USCA 2014: Viral Hepatitis in the Spotlight for the First Time

An overview from the hepatitis policy advisor at the U.S. Department of Health and Human Services.

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Viral hepatitis has long been a concern of organizations working in the HIV/AIDS field because of high rates of coinfection. It is estimated that 10 percent of people living with HIV are coinfected with the hepatitis B virus (HBV) and 25 percent are coinfected with the hepatitis C virus (HCV), though certain groups, like people who inject drugs, have even higher rates of coinfection. Indeed, the two — HIV and viral hepatitis — are often called “twin epidemics” since they share modes of transmission and disproportionately affect many of the same populations.

Today, with the confluence of updated viral hepatitis screening recommendations, advances in hepatitis C treatment, new opportunities for viral hepatitis services afforded by the Affordable Care Act (a.k.a. the health care reform law, or ACA), and growing awareness among both health care providers and the public about the scope of the impact of viral hepatitis in the United States, additional opportunities are emerging for AIDS services organizations (ASOs) and community-based organizations (CBOs) in the HIV/AIDS field to support viral hepatitis prevention, diagnosis, care and treatment.

So I was delighted that, for the first time ever, the 2014 U.S. Conference on AIDS (USCA) devoted a plenary session to viral hepatitis. I was even more honored to be one of the speakers during the session, “Transforming Together: Incorporating Viral Hepatitis into HIV/AIDS Efforts.” Organized by the National Minority AIDS Council (NMAC), the conference brought together over 2,300 individuals from all fronts of the HIV/AIDS epidemic — from case managers and physicians, to public health workers and advocates, people living with HIV/AIDS (PLWHAs) and policy-makers — to build national support networks, exchange the latest information, and learn about cutting-edge tools and the latest approaches to address the challenges of HIV/AIDS, and, this year, viral hepatitis.

Expanding the engagement of the organizations represented at the conference in viral hepatitis services is consistent with the goal of the Action Plan for the Prevention, Care and Treatment of Viral Hepatitis to diversify and enhance the engagement of stakeholders viral hepatitis services. The action plan details six priority areas and over 150 actions to be undertaken by stakeholders between 2014 to 2016 to improve our national response to viral hepatitis.

Among the actions that proposed ASOs or CBOs could consider undertaking were:

- Incorporate education about hepatitis B and C in outreach and education activities;
- Pursue service integration, such as offering an HCV test to people seeking an HIV test;
- and Ensure people living with HIV receive viral hepatitis preventive services, including the hepatitis B vaccination and education and counseling about how to avoid hepatitis C infection.

Joining me as presenters during the plenary session were Gloria Searson, president of COPE, and Susan Rodriguez, founding director of Sisterhood Mobilized for AIDS/HIV Research & Treatment (SMART), both located in New York City. Gloria shared a compelling account of her personal story and discussed her work to address hepatitis C in communities in New York City with high prevalence rates. Susan spoke about how her ASO has integrated HCV services into the work they are doing.

Viral hepatitis was also the focus of three workshops, as well as several exhibits at the conference, providing additional opportunities for our partners in the HIV community to learn more and engage with colleagues working in this field already.

In order for us to capitalize on the tremendous opportunities unfolding in the viral hepatitis field, it is more important than ever that we grow the number and diversity of stakeholders engaged in these activities. So we applaud and welcome the interest expressed at USCA from the HIV community about expanding its work at the intersections of the twin epidemics of HIV and viral hepatitis.

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