

**New York State
Viral Hepatitis Strategic Plan
2010-2015**



Introduction

Brief Background

Viral hepatitis continues to be a public health priority that requires the concerted efforts of individuals, agencies and organizations at all levels and in every community. The Centers for Disease Control and Prevention estimates that one-third of Americans have been infected with hepatitis A and approximately 5 million are living with chronic hepatitis B and C .

In 2004, in consultation with stakeholders from across the state, the New York State Department of Health (NYSDOH) published a five-year Viral Hepatitis Strategic Plan. This detailed action plan has served as a valuable guide. During 2004-2009 much was accomplished in the areas of prevention, education, surveillance and research and medical case management. Even so, challenges remain and there is more that can be done.

Beginning in 2008, steps were taken to update NYS's Viral Hepatitis Strategic Plan. A Department-wide interdisciplinary work group gathered input and recommendations from diverse stakeholders, including consumer and provider advisory bodies, local health departments, other NYS government agencies, statewide immunization coalitions, medical provider associations, clinicians, community groups and consumers. The resulting 2010 Viral Hepatitis Strategic Plan provides a roadmap to maximize the effectiveness of the work of a diverse array of individuals, agencies and organizations engaged in fighting viral hepatitis in NYS.

Mission and Vision

The Mission of the Viral Hepatitis Strategic Plan is to outline a coordinated, comprehensive and systematic approach that will decrease the incidence and reduce the morbidity and mortality of viral hepatitis.

The Vision is to eliminate new hepatitis A, B and C infections and improve the quality of life for individuals living with chronic hepatitis B and C.

Brief Overview of the NYS Viral Hepatitis Strategic Plan

The 2010 Strategic Plan uses a modular approach, with separate frameworks for hepatitis A, B and C. Each framework is inclusive of a wide range of goals and strategies necessary for a comprehensive approach. The frameworks offer flexibility to meet a variety of needs, offering users latitude and options for action. The frameworks are intended to be user-friendly and engaging.

Themes and cross-cutting issues have been identified. These include: 1) promoting risk reduction; 2) ensuring access to vaccination and screening; 3) improving knowledge and awareness; 4) securing resources for hepatitis surveillance and research; 5) assuring timely access to care, treatment and other related services regardless of a person's ability to pay; 6) building the infrastructure for sound policy and program development; and 7) reducing stigma, discrimination and health disparities.

The NYSDOH, in its leadership role, will pursue the goals and strategies of the 2010 Viral Hepatitis Strategic Plan through program and policy development. However, the NYSDOH cannot accomplish these goals and strategies alone. The success of the plan will involve a coordinated, collaborative and sustained approach for viral hepatitis prevention, education, surveillance and research, medical care and treatment and policy and planning. The NYSDOH will engage and facilitate the involvement of others in carrying out the necessary activities to achieve the Strategic Plan's goals and strategies. By aligning activities with the 2010 Viral Hepatitis Strategic Plan, the NYSDOH and others will maximize opportunities to eliminate new hepatitis A, B and C infections and improve the quality of life for individuals living with chronic hepatitis B and C.

A

MODES OF TRANSMISSION

Ingestion of fecal matter, even in microscopic amounts, from:

- Close person-to-person contact with a hepatitis A-infected person
- Sexual contact with a hepatitis A-infected person
- Contaminated food or drinks
- Contaminated drug paraphernalia (works)

RISK ACTIVITIES

- Travel to countries where hepatitis A is common
- Sexual contact with a hepatitis A-infected person
- Living with or caring for a hepatitis A-infected person
- Use of illegal drugs (injection or non-injection)
- Living with a clotting factor disorder

B

Contact with infectious blood, semen and other bodily fluids, primarily through:

- Birth from a hepatitis B-infected mother
- Sexual contact with a hepatitis B-infected person
- Sharing needles, syringes or drug paraphernalia (works)
- Needle sticks or sharp instrument injuries

Less commonly through:

- Tattooing/body piercing

- Birth from a hepatitis B-infected mother
- Sexual contact with a hepatitis B-infected person
- Multiple sexual partners
- Living with a sexually transmitted disease (STD)
- Injection drug use
- Living with a hepatitis B-infected person
- Occupational exposure to blood
- Long-term hemodialysis
- Living or working in a setting that houses developmentally disabled individuals

C

Contact with infectious blood, primarily through:

- Sharing needles, syringes or drug paraphernalia (works)

Less commonly through:

- Sexual contact with a hepatitis C-infected person
- Birth from a hepatitis C-infected mother
- Needle sticks or sharp instrument injuries
- Tattooing/body piercing

- Current or past injection drug use
- Receipt of blood or organs prior to July 1992
- Receipt of clotting factor concentrates before 1987
- Long-term hemodialysis
- Occupational exposure to blood
- Birth from a hepatitis C-infected mother

PREVENTION METHODS

- Hepatitis A vaccination
- Immune globulin
- Proper hand washing with soap after the use of toilets and changing diapers, and before preparing and eating food

TREATMENT OPTIONS

- Provide supportive treatment (e.g., bed rest)
- No hepatitis A-specific medications are available

- Hepatitis B vaccination
- Immune globulin
- Hepatitis B screening during each pregnancy
- For infants born to hepatitis B-infected mothers, immune globulin dosage and vaccine within 12 hours of birth
- Use of condoms for sex
- Not sharing personal care items (e.g., razors, toothbrushes)
- Not sharing needles, syringes or drug paraphernalia (works)
- Ensure use of sterile equipment for any tattoo or body piercing
- Proper infection control in health care settings and public safety work

- For acute hepatitis B, provide supportive treatment
- For chronic hepatitis B, provide regular monitoring for signs of liver disease progression and consider antiviral medication

- Not sharing needles, syringes or drug paraphernalia (works)
- Use of condoms for sex
- Not sharing personal care items (e.g., razors, toothbrushes)
- Ensure use of sterile equipment for any tattoo or body piercing
- Proper infection control in health care settings and public safety work

- For acute hepatitis C, provide supportive treatment and consider antiviral medication
- For chronic hepatitis C, provide regular monitoring for signs of liver disease progression and consider antiviral medication

PREVENTION

Goal: Prevent the acquisition and transmission of the hepatitis A virus.

Strategies

- 1.1 Promote the use of effective risk reduction interventions and strategies.
- 1.2 Ensure access to hepatitis A vaccination for persons and communities at-risk.
- 1.3 Improve vaccination rates among children.
- 1.4 Increase the provision of timely referrals for comprehensive sexual health-related services.
- 1.5 Integrate hepatitis A counseling, screening, vaccination and referral services into existing service delivery systems.
- 1.6 Emphasize the importance of sanitary conditions and personal hygiene among persons at greater risk.

EDUCATION

Goal: Build knowledge and awareness of hepatitis A disease, prevention, risk, treatment and medical management.

Strategies

- 2.1 Increase the knowledge of hepatitis A among the general public.
- 2.2 Improve and expand the knowledge of hepatitis A among health and human service providers.
- 2.3 Ensure access to culturally-sensitive and linguistically appropriate educational messages for persons, populations and communities at-risk.
- 2.4 Foster appropriate screening practices for hepatitis A.

SURVEILLANCE AND RESEARCH

Goal: Determine accurate incidence rates for use in conjunction with available research findings to guide decision making.

Strategies

- 3.1 Secure adequate resources for state and local surveillance activities.
- 3.2 Improve capacity for complete and accurate disease reporting among laboratories and providers.
- 3.3 Use surveillance data to better inform recommendations for hepatitis A.
- 3.4 Improve the epidemiologic investigation and response capacity to community outbreaks.
- 3.5 Develop and evaluate evidence-based interventions for hepatitis A prevention.
- 3.6 Conduct hepatitis A-related research to advance prevention.

MEDICAL CARE AND TREATMENT

Goal: Develop and maintain an infrastructure to provide the highest quality of hepatitis A care.

Strategies

- 4.1 Ensure provider access to current guidelines, regulations and recommendations for hepatitis A diagnosis and prevention.
- 4.2 Assure timely access to hepatitis A diagnosis, care and post-exposure prophylaxis.
- 4.3 Ensure timely access to sexual health-related services.

POLICY AND PLANNING

Goal: Foster an effective policy and planning environment at the local, state and national levels.

Strategies

- 5.1 Maintain an adequate statutory and regulatory environment for hepatitis A prevention.
- 5.2 Base policy development and decisions on credible information.
- 5.3 Ensure an inclusive approach to policy development and program planning.
- 5.4 Provide policy makers with information on the impact of challenges and unmet needs related to hepatitis A.
- 5.5 Assure the capacity of statewide systems to support hepatitis A-related goals.
- 5.6 Reduce hepatitis A-related health disparities and cultural barriers.

PREVENTION

Goal: Prevent the acquisition and transmission of the hepatitis B virus, from the perinatal period through adulthood.

Strategies

- 1.1 Promote the use of effective risk reduction interventions and strategies.
- 1.2 Ensure access to hepatitis B vaccination for persons and communities at-risk.
- 1.3 Expand capacity for hepatitis B screening statewide.
- 1.4 Improve access to hepatitis B screening, referral for diagnosis and vaccination.
- 1.5 Increase the provision of timely referrals for comprehensive sexual health-related services.
- 1.6 Integrate hepatitis B counseling, screening, vaccination and referral services into existing service delivery systems.
- 1.7 Maintain adequate infection control practices in health care and other settings.

EDUCATION

Goal: Build knowledge and awareness of hepatitis B disease, prevention, vaccination, risk factors, treatment and medical management.

Strategies

- 2.1 Increase the knowledge of hepatitis B among the general public.
- 2.2 Improve and expand the knowledge of hepatitis B among health and human service providers.
- 2.3 Ensure access to culturally-sensitive and linguistically appropriate educational messages for persons, populations and communities at-risk.
- 2.4 Increase the awareness, understanding of and adherence to proper infection control practices.
- 2.5 Increase knowledge and promote a healthy lifestyle among persons newly diagnosed or living with hepatitis B.

SURVEILLANCE AND RESEARCH

Goal: Determine accurate incidence and prevalence rates for use in conjunction with available research findings to guide decision making.

Strategies

- 3.1 Secure adequate resources for state and local surveillance activities.
- 3.2 Improve capacity for complete and accurate disease reporting among laboratories and providers.
- 3.3 Use surveillance data to better inform recommendations for hepatitis B prevention programs.
- 3.4 Improve the epidemiologic investigation and response capacity to community and health care-associated outbreaks.
- 3.5 Develop and evaluate evidence-based interventions for hepatitis B prevention.
- 3.6 Conduct hepatitis B-related research to advance prevention, care and treatment.

MEDICAL CARE AND TREATMENT

Goal: Develop and maintain an infrastructure to provide the highest quality of hepatitis B care and treatment.

Strategies

- 4.1 Ensure provider access to current guidelines, regulations and recommendations for hepatitis B diagnosis, treatment and prevention.
- 4.2 Establish a referral network for hepatitis B diagnosis, care and treatment.
- 4.3 Assure timely access to hepatitis B diagnosis, care, post-exposure prophylaxis and treatment.
- 4.4 Integrate hepatitis B care, treatment and supportive services into primary care settings.
- 4.5 Ensure timely access to sexual health-related services.
- 4.6 Address the complex needs associated with hepatitis B through coordination of care.
- 4.7 Establish programs to support hepatitis B care and treatment for uninsured and underinsured persons.

POLICY AND PLANNING

Goal: Foster an effective regulatory, policy and planning environment at the local, state and national levels.

Strategies

- 5.1 Maintain an adequate statutory and regulatory environment for hepatitis B prevention.
- 5.2 Base policy development and decisions on credible information.
- 5.3 Ensure an inclusive approach to policy development and program planning.
- 5.4 Provide policy makers with information on the impact of challenges and unmet needs related to hepatitis B.
- 5.5 Assure the capacity of statewide systems to support hepatitis B-related goals.
- 5.6 Reduce hepatitis B-related stigma, discrimination, health disparities and cultural barriers.

PREVENTION

Goal: Prevent the acquisition and transmission of the hepatitis C virus.

Strategies

- 1.1 Promote the use of effective risk reduction interventions and strategies.
- 1.2 Expand capacity for hepatitis C screening statewide.
- 1.3 Improve access to hepatitis C screening and referral for diagnosis.
- 1.4 Increase the provision of timely referrals for substance use and mental health services.
- 1.5 Integrate hepatitis C counseling, screening and referral services into existing service delivery systems.
- 1.6 Maintain adequate infection control practices in health care and other settings.
- 1.7 Strengthen the foundation for substance use prevention.

EDUCATION

Goal: Build knowledge and awareness of hepatitis C disease, prevention, risk, treatment and medical management.

Strategies

- 2.1 Increase the knowledge of hepatitis C among the general public.
- 2.2 Improve and expand the knowledge of hepatitis C among health and human service providers.
- 2.3 Ensure access to culturally-sensitive and linguistically appropriate educational messages for persons, populations and communities at-risk.
- 2.4 Increase the awareness, understanding of and adherence to proper infection control practices.
- 2.5 Increase knowledge and promote a healthy lifestyle among persons newly diagnosed or living with hepatitis C.

SURVEILLANCE AND RESEARCH

Goal: Determine accurate incidence and prevalence rates for use in conjunction with available research findings to guide decision making.

Strategies

- 3.1 Secure adequate resources for state and local surveillance activities.
- 3.2 Improve capacity for complete and accurate disease reporting among laboratories and providers.
- 3.3 Use surveillance data to better inform recommendations for hepatitis C prevention programs.
- 3.4 Improve the epidemiologic investigation and response capacity to community and health care-associated outbreaks.
- 3.5 Develop and evaluate evidence-based interventions for hepatitis C prevention.
- 3.6 Conduct hepatitis C-related research to advance prevention, care and treatment.

MEDICAL CARE AND TREATMENT

Goal: Develop and maintain an infrastructure to provide the highest quality of hepatitis C care and treatment.

Strategies

- 4.1 Ensure provider access to current guidelines, regulations and recommendations for hepatitis C diagnosis, treatment and prevention.
- 4.2 Establish a referral network for hepatitis C diagnosis, care and treatment.
- 4.3 Assure timely access to hepatitis C diagnosis, care and treatment.
- 4.4 Integrate hepatitis C care, treatment and supportive services into primary care settings.
- 4.5 Ensure timely access to substance use and mental health services.
- 4.6 Address the complex needs associated with hepatitis C through coordination of care.
- 4.7 Establish programs to support hepatitis C care and treatment for uninsured and underinsured persons.

POLICY AND PLANNING

Goal: Foster an effective policy and planning environment at the local, state and national levels.

Strategies

- 5.1 Maintain an adequate statutory and regulatory environment for hepatitis C prevention.
- 5.2 Base policy development and decisions on credible information.
- 5.3 Ensure an inclusive approach to policy development and program planning.
- 5.4 Provide policy makers with information on the impact of challenges and unmet needs related to hepatitis C.
- 5.5 Assure the capacity of statewide systems to support hepatitis C-related goals.
- 5.6 Reduce hepatitis C-related stigma, discrimination, health disparities and cultural barriers.

**For additional information and resources related to the
New York State Viral Hepatitis Strategic Plan,
visit www.nyhealth.gov/hepatitis**

