



EASTERN BAND OF CHEROKEE INDIANS PUBLIC HEALTH AND HUMAN SERVICES

Syringe Services Program Overview

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Health and Human Services
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PHHS

SYRINGE SERVICES- AN EBCI BEST PRACTICE PROGRAM



Also known as syringe exchange programs (SEPs), needle exchange programs (NEPs)



Reduce the transmission rates of HIV and other blood borne diseases such as Hepatitis C (HCV)



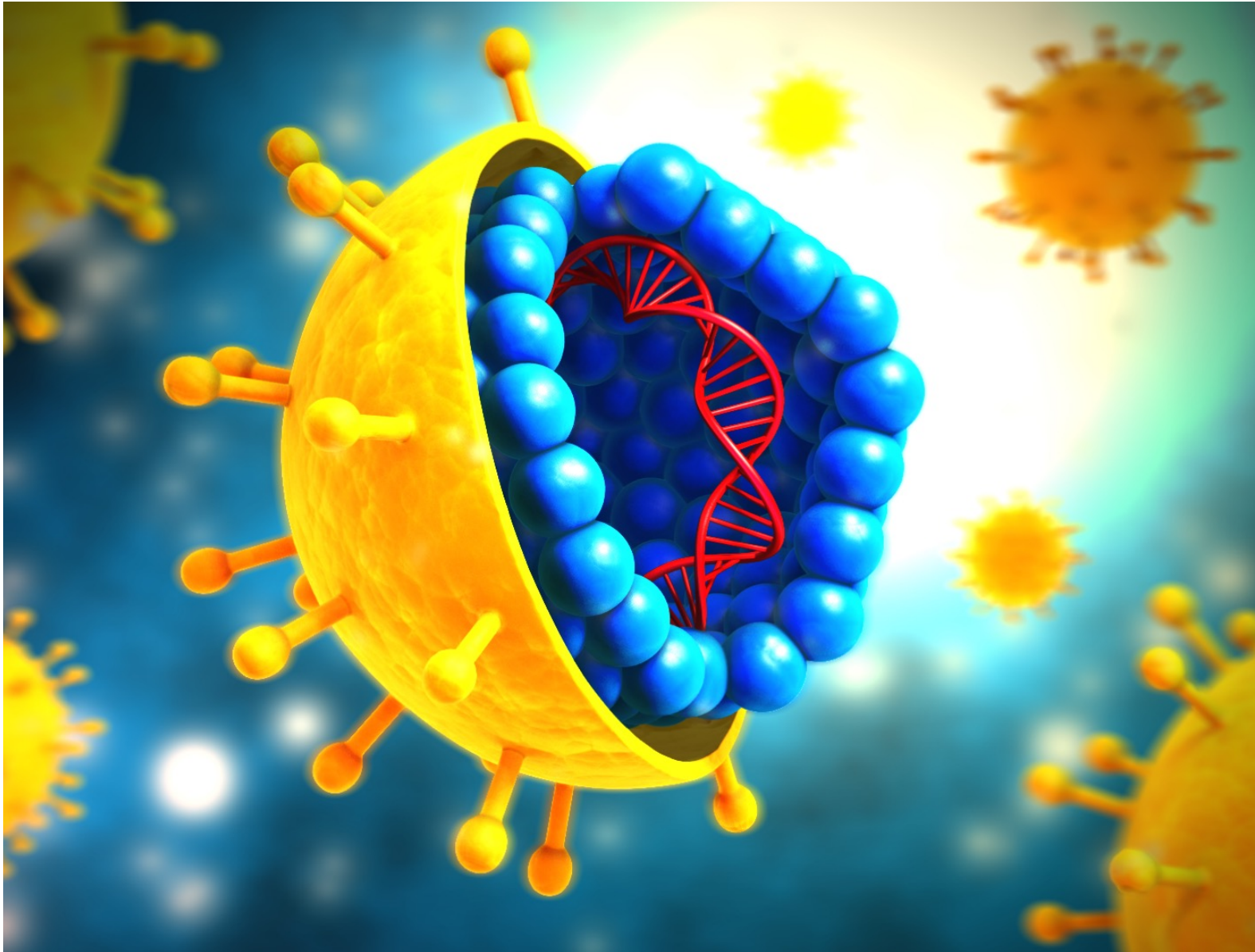
Provide access to free sterile syringes and other injection equipment, safe disposal of used syringes, and syringe exchange



Provide other health referrals and supportive services

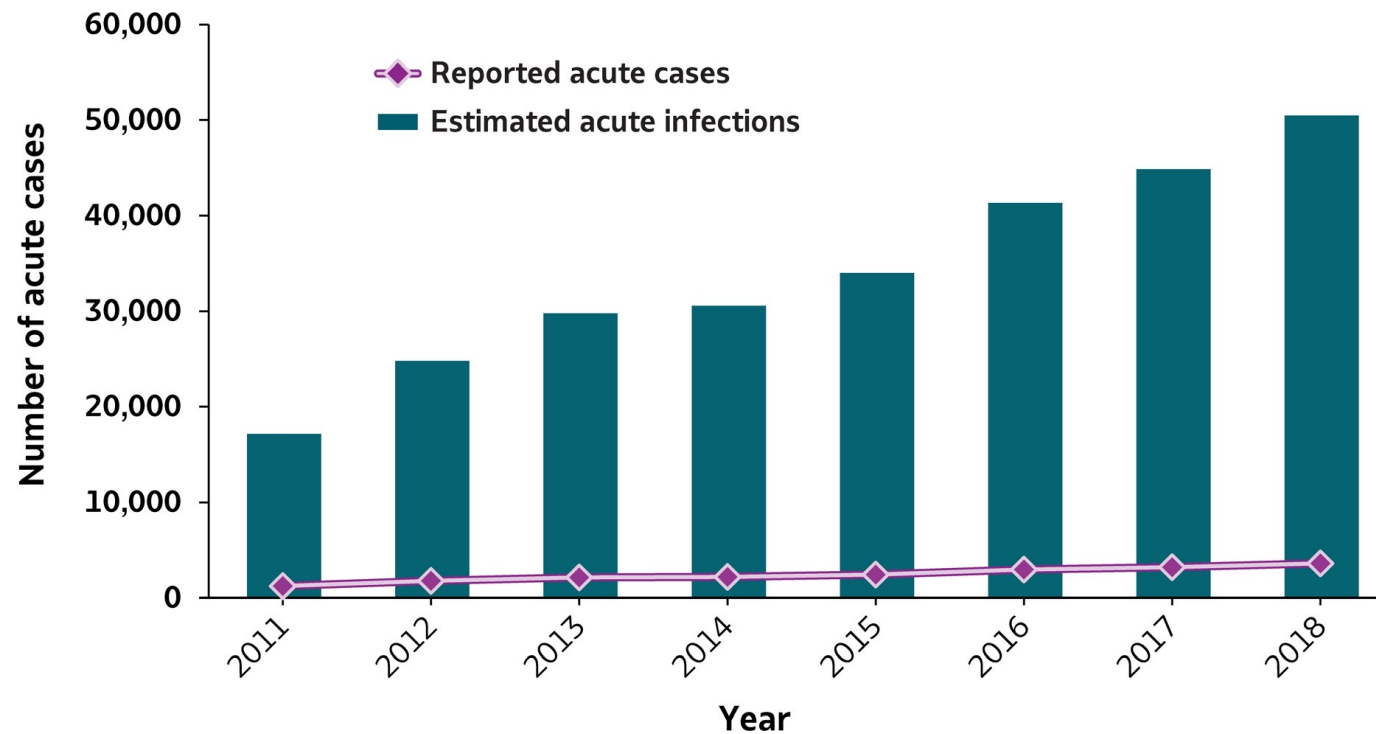


Provides a safe way to dispose of used syringes



HEPATITIS C (HCV)

Figure 3.1. Number of reported acute hepatitis C cases and estimated infections* — United States, 2011–2018



Source: CDC, National Notifiable Diseases Surveillance System.

* The number of estimated viral hepatitis infections was determined by multiplying the number of reported cases by a factor that adjusted for under-ascertainment and under-reporting⁽²⁾. The 95% bootstrap confidence intervals for the estimated number of infections are shown in the Appendix.

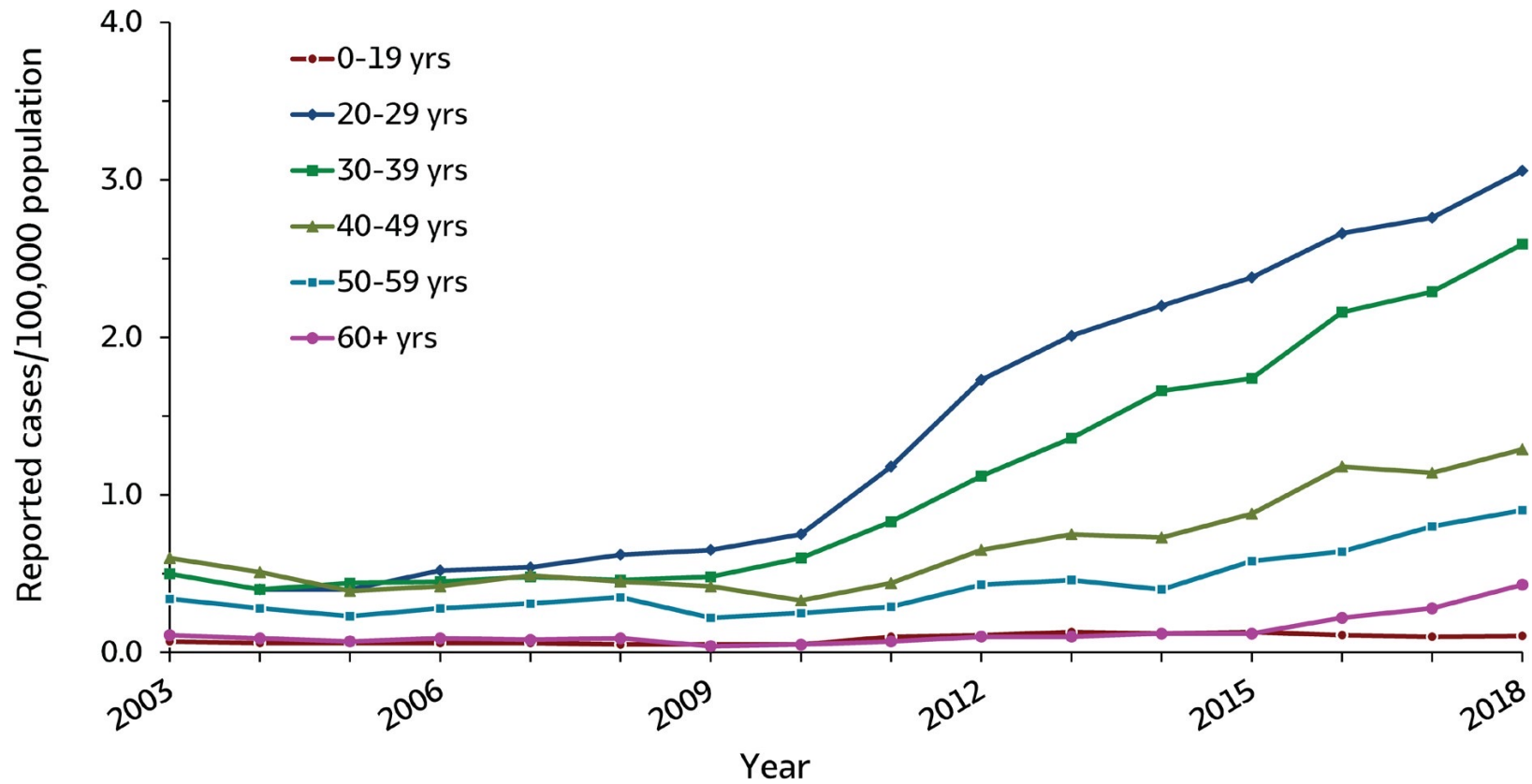
Figure 3.1. Number of reported acute hepatitis C cases and estimated infections* — United States, 2011–2018

Hepatitis C	2011	2012	2013	2014	2015	2016	2017	2018
Reported cases	1,232	1,778	2,138	2,194	2,436	2,967	3,216	3,621
Estimated cases	17,100	24,700	29,700	30,500	33,900	41,200	44,700	50,300

Source: CDC, National Notifiable Diseases Surveillance System

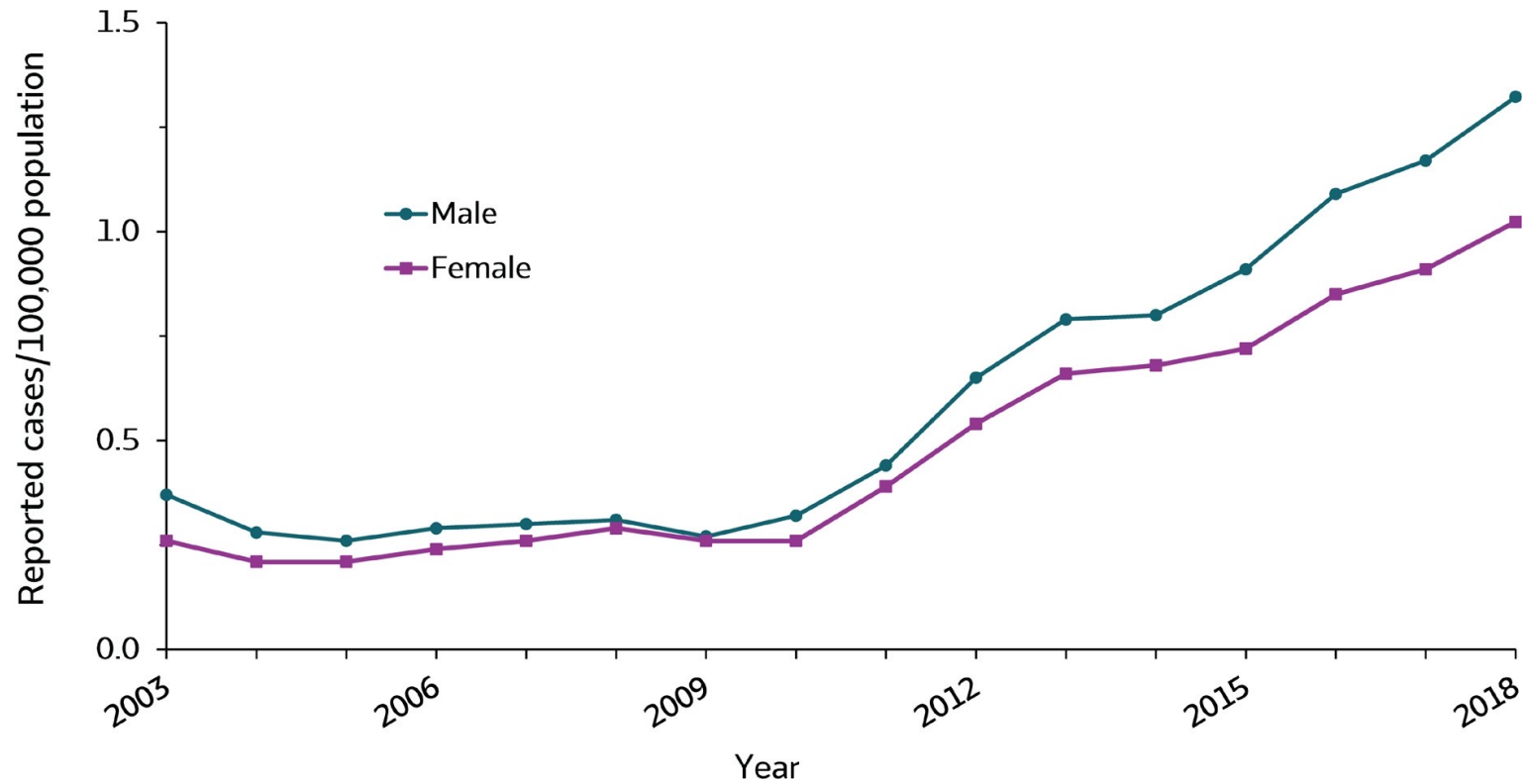
* The number of estimated viral hepatitis infections was determined by multiplying the number of reported cases by a factor that adjusted for under-ascertainment and under-reporting⁽¹⁰⁾. The 95% bootstrap confidence intervals for the estimated number of infections are shown in the Appendix.

Figure 3.4. Rates of reported acute hepatitis C, by age group — United States, 2003–2018



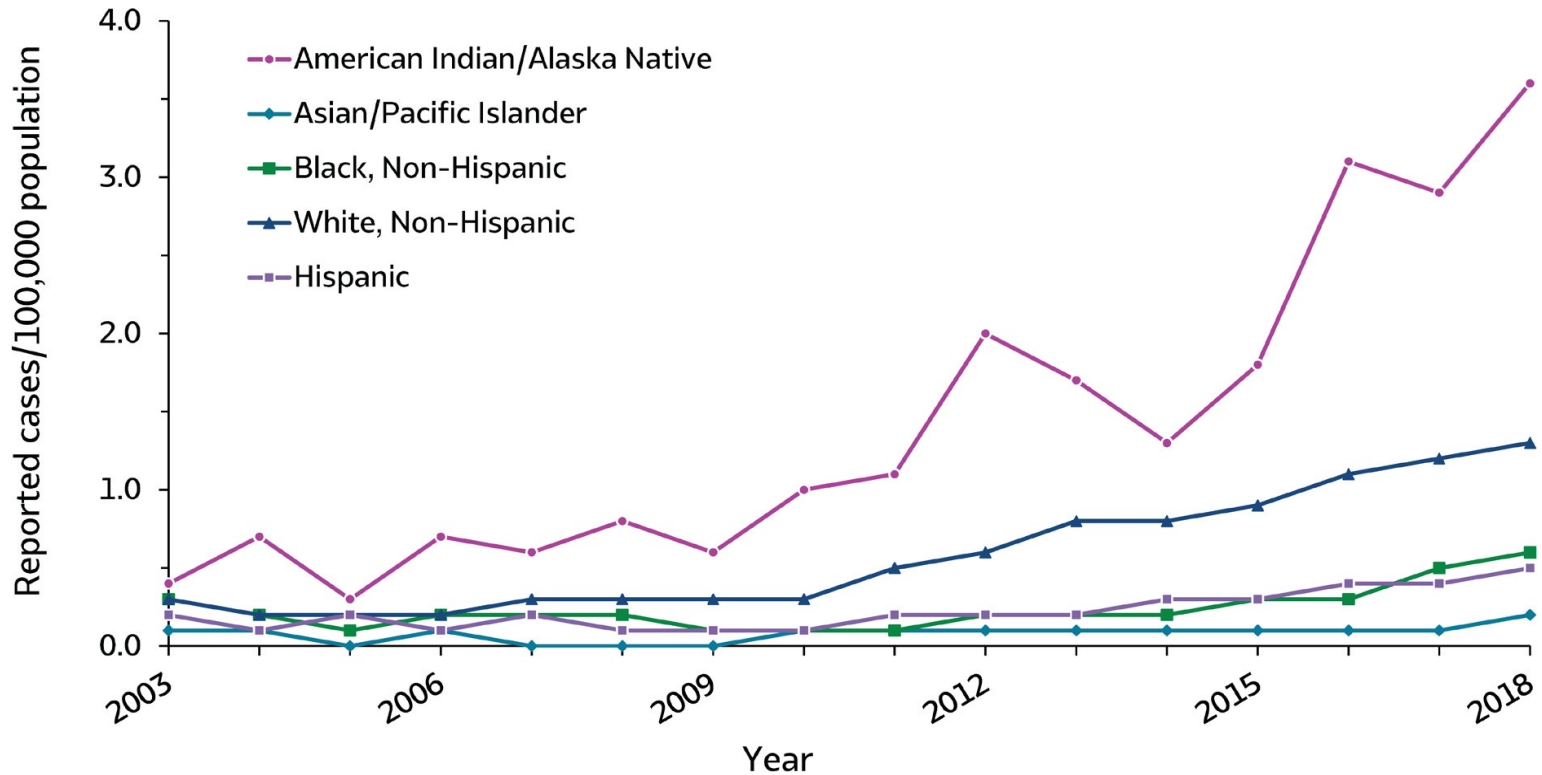
Source: CDC, National Notifiable Diseases Surveillance System.

Figure 3.5. Rates of reported acute hepatitis C, by sex — United States, 2003–2018



Source: CDC, National Notifiable Diseases Surveillance System.

Figure 3.6. Rates of reported acute hepatitis C, by race/ethnicity — United States, 2003–2018



Source: CDC, National Notifiable Diseases Surveillance System.

Table 3.3. Reported risk behaviors/exposures† among reported cases of acute hepatitis C — United States, 2018

Risk behaviors/exposures	Risk identified*	No risk identified	Risk data missing
Injection drug use	1,102	433	2,086
Multiple sex partners	212	462	2,947
Surgery	124	832	2,665
Sexual contact§	105	278	3,238
Needlestick	91	781	2,749
Men who have sex with men¶	33	277	1,702
Household contact (non-sexual)§	30	353	3,238
Dialysis patient	18	1,041	2,562
Occupational	7	1,145	2,469
Transfusion	1	956	2,664

Source: CDC, Nationally Notifiable Diseases Surveillance System.

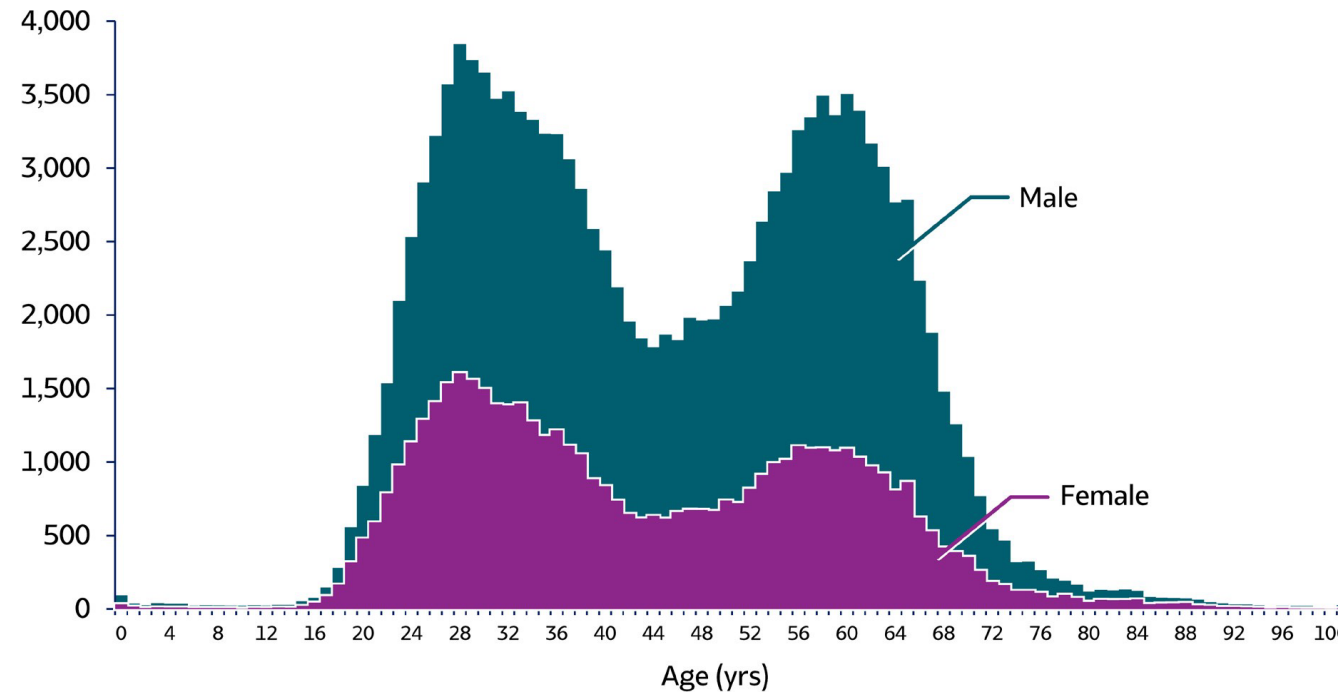
* Casereports with at least one of the following risk behaviors/ exposures reported 6 weeks to 6 months prior to symptom onset: 1) injection drug use; 2) sex contact with suspected/confirmed hepatitis C patient; 3) men who have sex with men; 4) multiple sex partners; 5) occupational exposure to blood; 6) dialysis patient; 7) receive blood transfusion; 8) underwent surgery.

† Reported cases may include more than one risk behavior/exposure.

§ Cases with more than one type of contact reported were categorized according to a hierarchy: (1) sexual contact; (2) household contact (non-sexual).

¶ A total of 2,012 acute hepatitis C cases were reported among males in 2018.

Figure 3.8. Number of newly reported* chronic hepatitis C cases† by sex and age — United States, 2018 (N=137,713)



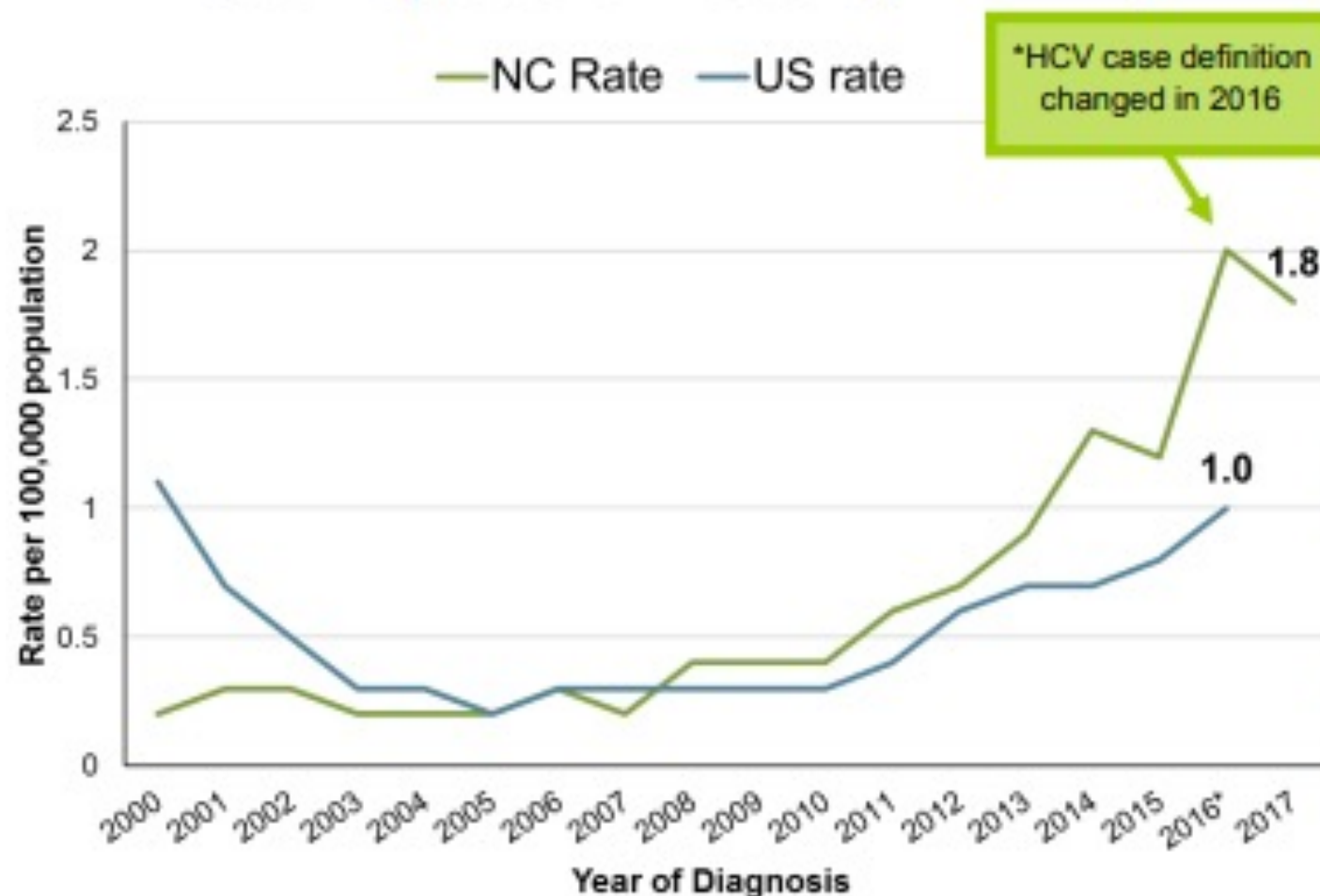
Source: CDC, National Notifiable Diseases Surveillance System.

* During 2018, cases of chronic hepatitis C were either not reportable by law, statute, or regulation; not reported; or otherwise unavailable to CDC from Alabama, Arizona, Arkansas, California, Delaware, District of Columbia, Hawaii, Indiana, Kentucky, Mississippi, Nevada, North Carolina, Rhode Island, and Texas.

† Only confirmed, newly diagnosed, chronic hepatitis C cases are included. For the complete case definition, see <https://wwwn.cdc.gov/nndss/conditions/hepatitis-c-chronic/case-definition/2016/>.

Hepatitis C is on the Rise in North Carolina

Acute Hepatitis C Infections, 2000-2017



Acute hepatitis C

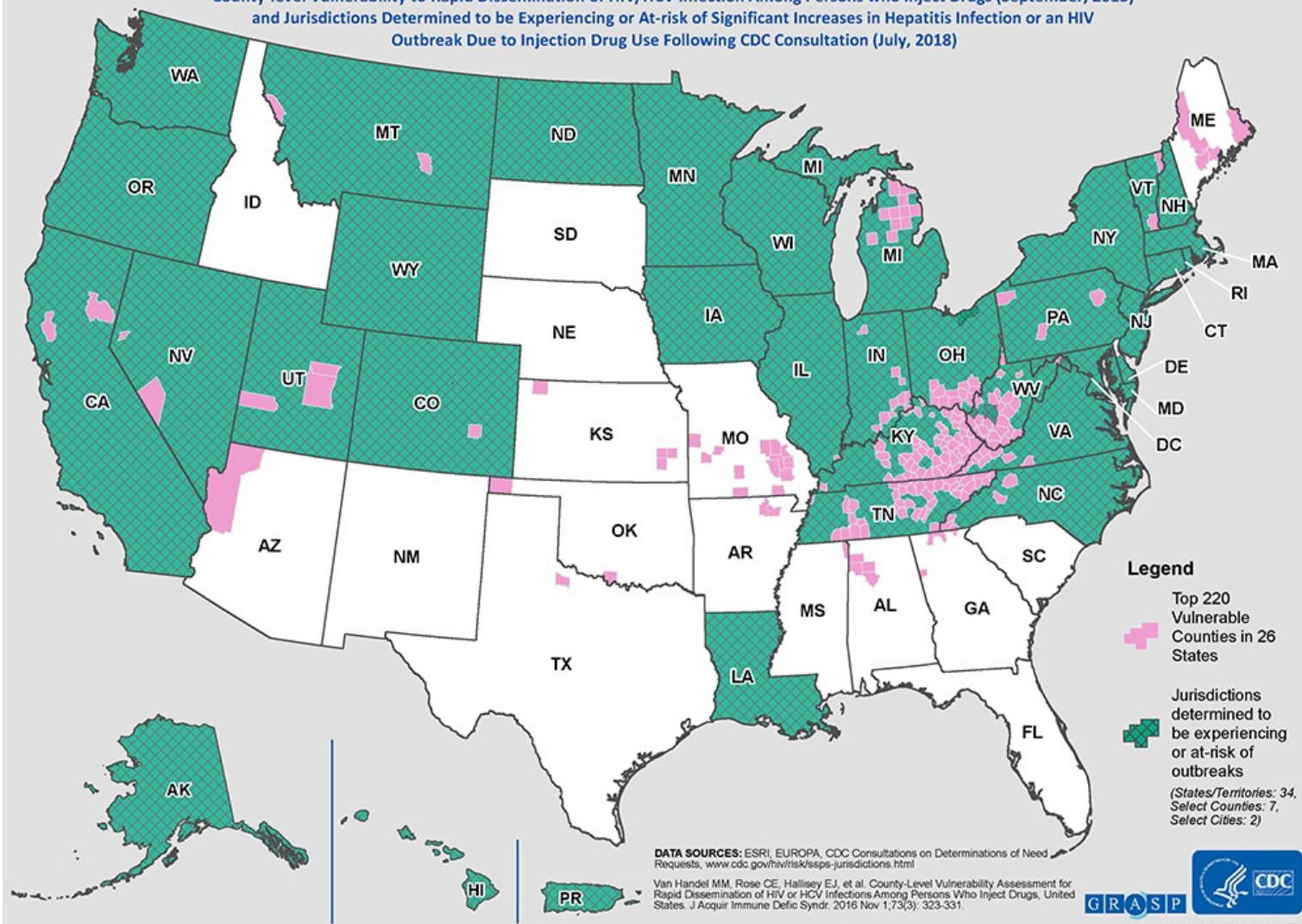
- There were 186 newly diagnosed acute hepatitis C cases in 2017, a five-fold increase from 2007.
- Between 70-85% of acute infections will progress to a chronic infection.

Chronic hepatitis C

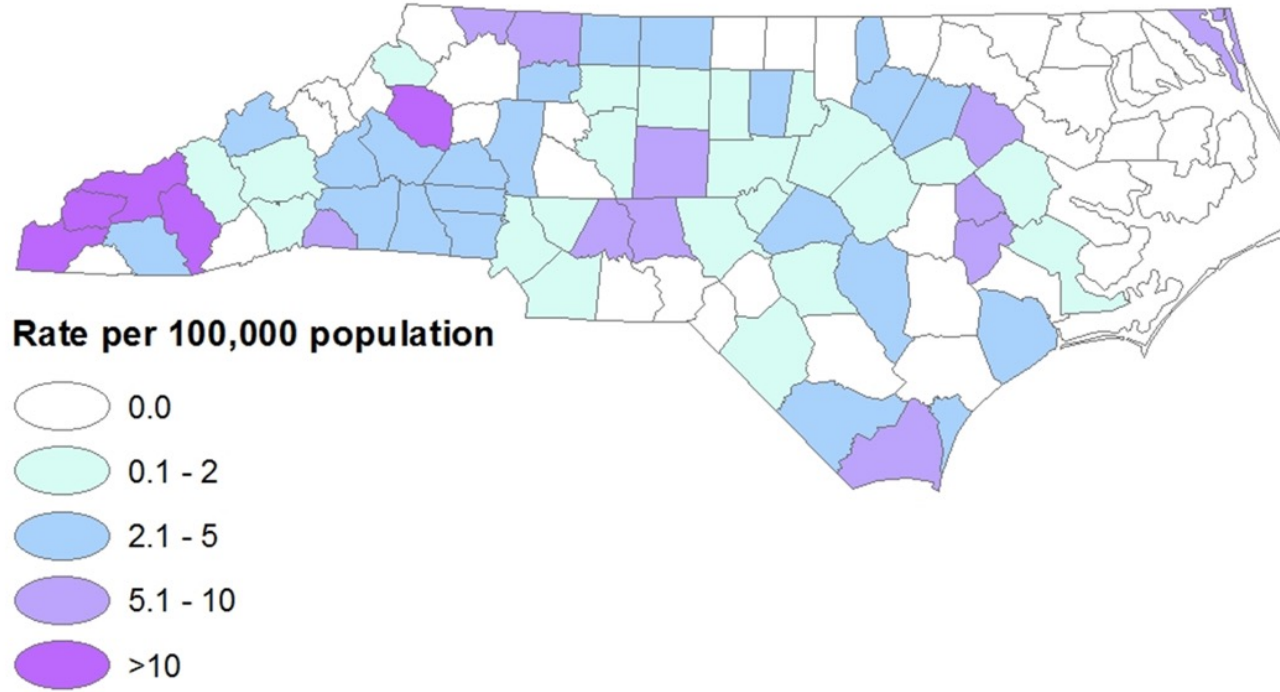
- An estimated 110,000 North Carolinians are infected with hepatitis C.
- Chronic hepatitis C became reportable in NC in late 2016.
- As of 12/31/2017, there were 21,757 reported cases of chronic HCV.

Vulnerable Counties and Jurisdictions Experiencing or At-Risk of Outbreaks

County-level Vulnerability to Rapid Dissemination of HIV/HCV Infection Among Persons who Inject Drugs (September, 2015)
and Jurisdictions Determined to be Experiencing or At-risk of Significant Increases in Hepatitis Infection or an HIV
Outbreak Due to Injection Drug Use Following CDC Consultation (July, 2018)



Acute HCV County Rates in North Carolina 2017



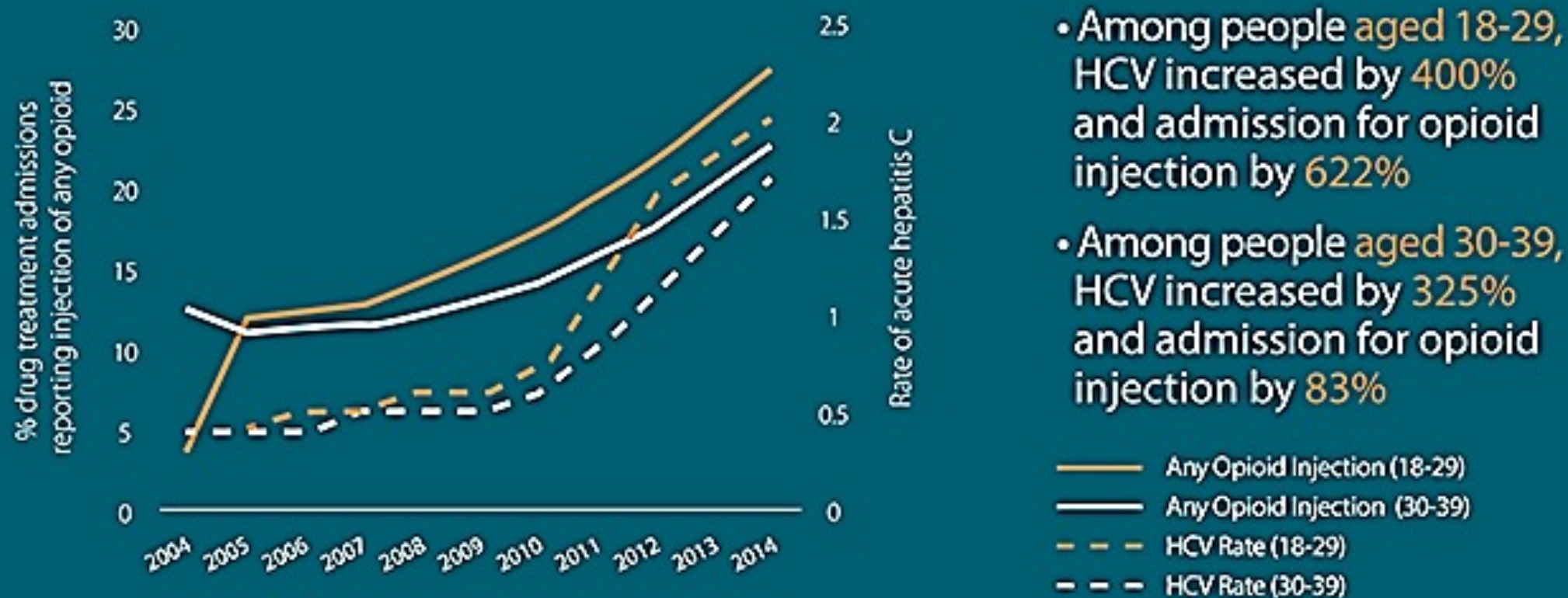
Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS)(data as of June 3, 2018).

North Carolina DHHS



HIV/STD/Hepatitis Surveillance Unit

HEPATITIS C AND OPIOID INJECTION ROSE DRAMATICALLY IN YOUNGER AMERICANS FROM 2004-2014



Source: Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration

EBCI AND HCV

- 6.2% of the Cherokee Indian Hospital Authority active user population has ever been diagnosed with Hepatitis C
- 3% are currently infectious with high viral loads
- Over half of those with current high viral loads are between the **ages of 25-36**

CIHA User Population HCV Percentages as of 02/01/2019

<u>Population¹</u>	<u>Ever Diagnosed</u>	<u>Current High Viral</u>	<u>Total Ever Diagnosed Percentage²</u>	<u>Current High Viral Percentage³</u>	<u># that have had HCV Medication</u>
14,079	863	455	6.13%	3.23%	108

¹CIHA User Population June 2018

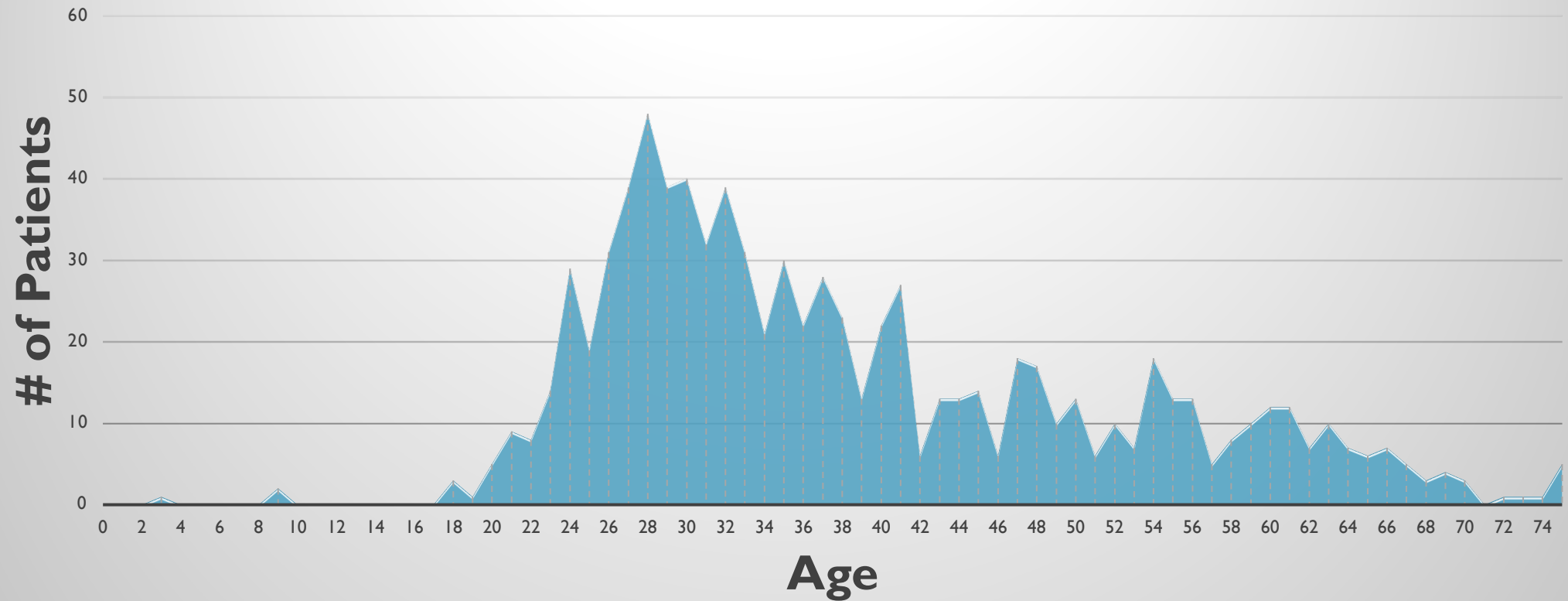
²Percentage taken from total HCV cases (<15 RNA and >15 RNA).

³Percentage taken from total >15 RNA HCV cases.

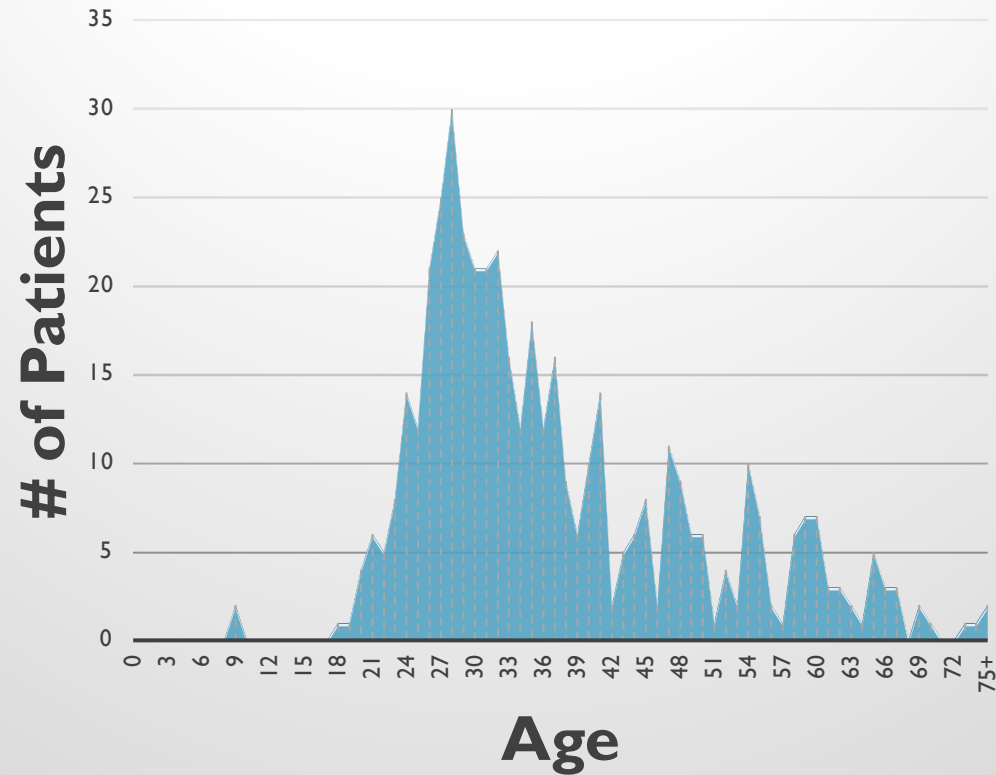
CIHA Number of Newly Identified Cases of HCV per year

<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>
41	59	60	88	110	107	96	73	67

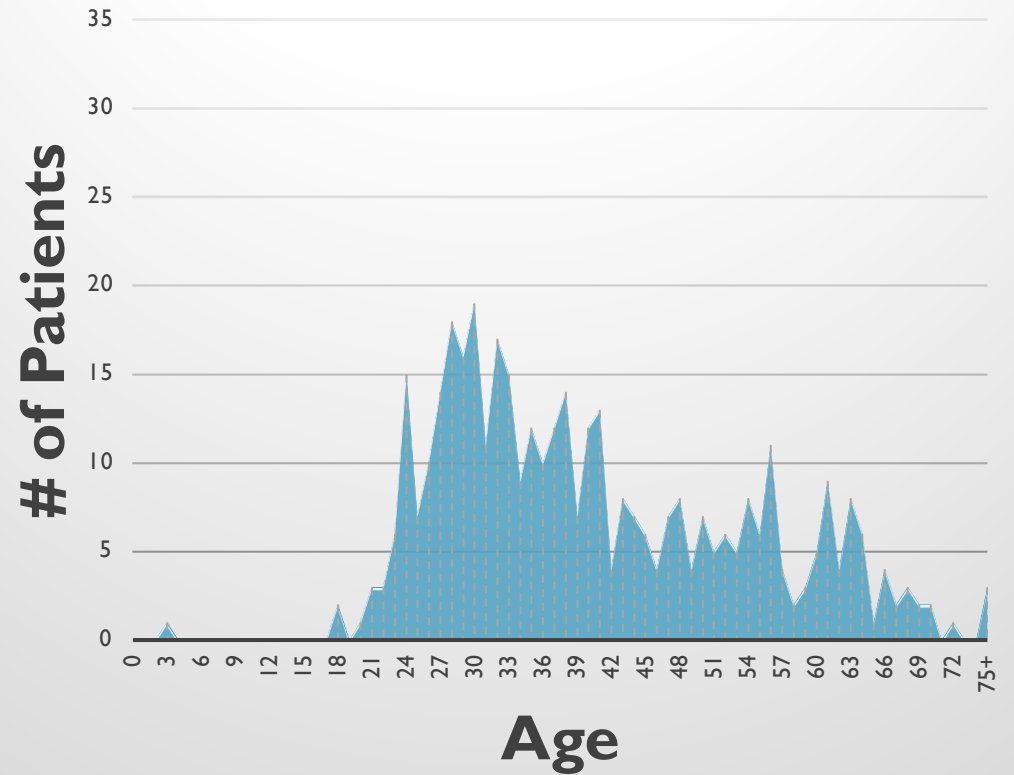
CIHA Hepatitis C Patient Ages as of 5/7/2019



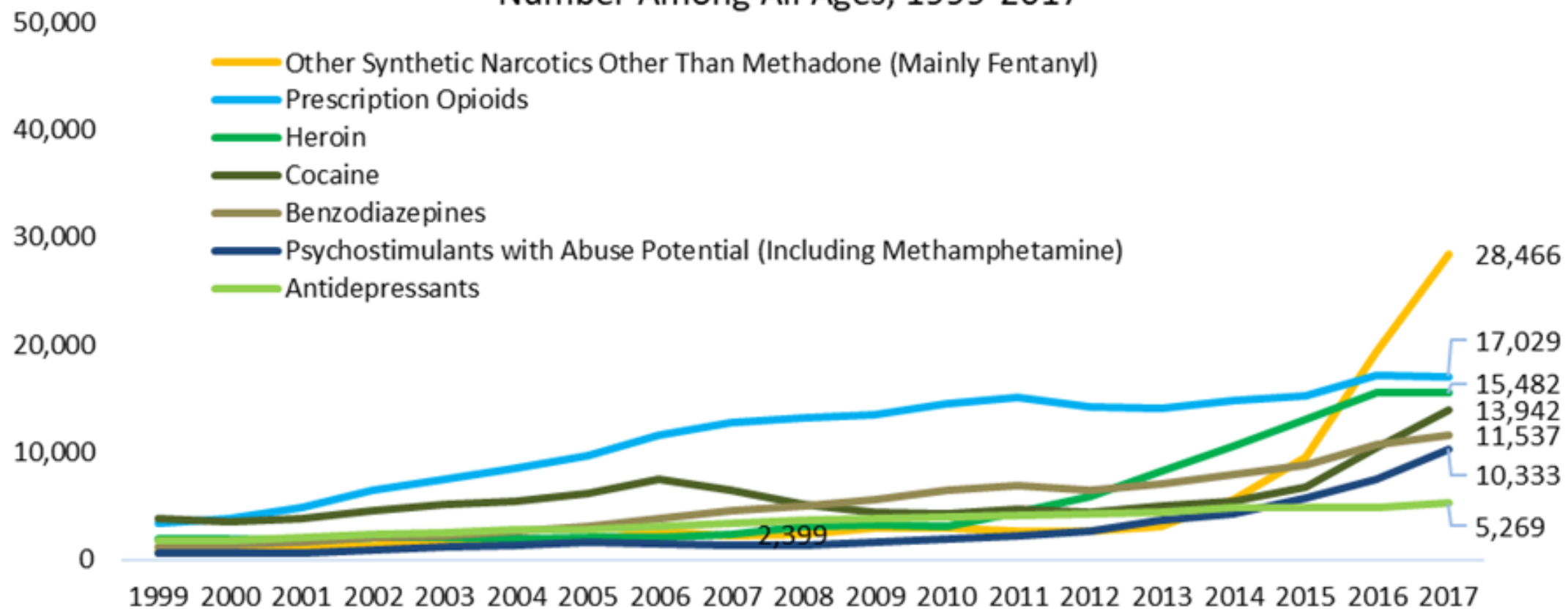
Female- CIHA Hepatitis C Patient Ages as of 5/7/2019



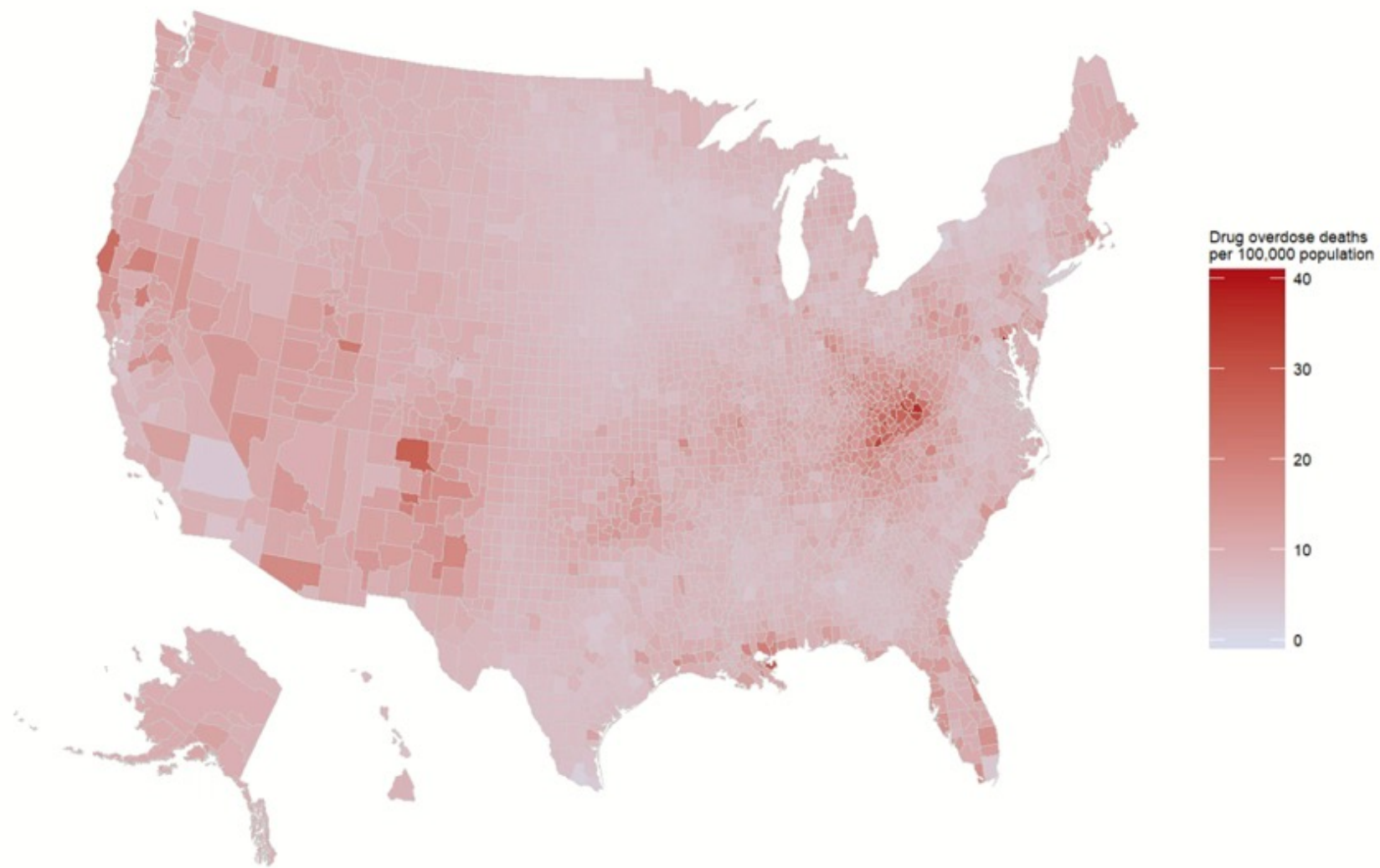
Male- CIHA Hepatitis C Patient Ages as of 5/7/2019



National Drug Overdose Deaths Number Among All Ages, 1999-2017



2003



2,000

Number of Unintentional Opioid Overdose Death, NC Residents 1999-2017

1,500

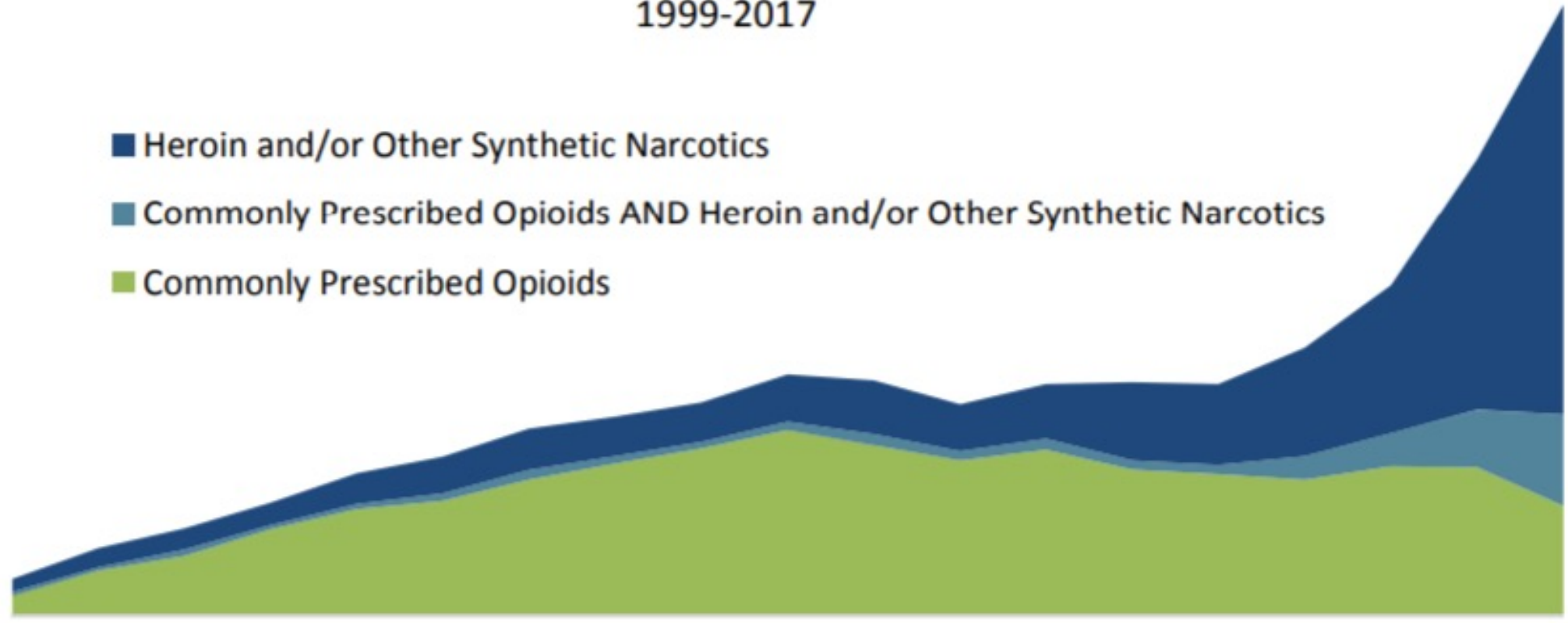
- Heroin and/or Other Synthetic Narcotics
- Commonly Prescribed Opioids AND Heroin and/or Other Synthetic Narcotics
- Commonly Prescribed Opioids

1,000

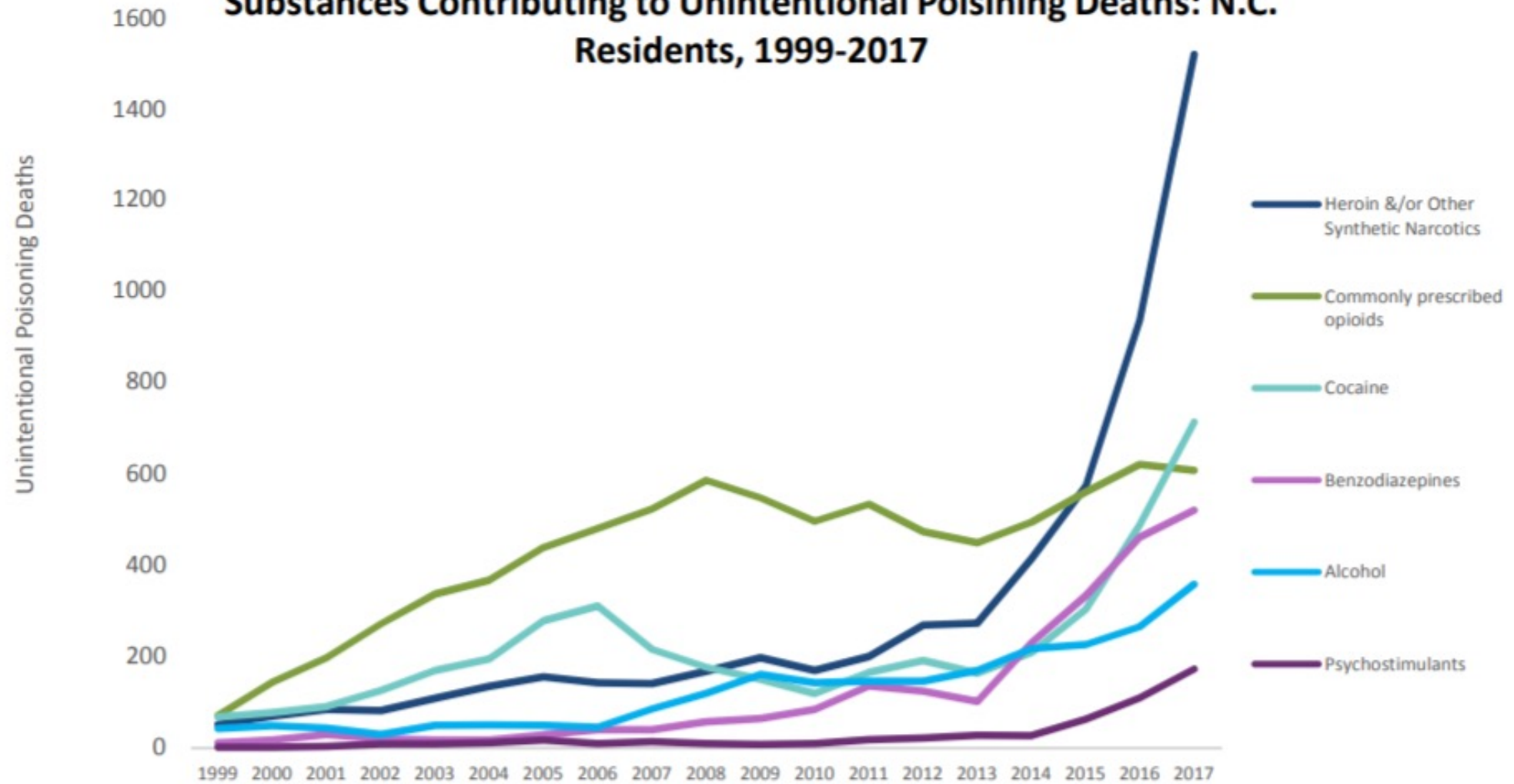
500

0

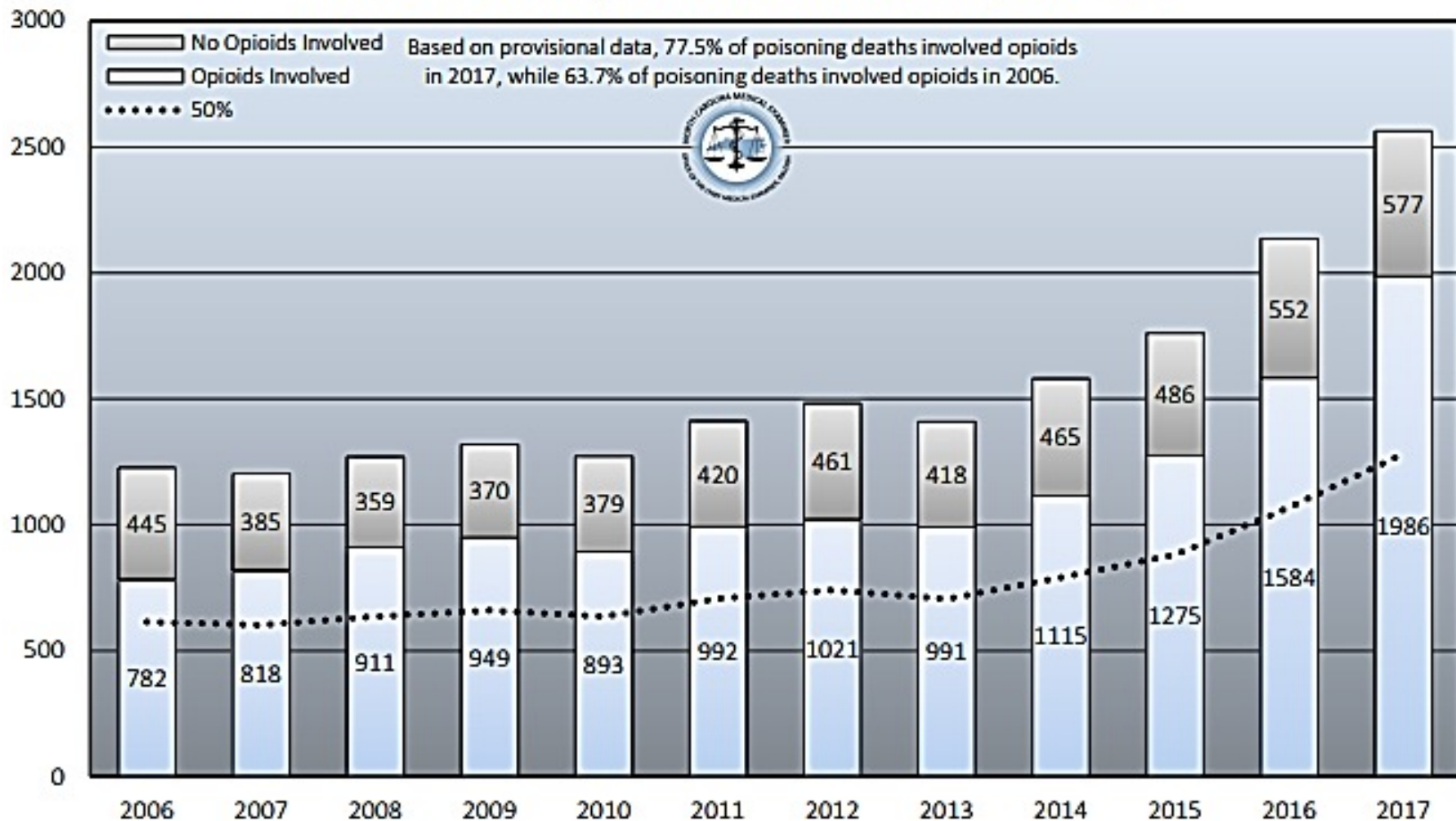
1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017



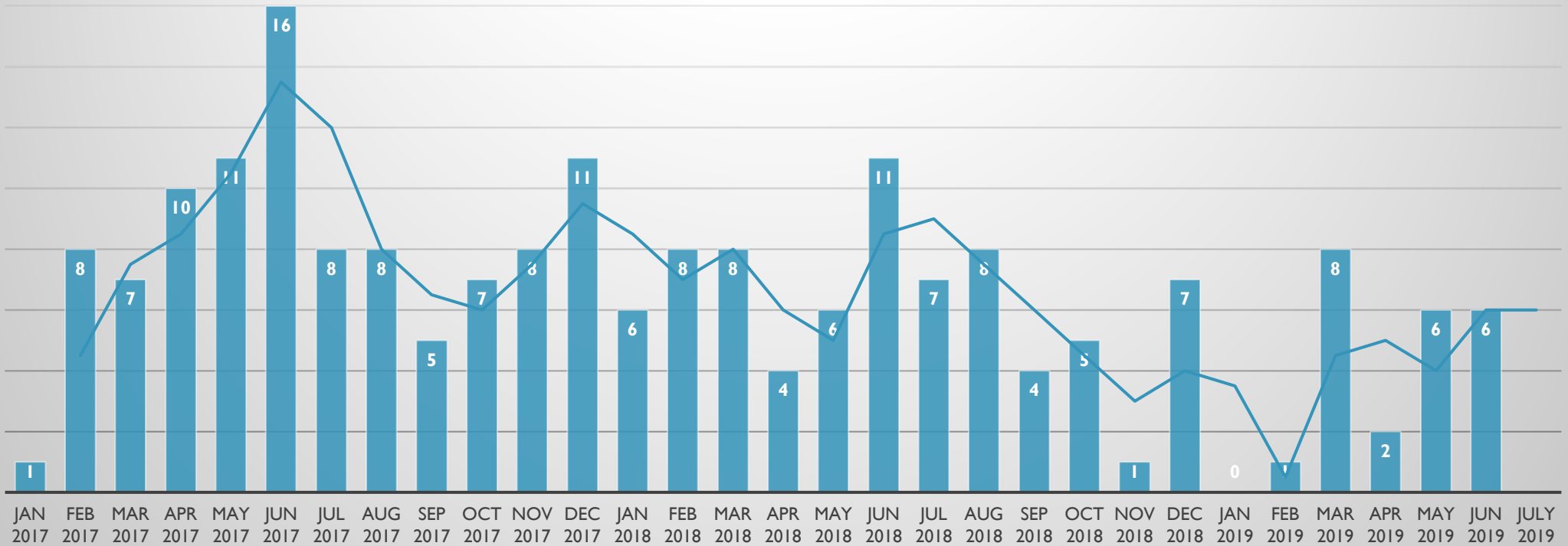
Substances Contributing to Unintentional Poisoning Deaths: N.C. Residents, 1999-2017



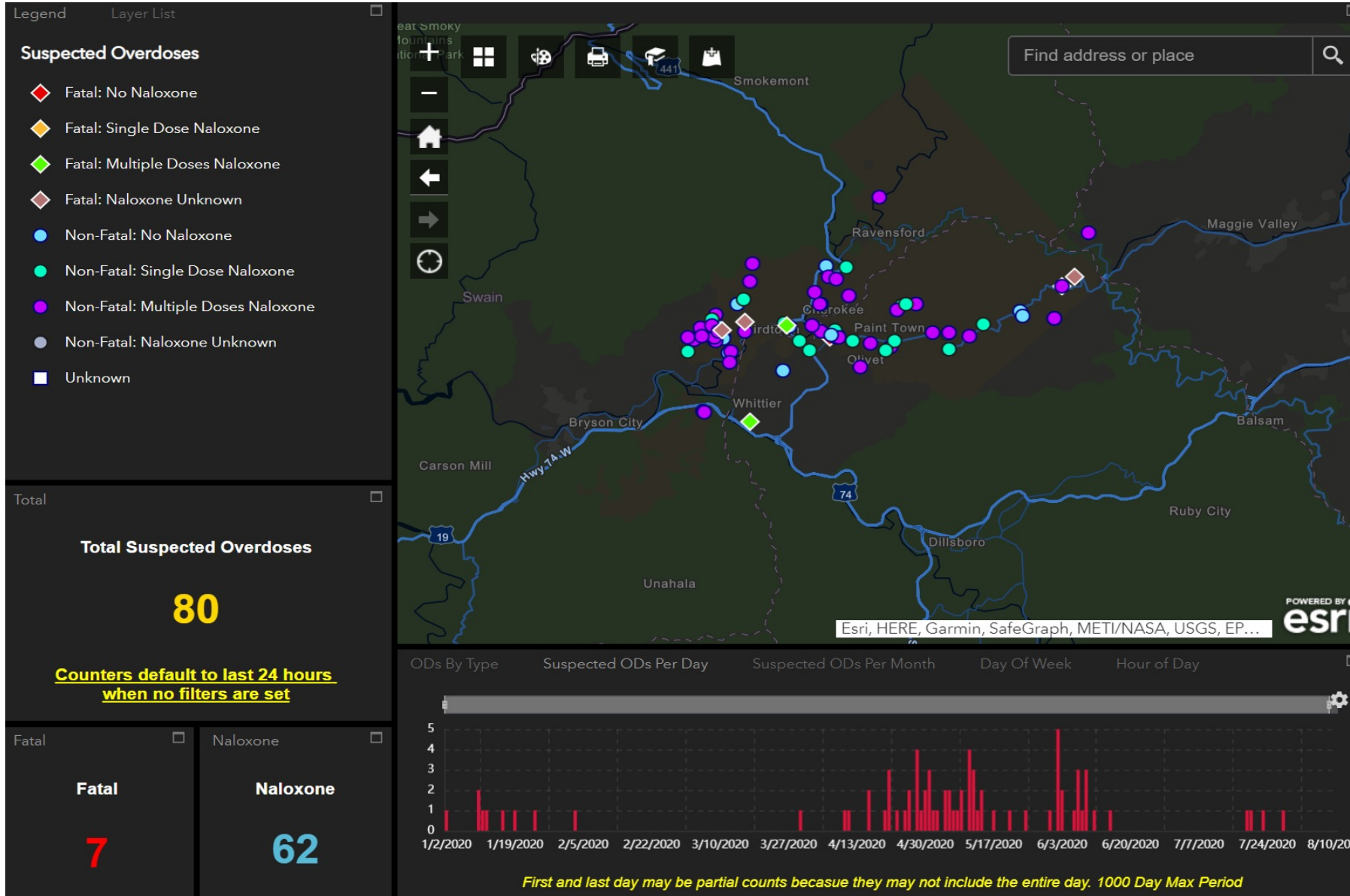
Confirmed Poisoning Deaths in North Carolina, 2006 – 2017



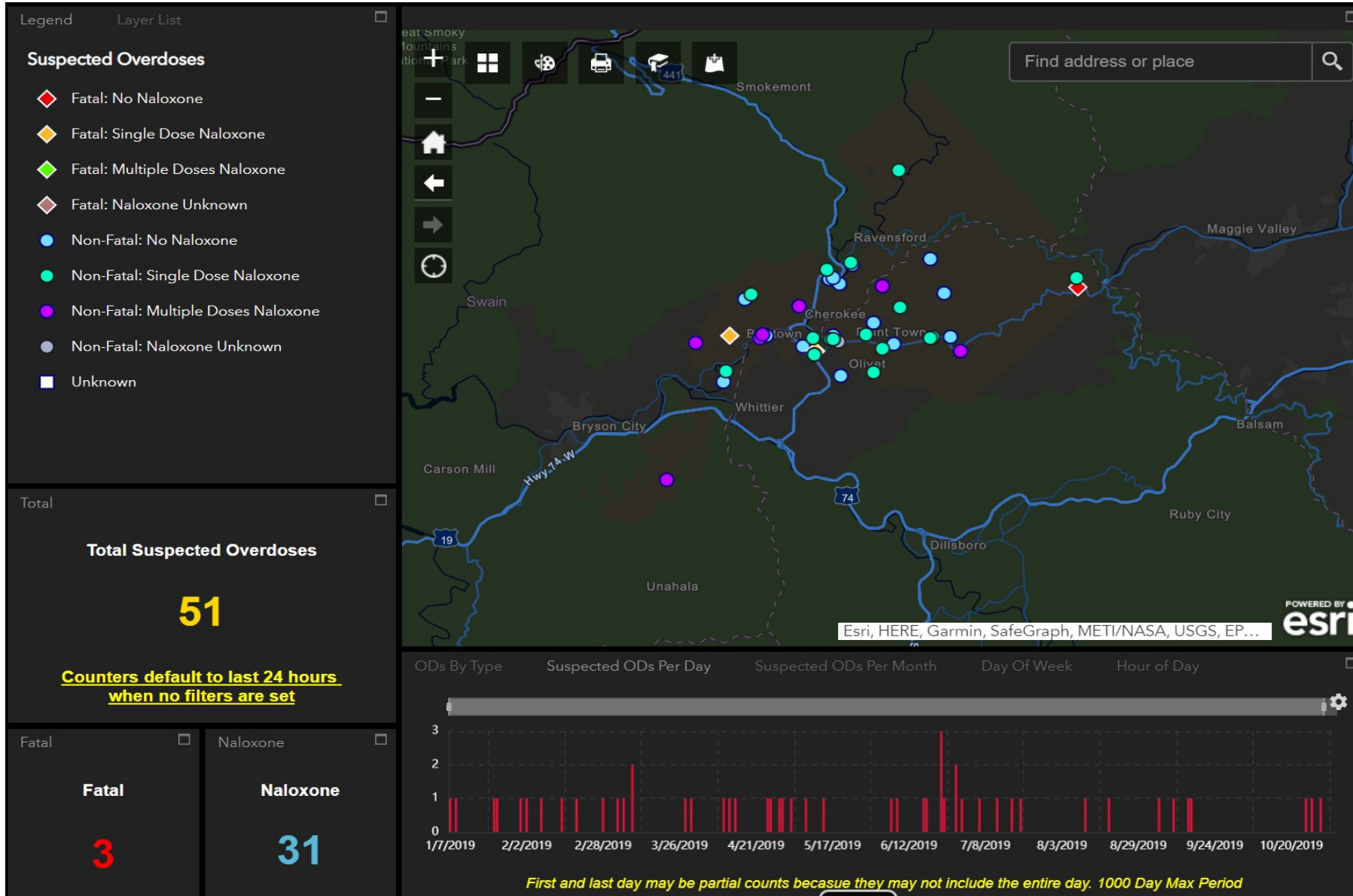
CIHA Drug Poisoning/Overdose Jan 2017 - Jun 2019



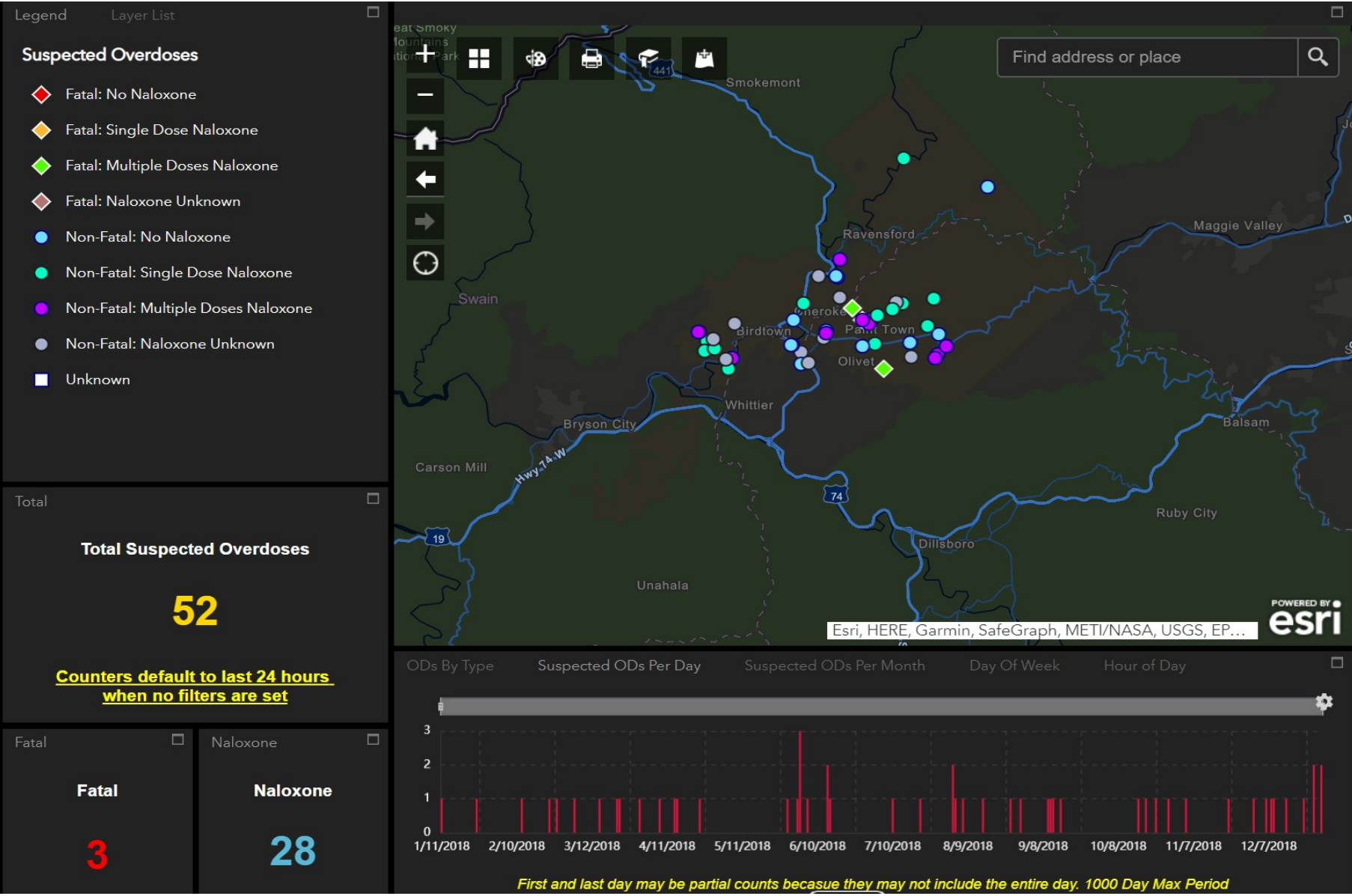
2020 JANUARY- AUGUST



2019



2018



WHAT WE KNEW ABOUT THE ISSUE



Rates of HCV in EBCI increased exponentially from 2014-2018



6% of CIHA user population diagnosed with HCV



Heroin deaths in North Carolina rose 565% between 2010 and 2014



EBCI overdose rates increased exponentially

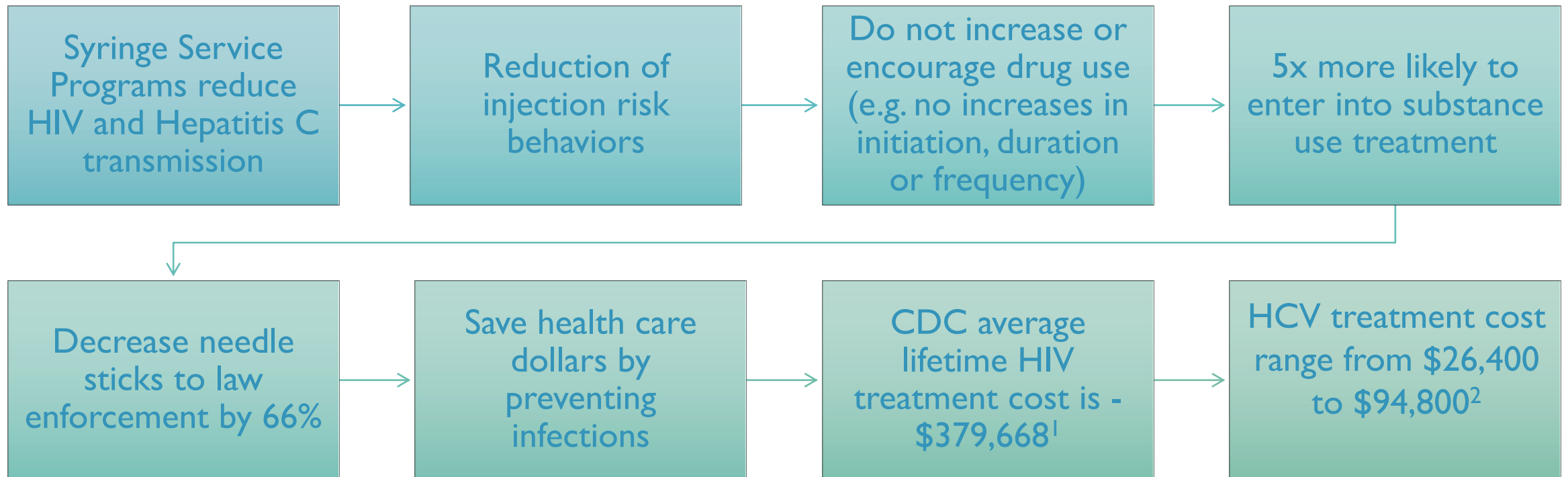


131 EBCI Substance-related deaths 2002- 2014. This accounts for 13.2% of all EBCI deaths

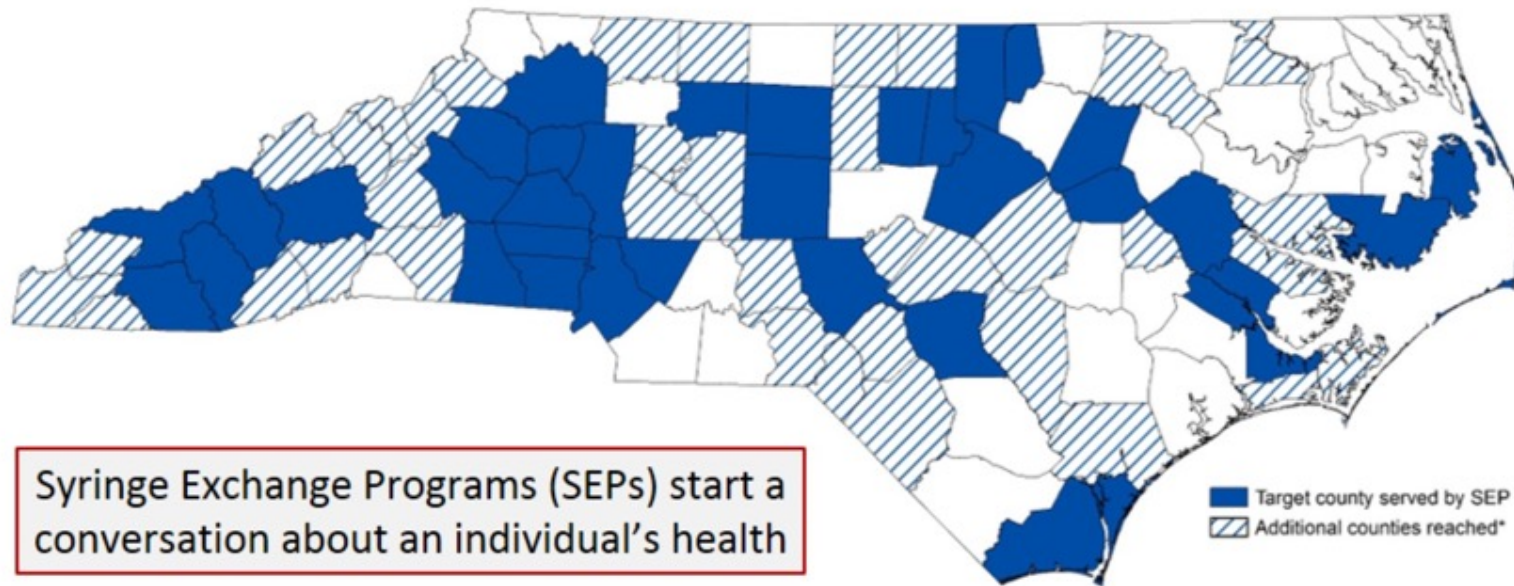


Syringe litter visible in the community

FACTS ABOUT SYRINGE SERVICES PROGRAMS



NORTH CAROLINA SYRINGE EXCHANGE PROGRAMS AS OF JAN 2019



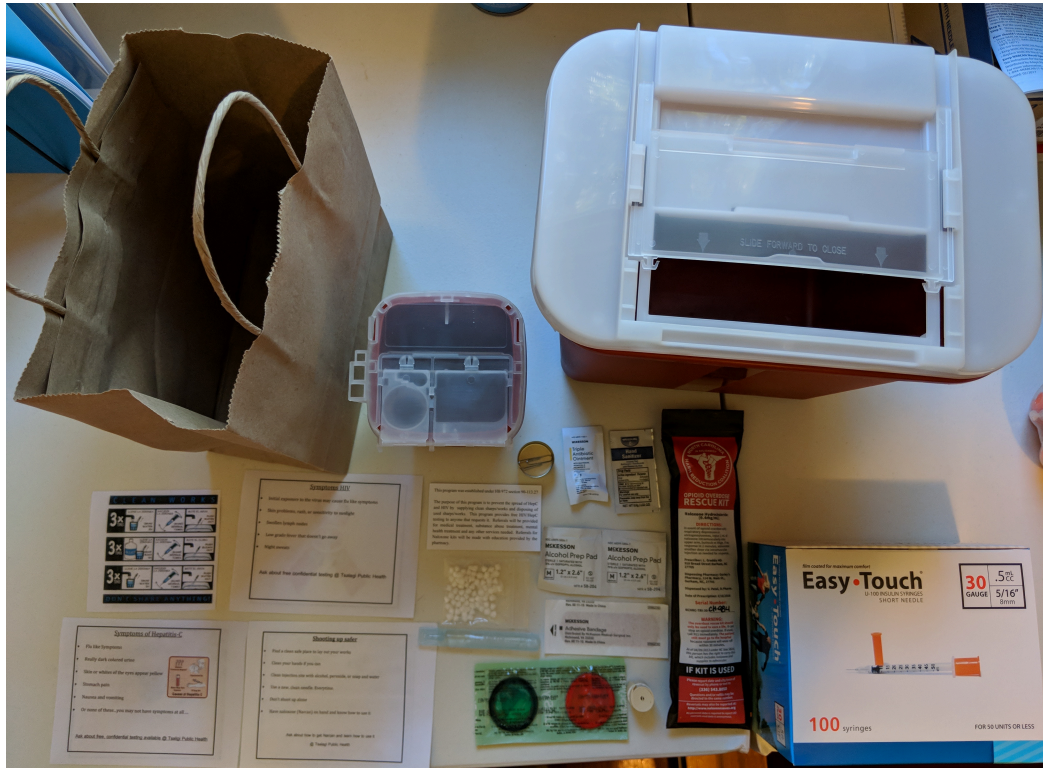
*Residents from an additional 35 counties without SEP coverage (and out of state) traveled to receive services in a SEP target county in N.C.

Technical Notes: There may be SEPs operating that are not represented on this map; in order to be counted as an active SEP, paperwork must be submitted to the N.C. Division of Public Health

Source: N.C. Division of Public Health, Year 2 SEP Annual Reporting, June 2018

Analysis by Injury Epidemiology and Surveillance Unit

LEGISLATION



- NC passed legislation in July 2016
- Resolution No. 611 passed and ratified 6/14/17 – directive to develop an SSP
- Ordinance 621 passed 8/9/17- granted limited immunity for those participating in SSP

TSALAGI PUBLIC HEALTH



*This Card verifies
membership in the
Tsalagi Public Health
Syringe Services Program*

ID #

Syringe Services Program
73 Kaiser Wilnoty Drive
Cherokee, NC 28719
Phone: 828-359-6879

This program was established under HB 972 section 90-113.27

The purpose of this program is to prevent the spread of HepC and HIV by supplying clean sharps/works and disposing of used sharps/works. This program provides free HIV/HepC testing to anyone that requests it. Referrals will be provided for medical treatment, substance abuse treatment, mental health treatment and any other services needed. Referrals for Naloxone kits will be made with education provided by the pharmacy.

SSP OFFERS MORE THAN SYRINGES

- Educational Material
- Naloxone Rescue Kit
- Wound identification and care
- Clean injection equipment
- Syringe disposal
- Referral for treatment, medical care, housing, etc.
- Snacks and water for participants



PHHS SYRINGE SERVICES PROGRAM DATA

JULY 1, 2019 – JUNE 30, 2020 DATA

Participant
Visits

6,412

Syringes
Dispensed

250,930

Syringes
Returned

222,958

Return Rate

89%

Number of New Participants: 179

PHHS SYRINGE SERVICES PROGRAM DATA

FEBRUARY 01, 2018 – JULY 31, 2019

Average Age

32

Average Age
Started Using
Drugs/Alcohol

17

Average Max
Injections per
Day

9

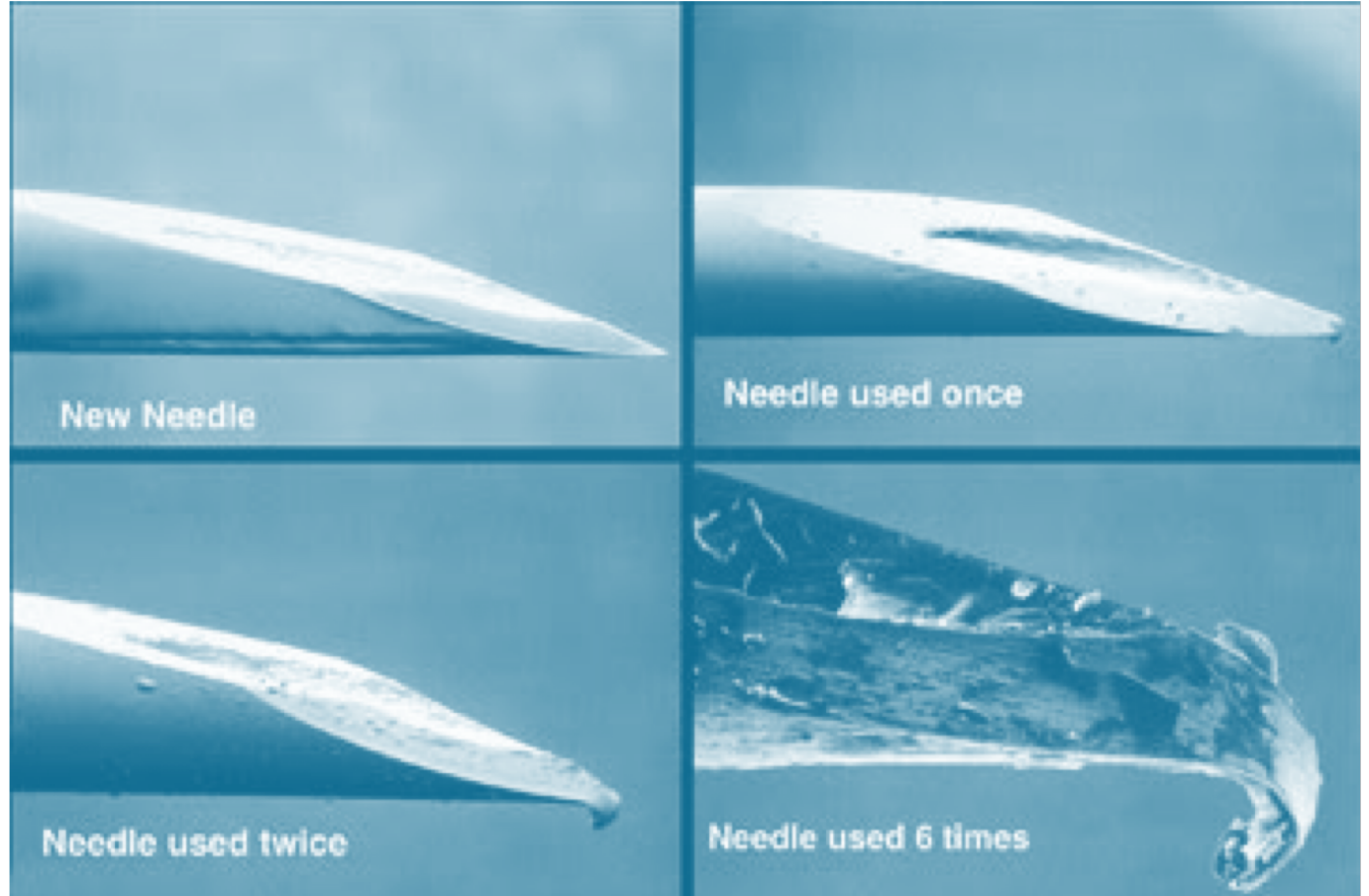
Reported Sharing
Syringes or Equipment
on First Intake

15%

Total Participants 573

RISK OF REUSING SYRINGES

- Pitting needles increase risk of transmission of blood-borne pathogens like HIV and HCV.
- Tips of needles can bend and create a jagged puncture point, this can cause tissue damage, wounds, and infections.



PHHS SYRINGE
SERVICES
PROGRAM
REFERRAL DATA
FEBRUARY 01,
2018 – JULY 31,
2019

Total Referrals 395

- Analenisgi 35
- CIHA 54
- NFP 3
- MotherTown 3
- Domestic Violence Shelter 2
- Tsalagi Public Health 298

PHHS SYRINGE SERVICES PROGRAM DATA
FEBRUARY 01, 2018 – JULY 31, 2019

Reported Drugs Used

328 Participants
reported Meth
use

220 Participants
reported Heroin
use

197 Participants
reported
Opioid misuse

**NALOXONE
DATA FROM
4/6/18 – 6/31/20**

Distributed

5,910

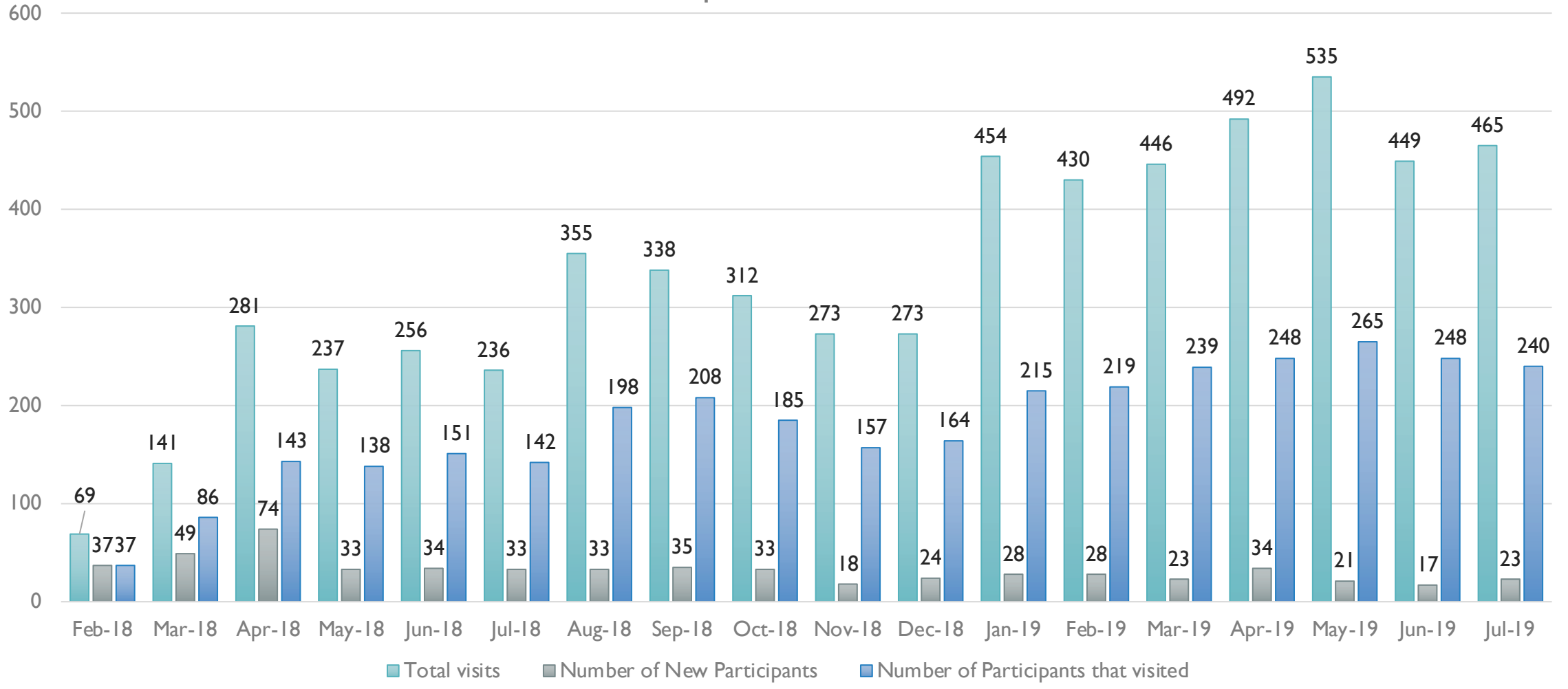
Reversals Reported

743

**Avg # of Narcan Doses Given per Overdose as
Reported by Participants**

3

2018-19 PHS Syringe Services Number of Participant Visits and Number of New Participants Per Month



AVERAGE MONTHLY DATA FOR 2019

Avg. # of total visits 467

Avg. # Referred for HIV Testing per Month
35

Avg. # Referred for HCV Testing per Month
41

Avg. # Referred for HAV and HBV Vaccination per Month
30

Avg. # Number of Participants that received Risk Counseling per Month
37

Avg. # Reported Sharing Syringes per Month
17

Avg. # Reported Sharing Equipment per Month
28

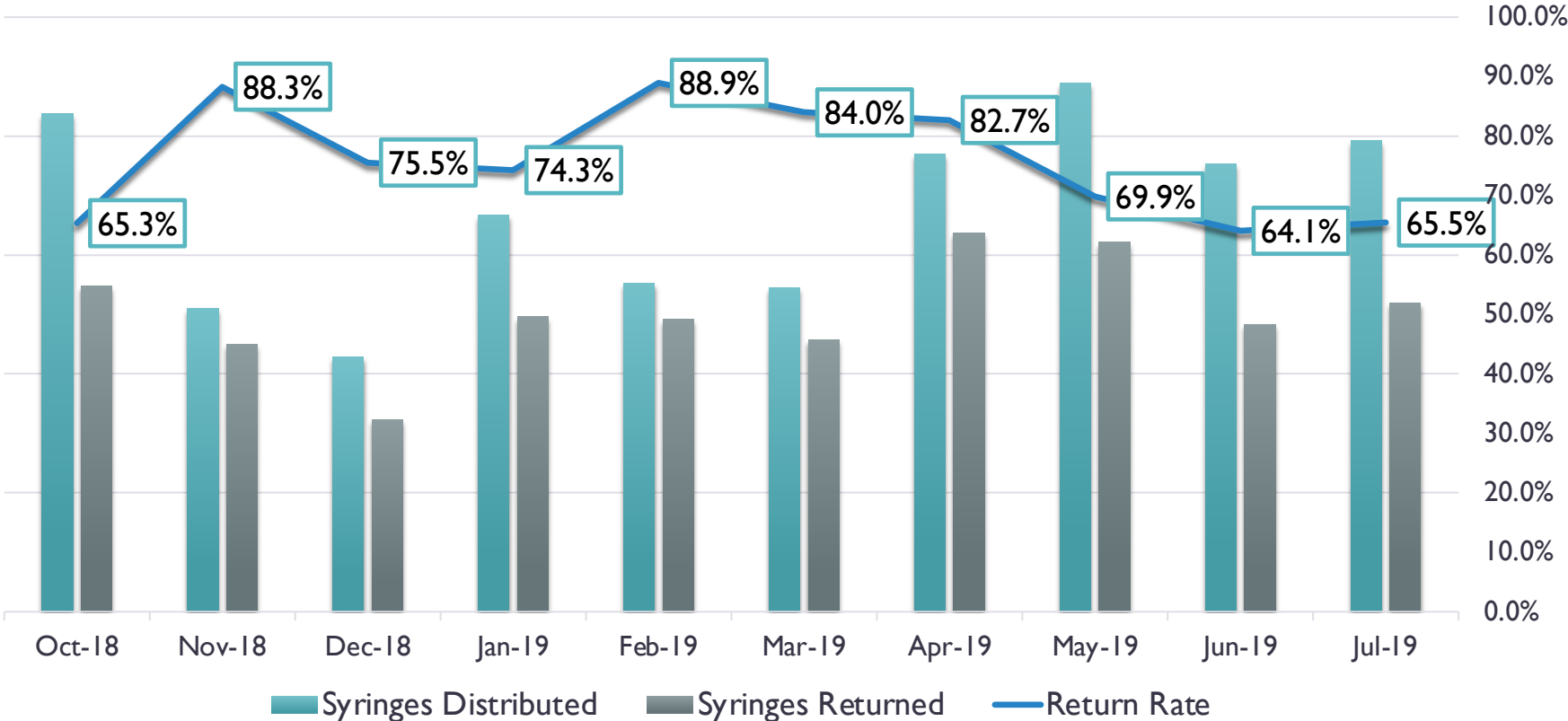
Avg. # Reported Naloxone Use per Month
15

Avg. # of Naloxone Kits Given per Month
109

Avg. # of New Participants per Month
25

Avg. # of Participants that visited per Month
239

Oct 2018 - June 2019 PHHS Syringe Services Program Syringes Distributed, Returned, and Return Rate



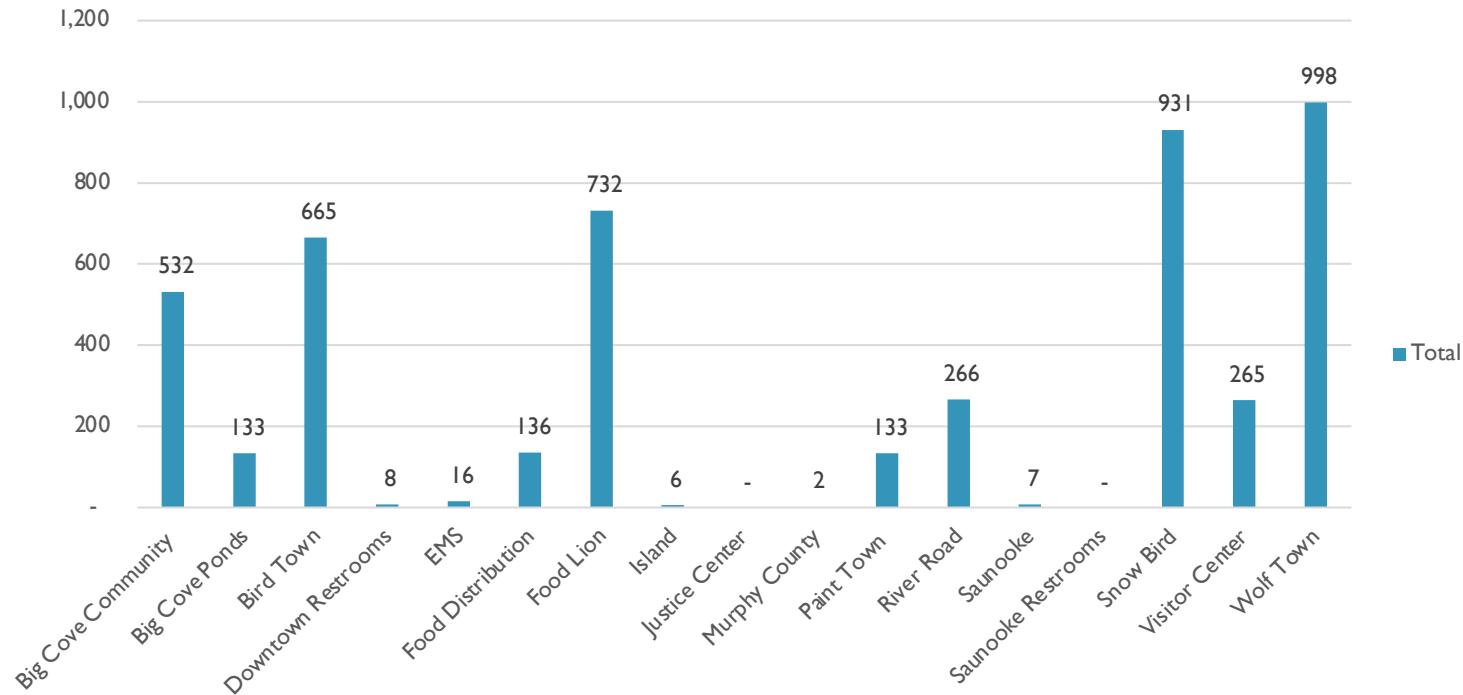


NEW INITIATIVE TO CLEAN SYRINGE LITTER IN THE COMMUNITY

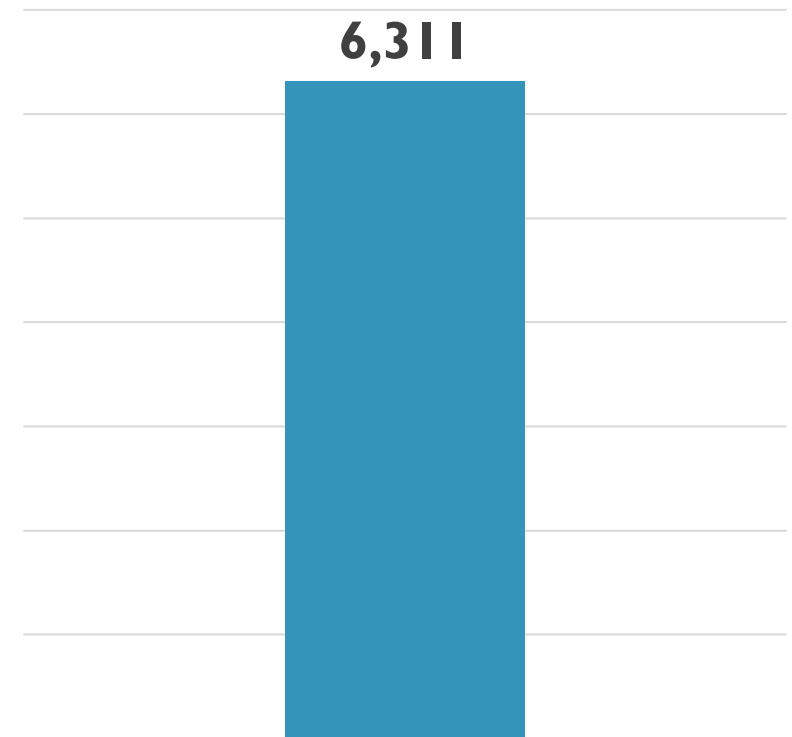


SYRINGE KIOSK DATA FOR JUNE-JULY 2019

Estimated # of Syringes by Kiosk June-July 2019



Estimated Total # of Syringes from Kiosks



QUESTIONS OR
COMMENTS?



REFERENCES

- Slides 4-10,12, 14, & 18-19 from Centers for Disease Control and Prevention
- Slides 11, 13, 20-22, & 29 from North Carolina Department of Health and Human Services
- Slides 15-17 data from Cherokee Indian Hospital Authority compiled by PHHS Epidemiologist
- Slides 24-26 are from ODMAP data entered by EBCI Tribal EMS
- Slide 27 data from United South and Eastern Tribes Tribal Epidemiology Center
- Slides 33-43 data from PHHS Syringe Services Program compiled by PHHS Epidemiologist