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Jeffrey P. Engel, M.D.

February 8, 2016

Corinna Dan, RN, MPH
Department of Health and Human Services
200 Independence Ave, SW
Room 443H
Washington, D.C. 20201

RE: VHAP—2015RFI

Dear Ms. Dan,

This letter is in response to the Viral Hepatitis Action Plan 2015 Request for Information that was recently posted in the Federal Register. Please see the responses to the relevant questions below.

1. ***Describe the type of organization or group with which you are affiliated (e.g., advocacy, private industry, health care, local, or state government, etc.).***

The Council of State and Territorial Epidemiologists (CSTE) is a non-profit national organization that works to advance public health policy and epidemiologic capacity. At its origin, CSTE was formed to establish effective national surveillance and enhance communications among epidemiologists working at the local, state and federal level, to provide expert consultation and advice to health agencies, and to provide technical assistance to public health officials. CSTE works intimately with the Centers for Disease Control and Prevention (CDC) and other federal agencies in order to achieve these goals.

Currently, CSTE has over 1,600 members with surveillance and epidemiologic expertise in a broad range of topic areas, including infectious disease, immunizations, environmental and occupational disease surveillance, chronic disease, and surveillance and informatics. CSTE members work to fulfill its organizational mission through four main objectives: 1) promote effective use of epidemiologic data to guide public health practice and improve health; 2) support effective public health surveillance and epidemiologic practice through training, capacity development, and peer consultations; 3) develop standards for practice; and 4) advocate for science-based policy and resources.

2. What is the most significant need your community/clients experience with respect to combating viral hepatitis?

As indicated in the Action Plan for the Prevention, Care, & Treatment of Viral Hepatitis (2014-2016), disease surveillance is a critical activity for understanding and responding to viral hepatitis. State and local health departments are not generally funded to address viral hepatitis surveillance needs, with only seven jurisdictions funded by CDC to conduct specific activities. Disease surveillance uniformly conducted according to national protocols is needed in all jurisdictions in order to develop accurate local, state and national estimates of viral hepatitis incidence and prevalence, monitor health disparities related to viral hepatitis, effectively target resources for prevention, care and treatment, identify outbreaks of viral hepatitis in order to implement control measures, and evaluate the impact of interventions across the care continuum.

With so many urgent needs for viral hepatitis surveillance data, it is remarkable that so few jurisdictions are adequately resourced to collect, process, and analyze these data. As you are aware, national data indicate that these epidemics cause substantial morbidity and mortality. Alarming increases in hepatitis C infection have been noted in populations of young people who inject drugs. Mortality among people with hepatitis C infection has been steadily increasing. In fact, the CDC Division of Viral Hepatitis recently reported that hepatitis C infection was now responsible for more annual deaths than all other nationally notifiable infectious diseases combined.

While many jurisdictions attempt to conduct surveillance, most are unable to do so to the extent needed. Laboratory data have recently been made available by CDC from large, national reference laboratories, and while these data are useful, they are insufficient at providing the comprehensive, granular data required for disease surveillance investigations and analysis. For example, there has been interest in examining the viral hepatitis care continuum at the state and local level, as has been done for HIV infection. However, with limited resources, it is not possible for most jurisdictions to generate sufficient data to complete such an analysis. Without such data, it remains a challenge to understand the epidemiology and burden of disease and make the case for the resources needed to respond effectively.

3. What activities conducted in 2014 and 2015 demonstrated the greatest advances toward reaching the goals of the Viral Hepatitis Action Plan?

CSTE has been working with CDC for many years on viral hepatitis surveillance. In 2015, there were two accomplishments of note, both of which relate to Goals 3.1, 3.2, and 3.3 in the Viral Hepatitis Action Plan. The first is revision of the case definition of hepatitis C for national notification that was approved by CSTE membership. This case definition was developed to improve case classification of acute and chronic hepatitis C surveillance. The primary changes were to focus on evidence of chronic infection and to improve identification of acute infection. The new case definition is being implemented for national surveillance. It is hoped that with a simplified case definition it will be easier for all jurisdictions to classify cases and provide more meaningful data for program planning.

The other notable accomplishment in 2015 is that CSTE convened a hepatitis C subcommittee within the Infectious Disease Steering Committee to address concerns of members regarding the complexity of hepatitis C surveillance issues. This subcommittee is new, but already attracting large numbers of members to its monthly calls. One primary area of focus is the development of a position statement to improve data capture on perinatal hepatitis C infection, a growing concern across the country given the number of young women of childbearing age being diagnosed with HCV infection. This group will continue to develop recommendations and guidelines to improve and enhance viral hepatitis surveillance nationwide.

4. ***Please include relevant information such as the dates of implementation; names of collaborating organizational partners; related Action Plan goal(s); geographic area and populations served, quantitative findings and outcomes such as number of tests done, proportion of positives identified; and links to online tools, resources, and publications.***

The hepatitis C case definition referenced above was approved by CSTE membership at the CSTE Annual Meeting in June, 2015. The revised case classifications went into effect on January 1, 2016. The position statement proposing the case definition can be accessed at the following link:

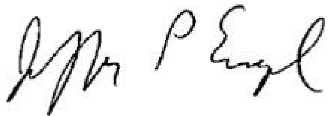
http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/2015PS/2015PSFinal/15-ID-03.pdf

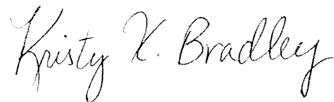
The CSTE Hepatitis C Sub-Committee webpage can be found at the following link:

http://cste.site-ym.com/members/group.aspx?id=159495

If there is anything that CSTE can do to support the Department of Health and Human Services with the ongoing work to realize the Viral Hepatitis Action Plan, please do not hesitate to contact us.

Sincerely,





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