

California Adult Viral Hepatitis Prevention Strategic Plan, 2010 – 2014

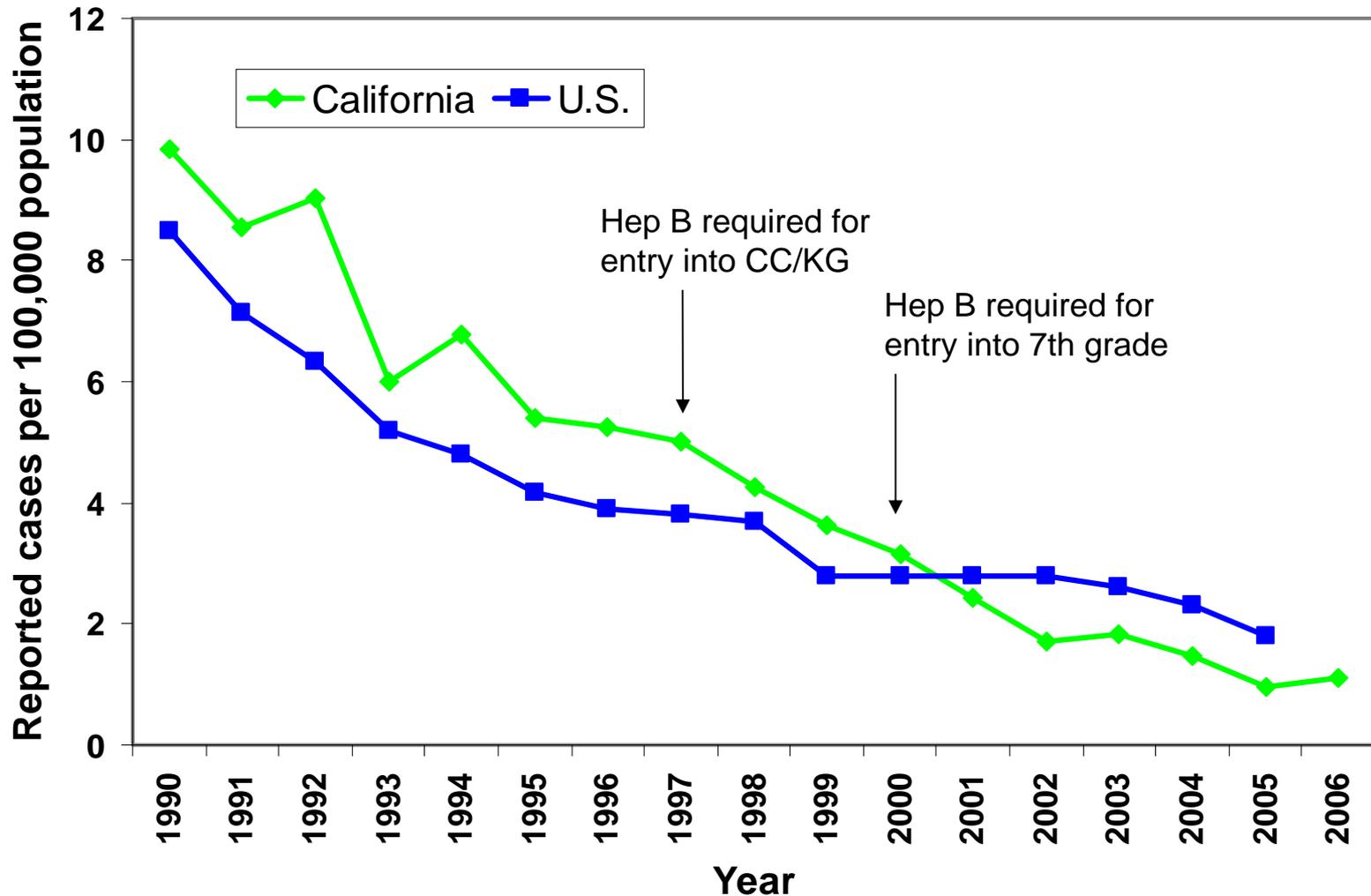
**A Report of the
California Adult Viral Hepatitis Prevention Coordinating Committee
and
the California Department of Public Health,
Center for Infectious Diseases**

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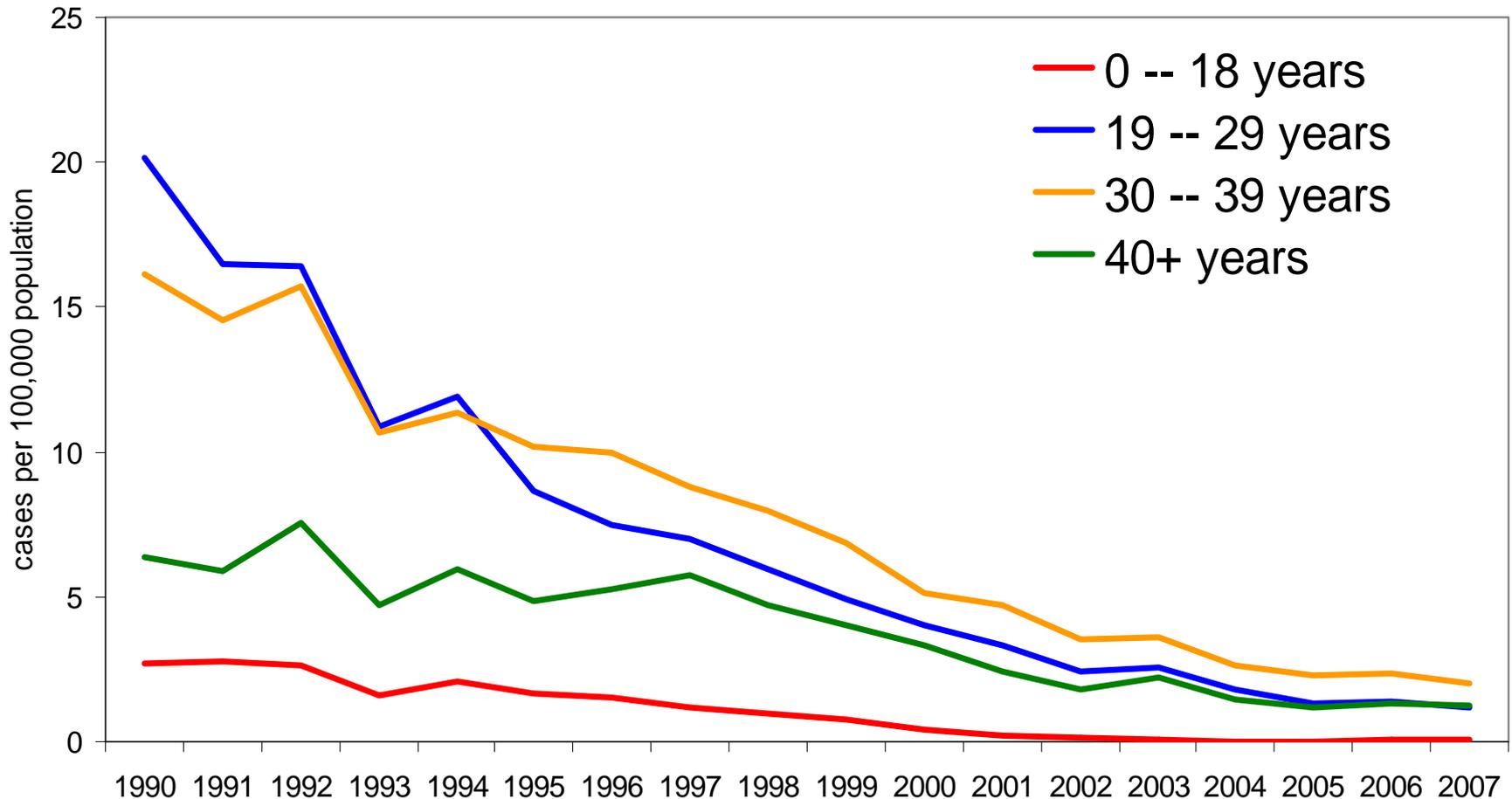
Overview

- Adult viral hepatitis epidemiology and consequences
- California Adult Viral Hepatitis Prevention Strategic Plan Recommendations
- IOM report
- Summary of current CDPH Adult Viral Hepatitis Prevention activities
- Dissemination, Next steps, and Discussion

Acute Hepatitis B Rates by Year, CA & US, 1990 – 2006



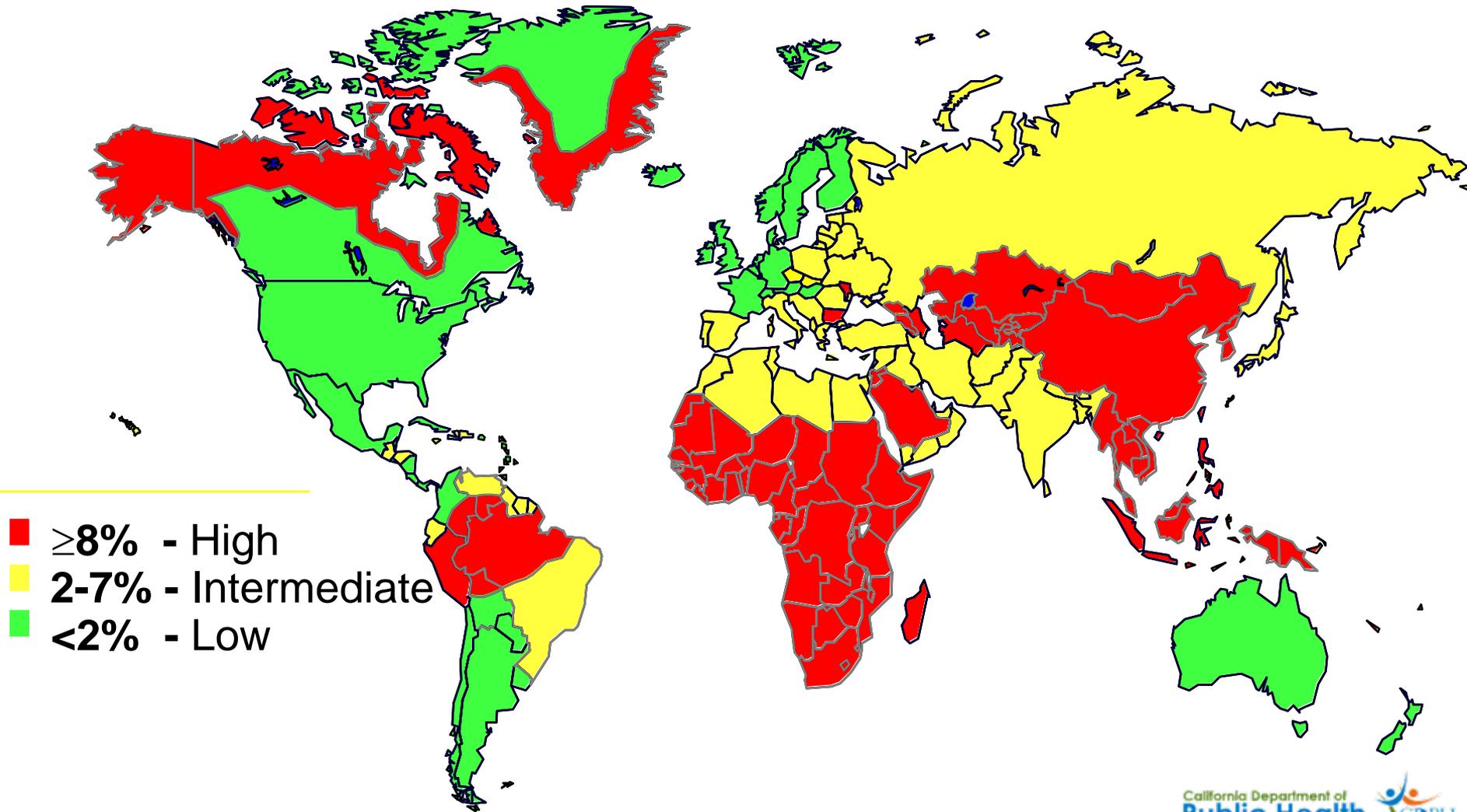
Acute Hepatitis B Rates by Age, CA, 1990 – 2007



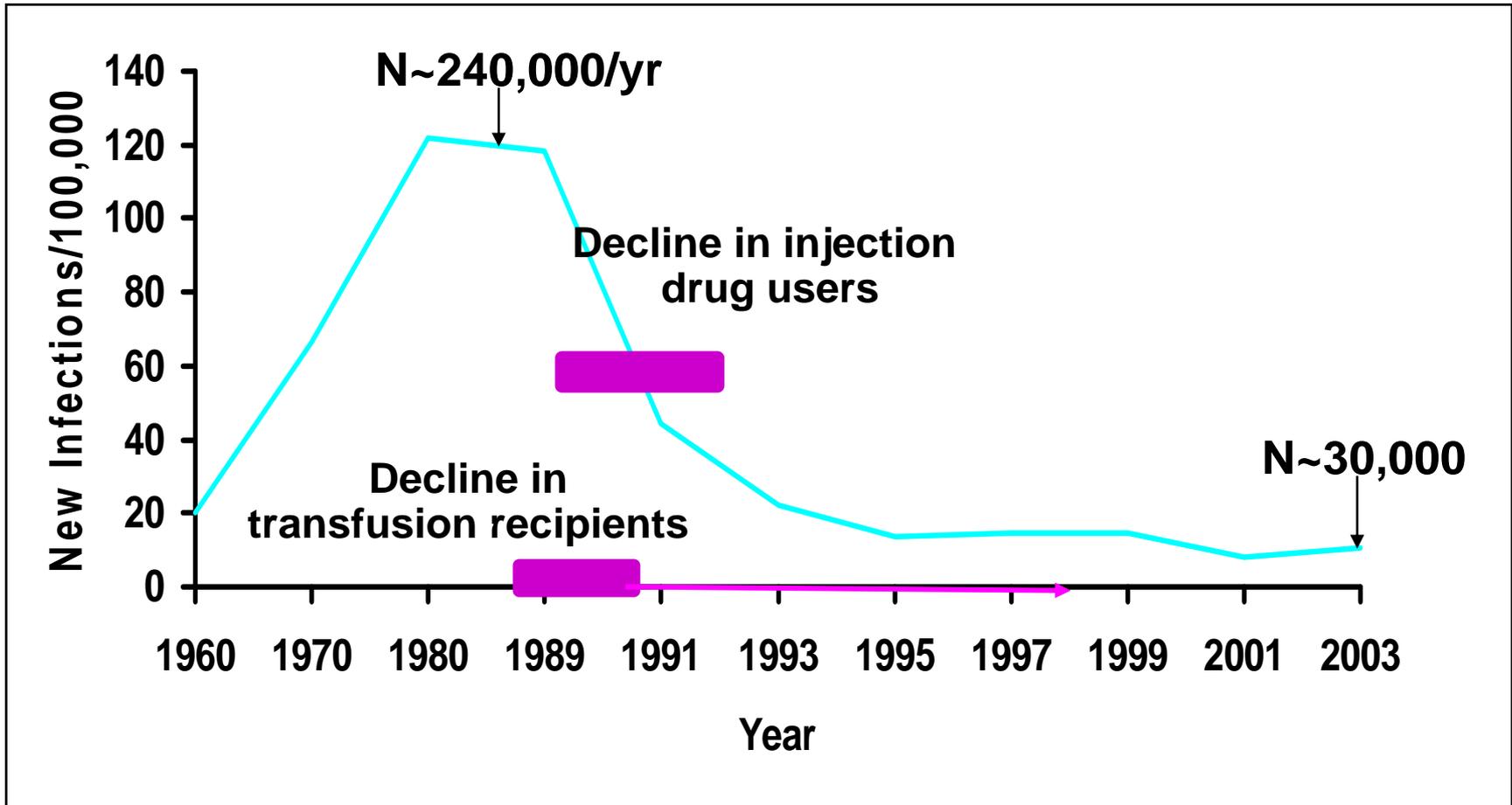
Viral Hepatitis Overview: Hepatitis B Virus (HBV)

- 800K - 1.4 million chronic HBV cases in the U.S.
- Acute HBV incidence rates highest among African-American males
- APIs 4.5% of U.S. population, 11% of CA pop., >50% people w/ chronic HBV in the U.S.
- 25% of adults with chronic HBV will die of liver disease or liver cancer
- 65% of adults w/ HBV unaware of their infection
- HBV hospitalization costs in CA, 2007: \$316M

Geographic Distribution of Chronic HBV Infection



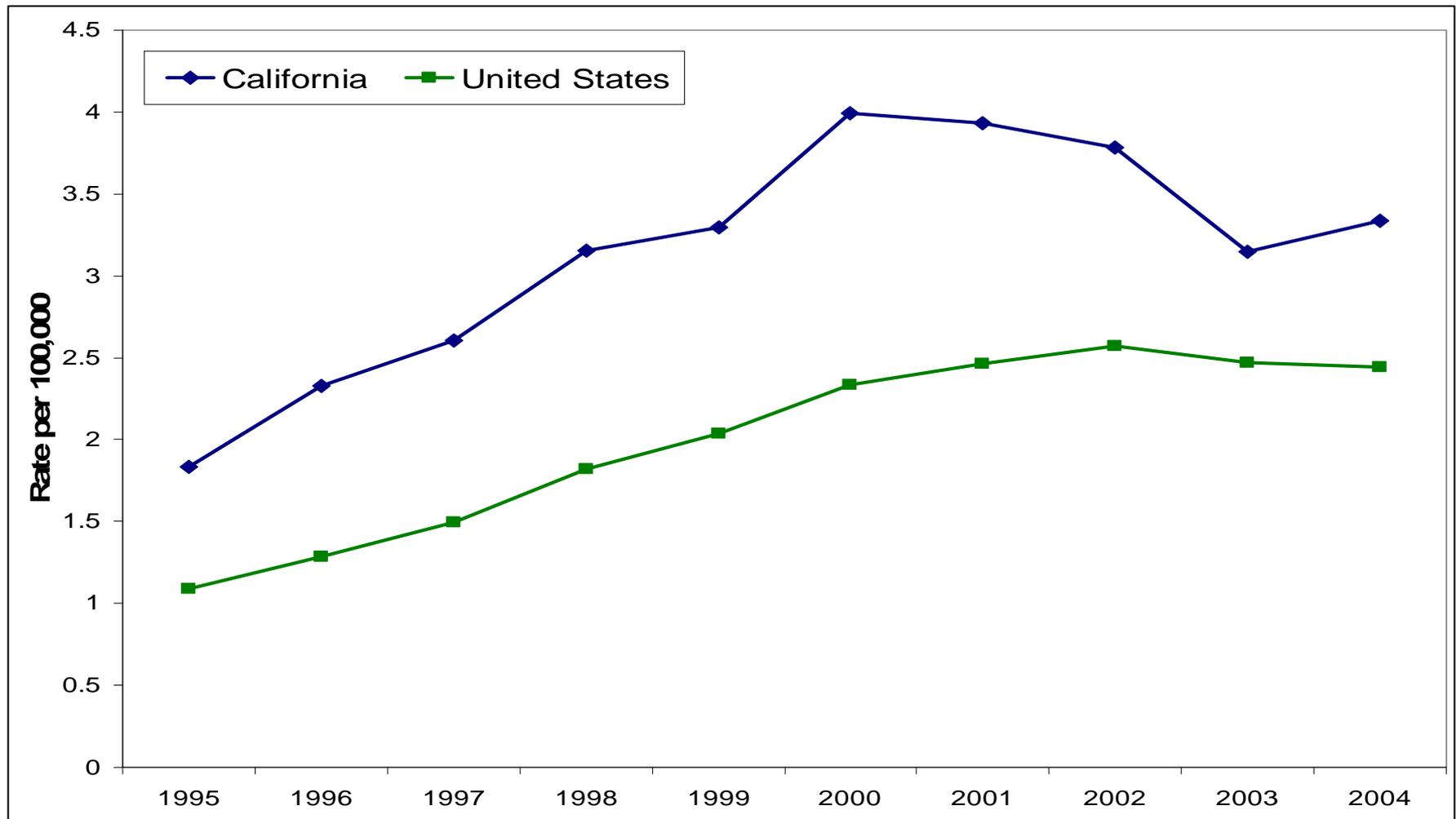
Estimated Acute HCV Incidence in the U.S., 1960-2003



Viral Hepatitis Overview: Hepatitis C Virus (HCV)

- 2.7 – 3.9 million people with HCV in the U.S.
- 1-4% of adults with chronic HCV will die of liver disease or liver cancer
- Leading cause of liver transplants in U.S.
- Most unaware of their infection
- ~ 17% HCV+ cases reported in CA from prisons
- HCV hospitalization costs in CA, 2007: \$1.6B
- ~12,000 deaths / year in U.S.; 1,200 in CA

Annual Age-Adjusted Hepatitis C Mortality Rates, CA & U.S., 1995-2004



Need for Adult Viral Hepatitis Prevention Strategic Plan

- Adult viral hepatitis is a serious, costly and significant public health problem
- By 2030, liver cancer deaths are expected to triple, along with related costs
- Most people with viral hepatitis (VH) are unaware of their infection or not in care
- Cost effective interventions exist
- No coordinated strategy for adult VH prevention and control in California

Viral Hepatitis Prevention Strategic Planning Process

- Informed by
 - Key informant interviews in CA
 - National best practices
 - Stakeholders meeting: September 22-23, 2008
- Stakeholders included more than 80 partners
 - State: CDPH, DHCS, DMH, ADP, CDCR
 - LHJs, CBOs, labs, and community groups
- Three strategic directions, which include recommendations, action steps, and evaluation measures

Strategic Directions

SD 1

Improving Surveillance Capacity and Data Use

SD 2

Educating the Public, Providers, and Policymakers

SD 3

Targeting and Integrating Services and Building Infrastructure

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Recommendations

SD 1: Improving Surveillance Capacity and Data Use

1. Generate local and statewide surveillance reports
2. Evaluate VH reporting requirements to improve quality & use of VH surveillance data
3. Increase local and state VH surveillance capacity
4. Incorporate VH surveillance into the Cal-REDIE system
5. Assess VH prevalence and risk factors among at risk groups in CA

SD2: Educating the Public, Providers, and Policymakers

1. Develop health promotion and awareness strategies for educating the public about VH
2. Integrate VH prevention content into medically accurate, school-based HIV/STD education curricula
3. Train non-clinical providers serving at-risk adults on how to integrate adult VH prevention into their services

SD2: Educating the Public, Providers, and Policymakers

4. Improve clinicians' understanding and adherence to national adult VH risk screening, prevention, vaccination, and clinical management guidelines
5. Develop statewide adult VH referral guide
6. Increase adult VH awareness among local, state, and federal policymakers
7. Ensure national adult VH standards reflect updated and evidence-based VH prevention and care recommendations

SD3: Targeting and Integrating Services and Building Infrastructure

1. Increase adult VH counseling, testing, and health education capacity and services
2. Increase VH laboratory testing capacity
3. Increase adult VH vaccination capacity and delivery
4. Increase access to syringe exchange and other harm reduction services

SD3: Targeting and Integrating Services and Building Infrastructure

5. Increase VH prevention education, testing, and vaccination services for people who are incarcerated or returning from prisons and jails to the community
6. Enhance adult VH prevention service integration in state and local public health, mental health, alcohol and drug, and criminal justice programs
7. Promote adult VH prevention services integration and increased access to adult VH prevention, testing, education, and care in federal agencies

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Institute of Medicine Report

Institute of Medicine Report

- *Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C*
- First report to address reducing both HBV and HCV-related liver disease and death
- Released: January 11, 2010
- 20 recommendations for federal, state and local governments, healthcare providers, and insurance companies
- Four areas: 1) surveillance; 2) knowledge and awareness; 3) immunization; and 4) services for viral hepatitis

IOM Report Highlights

- Lack of awareness among public, medical professionals, and people at risk for HBV and HCV
- Lack of public resources
- CDC should support VH:
 - core surveillance
 - awareness programs
 - screening, testing, and vaccination or referral for medical management of at-risk groups

IOM Report Highlights

- Federal government should ensure an adequate, accessible HBV vaccine supply
- HRSA should fund comprehensive VH prevention services in FQHCs and CHCs
- Federally-funded insurance programs should cover risk-based screening as core prevention service
- Federal, state, and local agencies should expand syringe access for IDUs

IOM Report and California Adult VH Strategic Plan - Similarities

- Goals of IOM report and strategic plan are congruent. Both highlight the following needs:
 - Improved surveillance
 - Increased public, provider and policymaker awareness
 - Increased services for at-risk adults: HBV immunization, HBV and HCV screening, syringe access, and viral hepatitis prevention service integration

California Adult Viral Hepatitis Prevention Strategic Plan, 2010 - 2014

Current CDPH Adult Viral Hepatitis Prevention Activities

CDPH Adult Viral Hepatitis Prevention Activities

- **Adult Hepatitis Vaccine Project**

DCDC, Immunization Branch provides HBV or combination HAV/HBV vaccine to LHJs and CBOs serving at-risk adults

- uses 317 dollars
- 54,257 doses administered in 2008-2009

- **Hepatitis C Counseling and Testing**

Office of AIDS supports HIV prevention to be funds for HCV testing in HIV testing sites

- 10 of the 17 funded LHJs currently provide HCV testing

- **Viral Hepatitis Prevention Strategic Plan Development**

Coordinated approach to preventing the transmission of HAV, HBV, and HCV and limiting the progression and complications of chronic HBV and HCV

Additional CDPH Adult Viral Hepatitis Prevention Activities

- Acute viral hepatitis surveillance (IZB)
- Investigation of acute VH outbreaks (IZB)
- Prevention of healthcare associated infections (Center for Healthcare Quality)
- Technical assistance to syringe exchanges (OA)
- ADAP for people co-infected with HIV and HBV or HCV accessing treatment drugs (OA)
- Information for the public and health professionals on CDPH website (STD, OA, IZB)
- Trainings through the California STD/HIV PTC (STD) and National Hepatitis Training Center (NY)

Healthy People 2020 Objectives

- CDPH proposed two viral hepatitis-related objectives for inclusion in Healthy People 2020 objectives:
 1. Increase hepatitis B vaccine coverage among high-risk groups.
 - a. Long-term hemodialysis patients
 - b. Men who have sex with men
 - c. Health care personnel
 - d. Injection drug users
 - e. People with multiple sexual partners**
 - f. Sexual partners of people with chronic hepatitis B infection**
 - g. Household contacts of people with chronic hepatitis B infection**
 - h. People with chronic liver disease**
 - i. People with HIV**
 2. **Increase the proportion of substance abuse treatment facilities that offer screening for hepatitis C.**

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Dissemination, Next Steps, and Discussion

Dissemination

- Plan and IOM report disseminated via:
 - CDPH web site home page
 - www.cdph.ca.gov/programs/pages/ovhp.aspx
 - Dear Colleague letter January 11, 2010
 - Stakeholders and local public health colleagues, mental health drug and alcohol and other community partners
- Plan and IOM report featured in:
 - LA Times; California Immunization Coalition Bulletin; and other local and community publications

Healing Hepatitis C

A PATIENT AND A DOCTOR ON
THE EPIDEMIC'S FRONT LINES
TELL YOU HOW TO

- *Recognize When You Are at Risk*
- *Understand Hepatitis C Tests*
- *Talk to Your Doctor About Hepatitis C*
- *Advocate for Yourself and Others*

Christopher Kennedy Lawford
and Diana Sylvestre, MD

Next Steps

- Work with state agencies, LHJs, providers and community partners to leverage existing resources to implement plan
- Identify additional pathways to educate the public and medical community
- Continue and expand existing vaccination and screening programs
- Share best practices

Questions for Discussion

- What opportunities exist to leverage the IOM report and state and federal resources to support the viral hepatitis strategic plan?
- What should be the department's top 3 priorities when implementing this plan?