



**EASTERN BAND OF CHEROKEE PUBLIC HEALTH AND HUMAN SERVICES DIVISION
HEALTH PRIORITY ISSUES: FACTS AND RESOURCES
JUNE 1, 2019**

EBCI HEALTH PRIORITY – HEPATITIS C



Hepatitis C is a liver infection caused by the hepatitis C virus (HCV).¹ Hepatitis C is a blood-borne virus and most become infected with HCV by sharing needles or other equipment to inject drugs.¹ For some, hepatitis C is a short-term illness, but for 75%-85% of people who are infected with hepatitis C, it becomes a long-term, chronic infection.^{1,2} The majority of those that are infected are not aware that they have an infection

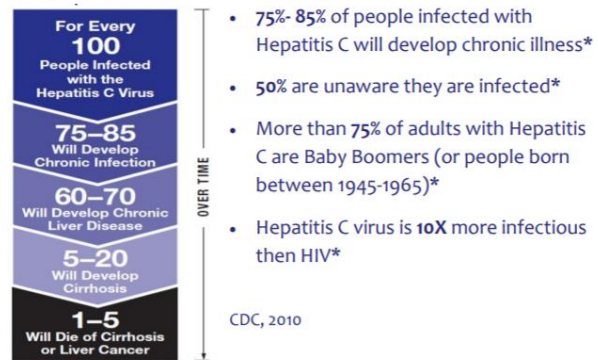
because the infected rarely show signs of illness.¹ Chronic hepatitis C disease can have many serious complications: 20% can develop liver cancer, and there is an increased risk of cirrhosis (liver scarring), lymphoma, and head and neck cancers.

Data Highlights

Health Indicators

Hepatitis C starts with an acute infection which usually lasts between 2 to 12 weeks with an average of six to seven weeks. Hepatitis C can be a short-term illness, but in most patients, 75%-85%, acute infection leads to a chronic infection.¹ Patients with acute hepatitis C virus infection usually don't have symptoms or their symptoms are very mild, making it difficult to identify without testing.

Progression of Hepatitis C*



From the 42 states where acute hepatitis C is reportable, there were 2,967 identified cases in 2016, although the CDC estimates there were over 41,000 cases acute hepatitis C in 2016.² In North Carolina, there were 185 reported cases of acute hepatitis C in 2016 and North Carolina estimates there were around 14x the reported rate.^{3,4} In EBCI, there were 8 reported acute hepatitis C cases in 2016.

Chronic hepatitis C is not reportable in the US, but the CDC estimated that there were 3.5 million people living with chronic hepatitis C in 2010.² In North Carolina, there is an estimated 110,000 living with chronic hepatitis C.⁴

As of the writing of this report, Cherokee Indian Hospital Authority reported a total of 414 persons with chronic hepatitis C (above 15 RNA). Of the 414 cases, 49.5% were males and 50.5% were females. Over half of the 414 were between the ages of 25 and 36.

High Viral Loads (>15 RNA) by Age Group as of 6/27/2018									
	0-17	18-24	25-30	31-36	37-42	43-48	49-54	55+	Total
Male	0	18	51	42	29	21	14	30	205
Female	1	23	67	51	25	16	9	17	209
Total	1	41	118	93	54	37	23	47	414

Out of the 14,079 CIHA user population, 812, or 5.8%, have ever been diagnosed with Hepatitis C and 2.9% are currently infectious with high viral loads.

Percent of CIHA User Population Ever Diagnosed with HCV				
Population ¹	Ever Diagnosed	Current High Viral	Total Ever Diagnosed Percentage ²	Current High Viral Percentage ³
14,079	812	414	5.8%	2.9%
¹ Population given by CIHA June 2018				
² Percentage taken from total HCV cases (<15 RNA and >15 RNA).				
³ Percentage taken from total >15 RNA HCV cases.				

The total new identified cases of HCV per year for 2017 was 96. This is down slightly since 2015, but it is still significantly higher than 2011.

EBCI- Number of Newly Identified Cases of HCV Per Year							
Year	2011	2012	2013	2014	2015	2016	2017
Number	41	59	60	88	110	107	96

In the US, it is estimated that 73.4% of intravenous drug users have or have had Hepatitis C.¹ Using this estimate, nearly 600 of the 812 EBCI patients diagnosed with hepatitis C may have been intravenous drug users.

Understanding the Issue

While there is no survey data on hepatitis C in EBCI, drug users, specifically intravenous drug users, are at the most risk for acquiring hepatitis C. Below are some of the drug use highlights from the 2017 Tribal Community Health Survey:

- 16% of respondents selected “addiction and/or drug use” among their biggest concerns about the health of their family.
- 25% of respondents identified “personal, friend or family member’s addiction and/or drug use” among the top three things negatively impacting their own quality of life in the past month.
- 78% of respondents identified “drug and/or alcohol abuse” among the top issues most negatively affecting the health and well-being of the EBCI Tribal community.
- Of the of the 251 written comments received, 59 were aimed at substance use in the community. Below are a few of their responses.
 - “We need more concern over drug addiction.”
 - “Get rid of the drugs”
 - “Work on the rampant drug abuse.”
 - “More emphasis on the drug and alcohol issues facing the youth of the community.”
 - “More concern over drug addiction.”
 - “Help for people with addictions.”

Specific Populations At Risk

The populations at increased risk for having hepatitis C include:

- Current or former injection drug users, including those who injected only once many years ago
- Those born from 1945 through 1965
- Recipients of clotting factor concentrates made before 1987, when less advanced methods for manufacturing those products were used
- Recipients of blood transfusions or solid organ transplants prior to July 1992, before better testing of blood donors became available
- Hemodialysis patients
- People with known exposures to the hepatitis C virus, such as
 - Health care workers after needle sticks involving blood from someone who is infected with the hepatitis C virus
 - Recipients of blood or organs from a donor who tested positive for the hepatitis C virus
- People with HIV infection
- Children born to mothers infected with the hepatitis C virus
- People who are incarcerated
- People who use intranasal drugs
- People who received body piercing or tattoos done with non-sterile instruments²

Health Resources available/needed

Cherokee Indian Hospital's Analenisgi Recovery Center uses evidenced based practices including Cognitive Behavioral Therapy, Matrix Model, Seeking Safety, Motivational Interviewing, Narrative Therapy, Dialectical Behavioral Therapy, Trauma Informed Cognitive Behavioral Therapy, Parent Child Interactive Therapy, Child Parent Psychotherapy, and Anger Replacement Therapy. In addition to these, Analenisgi staff use several resources very helpful in Indian Country such as White Bison, The Red Road to Wellbriety, and works by noted Native American author Eduardo Duran.

Some of the services offered by Analenisgi include outpatient individual, group, and family therapy and a recovery center that offers classes and peer support, psychiatric evaluation, medication management assistance, and intensive outpatient substance abuse treatment. Analenisgi's hours of operation are from 7:45am-4:30pm Monday through Friday. Analenisgi's location and contact information is:

Location: 375 Sequoyah Trail, Cherokee, NC 28719

Phone: 828-497-9163 Ext. 7550

Fax: 828-497-6977

Public Health and Human Services' Syringe Services Program is a community-based public health program for people who use drugs by injection. The program provides comprehensive harm reduction services such as providing participants with sterile syringes and clean injection equipment. Syringe

service programs help to ensure that syringes and needles are disposed of safely therefore reducing the number of discarded syringes in our playgrounds, parks, and community gathering spaces.

Syringe Services offers syringes, safer injection supplies, biohazard/sharps containers, HIV and HCV testing and referrals for care, Naloxone by referral, safer injection education, referrals for drug treatment and medical care, community resources per request, and community syringe disposal.

Syringe Services' goals are to provide a safe, non-judgmental environment for anyone participating in the program, and to develop meaningful relationships with participants in hopes of nurturing the need to recover.

Syringe Services is open Monday, Thursday, and Friday from 11:00am to 5:30pm. Syringe Services location and contact information is:

Location: 174 John Crowe Hill Dr. Cherokee, NC 28719

Phone: 828-359-6879

Fax: 828-497-8178

References:

1. https://www.unodc.org/unodc/secured/wdr/wdr2013/World_Drug_Report_2013.pdf
2. <https://www.cdc.gov/hepatitis/hcv/cfaq.htm>
3. Source: North Carolina STD Surveillance Report: 2016, Communicable Disease Surveillance Unit (Annual Report - 2011 STD Tables). Communicable Disease Branch, Epidemiology Section of the Division of Public Health, North Carolina Department of Human Services website: <http://epi.publichealth.nc.gov/cd/stds/figures.html>
4. http://epi.publichealth.nc.gov/cd/hepatitis/HepatitisCFactSheet2016_rev2.pdf