Building Bridges:
Behavioral and Public Health
Collaborating for all North Dakotans

Project ECHO
Building Bridges: Behavioral and Public Health
Center for Rural Health
University of North Dakota

Crossroads of Substance Use and Infectious Diseases

Date: September 14, 2022

Didactic presentation: Shari Renton, ND HHS

Case presentation: Jennifer Schmidt, ND HHS

Heartview Foundation

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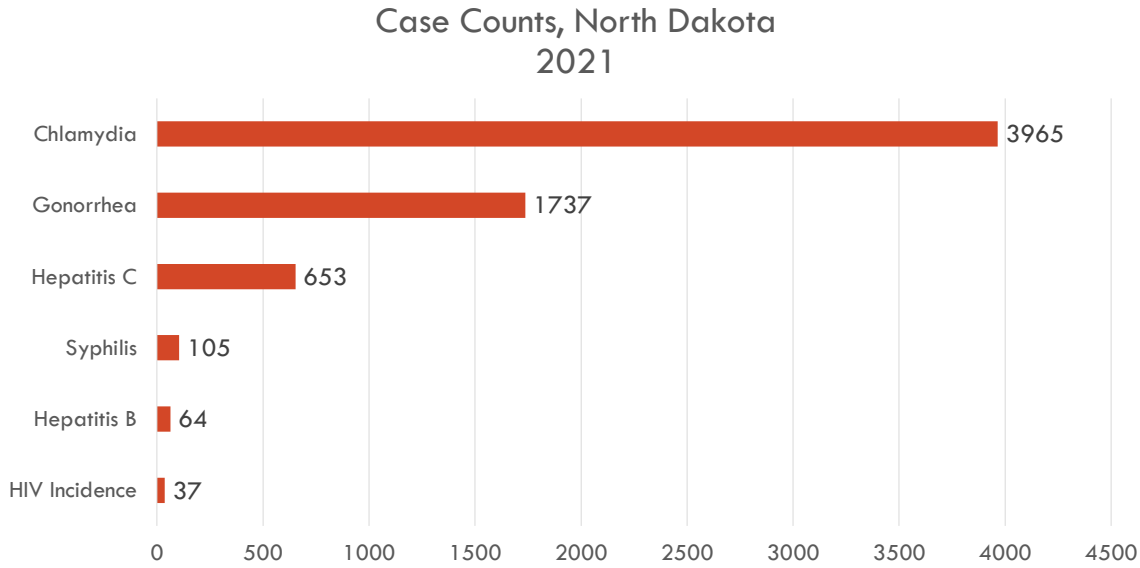
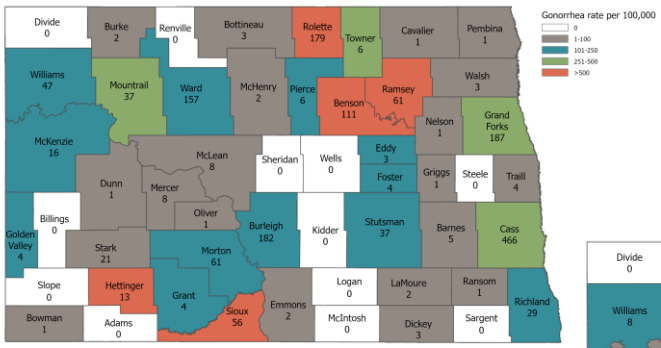
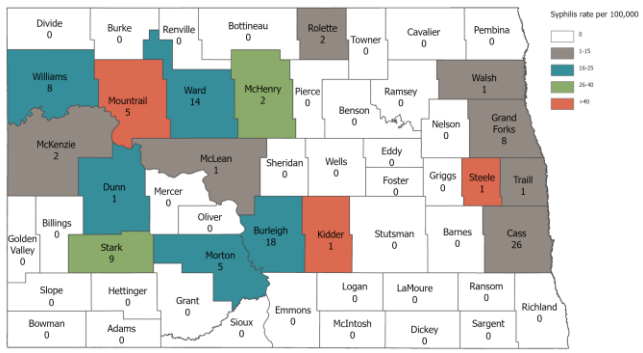
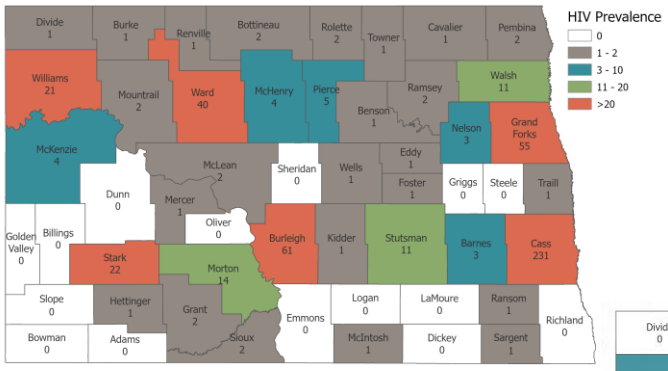
Objectives

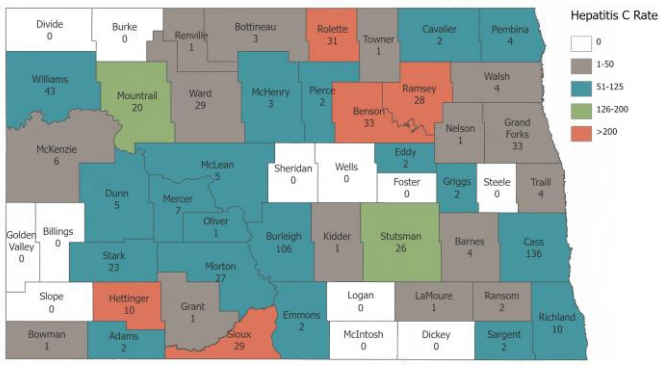
- Recognized the current epidemiology of HIV, Hepatitis and other STIs in North Dakota
- Identify the connection between HIV, Hepatitis C and other STIs with substance use
- Identify opportunities to expand comprehensive services for patients with potential infectious disease and substance use (ex. harm reduction, testing, vaccination)


Case Counts, North Dakota
2021
Chlamydia
3965
Gonorrhea
1737
Hepatitis C
653
Syphilis
105
Hepatitis B
64
HIV Incidence
37
0
500
1000
1500
2000
2500
3000
3500
4000
4500


Gonorrhea rate per 100,000
0
1-100
101-250
251-500
>500
Divide 0
Burke 2
Renville 0
Bottineau 3
Rolette 179
Towner 6
Cavalier 1
Pembina 1
Williams 47
Mountrail 37
Ward 157
McHenry 2
Pierce 6
Benson 111
Ramsey 61
Walsh 3
Nelson 1
Grand Forks 187
McKenzie 16
McLean 8
Sheridan 0
Wells 0
Eddy 3
Foster 4
Griggs 1
Steele 0
Traill 4
Dunn 1
Mercer 8
Oliver 1
Billings 0
Golden Valley 4
Burleigh 182
Kidder 0
Stutsman 37
Barnes 5
Cass 466
Stark 21
Morton 61
Slope 0
Hettinger 13
Grant 4
Sioux 56
Emmons 2
Logan 0
LaMoure 2
Ransom 1
Richland 29
Bowman 1
Adams 0
McIntosh 0
Dickey 3
Sargent 0


Syphilis rate per 100,000
0
1-15
16-25
26-40
>40
Divide 0
Burke 0
Renville 0
Bottineau 0
Rolette 2
Towner 0
Cavalier 0
Pembina 0
Williams 8
Mountrail 5
Ward 14
McHenry 2
Pierce 0
Ramsey 0
Benson 0
Walsh 1
Nelson 0
Grand Forks 8
McKenzie 2
McLean 1
Sheridan 0
Wells 0
Eddy 0
Foster 0
Griggs 0
Steele 1
Traill 1
Dunn 1
Mercer 0
Oliver 0
Billings 0
Golden Valley 0
Burleigh 18
Kidder 1
Stutsman 0
Barnes 0
Cass 26
Stark 9
Morton 5
Slope 0
Hettinger 0
Grant 0
Sioux 0
Emmons 0
Logan 0
LaMoure 0
Ransom 0
Richland 0
Bowman 0
Adams 0
McIntosh 0
Dickey 0
Sargent 0





Case Investigations

- Investigate all reports of:
  - Gonorrhea
  - Syphilis
  - HIV
  - Hepatitis B
  - Hepatitis C (started in spring 2022)
- Investigation consists of obtaining clinical information, risk history, identifying contacts (STIs and HIV).
- We have 10 field epidemiologists spread across 8 areas of the state.

Gonorrhea and Syphilis

22% of interviewed Gonorrhea cases reported injection drug use in 2021

52% of interviewed Gonorrhea cases reported having sex while intoxicated/high in 2021

16% of interviewed Syphilis cases reported injection drug use in 2021

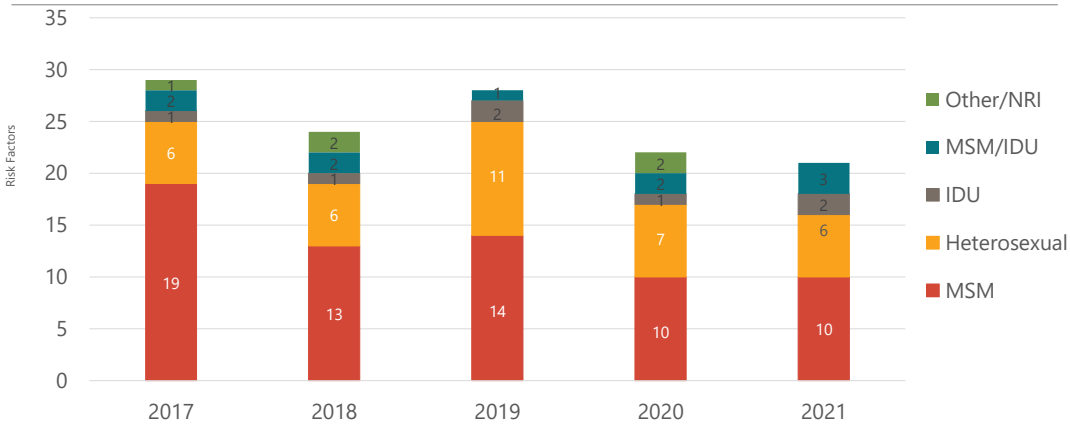
60% of interviewed Syphilis cases reported having sex while intoxicated/high in 2021

HIV

12% of all persons living with HIV in North Dakota as of December 31, 2021, reported injection drug use as a risk factor

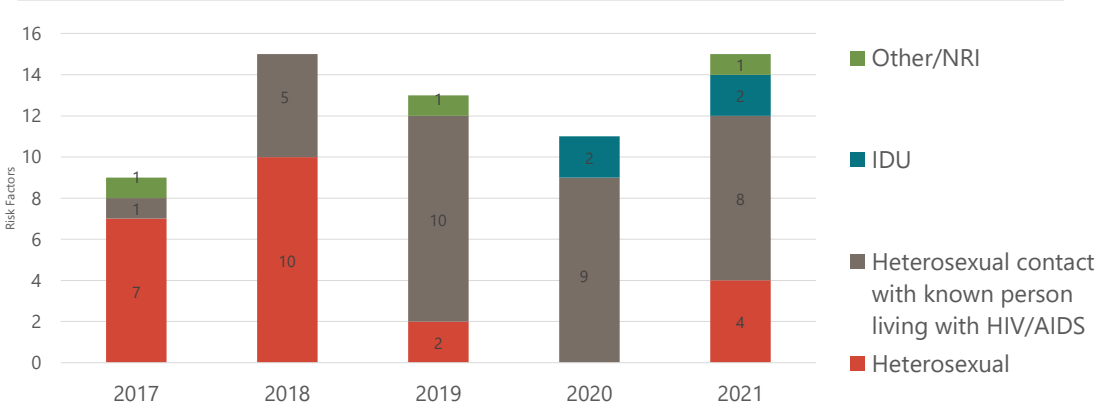
16% of newly diagnosed person with HIV in 2021 reported injection drug use as a risk factor

Male HIV Risk Factors



Source: NDDoH Division of Sexually Transmitted and Bloodborne Diseases

Female HIV Risk Factors



Source: NDDoH Division of Sexually Transmitted and Bloodborne Diseases

Hepatitis C

In 2018, conducted enhanced surveillance to identify risk factors for Hepatitis C infection in those age 35 and younger. **88%** of interviewed individuals reported injection drug use, past or present.

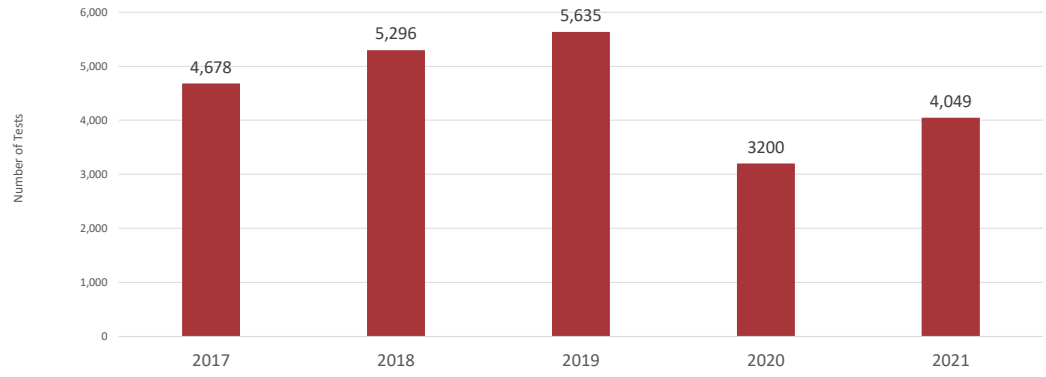
In spring 2022, began routine surveillance of all newly diagnosed Hepatitis C infections. Preliminary data shows **76%** overall report injection drug use. With it increasing to **90%** when looking at those aged 35 and younger

CTR sites

The Sexually Transmitted and Bloodborne Diseases Unit offers HIV and hepatitis C testing to populations at risk with the counseling, testing and referral (CTR) program. CTR sites aim to inform clients of their HIV and hepatitis C status, provide counseling and support for harm reduction and help to secure needed referrals for treatment and care.

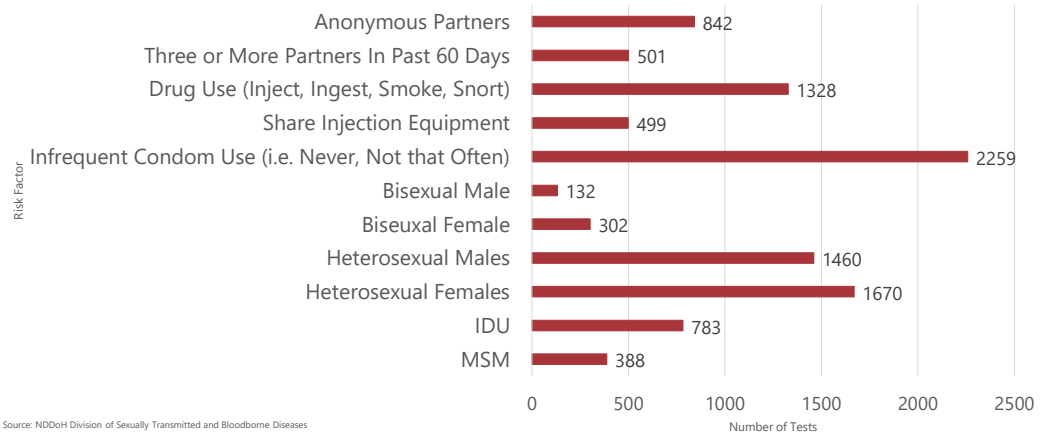
CTR sites are providers who have patients at high risk of HIV and hepatitis C infection. CTR providers may include, but are not limited to local public health units, substance abuse and treatment centers, ND community action organizations, ND family planning sites, pregnancy clinics, correctional institutions, homeless shelters, institutions of higher education, community health centers, sexual health clinics, tribal health, etc.

CTR Data 2021 - HIV



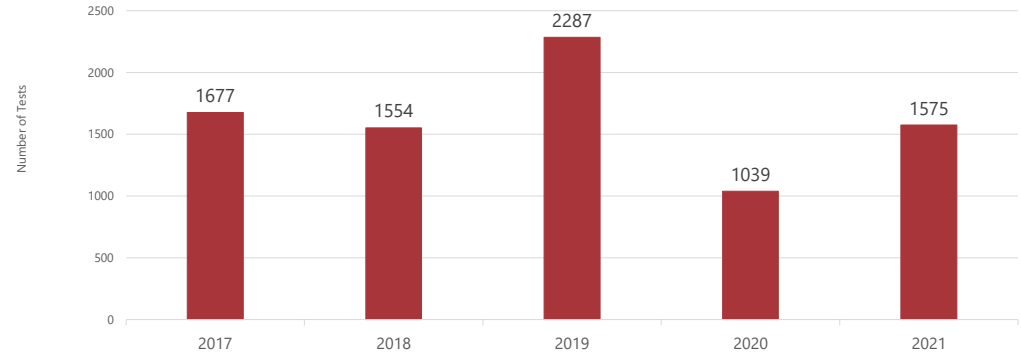
Source: NDDoH Division of Sexually Transmitted and Bloodborne Diseases

CTR Data 2021 - HIV



Source: NDDoH Division of Sexually Transmitted and Bloodborne Diseases

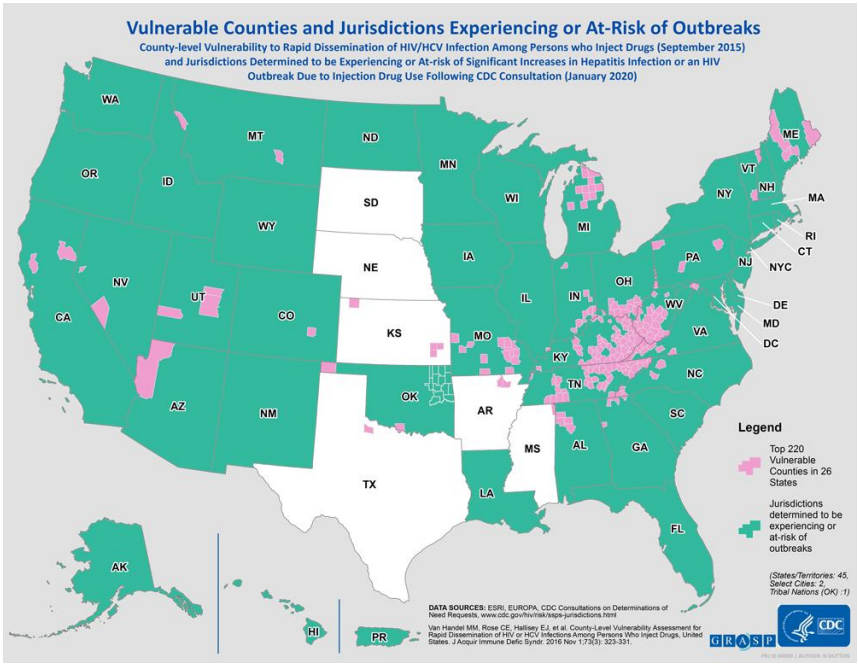
CTR Data 2021 - HCV



Source: NDDoH Division of Sexually Transmitted and Bloodborne Diseases

Vulnerability Assessment

A 2014-2015 outbreak of HIV infection among a rural network of persons who inject drugs (PWID) underscored the intersection of the expanding crises of opioid misuse, injection drug use, and associated increases in bloodborne infectious diseases. The Centers for Disease Control and Prevention (CDC) conducted a national assessment to identify U.S. communities potentially vulnerable to rapid spread of HIV, if introduced, and new or continuing high rates of hepatitis C virus infections among PWID.



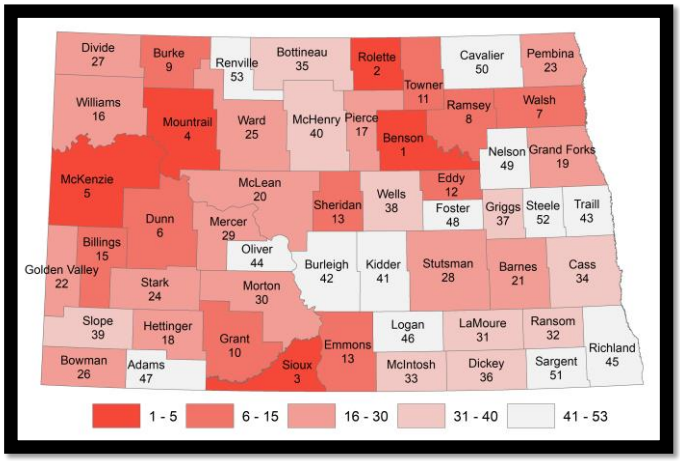
ND Vulnerability Index

Data Criteria	Explanation
Newly diagnosed with hepatitis C in 2016 & 2017	The most current data year for local/national datasets
Between the ages of 15 and 34	Enhanced surveillance data shows that injection drug use is the primary risk factor for this age group
Disease status of acute, chronic or currently infected	Includes individuals with a quantitative RNA result, confirming hepatitis C diagnosis
Not diagnosed in a correctional facility	Limits bias for counties that house correctional facilities

Primary Model

1. Percent Uninsured
2. NCHS Urban/Rural Classification
3. Percent Poverty
4. Teen Birthrate
5. Gonorrhea Rate
6. Percent Unemployed
7. Poor Health Rating
8. No Vehicle Access
9. No High School Diploma

Primary Model



1. Benson County
2. Rolette County
3. Sioux County
4. Mountrail County
5. McKenzie County

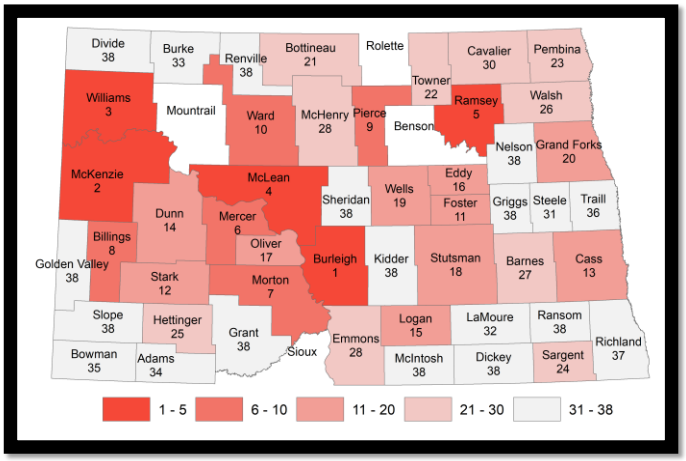
Secondary Model

Contained additional variables with high-epidemiologic association with injection drug use that were not indicated in the primary model

The counties analyzed were limited only to the counties in which this data was available.

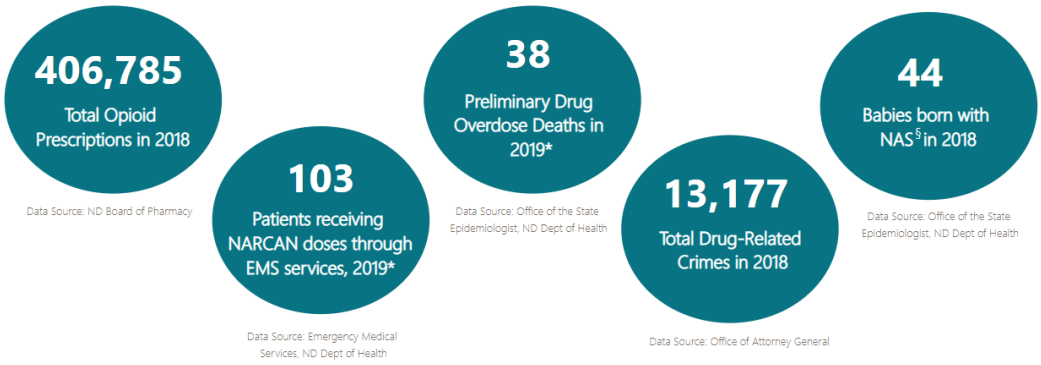
1. Amphetamine/Methamphetamine Incidents

Secondary Model



1. Burleigh County
2. McKenzie County
3. Williams County
4. McLean County
5. Ramsey County

North Dakota Opioid Dashboard



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* January 1, 2019 through August 31, 2019. Data subject to change
§ NAS (Neonatal Abstinence Syndrome), Select hospital's discharge data using P96.1 and P96.2 ICD 10 codes

Next Page

North Dakota Violent Death Reporting

Preliminary Data for January 1, 2021 -December 31, 2021
Data Source: ND Department of Health & Human Services
Data Note: Numbers represent both ND residents and Out-of-State residents where the initial injury occurred in ND

To learn more about the National Violent Death Reporting System, please visit:
www.cdc.gov/violenceprevention/datasources/nvdrs/index.html

For more information about Provisional Drug Overdose Death Counts:
www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

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Harm Reduction

Syringe Service Programs

Educational and Prevention supplies (Order here)

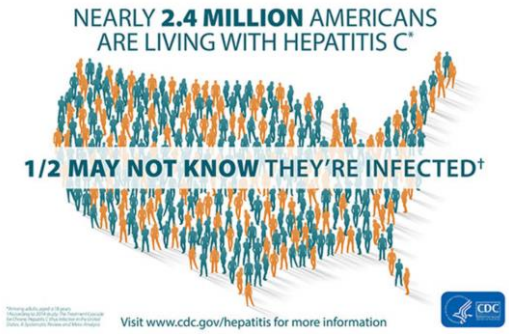
- Brochures/pamphlets
- Posters
- Condoms
- Dental dams
- Lubricant
- Safer sex kits

Syringe Service Programs in ND

Authorized SSPs in North Dakota

City	Site Name	Address	Phone Number	Hours
Beulah	Good Neighbor Project	1312 Hwy 49 N; Coal County Community Health Center - Use South Basement Doors	701.873.4433	Second and Fourth Monday 1:00 PM to 4:00PM
Fargo	Harm Reduction Center	510 5th St N	701.298.6982	4:00 pm to 8:00 pm MTh 1:00 pm to 5:00 pm TuW 8:00 am to 12:00 pm F
Grand Forks	Any Positive Change (APC) Project	212 South 4th Street Use Main Entrance, On First Floor	701.787.8129	11:00 am to 3:00 pm MTh 3:30 pm to 5:30 pm F
Mandan	Good Neighbor Project	403 Burlington St SE	701.667.3370	1:00 am to 4:00 pm TuTh* *Hours are subject to change.
Minot	Good Neighbor Project	801 11th Ave SW	701.852.1376	12:30 pm to 4:00 pm F
Valley City	The ROPES Project	415 2nd Ave NE #1	701.845.8518	2:00 pm to 4:30 pm M

Increase testing and other services



Resources

Disease Dashboard - https://www.health.nd.gov/Data

Opioid Dashboard – https://www.health.nd.gov/Data

Violent Death Reporting – https://www.health.nd.gov/Data

Syringe Service Programs – https://www.health.nd.gov/SSP

Case Presentation

35-year-old

Hispanic

Male

Previous history of Sexually Transmitted Disease (STD), Gonorrhea infection in North Dakota (September 2021) was negative for HIV at this time. No risk was declared to refer individual for HIV Pre-Exposure Prophylaxis (PrEP) services.

Self-declared substance use, unknown if current or past in September 2021 which was solicited by Disease Investigation Specialist (DIS) at time of STD Partner Services Interview.

Individual disclosed they had a Regional Human Service Case Manager, June 2022. ND Department of Health was unaware of this for the individual in September 2021.

Case's Experience with HIV+ Result

Friday, May 27th tested @ dual diagnosis residential facility. ND Health & Human Services Public Health Division (HHS PH) believes testing was prompted by a screening that the individual admitted to exchanging sex for alcohol.

Wednesday, June 1st Individual reached out directly to HHS PH per the direction from dual diagnosis residential facility. The individual called on their own to a general HHS PH phone number.

- *"He was very nice but expressed that he had a very difficult time with his diagnosis which then had him back at the dual diagnosis residential facility."*
- *"I told him I was proud of him for being tested and that while this next chapter seems like a big unknown, we were here to help him on his journey and that things would be well for him."*
- *"I let him know that HHS PH DIS would be getting a hold of him. I also let him know that the DIS would introduce him to the Ryan White (RW) Coordinator."*

Case's Experience with HIV+ Result

Friday, June 3rd went to an Urgent Medical Care Clinic and requested re-testing

Monday, June 6th HHS PH DIS set up an appointment to meet the individual in-person at Public Health for a Partner Service Interview and introduction to RW Program.

Thursday, June 9th individual didn't show up for a Public Health appointment

- DIS and RW Coordinator reached out to patient via phone, the individual was "*incoherent and intoxicated*" DIS & RW offered to send dispatch, individual declined.

Friday, June 10th individual reached back out to DIS and was willing to meet to go over next steps that meeting happened later the same day. During this meeting the individual wanted help and was seeking services however they were visibly intoxicated.

May 27	May 28	May 29	May 30	May 31	June 1	June 2
June 3	June 4	June 5	June 6	June 7	June 8	June 9
June 10						

1. What barriers prevented the dual diagnosis residential facility from facilitating the introduction to Public Health (PH)?
   - dual diagnosis residential did a good job letting individual know to call PH. Field Epidemiology Contacts | Department of Health (nd.gov) or 701-328-2378
2. What tools does the dual diagnosis residential facility have for providing a life changing diagnosis such as HIV?
3. How would PH know individual had relationship with dual diagnosis residential facility?
   - Should PH have reached back to dual diagnosis residential facility when individual was found to be "incoherent & intoxicated"?
4. When DIS ask about substance use should they be asking if currently a user and if the individual would like to hear about harm reduction?
   - Are DIS familiar with harm reduction availability?
5. In September individual declared no risk (only female partners) no admittance when asked if ever exchanged sex for drugs or money to indicate a referral for HIV PrEP, in June disclosed sexual partners being female and male and exchanging sex for drugs or money. What could have the provider done in September to identify risk? He reached out wanting help, how does Public Health link them to behavioral health services in a crisis?
6. The individual didn't have the means to support himself including transportation, what social service referrals could've happened in this crisis?

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Questions?

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