

Understanding the HIV, Hepatitis C Virus (HCV), and Drug Overdose Syndemic in Tennessee

Tennessee is experiencing a "syndemic," which means many communities are heavily impacted by overlapping HIV, hepatitis C virus (HCV), and drug overdose epidemics. Read on for more information on what is known about this syndemic, and what the Tennessee Department of Health and local partners can do about it.

Brief Facts on the Syndemic in Tennessee, 2018



Want more data? Search for the HIV, HCV, and drug overdose epidemiology profiles at: www.tn.gov/health

For more information on HIV, HCV, and drug overdose prevention visit:

www.cdc.gov/hiv

www.cdc.gov/hepatitis

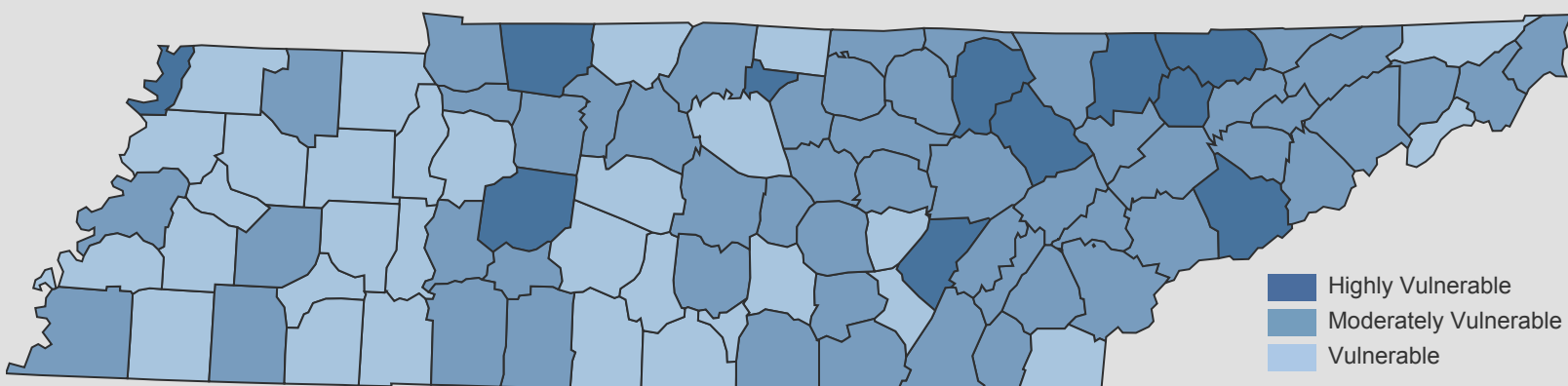
www.tntogether.com

County-Level Vulnerability to HIV and HCV Outbreaks Due to Injection Drug Use — Tennessee, 2019 Update

Rising drug overdose deaths in Tennessee may be a sign of changing drug-related behaviors, such as increases in injection drug use and/or the types of drugs being injected. This raises the potential for rapid transmission of certain infections that could result in an HIV or HCV "outbreak" among persons who inject drugs.

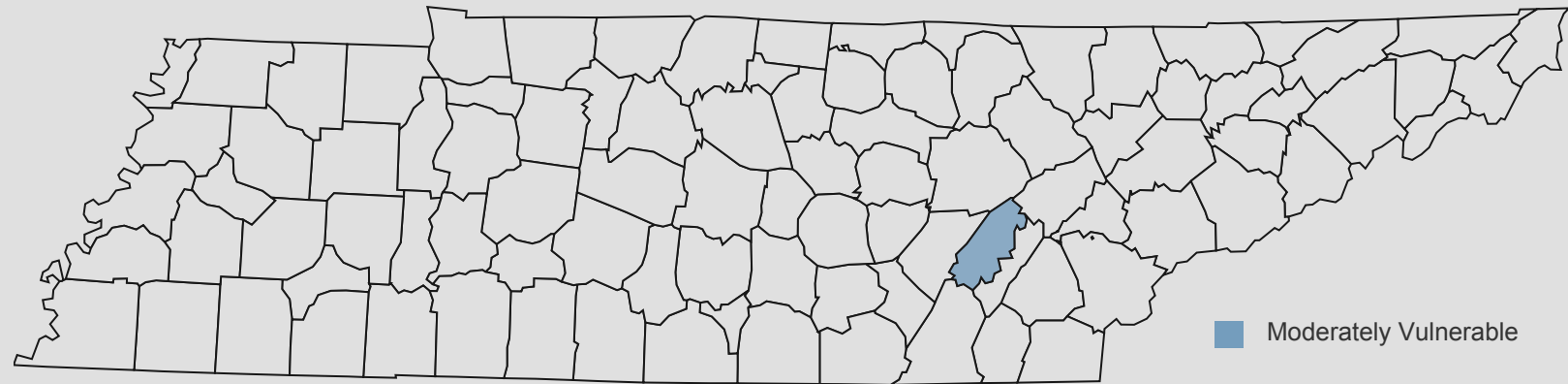
To evaluate county-level vulnerability to this rapid transmission, the Tennessee Department of Health examined socio-economic factors, indicators of opioid-related drug use, access to health care, and health outcomes in Tennessee. Thirteen measures were used to identify the level of vulnerability for each county in Tennessee.

A map of Tennessee's county-level vulnerability is shown below.



Rhea County

2018 Population: 33,044



Rhea County was ranked as **moderately vulnerable** to an outbreak of HIV or HCV due to injection drug use.

Rhea County HIV, HCV, and Drug Overdose Facts, 2018

< 5 new HIV diagnoses

data not shown for counties with < 5 for confidentiality purposes

93

newly reported chronic cases of HCV

5

drug overdose deaths

Measures Used to Evaluate County-Level Vulnerability

Socioeconomic Factors	TN	Rhea
% of population 20-44 years	45%	45%
% of homes with ≥ 1 vehicle	80%	81%
% of population unemployed	4%	5%
Per capita income	\$22,666	\$21,460
Opioid Use	TN	Rhea
Multiple provider episodes	40	31
Morphine Milligram Equivalent "MME"	18	18
Access to Healthcare	TN	Rhea
Primary care provider rate*	45	37
Mental health provider rate*	64	31
% of clients in treatment for opioid use	52%	60%
Health Outcomes	TN	Rhea
Syphilis case rate*	9	5
Teen birth rate*	30	24
Number of premature deaths	1,066	655
HIV prevalence rate*	116	69

*rate: number per 100,000

For more information:

SSPs, HIV prevention, or HIV care: HIVSTI.info@tn.gov

Viral Hepatitis Case Navigation or Harm Reduction Resource Teams: VH.Health@tn.gov

Overdose prevention, substance use disorder treatment, or recovery services: health.opioidresponse@tn.gov

Resources and Recommendations for Action

To learn more about evidence-based strategies that could help prevent an HIV or HCV outbreak in your community, see below.

Syringe Services Programs (SSPs) offer free distribution and disposal of needles/syringes, HIV and HCV testing, access to naloxone, and referrals to prevention, care, and social services. SSPs help to reduce drug use, get clients into treatment, and prevent HIV/HCV transmission.

PrEP Navigators engage HIV-negative individuals who would benefit from pre-exposure prophylaxis ("PrEP"), a pill when taken once a day is up to 99% effective at preventing HIV transmission if exposed. Navigators help link clients to PrEP services, while helping them maintain HIV negative status.

The Ryan White Program provides HIV care and support services for low-income persons living with HIV. This program helps clients access and take HIV medicine as prescribed. HIV treatment helps to reduce the amount of virus in the body so that patients can stay healthy and prevent transmission to others.

Viral Hepatitis Case Navigators (VHCNS) are available in each region. Navigators identify, engage, and refer HCV viremic individuals tested in the health department, and acutely infected individuals statewide, to HCV treatment and supportive services.

Harm Reduction Resource Team (HRRT) nurses are available in three regions in Eastern TN. Nurses provide referrals to harm reduction services for health department clients with prior exposure to HCV, as well as individuals with no prior exposure that have indicated self-reported risk factors for HCV.

Regional Overdose Prevention Specialists (ROPS) provide training and education on overdose prevention through the distribution of naloxone to individuals at high risk of overdose and their families, friends, and community members, as well as agencies that provide treatment and recovery services.

Medication-Assisted Treatment (MAT) is the use of medications with counseling and behavioral therapies, treat substance use disorders, primarily opioid use. In Tennessee, MAT is available via buprenorphine treatment practitioners and methadone treatment programs.

Tennessee Recovery Navigators are certified peer recovery specialists who to use their lived experience to break the cycle of overdose and help individuals get connected with treatment and recovery services by meeting patients in the emergency department after an overdose.