Viral Hepatitis Surveillance Status Report Briefing

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National Viral Hepatitis Roundtable (NVHR)

Agenda

- Welcome & Introductions
- Concept Overview
- Report Review
- Report for Advocacy
- Q&A

Concept Overview

Concept

Surveillance Status Report

- Develop an annual viral hepatitis (B & C) surveillance status report to:
    1. Assess how jurisdictions across the U.S. are measuring the impact of viral hepatitis on their communities
    2. Identify best practices
    3. Highlight areas in need of additional resources

- First report focuses on 2021, before expansion of CDC funding, presents findings from jurisdictions' answers to a survey of about 15 indicators
- Annual updates will facilitate monitoring of changes and improvements in surveillance practices by jurisdiction

Concept

Why?

A lack of robust surveillance data limits the ability to:

- Monitor disease burden and related disparities
- Track changes in the viral hepatitis epidemic
- Mount effective public health responses
- Eliminate viral hepatitis in the U.S.

Why Now?

Monitor practices before and after expanded CDC funding:

- CDC recently released expanded surveillance funding (2021)
- The report will allow policy makers and other stakeholders to benchmark current capacity
- Monitor changes over time

How?

With a steering committee, we:

- Developed a set of indicators for assessing surveillance practices in jurisdictions
- Collected data from jurisdictions on these indicators, analyzed the results, & prepared a status report

Concept

HepVu & NASTAD

- **HepVu:** Interactive online mapping tool that visualizes the impact of the viral hepatitis epidemics on communities across the U.S. to promote data-driven public health decision-making

- **NASTAD:** Leading non-partisan non-profit association that represents public health officials who administer HIV and viral hepatitis programs in the U.S. to end HIV/AIDS, viral hepatitis, and intersecting epidemics

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Report Review

Report

Data Methods

- Sent electronic survey to 59 jurisdictions on surveillance practices in first 6 months of 2021
  - 95% response rate
- Emory analyzed data, prioritized findings to highlight in report with steering committee
- Comparisons by:
  - Received prior viral hepatitis funding (pre-2021)
  - Overdose mortality (top 1/3 of states vs. bottom 2/3)
  - Full-time employee dedicated to viral hepatitis (1 or more)

Report

Surveillance introduction

Why Surveillance?

Viral Hepatitis Surveillance Vision

Viral hepatitis surveillance programs need to be expanded to help ensure effective prevention and treatment of hepatitis infections. Collecting information through surveillance can help us to answer questions like:

Question	Information needed to answer
How many people have current, diagnosed viral hepatitis infections?	• Positive viral hepatitis laboratory test results • Negative viral hepatitis laboratory test results • Deaths among people with viral hepatitis
What are the characteristics of people living with, and who have increased chances of getting, a viral hepatitis infection?	• Laboratory test results and clinical information indicating whether a viral hepatitis infection is acute (new) or chronic • Information such as sex, race/ethnicity, age, pregnancy status, risk factor, etc. connected to test results
How many people have received treatment for hepatitis C? How many people need treatment for hepatitis C? Which groups of people are most in need of treatment for hepatitis C? How many people have achieved sustained virologic response (SVR) or been cured of their chronic hepatitis C infection?	• Positive hepatitis C laboratory test results • Negative hepatitis C laboratory test results • Laboratory test results and clinical information indicating whether a hepatitis C infection is acute (new) or chronic • Information such as sex, race/ethnicity, age, pregnancy status, risk factor, etc. connected to test results • Deaths among people with hepatitis C

Report

General capacity

1/3 of jurisdictions did not
have a full-time employee (FTE) dedicated to viral hepatitis surveillance.

Just over half (55%)
of jurisdictions were able to produce annual surveillance summaries.

Only 2/3 of jurisdictions
were able to conduct any data matching* with viral hepatitis surveillance records.

** E.g., matching viral hepatitis surveillance records to death records.*

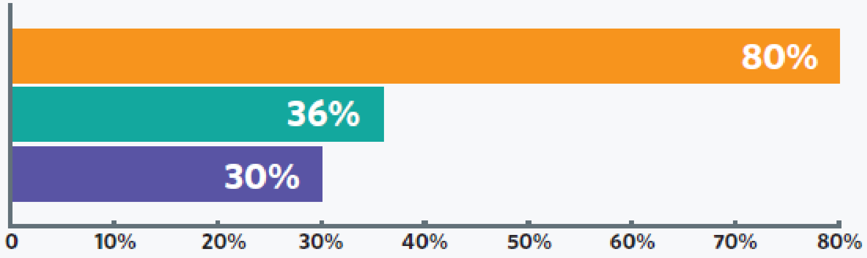
Report

Capacity to conduct investigations

Only 30% of jurisdictions were able to review medical record data for people with suspected acute (new) hepatitis B and contact people who may have been exposed to hepatitis B.

Only 20% of jurisdictions were able to review medical record data for people with suspected acute (new) hepatitis C and contact people who may have been exposed to hepatitis C.

Percentage of Jurisdictions Who Were Able to Conduct Investigations into Suspected Acute (new) Hepatitis B Cases



Percentage of Jurisdictions Who Were Able to Conduct Investigations into Suspected Acute (new) Hepatitis C Cases

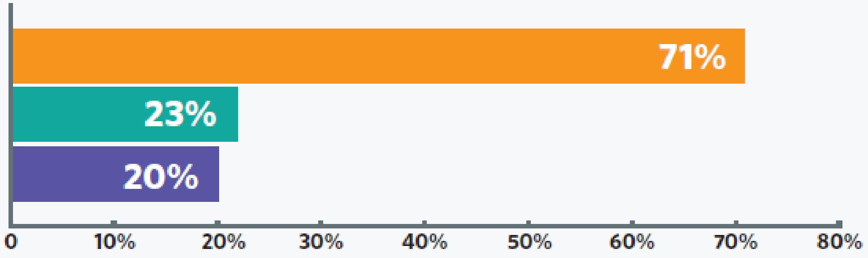
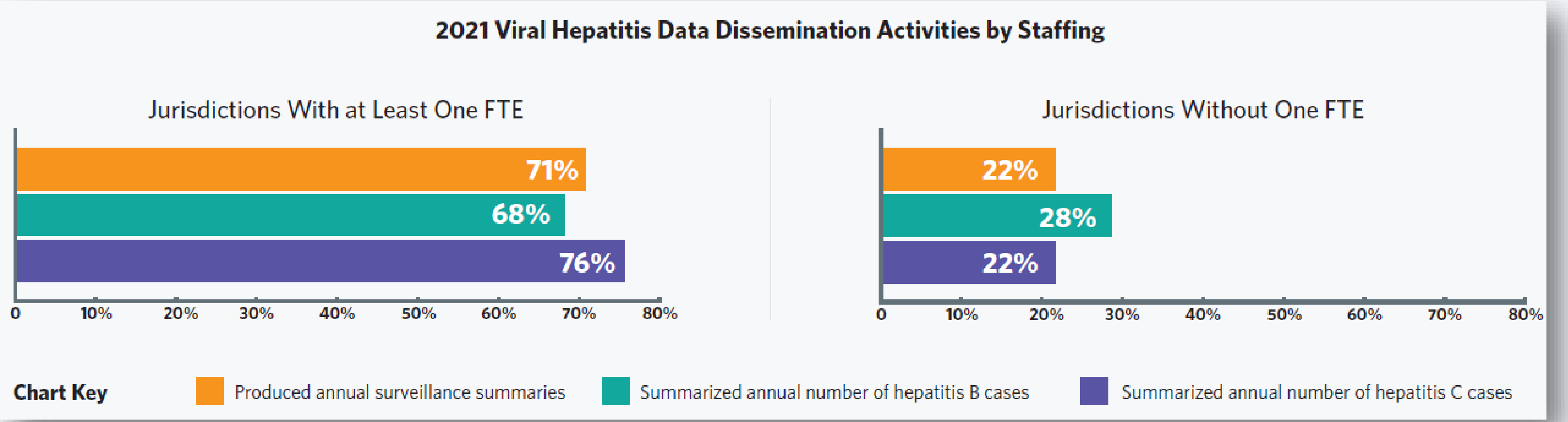


Chart Key

- Were able to review medical records or contact patient's healthcare provider
- Were able to contact people who may have been exposed
- Were able to review clinical data and contact people who may have been exposed

Report

Data dissemination



Report

Elimination Goals

In 2021, there were 24 (43%) jurisdictions with viral hepatitis elimination plans. Of jurisdictions that established elimination goals, **64% were funded for surveillance activities prior to 2021.**

Hepatitis elimination goals may be particularly important in jurisdictions hardest hit by the opioid epidemic where viral hepatitis infections are increasing. In 2021, **58% of jurisdictions without established elimination goals were also in the top 1/3 of states with the highest drug overdose mortality in 2020.**

Summary

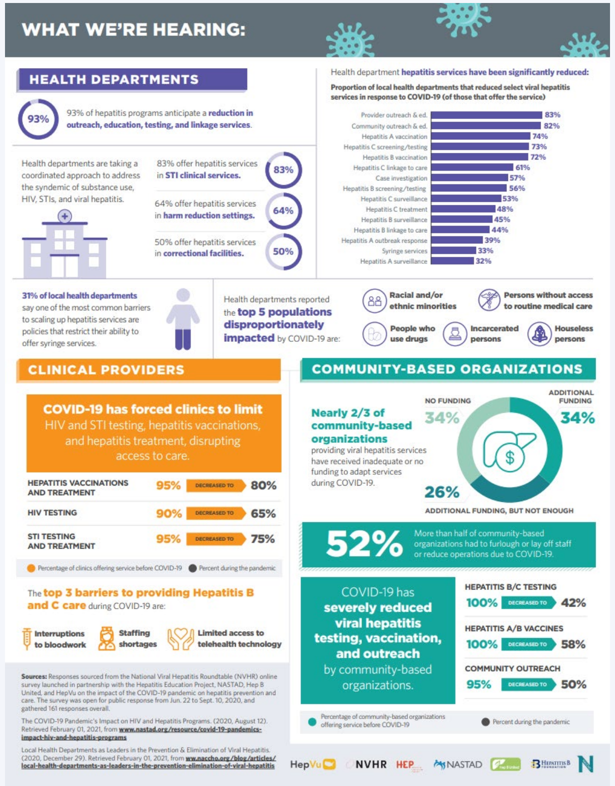
Summary points

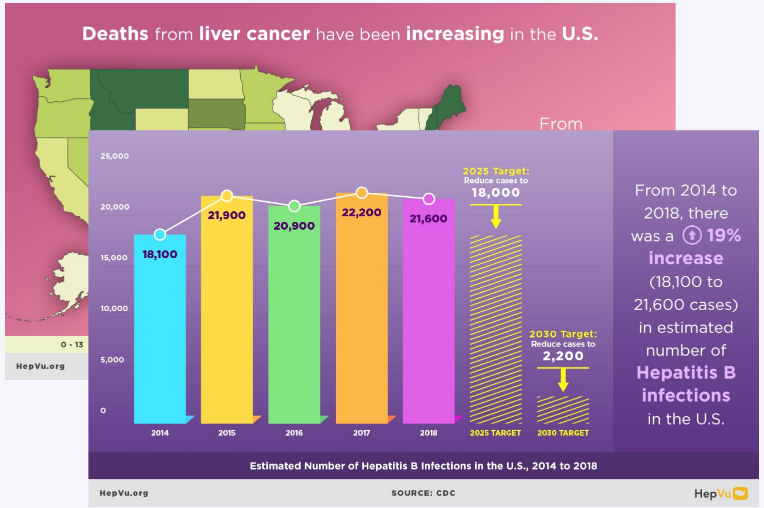
- Jurisdictions undertaking many critical viral hepatitis surveillance activities with limited resources
- Data suggest prior funding and having at least 1 FTE dedicated to surveillance activities improves capacity substantially
- Need for improvements in
  - Investigational and contact tracing capacity
  - Dissemination activities
  - Progress on elimination planning

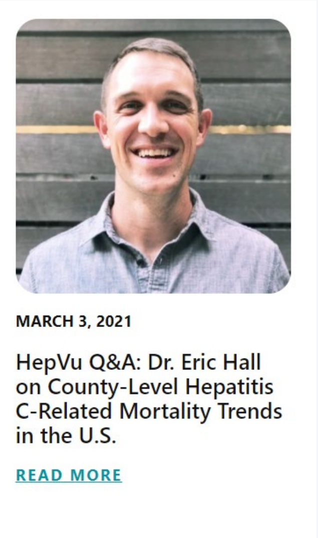
Concept

Other Report Tools

- User-friendly report with infographics
- Manuscript
- Infographics
- Q&A blogs
- Partner amplification for advocacy efforts







Using the Report for Hepatitis B Advocacy

Frank Hood, MPS
Hepatitis B Foundation
Hep B United

HepVu

STATE OF HEPATITIS B
IN THE U.S.

2.4 MILLION

AMERICANS ARE LIVING WITH
CHRONIC HEPATITIS B

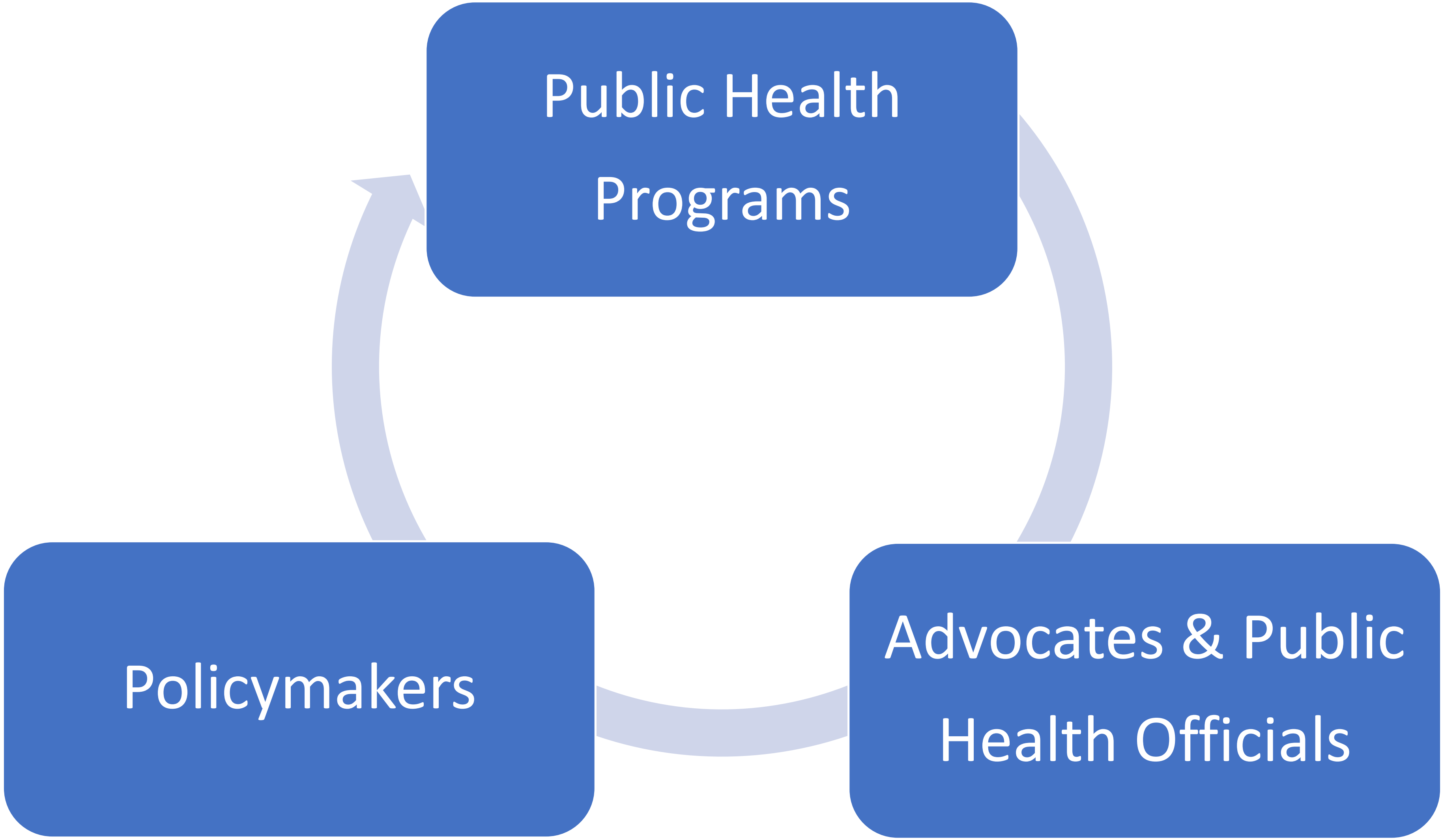
HEPATITIS B® FOUNDATION

Wong RJ, Brosgart CL, Welch S, Block T, Chen M, Cohen C, Kim WR, Kowdley KV, Lok AS, Tsai N, Ward J, Wong SS, Gish RG. An Updated Assessment of Chronic Hepatitis B Prevalence Among Foreign-Born Persons Living in the United States. Hepatology. 2021 Mar 3. doi: 10.1002/hep.31782

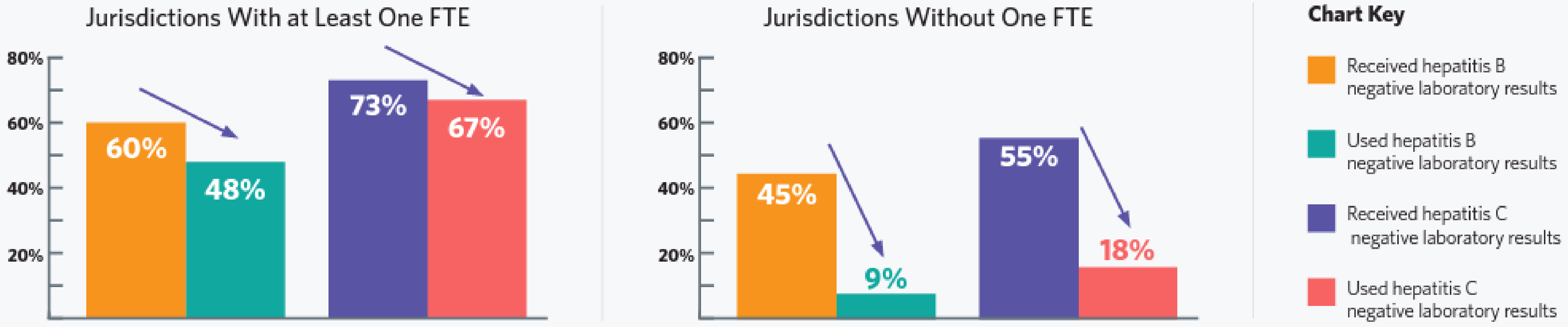
Recent Trends

- Pre-COVID hepatitis B cases remained relatively flat over previous decade
  - ~20,000-22,000 new acute cases per year
- Opioid crisis has shifted where cases are coming from
  - Rise over the past several years in hepatitis B cases with drug use as a risk factor
- COVID-19 created significant data gaps in 2020 surveillance (and potentially beyond)
  - 2020 surveillance report shows a sudden 32% drop in acute hepatitis B cases

Breaking The Never-Ending Chicken & Egg Cycle



2021 Viral Hepatitis Labs Usage by Staffing



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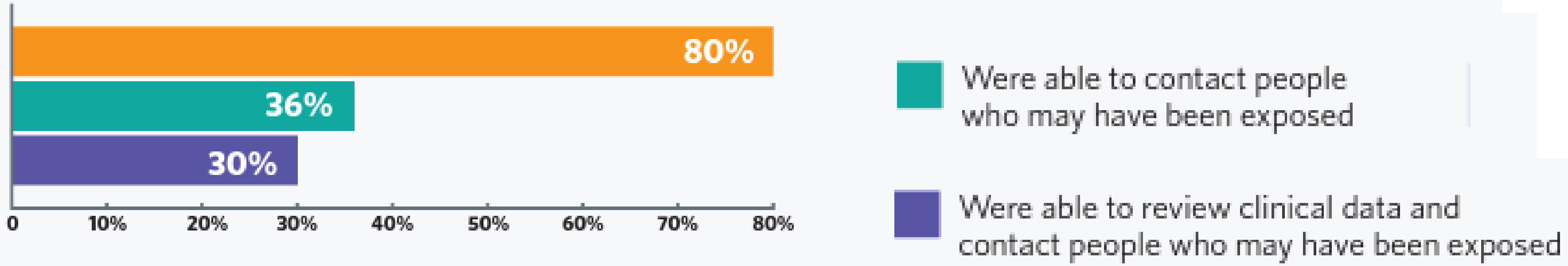
Percentage of Jurisdictions Who Were Able to Conduct Investigations into Suspected Acute (new) Hepatitis B Cases



COVID-19 IMPACT ON VIRAL HEPATITIS CARE

RESULTS OF A PUBLIC SURVEY

CLINICAL PROVIDERS

COVID-19 has forced clinics to limit HIV and STD testing, hepatitis vaccinations, and hepatitis treatment, jeopardizing access to care.

HEPATITIS VACCINATIONS AND TREATMENT	95%	DECREASED TO	80%
HIV TESTING	90%	DECREASED TO	65%
STD TESTING AND TREATMENT	95%	DECREASED TO	75%

● Percentage of clinics offering service before COVID-19 ● Percent during the pandemic

92%

Nearly all participating clinicians report that they **expect telehealth services for viral hepatitis to continue post-pandemic**.

Half of clinical providers reported challenges with providing telehealth services for Hepatitis B and C care. Challenges include:

- **Patient access to internet**
- **Workflow adaptation**
- **Patient hesitancy**
- **Incorrect contact information**
- **Fewer billable claims**

The **top 3 barriers to providing Hepatitis B and C care** during COVID-19 are:

- **Interruptions to bloodwork**
- **Limited access to telehealth technology**
- **Staffing shortages**

COMMUNITY-BASED ORGANIZATIONS

Nearly 2/3 of Community-Based Organizations providing viral hepatitis services have received inadequate or no funding to adapt services during COVID-19.

- NO FUNDING 34%
- ADDITIONAL FUNDING 34%
- 26% ADDITIONAL FUNDING, BUT NOT ENOUGH

52% More than half of Community-Based Organizations had to furlough or lay off staff or reduce operations due to COVID-19.

Top resources needed to support viral hepatitis programs during COVID-19:

1. **Best practices on strategies** to implement viral hepatitis activities during and after the pandemic
2. **Funding to make up for lost revenue** and/or to support staff capacity
3. **Guidance on implementing** viral hepatitis screening during the pandemic

COVID-19 has **severely reduced viral hepatitis testing, vaccination, and outreach** by community-based organizations.

HBV/HCV TESTING	100%	DECREASED TO	42%
HEPATITIS A/B VACCINES	100%	DECREASED TO	58%
COMMUNITY OUTREACH	95%	DECREASED TO	50%

● Percentage of community-based organizations offering service before COVID-19 ● Percent during the pandemic

HEALTH DEPARTMENTS

Top resources needed to support viral hepatitis programs during COVID-19:

1. Additional funding to support viral hepatitis team staff capacity
2. Best practices and/or guidance for implementing viral hepatitis services in the setting of COVID-19
3. Technical assistance for adapting education and outreach to an online or remote setting

The **top 3 viral hepatitis services limited by COVID-19** from health departments are:

- **Community outreach**
- **Testing**
- **Linkage to care**

A majority of health departments report **viral hepatitis activities were substantially impacted** due to COVID-19.

SUBSTANTIALLY IMPACTED	62%
MODERATELY IMPACTED	18%
COMPLETELY STOPPED	15%
MINIMALLY IMPACTED	5%

Health departments reported the **top 5 populations disparately impacted by COVID-19** are:

- **Racial and/or ethnic minorities**
- **Persons without access to routine medical care**
- **People who use drugs**
- **Incarcerated persons**
- **Houseless persons**

Sources: Responses sourced from the National Viral Hepatitis Roundtable (NVHR) online survey launched in partnership with the Hepatitis Education Project, NASTAD, Hep B United, and HepVu on the impact of the COVID-19 pandemic on hepatitis prevention and care. The survey was open for public response from Jun. 22 to Sept. 10, 2020, and gathered 161 responses overall.

HepVu NVHR HEP NASTAD Hep B United Hepatitis B Foundation

Using the Report for Hepatitis C Advocacy

Daniel Raymond

NVHR