

RECOMMENDATIONS

MARCH 2017 • A NATIONAL STRATEGY FOR ELIMINATION OF HEPATITIS B AND C: PHASE TWO REPORT

RECOMMENDATION 2-1

The highest level of the federal government should oversee a coordinated effort to manage viral hepatitis elimination.

RECOMMENDATION 3-1

The Centers for Disease Control and Prevention (CDC), in partnership with state and local health departments, should support standard hepatitis case finding measures and the follow-up and monitoring of all viral hepatitis cases reported through public health surveillance. CDC should work with the National Cancer Institute to attach viral etiology to reports of liver cancer in its periodic national reports on cancer.

RECOMMENDATION 3-2

The Centers for Disease Control and Prevention should support cross-sectional and cohort studies to measure HBV and HCV infection incidence and prevalence in high-risk populations

RECOMMENDATION 4-1

States should expand access to adult hepatitis B vaccination, removing barriers to free immunization in pharmacies and other easily accessible settings.

RECOMMENDATION 4-2

The Centers for Disease Control and Prevention, the American Association for the Study of Liver Diseases, the Infectious Diseases Society of America, and the American College of Obstetricians and Gynecologists should recommend that all HBsAg+ pregnant women have early prenatal HBV DNA and liver enzyme tests to evaluate whether antiviral therapy is indicated for prophylaxis to eliminate mother-to-child transmission or treatment of chronic active hepatitis.

RECOMMENDATION 4-3

States and federal agencies should expand access to syringe exchange and opioid agonist therapy in accessible venues.

RECOMMENDATION 4-4

The Centers for Disease Control and Prevention should work with states to identify settings appropriate for enhanced viral hepatitis testing based on expected prevalence.

RECOMMENDATION 4-5

Public and private health plans should remove restrictions that are not medically indicated and offer direct-acting antivirals to all chronic hepatitis C patients.

RECOMMENDATION 5-1

The National Committee for Quality Assurance should establish measures to monitor compliance with viral hepatitis screening guidelines and hepatitis B vaccine birth dose coverage and include the new measures in the Healthcare Effectiveness Data and Information Set.

RECOMMENDATION 5-2

The American Association for the Study of Liver Diseases and the Infectious Diseases Society of America should partner with primary care providers and their professional organizations to build capacity to treat hepatitis B and C in primary care. The program should set up referral systems for medically complex patients.

RECOMMENDATION 5-3

The Department of Health and Human Services should work with states to build a comprehensive system of care and support for special populations with hepatitis B and C on the scale of the Ryan White system.

RECOMMENDATION 5-4

The criminal justice system should screen, vaccinate, and treat hepatitis B and C in correctional facilities according to national clinical practice guidelines.

RECOMMENDATION 6-1

The federal government, on behalf of the Department of Health and Human Services, should purchase the rights to a direct-acting antiviral for use in neglected market segments, such as Medicaid, the Indian Health Service, and prisons. This could be done through the licensing or assigning of a patent in a voluntary transaction with an innovator pharmaceutical company.

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