



Centers for Disease Control  
and Prevention (CDC)  
Atlanta, GA 30341-3724

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Dear Colleague,

The past 18 months have been a busy time for those of us working to prevent viral hepatitis and improve health outcomes for persons living with these infections in the United States. In January 2010, the Institute of Medicine (IOM) issued a report titled "Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C," which offered 22 recommendations regarding surveillance, education and training, immunization, and health services. In June 2010, Assistant Secretary for Health Dr. Howard Koh and other distinguished speakers were invited by the Committee on Oversight and Government Reform in the U.S. House of Representatives to testify about what the Committee termed "The Secret Epidemic" of viral hepatitis. At that time, Dr. Koh identified not only the steps already being taken by agencies of the U.S. Department of Health and Human Services (HHS) to address chronic viral hepatitis, but the additional steps needed to control the epidemic. Similarly, in September 2010, The Trust for America's Health (TFAH) and the American Association for the Study of Liver Diseases (AASLD) released an issue brief that laid out the challenges presented by chronic viral hepatitis and concrete policy prescriptions for dealing with those challenges. Finally, in May 2011, HHS issued "Combating the Silent Epidemic of Viral Hepatitis: Action Plan for the Prevention, Care and Treatment of Viral Hepatitis." This historic document, the product of many months of work by subject matter experts at CDC and throughout HHS, provides a roadmap for guiding the nation's public health response to viral hepatitis.

As you know, the HHS Action Plan places primary responsibility for a significant number of its action steps with the Centers for Disease Control and Prevention, particularly the Division of Viral Hepatitis (DVH). DVH has long taken the lead in the fight against viral hepatitis and is committed to reducing the morbidity and mortality it causes. The HHS Action Plan identifies actions and timelines to be used by programs like DVH to achieve meaningful results. Unfortunately, HHS' call to action coincides with extraordinary resource constraints for public health.

In recognition of the need for timely implementation of the Action Plan, the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP), along with DVH, has identified a number of efforts in the areas of Surveillance, Education, Screening, and Health Disparities that will be initiated by the end of this

year. I would like to tell you about those projects and the way they will impact our overall efforts to prevent and control viral hepatitis in this country.

## **Surveillance**

### **Improve Viral Hepatitis Surveillance**

An estimated 3.5-5.3 million people in the United States are living with chronic hepatitis B or C. Surveillance is critical to identifying viral hepatitis outbreaks, assessing the economic and health burden of these infections, and targeting and evaluating prevention activities. However, the extremely large burden of these two diseases poses a formidable challenge for hepatitis surveillance which, as indicated in the IOM report, is largely fragmented, poorly developed, and vastly under-resourced. Many states struggle with data entry. Substantial numbers of reports of viral hepatitis infections have not been entered into the system, largely due to understaffing and the overwhelming burden of lab reports received for each disease; Thus, many states are dealing with a huge backlog of un-entered data, including states that are heavily populated (e.g., California). Funds for this project will be used to 1) establish electronic laboratory reporting (ELR) in states that do not yet have the capacity for such reporting and 2) enter data both retrospectively and prospectively to try to “catch up” the huge backlog of unreported viral hepatitis cases and data.

**Impact:** This project will support state-based efforts to report the backlog of chronic cases and facilitate electronic lab reporting in states that have large numbers of hepatitis B virus (HBV) and hepatitis C virus (HCV) lab reports. Improving state-based reporting of these infections will improve CDC’s understanding of the burden of HBV and HCV in the United States and identify those populations most affected and in need of interventions.

### **Investigate Emerging Trends of HCV Infection among Adolescents and Young Adults**

An initial investigation in Massachusetts has identified prescription opiate analogue use a gateway to subsequent heroin injection and hepatitis C infection in adolescents 18-25 years of age. This project will investigate this phenomenon and identify ways to reverse this trend.

**Impact:** Data will provide information on risks for HCV and opportunities to intervene with prevention strategies such as counseling, screening, identification of HCV-positive drug and sex contacts, and referral to drug treatment.

## **Education**

### **Implement a National Educational Campaign**

As was noted by IOM in its recent report on viral hepatitis, one of the primary obstacles to the control and prevention of these infections is a lack of awareness on the part of health-care providers, communities at risk, and the general public

about viral hepatitis and its adverse impact on public health in this country. To increase awareness about this hidden epidemic, encourage people at risk to get tested, and ultimately decrease the burden of chronic viral hepatitis in the United States, NCHHSTP's DVH will begin implementation of a national education campaign called "Know More Hepatitis."

**Impact:** The Campaign will increase basic knowledge about viral hepatitis among health-care providers and individuals at risk, which will lead to screening, testing, and referral to care and treatment for persons chronically infected with HBV or HCV.

### **Develop Education and Training for Health-Care Providers**

The lack of a health work force skilled in viral hepatitis prevention, care, and treatment is a barrier to reducing viral hepatitis infections and related morbidity. The purpose of this project is to assess and develop a viral hepatitis curriculum for various levels of medical education and to develop training for currently practicing clinicians on risk assessment, screening, vaccination, clinical testing, and treatment for viral hepatitis.

**Impact:** Development and implementation of a viral hepatitis curriculum will build a health-care workforce that is better prepared to prevent and diagnose viral hepatitis and refer infected persons to care and treatment.

## **Screening**

### **Consult Subject Matter Experts about the Development of New HCV Guidelines**

Current CDC guidelines for HCV screening were issued in 1998 and relied exclusively on a risk-based approach to screening. With up to 80% of persons chronically infected with HCV still unaware of their status, that approach clearly is not sufficient. NCHHSTP's DVH recently hosted a meeting of invited expert consultants (hepatitis clinicians, research scientists, public health practitioners, and advocates) to assist CDC with an evaluation of the evidence base that will be used to issue updated guidelines for HCV screening and referral to care.

**Impact:** The Consultation represents a critical step towards developing new CDC guidelines that will help improve identification of persons with HCV in need of care.

### **Develop and Field Test an HCV Counseling and Testing Manual**

Hepatitis C counseling and testing protocols are critically needed for the field, as few standardized protocols are available. Most existing protocols are adapted from HIV/STD and focus heavily on sexual risk reduction. Consequently, CDC is developing a comprehensive HCV counseling and testing manual intended to support counselors/clinicians who work in high-risk venues, as well as primary-care settings. The manual includes a module that supports the upcoming expanded

hepatitis C guidelines and the expected birth year cohort screening recommendation.

**Impact:** By standardizing counseling regarding HCV testing, particularly among counselors who work with people with on-going risk factors, this manual will improve HCV testing rates and increase the number of persons who receive needed care and treatment.

### **Develop a Strategic Framework for Implementing HCV Screening in a Reformed Health System**

The expected changes in health-care delivery mandated by the Affordable Care Act (ACA) will offer new opportunities to support a variety of clinical preventive services, including HCV testing. These changes include an increased proportion of persons at risk who have health insurance, increased coverage for pre-existing conditions, a greater emphasis on quality of care and achieving performance standards, and a massive investment in health information technology that will expand adoption of certified electronic medical records systems and provide much greater data interoperability. In partnership with academic institutions and other federal agencies, NCHHSTP and DVH are developing a framework to identify activities that CDC can implement to expand access to HCV testing and treatment in a reformed health system.

**Impact:** The successful leveraging of new opportunities offered by health reform will expand access to HCV testing and treatment nationally.

## **Health Disparities**

### **Community Hepatitis B Screening, Vaccination, and Linkage to Care and Treatment of Foreign Born Persons Residing in the United States**

An estimated 40,000 persons who are chronically infected with hepatitis B immigrate to this country every year. Most of them are unaware of their infection status. This project will utilize migrant mapping Geographic Information Systems (GIS) to identify and target communities with large numbers of foreign-born persons who immigrated to the United States from countries that are highly endemic for hepatitis B. Once these communities are identified, community-based organizations (CBOs) will be engaged to help implement strategies for hepatitis B screening, vaccination of susceptible persons, and linkage to care and treatment services as needed.

**Impact:** Identifying persons infected with hepatitis B will allow them to access care; adopt behaviors that decrease risk of transmission to others; and lead to identification, testing, and vaccination of their household and sexual contacts, as appropriate.

**Supplement the National HIV Behavioral Surveillance System (NHBS) to Survey Risk Populations for HBV and HCV**

Because most states are unable to follow up and investigate laboratory reports of viral hepatitis infection, CDC must rely on targeted surveys for information about the true impact of the disease on at-risk populations. The purpose of this project is to conduct HBV and HCV testing among three at risk populations for whom hepatitis B and C testing is recommended: men who have sex with men, injection-drug users, and high-risk heterosexuals.

**Impact:** Obtaining seroprevalence of hepatitis B and C among persons at risk for both hepatitis B and C, along with identifying associations with risk characteristics and HIV infection, will facilitate evaluation of current prevention activities and guide the development and implementation of new initiatives.

With your help, these and other CDC activities can significantly impact the burden of viral hepatitis in this country and improve the health of Americans living with these infections. Please feel free to contact me or a member of my staff to discuss these initiatives in more detail.

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