
20 years of Viral Hepatitis in Oregon

Ann Thomas, MD, MPH



Timeline of key events—Oregon Viral Hepatitis Program

- 2000: CDC funding for study of causes of chronic liver disease in Multnomah County (Ann Thomas)
- 2003: CDC funding for Adult Viral Hepatitis Prevention Coordinator (Ann Chakwin)
- 2005-2012: CDC funding for expanded viral hepatitis (Tasha Martin)
- 2005: Positive lab results for HCV made reportable
- 2006: First strategic plan for controlling HCV in Oregon
- 2009: Jude Leahy takes over Ann Chakwin
- 2014: First Oregon Viral Hepatitis Report
- 2021: CDC funds both AVHPC and Epidemiologist (Ann Chakwin and Gabriela Escutia)

Timeline of key events—rest of Oregon

- 2011: FDA approves first direct-acting antiviral agent for HCV
- 2016: Formation of Viral Hepatitis Collective
- ? When did Viral hep collective finish plan? First annual meeting?
- 2017: OHSU receives funding for OR-HOPE study, piloting use of peer recovery specialists to offer HCV testing and treatment to PWIDs
- 2018: OHP expanded HCV DAA treatment to individuals with fibrosis score ≥ 2
- 2019: OHP drops restriction for individuals with substance use and alcohol use disorders (including active injection drug), expands coverage to F0
- 2020: launch of PRIME+ program modeled after OR-HOPE
- 2023: OHP drops all prior authorization requirement

Four Pillars of Oregon Viral Hepatitis Elimination Plan



1: Prevent new infections



2: Improve health outcomes



3: Eliminate health disparities and inequities



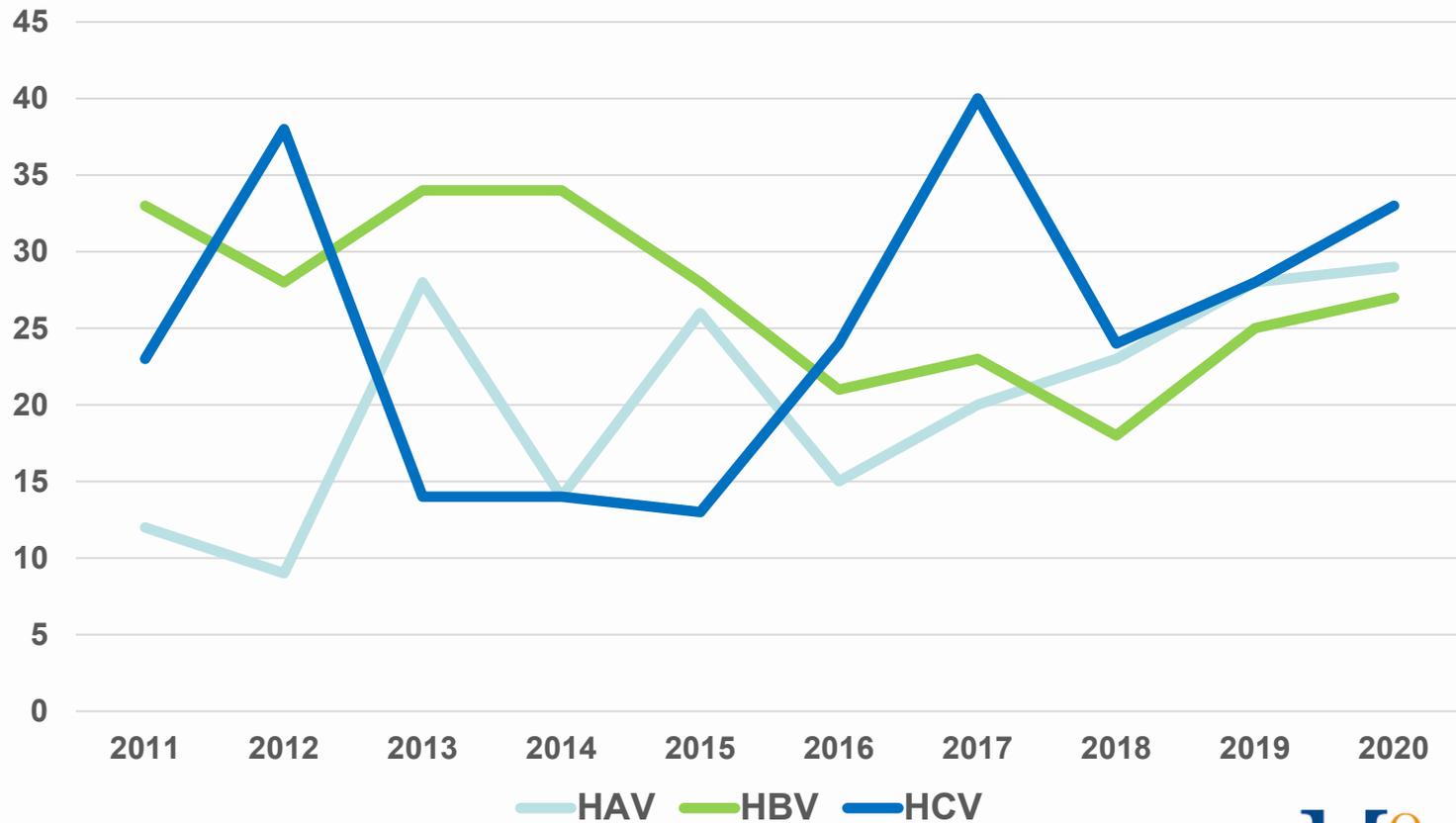
4: Improve the use of surveillance and data

Let's look at the data driving these main goals



1: Prevent new infections

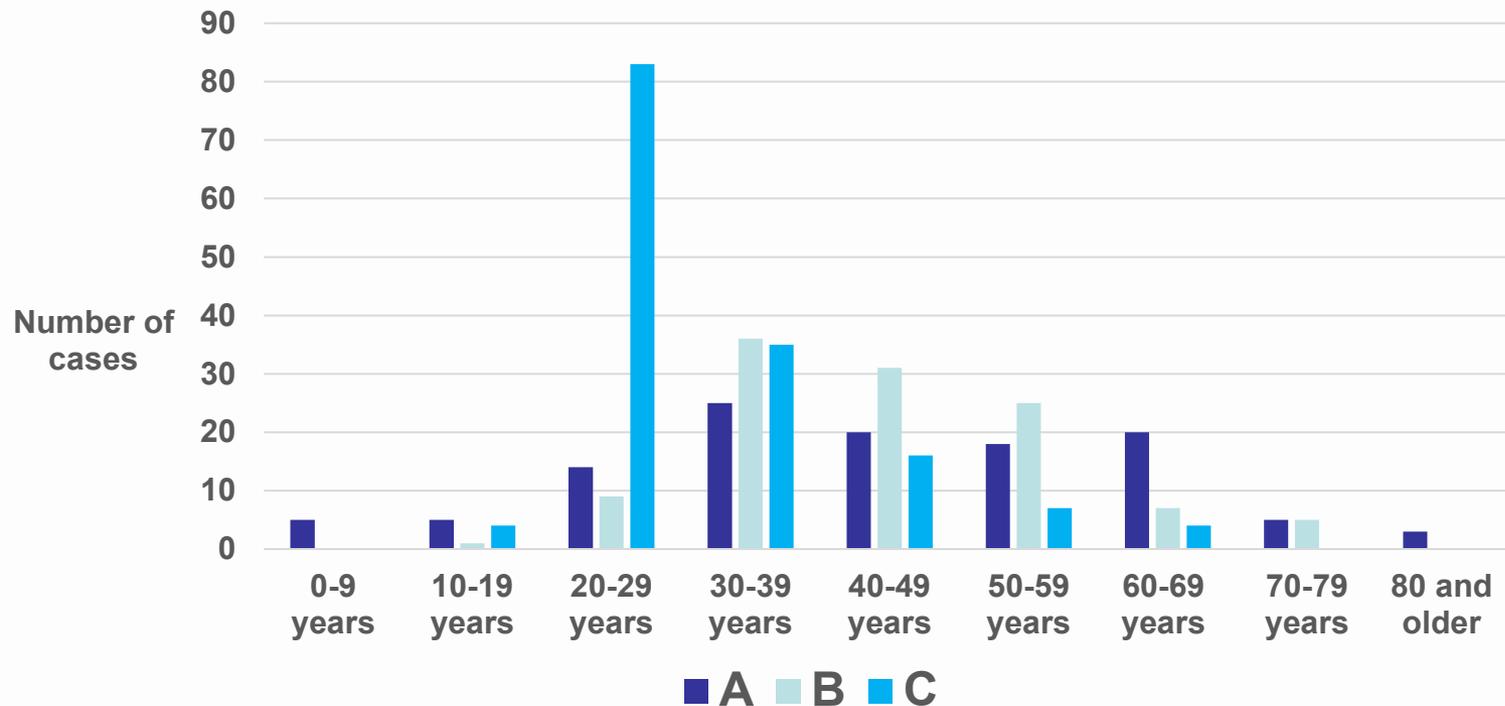
Cases of acute hepatitis by year, Oregon, 2011-2020





1: Prevent new infections

Age group of cases of acute hepatitis by year, Oregon, 2016-2020

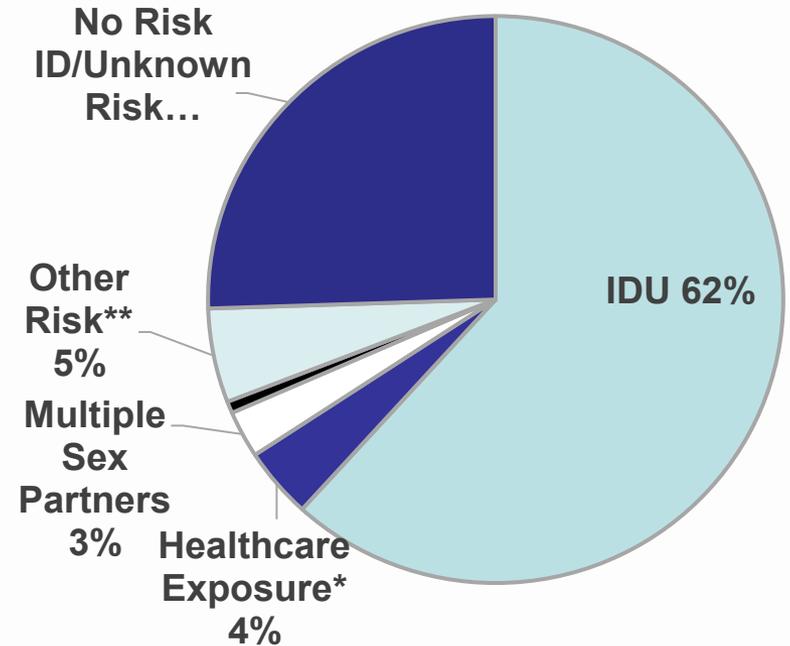
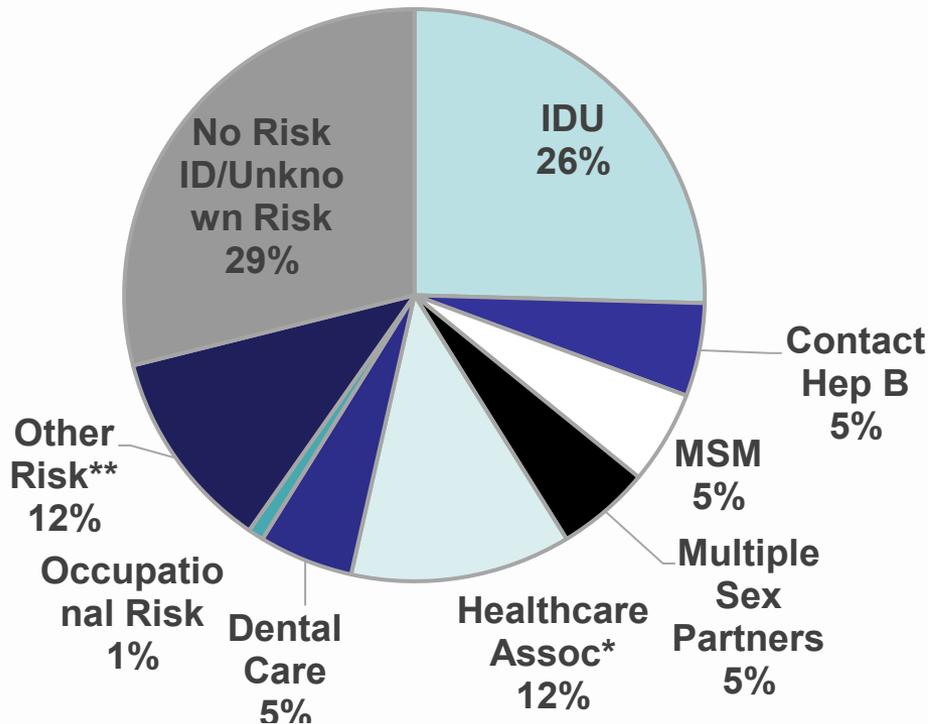




1: Prevent new infections

Risk factors for HCV

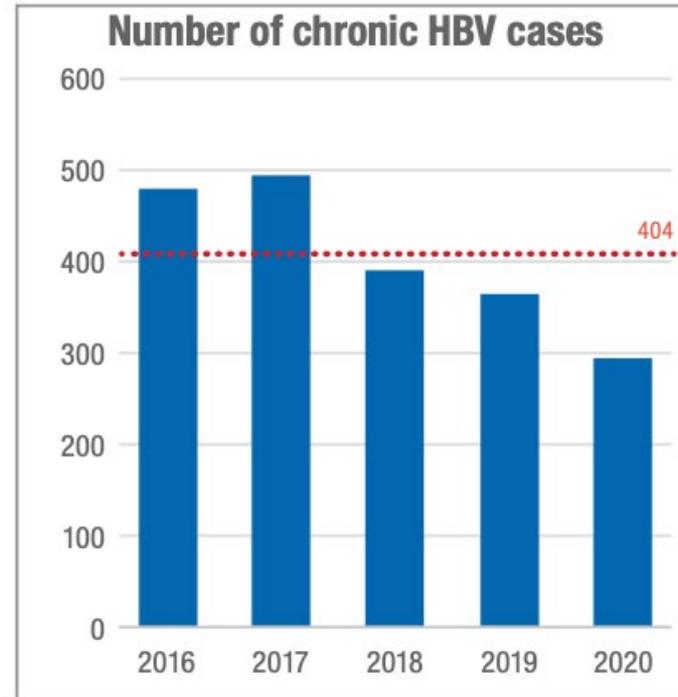
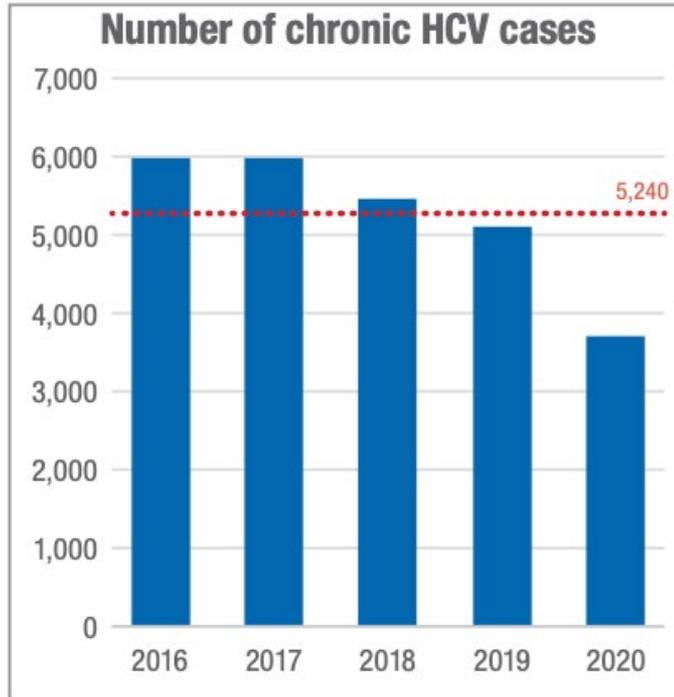
Risk factors for HBV



*Transfusion, infusions, dialysis, surgery
**Illicit drugs, needlestick, tattoo, pierce, other blood exposure



2: Improve health outcomes

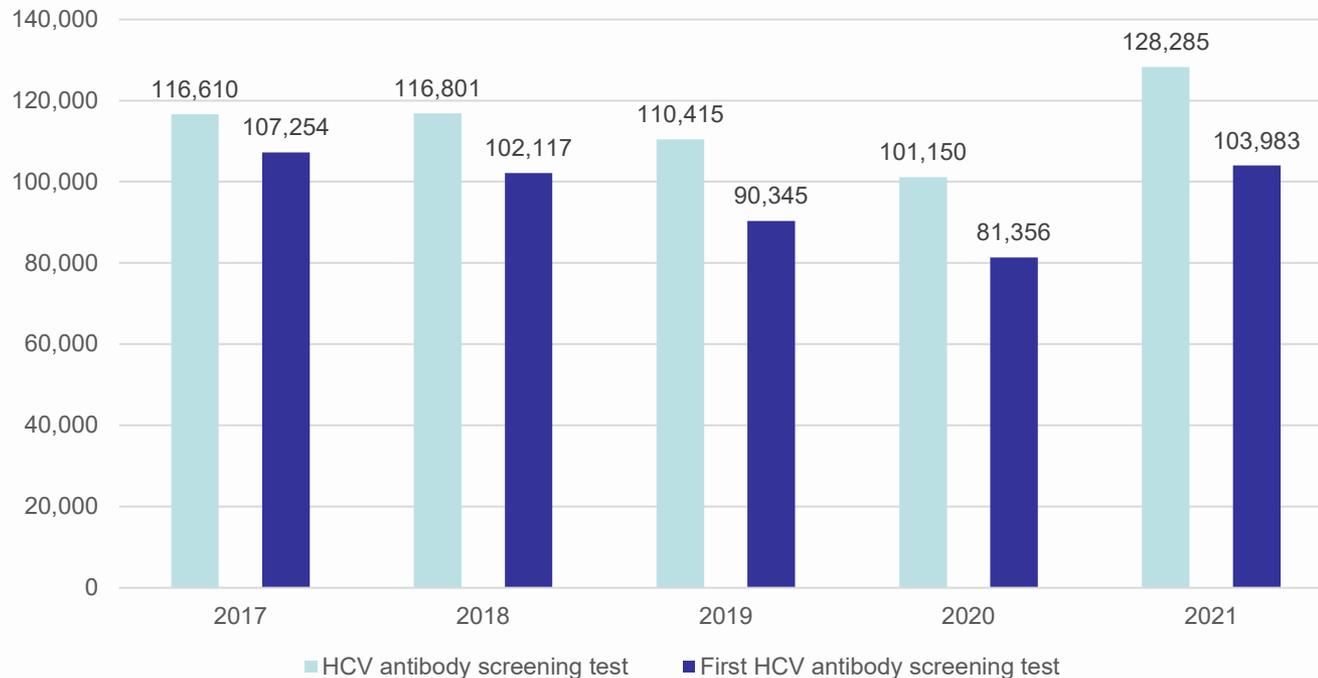


Annual number of cases chronic HBV and chronic HCV Oregon
2016-2020



2: Improve health outcomes

All HCV antibody tests and first antibody tests, Oregon, 2017-2021



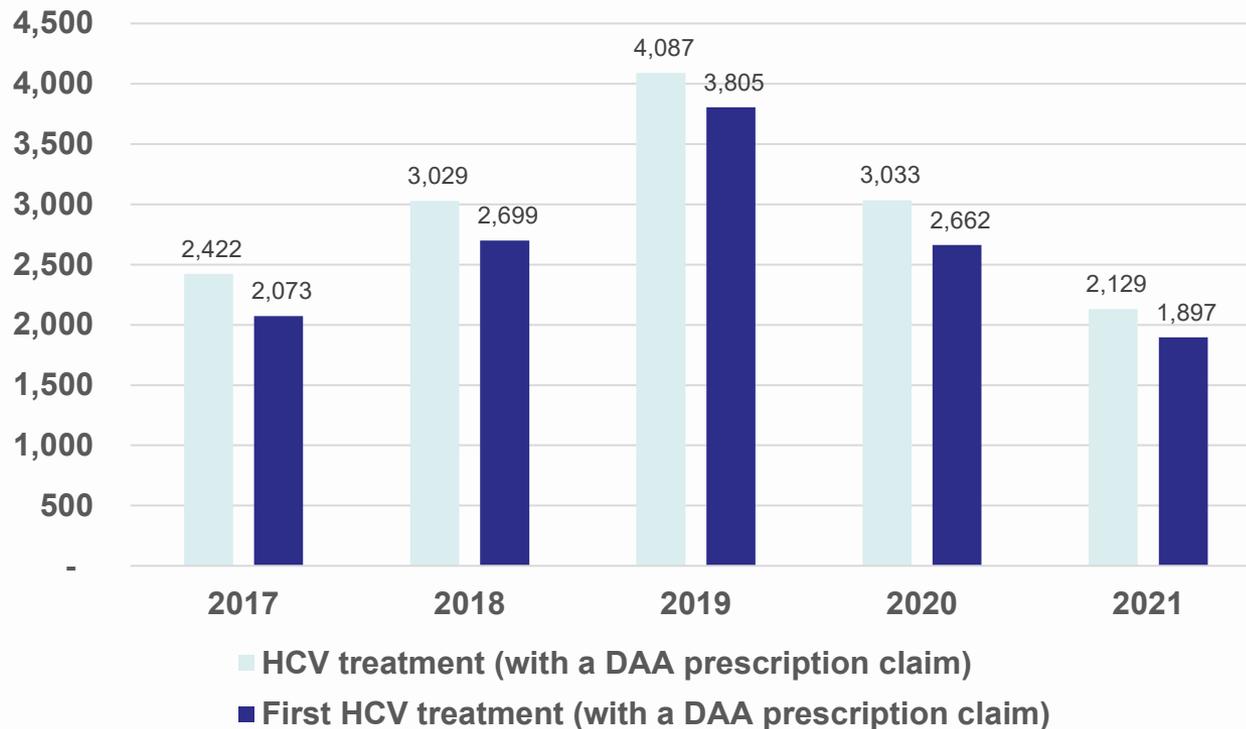
APAC data, Office of Health Analytics

*Not previously screened in 2015-2016



2: Improve health outcomes

Number of people initiating DAA treatment* Oregon, 2017-2021



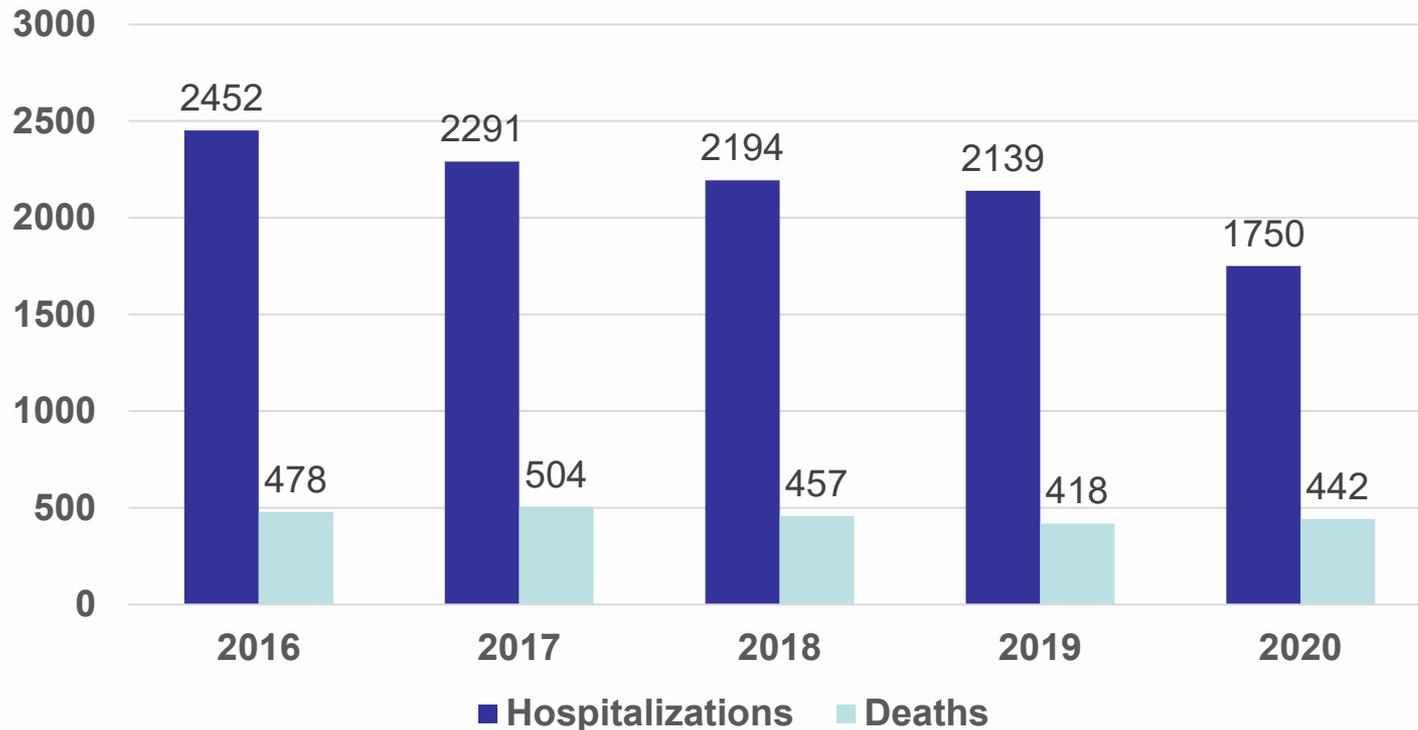
APAC data, Office of Health Analytics

*First HCV treatment = no previous treatment in 2015-16



2: Improve health outcomes

Annual HCV-related hospitalizations and deaths, Oregon, 2016-2020



Hospital discharge data, Office of Health Analytics
Death certificate data, Center for Health Statistics



2: Improve health outcomes

Coming Attraction!

Updated data on
cases of liver cancer
in Oregon
related to HBV and HCV



3: Eliminate health disparities and inequities

Race	HAV	HBV	HCV	Population of Oregon
AI/AN	1%	1%	3%	2%
Asian	5%	5%	3%	5%
Black	1%	1%	5%	2%
Pacific Is.	2%	4%	0%	0.5%
White	76%	74%	72%	75%
Multiple	4%	1%	3%	4%
Other/Unk	12%	15%	16%	-
Ethnicity				
Latinx	12%	7%	7%	13%

Race and ethnicity of cases of acute hepatitis, 2016-2020, Oregon

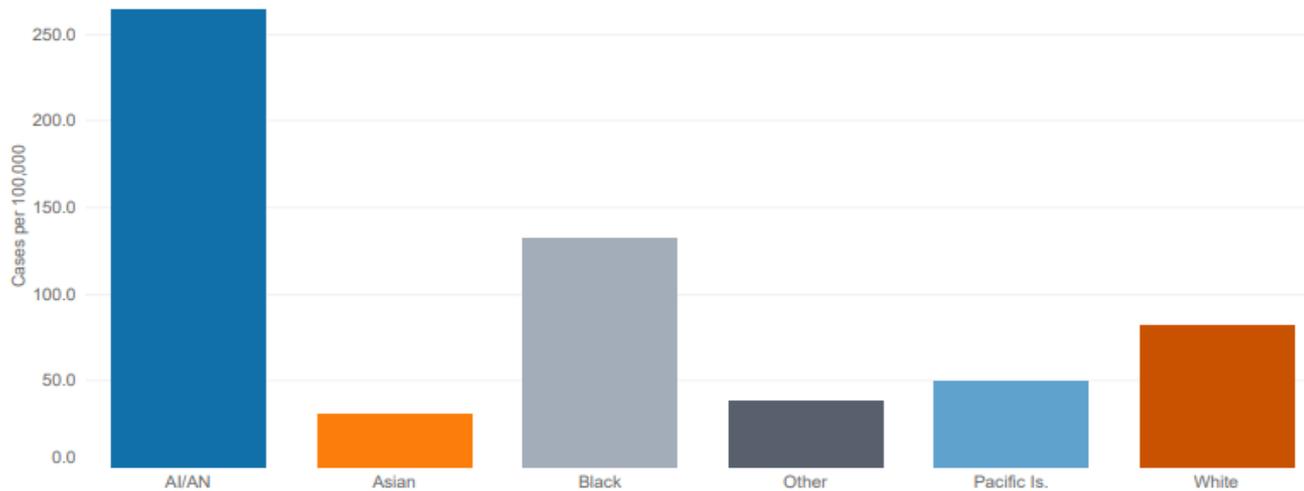


3: Eliminate health disparities and inequities

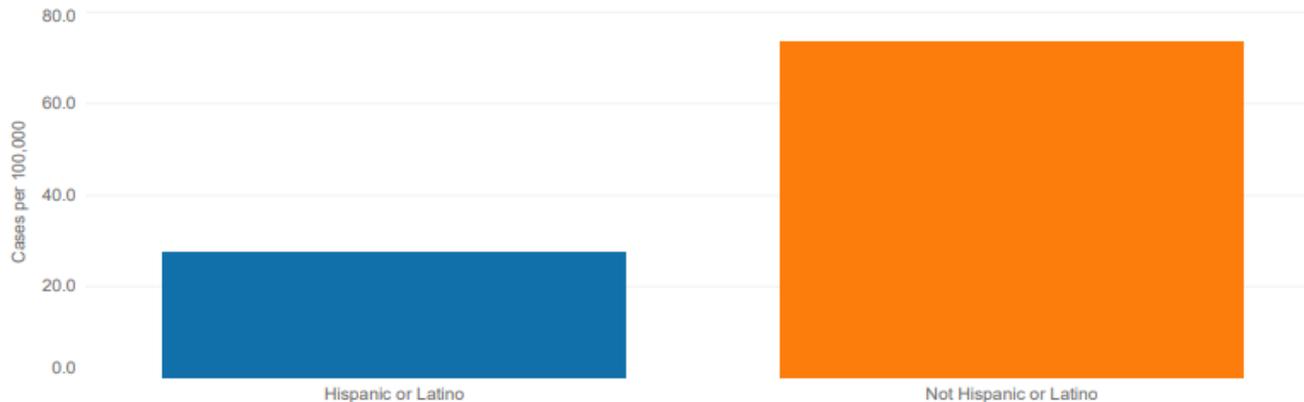
Incidence of chronic hepatitis C by reported race: Oregon, 2011–2020

Note: "Other" race includes individuals reporting multiple races.

Select data variable to view
Incidence Rate



Incidence of chronic hepatitis C by reported ethnicity: Oregon, 2011–2020



Rates of chronic HCV cases by race and ethnicity, Oregon, 2011-2020



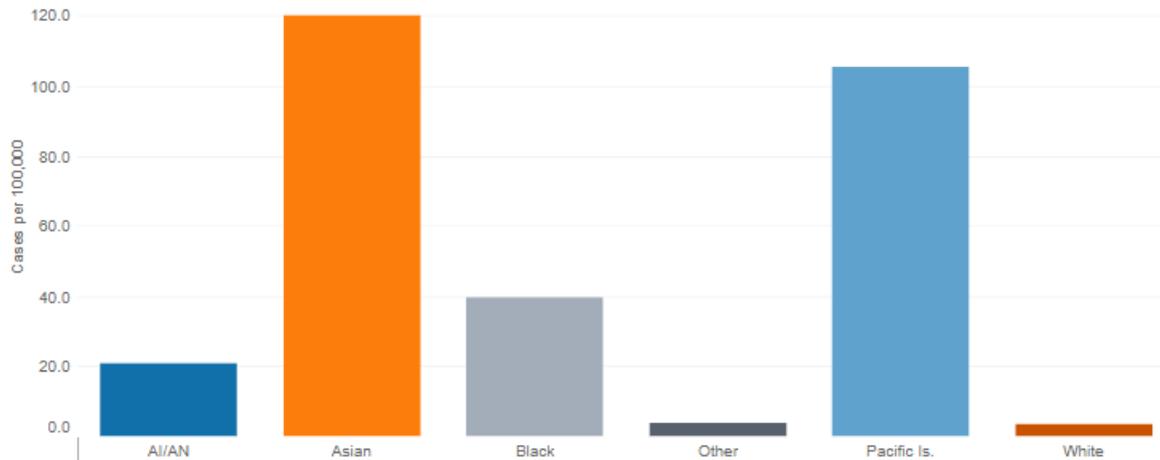
3: Eliminate health disparities and inequities

Incidence of chronic hepatitis B by reported race: Oregon, 2011–2020

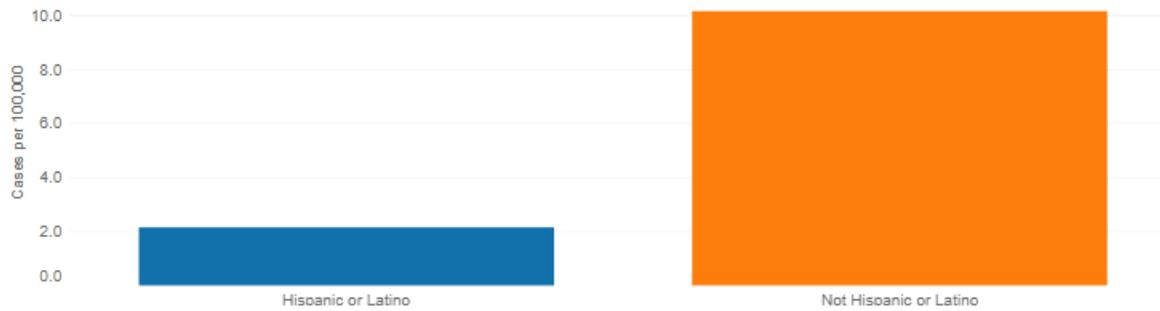
Note: "Other" race includes individuals reporting multiple races.

Select data variable to view

Incidence Rate



Incidence of chronic hepatitis B by reported ethnicity: Oregon, 2011–2020

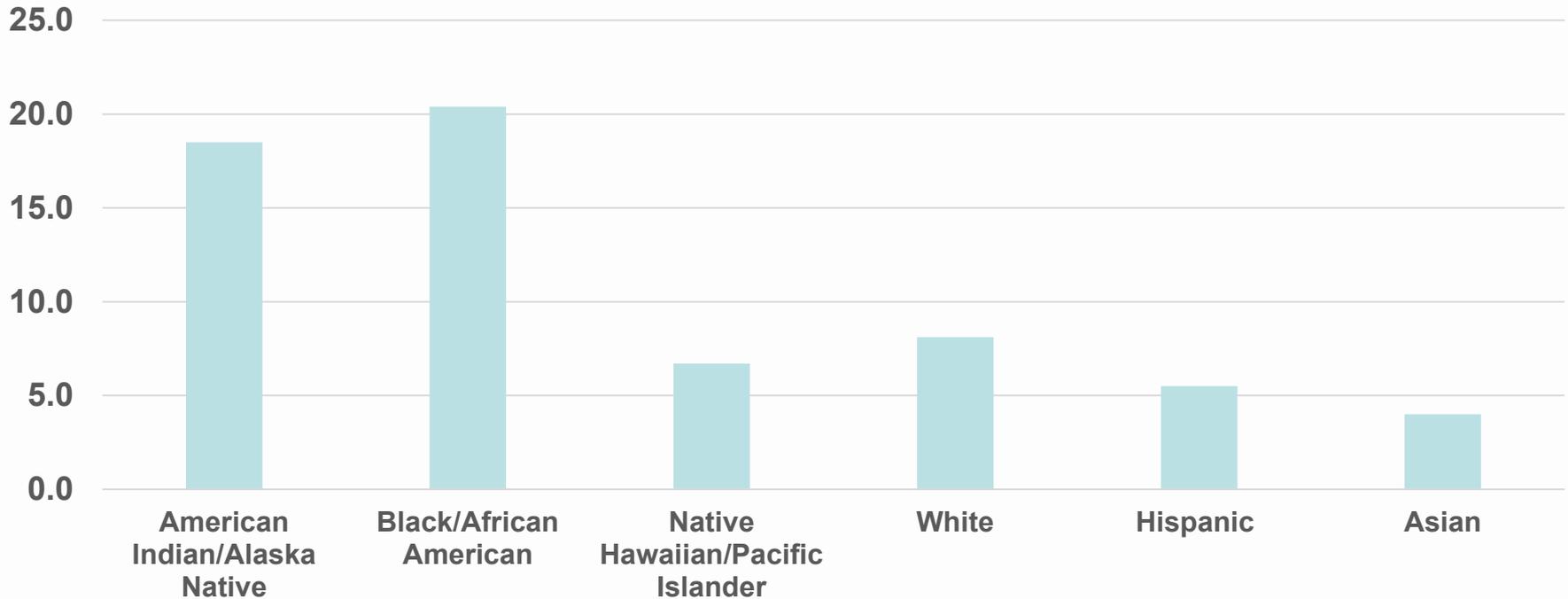


Note: Rates based on small case counts might be unstable.

Rates of chronic HBV cases by race and ethnicity, Oregon, 2011-2020



3: Eliminate health disparities and inequities



Average rates of chronic HCV-related deaths by race and ethnicity, Oregon, 2016-2020

Summary

- Rates of cases of chronic HBV and HCV have dropped in last 3 years, but role of pandemic not entirely clear
- Some evidence that rates of screening did not drop during the pandemic
- Rates of treatment with DAAs peaked in 2019 but fell in next 2 years
- Racial disparities still persist
- Definite signs that DAA treatment is having impact on long-term, expensive outcomes

Acknowledgements

- Surveillance data
 - Tasha Martin and Gabriela Escutia, Acute and Communicable Disease Program
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 - Jeff Capizzi, HIV/STI/Tb Program
- All Payer All Claims data
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