Jailed for Hepatitis C?

—By Lucinda Porter, RN

It used to be that having hepatitis C would land you in the doctor’s office. Never in my wildest dreams did I imagine that it could land me in jail. However, theoretically it could.

Earlier this year, Sony Salzman called attention to attempts to criminalize viral hepatitis. (“Transmitting HIV Is a Crime in Most States. Is HCV Next?” Medpage Today, April 22, 2018). Salzman reported that some states are trying to expand or pass laws making it illegal for people with hepatitis B or C to have sex without their partner’s knowledge of the individual’s viral hepatitis status. In short, in the eyes of the law, bodily fluids may be a deadly weapon if you have an infectious disease. According to Salzman, at least 12 states criminalize viral hepatitis; doctors could be compelled to testify against their own patients.

Is Salzman making a mountain out of molehill? I think not. I’ll provide evidence for my opinion throughout.

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this month’s Healthwise, beginning with the recently released fact sheet about the criminalization of viral hepatitis in the United States written by the Center for HIV Law and Policy¹, the Harm Reduction Coalition², and the National Viral Hepatitis Roundtable (NVHR)³.

Titled, “Punishment is Not a Public Health Strategy: The Criminalization of Viral Hepatitis in the United States,” this fact sheet informs us that more than a dozen states have laws that criminalize perceived or actual exposure to viral hepatitis. Additionally, many of these same states restrict access to prevention services such as syringe service programs for active drug users. Access to treatment is also limited, particularly for hepatitis C, which is curable.

This quote from NVHR’s press release is chilling, “In some states like Ohio, exposure to the bodily fluids of someone with viral hepatitis is already a felony and carries a three-year prison sentence.”

Criminalization of people with diseases is not a new thing; it stretches back to biblical times. Hitler took it to its most gruesome. In modern times, examples of criminalizing people with diseases occurred during the darkest days of HIV and AIDS-related tragedies⁴. We continue to punish people with diseases. Prisons are filled with people with untreated mental illness and addictions.

Incarceration isn’t the only way the lives of people with infectious diseases are ruined. Hemophiliac children who contracted HIV and viral hepatitis had to contend with horrible stigma. Ryan White was kicked out of school because he had HIV. His family was constantly harassed and threatened. The Ray brothers experienced the same horrors. They were banned from school in Arcadia, Florida. They fought and won the right to attend, but an arsonist burned down their house. Blogger Shawn Decker⁵ was dismissed from school because of his HIV status⁶. In “Our Very Own Superhero⁷,” blogger Kimberly Morgan Bossley tells readers about first-grader Zachary who faced isolation at school because of his hepatitis status.

A more recent example of gross stigmatization of hepatitis C occurred to Rick Nash, a blogger and hepatitis C advocate. In, “Tray Tables Up, Hepatitis C on a Plane⁸,” Nash tells a story of how his hepatitis C awareness t-shirt led to an incredibly uncomfortable confrontation. It was the sort of story one could imagine occurring in 1950, not 2018. And even in 1950, it would have been wrong.

Is the criminalization and stigmatization of hepatitis the result of ignorance or political climate? I suspect it is a bit of both. I wonder if our hunger for outlandish media headlines is also at play. Nearly every day I read a story about someone who spit on or bit a law enforcement official. “Man with hepatitis C spits on cop,” reads the headline. Yes, this is traumatic for the police officer. I don’t want him or her to be injured. However, humans aren’t suddenly polite when they are in handcuffs; biting, spitting, and kicking are ways people react.

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NVHR’S PRESS RELEASE

“In some states like Ohio, exposure to the bodily fluids of someone with viral hepatitis is already a felony and carries a three-year prison sentence.”

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real news here is that hepatitis C is rarely transmitted via saliva. The chances that the law officer will contract hep C in this way are nearly zero. The other real news is that the rates for hepatitis C screening and treatment are low – too low. Journalists have the opportunity to educate the public and perhaps make a difference.

What can we do?
Confront acts of hepatitis criminalization and stigmatization. Respond to the press by posting comments on line or emailing an opinion piece (aka an op ed) to papers in print. Call, email, fax, and write to local officials. Be the voice of reason. Do this over, and over, and over again.

Get involved and stay informed. Join the Center for HIV Law and Policy, Harm Reduction Coalition, and the National Viral Hepatitis Roundtable for a webinar on the criminalization of viral hepatitis: Punishment is not a Public Health Strategy: The Criminalization of Viral Hepatitis in the United States; Thursday, October 4th, 2018; 3PM - 5PM ET Click here to register.³

“Our goal is that discussion on this webinar will jump start advocacy efforts to address the criminalization of viral hepatitis across the country. You can also opt into regular communications about these efforts on the webinar registration form! We intend to follow up a small November convening on these issues...Although that meeting will not be open to the public, it will be followed by a report-out webinar highlighting outcomes and next steps. To subscribe to advocacy communications related to these ongoing efforts, contact Mike Selick selick@harmreduction.org.”

Stay focused and involved. Many of us are cured, and it can be tempting to close the book on hepatitis C. However, we need all the help we can get. We can eliminate hepatitis C, but only if we pull together and demand justice in health care.

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STAY INFORMED • GET INVOLVED

BE THE VOICE OF REASON!

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1: http://www.hivlawandpolicy.org/
2: https://harmreduction.org/
3: http://nvhr.org/
4: https://www.poz.com/article/Sex-Crimes-915-5055#search-query=nikko%20Briteramos
5: https://www.hepmag.com/blogger/shawn-decker
6: https://www.hepmag.com/article/shawn-decker-26321-1468862009
7: https://www.hepmag.com/blog/lack-of-education-at-1
8: https://www.hepmag.com/blog/tray-tables-hepatitis-c-plane
9: https://nvhr.us5.list-manage.com/track/click?u=9dd22df1cf3a741391755d010&id=a50a706dbe&e=b401e6cd11
Bleak New Estimates in Drug Epidemic: A Record 72,000 Overdose Deaths in 2017


Reporting on recent data released by the Centers for Disease Control and Prevention, Sanger-Katz wrote, “Drug overdoses killed about 72,000 Americans last year, a record number that reflects a rise of around 10 percent...The death toll is higher than the peak yearly death totals from H.I.V., car crashes or gun deaths.”

Strong synthetic opioids like fentanyl are contributing to the high overdose death rate. Note that death by overdose is just one of the ways in which people can die from opioid use. The list of potential harm that can occur from unsafe use of drugs and drug-related equipment is long, and includes various infectious diseases such as hepatitis B and C. Immunization can prevent hepatitis B; treatment is a pivotal tool in the prevention of hepatitis C transmission among people who use injection drugs.

Trolls, Bots and Anti-Vaxxers


Apparently, Russian hackers aren’t just attempting to interfere with U.S. politics; they appear to be trying to mess with our health. Journalist Gaby Galvin informs readers about attempts by Russia-linked social media accounts to create friction in our country by tweeting for and against vaccinations.

Quoting from a recent study from George Washington University, the University of Maryland and Johns Hopkins University, “Content from these sources gives equal attention to pro- and anti-vaccination arguments...This is consistent with a strategy of promoting discord across a range of controversial topics—a known tactic employed by Russian troll accounts.”

This is alarming. The thought that we could wipe out a huge part of our population because of ignorance and distrust is the stuff that appears in science fiction. Except in this case, it is happening. For instance, measles was eliminated in the U.S. in 2000 because of a highly effective immunization campaign. Now it is back.

This year is the 100th anniversary of the 1918 flu pandemic. Nearly one-third of the world’s population was infected; approximately 50 million people died. We now have ways of preventing the flu and many other infectious diseases, but the effectiveness of this prevention relies on immunizing as many people as possible. Be sure you get a flu shot and are current on all recommended vaccinations, including hepatitis A and B immunizations.
Hepatitis C (HCV or Hep C) is transmitted by contact with blood of an infected person. The most common way that Hep C is transmitted is through sharing needles to inject drugs. Hep C can also be transmitted through contaminated items used in personal care settings, although this isn't considered a high-risk route. However, transmission is possible if Hep C blood is present on equipment or surfaces.

Any equipment used by manicurists, skin care specialists and cosmetologists may transmit the Hep C virus if there is infected blood on it. It could happen even if there are small amounts of the Hep C virus that are too small to see. A sample of equipment used in these settings include:

- Nails and toes: cuticle scissors, nail files, emery boards, cotton swabs, etc.,
- Hair cutting and removal tools: tweezers, electrolysis equipment, hair-cutting scissors, and possibly combs

The transmission of Hep C through personal care procedures has not been well-studied. Laws regarding health and safety standards in personal care settings vary from state to state.

Disposable Items
Any item that can’t be disinfected should be thrown away. These items include paper emery boards, files, orange wood sticks, cotton balls or swabs, sponges, and neck strips. Single use items (straight razors, disposable razors) are encouraged. Single-use items should be thrown away and replaced with a new one.

Items to Clean and Disinfect
Note: Some states prohibit the use of some tools in personal care settings. Check your state for these regulations. A link is provided at the end of this article.
Hep C 101 - Nail Care Settings — CONTINUED FROM PAGE 5

Be a Proactive Consumer

Don’t choose a salon just because it’s cheap; you may get more than you want.

Items that need to be cleaned and disinfected include blade or scraper tools used to trim calluses. Needle-like instruments used to extract skin blemishes and cutting cuticles present risk of infection.

Cleaning and Disinfecting Equipment

Any items that are not disposable should be cleaned and disinfected. Commercial products such as Bar- ricade, disinfect rather than sterilize. Solutions that are Environmental Protection Agency (EPA)-registered hospital grade kill bacteria (bactericide), viruses (viri- cide), and fungi (fungicide).

Items that need to be sterilized are autoclaved. An autoclave is a machine that sterilizes instruments. It is the same machine used to sterilize medical and dental instruments.

Workplace/Work Surfaces

Make sure the workplace is clean. Used or dirty equipment must be kept separately from other items to prevent contamination with the clean items. Work surfaces should be disinfected after each customer. Products should be kept in containers to allow for a single application. Soaking solutions are only used for one person. After each use, solutions are discarded and containers are disinfected.

Be a Proactive Consumer

The consumer (you) has the most important role in the prevention of Hep C in personal care settings. Keep your eyes open for safety issues. Ask questions about safety. Talk with family and friends about where they frequent. Don’t choose a salon just because it’s cheap; you may get more than you want.

There are other steps to take to improve safety measures. Many drug stores sell individual manicure and pedicure sets. Individual sets can be taken to a salon for each visit or stored at the salon. Single packaged disinfection solutions can be purchased at drug stores and poured into hand and foot solutions. Make sure they are EPA-approved.

Finally, do not share any personal care items with anyone, even at home.

Note: This article was adapted and updated from an article that appeared in the HCV Advocate by Dr. Norah Terrault.

There are regulations listed by state published by Nails Magazine at www.nailsmag.com/resource/handouts.aspx.

For more information about HCV transmission and prevention, visit our website fact sheets at: http://hcvadvocate.org/publications/fact-sheets/hcv-transmission-and-prevention-facts/

Alan Franciscus is the Executive Director and the Editor-in-Chief of the HCV Advocate Website.
Proton pump inhibitors and risk of hepatocellular carcinoma in patients with chronic hepatitis B or C—W. Kao, et. al
Source: https://www.ncbi.nlm.nih.gov/pubmed/30175498

An Important warning: PPIs may lower the effectiveness direct-acting antiviral (DAA) drugs. If during HCV treatment, you need to take a PPI or other acid-reducing medication, talk to your medical provider about the timing, dosage, and whether you should take it with or without food.

Study Aims and Results
The aim of the study was to find out if long-term use of proton pump inhibitors (PPIs) increased the risk of developing hepatocellular carcinoma (HCC-liver cancer). PPIs are drugs used to treat heartburn and gastroesophageal reflux disease (GERD). Common brand names of PPIs include Prilosec, Prevacid, and Nexium.

The analysis identified 35,356 hepatitis B (HBV) and HCV patients in the Taiwan National Health Insurance Research Database between 2003 and 2013. There were 7,492 HBV and HCV patients included in this retrospective analysis. The characteristics (age, gender, disease state and participant medications) of the patients were evenly matched. The mean follow-up period was 53 months. Overall, 237 developed liver cancer in the HBV group; 211 patients in the HCV group developed liver cancer. However, in their analysis, the authors found no evidence that PPIs caused liver cancer in patients with chronic hepatitis B or C.

Conclusions
In this large retrospective study the authors found no association between PPIs and the development of liver cancer.

Editorial Comments
There has been a lot of news about the dangers of PPIs concerning HCV DAA treatment. This study should be reassuring to people with HCV whether cured or not. More studies are needed to confirm these results. There are other warnings about the use of PPIs for increased risk of kidney disease, heart attacks and cancers. Here is a link to a recent study: https://www.ncbi.nlm.nih.gov/pubmed/29897132

For some people, the use of PPIs may be unnecessary, but for others, they are an important medical therapy. Check with your medical provider to find out what the right dosage is to treat your medical condition. Read the product package label to learn about the right dose to use, side effects and the medical warnings of PPIs or visit www.fda.gov for more information.

“This study should be reassuring to people with HCV whether cured or not.”

Study Aims and Results
To assess patient compliance in taking hepatitis C (HCV) medications, completing therapy and with follow-up visits.

The authors retrospectively analyzed data of 261 genotype 1 treatment-naïve (never been treated) and treatment-experienced patients treated with Harvoni (ledipasvir plus sofosbuvir). Before beginning treatment, the patients were counseled on the importance of taking all of their medications, attending their laboratory appointments, and returning for their post-treatment follow-up.

The cure rates of those who adhered to treatment vs. those who did not were 95% vs. 74% respectively. The cure rates in the treatment-naïve vs. treatment-experienced group were 68% vs. 86% respectively. In the entire study, 7% discontinued treatment early and 15% didn’t return for post-treatment follow-up. The treatment-naïve patients were less likely to return for post-treatment assessment compared to the treatment-experienced patients (28% vs. 11%).

Conclusion: In this retrospective analysis a significant number of people treated were noncompliant to DAA therapy despite being counseled on the importance of adherence. Treatment-naïve patients were less adherent than treatment-experienced patients.

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Editorial Comments
At first, I was surprised by the study results, but after thinking it through I remembered that compliance with treatment is one of the most difficult issues of drug treatment. I think the bright spot in the study is in two areas:

- The people who were compliant achieved a 95% cure rate in real-world settings.
- The treatment-experienced group had a high rate of compliance suggesting that higher adherence may be due to prior treatment experience.

Perhaps other tools like electronic reminders and further outreach to patients would have helped. Since this was an abstract, I don’t know all of the outreach efforts the investigators used.

“Treatment-naïve patients were less adherent than treatment-experienced patients.”
Inovio Pharmaceuticals announced on September 4th, 2018 that it had begun a phase 1 study of the first hepatitis C vaccine—GLS-6150—to prevent hepatitis C (HCV) infection. The study is in collaboration with GeneOne Life Science. The study will enroll 24 patients previously cured of HCV. The clinical trial results are expected in 2019. Of note, Inovio also launched a phase I/II study of an HIV vaccine that targets all HIV strains that would control HIV without HIV antiretroviral medications. It’s a long shot for any drug to make it from phase 1 to an effective treatment or protective vaccine but it would be remarkable if these two vaccines proved to be effective.

The study looked at 32 patients who received a hepatitis C (HCV) antibody positive, HCV viral load negative kidney from deceased donors and underwent a kidney transplant. So far, all of the patients who received the HCV antibody positive kidneys became HCV antibody positive but remained HCV viral load negative.

Over a period of 192 to 377 days, three patients developed HCV antibodies, but no patients tested HCV viral load positive.

In the study, the authors analyzed the costs and benefits of receiving an HCV viral load positive liver for transplantation. The patients who received the HCV positive liver were treated with 12-weeks of DAA therapy. The cost-effectiveness was based on the model for end-stage liver disease (MELD). The higher the MELD score, the higher the severity of liver disease and the need for a liver transplant. The most substantial cost savings were in the people with the highest MELD score. However, even in patients with low MELD scores, there was a benefit to receiving an HCV-positive liver for transplantation.
WHAT’S UP!

We have updated the following Extrahepatic Manifestation Fact Sheets:

- Essential Cryoglobulinemic Vasculitis
- Porphyria Cutanea Tarda (PCT)
- Overview of Extrahepatic Manifestations
- Non-Hodgkin’s Lymphoma
- Pruritus

Watch Our Video!

Click here to listen to a real patient talk about her journey from diagnosis to treatment to cure.

Do you have hepatitis C? Get support. Get answers.

Don’t forget to check out the PackHealth – a free resource to help patients navigate their HCV treatment journey from applying for treatment to cure!

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