

# VA's Commitment to Hepatitis C

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## Key points

- Hepatitis C is a top priority for VA.
- VA has established the largest and most comprehensive program for hepatitis C screening, testing, and care in the United States.
- VA employs a proven public health approach to hepatitis C.

## Background

The public health implications of hepatitis C became obvious in the first few years after diagnostic tests were developed in 1992. Hepatitis C is the most common blood-borne infection in the United States, with approximately two percent of the American public believed to be infected. Hepatitis C is an epidemic with potentially enormous consequences for health care systems as well as for the individuals affected by the virus.

Hepatitis C is also an important issue and a priority for VA. The large number of infected veterans, the possibility that some aspects of epidemiology may be unique among veterans in VA care, and the deep concern of veterans and their health care providers about hepatitis C all support an aggressive response by VA.

Today, VA has become the nation's leader in hepatitis C screening, testing and treatment, with an impressive track record of accomplishments and a clear vision for the future. VA's commitment to hepatitis C as a priority health concern for veterans is firm and enduring. VA's response to hepatitis is the model other health care systems should emulate.

## VA's response to hepatitis C

Veterans, their VA clinicians, and VA investigators recognized the possibility that subgroups of veterans might be at higher risk of exposure to hepatitis C shortly after the epidemiology of this new virus was described. Organized VA efforts to confront the epidemic of hepatitis C on a national level began in 1998 when the policies of universal risk factor screening and voluntary testing for those at risk were stated in an Information Letter from the Under Secretary for Health (IL 10-98-013). In the years since then, many accomplishments can be cited as evidence of VA's strong commitment to improving identification and medical care of veterans with hepatitis C.

## The unique challenges of hepatitis C

There are many aspects of the natural history and epidemiology of hepatitis C that create unique challenges for individual patients, providers, and health care organizations.

- For the majority of those infected with hepatitis C, infection is lifelong although we do not know why some individuals clear the infection or why many who carry the virus never develop clinical disease.
- Acute infection with hepatitis C is rarely recognized, so identifying those infected requires special efforts.
- The clinical complications of hepatitis C infection are highly variable and the time course is long, making it extremely difficult to predict clinical implications of infection for individual patients or for populations of infected patients.

- Currently available treatments, while improving, are still inadequate: side effect rates are high, and eradication of infection is difficult, especially among patients with genotype 1 virus.
- The likelihood that new and more effective treatments will be developed in the near future requires identification and monitoring of all who are infected, even if they are not candidates for current antiviral therapy.

Although significant progress has been made within VA toward meeting the needs of all patients with and at risk for hepatitis C, these and other unique aspects of the disease will continue to create challenges and opportunities for the VA health care system.

### Timeline of milestone accomplishments by VA in hepatitis C

#### 1998

- Information Letter 10-98-013 outlines standards for provider evaluation and testing

#### 1999

- VA conducts a system-wide single day surveillance and tests over 26,000 veterans for hepatitis C. 6.6 percent of those tested were positive.
- Two Centers of Excellence established

#### 2000

- The Under Secretary for Health designates an additional \$20 million for outreach, testing, counseling, and treatment of hepatitis C.
- Directive 2000-019 mandates installation of Hepatitis C Clinical Reminders
- The Under Secretary for Health approves VERA reimbursement at complex care level for hepatitis C patients on antiviral therapy
- The National Hepatitis C Program is created as part of the Public Health Strategic Health Care Group
- National Hepatitis C Technical Advisory Group created
- VA holds National Hepatitis C Symposium on the “Effects of HCV on Veteran Patients and their Families”

#### 2001

- VA issues solicitation for applications to establish Hepatitis C Resource Centers
- VA Cooperative Studies begins a three-year study of the Prevalence of Hepatitis C Infection in Veterans
- VA hosts a symposium on hepatitis C research for VA investigators and other research groups
- Four Regional “think tanks” held to solicit direct input from frontline providers
- National Hepatitis C Community Advisory Board created with first meeting in Washington DC

#### 2002

- A national conference for VA providers on “New Strategies for Treatment and Supportive Care of Veterans with Hepatitis C” is held
- Hepatitis C Resource Centers Program is launched with funding of four centers
- Implementation of software to support creation of Hepatitis C Case Registry mandated by VHA Directive 2002-022
- Formal performance measures for hepatitis C screening and testing adopted
- Over one million educational brochures developed jointly with the American Liver Foundation distributed
- Series of 29 patient brochures on individual hepatitis C topics developed and over 2.5 million copies distributed
- Field packages to promote recognition of National Hepatitis Month distributed to VA Medical Centers and Vet Centers

#### 2003

- Completed distribution to VA facilities of no-cost initial 12-weeks supplies of new pegylated interferon alfa 2-a for 3,000 patients
- Completely revised Recommendations for Treatment of Chronic Hepatitis C
- Developed “Criteria for Use of Pegylated Interferons” with Pharmacy Benefits Management
- Conducted regional Hepatitis C and HIV Test Counseling workshops
- Developed and distributed pocket guides and training materials on initial evaluation and management of hepatitis C to all facilities

## An organized public health approach

Fortunately, there is considerable experience in effectively managing epidemics of infectious agents. The elements of a coordinated and comprehensive public health approach have been defined during epidemics as diverse as tuberculosis, polio, and HIV. The application of these principles to hepatitis C management is the hallmark of VA's current response. The essential elements of this approach are a framework for the presentations in this briefing.

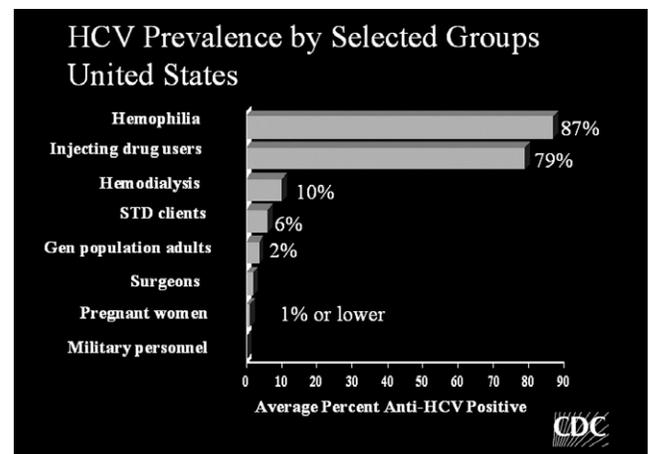
- Comprehensive and systematic screening
- Effective testing and counseling
- Educated patients
- Educated providers
- Excellence in clinical care
- Research to improve clinical care
- Data-based quality improvement

## Are veterans at special risk? A word about prevalence

Prevalence is a term used in epidemiology to describe the number of individuals affected by a given condition in a selected population at a particular point in time (as compared to "incidence"—the term used to describe the rate of new occurrences of a condition over time). Prevalence is usually expressed as a percentage, or fraction, with the number of affected individuals in the numerator and the size of the population from which they are drawn in the denominator. How that population is defined may have considerable impact. For instance, the prevalence of breast cancer in the US may be relatively low in the population of all US citizens, but significantly higher if the population is defined as adult women between 30 and 60 years old.

Hepatitis C prevalence also varies. While the overall prevalence in the entire US population was estimated by CDC to be 1.8 percent, it was much higher in certain subgroups such as men who are currently between 45 and 65 years old, and among groups with known risk factors.

Within populations cared for by the VA, various attempts to estimate prevalence of hepatitis C have been made. Each looked at a specific subgroup of the larger population of veterans in care, which is, itself, a small fraction of all US veterans. Since it is rarely possible to measure prevalence in an entire population, careful sampling of the population, taking care to avoid over- or under-sampling of any group is the best scientific approach. Such a study has been conducted within VA facilities over the past year, and the results are currently being tabulated and analyzed. Results from this study are expected later this year.



Although prevalence is an important concept, VA's commitment to hepatitis C does not depend on proving a high prevalence of the infection among veterans. Regardless of the overall prevalence among veterans, we already know from our new Hepatitis C Case Registry that over 180,000 veterans who used VA care in FY2002 were infected. These very large absolute numbers of infected veterans justify major VA commitment regardless of prevalence. Another important concept is the burden of disease from hepatitis C, which appears to vary from one infected group to another. It could be the case that veterans infected with hepatitis C are more likely to suffer from complications of the disease than other groups. We are just beginning to be able to measure these effects, and the results will be tremendously helpful for planning and for resource allocation targeted to best meet veterans' needs.

Finally, an overall prevalence estimate does not adequately describe the complexities of an epidemic in a group as diverse as veterans of the American armed forces. We already know that within some subgroups of veterans, prevalence of infection is high. Because the health of every veteran is important to VA, this is reason enough to justify the ongoing commitment of time, energy and resources that already characterize VA's response to hepatitis C.

