

Substance Use Prevention and Response

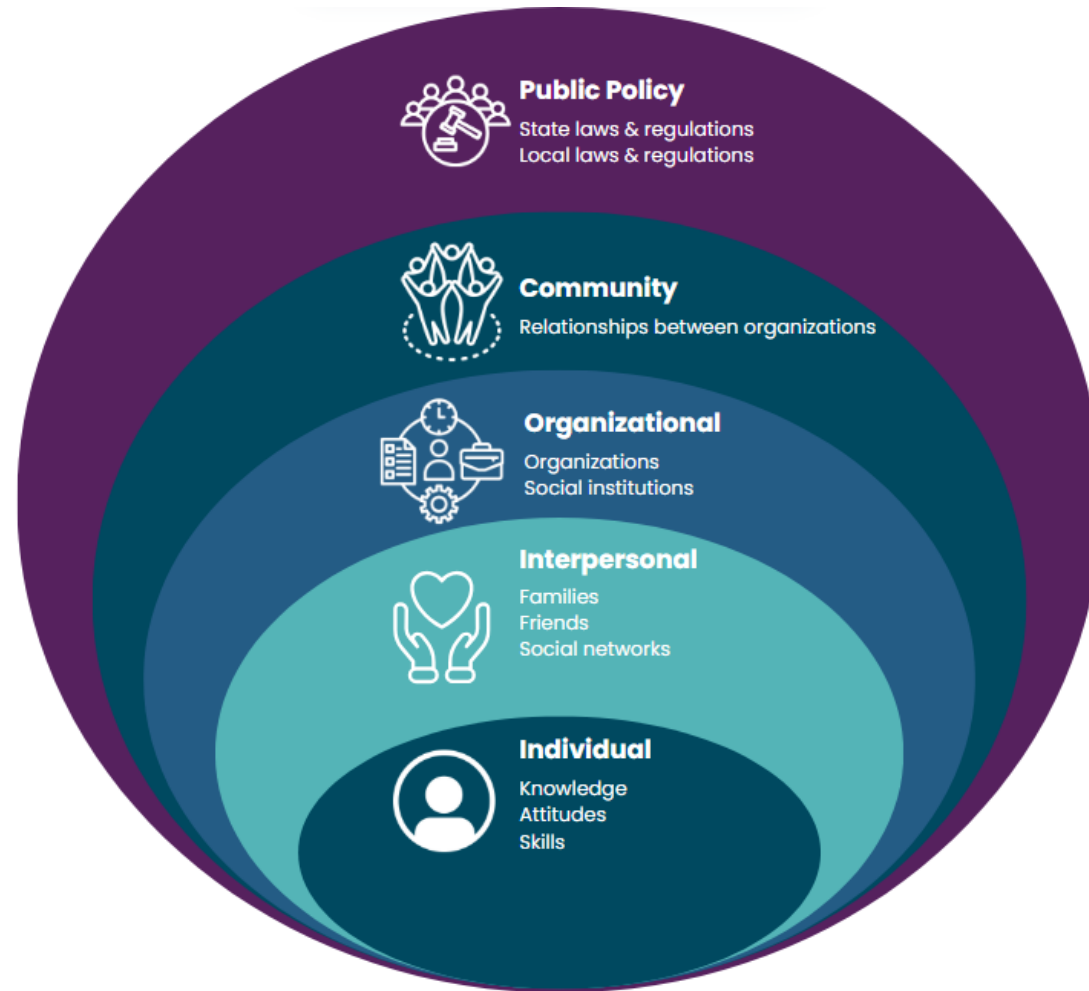


Dana Bierman
Program Manager
Chronic Disease & Injury Prevention

Our program works in the community to support healthy behavior and reduce health risks through collaboration, education, and the promotion of resources.



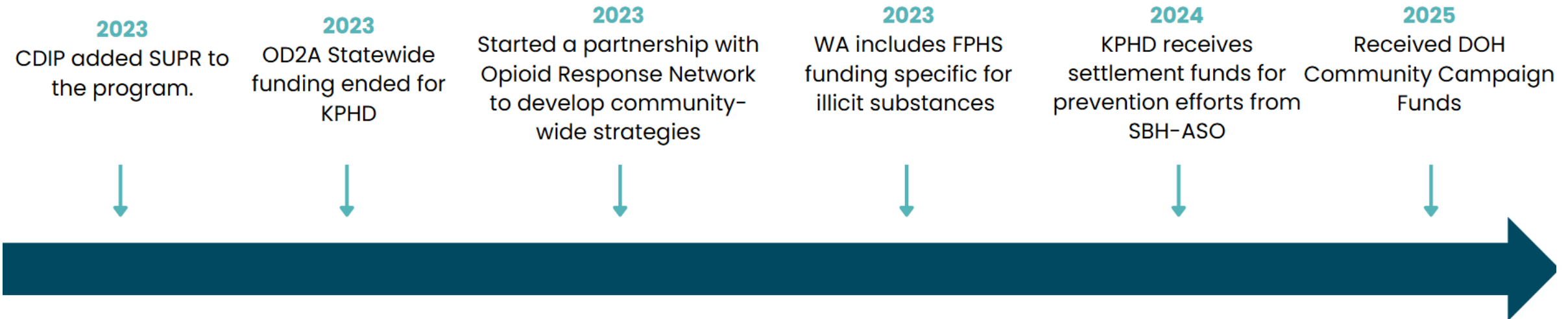
Social Ecological Model



Preventing Substance Use

Key focus areas:

Partner Broadly
Education & Resources
Overdose Response Supports
Monitor & Analyze Trends



Partner Broadly

Network Analysis

Quarterly Network
Meetings

Increased
Partnerships

Advisory Council

Community
Supports

Strengthening
Protective Factors

Education & Resources

Overdose Response Supports

Community
Campaigns

Public Education

Provider Education

Overdose Response
Education

Naloxone
Distribution

Addressing Stigma

Monitor & Analyze Trends

Data Dashboard

Drug Overdoses in Kitsap County

[Introduction](#)[Kitsap Opioid Overdose Trends](#)[Kitsap Overdose Trends by Age Group](#)[Kitsap Overdose Trends by County Region](#)[Fatal Overdoses](#)[Nonfatal ED Overdose Visit Trends](#)[EMS Suspected Opioid Overdoses](#)[Buprenorphine Prescriptions \(Medication for Opioid Use Disorder\)](#)[Methods and Data Sources](#)

Drug Overdoses in Kitsap County

Last Updated: August 19th, 2024

Kitsap Public Health District will update this dashboard quarterly with available data.

The increase in drug overdoses and the growing opioid epidemic affects all Kitsap residents. Kitsap Public Health District is providing available overdose data to assist in making evidence-based choices in prevention policy and practice.

How do I click through the dashboard?
This dashboard allows the user to explore overdose topics in Kitsap County.

Clicking through the navigation boxes above will take you to a specific section, which corresponds to the title of the box. In each section, you will be able to find more data about the topic area.

What can I learn from this dashboard?
This dashboard contains data from four different sources: fatal overdoses, nonfatal emergency department (ED) overdose visits, emergency medical service (EMS) responses, and buprenorphine prescriptions.

All data sources show a trend over time in Kitsap. Some data is available from Washington State and shown as a comparable trend line when appropriate.

Fatal overdoses, ED overdose visits, and EMS responses data are broken down by associated drug types, age groups, and Kitsap subregions whenever available.

This dashboard provides an overview of drug overdoses in Kitsap County based on available data. The dashboard includes a focus on opioid overdoses because of public interest in opioid prevention and response.

Why include buprenorphine data?
Buprenorphine is one of several treatment options for opioid use disorder. When used as prescribed by a healthcare provider, this medication is safe and effective. This data is included to provide information about treatment trends in Kitsap.

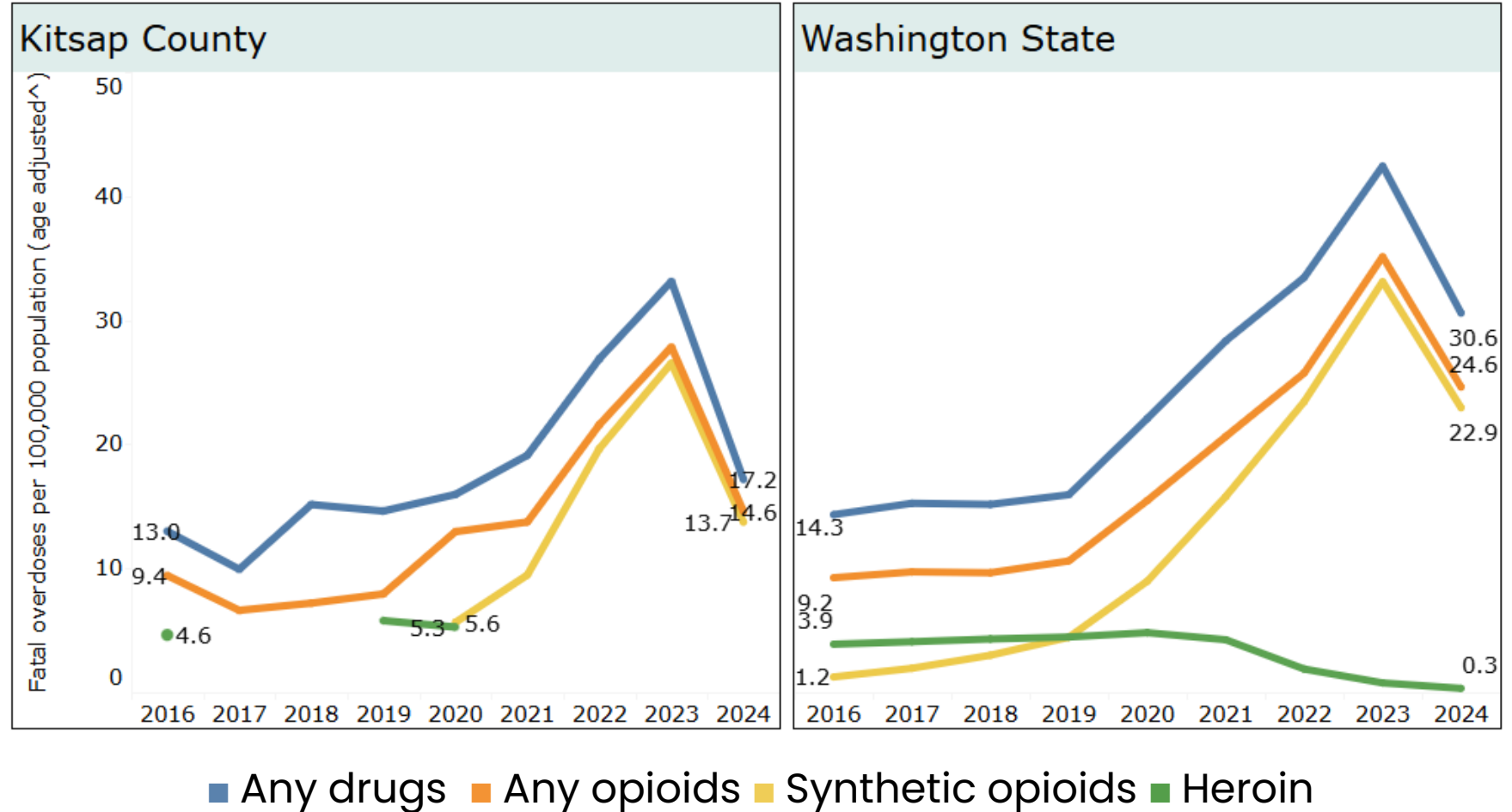
How should I interpret the data in the dashboard?



Fatal Overdoses

Fatal overdoses per 100,000 residents increased from 2016 to 2023.

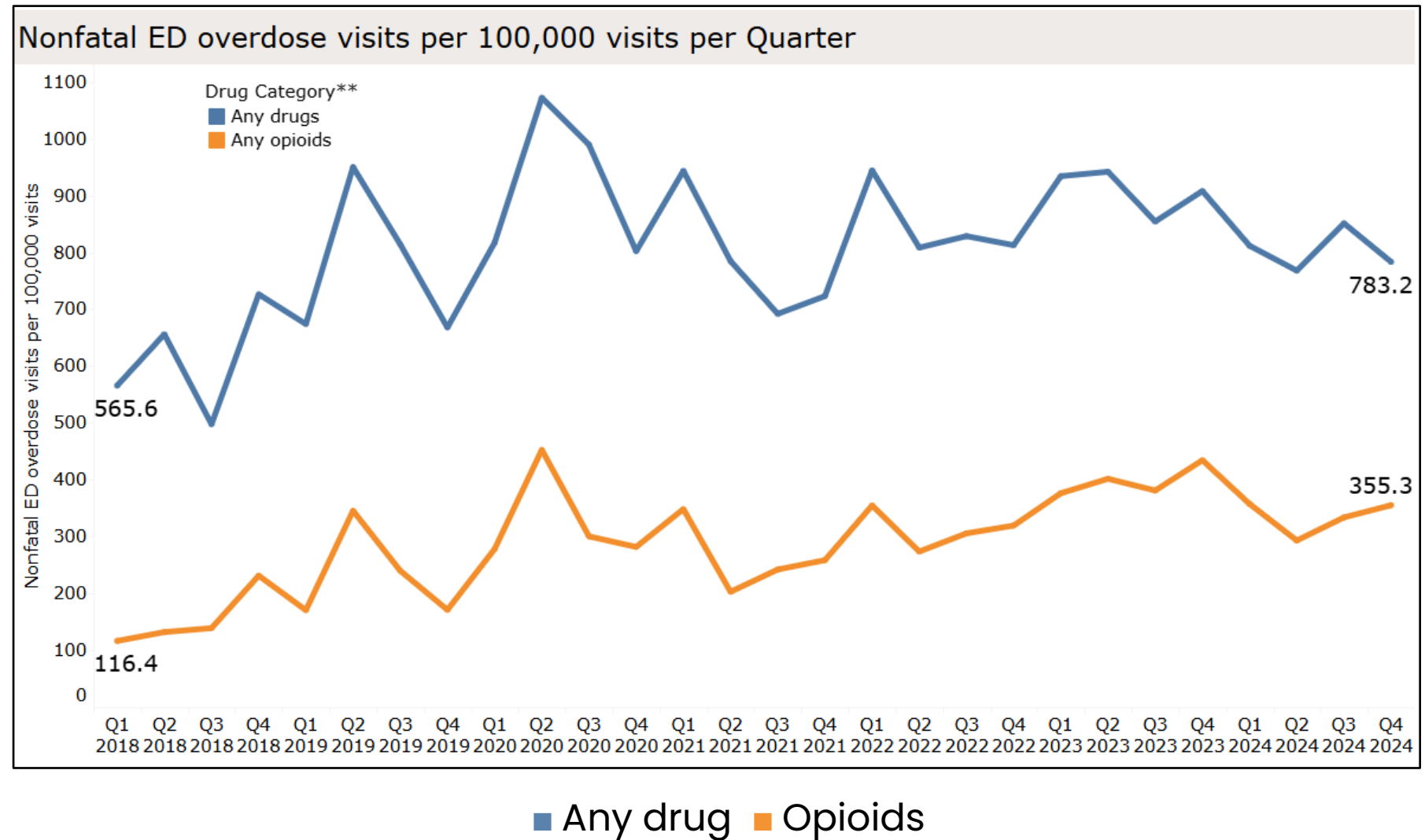
Across all drug categories, the rate of fatal overdoses in 2024 was statistically lower in Kitsap compared to WA.



Nonfatal Emergency Department Visits

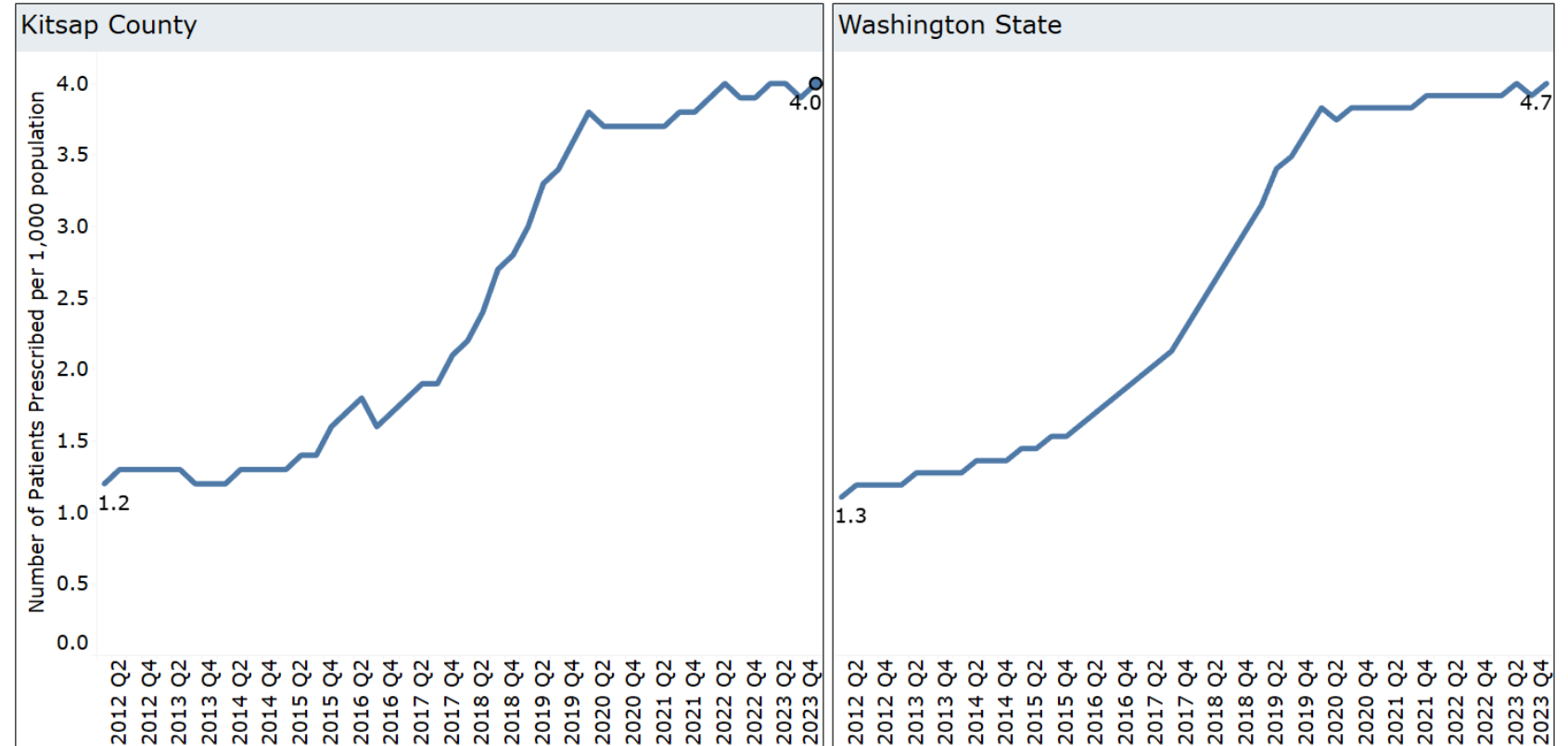
Nonfatal ED visits
among Kitsap
residents.

The rate per 100,000
ED visits increased
slightly from 2021–
2023 and fell slightly in
2024.



Buprenorphine Prescriptions

When used as prescribed by a healthcare provider, buprenorphine is an evidence-based, safe, effective, and FDA-approved medication used to treat opioid use disorder.



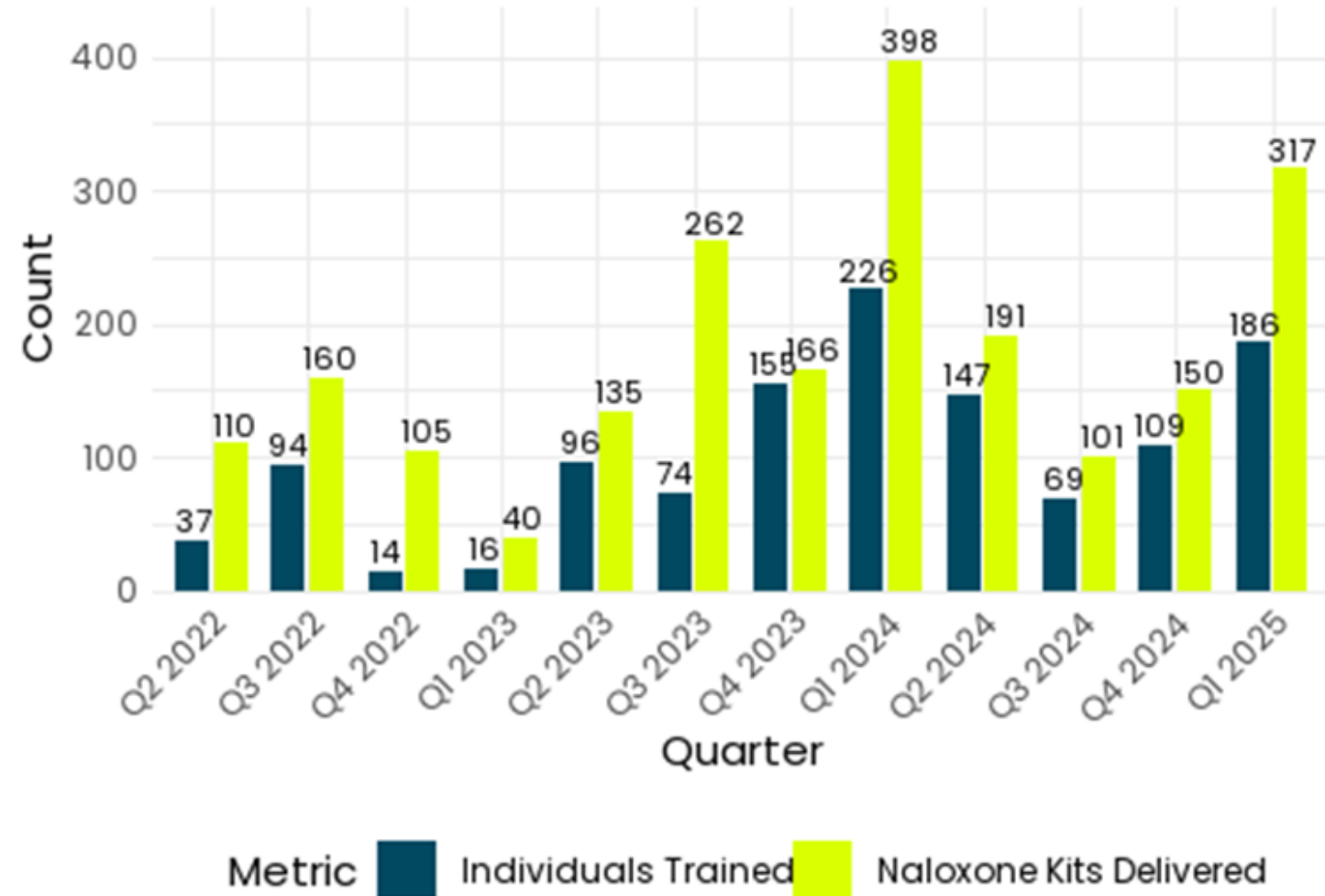
The rate of people with buprenorphine prescriptions in Kitsap increased from 2012-2023.

Naloxone

KPHD-only Naloxone distribution and overdose response training.

KPHD Naloxone Program Growth Over Time

Individuals trained and Naloxone kits delivered by quarter



THANK YOU!

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Hepatitis C (HCV)

An Overview



Kelsey Stedman, RN, MSN
Program Manager
STIs, Hepatitis C, and HIV
Case Management

Notifiable Conditions

Hepatitis C

- Acute
- Perinatal
- Chronic

Immediately Notifiable

PHONE CALL REQUIRED UPON CLINICAL SUSPICION

Amebic meningitis
Animal Bites (suspected rabies)
Anthrax *Bacillus anthracis*, *Bacillus cereus*
Botulism (foodborne, infant, wound)
Cholera *Vibrio cholerae* 01 or 0139)
Coronavirus (severe communicable: SARS/MERS/Novel)
Diphtheria
Disease of suspected bioterrorism
Domoic acid poisoning (amnesic shellfish)
Emerging outbreak potential
Glanders *Burkholderia mallei*
Haemophilus influenzae (invasive, children under 5)
Influenza (novel or unsubtypeable strain)
Measles *rubeola* (acute disease only)
Meliodosis *Burkholderia pseudomallei*
Meningococcal Disease (invasive)
Monkeypox (MPOX)
Outbreaks or suspected outbreaks
Paralytic shellfish poisoning
Plague
Poliomyelitis
Rabies (suspect or laboratory confirmed human/animal)
Rubella (acute including congenital rubella syndrome)
STEC (Shiga toxin-producing *E. coli*)
Smallpox
Tularemia
Vaccinia transmission
Viral hemorrhagic fever
Yellow fever

Inform within 24-hours

CALL REQUIRED IF OUTSIDE BUSINESS HOURS

Baylisascariasis
Brucellosis
Candida auris (infection or colonization)
Hantaviral infection
Hepatitis A (acute)
Hepatitis B (acute)
Hepatitis C (acute or initial perinatal)
Hepatitis D (acute or chronic)
Hepatitis E (acute)
Legionellosis
Leptospirosis
Listeriosis
Mumps (acute)
Pertussis
Psittacosis
Q Fever
Salmonellosis
Shigellosis
Tuberculosis (suspected or confirmed)
Vancomycin-resistant *staphylococcus aureus*
Vibriosis
Yersiniosis
Unexplained critical illness or death

Inform within 3-business days

FAX CHART NOTE, LABS & CASE REPORT

AIDS (Acquired immunodeficiency syndrome)
Anaplasmosis
Arboviral disease (acute)
Babesiosis
Campylobacteriosis
Carbapenem-resistant Enterobacteriaceae
Chagas disease
Chancroid
Chlamydia trachomatis infection
Coccidioidomycosis
Cryptococcus gattii (or undifferentiated species)
Cryptosporidiosis
Cyclosporiasis
Cysticercosis
Echinococcosis
Ehrlichiosis
Giardiasis
Gonorrhea
Granuloma inguinale
Hepatitis B (acute or perinatal)
Hepatitis C (chronic infection)
Herpes simplex (neonatal & genital, initial Dx only)
Histoplasmosis
HIV (Human immunodeficiency virus, initial Dx only)
Human prion disease (including CJD)
Influenza-associated death (lab confirmed)
Lyme disease
Lymphogranuloma venereum
Malaria
Pesticide poisoning
Relapsing fever *borreliosis*
Rickettsia infection
Serious adverse reactions to immunizations
Syphilis (including congenital)
Taeniasis
Tetanus
Tick paralysis
Trichinosis
Typhus
Varicella-associated death

Kitsap Community Health Priorities



Healthcare



Mental &
Behavioral Health



Housing &
Homelessness



Hepatitis C (HCV)

Hepatitis C (HCV)

- **What is it?**

- A virus that affects the liver
 - Many people have no symptoms
 - Approximately 80% of those infected will develop chronic infection
 - Leading cause of liver cancer and liver transplants
- HCV-related deaths exceed deaths from all notifiable conditions combined

- **How do people get it?**







- Most common blood-borne infection in United States
- Commonly transmitted via sharing needles and other drug equipment or personal items, unregulated tattoos & piercings, mother-to-baby (perinatal), and sexual activity that may cause bleeding

- **Is there a vaccine?** No

- **Is there a cure?** Yes!

- Cures over 95% of infections in 8-12 weeks, with few side effects
- Can be prescribed by primary care providers, covered by Medicaid and most insurances (with assistance with co-pays, if needed)

What Does Public Health Do?

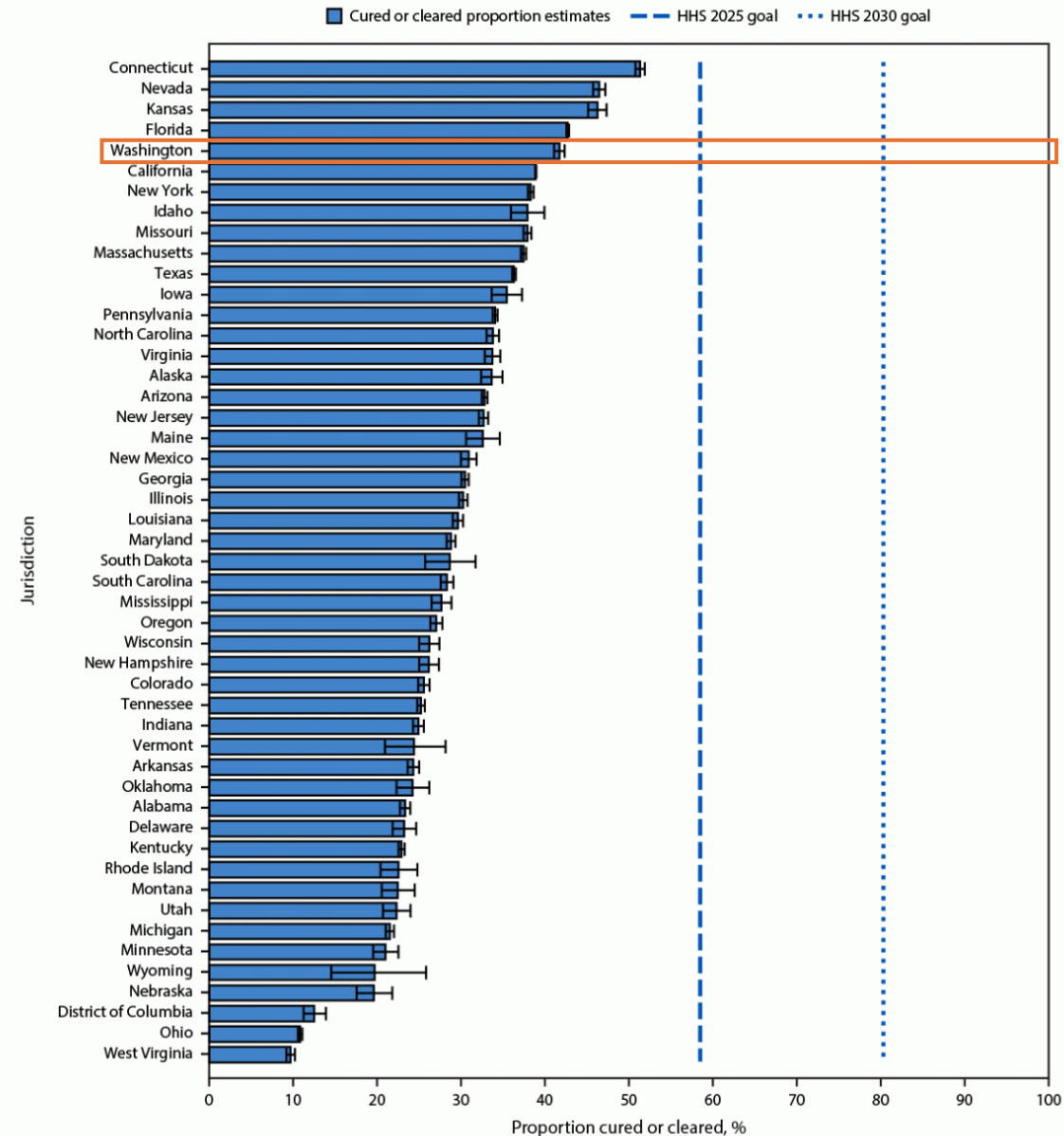
- **Investigate potential and confirmed cases of hepatitis C** to verify diagnosis, gather additional information, and ensure proper testing and treatment, **reporting confirmed cases to Department of Health.**
- **Interview patients** to better understand potential exposure, provide education, and **link to treatment, if needed/desired.** 
- **Help patients find and access available services.**   
- **Monitor local, state and national epidemiologic trends** in hepatitis C transmission and identify issues requiring public health response. 
- **Provide technical advising** to providers and community partners. 



HCV Priorities

- Health and Human Services (HHS) Goals:
 - 58% cured or cleared by 2025
 - 80% by 2030
- 2018 WA Directive by Governor Inslee
 - Eliminate HCV by 2030

FIGURE 2. Percentage of hepatitis C virus–infected persons with evidence of viral clearance, by jurisdiction— United States, 2013–2022



Sources: State of Washington Office of Governor, [Directive of the Governor 18-13](#), 2018; Tsang CA, Tonzel J, Symum H, et al. State-Specific Hepatitis C Virus Clearance Cascades — United States, 2013–2022. *MMWR Morb Mortal Wkly Rep* 2024;73:495–500.

HCV Priorities

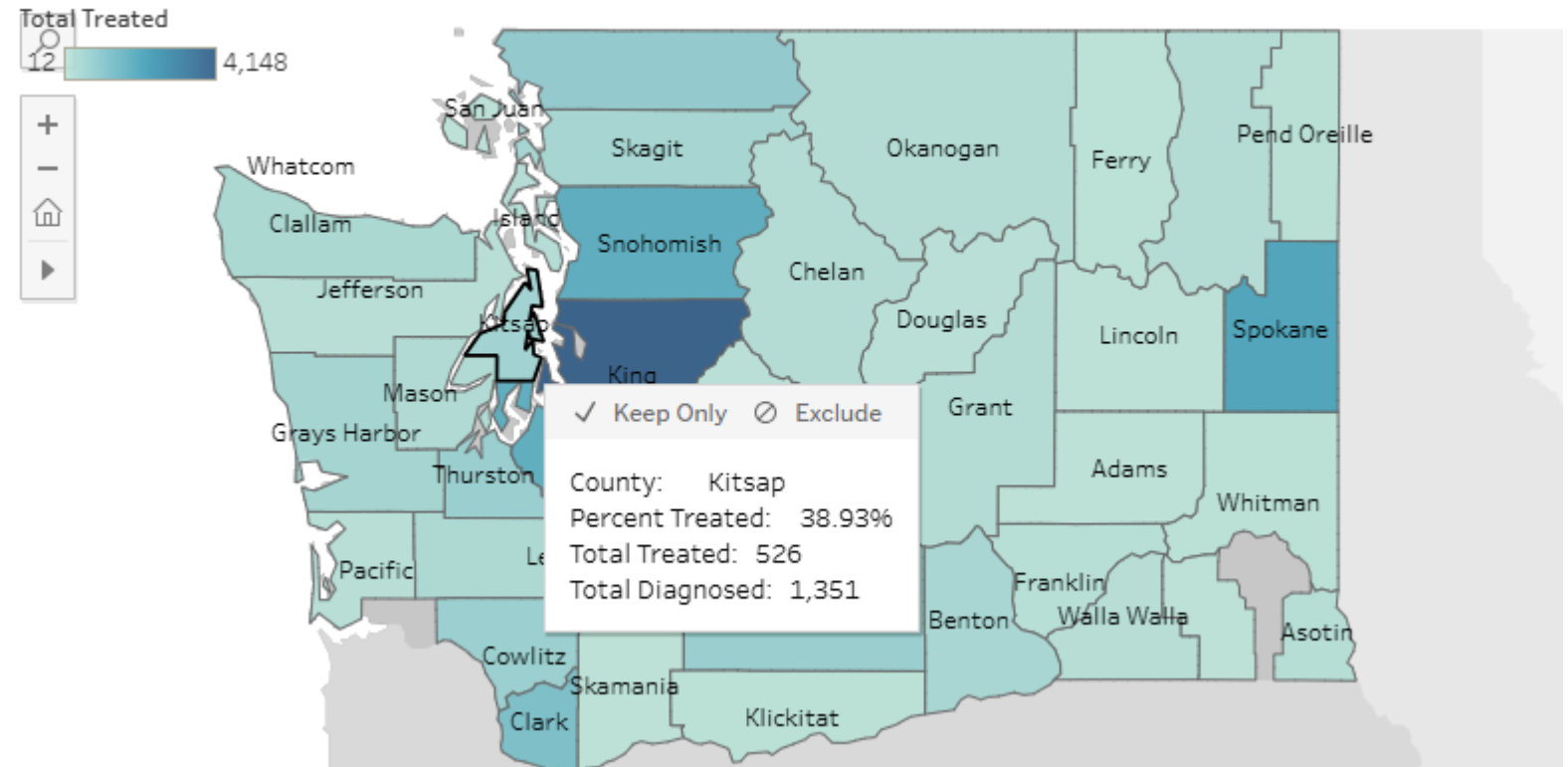
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Washington Apple Health Hep C Free Treatment Dashboard

Updated January 3, 2025 with Data Through September 2024



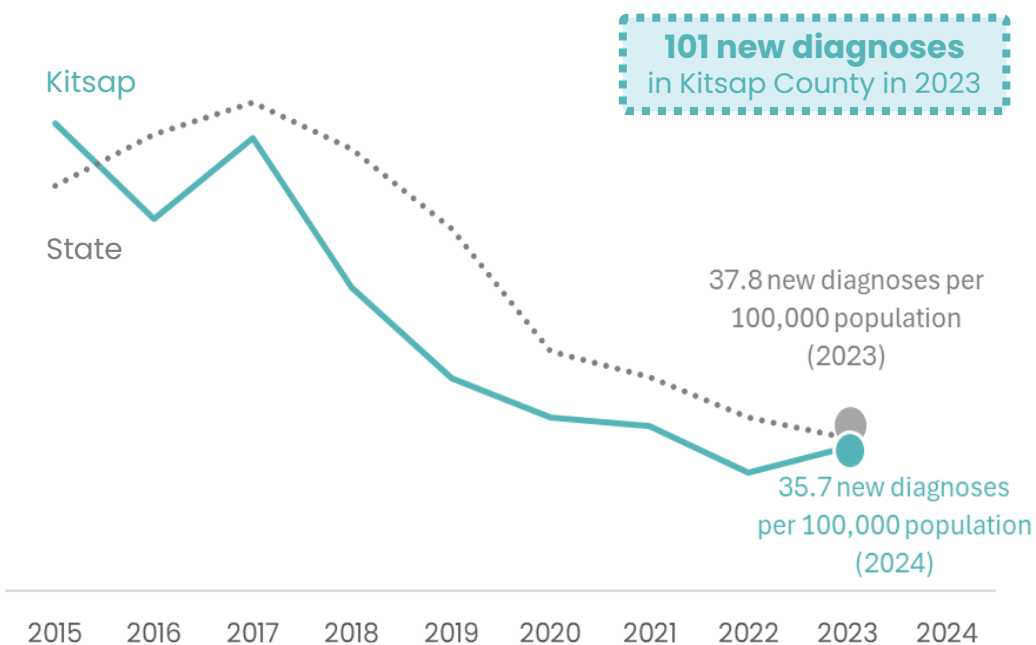
Treated by County



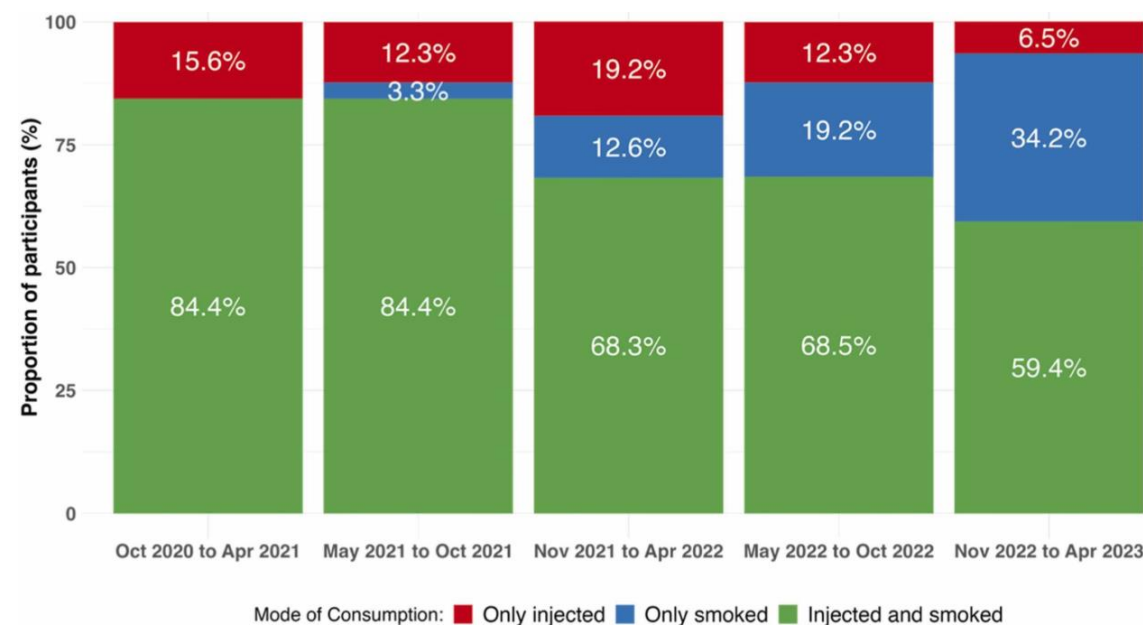
Sources: Health Care Authority, [WA Apple Health Hep C Free Dashboard](#), accessed 3/22/2025; State of Washington Office of Governor, [Directive of the Governor 18-13](#), 2018.

A Unique Opportunity

New hepatitis C diagnoses in Kitsap County, 2015 – 2023



Prevalence of injecting only, smoking only, and injecting and smoking (heroin, fentanyl, or methamphetamine) in the past six months among study participants residing in San Diego County, California



Sources: William H. Eger, et al., *Changes in injecting versus smoking heroin, fentanyl, and methamphetamine among people who inject drugs in San Diego, California, 2020–2023*, Drug and Alcohol Dependence, Volume 259, 2024; Public Health surveillance data, accessed 3/18/2025; [DOH Annual CD Reports](#).

IDENTIFY people newly
diagnosed with hepatitis C

>1,500

KPHD investigators received and reviewed
>1,500 positive hepatitis C laboratory results for
539 Kitsap residents in 2024

LINK people with
hepatitis C to hepatitis
treatment and care

312

KPHD performed additional work on 312
potential and confirmed hepatitis C cases to
gather additional information

61

61 new diagnoses identified

1

1 Infant with perinatal infection identified

Public Health Priorities

IDENTIFY people newly diagnosed with hepatitis C

LINK people with hepatitis C to hepatitis treatment and care

9 KPHD investigators identified nine people with hepatitis C who were pregnant and worked with providers to prevent perinatal infection

9 KPHD confirmed that 9 out of 42 (21%) Kitsap residents with newly diagnosed chronic hepatitis C were linked to hepatitis care



Partnering with Kitsap County Jail as they plan for Medicaid expansion for incarcerated individuals



Awarded funding through Common Spirit to pilot a one-year care coordination program with:

- Hepatitis Education Project (Lead Agency)
- VMFH FOCUS Program

Kitsap Case Management Collaborative (Kitsap CMC)



Identify at least 200 people with untreated chronic HCV, syphilis, or HIV that have been lost to follow-up through traditional notification methods

Expand successful care coordination efforts utilized by HEP in Seattle to Kitsap, including:

- Intensive field outreach
- Education and care coordination, including medical advocacy/coordination, scheduling, transportation, and other resources such as transportation and medication storage

Outcomes:

- # of patients who receive results, education, and linkage to resources to at least 100 people
- Of patients who have at least one appointment, % who initiate treatment
- Track barriers and facilitators to accessing care

QUESTIONS?

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