

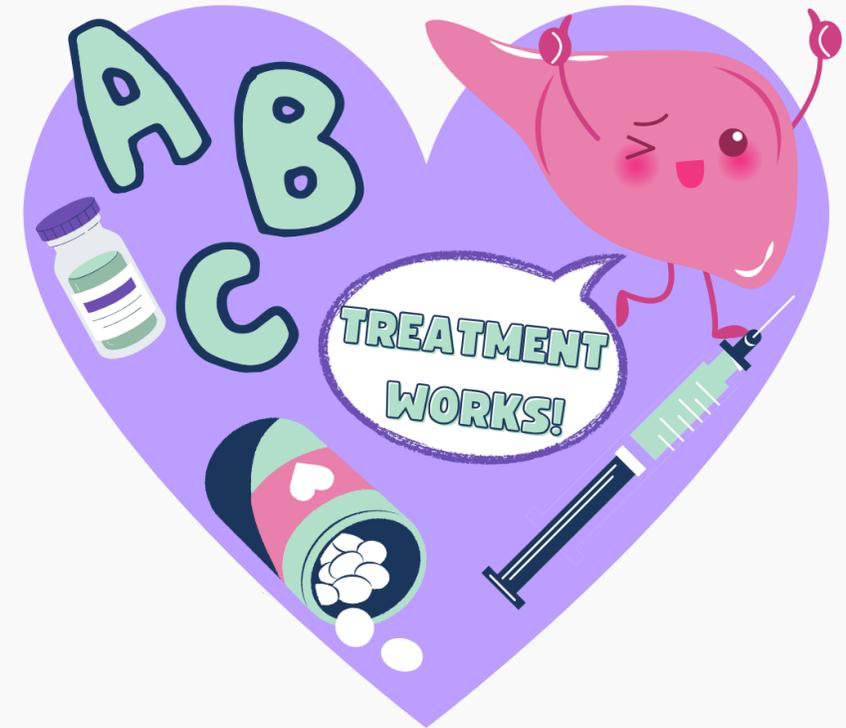


Department of
Health

Hepatitis C and the Opioid Crisis

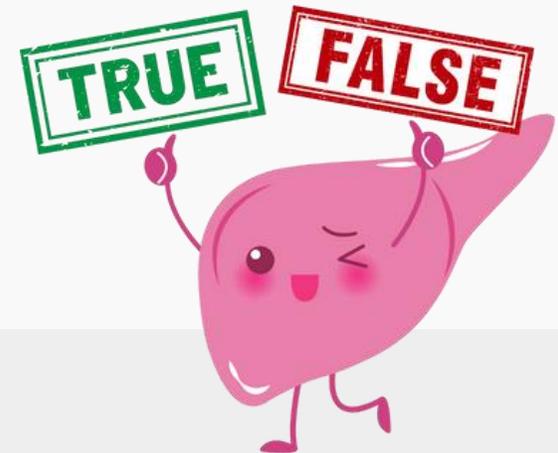
Agenda

- At the end of this presentation, participants will be able to:
 - Describe what HCV is, how HCV is transmitted in the community, and which treatment options are available
 - Identify barriers to accessing HCV care and protective strategies
 - Encourage and increase HCV testing among PWUD
 - Explain the connection between HCV and harm reduction
 - Describe available HCV and harm reduction resources in Tennessee



True or False?

- Hepatitis C is the most common blood-borne pathogen in the United States.
 - **True!**
- Persons who share needles, syringes, or other equipment used to prepare or inject drugs are vulnerable to acquiring HIV and HCV.
 - **True!**
- There is a vaccine for HCV.
 - **False!**
- HCV can live on environmental surfaces or outside of the body for up to 6 weeks.
 - **True!**
- Most people with HCV do not experience symptoms.
 - **True!**



Rise In Overdose Deaths

Late 90s

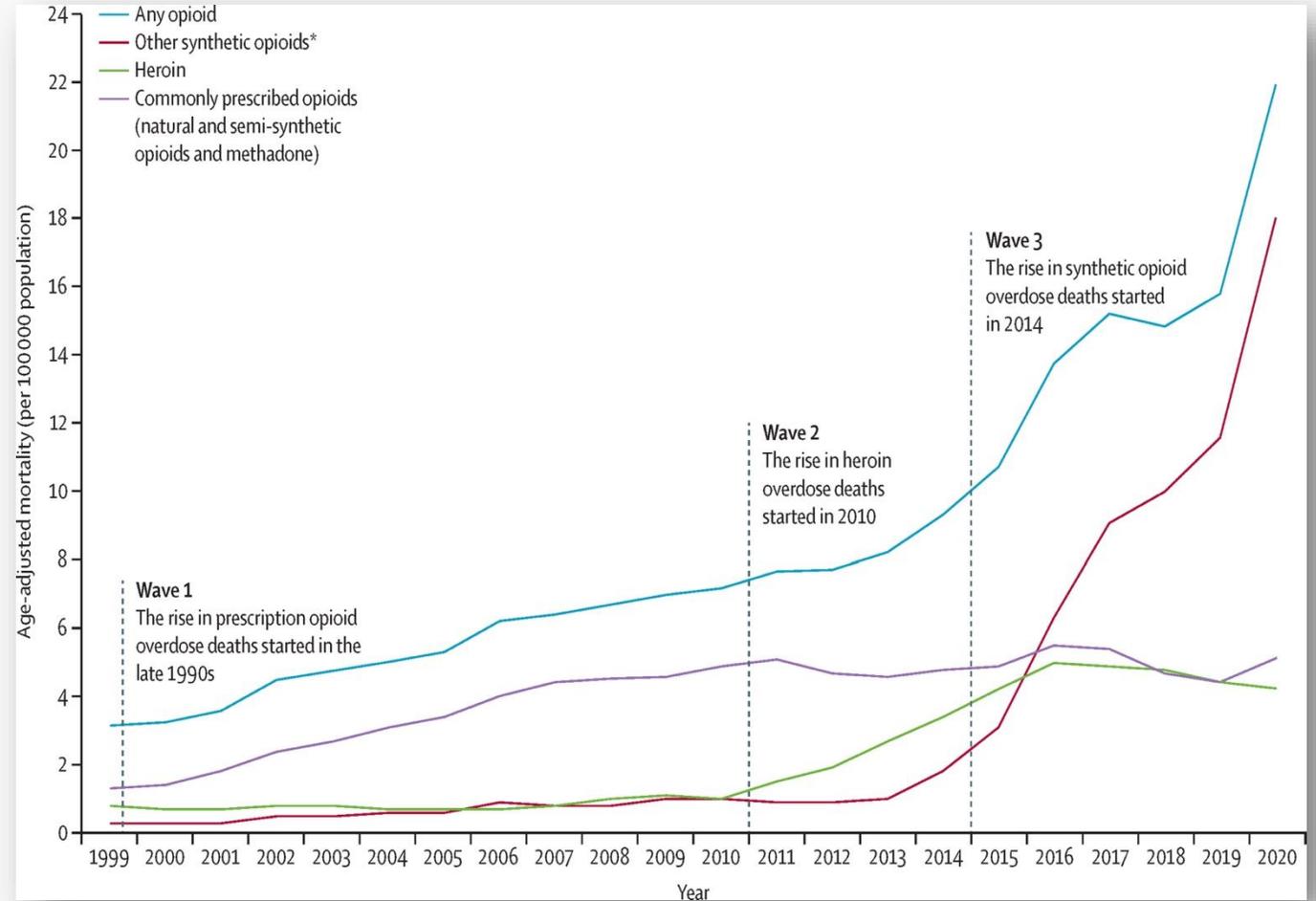
A surge in overdose deaths due to prescription opioids

2010

A concerning increase in overdose death involving heroin

2014 – Now

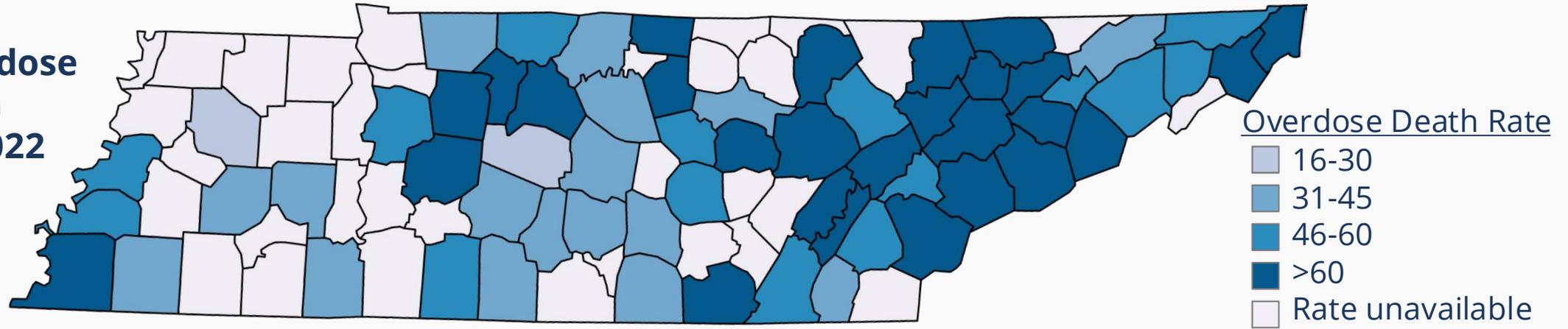
Synthetic opioids (e.g., fentanyl) saturate the street market leading to a drastic increase in overdose deaths



Vulnerability in Tennessee

All Drug Overdose Death Rate in Tennessee, 2022

Per 100,000



**TN has the
2nd highest
overdose death
rate in US**

**2022 Overdose
Death Rate in TN

56 per 100,000
residents**

**Over 3,800
overdose deaths
statewide
in 2022**

Scott County, Indiana



Similar to many rural small towns in America



Population of approx. 24,000 people



Typically saw 1 or 2 new HIV diagnoses per year



Elevated unemployment and poverty



Suppressed educational attainment and life expectancy

Between 2014-2015

181
people newly
diagnosed with HIV

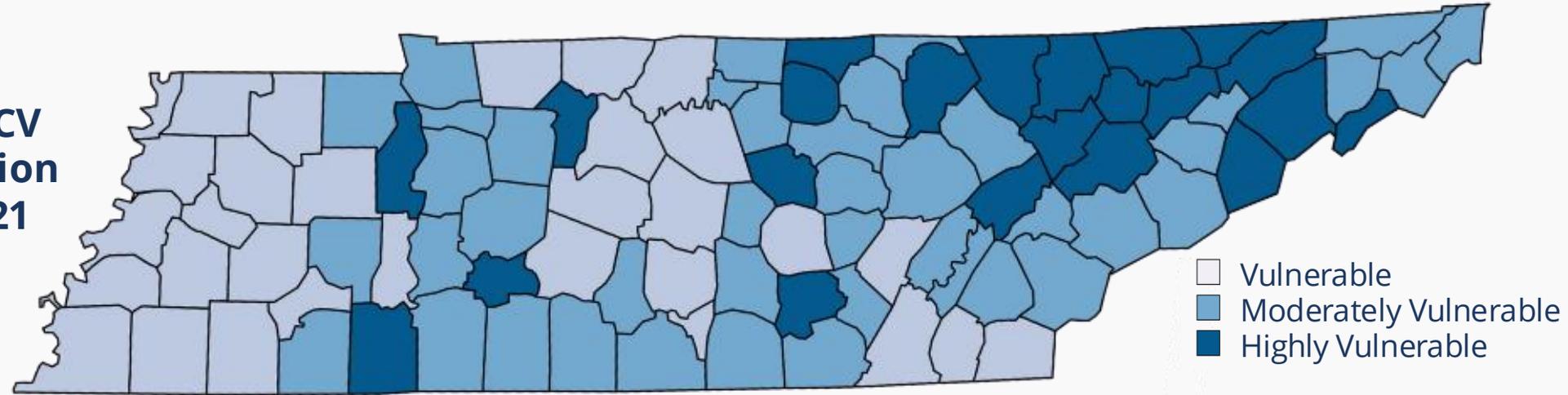
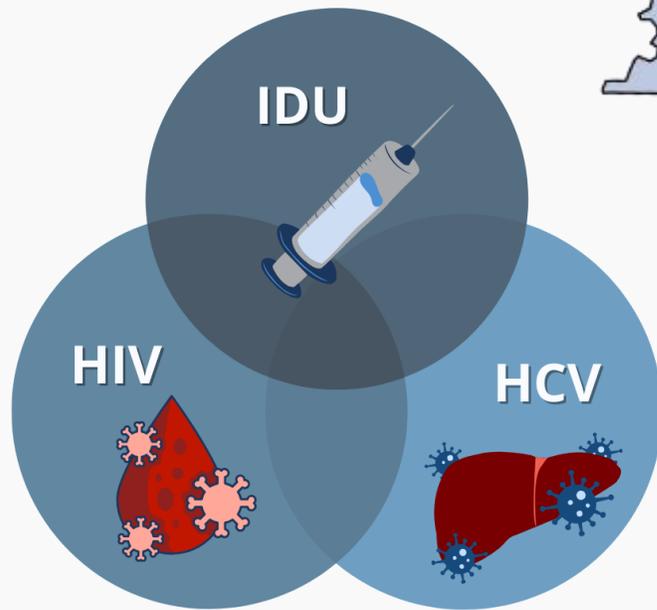
92%
also diagnosed with
hepatitis C

Scott County



Vulnerability in Tennessee

Vulnerability to HIV & HCV Outbreaks Due to Injection Drug Use Tennessee, 2021



In TN, all counties are vulnerable to an HIV/HCV outbreak due to injection drug use. The darker the shade of blue, the more vulnerable the county is.

This map shows that the majority of highly vulnerable counties are in East TN.



Hepatitis

Functions of the Liver

Removes potentially toxic byproducts of certain medications

Metabolizes or breaks down nutrients from food to produce energy when needed

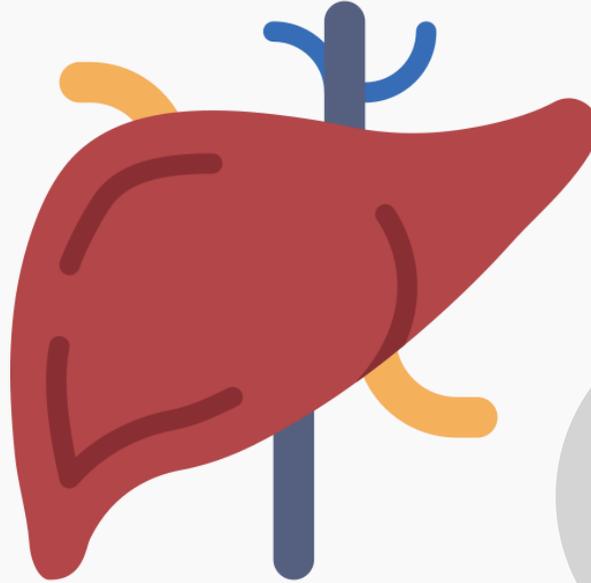
Helps your body fight infection by removing bacteria from the blood

Produces most of the substances that regulate blood clotting

Produces bile, a compound needed to digest fat and absorb vitamins A, D, E, and K

Prevents shortages of nutrients by storing vitamins, minerals, and sugar

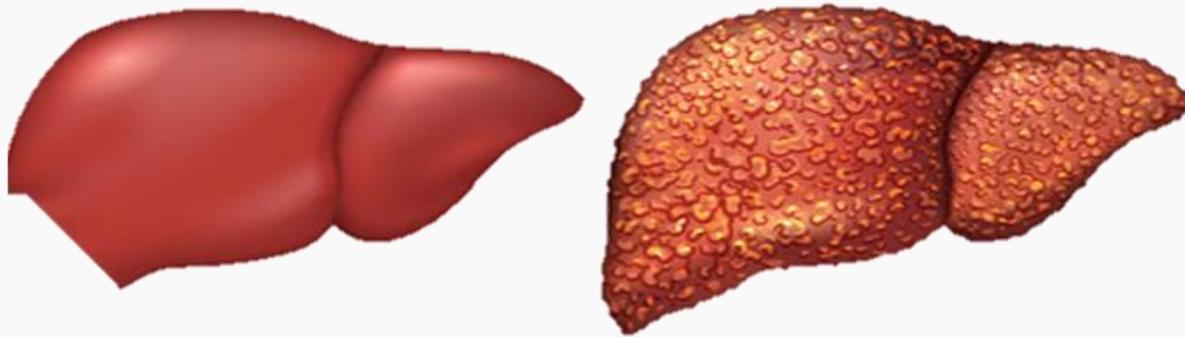
Produces most proteins needed by the body



Liver Damage and Assessment

Liver Scarring (Cirrhosis)

Liver Decompensation (Failure)



Assessment of Liver Damage

- Biopsy
(gold standard, invasive)
- Laboratory tests
(simple, non-invasive)
- Imaging or radiology
 - Elastography
 - Magnetic Resonance Elastography (MRE)
 - Ultrasound
 - FibroScan

Drug User Health



Viral Hepatitis

Hepatitis and Viral Hepatitis

Definition of the Term Hepatitis

- “Inflammation of the liver” which can be caused by
 - Excessive alcohol use
 - Drugs and toxins
 - Chemicals
 - Exposure to a virus

Definition of Viral Hepatitis

- “Inflammation of the liver due to a virus”
- Each type of viral hepatitis varies in transmission, treatment, and recovery
- Symptoms of each type of viral hepatitis can include nausea, vomiting, fever, fatigue, abdominal pain, joint pain, jaundice (yellow skin or eyes), gray-colored bowel movements, and loss of appetite
- Symptoms may or may not be present

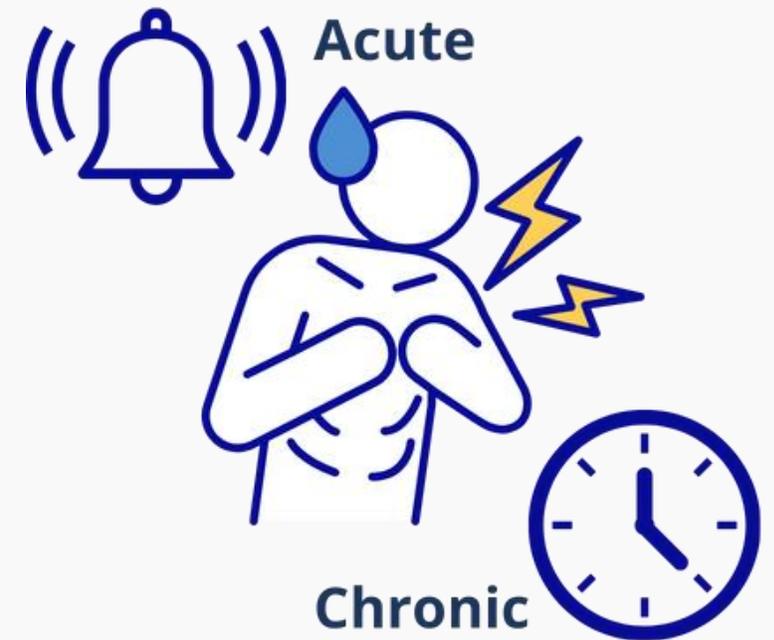
Acute and Chronic Viral Hepatitis

Acute Viral Hepatitis

- Early stage of viral hepatitis infection (usually within 6 months)
- Most visible symptoms will be during this phase

Chronic Viral Hepatitis

- Lifelong illness that occurs when virus remains in a person's body
- No chronic illness for HAV
- Persons with acute HBV, HCV, or HDV can clear the virus on their own
 - If it does not clear after 6 months, progresses to chronic viral hepatitis
- Chronic HBV, HCV, and HDV can lead to serious liver problems



Hepatitis C

The only way to know if someone has HCV is to get tested!

HCV Symptoms

- Jaundice (yellowing of the skin/eyes)
- Loss of appetite
- Nausea, vomiting, abdominal pain
- Fatigue
- Dark urine
- Fever
- Grey-colored stools

Up to 80% of people living with HCV have **NO symptoms!**

Main Routes of Transmission

** If blood is present*



Perinatal transmission



Sexual transmission



Receiving blood



Sharing drug equipment

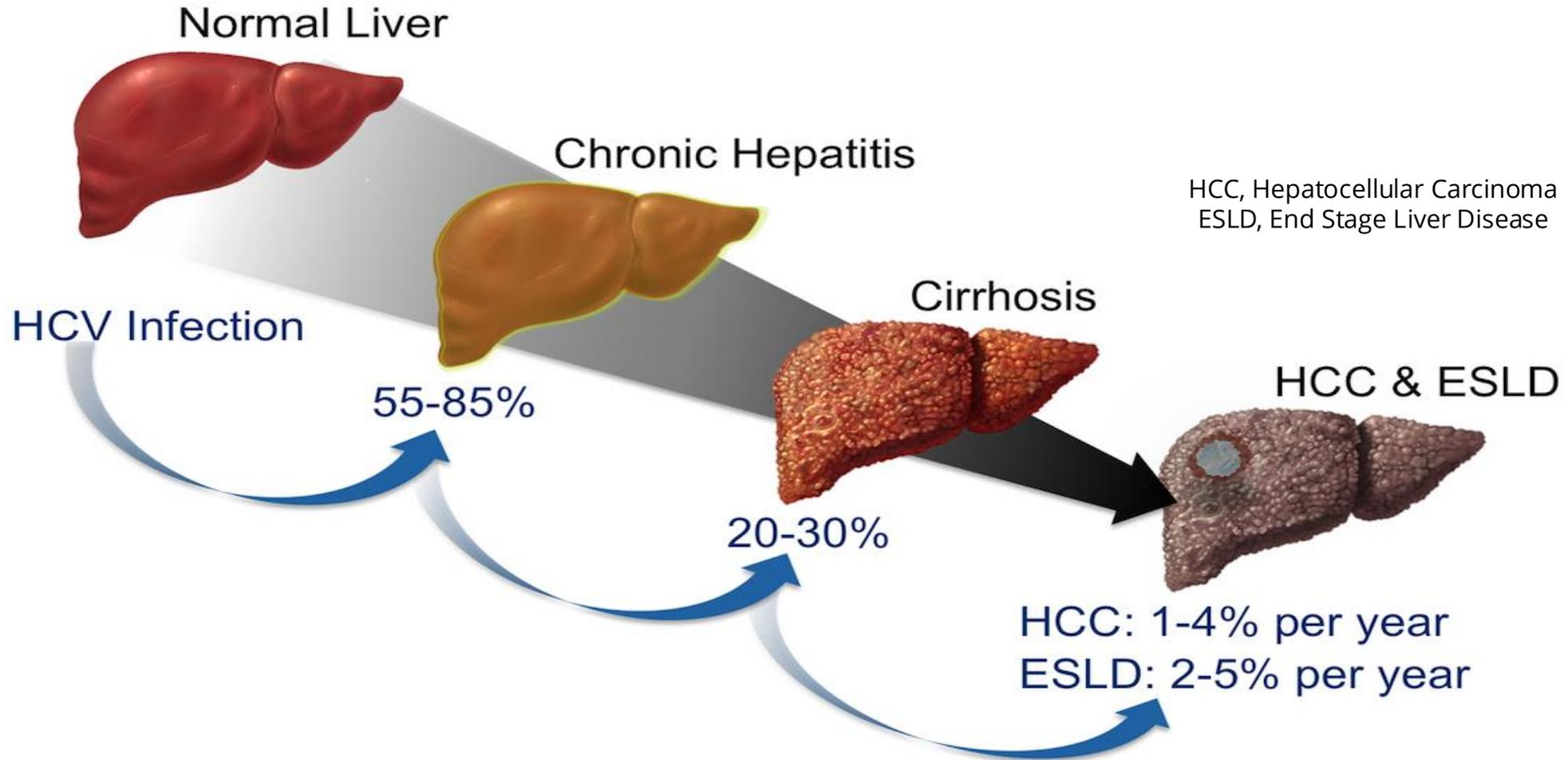


Inadequate sterilization of medical equipment



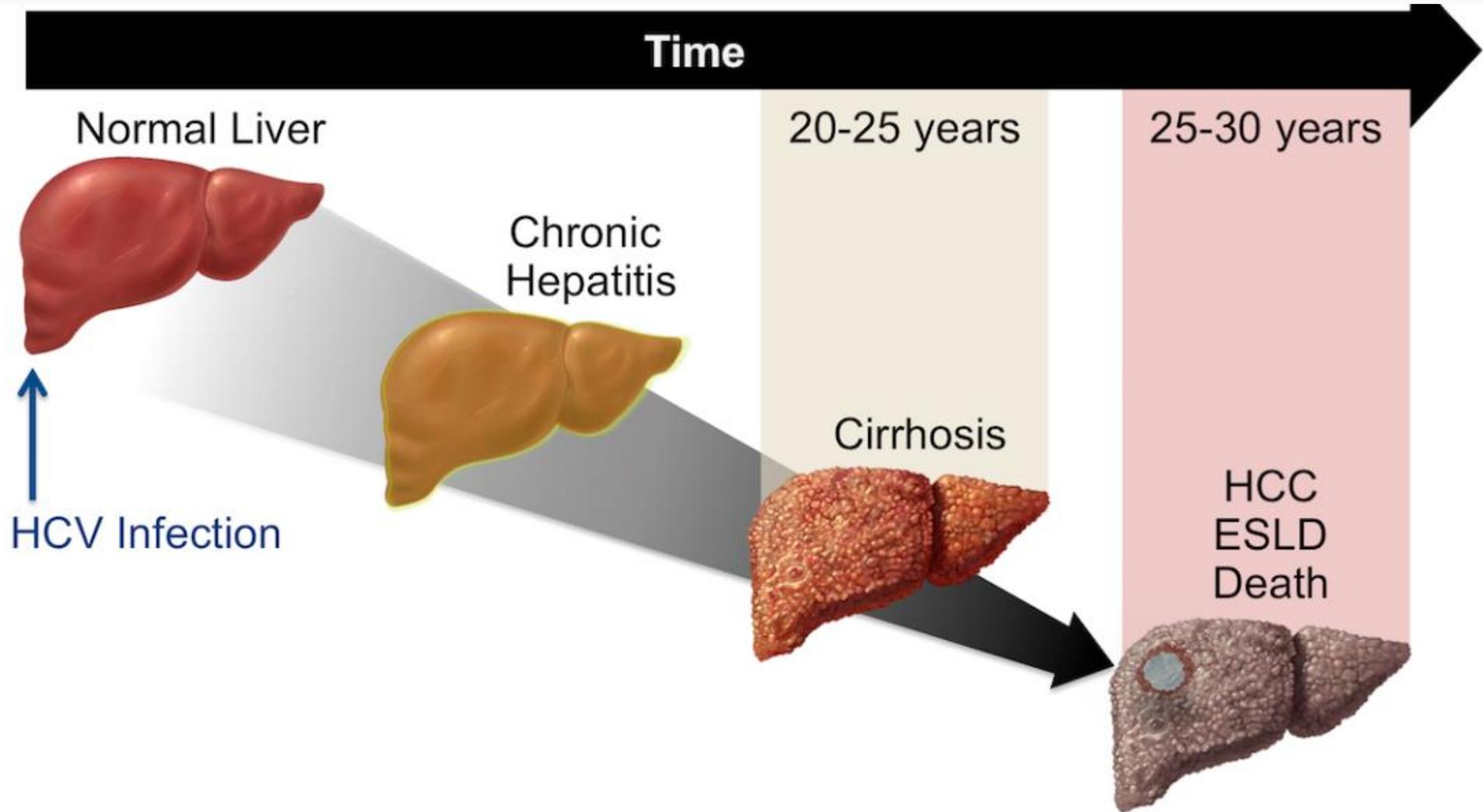
Getting pierced/
tattooed with contaminated instruments

Natural History of HCV

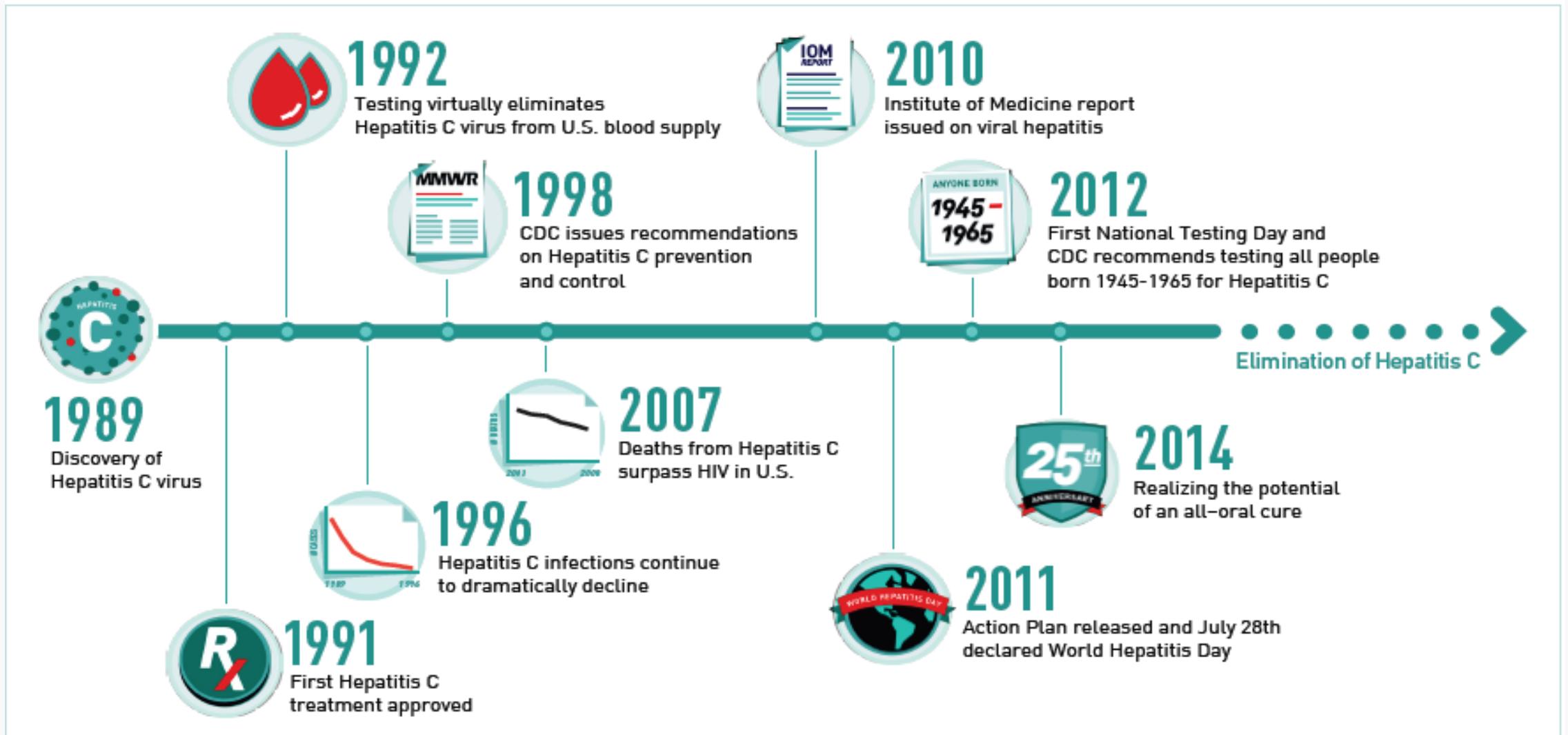


These statistics do not apply to persons living with both HIV and HCV

Progression of HCV Over Time



Timeline of HCV Discovery to Treatment

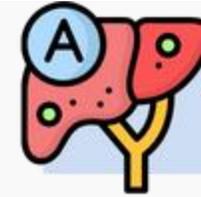


Hepatitis B & Hepatitis A



Hepatitis B

- A liver disease caused by the hepatitis B virus (HBV)
- Can be short (acute) or long-term (chronic)
- Spreads through contact with blood and body fluids that have HBV
- Sharing injection equipment is the most common transmission factor related to new HBV diagnoses in adults



Hepatitis A

- A liver disease caused by the hepatitis A virus (HAV)
- Spreads through fecal-oral route
 - such as close person-to-person contact or eating contaminated food/ drink
- Can result from unsanitary living conditions, specific sexual contact/ practices, or sharing injection equipment



**Hepatitis A & B are
vaccine preventable!**



HCV Testing

HCV Testing Recommendations, 2020 (1)

Universal Screening

- For all persons aged 18 or older at least once in their lifetime
- For all pregnant persons during each pregnancy



HCV Testing Recommendations, 2020 (2)

One-Time Testing Regardless of Age Among Persons with Recognized Conditions or Exposures

- Persons with HIV
- Persons who ever injected drugs and shared needles, syringes or other drug preparation equipment
- Persons with selected medical conditions (e.g., received hemodialysis, persistently abnormal ALT levels)
- Prior recipients of transfusions or organ transplants
- Healthcare, emergency medical, and public safety personnel after needle sticks, sharps, or mucosal exposures to HCV-positive blood
- Children born to a birthing parent living with HCV

HCV Testing Recommendations, 2020 (3)

Routine Periodic Testing for Persons with Ongoing Exposure(s)

- Persons who currently inject drugs and share needles, syringes, or other drug preparation equipment
- Persons with selected medical conditions (e.g., received hemodialysis)

Any Person Who Requests Testing

- Regardless of disclosing likelihood of acquiring HCV
 - Many persons may be reluctant to disclose certain behavior(s)



Understanding HCV Testing Results (1)

HCV Antibody Test

Checks to see if a person has ever been exposed to HCV

Positive Result

Person has been exposed to HCV

- Need to have confirmatory HCV RNA testing to determine if the person is currently living with HCV

Note: once you test antibody positive for HCV, you will always test antibody positive for HCV even if you get cured.

Negative Result

Person has not been exposed to HCV

- Provide education on HCV transmission and prevention
- Encourage periodic testing for those with ongoing exposure, including PWUD
- Link to prevention resources:
 - SSP/sterile drug use supplies
 - Condoms
 - Encourage routine testing recommendation

Recent exposure?
6-month window period



Understanding HCV Testing Results (2)

HCV RNA Test

Checks to see if a person currently has HCV

Positive Result

Person is currently living with HCV

- Refer to/start treatment
- Provide encouraging non-stigmatizing treatment education
- Be a support to help with adherence

Emphasize that treatment is safe, effective, and completed in as little as 8 weeks with one pill per day!



Negative Result

Person no longer has HCV, cleared either naturally or through treatment

- Provide education on HCV transmission and prevention
- Link to prevention resources such as:
 - SSP/sterile drug use supplies
 - Condoms
 - Encourage routine testing recommendation

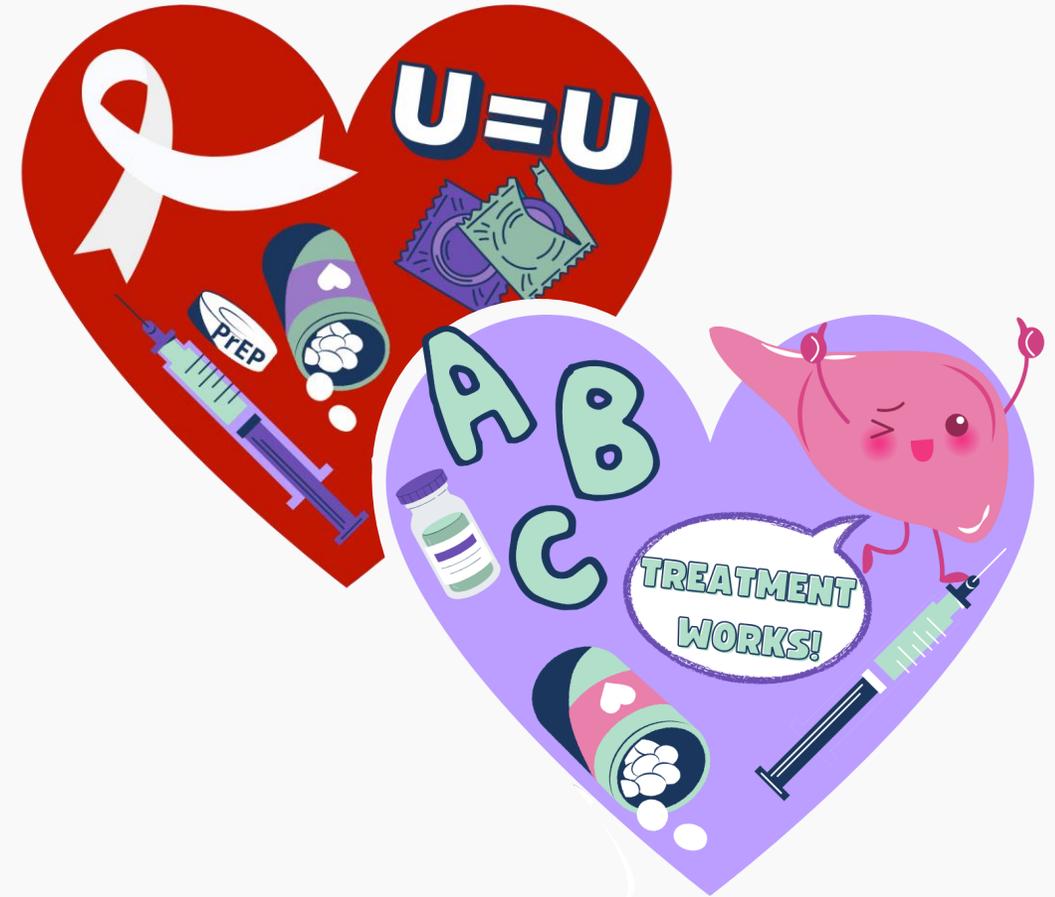
Intersection of HCV and HIV

Approximately 21% of people living with HIV in the US also have HCV

HCV is 10 times more concentrated in blood than HIV

HCV can be transmitted more easily than HIV

HCV progresses more rapidly in persons who are living with both HIV and HCV



HCV and HIV

Hepatitis C and HIV

are often-overlooked consequences of America's **opioid crisis**.

EIGHT IN TEN

new Hepatitis C infections in the U.S. are transmitted through **injection drug use**.



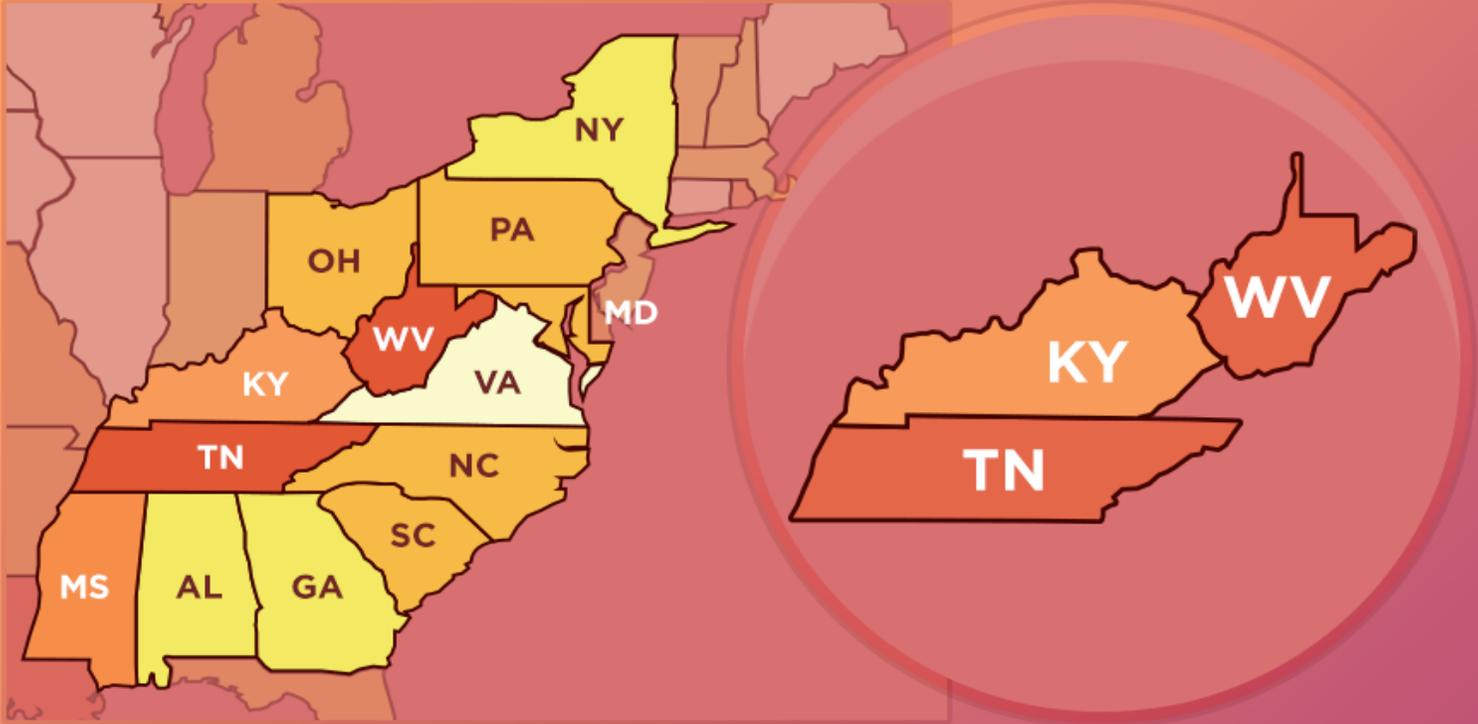
Nearly

ONE IN TEN

new HIV infections in 2015 were due to **injection drug use**.

HCV in Appalachia

Areas, like **Appalachia**, that are heavily impacted by the **opioid epidemic** are experiencing high rates of **Hepatitis B** and **C**.



Kentucky, West Virginia, and Tennessee represent **three** of the **top ten** states hardest-hit by **Hepatitis C**.



HCV Treatment

HCV Treatment

- Antiviral medications
- Pills, often just once a day
- Treatment is often 8-12 weeks
- Minimal side effects
- Highly effective for people living with HIV

95-98% success rate



Treatment is recommended for all patients with chronic or acute infection.

Did you know that more than 50% of TN local health departments treat HCV!



Common DAAs and Dosing Information

Epclusa (Sofosbuvir-Velpatasvir)

- One pill, once a day
- With or without food

Mavyret (Glecaprevir-Pibrentasvir)

- Three pills taken at the same time once daily
- With food

Harvoni (Ledipasvir-Sofobuvir)

- One pill, once a day
- With or without food



Goals of HCV Treatment

- 1. Achieve sustained virologic response (SVR), or the absence of detectable HCV**
 - HCV is not detected in the blood 12 weeks or more after completing treatment
- 2. Mitigate progression to cirrhosis, decompensated cirrhosis, and hepatocellular carcinoma (liver cancer)**



Barriers to HCV Treatment

In a recent needs assessment report,

- 30% of people who used drugs (PWUD) reported having lived or living experience with hepatitis C
- About 28% of PWUD reported needing HCV treatment with 45% not receiving it
- **Top barriers included:**
 - **discrimination and stigma from providers and community**
 - **concerns about cost**
 - **not knowing where to access services**



Other barriers:

- Testing
- Pre-treatment Screening
- Cost of Medications
- On-treatment Labs
- Insurance
 - Lack of insurance
 - Strict eligibility criteria
 - High co-pays
- Transportation Issues
- Treatment not routine part of primary care
- Lack of access to phones or communication devices

TDH HCV Project ECHO

Our Project ECHO aims to build HCV treatment capacity for



The graphic is a promotional poster for Project ECHO. It features a purple background on the left with the text 'PROJECT ECHO' and 'BUILDING HEPATITIS C TREATMENT CAPACITY'. The right side has a light green background with a pink cartoon liver character holding a sign that says 'Physicians, Nurses, Pharmacists, Social Workers and Clinical Staff—Join Us!'. A speech bubble from the liver says 'TOGETHER WE CAN GET TENNESSEANS HEP CURED'. Below the liver are three columns: 'WHEN' (1st and 3rd Wednesday of each month, 12pm-1pm Central, 1pm-2pm Eastern), 'WHERE' (Zoom online, Register now by scanning or clicking the QR code), and 'WHO' (Tennessee Department of Health Hepatitis C Virus Project ECHO).

PROJECT ECHO
BUILDING HEPATITIS C TREATMENT CAPACITY

Physicians, Nurses, Pharmacists, Social Workers and Clinical Staff—Join Us!

TOGETHER WE CAN GET TENNESSEANS HEP CURED

WHEN
1st and 3rd Wednesday of each month
12pm–1pm Central
1pm–2pm Eastern

WHERE
Zoom online!
Register now by scanning or clicking the QR code

WHO
Tennessee Department of Health Hepatitis C Virus Project ECHO

- All adults among Primary Care Providers
- Children among Pediatricians, Family Physicians, Nurse Practitioners, and other Providers
- Postpartum individuals among interested OB-GYNs and Family Physicians who provide obstetric care

Registration Link: <https://endthesyndemictn.org/echo/>

Get Involved

Learn More!

- <https://endthesyndemictn.org/echo/>

Submit a Case and/or Request a Didactic Topic

- <https://redcap.link/echo.tn>

Share With Your Colleagues

- Forward email communications
- Download and share [TDH HCV Project ECHO Flyer](#) from website
- Talk about it!



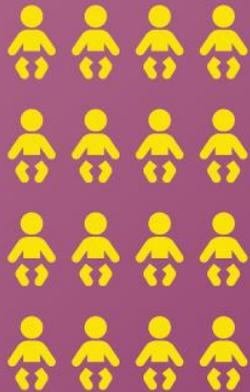


Perinatal HCV

Perinatal HCV

PERINATAL HEPATITIS C TRANSMISSION IN TENNESSEE

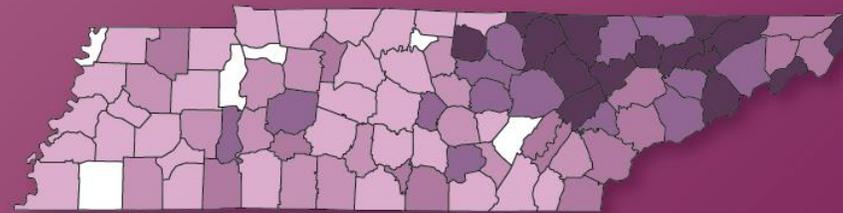
In Tennessee in 2018, there were **1,341 infants** exposed to Hepatitis C.



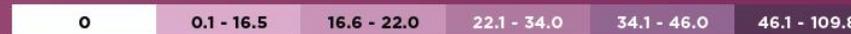
For every 1,000 live births, **16 infants** were exposed to Hepatitis C.



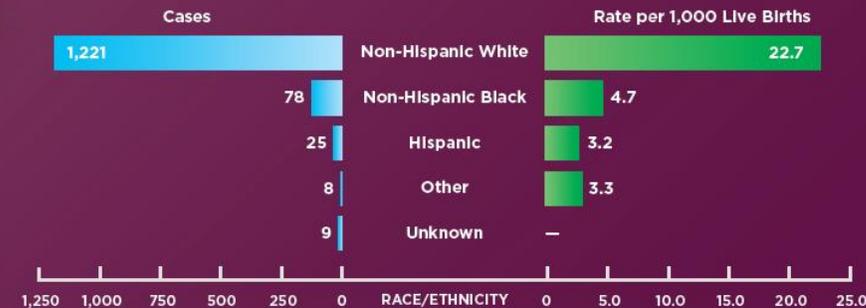
Some counties in Tennessee demonstrated perinatal Hepatitis C exposure rates as high as 5-11% of all live births.



CASE RATES OF CONFIRMED, PROBABLE AND SUSPECT PERINATAL HCV BY COUNTY, TENNESSEE PER 1,000 LIVE BIRTHS, 2018



In Tennessee in 2018, **over 90% of pregnant women** with Hepatitis C were **non-Hispanic Whites**.



CASE COUNTS AND RATES OF CONFIRMED AND PROBABLE HCV POSITIVE PREGNANT FEMALES BY RACE/ETHNICITY, TENNESSEE, 2018



TDH HCV Resources

Viral Hepatitis Program Navigators

Navigator Types

1. Viral Hepatitis Case Navigator (VHCN)*
2. Viral Hepatitis Prevention Navigator (VHPN)
3. Perinatal Hepatitis C Navigator (PHCN)



HCV Antibody	HCV RNA	Special circumstance	Navigator Type
-	N/A	Client reports history of drug use and/or incarceration	VHPN
+	-		
+	+	Pregnancy Status Unknown	VHCN
+	+	Recent Live Birth (in 2022 or later)	PHCN

* Individuals recently released from prison and living with both HIV and HCV are provided VHCN contact information upon release by the Ryan White Corrections Navigators

Viral Hepatitis Program Navigators



Memphis Shelby Region

VHCN/VHPN/PHCN:

Laverne Taylor

Laverne.Taylor@shelbycounty.gov

O: 901-222-9226

Jackson Madison Region

VHCN/VHPN/PHCN:

Laverne Taylor

Laverne.Taylor@shelbycounty.gov

O: 901-222-9226

West Tennessee Region

VHCN:

Jennifer Byrd

Jennifer.Byrd@tn.gov

O: 731-421-6794

PHCN/VHPN:

Carla Ray

Carla.Ray@tn.gov

O: 731-991-3887



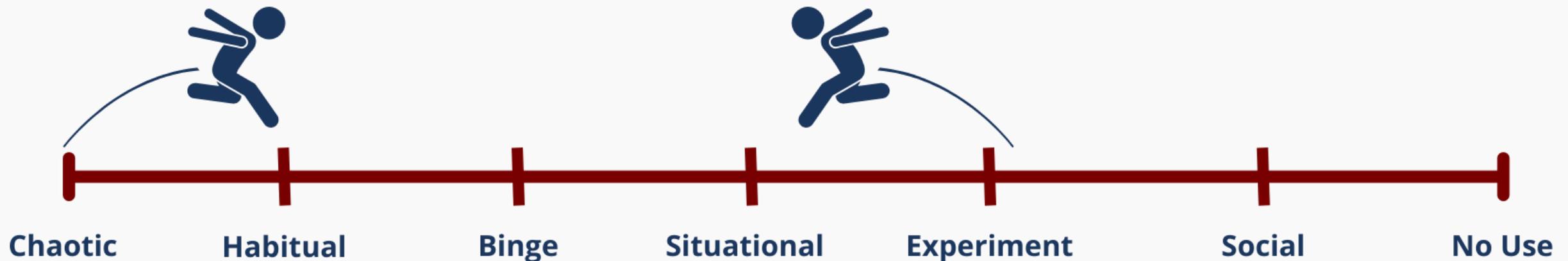
Syringe Services Programs (SSPs)

What Is Harm Reduction?

A set of practical strategies to empower people who use drugs (and their families) with **the choice to live healthy, self-directed, and purpose-filled lives.**

A movement built on a belief in, and respect for, **the rights of people who use drugs.**

Incorporates a spectrum of strategies that includes safer use, managed use, abstinence, addressing health conditions associated with use, and **meeting people who use drugs “where they’re at.”**



“Any Positive Change”

- Making positive movements as defined by the individual person
 - Increases self efficacy and leads to other positive changes
- Shift to evaluating quality of life rather than focusing on abstinence as an outcome
- Individuals identify their own goals/positive movement:
 - Safer use
 - Reduced use
 - Abstinence
 - Something unrelated to use



Origins: John Szyler and Dan Bigg
from Chicago Recovery Alliance around 1989

What are Syringe Services Programs (SSPs)?

A community-based, evidence-based public health program that provides comprehensive harm reduction services such as:



SSPs Improve Health

SSPs are associated with a



50% reduction
in HIV and HCV
transmission



Areas with SSPs
have 86% fewer
syringes in places
like sidewalks &
parks

86%



Scott County SSP



88%
reduction in
syringe sharing

96%
reduction in
new HIV infections



76%
reduction in new
HCV infections



Addressing Misconceptions about SSPs



5x
more likely to enter
drug treatment

3x
more likely to stop
using drugs

Common Consumption & Vulnerabilities

Injection

- aka "slamming"
- Using a needle and syringe to administer substances into the bloodstream



- HIV, HCV
- Skin infections (abscesses, endocarditis, sepsis, etc.)
- Vein damage

Snorting

- Consuming a substance through the nose



- Bloodborne pathogens through small cuts in nostrils → e.g. HCV

Smoking

- Inhaling a substance into the lungs through the mouth



- Lung damage
- Bloodborne pathogens through open wounds/burns on lips or inside the mouth → e.g. HCV

Ingesting

- aka "bombing"
- Swallowing, digesting, or drinking substances



- Gum disease, tooth damage and decay
- Liver and kidney issues
- Ulcers or perforations

Rectal Administration

- aka "plugging," "boofing," "booty bumping"
- When a substance enters the bloodstream via capillaries in the mucus membrane lining the rectum and colon



- HIV, STIs, HCV (if blood is present)
- Damage to rectum and anal cavity - tearing & burning if substance is not mixed with water or water-based lubricant

Any method of consumption has the potential to lead to an overdose.

Harm Reduction is Infectious Disease Prevention



Reducing # of sex and/or substance use partners



Increasing new/sterile syringe use



Increasing condom use



Switching type of sex



Increasing lubrication use



Increasing attention to injection wounds



Reducing # of times a person has sex or shares syringes



Changing sex positions



Switching method of drug use



Regular STI testing



SSPs in Tennessee

TN SSP Legislation

- Signed into law in 2017 (2018 and 2023 amendments)
- **Who:** Non-governmental organizations & local health departments, following TDH approval
- **Where:** 1,000 feet from any school or public park
 - 2,000 feet from any school or public park in municipalities with a population between 55,440–55,450 according to the 2020 census
- **What:** free unused needles/syringes; disposal of needles/syringes; access/referrals to naloxone; referrals to mental health and substance use disorder treatment (including MAT/MOUD); and prevention education

Scan here to read
the legislation



Tennessee SSP Locations (October 2024)

- **A Betor Way**
- Choice Health Network
- DART Program/ Nashville CARES
- Hellbender Harm Reduction
- HOPE/ Meharry Medical College
- Live Free Claiborne
- Northeast Tennessee Change Works
- **Partnership to End AIDS Status (PEAS)**
- **Safe Point/ Memphis Area Prevention Coalition**
- **SisterReach**
- STEP TN/ Cempa Community Care
- **STIX Exchange/ Children & Family Services**
- Street Works
- Tennessee Recovery Alliance
- Vanderbilt Comprehensive Care Clinic
- **WeCareTN**



Scan here for locations!



* in Memphis
* in West TN

SSP Team at TDH

www.tinyurl.com/TNSSSPs



**Build a community of practice
among TN SSPs**

**Support
emerging SSPs**

**Ongoing support
to SSPs**

**Data Monitoring
and Evaluation**



Conclusion

How can YOU decrease the spread of HCV?

- Educate the community on HCV transmission
- Break barriers to HCV testing and treatment
- Provide harm reduction services to the community
- More providers treating individuals with HCV
- **Offer all services free from stigma and discrimination!**



“ That most people, if they took the time to speak to, they're just as nice as your neighbor next door.

They may have a drug issue and a lot of people do, they're still human. They still need human contact, they need kindness, they need just a little support or just a kind word makes all the difference.

Just don't judge. Don't judge.

”

PLWH, PWUD & Experiencing Homelessness



Resources

Resources

Hepatitis C Virus: What You Should Know

Preventing the Spread of Hepatitis C

Hepatitis C Virus is spread through blood-to-blood contact. Do not share needles, syringes, or other injection equipment. Do not share syringes or injection equipment. Do not share needles, syringes, or other injection equipment. Do not share needles, syringes, or other injection equipment.

Hepatitis C and the Liver

Hepatitis C is a virus that attacks the liver. The liver acts as the body's filter by removing toxins (harmful substances) from anything you eat, drink, inhale, inject, or put into your body. The liver also helps with digestion and blood clotting. You cannot live without your liver.

Symptoms

Many people have no symptoms, but you may have one or more of the following:

- Nausea/Vomiting
- Stomach pain
- Fever
- Yellowing of skin or eyes (jaundice)
- Loss of Appetite
- Dark Pee, Pale Poop, Diarrhea
- Tiredness

Acute and Chronic Hepatitis C

Acute	Chronic
Lasts 6 months or less	Lifelong condition
Only 15-25% of people with hepatitis C have symptoms	75-85% of people with hepatitis C experience chronic hepatitis C
Body may clear the virus without treatment	If left untreated, serious complications such as cirrhosis (scarring of liver), liver cancer, and even death can occur
If you cleared the virus on your own you are not protected from getting hepatitis C again	Once you have been diagnosed with hepatitis C, your antibody test will remain reactive (positive) for the rest of your life, even if treated

Understanding Test Results

Antibody	RNA (Confirmatory)
Determines if you have ever been exposed to hepatitis C virus	Determines if you currently have the hepatitis C virus in your body
Does not protect you from getting hepatitis C in the future	If detected (positive), then you have the hepatitis C virus in your body and can spread the virus to others
Once you have been diagnosed with hepatitis C, your antibody test will remain reactive (positive) for the rest of your life, even if treated	If not detected (negative), then you do not have the virus in your body and cannot spread it to others
	After successful treatment, the virus is gone and no longer found in your blood

Types of Tests

- Fingerstick
- Blood Draw
- Blood Draw

Help: Keep all your appointments. Take medications as prescribed.

<https://www.tn.gov/social>

Tennessee Department of Health

Viral Hepatitis Fast Facts

	Hepatitis A Virus (HAV)	Hepatitis B Virus (HBV)	Hepatitis C Virus (HCV)
How does it spread?	Eating/drinking substances contaminated with human waste (poop)	Contact with blood or bodily fluids of someone living with HBV	Contact with blood of someone living with HCV
How long does it last?	Up to six months	Lifetime if it progresses from acute to chronic HBV	Lifetime if it progresses from acute to chronic HCV without treatment
Can it be life-threatening?	Rarely	Yes	Yes
Can it be treated?	No	Yes, to slow disease progression but no cure is available	Yes, newer medications are one pill daily for 8-12 weeks with over 90% of people successfully cured
What are the symptoms?	Your symptoms may range from no symptoms to one or more of the following: <ul style="list-style-type: none"> Yellowing of skin or eyes (jaundice) Vomiting Stomach pain 	Your symptoms may range from no symptoms to one or more of the following: <ul style="list-style-type: none"> Fever Loss of appetite Nausea Tiredness Dark pee Pale poop Diarrhea 	Your symptoms may range from no symptoms to one or more of the following: <ul style="list-style-type: none"> Fever Loss of appetite Nausea Tiredness Dark pee Pale poop Diarrhea
What are measures I can take to prevent it?	Get vaccinated. Wash hands with soap and water after using the bathroom and before preparing or eating food. Always use condoms consistently and correctly during sex.	Get vaccinated. Do not share any items that may come in contact with another person's blood, including needles or other equipment used to prepare, inject, or snort drugs. Avoid unregulated tattoos or piercings.	Do not share any items that may come in contact with another person's blood, including needles or other equipment used to prepare, inject, or snort drugs. Avoid unregulated tattoos or piercings.
Is there a vaccine?	Yes	Yes	No
How do I know if I have it?	Get a blood test	Get a blood test	Get a blood test
Where can I find more information?	http://www.cdc.gov/hepatitis/hav/index.htm	http://www.cdc.gov/hepatitis/hbv/index.htm	http://www.cdc.gov/hepatitis/hcv/index.htm

Tennessee Department of Health Authorization No. 315587. This electronic publication was promulgated at zero cost, September 2020.



Compassionate Overdose Response

Responding to an overdose can be overwhelming and scary, but you can do it! This is a quick guide on how to compassionately respond to an overdose.

Compassionate Overdose Response Rescue Breathing Guide

- Check For:**
 - Shake the person
 - Use the sternal rub
 - Use the sniff test
 - Firmly rub the back
- Call 911**
- Administer naloxone**
 - Naloxone can reverse opioid overdose
 - Go to step 4 if no response
- Check For Perform CPR**
 - Turn the person on their side
 - If you do not know CPR, call 911
- Place in Recovery Position**
 - Roll them onto their side
 - Naloxone is still effective with the person on their side

Rescue breathing is one of the most important steps in responding to an overdose. Opioids and other depressants reduce respiratory function. Enabling breathing as quickly as possible is critical to saving lives. Naloxone helps to restore breathing, but takes a couple of minutes to work. Rescue breathing gets much needed air immediately into someone's body and can save lives.

If interested in CPR training, please scan or click here to learn more.

XYLAZINE

ABOUT XYLAZINE

- Xylazine also known as "tranq" or "tranq dope," is a non-opioid sedative or tranquilizer
- Xylazine is increasingly being found in the drug supply
- Xylazine is especially dangerous when combined with opioids like fentanyl!

XYLAZINE CAN CAUSE

- sedation
- severe wounds
- severe withdrawal
- difficulty breathing
- slowed heart rate
- symptoms

XYLAZINE WOUNDS

- Xylazine/"tranq" is associated with severe wounds, which can worsen very quickly and be difficult to heal. So, it's important to seek medical attention.
- Wounds can appear anywhere on the body, regardless of where or how the drug was used.

Overdose Risk

Always use naloxone and call 911 if you suspect an overdose. Xylazine is not an opioid. It is usually mixed with fentanyl/opioid. So, naloxone can help restore breathing. Since naloxone does not work on non-opioids (like xylazine), it is important to give rescue breaths. Continue breaths until they are at 12 breaths per minute. If someone is breathing on their own, further naloxone is not needed.

COMMUNITY BENEFIT QUESTIONS?

Areas with SSPs have 86% fewer syringes in places like sidewalks & parks.

What are Syringe Services Programs (SSPs)?

SSPs are an evidence-based public health strategy and they are cost-effective too. Data has consistently demonstrated that SSPs save lives, reduce the transmission of infectious diseases, provide health services, and link people who use drugs to recovery.

SSPs REMAIN SCARCE ACROSS TN

Many TN counties vulnerable to an HIV/hepatitis C outbreak associated with drug use do not have an SSP. As of 2024, only 4 of TN's 22 highly vulnerable counties have an SSP.

As drug use rises in TN, so does the potential for the transmission of bloodborne pathogens. SSPs are a proven intervention to prevent potential HIV and hepatitis C outbreaks among people who use drugs.

SERVICES PROVIDED BY SSPs

- Sterile supplies and wound care to prevent infections
- HIV and hepatitis C testing
- Naloxone to prevent fatal overdoses
- Linkage to treatment and recovery services
- Health education and counseling

Tennessee has 95 counties. Only 13 counties have an SSP.

RESOURCES TO GET STARTED

APPLY TO START AN SSP IN TN

RESOURCES TO DEVELOP AND FUND AN SSP IN TN

SCAN HERE for a list of SSPs in TN. tinyurl.com/TNSSPs



For all of these resources and more, check out EndTheSyndemicTN.org

TDH HCV Project ECHO

Our Project ECHO aims to build HCV treatment capacity for



The graphic is a promotional poster for Project ECHO. It features a purple background on the left with the text 'PROJECT ECHO' and 'BUILDING HEPATITIS C TREATMENT CAPACITY'. The center features a pink cartoon liver character holding a megaphone, with a speech bubble that says 'TOGETHER WE CAN GET TENNESSEANS HEP CURED'. Above the liver is a dark blue box with a megaphone icon and the text 'Physicians, Nurses, Pharmacists, Social Workers and Clinical Staff—Join Us!'. The bottom of the graphic is divided into three colored sections: 'WHEN' (1st and 3rd Wednesday of each month, 12pm-1pm Central, 1pm-2pm Eastern), 'WHERE' (Zoom online! Register now by scanning or clicking the QR code), and 'WHO' (Tennessee Department of Health Hepatitis C Virus Project ECHO).

PROJECT ECHO
BUILDING HEPATITIS C TREATMENT CAPACITY

WHEN
1st and 3rd Wednesday of each month
12pm–1pm Central
1pm–2pm Eastern

WHERE
Zoom online!
Register now by scanning or clicking the QR code

WHO
Tennessee Department of Health Hepatitis C Virus Project ECHO

- All adults among Primary Care Providers
- Children among Pediatricians, Family Physicians, Nurse Practitioners, and other Providers
- Postpartum individuals among interested OB-GYNs and Family Physicians who provide obstetric care

Registration Link: <https://endthesyndemictn.org/echo/>

Rapid HCV Testing Partnership

- Partnership provides:
 - Rapid HCV Test Kits and Controls
 - In-person Rapid HCV Testing Training for staff and volunteers
 - Support and technical assistance with rapid HCV testing
- Know of agencies interested in becoming a rapid HCV testing partner?
 - https://redcap.link/vh_rapid_testing_interest



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