



December 16, 2009

Mr. Jeff Crowley, Director
Office of National AIDS Policy
Eisenhower Executive Office Building
Washington, DC 20508

Dear Mr. Crowley:

On behalf of the Hepatitis C Appropriations Partnership (HCAP), a national coalition that represents viral hepatitis community-based organizations, public health officials, health providers, national HIV and viral hepatitis organizations, and diagnostic and pharmaceutical companies, we thank you for your leadership in developing a comprehensive and inclusive National HIV/AIDS Strategy (NHAS) for all impacted Americans. As you know, we work with policy makers and public health officials to increase federal leadership and support for hepatitis B and C prevention, testing, education, research, medical management and treatment. To that end we would like to bring to your attention an important issue within the HIV epidemic in this country: co-infection with viral hepatitis. Our recommendations for addressing co-infection within the NHAS are built upon our broader recommendations to eliminate viral hepatitis for both Americans who are mono-infected and co-infected.

Viral hepatitis B and C attack the liver and can lead to chronic liver disease, cirrhosis, liver cancer and liver failure. Viral hepatitis is the most common cause of liver cancer, which is one of the most lethal, expensive and fastest rising cancers in the United States. Viral hepatitis-related liver disease is also a leading cause of death among Americans co-infected with HIV. An estimated 25 percent of HIV-positive persons are co-infected with hepatitis C and approximately 10 percent are co-infected with hepatitis B. The Centers for Disease Control and Prevention (CDC) recommends that all persons living with HIV be tested for hepatitis B and C and vaccinated against hepatitis A and B, yet there continues to be scant federal attention and resources dedicated to these lifesaving services.

We have developed a set of overarching goals and recommendations around each of the NHAS priorities for improving the lives of Americans co-infected or at-risk for both HIV and viral hepatitis.

Overarching goals for the NHAS on viral hepatitis and HIV co-infection

We ask that the NHAS develop targets for:

- increasing the number of HIV-positive persons who know their hepatitis B and C status;
- reducing liver disease mortality among those co-infected;
- reducing the incidence of co-infection including specifically the reduction of incidence of hepatitis C transmission among HIV-positive persons who use injection drugs and gay and bisexual men;
- reducing progression to cirrhosis and/or liver cancer among those co-infected;
- increasing the proportion of those co-infected who are routinely screened for liver cancer;
- increasing the proportion of people living with HIV who are vaccinated against hepatitis A and B;
- increasing research on improving the efficacy, tolerability, and delivery of treatment of those co-infected, including the development of a vaccine for hepatitis C

NHAS Priority: Reducing HIV incidence

Many Americans who are at risk of contracting HIV are also at risk of contracting viral hepatitis. Persons who use injection drugs are far more likely to contract hepatitis C than HIV. Similarly, hepatitis B can be transmitted more easily through sexual activity than HIV, especially among gay and bisexual men of all races.

Remove the federal funding ban on syringe exchange programs (SEPs)

We ask for the complete removal, without restrictions, of the federal funding ban on SEPs and recommend that dedicated funding be made available to implement SEPs once the ban is removed. We encourage the Administration to support and promote policy development to remove barriers to SEPs at the state and local levels, and establish meaningful benchmarks and targets for syringe access coverage. The federal funding ban hurts people who are at highest risk of contracting hepatitis B, C and HIV. Since these programs often provide counseling and testing for HIV and hepatitis C, vaccination against hepatitis A and B, medical referral for those infected, mental health and substance abuse services, employment and housing assistance, and health education, the funding ban imposes a barrier to accessing these life-saving services. These are cost-effective and scientifically-proven programs that reduce incidence of these infections among persons who inject drugs and do not increase illicit drug use.

Increase the amount of funding for the implementation of the Program Collaboration and Service Integration (PCSI) initiative at CDC

We ask for an increased amount of funding for PCSI so that it can be implemented successfully. Strengthening STD, tuberculosis and viral hepatitis programs will assist in reducing new HIV infections by building the capacity of existing programs to integrate HIV prevention services targeting populations with overlapping risks. We encourage

other federal agencies such as the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Centers for Medicare & Medicaid Services (CMS) to adopt PCSI as a model for developing a similar framework for integrating across health systems to provide comprehensive and holistic services.

Develop a coordinated HIV and viral hepatitis strategy for those with overlapping risks

We recommend having a coordinated HIV and viral hepatitis testing and intervention strategy that addresses overlapping populations at risk, such as persons who inject drugs and gay and bisexual men of all races. In one recent study, offering hepatitis C counseling and testing to persons who use injection drugs increased the client uptake in HIV testing.¹ This suggests that strengthening hepatitis C preventative services can help persons who use injection drugs to access HIV services.

NHAS Priority: Increasing access to care and optimizing health outcomes

Since viral hepatitis is a leading cause of death and can quickly lead to life-threatening liver cancer in Americans co-infected with HIV, it is important that viral hepatitis infection is prevented among HIV-positive persons and that those who are co-infected receive proper medical care and treatment.

Universal vaccination of hepatitis A and B among all HIV-positive Americans

All HIV-positive Americans must be vaccinated against hepatitis A and B in addition to being tested for hepatitis C.

Increase research on treatment efficacy, tolerability, and delivery of treatments

We recommend an increase in research on the treatment of viral hepatitis in co-infected persons to improve “cure” rates, tolerability, and adherence for co-infected persons. We also recommend an increase in research into the development of a vaccine against hepatitis C. Over the next decade, several new hepatitis C treatments are expected to reach the market. Integrating new therapies into the rapidly-evolving standard of care for co-infected persons will require expanding the capacity of clinical research networks to conduct timely, high-quality studies on co-infection care and treatment.

Increase quality of care and education among providers serving co-infected patients

We recommend that in order to increase quality of care for the co-infected, greater funding is needed for Ryan White Care Program Parts A, B, C, and F, including AIDS Drugs Assistance Programs (ADAPs) to incorporate existing and emerging viral hepatitis treatments in state formularies and the AIDS Education and Training Centers (AETCs) to increase provider knowledge and capacity to care for co-infected persons. In addition, greater knowledge of co-infection and of delivering culturally competent care

¹ Stopka T. J., et al. (2009) HCV and HIV Counseling and Testing Integration in California: An Innovative Approach to Increase HIV Counseling and Testing Rates. Public Health Reports;122:68-63.

to persons at risk for both HIV and viral hepatitis is needed among Medicaid and Medicare providers in order to increase hepatitis B and C counseling and testing among HIV-infected clients and to increase linkages to care for viral hepatitis. Finally, we recommend a greater use of buprenorphine in HIV primary care settings to reduce the risk of hepatitis C infection from drug use.

NHAS Priority: Reducing HIV-related health disparities

As mentioned previously, it is estimated that 25 percent of HIV-positive persons are co-infected with hepatitis C and 10 percent of HIV-positive persons are co-infected with hepatitis B. Gay and bisexual men of all races are disproportionately impacted by co-infection of HIV and hepatitis B. Specifically, we are alarmed by the current trend of rising sexual HCV transmission among HIV-positive gay and bisexual men. More research is needed to better understand sexual transmission of HCV among HIV-positive gay and bisexual men. Furthermore, persons who inject drugs have disproportionate rates of co-infection with HIV and hepatitis C.

Address drug use and sexuality as HIV-related health disparities

Due to the higher prevalence of HIV and viral hepatitis among persons who inject drugs and gay and bisexual men of all races, it is imperative that stigma related to drug use and sexual orientation are addressed as barriers to accessing care. Healthcare providers need to provide compassionate and culturally competent care to all Americans at risk or infected with HIV regardless of their current or past drug use or sexual activity.

Engage minority communities to promote health education and services

One in ten Asian-Americans is infected with chronic hepatitis B and African-Americans are twice as likely as the general population to have chronic hepatitis C. Latinos are also disproportionately impacted by hepatitis C. It is imperative that organizations serving Asian and Pacific Islanders, African Americans and Latinos, integrate hepatitis B and C into their HIV programs.

Conclusion

A National HIV/AIDS Strategy that seeks to reduce HIV morbidity and mortality must address co-infection with viral hepatitis. By ensuring that persons at risk for both diseases receive comprehensive prevention messages and routine screening, hepatitis A and B vaccination and access to care, we can reduce the incidence of both diseases and further reduce mortality. The NHAS is also an opportunity for collaboration across government agencies, HHS, and the Administration to focus on co-infection as syndemic among key populations. Recognition of viral hepatitis co-morbidity with HIV and its associated health disparities is crucial to the development of a comprehensive NHAS. Furthermore, while we appreciate the efforts of the NHAS, it is important to communicate to the President the need for a national plan to address the prevention

needs of Americans at risk of viral hepatitis infection and for those who are mono-infected with chronic hepatitis B and/or C infection.

The viral hepatitis community welcomes the opportunity to work with you and your staff on this important issue. Please contact Colin Schwartz with the Hepatitis C Appropriations Partnership (HCAP) at 202.434.8005 or cschwartz@NASTAD.org if you have any questions or need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read 'CS', is positioned below the word 'Sincerely,'.

Colin Schwartz
HCAP Coordinator



Hepatitis C Appropriations Partnership

List of HCAP Members, 2009

Abbott Laboratories, Abbott Park, IL
ACLU National Prison Project, New York, NY
AIDS Action, Washington, DC
AIDS Treatment Data Network, New York, NY
Alert Health, Miami, FL
American Academy of HIV Medicine, Washington, DC
American Association for the Study of Liver Disease, Alexandria, VA
American College of Gastroenterology, Bethesda, MD
American Gastroenterological Association, Bethesda, MD
American Liver Foundation, New York, NY
American Social Health Association, Research Triangle Park, NC
Association of Asian Pacific Community Health Organizations, Oakland, CA
Bristol-Myers Squibb, New York, NY
Caring Ambassadors Hepatitis C Program, Oregon City, OR
Citywide Harm Reduction Program, New York, NY
Community AIDS National Network, Jersey City, NJ
Genentech, Inc., San Francisco, CA
Gilead Sciences, Inc., San Francisco, CA
GlaxoSmithKline, Research Triangle Park, NC
Harm Reduction Coalition, New York, NY
Hep C Connection, Denver, CO
Hepatitis B Foundation, Doylestown, PA
Hepatitis C Association, Scotch Plains, NJ
Hepatitis C Support Project/HCV Advocate, San Francisco, CA
Hepatitis Education Project, Seattle, WA
HONORreform, Fremont, NE
Missouri Hepatitis C Alliance, Columbia, MO
National AIDS Treatment Advocacy Project, New York, NY
National Alliance of State and Territorial AIDS Directors, Washington, DC
National Association of People living with AIDS, Washington, DC
National Coalition of STD Directors, Washington, DC
National Hepatitis C Advocacy Council, Brooklyn, New York
National Minority AIDS Council, Washington, DC
National Viral Hepatitis Roundtable, Rohnert Park, CA
Novartis Pharmaceuticals, East Hanover, NJ

OraSure Technologies, Inc., Bethlehem, PA
Project Inform, San Francisco, CA
Roche Pharmaceuticals, Nutley, New Jersey
Schering-Plough Corporation, Kenilworth, NJ
Spears Hepatitis C Foundation, Franklin, TN
Status C Unknown, Medford, NY
The AIDS Institute, Washington, DC
Three Rivers Pharmaceuticals, Warrendale, PA
Tibotec Therapeutics, Bridgewater, NJ
Treatment Access Expansion Project, Cambridge, MA
Treatment Action Group, New York, NY
Valeant Pharmaceuticals International, Aliso Viejo, CA
Vertex Pharmaceuticals, Cambridge, MA

This document was prepared by the Hepatitis C Appropriations Partnership (HCAP). HCAP was formed in June 2004 as a coalition that represents hepatitis community-based organizations, public health officials, health providers, national HIV and hepatitis organizations, and diagnostic and pharmaceutical companies. We work with policy makers and public health officials to increase federal leadership and support for viral hepatitis prevention, testing, education, research, medical management and treatment. For more information, please contact Colin Schwartz at 202.434.8005 or cschwartz@NASTAD.org.