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](http://www.naccho.org/hepatitisc)

NACCHO’s educational series is supported by an educational grant from Janssen Therapeutics, Division of Janssen Products, LP and funding from Gilead Sciences, Inc.
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.

- 1986: Indirect blood screening for HCV and HIV prevention measures
- 1989: Discovery of HCV
- 1992: Anti-HCV test licensed
- 2001: Needle stick Safety and Prevention Act

22,000 new acute HCV cases reported in 2012

## Prevalence of Current HCV Infection Among Persons in the United States

<table>
<thead>
<tr>
<th>Prevalence</th>
<th>Civilian, Non-Institutionalized Populations (NHANES)</th>
<th>Estimated HCV Infection Among Homeless and Incarcerated Persons (Not Included in NHANES)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.7 million (2.2-3.2 million) 1.0% (0.8%-1.2%)</td>
<td>360,000-840,000 22%-52%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Odds Ratios</th>
<th>Characteristic</th>
<th>Odds Ratios</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age 20-59</strong></td>
<td></td>
<td><strong>Age ≥ 60</strong></td>
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<tr>
<td><strong>Age Categories</strong></td>
<td></td>
<td><strong>Age Categories</strong></td>
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<tr>
<td>(20-39 referent)</td>
<td></td>
<td>(≥ 70 referent)</td>
<td></td>
</tr>
<tr>
<td>Age 40-49</td>
<td>6.0 (3.2-11.1)</td>
<td>Age 60-69</td>
<td>6.0 (3.2-11.1)</td>
</tr>
<tr>
<td>Age 50-59</td>
<td>9.5 (5.3-16.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Race-Ethnicity</strong></td>
<td></td>
<td><strong>Race-Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>(all others referent)</td>
<td></td>
<td>(all others referent)</td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>1.6 (1.1-2.3)</td>
<td>Non-Hispanic Black</td>
<td>10.0 (4.9-20.1)</td>
</tr>
<tr>
<td><strong>High School Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(high school or more referent)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than High School/GED</td>
<td>2.0 (1.2-3.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(&gt;2.0 times poverty level referent)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;2.0 times poverty level</td>
<td>3.7 (2.6-5.3)</td>
<td></td>
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</tr>
</tbody>
</table>
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)

Suryprasad AG, et al. CID 2014
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

Rein D, Dig Liver Dis 2010.
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%
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

3.2 million persons living with HCV

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

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
Online Viral Hepatitis Risk Assessment

- 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 >>

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.
* 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.

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

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

The Evolution of Our National Response

2010

Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C

2011

Combating the Silent Epidemic of Viral Hepatitis: Action Plan for the Prevention, Care & Treatment of Viral Hepatitis

2014

Action Plan for the Prevention, Care, & Treatment of Viral Hepatitis

Updated
2014-2016
6 Priority Areas

- Educating providers and communities
- Improving testing, care, and treatment
- Strengthening surveillance
- Eliminating transmission of vaccine-preventable viral hepatitis
- Reducing viral hepatitis cases associated with drug-use behaviors
- Protecting patients and workers from health-care-associated viral hepatitis
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

Viral Hepatitis Preventive Services

- Hepatitis A Vaccination
- Hepatitis B Vaccination
- Hepatitis B Testing

Prevention Through Health Care

www.aids.gov/hepatitis • #ViralHepAction
HCV Therapy Has Undergone a Revolution

FDA approves first combination pill to treat hepatitis C

For Immediate Release  October 10, 2014

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.
Gaps in the U.S. HCV Continuum of Care

Yehia et al, PLOS One, 2014

www.aids.gov/hepatitis • #ViralHepAction
Purpose:
Facilitate opportunities to talk through potential activities, challenges, tools, resources, and partnerships related to each priority area.

- Discussion questions provided, e.g.:
  - What are the best ways to identify persons with chronic viral hepatitis who do not know they are infected? What can your organization do to promote this?

- Sample hepatitis planning sheet to prioritize, set timeframes, & measures

www.aids.gov/hepatitis • #ViralHepAction
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](http://www.cdc.gov/hepatitis)

▲ **Veterans Administration**
  - Patient and Provider education and tools

▲ **U.S. Department of Health and Human Services**
  - Viral Hepatitis Action Plan, Stakeholders’ Workbook, updates & reports, and blogs
  - [www.AIDS.gov/hepatitis](http://www.AIDS.gov/hepatitis)

▲ **American Association for the Study of Liver Disease**
  - Primary healthcare provider training on viral hepatitis
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](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.

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                  | • Outreach strategy  
|                  |                              | • Determine structure  
|                  |                              | • Set initial agenda  
| Year 1 (2012)   | Build Identity               | • Needs assessment and brainstorming  
|                  |                              | • Prioritize activities  
|                  |                              | • Widen our network  
| Year 2 (2013)   | Build Presence               | • Publicize our work  
|                  |                              | • Engage workgroups  
|                  |                              | • Partnership to gain 501C3 status as affiliate program of Health Federation  
| Year 3 (2014)   | Make an Impact               | • Bring in resources ($$)  
|                  |                              | • Increase advocacy efforts  

PREVENTION

- Telemedicine
- Safe injection kits
- Partner with school district
- Mobile apps
- Linkage to care model
- Harm Reduction resources
- Testing & Counseling Protocol
- Partner with recovery agencies
- Target youth
- Flexible clinical availability

CARE & TREATMENT

- Support system for patients
- Disseminate best practices
- Build clinical capacity
- Awareness Campaign
- Resource Guide
- Targeted educational materials
- De-stigmatize
- Harm Reduction resources
- Build clinical capacity
- Linkage to care model
- De-stigmatize

RESOURCE DEVELOPMENT

- Training programs for variety of providers
- Patient navigation
- Resource Guide
- Promote testing
- Have a presence in the community
- Culturally competent resources
- Awareness Campaign
- De-stigmatize

ADVOCACY

- Support system for patients
- Disseminate best practices
- Build clinical capacity
- Awareness Campaign
- Resource Guide
- Promote testing
- Have a presence in the community
- Culturally competent resources
- De-stigmatize

AWARENESS

- Training programs for variety of providers
- Patient navigation
- Resource Guide
- Promote testing
- Have a presence in the community
- Culturally competent resources
- De-stigmatize

POSITIVE OUTCOMES

- Prevention
- Care & Treatment
- Advocacy
- Resource Development
- Awareness

- Telemedicine
- Safe injection kits
- Partner with school district
- Mobile apps
- Linkage to care model
- Harm Reduction resources
- Testing & Counseling Protocol
- Partner with recovery agencies
- Target youth
- Flexible clinical availability
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!

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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:
  o Raise your hand by clicking this button at the top of your screen.
  o We will call on you to speak and instruct you to enter *7 to un-mute your line.
  o 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