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III BACKGROUND

- Reports of hepatitis B virus (HBV) infections increased with the rise of opioid use. In 2020, 36% of new HBV infections in the U.S. occurred among people who inject drugs (PWID).
- PWID may be in situations where transmission risk is elevated such as sharing of injection equipment, needle sticks, and unprotected sexual encounters.
- Identification of those with HBV is essential to reduce infection and transmission, identify need for vaccination, and to initiate potentially lifesaving care.
- PWID's access to healthcare services and insurance is often fragmented – limiting the ability to receive medical orders, phlebotomy and lab services, and follow up counselling and needed follow up care.
- Harm reduction organizations engage with PWID regularly. They are typically trusted sources of information and services. Many have adopted Hepatitis C (HCV) and HIV-related services and may serve as a partner in efforts to reduce morbidity and mortality and eliminate HBV.
- We examined HBV interests and actions in a sample of US syringe service programs (SSPs).

III METHODS

- We developed and pilot tested a semi-structured interview guide informed by literature, websites, and expert consultation. It was designed to guide conversations about HBV-related interests and services, including structural, social and policy barriers and facilitators.
- We invited a purposive sample of SSP leaders from programs identified via NextDistro's directory choosing across regions and then visited websites to identify programs varied in size and type. We also posted on a harm reduction listserv to reach those not in NextDistro's directory.
- We completed 20 interviews between December 2022 and February 2023. Interviews lasted 30-45 minutes and were recorded and transcribed.
- Analysis was facilitated by Nvivo software. Two independent researchers developed themes and codes (70% agreement), and then discussed with PI.
- We present themes, explanatory factors, and direct participant quotes.

III PARTICIPANTS

- Executive Directors, Medical Directors, and Program Directors representing 20 organizations.
- Agencies varied in size from small (1-5 employees), medium (6-30), and Large (>30 employees).
- They represented agencies from 18 states and D.C. (see Figure 1).
- A few were in states where syringe distribution and other activities are not legal.
- Some agencies provided on-site medical services.

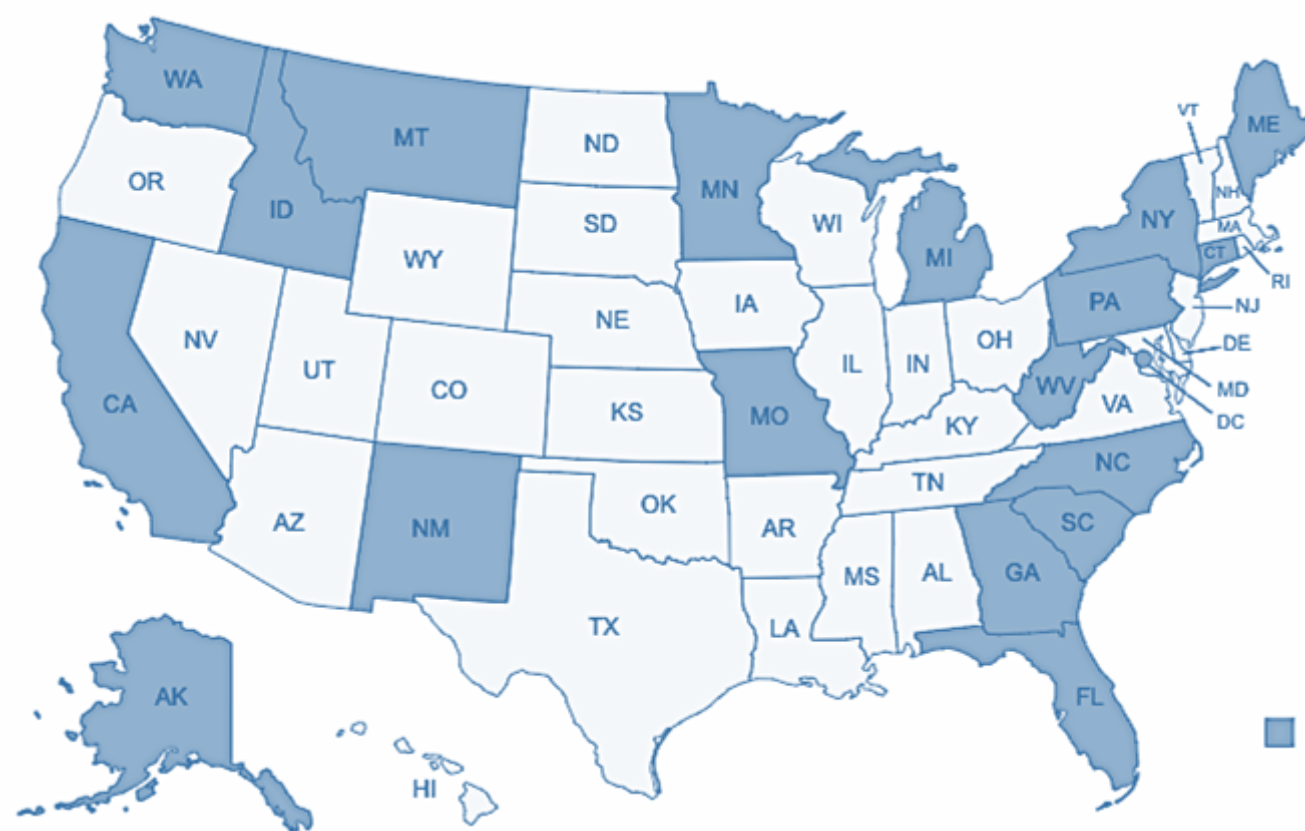


Figure 1. Regional distribution of participating organizations
At least one organization in each shaded state

III RESULTS

- **HBV is a low priority–**
 - Most don't see HBV as significant health issue.
 - Don't hear about it or see it.
 - More communication about HCV & HIV- so assume HBV not issue.
 - Not in many state hepatitis elimination plans.
 - Told little to no HBV in area.
- **Public health departments influential; Partnerships essential**
 - Health Departments -important drivers of perceptions, priorities, and action.
 - Strong ties to health departments-- better access to resources.
 - Drives in positive and negative directions.
 - Clinic partnerships facilitate patient navigation and care.

"...our health department said we don't have Hepatitis B here..."

"...there's always been emphasis on Hep C and HIV...but hep b was never really something that we could access..."

"...our Health Department decides everything for every SSP, for every harm reduction."

➤ Laws and policies facilitate and hinder HBV-related services, activities, and priorities

- Medicaid expansion helps get people insured.
- Few states include HBV in elimination plans.
- CDC limits access to public vaccine to uninsured.
- IIS requirements too onerous.
- Lack of support for point-of-care testing.
- Need for more public healthcare clinics.

"Where I am there is nowhere that somebody can walk in there's no like Federally qualified Health Center. There's no kind of community."

➤ Stigma

- Impacts all aspects of programs and services targeting harm reduction.
- Impacts many beliefs and attitudes about viral hepatitis.
- Medicaid expansion helps get people insured.
- Many believe PWID not concerned about health.
- Impacts prioritization for public health funding.
- Impacts development of partnerships with healthcare professions and agencies.
- Impacts interactions between harm reduction clients and healthcare providers.
- Impacts harm reduction staff assumptions about health and concerns about harm reduction participants.

"I have asked the [state] CDC for support. We've asked to do vaccination clinics. We've asked to have some onsite education, and training for staff, and that has not been something that they have previously been interested in."

III RESULTS

- **HBV activities are extremely limited or non-existent**
 - Most participants reported NO HBV-specific activities.
 - When activities occur, usually via pamphlet, posters, or conversation.
 - A few provided HBV vaccine- some directly some through a local health department.
 - A few linked participants to FQHCs or Health Departments for testing.
 - Fewer offered direct HBV testing- these agencies had in-house medical services.

"We don't do any hep b related activities excepthand out like brochures."

- **Limited knowledge and awareness of HBV (among staff and clients)**
 - A few did not know HBV exists.
 - Most assume little awareness among staff and participants
 - Several conversations would revert to HCV-related activities.
 - Many didn't know about vaccine, testing, or treatment issues.
 - A few had extensive knowledge.

"I'll admit that I'm not, like, super familiar with the differences between the hepatitises. So...I don't know exactly who is more at risk than anyone else."

- **Limited organizational capacity for HBV services**
 - Funds- need funds to deal with any other capacity issues!
 - None noted available grants.
 - Space – appropriate for:
 - Education,
 - Phlebotomy,
 - Vaccination.
 - Number and type of staff (many volunteer):
 - Need salary, time and funds for training,
 - If use volunteers have to oversee.

"... being mobile, it's hard .. to have a location outdoors to be able to perform screening and vaccinations... a lot of the people we would partner with don't want to come to mobile areas."

III CONCLUSIONS

- Limited HBV activity **perpetuates** infection risk for PWID and HBV community reservoirs.
- To meet national/international viral hepatitis elimination goals by the year 2030, we must prioritize HBV prevention, testing, and treatment among PWID.
- **Active HBV surveillance and/or targeted testing** at Harm reduction organizations:
 - Needed to better estimate infection rates and HBV risk factors for PWID.
 - This information could better guide prevention, testing and care efforts.
- Understanding barriers and facilitators to HBV activities in harm reduction settings and developing cross-discipline cooperation is needed to reduce morbidity and mortality from HBV-related liver disease and cancer.

III RECOMMENDATIONS

1. Increase **education** about HBV among harm reduction organization staff.
2. Develop HBV education material for PWID and staff.
3. CDC and state health departments **could expand HBV vaccine availability and delivery to harm reduction organizations.**
4. **Include HBV** in state viral hepatitis elimination plans.
5. Local/State health departments should put **greater attention to and promote HBV efforts.**
6. Testing for HBV should be **easier and more accessible.** (HBV Rapid Test should be approved and funded for use).

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