Iowa Department of Public Health
2017-2021 Iowa Hepatitis Action Plan

Vision

Iowa will be a place where new hepatitis C infections have been eliminated, where all people with hepatitis C know their status, and everyone with hepatitis C has access to high quality health care and curative treatments, free from stigma and discrimination.

-Adapted from the National Viral Hepatitis Action Plan 2017–2020

Hepatitis C Overview

Hepatitis C is an infection of the liver caused by the hepatitis C virus (HCV). HCV is the most common blood-borne virus in the United States. Approximately 3.2 million persons are chronically infected. HCV can cause serious health problems, including liver damage, cirrhosis, liver cancer, and even death.

As of December 31, 2016, there were 23,588 Iowans diagnosed with HCV who were reported to the Iowa Department of Public Health. Based on this number of reports, there are likely 39,215 to 149,173 Iowans with hepatitis C infections, with **17,647 (45%) to 126,797 (85%), of these people undiagnosed.** The majority of infected persons might not be aware of their infections because 60 to 70% of people newly infected with HCV are asymptomatic or have only mild clinical illnesses. However, people who are unaware of their infections can serve as sources of transmission to others, and they are at risk for chronic liver disease or other HCV-related chronic diseases decades after infection.

Sharp Increases In Diagnoses

HCV diagnoses have increased sharply in Iowa since 2000. There were 2,287 Iowans diagnosed in 2016, an increase of 203% since 2000. HCV diagnoses among Iowans under 40 have increased 1,100% since 2000.

HCV is most often transmitted when blood from a person infected with HCV enters the body of someone who is not infected. Today, most people become infected with the HCV by sharing needles or other equipment to inject drugs. Before 1992, when widespread screening of the blood supply began in the United States, hepatitis C was also commonly spread through blood transfusions and organ transplants.

People can become infected with HCV during activities such as:

- Sharing needles, syringes, or other equipment to inject drugs;
- Receiving needle sticks in health care settings; or
- Being born to a mother who has HCV.

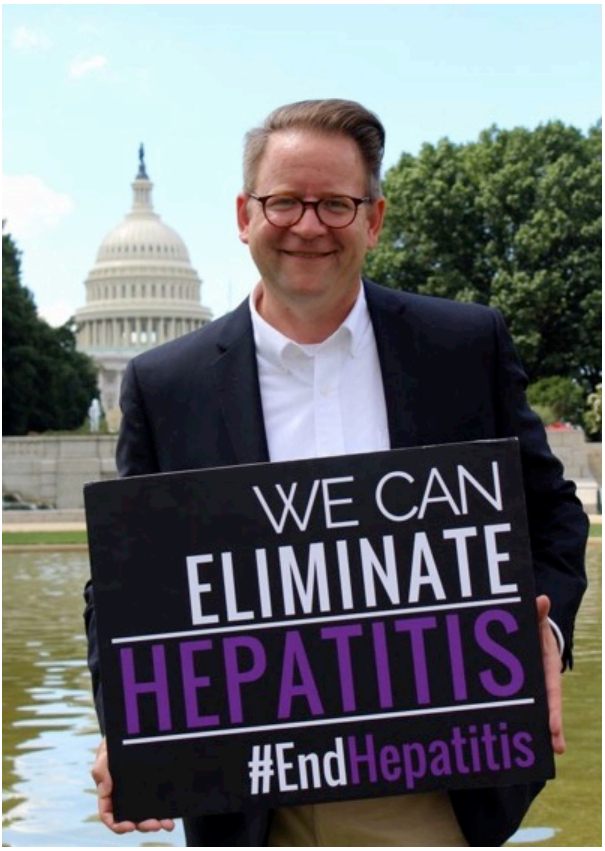
Less commonly, a person can also acquire HCV through:

- Sharing personal care items that may have come in contact with another person's blood, such as "works" or other drug paraphernalia, unsterilized tattoo equipment, razors, or toothbrushes; or
- Having sexual contact with a person infected with HCV.

Developing a Strategy to Address HCV in Iowa

The availability of highly effective, well-tolerated oral HCV therapy means that there is now an ability to cure the disease in nearly all people living with the virus. We have the tools to greatly reduce the negative health consequences of HCV, to break the cycle of forward transmission through cure as prevention, and to ultimately eliminate HCV in Iowa.

The *2017-2021 Iowa Hepatitis C Plan,* created in collaboration with the Iowa HIV and Hepatitis Community Planning Group (CPG), provides a blueprint for the delivery of prevention and care services. The objectives included in the strategic plan will be used by the Iowa Department of Public Health (IDPH) to implement efforts that meet the specific needs of Iowans who are at risk for HCV infection, and to reduce health disparities among those who are living with HCV.



To develop this plan, members of the CPG met with local providers and experts in the field of HCV treatment. For example, in 2015, Maria Steele, ARNP, and Ravi Vemulapalli, MD, from the Iowa Digestive Disease Center in Des Moines gave an update to the CPG concerning the success of new treatment regimens. These regimens have led to a cure rate of greater than 90% among their patients. The new medications replaced other medications that had a 50% cure rate and caused severe, chemo-like side effects.

In response to a call from planning members for further education, Michael Voigt, MD, Donald Hillebrand, MD, and Douglas LaBrecque, MD, served as panelists for a special evening session of the CPG in 2016. Chris Taylor, Senior Director of Hepatitis at the National Alliance of State and Territorial AIDS Directors, facilitated the panel. Topics of importance ranged from prevention, testing, and treatment to advocacy that encourages transparency among insurance companies.

Following the panel discussion, a series of round table discussions were held to identify strategies for prevention, linkage to care, and treatment of HCV. Ideas and activities designed to improve Iowa's response to HCV were identified and prioritized. The resulting list of priorities was used to develop this document.

One additional development that contributed to the formation of Iowa's plan was the release of the *U.S. National Viral Hepatitis Action Plan 2017-2020* by the Department of Health and Human Services.

The Goals of the National Viral Hepatitis Action Plan:

1. Prevent new viral hepatitis infections
2. Reduce deaths and improve the health of people living with viral hepatitis
3. Reduce viral hepatitis health disparities
4. Coordinate, monitor, and report on implementation of viral hepatitis activities

Advances In and Opportunities To Address HCV

The goals and activities found in the national HCV plan align well with those identified during Iowa's hepatitis action plan development process. Both plans seek to leverage the following important advances and opportunities in HCV prevention and care.

Screening Recommendations

Accurate HCV screening tests exist and are covered by most health insurance plans without extra charge to the consumer. HCV RNA can be detected in blood within 1 to 3 weeks after exposure. The average time from exposure to production of anti-HCV antibody (i.e., seroconversion) is 8 to 9 weeks, and anti-HCV can be detected in more than 97% of persons by 6 months after exposure.

A list of testing sites in Iowa can be found at http://bit.ly/2BOxLw6.

Expanded Access To Health Coverage

The Affordable Care Act (ACA) has enabled millions more Americans to obtain affordable, quality health insurance and prohibited denial of health care coverage based on preexisting conditions. In addition, HCV screening services are covered preventive services, creating more opportunities for Americans to receive these critical services without cost sharing.

A *Directory of Physicians Treating Viral Hepatitis Patients in Iowa* can be found at: http://bit.ly/2pSisAZ.

Availability Of A Cure

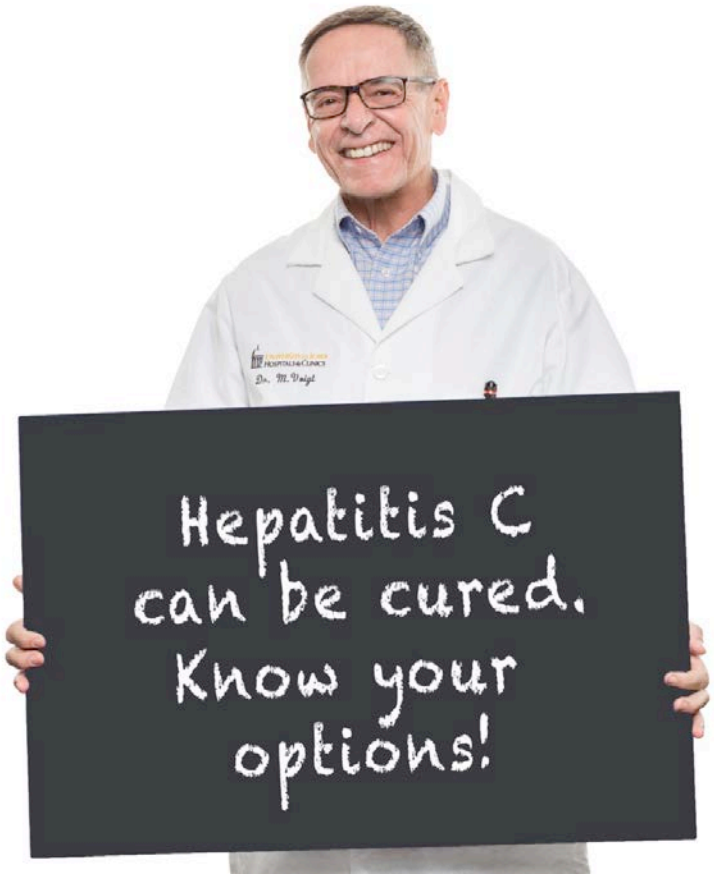
The approval of highly effective, all-oral therapies has the potential to cure more than 90% of chronic HCV infections, or 3.15 million of the 3.5 million people in the United States with chronic infection. However, only 54% of people are currently aware of their infection. A study published in 2014 estimated that only 9% of infected people had been treated for HCV. It will take sustained and coordinated efforts to realize the full potential of the new HCV treatments.

Integration Of Public Health And Clinical Care Services

Studies have shown that integrating or including viral hepatitis prevention and care services with other physical health, mental health, and social services can effectively prevent infection or identify and link individuals with viral hepatitis into care. Partnerships between organizations providing public health services, clinical care, substance use disorder services, mental health care, case management, syringe services programs, and other risk-reduction services to populations at risk can help reach more individuals at risk for or living with chronic viral hepatitis.

Disease Prevention and Reporting

All identified forms of viral hepatitis are reportable to the IDPH, pursuant to Iowa Code Chapter 139A and 641 Iowa Administrative Code Chapter 1. Due to the infectious nature of each form of viral hepatitis, it is necessary that each case be reported so that prevention and control efforts may be initiated by the IDPH.



Challenges in Addressing HCV

Challenges to addressing HCV in Iowa have also been identified. The following list includes those challenges identified during Iowa's planning process and those outlined in the national hepatitis action plan.

Low Provider Awareness

Low levels of viral hepatitis awareness among health care providers lead to missed opportunities for testing and diagnosis, linkage to care, and treatment.

Data Limitations

IDPH does not receive information on Iowans who have been successfully treated and cured of HCV. Also, about one-third of Iowans reported to IDPH with HCV do not have evidence of a confirmatory test. These limitations create critical gaps in the response to viral hepatitis because the incidence, prevalence, and geographic distribution of Iowans living with chronic hepatitis C can only be estimated. Consequently, outbreaks may remain undetected, and health officials may not realize the scope of the problem, or have the information they need to appropriately prioritize resources to address it.

Low Public Awareness and Low Perceived Risk

Low public awareness of HCV and corresponding low levels of perceived risk lead to missed opportunities for prevention and treatment. This results in ongoing transmission of HCV. Stigma and discrimination may also cause people to avoid testing and treatment, and to fear disclosing their diagnoses to friends, family members, and colleagues. All of these can lead to worsening health outcomes. It is estimated that 45 to 85% of people with HCV are undiagnosed.

Limited Public Health and Health System Response

Insufficient investment in health systems to address viral hepatitis has led to fragmented and uncoordinated viral hepatitis services in public health and clinical settings.

The High Cost of Treatment

The cost of viral hepatitis treatments can have the effect of limiting access to treatment. This may leave many people at risk for severe liver disease, liver cancer, and death – potential consequences of longterm, untreated HCV infections.

Delayed Treatment and Insurance Navigation

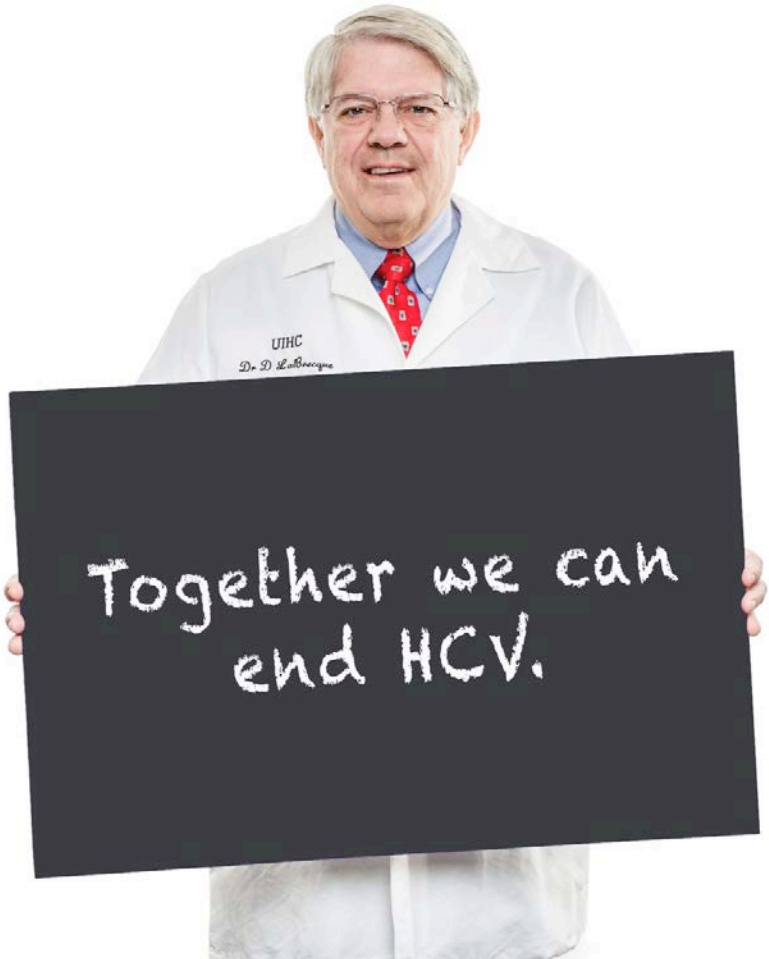
Delayed treatment is often based on insurance company guidelines and runs counter to recommended treatment guidelines. Prior authorizations and efforts to get treatment covered by insurance companies are challenging and time consuming. Most clinics don't have the staff to follow up with insurance companies to get treatment covered following rejected claims related to HCV treatment.

Medicaid Restrictions

Iowa's Medicaid program has been challenged to provide broad access to treatment for their members because of the high cost of medications. The report card on the following page is excerpted from the report, *Hepatitis C: State of Medicaid Access,* developed by The Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) and the National Viral Hepatitis Roundtable (NVHR). State grades are determined by curative treatment restrictions related to three areas:

1) liver disease progression (fibrosis) restrictions,
2) sobriety/substance use requirements, and
3) prescriber limitations.

All of the above restrictions run counter to guidance from the Centers for Medicare & Medicaid Services (CMS), as well as recommendations from the American Association for the Study of Liver Diseases and the Infectious Disease Society of America. The report also offers suggestions for each state to reduce its treatment access requirements.



Hepatitis C: State of Medicaid Access Report Card: Iowa

Grade	Summary
D	Liver Damage (Fibrosis) Restrictions: Fee-For-Service (FFS) requires severe liver damage (F3 or greater). The Medicaid managed-care organizations (MCOs), Amerigroup Iowa, AmeriHealth Caritas Iowa, and UnitedHealthcare Plan of River Valley, also require severe liver damage (F3 or greater) for treatment coverage. Sobriety Restrictions: FFS requires at least three months sobriety from alcohol and substance use, documented by a urine screen, for treatment coverage. Additionally, a prescriber must provide counseling regarding alcohol and substance use and education to prevent transmission. All three MCOs, Amerigroup Iowa, AmeriHealth Caritas Iowa, and UnitedHealthcare Plan of River Valley, impose the same restrictions. Prescriber Restrictions: FFS requires a liver specialist, infectious disease specialist, or digestive disease specialist to prescribe the HCV medications. All three MCOs, Amerigroup Iowa, AmeriHealth Caritas Iowa, and UnitedHealthcare Plan of River Valley, impose the same restrictions. Recommendations to Improve Patient Access: • Remove liver damage, sobriety, and prescriber restrictions. • Maintain transparency regarding hepatitis C coverage requirements and parity across FFS and MCO programs. Grade Rationale: Iowa has severe restrictions in all categories. With these restrictions, very few people with hepatitis C have access to treatment.

Source:
Hepatitis C: State of Medicaid Access, developed by The Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) and the National Viral Hepatitis Roundtable (NVHR).

Iowa's Action Plan To End HCV

Goal 1: Prevent new hepatitis C infections

OBJECTIVE A: **By December 31, 2021, decrease the number of new HCV infections among Iowans under 40 by at least 10% (baseline: 696 diagnoses in 2016).**

Strategy 1. Leverage opportunities to raise awareness of hepatitis C and decrease hepatitis-related stigma.

Activities:

a. Foster greater outreach to better reach the wide range of prioritized and disproportionately impacted populations, as defined in Iowa's hepatitis C epidemiological profile.

b. Deliver hepatitis C prevention messages via traditional and social media channels (i.e., testing, role model stories, live chats, and ads).

c. Partner with stakeholder groups to increase opportunities to educate about hepatitis C in substance use prevention and treatment facilities, correctional facilities, homeless shelters, work place settings, faith-based organizations, and other settings.

d. Provide hepatitis C educational opportunities in schools and educational settings.

e. Organize and participate in the observance of Hepatitis Awareness Month (May).

f. Ensure the availability of educational materials that are appropriately tailored to target audiences, addressing language and literacy barriers.

Strategy 2. Support community advocacy efforts that promote syringe services programs (SSP).

Activities:

a. Develop and share evidence-based information concerning the effectiveness of SSP.

b. Work with community partners and policymakers to modernize Iowa's paraphernalia law to allow access to sterile syringes and equipment, and to improve referrals to HCV and substance use treatment.

c. Apply to Centers for Disease Control and Prevention (CDC) for a *Determination of Need for Syringe Services Programs*, which, if approved, would allow the state to utilize federal funds to support syringe services programs (but federal funds cannot be used to purchase syringes or needles).

d. Expand access to sterile works, injection equipment, and referrals to treatment for People Who Inject Drugs (PWID).

e. Ensure appropriate and accessible disposal systems for drug preparation equipment and syringes.

f. Increase and publicize needle and syringe disposal sites.

Strategy 3. Prioritize "drug user health"* strategies as a means to effective hepatitis C prevention.

Activities:

a. Expand the availability of substance use prevention and treatment programs, including Medication Assisted Treatment (MAT), by working with community partners and policymakers.

b. Deliver HCV prevention education services in substance use prevention and treatment facilities.

c. Promote holistic health care for people who inject drugs, including HIV and HCV testing, STD testing, hepatitis A and B testing and immunizations, behavioral health services, and access to primary medical care.

d. Promote the uptake of HIV pre-exposure prophylaxis post-exposure prophylaxis (nPEP) among people who inject drugs through the use of a variety of methods, including a PrEP/nPEP website, provision

of literature, marketing campaigns, telehealth, etc. (PrEP) and non-occupational post-exposure prophylaxis (nPEP) among people who inject drugs through the use of a variety of methods, including a PrEP/nPEP website, provision of literature, marketing campaigns, telehealth, etc.

e. Promote harm-reduction services, including the promotion of Naloxone and safe injecting practices, and treating the underlying addiction.

f. Promote HCV cure as a prevention strategy.

OBJECTIVE B: **Through December 31, 2021, increase HCV testing at IDPH-funded integrated testing and referral sites and federally qualified health centers by 50% (baseline: 631 HCV tests at IDPH ITS sites in 2016; 1,082 HCV tests at FQHCs in 2016).**

Strategy 1. Expand viral hepatitis services among people at increased risk.

Activities:

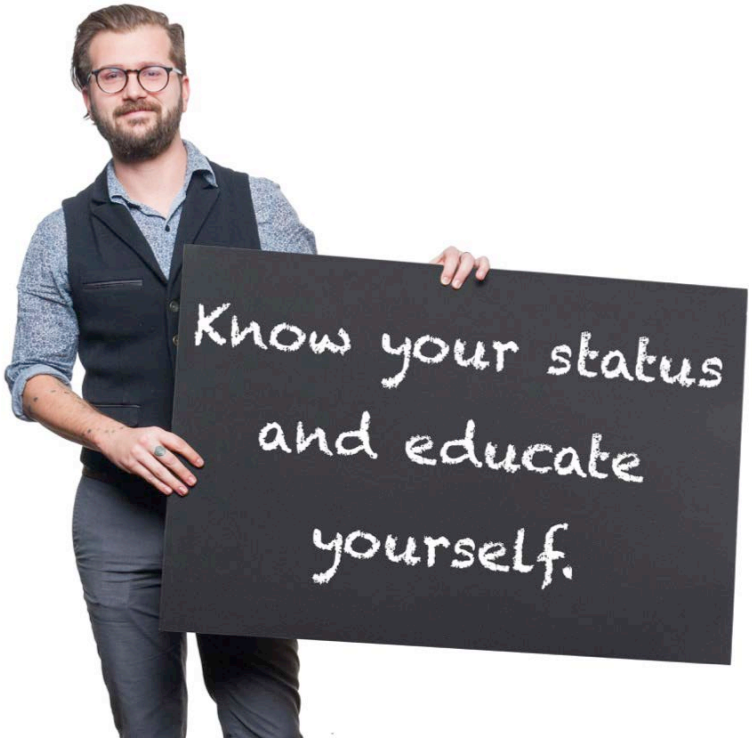
a. Increase HCV testing at locations frequented by people at increased risk, including substance use prevention and treatment centers, community-based organizations, jails, community corrections, federally qualified health centers, and other settings.

b. Increase HCV testing among people living with HIV.

c. Focus testing on those at greatest risk for HCV infection at IDPH-funded integrated testing and referral sites and federally qualified health centers.

d. Promote integrated HIV, STD, and HCV testing, and adult hepatitis A and B immunizations to those at increased risk.

e. Evaluate the cost and benefits of offering the accelerated dosing schedule for combination hepatitis A and B vaccinations at targeted locations (e.g. jails, homeless shelters, and substance prevention and treatment facilities, etc.).



OBJECTIVE C: **Through December 31, 2021, increase HCV testing at non-IDPH-funded public sites by 25% (baseline: 110 HCV tests performed by IDPH-funded test sites at county jails) in 2016; 107 HCV antibody tests sent to State Hygienic Lab in 2016).**

Strategy 1. Maintain HCV testing in correctional settings.

Activities:

a. Continue to collaborate with the Department of Corrections to maintain HCV testing and treatment.
b. Promote HCV testing in county jails and community-based correctional settings.

Strategy 2. Promote HCV testing by partnering with healthcare providers, pharmacies and other healthcare access points.

Activities:

a. Partner with the Iowa Pharmacy Association to assess interest and feasibility of HCV screeing at pharmacies in Iowa.
b. Partner with healthcare providers to focus on CDC testing recommendations (Baby Boomers and PWID) in various venues.

Strategy 3. Promote new HCV testing technologies.

Activities:

a. Partner with local agencies (e.g., laboratories, Iowa Medical Society, health care providers) to promote and disseminate information on new testing technologies as they become available.

Goal 2: Reduce deaths and improve the health of people living with hepatitis C.

OBJECTIVE A: **By December 31, 2021, reduce the number of deaths with chronic viral hepatitis C listed as the primary cause of death in Iowa. (reduce by 20% from baseline of 106 in 2016).**

Strategy 1. Build the capacity of the health care workforce to diagnose and provide care and treatment to persons living with hepatitis C.

Activities:

a. Promote HCV testing by current and future health care providers, according to the United States Preventive Services Task Force (USPSTF) and CDC guidelines.

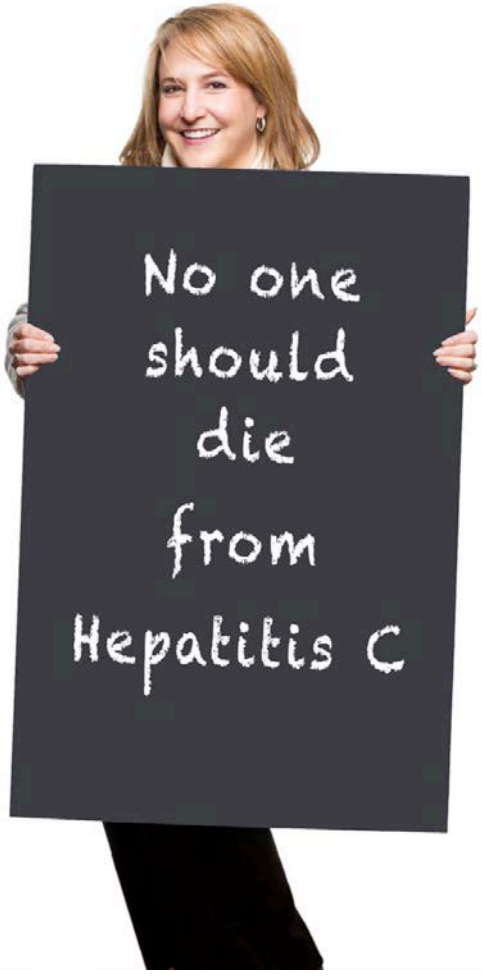
b. Provide hepatitis C-related educational materials and tools to providers throughout the state.

c. Partner with health professional training programs to include a hepatitis C study module.

d. Increase the availability of providers who treat hepatitis C, especially in southern rural counties where there is a high prevalence of HCV.

e. Develop electronic health record prompts and quality improvement activities to increase health care provider implementation of hepatitis C screening recommendations at FQHCs.

f. Encourage health care providers to provide culturally competent and linguistically appropriate care to people who are at risk for HCV.



Strategy 2. Expedite the diagnoses, care, treatment, and/or cure of Iowans living with HCV infection.

Activities:

a. Leverage the insurance preventive services to expand HCV screening and diagnosis.

b. Work with providers to identify strategies to reduce or assist with the administrative burden of HCV treatment (e.g., prior authorization, applying to patient assistant programs).

c. Work with policymakers and community advocates to eliminate discriminatory treatment restrictions instituted by public and private health insurers.
d. Improve the sustained virologic response of people co-infected with HIV and HCV.
e. Continue to update and revise the IDPH HCV Physician Referral Database.
f. Hire an HCV treatment navigator to assure timely and appropriate access to care and treatment.
g. Develop an insurance/financial resource guide to help hepatitis C patients and their families to understand the intricacies of obtaining and using insurance or patient assistance programs to finance their treatment.

Strategy 3. Identify and address health disparities as indicated by statewide epidemiological data.

Activities:

a. Analyze surveillance data to identify health disparities among people diagnosed with HCV.
b. Utilize surveillance data to prioritize service delivery.

Strategy 4. Build capacity for telehealth delivery of hepatitis C treatment and care.

Activities:

a. Pilot tele-health options at federally qualified health centers and other primary care settings.
b. Evaluate tele-health pilot projects and expand based on findings.

OBJECTIVE B: **By December 31, 2021, improve the quality and use of data by ensuring 100% of all HCV diagnoses are reported to the Iowa Department of Public Health.**

Strategy 1. Educate providers concerning reporting requirements.

Activities:

a. Publish reporting requirements and direct providers to sources of information.

b. Utilize Rural Outreach Liaisons (ROLs) to stress the importance of hepatitis C reporting requirements among providers.

Strategy 2. Address critical data gaps and improve viral hepatitis surveillance.

Activities:

a. Analyze primary, secondary, and tertiary hepatitis C-related causes of death.

b. Conduct a data completeness study to assess gaps in the reporting of hepatitis C diagnoses.

c. Identify individuals at risk for and with serologic evidence and/or symptoms of viral hepatitis, confirm complete testing and diagnosis, and report new cases to the public health department.

d. Improve and expand the viral hepatitis C epidemiologic profile (every three years).

e. Release an annual HCV surveillance report, including updated fact sheets.

f. Share hepatitis C surveillance data with decision makers, health care providers, and community leaders.

g. Utilize new data collection standards to establish a baseline for measuring health disparities among people diagnosed with hepatitis C.

h. Expand hepatitis C surveillance follow up to include documentation of a PCR/RNA confirmatory test.

Strategy 3. Develop an HCV cure continuum.

Activities:

a. Develop data-sharing agreements or other arrangements with health care systems that treat HCV to gain access to treatment and cure data for Iowans diagnosed with HCV.

b. Develop HCV cure continuum for various healthcare systems.

*Drug User Health Framework

encompasses the integration of infectious disease (HIV, HCV, and tuberculosis) prevention and treatment, overdose prevention and response, psycho-social supportive services, and substance use treatment in order to meet people who inject (or use) drugs (PWID) at the point of contact. The goal of the Drug User Health Framework is to develop “safer environment interventions” to effectively address the medical and social needs of PWID by eliminating barriers exacerbated by criminalization, stigma, and marginalization. By offering non-judgmental, low barrier, non-coercive services, safer environment interventions (e.g., Syringe Service Programs (SSP)) provide critical links to broader systems of care for populations who are otherwise difficult to engage.

The Framework also provides an outline of supportive services for PWID that are inclusive of:

- harm reduction counseling and education;
- provision of sterile injection supplies;
- provision of safer sex supplies;
- screening for HIV, viral hepatitis, STDs and TB;
- provision of naloxone to reverse opioid overdoses;
- referral and linkage to HIV, viral hepatitis, STD, and TB prevention, treatment, and care services;
- referral and linkage to hepatitis A virus and hepatitis B virus vaccinations;
- referral, linkage to, and/or provision of substance use disorder treatment, including medication-assisted treatment like buprenorphine or methadone;
- referral and linkage to primary medical care and/or mental health services;
- referral and linkage to supportive services, such as navigation to homelessness/housing services, disability benefits, and other psychosocial needs.


Let's put this plan
into action!

For assistance or questions concerning the 2017-2021 Iowa Hepatitis Action Plan, please contact:

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