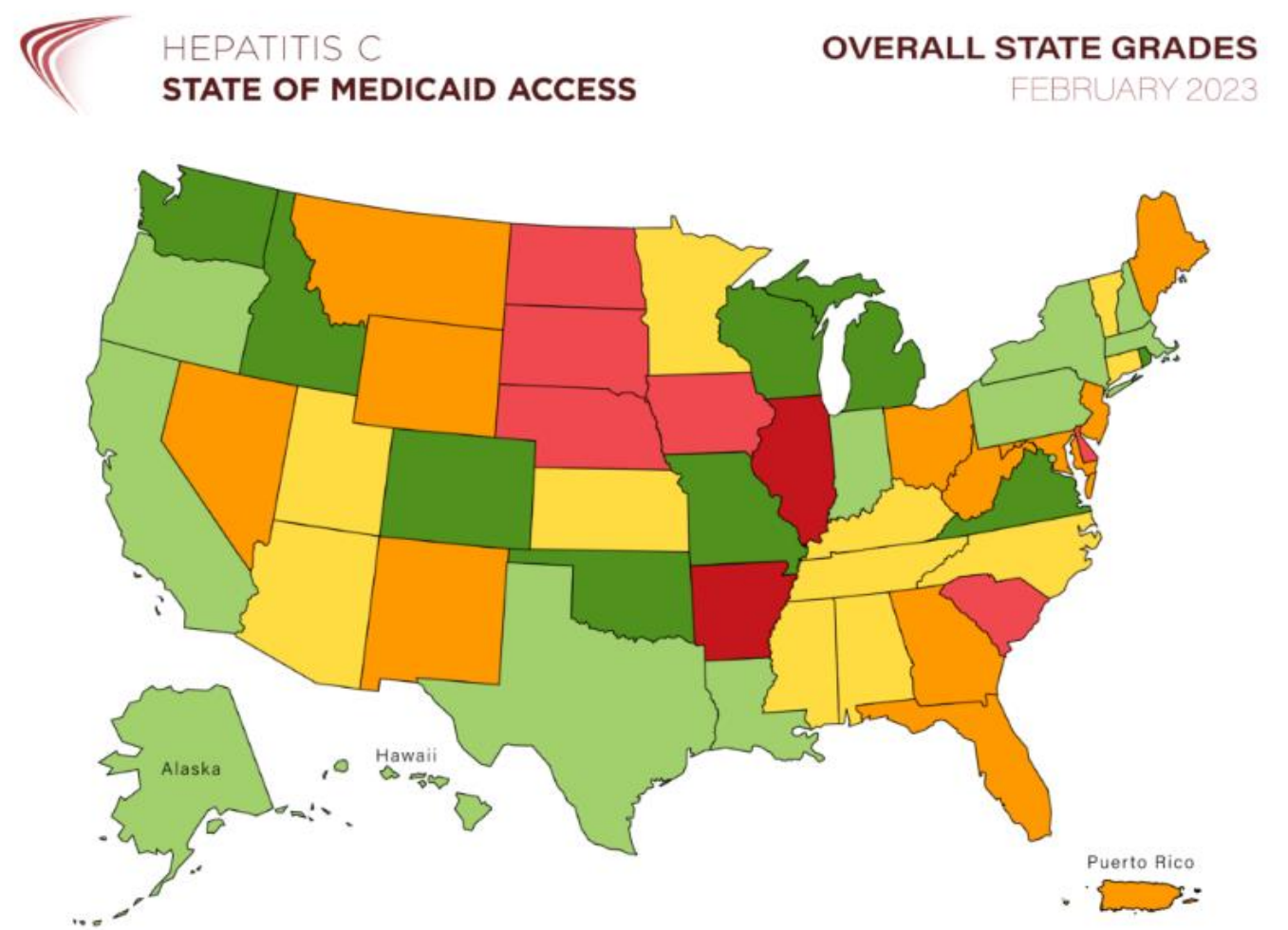


ND Surveillance Activities.

- Hepatitis C RNA Negative Reportable
- Future: Adding HBV DNA Undetected, Pregnancy in Hepatitis C
- Data Sources:
 - HIN
 - Maven
 - Data Quality Coordinator



Need for Partnership with Medicaid.



NORTH DAKOTA

D

- A** PA removed for most patients; no other restrictions
- A** PA removed for most patients OR PA required for all patients; minimal restrictions
- B** PA removed for most patients; some restrictions OR PA required for all patients; minimal restrictions
- C** PA required for all patients; some restrictions
- D** PA required for all patients; many restrictions
- E** PA required for all patients; harsh restrictions

Our Partnership with Medicaid.

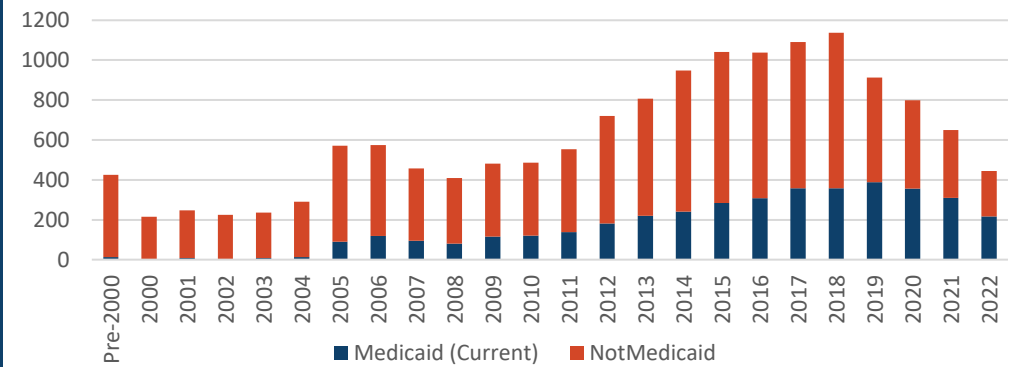
- Medicaid shared their enrollees from 2000 – 2022
- Compared to HCV Surveillance Data
- Number of HCV Infections Enrolled in Medicaid & Number of Medicaid Enrollees that need Additional Follow-Up
- Developing Strategies to Involve DIS in HCV Treatment Follow-Up



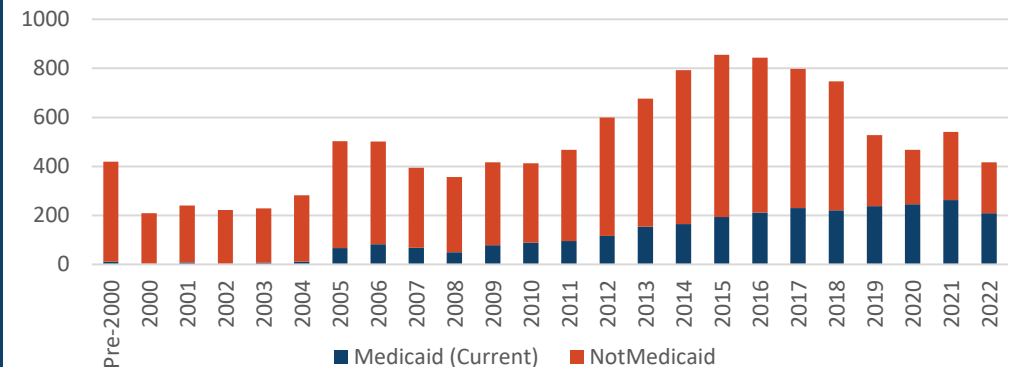
Overall, 27% of reported HCV infections are currently enrolled in ND Medicaid.

- 4,035 Medicaid Enrollees have been reported to NDHHS as having confirmed or probable HCV infection.
 - Of these **1,220** (30%) have resolved infection and are not considered currently infected.
 - There are possibly **2,815** currently infected patients of ND Medicaid that could benefit from additional follow-up for confirmation of infection and/or treatment.

Hepatitis C Infections by Medicaid Status by Diagnosis Year



Potentially Infectious by Medicaid Status by Diagnosis Year



HCV Advisory Council.

- Developing HCV Elimination Plan
- Members:
 - Lived Experience
 - Syringe Service Programs
 - ND Dept of Corrections
 - SUD Treatment Providers
 - HHS Testing Sites
 - Surveillance Epidemiologists
 - Tribal Public Health & IHS



Department of Corrections.

- Screen all Inmates: HIV/ Hepatitis C, GC, Chlamydia and Quantefiron gold testing
- Treat Individuals with APRI > 0.5
 - Current budget allows treatment of about 43% of those with chronic HCV
 - Utilize 340B
- Invited to Weekly Treatment Grand Rounds Among Providers
 - Unable to Utilize Report Form

PLOS ONE

RESEARCH ARTICLE

Epidemiology of Hepatitis C virus infection among incarcerated populations in North Dakota

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OPEN ACCESS

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Data Availability Statement: Data cannot be shared publicly because of the sensitive nature of justice involved individual data as determined by the North Dakota Department of Corrections

Abstract

This retrospective cohort study was conducted to determine the prevalence of HCV infections among individuals incarcerated in a state prison system and identify potential contributing factors to HCV infection. North Dakota Department of Corrections and Rehabilitation (NDDOCR) data from 2009 to 2018 was used and period prevalence was calculated for this 10-year time period. The period prevalence of HCV infection was (15.13% (95% CI 14.39–15.90) with a marginally significant (p-value: 0.0542) increasing linear trend in annual prevalence over this period. Multivariate logistic regression analysis was used to identify risk factors associated with HCV infection. The main significant independent risk factors for HCV infection in this incarcerated population were age >40 years [OR: 1.78 (1.37–2.32)]; sex [OR: 1.21 (1.03–1.43)]; race/ethnicity [OR: 1.97 (1.69–2.29)]; history of intravenous drug use (IVDU) [OR: 7.36 (6.41–8.44)]; history of needle or syringe sharing [OR: 7.57 (6.62–8.67)]; and alcohol use [OR: 0.87 (0.77–0.99)]. Study limitations include uncollected information on sexual history, frequency or duration of injection drug use and blood transfusion history of the incarcerated population. Considering the high prevalence of HCV infection and its associated risk factors, it is important to implement prevention programs such as syringe/needle exchanges and counsel with imprisoned IVD users.

Introduction

Hepatitis C virus (HCV) infection is the most frequently reported blood borne infection in the United States in both general and incarcerated populations [1]. HCV causes both acute and chronic infection. Acute HCV infection mainly occurs within the first 6 months after a person

Behavioral Health

- Monthly Meetings
- Collaborate on Funding Announcements
- SOR – SSP Funding
- Exploring HCV screening in all programs: Administrative Rules



University Partnerships.

- Develop Relationships to Expand Full-Time Workforce.
- Detailing Program.
- Increase HCV Testing in Primary Care.
- Identify Providers Willing to Treat HCV.
- Center for Collaboration and Advancement in Pharmacy



Sexually Transmitted and Bloodborne Diseases Unit.

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**VIRAL
HEPATITIS**

National Strategic Plan
A Roadmap to Elimination
for the United States | 2021-2025



The United States will be a place where new viral hepatitis infections are prevented, every person knows their status, and every person with viral hepatitis has high-quality health care and treatment and lives free from stigma and discrimination.

This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstance.

National Viral Hepatitis Strategic Plan, 2021 - 2025