

Hepatitis C Screening Recommendations and the Care Cascade

C Change:
A Leadership Summit on Hepatitis C Policy in Pennsylvania
May 1, 2015

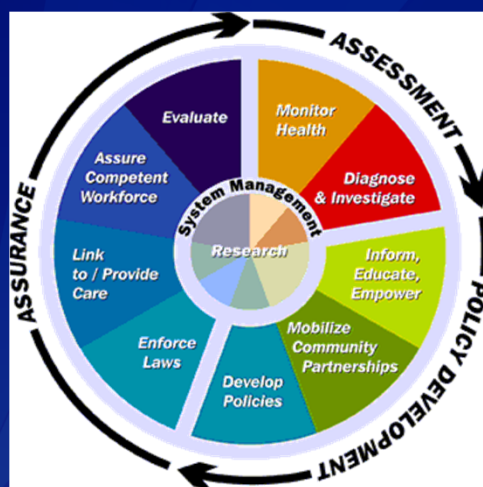
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Division of Viral Hepatitis
Centers for Disease Control and Prevention



National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention
 Division of Viral Hepatitis



Role of Public Health in HCV Prevention

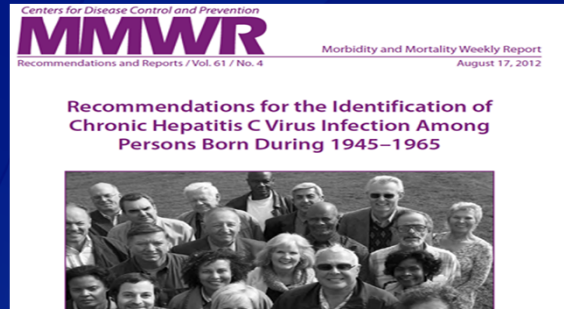


Public Health Core Functions - Institute of Medicine, 1988

Guided by research...

- *Assessment*
- *Policy Development*
- *Assurance*

Outline

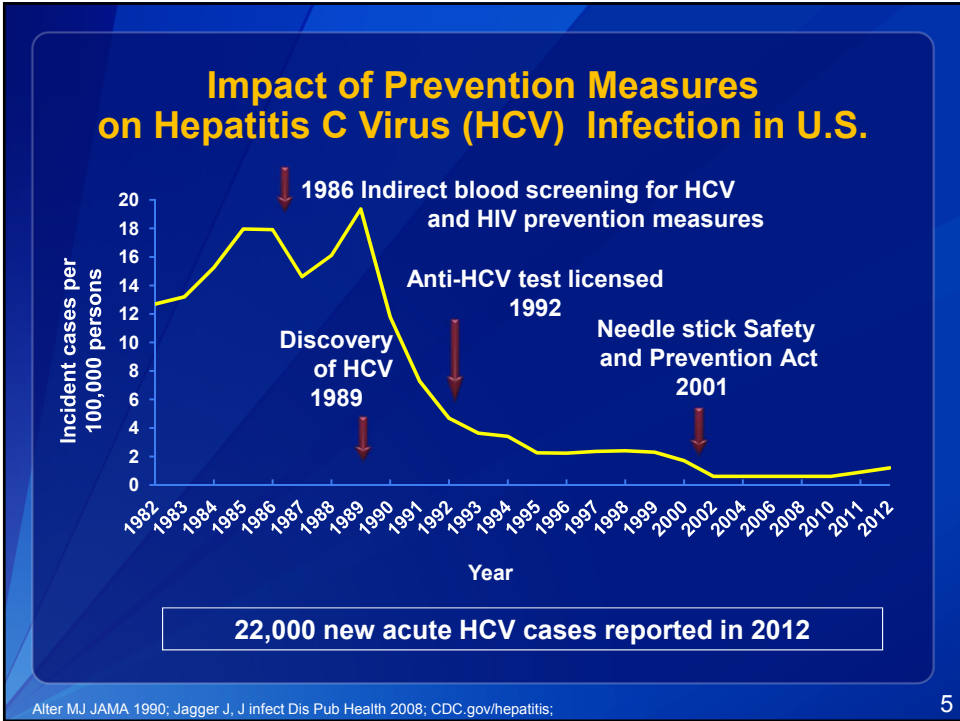


- *Assessment and policy development* leading to recommendations
- Public health strategies to provide *assurance* in implementing recommendations

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Assessment and Policy Development for the Viral Hepatitis C Testing Recommendations for Persons Born 1945-1965

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Prevalence of Current HCV Infection Among Persons in the United States

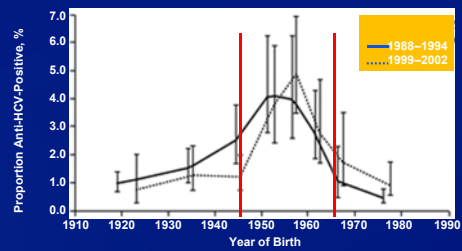
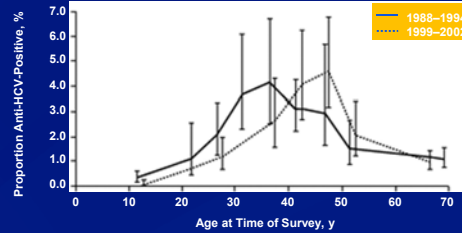
Prevalence Civilian, Non-Institutionalized Populations (NHANES)	2.7 million (2.2-3.2 million) 1.0% (0.8%-1.2%)
Estimated HCV Infection Among Homeless and Incarcerated Persons (Not Included in NHANES)	360,000-840,000 22%-52%

Denniston M, Ann Int Med 2014. Chak E, Liver Int 2011.

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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



Smith, AASLD Liver Meeting 2011. Armstrong, Ann Int Med 2006. Kramer, Hepatology 2011. Ly, Ann Int Med 2012.

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Adjusted Odds Ratios for the Presence of HCV RNA: NHANES 2003-2010

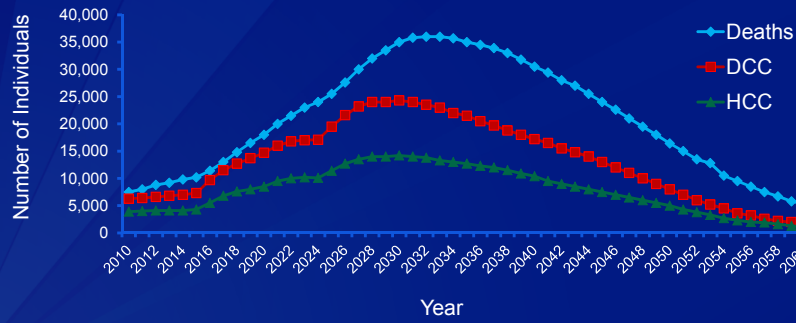
Age 20-59		Age ≥ 60	
Characteristic	Odds Ratios	Characteristic	Odds Ratios
Age Categories (20-39 referent)		Age Categories (≥ 70 referent)	
Age 40-49	6.0 (3.2-11.1)	Age 60-69	2.0(1.1-3.8)
Age 50-59	9.5 (5.3-16.8)		
Race-Ethnicity (all others referent)		Race-Ethnicity (all others referent)	
Non-Hispanic Black	1.6 (1.1-2.3)	Non-Hispanic Black	10.0 (4.9-20.1)
High School Education (high school or more referent)			
Less than High School/GED	2.0 (1.2-3.3)		
Family Income (>2.0 times poverty level referent)			
<2.0 times poverty level	3.7 (2.6-5.3)		

Denniston M. Ann Int Med 2014

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The Growing Burden of Hepatitis C in the United States

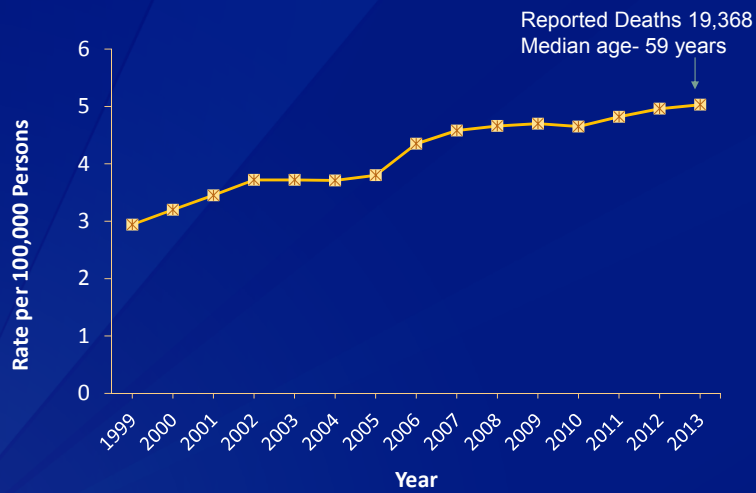
- **Of 2.7 million HCV-infected persons in primary care**
 - 1.47 million will develop cirrhosis
 - 350,000 will develop hepatocellular carcinoma (HCC)
 - 897,000 will die from HCV-related complications



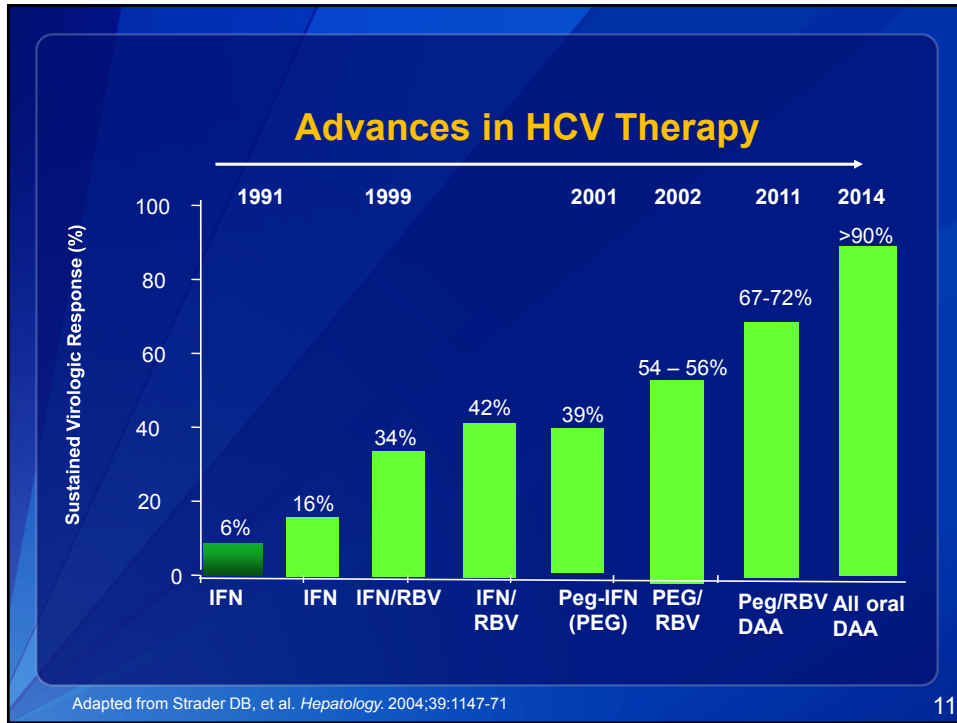
Rein D, Dig Liver Dis 2010.

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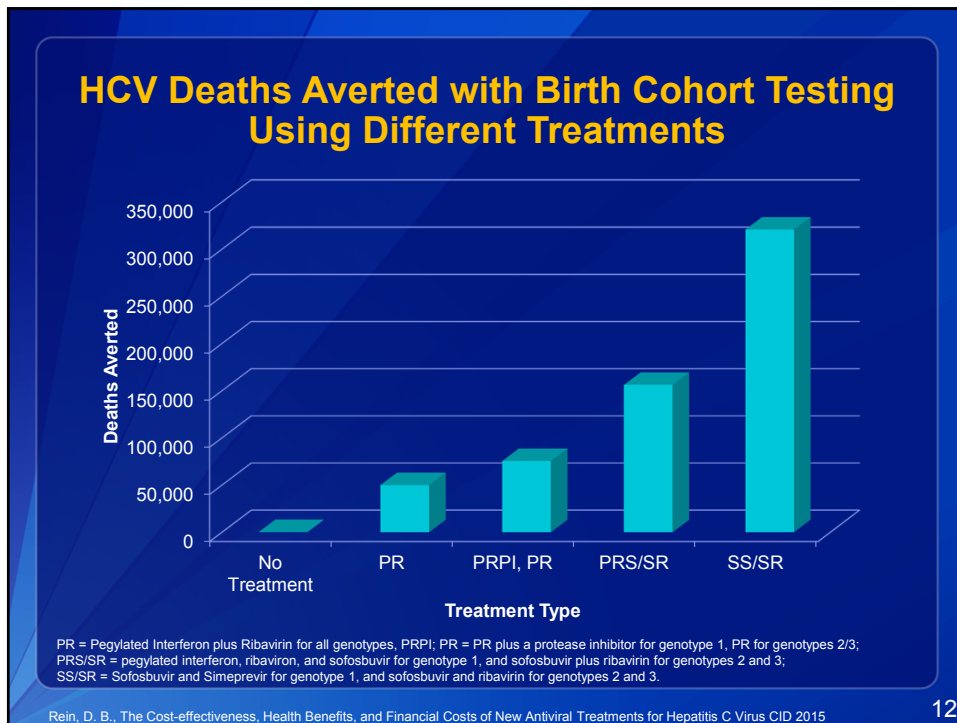
Increases in Hepatitis C Mortality



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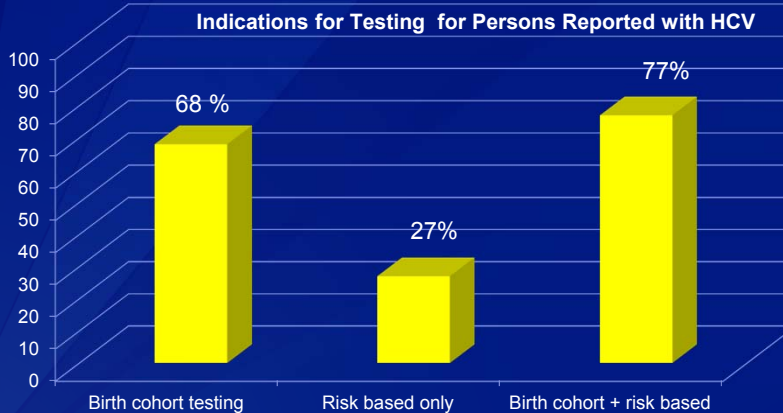
Risk-based Recommendations for HCV Screening

- **Since 1998, CDC recommendations included risk-based screening**
 - Injection drug use
 - Blood transfusion before 1992 and other blood exposures
 - HIV infected persons
- **45%-85% of infected persons remained unidentified**
- **Barriers to testing**
 - Lack of clinician awareness of HCV testing guidelines
 - Clinician reluctance to ask about risks
 - Patient reluctance to disclose or failure to recall risks

MMWR 1998;47 (No. RR-19); Roblin, et al. *Am J Man Care* 2011; Spradling, et al., *Hepatology*, 2012; Southern, et al., *J Viral Hepat*, Shehab TM, et al. *Hepatology*, 1999; Shehab TM. *J Viral Hepat*, 2001; Shehab TM, et al. *Am J Gastroenterol*, 2002.; Serrante JM, et al. *Fam Med*, 2008.

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Combined Birth-cohort and Risk-based Testing Effectively Identify HCV-infected Patients

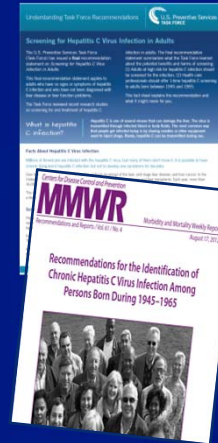


Mahajan R, *Am J Pub Health* 2013 Aug

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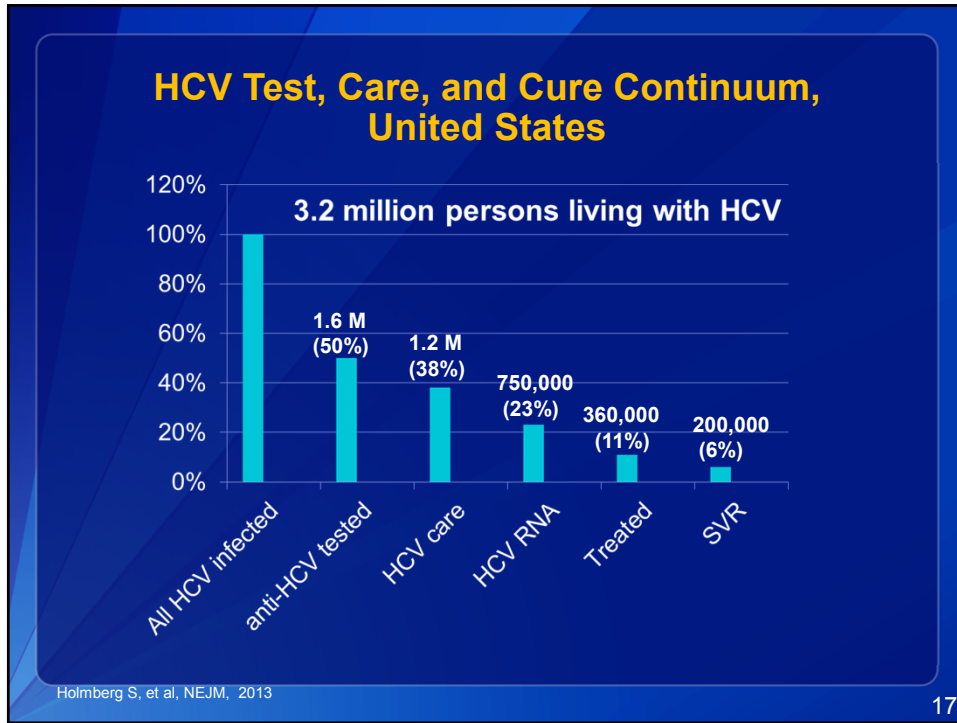
CDC and USPSTF Updated Recommendations for HCV Testing

- ❑ **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)



MMWR Aug 2012. Moyer VA. Ann Int Med 2013. <http://www.hcvguidelines.org>

Assurance for the Viral Hepatitis C Testing Recommendations for Persons Born 1945-1965



Hepatitis C treatment costs that yield cost-effectiveness thresholds stratified by fibrosis level

Treatment scenario	\$0/QALY Cost-saving	\$50,000/QALY	\$100,000/QALY
All patients	2000	22200	42400
F2 or higher	14900	128800	242800
F3 or higher	84200	713600	1,343000

Leidner AJ, et al. Cost-effectiveness of hepatitis C treatment for patients in early stages of liver disease. Hepatology 2015

Cost-effectiveness and Health Impact of Birth Cohort Testing and Treating in the Era of Direct Acting Antivirals

Outcome	Interferon Free Regimens ¹				
	PegINF-Riba	PegINF-Riba + Sofosbuvir	Sofosbuvir-Simeprevir	Sofosbuvir-ledipasvir ³ (Harvoni®)	Ombitasvir, Paritaprevir, Ritonavir, Dasabuvir ⁴ (Viekira Pak®)
HCV deaths averted ²	49,916	156,106	320,646	N/A	
ICER, Cost per QALY gained ²	\$59,792	\$45,524	\$59,333	\$35,000	\$32,000

1. Greater benefits result from both higher tolerability and more treated patients as well as higher pharmaceutical effectiveness
 2. Compared to no treatment
 3. Assumes equal effectiveness and tolerability as Sof/Sim but at the package cost (\$94,500) of Harvoni®
 4. Assumes equal effectiveness and tolerability as Sof/Sim but at the package cost (\$83,319) of Viekira Pak®

Rain et al. The Cost-effectiveness, Health Benefits, and Financial Costs of New Antiviral Treatments for Hepatitis C Virus. *Clinical Infectious Diseases*. 2015.

Educating Communities: Know More Hepatitis Campaign materials & how to use them

- 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

KNOW MORE HEPATITIS Viral Hepatitis Risk Assessment

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 >>](#)

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](#)

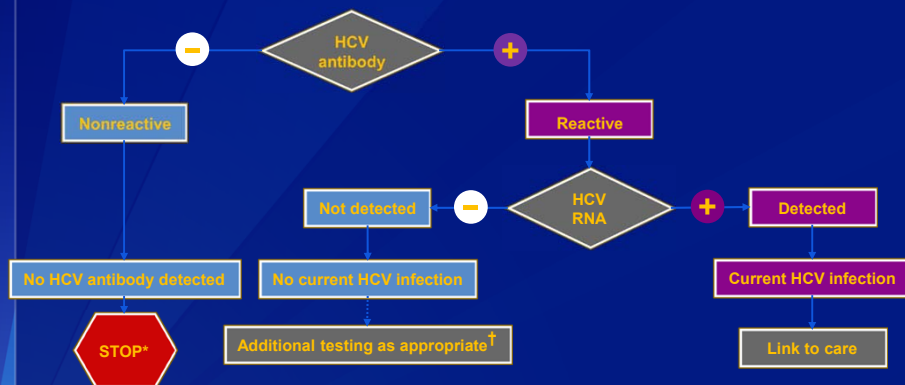
[Back](#) [End Assessment](#)

For more information about Hepatitis A, Hepatitis B and Hepatitis C, please visit www.cdc.gov/hepatitis

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Testing Algorithm for Identifying Current Hepatitis C Virus (HCV) Infection (2013)



* 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.

CDC. Testing for HCV infection: An update of guidance for clinicians and laboratorians. MMWR. 2013;62(18).

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Centers for Disease Control and Prevention
MMWR
 Weekly / Vol. 63 / No. 18

Morbidity and Mortality Weekly Report
 May 9, 2014

Hepatitis Awareness Month and National Hepatitis Testing Day — May 2014

In the United States, May is Hepatitis Awareness Month, and May 19 is National Hepatitis Testing Day. Although care and treatment can be life-saving, many of the estimated 800,000 to 1.4 million persons living with hepatitis B virus (HBV) infection and the estimated 3 million persons living with hepatitis C virus (HCV)

Expanding Primary Care Capacity to Treat Hepatitis C Virus Infection Through an Evidence-Based Care Model — Arizona and Utah, 2012–2014

Kiren Mitruka, MD¹, Karla Thornton, MD², Susanne Cusick³, Christina Orme³, Ann Moore⁴, Richard A. Manch, MD⁴, Terry Box, MD⁵, Christie Carroll², Deborah Holtzman, PhD¹, John W. Ward, MD¹ (Author affiliations at end of text)

- **During 9/2012 –2/2014**
 - Trained 66 PCP predominantly from rural settings
 - Most PCP (93%) with no experience in HCV care
 - Of 280 patients, 129 (46%) received treatment
 - More than twice that observed in other CDC studies

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Community-based Programs to Test and Cure Hepatitis C: 9/2014 –9/2018

- **Goal: develop package of services to improve healthcare capacity to test and cure**
 - Identify and educate target population
 - Incorporate HCV testing in primary care practices
 - Implement regular consultation of primary care provider with HCV specialists
 - Case management
 - Monitor outcome and community impact via data system
 - Leverage Affordable Care Act: free testing, insurance enrollment, and improve quality of care through use of EMR

CDC RFA- PS 14-1413

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Health Care Reform Impact on Viral Hepatitis Prevention

- ❑ Insurance coverage for those with preexisting, chronic disease
- ❑ Testing covered as a non-copay preventive service
- ❑ Incentive for adoption of health information technology to care for patients
- ❑ Emphasis on quality of provider care: use of performance measures
- ❑ Forcing a reinvention of public health surveillance, prevention research, and service delivery

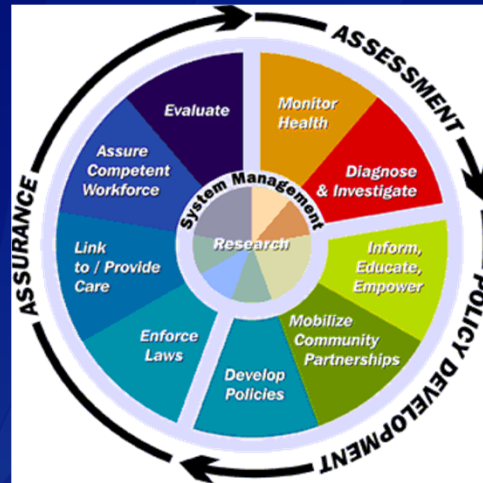
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American Medical Association Performance Measures Updated

- ❑ **Screening**
 - One-time screening: patients at risk (injection drug use ever, blood transfused prior to 1992, or born during 1945–1965)
 - Annual HCV screening: patients who are active injection Drug Users
- ❑ **Care and treatment**
 - Referral to treatment for patients identified with HCV Infection
 - Sustained Virologic Response (SVR)
 - Confirmation of Hepatitis C viremia
 - Hepatitis C RNA and genotype testing before initiating treatment
 - HCV RNA testing between 4-12 weeks after treatment start
 - Discontinuation of antiviral therapy if inadequate response
 - Screening for HCC in patients with Hepatitis C Cirrhosis
- ❑ **Additional performance measures on prevention (vaccination, alcohol consumption counseling, HCC screening)**

Yellow= newly developed performance measures

Role of Public Health in HCV Prevention



Public Health Core Functions - Institute of Medicine, 1988

Guided by research...

- *Assessment*
- *Policy Development*
- *Assurance*

Epidemiologic Profiles Project

- ❑ Building state health department capacity
- ❑ Epi profiles document, interpret, and frame viral hepatitis burden in local terms to heighten awareness and drive decision making
 - States used novel data sources
 - States engaged critical stakeholders
 - States maximized dissemination opportunities
- ❑ Pilot project with three states - Arkansas, Oregon, Wisconsin
 - www.dhs.wisconsin.gov/publications/P0/p00860.pdf
 - <http://www.healthyarkansas.gov/programsServices/infectiousDisease/hivStdHepatitisC/Documents/HepC/HCV/EpidemiologicProfile.pdf>

Frequency of Hepatitis C Virus tests* in U.S. States/Province by test type and quarter

Frequency of Hepatitis C Virus tests in each U.S. State and Province from a large commercial laboratory, by test type and quarter

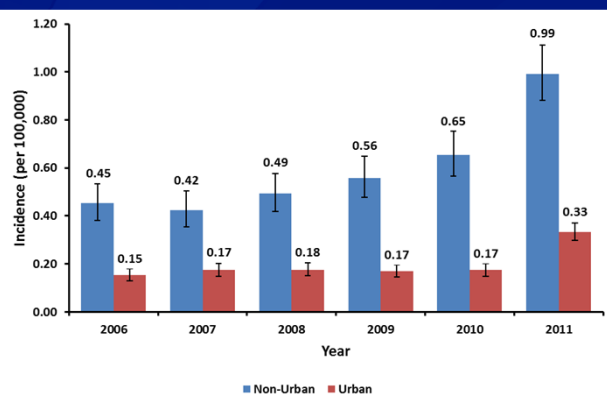
Trends by State:

- All HCV antibody tests
- Proportion antibody positive
- Proportion of NATs

State	Test	2012			2013			2014		Total
		Q2	Q3	Q4	Q1	Q2	Q3	Q4		
Pennsylvania	#Ab	30,861	32,111	29,835	29,653	29,959	31,842	31,556	32,761	285,867
	#Ab+	2,275	2,102	1,841	1,802	1,849	1,926	1,829	1,994	17,866
	%Ab+	7.4%	6.5%	6.2%	6.1%	6.2%	6.0%	5.8%	6.1%	6.2%
	#RNA	9,368	8,881	7,971	7,134	7,297	6,763	6,370	7,542	70,502

Data from a large commercial laboratory

Hepatitis C Incidence by Urbanicity and Year of Diagnosis



Suryprasad AG, et al. CID 2014

Incident HCV Infection: Summary of the Evidence

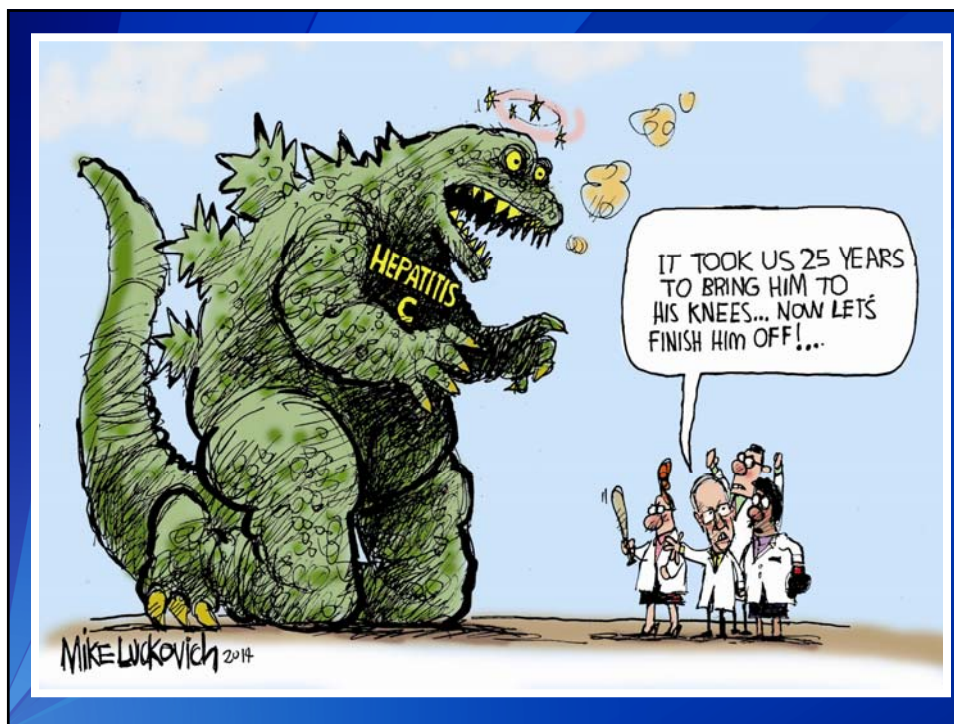
- ❑ IDU is the current driver of the HCV epidemic in the United States
- ❑ Seems to be a “constant” number of acute cases still occurring in urban predominantly heroin users
- ❑ New phenomenon of young, white nonurban IDU who start on oral prescription opioids and progress to injection.

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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

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Using the National Viral Hepatitis Action Plan to Guide Pennsylvania's Response

Michelle Moses-Eisenstein, MPH
*Office of HIV/AIDS and Infectious Disease Policy
U.S. Department of Health and Human Services*

May 1, 2015

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Overview

- ✿ Impact
- ✿ Response
- ✿ Challenges and Opportunities
- ✿ Importance of Stakeholders
- ✿ A CALL TO ACTION




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Impact



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2013 Viral Hepatitis Surveillance, U.S.

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

*Between 45% to 65% of chronically infected persons are unaware of their infection status.
<http://www.cdc.gov/hepatitis/Statistics/2013Surveillance/index.htm>

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Response

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Viral Hepatitis Action Plan (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

Updated
2014-2016

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2020 Goals of the Viral Hepatitis Action Plan

- ▲ Increase the proportion of persons who are aware of their HBV infection from 33% to 66%
- ▲ Increase the proportion of persons who are aware of their HCV infection from 45% to 66%
- ▲ Reduce the number of new HCV infections by 25%
- ▲ Eliminate mother-to-child HBV transmission

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Federal Collaborators – Viral Hepatitis Implementation Group (VHIG)



Members without logos: Office of HIV/AIDS and Infectious Disease Policy
Regional Health Administrators

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State and Local Collaboration

- ▲ National and State professional associations
- ▲ State and Local Departments of Health
- ▲ Advocacy Organizations
- ▲ School and Programs of Public Health
- ▲ Medical schools and other provider training organizations

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Challenges and Opportunities

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The New Generation Exposed to HCV

151% increase in reported acute HCV cases from 2010-2013

- ▲ Recent studies show
 - ▲ ~ 70% HCV prevalence among People Who Inject Drugs (PWID)
 - ▲ History of using oral prescription opioids
 - ▲ Highest rates among ages 18 to 29 years
 - ▲ Predominantly white
 - ▲ Equally female and male
 - ▲ Non-urban and suburban

PWID: People who inject drugs; CDC/hepatitis.gov; MMWR 2011; MMWR 2014; CDC unpublished data.

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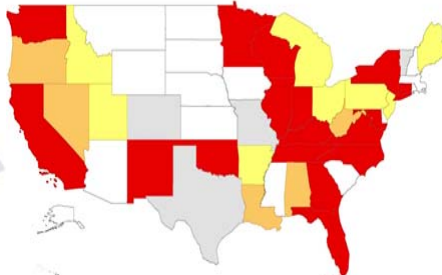
Changes in Rates of New Acute HCV Cases Reported by State, United States, 2006 vs. 2012

Between 2006 and 2012

- ▲ 30 states reported increases
- ▲ 17 states had > 200% increase

In 2012

- ▲ Nearly 50% of reported cases ≤ 30 yrs.



% change incidence

- Insufficient Data
- No change or decrease
- <100% increase
- 100-199% increase
- ≥200% increase

Suryprasad AG, et al. CID 2014

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Preventing HCV among People Who Inject Drugs: Webinars, Fact Sheets, and other resources

- ▲ Drug use is an increasing problem in rural and semi-rural America
- ▲ Multi-component prevention strategies are needed

HEPATITIS C & INJECTION DRUG USE

What is Hepatitis C?
Hepatitis C is a serious liver disease caused by the hepatitis C virus. About 80% of people who get hepatitis C, even those who get it from a blood transfusion, will develop a chronic infection. Over time, hepatitis C can cause serious health problems, including liver damage, liver failure, and even liver cancer. However, some people can get rid of their virus or control symptoms and are able to live the way without treatment. Treatment for the virus has greatly improved within 6 months after first infection.

How is Hepatitis C spread among people who inject drugs?
Hepatitis C is not spread when talking, hugging, or sharing food or drinks. It is spread when someone with infected blood, urine, or sweat enters another person's bloodstream. This can happen if someone shares needles, syringes, or other injection equipment. It can also happen if someone shares a space where they inject drugs, such as a "chill" or "cooker".

Are there other ways Hepatitis C can spread?
Hepatitis C can also spread when sharing injection or injection equipment, including needles and syringes, with someone who has hepatitis C. It can also spread through sexual contact with someone who has hepatitis C. However, it is not spread through casual contact, such as hugging, shaking hands, or sharing food or drinks.

Can Hepatitis C be prevented?
Yes, the best way to prevent hepatitis C is to stop injecting drugs. Other ways to prevent hepatitis C include using sterile injection equipment, such as needles and syringes, and not sharing injection equipment. It is also important to get tested for hepatitis C if you are at risk of getting it.

Cleaning equipment does not kill the Hepatitis C virus.
Washing, boiling, or using bleach to clean injection equipment does not kill the hepatitis C virus. The virus can survive on surfaces for up to 6 weeks. The only way to prevent hepatitis C is to use clean, sterile injection equipment.

Can Hepatitis C be treated?
Yes, new and improved treatments are available that can cure hepatitis C. The cure requires that all infected liver cells be treated. However, treatment for hepatitis C is not available for everyone. It is important to talk to a doctor about options.

Can someone get re-infected with Hepatitis C?
Yes, someone who cures the virus will not be re-infected if they do not share injection equipment with someone who has hepatitis C.

Does injecting put you at risk for other types of hepatitis?
Yes, people who inject drugs are at a higher risk of getting other types of hepatitis, such as hepatitis B and hepatitis A. It is important to get tested for these viruses and to get vaccinated if you are at risk.

For More Information
Talk to your health professional or go to www.cdc.gov/hepatitis


www.cdc.gov/hepatitis

Archived webinar and slides available at aids.gov/webinars.

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Viral Hepatitis and the ACA

- ▲ The Affordable Care Act provides opportunities for prevention and screening
 - ▲ Hepatitis B screening for individuals at risk will be a covered preventive service in May 2015
 - ▲ Hepatitis C screening is a covered preventive service (includes Medicare)
 - ▲ Hepatitis A and B vaccines are covered preventive services
 - ▲ Protections from exclusion due to preexisting conditions such as viral hepatitis



The Patient Protection & Affordable Care Act
111th Congress of the United States
H.R. 3590

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HCV Therapy Has Undergone a Revolution

AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES
AASLD
Recommendations for Testing, Managing, and Treating Hepatitis C

AIDS
 Infectious Diseases Society of America
IAS-USA
 International Antiviral Society-USA

FDA U.S. Food and Drug Administration
 Protecting and Promoting Your Health

Home | Food | Drugs | Medical Devices | Radiation-Emitting Products | Vaccines, Blood & Biologics | Animal & Veterinary

News & Events
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FDA News Release
FDA approves first combination pill to treat hepatitis C

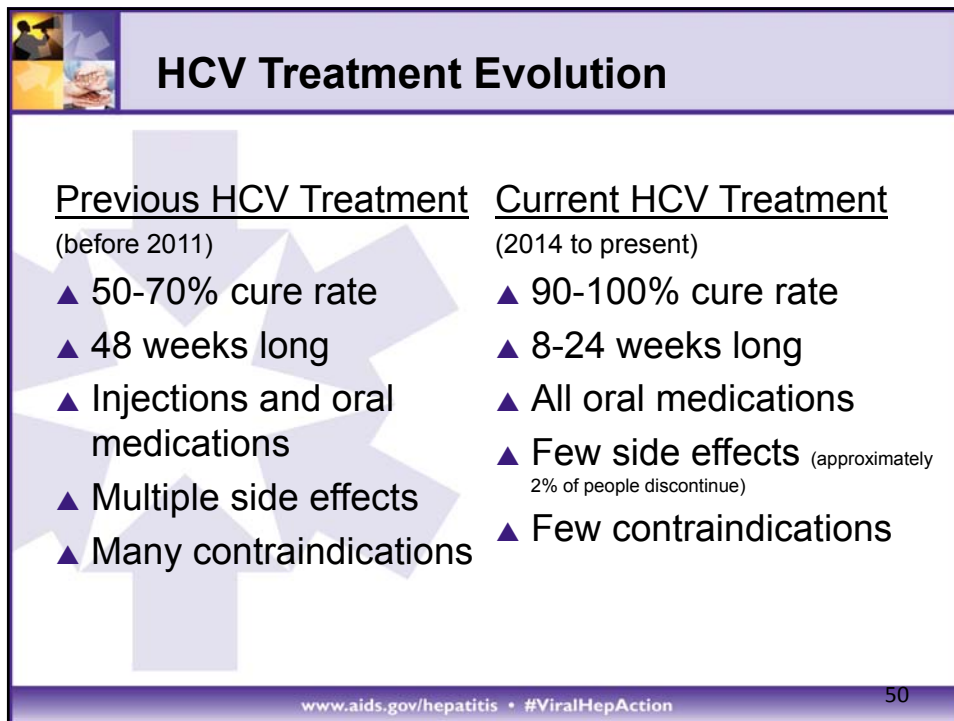
For Immediate Release October 10, 2014

Release

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.

Breakthrough Therapy Approvals

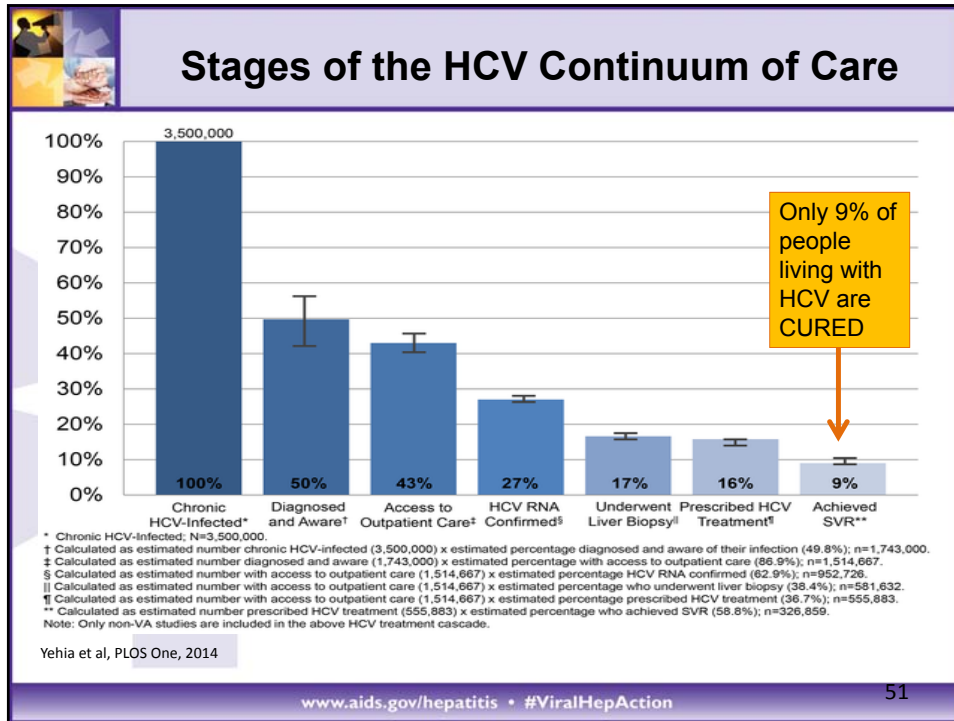
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HCV Treatment Evolution

<u>Previous HCV Treatment</u> (before 2011)	<u>Current HCV Treatment</u> (2014 to present)
▲ 50-70% cure rate	▲ 90-100% cure rate
▲ 48 weeks long	▲ 8-24 weeks long
▲ Injections and oral medications	▲ All oral medications
▲ Multiple side effects	▲ Few side effects (approximately 2% of people discontinue)
▲ Many contraindications	▲ Few contraindications

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Importance of Stakeholders

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Federal Resources

**Hepatitis C:
An Introductory Guide for Patients**




**VIRAL HEPATITIS.
ARE YOU AT RISK?**



Take this online assessment.

Hepatitis Risk Assessment

Viral Hepatitis. Are you at risk?
Take this 5 minute Hepatitis Risk Assessment developed by the CDC and get a personalized report.

[Begin](#)




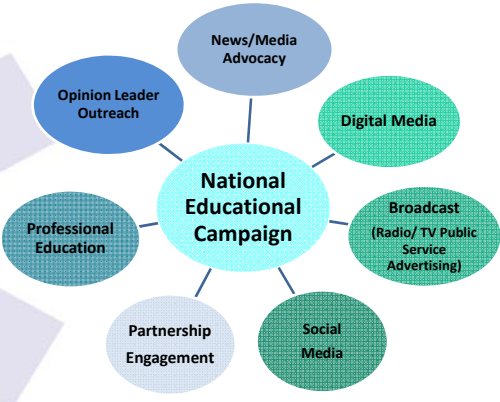



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Know More Hepatitis





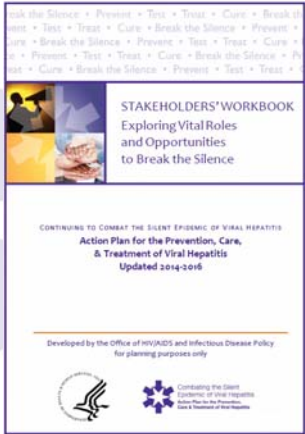
Materials available at www.cdc.gov/hepatitis

Courtesy of CDC DVH Education, Training, & Communications Team

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Guide for Strategic Planning



STAKEHOLDERS' WORKBOOK
Exploring Vital Roles and Opportunities to Break the Silence

CONTINUING TO COMBAT THE SILENT EPIDEMIC OF VIRAL HEPATITIS
Action Plan for the Prevention, Care, & Treatment of Viral Hepatitis
Updated 2014-2016

Developed by the Office of HIV/AIDS and Infectious Disease Policy
for planning purposes only

The Stakeholders' Workbook

- ▲ Facilitate opportunities to talk through potential viral hepatitis activities, challenges, tools, resources, and partnerships related to each priority area.


- 1) Discuss the questions, 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?*
- 2) Individualize the hepatitis planning sheet to prioritize, set timeframes, & goals

Available at www.AIDS.gov/hepatitis

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Exploring Vital Roles and Opportunities for Stakeholders



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- ▲ Health departments
- ▲ Community-based organizations
- ▲ Patient advocacy organizations

Includes key messages and specific opportunities for:


- ▲ Health care providers
- ▲ Patients, Advocates, and Individuals
- ▲ Professional organizations and associations
- ▲ Schools and training programs

Available at www.AIDS.gov/hepatitis

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Community Leadership and the Stakeholders' Workbook




IMPLEMENTING THE VIRAL HEPATITIS ACTION PLAN: THE ROLE OF COMMUNITY LEADERSHIP


TRANSLATE | TEXT SIZE | PRINT | EMAIL

January 16, 2015 • 0 comments • By Kate Moraras, MPH, Director, Hep B United, Hepatitis B Foundation and Isha Weerasinghe, MSc, Senior Policy Analyst, Association of Asian Pacific Community Health Organizations


The development of the updated national Action Plan for the Prevention, Care, & Treatment of Viral Hepatitis: 2014-2016 (POTF 2.014B) (Action Plan) in April 2014 marked a new opportunity for community-based organizations invested in eliminating hepatitis B and C disparities, to explore what activities federal agencies are planning to undertake and how the organizations and agencies can work together to address viral hepatitis. The Action Plan notes that further engaging the energy and expertise of new partners from both inside and outside of government is critical for successful implementation.

Since the release of the Action Plan, groups like Hep B United @ (HBU) have used it as a framework to help guide their work on the ground. HBU, comprised of over 20 local alliances nationwide working to eliminate hepatitis B in high-risk populations, utilized the Stakeholders' Workbook (DOC 654K2) that accompanied the release of the Action Plan as a starting point to develop a community strategic plan that complements the Action Plan. The Stakeholders' Workbook (DOC 654K2) was created to assist partner organizations and coalitions to identify their own actionable opportunities by providing discussion questions based on the goals of the Action Plan.





Isha Weerasinghe



Kate Moraras

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We Have the Tools!

- ▲ Centers for Disease Control and Prevention
 - Educational materials, training resources, and guidelines
 - www.cdc.gov/hepatitis
- ▲ U.S. Department of Health and Human Services
 - Viral Hepatitis Action Plan, Stakeholders' Workbook, updates & reports, and blogs
 - www.AIDS.gov/hepatitis

- ▲ U.S. Department of Veterans Affairs
 - Patient and Provider education and tools
 - <http://www.hepatitis.va.gov/>
- ▲ American Association for the Study of Liver Disease
 - Primary healthcare provider training on viral hepatitis
 - <http://www.aasld.org/act-first-free-online-cme-course-primary-care-providers>

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CALL TO ACTION



Thank You!

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