## Background



- Hepatitis delta virus (HDV), a co-infection of hepatitis B virus (HBV), results in the most severe form of viral hepatitis known to humans and poses an increased risk of progression to liver cirrhosis and cancer than HBV alone
- HDV is significantly under-diagnosed due to general lack of patient and provider awareness, limited access to and availability of testing, and a dearth of viable and accessible treatments.
- People who inject drugs face increased risk for HBV/HDV co-infection, and studies show increasing infection rates within this community in recent years.
- Integration of HDV testing, prevention, and linkage to care services into existing harm reduction programs is an important first step to curbing the HDV epidemic and saving lives.



### Intervention

# HEPATITIS DELTA CONNECT



Hepatitis Delta Connect is a communityand provider-focused education program that provides patient support and inlanguage information about HDV disease risk, prevention, testing, and linkage to care, and serves as an advocacy platform for prioritization of HDV as an underappreciated viral infection.

### Tools include:

- Social media
- Newsletters
- Email and phone consults
- Webinars Fact sheets
- Online and in-person trainings about HDV & the importance of screening delivered to dozens of community-based organizations
- Partnerships with health departments and harm reduction organizations to conduct hepatitis delta screenings among PWID community members and assess susceptibility for hepatitis B and delta among clients of an urban SSP

# Effectiveness

- Since 2016, Hepatitis Delta Connect has educated 16,000 people in 111 countries.
- Through an alliance with a Chicago-based CBO, we have provided hep delta education to hepatitis patient navigators, community partners, HCPs, and community members, and integrated HDV into community screening events.



 Screenings conducted with the Philadelphia Department of Public Health were able to educate high-risk PWID community members about hepatitis B and delta and to identify both those living with past or present HDV infection and at risk for HDV, providing vaccination 🗸 linkage to care as appropriate.



# Hepatitis Delta Virus: A Silent Threat to People Who Inject Drugs

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**PWID** communities face **disproportionate** risk for hepatitis delta virus. Integration of HDV education and screening in the harm reduction space can go a long way in addressing this public health threat.



### **Remaining Barriers**

- Low patient and provider awareness
- Funding constraints
- Limited access to testing and treatment (in the United States, only one of the two major lab companies currently offers delta testing and that is only upon request, rather than reflex. The only officially approved treatment for hep delta is still only available for prescription in three European countries. Accessibility to the drug remains an issue.)



### **Opportunities**

- Hep Delta Connect's model of employing variable educational tactics to reach high-risk individuals around the world, as well as healthcare providers, can be utilized on a wider scale to reach more communities heavily impacted by hepatitis delta, including PWIDs, raising awareness of hepatitis VV delta where it matters most.
- Establishing partnerships with health departments, community-based organizations and harm reduction sites is an effective method of providing education, and improving uptake of screening, vaccination, and linkage to care.
- Increased screening will only improve diagnosis rates of HDV, thus providing the data needed to underscore the urgency of this dangerous public health threat, increasing overall surveillance in high-risk communities, and ultimately proving the need for increased access to testing and viable, accessible treatments. Addressing this most dangerous form of hepatitis that disproportionately impacts people who inject drugs will be a step forward not only for public health, but for human rights



### References

- 1. Mahale, P., Aka, P. V., Chen, X., Liu, P., Fram, B. J., Wang, A. S., Simenel, S., Tseng, F.-C., Chen, S., Edlin, B. R., Glenn, J. S., & O'Brien, T. R. (2018). Hepatitis D viremia among injection drug users in San Francisco. The Journal of Infectious Diseases, 217(12), 1902-1906. https://doi.org/10.1093/infdis/jiy157
- 2. Kucirka, L. M., Farzadegan, H., Feld, J. J., Mehta, S. H., Winters, M., Glenn, J. S., Kirk, G. D., Segev, D. L., Nelson, K. E., Marks, M., Heller, T., & Golub, E. T. (2010). Prevalence, correlates, and viral dynamics of hepatitis delta among injection drug users. The Journal of Infectious Diseases, 202(6), 845-852. https://doi.org/10.1086/655808
- 3. Figgatt, M., Hildick-Smith, J., Addish, E., Coleman, J., Benitez, J., Freeland, C., Alles, S., Viner, K., Johnson, C., & Kuncio, D. (2020). Susceptibility to hepatitis A and B virus among clients at a syringe services program in Philadelphia, 2018. Public Health Reports, 135(5). 691-699. https://doi.org/10.1177/0033354920943528
- 4. Gish, R. G. (2022, September 15). Diagnosing and Screening for Hepatitis D Viral Infection. www.robertgish.com. Retrieved 2022, from https://www.hepb.org/assets/Uploads/Gish-HDV-Diagnositic-Analysis Whitepaper-1.pdf

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