

CDC Recommendations for the Identification of Chronic Hepatitis C Virus Infection among Persons Born During 1945-1965

Bryce D. Smith, PhD

Division of Viral Hepatitis

National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention

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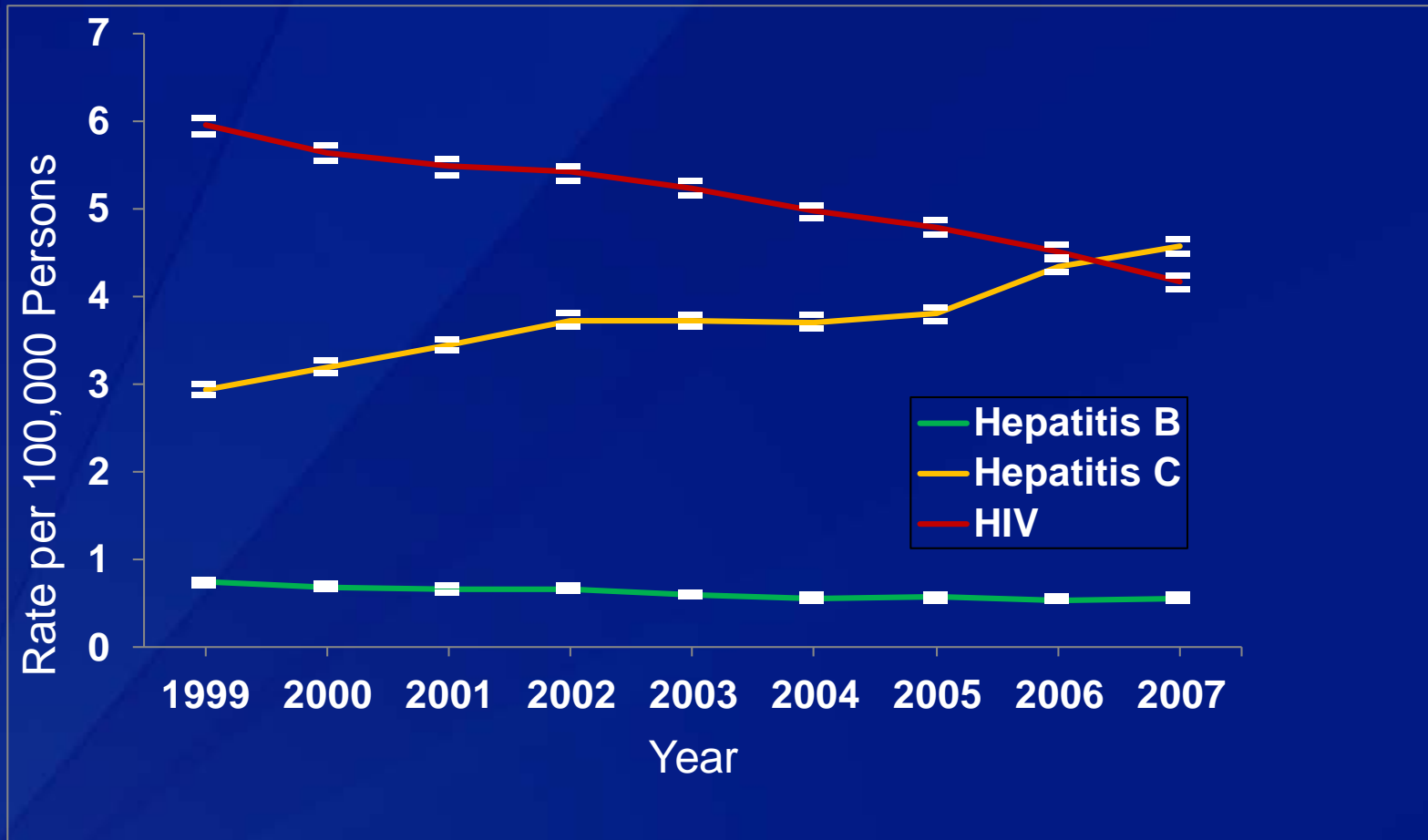


HCV Background

- ❑ **Anti-HCV 1.6% 4.1 M (3.4-4.9)**
 - Chronic HCV 1.3% 3.2M (2.7-3.9)
- ❑ **Leading cause of liver transplants and liver cancer (hepatocellular carcinoma)**
 - HCC fast rising cause of cancer-related death
- ❑ **HCV-related deaths doubled from 1999-2007 to over 15,000/year**
 - Expected to increase to over 35,000/year without intervention

HCV in the Context of HIV in the US

Age-Adjusted Rates of Mortality: Hepatitis B, Hepatitis C, and HIV, United States, 1999–2007



In 2007, > 70% of registered deaths in HCV-infected were aged 45-64 years old

HCV Therapy Can Eliminate HCV Infection

- ❑ Therapy goal is HCV clearance known as sustained virologic response (SVR) ¹
- ❑ HCV therapy is effective but with risk for serious adverse events (SAE) of 5-10%
- ❑ Recent FDA approval of new medications has improved treatment effectiveness from 40% to 75% SVR while shortening length of treatment
- ❑ At least 20 drugs are in phase II/III trials some of which have 90% effectiveness with improved safety and tolerability profiles

CDC Recommendations Based on Risk and Medical Indications (1998)

- ❑ Past or present injection drug use
- ❑ Signs of liver disease (persistently elevated ALT)
- ❑ Received blood/organs prior to June 1992
- ❑ Received blood products made prior to 1987
- ❑ Ever on chronic hemodialysis
- ❑ Infants of HCV-infected mothers
- ❑ HIV infection

National Hepatitis C Prevention Strategy

2001



SAFER • HEALTHIER • PEOPLE™

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

CONSIDERATION OF A PREVALENCE- BASED BIRTH COHORT HCV TESTING STRATEGY

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

- ❑ Persons in the 1945-1965 birth cohort are 4 times more likely to be anti-HCV+ than other adults
 - ❑ Anti-HCV prevalence in the birth cohort = 3.25% ¹
- ❑ Represents 76.5% of all chronic HCV infections
 - ❑ 68% have medical insurance
 - ❑ Infected population has modifiable disease co-factors
 - ❑ 58% consume ≥ 2 alcoholic drinks/day
 - ❑ 80% lack Hep A/B vaccination
- ❑ Represents 73% of all HCV-associated mortality

**GRADING THE EVIDENCE FOR HCV
TESTING OF PERSONS BORN 1945-
1965**

Key Outcomes of Evidence Review

Harms

- ❑ **Effect of protease inhibitors on Serious Adverse Events**
 - There are serious adverse events associated with Boceprevir- and Telaprevir-based regimens that lead to discontinuation of treatment (RR 1.34, 95% CI 0.95, 1.87).

- ❑ **Insurability, HCV transmission, false positives, false negatives**
 - No studies evaluated these potential harms related to HCV testing and the birth cohort

Key Outcomes of Evidence Review

Benefits

- ❑ **Effect of Telaprevir- and Boceprevir-based therapies on sustained viral response (SVR)**
 - Protease inhibitor-based treatment regimens increase the possibility of achieving SVR by 50% (RR 0.53, 95% CI 0.47, 0.6)
- ❑ **SVR and HCC**
 - Treatment-related SVR associated with a reduced risk of HCC of 75% (0.24; 95% CI=0.18, 0.31)
- ❑ **SVR and all-cause mortality**
 - Treatment-related SVR associated with reduced risk of all-cause mortality among persons diagnosed with HCV infection of 50% (RR=0.46; 95% CI=0.41, 0.51)
- ❑ **Effect of clinician-directed intervention on alcohol use**
 - Meta-analysis found decline of alcohol use >38% for >1 year follow-up; indirect evidence for HCV-infected populations

Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born During 1945–1965



Draft CDC Recommendations

- ❑ In addition to testing adults at risk for HCV infection, CDC recommends that:
 - **Adults born during 1945 through 1965 should receive one-time testing for HCV without prior ascertainment of HCV risk factor. (*strong recommendation, moderate quality of evidence*)**
 - **All persons with identified HCV infection should receive a brief alcohol screening and intervention as appropriate, followed by referral to appropriate care and treatment services for HCV infection and related conditions as indicated. (*strong recommendation, moderate quality of evidence*)**

Thank you!

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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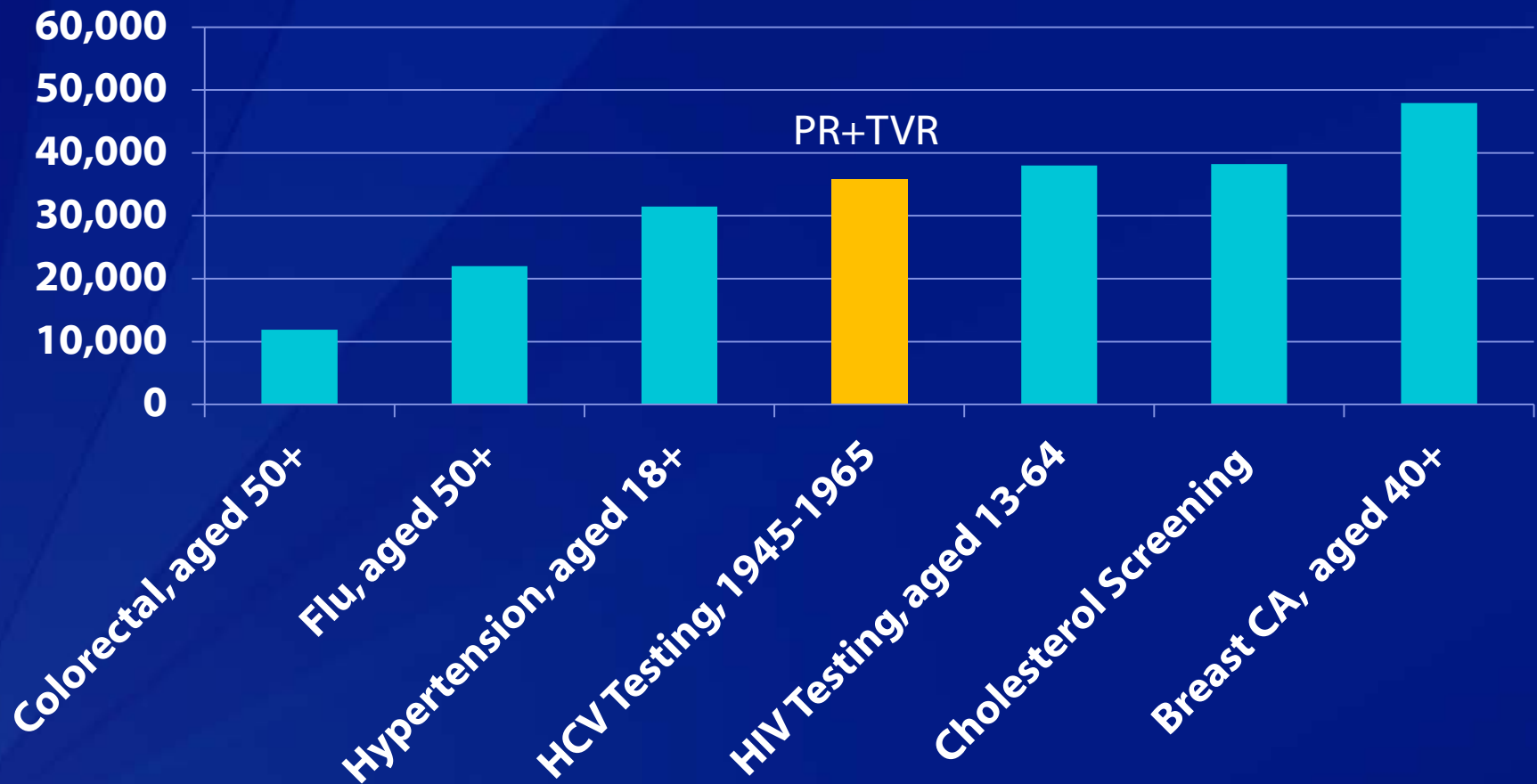


Health and Cost Impact of HCV Testing of Persons Born 1945-1965

Outcome	Birth Cohort Testing with DAA Therapy
	PegIFN-Riba + TVR
Additional Identified Cases	809,000
Cirrhosis cases averted	203,000
Decompensated cirrhosis cases averted	74,000
Hepatocellular carcinoma cases averted	47,000
Transplants averted	15,000
Deaths from hepatitis C virus averted	121,000
Medical costs averted	\$2.5b
Cost/QALY gained (Societal)	\$35,700

Comparison of HCV Cost Effectiveness with other Routine Preventive Services

\$/QALY



Groundwork for Implementing CDC Recommendation 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 (e.g., FY 12 PPHF)
 - ❑ \$5.0M available; > 100 applications
- ❑ Enhance surveillance to monitor implementation and impact
- ❑ Collaborate with other federal agencies to support testing (e.g., AHRQ, HRSA, CMS)
- ❑ Engage stakeholders
 - Professional societies (e.g., IDSA, ACP, AASLD, CSTE, AMA leadership)
 - Providers (Health systems, insurers, laboratories)



MILLIONS OF AMERICANS HAVE HEPATITIS C. MOST DON'T KNOW IT.

TALK TO YOUR DOCTOR ABOUT GETTING TESTED.
EARLY DETECTION CAN SAVE LIVES.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



www.cdc.gov/knowmorehepatitis

JCDecaux

Train providers in implementing HCV testing, providing care and making decisions regarding HCV therapy

- ❑ Target providers- primary care, ID, hepatology, GI
 - ❑ Primary care organizations (ACP, AAFP, ACOG, AMA, NACHC) physicians/staff
 - ❑ Clinical Specialists (IDSA, AASLD, AGA)
 - ❑ Publically funded health programs (CHC, Medicaid/Medicare, military)
 - ❑ Public health (preventive health services, HIV/STI)
- ❑ Actions
 - ❑ Distance learning
 - ❑ Presentations at state/local and national professional society meetings - VH specific or in integrated format
 - ❑ Model curriculum