

Syndemic Infectious Diseases Bureau: Viral Hepatitis Surveillance Unit

CDPH Board of Health Meeting August 16, 2023

Ashley M. Becht, MPH, CPH Director of Disease Investigations

> **Sylvia Dziemian** Program Director



• Who we are...

Viral Hepatitis Team & Service Background

• Who we serve...

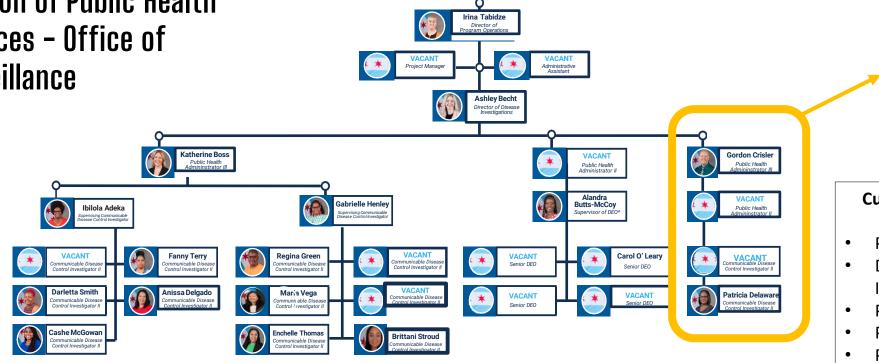
• Epidemiology of Adult Viral Hepatitis in Chicago

• What we do...

- Transitional Timeline of Key Surveillance Activities
- Prevention & Community-Driven Activities

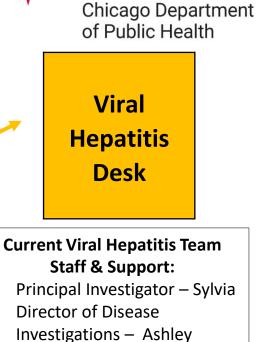
Syndemic Infectious Disease Bureau

Division of Public Health Services - Office of Surveillance



David Kern

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CDPH

- PHA III Gordon
- PHA II* Emily
- PHA II* Asha
- CDC PH Advisor (Data • Manager) – Lisa

*contractor

PS21-2103-CoAg

Cooperative Agreement – Components 1, 2 and 3 Division of Viral Hepatitis (DOVH)

CDPH Adult Viral Hepatitis Funding Sources

Centers for Disease Control and Prevention (CDC)

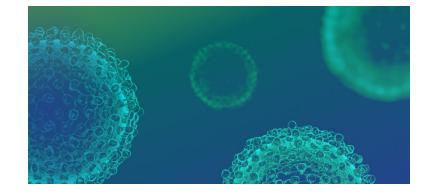
- Total budget: \$544,100
 - Component 1: 200,000
 - Component 2: 115,000
 - Component 3: 229,100
- Staff salaries
- Office supplies and general operations
- Trainings and professional development
- Delegate agency budget

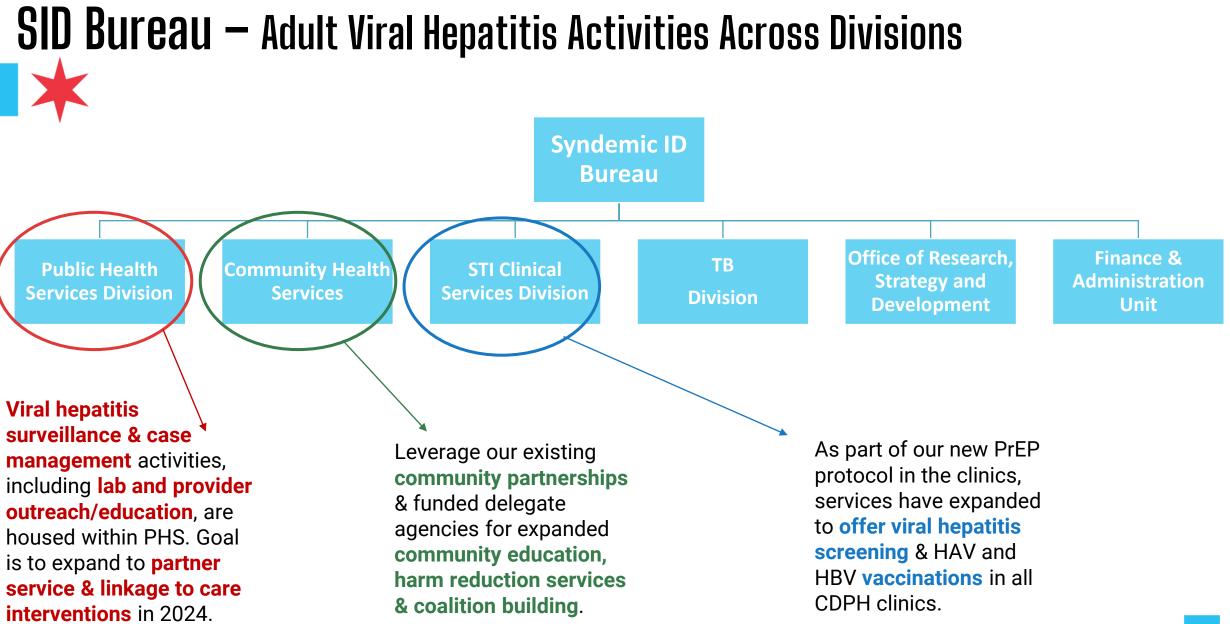
Additional Support

- In-kind City of Chicago funding
- SID Bureau budgets with overlapping goals and initiatives

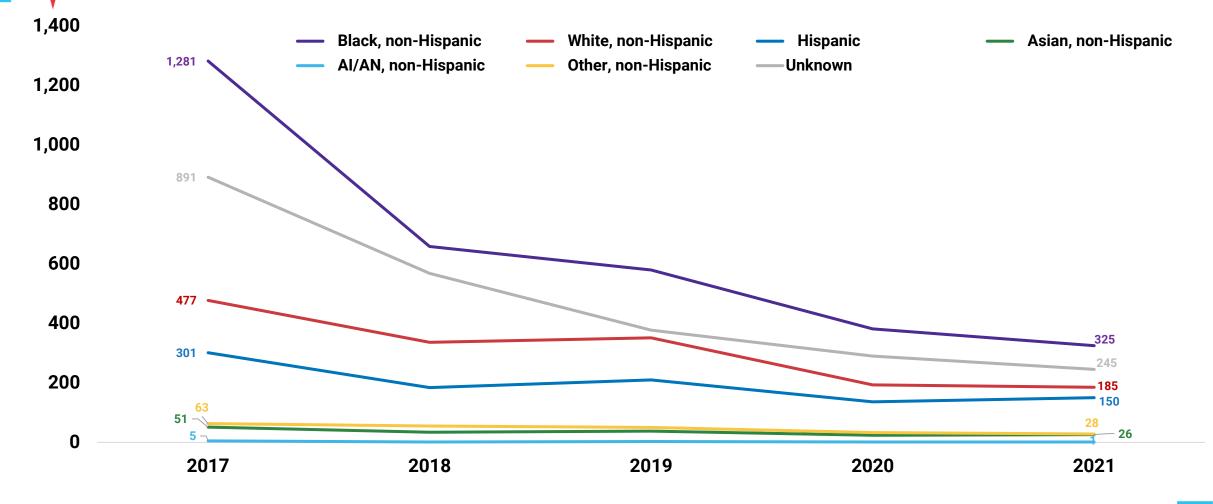
CDPH Adult Viral Hepatitis Activities

- Guided by Centers for Disease Control (CDC) three focus areas
 - Component 1: Surveillance, Outbreak, Monitoring and Response
 - Component 2: Prevention
 - Component 3: Special Projects (new)
 - Prevention, diagnosis, and treatment related the infectious disease consequences of drug use
- Viral hepatitis activities include collaborations with multiple bureaus, desks and offices
 - Syndemic Infectious Diseases (SID) Bureau
 - Disease Control (DC) Bureau
 - Communicable Diseases
 - Immunizations
 - Behavioral Health Bureau
 - Office of Substance Use

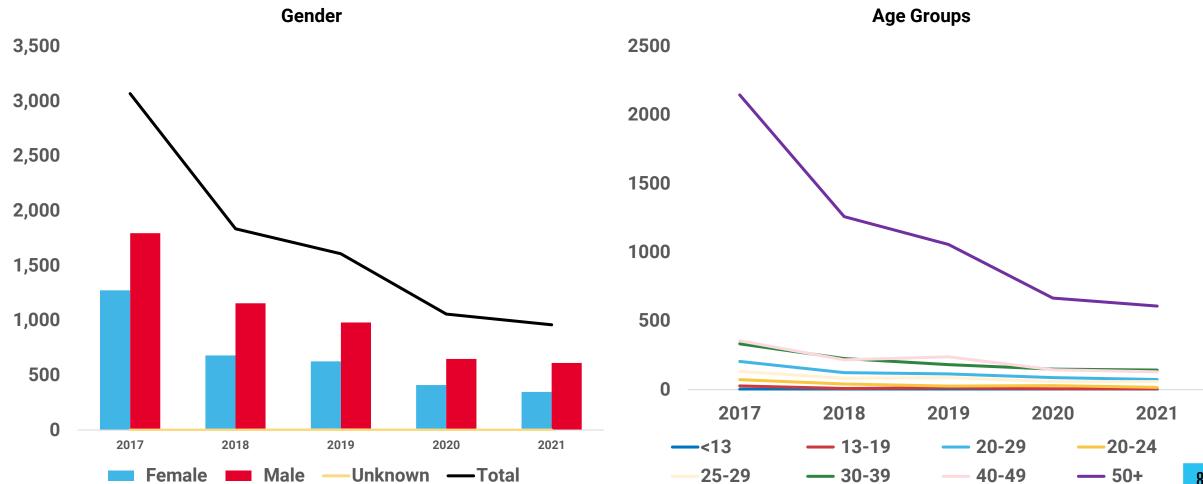




Hepatitis C Cases by Year of Diagnosis & Race/Ethnicity, Chicago, 2017 - 2021

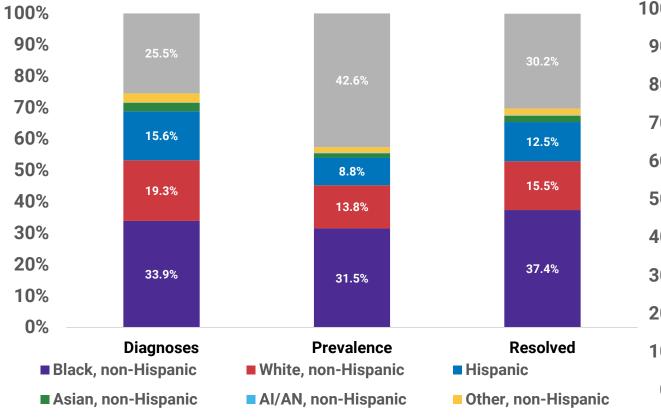


Hepatitis C Cases by Year of Diagnosis and Gender/Age Group, Chicago, 2017 - 2021

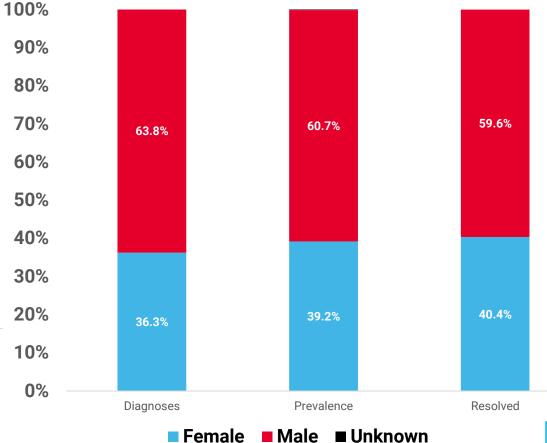


Viral Hepatitis Epidemiology in Chicago

Newly Reported Diagnoses, People Living with HCV and Resolved Infections by Race/Ethnicity, Chicago, 2021



Newly Reported Diagnoses, People Living with HCV and Resolved Infections by Birth Sex, Chicago, 2021



Unknown

Note: Groups may not total 100% due to rounding. Use caution when interpreting data based on less than 20 events; percent is unreliable. ^AI/AN refers to American Indian/ Alaskan Native.

2022 – 2023 Surveillance Transition: Training, System Development, & Data Migration

SID/Disease Control (D Bureau training & detai support started March 2022	ed SID team trained on surveillance DC	members are viral hepatitis activities from Bureau July 2022	developmen	eillance syster It is completed ember 2022	CHIMS for \ Febru n d	ation complete. /H is operationa uary 2023	
across bureaus SID da analysis migrat	April 2022 ta team starts data s, interpretation, and on process of HCV NEDSS data	July 20 CDCI team t surveillance a investigation act CD team	akes on and case tivities from	January Cas investigation/ continues in II team finishes in CH	se /surveillance NEDSS while final testing	March 2023 Viral hepatitis B d begins for CHIM continues to surveillance activ INEDSS/CHIMS. improved electro reporti	lata migration IS. SID team conduct rities for VH in Focusing on onic provider

Prevention & Community-Driven Activities for Viral Hepatitis

KEY PREVENTION ACTIVITIES

Component 2 Activities

Hospital & Provider Assessments

Community Coalition Efforts

Provider Education & Engagement

What kind of outcomes are we hoping to achieve?

- Improved screening outcomes & education among Chicago providers
- Improved treatment outcomes & retention in care
- Local coalition building to leverage resources across the Chicago viral hepatitis and syndemic landscape

Prevention & Community-Driven Activities for Viral Hepatitis

KEY COMMUNITY-DRIVEN ACTIVITIES

Component 3 Activities

Rapid Health Services Assessment

Funding a delegate agency to deliver impactful services

Strong focus on people who inject drugs

Services for People Who Use Drugs*

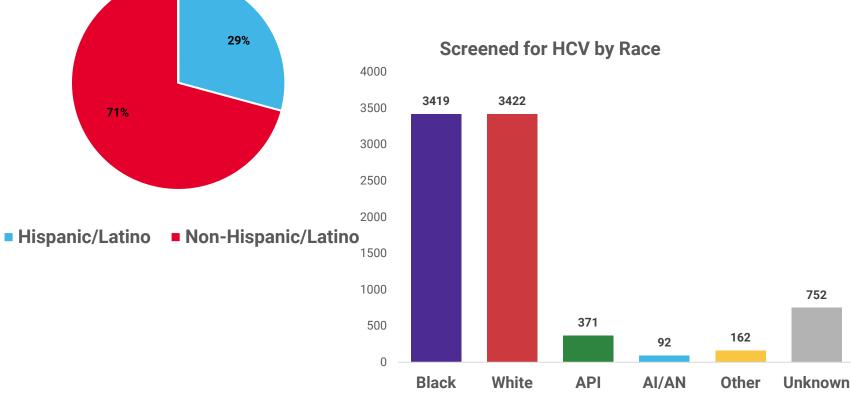
*Division of CHS funding initiative

What kind of outcomes are we hoping to achieve?

- A better understanding of the current viral hepatitis healthcare delivery system in Chicago
- Increased VH screening
- Improved treatment outcomes & retention in care
- Overarching goal is to add to the delivery of services and to syndemically approach viral hepatitis as a disease and condition

Services for People Who Use Drugs (PWUD)

Screened for HCV by Ethnicity



• 8128 Screened for HCV

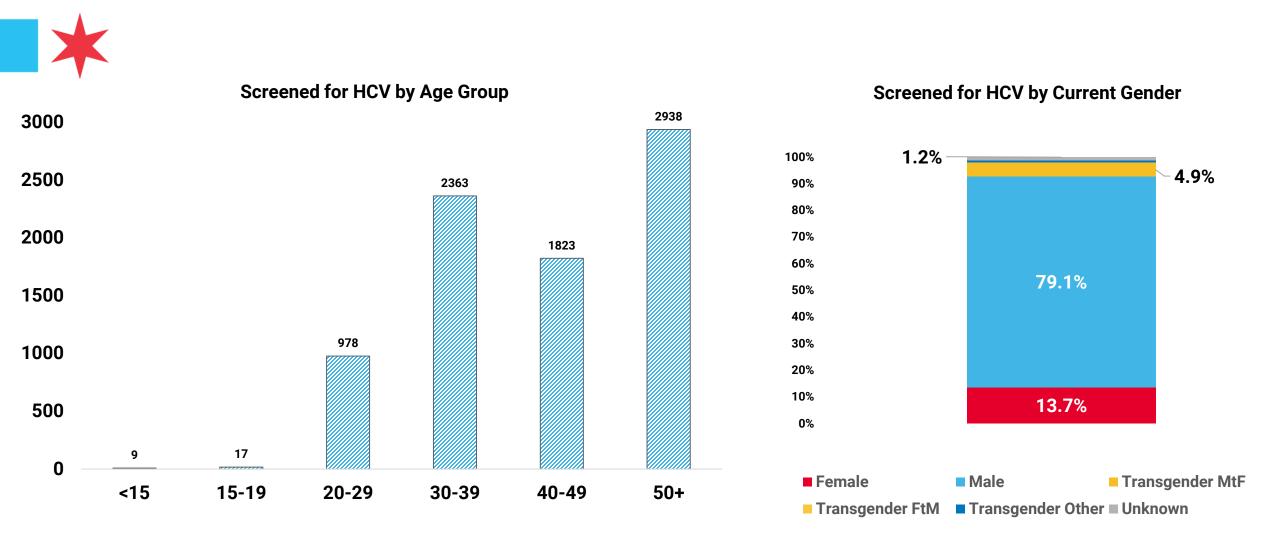
• **60.6%** among gay, bisexual and other men who have sex with men (MSM)

.....

18.0% among heterosexuals

- **2.0%** among people who inject drugs(IDU) and MSM/IDU
- **19.4%** Other risk factor, including unknown and perinatal transmission

Services for People Who Use Drugs (PWUD)



Priority populations: Black MSM, Latino MSM, Transgender of Color, Black Female, 50+ y.o



- Continue to integrate viral hepatitis activities into SID Bureau operations.
- Collaborate with internal and external stakeholders.
- Build staffing as work evolves.
- Create viral hepatitis elimination plan.
- Work with SID Bureau delegate agencies to further work on infectious disease consequences of drug use.



Viral Hepatitis Surveillance Team

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Irina Tabidze, MD, MPH Director of Program Operations

Kathleen Ritger, MD, MPH Medical Director, Tuberculosis Program

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Thank You!

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