



Opioid Epidemic Causing Increase in Hepatitis, HIV Infections, and Infective Endocarditis

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The opioid epidemic is getting even more complex as it develops into a much bigger drug issue. This time, it is affecting other aspects of general health as well. The epidemic is causing an increase in hepatitis and HIV infections. But another type of infection linked to drug use is also on the rise: infective endocarditis.

While the opioid epidemic is already affecting American life and culture on many different levels, more challenges are being added to this growing health menace. Every day, more than 130 Americans die from an opioid-related overdose, with thousands dying each year.

An addicted individual struggles physically and emotionally as drugs affect their mind and body, but it also affects them financially and socially. Not to mention the fact that drug abuse also affects the people around them: their loved ones, their colleagues, and their community.

Even those who are already seeking sobriety have to deal with various roadblocks and barriers to treatment. This is what makes the opioid crisis so difficult to deal with. There is no one-size-fits-all solution. And the problem is only getting worse.

The drug use-associated (DUA) infectious diseases are on the rise across a range of disorders. Acute hepatitis C virus infections, for example, more than doubled between 2004 and 2014. More than 75 percent of patients reported injection drug use in recent years. Additionally, the number of HIV diagnoses attributed to injection drug use grew in 2015—the first time in more than two decades.

DUA hepatitis and HIV infections are not the only ones increasing, however. Infective endocarditis (IE), a less well-known type of DUA infection, is also on the rise. [Click the link to see Tampa's top rehab placement programs.](#)

A recent study in North Carolina found that annual hospitalizations for DUA IE in that state rose nearly twelvefold between 2007 and 2017. A similar study by researchers at the University of Virginia in Charlottesville noted the dramatic increase of DUA IE-related hospitalizations at that institution from 2000 to the year 2016.

“The rise in endocarditis is making it clear that overdoses are not the only public health concern related to drug use,” said Asher Schranz, MD. Schranz is an infectious disease specialist at the University of North Carolina in Chapel Hill and lead author of the North Carolina study. “[DUA]-IE is a critical, emerging public health issue that is affecting the lives of young persons, burdening health systems and public insurance payers, and fundamentally reshaping the epidemiology and management of endocarditis.” The growth in cases may result from different patterns of drug use.

“There was more injection of prescription narcotics and heroin earlier in the epidemic,” said Sandra Springer, MD, associate professor of medicine at Yale School of Medicine in New Haven, Connecticut. “Now, the spike in infectious diseases related to injection drug use is due to a surge in illicit Fentanyl analogs, alone and mixed with other drugs—in particular, methamphetamine.”

In 2018, Springer served on the planning committee for a workshop on integrating treatment for opioid use disorder and infectious diseases. She also co-authored a call for action on the issue.

Experts say that clinical labs play a vital role in combating the increase in infective endocarditis because they are the first ones to learn that a patient has it. Their support is crucial for ensuring that patients receive the treatment they need as soon as possible.

To diagnose IE, labs make use of blood cultures. This means clinics need to help educate clinicians on best practices for gathering samples.

Rachael Liesman, PhD, director of microbiology at Kansas University Medical Center in Kansas City, said

that blood should be collected via two venipuncture sites across four to six blood culture bottles?10 mL per bottle. Underfilling bottles results in lower sensitivity.?

Many patients with DUA IE have other infections that also require treatment. This is why patients that have it also need to be tested and treated for common blood-borne infections.

They should also be offered immunization for hepatitis B and hepatitis A virus, if they are not already immune,? said Schranz. Persons who inject drugs may be candidates for pre-exposure prophylaxis for HIV as well.?

Clinical labs can also provide support by documenting and monitoring a patient's drug use.

If patients' underlying opioid use disorder is not identified, and thus not treated, then they are often unable to get or complete effective treatment for their infections. Surgeons may not operate on a patient who is unable to stop using drugs due to untreated addiction, or patients may be readmitted multiple times for poorly or untreated infections,? Springer added.

Experts agree that when a person is hospitalized due to DUA IE, or any other infection related to the intravenous intake of any drug, it is an opportunity to intervene and help reduce further harms. It is a chance to offer them substance use disorder treatment services.

The increasing number of patients with drug use-associated infective endocarditis is just another visible manifestation of the growing problem of DUA infections. The opioid epidemic is not showing any signs of slowing down, so clinical labs have to continue playing a key role in addressing these infections.

Integrating treatment for opioid use disorder and infectious diseases is critical to ending these coalescing epidemics,? said Springer.

If someone in the family is struggling with opioid or alcohol addiction, it is important to seek help. A combination of medical detox and behavioral therapy can go a long way in the fight against drug abuse. But because every individual is affected by addiction differently, a comprehensive program tailored to their specific needs is necessary. Look for a nearby addiction treatment facility today and find out how drug treatment programs work.

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