

Hepatitis Priorities in Ryan White Programming

**National Viral Hepatitis
Technical Assistance Meeting
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Laura W. Cheever, MD, ScM
Chief Medical Officer, Deputy Director
Department of Health and Human Services
Health Resources and Services Administration
HIV/AIDS Bureau



HIV/HCV: Why Do More?

- Co-infection common in US (15-30%)^{1,2}
- Liver disease is a major cause of death^{3,4}
 - Rates are increasing
- At death
 - 38% with CD4 > 200 cells/mm³²
 - 37% with no detectable virus
- RWCA structured to respond to the changing epidemic through local planning

¹Sherman, CID, 2002; ²Sulkowski, Ann Intern Med 2003;

³Palella, JAIDS 2006 (HOPS); ⁴Marin, IAS, Sydney, 2007

Barriers to Care

- Provider Knowledge, skill, attitudes
- System Capacity across interdisciplinary team, funding, access to biopsies, specialty care
- Patient Knowledge, access, comorbidities, fear
- Therapies Side effects, cure rates

Ryan White Program: Role in HIV/HCV Care

- Funding medical services
 - Visits, counseling, lab monitoring
 - Medications, vaccination
- Building Capacity
 - Training (AIDS Education and Training Centers)
 - Technical assistance

HCV Care and Treatment: Ryan White Data

- HCV antibody screening: 91%¹
- 6,841 treated for HCV in Ryan White clinical programs²
 - 2% of patients receiving medical care
- AIDS Drug Assistance Program
 - 49 ADAPs cover IF/RBV (46 states, 3 other jurisd.)
 - 0.23% of ADAP drug expenditures

¹ National HIVQual Performance Data – HCV screening documented in chart

² Ryan White Data Report 2006

³ ADAP Quarterly Report Jan-March 2008

HAB Hepatitis Activities

Quality Measures



- Hepatitis B and C screening
- Hepatitis A and B vaccination
- Counseling HCV infected patients: Alcohol

Contact Information

Laura Cheever

lccheever@hrsa.gov

301/443-1993