

Institute of Medicine Report on Hepatitis Implications for Health Department Hepatitis Programs

The Institute of Medicine (IOM) report, [*Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C*](#) (2010) found that the public health response to the hepatitis epidemics needs to be significantly ramped up. Through a public-private venture, the IOM was tasked with assessing current prevention and control activities and identify priorities for research, policy and action. The report issues 22 recommendations, most of which would directly impact state and local health departments, in addition to highlighting issues that warrant further investigation and opportunities for collaboration between the public and private sectors.

IOM REPORT RECOMMENDATIONS MUST BE FUNDED AND IMPLEMENTED

For the U.S. to effectively prevent and control HBV and HCV, health departments and federal agencies must receive adequate funding. The IOM recommendations must be fully funded and implemented.

IOM REPORT ATTRIBUTES LOW AWARENESS TO LACK OF PUBLIC FUNDING

The only dedicated federal funding for viral hepatitis is \$19.3 million from the Centers for Disease Control and Prevention. Of this, states receive \$5 million, which averages \$90,000 for an adult viral hepatitis prevention coordinator. This provides for little more than a position in the health department and no core prevention services such as outreach, awareness and education, testing and screening, referral into care, social and peer support, and medical management. Additionally there is no federal funding for a national chronic hepatitis surveillance system to monitor hepatitis B and C incidence, prevalence, and trends. Without this data public health cannot get a handle on the full scope or impact of these diseases.

HEPATITIS MUST BE ADDRESSED IN THE CONTEXT OF HEALTH DISPARITIES

African Americans have the highest rate of acute HBV infection in the United States with the highest

CONSEQUENCES OF LACK OF FUNDING

- Americans do not know how to prevent infection;
- Americans do not have adequate access to preventive services;
- Chronically infected Americans do not know that they are infected;
- Chronically infected Americans do not have adequate access to testing, support services and medical management;
- Providers neither test nor screen their patients;
- Providers do not know how to manage infected patients;
- Actual disease burden remains unknown because there is no national chronic surveillance system;
- There remains insufficient understanding about the extent and seriousness of this public-health problem overall.

rates occurring in the South. In addition, HCV infection is 2 to 3 times as prevalent among African Americans as it is whites and African American rates of HCV are twice the national average. Asian Americans comprise the largest population at risk for chronic HBV infection as a result of immigration from highly endemic countries. Approximately half of persons with chronic HBV are Asian Americans in contrast to only 5 percent of the population overall. Of the 24,000 HBV-infected women who give birth every year, half are Asian Americans. Even with a safe and effective vaccine against HBV, 1,000 newborns continue to be infected from their mother each year.

IOM RECOMMENDATIONS

The IOM report issued a set of recommendations that if implemented would lead to reductions in new HBV and HCV infections, in medical complications and deaths that result from these infections of the liver, and in total health costs. Recommendations specific to health departments:

IOM RECOMMENDATIONS IMPACTING HEALTH DEPARTMENTS

SURVEILLANCE

- The CDC should conduct a comprehensive evaluation of the national HBV and HCV public-health surveillance system.
- The CDC should develop specific hepatitis cooperative agreements with all state and territorial health departments to support core surveillance for acute and chronic HBV and HCV.
- The CDC should support and conduct targeted active surveillance, including serologic testing, to monitor incidence and prevalence of HBV virus and HCV virus infections in populations not fully captured by core surveillance.

KNOWLEDGE AND AWARENESS

- The CDC should work with key stakeholders to develop educational programs for health-care and social-service providers.
- The CDC should work with key stakeholders to develop, coordinate, and evaluate innovative and effective outreach and education programs to target at-risk populations and to increase awareness in the general population about HBV and HCV.

IMMUNIZATION

- All infants weighing at least 2,000 grams and born to HBV surface antigen positive women should receive single-antigen HBV vaccine and HBV immune globulin in the delivery room as soon as they are stable and washed. The recommendations of the Advisory Committee on Immunization Practices should remain in effect for all other infants.
- All states should mandate that the HBV vaccine series be completed or in progress as a requirement for school attendance.
- Additional federal and state resources should be devoted to increasing HBV vaccination of at-risk adults.
- States should be encouraged to expand immunization-information systems to include adolescents and adults.

HEPATITIS SERVICES

- The CDC, in conjunction with other federal agencies and state agencies, should provide resources for the expansion of community-based programs that provide HBV screening,

testing, and vaccination services that target foreign-born populations.

- Federal, state, and local agencies should expand programs to reduce the risk of HCV infection through injection-drug use by providing comprehensive HCV virus prevention programs. At a minimum, the programs should include access to sterile needle syringes and drug-preparation equipment because the shared use of these materials has been shown to lead to transmission of HCV virus.
- Federal and state governments should expand services to reduce the harm caused by chronic HBV and HCV. The services should include testing to detect infection, counseling to reduce alcohol use and secondary transmission, HBV vaccination, and referral for or provision of medical management. Innovative, effective, multi-component HCV virus prevention strategies for injection drug users and non-injection drug users should be developed and evaluated for effectiveness in controlling transmission.
- The CDC should provide additional resources and guidance to perinatal HBV prevention program coordinators to expand and enhance the capacity to identify chronically infected pregnant women and provide case-management services, including referral for appropriate medical management.
- The CDC and the Department of Justice should create an initiative to foster partnerships between health departments and corrections systems to ensure the availability of comprehensive hepatitis services for incarcerated people.
- The Health Resources and Services Administration (HRSA) should provide adequate resources to federally funded community health facilities for provision of hepatitis services. HRSA and the CDC should provide resources and guidance to integrate comprehensive hepatitis services into settings that serve high-risk populations such as STD clinics, sites for HIV services and care, homeless shelters, and mobile health units.