Selected Abstract: HIV and HCV Diagnoses in the Setting of Increased Injection Drug Use in Communities Served by Memorial Health University Medical Center: Emergency Department Data from 2016-2019

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Opioid Morbidity and Mortality among Emergency Department HIV and HIV/HCV Patients

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Disclosure

- Katie Pincura, Jean Wiggins, Eric Shaw, and MariAnna O’Ree have no financial interests or arrangements with any other corporate organization. Furthermore, we do not have an interest in selling technology, programs, products, and/or services to any medical education professional.
The Opioid Epidemic

- Abuse of opioid medications became a nationwide concern beginning in the 1990s\textsuperscript{1,2}
- The US Department of Health and Human Services (HHS) attributes the overprescription of opioids to drug industry misinformation regarding their potential for abuse
- Led to surge in abuse of non-prescription opioids such as heroin and fentanyl
- Approximately 2 million Americans were estimated to have had an opioid use disorder in 2017
Opioid Abuse in Georgia

- Opioid overdose deaths in Georgia have risen sharply since the start of the opioid crisis\textsuperscript{3}
- Heroin deaths continue to increase
- Heroin is often taken via injection, particularly among rural users\textsuperscript{4,5}
Injection Drug Use, HIV, and HCV

• The opioid epidemic may impact Georgia patients living with HIV and HIV + HCV\textsuperscript{6,7}
  – Heroin mortality is on the rise in Georgia
  – Injection drug use increases risk of HCV and HIV transmission
  – HCV epidemic is fueled by injection drug use
Investigation

• How has the rise in injection drug use impacted patients living with HIV and both HIV and HCV in Chatham and surrounding areas?

• Query
  – Poisoning by opioids diagnosis
    • Poisoning diagnosis + HIV diagnosis
    • Poisoning diagnosis + HIV diagnosis + HCV diagnosis
  – Mortality rates
  – Demographic data
Memorial Health University Medical Center (MHUMC)

- 612 bed hospital in Savannah
- Opened in 1955
- Serves 35 mostly rural counties across Southeast Georgia and South Carolina
- Level 1 trauma center - resource for rural residents
- Teaching hospital – Mercer University School of Medicine
The CARE Initiative

• The CARE Initiative is an HIV and HCV screening and linkage to care program at MHUMC
• The CARE Initiative screens about 16,000 ED patients annually
• Electronic health record (EHR) –based screening system based in MHUMC Emergency Department (ED) since 2016
• Qualifying patients for HIV and HCV testing are 13+ years of age, HIV and/or HCV negative, and have not been tested in the past 12 months
• HIV screening is out-opt using a verbal prompt
• Reactive antibody (HCV) and/or antibody/antigen (HIV) labs automatically reflex to confirmatory testing
• Patients diagnosed with HIV and/or HCV are contacted, notified and linked to care
Methods

- Retrospective chart review using ICD-10 codes
  - Query of discharge data, 5-1-16 through 5-31-19
- ICD-10 codes
  - ICD coding is the global standard for classifying patient diagnoses in medical charts
  - Resource for morbidity and mortality data
  - T40 codes describe poisoning and adverse effects of narcotics and psychodysleptics
    - Opioids are narcotics
    - Different T40 codes describe opium, heroin, and other drugs
      - e.g., T40.0X2 = "Poisoning by opium, intentional self-harm"
Methods, continued

• ICD codes
  – HIV codes
    • Z21 (asymptomatic HIV)
    • B20 (known, symptomatic HIV)
    • B97.35 (HIV 2)
  – HCV codes
    • B17.1 (acute hepatitis C)
    • B19.2 (unspecified hepatitis C)
    • B18.2 (chronic hepatitis C)
Results

- 1342 opioids codes
  - ~1.3 /day
  - 15 total mortalities
- 25 opioids + HIV
- 7 opioids + HIV + HCV
- 60 opioids + HCV

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Results: Demographics

- White 63%
- Black or African American 35%
- American Indian or Alaska Native .15%
- Asian .15%
- Other .15%
- Unknown/Decline to Specify 2%
Results: Demographics, continued

- Female 50%
- Male 50%
Results, continued

- Proportion of patients with opioid code and an HIV code declined (1.9%)
- Proportion of patients with opioid code and an HIV code and an HCV code declined (.52%)
- Proportion of total opioid poisoning codes remained stable
Results, continued

- Opioids + HCV proportion declined dramatically (43.3%, 35%, 21.7%)
- Suggests less people with HIV or HIV and HCV experienced poisoning due to injection or other opioids drug use during an interval when injection drug use in Georgia was rising
Discussion

• Data did not reflect assumptions
  – Very few mortalities
  – Relatively few cases with HIV + opioids, HIV + HCV + opioids
  – Decreases where we expected increases (to reflect rise in heroin use over time)
  – Males and females equally represented

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Discussion, continued

• Considerations for utilizing hospital EHR data
  – Sample size
    • Study design to net as many records as possible
      – Most HIV patients do not contract HIV from injection drug use\(^4\)
    • Longer retrospective time period
  – Search terms
    • Investigate records with all opioids diagnoses (T40 poisoning codes and F11 disorder codes)
Limitations

- ICD codes used for drug diagnoses may not be opioid-specific
- Opioid related disorder codes (F11 codes) were not queried
- ICD codes reflected encounter complaints other than opioid poisoning (there for something else)
- Patient diagnostic codes may not reflect HIV and/or HCV status
- Heroin not distinguished in all opioids code data
- Some heroin users do not inject
- Incidence rate vs. diagnosis rate (recent cases may not have surfaced in the ED data of patients living with opioid abuse)
References


References


Questions & Comments

Thank you

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