

# HEPATITIS C EPIDEMIC CONTROL AND PREVENTION ACT (S 1445, HR 2552)

In an effort to develop a public health response to hepatitis C virus (HCV) infection, Senators Edward Kennedy (D-MA) and Kay Bailey Hutchison (R-TX) and Representatives Edolphus Towns (D-NY) and Heather Wilson (R-NM) and have authored the “Hepatitis C Epidemic Control and Prevention Act.” The legislation would establish, promote, and support a comprehensive prevention, research, and medical management referral program for hepatitis C virus (HCV). This includes the development of a national plan developed by HHS to address hepatitis C.

## NEED FOR PREVENTION, CONTROL, AND MEDICAL MANAGEMENT

Hepatitis C prevention and control efforts would reduce disease transmission and the risk of chronic liver disease in HCV-infected individuals through the provision of services such as HCV counseling and testing for persons at risk of infection and medical management referral for persons living with HCV. Currently, an estimated 4 million Americans are infected with HCV – nearly two percent of the population – making it the most common blood-borne infection in the United States. The Centers for Disease Control and Prevention (CDC) estimates that the majority of people living with HCV are unaware of their infection.

HCV infection can cause life-threatening liver damage, becoming chronic in 85 percent of those infected. According to CDC, of the estimated 4 million infected with HCV, 2.7 million are chronically infected and receiving no treatments. Chronic liver disease is the tenth leading cause of death among adults

## HEPATITIS C VIRUS FACTS

- An estimated **4 million Americans** have been infected with the hepatitis C virus
- Each year, **1 to 4 percent** of people with HCV-related cirrhosis develop liver cancer
- **19,000** Americans were newly infected in 2006
- **2.7 million** American have chronic HCV – three times the number of individuals with HIV
- **25 percent** of people living with HIV/AIDS are also infected with HCV

in the United States and HCV- associated chronic liver disease is the leading factor for liver transplantation nationwide. Each year between 8,000 and 10,000 people die from hepatitis C related- cirrhosis of the liver. The legislation would authorize programs to address educational needs, provider training, surveillance systems and counseling and testing programs, thereby addressing gaps in public and provider awareness and enabling public health to implement proven prevention strategies.

## NEED FOR EDUCATION AND TRAINING INITIATIVES

This legislation calls for the implementation of education and training programs, such as health education and community outreach activities, that are targeted to populations at greatest risk of infection. The legislation also provides for health care provider training initiatives in the areas of prevention, detection, and medical management of HBV and HCV, which will help increase the number of people

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aware of their HCV infection and ensure that providers are able to adequately treat people living with HCV.

## **NEED FOR EARLY DETECTION AND SURVEILLANCE**

The majority of people living with HCV are unaware of their infection. Without knowledge of their disease, infected persons may unknowingly transmit the virus to others and engage in behaviors that could potentially exacerbate their disease. Moreover, surveillance is essential to monitor acute and chronic HCV disease trends and to evaluate the effectiveness of national, state and local HCV prevention efforts. Measures to establish, maintain, and promote early detection of HCV infection through the development of surveillance systems and chronic disease registries are provided in the legislation.

## **ESTABLISHMENT OF COUNSELING, TESTING, AND VACCINATION INITIATIVES**

HCV counseling and testing and hepatitis A virus (HAV) and hepatitis B virus (HBV) immunization programs are needed at the state and local levels. Currently, no federal funding is available to support the establishment of HCV counseling and testing services at state and local levels. Under the legislation, Adult Viral Hepatitis Coordinators, who are located in state and city health departments and are funded by CDC to integrate hepatitis C programs into existing public health programs, would assist state and local health departments in identifying public health and clinical activities in which HCV counseling should be incorporated. The legislation calls for client-centered counseling, which encourages the adoption of preventive behaviors that reduce the risk of transmitting the disease to others. Since HCV-infected individuals are at increased risk of acquiring HAV and HBV, resources to provide vaccination against HAV and HBV are also included in the legislation.

## **NEED TO ADDRESS UNDERSERVED AND DISPROPORTIONATELY AFFECTED POPULATIONS**

Of the roughly 19,000 people infected with HCV each year, the highest incident rates are found among African American and Hispanic males ages 20-39. Provisions of the legislation would promote expanded support for persons with limited access to health education, testing and health care services and groups that may be disproportionately affected by hepatitis C.

## **ESTABLISH CLINICAL RESEARCH NETWORK**

In conjunction with CDC and the National Institutes of Health, the legislation establishes a Hepatitis C Clinical Research Network for the purpose of conducting basic research to identify new approaches to prevention, such as vaccines, and treatment for HCV.

## **SUPPORTING S 1445 & HR 2552 IS THE FAIR THING TO DO**

There is no federal funding to provide core public health services for viral hepatitis. Addressing hepatitis by each outbreak is not disease prevention. In order to combat the current HCV epidemic, the framework of S 1445 and HR 2552 works to increase federal support, while capitalizing on existing public health programs and infrastructures that reach clients at greatest risk of infection. This legislation seeks to broaden society's scope, knowledge, and awareness of HCV while working to assist state and local authorities in prevention and control efforts.

## **REFERENCES**

<http://www.cdc.gov/hepatitis/C/cFAQ.htm>

<http://www.cdc.gov/hepatitis/HCV/Strategy/NatHepCPrevStrategy.htm>

For more information, visit [www.NASTAD.org](http://www.NASTAD.org)