

# United States

## Hep Free Hawaii\*

NGO – coalition  
Honolulu, Hawaii  
[www.hepfreehawaii.org](http://www.hepfreehawaii.org)

### SURVEY HIGHLIGHTS

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The respondent reviewed 25 items of information that the government of the United States reported for the 2013 World Health Organization [Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States](#).

✓ The government information was thought to be accurate for **76.0%** of items.

Survey points marked "accurate":  
1.1, 1.2, 1.3, 2.1, 2.2, 3.2, 3.3, 3.5, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 5.1, 5.4 and 5.5.

✗ The government information was thought to not be accurate for **24.0%** of items.

Survey points marked "not accurate":  
3.1, 3.4, 4.9, 4.10, 5.2 and 5.3.

*Hep Free Hawaii did not provide any comments about survey items. The respondent also did not provide a statement regarding key hepatitis policy issues in the United States.*

\* World Hepatitis Alliance member.

# United States

## Hepatitis B Foundation\*

Biomedical research and disease advocacy organisation

Doylestown, Pennsylvania, United States

www.hepb.org

### SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of the United States reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

✓ The government information was thought to be accurate for **80.0%** of items.

Survey points marked "accurate":  
1.1, 1.2, 1.3, 2.1, 2.2, 3.2, 3.3, 3.5, 4.1, 4.3, 4.4, 4.5, 4.8, 4.9, 4.10, 5.1, 5.2, 5.3, 5.4 and 5.5.

✗ The government information was thought to not be accurate for **8.0%** of items.

Survey points marked "not accurate":  
3.1 and 4.2.

— The respondent took no position on the government information for **12.0%** of items.

Survey points marked "take no position":  
3.4, 4.6 and 4.7.

#### Survey comments from the Hepatitis B Foundation:

##### Information reported by government (2012–2013)

✓ To our knowledge, this information is accurate.

2.2 The government collaborates with the following in-country civil society groups to develop and implement its viral hepatitis prevention and control programme: Viral Hepatitis Action Coalition (VHAC), National Viral Hepatitis Roundtable and Asia and Pacific Alliance to Eliminate Viral Hepatitis.

4.4 There is a national policy specifically targeting mother-to-child transmission of hepatitis B.

5.2 The government has national policies relating to screening and referral to care for hepatitis B and hepatitis C.

✗ To our knowledge, this information is not accurate.

3.1 There is routine surveillance for viral hepatitis. There is a national surveillance system for the following types of acute hepatitis: A, B, C and D. There is a national surveillance system for the following types of chronic hepatitis: B and C.

##### Civil society respondent comments (2014)

The United States Centers for Disease Control and Prevention is officially working with Hep B United, a national coalition of community coalitions across the country working to reduce hepatitis B infection and liver cancer.

All pregnant women in the United States are required to be tested for hepatitis B to ensure that appropriate post-exposure prophylaxis is provided to their newborns within the first 12 to 24 hours after delivery.

To clarify, the government has national "recommendations" relating to screening and referral to care. They are not policies, in that they do not need to be followed – they are intended to guide practice.

To the best of our knowledge, there is no national surveillance system for chronic hepatitis B. There are smaller, targeted federally funded surveillance programmes for chronic hepatitis B, in strategic areas of the country (i.e. New York City, Philadelphia, Massachusetts).

\* World Hepatitis Alliance member.

## Information reported by government (2012–2013)

**X** To our knowledge, this information is not accurate.

**4.2** The government has established the goal of eliminating hepatitis B but information was not provided about a specific timeframe for this goal.

## Civil society respondent comments (2014)

*The government has responded to the viral hepatitis epidemic with the Viral Hepatitis Action Plan that was initiated in 2011 through 2013. A renewal of this three-year plan is currently underway with release expected in May 2014. The goal is to ultimately eliminate viral hepatitis, but the specific objectives for the next three years are to improve viral hepatitis prevention and ensure that infected persons are identified and provided care and treatment; and to improve coordination of viral hepatitis activities and promote collaborations.*

### Statement from the Hepatitis B Foundation regarding key hepatitis policy issues in the United States:

Viral hepatitis B and C continue to be seriously under-diagnosed and under-estimated diseases in the United States. Up to 70% of infected individuals remain undiagnosed. Less than 15% of people with chronic hepatitis B receive treatment. These lapses are due to a number of factors, including: translating policy into practice (reimbursement

procedures, screening recommendations) which has led to a lack of routine screening at the primary care level; having a health care system that does not offer appropriate access to health care for the highest risk and most underserved communities; and disease-related stigmatisation. Having enforceable policies in place would help to improve routine viral hepatitis screening and linkage to care. Additionally, the government should be responsible for developing an enhanced, national surveillance system

for chronic hepatitis B and hepatitis C, so that these diseases will not be underestimated. Other stakeholders, including those involved in health care, non-profit research and public health should collaborate to make hepatitis B and hepatitis C screening and linkage to care a priority – this should include improving infrastructure in high-risk communities, delivering education to providers and community members, and working to reduce socio-economic barriers to these services.

# United States

## Hep C Connection\*

NGO – hepatitis patient group  
Denver, Colorado, United States  
www.hepc-connection.org

### SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of the United States reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

✓ The government information was thought to be accurate for 100% of items.

Survey comments from Hep C Connection:

#### Information reported by government (2012–2013)

✓ To our knowledge, this information is accurate.

**3.1** There is routine surveillance for viral hepatitis. There is a national surveillance system for the following types of acute hepatitis: A, B, C and D. There is a national surveillance system for the following types of chronic hepatitis: B and C.

**5.4** Publicly funded treatment is not available for hepatitis B or hepatitis C.

#### Civil society respondent comments (2014)

*The chronic surveillance system is for a limited number of states and cities.*

*To an extent it is through Medicaid.*

### Statement from the Hep C Connection regarding key hepatitis policy issues in the United States:

The United States Health and Human Services agency has spent a lot of time and resources creating a viral hepatitis action plan and then updating it with results. The plan involves many federal

agencies and specific activities that will help identify patients with the virus, provide linkage to care, increase providers who treat, and develop awareness about viral hepatitis. The plan is ambitious given that our federal budget does not provide a lot of financial resources to implement it. The federal government should increase funding; however, that is unlikely to happen. Other stakeholders, non-profits

such as Hep C Connection, should continue to try to implement specific strategies in their own communities that have been identified in the Health and Human Services action plan. The United States Centers for Disease Control and Prevention viral hepatitis budget is roughly US\$ 29,000,000, which is a pittance compared to HIV funding and the overall federal government budget.

\* World Hepatitis Alliance member.

# United States

## San Francisco Hepatitis C Task Force\*

NGO – city task force  
San Francisco, California, United States  
<http://sfhepc.org>

### SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of the United States reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

✓ The government information was thought to be accurate for **36.0%** of items.

Survey points marked "accurate":  
1.1, 1.2, 2.2, 4.1, 4.2, 4.8, 4.10, 5.2  
and 5.3.

✗ The government information was thought to not be accurate for **24.0%** of items.

Survey points marked "not accurate":  
1.3, 2.1, 3.4, 5.1, 5.4 and 5.5.

— The respondent took no position on the government information for **40.0%** of items.

Survey points marked "take no position":  
3.1, 3.2, 3.3, 3.5, 4.3, 4.4, 4.5, 4.6,  
4.7 and 4.9.

#### Survey comments from the San Francisco Hepatitis C Task Force:

##### Information reported by government (2012–2013)

✓ To our knowledge, this information is accurate.

**1.1** There is a written national strategy or plan that focuses exclusively on the prevention and control of viral hepatitis. It includes components for raising awareness; surveillance; vaccination; prevention in general; prevention of transmission of viral hepatitis via injecting drug use; health-care transmission prevention; treatment and care; and coinfection with HIV.

✗ To our knowledge, this information is not accurate.

**1.3** The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific populations: health-care workers (including health-care waste handlers); people who inject drugs; migrants; prisoners; the homeless; people living with HIV; low-income populations; the uninsured; immigrants and refugees; people born between 1945 and 1965; Asian-Americans; military veterans; and people who have chronic hepatitis C and live in areas underserved by treatment specialists.

**2.1** The government held events for World Hepatitis Day 2012. It has funded other viral hepatitis public awareness campaigns since January 2011 (Annex A).

**5.1** Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools of health professionals (pre-service education), on-the-job training, post-graduate training and continuing medical education. There are national clinical guidelines for the management of viral hepatitis. These guidelines include recommendations for cases of HIV coinfection.

##### Civil society respondent comments (2014)

*The United States Health and Human Services (HHS) department has an action plan regarding viral hepatitis.*

*Although there is an HHS action plan, funding for activities is insufficient. State viral hepatitis coordinators are poorly funded.*

*Very little other than a presidential proclamation has been done.*

*Medical training may exist, but is inadequate.*

\* World Hepatitis Alliance member.

# United States

## San Francisco Hepatitis C Task Force continued

### Information reported by government (2012–2013)

**X** *To our knowledge, this information is not accurate.*

**5.4** Publicly funded treatment is not available for hepatitis B or hepatitis C.

**5.5** The following hepatitis B drugs are included on the national essential medicines list or are subsidised by the government: interferon alpha, pegylated interferon, lamivudine, adefovir dipivoxil, entecavir, telbivudine and tenofovir. The following hepatitis C drugs are included on the national essential medicines list or are subsidised by the government: interferon alpha, pegylated interferon, ribavirin, boceprevir and telaprevir.

**—** *We take no position regarding this statement.*

**3.1** There is routine surveillance for viral hepatitis. There is a national surveillance system for the following types of acute hepatitis: *A, B, C and D*. There is a national surveillance system for the following types of chronic hepatitis: *B and C*.

**3.5** There is not a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are conducted regularly; the target populations are children over the age of six and the general population. The last serosurvey was carried out in 2011.

### Civil society respondent comments (2014)

*Some types of public funding – generally at the state level – cover treatment.*

*To our knowledge, the United States does not have a national list.*

*Surveillance in the United States is inadequate.*

*No national public health research agenda is accurate.*

### Statement from the San Francisco Hepatitis C Task Force regarding key hepatitis policy issues in the United States:

The San Francisco Hepatitis C Task Force feels the United States does not adequately address any of the following topics:

- national coordination;
- awareness-raising, partnerships and resource mobilisation;

- evidence-based policy and data for action;
- prevention of transmission;
- screening, care and treatment

Totally inadequate resources are available to direct at viral hepatitis. Funding for the national response to viral hepatitis needs to be greatly expanded. Currently, the United States Health and Human

Services department does not even have a website maintained specifically for viral hepatitis.

Legislative action has been sorely lacking. State coordinators, who could play a vital role in the national response, also have tiny budgets. Other stakeholders such as task forces like ourselves are ready and willing to work on viral hepatitis issues at all levels.