March 18, 2016

John Ward, MD  
Director  
Division of Viral Hepatitis  
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention  
Centers for Disease Control and Prevention  
Atlanta, GA  30329-1902

RE: Division of Viral Hepatitis (DVH) Strategic Plan, 2016-2020: Bringing Together Science and Public-Health Practices for the Elimination of Viral Hepatitis

Dear Dr. Ward,

On behalf of the National Association of County and City Health Officials (NACCHO), I write to provide comments on the Division of Viral Hepatitis (DVH) Strategic Plan, 2016-2020: Bringing Together Science and Public-Health Practices for the Elimination of Viral Hepatitis. NACCHO is the voice of the approximately 2,800 local health departments across the country. These city, county, metropolitan, district, and tribal departments work to protect and improve the health of all people and all communities.

Local health departments are essential partners in the effort to eliminate viral hepatitis in the United States. Local health departments lead and support an array of services and activities to address viral hepatitis, including surveillance, prevention, outbreak control, education and outreach, vaccination for hepatitis A and B virus, and provision of or referral to diagnosis, care, and treatment. Additionally, local health departments are critical safety net providers for populations disproportionately affected by viral hepatitis, and are committed to addressing health inequities and reducing health disparities related to viral hepatitis outcomes.

Overall, NACCHO is supportive of the strategic plan and applauds the Division’s focus on eliminating viral hepatitis, which is directly in line with the global movement led by the World Health Organization. We would particularly like to highlight the following points:

- We value the recognition DVH has given to populations disproportionately impacted by viral hepatitis, and to the health disparities underlying growing rates of hepatitis B (HBV) and hepatitis C (HCV) infection in the United States and internationally. Additionally, the attention drawn to the prevalence of undiagnosed viral hepatitis infections, especially among Asian Americans and African Americans, and to the disproportionately high viral hepatitis-related mortality in those populations, are vital observations that can positively impact the treatment and wellbeing of those with, or at risk for, viral hepatitis infection.
- The strategic plan’s emphasis on the use and expansion of data from surveillance, modeling, research, and evaluation is both timely and essential, and addresses a key deficit in past actions on...
viral hepatitis prevention and treatment. Evidence-based programming is essential in any public health sector, and critical to efforts to halt the spread of a rapidly expanding, relatively silent epidemic such as viral hepatitis.

- The strategic plan’s commitment to supporting local health authorities to improve the detection of and response to viral hepatitis is critical. NACCHO encourages DVH to consider expanding its work to include more local jurisdictions. The Philadelphia Department of Public Health, one of three cities funded to do enhanced surveillance, has been a leader in innovative surveillance work, as demonstrated through the development of a local continuum of care and work done to create a case definition for perinatal hepatitis C. Philadelphia’s work demonstrates the importance of high quality surveillance at the city level and the important impact this designated funding can have on improving prevention, screening, and linkage to care.

- NACCHO values the continued support for the Adult Viral Hepatitis Prevention Coordinators. As the core program for addressing viral hepatitis in the United States, the coordinators play a critical role in elimination. NACCHO encourages DVH to consider supporting more coordinators at the city and county level, beyond the four positions that are currently funded through the program.

- The strategic plan’s acknowledgment of the role of the health care system in preventing viral hepatitis infections, morbidity, and mortality is valuable, as clinical care enters an era of widespread technological integration, which has been and will be deployed further to identify those with or at risk for viral hepatitis infection, and to provide timely, cost-efficient, patient-centered treatment and prevention.

- NACCHO is troubled that 95% of new HBV infections are among unvaccinated adults with behavioral risk factors, factors which also may put them at risk for HCV infection. The susceptibility of HBV-unvaccinated people who inject drugs (PWID) to both HBV and HCV, and of men who have sex with men to HBV, is especially concerning. These at-risk populations are historically difficult to reach by clinical care and behavioral prevention efforts, making the availability of preventative immunizations in nontraditional settings a key imperative. Widespread, novel HBV vaccination approaches, if implemented as called for in the strategic plan, will not only reduce HBV transmission and HBV-related morbidity and mortality, but will serve to reduce morbidity and mortality extending from co-infection with HCV or HIV.

- NACCHO values DVH’s recognition of the growing opioid epidemic in this country, and the positive impact harm reduction strategies have on reducing the spread of viral hepatitis among people who inject drugs. DVH’s support of these strategies, including research on comprehensive prevention with opioid substitution therapy and access to syringe exchange programs, is foundational, and NACCHO supports these efforts. Removing barriers to effective harm reduction programs, especially syringe exchanges, will be essential to reducing and eliminating new viral hepatitis infections, and NACCHO encourages DVH to maintain and expand its support of proven and evolving prevention efforts among populations most at risk for new infections.

- NACCHO appreciates the strategic plan’s acknowledgement of addressing health-care associated infections. Local health departments play a critical role in working with their state health department and health care providers in their community, such as long-term care facilities. NACCHO encourages DVH to further support these relationships.

- The strategic plan’s emphasis on expanding access to the new curative therapies that exist for hepatitis C is key to elimination. NACCHO encourages DVH to continue its leadership in providing education and facilitating relationships between federal government agencies that fund the provision of care, as well as with industry partners, to expand access to these treatments to all of those in need.
NACCHO is committed to supporting and promoting the local health department response to viral hepatitis. In 2015, NACCHO created an online educational series to increase local health department awareness and knowledge of strategies, policies, and best practices for addressing HCV in their communities, with a particular focus on diagnosis and linkage to care. We encourage the Division to recognize and support the critical role of local health departments through the implementation of its strategic plan.

NACCHO applauds the revision of DVH’s strategic plan and the leadership you have provided in coordinating federal partners around meaningfully addressing viral hepatitis in the United States. We appreciate the opportunity to provide input on this important topic and look forward to continuing to support and advance the local health department response to viral hepatitis. If you have any questions, please contact Gretchen Weiss, Director, HIV, STI, and Viral Hepatitis, at 202-507-4276 or gweiss@naccho.org.

Sincerely,

LaMar Hasbrouck, MD, MPH
Executive Director