Health Departments and Elimination of HBV and HCV in the United States

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Goals of presentation

• Provide brief overview of the National Academies reports on Eliminating the Public Health Problem of Hepatitis B and C in the United States
• Identify key recommendations that state and local health departments can address
• **Phase One**
  – *Question*: Is it feasible to eliminate hepatitis B and C from the United States?
  – *Answer*: Yes, but not likely without attention to serious barriers.

• **Phase Two**
  – *What exactly is the strategy to eliminate viral hepatitis from the United States?*
Hepatitis B Targets

• A 50 percent reduction in mortality from chronic hepatitis B is possible in the United States by 2030. This would avert over 60,000 deaths.

• Meeting this goal will require diagnosing 90 percent of chronic hepatitis B cases, bringing 90 percent of those to care, and treating 80 percent of those for whom treatment is indicated.

• The same level of diagnosis, care, and treatment will reduce new cases of HBV-related hepatocellular carcinoma by about a third and new cases of HBV-related cirrhosis by about 45 percent.
Hepatitis C Targets

• A 90 percent reduction in incidence of hepatitis C (relative to the estimated 2015 incidence carried forward) is possible in the United States by 2030. Meeting this goal will require treatment without restrictions on severity of disease and a consistent ability to diagnose new cases, even as prevalence decreases.

• The same levels of diagnosis and treatment would reduce mortality from hepatitis C in 2030 by 65 percent relative to 2015, and avert 28,800 deaths by 2030.

• Meeting these targets depends on diagnosing at least 110,000 cases a year until 2020, almost 89,000 a year between 2020 and 2024, and over 70,000 each year between 2025 and 2030.
A Central Coordinating Office

- Hepatitis elimination will require coordinated action from various federal and state government agencies.
- The leadership of a single office would help ensure efficient and harmonious work.

*The highest level of the federal government should oversee a coordinated effort to manage viral hepatitis elimination.*

- State and local planning is likewise necessary
• Not all state and local health departments are in a position to measure hepatitis disease burden.
• Integrated, highly-automated, electronic surveillance systems could go far toward a more accurate understanding of viral hepatitis disease burden.

The CDC, in partnership with state and local health departments, should support standard hepatitis case finding measures, and the follow-up, monitoring, and linkage to care of all viral hepatitis cases reported through public health surveillance.
Surveillance needs for the elimination strategy

• Following reported cases over time
  – Estimating care cascade in all jurisdictions
• Estimating jurisdictional prevalence and incidence
• Targeting essential interventions
• Improved case finding and follow-up
• Utilization of supplemental data sources
• A better understanding of the epidemiology of viral hepatitis comes from research in high-risk populations.

• Such research can help clarify the true incidence and prevalence of HBV and HCV infection.

The CDC should support cross-sectional and cohort studies to measure HBV and HCV infection incidence and prevalence in high-risk populations.
Essential Interventions

• People who inject drugs account for at least 75% of new HCV infections.

• The most effective way to prevent hepatitis C among people who inject drugs is to combine strategies that improve the safety of injection with those that treat the underlying addiction.

States and federal agencies should expand access to syringe exchange and opioid agonist therapy in accessible venues.

• Expansion is needed in rural, suburban, and urban settings

• Cure as prevention must also be a part of this strategy
Essential Interventions

- Hepatitis B is vaccine-preventable, but only about a quarter of adults older than 19 are fully immunized. 
  
  **States should expand access to adult hepatitis B vaccination, removing barriers to free immunization in pharmacies and other easily accessible settings.**

- Improved access in pharmacies via policy change where needed
- Expanded use of 317 funding (CDC)
- Correctional settings
• Expansion of testing recommendations could reduce prevalence of undiagnosed infections, but screening can put a burden on the health system and providers.

• Society stands to benefit from any measure that sheds light on the subclinical burden of HBV and HCV infection.

The CDC should work with states to identify settings appropriate for enhanced viral hepatitis testing based on expected prevalence.

-Expansion should be explored for urban emergency departments, correctional settings, or more broadly.
Essential Interventions

- Curing hepatitis C has clinical benefit, including reduction in cirrhosis and return to normal liver function.
- Treating everyone with hepatitis C, regardless of disease stage would avert considerable suffering in patients. It would also protect society by reducing the population reservoir for infection.

*Public and private health plans should remove restrictions that are not medically indicated and offer direct-acting antivirals to all chronic hepatitis C patients.*
AASLD and IDSA should partner with primary care providers and their professional organizations to build capacity to treat hepatitis B and C in primary care. The program should set up referral systems for medically complex patients.

• Working with regional medical and professional organizations
• Use of Project Echo models where indicated
Service Delivery

• People with the most serious need for health care, including people with behavioral health problems, need more support services.

_The Department of Health and Human Services should work with states to build a comprehensive system of care and support for special populations with hepatitis B and C on the scale of the Ryan White system._

• Building capacity within current Ryan White infrastructure may be more efficient, given available funding

• Improved flexibility with existing funding is a good place to start
Incarcerated people bear a disproportionate burden of viral hepatitis. This is an opportunity; jails and prisons are an ideal place to vaccinate against hepatitis B and treat hepatitis C. The criminal justice system should screen, vaccinate, and treat hepatitis B and C in correctional facilities according to national clinical practice guidelines.
Eliminating hepatitis C in the United States depends on treating at least 260,000 patients a year with direct-acting antivirals. The federal government, on behalf of HHS, should purchase the rights to a direct-acting antiviral for use in neglected market segments, such as Medicaid, the Indian Health Service, and prisons. This could be done through the licensing or assigning of a patent in a voluntary transaction with an innovator pharmaceutical company.
• There can be no elimination of viral hepatitis without better attention to research gaps.

• Mechanistic research questions include: curative therapy for chronic HBV infection and HCV vaccine.

• Implementation research questions include: stigma alleviation, understanding networks of drug users, and health in incarcerated people.
Key activities for health departments to address

- Develop state/local plans for elimination of HBV and HCV
- Integrate HCV prevention into efforts focused on the opioid epidemic
- Ensure state/local regulations allow for full reporting of HBV/HCV
- Utilize infectious disease surveillance structures to enhance viral hepatitis surveillance capacity
- Identify settings and mechanisms to expand adult HBV vaccination, especially corrections
Key activities for health departments to address

• Expand testing for HBV and HCV in high prevalence settings
• Work with state Medicaid program to remove HCV treatment restrictions
• Support and utilize flexibility of other sources of funding to implement elimination efforts
• Work with local health care systems/organizations to improve identification and treatment of HBV/HCV in the primary care setting, including for people who inject drugs
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