

TESTIMONY

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Good afternoon. I am Dr. Bela Matyas, Acting Chief, Communicable Disease Emergency Response Branch with the California Department of Public Health (CDPH). I am joined by Rachel McLean, Adult Viral Hepatitis Prevention Coordinator, Sexually Transmitted Diseases (STD) Control Branch. Thank you for inviting me to provide you with information regarding national recommendations for viral hepatitis prevention, detection, and treatment and the state's response to this serious public health problem.

As you have heard from Dr. So, the Institute of Medicine (IOM) released a report in January of this year entitled *Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C*. The report highlighted the lack of awareness about hepatitis B and C and the need for federal resources dedicated to viral hepatitis surveillance, awareness, screening, testing and referral for vaccination or medical management of at-risk groups.

These areas of focus closely mirror those in the statewide Adult Viral Hepatitis Prevention Strategic Plan, which we released on the same day as the IOM report. I'd like to mention some specific recommendations from the IOM report that are consistent with our goals for viral hepatitis prevention in California:

- A. Expanding immunization information systems for children to include adolescents and adults.
- B. Incorporating guidelines for risk factor screening for hepatitis B and C as part of a core component of preventive care in federally-funded health insurance programs, such as Medicare and Medicaid.
- C. Expanding community-based hepatitis B and C screening, vaccination, referral, and medical management programs, including for foreign-born individuals, pregnant women and their household contacts, and injection drug users, particularly in federally-funded community health facilities.
- D. Expanding access to syringes and other equipment for injection drug users.

On January 11 of this year, CDPH released the first-ever statewide adult viral hepatitis prevention strategic plan. The plan outlines a coordinated approach to preventing viral hepatitis transmission and reducing the costs and consequences of hepatitis B and hepatitis C-related liver disease and complications in California over the next five years. We developed the plan in collaboration with 80 representatives from a broad range of State agencies, local health departments, community-based organizations, membership organizations, and individuals living with or affected by hepatitis B and C. We also conducted key informant interviews, hosted a two-day stakeholder meeting here in Sacramento, and consulted national best practices while developing the strategic plan.

The plan calls for three major strategic directions for adult viral hepatitis prevention that are consistent with the IOM report:

1. Improving surveillance and data use;
2. Educating the public, providers, and policymakers; and
3. Targeting and integrating services and building infrastructure.

Specifically, the plan calls for:

- A. Generating better surveillance reports at the local and statewide level to develop an accurate epidemiologic profile of adult viral hepatitis in California.
- B. Improving clinicians' knowledge and adherence to viral hepatitis screening, vaccination, and treatment guidelines;

- C. Improving viral hepatitis awareness among the public, social service providers, and health care professionals who serve people at risk;
- D. Improving awareness of what resources are available for viral hepatitis screening, vaccination, social support, and linkages to care;
- E. Increasing viral hepatitis testing, vaccination, and prevention services in settings serving high risk adults.

The development of the California Adult Viral Hepatitis Prevention Strategic Plan was made possible through a \$115,000 grant from the federal Centers for Disease Control (CDC), which supports the Adult Viral Hepatitis Prevention Coordinator position within the Center for Infectious Diseases, Division of Communicable Disease Control, STD Control Branch.

To support the implementation of recommendations from the IOM report and the statewide strategic plan, CDPH has many important viral hepatitis prevention programs. These programs are made possible through collaboration with our partners in local health departments and community-based organizations. I would like to describe those programs and highlight some of their recent successes in supporting the implementation of the adult viral hepatitis prevention strategic plan.

## **1. Improving Surveillance and Data Use**

### **a. Surveillance**

- The Immunization Branch and the STD Control Branch collaborate to coordinate surveillance for both acute and chronic viral hepatitis.

#### **b. Disease Investigation**

- The Immunization Branch also investigates potential acute viral hepatitis disease outbreaks for jurisdictions lacking local investigation capacity.
- The Center for Health Care Quality investigates possible health care associated hepatitis B and C infections and works with hospitals and other health care providers to prevent these and other infections from occurring.

## **2. Educating the Public, Providers, and Policymakers**

### **a. Public and Provider Education**

- CDPH staff provides information, training, and technical assistance, and issues guidance to support the viral hepatitis prevention efforts of local health departments, clinicians, and community-based organizations.
- In 2008 and 2009, our staff:
  - Collaborated with the HIV/STD Prevention Training Center, the Harm Reduction Training Institute, and other community-based groups to train approximately 700 health professionals and community providers in viral hepatitis prevention
  - Created a dedicated CDPH viral hepatitis prevention webpage: [www.cdph.ca.gov/programs/pages/ovhp.aspx](http://www.cdph.ca.gov/programs/pages/ovhp.aspx)
  - Updated fact sheets on acute hepatitis B and C disease investigations and on HIV and hepatitis C coinfection

- Created training curricula and toolkits for clinicians, HIV test counselors, and other providers viral hepatitis screening
- Kept our community partners up-to-date about developments in STD and viral hepatitis best practices and research through a daily email listserv, letters to local health officials and other colleagues, and at professional meetings and conferences.
- Worked closely with the Department of Corrections and Rehabilitation, the Department of Alcohol and Drug Programs, and others to make sure that accurate viral hepatitis messages and recommended viral hepatitis prevention, screening, and treatment services, as appropriate, are incorporated into correctional settings and drug treatment programs across the state.
- Provided information to local hepatitis B and C task forces in San Francisco, Los Angeles, and other communities, and promoted collaboration among hepatitis B and hepatitis C awareness groups.

**b. Policymaker Education**

- CDPH staff also participates in and contributes to national viral hepatitis policy, such as through the National Association of State and Territorial AIDS Directors' Viral Hepatitis Advisory Committee.
- Recently, CDPH contributed one new objective for Healthy People 2020 to increase hepatitis C screening rates in drug treatment programs, and one revised objective to make list of adults targeted for HBV immunization consistent with national CDC recommendations.

### **3. Targeting and Integrating Services and Building Infrastructure**

#### **a. Perinatal Hepatitis B Program**

- The Immunization Branch oversees the Perinatal Hepatitis B Program, which has 3 full-time staff. In fiscal year 2009-2010, we distributed approximately \$1.3 million dollars to local health jurisdictions to implement perinatal hepatitis B programs.
- Our staff supports and oversees local efforts to test pregnant women for hepatitis B and to prevent mother-to-child transmission of hepatitis B by ensuring that infants born to hepatitis B-infected mothers receive their first dose of hepatitis B vaccine and hepatitis B immune globulin within 12 hours of their birth as well as appropriate follow-up.
- CDC estimates that 23 percent of all births to hepatitis B-infected women in the U.S. occur in California. Approximately 2,200 births to hepatitis B infected women are reported to the California Perinatal Hepatitis B Program every year. 97 percent of all infants born to these women receive post-exposure prophylaxis at the time of delivery and 94 percent of these infants complete the hepatitis B vaccine series.

#### **b. Vaccine for Children Program**

- The Immunization Branch receives approximately \$8.6 million from the federal Vaccines for Children program. We use these funds to purchase hepatitis B vaccines for children and to local health jurisdictions to support staff dedicated to childhood immunizations.

### **c. Adult Hepatitis Vaccine Project**

- The Immunization Branch also receives \$2 million from the federal 317 program. We use these funds to provide free hepatitis A and B vaccine to more than 250 sites serving adults at risk for viral hepatitis. Those sites include local health departments, primary care clinics, STD clinics, jails, prisons, HIV prevention programs, drug treatment programs, and syringe exchange programs.
- During 2008 and 2009, participating sites were responsible for administering more than 50,000 doses of hepatitis B or combination hepatitis A and B vaccine to at-risk adults through the program. CDC recently shared with the national public health community the successes of our efforts implementing this program in California.
- To increase participation in this program by community health centers serving Asian and Pacific Islander communities, we partnered with the Asian Liver Center at Stanford University. In 2009, 12 clinics serving predominantly Asian American and Pacific Islander communities enrolled in the program, administering more than 2,000 doses of hepatitis B or combination hepatitis A and B vaccine to at-risk adults.

### **d. Vaccine Storage Capacity Expansion Program**

- With Public Health Emergency Response funds, the Immunization Branch recently announced that sites participating in the Vaccines for Children and Adult Hepatitis Vaccine Programs may be reimbursed \$250 dollars of the purchase price of a VFC approved refrigerator to store vaccine. We

hope that this program will increase the vaccine storage capacity of organizations serving children as well as adults at risk for viral hepatitis.

**e. California Immunization Registry**

- The immunization Branch receives a total of \$7 million dollars of combined state and federal funds to support the development and local implementation of a statewide immunization registry. Currently, the registry focuses on recording vaccines for children, but, it is also available to record vaccinations of adolescents and adults and we hope to increase its use for this purpose in the future.

**f. HIV and Hepatitis C Testing Program**

- The State Office of AIDS provides \$7 million in total federal funds to 17 local health jurisdictions to perform HIV testing and prevention activities, which may include hepatitis C testing for targeted at-risk groups. Currently, at least 10 of these jurisdictions provide hepatitis C testing (Contra Costa, Fresno, Long Beach, Los Angeles, Orange, Riverside, Sacramento, San Diego, San Mateo, and Santa Clara).
- Between January 2008 - December 2009, more than 6,700 individuals were tested for hepatitis C at HIV testing sites supported by the Office of AIDS; almost 1,100 of these individuals tested positive; and of those, more than 500 received a referral for follow-up testing, support, and care.

**g. AIDS Drug Assistance Program**

- The Office of AIDS also supports access to HIV treatment drugs through the AIDS Drug Assistance Program, which covers the cost of some hepatitis B and C treatment drugs for eligible people co-infected with HIV.

## **Next Steps**

In the coming year, we will work with other state agencies, local health officials, and community groups to further support implementation of the strategic plan.

Specifically, CDPH plans the following next steps:

### **1. Improving Surveillance and Data Use**

- Increase our viral hepatitis surveillance capacity through a statewide electronic confidential morbidity and lab reporting system (CaIREDIE).
- Develop updated fact sheets summarizing the burden of viral hepatitis disease in California and highlighting racial and ethnic health disparities in hepatitis B and C infections and complications.
- Work with our partners to ensure that we adequately capture the burden of viral hepatitis among people who are incarcerated and among veterans.

### **2. Educating the Public, Providers, and Policymakers**

- Collaborate with medical associations to increase awareness among clinicians about CDC guidelines for viral hepatitis vaccination, screening, test interpretation, and referral for medical management.
- Provide information to our community partners to assist their development of a statewide viral hepatitis referral guide.

- Integrate viral hepatitis messages for youth into medically accurate HIV/STD education curricula for schools and juvenile halls.

### **3. Targeting and Integrating Services and Building Infrastructure**

- Increase participation in the Adult Hepatitis Vaccine Project, particularly among clinics serving Asian Americans and Pacific Islanders.
- Enroll sites participating in the Adult Hepatitis Vaccine Project into the California Immunization Registry to ease tracking of vaccine completion.
- Leverage federal resources to increase screening for hepatitis B and C in community health centers, STD clinics, jails, drug treatment programs, and other settings serving at-risk adults
- Participate in national policy discussions regarding viral hepatitis and regarding the implementation of health care reform to ensure that quality measures, preventive services guidelines, and other policies are consistent with the adult viral hepatitis prevention strategic plan.

It bears mentioning that, like in so many other areas of public health, prevention not only saves lives and reduces health disparities and deaths, it also saves money. The IOM report discussed earlier this afternoon found many viral hepatitis prevention efforts to be cost-effective, including

- Prevention of hepatitis B infection among pregnant women and their infants
- Vaccination of the household and sexual contacts of pregnant women infected with hepatitis B

- Hepatitis B testing for Asians and Pacific Islanders adults; and
- Hepatitis C testing and medical management for injection drug users.

If we are to prevent the anticipated tripling of costs associated with hepatitis B and C-related liver cancer and liver disease over the next twenty years, we need to invest now in early identification and medical management of people living with chronic hepatitis B and C, as well as vaccination against hepatitis A and B.

We are hopeful that the implementation of health care reform will present opportunities to secure federal resources to improve our public health response to preventing the transmission and progression of viral hepatitis infections in California. We look forward to working with other state agencies, local health departments, and our community partners to implement the recommendations in the strategic plan. Thank you again for this opportunity to speak today.