

2010 Institute of Medicine Report on Viral Hepatitis Prevention and Control

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

Ruth A. Fournier MSN, RN



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Overview

- ▶ Why the Institute of Medicine Report (IOM) is so important
- ▶ Findings
- ▶ Recommendations
- ▶ Implications for Delaware Adult Viral Hepatitis Prevention (AVHPC) Program



Purpose of IOM Investigation

- ▣ Strategies for preventing HBV and HCV infections
- ▣ Strategies for reducing morbidity and mortality from *chronic* HBV and HCV infections
- ▣ Assess the type and quality of data needed from state and local viral hepatitis surveillance systems to guide and evaluate prevention services



Bottom Line of IOM Findings

- ▶ **Chronic** viral hepatitis is
 - a serious public health problem in the U.S.
 - poorly understood by providers, public, and policy makers
- ▶ Lack of awareness and knowledge results in
 - missed opportunities for prevention
- ▶ Inadequate investments in viral hepatitis services and care



The Issues

▣ Hepatitis B virus (HBV)

- 800,000 to 1.4 million people are chronically infected with HBV in United States
 - 3,000 deaths each year are due to hepatitis B-related liver disease

▣ Hepatitis C virus (HCV)

- 2.7-3.9 million people are chronically infected with hepatitis C virus (HCV) in United States
 - 12,000 deaths each year are due to hepatitis C-related liver disease

Over 150,000 deaths due to hepatitis B and hepatitis C are projected to occur in next 10 years



The Issues by Comparison

Virus	Prevalence	% of Population <u>Unaware</u> of Infection Status	Deaths in 2006 Related to Infection
HBV	800,000 –1.4 million	About 65%	3,000
HCV	2.7–3.9 million	About 75%	12,000
HIV	1.1 million	About 21%	14,016

Sources: CDC; Lin et al, 2007; Hagan et al 2006



The Local Issues*

Virus	Incidence (best estimate, year)	Prevalence (best estimate, year)
HBV	unknown	Acute 34; chronic 132 (2009)
HCV	unknown	Acute 3; chronic 1209 (2009)
HIV	20	245 (2008)

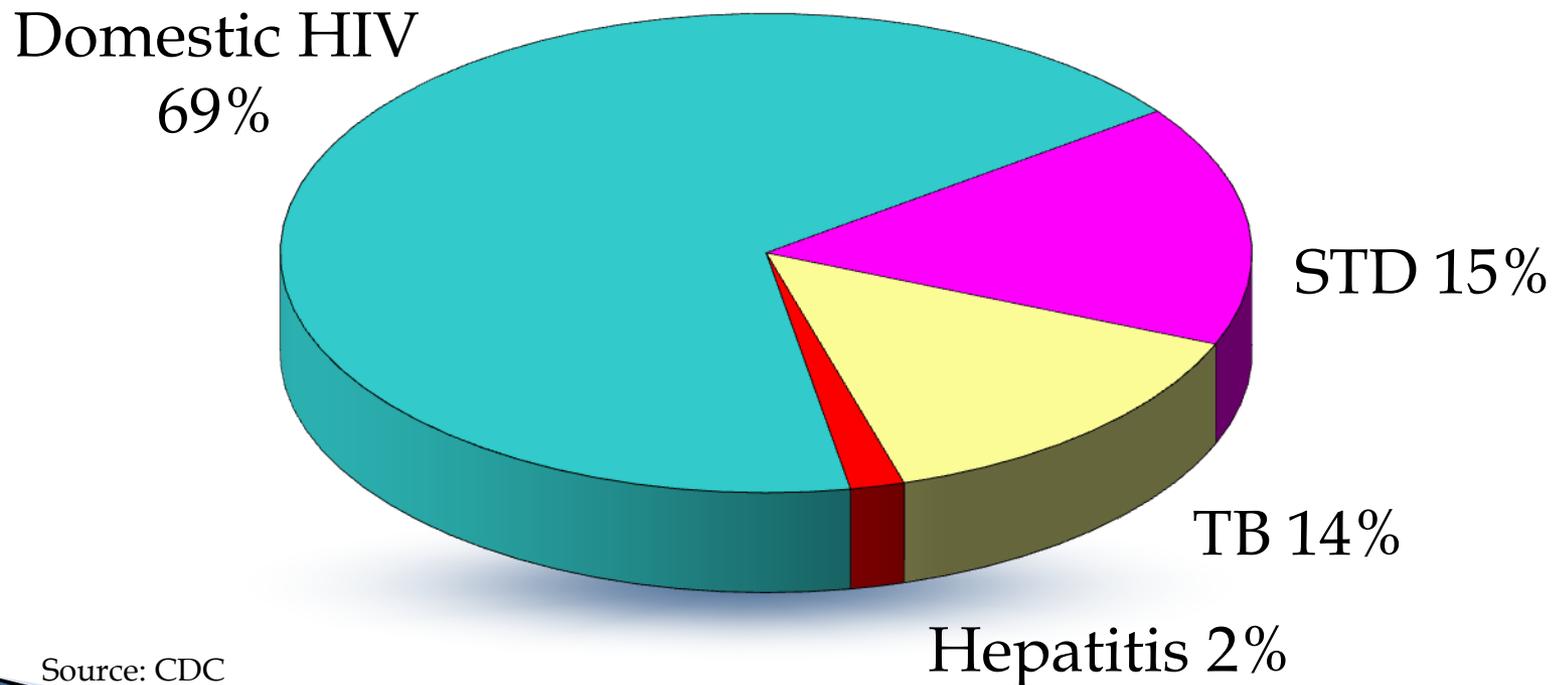
<http://www.dhss.delaware.gov/dhss/dph/epi/disryearly.htm>



The Fiscal Issues - 2008 Domestic

National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Prevention Funding

\$1 Billion Total



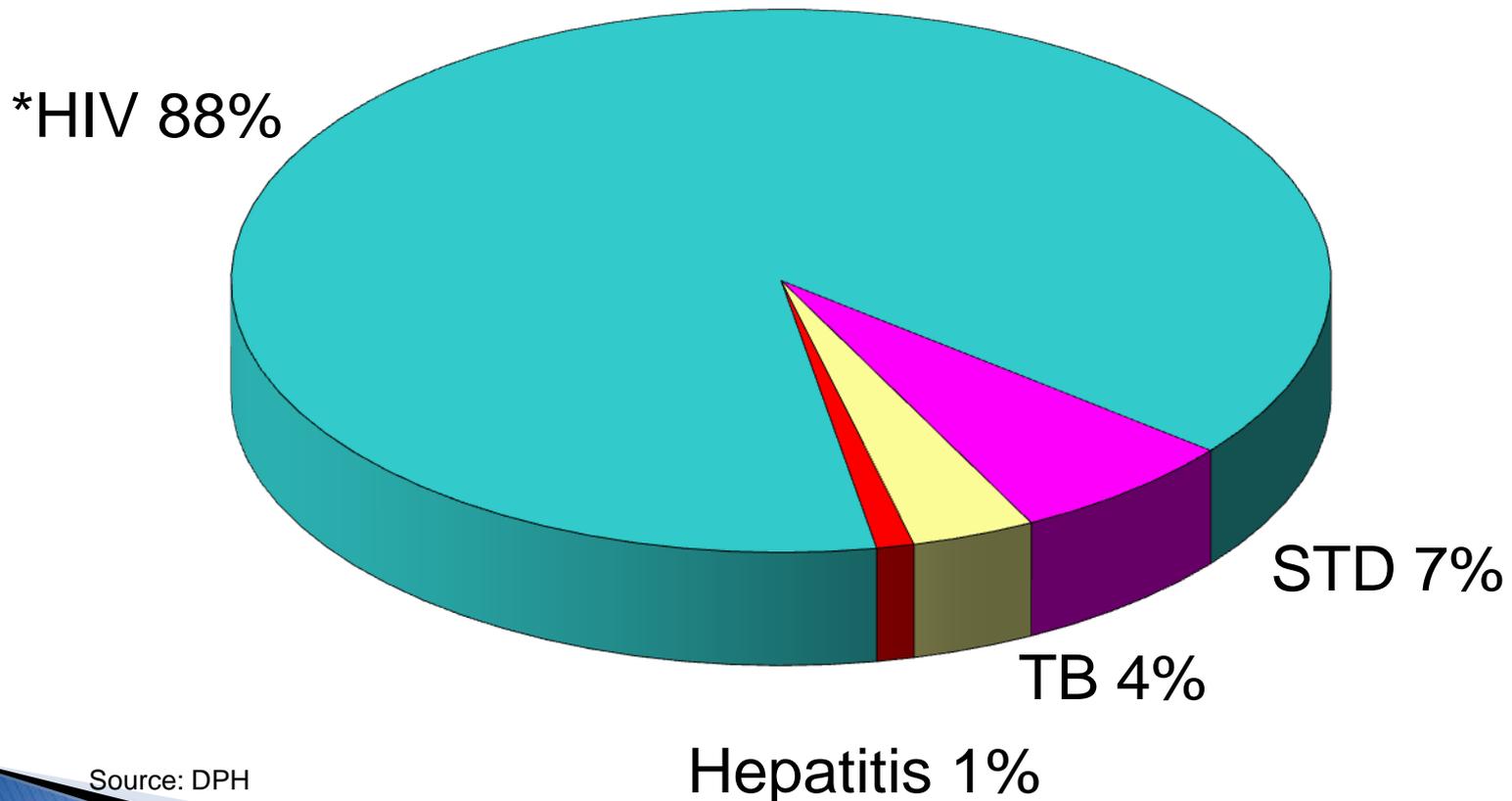
Source: CDC



Fiscal in Delaware – 2008

DPH Communicable Disease Bureau

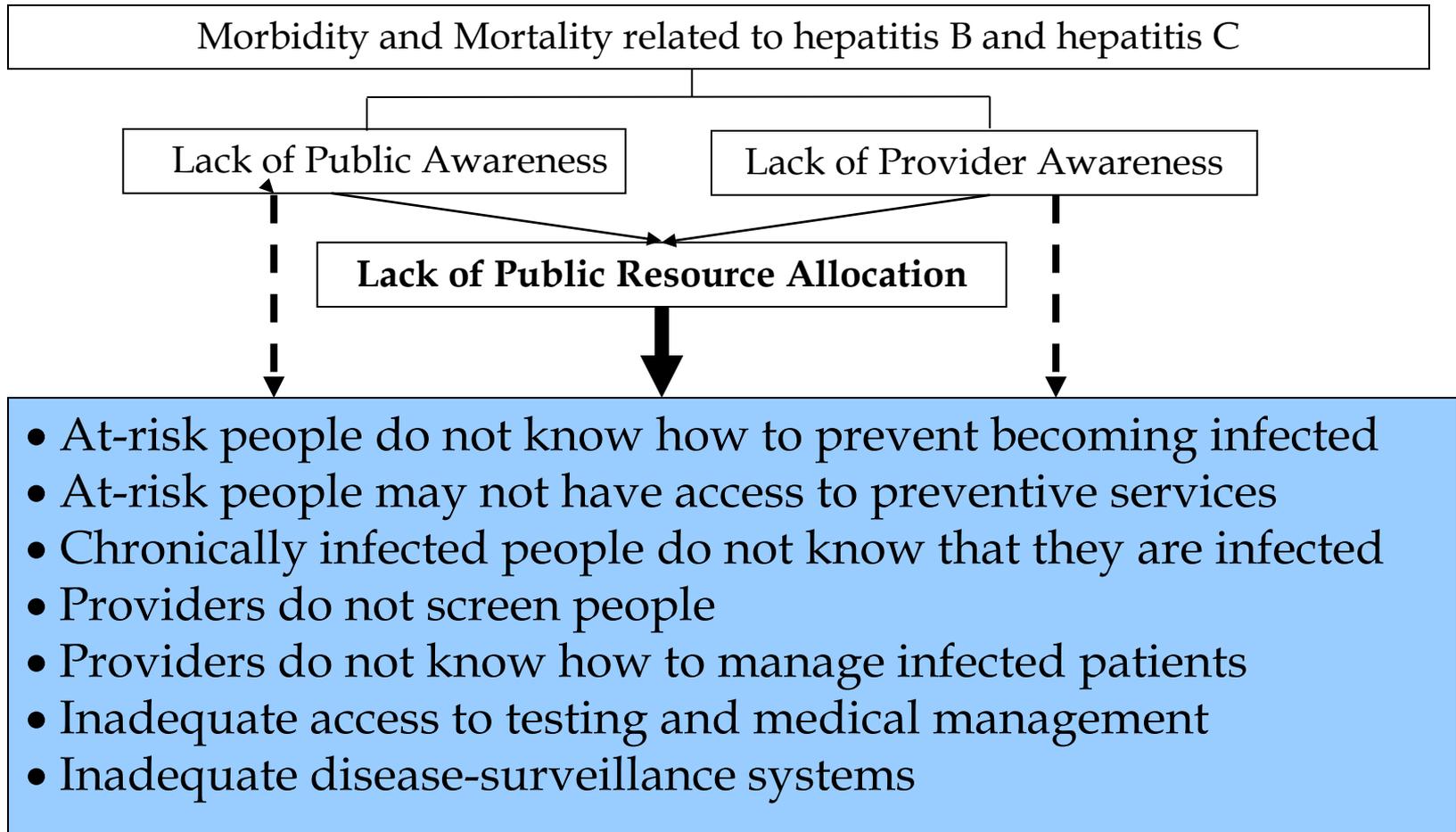
\$ 8 MILLION TOTAL



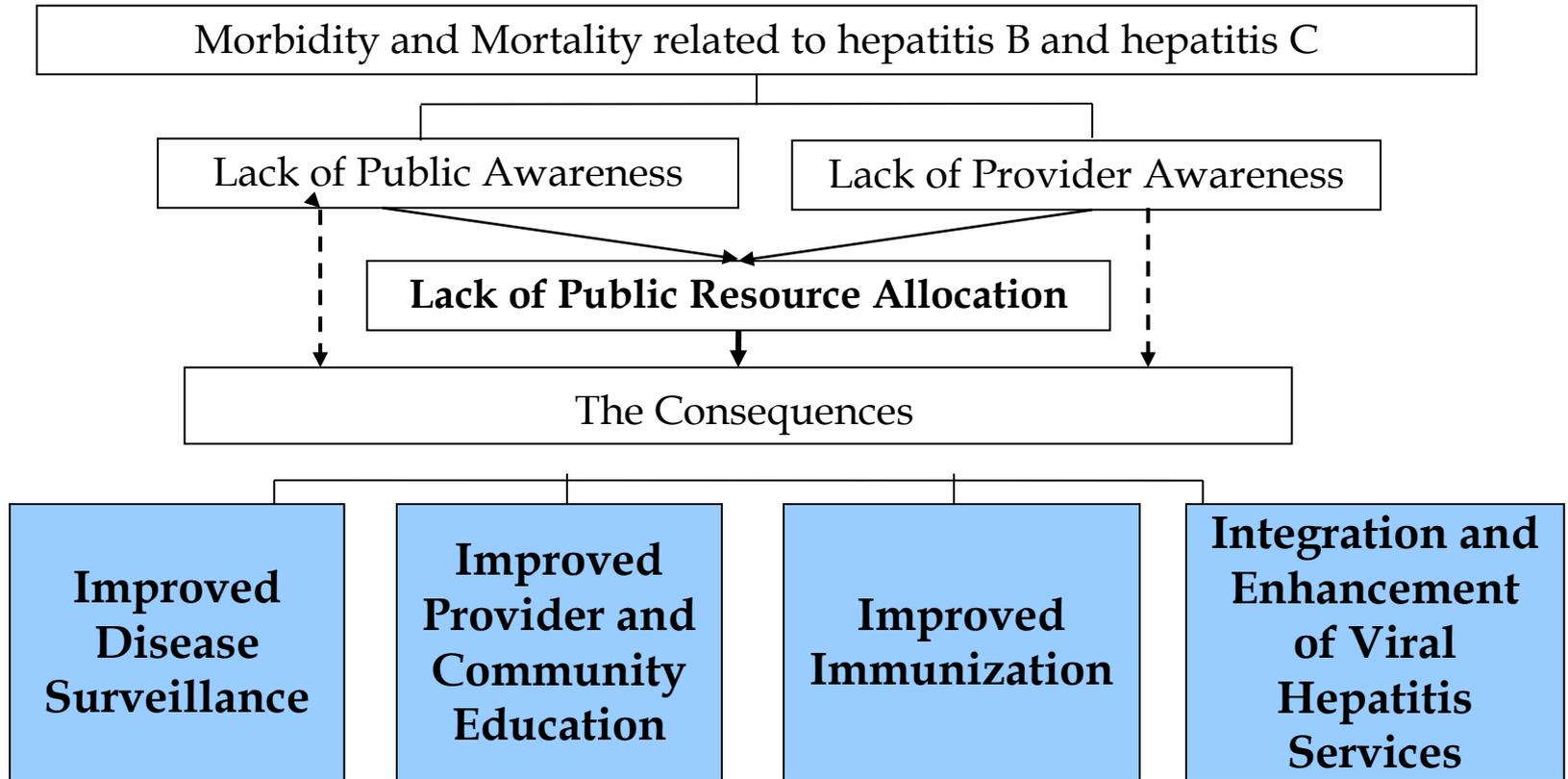
Source: DPH



The IOM Findings: Consequences of Current Practice



The IOM Recommendations



Recommendation: Surveillance

IOM REPORT:

- ▶ CDC should develop specific cooperative agreements to support core surveillance for acute and chronic HBV and HCV.

STATE ACTIVITIES:

- ▶ Bureau of Epidemiology has been reorganized to include; Disease Investigation Branch and Program Consultation Branch.



Recommendation: Surveillance

IOM REPORT:

- ▶ CDC should support and conduct active surveillance to monitor incidence and prevalence of hepatitis B and C infections in populations not fully captured by core surveillance.

STATE ACTIVITIES:

- ▶ HBV/Perinatal HBV
 - *active and passive surveillance*
- ▶ HCV
 - *passive surveillance*
- ▶ HIV
 - *active and passive surveillance*



Recommendation: Improved Provider Education

IOM REPORT:

- ▶ CDC should work with key stakeholders to develop hepatitis B and C educational programs for health-care and social-service providers.

STATE ACTIVITIES:

- ▶ Hepatitis B and C programs provide educational programs to health care and social service providers.*



Recommendation: Improved Public Education

IOM REPORT:

- ▶ CDC should work with key stakeholders to develop hepatitis B and C educational programs for target at-risk populations and the general public.

STATE ACTIVITIES:

- ▶ Currently, HBV and HCV are under separate programs, immunization and STD.
- ▶ No longer have Trainer/Educator



Recommendation: Immunization

IOM REPORT:

- ▶ CDC should work with State Health Departments to ensure the recommendations of the Advisory Committee on Immunization practice be in effect for all infants.

STATE ACTIVITIES:

- ▶ Delaware follows the Advisory Committee on Immunization practice recommendations.



Recommendation: Immunization

IOM REPORT:

- ▶ CDC should work with key stakeholders to ensure hepatitis B vaccine series is in progress as a requirement for school attendance.

STATE ACTIVITIES:

- ▶ In Delaware, HBV vaccine is a requirement for children who attend public and private school.
- ▶ Registered in DELVAX



Recommendation: Immunization

IOM REPORT:

- ▶ Additional resources should be devoted to increasing hepatitis B vaccine of at-risk adults.

STATE ACTIVITIES:

- ▶ Not specifically targeting at-risk population.*
- ▶ HBV vaccine available for children and adults.



Recommendation: Viral Hepatitis Services

IOM REPORT:

- ▶ Federally funded health-insurance programs should incorporate guidelines for risk-factor screening for hepatitis B and C and infected patients should received appropriate medical management.

STATE ACTIVITIES:

- ▶ Ryan White – offers testing and treatment if you have HIV.
- ▶ Medicaid and Medicare will test and treat on a case by case basis.*
- ▶ Refer to FQHC.



Recommendation: Viral Hepatitis Services

IOM REPORT:

- ▶ CDC should work with key stakeholders to provide resources for community-based programs that provide hepatitis B screening, testing, and vaccine for foreign-born populations.

STATE ACTIVITIES:

- ▶ Federally Qualified Health Care Centers;
- ▶ Westside, Henrietta Johnson, La Red, Latin American Community Center.*



Recommendation: Viral Hepatitis Services

IOM REPORT:

- ▶ CDC should work with key stakeholders to expand programs to reduce the risk of hepatitis C infection through injection-drug use, at minimum programs should include access to sterile syringes and drug-prep equipment.

STATE ACTIVITIES:

- ▶ Needle Exchange Program (NEP) became a permanent program on June 7th.
- ▶ The NEP offers HCV testing for clients.*
- ▶ 100% are referred to follow up services.



Recommendation: Viral Hepatitis Services

IOM REPORT:

- ▶ Effective multi-component hepatitis C prevention strategies for persons who inject and do not inject drugs should be developed.

STATE ACTIVITIES:

- ▶ Beginning stages on the NEP. NCC only.
- ▶ Would be part of the State Hepatitis Strategic Plan.



Recommendation: Viral Hepatitis Services

IOM REPORT:

- ▶ CDC should work with key stakeholders to provide additional resources and guidance to perinatal hepatitis B prevention program coordinators.

STATE ACTIVITIES:

- ▶ Flat funding for the last few years.
- ▶ Expect a *decline* in funding over next few years for all programs.
- ▶ Shifting towards prevention.



Recommendation: Viral Hepatitis Services

IOM REPORT:

- ▶ CDC should work with The Department of Justice to create initiatives to ensure the availability of comprehensive viral hepatitis services for incarcerated people.

STATE ACTIVITIES:

- ▶ Department of Corrections contracts with Correct Care Solution for medical services for incarcerated people in Delaware. Services are limited to the contract.



Recommendation: Viral Hepatitis Services

IOM REPORT:

- ▶ HRSA should provide resources to FQHCs for provision of comprehensive viral hepatitis services.

STATE ACTIVITIES:

- ▶ Affordable Care Act (ACA) has provided additional funding to Delaware's FQHCs.
- ▶ FQHCs are testing for hepatitis.



Recommendation: Viral Hepatitis Services

IOM REPORT:

- ▶ CDC and HRSA should provide resources and guidance to *integrate* comprehensive services into settings serving high-risk populations.

STATE ACTIVITIES:

- ▶ Wait and see what ACA provides in terms of hepatitis resources and services.
- ▶ HAV- state funded
- ▶ HBV- federal
- ▶ HCV- federal



Populations and Setting of Special Interest

- Pregnant Women
- Foreign-Born
- Illicit Drug Users
- Incarcerated Populations
- High Impact Settings
 - STD Clinics
 - HIV Clinics
 - Homeless Shelters
 - Mobile Health Units



Goals of Integrated Services

- ▶ Promote understanding of HBV and HCV infection, transmission, and treatment in at-risk and general populations;
- ▶ Increase testing rates in at-risk populations;
- ▶ Reduce stigmatization of chronically infected people;



Goals of Integrated Services

- ▶ Promote increased HBV vaccination rates among children and at-risk adults;
- ▶ Educate pregnant women (and childbearing age-women) about HBV prevention;
- ▶ Reduce perinatal HBV infections and increase at-birth immunization rates;



Goals of Integrated Services

- ▶ Provide culturally and linguistically appropriate educational information regarding HBV and HCV;
- ▶ Reduce risk of drug-related HBV and HCV transmission;
- ▶ Encourage notification and testing of household and sexual contacts of persons living with HBV and HCV.



Integrated Services to Reach Goals

Community Outreach

- Community-awareness programs
- Provider-awareness programs

Prevention

- Vaccination ~Harm Reduction~ Needle-exchange programs
- Drug and alcohol treatment services
- Vaccination of hepatitis B virus-susceptible contacts

Identification of Infected Persons

- Risk-factor screening
- Laboratory testing

Social and Peer Support

- Positive prevention services
- Education and referral to other related services and care

Medical Management

- Assessment for and provision of long-term monitoring for viral hepatitis and selection of appropriate persons for treatment (in accordance with American Association for the Study of Liver Diseases guidelines)
- Psychiatric and other mental-health care
- Adherence support



Delaware State Prioritization

- ▶ Given *inadequate* infrastructure where is Delaware in this process?

Community Outreach

- Community-awareness programs. Limited (funding)
- Provider-awareness programs. AETC* (Infect. Disease docs)

Prevention

- Vaccination. Immunization Program (HBV available for children and adults)
- Harm Reduction. (limited)
- Needle-exchange programs. (In Wilmington only)
- Drug and alcohol treatment services (limited)
- Vaccination of hepatitis B virus-susceptible contacts (not currently, funding/staff)



State Prioritization

Identification of Infected Persons

- Risk-factor screening. (Limited . Stigmatization)
- Laboratory testing. (Limited. Insured). (HCV not tested @ state lab)

Social and Peer Support

- Positive prevention services (Hit or miss)
- Education and referral to other related services and care (Ryan White, FQHC, CCHS)

Medical Management

- Assessment for and provision of long-term monitoring for viral hepatitis and selection of appropriate persons for treatment (in accordance with American Association for the Study of Liver Diseases guidelines)
- Psychiatric and other mental-health care (increase in group homes)
- Adherence support (Directly observed therapy (DOT)?)



Using Existing Infrastructure

- ▶ Integrate viral hepatitis in HIV-funded needle-exchange or other harm reduction programs
- ▶ Integrate viral hepatitis into federally-funded drug treatment and methadone therapy programs
- ▶ Integrate viral hepatitis into obstetric/gynecological services at local health departments (limited hours and closing of clinics) and Federally Qualified Health Centers



Using Existing Infrastructure

- ▶ Integrate viral hepatitis into HIV care clinics
- ▶ Integrate viral hepatitis into jail and state corrections health services
- ▶ Integrate viral hepatitis into social service provider training curricula
- ▶ Integrate viral hepatitis into STD clinics at local health departments and FQHCs



2011 DHHS Response to IOM Report

In response to the IOM, the U.S. Department of Health and Human Services (DHHS) prepared a report:

“Combating the Silent Epidemic of Viral Hepatitis: U.S. Department of Health and Human Services Action Plan for Prevention, Care and Treatment of Viral Hepatitis.”

The Viral Hepatitis Action plan as it is known, is organized into 6 topic areas.

DHHS Response to IOM

- 1) Educate providers and communities to reduce health disparities;
- 2) Improve testing, care and treatment to prevent liver disease and cancer;
- 3) Strengthening surveillance to detect viral hepatitis transmission and disease;
- 4) Eliminating transmission of vaccine-preventable viral hepatitis;
- 5) Reducing viral hepatitis caused by drug-use behaviors; and
- 6) Protecting patients and workers from health-care associated viral hepatitis



Thank you

Ruth A. Fournier MSN, RN
Delaware Health and Social Services
Division of Public Health
Adult Viral Hepatitis Prevention Coordinator

Ruth.Fournier@state.de.us



References

- ▶ <http://www.iom.edu/Reports/2010/Hepatitis-and-Liver-Cancer-A-National-Strategy-for-Prevention-and-Control-of-Hepatitis-B-and-C.aspx>
- ▶ <http://www.dhss.delaware.gov/dhss/dph/epi/disryearly.htm>
- ▶ <http://www.cdc.gov/hepatitis>
- ▶ <http://www.healthcare.gov>
- ▶ <http://www.hhs.gov/ash/initiatives/hepatitis/actionplan>

