

**NWX-OS-OGC-RKVL**

**Moderator: Laura Gray  
September 8, 2016  
12:00 pm CT**

Coordinator: Good afternoon and thank you all for holding. Your lines have been placed on a listen-only mode until the question and answer portion of today's conference.

I would like to remind all parties the call is now being recorded. If you have any objections, please disconnect at this time. And I would now like to turn the call over to Susan Moskosky. Thank you. You may begin.

Susan Moskosky: Thank you (Alana) and thank you everybody for joining us this afternoon for our Webinar on what Title X providers need to know about viral hepatitis. So at the end of this Webinar, you should be able to identify the intersections of Title X populations and viral hepatitis services.

You should also be able to describe recommended viral hepatitis services in Title X-funded programs. And also to be able to list three to five activities or strategies that you in Title X-funded programs can undertake to increase awareness and uptake of viral hepatitis services.

Next slide. This hopefully is a framework that's familiar to all of you on the phone today. And hopefully you remember that in 2014 that OPA with CDC released the Providing Quality Family Planning Services Recommendations of CDC and the Office of Population Affairs, which we refer to as QFP.

And QFP includes recommendations for healthcare providers such as to consider the needs for STD services for all clients. And although QFP services don't specifically require any specific service, QFP does provide recommendations based on the best available evidence to improve the quality of family planning services.

And QFP highlights that STD and HIV and other preconception health services including some hepatitis-related services are considered family planning services because they improve women's and men's health and also can influence a person's ability to conceive or to have a healthy birth outcome.

So the QFP recommendations note that testing for hepatitis C and offering hepatitis B vaccination are important parts of STD services and preconception care.

Specifically QFP notes that routine hepatitis B vaccination should be offered to all unvaccinated children and adolescents under the age of 19 and all adults who are unvaccinated and who do not have any documented history of having had hepatitis B infection.

QFP recommendations also include recommendations for testing and vaccination for hepatitis in accordance with the CDC guidelines. For female and male clients, CDC recommends one-time testing for hepatitis C for persons born during 1945 to 1965, a population that has a disproportionately high prevalence of hepatitis C infection and related disease.

And also hepatitis C testing is recommended for those at risk for hepatitis C such as individuals that have a history of current or past injection drug use, receipt of a blood transfusion before 1992, long-term hemodialysis, folks who have been incarcerated or have used intranasal drugs or have gotten unregulated tattoos.

As well as individuals who might have been born to a hepatitis C inflected mother or other kinds of percutaneous exposures. So you might want to refer to QFP Reference 130 to get more information on this.

Also CDC/OPA QFP recommendations note that for persons identified as having hepatitis C infection that they should receive a brief screening for alcohol use and intervention as clinically indicated followed by referral to appropriate care for hepatitis C infection and related conditions.

So that's some background on the relationship between Title X and what QFP has to say about hepatitis. And at this time, I'd like to hand over the Webinar controls to Ms. Corinna Dan who is from the Office of HIV/AIDS and Infectious Disease Policy.

She's a nurse and works to implement the National Viral Hepatitis Action Plan. And prior to joining OHAIDP, she served as the Hepatitis B Policy Fellow at the Association of Asian Pacific Community Health Organizations.

She also held positions in the Hepatitis Foundation International and the Chicago Department of Public Health as the Hepatitis C Virus Program Coordinator.

She received a Bachelor of Science degree in Nursing from Rush University in Chicago and a MPH from the University of Illinois at Chicago. So Corinna I'm going to turn it over to you and we'll pull your slides up in just a second.

So hang on and thank you everybody again for joining us this afternoon.

Corinna Dan: Thank you so much, Sue. I am thrilled to collaborate with our Office of Population Affairs colleagues to talk a little bit about the intersections of Title X programs and viral hepatitis.

One of my previous roles was at an adolescent health center which was a Title X-funded health center. It was my first nursing job out of nursing school and it was my dream job.

So I'm pretty familiar with Title X and, you know, obviously have a little bit experience working in one Title X setting back in Chicago. I loved it. I loved working with adolescents.

So I'm excited to talk a little bit more about what I've been doing since I left the health center and that is really focusing on how to integrate and what to integrate and really the rationale behind why it's so important to offer those hepatitis services in Title X settings.

Next slide please. I am seeing it blank. If you are seeing the slides and can let me know, I - my computer says it's not responding. And I can continue presenting from my copy.

But the phone - if someone on the phone could give me...

((Crosstalk))

Corinna Dan: Are you all able to see the slides? Or does the live...

Susan Moskosky: Yes, just please hold on. We're just trying to get some help from the...

Corinna Dan: Okay. I'm...

Susan Moskosky: Oh here we go.

Coordinator: There we go. I can see it. One moment please.

Susan Moskosky: All right.

Corinna Dan: Okay. Great.

Woman: Thanks. Okay. Sorry. Looks like everybody...

Corinna Dan: No problem - terrific. So I just wanted to acknowledge my boss the - Richard Wolitski here OHAIDP and Laura Gray who did a lot of the prep work for this Webinar from OPA. Next slide please.

All right. So intersecting epidemics. Title X and viral hepatitis - exactly where that intersection is. And then I think the facts and current trends in viral hepatitis really help inform the recommendations and give a good rationale for why hepatitis is important.

And then I am going to share some opportunities and resources. And I'm hoping to have a little bit of time at the end if it's possible to hear from folks on the phone about what they are doing in viral hepatitis.

Or what their challenges are and how we may be better able to assist. So I just want to point out that one of the resources that is available are posters like the one on this page which is available from the CDC Division of Viral Hepatitis. And there are a few other images that are also available.

But these posters are available to order for free if you don't have any hepatitis swag yet posted in your clinic setting. Next slide please. So as most of you are likely familiar, we have this situation where many different factors affect people's health.

And so viral hepatitis, HIV, mental health, substance abuse and all - and other things, you know, all of - kind of affect each other and affect those same populations that we are seeing in Title X health centers.

As well as those that are being affected - obviously viral hepatitis is up there. But it's a challenge often in a setting to address these syndemic health problems.

But I think it's important to note that many people have a lot of these factors in their lives, again, impacting their health. Next slide please. So we see that especially with hepatitis and hepatitis C and HIV - sorry for whatever happened to that middle text there, but basically one in four people living with HIV is co-infected with hepatitis C.

And four in five people who inject drugs who have HIV are living with hepatitis B. And the text that's missing is - it kind of symbolizes what those two individuals - one in two people who have ever injected drugs have hepatitis C.

And so we've got a situation where we know injecting drugs is the biggest risk factor for hepatitis C. We also recognize that we are in the midst of a national opioid abuse epidemic.

And that more people than ever before are unfortunately using opioids, becoming dependent and initiating injection behaviors. And the hepatitis C is - as well as hepatitis B. They're both extremely hearty viruses.

And so unlike HIV which leaves the body and then can no longer infect people, hepatitis B and hepatitis C - both can live on surfaces for a number of days or maybe even weeks.

And so it's very easily transmitted through injecting. But also as Sue mentioned, other risk factors include receipt of a tattoo in an unregulated setting or other forms of blood exposure.

Thank you Sue for having listed that right on the front-end. Next slide please. So we're worried about hepatitis B and hepatitis C because they can cause really severe health problems, really severe liver disease and even death.

Scarring of the liver is usually the first thing that happens and mild scarring is called fibrosis. Severe scarring is called cirrhosis. And if that liver damage continues, the liver can fail.

And that person if they want - you know, if we want to keep them alive, we'd have to give them a liver transplant. There's no kind of mechanical way unlike like dialysis.

We don't have a way to keep someone without a liver alive or with a not-working liver alive. Hepatitis B and C also cause liver cancer and liver cancer rates are increasing in the United States.

It's actually the fastest rising type of cancer. Most other types of cancer are now starting to go down. Liver cancer is increasing. And then hepatitis B and C can both cause death.

And the other thing that we're really worried about is transmission to other people. And when I get into some more of the epi, I think, it'll be really clear that that transmission is happening now.

Next slide please. So just a quick snapshot of the mortality for - this compares hepatitis B which is the white line down at the bottom, hepatitis C which is the yellow line that was climbing and then HIV.

And you can see that around 2007, HIV - well hepatitis C surpassed HIV in terms of the number of - or the rate of death as well as the number of deaths in the United States.

Next slide please. And in fact a recent analysis shows that hepatitis C is actually the leading infectious cause of death in the United States. It kills more people every year than all other 57 -- or I think it's a total of 60 -- total infectious conditions that are reported to CDC.

So hepatitis C is now the deadliest virus in the U.S. Next slide please. And so the Quality Family Planning Services include this recommendation to test individuals who are at risk for hepatitis C and vaccinate all unvaccinated individuals for hepatitis B.

Hepatitis C is a curable infection and it's very rare to be able to cure a viral infection. However the new therapies for hepatitis C are extremely effective. As well, the hepatitis B vaccine is very safe and very effective.

And there are a couple of different ways that, I think, Title X programs and staff can, you know, help to increase awareness about the need for vaccination for hepatitis B and testing for hepatitis C.

And then also try to provide or refer clients for those services. Next slide please. So we know there are some health disparities in viral hepatitis as with many diseases. The fewer than half of people who have chronic hepatitis C infections have incomes higher than twice the poverty level.

It's kind of a confusing way to say that. But basically many people or more than half of people with hepatitis C are pretty poor. They have very low incomes. And they also don't have a lot of education generally speaking.

And that's information from the National Health and Nutrition Survey. That's - it's a nationally represented survey here in the U.S. We know that American Indians and Alaska Natives have the highest rate of new hepatitis C infections.

That's new infections. They also have a pretty high rate -- American Indians and Alaska Natives -- of chronic hepatitis C. And actually just recently I think there was a new analysis that shows that new hepatitis C infections have increased about 500% just in the State of Alaska.

So we do see regional differences as well in new hepatitis C infections. Going back to chronic infections, African Americans have - are disproportionately affected with chronic hepatitis C accounting for about one in four people with chronic hep C, even though they're only about 11% of the whole population.

Other groups that have high rates of hepatitis C are, you know, people who inject drugs because of that blood exposure. Incarcerated individuals who often have a history of using drugs and/or injecting drugs.

Also may have been exposed to blood through fighting and may also be at very high risk for unregulated tattoos. And then homeless individuals who - again we talked at the very beginning about the syndemics.

And so homeless people obviously fit into that category of people who may have a number of different problems that they're managing including hepatitis, HIV, substance use disorders, mental health issues and - all of those things disproportionately affect homeless people as well.

Next slide. So concerningly despite the fact that we've had this safe and effective hepatitis B vaccine for decades, we haven't done a very good job of vaccinating adults who are at risk.

In the United States, we began our infant vaccination campaigns in 1991. And so from that time, most infants received three doses of hepatitis B vaccine when they were born or that first year after they were born.

And we've got pretty good coverage. There's no recommendation for a booster for hepatitis B vaccinations currently at least. And the downfall is that anyone who we missed -- who was born before 1991 -- is unlikely to have been vaccinated.

We don't have a very good system of catching those folks and requiring them to be vaccinated. For kids, they're often required to have the vaccine for school. And so we have a pretty good mechanism there.

One national survey found that only one in three adults at risk had been vaccinated for hepatitis B. And again, I think looking at the epi in a few minutes you will see that we've got some real problems there.

I just also want to point out that the poster that's pictured on this slide is also available from CDC Division of Viral Hepatitis. Next slide please. So hepatitis can be kind of complex.

And, you know, there is one wonderful resource that's available to print out off the CDC's Web site and that's the ABCs of viral hepatitis. It's one of their most popular. And it really lays out the differences and the similarities between hepatitis A, B and C very, very nicely.

And so I'll just mention that hepatitis A is very, very different from hepatitis B and C. It's spread through contaminated feces. People get sick and then they get better generally speaking. Not very many people die of hepatitis A.

And in the United States we have a vaccine that protects against hepatitis A. And we started giving that to infants as well. So for the rest of the - this portion with the ABCs, I'm going to focus on hepatitis B and hepatitis C.

So hepatitis B is spread through contact with infectious blood, semen and other body fluids generally through birth to an infected mother. So very easily transmitted perinatally.

Sexual contact with an infected person. Sharing of contaminated needles, syringes, injection equipment and even the space where people inject because surfaces and other items can become contaminated even with microscopic amounts of blood that can still be infectious.

And then needle sticks or other sharp instrument injuries. In comparison, hepatitis C is primarily spread through contact with blood. It is less spread through sex.

However we do see some amount of sexual transmission which may be related to blood exposure during sex. However the field is not as advanced as with some other sexually transmitted infections that we've known about for longer or had more research into.

And so there are some unknowns with hepatitis C and we do see sexual transmission of hepatitis C both in - among heterosexual couples although that's pretty rare.

But especially with men who have sex with men. And especially among MSM who are HIV-positive. So there's - this ABCs of viral hepatitis lays out the fairly long list of people who are at risk, as Sue enumerated earlier for hepatitis C.

Those people who have ever injected drugs. Gotten blood transfusions or blood products before 1992. Had been on hemodialysis because there's a lot of blood exposure there.

People who may have been exposed. So anybody who thinks they may have been exposed should be screened - tested for hepatitis C. It's standard of care for everyone with HIV to be tested for hepatitis C.

And then infants born to infected mothers. The transmission rate is estimated to be about 7% kind of chance that the infected - an infected woman would transmit hepatitis C to her infant.

So it's fairly low rates perinatal hepatitis C transmissions. At this time, we don't really have a good way to prevent the transmission if a woman is infected while she's pregnant.

However as I mentioned earlier, we've got this great cure for hepatitis C. And so women can be cured prior to having babies and then would not be at risk for transmitting.

Next slide please. So again another - groups of people who are recommended to be screened. I think I'll let you take a look at that at your leisure and hopefully download this ABCs of viral hepatitis fact sheet.

So I think we have one more slide on this. If you could go to the next slide. So there are treatments that are available both for hepatitis B as well as for hepatitis C.

You know, since Title X programs primarily focus on testing for hepatitis C, I just want to point out that this is definitely a curable infection. It's again a huge breakthrough in how we manage this infection and what we can do about it.

However there is no vaccine for hepatitis C. Again, the Title X recommendations are to vaccinate an unvaccinated individual. And so it would be I think really great to make sure that you're assessing folks who are born, you know, before 1991 as well as those who are born after to try and make sure that we've got really good coverage of folks with - who need to be vaccinated for hepatitis B.

And so again, I think there are a lot of groups who should be vaccinated for hepatitis B. As well the Committee for Immunization Practices that informs the CDC about who should be vaccinated, they actually agree that anyone who's seeking immunity should also be able to get vaccinated.

So not just individuals at risk, but anybody who is looking to be protected against hepatitis B would also be covered for example as a preventive service under ACA should be able to be screened for hepatitis - I mean should be able to get vaccinated for hepatitis B.

Next slide please. So moving into kind of the epidemiology and the trends that we're seeing in hepatitis B and C infections, we saw this beautiful epi curve that really started - you know, it came down in the 80s probably because we were doing a better job of screening the blood supply and protecting people from getting hepatitis B that way.

But then after that continued to slow down with our implementation of infant hepatitis B vaccination. Unfortunately, we did see a slight increase in new hepatitis B cases just between 2012 and 2013.

And that's concerning for a number of reasons, but we certainly know that we haven't done as much as we can to vaccinate all of the susceptible folks in the U.S.

And so there's a real role for increasing awareness of the need to vaccinate as well as providing or referring to vaccination sites. So next slide please. As I mentioned earlier, there's been, you know, some geographic differences in where we see increases.

This analysis done by the CDC looked at Kentucky, Tennessee and West Virginia and found that those states were experiencing a pretty rapid increase of new hepatitis B infections linked to the opioid and heroin abuse epidemics.

And I think again looking at the best reason I can think of to expand hepatitis B vaccinations. Next slide please. And I think it's really interesting to look at by age of new - at the time of new hep B infection because as I mentioned if you were born in 1991, you may have gotten vaccinated as an infant.

And so basically anybody who's in their - just about all the folks in their 20s have been vaccinated. And that purple - light purple line of 20 to 29 year olds is decreasing over time.

However, you can see that the 30 to 39 year olds had an uptick for a couple of years there. The 40 to 49 year olds had an increase in new infections. And even among the 50 to 59 year olds and the 60 year olds -- 60 and over -- we saw a slight increase in the numbers of new infections among those people.

And so again, those unvaccinated older individuals are - you know, continue to be at risk for hepatitis B. Next slide please. And then hepatitis C tells its own story with this 250% increase in new reported hepatitis C infections between 2010 and 2014.

Again, we believe this is tied to the opioid abuse epidemic and to an increase in people injecting which is - bears through SAMHSA's survey of drug use behaviors and behavioral risk.

They're seeing increases in injecting. But again because hepatitis C is so easily transmitted through even microscopic amounts of blood, there's this huge increase in new infections.

Next slide please. So you can see the geographic distribution of those increases. Seventeen states saw about a 200% increase between 2007 and 2012.

Most of those people who, you know, answered risk questions, 70% had a history of injecting drugs. Many of them started with oral prescription opioids and then transitioned to injecting because injecting gives that person more of a feeling euphoria for less money.

Where it takes less drug to have that same amount of high feeling if you - when it's injected versus taking some - a pill by mouth. And so people who become dependent on opioids often kind of transition - if they start with oral pills then transition to injecting over time.

We're seeing that increase among young people. Many of them 18 years to, you know, to 29. But certainly we're seeing increases among some of the older groups as well.

These people are predominantly white and unlike previous surveys or studies of people with hepatitis B, they're about equal male - female to male ratio. In the past with - people with hep B and people who inject, we were seeing more men injecting than women.

And now with the current opioid abuse epidemic, we're seeing about an equal male/female ratio. We're also seeing this in areas that we traditionally didn't think there were a lot of drug problems or injecting drug problems in non-urban, suburban and rural areas of the country.

And so it's really challenging because we have - these are areas where there may not be a lot of services available or a lot of service providers. Again, another reason why our Title X clinics are so important to join in and do this important work on hepatitis B and C.

Next slide please. So looking at new infections by age, you can see that the highest rate was among 20 to 29 year olds. Then followed by 30 to 39 year olds. Luckily the 0 to 19 bar is very, very low.

However you can see that it did increase a bit between 2010 and 2013. And so some states have done some further epidemiologic studies and seen that they are getting younger and younger.

Adolescents are getting exposed and infected with hepatitis C and I think it's very important to raise awareness about the fact that hepatitis C is out there. That it's very easy to get exposed to hepatitis C if - through any kind of blood exposure.

And there's certainly, I think, a lot more piercing and tattooing that - now more than ever before. And so there's another way that people can become exposed if those kinds of things are being done in unsterile situations.

So this big increase in hepatitis C is also very concerning. Next slide please. The other thing with the - that we're seeing with - the increase in young women who have been exposed to and they're chronically infected with hepatitis C.

Some states have identified increases in women who are actually having babies and that may also be causing increases in hepatitis C infection in their infants.

So although we believe that perinatal transmission is pretty rare, it's not very well-studied. And newly infected individuals may have higher viral loads which could lead to increased chance of them - that woman transmitting hepatitis C to her infant.

And this is really - as I have said a couple of times already, perinatal hepatitis C is a pretty new area for exploration. We didn't use to be able to do anything about it at all because the old treatments for hepatitis C were teratogenic and they caused birth defects and pregnant women couldn't take them.

You weren't supposed to get pregnant for like a year after treatment either. But the new therapies cure people within about 12 weeks and are very, very effective. Cure about nine out of ten people within that short time period.

And so there's a real opportunity to reduce the chance of transmission if you identify young women who have chronic hepatitis C and get them treated before they are pregnant.

I think there's a whole another area for exploration of the use of the drugs and any kind of safety during pregnancy but these are brand-new drugs. And so we're at the point where we are recommending that young people who have risk factors be screened for hepatitis C.

That pregnant women who have a risk factor be screened for hepatitis C and then referred into care in both situations. Next slide please. So Title X programs can help to prevent hepatitis B by vaccinating.

Identifying those people who haven't been vaccinated in the past. Or referring to a local vaccination site. Screening people who are at risk for hepatitis C and then providing risk reduction counseling.

We also want to make sure that when we identify positive individuals that we're getting them to some sort of primary care and/or HCV treatment program. And we've seen that hepatitis C treatment - again, it's pretty easy these days.

It can be as little as one pill once a day for 12 weeks, though there are some combination therapies that require a number of pills. So it - this can be done in primary care. This can be done in specialty care like HIV primary care, infectious disease clinics and even liver specialist clinics.

And then we've seen and want to promote the integration of programs such as those individuals who have substance use disorders often have been exposed to hepatitis C.

And it's really very effective to provide those folks with hepatitis C on-site at the substance use disorder clinic or in other ways integrate the program so that you can get to folks where they're at.

And that's part of what I think we can do through Title X clinics is to offer these services where they're at when they're seeking, you know, Title X services and give them the opportunity to get vaccinated for hep B or tested for hep C.

Next slide please. So we talked a little bit about treatment already, but these treatments also awesome in that they work really well in everyone. So people who are co-infected with HIV. People of all race and ethnicities. People who

even, you know, who have had hepatitis for a long time and maybe already have liver damage or other health problems.

Most everybody can safely take hepatitis C treatments now. And what that does is it reduces the damage being done to the liver. It eliminates the virus that's causing the damage in the liver.

And it reduces the risk of liver cancer. It reduces the risk of death due to any kind of liver-related problem. And in fact it actually reduces overall mortality.

What CDC modelers have shown is that we could prevent - using these new treatments, we could prevent 321,000 deaths due to hepatitis C. If we treated - if we identified and treated everybody with hepatitis C.

And what I haven't said yet is that I - that only about half of people with hepatitis C are aware of their status. And so again, speaking to the importance of screening people and getting them diagnosed. Another role for Title X clinics.

And when we get people treated for hepatitis C then they don't transmit hepatitis C to others. As I said earlier, we don't have a vaccine for hep C. So we need to use that treatment to cure people so that they're not transmitting to other people such as people who they share injection drug use equipment as well as women of child-bearing age.

Because we certainly want to prevent transmission to infants as well. Next slide please. So I would be remiss if I didn't mention that we have a National Viral Hepatitis Action Plan that promotes just this kind of integration of services and helps to kind of coordinate - increase coordination, increasing integration of viral hepatitis services.

It's enabled us to set goals and highlight what our priorities are. We do have measurable targets and we do want to, you know, work toward a reduction of new hepatitis C infections.

And two of the main goals include increasing the proportion of people who are aware of their hepatitis B status. And eliminating perinatal hepatitis C infections. So again that - a big role for Title X.

So it's in helping us to achieve that goal of helping people be aware of their hep C status. The action plan includes actions that the federal government takes, but also we have, you know, a number of different recommended actions for a non-federal stakeholder in the action plan.

And I would encourage you if you have a chance to take a look at that. We are in the process of updating, but this current action plan goes through the end of this year.

And I think it's a very handy tool for people who are working to develop programs. If you want to see what the government is focusing on and what some of our other federal partners are doing that's all contained in the action plan.

Next slide please. So I think there are a lot of opportunities here including to educate the staff and clients. And I would go ahead and recommend that CDC has done a lot of work to put information and training online so that it's very easily accessible.

And they have some really wonderful, you know, archived webinars, online study modules and resources to help educate staff and clients.

And then provide or refer to get vaccinated for hepatitis A and B. To get tested for hepatitis B and C. To refer folks for the medical care. Once you have a chronic infection like hepatitis B or hepatitis C, you need ongoing medical care.

And hopefully treatment for hepatitis B and C. And then providing prevention education and services, including syringe service programs because we know that there's just not enough information out there for people who are at risk.

They're continuing to take those risks and we need to educate them about how to stay safe. And then resources for recovery from substance abuse including medication-assisted treatment, which we also know can help prevent people from being exposed to hepatitis.

Next slide. So [cdc.gov/hepatitis](http://cdc.gov/hepatitis) is where you can find a whole bunch of digital tools as well as fact sheets and information you can just print off. If you have a way to give people Internet access or tablets or some digital way, you can share the online risk assessment with your clients.

And then they can answer just a few anonymous questions and that would come out then with the recommendations from CDC as to whether they should be vaccinated or tested.

So it's a real easy way for people to assess their risk and figure out which services they are recommended to receive. So there's educational campaigns. There's digital tools.

There's posters that you can order as well as fact sheets that you can print out on the CDC's Web site. And then our fairly newly launched Web site -- [hhs.gov/hepatitis](http://hhs.gov/hepatitis) -- where the action plan can be find.

We post blogs. We'd be very interested in, you know, talking to programs that are working in hepatitis about whether or not they would be interested in doing a blog to feature their work in hepatitis.

So I hope that I'll get a chance to work with some Title X folks after this call. But we're also on Twitter, @HHS\_ViralHep. Next slide please. So I wanted to make sure that you all knew that there were other folks in the states and other resources or contacts that may be useful.

Every state has a Perinatal Hepatitis B Prevention Program. And so every - there's one resource there. Every state has a State Viral Hepatitis Prevention Coordinator.

And so technical assistance or help with locating sites that you could refer to if you're not actively treating. Or even if you're not actively screening and vaccinating at the moment. Those State Viral Hepatitis Prevention Coordinators may be able to help you find places and other organizations to collaborate with.

CDC NPIN has a testing location finder that includes hepatitis. And our National Vaccine Program Office has a vaccine finder that includes hepatitis A and B vaccines.

Just also wanted to note, I think Title X programs do provide some services for people 19 years and younger. And so the Vaccines for Children Program can be a resource to provide vaccines for those folks who are younger than 19.

Next slide please. So thank you all so much for your time and attention this afternoon. I think there are a lot of opportunities with Title X and I would really love to hear from folks on the phone or - and/or from Sue and her colleagues if there are any questions or thoughts about how we can do this work better together.

Coordinator: And at this time if you would like to ask a question, please press star 1. Please unmute your phone and record your name clearly when prompted. Once again if you would like to ask a question, please press star 1.

One moment, please, for the first question.

Susan Moskosky: Hi Corinna, this is Sue. I'll start out with the first question. I just wanted to find out whether you had any information about the cost of - two things. One is what's - whether you know what the cost is of hepatitis B testing.

And also whether it's a covered service, you know, under non-grandfathered plans or the Affordable Care Act. I just wondered about that. And also if you had any information on the cost of hepatitis C treatment.

Corinna Dan: Sure. I can give a general idea of, I think, both things. So the first question you had was about the cost of hepatitis B testing.

Susan Moskosky: Mm-hm.

Corinna Dan: So it really depends on the site and how much testing volume is being done at that site because they'll often give a pretty discounted price for groups that do - or organizations that do a lot of testing.

However, hepatitis B testing is fairly inexpensive. I've seen it ranging from over - between - and this for a blood draw lab test - and there is no approved rapid test for hepatitis B in the United States. So it would have to be a blood draw. Somewhere in the range of \$9 to \$25 or \$30.

Susan Moskosky: Okay.

Corinna Dan: But I've seen it as low as \$9. And that would give you, you know, at least the key test that one should do if one - if some - if a provider is trying to determine if they're chronically infected or if they need the vaccine. Because the test can tell you that -- those two things.

Susan Moskosky: Great.

Corinna Dan: And then you asked about the cost of hep C treatment?

Susan Moskosky: Yes.

Corinna Dan: So there have been a lot of press about the cost of hepatitis C treatment and I think many people saw this price tag when it was first launched. The first - one of the first new treatments was, I think, \$94,000 for the 12 weeks of treatment.

And I am happy to report that it seems like most people who are buying the new antivirals for hep C are now paying considerably less. I've heard that it can be purchased - you know again if you're - got a discounted price negotiated, I've heard that can be as low as about \$20,000 for the 12 weeks of treatment at this point.

But there's - I'm sure there is a range. So I would say probably 20 is the lowest that I've heard. Most health, you know, insurances probably have to pay somewhat more than that.

But it is not at that price point when it - as it was when it first launched which had everybody, you know, crying that no one would be able to get treated. And so we have seen some expanded access to new hepatitis C - to the new hepatitis C treatments as the cost has come down as plans have been able to negotiate.

And then I missed one of your questions - was whether hepatitis B screenings was covered as a preventive service under ACA - new ACA plans.

Susan Moskosky: Right.

Corinna Dan: And the answer is for people with a risk factor and for pregnant women, yes.

Susan Moskosky: Okay.

Corinna Dan: And so any, you know, unprotected sex, you know, would be a risk factor. A history of injecting drugs. You know, even being a household contact with someone who has chronic hepatitis B could be a risk factor that should and then enable hepatitis B screening as a covered preventive service.

Susan Moskosky: Great. Thank you.

Coordinator: As a reminder on the audio portion if you'd like to ask a question, please press star 1. One moment please. Ma'am, I am showing no further questions on the audio portion.

Corinna Dan: All right. I don't know Sue if there were any aha moments in the presentation for you, but it sure has been a pleasure coming on and talking with your grantees this afternoon.

Susan Moskosky: Thank you so much and we really appreciate it. And I think hopefully those of you that are on the call today that this has given you some things to think about it.

And if you're not including any hepatitis services as part of your programs, hopefully you'll consider it and understand what the relevance is to the patients that are being seen in Title X agencies.

So we really appreciate you doing this for us this afternoon Corinna. And I know that if you all have ideas in terms of how we can better connect Title X and these important services, please, you know, do let me know or let Corinna know directly.

Because we're, you know, anxious to make sure that, you know, within Title X that we're providing the best possible and highest quality care to all of the clients that need services.

And I'm sure that we have a number of clients out there that probably do have risk factors that we really do need to be testing and making sure that we connect them with appropriate treatment.

So thanks again and if folks don't have any additional questions, we'll I guess end the Webinar.

Coordinator: Thank you and this does conclude today's conference. You may disconnect at this time.

END