



COALITION
FOR **GLOBAL**
HEPATITIS
ELIMINATION

Hepatitis C Elimination

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Task Force for Global Health

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Disclosures

The Task Force for Global Health receives funds for the general support of the Coalition for Global Hepatitis Elimination from: Abbott, AbbVie, Cepheid, Gilead, Merck, Pharco, Roche, Siemens, Zydus-Cadila, US governmental agencies, philanthropic organizations

Agenda

- The hepatitis C virus transmission and disease
-
- Hepatitis C prevention care and treatment
 - Benefits
 - Strategies to expand access
- Feasible next steps

What Is Needed to Eliminate Hepatitis B Virus and Hepatitis C Virus as Global Health Threats

John W Ward ¹, Alan R Hinman ²

- **Tenets of Disease Elimination**
 - Only certain diseases are eligible as targets for elimination
 - Goals should be simple to compel action
 - Progress toward elimination can begin before goals are set
 - The first 20% of cases are easier to find than the last 20%
 - Research is the lifeblood of disease elimination
 - Political commitment is as important as technical proficiency
 - The ultimate goal of disease elimination is health equity

“For the first time in history, the disease can now be cured, raising hopes of eradicating Hepatitis C virus from the world population” -Nobel Committee

The 2020 Nobel Prize for Discovery of Hepatitis C Virus



Harvey Alter



Michael Houghton



Charlie Rice

Baruch Blumberg was awarded the 1976 Nobel Prize in Medicine for discovery of hepatitis B virus.

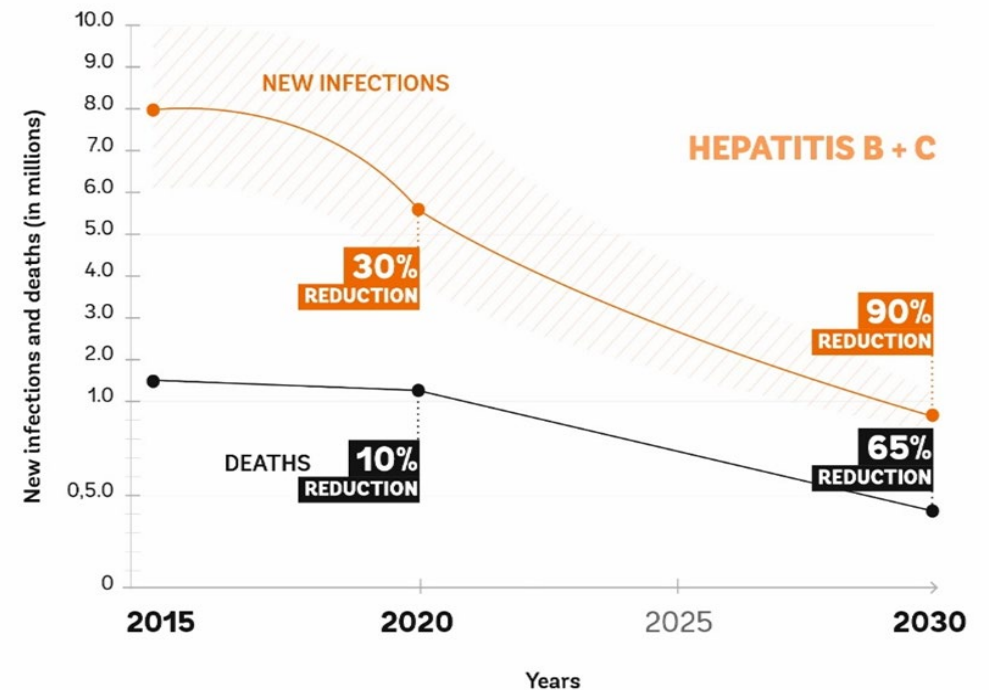
Science is not an end but a means to achieve a greater purpose.

Global Goals for Viral Hepatitis Elimination

A Rare Opportunity for Health Impact

- ✓ **Biologic feasibility:** Human required for replication; No intermediate hosts, environmental propagation
- ✓ **Technical feasibility:**
 - Prevent transmission-
 - Hepatitis B vaccine
 - **Avoid parenteral blood exposures**
 - Prevent mortality– care and treatment
 - HBV treatment- long term viral suppressive therapy
 - **HCV treatment and cure**
 - **Reliable tests- high sensitivity and specificity**
- ✓ **Goals:** WHO goals for elimination of hepatitis as a public health threat
- ✓ **Impact: 1.5 million HCV related deaths averted by 2030**
- ✓ **Endorsement:**
 - World Health Assembly, 2016, 2022
 - International Task Force for Disease Eradication, 2017

Absolute HBV and HCV Elimination Targets: WHO 2016-2021 Global Strategy

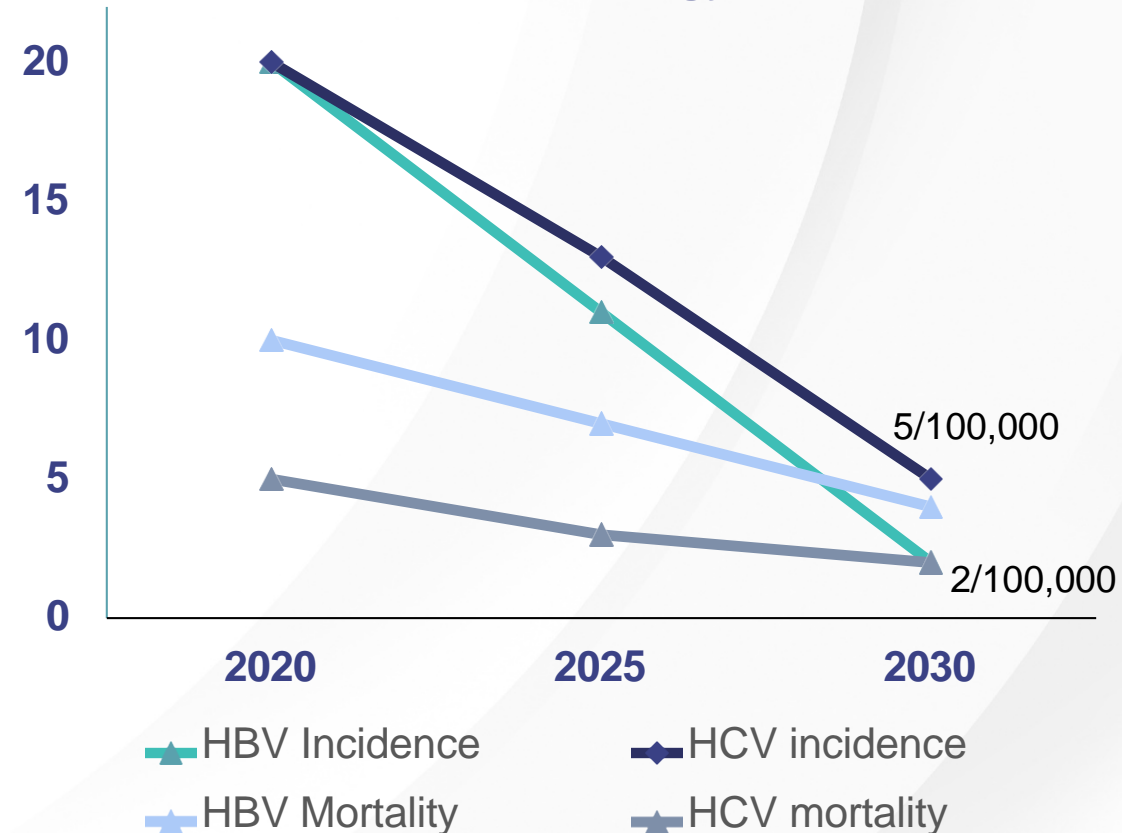


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Absolute HBV and HCV Elimination Targets: WHO 2022-2030 Global Strategy



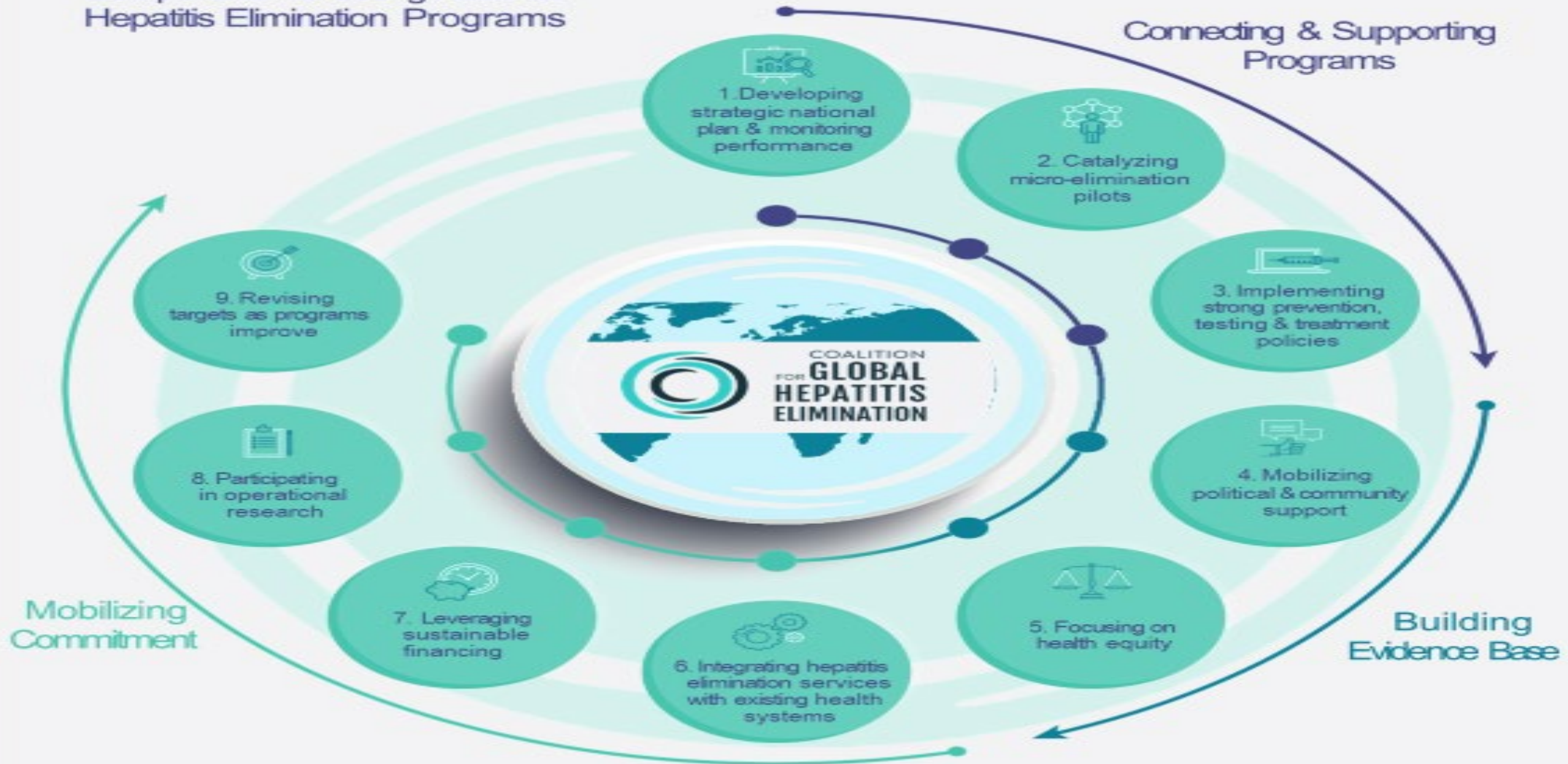
Coverage Targets for Global HCV Elimination Goals



	Indicator	Baseline – 2020 ^a	Targets – 2025	Targets – 2030
Impact	Number of new hepatitis C infections per year among people who inject drugs per year	8 per 100	3 per 100	2 per 100
	Planning – number of countries with costed hepatitis elimination plans	TBD	30	50
Milestones	Surveillance - number of countries reporting burden and cascade annually	130	150	170
	Number of needles and syringes distributed per person who injects drugs ^d	200	200	300
Coverage	Hepatitis C – percentage of people living with hepatitis C diagnosed / and cured	30%/30%	60%/50%	90%/80%

WHAT WORKS

Components For Strong National Hepatitis Elimination Programs



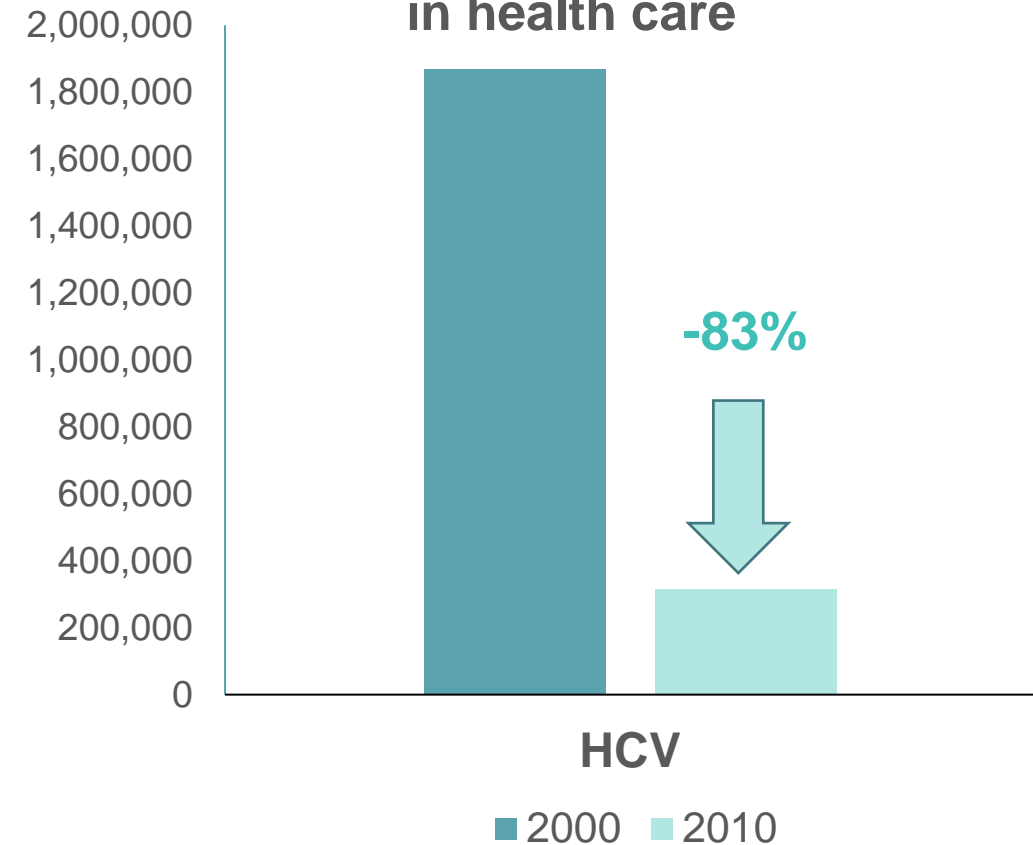
Declines in the Major Cause of Incident HCV Infection

Health-Care Related Exposures

- 1.8% HCV transmission risk after percutaneous exposures
- Global
 - 97% of global blood supply screened for HCV
 - 88% decrease in use of non-sterile syringes
 - 66% of new HCV infections
- Outbreak Settings
 - Outpatient or long-term care facilities
 - Hemodialysis settings
 - Dental
 - Drug diversion by HCV-infected health care providers,

Progress toward elimination can begin before goals are set

Global reductions in HCV infections from unsafe injections in health care



Pioneer Programs Demonstrate Feasibility of Hepatitis Elimination



Effective HCV Elimination Programs - Egypt

Hepatitis Action plan (World Bank support)



President calls for all adult HCV testing plus NCD screening



Mass Media Campaign



7,486 Healthcare facility



Online registration



No patient costs



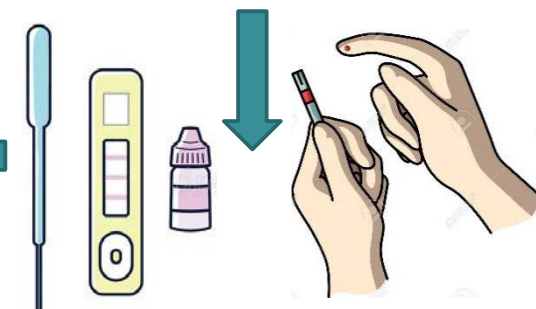
HCV treatment center



75 million tested
2,207,397 anti-HCV+



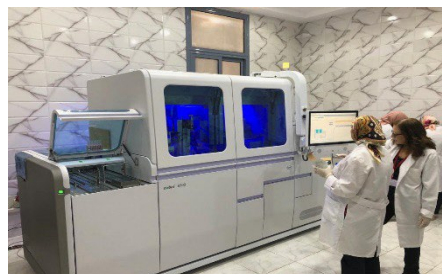
Electronic registry



HCV AB rapid test <\$1.0 /test



HCV PCR in 77 labs
<\$5/test



HCV PCR+ 1,161,560



1,073,586 treated

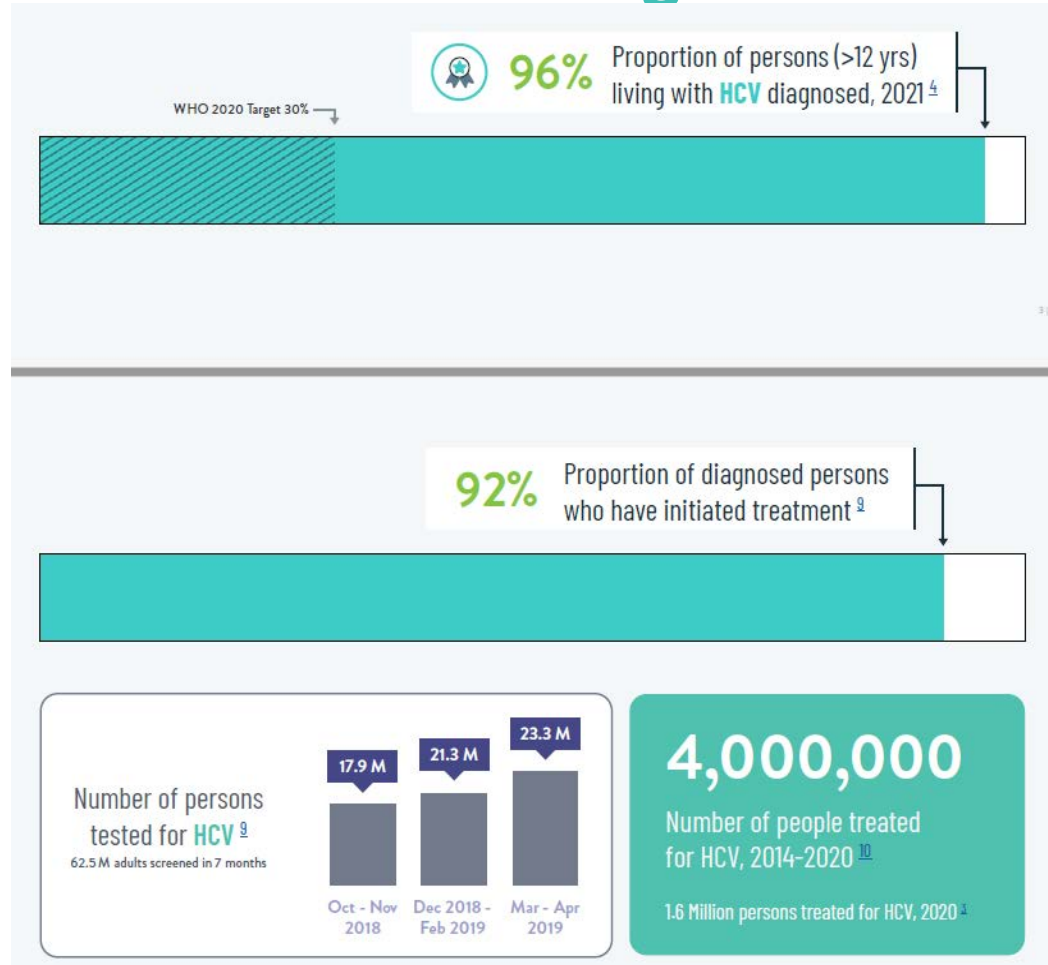


1,044,515 SVR

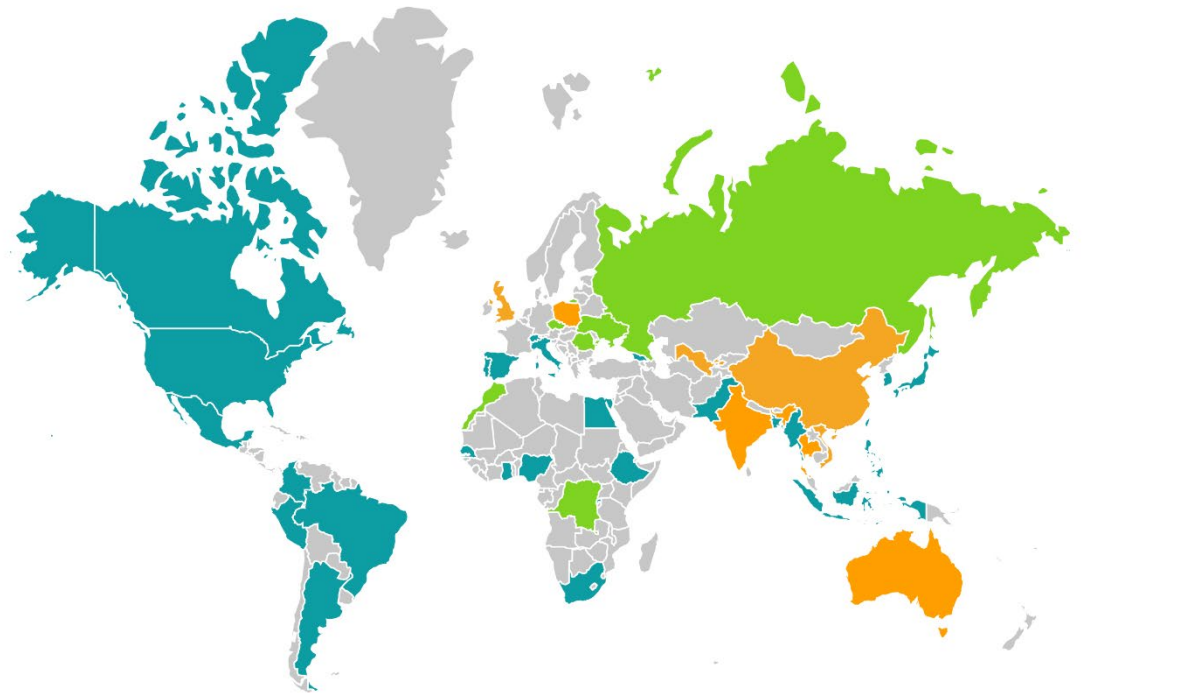


20% decline in liver related deaths

Egypt is on track for HCV elimination with >90% diagnosed and >90% initiated treatment



National or Area Hepatitis Elimination Profiles (N-HEP) 30 Profiles Available



Complete



In development



Planned

Objectives:

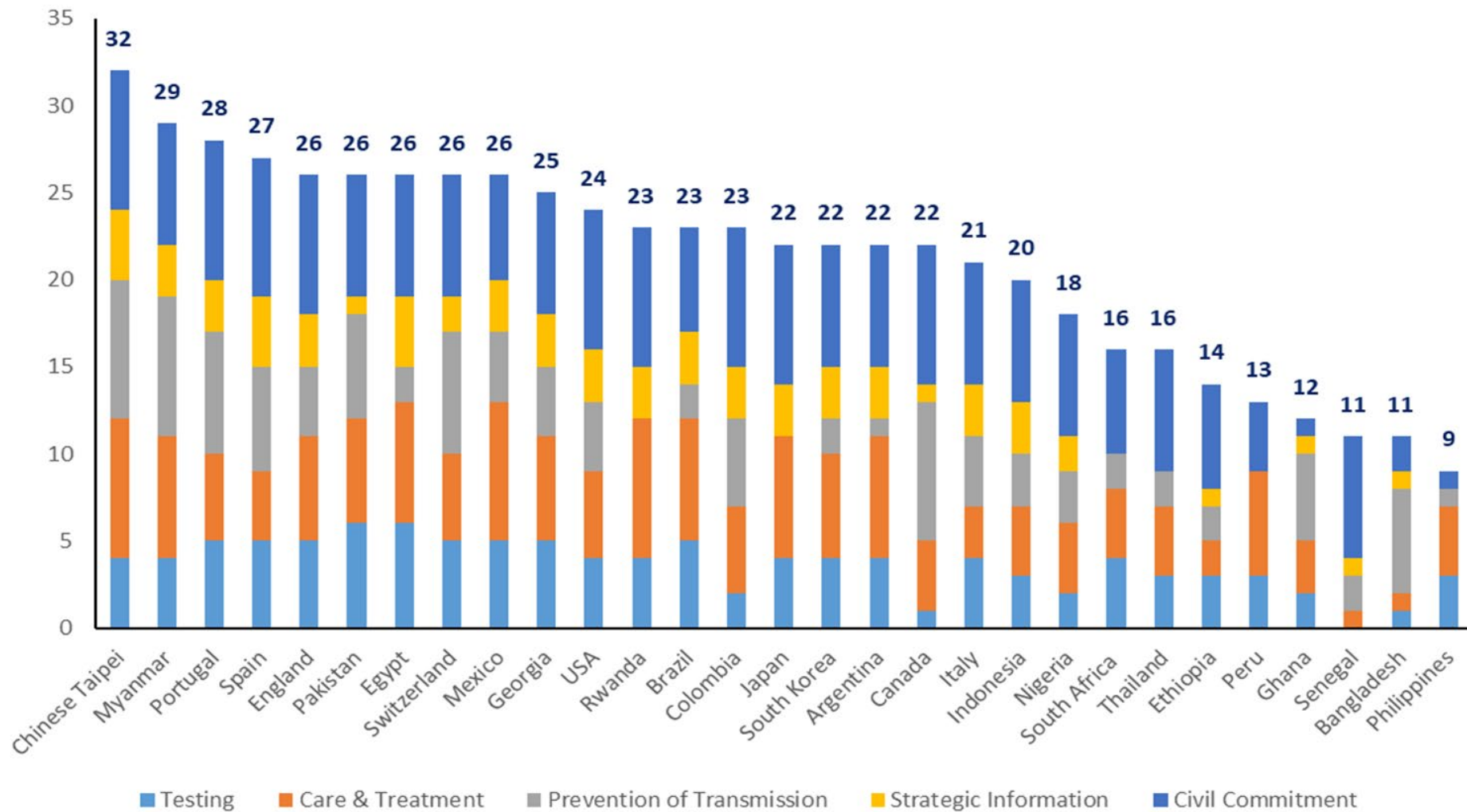
1. Assess Status of Hepatitis Elimination on

- Hepatitis burden
- Policy development– Develop standard framework for policy environment
- Program implementation
- Health equity for key populations
- Partnerships

2. Assess progress toward program targets and health outcome goals

3. Highlight achievements, challenges, and feasible next steps

Global Composite Preparedness Index for HCV Elimination





Scan to access US dashboard:



66,700

Estimated acute HCV cases, 2020 ³³

0.7 per 100,000



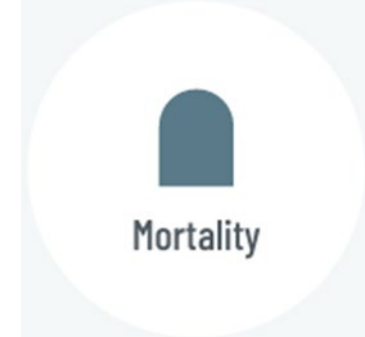
2.4 M

(2.0-2.8 M)

Number of persons living with HCV infection, 2015

Based on national survey

75% of persons with chronic HCV were born from 1945 through 1965 ⁵



14,865

HCV deaths, 2019 ³²

3.45

Deaths per 100,000 ³

Death rate among Black Americans is almost 2 times the rate among White Americans ³²

WHO Elimination goal by 2030

2.0 deaths/100,000

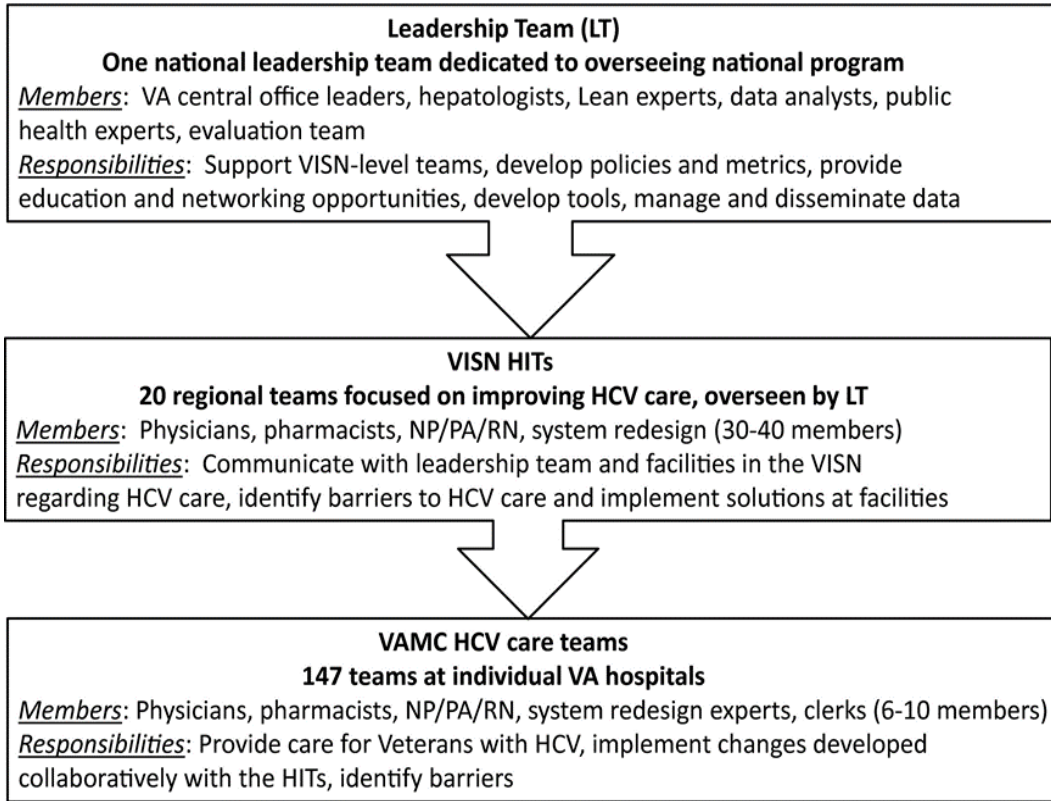
HCV Percentage change in new infections, 2015-2020 ³²
Based on number of new infections



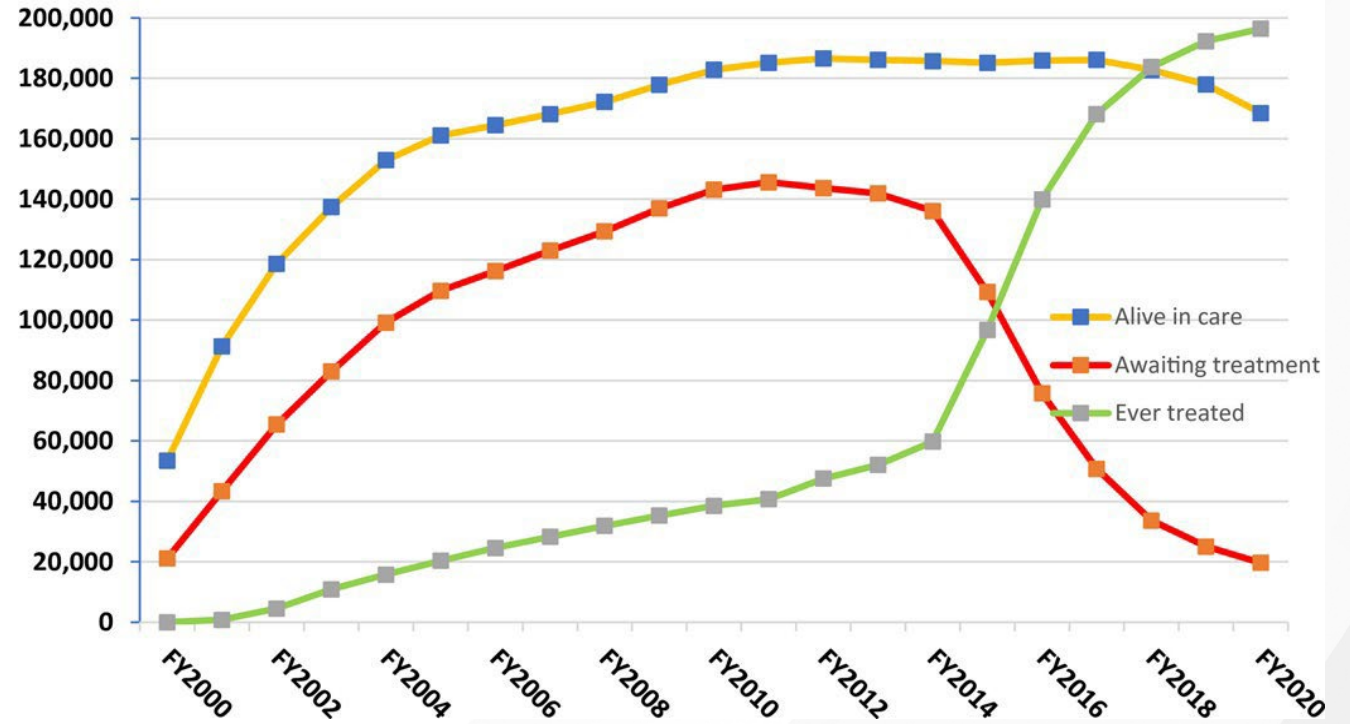
HCV Percentage change in deaths, 2015-2020 ³²



HCV Elimination in the US Department of Veterans Affairs

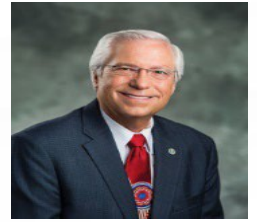


Hepatitis C Trends in VA, FY 2000 - 2020



VA has screened >85% of patients for hepatitis C.

As Native People and as Cherokee Nation Citizens, We Must Keep Striving to Eliminate Hepatitis C.”



“Chief Bill John Baker

CNHS HCV Care Model

Universal Screening

Screened 50,246 patients
All patients aged 20-69

Patient Navigator

Staff contacts HCV+ individuals and arranges follow-up testing and evaluation

HCV Evaluation and Non-Adherence Risk Assessment

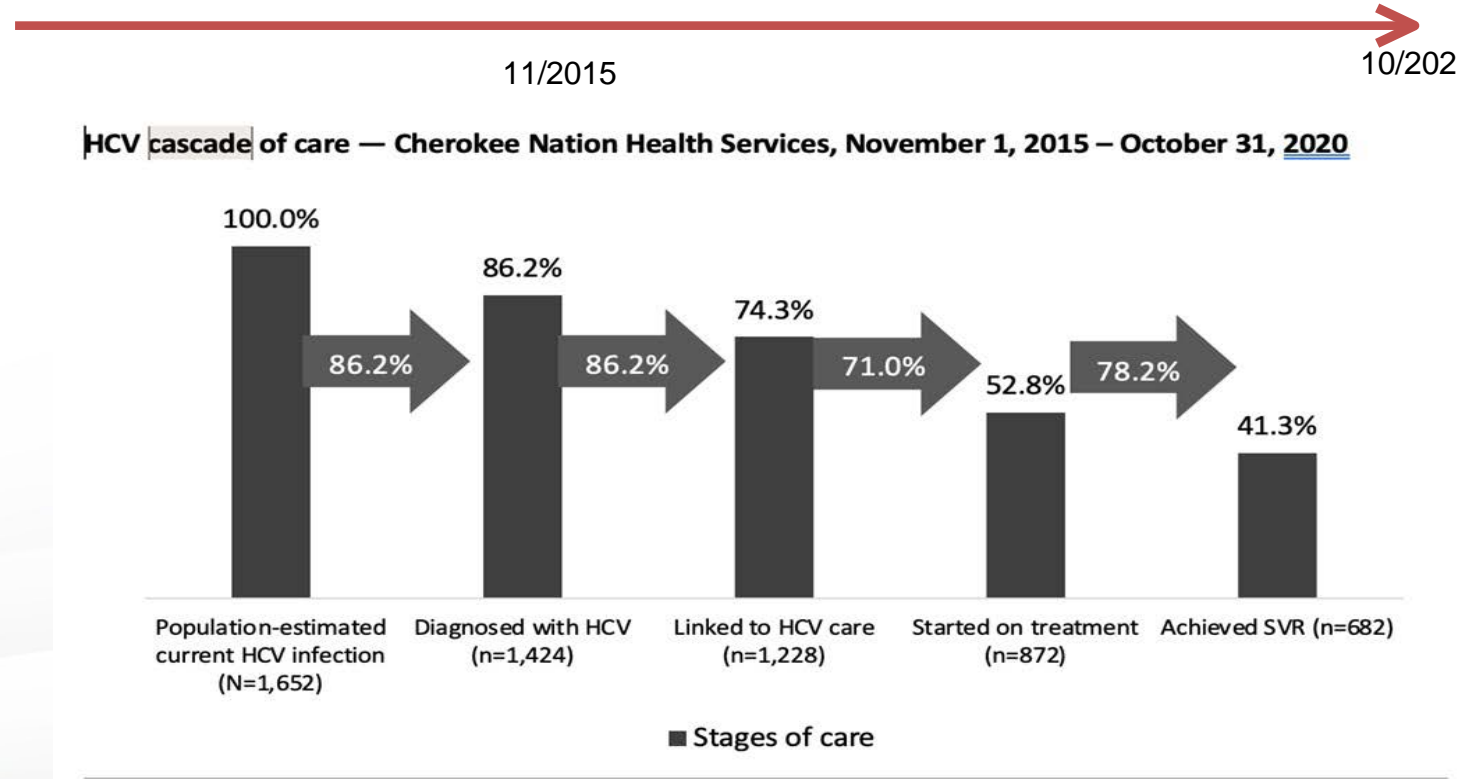
Nurse, BH counselor, HCV provider, case manager, pharmacist, community health worker
DAA procured and MAT started, if needed

HCV Treatment

All patients offered treatment

Community Health Worker

Home visits for patients at high risk of non-adherence



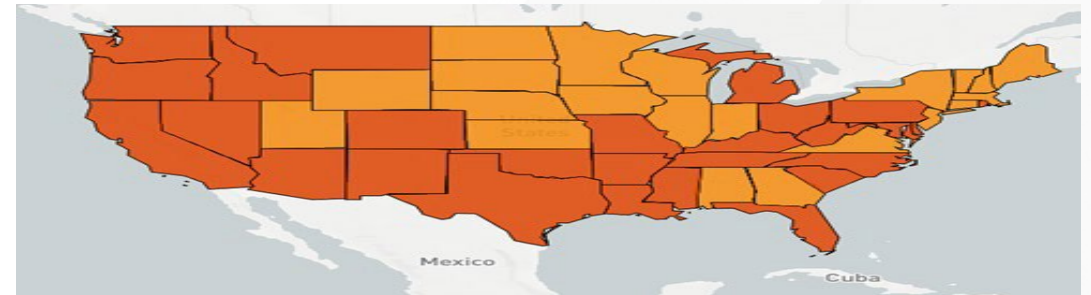
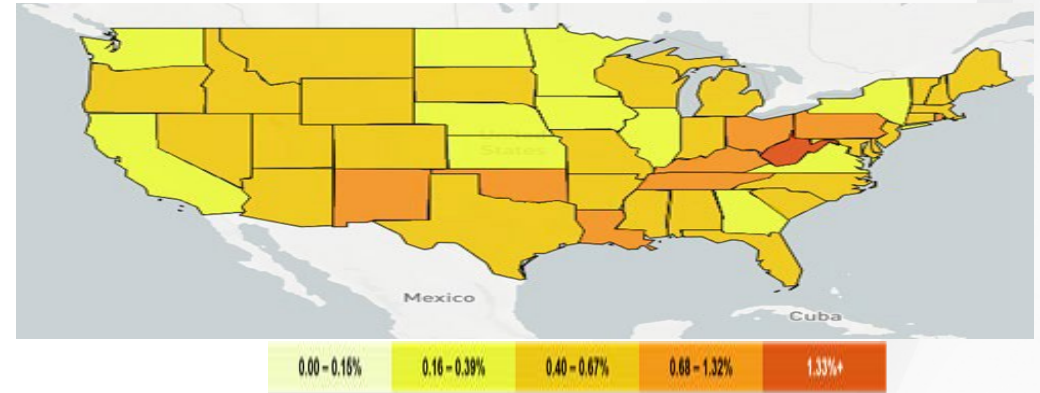
Abbreviation: HCV = Hepatitis C virus, SVR = sustained virologic response.



Disparities in Hepatitis C Prevalence, United States

Rates	US (%)
Males	1.3
Females	0.57
Born 1945-1969	1.6
Born > 1969	0.5
Non- Hispanic Whites	1.0
Non- Hispanic Blacks	2.3
H Bradley Hepatology Commun	

HCV Prevalence for Persons Born > 1969



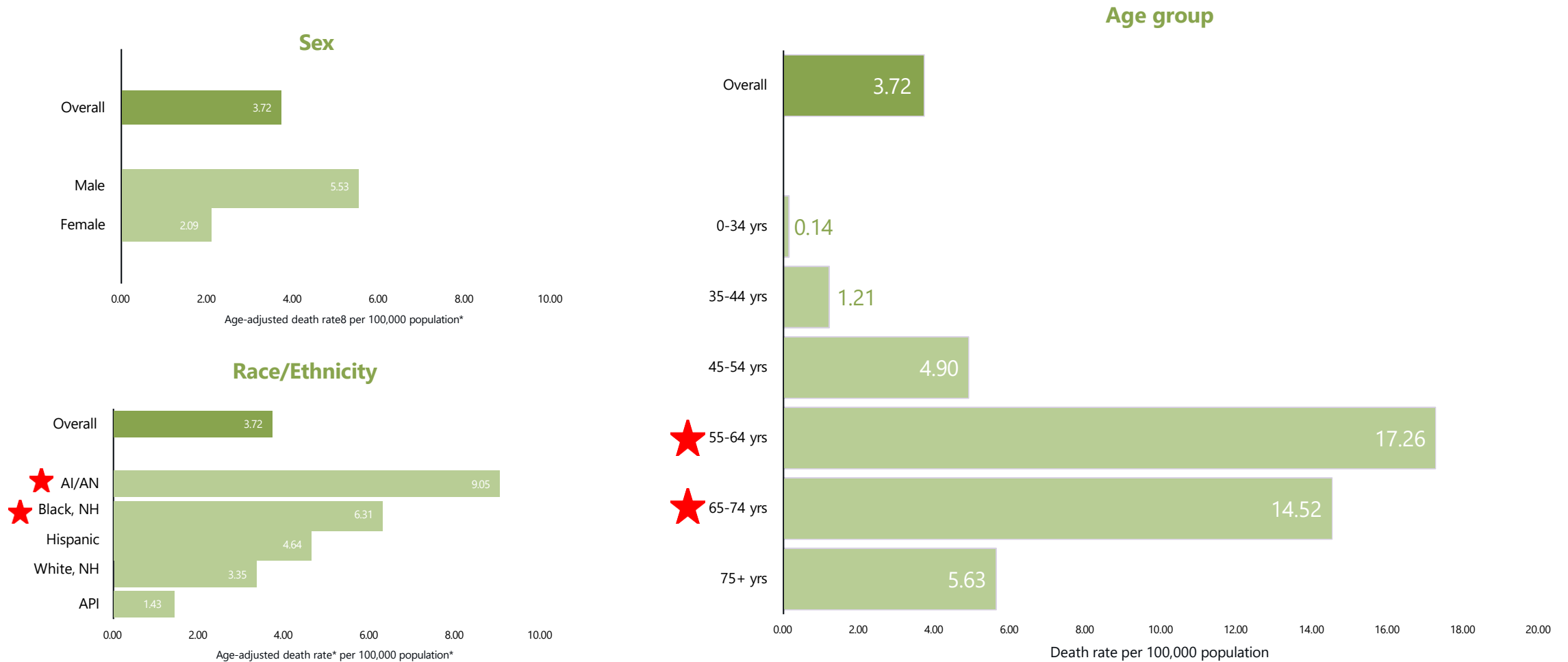
HCV Prevalence for Persons Born 1945 – 1969



The ultimate goal of disease elimination is health equity



Rates* of Death with Hepatitis C Listed as a Cause of Death† Among US residents, by Demographic Characteristic, 2018



Source: CDC, National Center for Health Statistics, Multiple Cause of Death 1999–2018 on CDC WONDER Online Database.

*Sex, and race/ethnicity-specific rates are age-adjusted per 100,000 U.S. standard population in 2000

†Cause of death is defined as one of the multiple causes of death and is based on the International Classification of Diseases, 10th Revision (ICD-10) codes B17.1, and B18.2 (hepatitis C).

Testing Persons Born 1945-1965, United States

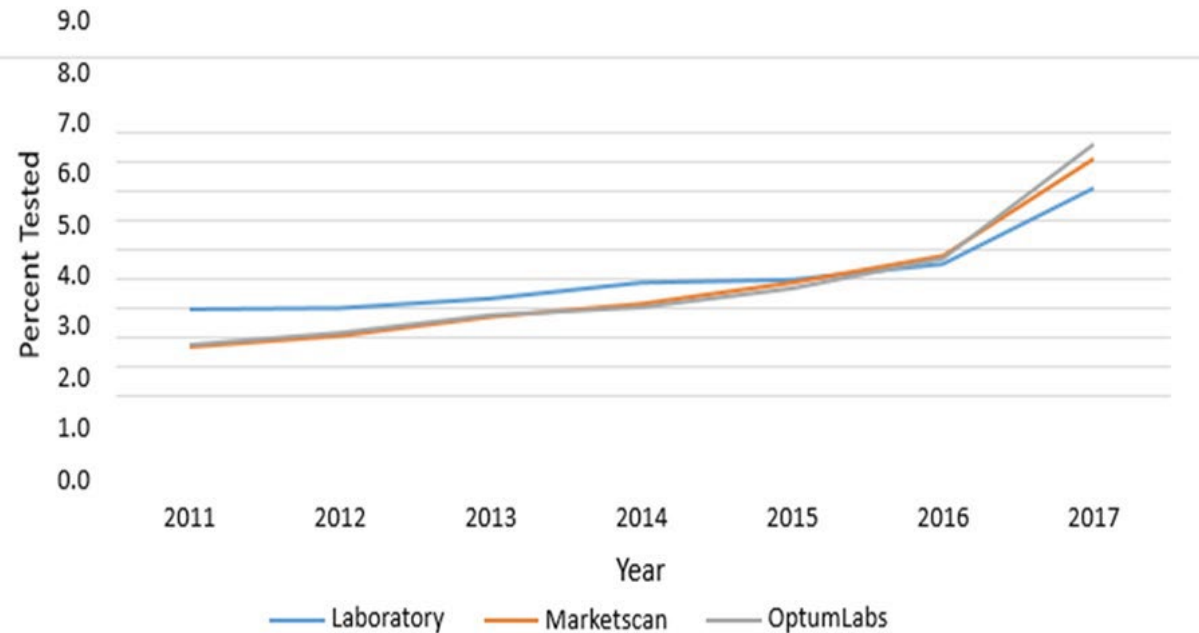


Key Implementation Strategies

- ✓ HCV testing policy 2012
 - All persons born 1945-1965
- ✓ Electronic prompts for HCV testing
- ✓ Clinical education of providers
- ✓ Access to HCV therapies
- ✓ Simple models of HCV care
- ✓ No or limited costs to patients
- ✓ Health promotion campaigns
- ✓ Feedback to performance of providers

From 2011- 2017, 139%- 374% increase in HCV testing

Percent of Baby Boomers (Born Between 1945-1965) Tested for HCV



Trends in HCV Treatment – United States

Patients

	2015	2020
Baby Boomers	64%	46%
Born after 1964	29%	51%

Prescribers

	2015	2020
Specialists	60%	47%
Nurse (NP)	18%	26%
Primary care	11%	16%

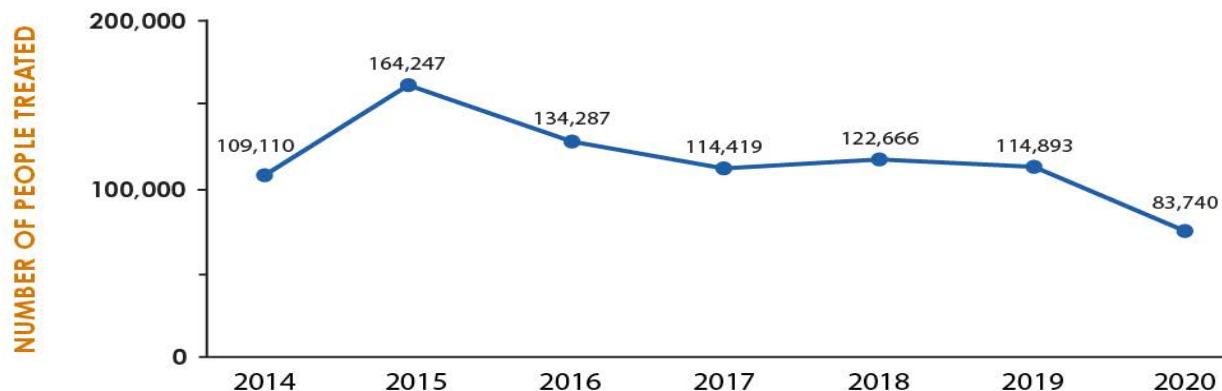
Payers

	2015	2020
Medicaid	21%	34%
Medicare	33%	26%
Private	42%	36%

Teshale, CID 2022.

THE NUMBER OF PEOPLE WHO INITIATED* HEPATITIS C TREATMENT IN THE U.S. DECLINED FROM 2015 TO 2020

COVID-19-related disruptions to hepatitis C testing and treatment likely contributed to the decline in 2020



*Based on national prescription claims data

For more information, visit cdc.gov/nchhstp/newsroom



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

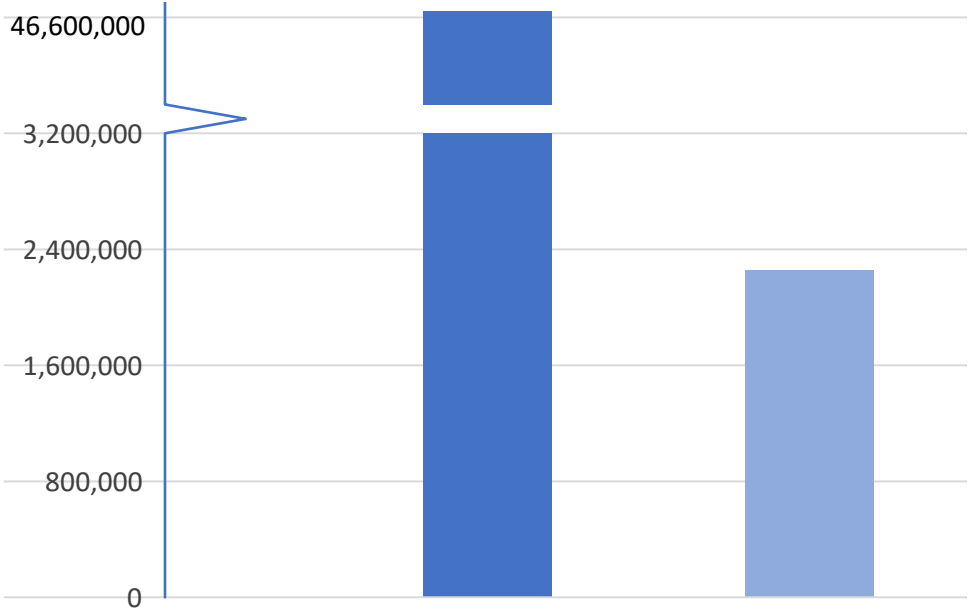
An estimated 1.2 M persons treated for HCV



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HCV Testing and Treatment, United States 2014 - 2021

Unique Individuals (N)



HCV Ab tested HCV Ab+

Frequency (cumulative)	46,646,661	2,253,500
Proportion	100.0%	4.8% of Ab tested

Scan QR code or use the following link to download an electronic version of this presentation and other Allergan and AbbVie GHS 2023 scientific presentation: <https://abbvie1.outsystemsenterprise.com/GMAEventPublications/Assets.aspx?Conferencelid=591>



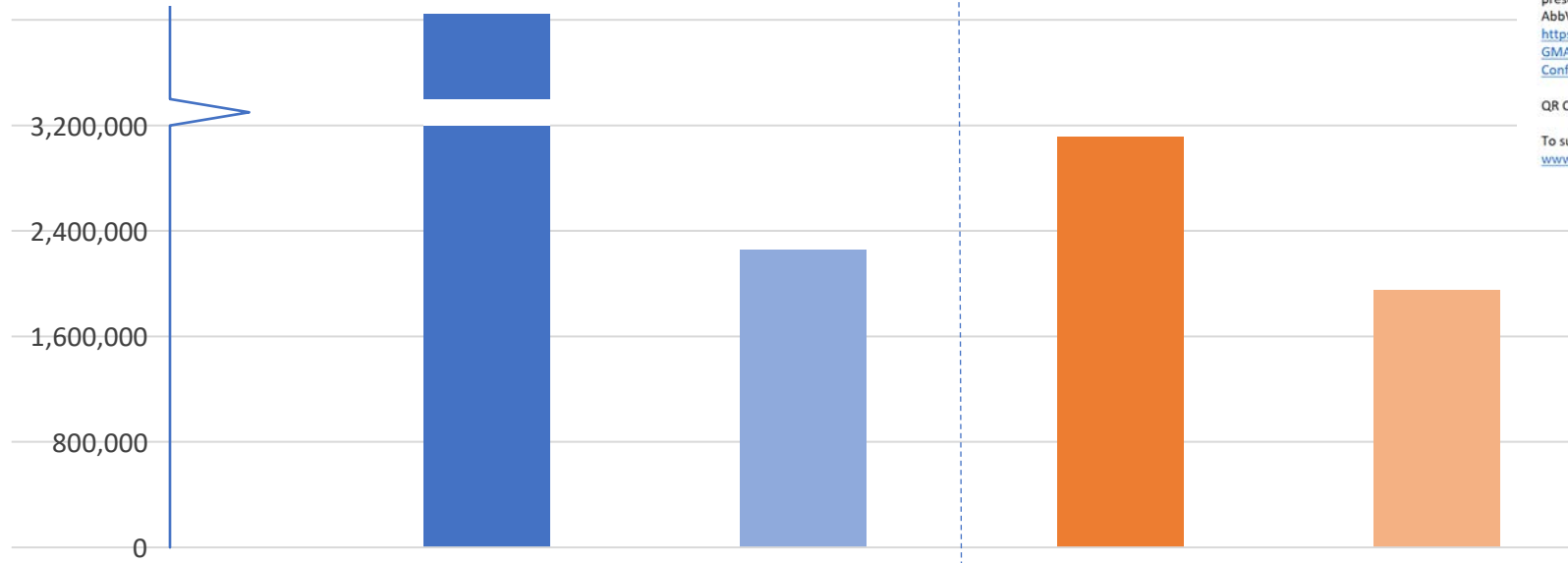
QR Code expiration: March 31, 2024

To submit a medical question, please visit www.abbviemedinfo.com



HCV Testing and Treatment, United States 2014 – 2021

Unique individuals (N)



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	HCV Ab tested	HCV Ab+	HCV RNA tested	HCV RNA+
Frequency (cumulative)	46,646,661	2,253,500	3,117,372	1,951,742
Proportion	100.0%	4.8% of Ab tested	100.0%	62.6% of RNA tested

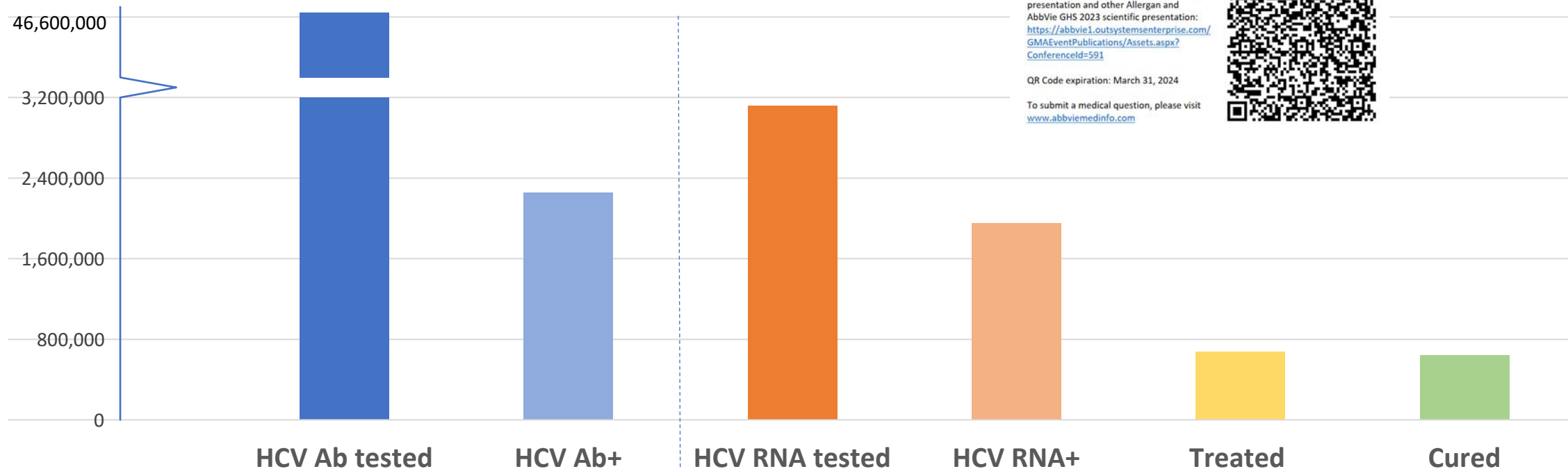


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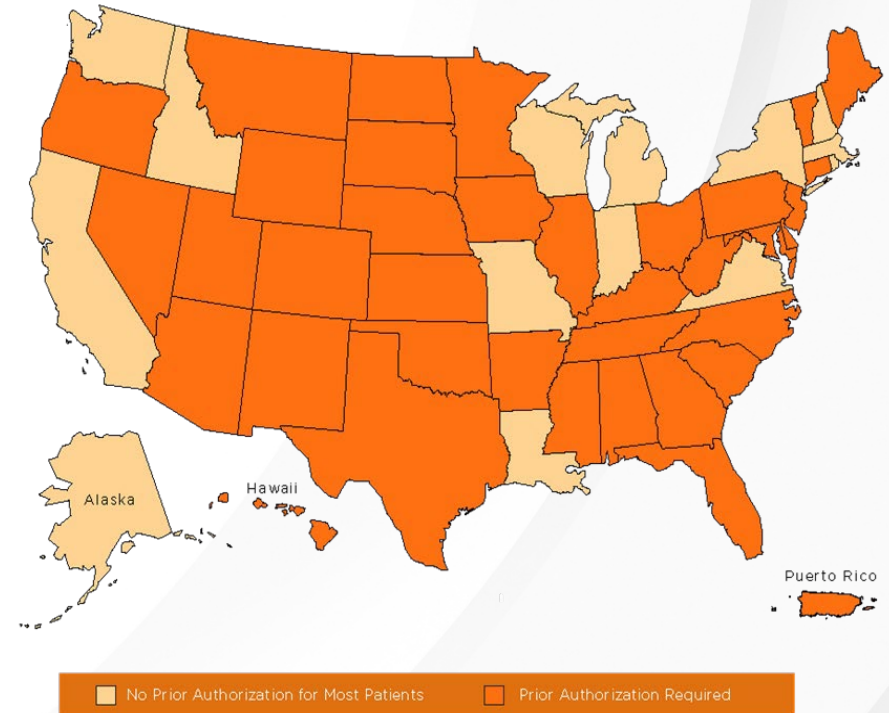
	HCV Ab tested	HCV Ab+	HCV RNA tested	HCV RNA+	Treated	Cured
Frequency (cumulative)	46,646,661	2,253,500	3,117,372	1,951,742	672,745	643,043
Proportion	100.0%	4.8% of Ab tested	100.0%	62.6% of RNA tested	34.5% of RNA+	95.6% of treated



Prior Authorization to Prescribe HCV Treatment

14 states and DC have removed prior authorization for treatment-naive patients and/or preferred drug regimens

“The prior authorization requirement prevents many primary care providers from having the confidence and the time to treat”.



Restrictions to Treatment of HCV infection

27 states

require documentation of genotype

15 states

require documentation of chronic infection

20 states

require labs to be collected within a certain timeframe

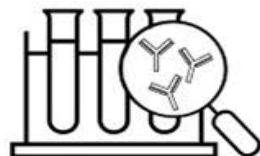
23 states

impose adherence requirements

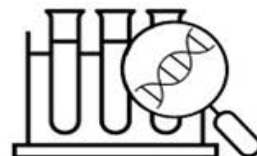
9 states

impose barriers to replacing lost/stolen meds

Point of Care HCV Testing Improves Access to Screening, Care and Treatment



Antibody testing



RNA testing



Linkage to care



Treatment initiation

Address patient-level barriers

Patient education	✓		○	○
Patient navigation			✓	
Patient reminders for tx			○	
Motivational interviewing				○

Address provider-level barriers

Provider care coordination	✓	○	○	
Provider education			○	
Point-of-care antibody testing	○		✓	○

Address systems-level barriers

Dried blood spot testing	✓			
Integrated care	○		✓	✓
On-site oral swab collection	○			
POC RNA testing		○		
Opt-out screening	○			
Pharmacist led treatment	○			
On site testing		○		
Telehealth			○	

Strategies that Expand Access to HCV Testing and Care

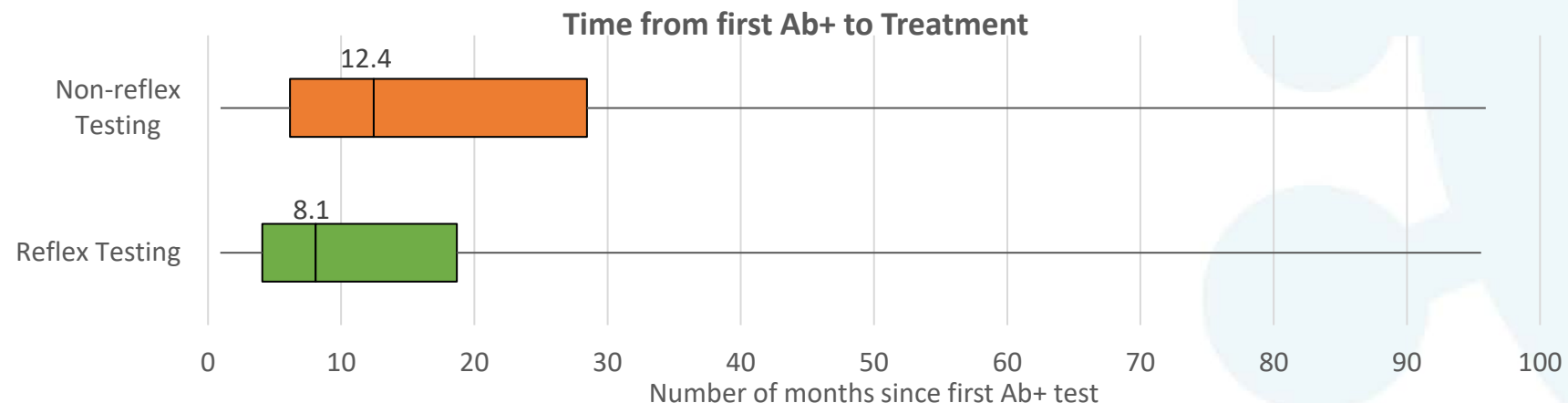
- Testing policies
- Provider education
- Clinical decision tools
- Reflex RNA testing of HCV antibody + specimens
- Performance indicators/incentives
- Patient navigation
- Co-localization of HCV and primary care
- Accessible HCV therapies

	Study	Strategy	Increase in testing	Total tested
	Primary care	Best practice alert (BPA)	Two-fold increase	71%
	Primary care	BPA	15-fold increase	11%
	Health system Only 17% of pers	BPA and clinical support 1945-19	Two-fold increase 65 report HCV testing (2018)	10%

Ward J Pub Hlth Rep 2016; Brady J, Hepatology 2017, Isenhour, C, AJPH 2017,, Canary L, Ann Int Med 2015, Klonerman Hepatology 2017; Kasting M, Can Epid and Biomarkers 2018 Patel E, CID 2019

Association of Reflex Testing and Receipt of HCV Treatment, 2014-2021

- Received HCV treatment
 - 30% among persons having reflex HCV RNA testing
 - 8% among persons for whom HCV Ab and RNA testing were ordered separately
- Median time from first HCV Ab+ test to treatment
 - 8.1 mos. median, 14.5 mos. mean among persons having reflex HCV RNA
 - 12.4 mos. median, 19.9 mos. mean HCV Ab and RNA testing ordered separately



*Percent treated for individuals for whom Ab and RNA testing were ordered separately may be underestimated due to inclusion of those who may not have a confirmed RNA+ test result. Reflex testing (HCV Antibody with reflex to RNA test) was identified by matching the test date (date the specimen was drawn) of the Antibody test with that of the RNA test. Reflex testing analyses are only available with data from one large US national laboratory. Receipt of treatment was determined based on a viral load decline of at least $1.2 \times \log_{10}$ units since the first positive HCV RNA test, indicating that treatment was initiated in the immediate period prior to the decline. Time to treatment analysis was limited to individuals with an Ab+ test at least 28 days prior to the viral load decline.

Improve HCV Treatment Options for Pregnant Women

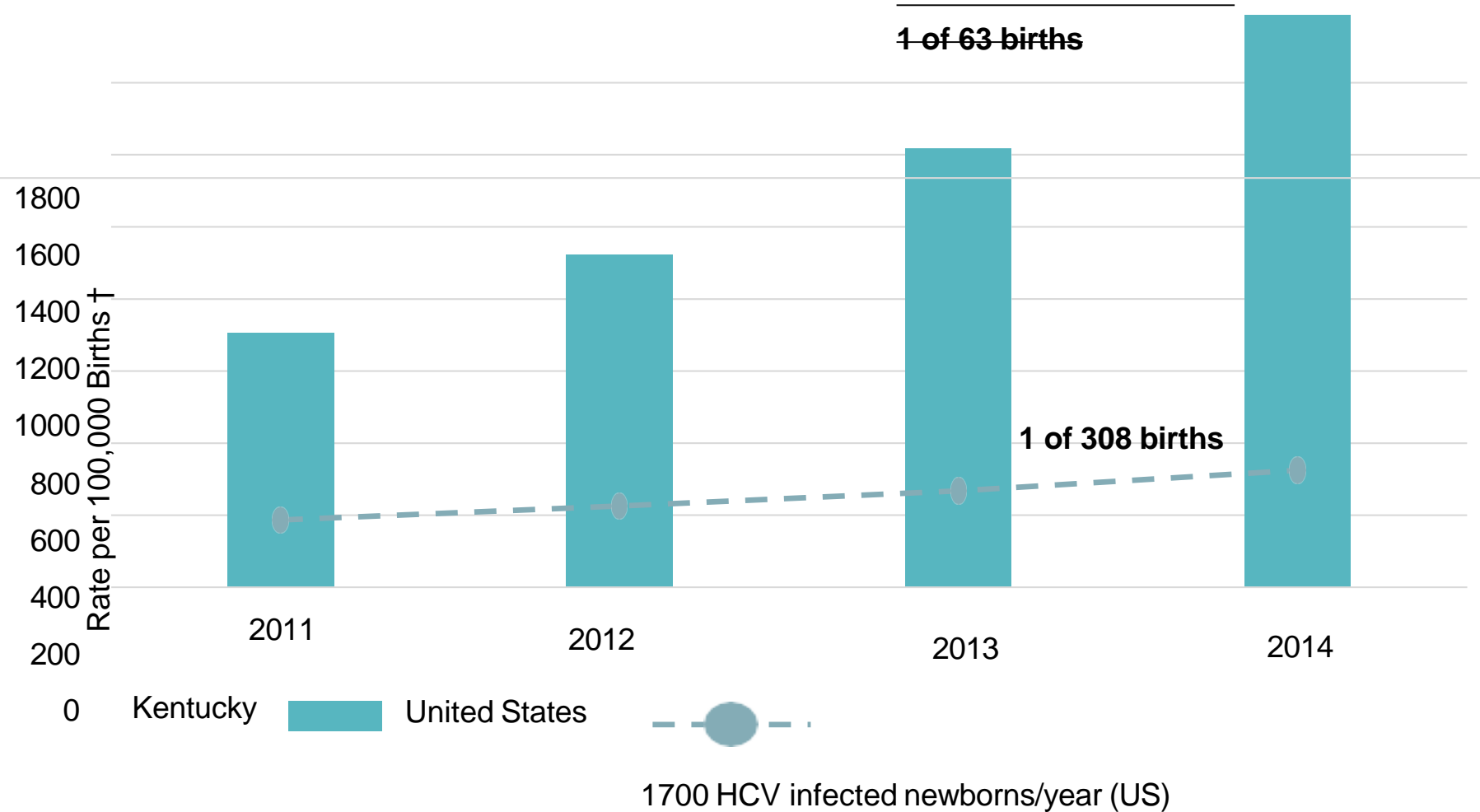
Routine HCV recommendation

CDC March 2020
USPSTF April 2020

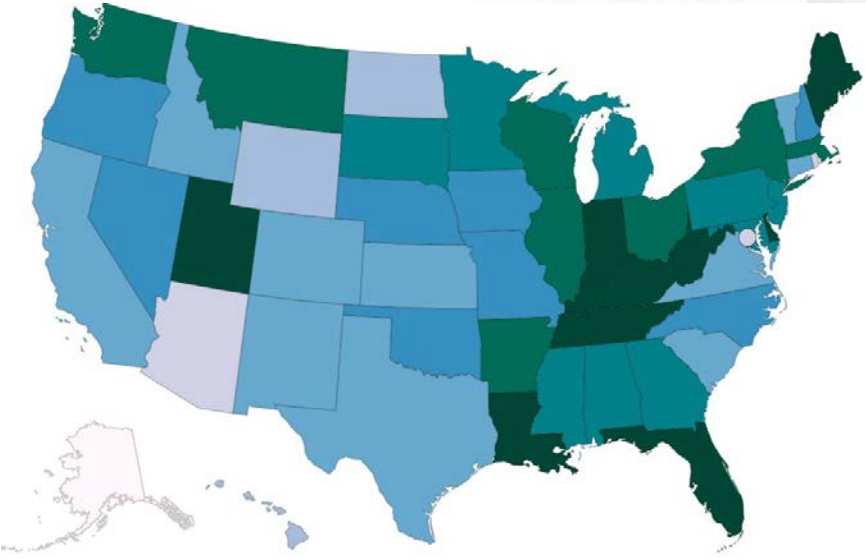
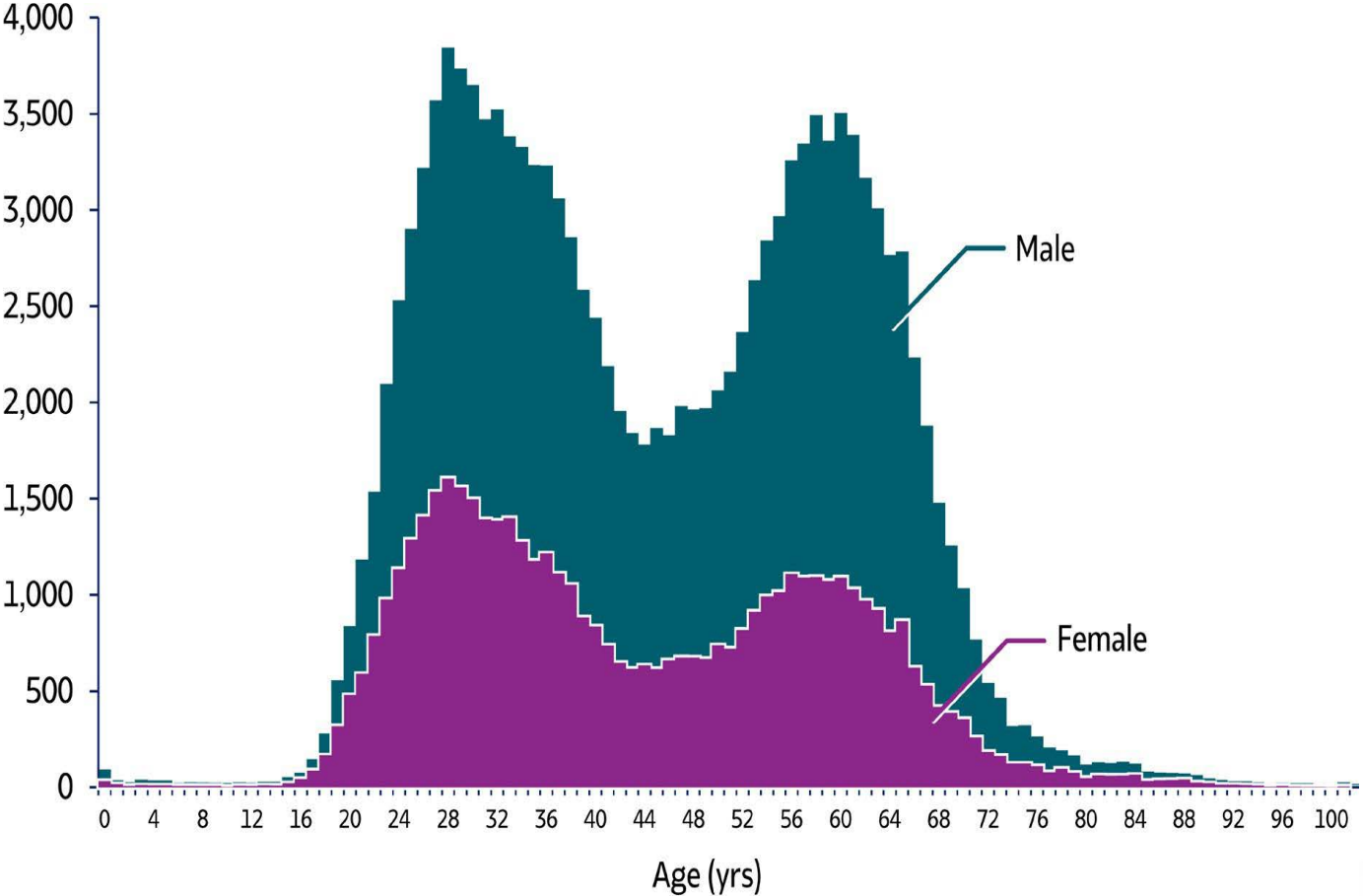
1st quarter 2021
41% pregnant women screened

Anti-viral prophylaxis
not yet recommended;

TIP-HepC Registry of pregnant women
treated for HCV www.globalhep.org



Newly Reported Chronic Hepatitis C Cases by Sex and Age – United States, 2018 (N = 137,713)



Cases/100,000 Population

- Not reportable
- Data unavailable
- No reported cases
- 0.0 – 0.3
- 0.4 – 0.7
- 0.8 – 1.3
- 1.4 – 2.3
- 2.4 – 11.9

Source: <https://www.cdc.gov/hepatitis/statistics/2018surveillance/index.htm>



New Recommendations

HCV Testing for all Adults- United States- 2020

Clinical Review

JAMA | US Preventive Services Task Force | **RECOMMENDATION STATEMENT** March 2, 2020

US Preventive Services Task Force Recommendation Statement

Screen adults for hepatitis C virus (HCV) infection Grade B

All asymptomatic adults (including pregnant persons) aged 18 to 79 years without known liver disease.

Periodically screen persons with continued risk for HCV infection

recommendations and reports

CDC Recommendations for Hepatitis C Screening Among Adults — United States, 2020

April 10, 2020

- Hepatitis C screening at least once for all adults aged ≥ 18 years, except in settings with anti-HCV prevalence of $< 0.1\%$
- Hepatitis C screening for all pregnant women during each pregnancy, except in settings with anti-HCV prevalence of $< 0.1\%$
- One-time hepatitis C testing among persons with recognized risk factors or exposures; routine testing for ongoing risks
- Any person who requests hepatitis C testing

Potential impact

- ~ 256,000 additional diagnoses
- ~280,000 additional cures
- ~4,400 fewer cases of hepatocellular carcinoma
- Incremental cost-effectiveness ratio of \$28,000 per QALY ($< \$100,000$ per QALY considered cost-effectiveness for the US)

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening>

Schillie S, MMWR 2020 <http://dx.doi.org/10.15585/mmwr.rr6902a1>

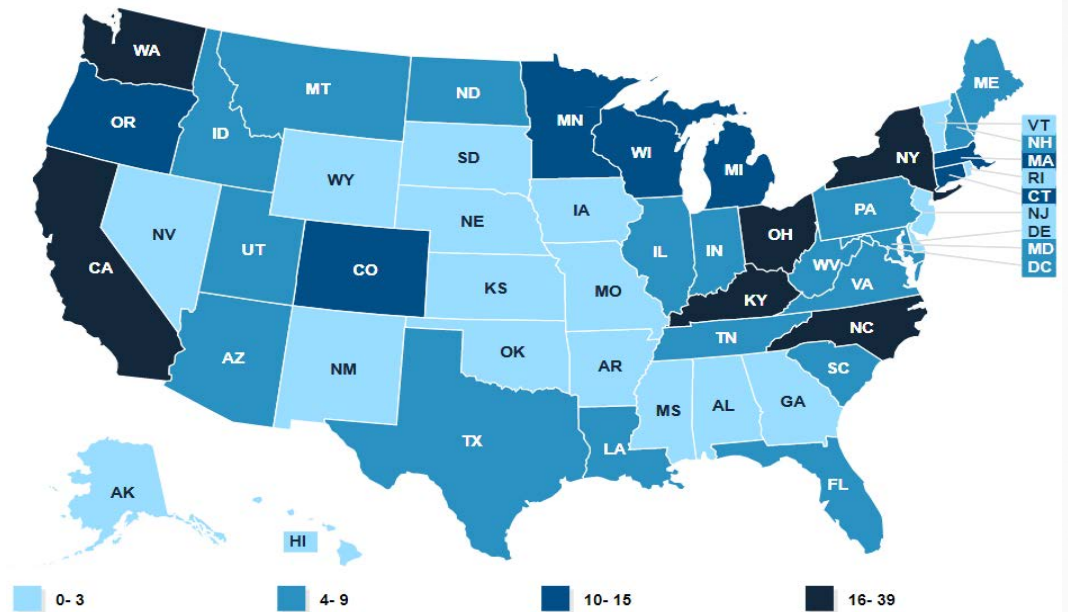


Expand Access To Preventive Services for PWID in the United States

44 states, D.C., Puerto Rico operate at least one SSP

526 self reported SSPs in the country

~2,500 SSP needed for close access to syringe services



30



For persons who inject drugs (PWID), number of sterile needles per year ¹¹

WHO 2020 Target 200

Number of opioid substitution therapy recipients per 100 PWID ¹⁸

WHO 2020 goal 40

20

Estimated 3.69 million (95%CI 1.87-7.27) PWID in 2018

~3 times higher than in 2011

43.7 % (40.7-46.7) current HCV infection

Only 30% (4,986) drug treatment facilities offer HCV testing

States can [request](#) federal support for SSP (no equipment purchases)

Canary L CID 2017; nasen.org; kff.org, Bradley et al. Clinical Infectious Diseases 2023. 2. Lansky et al. PloS ONE 2014.

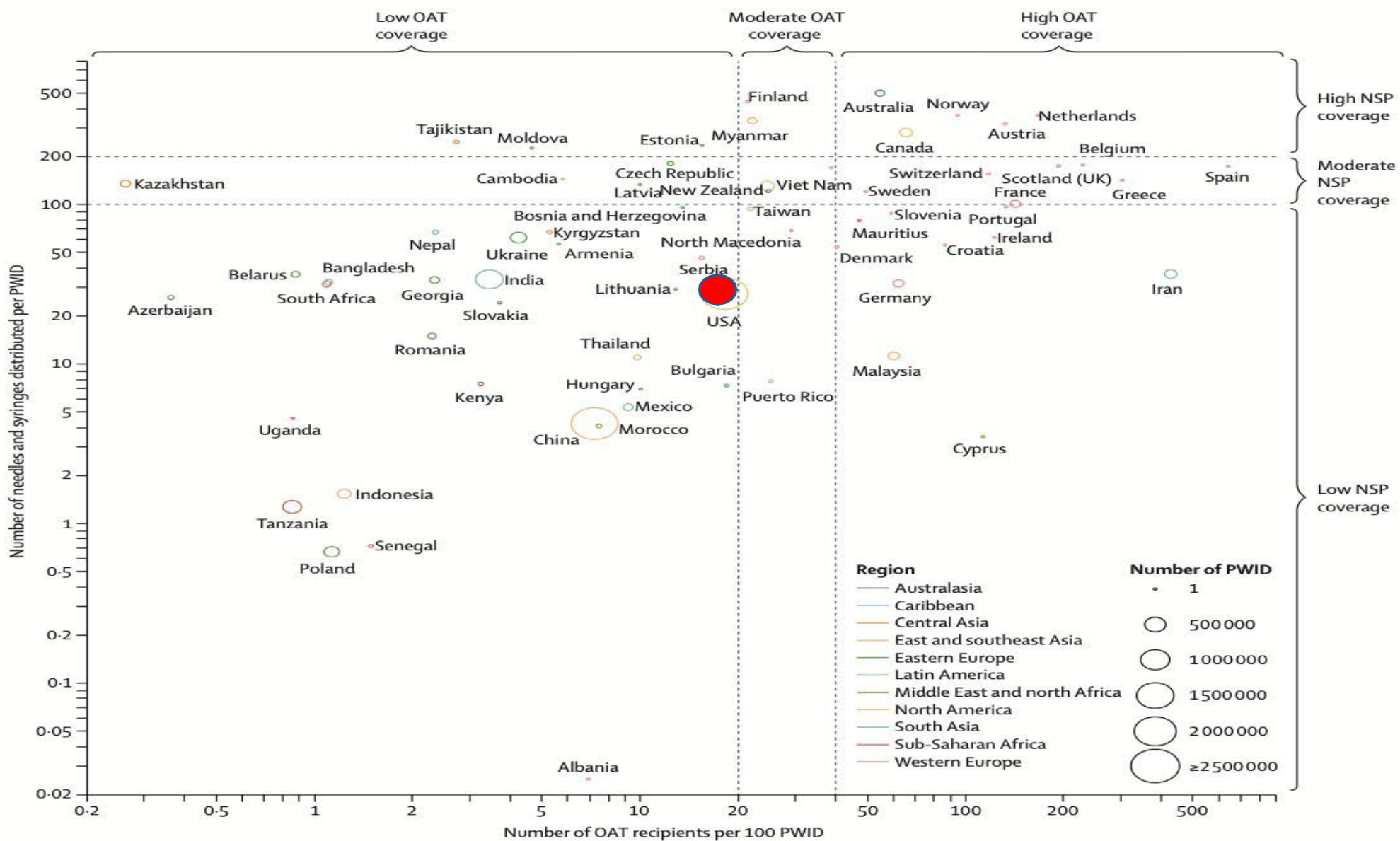
Degenhardt L, Lancet Global Health 2023 Substance Abuse and Mental Health Services Administration; Bull-Otterson L, JID, 2020

Globalhep.org; www/cdc/gov/hepatitis



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Harm Reduction Coverage Remains Insufficient in US, and Most Countries

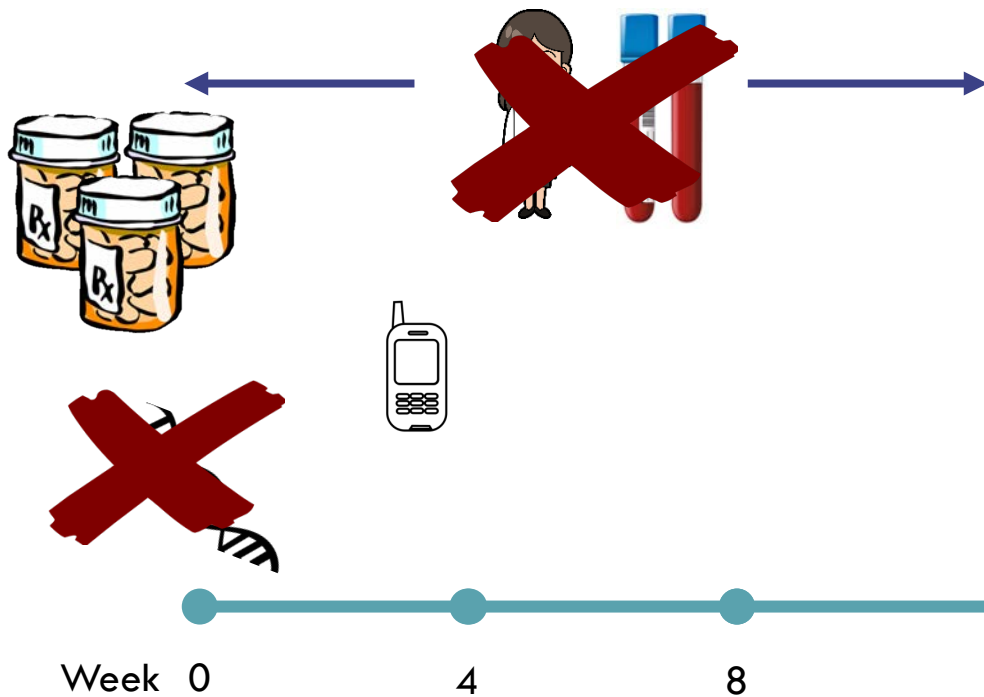


Examples of Promising Strategies and Technologies for Expanding Access to HCV Treatment

Simplification Increases HCV Care Access Minimal Monitoring (MINMON) of HCV Treatment



379 (95%) of the 399 persons who initiated treatment achieved SVR



1. No pre-treatment genotyping
2. All 84 tablets of SOF/VEL dispensed at entry
3. No scheduled on-treatment clinic/labs
4. Remote contact at Weeks 4 and 22

Research is the lifeblood of disease elimination

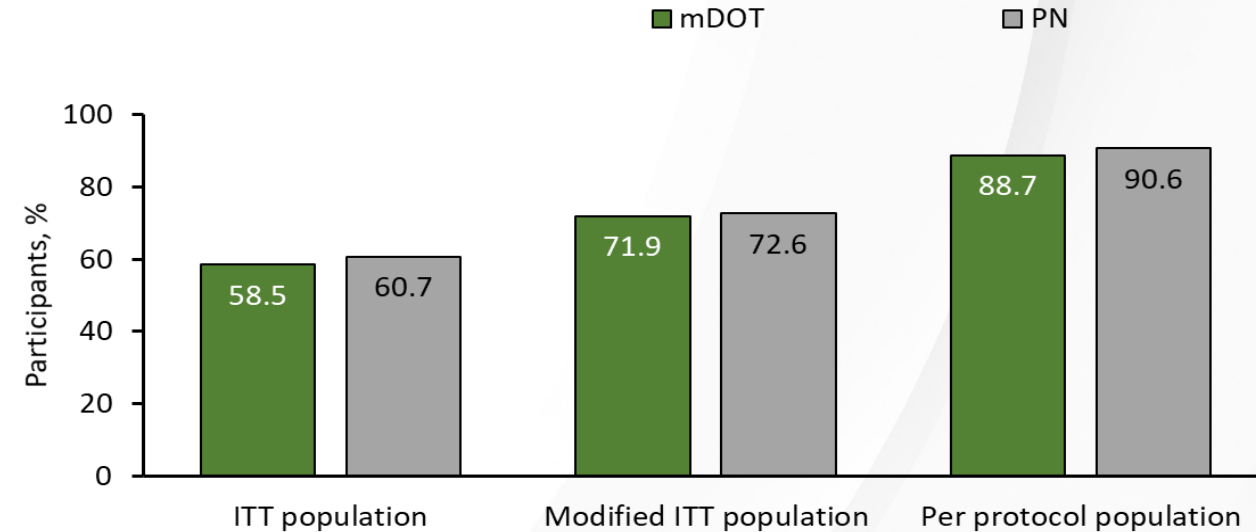
Solomon S, et al Lancet Gastroenterol Hepatol 2022



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Patient-Centered Models of HCV Treatment for Persons Who Inject Drugs: The HERO Study

- PWID –injecting within 90 days
 - Patient navigation (PN) Two week prescriptions(n=379)
 - Modified directly observed therapy (mDOT) (n=376)
 - At least 5 doses observed/week
 - 8 states
 - opioid treatment programs 41%
 - community health centers 59%
 - Treatment
 - Initiation: 82.5%
 - Adherence 74.1%*
 - Completion 82.7%
 - **SVR 92%**
- * higher for DOT



- ITT all randomized
- mITT all randomized and initiated treatment
- Per protocol (PP): randomized; initiated treatment; complied with assigned care and had SVR outcomes

Benefits of HCV Point of Care Testing

Sens: 100%; Spec: 98% (finger stick)

Test result in ~ 50 minutes

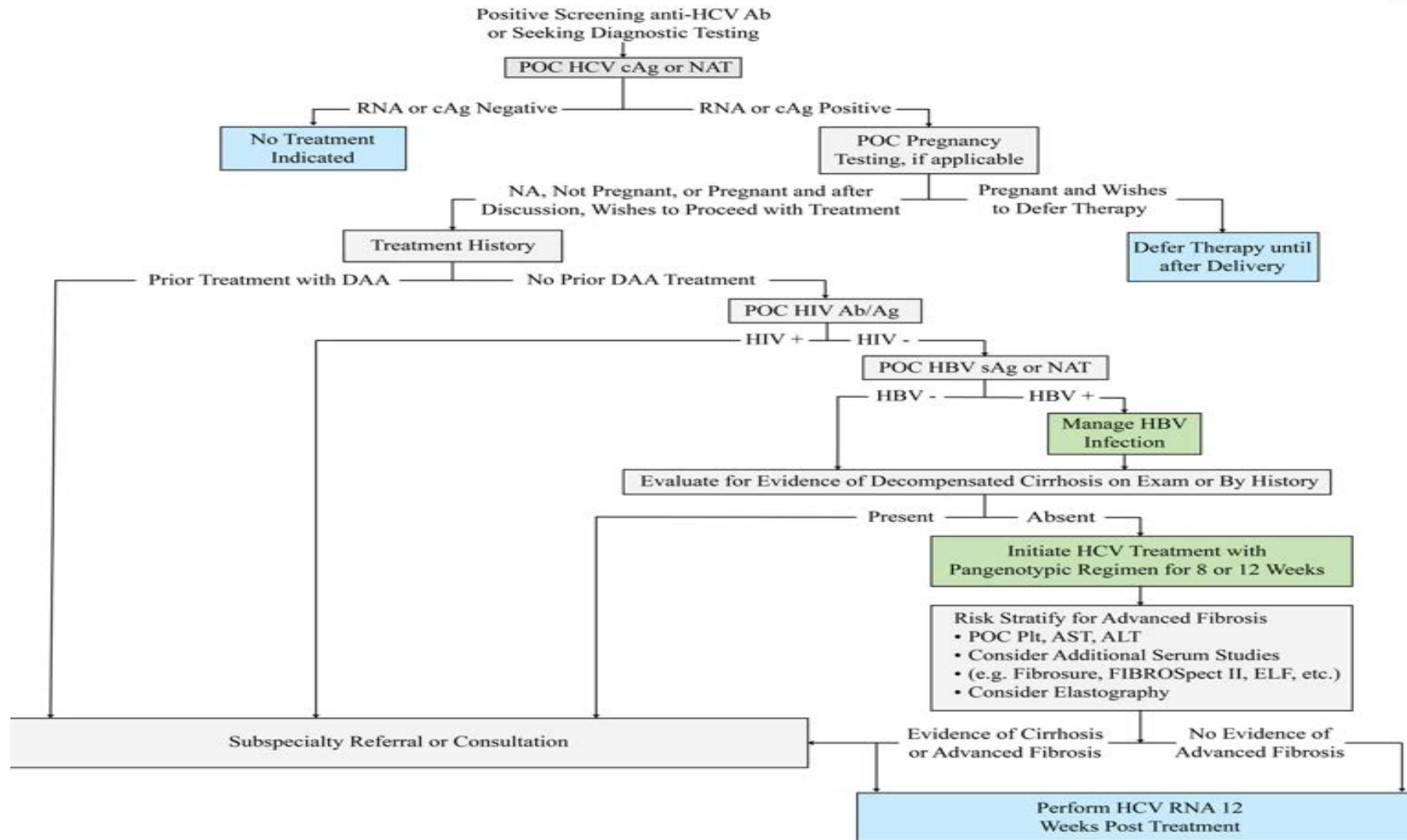
Evidence of improved linkages to care and treatment

Cost about \$17 per test, global pricing

Not yet licensed in the United States

HCV testing/ treatment	Time from HCV Ab-treatment	% treated for HCV
Same site/ Same day	0 days (0–0)	97%
Same site/different day	14 days (14-53)	74%
Different site and visit/	19 days (17-57)	74%
Different site/visit lab POC	64 days (64-64)	89%
Lab-based HCVRNA	67 days (50-67)	53%

Same Day HCV Testing and Treatment Algorithm



Options for Improvements in HCV Testing: Self Testing

HCV self-testing (HCVST) is a potential approach to improve diagnosis.

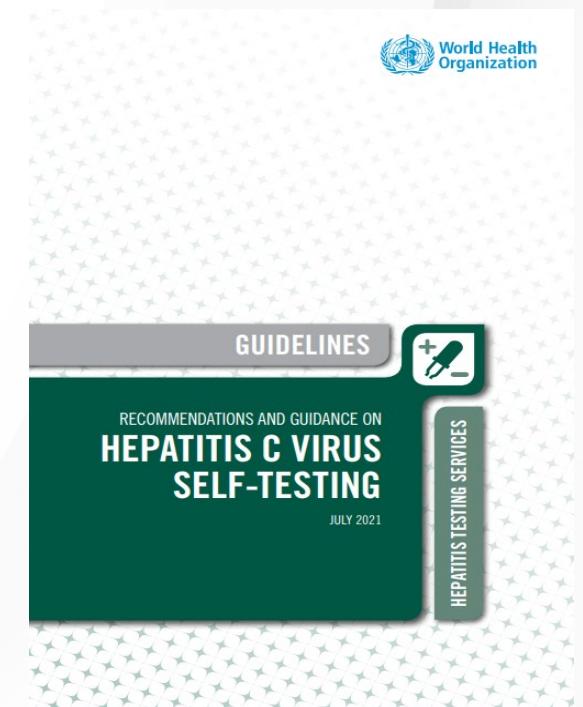
- Success approach for improvements in HIV testing
 - 32 RCTs (indirect evidence for HCV) ; 77% increase uptake
 - 88 countries with national policies for HIV self-testing
- No data to guide HCV ST
- Large patient preferences for self-testing
 - Finger stick- dried blood spot
 - Oral fluid – Orasure (not licensed in the US)
 - Acceptability >95%
 - Successful use 60% PWID; 80% MSM

Box 3. **NEW** WHO recommendation on hepatitis C virus self-testing (HCVST)

HCV self-testing should be offered as an additional approach to HCV testing services (*strong recommendation, moderate-certainty evidence*).

Remarks

- HCVST needs to be followed by linkage to appropriate post-test services, including confirmation of viraemic infection, treatment, care and referral services, according to national standards.
- It is desirable to adapt HCVST service delivery and support options to the national and local context, which includes community preferences.

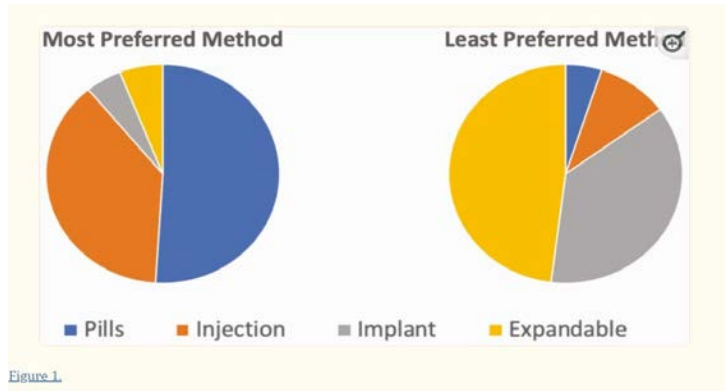


Long acting Therapies for HCV

The LONGEVITY project



- Five year project to develop long acting formulations for hepatitis C,
- Goal: a single-injection cure for HCV administered at the point of diagnosis.
- Home University of Liverpool
- Compound Gecaprevir/pibrentasvir
- Patient preference:
37.7% injection versus 50.8% oral medications



Long-acting Medications for HepC in Low- and Middle-Income Countries: Survey for HepC Providers and Policymakers

"Long-acting" medications, such as single-dose injections, are currently under development for HepC. The Coalition for Global Hepatitis Elimination is conducting a survey to understand provider and policymaker perspectives on how such medications could be best implemented in low- and middle-income countries (LMICs). **The survey is available in English, Spanish, French and Portuguese. It should take less than 10 minutes to complete.**

Thank you for contributing your perspectives and please share this survey with your colleagues!

To take the survey, scan the QR code or use the website link below:

<https://tinyurl.com/cghe23>

COALITION FOR GLOBAL HEPATITIS ELIMINATION | THE TASK FORCE FOR GLOBAL HEALTH

- Provider survey: recently closed

HCV Vaccine

- Spontaneous HCV clearance demonstrates the potential for vaccine development
- An HCV vaccine would improve prevention particularly for high incidence populations (PWID)
- Target population: Universal vaccination before initiation of high-risk behavior (adolescents)
- Challenges
 - Correlates of protective immunity are unknown
 - Culturing HCV is difficult, live attenuated or killed virus vaccines are impractical
 - HCV genetic variability makes selection of a protective antigen difficult
- Most recent candidate was unsuccessful in reducing incident infection :
(adenovirus 3 vector priming vaccination followed by a recombinant modified vaccinia Ankara boost encoded for HCV nonstructural proteins)

Overcome Health Inequities to Eliminate Hepatitis

Opinion

Mortality

- Older persons
- Black Americans, American Indian/Alaskan Native

Incidence

- Younger adults
- White Americans
- Non-urban populations

Access to services

- Geography
- Social/economic status
- Systemic barriers

VIEWPOINT

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Viewpoint

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Overcome Health Inequities to Eliminate Viral Hepatitis

In 2011, the Office of the Assistant Secretary for Health,¹ Department of Health and Human Services, released the first US Viral Hepatitis Action Plan to prevent the silent epidemic of hepatitis B virus (HBV) and hepatitis C virus (HCV) infections and subsequent mortality from liver cancer and liver disease. A year earlier, the National Academy of Medicine had called out viral hepatitis as an “underappreciated health concern for the nation.”² Building on the academy’s recommendations, the plan, developed by representatives from across the Department of Health and Human Services with input from multiple external partners, recommended 55 major strategies and some 150 specific, government-wide actions to prevent new infections and improve early diagnosis and treatment of viral hepatitis. An overarching theme of the plan was health equity by expanding access to prevention and care services for populations with an excessive burden of infection and disease.

When the plan was released, the incidence of HBV and HCV was highest for men who have sex with men and persons who inject drugs, respectively. Most persons living with HCV infection were older, born between 1945 and 1965 (baby boomers). Compared with others, African American individuals were twice as likely to be infected with HCV. And although they repre-

with the 2022 recommendation of the Advisory Committee on Immunization Practices for universal HBV vaccination of all adults, can lead to earlier diagnosis and entry into care for those who are chronically infected with HBV and timely vaccination of uninfected susceptible adults.³ Partnerships have been forged with the commercial sector to supplement information obtained from traditional surveillance systems to better understand trends in viral hepatitis diagnosis and treatment,⁴ and organized advocacy in support of viral hepatitis elimination has continued to gain ground since 2011.

However, both new and persistent challenges have marked the US viral hepatitis landscape in the intervening years. Increases in injection drug use linked to the US opioid epidemic fueled outbreaks of blood-borne infections, including HIV, HBV, and HCV. Although expanded access to syringe service programs—a strategy in the 2011 action plan and its subsequent iterations—can prevent the spread of infections and can serve as a bridge into needed clinical services, substance use treatment, and social services, many local jurisdictions continue to oppose their operation. And although many states have lifted Medicaid HCV treatment restrictions, most notably those calling for liver damage before treatment eligibility, other restrictions, especially prior authorization and sobriety requirements, continue to serve as impediments to timely HCV treatment.

During the last decade, the Office of the Assistant Secretary for Health in successive administrations has led efforts to update the national plan to combat viral hepatitis. Still, major disparities in disease burden persist.⁵ The incidence of acute HCV infections has more than doubled since 2013, with the highest

Coalitions at both the national and community level can contribute to health equity by advocating for the revision or removal of laws and policies that restrict access to viral hepatitis services...

reported among American Indian and Alaska Native persons. Among the reported cases of acute HCV infection containing risk information, 66% report a history of injection drug use. The rate of newly reported chronic HBV cases among Asian and Pacific Islander persons is nearly 12 times the rate among non-Hispanic White persons. Disturbing disparities also characterize the related mortality data. Rates of HBV-associated deaths are almost 9 times higher among Asian and Pacific Islander persons than among non-Hispanic White persons, and HCV-associated death rates among American Indian and Alaska Native persons and non-Hispanic Black persons are 3.2 and 1.8 times higher, respectively, than among non-Hispanic White persons.

When oral treatments can cure HCV, when improved vaccines can prevent HBV, and when disease monitoring and antiviral therapy can reduce HBV-related morbidity and mortality, these disparities are truly jarring and they send an unequivocal message: The na-

sentatives than 5% of the US population at the time, half of all persons living with HBV were of Asian Pacific ancestry. Trends in mortality mirrored these disparities.

Without question, progress has been made on the viral hepatitis front since the plan’s release. The development of direct-acting agents, eventually leading to the availability of an all-oral, pan-genotypic cure for HCV, is perhaps the most obvious advance. The safety and effectiveness of these new regimens have simplified the delivery of treatment, moving HCV care from the exclusive domain of liver and infectious disease specialists to include primary care clinicians. In 2012 the Centers for Disease Control and Prevention and the US Preventive Services Task Force recommended HCV testing as a preventive service with no co-pay for all baby boomers. In 2020, the recommendation was expanded to recommend HCV testing for all adults. The Centers for Disease Control and Prevention’s recent recommendation for one-time universal HBV screening of all adults, coupled

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Presidential Initiative to Eliminate Hepatitis C in the United States

We are seeking to mount a national program to eliminate hepatitis C in the United States

Francis Collins



FY 2024 President's budget requests \$12.3 billion in mandatory funding over five years

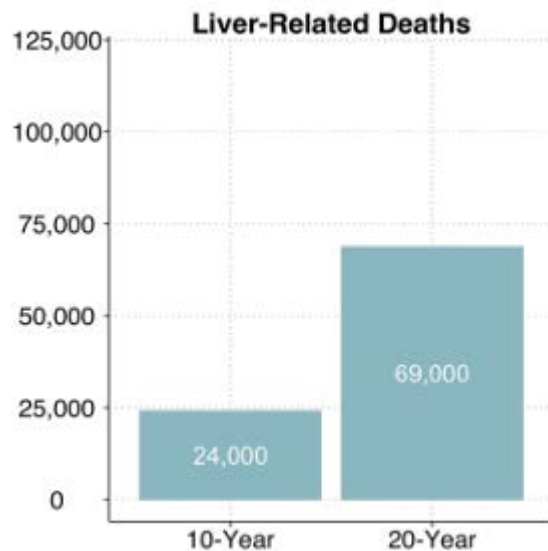
Outcomes: 92.5% diagnosed; 89.6% cured of HCV

Avert 24,000 liver related deaths;

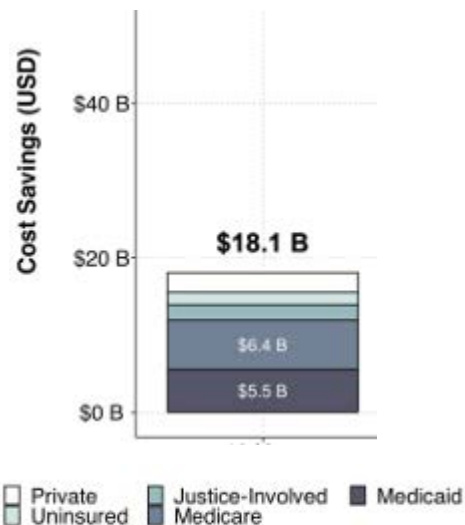
Save \$18.1B over 10 years ; \$13.3b to Federal government

Must be passed by the US Congress

Scale up of POC RNA testing a prominent goal of the initiative



Cumulative Cost Savings



Projected Health Benefits and Health Care Savings from the United States National Hepatitis C Elimination Initiative

Jagpreet Chhatwal, Alec Aaron, Huaiyang Zhong, Neeraj Sood, Risha Irvin, Harvey J. Alter, Yueran Zhuo, Joshua M. Sharfstein & John W. Ward

WORKING PAPER 31139 DOI 10.3386/w31139 ISSUE DATE April 2023

<https://www.nber.org/papers/w31139>



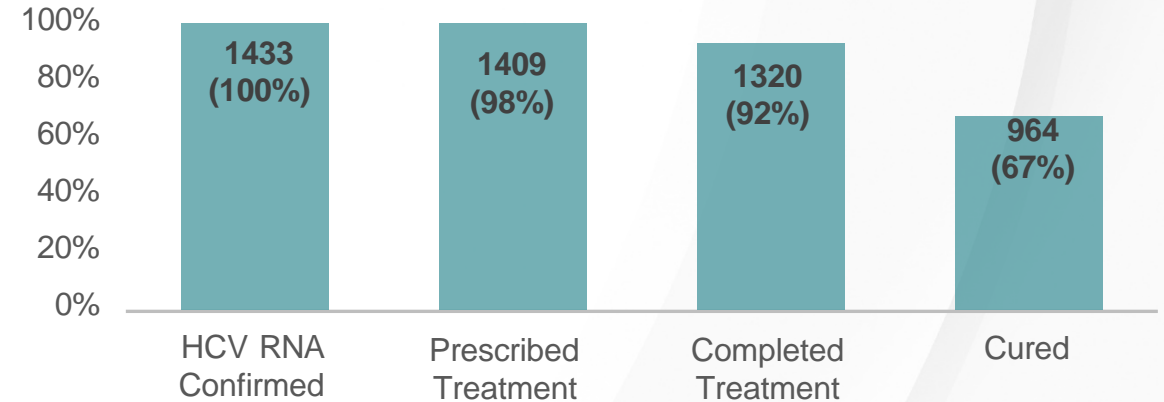
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HCV Elimination Program- Louisiana

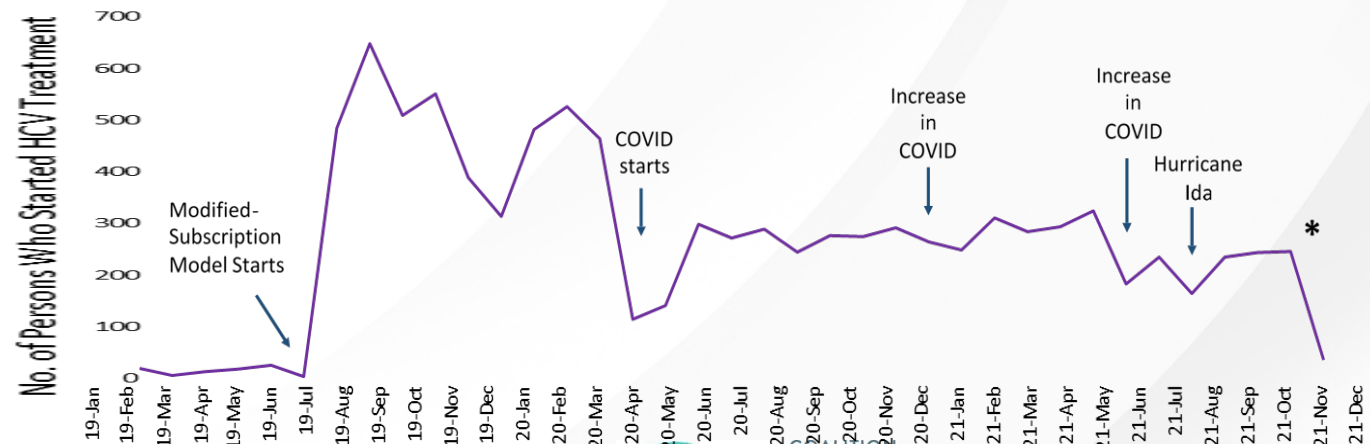


- One time cost for unlimited HCV treatments for Medicaid and correctional facilities
- Educate public on availability of cure mobilize priority populations for screening
- Expand HCV screening and care linkages
- Strengthen HCV surveillance to link persons to treatment
- Expand provider capacity to treat hepatitis C
- Implement harm reduction and complementary treatment strategies
- Extend elimination efforts to all populations within the state
- Begin with incarcerated populations

Department of Corrections Cohort 2020



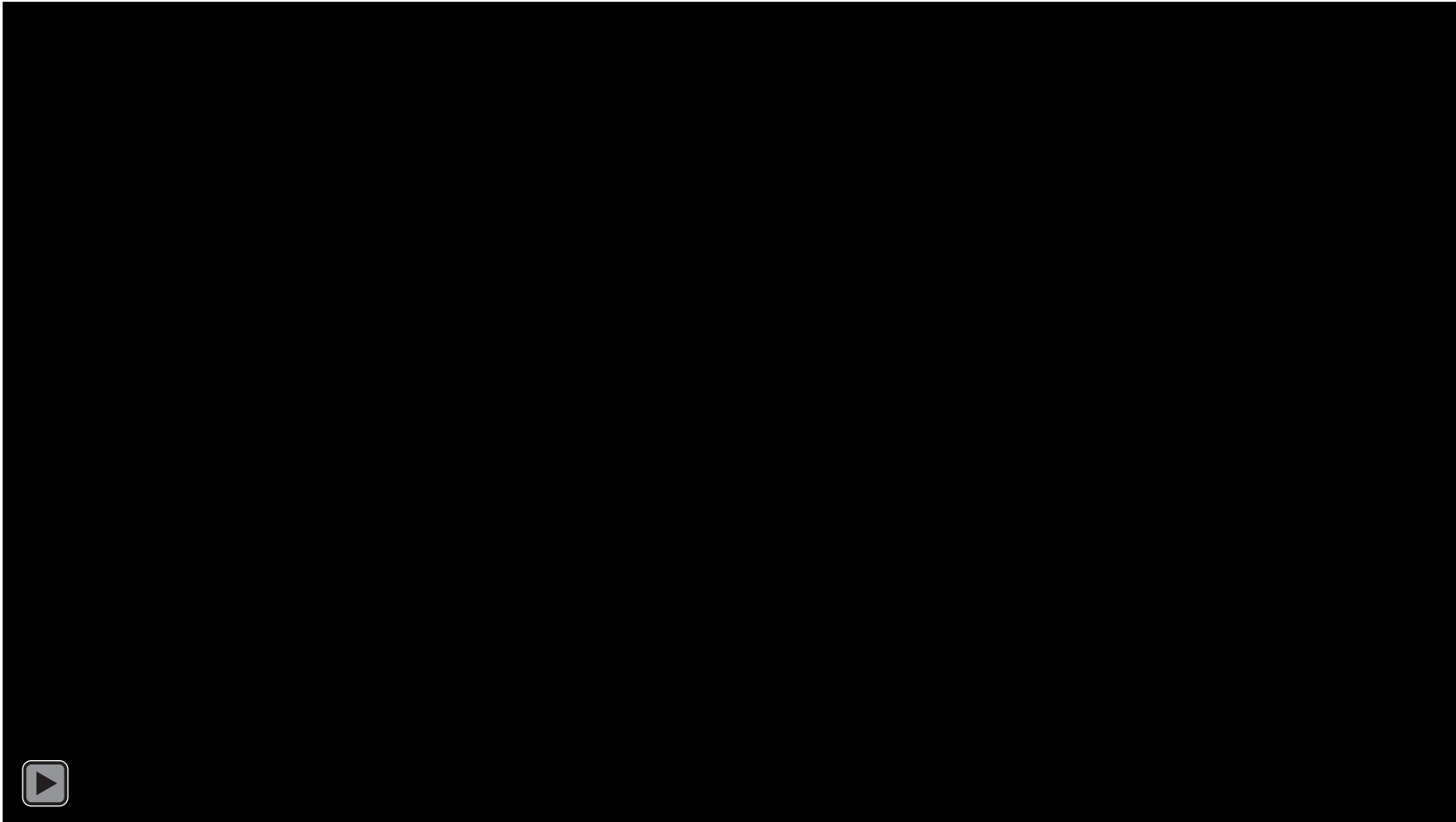
Number of Persons Who Started Treatment for HCV Through Medicaid/Corrections



Slide Courtesy of Risha Irvin, John Hopkins University



UN Group of Friends for Hepatitis Elimination



United States:
Dr. Francis Collins,
Science Advisor to the
President



Coalition for Global Hepatitis Elimination

Receive information:

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<https://twitter.com/GlobalHep>

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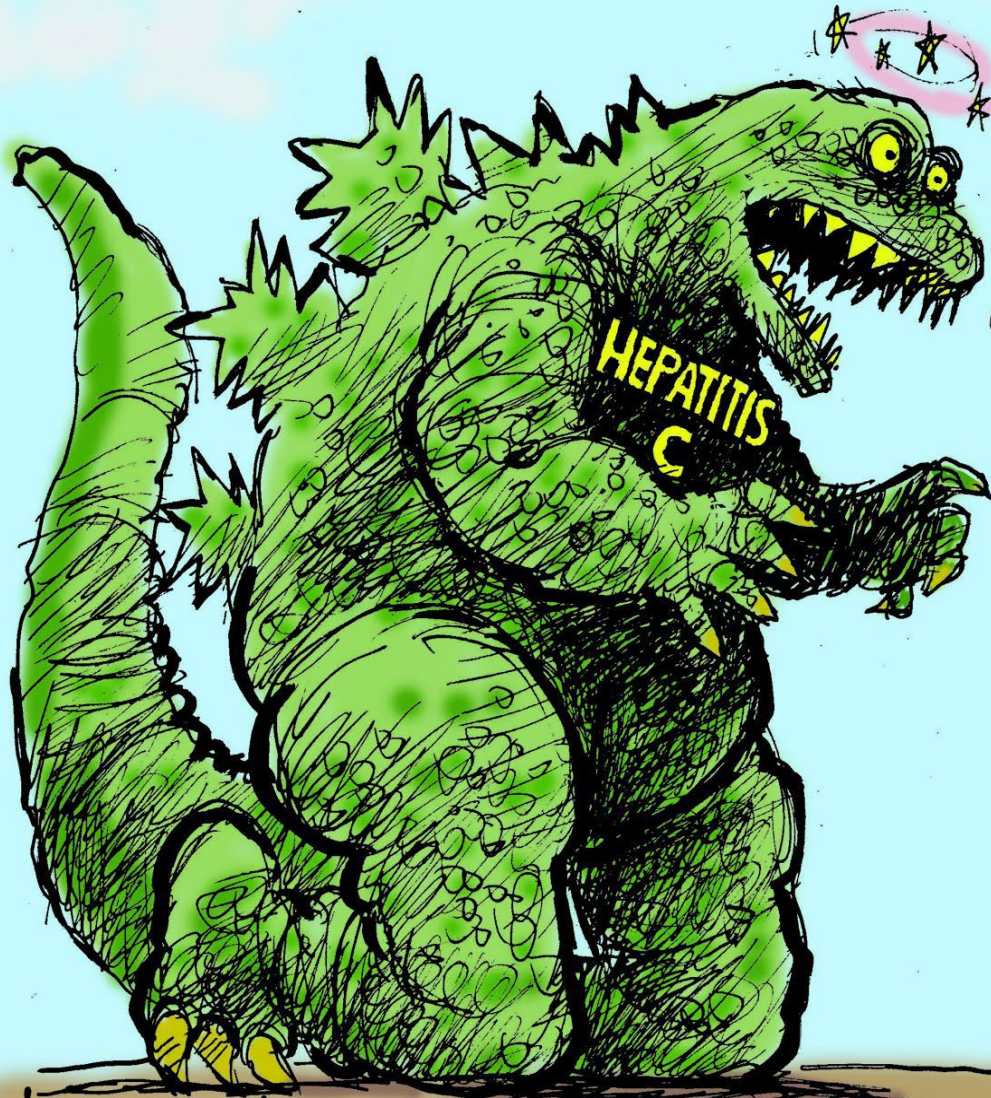
+1-404-456-8167



Hepatitis Awareness, Ibadan Oyo State, Nigeria

“Hepatitis is a pandemic. Elimination of hepatitis is an achievable goal if we work together.”

Nobel Laureate Professor Charles M. Rice



IT TOOK US 25 YEARS
TO BRING HIM TO
HIS KNEES... NOW LET'S
FINISH HIM OFF!...



MIKE LUCKOVICH 2014