Focus on the Future: Working Together to Reduce the Burden of Viral Hepatitis

National Alliance of State and Territorial AIDS Directors (NASTAD)
National Hepatitis Technical Assistance Meeting
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Chief, Prevention Branch

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/Prevention Branch updates and direction
- Role of VHPCs
- Discussion
DRAFT DVH Strategic Plan Framework

**Strategic Imperatives**

- Assure vulnerable populations are vaccinated to prevent viral hepatitis
- Detect and respond to trends in viral hepatitis transmission and disease, particularly hepatitis B virus (HBV) and hepatitis C virus (HCV)
- Assure all persons living with viral hepatitis are identified and linked to recommended care and treatment services
- Act globally to prevent, detect, and control viral hepatitis

**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
DRAFT DVH Strategic Plan Framework

- **Vision**
  - Eliminate viral hepatitis in the United States and worldwide

- **Mission**
  - To bring together science and public health practices to eliminate viral hepatitis

- **Goals**
  - Decrease incidence and prevalence of viral hepatitis
  - Decrease morbidity and mortality from viral hepatitis
  - Reduce viral hepatitis-related health disparities
<table>
<thead>
<tr>
<th>Strategic Imperative 3</th>
<th>Assure all persons living with viral hepatitis are identified and linked to recommended care and treatment services</th>
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<tbody>
<tr>
<td>Objective 3.3</td>
<td>Improve testing, care, and treatment for persons living with viral hepatitis</td>
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<tr>
<td>Strategy 3.3.1</td>
<td>Promote health systems changes to increase implementation of CDC/USPSTF recommendations for HCV and HBV testing as routine clinical preventive services</td>
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<tr>
<td>Actions (activities)</td>
<td>Develop strategies for promoting health information technology to improve quality of testing and care</td>
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<tr>
<td>Measures</td>
<td>Proportion of individuals for whom testing is recommended who know their HBV and HCV status</td>
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<tr>
<td>Targets</td>
<td>≥ 65%</td>
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DVH Prevention Branch (PB)

Clinical Interventions

Communication, Education and Training

Health Services Research

VHPC
DVH PB

- Branch Chief - C. Vellozzi, MD, MPH
- Scientific Deputy - S. Hariri, PhD (epi)
- Deputy Branch Chief - W. Watkins
- 6 Medical Officers (med epi)
- 5 Communication Health Scientists
- 4 Health Scientists/epidemiologists
- 1 PHA
- Soon - Statistician, additional PHA, additional epidemiologist
- 5 EIS trained
DVH PB: Clinical Interventions (CI)

• Primary prevention
  – Vaccines, antiviral tx pregnant women, risk reduction

• Secondary prevention
  – HBV/HCV testing, care/cure

• Design and conduct sentinel studies
  – Evaluate the effectiveness and scalability of clinical interventions

• Evaluate care cascades
  – Identify key barriers to progression
CI: Hepatitis B Testing and Linkage to Care (FOA PS14-1414)

- Improve healthcare capacity in communities with large populations of foreign-born persons from countries with intermediate-high HBV prevalence
- Increase identification of foreign-born persons with chronic HBV from HBV endemic countries
- Increase linkage to HBV-directed medical care
CI: Hepatitis B Testing and Linkage to Care

- **Strategic partnerships that can effectively identify HBsAg-positive persons**
  - State/local health departments
  - Community based organizations
  - Clinical sites
  - National organizations

- **Outreach**
- **Patient navigation / Case management**
- **Training of providers**
- **Enhancing consultative and referral services**
CI: Hepatitis B Linkage to Care Cascade, October 2014—August 2015

1,720 tested, 109 (6.3%) HBsAg-positive

- 100% of chronic HBV infections
- 94% received results (aware)
- 88% received post-test counseling
- 90% referred to care
- 69% attended 1st visit
- 21% attended 2nd visit
CI: Hepatitis C Testing and Linkage to Cure (FOA PS14-1413)

Strengthen HCV diagnosis and cure through package of services:

- Identify target population
- Train primary care providers
- Use electronic medical records and clinical decision making tools to enhance care and monitor performance
- Enhance capacity for data collection and management to monitor outcomes
- Leverage ACA and develop strategies to improve access to HCV testing and treatment
CI: Vaccine Activities

- **Perinatal Hepatitis B Prevention Program, Supplemental Evaluation Projects (FOA PS13-1307)**
  - Project ended; data analyses ongoing
- **Perinatal Hepatitis B Prevention Program, Auxiliary Prevention Projects (FOA PS16-1602)**
  - Improve identification of HBsAg+ preg women
  - Increase post-vaccination serologic testing among infants born to HBsAg+ mothers
  - Ascertain factors associated with perinatal HBV transmission and vaccine response
CI: Percentage of Infants born to HBsAg+ Mothers Receiving HepB Vaccine and HBIG within 12hrs of Birth

CI: Shortened Interval for Postvaccination Serologic (PVST) Testing

Postvaccination serologic testing (anti-HBs and HBsAg) should be performed at age 9-12 months for infants born to HBsAg + mothers

- Or 1-2 months after the final dose of the HepB vaccine series if completion of the series is delayed
DVH PB: Communication, Education and Training (CET)

- Conduct formative research to ascertain educational needs
- Develop and implement educational tools
- Evaluate the effectiveness of health education and communication
- Provide technical assistance
  - Support planning and implementation of programs
  - Ensure consistency and accuracy of materials
CET: Web-based educational service for providers

Hepatitis C Online

Sign In  Create an Account

HCV Medications  Course Modules  Clinical Calculators  Slide Lectures  Core Concepts  Master Bibliography

Search
## CET: Viral Hepatitis Education Campaigns

<table>
<thead>
<tr>
<th>Goals</th>
<th>Know More Hepatitis</th>
<th>Know Hepatitis B</th>
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<tbody>
<tr>
<td></td>
<td>▪ Increase awareness of hepatitis C</td>
<td>▪ Increase awareness of hepatitis B</td>
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<tr>
<td></td>
<td>▪ Encourage testing of those born 1945-1965</td>
<td>▪ Encourage testing of Asian Americans &amp; Pacific Islanders</td>
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<tr>
<th>Campaign Implementation</th>
<th>Branch I – August 2012</th>
<th>Branch I – June 2013</th>
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<tr>
<td></td>
<td>Branch II – January 2015</td>
<td>Branch II – May 2014</td>
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<th>Audiences</th>
<th>Know More Hepatitis</th>
<th>Know Hepatitis B</th>
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<tr>
<td></td>
<td>▪ Consumers (Born from 1945 to 1965)</td>
<td>▪ Asian Americans &amp; Pacific Islanders (English &amp; non-English speakers)</td>
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<td></td>
<td>▪ Primary Care Providers</td>
<td>▪ Primary Care Providers</td>
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CET: Know More Hepatitis campaign dissemination

- Help with dissemination from state and local partners
- Primarily donated time and space
CET: Know Hepatitis B campaign dissemination

- Multi-lingual materials disseminated with help from Hep B United members & state and local partners
- Identify appropriate in-language media outlets
CET: Online viral hepatitis risk assessment tool

Personalized recommendations based on CDC’s hepatitis testing and vaccination guidelines

Welcome!

"Hepatitis" means inflammation of the liver and is usually caused by a virus. In the U.S., the most common types are Hepatitis A, Hepatitis B, and Hepatitis C. Millions of Americans are living with viral hepatitis but most do not know they are infected. People can live with chronic hepatitis for decades without having symptoms.

This assessment will help determine if you should be vaccinated and/or tested for viral hepatitis.

Begin >>

Any information received through the use of this tool is not medical advice and should not be treated as such. None of the information you provide is stored or retained by the tool. Your responses are confidential and will only be used to generate health recommendations that you should discuss with your doctor or your professional healthcare provider.

www.cdc.gov/hepatitis

Recommendations

Based on your answers, CDC recommends the following for you:

► Get a blood test for Hepatitis C. Click for explanation

Because you answered "not sure" or "prefer not to answer" to at least one question, your recommendations may be incomplete. If you have any questions about your situation or risk, please talk to your healthcare professional.

Print Only Recommendations  Print Recommendations and Explanations

Back  End Assessment

For more information about Hepatitis A, Hepatitis B and Hepatitis C, please visit www.cdc.gov/hepatitis/ABC

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DVH PB: Health Services Research (HSR)

- Develop methods and metrics to monitor and evaluate programs, policies and interventions
- Integrate and analyze large-scale data
  - Monitor the impacts of recommendations and interventions
  - Monitor HBV/HCV care cascades
  - Evaluate viral hepatitis health disparities
HSR: Administrative Data and EHR to Monitor HCV/HBV Testing and Care

- Medicare and Medicaid (CMS)
- MarketScan
- IMS Health
- Veterans Administration
- Federally Qualified Health Centers (FQHC) data networks
HSR: Commercial Laboratory Data

- Monitor trends in HBV/HCV screening and positivity, nationally and by state/local jurisdiction

- Describe demographic and geographic characteristics over time among persons living with viral hepatitis

- Monitor trends in characteristics among providers conducting HCV /HBV testing (e.g. specialty, zipcode)
HSR: Monitor Implementation
Trends in HCV Testing by Birth Cohort

Quest Laboratories, unpublished data
Role of Public Health in Viral Hepatitis Prevention

Public Health Core Functions - Institute of Medicine, 1988

Guided by research...

- Assessment
- Policy Development
- Assurance
Assessment Example: Epidemiologic Profiles

- 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
Policy Development Example: Using 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 HCV testing pilot
**Assurance Example:**

1945-1965 Birth Cohort Testing-to-Care Cascade Oct 2012-June 2014*

*Venues Include: Health Departments; Hospitals; Corrections; Shelters Prevention and Public Health Funding and Secretary’s Discretionary Funding*
Vision for Viral Hepatitis Prevention Coordinators

- Gather community data to guide service delivery and inform policy
- Update professional training/ public awareness
- Convene stakeholders
  - Medicaid, other payers, providers, public health officials, others
- Improve reporting
- Develop/describe/monitor care cascades
- **Improve the HBV/HCV care cascade**
Vision for Viral Hepatitis Prevention Coordinators: Improve the HBV/HCV Care Cascade

- Using evidence based strategies
- Making systemic changes
  - Clinical decision tools/ performance measures
  - Education, training for professionals and the public
  - Patient navigation
  - Policies to promote reflex testing/ opt-out testing
  - Co-located services
  - Peer-delivered counseling and testing services
  - Bundled services
Acknowledgements

- Susan Hariri
- Nicole Smith
- Aaron Harris
- Sarah Schillie
- Amanda Carnes
• Extra slides
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
FOA PS13-1307
Perinatal Hepatitis B Prevention Program, Supplemental Evaluation Projects

- The completeness of screening and reporting of Hepatitis B-infected pregnant women for case management of their infants, including immunization
- The implementation of prenatal evaluation and antiviral treatment for Hepatitis B-infected pregnant women
- Reliability of facility-based reporting of universal HepB birth dose coverage according to the National Quality Forum
Perinatal Hepatitis B Prevention Program, Auxiliary Prevention Projects
FOA PS16-1602

- Improve identification of Hepatitis B-infected pregnant women
  - case management
  - prophylaxis of their infants

- Increase post-vaccination serologic testing among infants born to HBsAg+ mothers

- Ascertain factors associated with perinatal HBV transmission and vaccine response
  - Demographic and clinical data
  - Maternal antiviral therapy