

11-03

## STATEMENT OF POLICY

### HEPATITIS VIRUS INFECTION PREVENTION

#### Policy

The National Association of County and City Health Officials (NACCHO) commends the Centers for Disease Control and Prevention (CDC) for funding the establishment of state (and some city) adult viral hepatitis coordinators. NACCHO encourages these viral hepatitis coordinators to participate in local viral hepatitis coalitions and advisory groups to assist in the development of a local viral hepatitis prevention plan, where appropriate or for local representatives to amend their state viral hepatitis plan to meet local needs.

However, viral hepatitis prevention, testing, and treatment remains significantly underfunded and NACCHO encourages Congress to appropriate new funds, including health reform funding, and CDC and other public health partners to allocate sufficient and sustained resources in budgets for the development of state and local capacities, with financial and technical support to help to do the following:

- Develop local viral hepatitis prevention plans;
- Identify, evaluate, and create a national clearinghouse for appropriate models of testing, treatment, and education, including those in rural areas;
- Develop and implement a national awareness campaign targeting the public, providers, and other healthcare workers to increase awareness of hepatitis infection, screening, and treatment;
- Improve relationships between local health departments (LHDs) and correctional facilities to increase collaboration and coordinated service delivery in order to better understand prevalence of disease;
- Adequately vaccinate high-risk populations against hepatitis A virus (HAV) and hepatitis B virus (HBV) through outreach and other innovative methods including vaccination in STD clinics and correctional facilities and identify additional funds to vaccinate people who may otherwise not have access to these services;
- Continue recommended HAV and HBV vaccination for all children;
- Support public health lab capacity for viral hepatitis testing; and
- Screen for hepatitis B and hepatitis C infections for those at high risk.

#### Justification

Viral hepatitis infections are major public health problems in the United States, with high financial and health costs. Vaccines are available for both HAV and HBV, including a combination vaccine for both HAV and HBV. Chronic HBV and HCV infection are the leading causes of morbidity and mortality associated with chronic liver disease and liver cancer in the United States.<sup>1</sup> Foreign-born persons are at higher risk for hepatitis virus infection as HBV is endemic in many developing countries.<sup>2</sup>



As many public health budgets diminish and related programs such as HIV/STI prevention and treatment and immunization become more integrated, there will be opportunities to incorporate viral hepatitis prevention, education, and treatment into these existing services. Given the large percentage of people who are unaware that they are infected with one or more types of hepatitis virus, surveillance data likely do not fully reflect the size of the population that will require health services. Adequate hepatitis testing will increase the percentage of people infected who know their serostatus and will therefore be more likely to adopt behaviors to protect themselves and others from infection.<sup>3</sup>

Demands on the public health system will increase as more viral hepatitis cases are identified with increased screening and chronic liver disease and liver failure become more prevalent reinforces the importance of developing infrastructure that can support a larger burden of chronic hepatitis disease and enhancing cost-saving preventive efforts, such as vaccination.<sup>4</sup> Given that current viral hepatitis prevention, testing, and treatment remains significantly underfunded, it is imperative that additional funds allocated for this purpose be available at the local level.

### **Record of Action**

*Approved by NACCHO Board of Directors  
March 18, 2011*

### **References**

1. Centers for Disease Control and Prevention. (May 2009). Surveillance for Acute Viral Hepatitis -- United States, 2007. *MMWR Weekly*. 58 (SS-3). Retrieved February 23, 2011, from <http://www.cdc.gov/mmwr/PDF/ss/ss5803.pdf>.
2. American Association for the Study of Liver Diseases. *Viral Hepatitis Screening*. Retrieved August 7, 2009, from <http://www.aasld.org/yourliver/Pages/ViralHepatitisScreening.aspx>.
3. National Viral Hepatitis Roundtable. *Eliminating Viral Hepatitis: A Call to Action*. Retrieved February 23, 2011, from [http://www.nvhr.org/pdf/NVHR\\_CalltoAction.pdf](http://www.nvhr.org/pdf/NVHR_CalltoAction.pdf).
4. World Health Organization. *Hepatitis B*. Retrieved January 3, 2011, from <http://www.who.int/csr/disease/hepatitis/whocdscsrlyo2002/en/index4.html#costs>.