

Infectious Diseases on the Rise Amid the Opioid Epidemic

In a recent Association of Health Care Journalists (AHCJ) webcast, 2 public health experts discussed the recent rapid increase in the incidence of infectious diseases that has been linked with injection drug use (IDU).

Jonathan Mermin, MD, MPH, Director, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), US Centers for Disease Control and Prevention, Atlanta, Georgia, shared a national perspective on this problem.

More than 600,000 Americans have died from opioid overdose since 2000, he said. Of particular concern, he added, is the interconnectedness between drug overdoses and reports of new cases of hepatitis C virus (HCV) infection.

The United States has seen a steady rise in the incidence of HCV cases since 2010, including doubling of the number of reports of pregnant women infected with the virus; this surge in HCV incidence is linked to IDU with sharing of needles, Dr. Mermin explained.

“We are also seeing an increase in the proportion of HIV infections,” he said. Progress made in recent decades with respect to declining HIV rates associated with IDU is now leveling off, and even reversing, because of the opioid crisis, he noted. In addition, hepatitis A outbreaks have also become a crisis for some states, especially among adults experiencing homelessness.

Cases of syphilis are also on the rise in the United States. This includes congenital cases, said Dr. Mermin, reports of which have increased 176% since 2012. He noted that 88,000 cases of syphilis were reported in the United States in 2016. Increasing numbers and proportions of cases of syphilis in heterosexual individuals are occurring among people who use drugs, said Dr. Mermin, including among those who inject drugs.

Jay Butler, MD, chief medical officer and director, Division of Public Health, Alaska Department of Health and Social Services, also shared his state-level perspective from working on the front-lines of the opioid crisis in Alaska.

In 2017, approximately 1 in 30 of all deaths in Alaska were associated with opioid overdoses, he said.

The opioid epidemic in Alaska is a very dynamic one, he noted. Although the state had made progress with respect to reducing the numbers of death associated with prescription painkillers and heroin, Dr. Butler noted that these gains have now been wiped out due to the emergence of illicit fentanyl in recent years. This epidemic is different, he said. “We’re now seeing clusters of deaths. And, many users do not even realize they are taking fentanyl—they think it’s heroin.”

The rise in infectious disease cases is an increasing challenge, too, said Dr. Butler. For example, Alaska has seen an increase in the rate of HCV diagnoses among individuals younger than 30 years since 2015. Self-injection drug use is a major driver behind the HCV epidemic, he explained.

Alaska was the second state to issue a disaster declaration on the opioid epidemic, said Dr. Butler. And statewide efforts are now underway to address the opioid crisis, he added. These center on a 3-pronged approach to managing addictions and substance-use disorders that targets: harm reduction to prevent life-threatening adverse outcomes (for example, by increasing access to naloxone and to syringe/needle exchange programs); diagnosis and treatment (including removing the associated stigma, and understanding addiction as a chronic disease of the brain); and prevention (for example, by encouraging judicious opioid prescribing and holding drug take-back events).

At the national level, CDC has taken a 5-point strategy to prevent opioid overdoses and harms, said Dr. Mermin. These focus on: conducting surveillance and research; improving state, local, and tribal efforts to prevent overdoses and harms; supporting health care provider and health systems; raising awareness about opioid use disorder and the severity of the epidemic, to empower people to make safe choices; and improving collaborations between public health officials and public safety officials.

He emphasized the importance of introducing comprehensive syringe service programs (SSPs) at the community level. These cost-saving programs prevent infections, he said, and do not increase drug use or crime in communities. Indeed, people who use SSPs are 3- to 5-times more likely to stop injecting drugs.

“Large-scale public health action and targeted, comprehensive, community-wide

programs can prevent infections, reduce drug use, save lives, and save money,” Dr. Mermin concluded.

Dr. Parry graduated from the University of Liverpool, England in 1997 and is a board-certified veterinary pathologist. After 13 years working in academia, she founded Midwest Veterinary Pathology, LLC where she now works as a private consultant. She is passionate about veterinary education and serves on the Indiana Veterinary Medical Association’s Continuing Education Committee. She regularly writes continuing education articles for veterinary organizations and journals and has also served on the American College of Veterinary Pathologists’ Examination Committee and Education Committee.

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