



Health Alert Network

Tri-County Health Department

Serving Adams, Arapahoe and Douglas Counties

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John M. Douglas, Jr., M.D. Executive Director

The pages that follow contain information critical to protecting the health of your patients and the citizens of Colorado.

HAN ADVISORY

Number of pages including cover: 5

Subject: **Advisory - Acute Hepatitis C Virus (HCV) Infections - November 6, 2015**

Message ID: 11/6/2015 1:00:00 PM

Recipients: HAN Community Members.

From: TRI-COUNTY HEALTH DEPARTMENT

Adams, Arapahoe and Douglas County, Colorado

Recipient Instructions: **Tri-County Health Department is forwarding you the attached HAN. You may have already received this broadcast if you are on the CDPHE distribution list, however, we wanted to ensure you did not miss this important information. No response is required.**

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You have received this message based upon the information contained within our Health Alert Network Notification System. If you have a different or additional e-mail or fax address that you would like us to use, or if you have additional questions, call 720-200-1477.

Categories of Health Alert Network Messages:

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service/Public Health Brief: Provides general information that is not necessarily considered to be of an emergent nature.

**You may download a copy of this HAN from the TCHD website at
<http://www.tchd.org/259/Health-Alert-Network>**



HEALTH ALERT NETWORK BROADCAST

MESSAGE ID: 110622015 10:20

FROM: CO-CDPHE

SUBJECT: HAN Advisory – Acute Hepatitis C in Northwest Colorado

RECIPIENTS: Local Public Health Agencies, Emergency Departments, Infection Preventionists, Infectious Disease Physicians

RECIPIENT INSTRUCTIONS: Local Health Public Health Agencies please forward to healthcare providers

HEALTH ADVISORY: Acute Hepatitis C Virus (HCV) Infections - November 6, 2015

*****Health care providers: Please distribute widely in your office*****

KEY POINTS:

- Following an observed increase of acute hepatitis C virus (HCV) infection, especially in northwestern Colorado, the Colorado Department of Public Health and Environment (CDPHE) urges all clinicians who suspect HCV in their patients to screen for injection drug use (IDU) and HIV.
- Between January and July, 2015, five cases of acute HCV were reported in northwestern Colorado: three from Moffat County, one from Routt County, and one from Garfield County. Previously, no cases had been detected in these counties since 2009. All five cases reported IDU within the last year.
- Among statewide cases of acute HCV reported for 2015 as of November 2, IDU was reported by 64% while HIV testing was reported in only 18% of cases. One case was co-infected with HIV.
- CDPHE, Garfield County Public Health, and Northwest Colorado Visiting Nurses Association (NWCOVNA) recommend increased screening of people <35 years of age for substance abuse including IDU.
- Syringe exchange programs for IDU have been shown to be effective in disease control. Nine syringe exchange locations are currently operational in Colorado and new syringe exchange programs may be established with approval of local Boards of Health.
- Healthcare providers are required to report a case of HCV to the CDPHE Disease Reporting line at 303-782-2759 or outside metro Denver at 1-800-811-7263. Report HIV cases to 303-692-2694. These reports should be made within 7 days of diagnosis for HCV and HIV.

BACKGROUND INFORMATION:

Several states have reported outbreaks of HCV associated with people who inject drugs. This advisory raises concerns about an increase in HCV infections and a potential increase in HIV infections related to injecting drugs, because IDU is a risk factor for both HCV and HIV infection. In a recent HIV outbreak associated with IDU in Indiana, for example, 92% of HIV cases were co-infected with HCV. Testing for HIV among patients with known or suspected IDU or HCV infection is an established recommendation that is critical for patient care and public health epidemic control.



Among 33 acute HCV cases in Colorado between January and October of 2015, the average age is 27.4 years; 58% are male; and 64% report IDU. Risk factors were not identified for 24% of cases. Among 20 cases with additional demographic information reported, 60% are white non-Hispanic and 40% are Hispanic.

As of November 2, the 2015 statewide rate of acute HCV infection is 0.6 per 100,000 population. This does not represent an overall statewide increase compared to historical rates of acute HCV in Colorado. At this time, focus is on northwestern Colorado, where new cases have been detected for the first time in Moffat and Routt counties since 2007 and 2006 respectively, and in Garfield County since 2009. The current rate of acute HCV infection in Moffat, Routt, and Garfield Counties is 23.3, 4.2, and 1.7 per 100,000 population, respectively. Of the other counties with two or more reported cases of acute HCV infection in 2015, only Pueblo County has a rate higher than the statewide average, with 3.1 acute HCV infections per 100,000 population. CDPHE will continue to monitor acute HCV infection rates.

TESTING FOR HIV IN THE CONTEXT OF HCV AND IDU:

In northwestern Colorado, all five of the acute HCV cases reported injecting heroin within the last year. Two of the cases were linked with previously reported chronic HCV cases. None of the five acute HCV cases had evidence of an HIV test at initial presentation; one case later tested non-reactive for HIV.

The number of HIV cases in Garfield, Moffat, and Routt counties have remained stable over the past five years and have not been associated with IDU. However, the lack of HIV testing among acute HCV cases raises concern about inadequate screening for HIV. Statewide, there is a similar gap in HIV screening among acute cases of HCV. Among 33 cases of acute HCV in 2015 so far, only 24% of cases had HIV tests ordered, and only 18% of cases had documented results. One acute HCV case in Boulder County was co-infected with HIV; this individual reported non-injection drug use.

SYRINGE EXCHANGE PROGRAMS FOR DISEASE CONTROL:

Persons who inject drugs should never share material and should always use a new, sterile needle and syringe for each injection. Syringe exchange programs have been shown to be effective as a method for disease control. Several studies have found that syringe exchange programs substantially reduce risk of HIV infection, increase the probability that a person will initiate drug treatment, and do not contribute to an increase in drug use. Syringe exchange programs provide free sterile syringes and other IDU supplies to reduce the spread HIV, HCV, and other bloodborne pathogens. The programs also collect used syringes which contribute to a cleaner and safer community environment. Syringe exchange programs may be established in Colorado with the approval of local Boards of Health. Currently, nine sites are operating throughout Colorado (see appendix).

CLINICAL INFORMATION:

Acute HCV is defined as an illness with discrete onset of any sign or symptom consistent with acute viral hepatitis (e.g., fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, and abdominal pain), and either a) jaundice, or b) elevated serum alanine aminotransferase (ALT) levels >400IU/L.

RECOMMENDATIONS/GUIDANCE:

- CDPHE, Garfield County Public Health, and NWCOVNA recommend increased screening of people <35 years of age for substance abuse including IDU. The following website provides



guidance on how to screen people for substance abuse and available resources for people with substance abuse issues: <http://www.linkincare.org/>

- Test any patient for HCV and HIV when the patient discloses IDU. HCV and HIV screening is also recommended for all sexual and needle sharing contacts to a person who injects drugs. HIV screening should be provided for all patients infected with HCV (<http://www.hcvguidelines.org/full-report/hcv-testing-and-linkage-care>), as well as screening for other sexually transmitted infections. HCV and HIV testing algorithms and guidance can be found at: <http://www.cdc.gov/hiv/testing/> and <http://www.cdc.gov/hepatitis/hcv/hcvfaq.htm#section3>.

Report any suspected acute HCV case including symptoms and ALT results or any HIV case within seven days. You can report a case of HCV to the CDPHE Disease Reporting line at 303-782-2759 or outside metro Denver at 1-800-811-7263. Report HIV cases by calling 303-692-2694. **For more information:** Individual providers should contact the Viral Hepatitis Program at 303-692-2780 or for HIV 303-692-2694.



Appendix: Syringe Exchange Programs in Colorado

Organization	Address	Phone
Boulder County Public Health	3482 Broadway, Boulder	(303) 413-7500
Boulder County Public Health	529 Coffman, Ste. 200, Longmont	(303) 678-6166
Boulder County Public Health-ARC	3180 Airport Rd., Boulder	(303) 441-1281
Boulder County AIDS Project	2118 14th St., Boulder	(303) 444-6121
Access Point Denver (DCAP)	2490 W 26th Ave., Ste. 300A, Denver	(303) 837-1501
Harm Reduction Action Center	231 E. Colfax Ave., Denver	(303) 572-7800
Access Point Northern Colorado (NCAP)	400 Remington, Ste. 100, Fort Collins	(970) 484-4469
Access Point Southern Colorado (SCAP)	Call for locations Pueblo	(719) 248-0372
Access Point Western Colorado (West CAP)	805 Main St., Grand Junction	(970) 243-2437

