



Local Health Departments and Hepatitis C

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Local Health Departments and Hepatitis C NACCHO Educational Series

Webcast 1 Hepatitis C: Where Are We Now?

Presented by John Ward, Director, Division of Viral Hepatitis, CDC

Webcast 2 The National Viral Hepatitis Action Plan

Presented by Corinna Dan, Viral Hepatitis Policy Advisor, Office of HIV/AIDS and Infectious Disease Policy, HHS

Webcast 3 Viral Hepatitis C Testing Recommendations for Persons Born 1945-1965

Presented by Claudia Vellozzi, Chief, Prevention Branch, Division of Viral Hepatitis, CDC

Webcast 4 Leveraging Partnerships to Address Hepatitis C: Philadelphia's Model

Presented by Alex Shirreffs, Viral Hepatitis Prevention Coordinator, Philadelphia Department of Public Health

All materials available at www.naccho.org/hepatitisc



Webinar Speakers

Claudia Vellozzi, MD, MPH

Chief, Prevention Branch
Division of Viral Hepatitis, CDC

Corinna Dan, RN, MPH

Viral Hepatitis Policy Advisor
Office of HIV/AIDS and Infectious Disease Policy, HHS

Alex Shirreffs, MPH

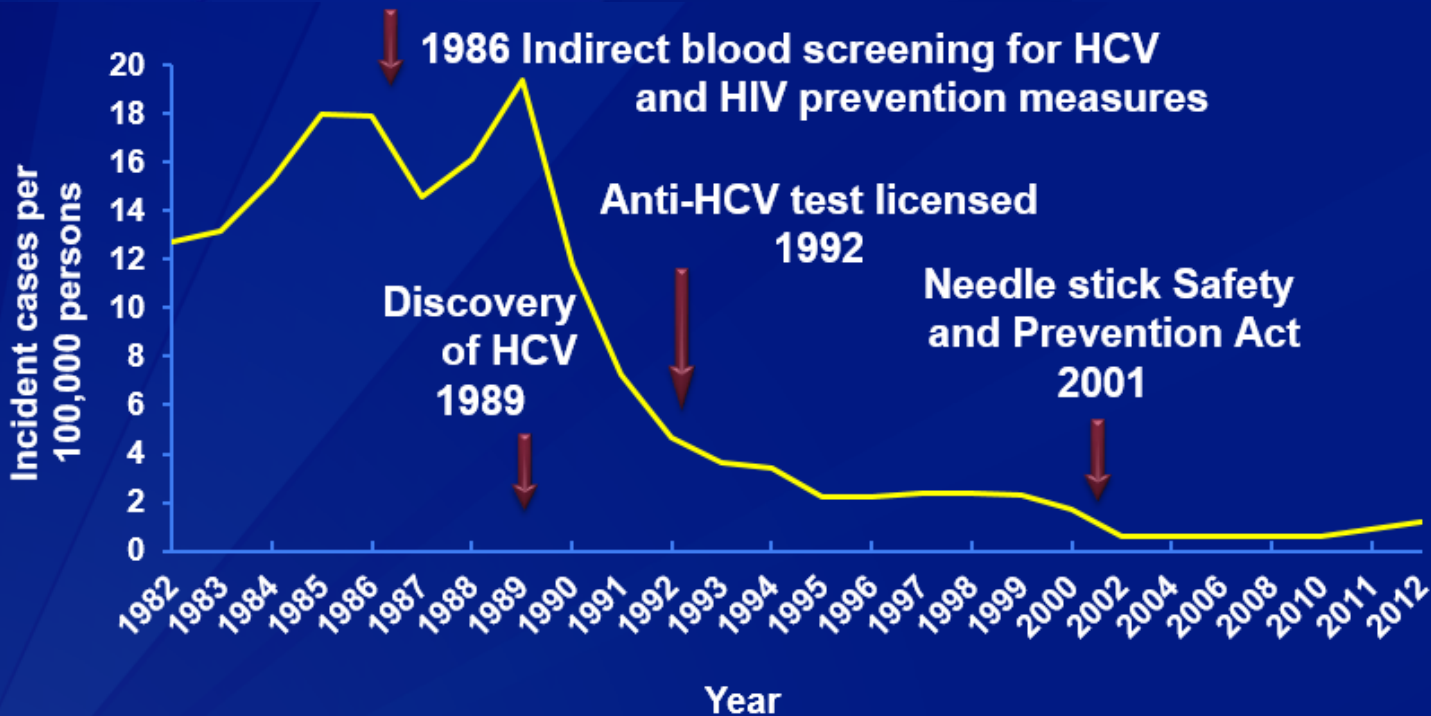
Viral Hepatitis Prevention Coordinator
Philadelphia Department of Public Health

The Changing Epidemiology of HCV Transmission and Disease and the Viral Hepatitis C Testing Recommendations for Persons Born 1945-1965

Claudia Vellozzi, M.D., M.P.H.
Chief, Prevention Branch, Division of Viral Hepatitis, CDC



Impact of Prevention Measures on Hepatitis C Virus (HCV) Infection in U.S.



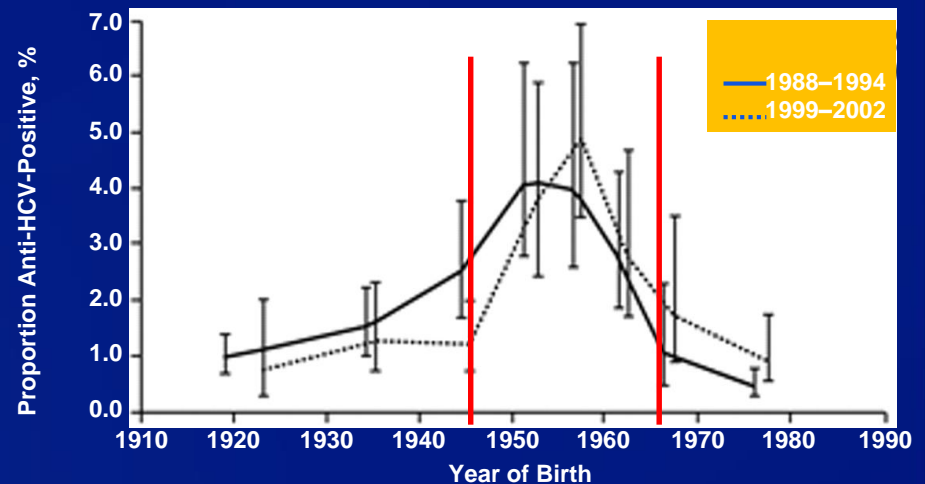
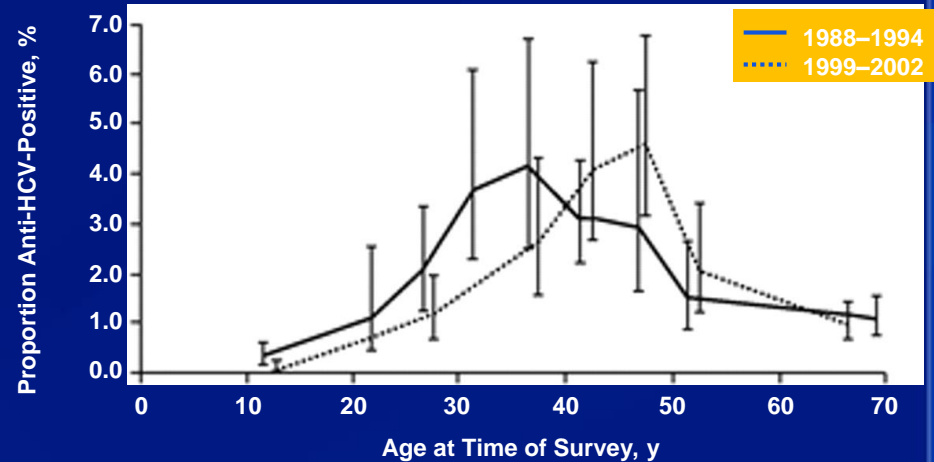
22,000 new acute HCV cases reported in 2012

Prevalence of Current HCV Infection Among Persons in the United States

Prevalence Civilian, Non-Institutionalized Populations (NHANES)	2.7 million (2.2-3.2 million) 1.0% (0.8%-1.2%)
Estimated HCV Infection Among Homeless and Incarcerated Persons (Not Included in NHANES)	360,000-840,000 22%-52%

Two of Three Americans Living with HCV Were Born During 1945-1965

- Reflects historical high HCV incidence before viral discovery in 1989
- Five-fold higher prevalence than other US adults (3.39% vs 0.55%)
 - 81% of all HCV+ US adults
 - Of all HCV-related mortality in US, 73% were born in this cohort



Adjusted Odds Ratios for the Presence of HCV RNA: NHANES 2003-2010

Age 20-59

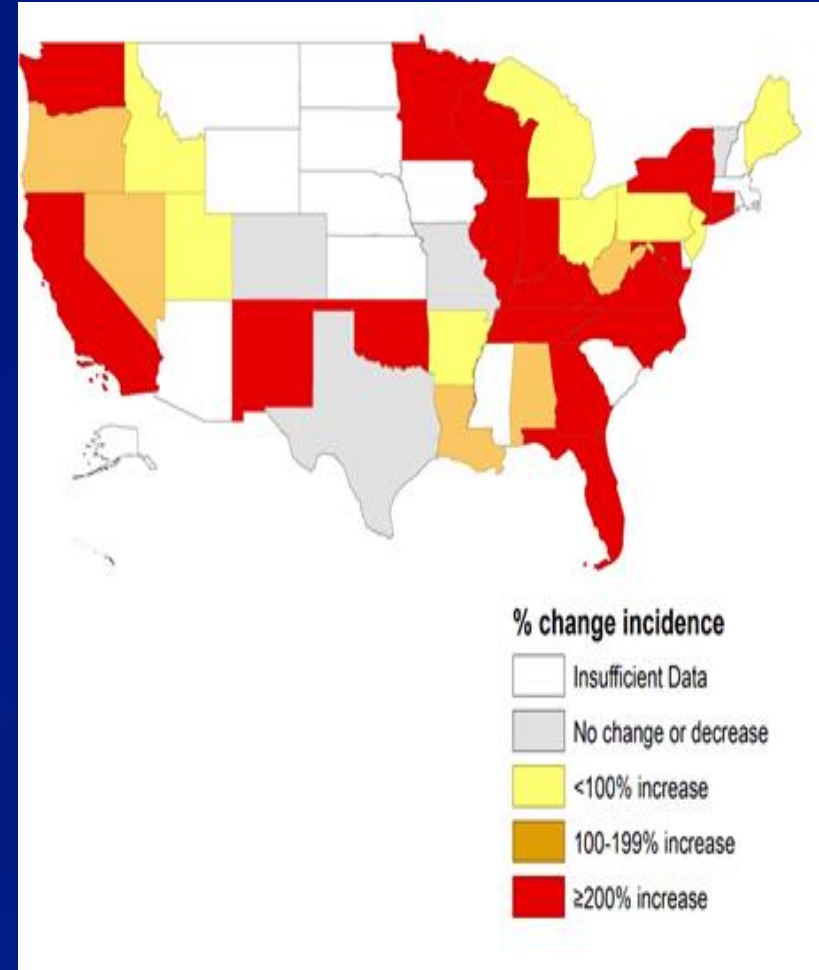
Characteristic	Odds Ratios
Age Categories (20-39 referent)	
Age 40-49	6.0 (3.2-11.1)
Age 50-59	9.5 (5.3-16.8)
Race-Ethnicity (all others referent)	
Non-Hispanic Black	1.6 (1.1-2.3)
High School Education (high school or more referent)	
Less than High School/GED	2.0 (1.2-3.3)
Family Income (>2.0 times poverty level referent)	
<2.0 times poverty level	3.7 (2.6-5.3)

Age ≥ 60

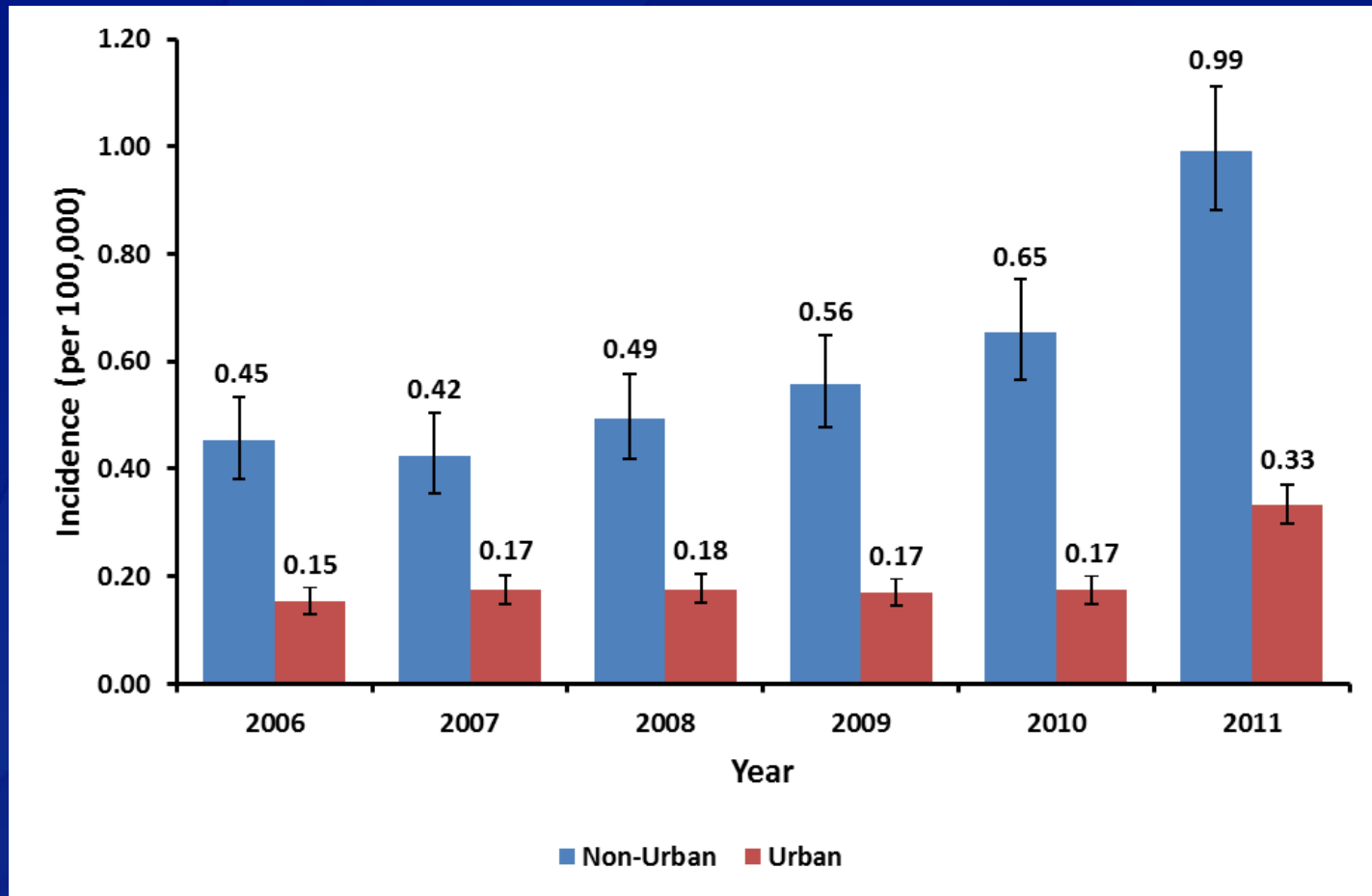
Characteristic	Odds Ratios
Age Categories (≥ 70 referent)	
Age 60-69	6.0 (3.2-11.1)
Race-Ethnicity (all others referent)	
Non-Hispanic Black	10.0 (4.9-20.1)

Recent Increases in New HCV Infection

- **Between 2007 and 2013**
 - Estimated 29,000 new HCV infections
 - 150% since 2010
 - 12 states report 66% of cases
 - (CA, FL, IN, KY, MA, MI, NJ, NY, NC, OH, PA, TN)

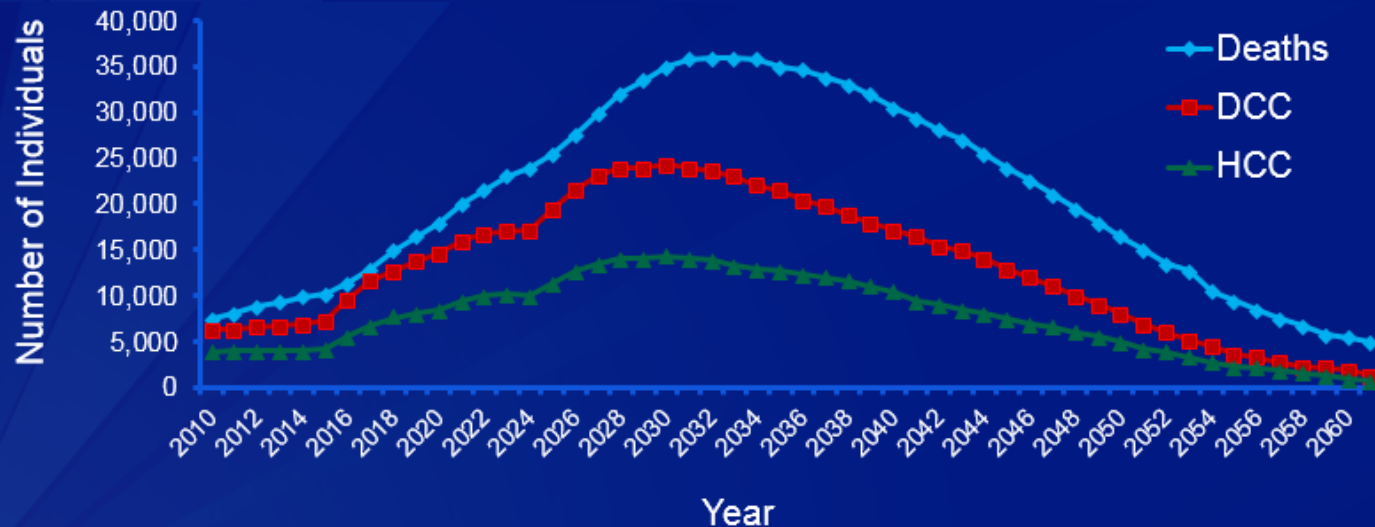


Hepatitis C Incidence by Urbanicity and Year of Diagnosis



The Growing Burden of Hepatitis C in the United States

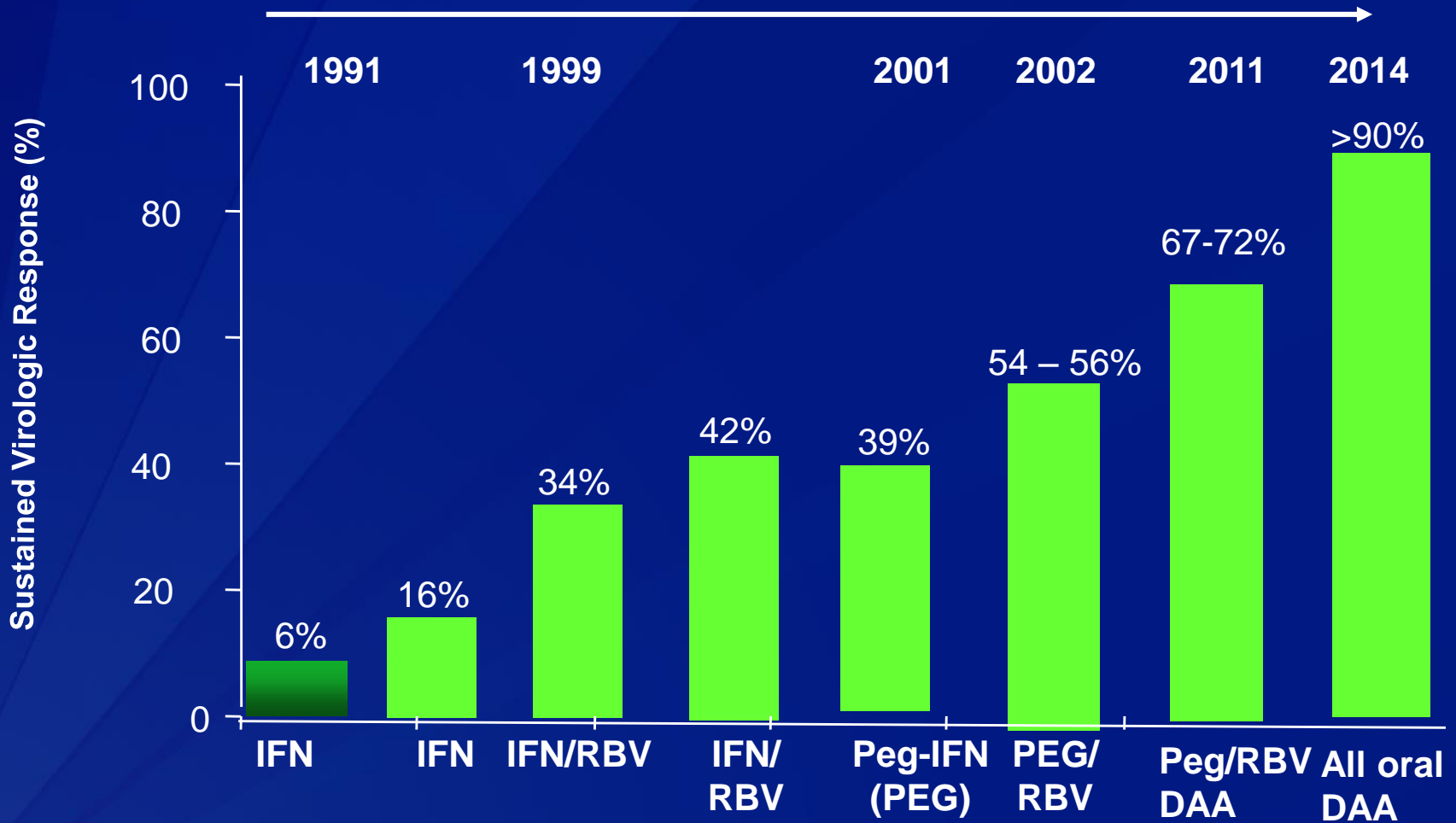
- Of 2.7 million HCV-infected persons in primary care
 - 1.47 million will develop cirrhosis
 - 350,000 will develop hepatocellular carcinoma (HCC)
 - 897,000 will die from HCV-related complications



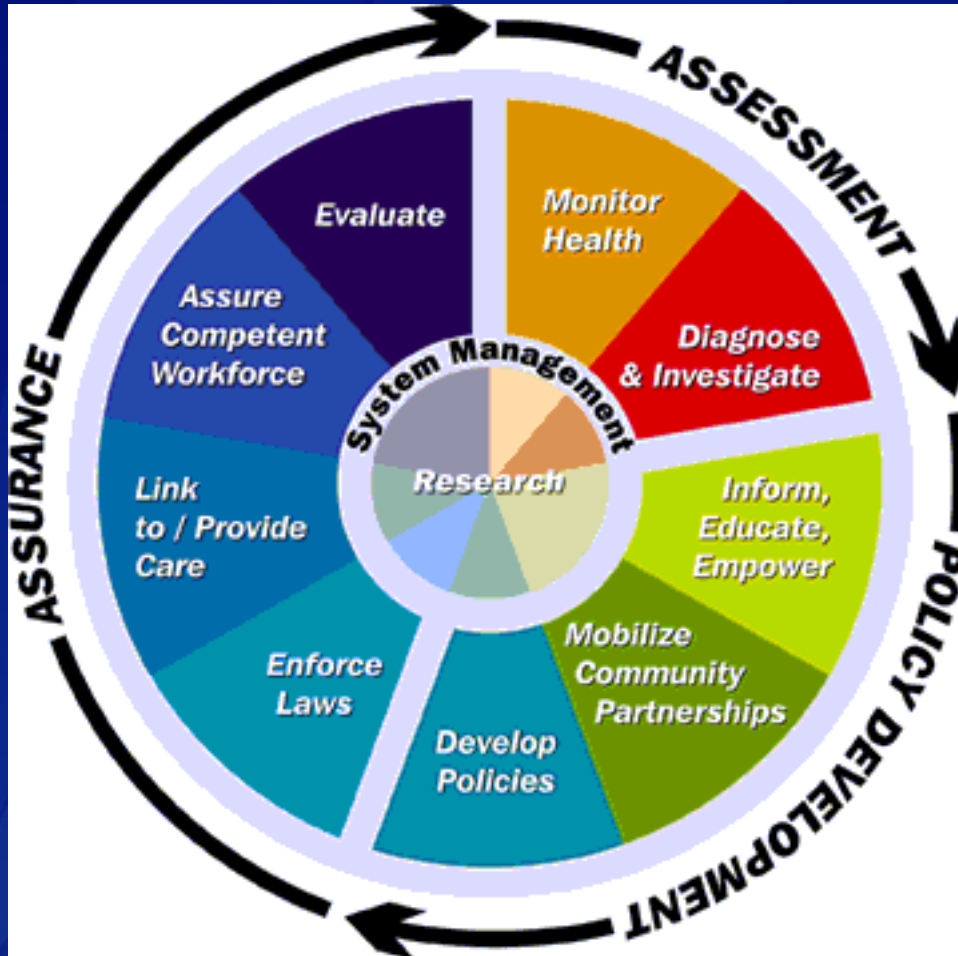
HCV is a Major Cause of Liver Disease and Associated Health Care Costs

- HCV is a major cause of liver disease
 - 40,000 (36%) of persons on liver transplant waitlist
 - 50% of persons with liver cancer; 2.5% annual increase
- Substantial HCV-related costs
 - Three-fold higher disability days (1.36 vs 0.34) than others
 - \$21,000 in annual health costs vs \$5,500 for others
 - From 2002 to 2010, HCV-positive patients aged 50-59 years had largest increases in hospital admissions (164%) and charges (341%)
- Successful hepatitis C treatment reduces health costs (\$900 vs \$1,378 per patient per month)

Advances in HCV Therapy



Role of Public Health in HCV Prevention



Public Health Core Functions - Institute of Medicine, 1988

Guided by research...

- *Assessment*
- *Policy Development*
- *Assurance*

Broader HCV Testing Recommendation in 2012

One time Test for Persons Born 1945 –1965

- ❑ Prevalence ~6 times higher than other ages (3.29% vs 0.55%)
- ❑ Represent 81% of adult chronic infections and 73% HCV deaths
- ❑ Benefit of treatment, with SVR reducing
 - Liver cancer risk: 70%
 - All-cause mortality: 50%
- ❑ No reported risk factors: 44%

Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

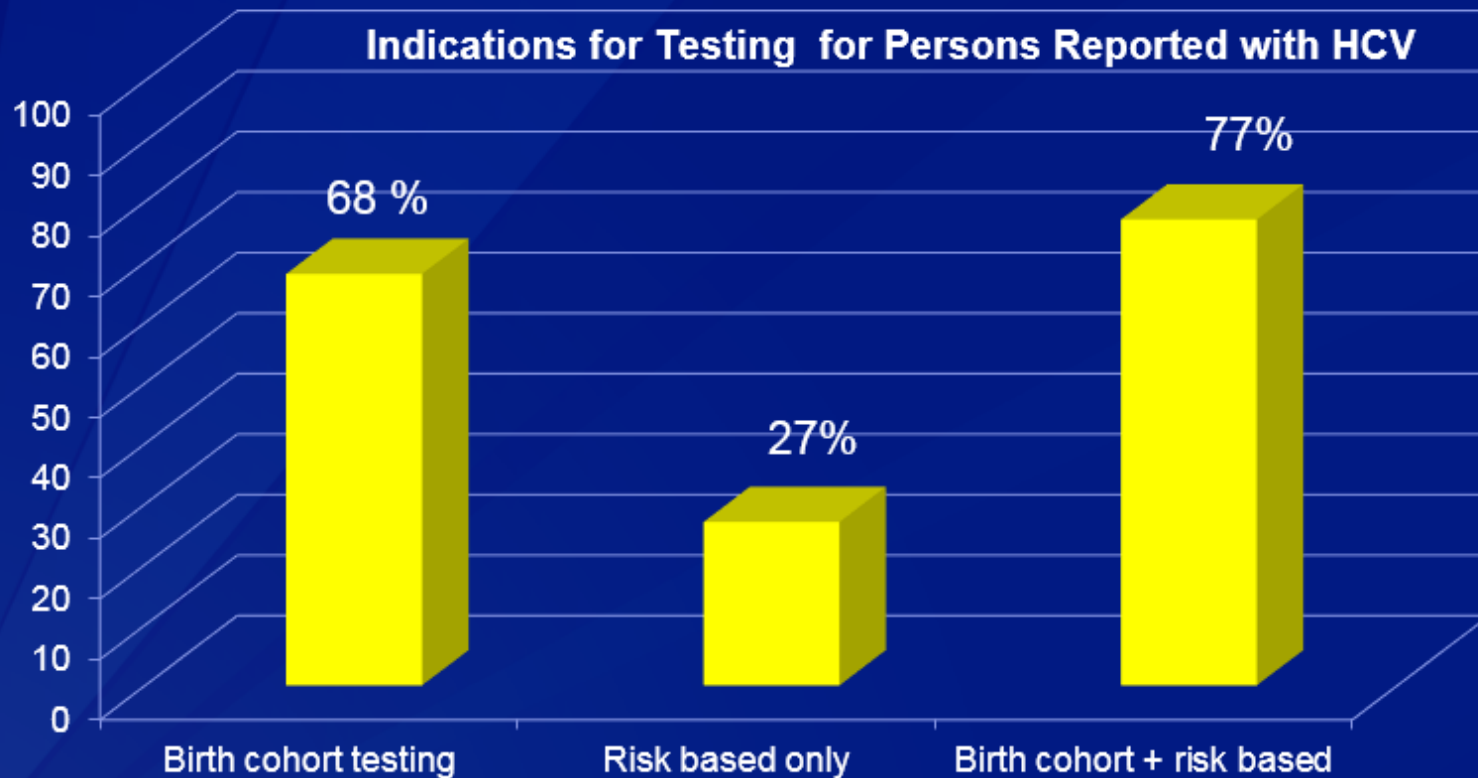
Recommendations and Reports / Vol. 61 / No. 4

August 17, 2012

Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born During 1945–1965

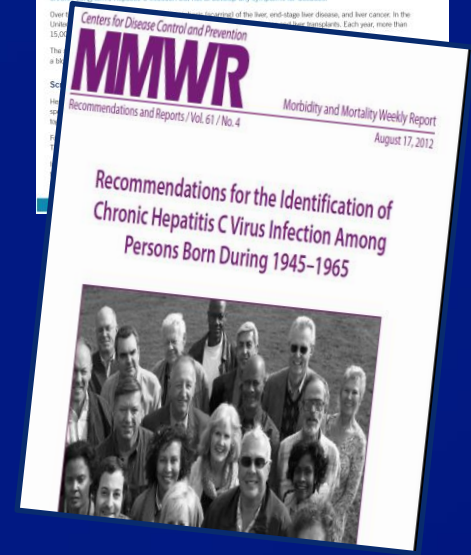
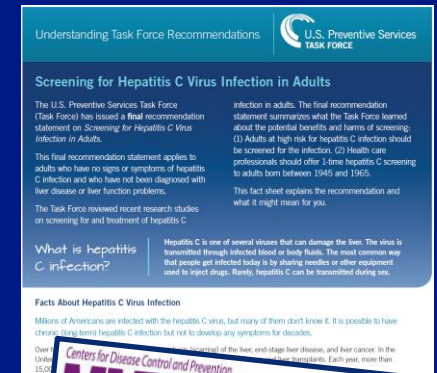


Combined Birth-cohort and Risk-based Testing Effectively Identify HCV-infected Patients



CDC and USPSTF Updated Recommendations for HCV Testing

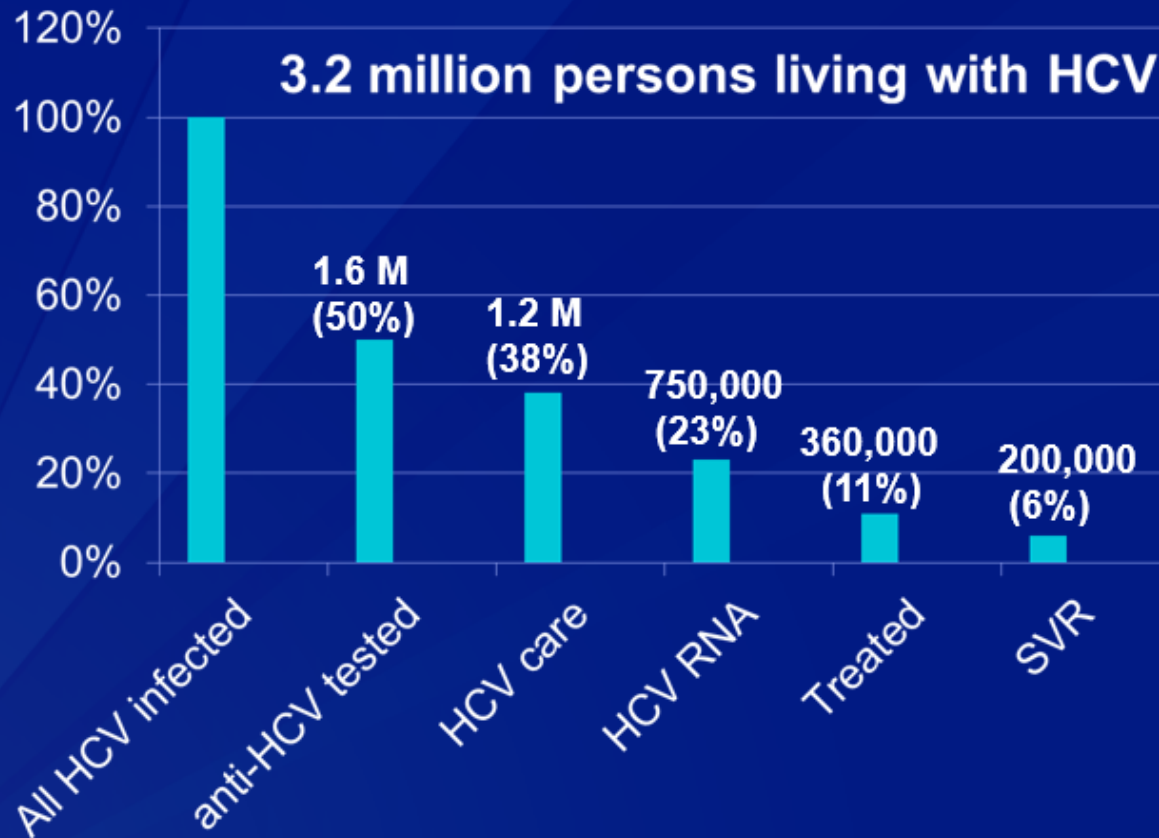
- ❑ One time screening test for persons born 1945-1965
- ❑ **Major risk**
 - Past or present injection drug use
- ❑ **Other risks**
 - Received blood/organs prior to June 1992
 - Received blood products made prior to 1987
 - Ever on chronic hemodialysis
 - Infants born to HCV infected mothers
 - Intranasal drug use
 - Unregulated tattoo
 - History of incarceration
- ❑ **Medical**
 - Persistently elevated ALT
 - HIV (annual testing)



HCV Testing Linked to Care and Treatment Yields Health Benefits

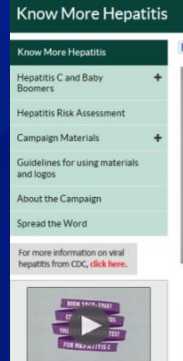
- ❑ The goal of HCV therapy is a sustained virologic response (SVR)
- ❑ SVR is the suppression of HCV to undetectable levels in the blood usually determined 12 weeks after the end of treatment
- ❑ SVR represents a cure of HCV infection
- ❑ Reduces risks of liver cancer and mortality
 - 70% reduction in hepatocellular carcinoma
 - 90% reduction in liver related mortality
 - 50% reduction in all cause mortality

HCV Test, Care, and Cure Continuum, United States

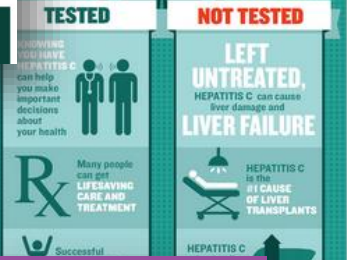
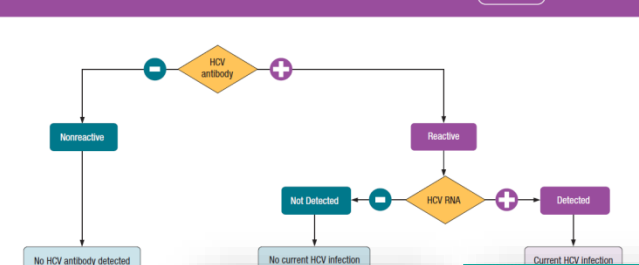


Campaign materials & how to use them to help implement Know More Hepatitis

- Website
- Fact sheets
- Infographics
- Posters
- Video PSAs
- Live read radio scripts
- Buttons & Badges
- Shareable digital content
- Resources for providers



Recommended Testing Sequence for Identifying Current Hepatitis C Virus (HCV) Infection



Online Viral Hepatitis Risk Assessment

- Personalized recommendations based on CDC's hepatitis testing and vaccination guidelines



Viral Hepatitis Risk Assessment



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.

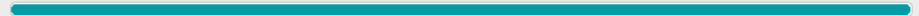
[Begin >>](#)

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 this 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/knowmorehepatitis

Your current progress:



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 health care professional.

[Print Only Recommendations](#)

[Print Recommendations and Explanations](#)

[Back](#)

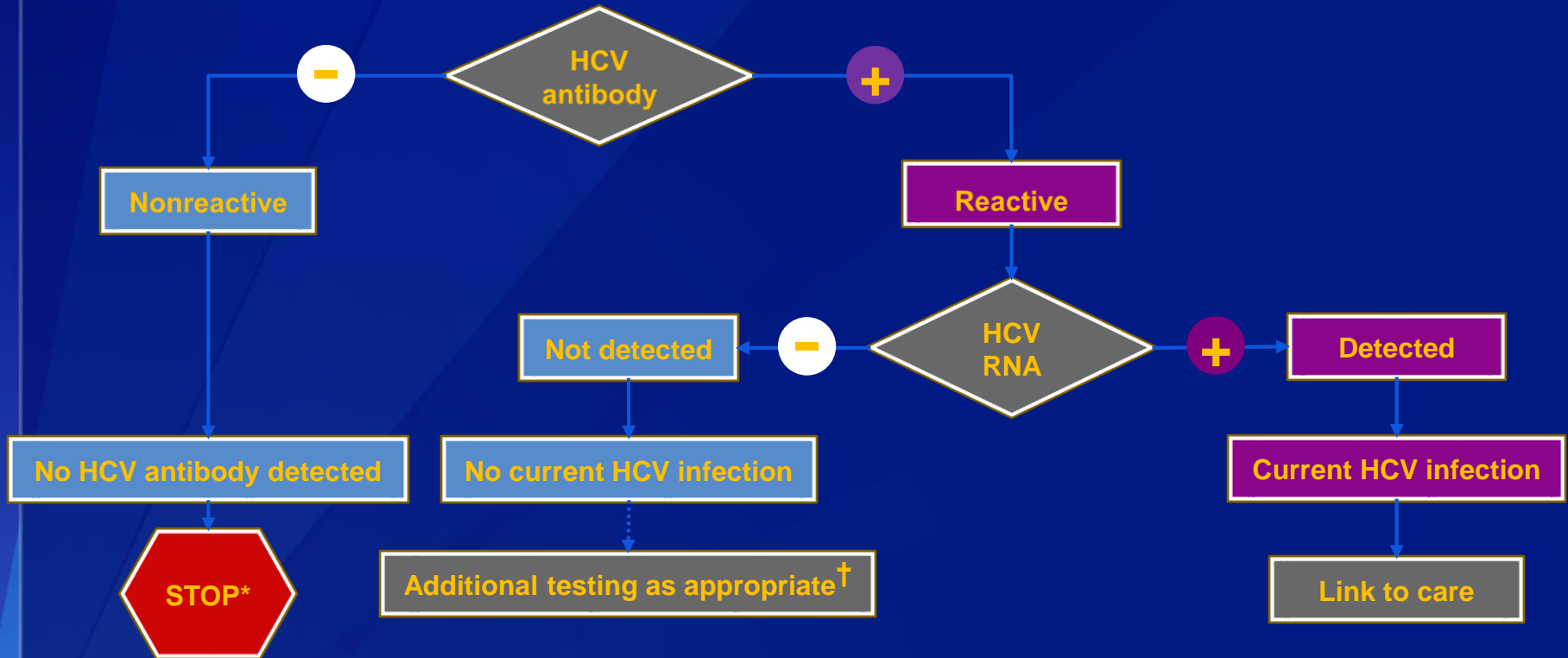
[End Assessment](#)

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



© Centers for Disease Control and Prevention

Testing Algorithm for Identifying Current Hepatitis C Virus (HCV) Infection (2013)



* For persons who might have been exposed to HCV within the past 6 months, testing for HCV RNA or follow-up testing for HCV antibody is recommended. For persons who are immunocompromised, testing for HCV RNA can be considered.

† To differentiate past, resolved HCV infection from biologic false positivity for HCV antibody, testing with another HCV antibody assay can be considered. Repeat HCV RNA testing if the person tested is suspected to have had HCV exposure within the past 6 months or has clinical evidence of HCV disease, or if there is concern regarding the handling or storage of the test specimen.

Local Strategies to Enhance HCV Testing and Care

- 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



National Viral Hepatitis Action Plan

Updated 2014-2016

Corinna Dan, RN, MPH

*Office of HIV/AIDS and Infectious Disease Policy
Department of Health and Human Services*

2013 Viral Hepatitis Epidemiology, U.S.

	Hepatitis A (HAV)	Hepatitis B (HBV)	Hepatitis C (HCV)
Acute cases <i>(annual estimated)</i>	3,473 <i>14% ↑ in reported cases compared to 2012</i>	19,764 <i>5.4% ↑ in reported cases compared to 2012</i>	29,718 <i>151.5% ↑ in reported cases from 2010 to 2013</i>
Chronic infections <i>(prevalent cases)</i>		700,000 – 1.4 million	2.7-3.9 million
Est. perinatal <i>(annual estimated)</i>		800 – 1,000	?
Deaths (2013) <i>(annual reported)</i>	80	1,873	19,368

*Between 45% to 65% of chronically infected persons are unaware of their infection status.

<http://www.cdc.gov/hepatitis/Statistics/2013Surveillance/index.htm>

Affordable Care Act Opportunities

- **Elimination of pre-existing condition restrictions**
- **Expanded access to health insurance**
- **Preventive health care coverage**
 - **Screening**
 - USPSTF Grade A or B
 - **Vaccination**
 - ACIP recommended

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CDC 24/7: Saving Lives. Protecting People.™

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Prevention of HIV/AIDS, Viral Hepatitis, STDs, and TB Through Health Care

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Viral Hepatitis Preventive Services

Preventive Service	Recommending Authority (authorized under Section 1002 of the Patient Protection and Affordable Care Act)	Eligible Population
Hepatitis A Vaccination	Advisory Committee on Immunization Practices (ACIP) (Recommendations issued and adopted by the Director of the Centers for Disease Control and Prevention May 2008)	Routine Hepatitis A vaccination for increased risk for any person with no immunity* (See MMWR Through Act Immunization: The Advisory Committee on Immunization Practices)
Hepatitis B Vaccination	Advisory Committee on Immunization Practices (ACIP) (Recommendations issued and adopted by the Director of the Centers for Disease Control and Prevention December 2005)	Universal vaccination for all children, adolescents, and young adults who were not pregnant and being at risk (HBV) infection, unvaccinated infection, or protection from infection. (See MMWR Immunization: Infection in Immunization: Adolescents' Completion to Eliminate Virus Infection Part 2: Immunization Discussion)
Hepatitis B Testing	USPSTF (Grade "B" recommendation issued May 2014)	Screening for infection in high-risk populations*

Prevention Through Health Care

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

HCV Therapy Has Undergone a Revolution

AMERICAN ASSOCIATION FOR
THE STUDY OF LIVER DISEASES



Recommendations for
Testing, Managing, and
Treating Hepatitis C



U.S. Food and Drug Administration
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FDA News Release

FDA approves first combination pill to treat hepatitis C

For Immediate
Release

October 10, 2014

Release

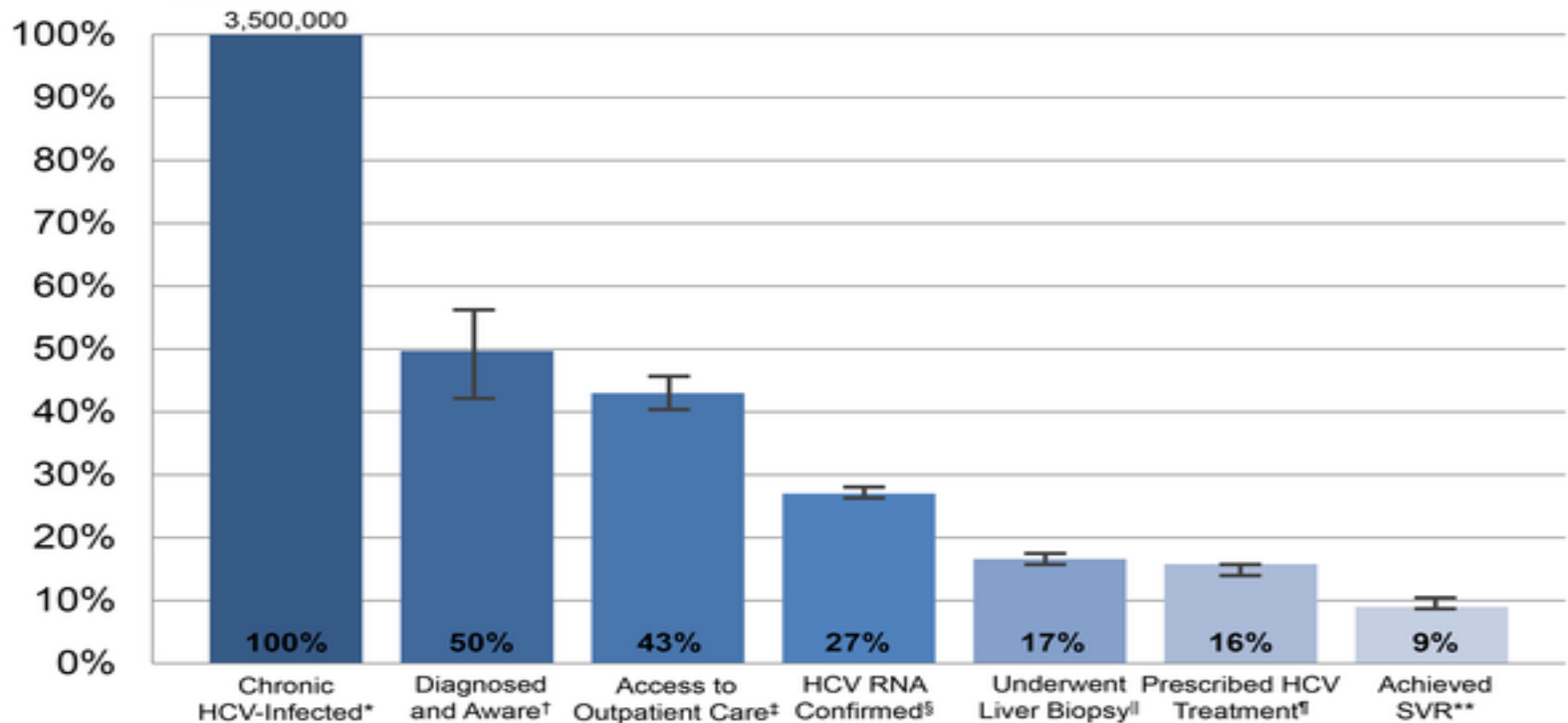
[Español](#)

The U.S. Food and Drug Administration today approved Harvoni (ledipasvir and sofosbuvir) to treat chronic hepatitis C virus (HCV) genotype 1 infection.

Harvoni is the first combination pill approved to treat chronic HCV genotype 1 infection. It is also the first approved regimen that does not require administration with interferon or ribavirin, two FDA-approved drugs also used to treat HCV infection.

Breakthrough Therapy Approvals

Gaps in the U.S. HCV Continuum of Care



* Chronic HCV-Infected; N=3,500,000.

† Calculated as estimated number chronic HCV-infected (3,500,000) x estimated percentage diagnosed and aware of their infection (49.8%); n=1,743,000.

‡ Calculated as estimated number diagnosed and aware (1,743,000) x estimated percentage with access to outpatient care (86.9%); n=1,514,667.

§ Calculated as estimated number with access to outpatient care (1,514,667) x estimated percentage HCV RNA confirmed (62.9%); n=952,726.

|| Calculated as estimated number with access to outpatient care (1,514,667) x estimated percentage who underwent liver biopsy (38.4%); n=581,632.

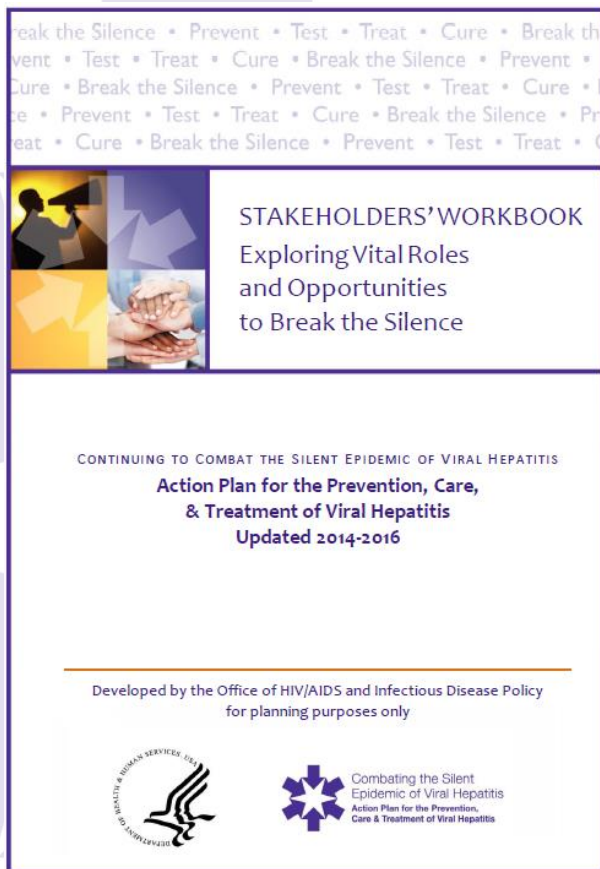
¶ Calculated as estimated number with access to outpatient care (1,514,667) x estimated percentage prescribed HCV treatment (36.7%); n=555,883.

** Calculated as estimated number prescribed HCV treatment (555,883) x estimated percentage who achieved SVR (58.8%); n=326,859.

Note: Only non-VA studies are included in the above HCV treatment cascade.

Yehia et al, PLOS One, 2014

U.S. Viral Hepatitis Action Plan and Stakeholders' Workbook

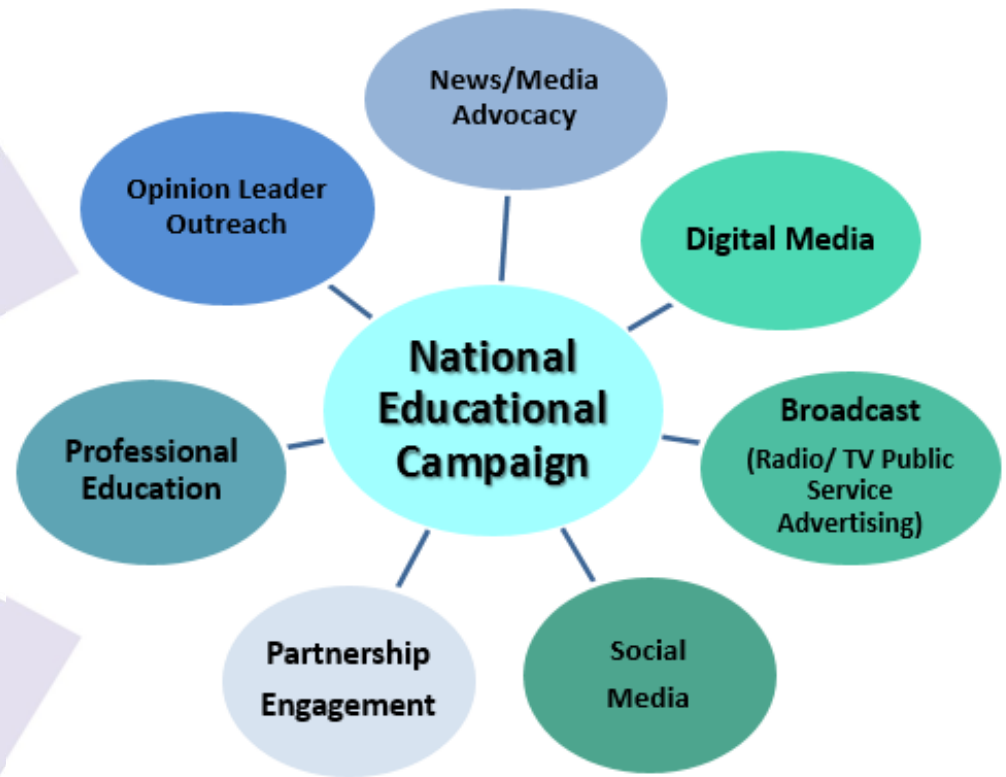


Examples of Opportunities for Health Departments:

- Help disseminate professional training tools and materials.
- Use CDC's hepatitis campaign materials to help spread the word about the importance of getting tested for viral hepatitis.
- Hold regular hepatitis testing events, and participate in National Testing Day on May 19th.
- Continue to build coalitions to expand the ability to reach populations most impacted by viral hepatitis.
- Support surveillance projects and epidemiological investigations to help understand the characteristics and needs of the emerging hepatitis C epidemic among people who inject drugs.
- Develop more detailed information about population-specific health disparities in viral hepatitis prevention, diagnosis, care, and treatment.

Visit <http://aids.gov/hepatitis>

Know More Hepatitis



Materials available at www.cdc.gov/hepatitis

Courtesy of CDC DVH Education, Training, & Communications Team



We Have the Tools!

▲ Centers for Disease Control and Prevention

- Educational materials, training resources, and guidelines
- www.cdc.gov/hepatitis

▲ U.S. Department of Health and Human Services

- Viral Hepatitis Action Plan, Stakeholders' Workbook, updates & reports, and blogs
- www.AIDS.gov/hepatitis

▲ Veterans Administration

- Patient and Provider education and tools
- <http://www.hepatitis.va.gov/>

▲ American Association for the Study of Liver Disease

- Primary healthcare provider training on viral hepatitis
- <http://www.aasld.org/act-first-free-online-cme-course-primary-care-providers>



Be the Action in the Viral Hepatitis Action Plan!

Thank you!

Corinna Dan, RN, MPH

Corinna.Dan@hhs.gov

Leveraging Partnerships to Address Hepatitis C: Philadelphia's Model

Alex Shirreffs, MPH

Viral Hepatitis Prevention Coordinator
Philadelphia Department of Public Health



Step 1: Organize Your Toolkit

Know your Local Viral Hepatitis Prevention Coordinator

- CDC-funded position
 - 49 state-level coordinators
 - 3 city coordinators
 - Philadelphia, NYC, LA
- Find your local VHPC:
 - <http://www.cdc.gov/hepatitis/Partners/VHPC.htm>
- Are there other health department experts?



Know Where to Find Info

Local Data:

- Hep surveillance limited
 - Only 7 CDC-funded surveillance sites
 - FL, MA, MI, NY, WA, SF, PHL
- What can local data tell you about risk pops?
 - Age (Baby Boomers), Race, Incarcerated, Drug Users
- What state or national data sets can you use?

Online Resources:

- Federal Guidance
 - CDC: Screening Guidelines, Know More Hep campaign
 - HHS Action Plan
- State Plans or Reports
- National Advocacy Orgs
 - NVHR, NASTAD, NACCHO
- Education/News
 - Hep C Advocate, Hepatitis Magazine, HIV and Hepatitis

Step 2:
Organize Your Community

Convene Partners

Internal:

- Communicable Disease
- HIV/AIDS
- Epidemiology
- STDs
- Behavioral Health/Addiction Services
- Corrections/Prison Health
- Immunizations
- Who else??

External:

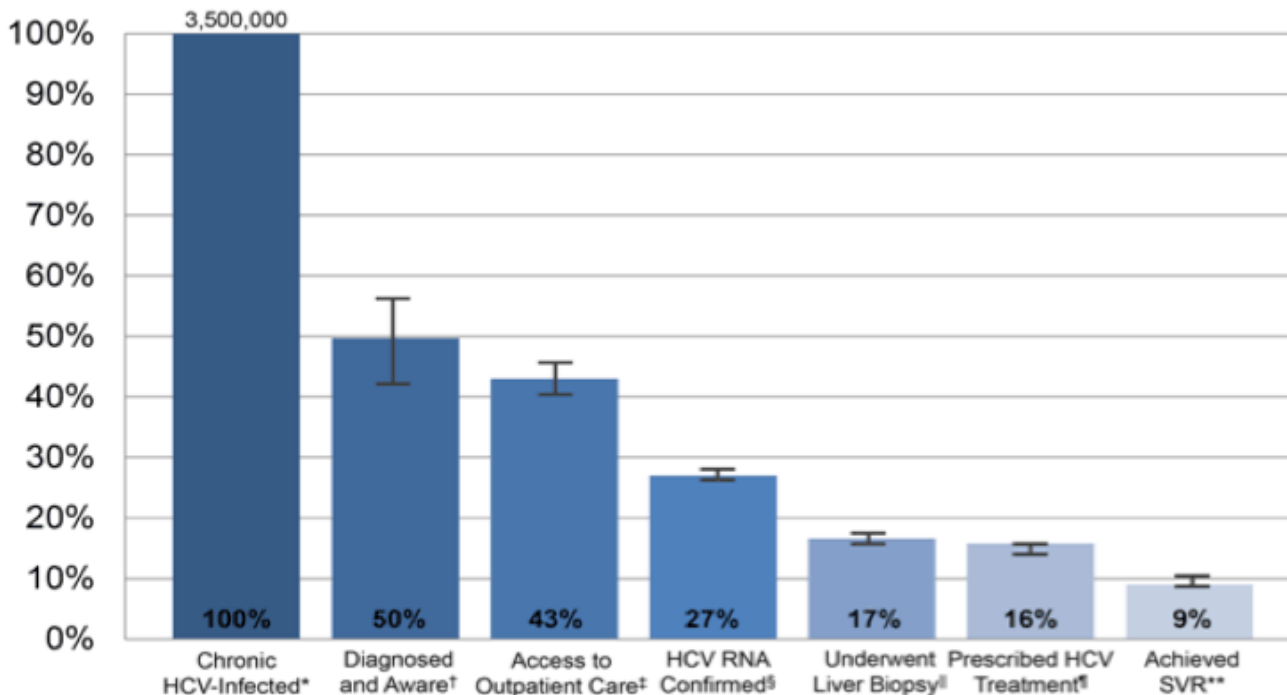
- Medical/Clinical
 - Hep Experts: Hepatologists, GI, ID
 - Community Health Centers, Primary Care
- Academia/Researchers
- Community based orgs
- Other hep orgs
 - Hep B United chapter
- Policy Makers/Advocates
- Industry



Step 3:
Develop a Plan & Get to
Work!

Understand Gaps in Services

Figure 2. Treatment Cascade for People with Chronic Hepatitis C Virus (HCV) Infection, Prevalence Estimates with 95% Confidence Intervals.



* Chronic HCV-Infected; N=3,500,000.

† Calculated as estimated number chronic HCV-infected (3,500,000) x estimated percentage diagnosed and aware of their infection (49.8%); n=1,743,000.

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Note: Only non-VA studies are included in the above HCV treatment cascade.

Yehia BR, Schranz AJ, Umscheid CA, Lo Re V III (2014) The Treatment Cascade for Chronic Hepatitis C Virus Infection in the United States: A Systematic Review and Meta-Analysis. PLoS ONE 9(7): e101554. doi:10.1371/journal.pone.0101554

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0101554>

Where can scale up happen?

- Use expertise of community partners to identify challenges and assets
- How to adapt existing services to respond to hep C?
 - Assume whatever additional funding arrives for hep C will never be equivalent to other disease states
 - Think ahead to how health care and hep C landscapes are changing
- Low cost strategies to get started:
 - Education
 - Awareness and Advocacy

Evolution of HepCAP

Pre-Launch (2011)	Preparation	<ul style="list-style-type: none">• Outreach strategy• Determine structure• Set initial agenda
Year 1 (2012)	Build Identity	<ul style="list-style-type: none">• Needs assessment and brainstorming• Prioritize activities• Widen our network
Year 2 (2013)	Build Presence	<ul style="list-style-type: none">• Publicize our work• Engage workgroups• Partnership to gain 501C3 status as affiliate program of Health Federation
Year 3 (2014)	Make an Impact	<ul style="list-style-type: none">• Bring in resources (\$\$)• Increase advocacy efforts

Training programs for variety of providers

Support system for patients

Telemedicine

Safe injection kits

Disseminate best practices

Partner with school district

Build clinical capacity

Mobile apps

Linkage to care model

De-stigmatize

PREVENTION

Awareness Campaign

Testing & Counseling Protocol

RESOURCE DEVELOPMENT

CARE & TREATMENT

ADVOCACY

Resource Guide

AWARENESS

Targeted educational materials

Harm Reduction resources

Culturally competent resources

Partner with recovery agencies

Have a presence in the community

Target youth

Promote testing

Flexible clinical availability

Patient navigation

HepCAP in Action: HCV Treatment Access

New, curative hepatitis C treatments not available to all patients living with hepatitis C

- HepCAP:
 - Provides updates on policies and process of treatment access
 - Joined forces with other advocates
 - Building state-wide advocacy network
 - Community Liver Alliance in Pittsburgh, PA
 - Co-branding advocacy materials and sharing strategies
 - NVHR Treatment Access Workgroup
- PA DOH and PDPH hosted a successful state hepatitis C summit in Harrisburg on 5/1!

Thank you!

alexandra.shirreffs@phila.gov

215-685-6462

www.phillyhepatitis.org

www.hepcap.org

www.hepbunited.org





Question, Answer, & Discussion



Instructions for Asking a Question or Making a Comment

- Submit your question or comment via the chat box.
- If you are dialed-in via the conference line (866-740-1260; 5074223#) and would like to ask a question or make a comment verbally:
 - Raise your hand by clicking this button at the top of your screen.



- We will call on you to speak and instruct you to enter *7 to unmute your line.
- After you are done speaking, mute your line by pressing the mute button on your phone or entering *6 and click on the raise hand button to lower your hand.



Access NACCHO's educational series on local health departments and hepatitis C at www.naccho.org/hepatitisc