

The State Response to Viral Hepatitis in California

Central Valley HCV Summit, Fresno, October 3, 2012

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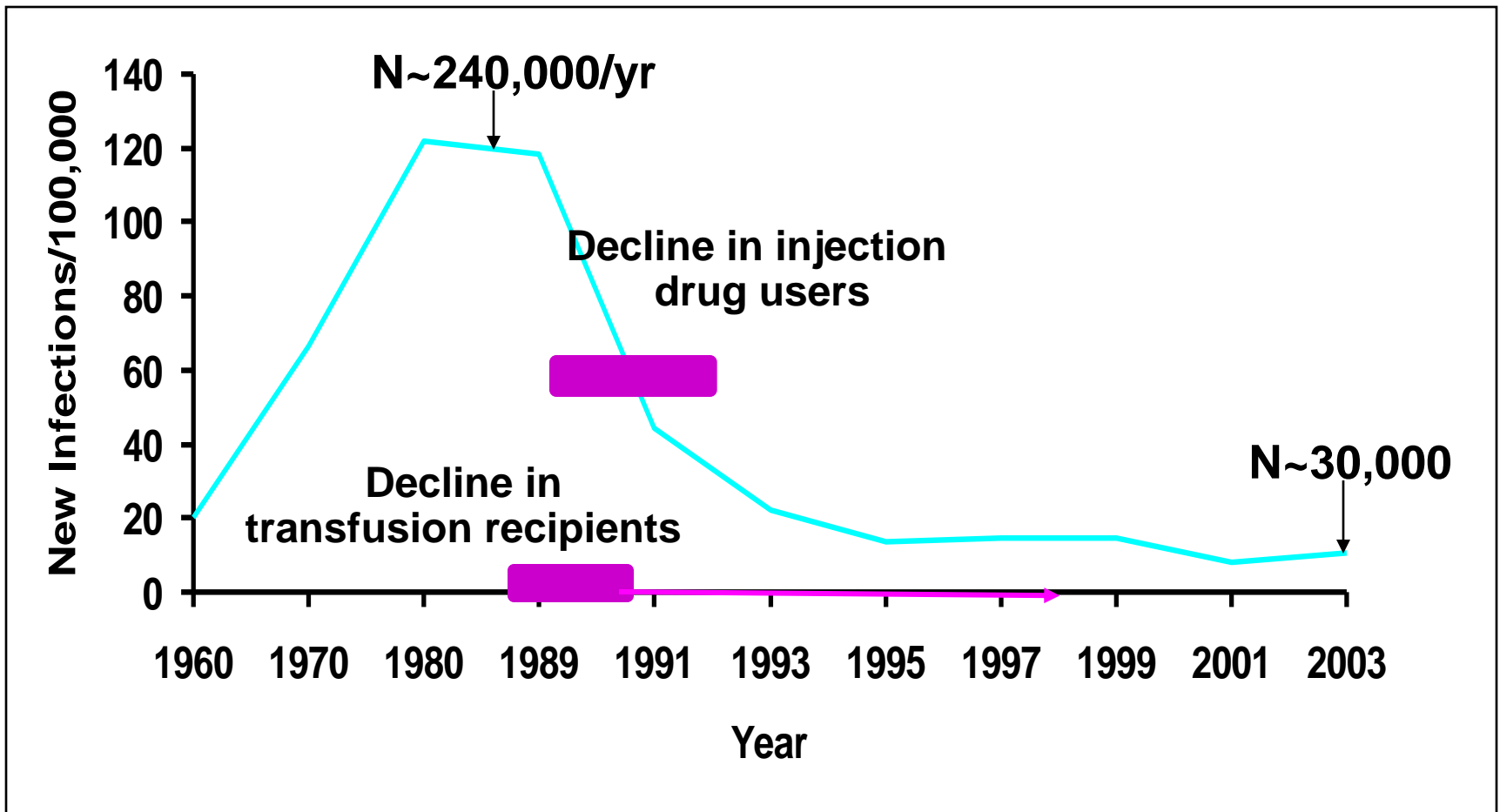
STD Control Branch

California Department of Public Health

Overview

- Epidemiology
- *California Adult Viral Hepatitis Prevention Strategic Plan, 2010-2014*
 - Recommendations
 - Progress to date
 - Next steps
- Resources and contact information

Estimated Acute HCV Incidence in the U.S., 1960-2003

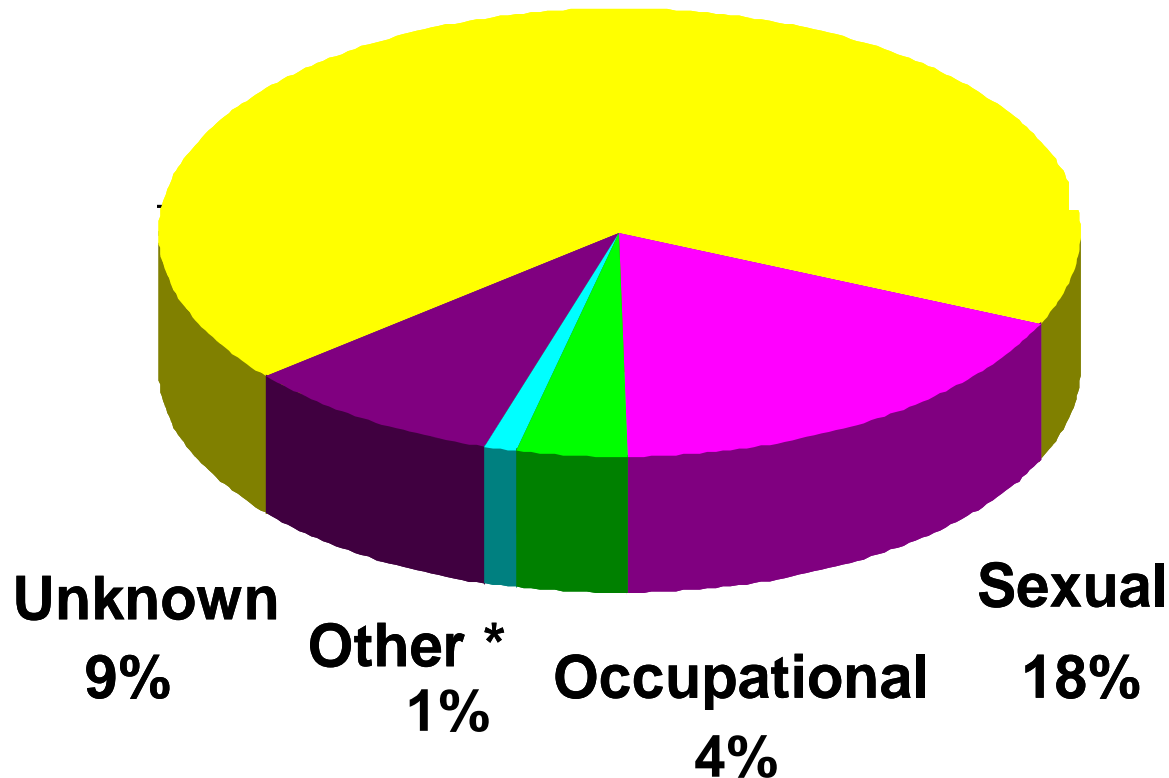


Source: Centers for Disease Control and Prevention

Sources of New HCV Infection, 1995-2000

Injection Drug Use

68%



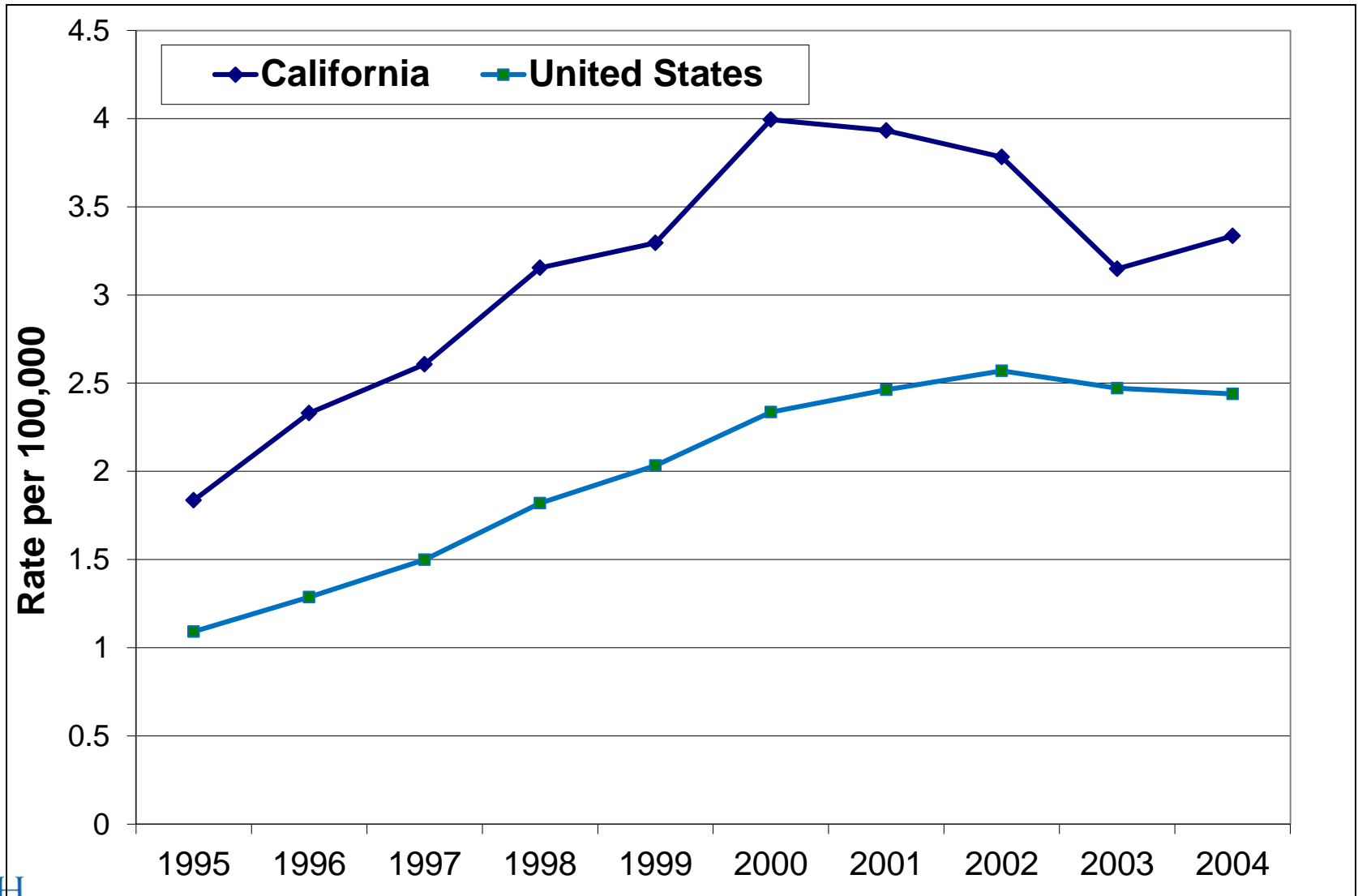
* In a medical setting; healthcare work, perinatal

Chronic HCV Infection Prevalence and Costs

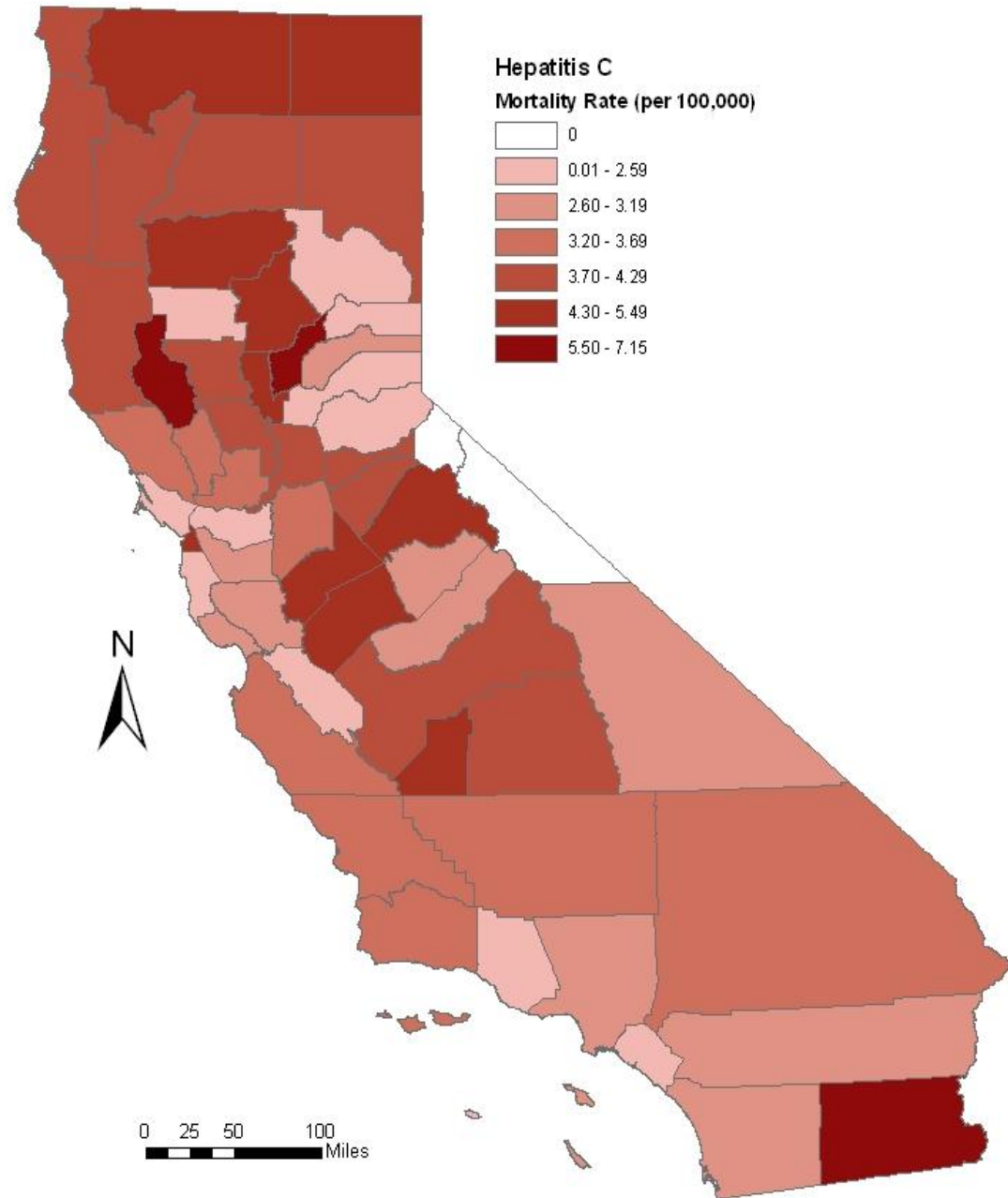
- 4-5 million people with HCV in the U.S.
 - Approximately 600,000 – 750,000 in CA
- Most adults with HCV unaware of their infection
- Highest HCV prevalence:
 - Past or present injection drug users (IDUs) (45-85%)
 - Persons incarcerated in CA prisons (34%)
 - Persons with HIV infection (30%)
 - Persons born between 1945 and 1964 (3%)
- Hospitalization charges for HCV in CA in 2010: \$2.3B
- By 2030, HCV-related liver cancer deaths are expected to triple, along with related annual costs¹¹

Annual Age-Adjusted Hepatitis C Mortality Rates

California and United States, 1995-2004

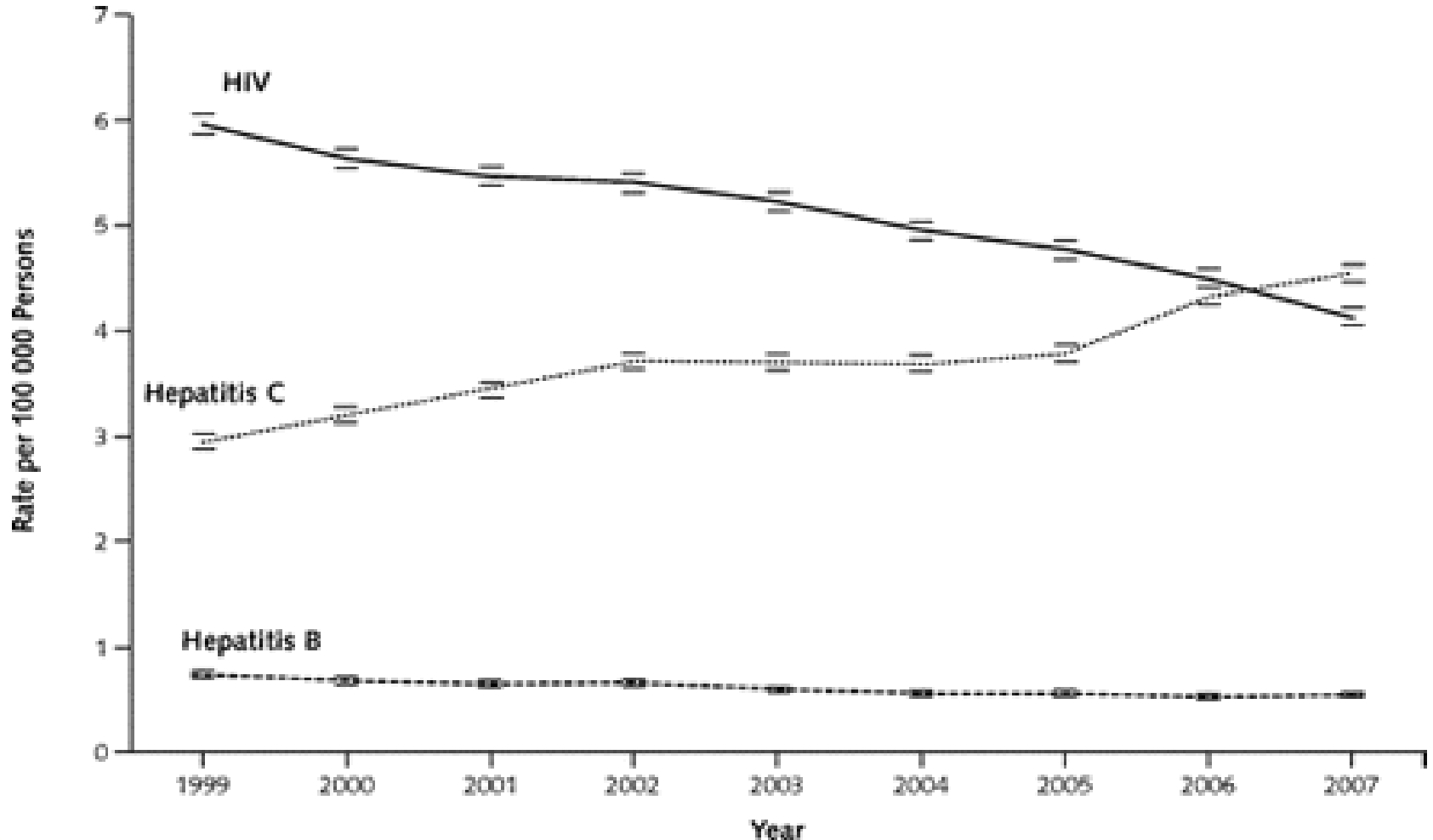


Average Annual Age-Adjusted Hepatitis C Mortality Rates by County, California, 1995-2004



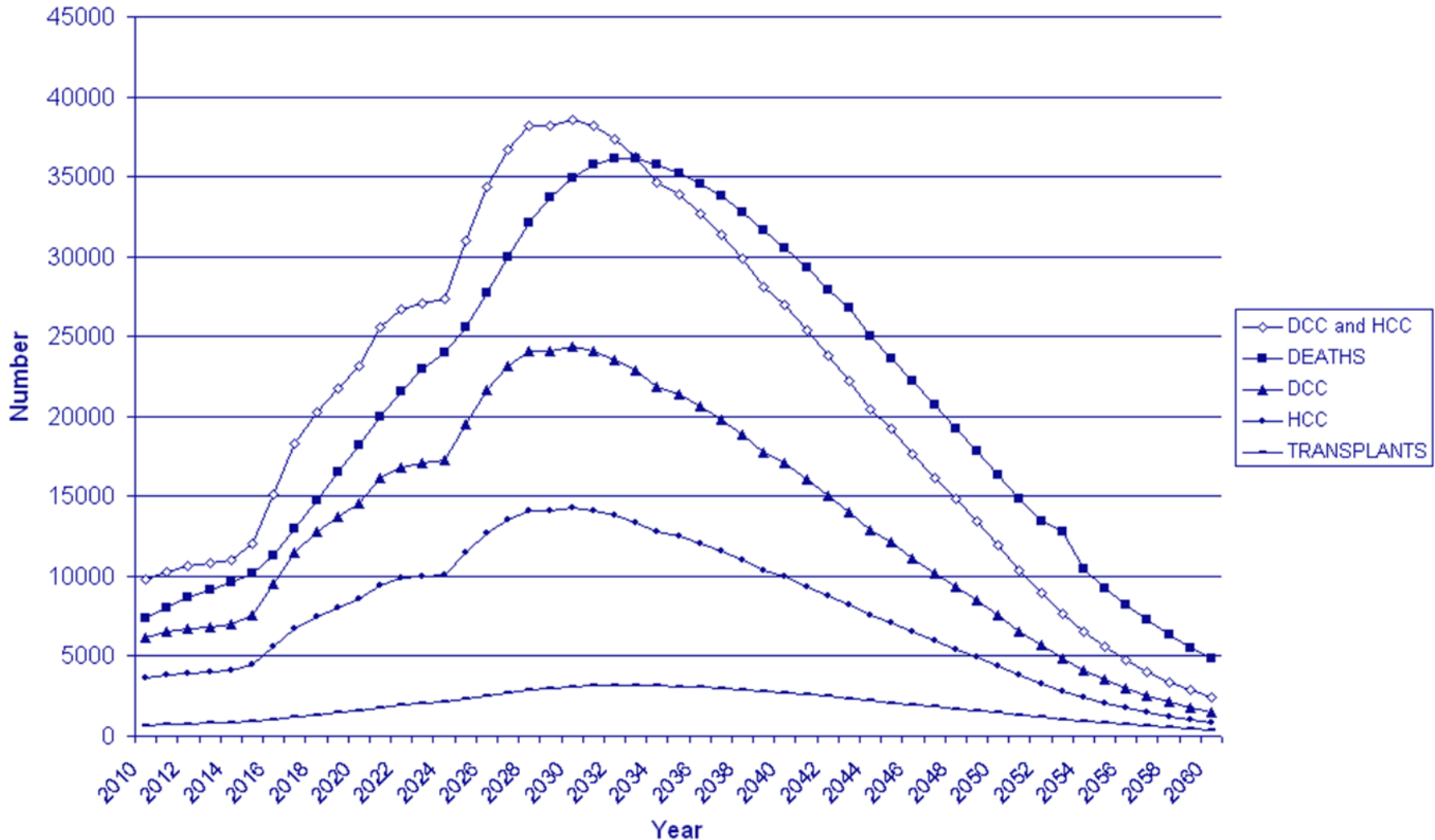
Source: Matthew Wise, Epidemiologist,
University of California Los Angeles; Data
Collection and Analysis Unit, Los Angeles
County Department of Public Health

HIV, HCV, and HCV-Related Mortality in the U.S., 1999-2007



Source: Ly K, Xing J, Klevens M et al. Increasing Burden of Mortality from Viral Hepatitis In the United States Between 1999 and 2007. *Ann Int Med.* 2012;156(4):271-279

Forecasted Annual Incident Cases of Decompensated Cirrhosis (DCC), Hepatocellular Carcinoma (HCC), Liver Transplants, and Deaths Associated with Persons with Chronic Hepatitis C Infection and No Liver Cirrhosis in the United States in 2005



Source: Centers for Disease Control and Prevention



Adult Viral Hepatitis Prevention Strategic Plan, 2010-2014

California Adult Viral Hepatitis Prevention Strategic Plan, 2010-2014

A Report of the
California Adult Viral Hepatitis Prevention Coordinating Committee
and
State of California
California Department of Public Health
Center for Infectious Diseases
December 2009

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SD 1

Improving viral hepatitis surveillance and data use

SD 2

Educating the public, providers, and policymakers

SD 3

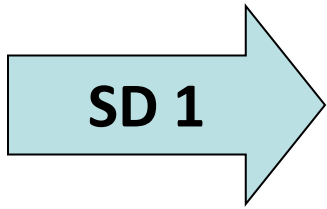
Targeting and integrating services and building infrastructure

SD 1

Improving viral hepatitis surveillance and data use: *Recommendations*

1. Generate local and statewide surveillance reports
2. Evaluate reporting requirements to improve quality & use of surveillance data
3. Increase local and state surveillance capacity
4. Incorporate viral hepatitis surveillance into the CalREDIE system
5. Assess viral hepatitis prevalence and risk factors among at risk groups in California





Improving viral hepatitis surveillance and data use: *Progress to date*

Laboratory Data



First-Ever
California
Chronic
Hepatitis C
Database

~ 25,000
Paper
Reports



County
Data



SD 1

Improving viral hepatitis surveillance and data use: *Progress to date*

- Hepatitis C Case Follow-Up Project, 2012
 - Seven jurisdictions: El Dorado, Long Beach, Monterey, Orange, Placer, Riverside, Yolo
 - Interviewed approximately 200 reported cases of HCV (and their health care providers) to collect information on patients' risk factors, symptoms, demographics, and access to care
 - Working on developing a report to summary findings from the provider and case interviews



SD 1

Improving viral hepatitis surveillance and data use: *Next steps*

- Prepare for electronic lab reporting in CalREDIE
- Implement CDC surveillance grant (*if funded*)
 - Map county-level chronic HBV, HCV cases
 - Match HBV, HCV data with HIV registry, death records, liver cancer registry
 - Follow-up with HBV and HCV cases among selected, CDC priority target populations
- Develop and disseminate comprehensive viral hepatitis surveillance reports

SD 2

Educating the public, providers, and policymakers: *Recommendations*

1. Develop health promotion and awareness strategies for educating the public about VH
2. Integrate VH prevention content into medically accurate, school-based HIV/STD education curricula
3. Train non-clinical providers serving at-risk adults on how to integrate adult VH prevention into their services

SD 2

Educating the public, providers, and policymakers: *Recommendations*

4. Improve clinicians' understanding and adherence to national adult VH risk screening, prevention, vaccination, and clinical management guidelines
5. Develop statewide adult VH referral guide
6. Increase adult VH awareness among local, state, and federal policymakers
7. Ensure national adult VH standards reflect updated and evidence-based VH prevention and care recommendations

SD 2

Educating the public, providers, and policymakers: *Progress to date*

The screenshot shows the Firefox browser displaying the website www.cdph.ca.gov/programs/pages/ovhp.aspx. The page header includes the CDPH logo and navigation links for Content, Footer, and Accessibility. A search bar is located in the top right corner. The main navigation menu includes Home, Programs, Services, Health Information, Certificates & Licenses, Publications & Forms, and Data. The left sidebar contains links for 'en Español', 'Most Popular Links', 'Quick Links', and 'Related Links'. The main content area features a banner with the text 'ARE YOU AT RISK?' and 'Millions of Americans have VIRAL HEPATITIS. Most don't know it.' Below the banner, the page title is 'Office of Viral Hepatitis Prevention (OVHP)' and the sub-header is 'Adult Viral Hepatitis Prevention Program'. The text describes the program's mission and provides a disclaimer. At the bottom, there are two columns of links: 'News & Hot Topics' and 'Program Information'.

OVHP webpage: <http://www.cdph.ca.gov/programs/pages/ovhp.aspx>

SD 2

Educating the public, providers, and policymakers: *Progress to date*

Viral Hepatitis Services Referral Guide

Select a COUNTY from the dropdown and click search, or click a county on the map.

Select... Search

Enter your ZIP CODE and click search.

Search

Enter your CITY and click search.


Search



- Online, statewide VH services referral guide
- Searchable by city, county, zip code
- Where to find:
 - HBV and HCV testing
 - Hepatitis A and hepatitis B vaccination
 - HCV support groups
 - Linkages to care
 - Syringe access services

<http://calhep.org/referralguide.asp>


Educating the public, providers, and policymakers: *Progress to date*



DEPARTMENT OF HEALTH & HUMAN SERVICES, USA

THE IHS PRIMARY CARE PROVIDER

A journal for health professionals working with American Indians and Alaska Natives



INDIAN HEALTH SERVICE
PHS • 1955

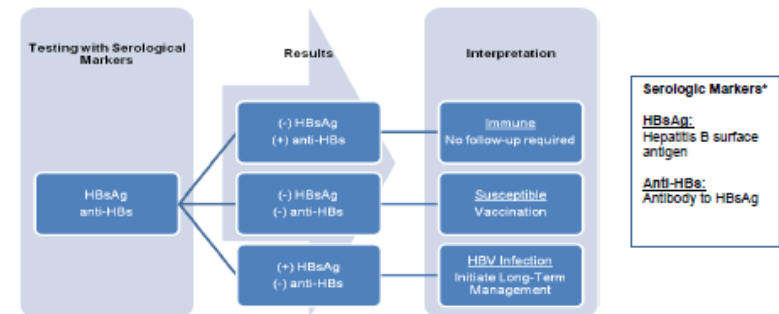
October 2011 Volume 36 Number 10

Chronic Viral Hepatitis: Screening Recommendations for Primary Care Clinicians Serving American Indians and Alaska Natives

Sharon Adler MD, MPH, Clinical Faculty, California STD/HIV Prevention Training Center and Clinical Specialist, STD including past or present injection drug use and having received a blood transfusion prior to July 1992.¹

Hepatitis B: Testing and Serology

Hepatitis B is an infection caused by the hepatitis B virus (HBV). Chronic infection with HBV is associated with cirrhosis, liver cancer, and liver failure. These complications can be prevented or mitigated by treatment and lifestyle changes (e.g., reducing or eliminating alcohol use and practicing other forms of liver self-care). Serologic testing is the primary means for identifying persons with chronic HBV infection. An effective vaccine is available to prevent HBV infection.



* Note: Another HBV test is total antibody to hepatitis B core antigen (anti-HBc), which can be used to distinguish whether immunity is due to past infection (anti-HBc-positive) or to previous vaccination (anti-HBc-negative). In patients with chronic HBV infection, anti-HBc is present. In the absence of HBsAg or anti-HBs, an anti-HBc-positive test result has one of four interpretations: 1) recovering from acute HBV infection; 2) distantly immune, test not sensitive enough to detect low level of anti-HBs; 3) susceptible with a false positive anti-HBc; or 4) chronically infected with an undetectable level of HBsAg.

Hepatitis B Vaccination

- 3 doses are administered at 0, 1, 6 months; a combination hepatitis A/hepatitis B vaccine is available and follows the same dosing schedule
- If partially vaccinated, the patient does not need to restart the series
- Vaccine is safe for pregnant and HIV-infected persons
- Post-vaccine serology testing (anti-HBs) is recommended for household, needle-sharing, and sexual contacts of HBsAg-positive persons, HIV-positive persons, and healthcare workers
- Booster doses may be indicated for hemodialysis patients, HIV-infected persons, and immunocompromised persons

Principles of Long-Term Hepatitis B Management

- Provide patient with culturally and linguistically appropriate educational materials (see links below)
- Report case to local health department within seven days
- Vaccinate against hepatitis A (unless immune as indicated by presence of total hepatitis A antibody (anti-HAV) in serum)
- Encourage patient's sex partners, household members, and injection-drug sharing contacts to seek HBV testing, medical evaluation, and vaccination
- Counsel patient to minimize alcohol consumption and other liver toxins
- Counsel patient to avoid sharing razors, toothbrushes or personal injection equipment
- Seek a hepatitis B-experienced clinician to evaluate for, manage, and treat chronic HBV infection
- When referring patients, provide the following test results, if possible: CBC with platelets; hepatic panel; PT/INR; anti-HBs; HBsAg; anti-HBc; hepatitis B e antigen (HBeAg); antibody to HBeAg (anti-HBe); HBV DNA; anti-HAV; anti-HCV; anti-HDV (hepatitis Delta); HIV; AFP; ultrasound (if high risk as per AASLD guidelines).¹
- Access clinical guidelines for HBV prevention, testing, management, and care as well as patient education materials at www.cdc.gov/hepatitis or www.cdph.ca.gov/programs/Pages/ovhp.aspx.

¹ Source: American Association for the Study of Liver Disease (AASLD); www.aasld.org/practiceguidelines/booster/default.aspx.


Prepared by the California Department of Public Health, March 2012



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SD 2

Educating the public, providers, and policymakers: *Next steps*

- Increase awareness among members of the public and among primary care providers about new CDC guidelines recommending one-time HCV screening for all persons born 1945 – 1965 (“baby boomers”)
- Expand, update VH services referral guide
- Identify opportunities to develop pilot HCV telemedicine network in CA



SD 3

Targeting and integrating services and building infrastructure: *Recommendations*

1. Increase adult VH counseling, testing, and health education capacity and services
2. Increase VH laboratory testing capacity
3. Increase adult VH vaccination capacity and delivery
4. Increase access to syringe exchange and other harm reduction services

SD 3

Targeting and integrating services and building infrastructure: *Recommendations*

5. Increase VH prevention services for people who are incarcerated or returning from prisons and jails to the community
6. Integrate adult VH prevention services in state and local public health, behavioral health, and criminal justice programs
7. Integrate adult VH prevention services in federal agencies and federally-funded programs

SD 3

Targeting and integrating services and building infrastructure: *Progress to date*

- HCV Testing



- State Office of AIDS-funded jurisdictions can use HIV prevention dollars for HCV testing
- Drug treatment programs can use HIV set-aside dollars for HCV testing and outreach to IDUs
- CA Health and Safety Code Section 120917 now allows HIV test counselors trained by Office of AIDS or its agents to perform HCV rapid test if they meet specific training requirements
- HCV testing guidelines and curriculum pending

SD 3

Targeting and integrating services and building infrastructure: *Progress to date*

- Syringe Access
 - CA Business and Professions Code Section 4145.5 now allows pharmacies and physicians to furnish up to 30 syringes without a prescription to persons 18 years and older
 - Local health departments are no longer required to register pharmacists to provide non-prescription syringe sales
 - Individuals may now possess up to 30 syringes for personal use when acquired from an authorized source



SD 3

Targeting and integrating services and building infrastructure: *Next steps*

- Finalize and disseminate rapid HCV testing guidelines and training curriculum for HIV test counselors
- Explore possibilities for VH telemedicine capacity-building project in rural community health centers (e.g., Central Valley)
- Explore opportunities to leverage health reform to increase VH prevention and care

Resources

- CDPH Office of Viral Hepatitis Prevention
www.cdph.ca.gov/programs/pages.ovhp.aspx
- Center for Disease Control and Prevention
www.cdc.gov/hepatitis
- CalHEP Viral Hepatitis Referral Guide
<http://calhep.org/referralguide.asp>
- California Legislative Information
<http://leginfo.legislature.ca.gov/>

Contact Information

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www.cdph.ca.gov/programs/pages/ovhp.aspx