

11-03

## STATEMENT OF POLICY

### Viral Hepatitis

#### Policy

The National Association of County and City Health Officials (NACCHO) commends the Centers for Disease Control and Prevention (CDC) for funding Viral Hepatitis Prevention Coordinators in states and three large counties/cities. NACCHO encourages these hepatitis prevention coordinators to participate in local hepatitis coalitions and advisory groups to assist in developing local hepatitis prevention plans and meet with local health department representatives on their state hepatitis plans to ensure a reflection of local needs.

Effective vaccinations exist to protect against hepatitis A and B. Effective treatment to prevent progression of hepatitis C disease has recently become available. However, hepatitis prevention, testing, and treatment remain significantly underfunded. NACCHO urges Congress to appropriate additional funds to the CDC to support state and local health departments to develop epidemiologic, planning, and evaluation capacities as well as the following core prevention activities:

- Develop and implement local hepatitis prevention plans.
- Conduct multi-faceted surveillance including expanding and developing new methods of data sharing and utilizing community-based data collection to assess the burden of disease and identify additional communities at risk.
- Support screening and confirmatory testing of persons at risk for hepatitis B and C infection in high risk populations, including hepatitis C testing for all adults born from 1945 through 1965.
- Disseminate public health hepatitis awareness campaign materials targeting the public, providers, and other healthcare workers to increase awareness of hepatitis infection, screening, and treatment.
- Developing a national clearinghouse for appropriate models of testing, treatment, and education, including for those in rural areas.
- Conduct outreach to improve hepatitis surveillance, education, testing, vaccination and treatment opportunities for high-risk populations in community settings serving at-risk adults, including STD clinics, drug treatment programs, and other settings serving high risk adults who may otherwise not access care.
- Increase investment in the primary prevention of illegal intravenous drug use and risk reduction counseling for high-risk adults and adolescents.
- Improve outreach to disproportionately affected racial and ethnic populations, particularly Asian Americans and Pacific Islanders, African-Americans, and Latinos.
- Enhance electronic laboratory reporting processes to improve complete and timely reporting of acute hepatitis cases to local public health to assure rapid response to acute hepatitis A cases, consistent



reporting in high-risk hepatitis B and C cases (including chronically infected pregnant women), and allow for a more complete picture of the viral hepatitis disease burden in communities.

- Support timely and comprehensive hepatitis cluster investigations to help identify potential sources of infection and epidemiologic patterns for newly identified cases.
- Strengthen relationships between state and local health departments and correctional facilities to increase surveillance, provide health education and preventive services in correctional settings, and support continuity of care for people returning from prisons and jails to the community.
- Assure that vaccination and treatment options exist for those who remain uninsured after the Affordable Care Act (ACA) implementation.
- Develop partnerships with healthcare providers and relevant community groups to assure access to care and treatment for individuals chronically infected with hepatitis B and C, including outreach to rural and hard-to-reach communities through enhanced telemedicine and telehealth services.
- Support increased public health laboratory hepatitis testing capacity in order to support all of the above initiatives.

### **Justification**

Viral hepatitis infections are major public health problems in the United States, creating significant financial and health costs. An estimated 3.5-5.3 million Americans are living with chronic hepatitis, and most do not know they are infected.<sup>1</sup> Chronic hepatitis B and C infection are leading causes of morbidity and mortality and are major causes of chronic liver disease, liver transplantation, and liver cancer in the United States.<sup>1</sup> Universal pediatric vaccination against hepatitis A and B will eventually lead to a substantial decrease in community disease but adults continue to be at risk of infection or are infected and unaware. Specific groups continue to be at higher risk. Intravenous drug use has consistently accounted for a substantial proportion of HCV infections.<sup>2</sup> In addition, foreign-born persons who have emigrated from areas where hepatitis B and C are endemic are at higher risk of having been infected.<sup>3</sup>

As 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 hepatitis prevention, education, and treatment into these existing services. Given that most people living with chronic hepatitis are unaware of their infection, surveillance data likely does not fully reflect the community disease burden and the size of the population that will require health services. Increasing 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>4</sup>

Recent advances in hepatitis C treatment also herald the potential for preventing morbidity and mortality from this virus, and underline the importance of identifying those who are infected, particularly in the early stages of disease. In August 2012, the CDC released new guidance recommending at least one-time hepatitis C testing for all persons born from 1945 through 1965, in recognition of this age group's significant burden of disease and the potential for improved outcomes with early treatment. Demands on the public health system will increase as more people with hepatitis, many of whom already have chronic liver disease, are identified.<sup>1</sup> Given that current hepatitis prevention, testing, and treatment remains significantly underfunded, it is imperative that additional funds allocated for this purpose be available at the local level.

While many individuals who become newly insured through the ACA will have access to preventive services, including hepatitis C testing and hepatitis A and B vaccination, many providers rely on local and state public health departments for guidance on delivering these services. In many cases, physicians do not stock vaccine and instead refer their patients to their local health department for vaccination. Local health departments are developing the capacity to be reimbursed by insurers when delivering services for insured patients. However, millions of people will remain uninsured even after the ACA is implemented. In addition, many groups that will remain uninsured, including those who are homeless and have mental health or substance use disorders, will be at increased risk of viral hepatitis disease. Local health departments play a critical role in filling these gaps, and in providing training and technical assistance to providers. For these reasons, adequate funding of core public health functions, such as hepatitis prevention and treatment activities, is critical.

### **References**

1. U.S. Department of Health and Human Services. (February 2014). *Action Plan for the Prevention, Care, & Treatment of Viral Hepatitis*. Retrieved July 29, 2014, from <http://aids.gov/pdf/viral-hepatitis-action-plan.pdf>.
2. Centers for Disease Control and Prevention. *Hepatitis C FAQs for the Public*. Retrieved July 29, 2014, from <http://www.cdc.gov/hepatitis/C/cFAQ.htm#statistics>.
3. Perumalswami PV, Factor SH, Kapelusznik L, Friedman SL, Pan CQ, Chang C, et al. (May 2013). Hepatitis Outreach Network: A Practical Strategy for Hepatitis Screening with Linkage to Care in Foreign-Born Communities. *Journal of Hepatology* 58(5), 890-97. Retrieved July 29, 2014, from [http://www.journal-of-hepatology.eu/article/S0168-8278\(13\)00017-2/abstract](http://www.journal-of-hepatology.eu/article/S0168-8278(13)00017-2/abstract).
4. Bruneau J, Zang G, Abrahamowicz M, Jutras-Aswad D, Daniel M, Roy É. (March 2014). Sustained Drug Use Changes After Hepatitis C Screening and Counseling Among Recently Infected Persons Who Inject Drugs: A Longitudinal Study. *Clinical Infectious Diseases*, 58(6), 755-61. Retrieved July 29, 2014, from <http://cid.oxfordjournals.org/content/58/6/755.long>.

### **Record of Action**

*Proposed by NACCHO Infectious Disease Prevention and Control Workgroup*

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

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