



Strategies to Address HCV

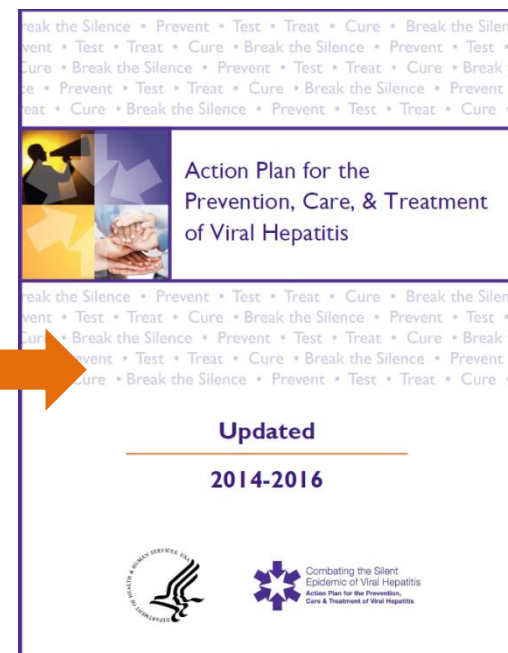
HIV Programs & U.S. Viral Hepatitis Action Plan

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Intersections of HIV & Viral Hepatitis

Among individuals coinfecting with HIV:

- An estimated 25% are coinfecting with HCV*
- An estimated 10% are coinfecting with HBV

HIV, hepatitis B, and hepatitis C share:

- Modes of transmission: sexual, blood exposure, perinatal
- Vulnerable populations: high risk heterosexuals, MSM, people who inject drugs, others
- Prevention opportunities: education, vaccination for HBV, testing, reducing exposure to contaminated blood
- Health disparities affect some of the same communities

* Prevalence is much higher among people who inject drugs



HIV/HCV Coinfection

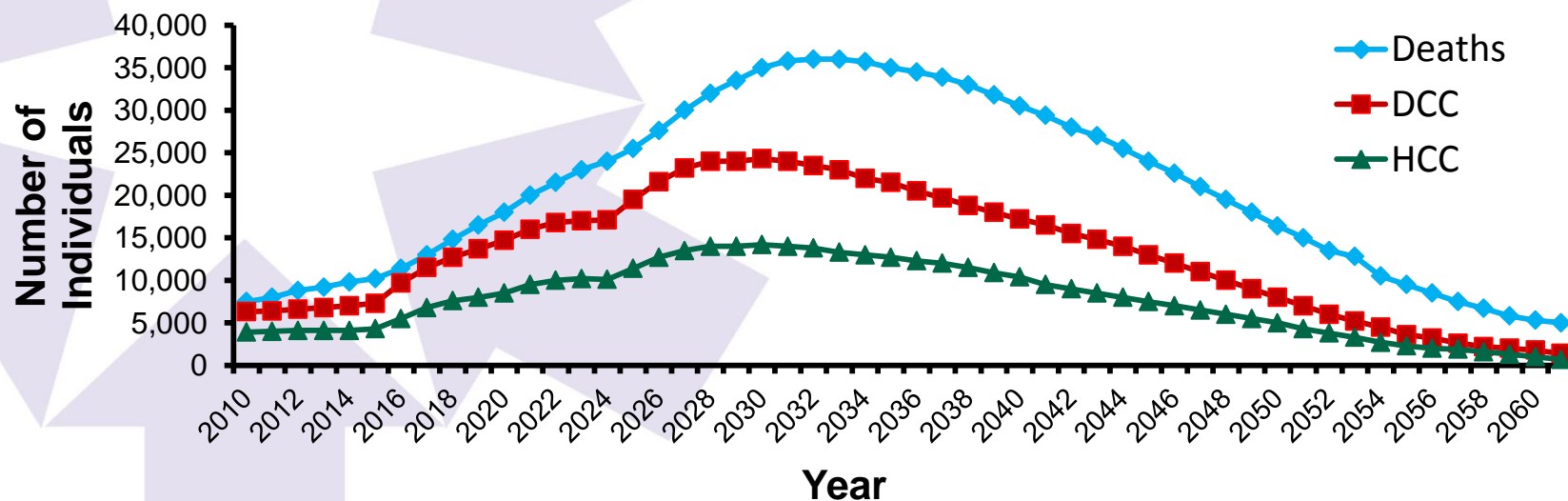
- HIV hastens progression of HCV-related liver disease
- Liver disease is one of the leading causes of death among people living with HIV/AIDS
- There are increasing reports of HCV infection among HIV+ MSM
 - Associated risks: unprotected rectal intercourse; drug use
- Guidance for HCV treatment makes HIV-1 coinfecting patients 'high priority' owing to high risk for complications
- **HCV CAN BE CURED!!!**



Modeling the Growing Burden of Hepatitis C in the United States

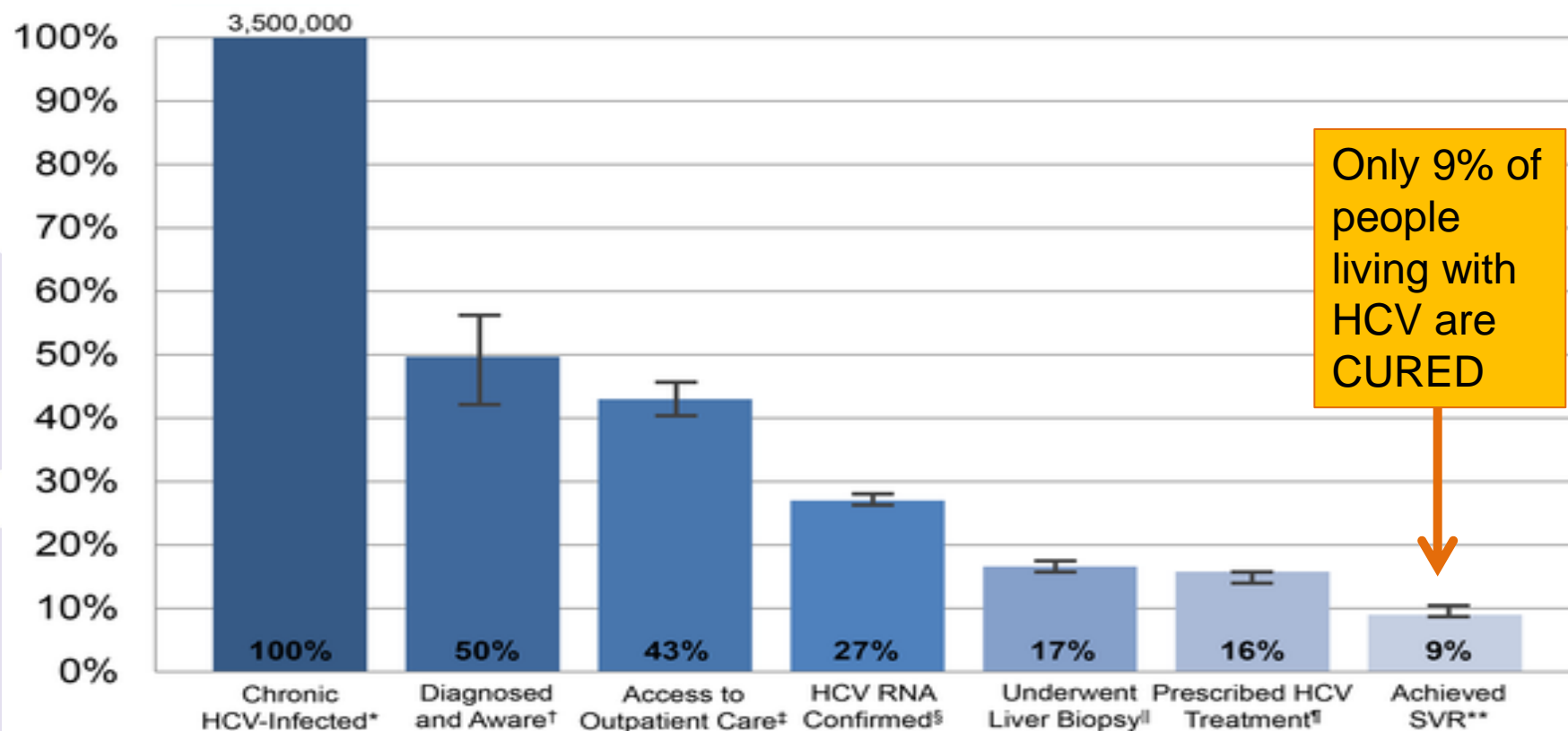
Of 2.7 million HCV-infected persons

- 1.47 million will develop decompensated cirrhosis (DCC)
- 350,000 will develop hepatocellular carcinoma (HCC)
- 897,000 will die from HCV-related complications



(Based on a model presented by Rein et al. *Dig Liver Dis* 2011;43:66-72.)

Stages of the HCV Continuum of Care, US



* Chronic HCV-Infected; N=3,500,000.

† Calculated as estimated number chronic HCV-infected (3,500,000) x estimated percentage diagnosed and aware of their infection (49.8%); n=1,743,000.

‡ Calculated as estimated number diagnosed and aware (1,743,000) x estimated percentage with access to outpatient care (86.9%); n=1,514,667.

§ Calculated as estimated number with access to outpatient care (1,514,667) x estimated percentage HCV RNA confirmed (62.9%); n=952,726.

|| Calculated as estimated number with access to outpatient care (1,514,667) x estimated percentage who underwent liver biopsy (38.4%); n=581,632.

¶ Calculated as estimated number with access to outpatient care (1,514,667) x estimated percentage prescribed HCV treatment (36.7%); n=555,883.

** Calculated as estimated number prescribed HCV treatment (555,883) x estimated percentage who achieved SVR (58.8%); n=326,859.

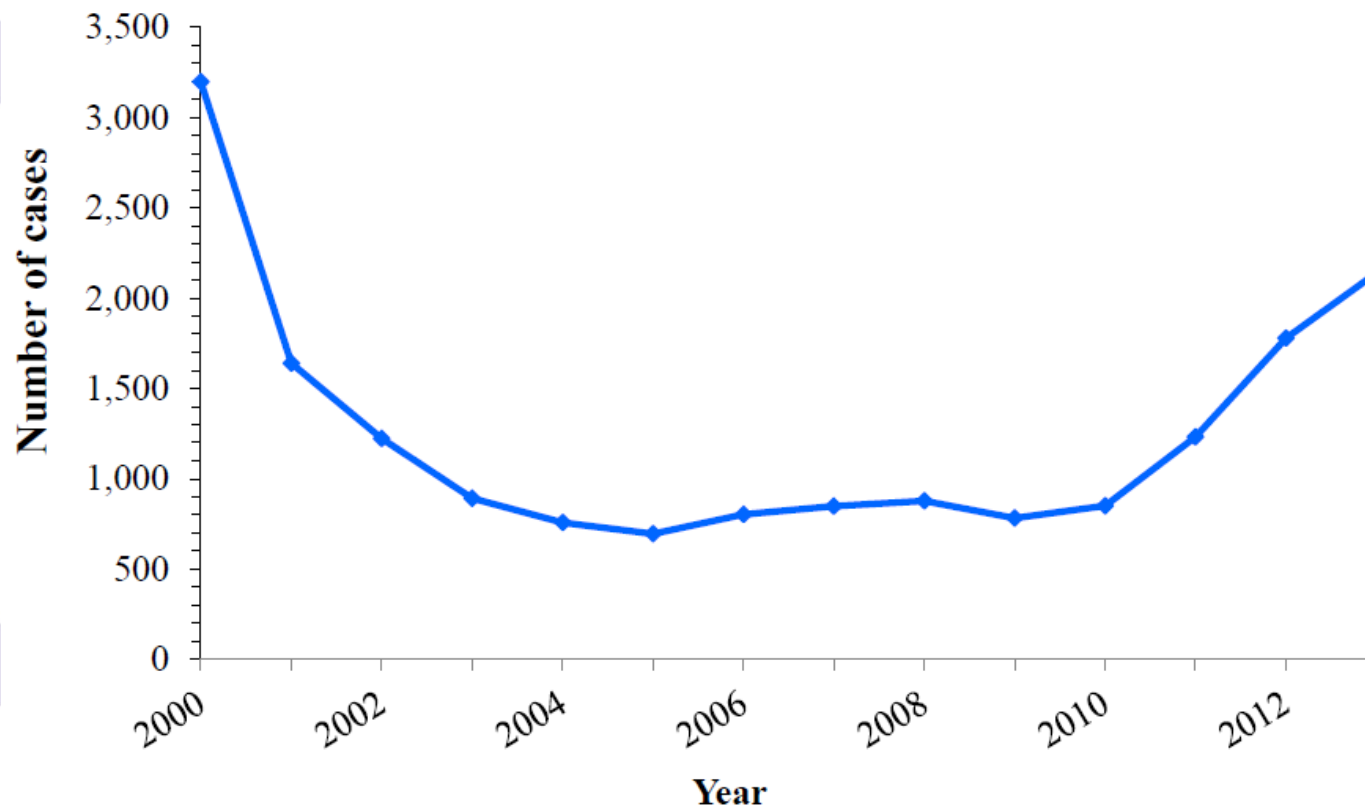
Note: Only non-VA studies are included in the above HCV treatment cascade.

(Yehia et al, PLOS One, 2014)



150% Increase in Reported HCV Cases 2010-2013

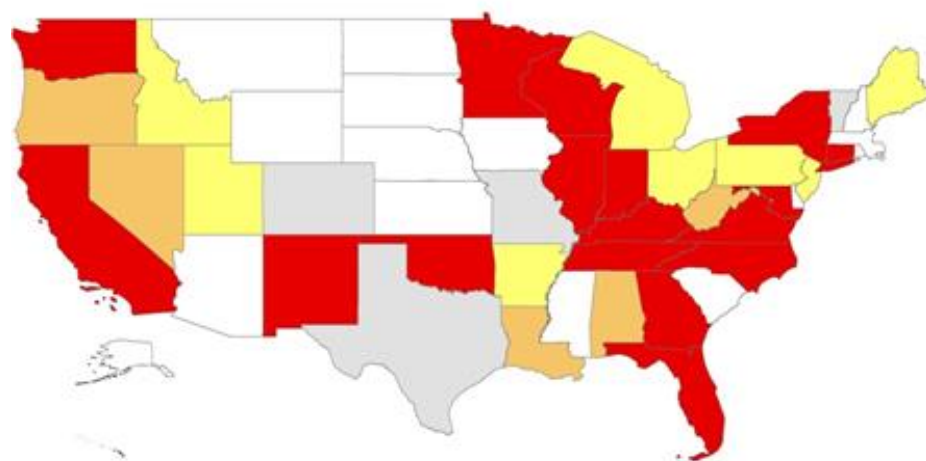
Reported number of acute hepatitis C cases 2000-2013



CDC, National Notifiable Diseases Surveillance System

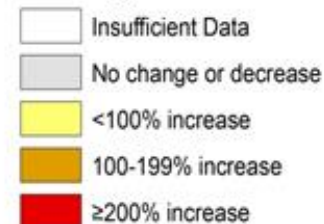
Increases in New HCV Infections

- ❑ **50% increase in national reporting**
- ❑ **200% increase in 17 states**
- ❑ **Recent studies show**
 - ~ 70% PWID
 - Previous prescription narcotic users
 - Ages 18 to 29 years
 - Predominantly white
 - Equally female and male
 - Non-urban and suburban



2007-2012

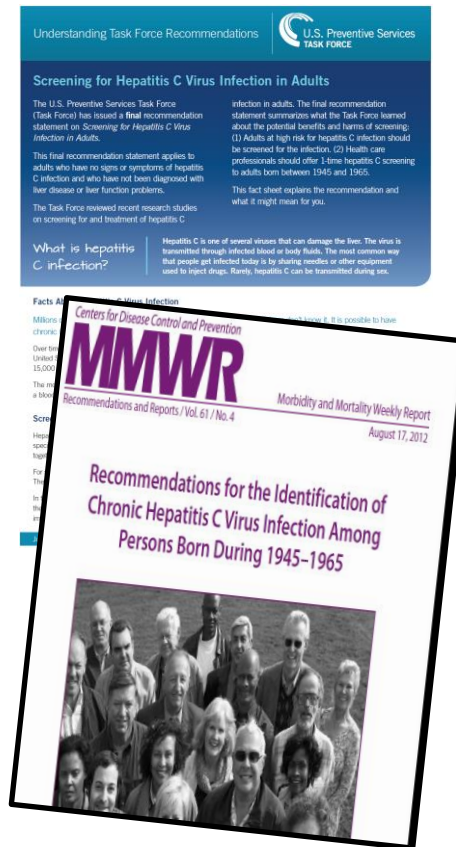
% change incidence



People who inject

CDC & USPSTF Recommendations for HCV Testing

- **One-time testing 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 (liver enzymes)
 - **HIV infection (annual testing)**



Moyer VA, *Ann Int Med* 2013.
MMWR Aug 2012.



Opportunities in the Updated NHAS

Updated through 2020, the NHAS includes hepatitis in many areas:

- Expand efforts to prevent HIV using a combination of effective, evidence-based approaches
- Support and strengthen integrated and patient-centered HIV and related screening
- Address increases in substance use disorders
- Address co-occurring disorders in people with HIV



NATIONAL HIV/AIDS STRATEGY for the UNITED STATES:

UPDATED TO 2020

JULY 2015



Affordable Care Act Opportunities

CDC Home
Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

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Prevention of HIV/AIDS, Viral Hepatitis, STDs, and TB Through Health Care

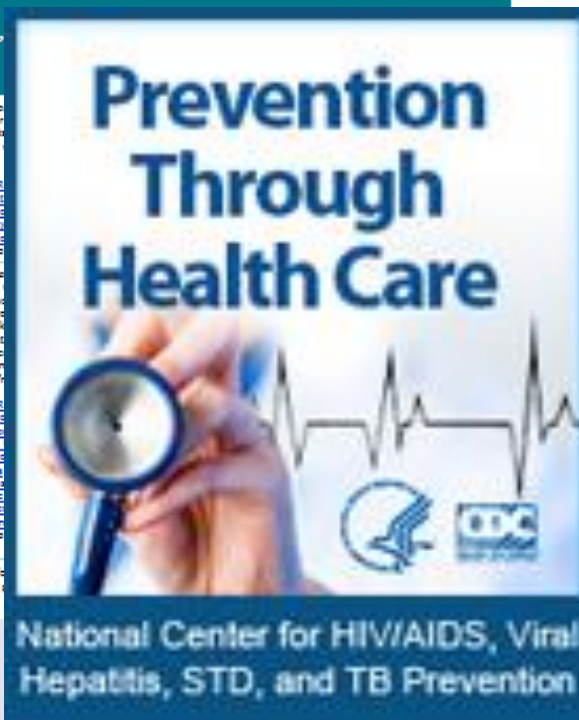
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Viral Hepatitis Preventive Services

Preventive Service	Recommending Authority (authorized under Section 1001 of the Patient Protection and Affordable Care Act)	Eligible Population
Hepatitis A Vaccination	Advisory Committee on Immunization Practices (ACIP) (Recommendations issued and adopted by the Director of the Centers for Disease Control and Prevention May 2006)	Routine HepA children, for increased risk any person immunity? (See MMWR Through) Act Immunization The Advisory Immunization Discussion o
Hepatitis B Vaccination	Advisory Committee on Immunization Practices (ACIP) (Recommendations issued and adopted by the Director of the Centers for Disease Control and Prevention December 2006)	Universal vaccination who were not pregnant not being at risk (HBV) infection unvaccinated infection, an protection fr (See MMWR Immunization Transmitted Infection in Immunization Adolescents Comprehensive to Eliminate B Virus Infection Part 2: Immunization Discussion o
Hepatitis B Testing	USPSTF (Grade "B" recommendation issued May 2014)	Screening for infection in infection?



- Elimination of pre-existing condition restrictions
- Expanded access to health insurance
- Preventive health care coverage
 - Screening for HBV & HCV
 - Vaccination for HAV & HBV

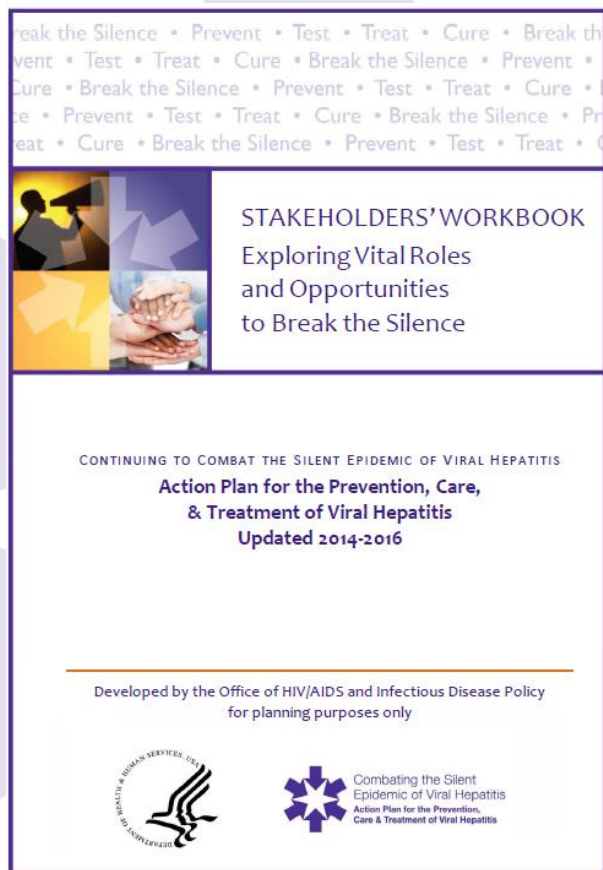


HCV Therapy is Curative

- The goal of HCV therapy is HCV clearance known as sustained virologic response (SVR) ¹
- HCV therapy is undergoing a revolution!
- **SVR = CURE**
- **OLD therapy:** 48 weeks PegIFN/Ribavirin
 - < 50% cure rates
- **NEW therapy:** 8 – 24 weeks all oral therapy
 - 90-99% cure rates

¹ Ghany M, et al Hepatology 2009;

Stakeholders' Workbook



Purpose: Facilitate opportunities to talk through potential activities, challenges, tools, resources, and partnerships related to each priority area.

- ▲ Discussion questions provided, 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?*
- ▲ Sample hepatitis planning sheet to prioritize, set timeframes, & measures

Available at: www.AIDS.gov/hepatitis



“A nation committed to combating the silent epidemic of viral hepatitis”

-Vision of the Action Plan for the Prevention, Care and Treatment of Viral Hepatitis

