National Viral Hepatitis Action Plan
Priority Populations Approach

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The findings and conclusions expressed in this presentation are those of the author and do not necessarily represent the views of the Department of Health and Human Services.
Vision

The United States will be a place where new viral hepatitis infections have been eliminated, where all people with chronic hepatitis B and C know their status, and everyone with chronic hepatitis B and C has access to high quality health care and curative treatments, free from stigma and discrimination.
More than 4 Million Americans are Living with Chronic Viral Hepatitis

- Viral hepatitis affects people from all walks of life
  - Hepatitis B impacts about 850,000 people
  - Hepatitis C impacts about 3.5 million people
    - Approximately 75% were born between 1945 – 1965
      - Many infected as children during routine medical procedures
    - New infections occurring among young people who inject drugs
- Chronic viral hepatitis leads to an increased risk for serious liver disease, liver cancer, and even death
- About half of people do not know they are infected
- We have the tools to prevent, diagnose, and treat viral hepatitis
We Are Losing Ground in the Fight Against New Hepatitis B Infections

- National progress on hepatitis B prevention has stalled
- Some states saw sharp increases in 2015
  - Tennessee
  - Ohio
- 12 states had increases
- 17 states had decreases
- 17 states were unchanged
We Are Losing Ground in the Fight Against New Hepatitis C Infections

- New hepatitis C infections increased almost 300% from 2010 – 2015
- 9 states accounted for half of all infections
- 20 states saw increases
- 17 states remained unchanged
Deaths Due to Hepatitis C Are Increasing

- Chronic hepatitis C kills more Americans than all 60 other reportable infectious diseases combined
- Deaths associated with hepatitis C reached an all-time high of 19,659 in 2014.

The Growing Threat of the Opioid Epidemic

- Heroin use **more than doubled** among young adults over the past decade
- Deaths related to drug overdose increased almost 300% from 1999 to 2014 (MMWR, Dec. 30, 2016)
- Increase in heroin use and overdose deaths has been driven by the use, misuse and over prescription of opioid pain medications
  - 95% of young adults with hepatitis C infection reported use of opioid pain medications before switching to heroin (MMWR, Oct 28, 2011)
- From 2004 – 2013, substance use disorder treatment admissions reporting opioid injection increased by 55%¹
- Increases in HBV infections and hepatitis C infection nationwide
  - 26% of new hepatitis B cases and 68% of new hepatitis C cases were associated with injection drug use (2014)

¹Jones et al, Increases in Prescription Opioid Injection Abuse among Treatment Admissions in the US, 2004-2013, Drug and Alcohol Dependence, Epub May 16, 2017
Eleven Priority Populations

- Baby boomers
- Pregnant women
- American Indians and Alaska Natives (AI/AN)
- Asian Americans and Pacific Islanders (AAPI)
- African Americans
- People in correctional facilities
- Homeless individuals
- Veterans
- Men who have sex with men (MSM)
- People who inject drugs (PWID)
Disparities Related to Life Circumstance and Comorbid Conditions

- 3.5 million people with hepatitis C = 1% of the U.S. population is chronically infected with hepatitis C.
- 6.2% of veterans in one study had chronic hepatitis C.
- Among homeless individuals, rates of hepatitis C may be as high as 50%.
- Approximately 33% of people with chronic hepatitis C have been to jail and/or prison at some time.
- About 20% of people living with HIV are coinfected with hepatitis C, about 10% are coinfected with hepatitis B.
- MSM account for 20% of new hepatitis B infections.
- 26% – 53% of people who inject drugs have chronic hepatitis C.
Many Viral Hepatitis Disparities Exist

- 2.8% of **baby boomers**- people born between 1945-1965, are estimated to have chronic hepatitis C.
- In 2014, **American Indians** had the highest rates of:
  - New hepatitis C infections 2014 (1.32 per 100,000)
  - Hepatitis C-related deaths (11.2 per 100,000)
- **African Americans** had the:
  - Highest rates of new hepatitis B infections (0.88 per 100,000)
  - 2nd highest rates of new hepatitis C infections (0.84 per 100,000)
  - 2nd highest rates of hepatitis B- and hepatitis C-related deaths (0.80 and 8.12 per 100,000, respectively)
- **Asian Americans** are about 5% of the U.S. population, but account for more than 50% of chronic hepatitis B infections and have the highest hepatitis B related death rate (2.71 per 100,000)
- **Pregnant women** may be at risk for transmitting hepatitis B or C to their infants.
We Have the Tools But Critical Gaps Remain

• Viral hepatitis infections are increasing, rather than moving toward elimination, because of the opioid epidemic.
• Comprehensive approaches to combatting viral hepatitis have great potential to prevent new infections & save lives.
• There are critical gaps in the response to viral hepatitis that make elimination difficult.
  – Prevention messages and programs do not have sufficient reach,
  – Screening recommendations are not being fully implemented,
  – Many people with viral hepatitis are not able to access timely treatment to prevent disease progression and onward transmission, and
  – Some states do not conduct complete surveillance of new cases and deaths.
National Viral Hepatitis Action Plan, 2017 – 2020

A battle plan for our nation’s response

• A strategic framework that can be used to support states and organizations across sectors
• Sets goals, priorities, and measurable targets
• Describes recommended actions
• Promotes transparency, and accountability
• National plan for all stakeholders

• Download at www.hhs.gov/hepatitis
National Goals

**GOAL 1**  
Prevent New Viral Hepatitis Infections

**GOAL 2**  
Reduce Deaths and Improve the Health of People Living with Viral Hepatitis

**GOAL 3**  
Reduce Viral Hepatitis Health Disparities

**GOAL 4**  
Coordinate, Monitor, and Report on Implementation of Viral Hepatitis Actions
Indicators Track Progress

**At a Glance**

**2020 Indicators**

The National Viral Hepatitis Action Plan includes 17 indicators of progress selected to aid in monitoring and measuring the results of Action Plan implementation, and to support accountability and transparency. Goals do not limit itself to quantitative indicators, so other methods to assess progress for this goal will be employed. All are described in further detail in Appendix A on page 38 of the full action plan, available at www.hhs.gov/hepatitis.

**Goal 1: Prevent New Viral Hepatitis Infections**
1. Decrease the number of new HBV infections by at least 60%.
2. Increase the rate of hepatitis B vaccine “birth dose” coverage to 85%.
3. Increase the rate of hepatitis B vaccination among health care personnel to 90%.
4. Decrease the number of new HCV infections by at least 60%.

**Goal 2: Reduce Deaths and Improve the Health of People Living With Viral Hepatitis**
5. Increase the percent of persons aware of their HBV infection to 66%.
6. Reduce the number of HIV-related deaths by 20%.
7. Increase the percent of persons aware of their HCV infection to 66%.
8. Reduce the number of HCV-related deaths by 25%.

**Goal 3: Reduce Viral Hepatitis Health Disparities**
9. Decrease the number of new HBV infections among individuals 30-49 years of age by at least 60%.
10. Reduce the number of HIV-related deaths among Asian Americans/Pacific Islanders by at least 20%.
11. Reduce the number of HIV-related deaths among African Americans by at least 20%.
12. Reduce the number of HIV-related deaths among individuals 45 years of age and older by at least 20%.
13. Reduce the number of new HCV infections among individuals 25-59 years of age by at least 60%.
14. Decrease the number of new HCV infections among American Indians/Alaska Natives by at least 60%.
15. Reduce the number of HCV-related deaths among individuals 55-74 years of age by at least 35%.
16. Reduce the number of HCV-related deaths among American Indians/Alaska Natives by at least 25%.
17. Reduce the number of HCV-related deaths among African Americans by at least 25%.
Partners in Implementing

National Viral Hepatitis Action Plan, 2017 – 2020

Office of Disease Prevention and Health Promotion
Department of Justice
The Hepatitis C Mentor & Support Group, Inc.
The AIDs Institute
FDA
NASTAD
Office of the Surgeon General
Harm Reduction Coalition
Office on Women’s Health
State & Local Health Departments
Project Inform
Hepatitis Education Project
Department of Housing and Urban Development
AHRQ
HRSA
NASADAD
ASTHO
National Vaccine Program Office
CDC
SAMHSA
ANAC
CDC
NACCHO
AHRQ
AAP
NIH
HRSA
NASTAD
AAPCHO
AASLD
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IDSA
NVHR
ASTHO
AAP
HHS Viral Hepatitis Website

www.hhs.gov/hepatitis
For more information go to:

www.hhs.gov/hepatitis