


## Hepatitis and Liver Cancer

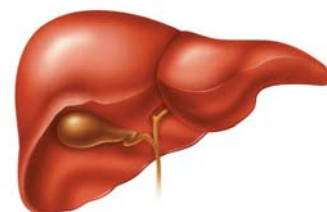
A National Strategy for Prevention and Control of Hepatitis B and C



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### What is Viral Hepatitis?

- Contagious liver diseases caused by viruses
  - Acute infections that can become chronic
  - Chronic infections are asymptomatic
- Silent killers
  - Liver Disease
  - Liver Cancer
- Health disparities



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### The Problem

**Hepatitis B virus (HBV)**

- 800,000 to 1.4 million people are chronically infected with HBV in United States
  - 3,000 deaths each year are due to hepatitis B-related liver disease

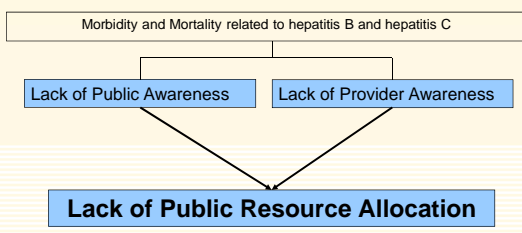
**Hepatitis C virus (HCV)**

- 2.7-3.9 million people are chronically infected with hepatitis C virus (HCV) in United States
  - 12,000 deaths each year are due to hepatitis C-related liver disease

**Over 150,000 deaths due to hepatitis B and hepatitis C are projected to occur in next 10 years**

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### The Findings



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graph TD; A[Morbidity and Mortality related to hepatitis B and hepatitis C] --> B[Lack of Public Awareness]; A --> C[Lack of Provider Awareness]; B --> D[Lack of Public Resource Allocation]; C --> D;
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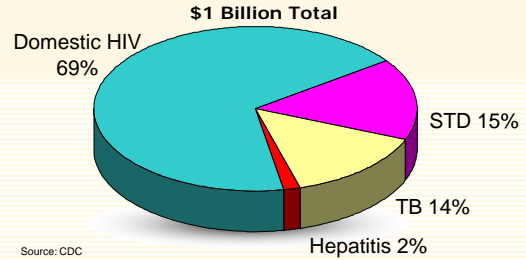
Lack of awareness and associated deaths

Virus	Prevalence	% of Population Unaware of Infection Status	Deaths in 2006 Related to Infection
HBV	800,000 –1.4 million	About 65%	3,000
HCV	2.7–3.9 million	About 75%	12,000
HIV	1.1 million	About 21%	14,016

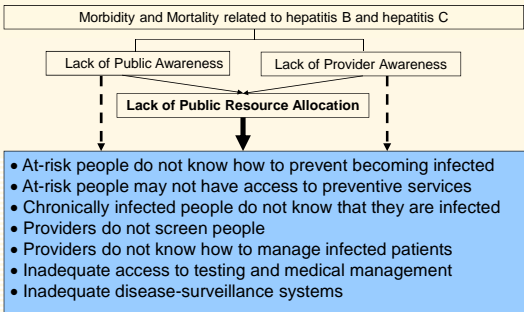
Sources: CDC; Lin et al, 2007; Hagan et al 2006

Lack of Public Resource Allocation

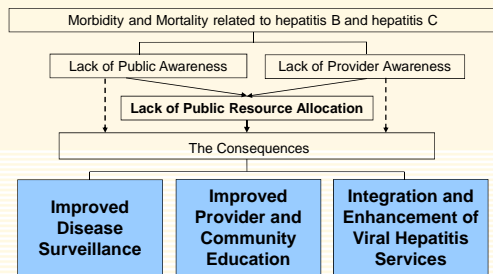
National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Prevention Funding



The Consequences



The Recommendations



### Disease Surveillance Recommendations

2-2. The Centers for Disease Control and Prevention should develop specific cooperative viral-hepatitis agreements with all state and territorial health departments to support core surveillance for acute and chronic hepatitis B and hepatitis C.

2-3. The Centers for Disease Control and Prevention should support and conduct targeted active surveillance, including serologic testing, to monitor incidence and prevalence of hepatitis B virus and hepatitis C virus infections in populations not fully captured by core surveillance.

### Improved Provider and Community Awareness

#### Health-Care and Social-Service Providers

3-1. The Centers for Disease Control and Prevention should work with key stakeholders (other federal agencies, state and local governments, professional organizations, health-care organizations, and educational institutions) to develop hepatitis B and hepatitis C educational programs for health-care and social-service providers.

#### General and At-Risk Community

3-2. The Centers for Disease Control and Prevention should work with key stakeholders to develop, coordinate, and evaluate innovative and effective outreach and education programs to target at-risk populations and to increase awareness in the general population about hepatitis B and hepatitis C.

### Expanding Access and Increasing Immunization Coverage

4-1. All infants weighing at least 2,000 grams and born to hepatitis B surface antigen-positive women should receive single-antigen hepatitis B vaccine and hepatitis B immune globulin in the delivery room as soon as they are stable and washed. The recommendations of the Advisory Committee on Immunization Practices should remain in effect for all other infants.

4-2. All states should mandate that the hepatitis B vaccine series be completed or in progress as a requirement for school attendance.

4-3. Additional federal and state resources should be devoted to increasing hepatitis B vaccination of at-risk adults.

4-5. Private and public insurance coverage for hepatitis B vaccination should be expanded.

### Current State of Viral Hepatitis Services

Services are limited and fragmented

- No coordinated federal strategy
- Variation in services available geographically
  - State and local (county and city) health departments
  - NGOs offering services

Services not covered under private and/or public health insurance

People most at-risk often have limited access to primary care

Under-resourced to meet the challenge

**Need for better integration and enhancement of viral hepatitis services**

### Primary Care and the General Population

5-1. Federally funded health-insurance programs—such as Medicare, Medicaid, and the Federal Employees Health Benefits Program—should incorporate guidelines for risk-factor screening for hepatitis B and hepatitis C as a required core component of preventive care so that at-risk people receive serologic testing for hepatitis B virus and hepatitis C virus and chronically-infected patients receive appropriate medical management.

5-9. The Health Resources and Services Administration should provide adequate resources to federally funded community health facilities for provision of comprehensive viral-hepatitis services.

### Populations and Setting of Special Interest

- Pregnant Women
- Foreign-Born
- Illicit Drug Users
- Incarcerated Populations
- High Impact Settings
  - STD Clinics
  - HIV Clinics
  - Homeless Shelters
  - Mobile Health Units

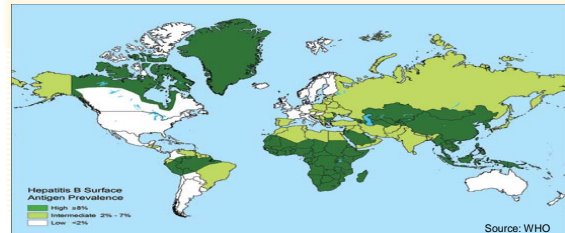
### Pregnant Women

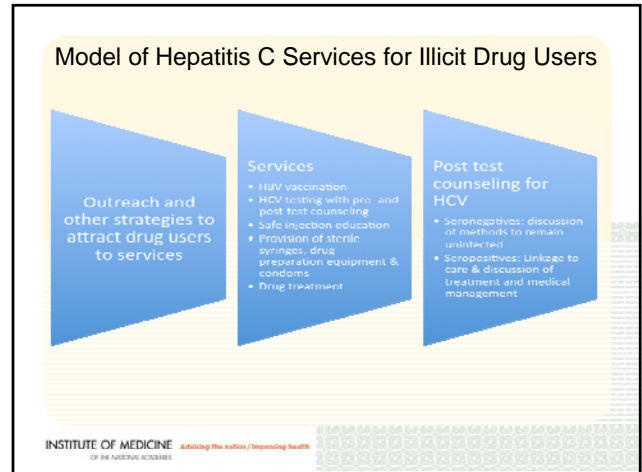
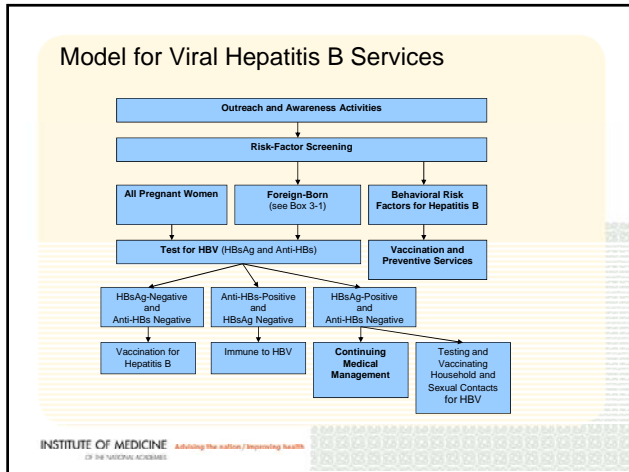
5-6. The Centers for Disease Control and Prevention should provide additional resources and guidance to perinatal hepatitis B prevention program coordinators to expand and enhance the capacity to identify chronically infected pregnant women and provide case-management services, including referral for appropriate medical management.

5-7. The National Institutes of Health should support a study of the effectiveness and safety of peripartum antiviral therapy to reduce and possibly eliminate perinatal hepatitis B virus transmission from women at high risk for perinatal transmission

### Foreign-Born Populations

5-2. The Centers for Disease Control and Prevention, in conjunction with other federal agencies and state agencies, should provide resources for the expansion of community-based programs that provide hepatitis B screening, testing, and vaccination services that target foreign-born populations.





### Incarcerated Populations

5-8. The Centers for Disease Control and Prevention and the Department of Justice should create an initiative to foster partnerships between health departments and corrections systems to ensure the availability of comprehensive viral hepatitis services for incarcerated people.

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### High Impact Settings

5-10. The Health Resources and Services Administration and the Centers for Disease Control and Prevention should provide resources and guidance to integrate comprehensive viral hepatitis services into settings that serve high-risk populations such as STD clinics, sites for HIV services and care, homeless shelters, and mobile health units.

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### Desired Outcomes

- Screening is widely used as a part of good primary care
- At-risk people and communities actively seek testing, preventive services, and appropriate medical management
- Better information leads to:
  - Improved understanding of hepatitis B and hepatitis C
  - More effective and targeted prevention programs
  - More research on effective vaccination and treatment options
- Infected people have better health outcomes
- Decreased transmission leads to fewer carriers of HBV and HCV and fewer cases of hepatitis B and hepatitis C
  - Resulting in a long-term decrease in cases of liver cancer and liver failure