Preventing Infectious Diseases Amid the Opioid Epidemic

The recent explosion of opioid use in the United States has created tremendous risk for hepatitis C (HCV), hepatitis B (HBV) and HIV outbreaks – increasing infection rates among new groups and undoing progress toward curbing transmissions. The nation’s infectious disease public health infrastructure is an underutilized resource in our collective response to the opioid epidemic. The systems and programs built over the last two decades to respond to HIV and HCV are well poised to conduct outreach, engagement, and early intervention services with individuals who use drugs. A comprehensive response to the opioid epidemic, which resulted in over 33,000 deaths in 2015 and over 64,000 deaths in 2016, must include wide-ranging infectious disease prevention efforts, strategies to reduce fatal overdose, increased substance use treatment, and reductions in the infectious disease consequences of the opioid epidemic, particularly rising cases of HBV, HCV, and HIV.

A recent study conducted by Altarum found that the economic and societal costs of opioid use and related deaths has reached epic proportions and that the benefit of “preventing opioid overdoses, deaths, and substance use disorders in 2016 would have exceeded $95 billion.” The study also found that the estimated annual costs of indirect medical expenses associated with the opioid epidemic is $9.2 billion. Indirect medical costs are the costs associated with the increased risk and treatment for diseases related to illicit drug use such as hepatitis B and C, HIV, tuberculosis, and cases of neonatal abstinence syndrome. Additionally, health complications of injection drug use pose a barrier to recovery from drug use disorders, increasing risk of overdose, additional transmission of infectious disease, endocarditis, and possibly death.

HCV kills more Americans than all 60 nationally notifiable infectious diseases combined. Available data suggest that up to 70% of new HCV infections are among people who inject drugs. One in 10 new HIV diagnoses are among people who inject drugs. Currently, there is a lack of services and supports available for people who inject drugs to adequately care for their health and the health of their communities.

Individuals Living with Infectious Disease

- 850,000 – 2.2 MILLION LIVING WITH CHRONIC HEPATITIS B
- 3.5 MILLION LIVING WITH HEPATITIS C
- 1.1 MILLION LIVING WITH HIV

Estimates from latest CDC Data

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2 CDC, https://www.cdc.gov/hiv/images/risk/Syringe-Services-Programs-for-HIV-Prevention.jpg
Rise of Infectious Disease tied to Opioid Use

Over the last several years, the opioid epidemic has led to concerning numbers of new HCV and HIV infections tied to injection drug use:

- Hepatitis B infections are also increasing, linked to injection drug use. In 2014, approximately 20,000 new cases of hepatitis B occurred, an increase from an estimated 18,800 in 2011. From 2006-2013 the number of new hepatitis B infections in three states (Kentucky, Tennessee, and West Virginia) increased among young PWID by 114%, with the increases happening primarily after 2009.3
- Increases in mother-to-child transmission of HCV are being seen in several states due to the increase of women using injection drugs. In Wisconsin, rates of HCV in pregnant women increased by 93% over a ten-year period, and mother-to-child transmission was documented in 4% of infants.4
- Use of drugs is also associated with increased rates of tuberculosis and sexually transmitted diseases (outside of HCV and HIV).

Outbreaks of HIV and HCV related to the shared use of syringes have occurred in Indiana, San Diego, and elsewhere in the past two years. The CDC has identified 220 counties across 26 states that are vulnerable to outbreaks of HCV and HIV. Over 93% of those 220 counties vulnerable to HIV outbreaks do not currently have comprehensive syringe service programs. Without these programs and the resources needed to provide sterile injection materials, transmission rates will continue to increase. Many studies over the years have shown that at the community level, the presence of comprehensive syringe service programs is effective at decreasing HIV prevalence.5

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Additional Resources Needed

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The community requests an increase of $100 million for the viral hepatitis program at CDC to implement comprehensive state and local health department and community-based opioid infectious disease prevention services and programs. The viral hepatitis program, which is significantly underfunded, needs an infusion of dedicated resources to build and strengthen our nation’s public health infrastructure to assist in the infectious disease response to the current opioid epidemic. Programs and services supported by this increase would allow existing and future viral hepatitis grantees to integrate services with existing prevention and care programs to ensure individuals using injection drugs are able to appropriately access prevention and substance use, mental health, and infectious disease treatment. This $100 million would allow CDC’s Viral Hepatitis programs, in concert with other programs, including those for HIV/AIDS and STD Prevention, to focus on the following activities:

- Enhance existing, and create new, program and clinical infrastructure at locations serving vulnerable populations to effectively increase hepatitis and HIV testing and linkages to substance use prevention services, care and treatment for those who are newly diagnosed with hepatitis and/or HIV and opioid use disorders. This infrastructure should include linkages to medication-assisted therapies and overdose prevention medications, such as naloxone.
- Increase education to high risk groups and affected communities, including pregnant women, about the intersection of the opioid epidemic and infectious diseases, such as hepatitis and HIV.
- Increase training for Disease Intervention Specialists (DIS) and other clinicians and providers about substance use, risk of infectious disease and current medical treatments and effective linkage techniques.
- Increase hepatitis surveillance infrastructure in state health departments to detect acute hepatitis infections and enhance ability to conduct cluster identification and investigations.
- Increase capacity of community coalitions, state health departments, and community based organizations to implement effective primary infectious disease prevention programs and services tailored to persons who use drugs and have opioid use disorders.
- Increase access to, and proper disposal of, sterile injection equipment, where legal and with community support.

For more information about this request please contact Ann Lefert, NASTAD (alefert@nastad.org) or Carl Schmid, The AIDS Institute (cschmid@theaidsinstitute.org).