

US Proposal to Transform Response to Hepatitis B and C

**Anna S. F. Lok, MD
University of Michigan
Ann Arbor, MI, USA**

US Proposal to Transform Response to Hepatitis B and C

- **Burden of disease**
- **Deficiencies identified by Institute of Medicine (IOM)**
- **Responses to IOM report**
 - **Government**
 - **Professional societies**
 - **Community organizations**

Burden of Chronic Hepatitis B and Hepatitis C

- **Persons living with chronic infection – 3.5-5.3 M ***
 - **Chronic HBV** 800,000-1.4 million
 - **Chronic HCV** 2.7- 3.9 million
- **Chronic viral hepatitis associated deaths – 10,000-15,000**
 - **Chronic HBV** 2,000- 4,000 per yr
 - **Chronic HCV** 8,000-12,000 per year
 - **HIV infected:** 9% HBV; 25% HCV

*Extrapolations from NHANES - Inadequate sample of Asian/Pacific Islanders (API), does not include homeless and incarcerated persons

Chronic Viral Hepatitis and Health Disparities

■ Chronic HBV

- 1 in 12 Asians with chronic HBV
- Asians make up 4.5% of US population but account for >50% of chronic HBV
- 53,000 cases per year among new immigrants to US

■ Chronic HCV

- Baby boomers born 1940-1965 account for 2/3 of chronic HCV
- African Americans make up 14% of US population but account for 22% of chronic HCV
- ~1 in 5 inmates with chronic HCV
- Mortality twice that of whites for blacks, Hispanics, Native Americans

Institute of Medicine (IOM) Report

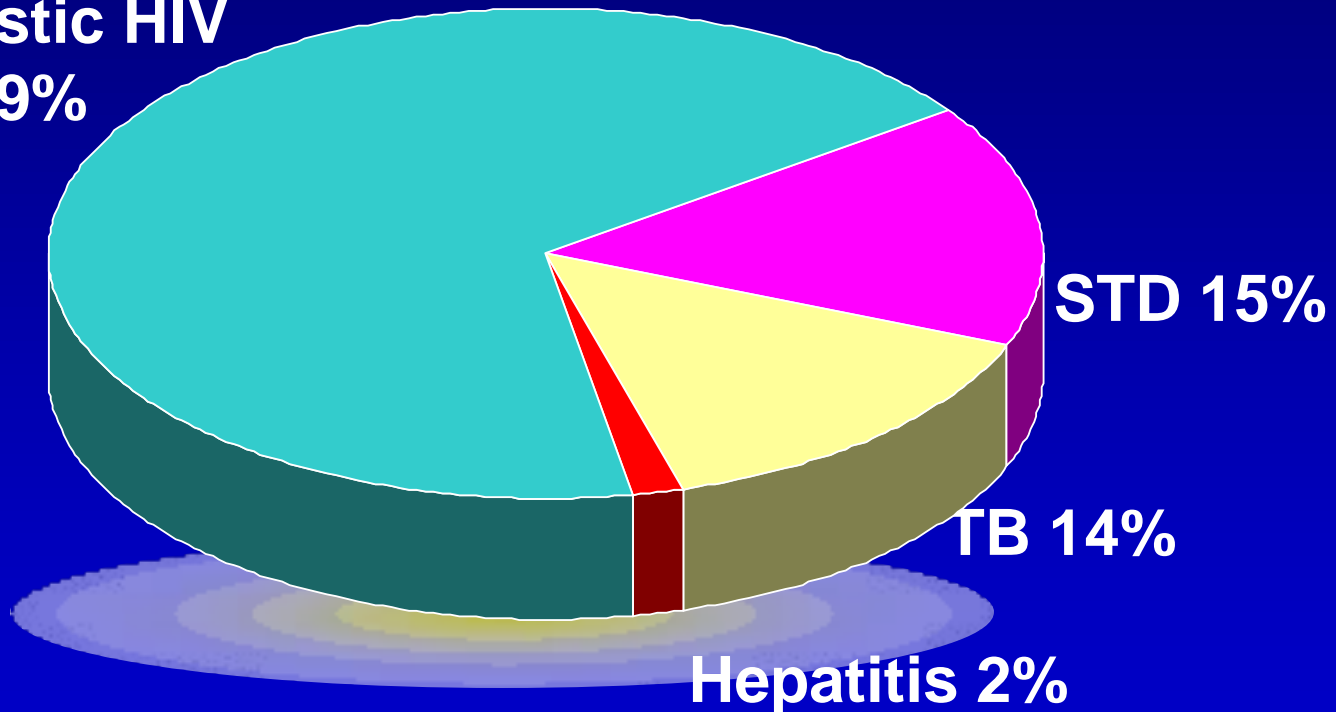
Factors that impede current efforts to prevent and control hepatitis B and hepatitis C

- Lack of knowledge and awareness about chronic viral hepatitis on the part of health-care and social service providers**
- Lack of knowledge and awareness about chronic viral hepatitis among at-risk populations, members of the public, and policy-makers**
- Insufficient understanding about the extent and seriousness of this public-health problem, so inadequate public resources are being allocated to prevention, control, and surveillance programs**

FY 2008 CDC Domestic Enacted Funds

Total: \$1 billion

Domestic HIV
69%



Only 2% of National Center for HIV/AIDS, VH, STD and TB prevention budget allocated for viral hepatitis

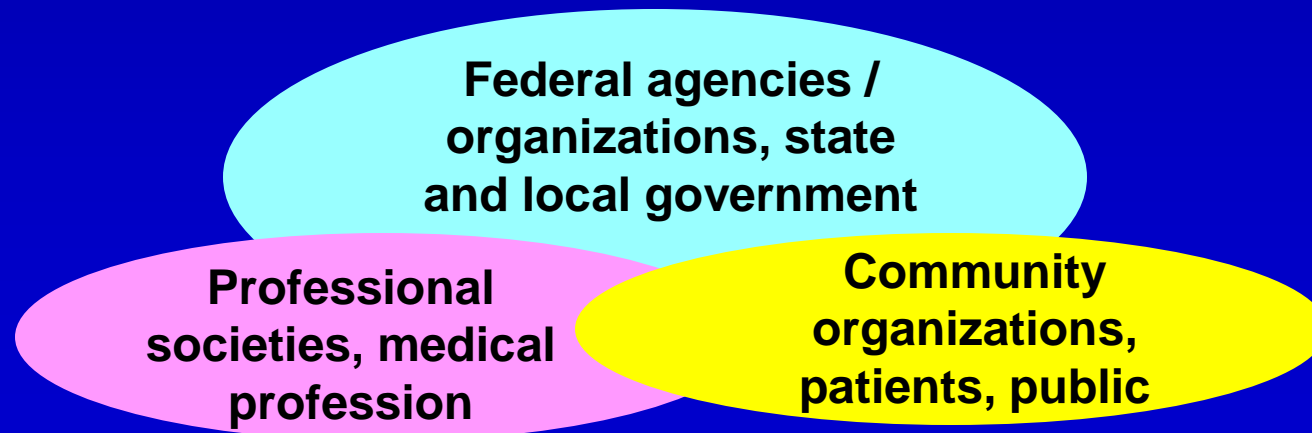
Siloed approach to disease prevention despite overlapping risk patterns

National Institutes of Health Research Dollars

	HBV	HCV	HIV
No. chronically infected (million)	0.8-1.4	2.7-3.9	1.05-1.16
% unaware of infection	65%	75%	21%
Research dollars (million)			
FY2009	51	97	3,019
FY2010	52	100	3,086
FY 2011	54	102	3,184

Health and Human Services (HHS) Action Plan on Viral Hepatitis 2010

- **Hepatitis Interagency Working Group**
 - Center for Disease Control and Prevention (CDC)
 - National Institutes of Health (NIH)
 - Centers for Medicaid and Medicare Services (CMS)
 - Health Resources and Services Administration (HRSA)
 - Food and Drug Administration (FDA)
 - Agency for Healthcare Research and Quality (AHRQ)
 - US Preventive Services Task Force (USPSTF)



Proposals to Improve Surveillance

- **Evaluate current system to guide development of improved standardized surveillance**
- **Core surveillance – electronic reporting, incorporate into proposed health information technology infrastructure to allow sharing of information**
- **Active targeted surveillance of at-risk populations, racial/ethnic groups, immigrant populations**

Proposals to Improve Screening

- **Revise USPSTF guidelines to endorse HBV and HCV screening**
- **Simplify screening criteria – e.g. age-based for HCV, birth place for HBV**
- **Educate providers**
- **Educate public and risk groups**
- **Conduct HBV & HCV screening in HIV / STD clinics, prisons, primary care clinics**
- **Introduce rapid point-of-care testing**
- **Designate HBV and HCV screening as “essential health benefits”**

Proposals to Improve Knowledge and Awareness

- **Develop hepatitis B and C educational programs for health-care and social-service providers**
 - **CDC, AASLD and other professional societies, health care organizations**
- **Develop, coordinate, and evaluate innovative and effective outreach and educational programs to at-risk populations and the general public**
 - **CDC, local health departments, community organizations**



San Francisco Hep B Free

- **A citywide campaign to turn San Francisco into the first hepatitis B free city in the US**
- **Objectives**
 - **To create public and healthcare provider awareness about importance of testing and vaccinating Asian Pacific Islanders (APIs) for hepatitis B**
 - **To promote routine HBV testing and vaccination within the primary care medical community**
 - **To ensure access to treatment for chronically infected individuals**
- **Mayor Newsom and Assemblywoman Ma lead the effort along with >50 health-care and API organizations**



San Francisco Hep B Free 2009 – Key Accomplishments ...

- **\$2,400,239 dedicated by active partners to campaign**
- **7,737 volunteer hours**
- **20 TV, 302 newspaper, 555 radio public service announcements**
- **115 billboards, bus shelters, bus panels, wallscape**
- **30,000 Hep B Free branded biodegradable bags distributed to merchants**
- **104,457 people attended 59 community events – 19 provided screening**
- **4,508 screened for HBV at campaign sites**

AASLD Proposals to Improve Knowledge and Awareness

- **Education**
 - Create slide set for primary care
 - Reach out to American College of Physicians and other professional societies
 - Organize single topic conference on “Chronic viral hepatitis – strategies to improve effectiveness of screening and treatment” in collaboration with CDC
- **Manpower**
 - Increase number of hepatology trainees
 - Increase training of mid-level providers (physician assistants, nurse practitioners)

Proposals to Improve Immunization

- **Establish case-management programs for HBsAg+ pregnant women**
- **Utilize health information technology to track maternal HBV and newborn immunization status**
- **Include rate of newborn HBV immunization as a national quality measure for hospitals and birthing centers**
- **Mandate HBV series be completed or in progress as requirement for school attendance**
- **Expand public and private insurance coverage for HBV vaccination**
- **Integrate HBV and HCV prevention with HIV / STD care**

Proposals to Improve Viral Hepatitis Services

- **Improve linkage of newly diagnosed patients to care**
 - Referral system when screening is conducted outside health-care setting
- **Assure all who need care receive it**
 - Utilize health information technology to track referrals and follow-up
 - Rescind denial of care for “pre-existing” conditions
 - Safety net system: community health centers, Ryan White Program
 - Health care reform

Affordable Care Act and Hepatitis

- **Immediate reforms**
 - Pre-existing condition insurance plans
 - USPSTF recommended preventive services and ACIP recommended vaccines and screenings mandated to be covered without cost sharing
- **Reforms effective by 2014**
 - Elimination of pre-existing condition exclusions
 - Expansion of Medicaid program to cover all who live below 133% of federal poverty level (FPL)
 - Reduced premium for those purchasing private insurance with incomes 133%-400% of FPL
 - Essential health benefits requirements that include preventive services with reduced cost sharing (for benefits not recommended by USPSTF)

AASLD Responses to Need for Additional Resources

- **Legislation / Public policy**
 - **Hired Trust for America's Health to translate IOM recommendations to action plan for congress to increase appropriations**
 - **Collaborate with Health and Human Services / CDC on issues related to inter-agency task force on viral hepatitis**
 - **Advocate for additional research funding from NIH**
 - **Advocate Honda-Cassidy bill in congress and Kerry bill in senate to increase screening and access to care**

Acknowledgements

- **John Ward, CDC**
- **Arun Sanyal, AASLD**
- **Edward Doo, NIH**