



October 8, 2020

B. Kaye Hayes, MPA
Acting Director, Office of Infectious Disease and HIV/AIDS Policy (OIDP)
Office of the Assistant Secretary for Health (OASH)
U.S. Department of Health and Human Services
200 Independence Avenue, S.W. Room 715-G
Washington, D.C. 20201

RE: Request for Information: Viral Hepatitis National Strategic Plan 2021-2025 Available for Public Comment

Dear Ms. Hayes:

We are writing on behalf of the Infectious Diseases Society of America (IDSA) and the HIV Medicine Association (HIVMA) to offer comments on the ***Viral Hepatitis Strategic Plan 2021-2025: A Roadmap to Elimination***. This latest update to the national viral hepatitis response is critical as viral hepatitis continues to be a concerning public health crisis that requires a heightened commitment and increased federal investment if we are to achieve elimination as envisioned in the Strategic Plan.

We applaud the comprehensiveness of the Strategic Plan in articulating the issues, identifying general solutions and defining metrics to evaluate progress. However, we are concerned that important details are not included for how to achieve the metrics identified, such as the agencies responsible for implementing specific recommendations, the resources necessary to support the recommendations and specifics for how existing programs can be leveraged. We urge a timely release of the accompanying federal implementation plan with these details.

In consultation with our members leading the viral hepatitis response nationally, we offer the following recommendations for consideration as you finalize the Strategic Plan and the accompanying implementation plan.

Goals and Objectives

We urge you to consider adding the following:

- The inclusion of sexually active men who have sex with men (MSM) and trans individuals as high-risk populations with respect to sexual transmission of hepatitis A, B and C.

Rates of HCV reinfection are highest amongst HIV-infected MSM. Incident HCV among HIV-uninfected MSM on PrEP is of growing concern.

- The need to assess the burden of hepatitis delta coinfection. Further study is needed before concluding that delta testing is not important.

Barriers to Health Care and Treatment

While the plan acknowledges the need to address ongoing insurance coverage and reimbursement barriers, given the persistent challenges to accessing viral hepatitis care and treatment, we urge greater attention to the specifics of how these barriers will be addressed. We also recommend:

- Specifying how the Centers for Medicare and Medicaid Services will address state Medicaid policies that restrict access to hepatitis C treatment without clinical justification that have been found unlawful in the courts.ⁱ
- Supporting the National Academies of Science, Engineering and Medicine (NASEM) recommendations calling for a federal discretionary program to serve as source of care and treatment for individuals without other sources of coverage for substance use treatment and co-occurring infectious diseases, such as hepatitis C.ⁱⁱ
- Incentivizing and increasing federal support for the integration of viral hepatitis care and treatment with substance use treatment in addiction treatment programs and community health centers.
- Leveraging the “subscription” payment model to expand access to hepatitis C treatment within federal programs.

Correctional Facilities

Due to limited resources in many states and significant variable in state policies, we urge for a stronger federal commitment of resources to support viral hepatitis testing and treatment in state prisons and for innovative policies to support continuity of care for individuals who transition in and out of correctional facilities. Hepatitis C is transmitted in correctional settings and many drug-involved individuals circulate through the state and local correctional facilities.

Hepatitis B

We urge greater attention to hepatitis B in the Strategic Plan given that there are 1.4 million people living with hepatitis B in the U.S. and that it is preventable. In particular, it is important to highlight the importance of improving access to prevention and treatment for two key at-risk populations both for their own health and because it is a communicable disease: 1) immigrant and migrant populations, and 2) people who inject drugs.

Despite the introduction of birth-dose vaccination in 1991 and recommendations for catch-up vaccination of adolescents in the late 1990s, many individuals do not have protection against hepatitis B. We recommend strengthening the recommendation for hepatitis B vaccination,

including for vaccinations for susceptible MSM, women who test negative during pregnancy, and people who inject drugs.

Language and Terminology

We offer the following recommendations for clarifying or revising terminology:

- Throughout the document we urge you to use people first language, including changing “pregnant women,” to, “women who are pregnant” to emphasize the person before the health condition.
- Change “women of childbearing age,” to “women of childbearing potential” to reflect the unique circumstances and preferences of women.
- Change medication assisted treatment (MAT) to opioid agonist therapy (OAT) as the evidence supports methadone and buprenorphine as having the strongest protective factor for hepatitis C.
- In defining baby boomers, we urge consistency across agencies, e.g., a recent CDC document defines baby boomers as those born 1945-1969.ⁱⁱⁱ

Thank you for the opportunity to provide input on the latest iteration of Viral Hepatitis National Strategic Plan. Please consider us a resource and partner as the Strategic Plan is implemented.

Sincerely,



Thomas M. File, Jr., MD, MSc
President, IDSA



Judith Feinberg, MD
Chair, HIVMA

ⁱ STAT. Washington state told to lift restrictions on hepatitis C medicines. May 2016. Online at: <https://www.statnews.com/pharmalot/2016/05/27/washington-state-hepatitis-drug-prices/>

ⁱⁱNational Academies of Medicine. Opportunities to Improve Opioid Use Disorder and Infectious Disease Services. January 2020. Online at: <https://www.nap.edu/catalog/25626/opportunities-to-improve-opioid-use-disorder-and-infectious-disease-services>.

ⁱⁱⁱ Centers for Disease Control and Prevention. New approach will help avert major increases in liver disease and deaths in the U.S.
Online at: <https://www.cdc.gov/nchhstp/newsroom/2012/hcv-testing-recs-pressrelease.html#:~:text=One%20in%2030%20baby%20boomers,most%20don't%20know%20i>t.