

Your Role in Hepatitis B Elimination: Where we are now, and where we can go

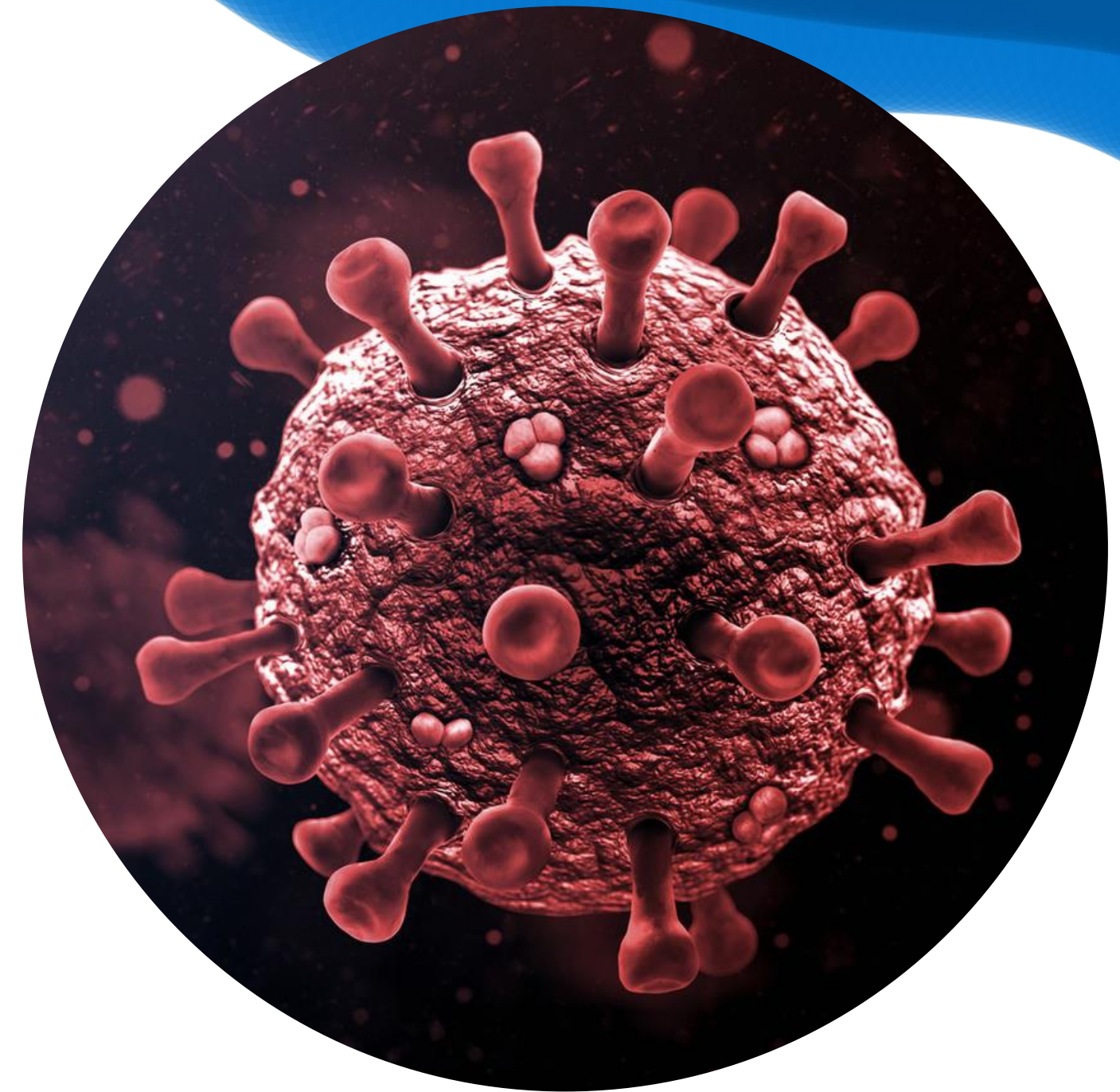
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Hepatitis B Foundation

September 27th, 2023



About Hepatitis B

- Viral infection of the liver that can lead to cirrhosis or liver cancer
 - Most common symptom is no symptoms
- No cure, but treatment prevents cirrhosis and cancer AND is preventable with highly effective vaccines
- 25% of chronic hepatitis B infections progress to liver cancer or cirrhosis
- 5-10% of chronic cases lead to liver cancer without cirrhosis



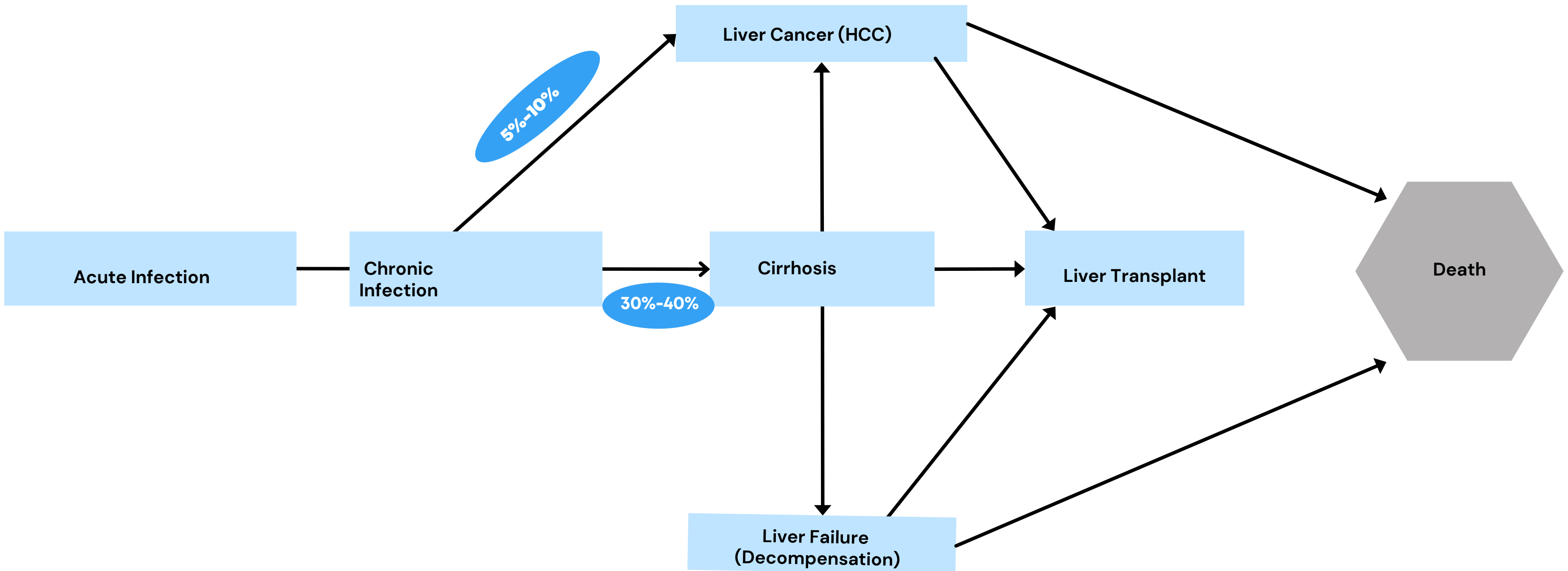
Hepatitis B Transmission



- Spread by direct contact with infected blood
- Most commonly from an infected mother to her newborn during childbirth
 - Infants exposed to hepatitis B during childbirth have a 90% chance of developing a chronic or lifelong infection of hepatitis B.
 - Treatment during pregnancy can help prevent transmission
- Unprotected sex with an infected individual
- Use of contaminated or unsterile medical or injection equipment

Hepatitis B Disease Progression

The progression of hepatitis B is variable. Acute hepatitis B is usually self-limiting and benign but may progress to chronic hepatitis B in a proportion of patients. Chronic hepatitis B may lead to more serious conditions including cirrhosis, liver failure, and hepatocellular carcinoma.



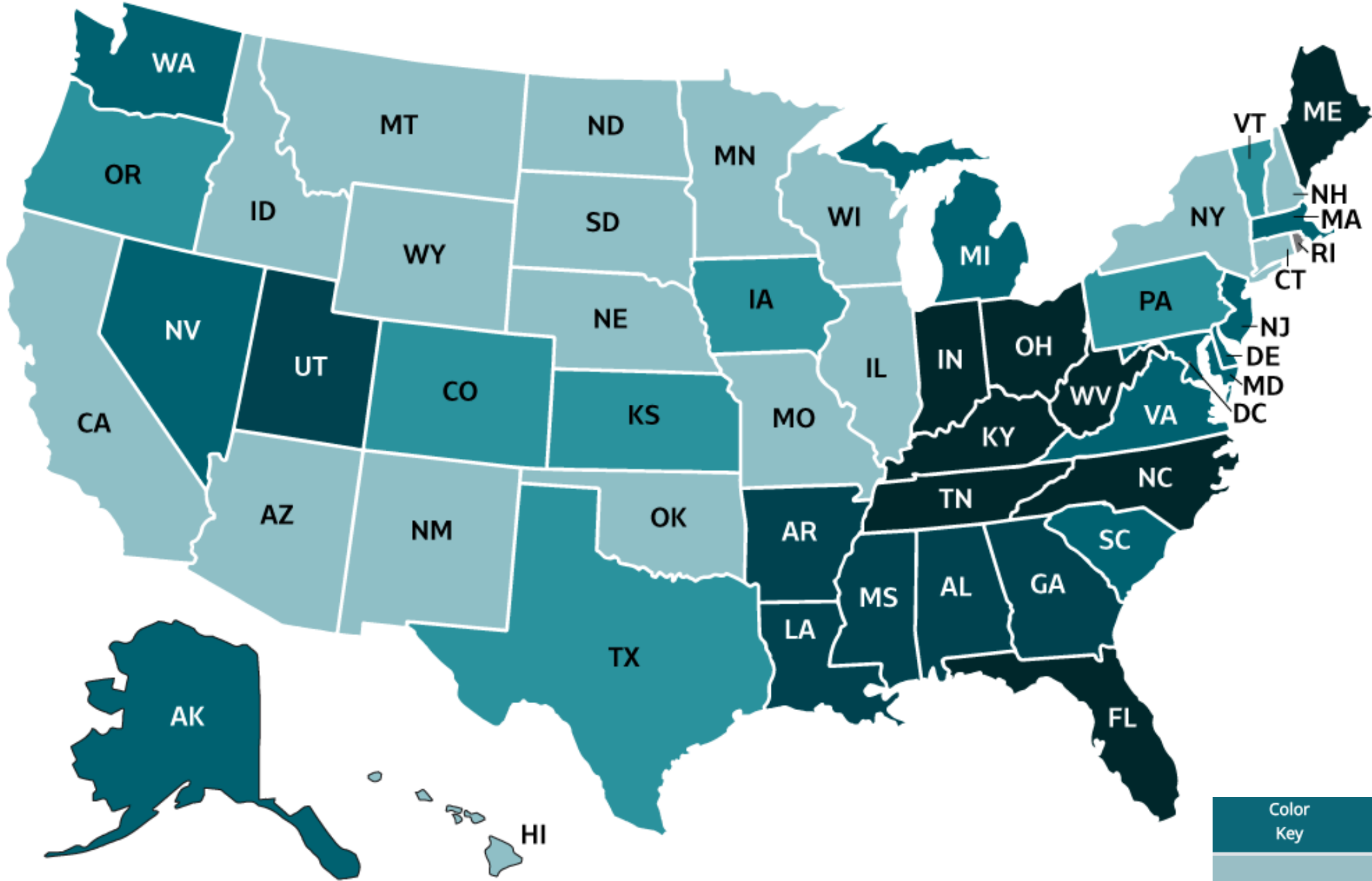
Health Disparities - Who is Impacted in the U.S.?

- Asian Americans and Pacific Islanders
 - Comprise less than 6% of the U.S. population, but account for over 60% of all chronic hepatitis B cases in the country
- African Immigrants
 - Communities can have infection rates as high as 18%
- People who inject drugs
- People with HIV and hepatitis C
- People with kidney disease/diabetes

However, anyone can be at some degree of risk for hepatitis B in their lifetime.

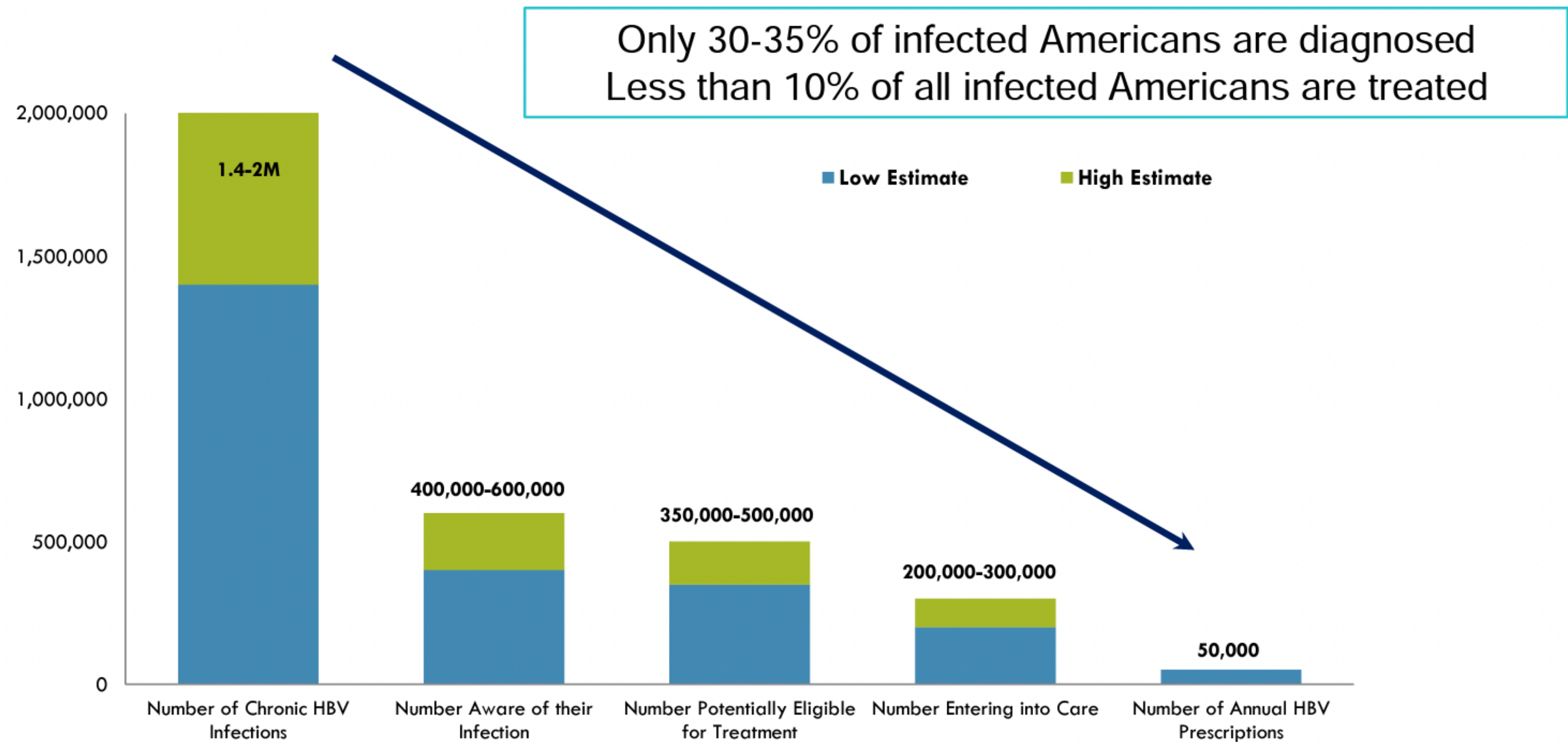


National Burden of Acute Hepatitis B



Color Key	Cases/100,000 Population	States
	0-0.3	AZ, CA, CT, HI, ID, IL, MN, MO, MT, NE, NH, NM, NY, ND, OK, SD, WI, WY
	>0.3-0.6	CO, IA, KS, OR, PA, TX, VT
	>0.6-0.9	AK, DE, MD, MA, MI, NV, NJ, SC, VA, WA
	>0.9-2.0	AL, AR, GA, LA, MS, UT
	>2.0-7.3	FL, IN, KY, ME, NC, OH, TN, WV
	No reported cases	DC, RI

Hepatitis B Care Cascade



Universal hepatitis B vaccination for infants since 1991
Recommended by the U.S. Centers for Disease Control
and Prevention

Just **30%** of all adults are fully vaccinated
against hepatitis B

Vaccines are widely available:

- [Recombivax HB](#) (Merck)
- [Engerix-B](#) (GlaxoSmithKline)
- [Twinrix](#) - Hepatitis A & B (GlaxoSmithKline)(18 & Older)
- [PreHevbrio](#) (VBI Vaccines) (18 and older)
- Heplisav-B (Dynavax Technologies) (2-dose- 18 & older)

State of Hepatitis B in the U.S. : Vaccination



Updated Hepatitis B Recommendations:

Why now?

- Risk-based guidelines did not accurately capture the problem
 - Rises in acute hepatitis B due to opioid epidemic
 - Two-thirds of case reports to the CDC had no reported risk factor or missed risk factor data
- Global and national goals to eliminate viral hepatitis by 2030



People living with chronic hepatitis B have a **15% to 25% risk of premature death from cirrhosis or liver cancer** without monitoring and antiviral treatment as indicated



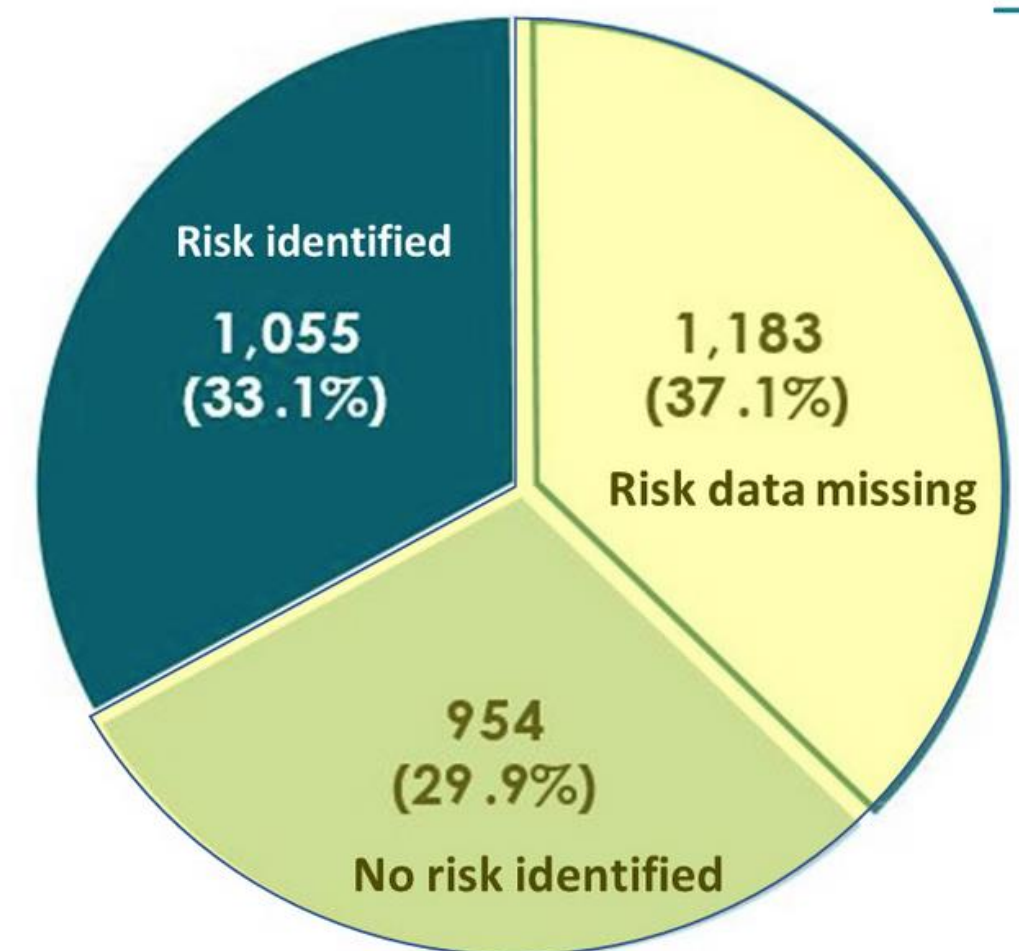
Up to
**2.4 Million
Americans**
Are living with chronic
hepatitis B



67%
Of people living with
hepatitis B are unaware of
their infection



70%
Of adults 19 and older
have **NOT** completed the
hepatitis B vaccine series



Universal Vaccination for Hepatitis B

01

Universal vaccination for
all adults < 60

02

Vaccinate all adults ≥ 60 with
risk factors

03

Anyone who requests a
hepatitis B vaccine



**ANYONE CAN
BE AT RISK FOR
HEPATITIS B.**

**ARE YOU
PROTECTED?**

The CDC recommends all adults
ages 19-59 and 60 and older with
risk factors get vaccinated against
hepatitis B

 **HEPATITIS B**
FOUNDATION

 **Hep B United**

Universal HBV Screening Recommendation

01

Universal, one-time hepatitis B screening for adults 18 & older

Hepatitis B Surface Antigen
Hepatitis B Surface Antibody
Hepatitis B Core Antibody

02

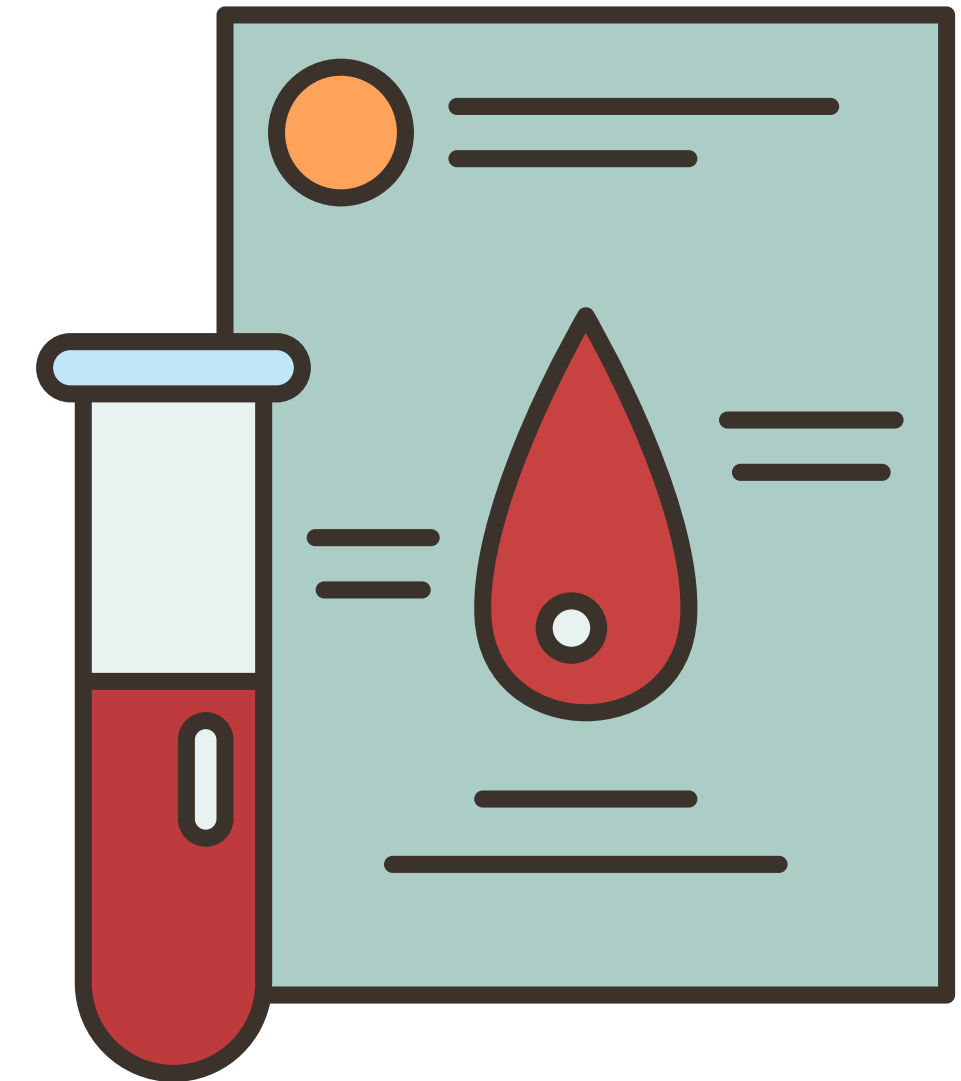
Periodic testing for all susceptible persons with ongoing risk

New groups added to risk-based recommendation:

- current or history of STI
- currently or formerly incarcerated persons
- hepatitis C infection

03

Anyone who requests a hepatitis B screening test



HBV Vaccination & Screening in Practice

- Collect Blood
- Offer Vaccine per ACIP
- No need to wait for test results

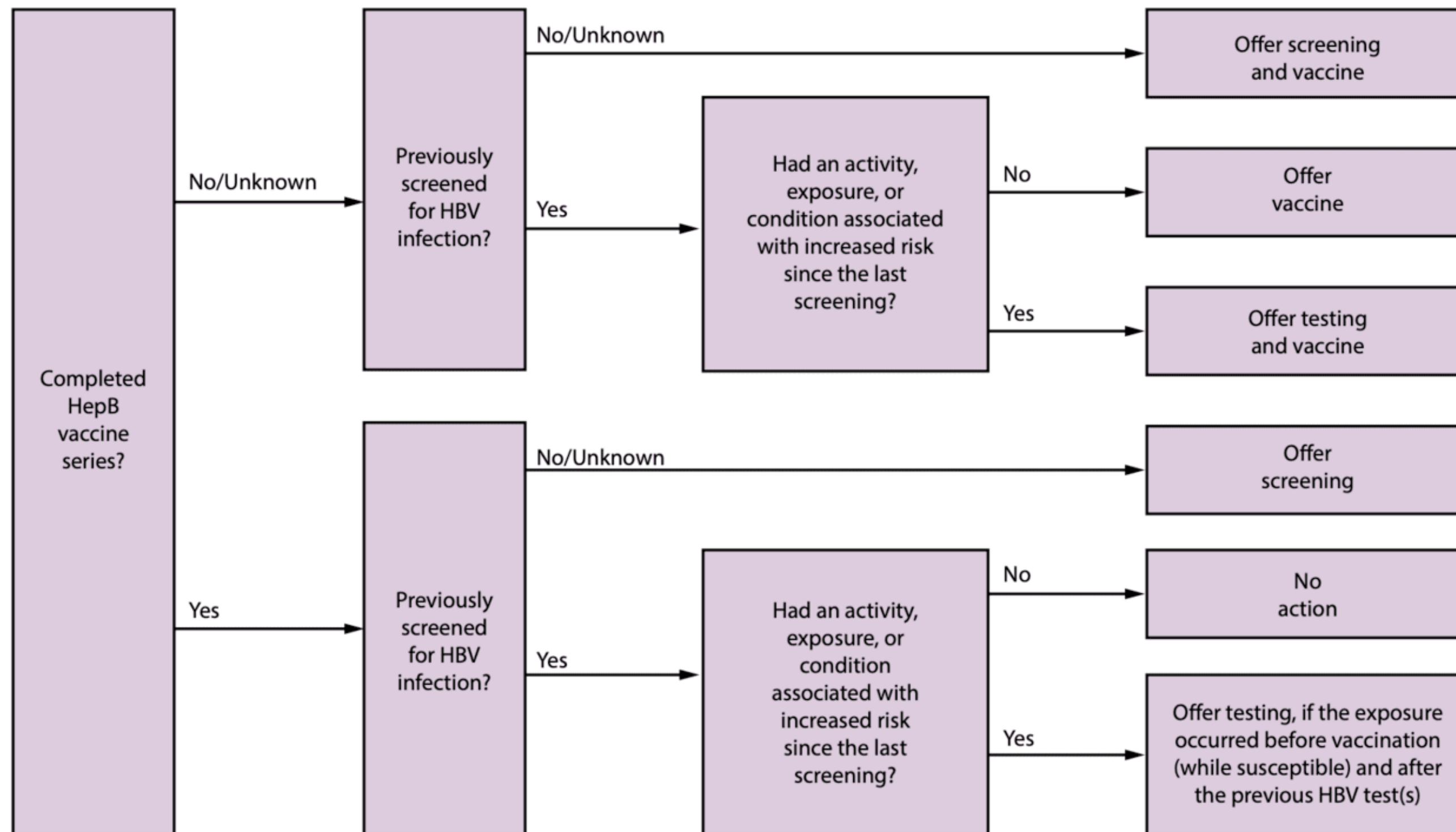
An option can be to screen and give the first dose at the same visit – but draw blood first!

Vaccination should not be a barrier to screening, and screening should not be a barrier to vaccination

Provide what service you are able, and refer patient to the one you cannot

HBV Vaccination & Screening in Practice: Clinical Workflow

Nonpregnant Adults Aged ≥18 Years without a Known History of HBV Infection



What do the HBV Screening tests mean?

Three-part Hepatitis B Panel

- **HBsAg** – positive test indicates current infection
- **HBsAb** – positive test indicates immunity
 - Can be vaccine-induced or from past exposure
- **HBcAb** – test of exposure
 - Also indication for re-activation risk

Interpreting Hepatitis B Blood Test Results

Interpretation & Action Needed	HBsAg Hepatitis B Surface Antigen	HBsAb (anti-HBs) Hepatitis B Surface Antibody	HBcAb (anti-HBc) Hepatitis B Core Antibody
Not Immune - Not Protected Has not been infected, but still at risk for possible hep B infection. Vaccine is needed.	—	—	—
*Immune Controlled - Protected Surface antibodies present due to natural infection. Has recovered from a prior hep B infection. Cannot infect others. No vaccine is needed.	—	+	+
Immune - Protected Has been vaccinated. Does not have the virus and has never been infected. No vaccine is needed.	—	+	—
Infected Positive HBsAg indicates hep B virus is present. Virus can spread to others. Find a doctor who is knowledgeable about hep B for further evaluation. More Testing Needed.	+	—	+

Implementating Universal HBV Recommendations



Educate stakeholders about disease burden and new recommendations

- Focus education on cancer prevention benefit of hepatitis B vaccination and screening
- Engage trusted community members to develop culturally and linguistically appropriate messages
- Enlist national partners to provide education and debunk myths
- Partner with professional societies to provide education at annual meetings
- Collaborate with clinical training programs, provide hospital grand rounds, and develop interprofessional continuing education
- Leverage CDC partnerships and create cooperative agreements to create common education resources for all HCPs



Explore multi-stakeholder collaborations and technology innovations

Stakeholder Collaborations:

- Seek insights from experienced centers
- Involve disease intervention specialists at sexual health clinics
- Establish pharmacy-provider collaborative communication agreements
- Engage and collaborate with state/local health departments, leveraging state/local clinics for vaccine delivery

Technology Innovations:

- Consider using a mobile-accessible vaccine card
- Leverage capacity built with COVID-19 vaccination implementation
- Update EHR systems to include screening and vaccination prompts
- Develop national standards for integrating data into EHR systems in settings serving corrections and substance use settings



Address Vaccine Hesitancy

- Emphasize the cancer prevention benefit of hepatitis B vaccination and screening
- Create FAQ documents to help HCPs prepare for questions around vaccine safety and efficacy
- Engage trusted providers and faith leaders to deliver the messaging
- Engage with patients on an individual level to understand their concerns, assess vaccine status, and discuss vaccine recommendations

NOW AVAILABLE:



Call to Action:

Eliminating Hepatitis B Virus Through Universal Screening and Vaccination for Adults Ages 19-59

A provider guide to implementing new universal hepatitis B screening and vaccine guidelines



Communicating with Patients



- [Hepatitis B Vaccine Posters, Record Cards, and Flyers](#)
- [Hepatitis B - Are you at risk?](#)
- [Hepatitis B Fact Sheets \(susceptible, acute, chronic\)](#)
- [#JustB Stories \(Real people living with hepatitis B\) -
hepbstories.org](#)
 - DeWayne
 - John
 - Sura
 - William

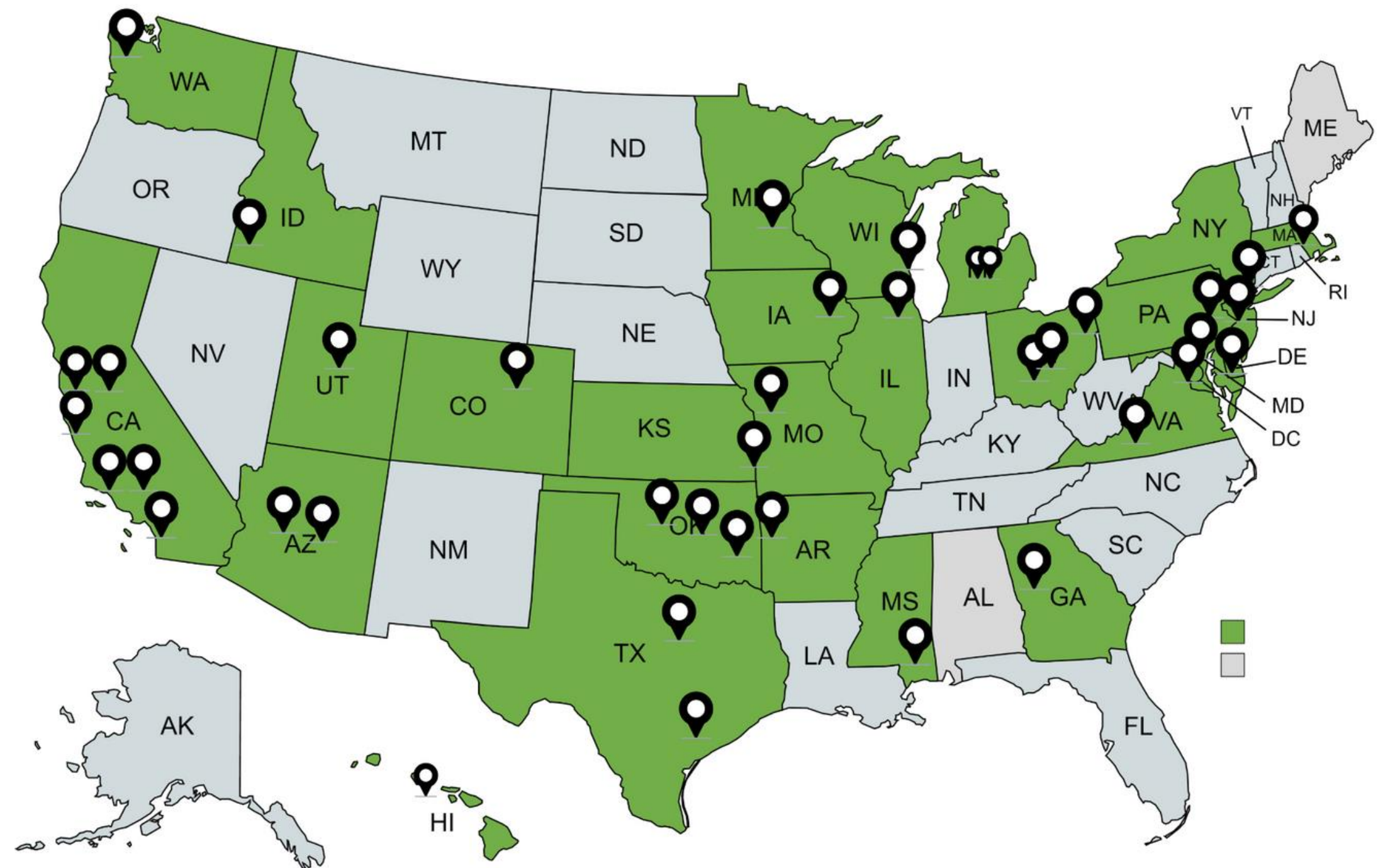
Clinician Resources

- [Call-to-Action: Eliminating Hepatitis B Virus Through Universal Screening and Vaccination for Adults Ages 19-59](#)
- [Implementing Hepatitis B Universal Adult Screening and Vaccination: Clinical Answers for Healthcare Professionals](#)
- [Hepatitis B Vaccination and Screening of Adults: Simple Steps to Protect Yourself from Serious Liver Disease](#)
- [CDC's Frequently Asked Questions for Health Professionals](#)
- Websites:
 - www.hepb.org
 - <https://www.hepatitisb.uw.edu/> (CME education)
 - www.immunize.org
 - <https://www.cdc.gov/hepatitis/hbv/index.htm>

Hep B United

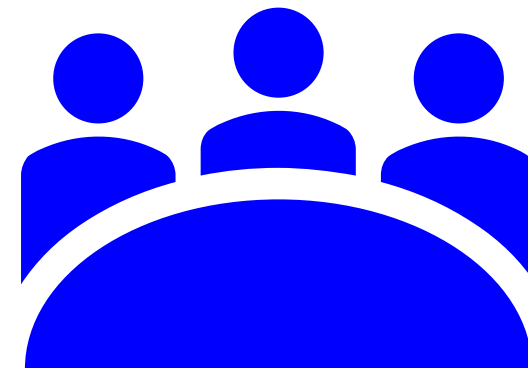
A National Coalition

- Founded in 2012 with support from HHS Office of Minority Health
- 54 local coalitions & 14 national organizations in 38 cities and 27 states
- **Mission** - Hep B United is a national coalition dedicated to reducing the health disparities associated with hepatitis B by increasing awareness, screening, vaccination, and linkage to care for high-risk communities across the United States.



Coalition Building Goals

Growth	Community	Capacity/Impact
Adding new members	Creating shared spaces and identifying shared goals	Creating sustained ways to try to meet the coalition's goals



Community



Listserv

- ~200 members
- All members can post
- Google Groups



Newsletters

- Twice monthly
- ~1600 subscribers
- Webinar links, recordings, fact sheets, educational materials, grant opportunities
- Constant Contact



Coalition Calls

- Monthly hour-long
- 25-40 attendees
- :15 presentations
- Partner updates and sharing
- Promotion of projects
- Zoom



Summit

- 2-day annual in-person summit
- ~100 attendees
- Educational sessions
- Networking sessions
- Includes federal speakers

HBU Goals

Awareness

Raise the profile of hepatitis B and liver cancer as an urgent public health priority.

Prevention

Increase hepatitis B testing and vaccination, particularly among communities at higher risk.

Intervention

Improve access to care and treatment for individuals living with hepatitis B to prevent end-stage liver disease and liver cancer.

Capacity/Impact Building



Mini-Grants

- Reoccurring annual program
- 6-8 grants of \$5k-\$10k each
- Nine cohorts since 2014
- 63 grants totaling \$560k
- Grants made through an application and community review process
- RFP out mid-year, grants out Sept 30



Webinars

- Monthly, hour-long
- 10/year
- Topics picked from community survey or recent need.
- Recordings posted and promoted
- 30+ attendees
- Zoom



Storytelling

- Started in 2016
- Short domestic and international video clips
- Highlights hepatitis B's impact on people and families



Peer Mentorship

- Reoccurring annual program
- Eleven pairs across eight cohorts since 2014
- Nine month long funded partnership

Capacity/Impact Building



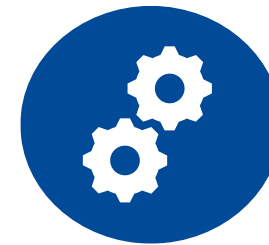
B
Informed!

- :50 session every other month
- Replicates ECHO model
- Short didactic presentation
- Case study
- Improve the knowledge and capacity of professionals and public health community
- Zoom



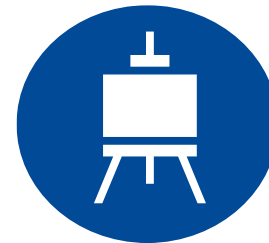
Learning
Collab

- Four 1:30 weekly sessions in a row
- Funded cohort of community-based health centers
- Zoom and Google Sites



Work
Groups

- Health Equity
- NH/PI
- Harm Reduction



Material
Creation

- As needed
- Based on survey responses, language requests, mini-grant reports, and other feedback

Contact Us



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www.hepbunited.org



NASTAD Hepatitis Technical Assistance Center

DAETC HIV/STI/TB/Viral Hepatitis Lunch and Learn
September 27, 2023

ABOUT NASTAD



WHO: A non-partisan non-profit association founded in 1992 that represents public health officials who administer HIV and hepatitis programs in the U.S.



WHERE: NASTAD represents all 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, seven local jurisdictions receiving direct funding from the Centers for Disease Control and Prevention (CDC), and the U.S. Pacific Island jurisdictions.



HOW: We work to advance the health and dignity of people living with and impacted by HIV/AIDS, viral hepatitis, and intersecting epidemics by strengthening governmental public health through advocacy, capacity building, and social justice.

MISSION

NASTAD's mission is to advance the health and dignity of people living with and impacted by HIV/AIDS, viral hepatitis, and intersecting epidemics by strengthening governmental public health and leveraging community partnerships.

VISION

NASTAD's vision is a world committed to ending HIV/AIDS, viral hepatitis, and intersecting epidemics.

NASTAD Strategic Plan

STRATEGIC PRIORITIES



Strengthen public health systems for HIV and hepatitis prevention, surveillance, and care.

1



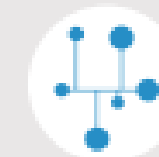
Advance health and racial equity, and stigma elimination, focusing on disparately impacted communities.

2



Implement integrated approaches to address HIV, hepatitis, STIs, harm reduction, and the social determinants of health.

3



Strengthen organizational excellence within NASTAD and its member jurisdictions.

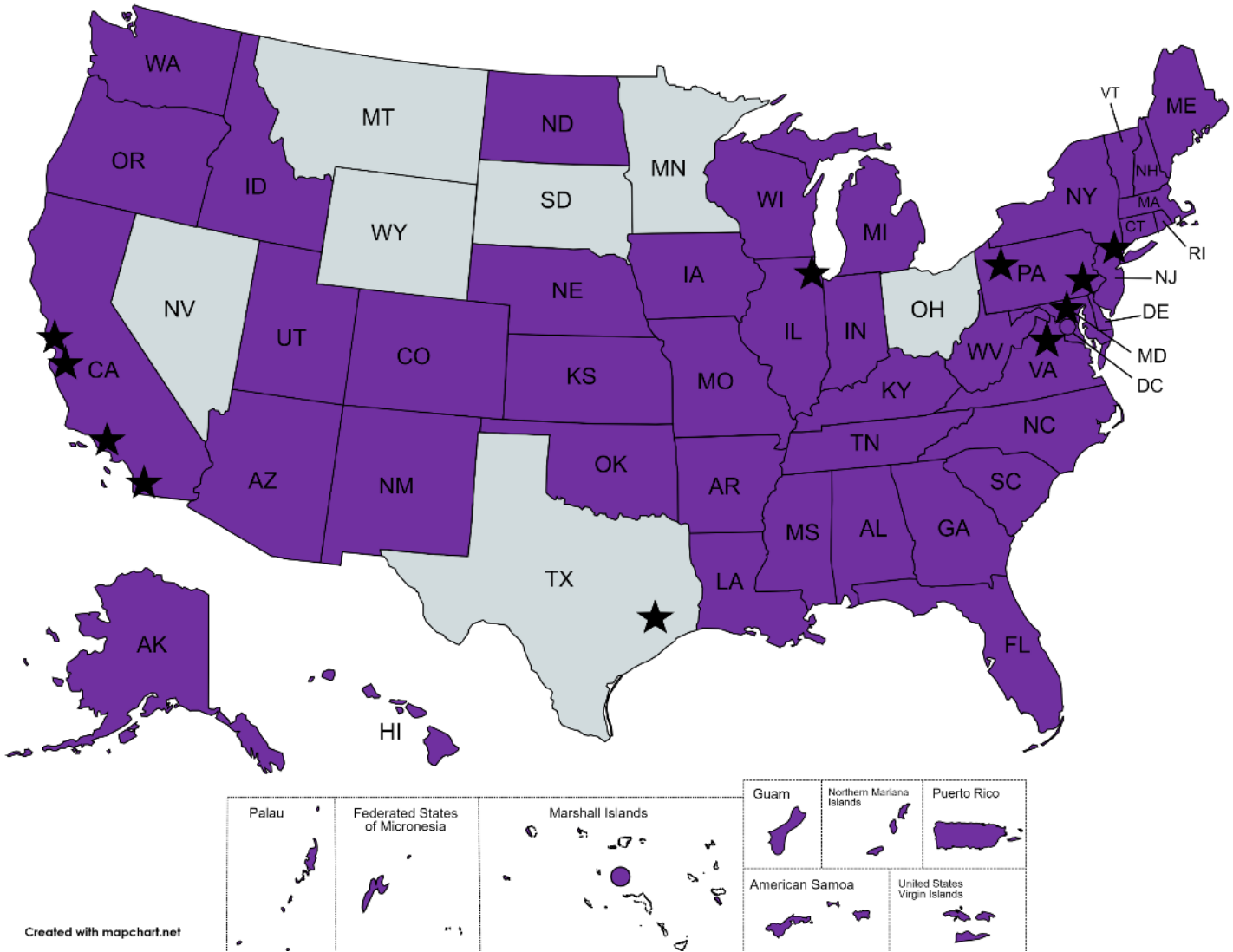
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NASTAD's Online Technical Assistance platform for Hepatitis

- Five-year cooperative agreement between CDC and NASTAD
- On demand TA and capacity building
- Expert staff and consultants
- **Direct Technical Assistance**
 - Peer-to-Peer
 - Peer-to-Group
- **Collective Learning & Engagement**
 - Calls & Webinars
 - Newsletter
 - Resources
 - **Virtual Learning Collaborative**



NASTAD's HepTAC Focus Areas



HepTAC Resource Bank

[Elimination](#)

[Viral Hepatitis Elimination Plans \(Jurisdictional\)](#)

[Hepatitis Program Infrastructure and Workforce](#)

[Community Engagement and Strategic Planning](#)

[Harm Reduction and Prevention](#)

[Epidemiology and Surveillance](#)

[Testing and Linkage to Care](#)

[Care and Treatment](#)

[Stigma and Health Equity](#)

[Medication Access, Pricing, and Billing](#)

[Media Campaigns](#)

[Vaccination](#)

[Outbreak Response](#)

[Perinatal](#)

[Provider Training and Case Conference \(ECHO models\)](#)

HepTAC Resource Bank

- [Viral Hepatitis Testing: Health System Assessment Toolkit](#)
- [Dataset Matching Toolkit](#)
- [Viral Hepatitis Testing: Assess Laboratories Regarding Viral Hepatitis Testing Toolkit](#)
- [Building a Coalition to Support Viral Hepatitis Elimination Toolkit](#)
- [Hepatitis C Community Navigation Model and Toolkit: Improving Care for People Who Use Drugs and Other Impacted Populations](#)
- [Newer Viral Hepatitis Health Department Staff Toolkit](#)

340B

FOR Viral Hepatitis



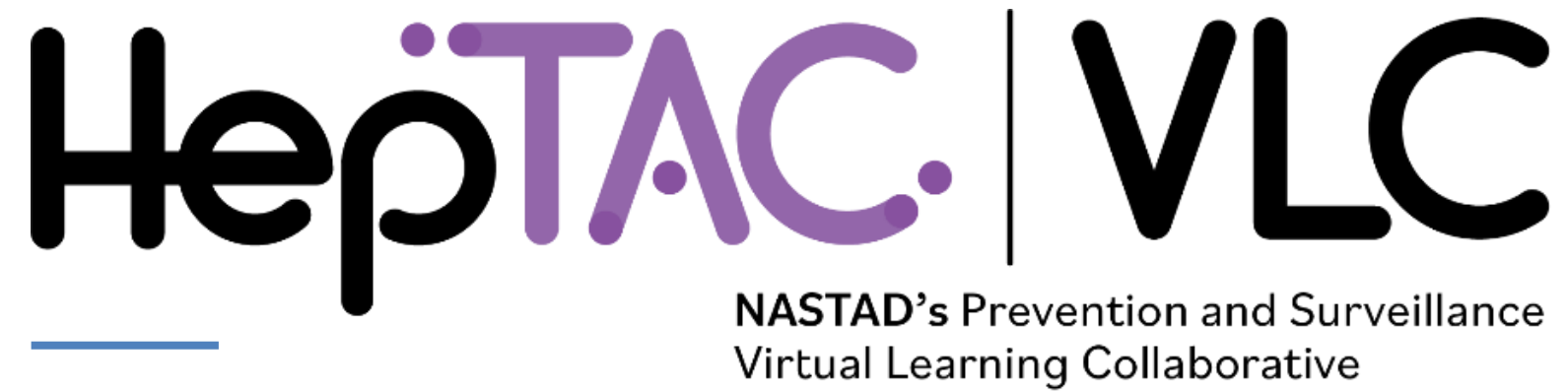
Resources:

- A Syndemic Approach to STD 340B Correctional Facility Partnerships for Health Department Prevention Programs
- Advancing 340B Within Health Department Leadership
- 340B for Viral Hepatitis 5-part Webinar Series
- 340B Drug Pricing Program Guidance for Viral Hepatitis Programs

Direct TA Outcomes:

- **NYC:** Collaboration with START Treatment and Recovery Centers to confer 340B eligibility and scale up HCV Tx & cost savings
- **Hawai'i:** Worked with HD and Dept of Public Safety to develop MOU and successfully submit application
- **Indiana:** Assisted HD staff in developing talking points for leadership buy-in

<https://nastad.org/resources/340b-viral-hepatitis-programs-340b-drug-pricing-program-guidance-webinar-series>



The VLC is a virtual learning community and training series designed to support viral hepatitis health department staff implement the viral hepatitis prevention and surveillance activities set forth in CDC's Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments (CDC-RFA-PS21-2103) and is open to all state, territorial, and local health departments.

<https://nastad.org/hepatitis-vlc>

VLC Year 1

Sept. 2021 – July 2022
20 sessions

VLC Year 2

Sept. 2022 – July 2023
18 sessions

VLC Year 3

Starting in Sept 2023!

Syndemic September

VLC

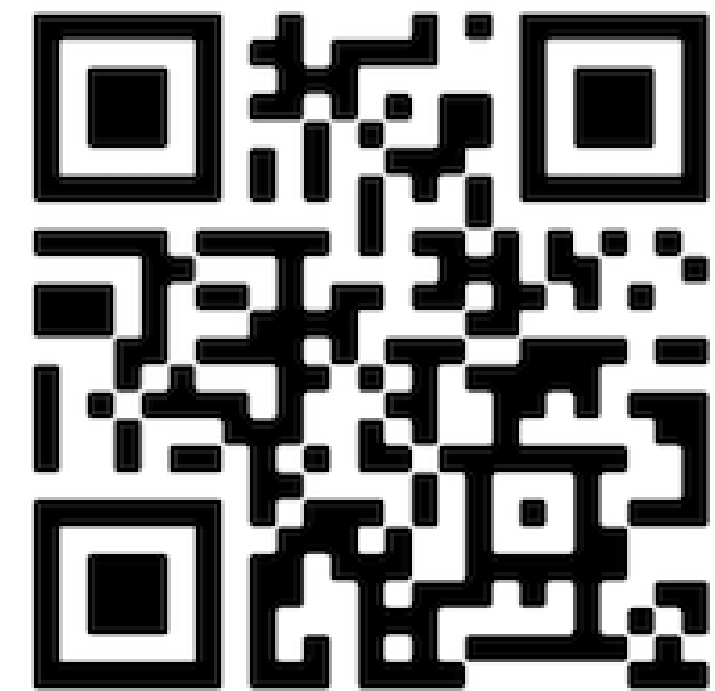
- Date: Wednesday, September 27, 2023
- Time: 3:00 - 4:00 pm (ET)
- Topic: Jurisdictional approaches to syndemic planning and implementation
- Presenters: Leo Fulwider and Arlis Jenkins (AZ DOH), and Brittany Gross (IN DOH)
- Description: During this session, we will hear from two jurisdictions on how they are defining a syndemic approach, some of the challenges and unexpected benefits, integrating surveillance and prevention programs, and other key concerns for health departments looking to integrate programs and services.

Hepatitis Network for Education and Testing (HepNET)



Focused on identifying and addressing the unmet needs of people who inject drugs to improve their access to viral hepatitis education, prevention, testing, linkage to care, and treatment.

- [What is HepNET? Network Stakeholders and Structure](#)
 - 200 recruited network members
 - 2 Training Consultants
 - 3 Leading with Lived Experience Consultants
- [Join HepNET!](#)

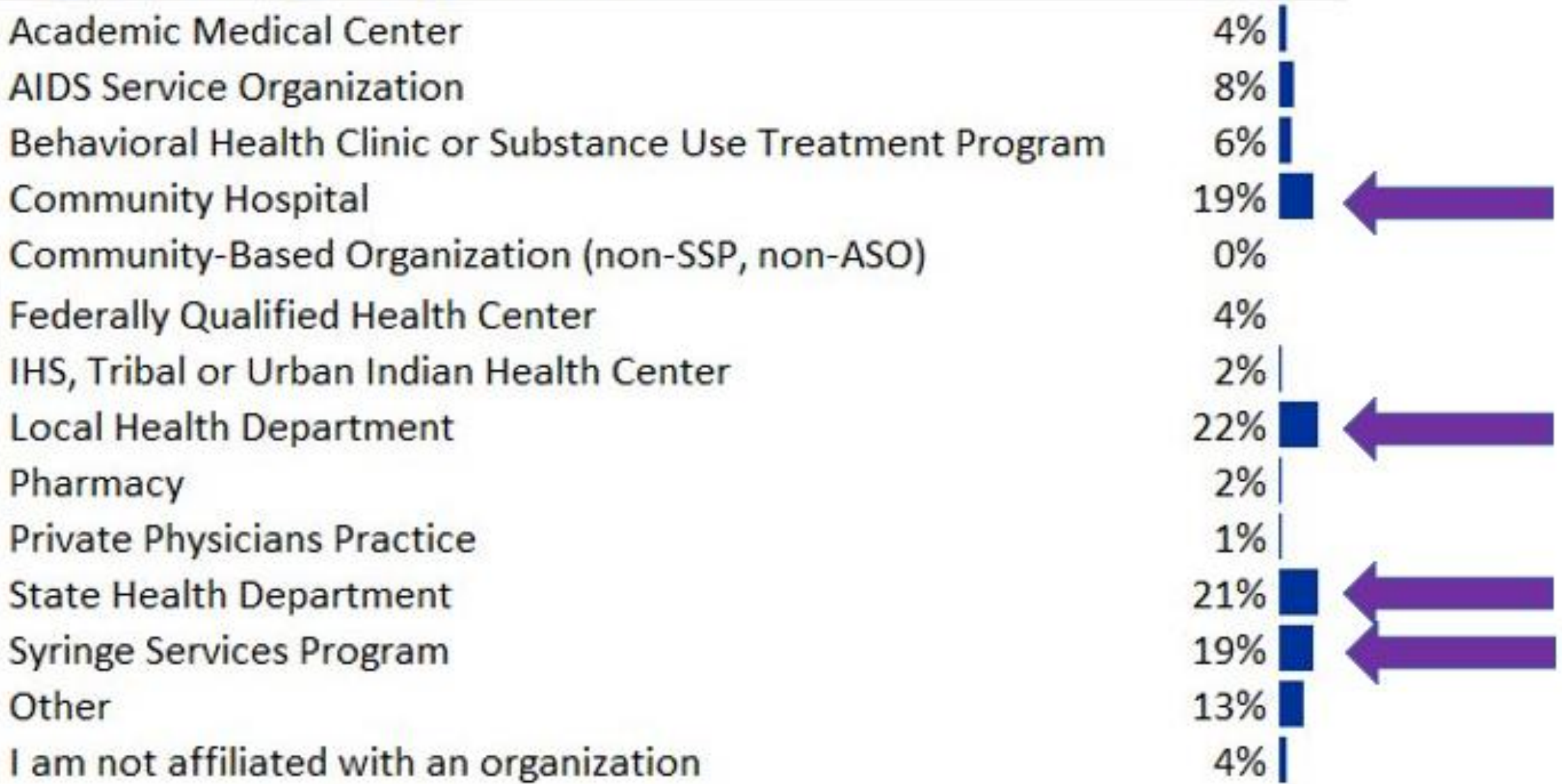


SIGN UP



HepNET Membership Dashboard

Organization Types Represented



SIGN UP

Top 3:
Local Health Department
State Health Department
Community Hospital & SSP (*tied*)

Hepatitis Network for Education and Testing (HepNET)



Equity Grounding

- Increasing awareness of the effect of multiple forms of discrimination that intersect and further marginalize PWID, including racial and ethnic communities

Leading with Lived Experience (LLE) Consultants

- Their partnership and engagement is essential to expand viral hepatitis testing and linkage to care for PWID, utilizing their lived experience as an advocacy tool.

Learning Community Members

- Select jurisdictions aiming to strengthen partnerships between harm reduction and viral hepatitis services, committed to recognizing racism and the impact of structural oppression on viral hepatitis for PWID

<https://nastad.org/hepnet>



thank you!

Hepatitis@NASTAD.org

Nastad.org/teams/hepatitis