



Viral Hepatitis Action Plan: A Framework for Action

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Office of HIV/AIDS and Infectious Disease Policy

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Presenter Disclosures

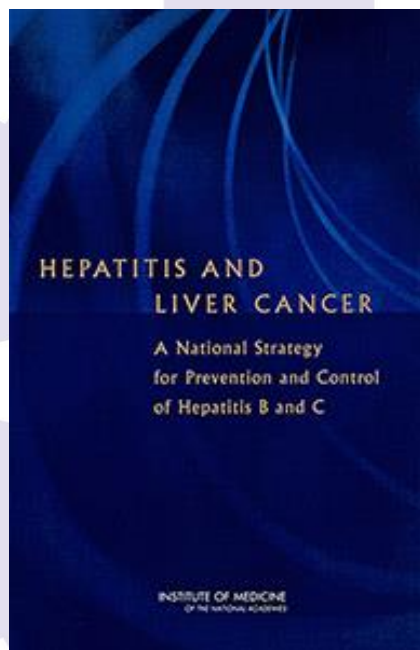
Michelle Moses-Eisenstein

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The Evolution of Our National Response

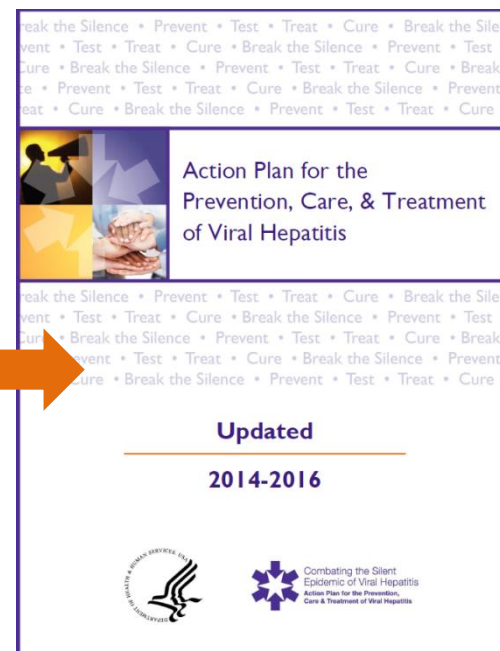
2010



2011



2014





2020 Goals of the National Viral Hepatitis Action Plan

If fully implemented, the Action Plan will:

- Increase the proportion of persons who are aware of their HBV infection from 33% to 66%
- Increase the proportion of persons who are aware of their HCV infection from 45% to 66%
- Reduce the number of new HCV infections by 25%
- Eliminate mother-to-child HBV transmission



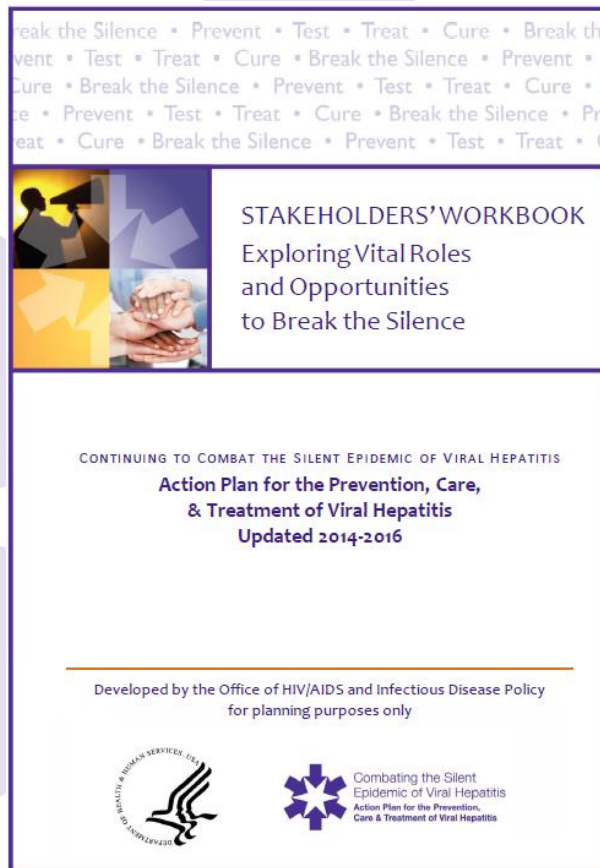
The Vital Role of Stakeholders

The updated VHAP underscores that its national goals cannot be achieved through federal action alone.

Active involvement, and innovation, from a broad mix of advocates and other nonfederal stakeholders from various sectors, both public and private, is essential.

The VHAP provides a framework and focus around which all stakeholders can engage to strengthen the nation's response to viral hepatitis.

Stakeholders' Workbook



Purpose: Facilitate opportunities to talk through potential activities, challenges, tools, resources, and partnerships related to each priority area.

- Discussion questions provided, e.g.,
 - *What are the best ways to identify persons with chronic viral hepatitis who do not know they are infected? What can your organization do to promote this?*
- Sample hepatitis planning sheet to prioritize, set timeframes, & measures

Available at: www.AIDS.gov/hepatitis



Confronting Viral Hepatitis in the U.S.: Public Health Challenges & Opportunities

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Office of HIV/AIDS and Infectious Disease Policy

American Public Health Association Annual Meeting

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Corinna Dan

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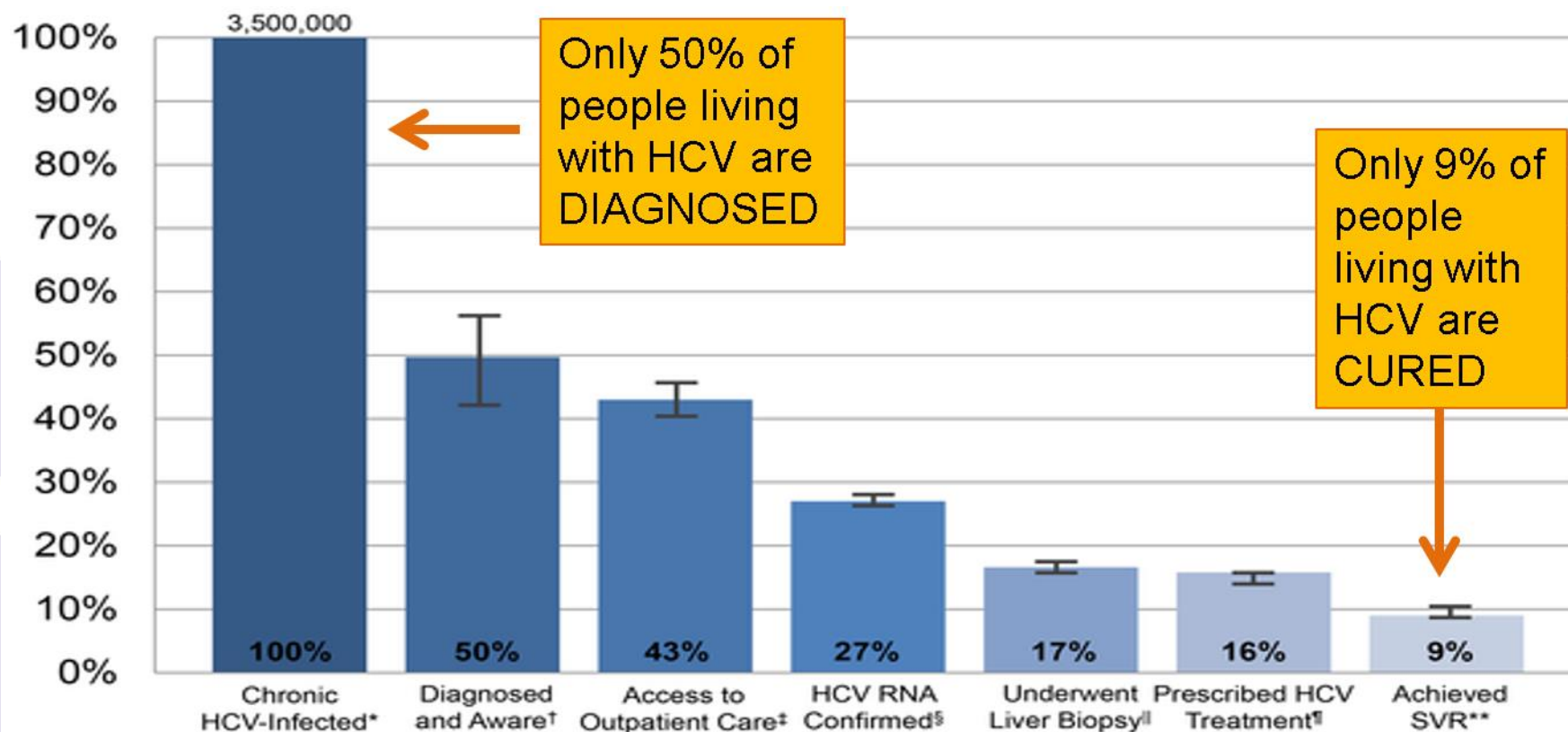
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Selected Priority Strategies to Strengthen Our Public Health Response

- Improving the Hepatitis C Continuum of Care
- Integrating Viral Hepatitis, HIV, and Substance Use Prevention Program Activities
- Fostering Partnerships and Collaboration

Stages of the HCV Continuum of Care, US



* Chronic HCV-Infected; N=3,500,000.

† Calculated as estimated number chronic HCV-infected (3,500,000) x estimated percentage diagnosed and aware of their infection (49.8%); n=1,743,000.

‡ Calculated as estimated number diagnosed and aware (1,743,000) x estimated percentage with access to outpatient care (86.9%); n=1,514,667.

§ Calculated as estimated number with access to outpatient care (1,514,667) x estimated percentage HCV RNA confirmed (62.9%); n=952,726.

|| Calculated as estimated number with access to outpatient care (1,514,667) x estimated percentage who underwent liver biopsy (38.4%); n=581,632.

¶ Calculated as estimated number with access to outpatient care (1,514,667) x estimated percentage prescribed HCV treatment (36.7%); n=555,883.

** Calculated as estimated number prescribed HCV treatment (555,883) x estimated percentage who achieved SVR (58.8%); n=326,859.

Note: Only non-VA studies are included in the above HCV treatment cascade.

(Yehia et al, PLOS One, 2014)

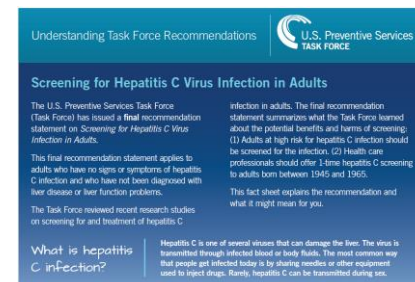


CDC & USPSTF Recommendations for HCV Testing

➤ One-time testing for persons born 1945-1965

➤ Risk based:

- Past or present injection drug use
- Received blood/organs prior to June 1992
- Received blood products made prior to 1987
- Ever on chronic hemodialysis
- Infants born to HCV infected mothers
- Intranasal drug use
- Unregulated tattoo
- History of incarceration
- Persistently elevated ALT (liver enzyme)
- **HIV infection**
 - Initial evaluation
 - Routine testing for HIV (+) MSM with high risk sexual behaviors or ulcerative STDs



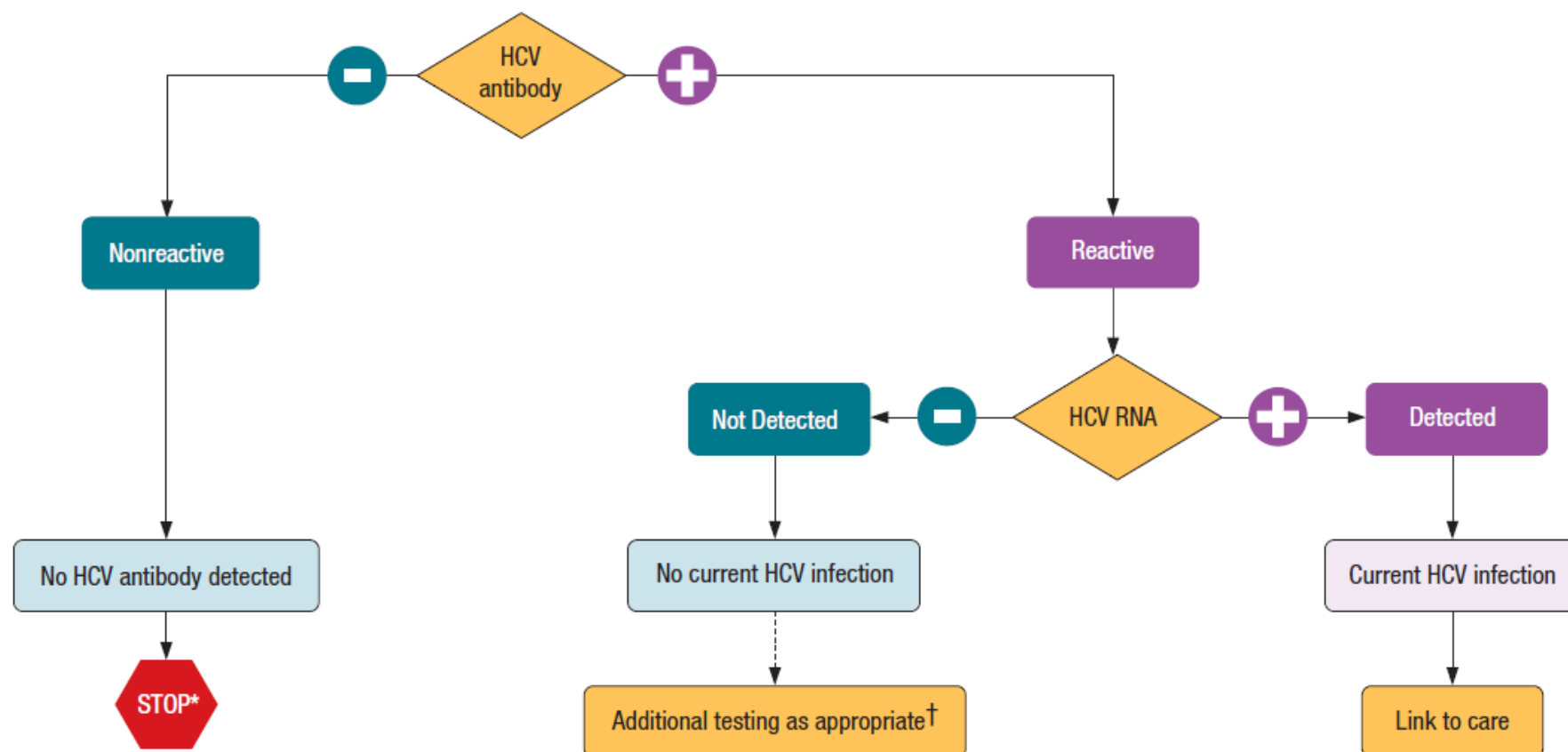
Moyer VA, *Ann Int Med* 2013.
MMWR Aug 2012.

HCV Testing is a 2-Step Process

Recommended Testing Sequence for Identifying Current Hepatitis C Virus (HCV) Infection



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



Recommendations for HCV Treatment

AMERICAN ASSOCIATION FOR
THE STUDY OF LIVER DISEASES



Recommendations for Testing, Managing, and Treating Hepatitis C



Collaborating Partner



- Treatment is recommended for all patients with chronic HCV infection, except those with short life expectancies that cannot be remediated by treating HCV, by transplantation, or by other directed therapy.
- Regardless of the treatment setting, recent and active IDU should not be seen as an absolute contraindication to HCV therapy. Scale up of HCV treatment in persons who inject drugs is necessary to positively impact the HCV epidemic in the United States and globally.

Affordable Care Act Opportunities

- **Elimination of pre-existing condition restrictions**
- **Expanded access to health insurance**
- **Preventive health care coverage**
 - **Screening**
 - Hepatitis B
 - Hepatitis C
 - **Vaccination**
 - Hepatitis A
 - Hepatitis B

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Prevention of HIV/AIDS, Viral Hepatitis, STDs, and TB Through Health Care

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Viral Hepatitis Preventive Services

Preventive Service	Recommending Authority (authorized under Section 1001 of the Public Health Protection and Affordable Care Act)	Eligible Population
Hepatitis A Vaccination	Advisory Committee on Immunization Practices (ACIP) (Recommendations issued and adopted by the Director of the Centers for Disease Control and Prevention May 2008)	Routine HepA vaccination for increased risk any person with immunity? (See MMWR: Prevention Through Health Care: Immunization: The Advisory Committee on Immunization Practices (ACIP) Recommendations Issued and Adopted by the Director of the Centers for Disease Control and Prevention May 2008)
Hepatitis B Vaccination	Advisory Committee on Immunization Practices (ACIP) (Recommendations issued and adopted by the Director of the Centers for Disease Control and Prevention December 2009)	Universal vaccination of infants who were not pregnant who being at risk (HBV) infected unvaccinated infection, and protection from (See MMWR: Immunization: Transmission of Hepatitis B Infection in Immunized Adolescents: Comprehensive to Eliminate B Virus Infection Part 2: Immunization Discussion of)
Hepatitis B Testing	USPSTF (Grade "B" recommendation issued May 2014)	Screening for infection in persons at risk of infection?

Prevention Through Health Care

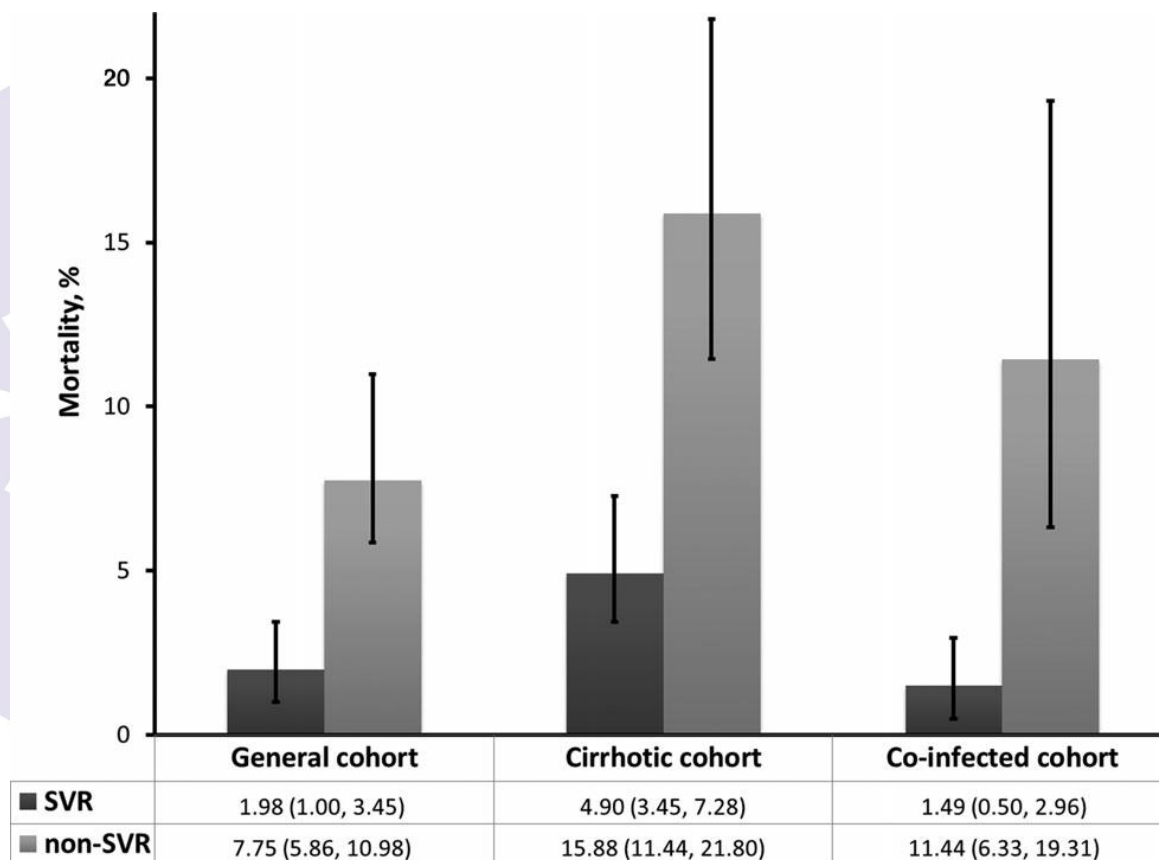


National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Survival Benefit of Hepatitis C Cure

- Meta-analysis of 31 studies including over 33,000 patients
- Significantly reduced 5-year mortality in patients who were cured compared to those who were not
- **50%** reduction among the general population
- **75%** reduction among cirrhotic patients
- **79%** reduction among HIV/HCV coinfecting patients

Five Year Mortality Rates for Cured (SVR) vs Non-SVR



Simmons et al, CID 2015:61 (1 Sept)



Cost Effectiveness of New Therapies to Treat HCV

Presentation to the President's Advisory Council on HIV/AIDS (5/22/15) by
Dr. Benjamin P. Linas, Boston University School of Medicine

- Interferon-free therapies to treat HCV are cost-effective.
- Despite providing high value, the high cost of drugs is limiting access.
- No one knows the true cost of drugs, which limits negotiating power and access.
- Discussion of HCV therapy must consider the real price of medications, not the catalogue price.



Intersecting Epidemics of HIV & Viral Hepatitis

Among individuals coinfecting with HIV in the U.S.:

- An estimated 25% are coinfecting with HCV
 - Up to 80% of people with HIV who inject drugs are coinfecting with HCV
- An estimated 10% are coinfecting with HBV

HIV, hepatitis B, and hepatitis C share:

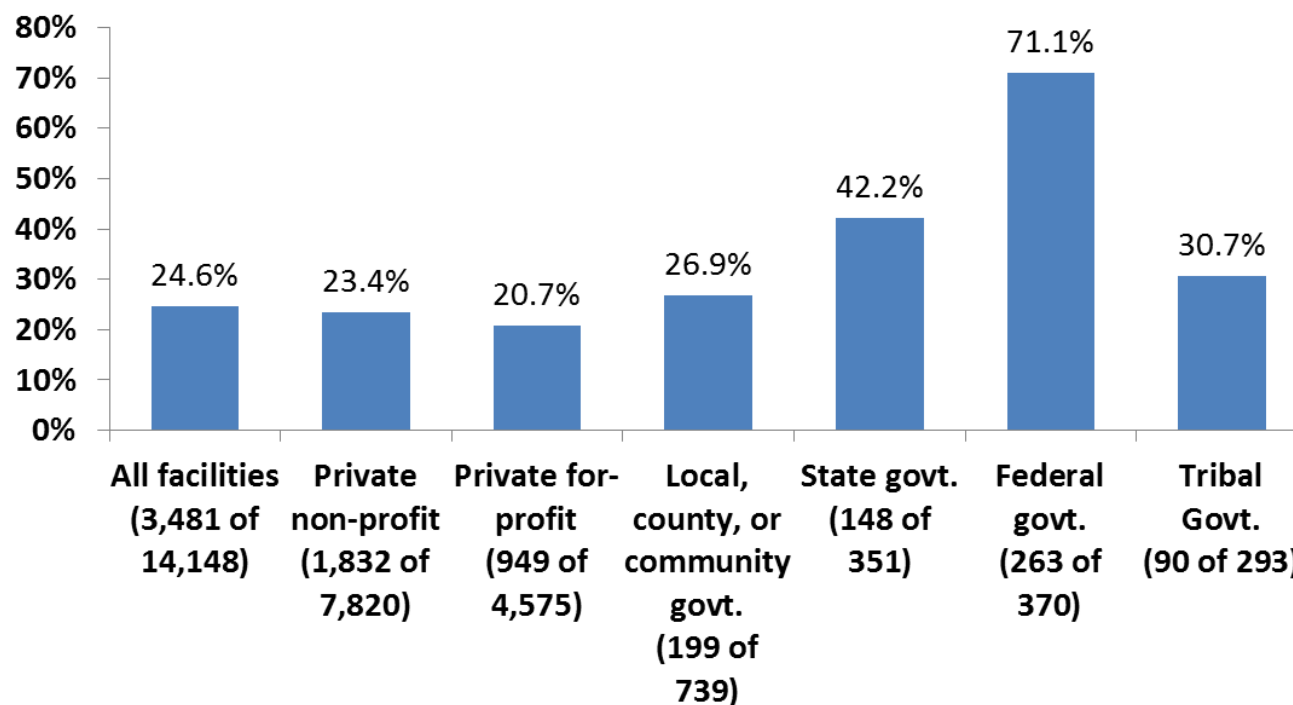
- Modes of transmission: sexual, blood exposure, perinatal
- Vulnerable populations: high risk heterosexuals, MSM, people who inject drugs
- Prevention opportunities: education; screening for HAV, HBV & HCV; vaccination for HAV & HBV; access to drug treatment and sterile injection equipment for PWID
- Health disparities affect some of the same communities



Missed Opportunities for HCV Screening in Substance Abuse Treatment Settings

- In 2013, less than one quarter of all reporting substance abuse facilities offered HCV screening.

Number and percent of substance abuse treatment facilities providing HCV screening, by facility type, 2013



National Survey of Substance Abuse Treatment Services (N-SSATS)



Reduce Viral Hepatitis Associated With Drug Use

- Ensure access to hepatitis C prevention and care services for people who inject drugs
 - Integrate clinical services into drug treatment programs
 - Integrate drug treatment into clinical services
- Mobilize community resources
 - Promote partnerships between HDs, law enforcement, and CBOs (e.g. comprehensive syringe services programs)
- Continue and expand effective harm reduction services
 - Increase access to sterile syringes and injection equipment (drug cookers, filtration cotton, rinse water)
 - Medication assisted drug treatment for active injectors to reduce unsafe injections



Integrate Program Activities

- Include hepatitis B & C in education and other community-based outreach activities
- Promote service integration, e.g., by conducting screening for viral hepatitis in conjunction with HIV screening
 - SAMHSA permits the use of up to 5% of Minority AIDS Initiative funds for viral hepatitis activities
 - CDC permits the use of up to 5% of its health department HIV FOA to support integrated screening programs (including screening for viral hepatitis, STDs, and/or TB)
- Ensure HIV+ persons receive referral to other prevention services including screening for viral hepatitis





Fostering Partnerships and Collaboration

Active involvement of and innovation by a broad mix of stakeholders is essential!

- Technical consultations with key stakeholders
 - HCV in young people who inject drugs (2/2013)
 - Launch of the Viral Hepatitis Action Plan Community Stakeholder Consultation (4/2014)
 - HCV in African American Communities (3/2015)
- Federal Viral Hepatitis Implementation Group
 - 24 members from 4 departments
 - Health and Human Services
 - Housing and Urban Development
 - Justice/Federal Bureau of Prisons
 - Veterans Affairs

Resources for Public Health Professionals

Hepatitis Risk Assessment

Viral Hepatitis. Are you at risk?

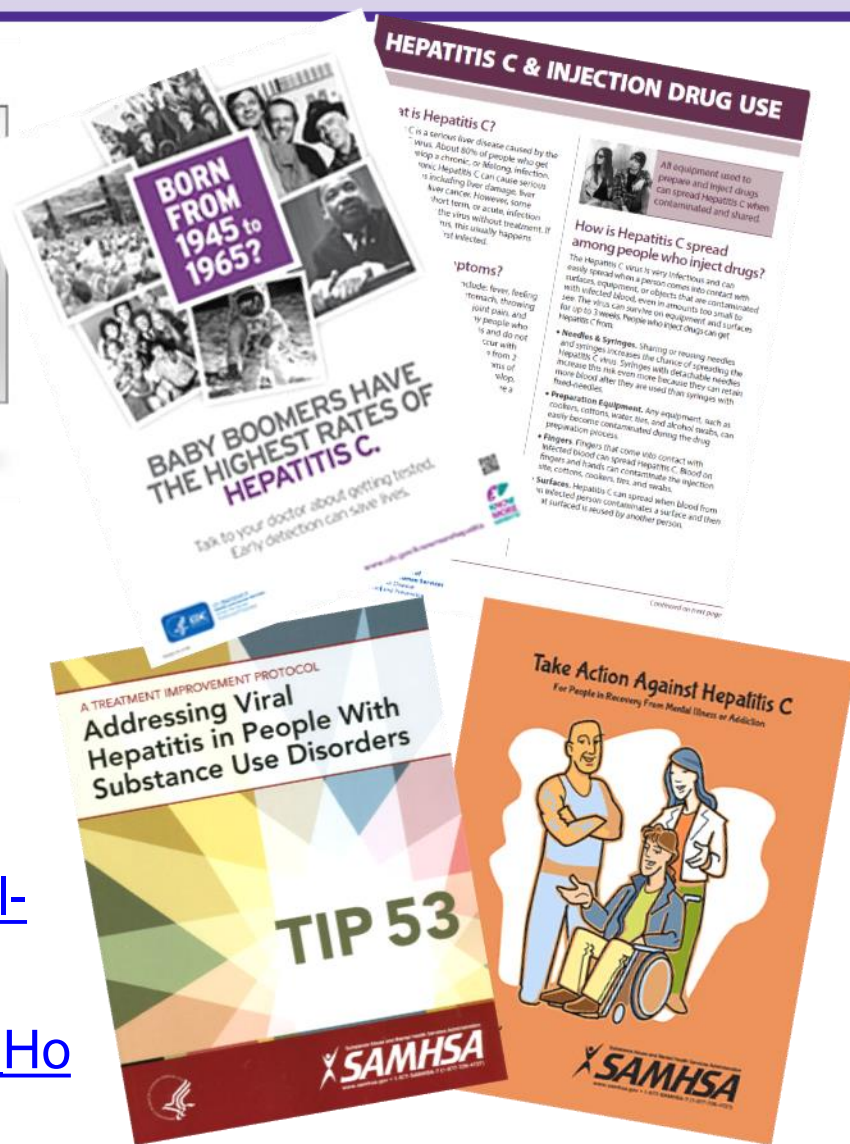
Take this 5 minute Hepatitis Risk Assessment developed by the CDC and get a personalized report

Begin



Online Resources:

- www.AIDS.gov/hepatitis
- www.CDC.gov/hepatitis
- <http://www.samhsa.gov/hiv-aids-viral-hepatitis>
- http://attcnetwork.org/projects/HCV_Home.aspx





“A nation committed to combating the silent epidemic of viral hepatitis”

-Vision of the Action Plan for the Prevention, Care and Treatment of Viral Hepatitis

