UTAH DEPARTMENT OF HEALTH

Utah Health Status Update:

Hepatitis C Prevention as Part of a Harm Reduction Strategy

June 2018

There is an epidemic of opioid abuse and overdose deaths occurring in Utah and across the nation. In 2016 there were 161 deaths due to heroin in Utah, a 25% increase from 2015 (Figure 1). To combat the "opidemic", the Utah Department of Health (UDOH) established a harm reduction workgroup to increase collaboration and align project activities among the Disease Response, Evaluation, Analysis, and Monitoring (DREAM) Program; Prevention, Treatment, and Care Program; and Violence and Injury Prevention Program at the UDOH. Harm reduction is a multifaceted approach to reduce the negative consequences associated with drug use. This approach combines communicable disease prevention and overdose prevention with efforts to promote substance abuse treatment.

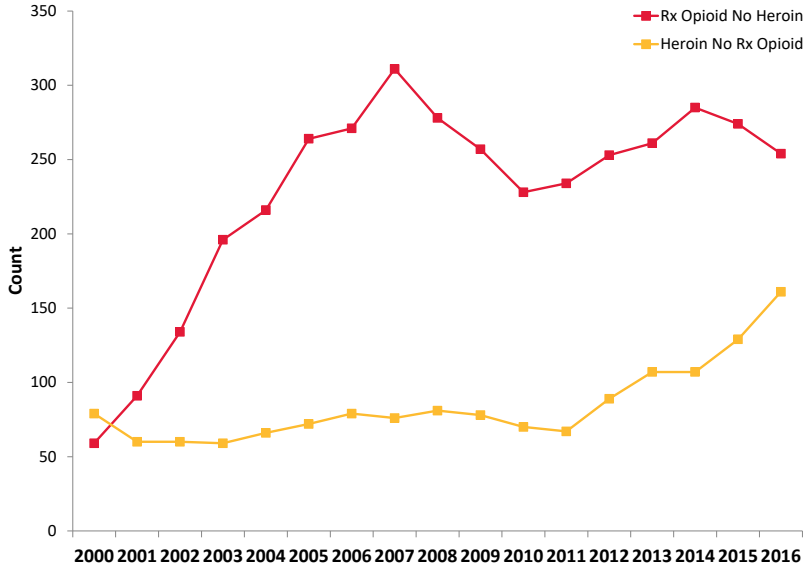
As injection drug use has increased in Utah due to the opidemic, so too has the risk of hepatitis C virus (HCV) transmission. HCV causes serious liver disease that can result in long-term health problems, including death.

KEY FINDINGS

- **In 2016, there were 161 deaths due to heroin in Utah, a 25% increase from 2015.**
- **In Utah, increased epidemiologic capacity to investigate HCV infections has resulted in a dramatic increase in the reported rate of acute HCV from 0.3 cases per 100,000 persons in 2012 to 3.5 cases per 100,000 persons in 2017.**
- **Of the 111 HCV cases reported in 2017, more than half of these individuals reported a history of injection drug use.**
- **The CDC identified Carbon, Emery, and Beaver counties to be particularly vulnerable to the spread of HCV among people who inject drugs.**
- **The opidemic presents new challenges in the fight to eliminate HCV infection.**

Opioid Death Trend by Drug Type

Figure 1. Number of occurrent opioid deaths by year and drug type, Utah, 2000–2016



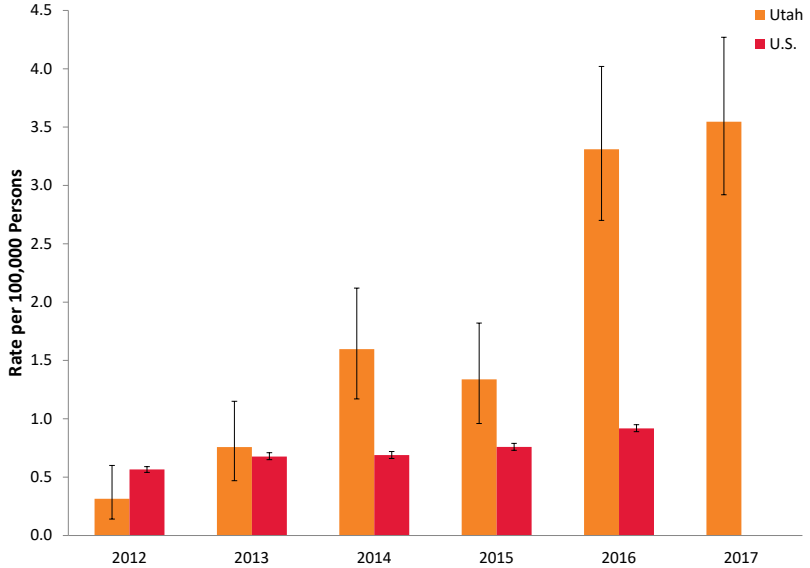
Source: Utah Department of Health Utah Violent Death Reporting System

HCV is predominantly spread via exposure to contaminated blood. The highest risk of HCV transmission is sharing syringes to inject drugs.

Acute HCV infections represent recent transmission and may be utilized as a proxy measure for unsterile injection drug use. In Utah, increased

Acute Hepatitis C Infection Trend

Figure 2. Rate of reported acute hepatitis C infection by year, Utah, 2012–2017 and U.S., 2012–2016



Sources: Utah Department of Health UT-NEDSS reportable disease surveillance system. U.S. data from the Centers for Disease Control and Prevention (CDC), https://www.cdc.gov/hepatitis/statistics/2015surveillance/index.htm.

epidemiologic capacity to investigate HCV infections has resulted in a dramatic increase in the reported rate of acute HCV from 0.3 cases per 100,000 persons in 2012 to 3.5 cases per 100,000 persons in 2017 (Figure 2). Of the 111 cases reported in 2017, more than half of these individuals reported a history of injection drug use.

While the vast majority of cases have been identified along the Wasatch Front (Figure 3), rural jurisdictions with low per capita incomes, high rates of unemployment, and limited access to care are at elevated risk of HCV transmission. The CDC identified Carbon, Emery, and Beaver counties to be particularly vulnerable to the spread of HCV among people who inject drugs (PWID).[1]

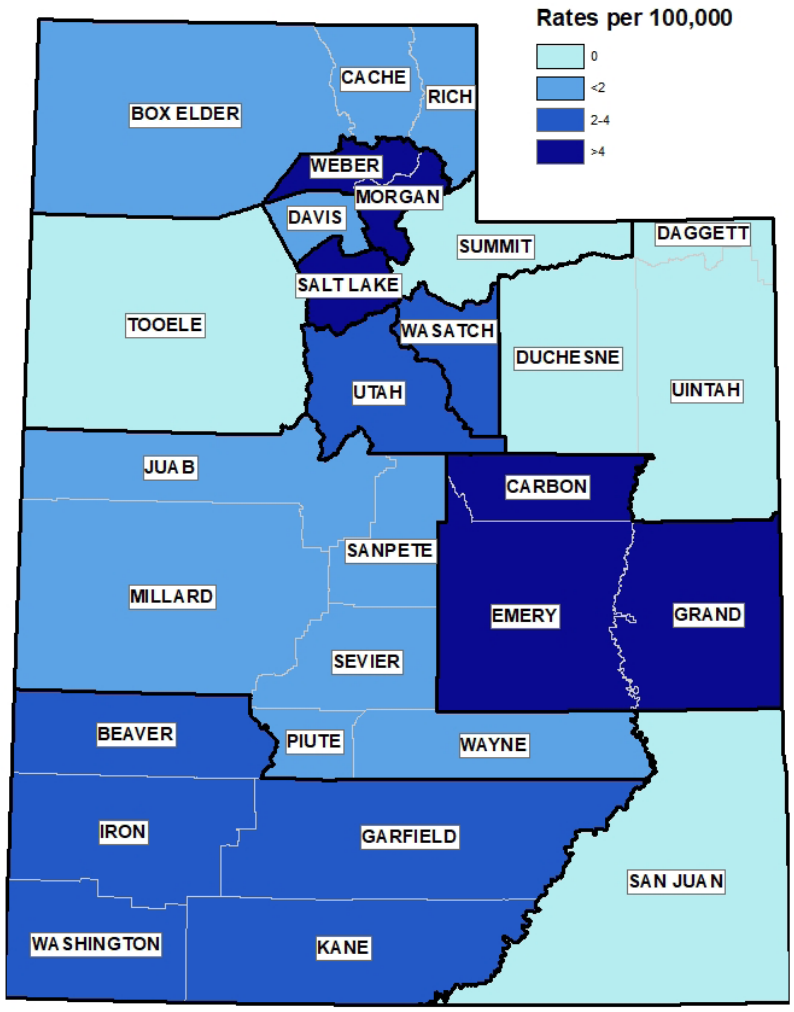
The increasing rate of acute HCV in Utah, which is more than three times the U.S. rate, and associated high rate of injection drug use demand a comprehensive prevention approach that prioritizes the hard-to-reach PWID population. The harm reduction workgroup has been successful in this regard, identifying opportunities to align separate programmatic efforts. For example, syringe services programs, working with the Prevention, Treatment, and Care Program, are now testing clients for HCV and referring positive individuals to the DREAM Program for confirmatory testing. The DREAM Program, in turn, partners with local health departments to perform enhanced investigations of these newly confirmed acute cases, testing their syringe-sharing partners. The Violence and Injury Prevention Program is involved throughout this process, providing naloxone and overdose prevention information to syringe services prorams and local health departments.

The opidemic presents new challenges in the fight to eliminate HCV infection. However, the UDOH is confident that a collaborative, evidenced-based, harm reduction approach to HCV prevention can begin to reduce the burden of HCV infection on the health of Utahns.

1. Van Handel MM, Rose CE, Hallisey EJ, et al. County-level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections among Persons who Inject Drugs, United States. Journal of acquired immune deficiency syndromes (1999). 2016;73(3):323-331. doi:10.1097/QAI.0000000000001098.

Acute Hepatitis C by Local Health District

Figure 3. Rate of reported acute hepatitis C infection by local health district, Utah, 2017



Source: Utah Department of Health UT-NEDSS reportable disease surveillance system

For additional information about this topic, contact Scott White, 801-538-6288, swhite1@utah.gov; or the Office of Public Health Assessment, Utah Department of Health, (801) 538-9191, chdata@utah.gov.

UDOH ANNOUNCEMENT:

The Office of Healthcare Statistics (OHCS) served as the technical adviser for the recently published *Healthcare Affordability: Untangling Cost Drivers* report, which is part of the Network for Regional Healthcare Improvement (NRHI) Total Cost of Care Project. Utah was one of five states included in the report; Utah had a risk adjusted cost of 4% below average. This was the second year that OHCS partnered with HealthInsight Utah for this project. In addition to the national report described above, 92 primary care practice reports were created and distributed. More information on the project may be found at http://stats.health.utah.gov/latest-news/nhri-report-claims-clarity-deriving-actionable-healthcare-cost-benchmarks-aggregated-commercial-claims-data/ and the full report found at http://www.nrhi.org/uploads/benchmark_report_final_web.pdf.

Breaking News, June 2018

Medicaid Adult Expansion

By June 30, 2018, the Utah Department of Health will request authorization from the federal government to make several significant changes to the Utah Medicaid program. Three bills from the 2018 Legislative Session require these changes:

- House Bill 472 "Medicaid Expansion Revisions"
- House Bill 435 "Medicaid Dental Benefits"
- House Bill 12 "Family Planning Services Amendments"

Specifically, the Department is requesting the authority to implement Medicaid eligibility for adults, aged 19–64 who earn up to 95 percent of the Federal Poverty Level (FPL), or $12,140 per year. Projected enrollment for this program expansion is approximately 90,000 individuals. In addition, the amendment adds a work requirement for this adult group, requires adults to purchase employer-sponsored insurance (if available), and requests the ability to close program enrollment if projected costs are higher than available funding.

The Department is also requesting authority to:

- Add dental benefits for Targeted Adult Medicaid members who are receiving substance use disorder (SUD) treatment (approximately 3,000 individuals)
- Implement Medicaid eligibility for adults not otherwise eligible for Medicaid to provide them with family planning services (approximately 11,200 individuals)
- Provide specific services to at-risk Medicaid eligible children and youth in state custody or those at risk of being placed in state custody, and their families (approximately 720 children/youth)

More information about these waiver amendment requests, the public comment process, and the full waiver application is available on the Medicaid website: https://medicaid.utah.gov/1115-waiver.

Community Health Spotlight, June 2018

Results of 2017 WIC Participant Satisfaction Survey

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) serves low-income pregnant, postpartum, and breastfeeding women, and infants and children up to age five. Every four to five years, Utah WIC conducts a participant satisfaction survey to determine the level of satisfaction with services as well as experiences with nutrition education, breastfeeding practices, and food purchases at grocery stores among Utah WIC recipients. The 2017 survey was administered using two methods: 1) mobile phone text messaging with a link to an online survey and 2) hard copy distribution at local WIC clinics. The use of text messaging to collect survey data is a cultural shift and allowed the program to reach participants effectively. A total of 6,279 participants completed the survey; 3,729 online and 2,550 hard copies. The majority of survey respondents (73.7%) were between 18 and 34 years of age. More than one-third (36.3%) identified themselves as of Hispanic ethnicity.

Rating of Experience with WIC Program, Utah, 2017

When asked to identify behavioral changes they had made since enrolling in WIC, the top three areas were eating more fruits and vegetables (69.1%), eating whole grain foods (44.6%), and drinking fewer sodas/sweetened drinks (34.4%). Three-fourths (75.4%) of respondents reported that text message reminders helped them "always" to keep their appointments. When asked to rate the services received from WIC, the majority (63.0%) of respondents described the services as "excellent." The rating of this particular category dropped compared to the previous 2012 survey. A complete report on the survey findings will be available in late 2018.

Monthly Health Indicators Report

(Data Through April 2018)

Monthly Report of Notifiable Diseases, April 2018	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (*Campylobacter*)	40	34	151	125	1.2
Shiga toxin-producing *Escherichia coli* (*E. coli*)	8	6	22	16	1.4
Hepatitis A (infectious hepatitis)	14	1	96	3	30.0
Hepatitis B, acute infections (serum hepatitis)	0	0	4	2	2.0
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/influenza				
Meningococcal Disease	0	0	0	0	0.0
Pertussis (Whooping Cough)	31	82	115	267	0.4
Salmonellosis (*Salmonella*)	21	33	102	106	1.0
Shigellosis (*Shigella*)	2	3	11	14	0.8
Varicella (Chickenpox)	11	24	53	101	0.5
Quarterly Report of Notifiable Diseases, 1st Qtr 2018	**Current Quarter # Cases**	**Current Quarter # Expected Cases (5-yr average)**	**# Cases YTD**	**# Expected YTD (5-yr average)**	**YTD Standard Morbidity Ratio (obs/exp)**
HIV/AIDS†	33	32	33	32	1.0
Chlamydia	2,605	2,257	2,605	2,257	1.2
Gonorrhea	667	383	667	383	1.7
Syphilis	27	20	27	20	1.4
Tuberculosis	8	7	8	6	1.3
Medicaid Expenditures (in Millions) for the Month of April 2018‡	**Current Month**	**Expected/ Budgeted for Month**	**Fiscal YTD**	**Budgeted Fiscal YTD**	**Variance - over (under) budget**
Mental Health Services§	$ 13.7	$ 13.3	$ 143.3	$ 144.4	$ (1.1)
Inpatient Hospital Services	$ 12.2	$ 12.2	$ 190.3	$ 191.9	$ (1.6)
Outpatient Hospital Services	$ 3.4	$ 3.6	$ 37.3	$ 39.4	$ (2.0)
Nursing Home Services	$ 17.1	$ 16.3	$ 185.8	$ 188.3	$ (2.4)
Pharmacy Services	$ 10.0	$ 10.1	$ 101.5	$ 103.0	$ (1.5)
Physician/Osteo Services	$ 4.8	$ 4.8	$ 55.0	$ 56.6	$ (1.6)
Medicaid Expansion Services	$ 4.3	$ 4.5	$ 30.6	$ 32.3	$ (1.6)
TOTAL MEDICAID#	$ 208.3	$ 205.5	$ 2,176.4	$ 2,179.2	$ (2.9)

* Influenza activity decreased in April 2018. As of April 30, 2018, 2,162 influenza-associated hospitalizations have been confirmed since the start of the influenza season on October 1, 2017. More information can be found at http://health.utah.gov/epi/diseases/influenza/surveillance/index.html.

† Diagnosed HIV infections, regardless of AIDS diagnosis.

Program Enrollment for the Month of April 2018	Current Month	Previous Month	% Change** From Previous Month	1 Year Ago	% Change** From 1 Year Ago
Medicaid	278,017	278,759	-0.3%	286,350	-2.9%
PCN (Primary Care Network)	15,145	15,779	-4.0%	13,803	+9.7%
CHIP (Children's Health Ins. Plan)	19,487	19,284	+1.1%	19,375	+0.6%
	Annual Visits			Annual Charges	
Health Care System Measures (Year)	**Number of Events**	**Visits per 1,000 Utahns**	**% Change** From Previous Year**	**Total Charges in Millions**	**% Change** From Previous Year**
Overall Hospitalizations (2016)	297,106	97.4	+3.0%	$ 8,638.0	+8.4%
Non-maternity Hospitalizations (2016)	198,257	65.0	+2.0%	$ 7,466.1	+9.2%
Emergency Department Encounters†† (2016)	756,376	247.9	+7.6%	$ 2,286.3	+21.7%
Outpatient Surgery (2016)	491,566	161.1	+4.9%	$ 3,000.6	-0.3%
Annual Community Health Measures	**Current Data Year**	**Number Affected**	**Percent/ Rate**	**% Change** From Previous Year**	**State Rank‡‡ (1 is best)**
Obesity (Adults 18+)	2016	538,700	25.3%	+3.3%	10 (2016)
Cigarette Smoking (Adults 18+)	2016	187,400	8.8%	-3.3%	1 (2016)
Influenza Immunization (Adults 65+)	2016	176,300	54.9%	-6.9%	41 (2016)
Health Insurance Coverage (Uninsured)	2016	265,500	8.7%	-1.1%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2016	257	8.4 / 100,000	+2.0%	16 (2016)
Poisoning Deaths	2016	703	23.0 / 100,000	-1.1%	33 (2016)
Suicide Deaths	2016	612	20.1 / 100,000	-1.5%	47 (2016)
Diabetes Prevalence (Adults 18+)	2016	153,300	7.2%	+2.9%	8 (2016)
Poor Mental Health (Adults 18+)	2016	362,000	17.0%	+6.3%	21 (2016)
Coronary Heart Disease Deaths	2016	1,631	53.5 / 100,000	-1.3%	4 (2016)
All Cancer Deaths	2016	3,114	102.1 / 100,000	-1.3%	1 (2016)
Stroke Deaths	2016	927	30.4 / 100,000	+2.4%	32 (2016)
Births to Adolescents (Ages 15-17)	2016	447	6.2 / 1,000	-11.1%	11 (2016)
Early Prenatal Care	2016	38,003	75.3%	-1.5%	n/a
Infant Mortality	2016	274	5.4 / 1,000	+7.2%	12 (2015)
Childhood Immunization (4:3:1:3:3:1)	2016	37,100	73.6%	0.0%	26 (2016)

‡ This state fiscal year (SFY) 2018 report includes supplemental payments to better match the SFY 2018 Medicaid Forecast Budget which costs have not been included in previous years.

§ The SFY 2018 Medicaid Forecast Budget includes Mental Health and Substance Abuse services together while this report only accounts for Mental Health services. This is to stay consistent with the previous years reports.

Medicaid Espansion Services was added to the Medicaid program in SFY 2018. Total Medicaid costs exclude the Prism Project.

** Relative percent change. Percent change could be due to random variation.

†† Treat and release only.

‡‡ State rank based on age-adjusted rates where applicable.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance for West Nile Virus will start in June for the 2018 season.