

Hepatitis C Elimination at Rosebud Service Unit

Hepatitis C Elimination ECHO Program, Indian Country ECHO
April 13, 2021

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Agenda

- Hepatitis C in US & South Dakota
- Hepatitis C at Rosebud Service Unit
- Elimination Efforts at Rosebud Service Unit

HCV = Hepatitis C

RST = Rosebud Sioux Tribe

RSU = Rosebud Service Unit

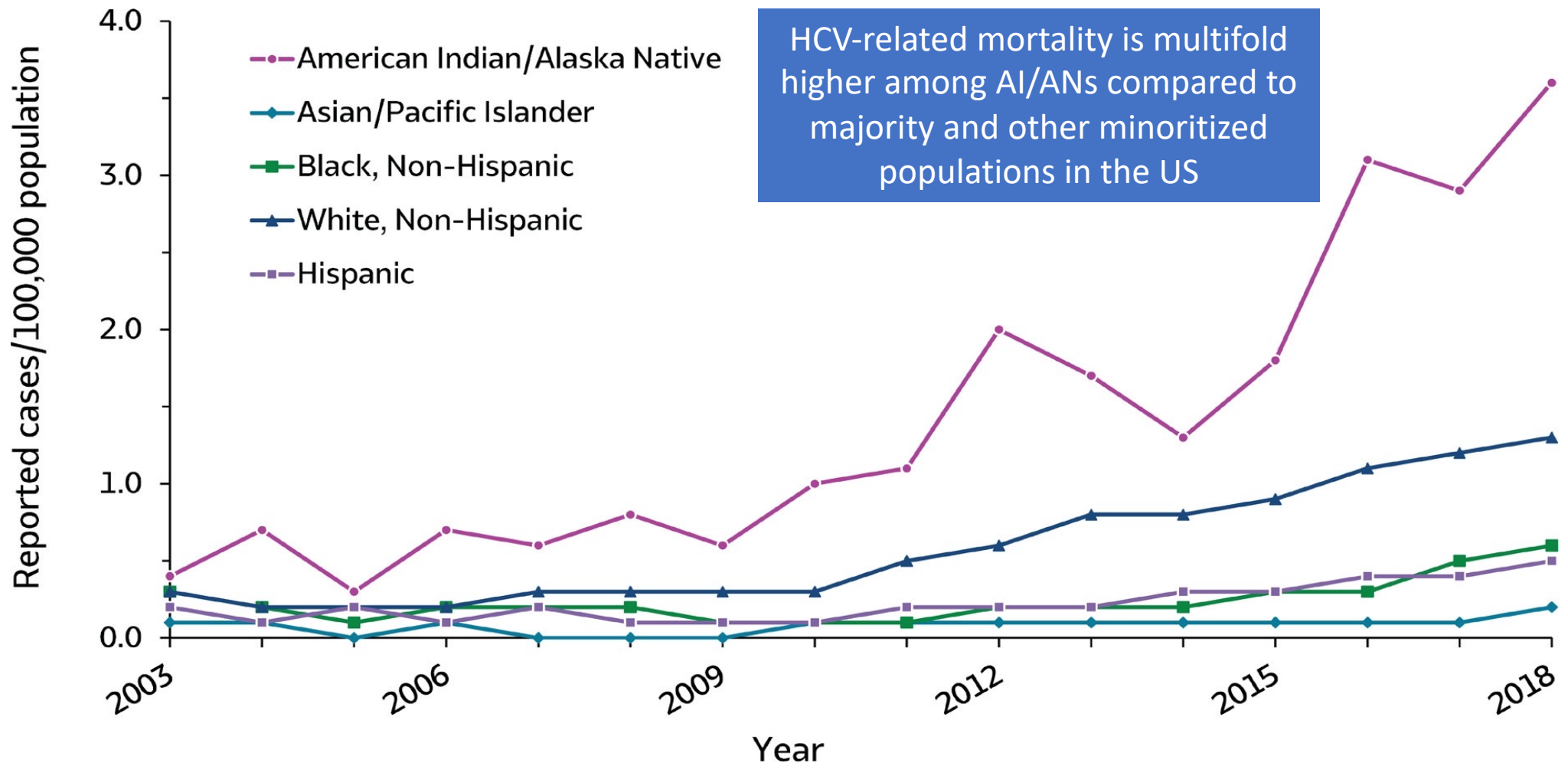
AI/AN = American Indian/Alaska Native

Disclosures & Personal Acknowledgments

- I do not have any relationships with companies producing pharmaceuticals, medical equipment, or devices.
- I am a cisgender White woman and settler.
- I present to you today from Boston, on the occupied lands of the Massachusetts, Wampanoag, and Pawtucket tribes.
- I am an academically-based physician whose hospital contracts with the Indian Health Service.
- I am not an expert in hepatitis C care or elimination.

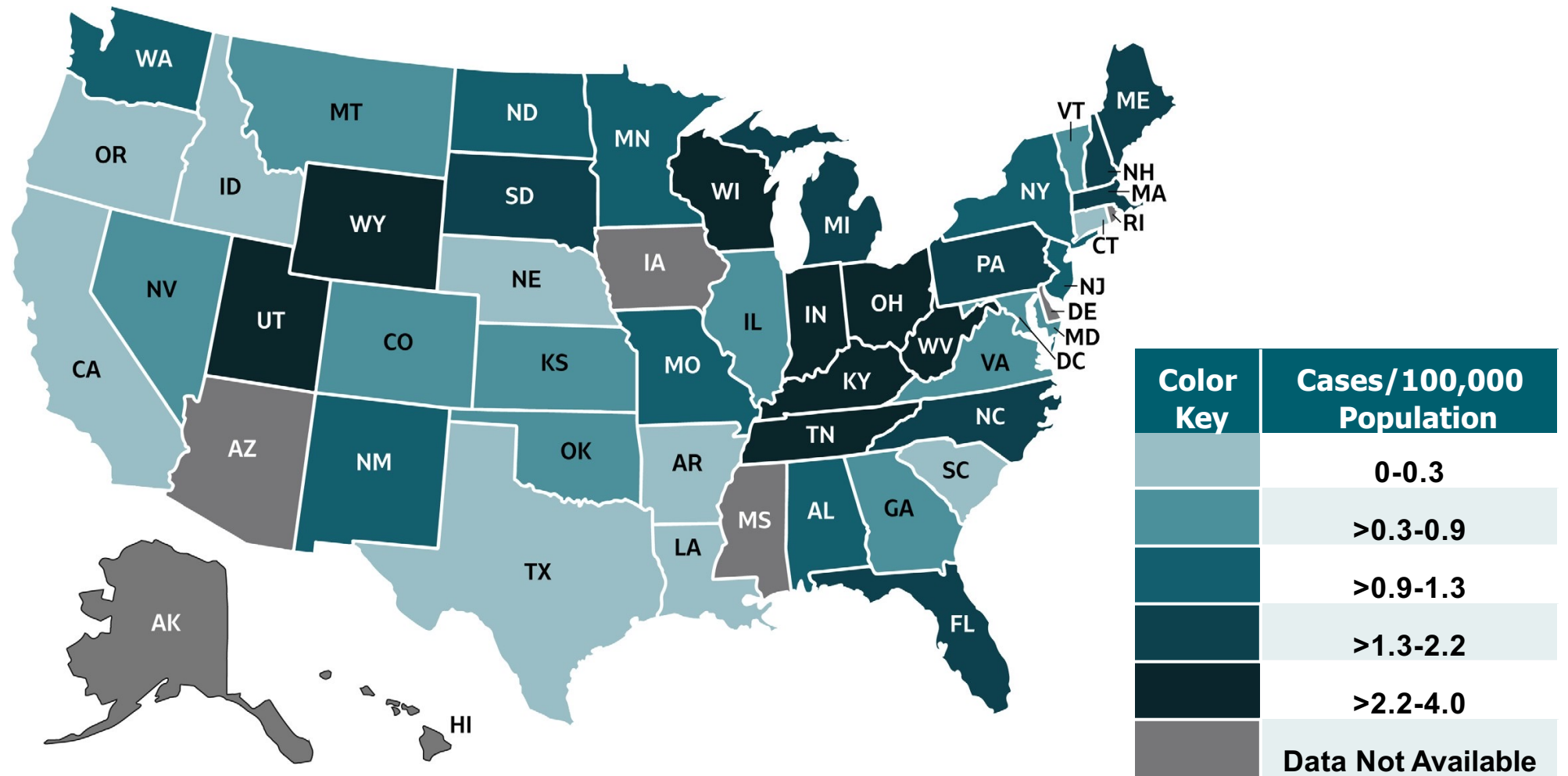
HCV in US & South Dakota

Incidence Rate of Acute HCV by Race/Ethnicity: United States, 2003-2018



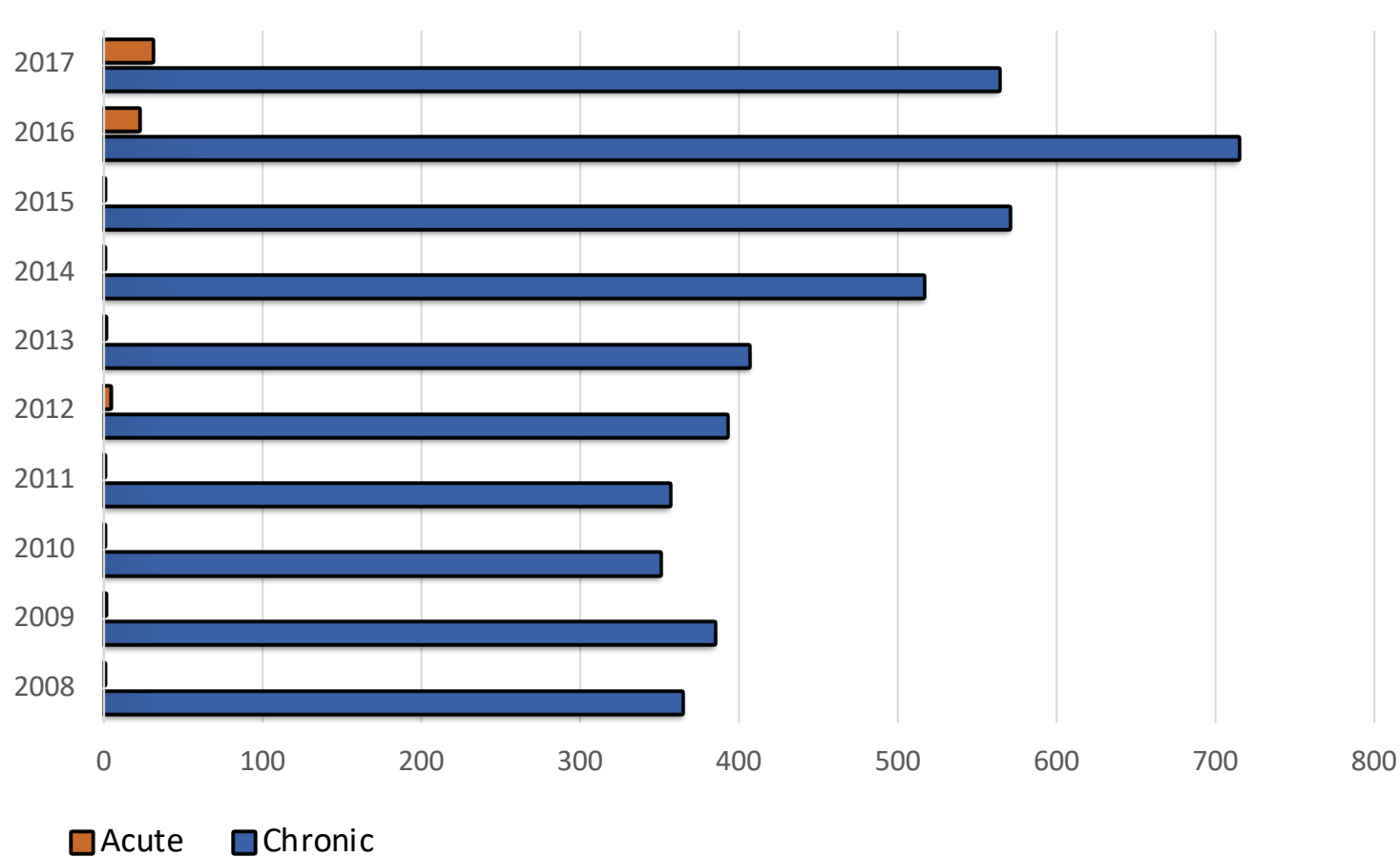
Source: CDC, National Notifiable Diseases Surveillance System (NNDSS)

Incidence Rate of Reported Acute HCV, by State: United States, 2018



Source: CDC, National Notifiable Diseases Surveillance System (NNDSS)

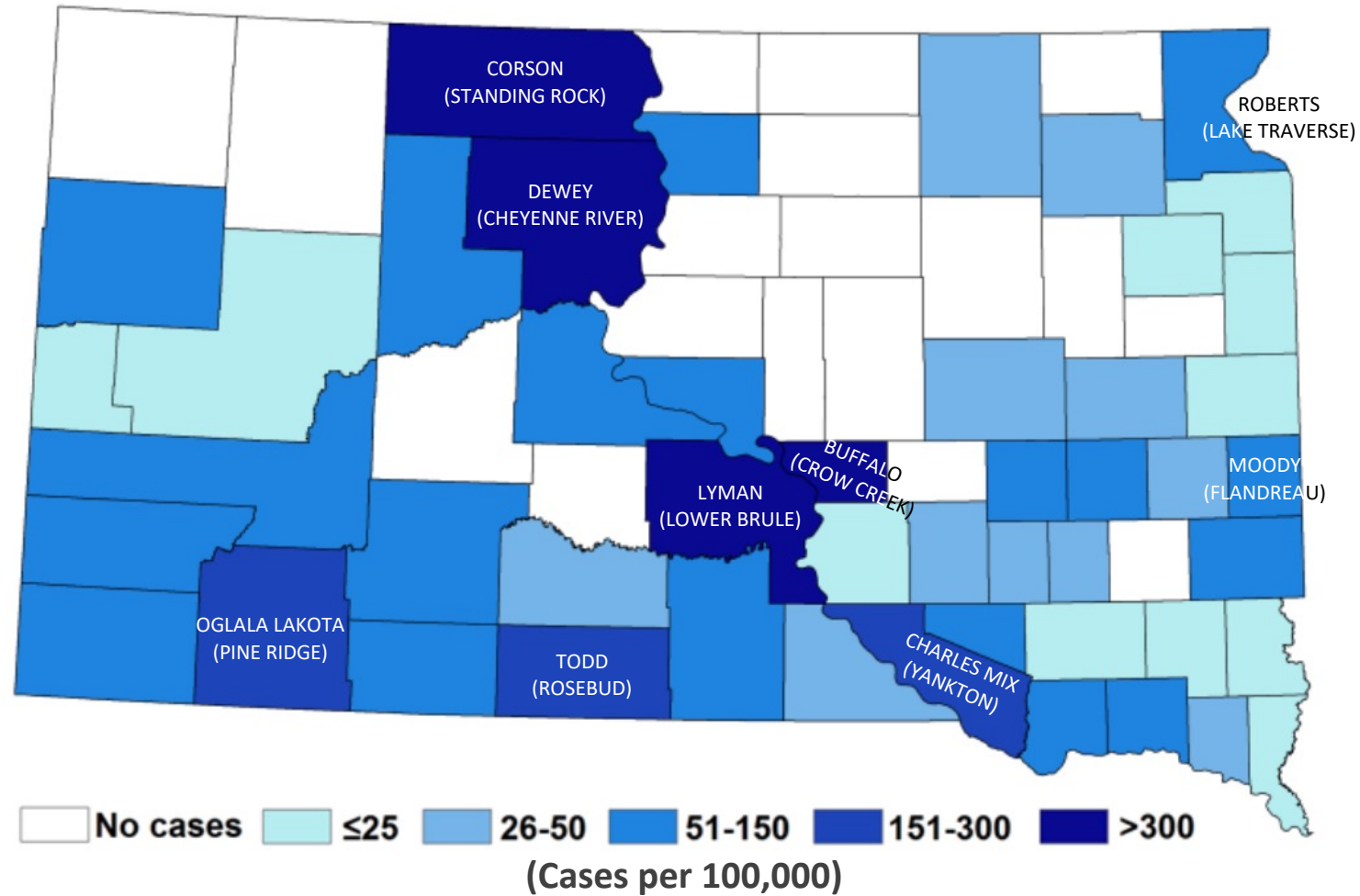
Incidence of Acute & Chronic HCV: South Dakota, 2008-2017



REPORTED CASES OF CHRONIC HCV, SOUTH DAKOTA, 2017	
Male	319
Female	244
<i>White</i>	248
<i>American Indian</i>	246
<i>Other race</i>	69
1-4 years	1
15-24 years	70
25-39 years	191
40-64 years	267
≥65 years	34
total reported cases	563

Source: South Dakota Department of Health, Office of Disease Prevention Services, 2017

Incidence of Chronic HCV by County of Residence: South Dakota, 2017



Source: South Dakota Department of Health, Office of Disease Prevention Services, 2017

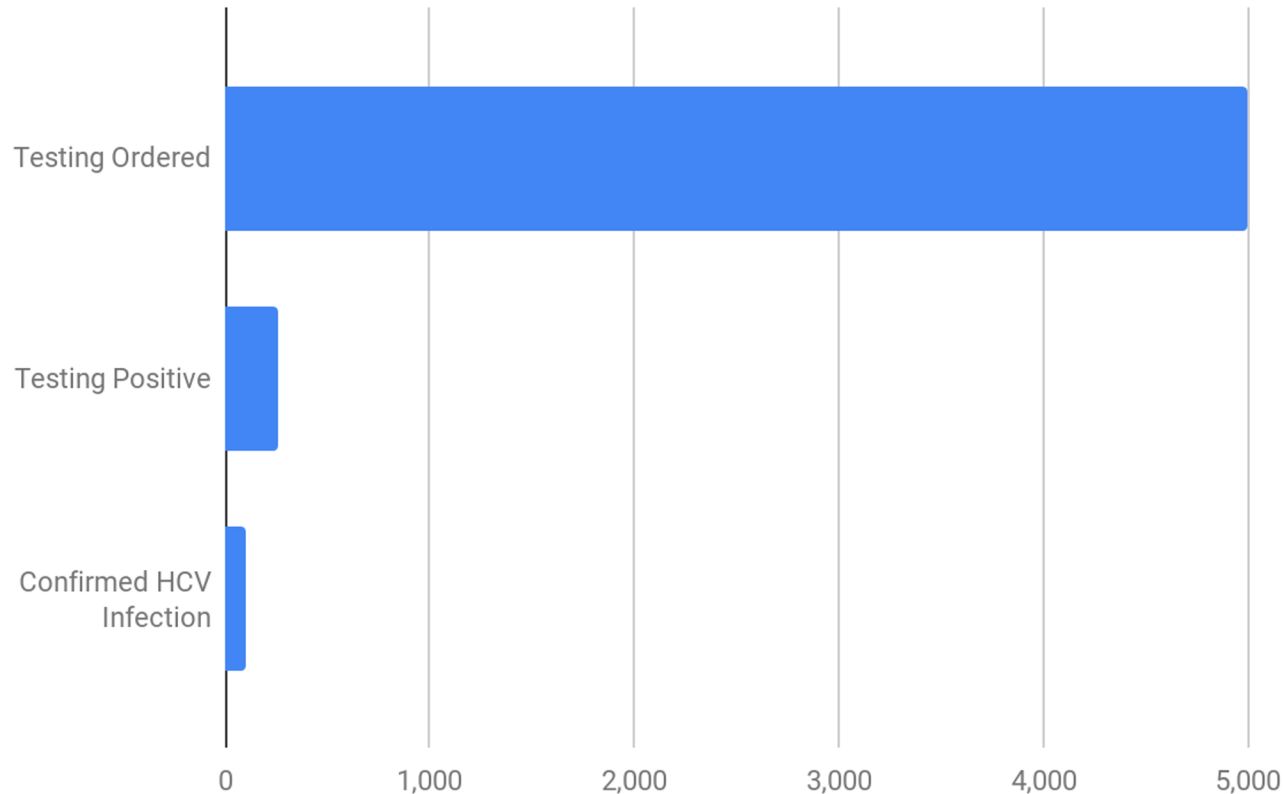
HCV at RSU

Briefer on RSU

- ~7,000 unique adult patients per year
- Emergency, inpatient, and outpatient care
- No infectious diseases or GI services
- No liver elastography, no in-house HCV testing
- Closest tertiary care center ~170 miles in Rapid City, SD
- Referral care services limited to patients with acutely life-threatening or otherwise emergent care needs (i.e. not for HCV care)



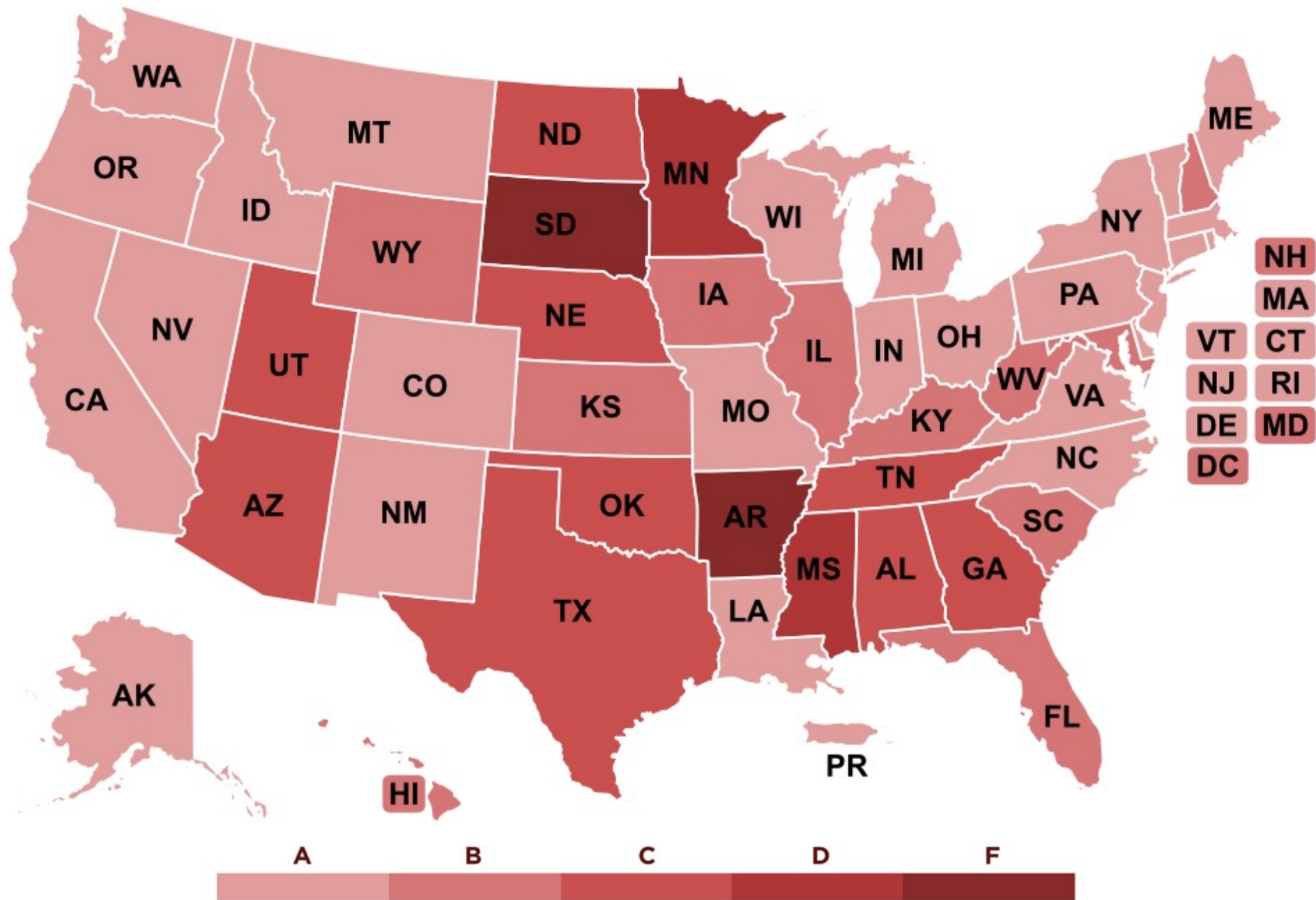
HCV Testing at RSU, 1999-2019



- Prevalence of current hepatitis C infection is double that of national estimates (3% vs ~1%)
- Testing for hepatitis C has been inadequate over the last 20 years

HCV Treatment at RSU

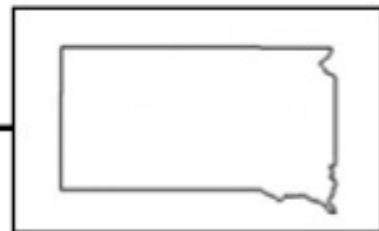
- Before September 2018, no patients treated for HCV infection at RSU
- Among 16 patients initiated on treatment, 15 achieved cure and 1 was lost to follow-up
 - Sites: RSU, RST adult correctional facility, RST Alcohol & Drug Treatment Program
 - Insurance status: Overwhelmingly uninsured
 - Medication acquisition: Big pharma PAP and donation, RSU pharmacy
 - SD Medicaid denied coverage for one patient with insurance



Source: Hepatitis C - State of Medicaid Access

Hepatitis C: State of Medicaid Access Report Card

South Dakota



Estimated Number of Individuals Living with Hepatitis C: 3,800¹

Grade	Summary
F	<p>Liver Damage (Fibrosis) Restrictions: South Dakota requires severe liver damage (F3 or greater) to qualify for treatment.</p> <p>Sobriety Restrictions: South Dakota requires six months of abstinence from alcohol and substance use.</p> <p>Prescriber Restrictions: South Dakota requires a specialist to prescribe treatment or consult with the prescribing provider.</p> <p>Recommendations to Improve Patient Access:</p> <ul style="list-style-type: none">• Remove liver damage, sobriety and prescriber requirements.• Maintain transparency regarding hepatitis C coverage requirements. <p><i>Grade Rationale: South Dakota imposes unacceptable hepatitis C coverage restrictions in all categories. With these restrictions, very few people have access to hepatitis C treatment.</i></p>

Elimination Efforts at RSU

IHS HQ Call for Universal HCV Screening & Treatment

TO: Area Directors
FROM: Principal Deputy Director, Indian Health Service
SUBJECT: Hepatitis C: Universal Screening and Treatment

*IHS Special General Memorandum
May 16, 2019*

The purpose of this Special General Memorandum (SGM) is to support and coordinate efforts in the Indian Health Service (IHS) to implement and exceed the recommendations of the Centers for Disease Control and Prevention (CDC) by expanding universal screening for the Hepatitis C Virus (HCV) to all patients over the age of 18 years at least once in their lifetime, followed by guideline-based treatment, as appropriate. This universal screening guidance supplements and does not replace more frequent risk-based testing. Screening for HCV is part of a nationwide effort to prevent and control HCV infection and HCV-related chronic disease. <https://www.cdc.gov/hepatitis/hcv/guidelinesc.htm> .

Among American Indian and Alaska Native people, HCV related mortality remains more than double the national rate. In a recent IHS survey, almost 50 percent of the individuals diagnosed with HCV were born after 1965. Untreated HCV can lead to a myriad of extrahepatic manifestations and cirrhosis with complications such as portal hypertension, end stage liver disease, and hepatocellular carcinoma (HCC). Early diagnosis and treatment of HCV infection prevents the development of extrahepatic manifestations and progressive liver disease, including cirrhosis.

The treatments for HCV are highly effective and greatly reduce all HCV and HCC related mortality. Treatment for HCV can be highly successful at the primary care level with appropriate planning and support. Universal screening has been determined to be cost-effective and is recommended by the IHS National HCV Workgroup. Therefore, all IHS direct care facilities are expected to establish and implement universal HCV screening and treatment protocols in a strategic manner.

I am relying on the full support of Area Directors, Area Chief Medical Officers and Clinical Directors to promote the implementation of, at all IHS direct care facilities, universal HCV screening and treatment of all those with chronic HCV infection.

Effective Date

This SGM becomes effective on the date signed.

/Michael D. Weahkee/
RADM Michael D. Weahkee, MBA, MHSA
Assistant Surgeon General, U.S. Public Health Service
Principal Deputy Director
Indian Health Service

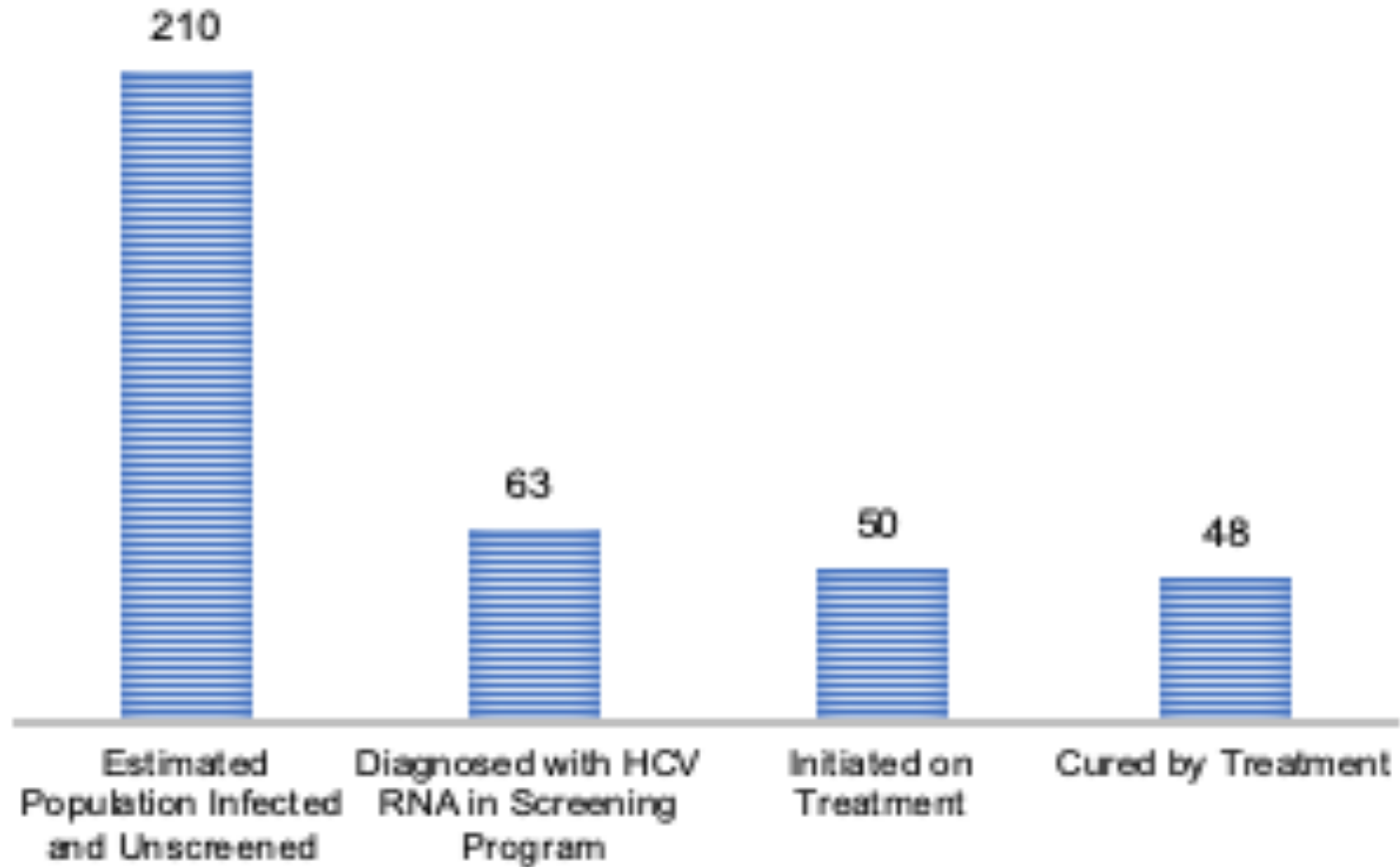
HCV Micro-Elimination at RSU

- Goal: Eliminate HCV infection as a public health issue among patients accessing care at RSU
- Target population: IHS beneficiaries aged 18 to 79 at RSU
- Process:
 - IDENTIFY - Test the target population
 - TREAT - Link to care and treat screened patients with HCV infection
 - PREVENT - Create a harm reduction model tailored to RSU and RST to decrease new HCV infections

HCV Micro-Elimination Subgoals and Objectives at RSU

- **Goal A: Understand community members' perspectives on HCV infection**
 - Objective 1: Start a tribal community engagement program
- **Goal B: Understand the epidemiology of HCV infection at RSU**
 - Objective 2: Understand HCV infection at RSU by performing an epidemiological assessment
- **Goal C: Achieve high rates of HCV screening**
 - Objective 3: Implement universal screening for HCV infection at RSU with goal to test minimum of 30% of screening-eligible RSU patient population
- **Goal D: Build capacity at RSU to diagnose and treat HCV infection**
 - Objective 4: Develop a best-practice model at RSU to optimize diagnosis and treatment of HCV infection
- **Goal E: Achieve high rates of HCV treatment success**
 - Objective 5: Develop a patient engagement plan with a goal to link to care at RSU 80% of patients who screen positive for HCV infection
 - Objective 6: Treat over 80% of patients with chronic HCV infection who are linked to care and are eligible to take HCV DAAs
 - Objective 7: Document treatment completion in 90% of patients with chronic HCV infection who are treated with DAAs, and document cure in 85% of patients who complete treatment
- **Goal F: Reduce new HCV infections at RSU by developing a relevant HCV prevention model**
 - Objective 8: Reduce new infections with a two-fold approach to preventive and harm reduction services through initiatives at RSU and community/tribal collaborations

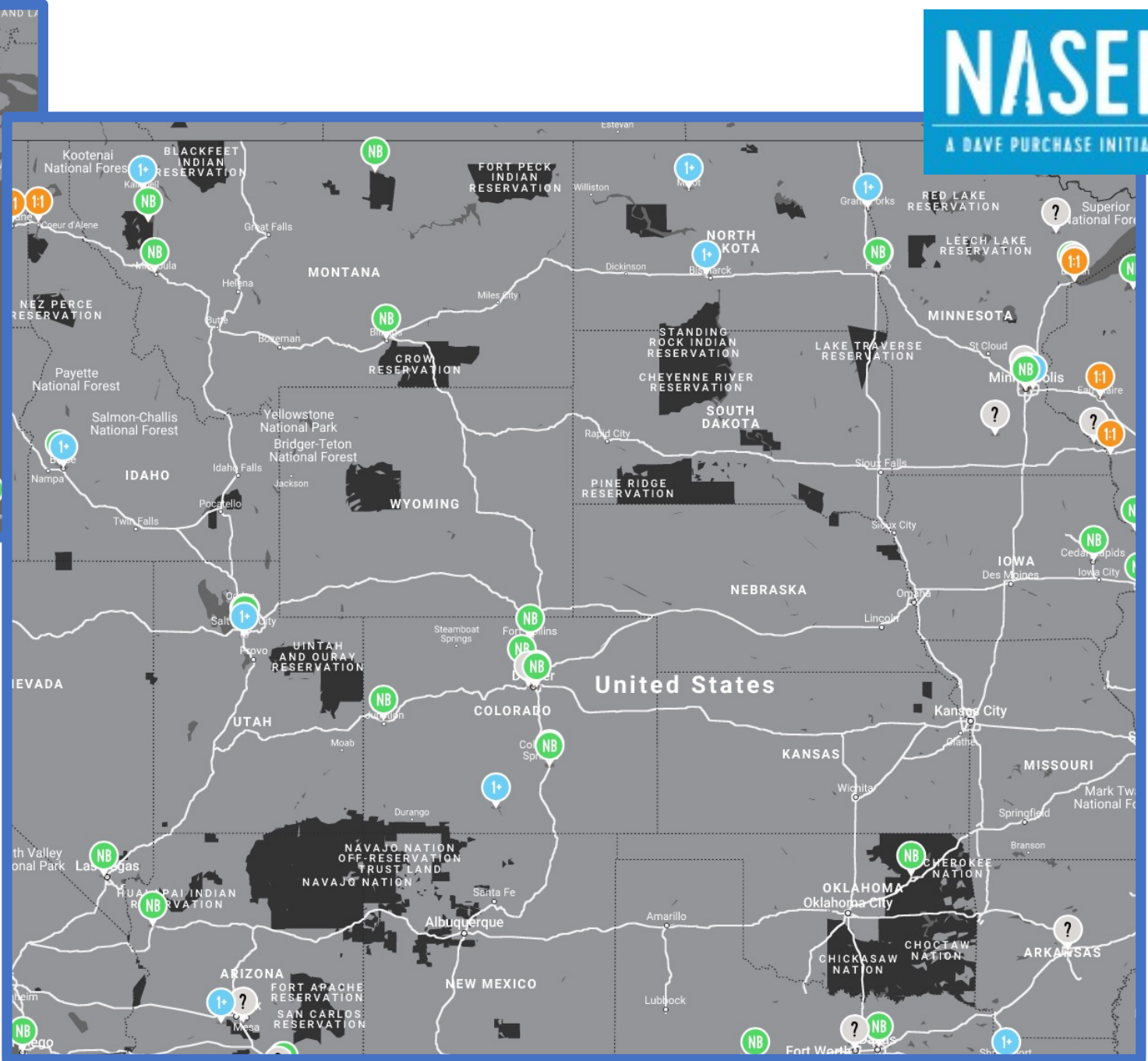
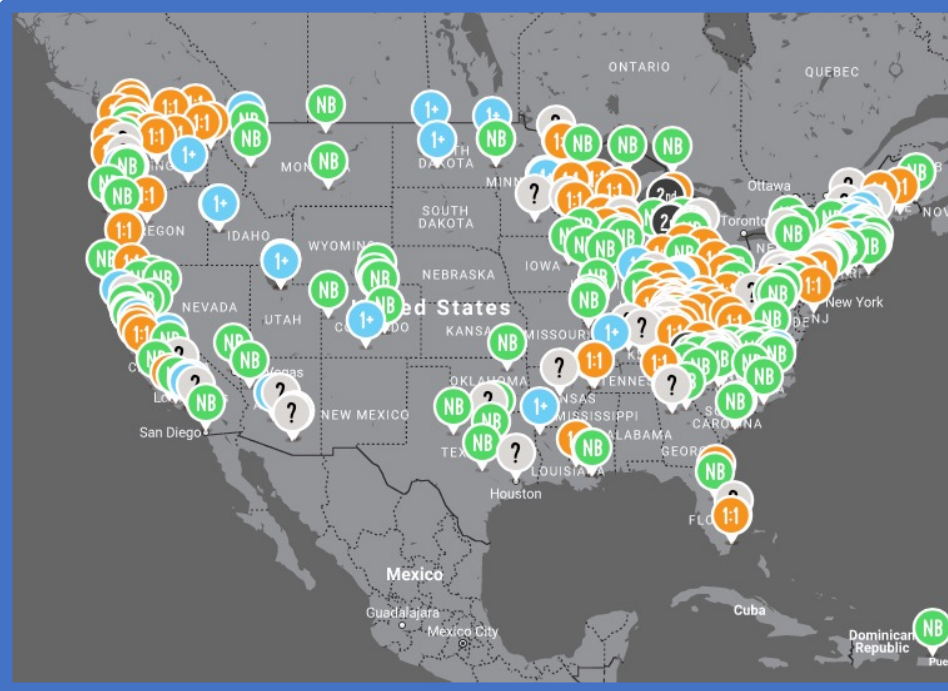
Cascade of Care for HCV Micro-Elimination at RSU, Year 1



Assuming 3% prevalence rate and screening of 30% of eligible RSU population (n=7,000)

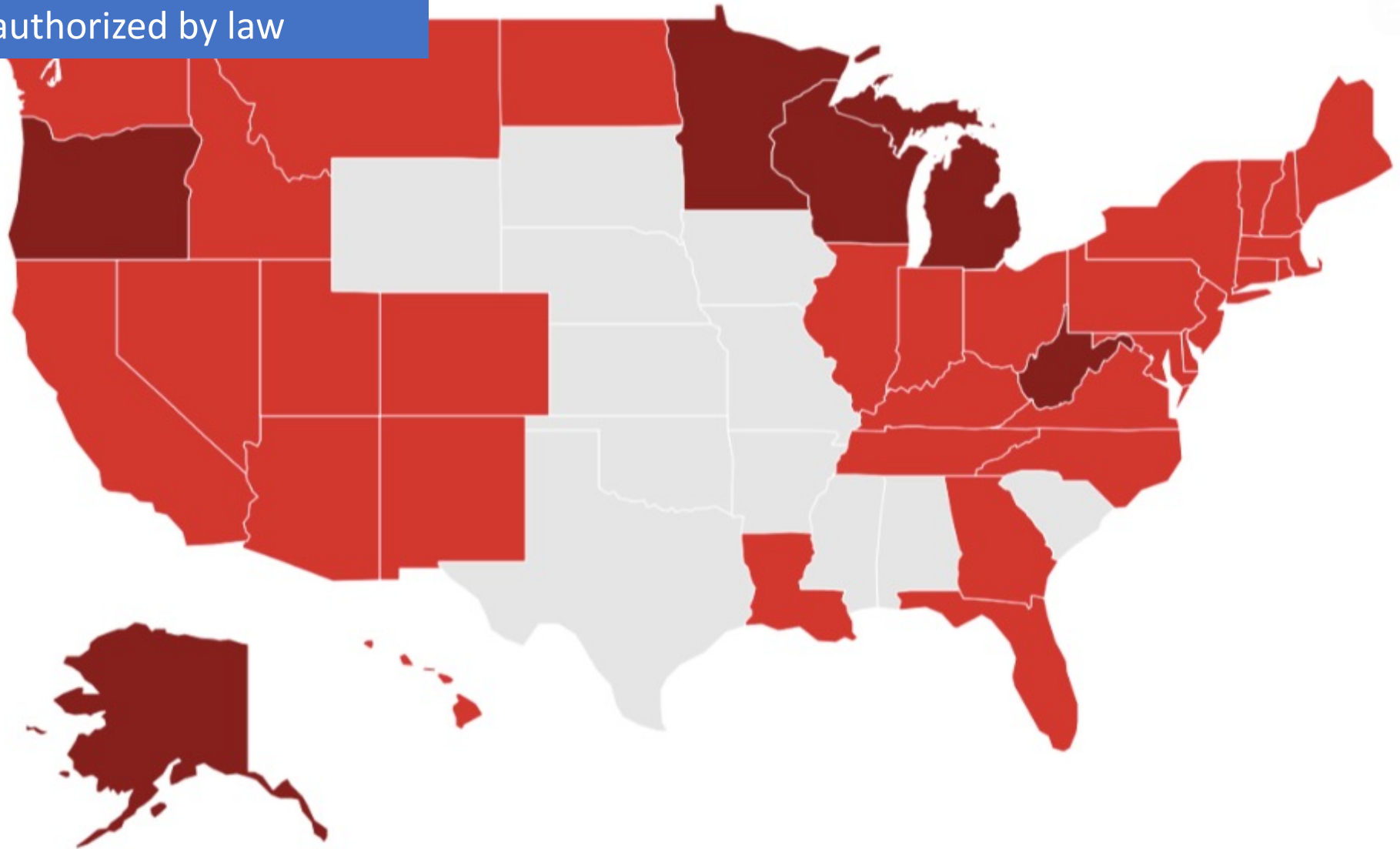
Reducing New HCV Infections at RSU

- Strategize based on activities and behaviors associated with blood-to-blood contact on Sicangu Nation (Rosebud)
 - Medical purposes (insulin use, gender-affirming hormone injectables, etc.)
 - Injection drug use (IDU)
 - “Nonprofessional” tattoos
 - Participation in Sundance or other ceremony among Northern Plains tribes
 - ???
- Consider the current landscape of harm reduction within the Northern Plains and on Sicangu Nation



South Dakota is a Syringe Exchange Program (SEP) desert surrounded by SEP deserts

South Dakota law illegalizes SEPs: Sale and distribution of drug paraphernalia is unlawful, SEPs are not authorized by law



● Syringe exchange would require legislative action ● No law that prohibits syringe exchange ● States with laws explicitly permitting syringe exchange

Source: Iowa Harm Reduction Coalition

Harm Reduction for Ceremony

- Sundance and other Lakota ceremonies involve piercings and flesh offerings
 - Scalpels and needles are used
 - Universal precautions can be practiced in ceremony, though some ceremonies do not allow water
 - Dancers include persons living on Sicangu Nation and those traveling from urban areas and elsewhere
- Yearly distribution of supplies for dancers on Sicangu Nation and other tribal nations in the Northern Plains
 - In 2019, estimated 15 Sundances (200 dancers/ceremony) on Sicangu Nation

HIV/AIDS Universal Precaution Practices In Sun Dance Ceremonies

Jennifer Giroux, Joan Takehara, Charon Asetoyer, and Thomas Welty

JOURNAL OF HEALTH EDUCATION-NOVEMBER/DECEMBER SUPPLEMENT 1997, Volume 28, No. 6

- History of repression by federal government
 - “Sun Dances and all other similar dances and so-called religious ceremonies...considered “Indian offenses” ...[to] be punished by withholding from him his rations” *U.S. Office of Indian Affairs policy, April 1, 1904*
 - Ceremonies remained “underground” until the American Indian Religious Freedom Act (AIRFA) under Carter administration was passed and signed in 1976
 - At that time, IHS issued a policy statement about AIRFA:
 - “The policy of the Indian Health Service during the course of administering health services to Native Americans is to protect and preserve the inherent right of all Native Americans to believe, express, and exercise their traditional religions.”
- Efforts from 1988 to 1996 included IHS sponsorship of:
 - Workshops on HIV/AIDS/universal precautions for spiritual leaders and healers
 - GPA-region-wide supplies distribution

Advice about Exposure to Blood and Bodily Fluids

Recommendations from the Centers for Disease Control (CDC)

- Wash the site of a needlestick or scalpel injury with soap and water.
- Flush or splash the eyes, nose, mouth, or skin with water if these areas are exposed to any bodily fluids.
- Immediately seek medical attention from a qualified healthcare professional.
- Report any exposure incident to your local infectious disease coordinator or your primary care provider.

Visit www.cdc.gov for further information.

Examples of Suppliers

Online

Amazon.com

Supplies available: all. For example, scalpels (\$10 for 10), gloves (\$10 for 100), sharps containers (\$13 for 3), bleach (\$22.57/case)

North Dakota

Medquest Home Medical Equipment

(701) 774-7438

1602 11th St W, Williston, ND

Supplies available: gloves (\$12 for 100), sharps disposal containers (\$5 for 1)

South Dakota

Lakota Enterprises

(800) 393-8290

1600 Mountain View Rd, Suite 106, Rapid City, SD

Supplies available: all. Can only sell to organizations or tribes. Call for pricing.

Please note that supplies and funding for Sundance resources are not currently provided by the Indian Health Service (IHS) and the Great Plains Tribal Chairmen's Health Board (GPTCHB).

Community Contacts

The Infectious Diseases listed below can concern about and bodily fluid

Nebraska

Omaha Nation

Carl T. Curtis Health

Joel Greye – Public Health

Mashelle Irwin – Infectious

Ponca Tribe of Nebraska

Fred LeRoy Health &

Lora Langley – Public Health

Santee Sioux Tribe of Nebraska

Santee Sioux Health Center

Maggie Kohles – Epidemiologist

Dava Mier – Public Health

Winnebago Tribe of Nebraska

Winnebago Hospital

Susan Krause – Public Health

North Dakota

Spirit Lake Nation

Spirit Lake Health Center

Trisha Hoffart – Infectious

Standing Rock Sioux Tribe

McLaughlin Health Center

Colleen Buckley – Director

Mandan, Hidatsa, & Arikara Nation

Eibowoods Memorial

Marilyn Yellowbird – Director

Turtle Mountain Band of Chippewa Indians

Quentin N. Burdick Memorial

Vay Slinkey – Infectious

Trenton Indian Service Unit

Williston Health Center

Greg Bender – Nurse

Prevent the Spread of HIV/AIDS & Viral Hepatitis

Practice Universal Precautions

1. Use one needle, one scalpel, and one pair of gloves for each dancer's flesh offering and piercings.
 - Wash your hands and wear a new pair of gloves before coming into contact with each dancer.
 - When washing your hands, use soap and water OR a solution of one part bleach to ten parts water. If water is not permitted at your Sundance ceremony, consider using hand sanitizer.
 - If you have open cuts on your hands, avoid assisting with piercings or other activities that can lead to blood exposure.
2. Place used gloves in "Hazardous Waste" bags and used needles and scalpels in sharps disposal containers.
 - Be careful when using scalpels and needles. Gloves do not prevent sharps injuries.
 - When a sharps container is full, add the one-to-ten bleach-and-water solution to disinfect the sharps.
3. Take all sharps disposal containers and "Hazardous Waste" bags to your local IHS service unit or other clinic for disposal. See the information on the reverse side of this brochure for important contacts in your community.

Supply Checklist for Sundance Ceremonies

- | | |
|--|------------------|
| <input type="checkbox"/> Scalpels | } One per dancer |
| <input type="checkbox"/> Needles | |
| <input type="checkbox"/> Latex-free gloves | } |
| <input type="checkbox"/> Alcohol pads | |
| <input type="checkbox"/> Sterile lubricating jelly | |
| <input type="checkbox"/> Gauze pads and bandages | |
| <input type="checkbox"/> Sharps disposal containers | |
| <input type="checkbox"/> Plastic bags labeled "Hazardous Waste" | |
| <input type="checkbox"/> Bleach, water, and soap (OR hand sanitizer) | |

Adapted from J. Giroux et al. (1997) HIV/AIDS Universal Precaution Practices in Sundance Ceremonies. *Journal of Health Education*, 28(6).

To Our Sundance Brothers & Sisters:

The safety of our ceremonies and health of our people can be threatened by HIV/AIDS, viral hepatitis, and other diseases transmitted through contact with blood. We can overcome these dangers to our traditional rites by learning to protect ourselves and our relatives from disease transmission during Sundance ceremonies.

Blood can spread diseases. Take precautions to prevent contact with other people's blood.

- Visit your primary care provider (PCP) before participating in a Sundance ceremony. Your PCP can test you for bloodborne diseases (like HIV and viral hepatitis) and connect you with treatment if needed. You can also obtain preventive medicines like immunizations for viral hepatitis and Pre-Exposure Prophylaxis (PrEP) for HIV. These medicines protect you from infection if exposed to blood during a Sundance ceremony.
- Use new gloves, scalpels, and needles with each dancer. Universal precautions are the best protection against bloodborne diseases. Universal precautions should be followed for all people involved with flesh offerings and piercings.
- Do not share items (like ropes and pegs) that are exposed to blood.



Great Plains Tribal Epidemiology Center

2611 Elderberry Blvd
Rapid City, SD 57703
(605) 721-1922

gptec@gptchb.org
gptec.gptchb.org



Universal Precautions for Sundance Ceremonies

Hecel Oyate Ki Nipikte
So that the People May Live

Future Directions for Harm Reduction for Ceremony

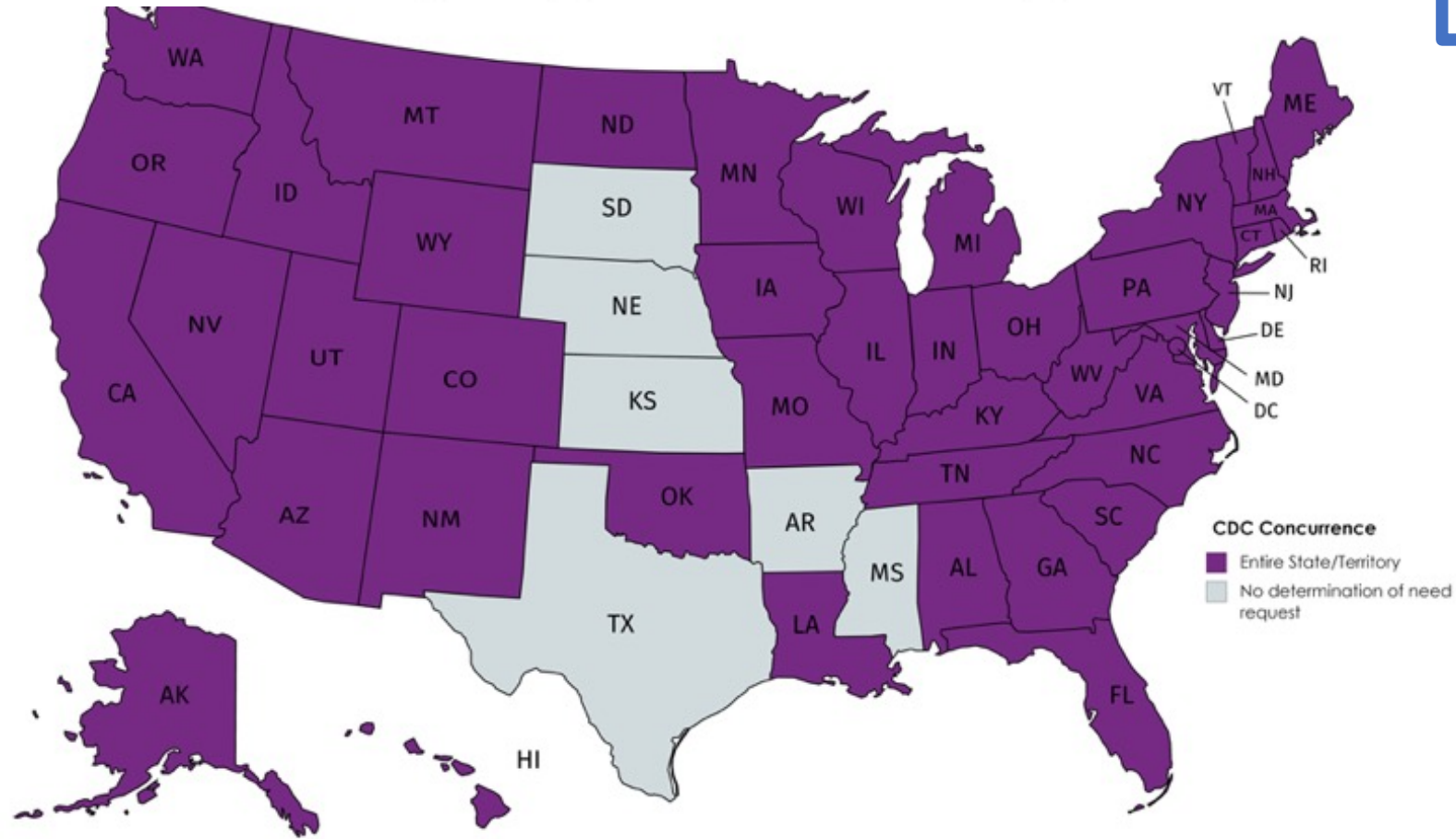
- Optimize distribution of supplies and engage with tribal leaders and members regarding universal precautions
- Consider pre- and post-ceremony HIV and HCV testing for dancers
- Consider pre-ceremony vaccinations for HAV and HBV
- Consider event-driven PrEP (or ?PEP)
- Bridge tribal perspectives on harm reduction to also encompass IDU

Future Directions for Comprehensive Harm Reduction on Sicangu Nation

- Identify and connect with stakeholders:
 - RSU
 - RST health administration
 - GPTCHB
 - Harm Reduction Coalition
 - Regional HHS Office
- Advocate for SEPs in South Dakota and as supported by IHS and federal government
- Consider CDC Determination of Need on Sicangu Nation
 - Process by which HHS funds can support SEPs (except for needles and syringes)
 - Tribal health department consults with CDC and provides evidence of hepatitis or HIV outbreak relating to IDU

Determination of Need for Syringe Services Programs

44 States and DC
1 Tribal Nation
1 Territory



Acknowledgments

- Olivia Dhaliwal – HCV pilot program manager at RSU (2018-2020)
- Jessie White Hat, RN – PHN at RSU and collaborating colleague on HCV treatment
- Jo Henderson-Frost, MD – collaborating physician for micro-elimination proposal
- Matt Tobey, MD – collaborating physician for micro-elimination proposal