



Viral Hepatitis National Strategic Plan The Road to Elimination



U.S. Department of Health and Human Services

January 7, 2021

Agenda

- The Need for the Viral Hepatitis National Strategic Plan (2021-2025)
- Background and Overview of Hepatitis Plan
- Viral Hepatitis Plan Goals
- Measuring Success: Viral Hepatitis Plan Indicators
- Viral Hepatitis Plan Implementation and Accountability



Speakers: HHS Leadership



ADM Brett Giroir, MD
Assistant Secretary for Health
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- **Provide trusted data and information**
to serve HHS, the federal government, states and localities,
and the general public
- **Convene partners**
federal agencies, state and local, professional societies, NGOs,
academia, civil society, commercial partners, patient advocates
- **Develop novel initiatives**
gain situational awareness, identify gaps, build teams,
set a common agenda, support infrastructure, transition to
Operational Divisions
- **Organize and lead national initiatives**



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Why do we need a Viral Hepatitis National Strategic Plan?



VIRAL HEPATITIS IS A PUBLIC HEALTH CRISIS (CDC, 2018)

Acute Infections

A Hepatitis A

12,474 Acute Cases Reported in 2018

24,900 Acute Infections Estimated in 2018
(17,500 – 27,400)*

B Hepatitis B

3,322 Acute Cases Reported in 2018

21,600 Acute Infections Estimated in 2018
(12,300 – 52,800)*

C Hepatitis C

3,621 Acute Cases Reported in 2018

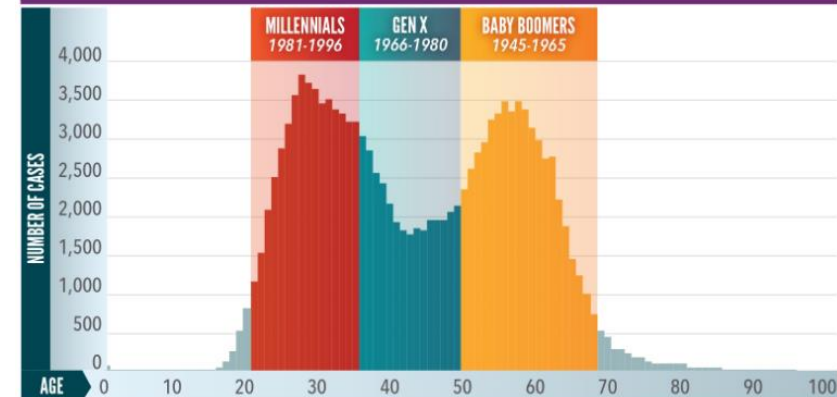
50,300 Acute Infections Estimated in 2018
(39,800 – 171,600)*

- Increases in viral hepatitis have continued for five consecutive years
- From 2014 to 2018:
 - Rate of reported hepatitis A cases increased by 850%
 - Rate of reported hepatitis B cases increased by 11%
 - Rate of reported hepatitis C cases increased by 71%

Chronic Infections

- Estimated **2.4 million** people living with hepatitis C
- Estimated **862,000** people living with hepatitis B

New Reports of Chronic Hepatitis C High in Multiple Generations



SOURCE: National Notifiable Diseases Surveillance System, 2018

Source: CDC Viral Hepatitis Surveillance Report, 2018



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Viral Hepatitis and their Consequences

Early Death

Liver Cancer

Cirrhosis

Perinatal
Transmission

\$179 billion total estimated cost with
current hepatitis C treatment rates

*From 2017-2026

Source: Wittenborn J, Brady J, Dougherty M, Rein D. Potential epidemiologic, economic, and budgetary impacts of current rates of hepatitis C treatment in medicare and non-medicare populations. *Hepatol Commun.* 2017;1(2):99-109. Published 2017 Mar 30. doi:10.1002/hep4.1031



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Speakers: Federal Leadership



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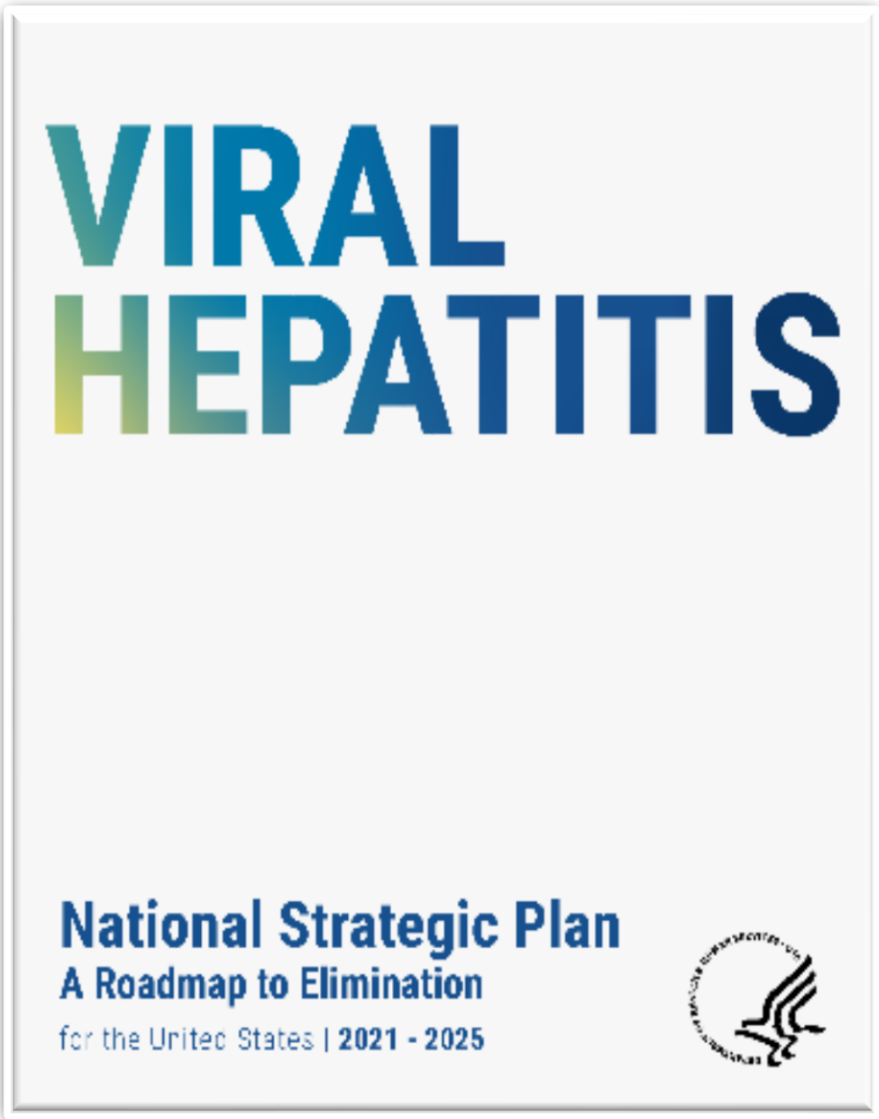


**Antigone
Dempsey, MEd**
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What is the *Viral Hepatitis National Strategic Plan* and what are its goals?

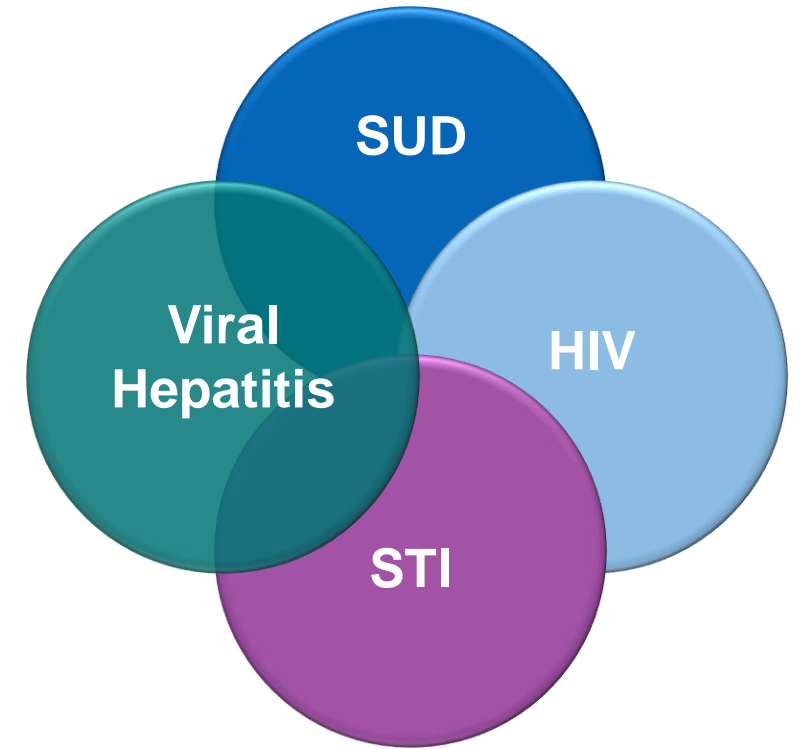
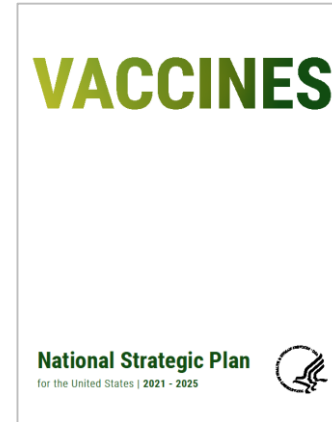
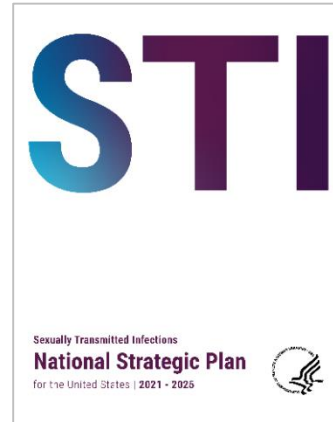
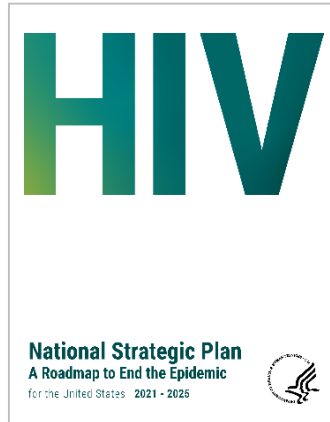
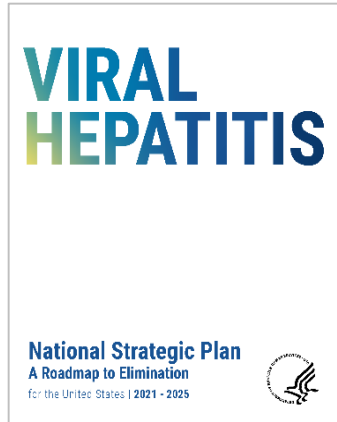


Viral Hepatitis National Strategic Plan Overview

- Overarching goal: Elimination by 2030
- Five-year plan (2021-2025) with annual quantitative targets through 2030
- Developed by a Federal Steering Committee
- Opportunities for public comment (at development and final stages)
- Stigma, discrimination and social determinants of health - integral to addressing the epidemic
- Integrated approach to prevention, screening and linkage to care among all components of the syndemic; whole-of-society approach
 - Alignment across HIV, STI, and Viral Hepatitis National Strategic Plans, Healthy People 2030, and WHO elimination targets



Engaging the Syndemic Across National Strategic Plans



Stigma, discrimination, and social determinants of health are integral to addressing the syndemic



Viral Hepatitis Plan – Community Engagement/Public Comments

Development of Plan

- 18 Listening Sessions (Sept 2018–March 2019)
 - 255 Total Viral Hepatitis Comments
- RFI in *Federal Register* (Feb – March 2019)
 - 28 sets of comments received

Input on Draft Hepatitis Plan

- RFI in *Federal Register* (Sept-Oct 2020)
 - 25 sets of comments received
 - ✓ 3xx comments

All comments analyzed and taken into consideration in adopting elements of plan and finalizing plan

Map of Commenters' Locations



- Listening Session
- RFI



Vision and Goals

VISION

The United States will be a place where new viral hepatitis infections are prevented, every person knows their status, and every person with viral hepatitis has high-quality health care and treatment and lives free from stigma and discrimination.

This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographical location or socioeconomic circumstance.

Goals

In pursuit of this vision, the Hepatitis Plan establishes five goals, as discussed in the Objectives and Strategies section below.



1. Prevent new viral hepatitis infections



2. Improve viral hepatitis–related health outcomes of people with viral hepatitis



3. Reduce viral hepatitis–related disparities and health inequities



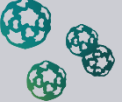

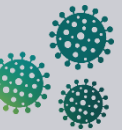
4. Improve viral hepatitis surveillance and data usage



5. Achieve integrated, coordinated efforts that address the viral hepatitis epidemics among partners and stakeholders



Disproportionately Impacted Populations

	Incidence (Acute)	Prevalence (Chronic)	Mortality
 <p>Hepatitis A</p>	<ul style="list-style-type: none"> • People who use drugs • People experiencing homelessness 	Not applicable	
 <p>Hepatitis B</p>	<ul style="list-style-type: none"> • People who inject drugs 	<ul style="list-style-type: none"> • Asian and Pacific Islander • Black, non-Hispanic 	<ul style="list-style-type: none"> • Asian and Pacific Islander • Black, non-Hispanic
 <p>Hepatitis C</p>	<ul style="list-style-type: none"> • People who inject drugs • American Indian/ Alaska Native 	<ul style="list-style-type: none"> • People who inject drugs • Black, non-Hispanic • People born 1945-1965 • People with HIV 	<ul style="list-style-type: none"> • American Indian/ Alaska Native • Black, non-Hispanic • People born 1945-1965



What are key strategies for prevention, testing, and treatment?





Goal 1: Prevent New Viral Hepatitis Infections

Selected Focus Areas

- Increase awareness of viral hepatitis among the public and providers
- Increase uptake of hepatitis vaccination among indicated populations
 - Address missed opportunities: expand delivery of hepatitis vaccination in high-impact settings
 - Reduce financial and system barriers to providing/receiving viral hepatitis vaccinations
- Increase access to harm reduction services, substance use treatment and peer navigation
- Utilize a treatment as prevention approach
- Advance research on a hepatitis C vaccine





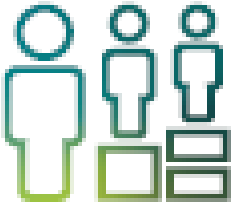
Goal 2: Improve Viral Hepatitis-Related Health Outcomes of People with Viral Hepatitis – *Selected Focus Areas*

- Implement universal hepatitis C screening guidelines, hepatitis B testing, and linkage to care in a range of settings
- Leverage coverage for preventive services and reduce price and insurance barriers
- Expand capacity of public health and provider workforce
- Implement strategies and promote policies to enhance collaborative, integrated, patient-centered models of care
- Advance research and development:
 - Therapeutics for hepatitis B cure
 - Improved diagnostics
 - Scale up innovative approaches to engage people in care



What strategies are planned to reduce viral hepatitis-related disparities and health inequities?





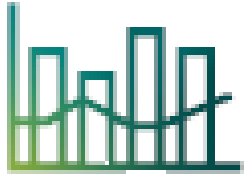
Goal 3: Reduce Viral Hepatitis-Related Disparities and Health Inequities – *Selected Focus Areas*

- Reduce stigma and discrimination faced by people with and at risk for viral hepatitis
- Reduce disparities in new viral hepatitis infections, knowledge of status, and along the cascade/continuum of care
- Expand culturally competent and linguistically appropriate viral hepatitis prevention, care, and treatment services
- Address social determinants of health and co-occurring conditions



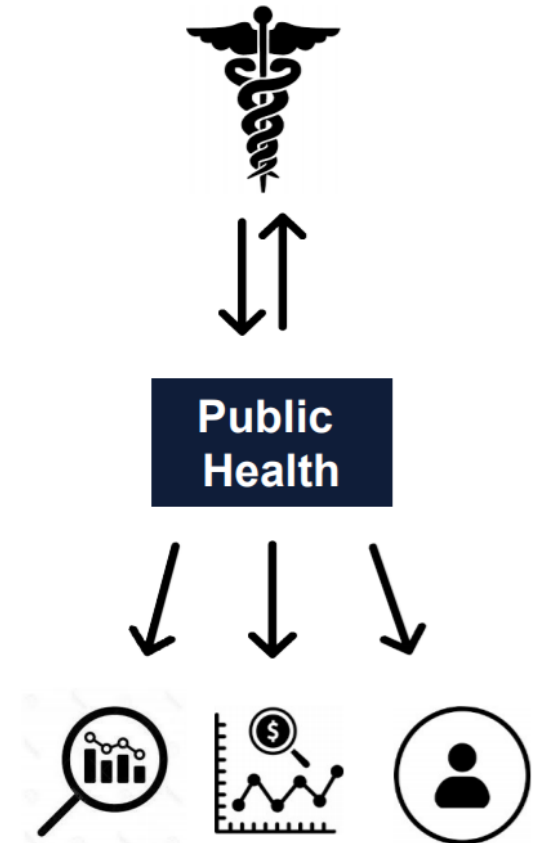
What strategies are planned to improve viral hepatitis data?





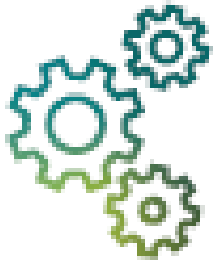
Goal 4: Improve Viral Hepatitis Surveillance and Data Usage – *Selected Focus Areas*

- Establish national capacity to conduct public health viral hepatitis surveillance
- Improve reporting, sharing, and use of clinical viral hepatitis data
- Develop and implement quality improvement processes by regularly monitoring the hepatitis B continuum of care and hepatitis C cure cascade.
- Describe and disseminate best practices for data collection, analysis, and use of data.



How will we achieve integration and coordination?





Goal 5: Achieve Integrated, Coordinated Efforts that Address the Viral Hepatitis Epidemic – *Selected Focus Areas*

- Integrated syndemic and whole of society approach
 - Establish and scale up integration of viral hepatitis-related efforts, policies, and programs with all parts of the syndemic
- Improve data related to viral hepatitis and social determinants of health
 - Includes surveillance infrastructure and real-time data sharing
 - Align indicators across programs
- Improve mechanisms to evaluate progress toward Hepatitis Plan goals
 - Integrated implementation plans – viral hepatitis, HIV, STIs, other communicable infections, substance use disorders
 - Regularly communicate progress and course-correct when insufficient progress

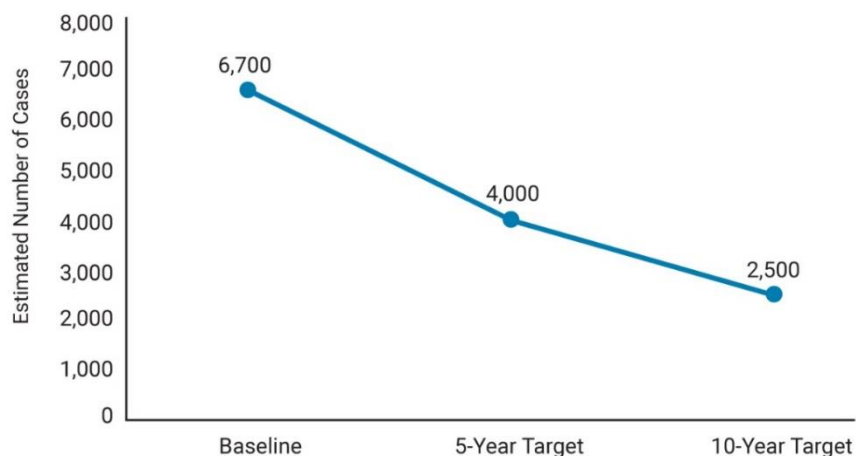


How will we measure success?



Hepatitis Plan Indicators

- Core
- Disparities
- Developmental



Reduce new hepatitis A infections by 40% by 2025 and 65% by 2030

	Core Indicators
1	Reduce new hepatitis A infections by 40% by 2025 and 65% by 2030
2	Reduce acute hepatitis B infections by 20% by 2025 and 90% by 2030
3	Reduce acute hepatitis C infections by 20% by 2025 and 90% by 2030
4	Increase rate of hepatitis B “birth dose” vaccination to 75% by 2025 and 90% by 2030
5	Increase proportion of people with hepatitis B infection aware of their infection to 50% by 2025 and 90% by 2030
6	Reduce rate of hepatitis B–related deaths by 20% by 2025 and 65% by 2030
7	Increase proportion of people who have cleared hepatitis C infection to 58% by 2025 and 80% by 2030
8	Reduce rate of hepatitis C–related deaths by 25% by 2025 and 65% by 2030



What's next?



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What's Next?

- Whole of society approach
- Federal Implementation Plan - FY 2021
 - Accountability among federal agencies
 - Identify areas for collaboration
 - Facilitate cross-disciplinary funding, services and communication
- Implementation by non-federal stakeholders
- Annual Reporting



Acknowledgements

HHS Secretary and ASH Federal Steering Committee

- Members
- Departments/agencies
- Subcommittee members

Stakeholders and public commenters

Federal Departments	HHS Agencies/Offices	
<ul style="list-style-type: none"> • Defense • Justice • Equal Employment Opportunity Commission • Health and Human Services • Housing and Urban Development • Veterans Affairs 	<ul style="list-style-type: none"> • Administration for Community Living • Agency for Healthcare Research and Quality • Centers for Disease Control and Prevention • Centers for Medicare & Medicaid Services • Food and Drug Administration • Health Resources and Services Administration • Indian Health Service 	<ul style="list-style-type: none"> • National Institutes of Health • Office of the Assistant Secretary for Health <ul style="list-style-type: none"> » Office of Infectious Disease and HIV/AIDS Policy » Office of the Surgeon General • Office for Civil Rights • Office of the National Coordinator for Health Information Technology • Substance Abuse and Mental Health Services Administration



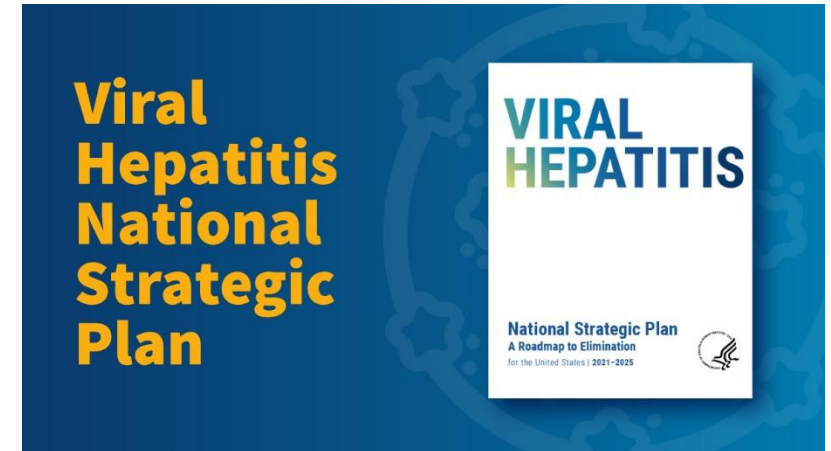
Resources

View the *Viral Hepatitis National Strategic Plan: A Roadmap to Elimination 2021-2025*
www.hhs.gov/hepatitis

A Communications Toolkit to disseminate the Viral Hepatitis Plan is available on the Resources page

Includes:

- Social media graphics
- Key messages
- Newsletter



Key Takeaways

- Focus on elimination
- Improve viral hepatitis surveillance
- Active participation by all
- No wrong door approach
- Holistic care, addressing co-occurring conditions and social determinants of health
- Focus on disproportionately impacted populations and eliminating inequities
- Increase vaccinations among adults, access to treatment for all
- Holding ourselves accountable





Office of Infectious Disease and HIV/AIDS Policy
Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services

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