2014 Viral Hepatitis Year-in-Review and Looking to 2015

January 5, 2015 By Ron Valdiserri

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2014 has been a year of both opportunities and challenges in the fight against viral hepatitis. In May, the World Health Assembly passed a new resolution on viral hepatitis, urging member states to develop and implement coordinated, national strategies for preventing, diagnosing and treating viral hepatitis. Our nation's own comprehensive viral hepatitis strategy, the Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis was updated for three more years (2014-2016) and released in April 2014—extending our national commitment to the original 2011 goal of combating the silent epidemic of viral hepatitis. Also of consequence, the full implementation of the Affordable Care Act at the start of the year paved the way for unprecedented access to medical care and opened doors for increased screening, diagnosis, and treatment of viral hepatitis, as well as vaccination against hepatitis A (HAV) and hepatitis B (HBV).

In an important step that contributes to the Action Plan's goal of increasing the proportion of individuals who are made aware of their chronic HCV infection, in June 2014 the Centers for Medicare and Medicaid Services (CMS) determined that a single hepatitis C (HCV) screening test would be covered by Medicare for "baby boomers" (those born between 1945-1965), consistent with current recommendations from the CDC and the U.S. Preventive Services Task Force (USPSTF).

In May, the USPSTF issued a Grade B recommendation for HBV testing in high-prevalence populations, including individuals born in countries with a greater than two percent (2%) prevalence rate of chronic HBV infection. This recommendation supports another Action Plan goal, increasing the proportion of individuals who are made aware of their chronic HBV infection.

This year also saw approvals by the Food and Drug Administration of the first two all-oral therapies for chronic HCV infection–Harvoni™ and Viekira Pak™, treatment advancements that can cure patients with shorter treatment durations and fewer side effects compared to previously available therapies. While the advent of these more effective, second-generation direct-acting antivirals represents a tremendous scientific accomplishment and a potential public health triumph, barriers associated with access to treatment remain a significant area of concern and focus.

In the coming year, the Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) will continue to oversee the implementation of the Viral Hepatitis Action Plan and expand efforts to increase awareness of and

response to viral hepatitis, by collaborating with federal and non-federal partners. As we continue this work, we remain committed to understanding and addressing health disparities that contribute to the burden of viral hepatitis. Successfully addressing disparities to improve population health is a fundamental focus across the entire Department of Health and Human Services. Therefore, understanding and specifically addressing the challenges facing populations such as African Americans and Native Americans who are disproportionately burdened by HCV infection, and Asian Americans, Pacific Islanders, and other immigrant groups who comprise a significant portion of those infected with HBV, will be a key part of our work in the coming year.

As we take the time to reflect on the successes and challenges of the past year and look ahead to opportunities in 2015, we will retain our focus on the six priority areas identified in the Action Plan with special attention to educating both health care providers and communities. As my colleague, Corinna Dan, RN, MPH, Viral Hepatitis Policy Advisor in OHAIDP, recently observed, “The most meaningful contribution we can make for all people impacted by viral hepatitis is to spread the word about the benefits of early diagnosis and the promise of care and treatment to prevent cirrhosis, liver cancer, and other serious health outcomes of untreated chronic viral hepatitis. And then we must work with providers at all levels to make sure that they have access to the information they need to help their patients.”

We have learned much from the past four years of implementing the Viral Hepatitis Action Plan that will serve us well in this regard. Our focus on communication and education at all levels will pave the way to achieving the goals of the national Action Plan. We look forward to continuing our collaboration with partners inside and outside of government and to making significant progress in advancing the goals of the national Viral Hepatitis Action Plan. Keep up the good work!

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