Focus on the Future: Health Department’s Role in Addressing the Hepatitis C Epidemic

National Alliance of State and Territorial Aids Directors (NASTAD)
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The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Outline

- Overall vision- Division of Viral Hepatitis (DVH)
  - Draft DVH strategic plan framework

- CDC/DVH vision for health department infectious disease programs

- Discussion
Assure all hepatitis C infected persons are aware of their status, receive counseling to prevent transmission and protect their liver from further damage, and get referred for appropriate medical care and treatment.
U.S. Viral Hepatitis Action Plan
Priorities

• Educate Providers and Communities to Reduce Health Disparities
• Improve testing, care, and treatment to prevent liver disease and cancer
• Strengthen surveillance to detect viral hepatitis transmission and disease
• Eliminate transmission of vaccine-preventable viral hepatitis
• Reduce viral hepatitis cases caused by drug-use behaviors
• Protect patients and workers from health-care-associated viral hepatitis
Vision

- Eliminate viral hepatitis in the United States and worldwide

Mission

- Bringing together science and public health practices to eliminate viral hepatitis

Goals

- Decrease incidence of viral hepatitis
- Decrease morbidity and mortality from viral hepatitis
- Reduce viral hepatitis-related disparities among key populations
### Strategic Imperatives

| Prevent hepatitis C virus transmission | Eliminate new cases of vaccine-preventable viral hepatitis | Prevent morbidity and mortality through viral hepatitis testing and linkage to care | Act globally to detect, prevent, and control viral hepatitis |

### Strengthening viral hepatitis surveillance and monitoring

**Guiding Principles:** Use data for program improvement, address critical scientific gaps, achieve prevention through healthcare, promote program collaboration and service integration, and support organizational excellence.
<table>
<thead>
<tr>
<th>Strategic Imperative</th>
<th>Strengthen viral hepatitis surveillance and monitoring</th>
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</thead>
<tbody>
<tr>
<td><strong>Objective 1</strong></td>
<td>Improve detection and reporting of viral hepatitis infections</td>
</tr>
<tr>
<td><strong>Strategy 1.1</strong></td>
<td>Strengthen state and local health department capacity</td>
</tr>
<tr>
<td><strong>Actions (activities)</strong></td>
<td>Provide technical assistance to help all states and territories conduct surveillance for acute and chronic forms of viral hepatitis.</td>
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<td></td>
<td><em>Potential milestone: Guidance documents developed to support standard application of case definitions and other reporting policies.</em></td>
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<tr>
<td><strong>Measures</strong></td>
<td>Numbers of states reporting both acute and chronic hepatitis B and C</td>
</tr>
<tr>
<td><strong>Targets</strong></td>
<td>By 2020, 50 states and DC</td>
</tr>
</tbody>
</table>
Role of Public Health in HCV Prevention

Public Health Core Functions - Institute of Medicine, 1988

Guided by research...

- Assessment
- Policy Development
- Assurance
Vision for Health Department Infectious Disease Programs

- Surveillance and monitoring using variety of data sources
- Address the HCV epidemic among young adults
- Improve the care cascade
  - Strengthen testing and linkage to care and treatment/cure
  - Develop/describe/investigate care cascades
Innovation in Surveillance and Monitoring

- What capabilities and capacities do state/local health departments need most?
- Is access to and use of clinical (EMR) and commercial data practical at the jurisdiction-level?
Innovation in Surveillance and Monitoring

• Data from large commercial laboratories
• Develop ancillary data sources to improve prevalence estimates among persons living with HCV not captured in NHANES
• Use EMR and Claims databases to monitor performance measures of hepatitis testing, care, and treatment and associated health outcomes
• Explore drug-use/prescription datasets to localize potential HCV/HBV transmission
Monitor Implementation
Number of Persons Tested Quarterly for HCV Antibody Conducted by Quest Diagnostics by Year of Birth, United States, Jan 2011 - Sep 2014

Number of persons

- Born after 1965
- Born between 1945 and 1965
- Born before 1945

Screening guidance published
# Monitor Staging of HCV-Related Liver Fibrosis Using FIB-4 by Birth Cohort, 2010-2013

<table>
<thead>
<tr>
<th></th>
<th>Born&lt;1945</th>
<th></th>
<th>Born 1945-1965</th>
<th></th>
<th>Born &gt;1965</th>
<th></th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
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<tr>
<td>None</td>
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<td>1</td>
<td>7,315</td>
<td>9</td>
<td>16,587</td>
<td>53</td>
<td>23,981</td>
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<tr>
<td>Moderate</td>
<td>1,543</td>
<td>19</td>
<td>32,996</td>
<td>38</td>
<td>8,949</td>
<td>29</td>
<td>43,488</td>
<td>35</td>
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<tr>
<td>Severe</td>
<td>2,982</td>
<td>37</td>
<td>22,448</td>
<td>26</td>
<td>2,172</td>
<td>7</td>
<td>27,602</td>
<td>22</td>
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<tr>
<td>Cirrhosis</td>
<td>2,865</td>
<td>36</td>
<td>17,875</td>
<td>21</td>
<td>1,315</td>
<td>4</td>
<td>22,055</td>
<td>18</td>
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<tr>
<td>Unknown/missing</td>
<td>508</td>
<td>6</td>
<td>5,253</td>
<td>6</td>
<td>2,189</td>
<td>7</td>
<td>8,164</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>7,977</td>
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<td>85,887</td>
<td></td>
<td>31,212</td>
<td></td>
<td>125,290</td>
<td></td>
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Monina K, CROI 2015
Epidemiologic Profiles Project

- Building state health department capacity
- Epi profiles document, interpret, and frame viral hepatitis burden in local terms to heighten awareness and drive decision making
  - States used novel data sources
  - States engaged critical stakeholders
  - States maximized dissemination opportunities
- Pilot project with three states - Arkansas, Oregon, Wisconsin
  - www.dhs.wisconsin.gov/publications/P0/p00860.pdf
Uses of Epi Profiles

- Congressional briefing and state Hill visits
- Column in state healthcare journal
- Webcast to local health departments
- Profile data used to inform state legislation
- Profile data used to plan LHD HCV testing pilot
Address the HCV Epidemic Among Young Adults

- How many other states may be facing or are in a situation like Indiana?
- How do we address drug user health in a comprehensive way, recognizing the complexity of issues?
- To what extent are you promoting and/or supporting harm reduction efforts?
• Acute hepatitis C infection increased 364% in persons aged ≤30 years in 6 years
• Non-urban areas disproportionately affected (increase in rates twice as high)
• 21% increase in opioid dependency treatment admissions during the same time period
• Reported injection drug use also increased >10% in opioid users admitted to treatment
HIV Outbreak - Indiana

- Epicenter- Austin, Scott Co.
- 156 confirmed cases to date
- ~96% report HCV+
- IDU predominant risk
- Response
  - HIV testing / PREP/treatment
  - HCV testing
  - Syringe services
  - HCV cure as prevention under discussion
Address the HCV Epidemic Among Young Adults

- Improve/enhance surveillance
- Develop and model interventions
- Implement evidence-based programs to promote HCV testing in clinical settings providing services to high-risk populations (incl in substance abuse treatment settings)
- Assure HCV-infected persons are linked to clinical preventive services
- Provide access to substance abuse treatment
- Multicomponent interventions
Improve the test to cure cascade

- How do we reach other at risk populations, including: persons co-infected with HIV and HCV who aren’t MSM, incarcerated persons, racial/ethnic minorities, persons without health insurance?
- How should the care cascade vary by setting?
- What are health departments’ key roles and responsibilities?
HCV Test, Care, and Cure Continuum, United States

3.2 million persons living with HCV

- 1.6 M (50%) for All HCV infected
- 1.2 M (38%) for anti-HCV tested
- 750,000 (23%) for HCV care
- 360,000 (11%) for HCV RNA
- 200,000 (6%) for Treated
- 1,200,000 (38%) for SVR

### DVH Strategic Plan Draft Example #4

<table>
<thead>
<tr>
<th>Strategic Imperative</th>
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<tbody>
<tr>
<td>Objective 3</td>
<td>Monitor the uptake and impact of viral hepatitis testing recommendations and the provision care, including access to treatment and population health outcomes</td>
</tr>
<tr>
<td>Strategy 3.1</td>
<td>Hepatitis C test and care continuum</td>
</tr>
</tbody>
</table>
| **Actions** (activities) | • Develop standardized definitions for the care continuum, define the indicators needed to monitor the care continuum and develop various definitions to be tailored to different clinical/public health settings  
• Publish and distribute standard procedures and policies to support state and local health departments conducting chronic HCV care continuum surveillance  
• Expand data collection developed for project 1413 to a wider geographic area.  
• Expand national surveys to measure viral hepatitis C infection status knowledge such as NHANES.  
• Use new EHR- based sources of data (e.g., Sentinel, IMS, GE Centricity, commercial laboratory data)  
• Improve monitoring of vaccine receipt from case investigations and EHRs |
1945-1965 Birth Cohort Testing-to-Care Continuum
Oct 2012-June 2014*

*Venues Include: Health Departments; Hospitals; Corrections; Shelters
Prevention and Public Health Funding and Secretary's Discretionary Funding

- Anti-HCV Positive: 2900
- Tested for HCV RNA: 2108
- HCV RNA Positive: 1497
- Referred to Care: 1223
- Attended First Appointment: 938

Percentage and Number of People
Strengthen Testing and Linkage to Cure

• Gather community data to guide service delivery and inform policy
• Improve reporting
• Update professional training/ public awareness
• Assist in the expansion of HCV testing
• Target providers and health systems with interventions to promote delivery of HCV testing and care
  – Promote development of clinical decision tools and performance measures
    • Use to monitor and report back to providers and health systems
• Convene stakeholders
  – Meetings with Medicaid, other payers,
  – Presentations to providers, public health officials, others
• Participate in policy development
• Work in conjunction with the state Viral Hepatitis Prevention Coordinator
Expand viral hepatitis detection, monitoring, and prevention programs to stop transmission and prevent related illness and death:

- Increase hepatitis testing, linkage to care, treatment and cure
- Improve the quality of hepatitis prevention and care efforts
- Reduce new hepatitis C virus infections
- Advance strategies to eliminate hepatitis A and hepatitis B
Other Topics for Discussion

- How do you/your programs currently engage in viral hepatitis and hepatitis C specifically?
- Aside from money and staff, what other resources (e.g., information, tools) would be helpful to address HCV in your jurisdiction?
- What else should we be talking about today?
- How should we continue to engage with you?
Let’s Revisit the Questions

- What capabilities and capacities do state/local health departments need most?
- Is access to and use of clinical (EMR) and commercial data practical at the jurisdiction-level?
- How many other states may be facing or are in a situation like Indiana?
- How do we address drug user health in a comprehensive way, recognizing the complexity of issues?
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