

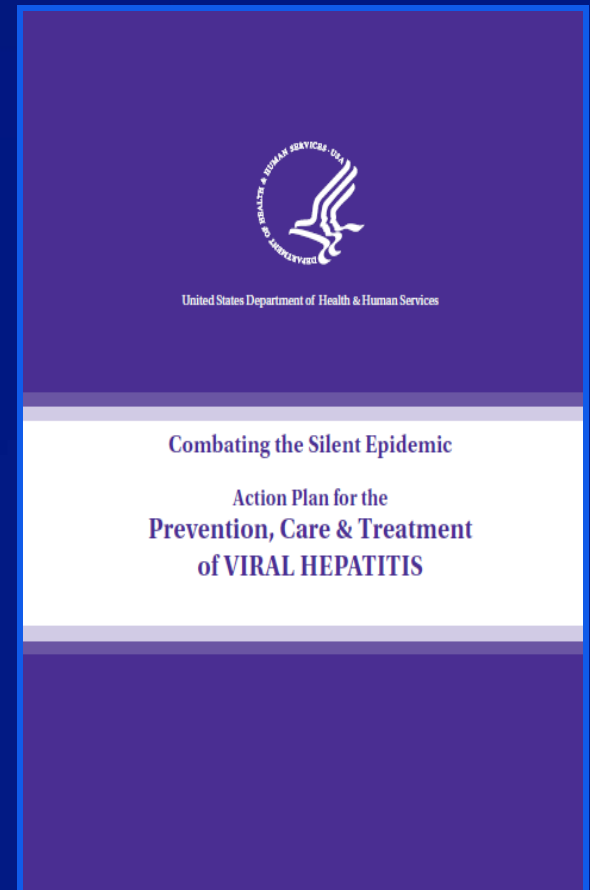
Future of HCV Research, Clinical and Public Health Activities Session: What's New from CDC?

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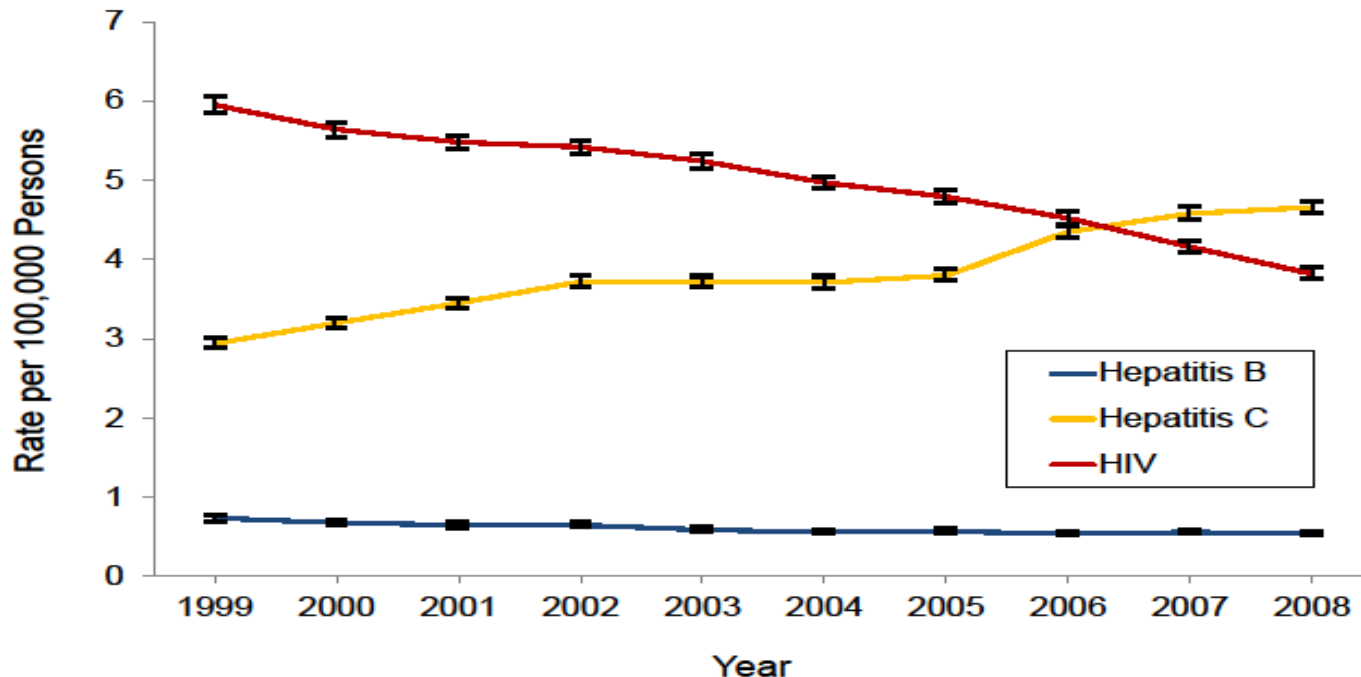
HHS Viral Hepatitis Action Plan May 2011

- **EDUCATING PROVIDERS AND COMMUNITIES TO REDUCE HEALTH DISPARITIES**
- **IMPROVING TESTING, CARE, AND TREATMENT TO PREVENT LIVER DISEASE AND CANCER**
- **STRENGTHENING SURVEILLANCE TO DETECT VIRAL HEPATITIS TRANSMISSION AND DISEASE**
- **ELIMINATING TRANSMISSION OF VACCINE-PREVENTABLE VIRAL HEPATITIS**
- **REDUCING VIRAL HEPATITIS CASES CAUSED BY DRUG-USE BEHAVIORS**
- **PROTECTING PATIENTS AND WORKERS FROM HEALTH-CARE-ASSOCIATED VIRAL HEPATITIS**



Age-Adjusted Rates of Mortality Associated with HCV, HIV and HBV United States, 1999 – 2008

Figure. Annual age-adjusted rates of mortality and 95% confidence intervals of hepatitis B, hepatitis C, and HIV listed as a cause of death* in the United States, 1999 – 2008.



*Cause of death is defined as the underlying cause or one of the multiple causes of death.

Prevalence and Proportion of Anti-HCV in Potential Birth Cohorts

Proposed Birth Cohort	Anti-HCV Prevalence * (weighted, unadjusted)	Percent of anti-HCV + Identified
1945-1965	3.27	75.9 %
1950-1970	3.22	78.4 %
1945-1970	2.98	84.7 %
1950-1965	3.65	67.9 %
1950-1960	4.04	52.3 %
1945-1949	1.65	7.1 %
1966-1970	1.77	9.7 %

*Unpublished data. Prevalence not adjusted by age or other covariates.

Consideration of a Prevalence-based Strategy To Focus Testing on Persons Born 1945-1965

Proposed Birth Cohort	Anti-HCV Prevalence* (weighted, unadjusted)	Proportion of Infected Population Identified	Number of Chronically Infected Persons (in millions) [¥]	Current U.S. Population (in millions) [±]	Cost per Positive Case Identified
<u>1945-1965</u>	3.27%	75.9%	1.94	78.8	\$2,874

*Unpublished data from National Health and Nutrition Examination Survey (NHANES) 1999-2008 data. Prevalence not adjusted by age or other covariates

[¥]75% of anti-HCV positive persons are estimated to be chronically infected

[±]Source: U.S. Census Bureau. Current Population Reports: Population Projections of the U.S. by Age, Sex, Race, and Hispanic Origin: 1995 to 2050, P25-1130.

Limitations of Risk- and Medical Indication-based Testing

❑ Barriers to HCV testing ¹⁻⁴

- Physician knowledge and experience
- Patient recall of long-past risk behavior and concerns of stigma

❑ ALT screening misses more than 50% of chronic cases ⁵

❑ 45%-85% of infected persons are unidentified ⁶⁻⁸

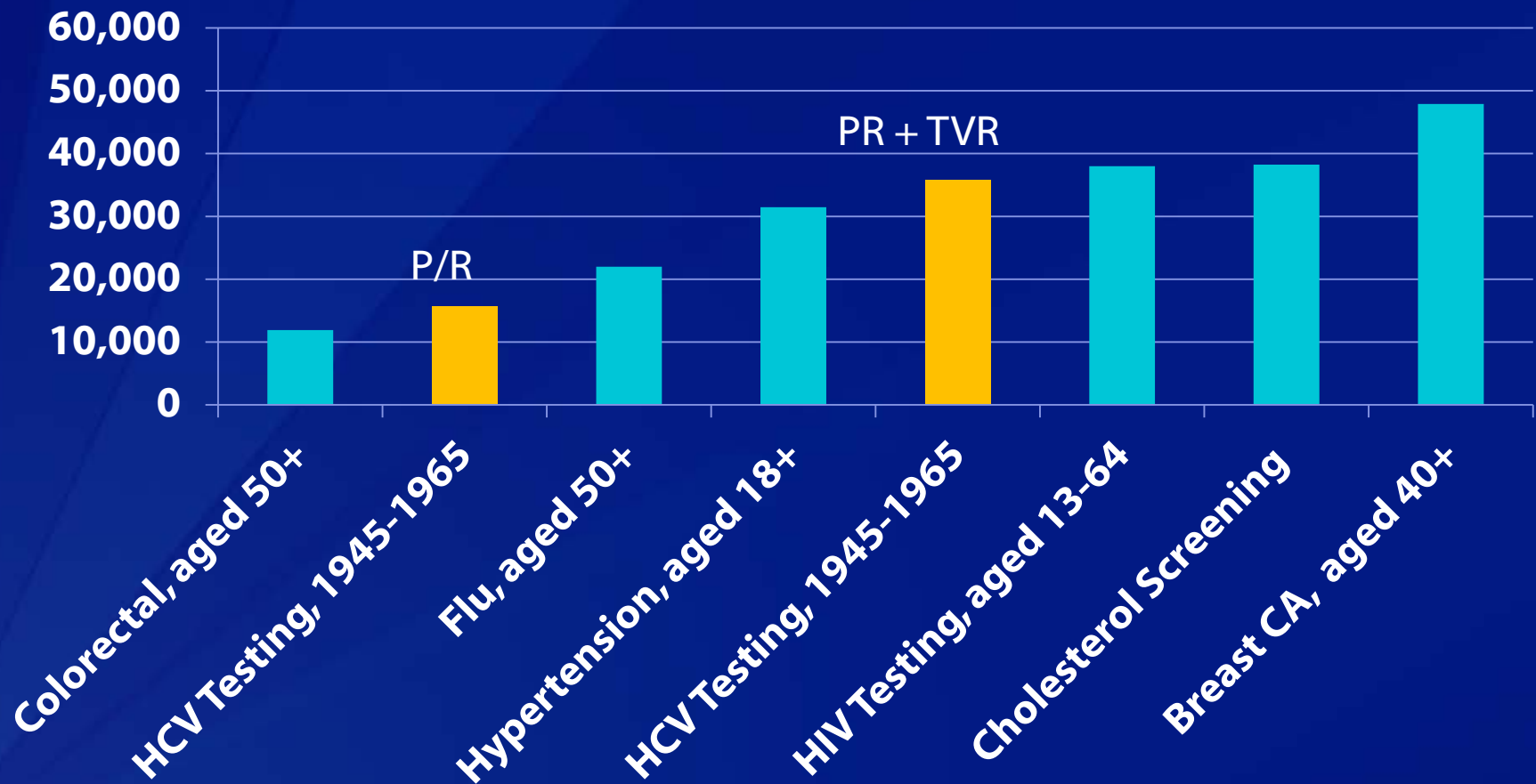
Health and Cost Impact of HCV Testing of Persons Born 1945-1965

Birth Cohort Testing with Therapy

Outcome	PegIFN-Riba (PR)	PegIFN-Riba + TVR
Additional Identified Cases	809,000	809,000
Cirrhosis cases averted	138,000	203,000
Decompensated cirrhosis cases averted	50,000	74,000
Hepatocellular carcinoma cases averted	32,000	47,000
Transplants averted	11,000	15,000
Deaths from hepatitis C virus averted	82,000	121,000
Medical costs averted	\$1.5b	\$2.5b
Cost/QALY gained (Societal)	\$15,700	\$35,700

Comparison of HCV Cost Effectiveness with other Routine Preventive Services

\$/QALY



HCV Testing for Persons Born 1945-1965

Summary

- ❑ High prevalence of HCV
- ❑ Growing burden of HCV-associated morbidity and mortality
- ❑ A large proportion remain untested and unaware of their HCV
- ❑ HCV care and treatment can cure infection and prevent adverse health outcomes
- ❑ Efficacy and safety of HCV treatment is improving
- ❑ Cost-effectiveness of HCV screening and care comparable to other recommended preventive services

Road Ahead 2012

- ❑ **CDC draft recommendations in clearance process**
- ❑ **Will then have public comment period**
- ❑ **Once issued in MMWR, then the real work begins**
- ❑ **Recommendations then require a public/private partnership of all stakeholders to implement as part of routine care**

Implementing the CDC Recommendations for HCV Testing of Persons Born 1945-1965

- ❑ Launch KNOW *More Hepatitis* campaign for public and providers
- ❑ Expand capacity for HCV testing and care referral
- ❑ Develop and monitor performance standards
- ❑ Revise other federal policies to support testing (e.g., HRSA, CMS)
- ❑ Engage public/private partnership of all stakeholders
 - Public health
 - Professional societies (e.g., IDSA, AASLD, ACP, AMA, ACOG, etc.)
 - Insurers
 - Commerce and industry
 - Public, including NGOs (AARP, ACS, etc.)
- FCHR HIV and Hepatitis Testing Conference November 2012
- Conduct prevention research to improve implementation



**KNOW
MORE
HEPATITIS**