

Philadelphia Hepatitis B Elimination Summit Report



2023

The Philadelphia Hepatitis B Elimination Summit was held at the Cira Center in Philadelphia, PA on May 19th, 2023. The summit convened over 75 participants and partners including the Pennsylvania Department of Health (DOH), the Philadelphia Department of Public Health, community-based organizations, and health partners to discuss hepatitis B updates and elimination progress and goals.

Agenda

8:30 - 8:35 am

Welcome Remarks

Chari Cohen, DrPH, MPH, President, Hepatitis B Foundation

8:35 - 8:40 am

Opening Remarks

Cheryl Bettigole, MD, MPH Philadelphia City Health Commissioner

8:45 - 8:45 am

The Lived Experience

Joan Block, RN, BSN, Co-Founder, Hepatitis B Foundation

8:45 - 9:00 am

Updates on the Hepatitis B Elimination and Screening Guidelines in United States

Erin Conners PhD, MPH, Epidemiologist, Division of Viral Hepatitis, CDC

9:00 - 9:15 am

Hepatitis B Updates from Pennsylvania

Lauren Torso Orkis, DrPH, Epidemiologist Supervisor, Pennsylvania Department of Health

9:15 - 9:25 am

Hepatitis B Surveillance and Elimination from Philadelphia

Danica Kuncio, MPH, Viral Hepatitis Program Manager, Philadelphia Department of Public Health

9:25 - 9:35 am

Hep B United Philadelphia Overview

Catherine Freeland, PhD, MPH, Associate Director of Public Health Research, Hepatitis B Foundation

9:35 - 9:50 am

Panel Discussion

Moderator: Chari Cohen, DrPH, MPH, President, Hepatitis B Foundation

Panelists: Joan Block, Erin Conners, Lauren Orkis, Danica Kuncio, Catherine Freeland

9:50 - 10:00 am

Coffee/Tea Break

10:00 - 11:00 am

Panel Discussion: Integration of Hepatitis B Screening within Health Systems

Moderator: Jessie Torgerson, MD, Clinical Director, Center for Viral Hepatitis at Penn Presbyterian Medical Center

Ruth Brogden, Public Health Program & Grants Manager, Center for Asian Health & Liver Center

Katie Huynh, PA-C, MS, AAHIVM-S, Delaware Valley Community Health, Inc. Fairmount Primary Care Center at GMC

Jonathan Fenkel, MD, FACP, FAASLD, Associate Medical Director of Liver Transplantation, Thomas Jefferson University Hospital

Kenny Ouyang, Xia Qin Lin, and Connie Rodriguez, Chinatown Medical Services

11:00 - 12:00 pm

Panel Discussion: Your Role in Hepatitis B Elimination

Moderator: Catherine Freeland, PhD, MPH, Associate Director of Public Health Research, Hepatitis B Foundation

Nettie Johnson, MD, MPH, CPH, African Cultural Alliance of North America (ACANA)

Amy Jessop, PhD, MPH, Director of Research, HepTREC

Kenneth Rothstein, MD, Director of Regional Outreach and Regional Hepatology, Professor of Clinical Medicine

Bright Ansah, #justB Storyteller, B Heppy Podcast Co-Host,

Joan Block, Co-Founder, Hepatitis B Foundation

12:00 - 12:15 pm

Closing Remarks

Chari Cohen, DrPH, MPH

12:15 - 1:00 pm

Boxed Lunch and Conference Close

Welcome Remarks

President of the Hepatitis B Foundation, Chari Cohen, DrPH, MPH, reflected on the accomplishments of the Hep B United Philadelphia Coalition and the role of communities in reaching elimination goals.



Remarks by City of Philadelphia Health Commissioner

The Philadelphia Health Commissioner, Cheryl Bettigole, MD, MPH spoke about the importance of viral hepatitis prevention and the collaborative efforts with the city and community-based groups.



The Lived Experience of Hepatitis B

Cofounder of the Hepatitis B Foundation, Joan Block, RN, BSN shared her lived experience with hepatitis B and the importance of including the patient's voice in the advocacy and research space.



National Updates on Hepatitis B Elimination and Screening Guidelines in the U.S.

Erin Connors, PhD, MPH

Epidemiologist, Division of Viral Hepatitis, CDC

Hepatitis B Prevalence in the United States

New cases of hepatitis B have declined by 26% though this may be attributable to the COVID-19 pandemic and challenges with data reporting. New hepatitis B infections among people who inject drugs also declined in 2021, possibly due to the COVID-19 pandemic and data reporting limitations.

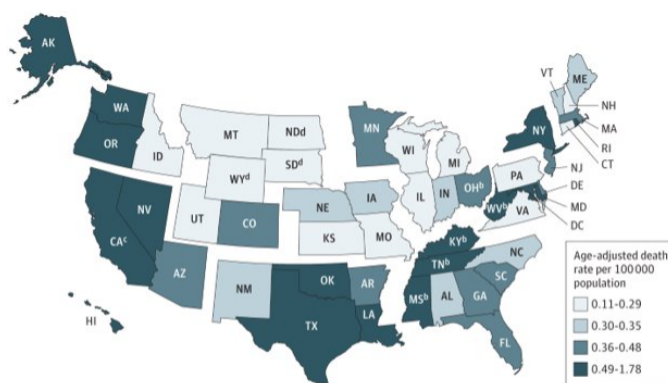
The rate of new chronic hepatitis B infections and hepatitis B-associated mortality was highest among Asian and Pacific Islander populations. The continued increase in hepatitis B-associated mortality is partly due to the increased overall mortality rate in the United States due to the COVID-19 pandemic. Hepatitis B-associated mortality rates differed significantly by region with the highest death rates observed in the coastal and Appalachian states.

The FDA changed the classification for HBV diagnostics from class III to class II. CDC is funding hepatitis surveillance and prevention activities across 59 jurisdictions to promote awareness, increase access to testing and linkage to care in high-risk settings (syringe service programs, substance use disorder treatment centers, carceral settings, emergency departments, STI clinics).

New Screening Guidelines

In March 2023, CDC released new screening guidelines to test all adults above the age of 18 for hepatitis B at least once in a lifetime and using the triple panel (HBsAg, Anti-HBs, Total anti-HBc). Similarly, all adults between 19–59 and those above age 60 with risk factors are recommended to get vaccinated against hepatitis B.

Hepatitis B Related Deaths in the United States



Resources

- [MMWR Report: Updated Screening Guidelines for Hepatitis B](#)
- [CDC Viral Hepatitis Progress Report](#)

Updates on Hepatitis B Vaccination Guidelines

Michaela Jackson, MPH, MS

Program Director for Prevention and Policy, Hepatitis B Foundation

Universal Vaccination Guidelines for Hepatitis B:

The CDC recommends universal hepatitis B vaccination for all adults aged 19 to 59, 60 and older with risk factors, and anyone who requests the vaccine. To reduce barriers to testing and vaccination for hepatitis B, testing and vaccinating simultaneously is recommended, particularly for populations where follow-up might be challenging.

Universal HBV vaccination is covered by insurance for those 19–59 years of age, 60 and older with risk factors, Medicare Part D recipients, Medicaid recipients, and those with private insurance.

Test and Vaccinate!

Recommendation

Vaccination should not be a barrier to screening, and screening should not be a barrier to vaccination

Provide what service you are able, and refer patients to the one you cannot

Hello Provider:
I want to receive the hepatitis B vaccine.

The U.S. Centers for Disease Control and Prevention (CDC) recommends the hepatitis B vaccine for all newborns, children, adults 19-59 years of age, and adults 60 and older who are at high-risk for infection.

I am aware that the hepatitis B vaccine is 2 or 3-doses, and can be given over 1 month or 6 months depending on what vaccine I receive. Please let me know which of the vaccines on the chart below you offer.

U.S. Adult Hepatitis B Vaccine Schedules			
Vaccine	Dose 1	Dose 2	Dose 3
3-dose vaccine series Brand names: Engerix-B, Recombivax HB, Twinrix (hepatitis A and B), PreHevrisio	Now	1 month after dose 1	6 months after dose 1
2-dose vaccine series Brand name: Hepisav-B	Now	1 month after dose 1	

If you have any questions or concerns about the vaccine, please ask your healthcare provider.
For more information about the hepatitis B vaccine, visit www.hepb.org or call 215-489-4900.

Resources

- [MMWR Report on Universal Hepatitis B Vaccination Guidelines](#)
- [Call to Action on HBV Screening and Vaccination Resource](#)
- [Cost-Effective of One-Time Universal Screening for Hepatitis B](#)

Hepatitis B Updates from Pennsylvania Department of Health

Lauren Orkis, DrPH

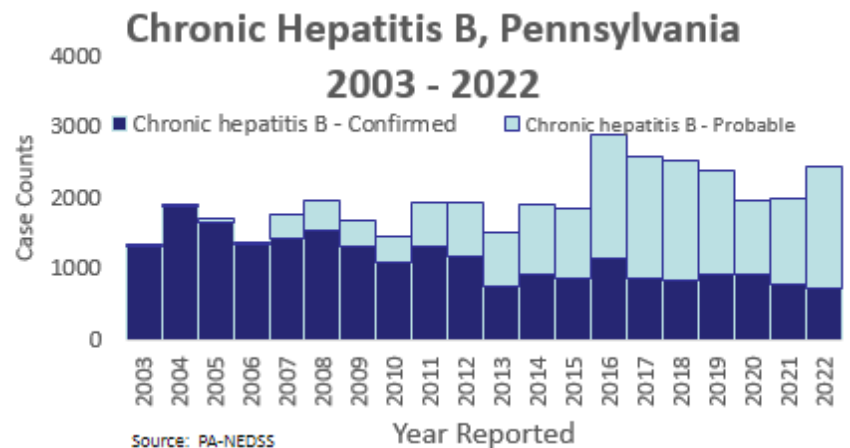
Epidemiologist, Pennsylvania Department of Health

Universal Vaccination Guidelines for Hepatitis B:

In Pennsylvania, cases of acute hepatitis B have declined since 2019. Reported chronic hepatitis B infection has increased slightly since 2019. Chronic hepatitis B rate is higher in Philadelphia and Delaware Counties. Risk factors for chronic hepatitis B infection include being male, white, Asian or black, and possible injection drug use.

The PA Viral Hepatitis Elimination Plan was launched in 2022 seeking to bring strategic operations and set priorities to hepatitis elimination statewide.

The State Opioid Response Grant has funded public health initiatives to improve vaccine uptake for hepatitis B among those who are diagnosed with opioid use disorder or stimulant use disorder. Vaccines are available through this grant but only to those who have been diagnosed with opioid use disorder or stimulant use disorder. Vaccines may be distributed to drug and alcohol treatment facilities, but this strategy is under review.



Resources

- [Pennsylvania Viral Hepatitis Elimination Plan](#)

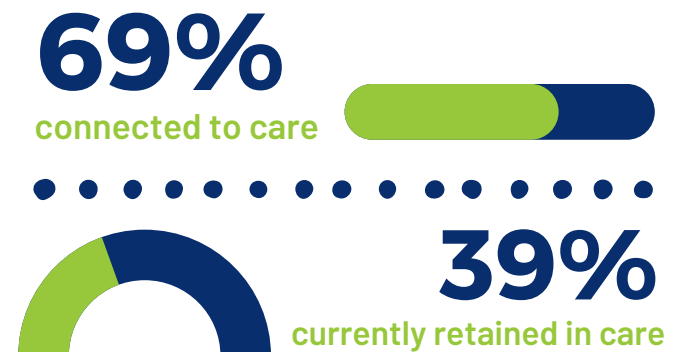
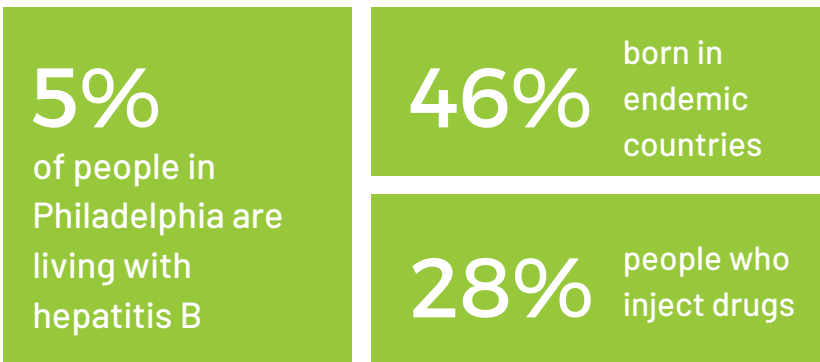
Hepatitis B Surveillance and Elimination Updates from Philadelphia

Danica Kurcio, MPH

Viral Hepatitis Program Manager, Philadelphia Department of Public Health

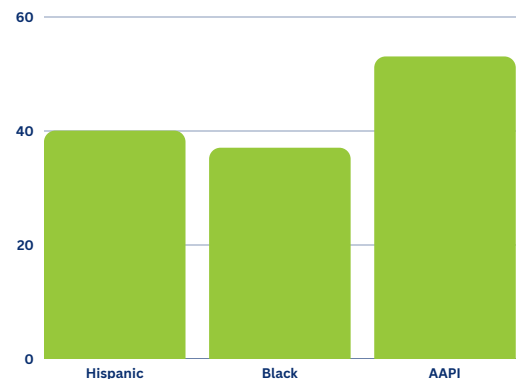
Philadelphia Hepatitis B Surveillance Updates

In Philadelphia, there was a rise in acute hepatitis B in 2019 and was attributed to substance use among U.S. born residents who did not receive vaccination in childhood. Prevalence of chronic hepatitis B was highest in Asian and Black populations. Rates of coinfection with HIV have increased since 2019



40.9% of people who inject drugs are susceptible to the hepatitis B virus

Disparities in HBV care retention by race/ethnicity



Resources

- [Hepatitis B and Hepatitis C in Philadelphia Annual Report 2021.](#)
- [Hepatitis B and C Educational Materials \(free and ready to print in different languages\).](#)
- [Phillyhepatitis.](#)
- [Philadelphia Hepatitis B and Hepatitis C Elimination Plan Feedback.](#)

Updates from Hep B United Philadelphia

Catherine Freeland, PhD, MPH

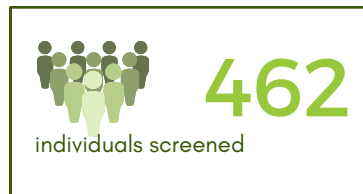
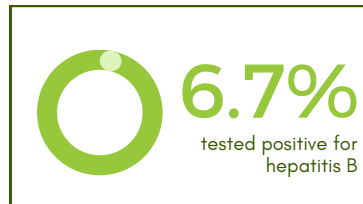
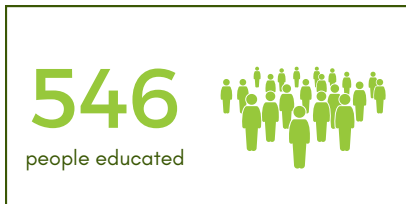
Associate Director of Public Health Research, Hepatitis B Foundation

Hep B United Philadelphia

Hep B United Philadelphia is a local coalition supported by the Hepatitis B Foundation to centralize hepatitis B elimination efforts and build public health infrastructure and partnerships to improve awareness, screening, and linkage to care and treatment for hepatitis B in Greater Philadelphia. The coalition also provides expert resources, best practices, training, capacity building, and technical assistance for health department staff, social service organizations, and community health providers on how to best prevent, treat, and control hepatitis B.

Ongoing and previous research projects have focused on barriers to screening for hepatitis B among African immigrant populations, prevalence of hepatitis B and D in PWID communities, hepatitis B core antibody analysis, and the Project ECHO provider training program evaluation.

Hepatitis B Outreach and Screening Outcomes 2022-2023



Resources

- [Hep B United Philadelphia Annual Report 2022](#)
- [Hep B Project ECHO Continuing Medical Education Program](#)
- [Printable Resources on Hepatitis B Prevention and Education](#)

Panel Discussion I



Updates on Hepatitis B Elimination Progress

Joan Block, RN, BSN

Co-Founder, Hepatitis B Foundation

The Importance of Including the Lived Experience

Hepatitis B storytelling campaigns (#justB and B the Voice) are integral components of HBF's outreach and advocacy programs. Storytellers help to amplify voices of the physical, mental, social, and psychological challenges of living with hepatitis B. Their stories and perspectives should be integrated in all activities related to elimination planning.

Erin Connors, PhD, MPH

Epidemiologist, Division of Viral Hepatitis, CDC

Revised Screening Guidelines and Elimination Planning Updates

The CDC Viral Hepatitis Progress Report found that 67% of people living with hepatitis B were unaware of their status and only 33% were diagnosed. Less than 40% of those diagnosed with HBV were connected to care and only 18% were receiving treatment. A cost-effectiveness analysis conducted in 2021 showed that universal screening would avert more cases of cirrhosis, liver transplants, and HBV related deaths. Additionally, it would save \$262,857 in healthcare costs. Even though HBV is not curable, antiviral treatment along with liver cancer surveillance can significantly reduce morbidity and mortality and contribute to better health outcomes. Linkage to care is critical in ensuring positive health outcomes and the prevention of serious liver disease.

Lessons Learned and Challenges

- Universal screening for hepatitis B is a cost-effective option with several public health benefits
- High rates of HBV-related mortality persist among Asian and Pacific Islander populations. A 28% reduction in mortality rates is needed to meet the 2025 goal of 1.84 deaths per 100,000 population.
- About 30% of people are aware of their hepatitis B status. The goal is to increase that percentage to 50% by 2025.

Michaela Jackson, MPH, MS

Program Director for Prevention and Policy, Hepatitis B Foundation.

Recommendations for Implementing New Guidelines in Practice

Improving provider awareness about the new guidelines and addressing vaccine hesitancy are important strategies in overcoming challenges to implementation of the new guidelines. Stakeholder collaboration, better messaging, electronic health record (EHR) integration, resource creation, and federal vaccine advocacy are critical strategies to improve the uptake of adult vaccination and contribute to elimination goals.

Lessons Learned and Challenges

- The new recommendations will reduce barriers to vaccination for at-risk populations, increase uptake of vaccine, and open more opportunities to educate people about the prevalence of hepatitis B.
- Challenges exist in implementing updated vaccination guidelines. Access to vaccination remains difficult for those who are uninsured, under-insured, or recipients of some state-based 317 programs. Provider classification and insurance billing may serve as barriers for people to receive vaccinations.
- Other barriers include low awareness of hepatitis B, confusion with hepatitis A or hepatitis C, stigma, complex messaging, and competing priorities.

Lauren Orkis, DrPH

Epidemiologist, Pennsylvania Department of Health

PA Viral Hepatitis Elimination Planning

Development of the Viral Hepatitis Elimination Plan is crucial to raising public awareness of hepatitis B prevention and education, expanding screening services and vaccine coverage to populations at high risk, improving linkages to care and treatment access, and ensuring accurate data reporting and surveillance.

Lessons Learned and Challenges

- Through the State Opioid Response Grant, an opportunity exists to improve health outcomes of people who inject drugs (PWID) by providing hepatitis B vaccines to an at-risk population. However, challenges may exist as the grant limits vaccine distribution to diagnosed individuals only.

Danica Kurcio, MPH

Viral Hepatitis Program Manager, Philadelphia Department of Public Health.

Hepatitis B Elimination Plan in Philadelphia

The Philadelphia Elimination Plan consists of several initiatives to address challenges to low awareness and screening and improve linkages to care for diagnosed individuals. The Viral Hepatitis Elimination Technical Advisory Committee is responsible for planning and implementation of activities. The plan relies extensively on engagement with stakeholders (Hepatitis C Allies of Philadelphia (HepCAP), Hep B United Philadelphia (HBU), Hepatitis B Community Advisory Board (CAB).

Lessons Learned and Challenges

- Hepatitis B is seriously underdiagnosed in Philadelphia and many cases are not reported. Gaps in data reporting on hepatitis related deaths is another significant challenge. Partnerships with community organizations and expansion of outreach activities (screening and vaccinations), especially among Asian and Black communities, are important strategies to ensure diagnosed individuals are connected to care and those who may be at risk for hepatitis B are vaccinated.
- Prevalence of hepatitis B has increased among PWID communities, yet awareness remains low. Educational materials and prevention activities (screening/vaccination) should be developed to specifically target this population in a culturally competent manner.

Catherine Freeland, PhD, MPH

Associate Director of Public Health Research, Hepatitis B Foundation

Philadelphia Community Advisory Board

Outreach and educational events focused on increasing uptake of testing and vaccination for hepatitis B as well as addressing low awareness among at risk populations. The Hep B Philadelphia Community Advisory Board was created to develop strategic guidance towards hepatitis B elimination in Philadelphia and consists of key stakeholders with medical, community and public health expertise.

Lessons Learned and Challenges

- Partnerships with community-based organizations have been helpful in hosting outreach events and connecting people to care.
- The ECHO provider training model has been instrumental in educating medical providers, public health professionals, and health professionals on hepatitis B epidemiology, prevention strategies, and treatment options. The virtual format has attracted an international audience.
- Challenges exist with participant follow-up and patient retention, missing data from screening events, and integration of vaccines in screening events (test and vaccinate at the same time).
- Lack of prioritization of hepatitis B elimination programs and limited resources is another ongoing challenge.

Discussion

Test and Vaccinate

Testing and vaccinating at the same time is a new but effective strategy to increase uptake of hepatitis B screening and vaccination services, especially among hard to reach populations. A few cost-effectiveness studies have shown that this is an economical option in settings where follow-up is less likely to occur.

Viral Hepatitis Elimination Plan

The metrics development working group has set measurable and achievable outcomes for this plan through a scoring system. The lived experience working group provides a platform for individuals living with hepatitis to become involved in the elimination planning process. Voicemail submissions, online surveys, and participation in small focus groups were some of the strategies used to reduce barriers to participation in elimination planning for those with lived experience. The public awareness and education working group is in the process of creating a repository of resources to share with stakeholders on prevention and education.

Community-based Partnerships and Collaborations

Partnership with key stakeholders expanded access to hepatitis B screening services and linkages to care among hard-to-reach populations in Philadelphia and facilitated the distribution of educational resources. However, connecting people to care and ensuring they stay in care is a persistent challenge.

Panel Discussion II

Integration of Hepatitis B Screening within Health Systems

Ruth Brodgen, MPH

Public Health Program and Grants Manager, Center for Asian Health and Liver Cancer.

Viral Hepatitis Elimination Planning in the Emergency Department (ED)

The Center for Asian Health at RWJ Barnabas Health (RWJBH) launched an automated viral hepatitis screening initiative in New Jersey to provide culturally competent care, community-based outreach and screening, and prevention tools (testing and vaccinations) to combat HBV among Asian populations.

Bilingual providers, staff, and health navigators are key stakeholders in improving linkages to care for hepatitis B treatment and management. The goals of this initiative are to scale up HBV and HCV testing, identify positive individuals, connect diagnosed patients to monitoring and treatment, and utilize patient navigators to create a seamless and sustainable program. Viral hepatitis elimination screening in the emergency department is an innovative and effective approach to screen more people.

Screening eligibility expanded in 2018 to test patients based on race/ethnicity regardless of where they were born. A text notification system is used to provide lab results for screened patients. Patient navigators are responsible for educating patients and providing linkages to care.

Lessons Learned and Challenges

- The automated screening program is a unique opportunity to re-engage patients in care for HBV treatment and management. Over 150,000 screenings were conducted in the past year and more patients were connected to care due to the program. The ED is an important healthcare access point for many people as access to primary care is not an option for everyone. Due to the high volume of patients, more people can get screened for hepatitis B in a shorter period and without disruptions.
- Patient navigators were critical in ensuring follow-up with patients and patient retention.
- Telehealth allowed for greater retention in care especially for those who experienced barriers to in-person care utilization (transportation).
- Next steps: collaborate with other sites in RWJBH and expand to other service locations such as outpatient and cancer centers.

Jonathan Fenkel, MD, FACP, FAASLD

Associate Medical Director of Liver Transplantation, Thomas Jefferson University Hospital

Thomas Jefferson University Hospital (TJUH) Hepatitis B Services

TJUH offers preventative services for hepatitis B for those residing in Philadelphia, but the focus is more on curative services. An important goal for TJUH providers is to halt the progression to specialist care. Early intervention can lower the chances of serious liver disease or cancer. Primary care providers can effectively manage positive HBV cases through adequate training and continuous follow-up with patients.

Rise in hepatitis B reactivation among patients undergoing treatment for cancer. One (1) in Five (5) patients are at risk for reactivation and there is very little awareness and knowledge about reactivation among patients. More education is needed on medications that put people at risk for reactivation.

The revised screening guidelines published by CDC will be useful in expanding preventative services for hepatitis B among hard-to-reach populations. Patients are less likely to talk to providers about risk factors for hepatitis B. This may be due to the stigma and discrimination associated with hepatitis B.

An opportunity exists to educate providers and patients about the importance of liver health in the HIV space as rates of coinfection grow.

Lessons Learned and Challenges

- Updated CDC guidelines will be beneficial in screening more patients for hepatitis B. For existing patients, this will help in ensuring proper follow-up and improving access to care. Early intervention will eliminate the progression to specialty care for those who don't need it.
- Health navigators play a crucial role in improving awareness, ensuring follow-up and linking people to care.
- Challenges exist in accessing treatment due to high medication costs and insurance policies. These serve as barriers to care for those who need treatment.
- Loss of follow-up expected for those on the 2-dose vaccine schedule, especially those who live farther away from their providers.

Katie Huynh, PA-C, MS, AAHIVM

Physician Assistant, Delaware Valley Community Health, Inc. Fairmount Primary Care Center at GMC

Hepatitis B Prevention in Health Systems

Healthcare providers and professionals, community-based organizations, and other stakeholders should emphasize prevention over cure. It may take more than 20 years to see the impact of a prevention strategy or intervention, but it should start now.

The role of specialty pharmacy, endorsement by USPSTF, and support of community programs for screening interventions have been instrumental in the uptake of preventative services like screening and vaccination, especially among hard-to-reach populations. Education and training on patient-provider relationship must be reevaluated due to missed appointments, loss of follow-ups, lack of cultural sensitivity, and improper understanding of hepatitis B screening panels, vaccine schedules, and appointments.

Lessons Learned and Challenges

- Emphasis on preventative services is important in seeing any noticeable impact of current interventions and prevention strategies. Expansion of outreach programs such as screenings and vaccinations is necessary to promote awareness, identify undetected cases of hepatitis B, and improve linkages to care for diagnosed individuals.
- Gaps in continued medical education for provider training on hepatitis B testing exists.
- For people who are uninsured or underinsured, it is difficult to get connected to care or access specialty care for treatment. Loss of follow-up is likely to occur among this group.
- Barriers exist in screening for hepatitis B including low perceived risk of hepatitis B and lack of knowledge of hepatitis B transmission and association with liver cancer.

Kenny Ouyang, Xia Qin Lin, and Connie Rodriguez

Chinatown Medical Services

Hepatitis B Prevalence in Chinatown

The Chinatown Medical Services was established in 2020. Educational events and hepatitis B screenings are conducted in partnership with key stakeholders such as medical providers. A 24/7 phone hotline is available to answer questions and connect people to care. Over the years, the demand for screening and vaccinations for hepatitis B has increased significantly though resources are limited

Storytelling is an important facilitator in debunking myths about hepatitis B, improving awareness on hepatitis B testing panel and transmission, and reducing stigma and discrimination associated with hepatitis B.

Lessons Learned and Challenges

- Chinatown Medical Services is a trusted community health partner with sustainable partnerships with medical providers, public health professionals, and university hospitals.
- Chinatown Medical Services is extremely understaffed as demand for preventive services has increased and there is a shortage of resources due to funding constraints and limited funds.
- Limitations with EMR systems is a challenge in linking people to care, setting up appointments, and data reporting.

Discussion

Low perceived risk of hepatitis B among medical directors in areas with reportedly low Hepatitis B prevalence

In some counties with low hepatitis B prevalence such as Bucks County, medical directors and health departments are less likely to consider funding hepatitis B prevention programs citing low risk and burden in their communities. It may be beneficial to target medical directors and health departments in other counties or rural areas.

While hepatitis B as an infectious disease may not be a public health concern in some areas, it is likely that most people are at risk for hepatitis B reactivation. People undergoing cancer treatment, on certain medications and immunosuppressants, or those who are being treated for hepatitis C, may be at risk for reactivation, which can often lead to more serious outcomes such as liver failure or death.

Outreach for at-risk populations

Utilize more patient navigators in clinical and non-clinical settings to increase uptake of prevention services, provide culturally competent care, ensure follow-up with patients and participants, and improve awareness of hepatitis B. Bilingual patient navigators and volunteers at screening events have been useful in building relationships with community members and facilitating uptake of screening and vaccination services. Strengthen partnerships with community-based organizations to improve access to screening and vaccination services.

Prioritize funding for hepatitis B programs

Community organizations and medical centers such as Chinatown Medical Services in Philadelphia are overburdened with demand for hepatitis B screening and vaccination services but challenges remain with procuring funding to support programs and address staffing shortages. Grants and other funding opportunities will be helpful in securing the financial resources needed to address these challenges and respond to the growing needs of community partners.

Panel Discussion III

Your Role in Hepatitis B Elimination

Nettie Johnson, MD, MPH, CPH

African Cultural Alliance of North America

Overview of African Cultural Alliance of North America (ACANA)

The African Cultural Alliance of North America (ACANA) serves approximately 7,000 clients which includes legal, health, and immigration services for African and Caribbean immigrant populations. ACANA hosts several workshops on hepatitis B education and prevention as well as screening events in coordination with the Hepatitis B Foundation. Patient navigators at educational events are helpful in building relationships with patients and community members, providing culturally competent care, and dispelling myths, misconceptions, and stigma associated with hepatitis B. ACANA provides culturally competent and translated materials to community members to improve awareness of hepatitis B through fact sheets, storytelling videos, and other materials.

Lessons Learned and Challenges

- ACANA's partnership with Hepatitis B Foundation has resulted in increased utilization of screening services and increased attendance at educational workshops and events. Patient navigators and volunteers with bilingual skills have been helpful in answering hepatitis B related questions and destigmatizing hepatitis B.
- ACANA is not able to support many screenings and workshops due to limited resources and funding.
- Gaps in data exist among African and Caribbean immigrant health outcomes and healthcare needs.

Amy Jessop, PhD, MPH

Director of Research, HEPTrec, Prevention Point

Overview of HEPTrec at Prevention Point Philadelphia

HepTrec (Hepatitis Research, Education, and Treatment Center) is located at Prevention point and provides harm reduction related services. About 20,000 to 20,000 clients are served at Prevention Point Philadelphia and the services range from harm reduction, legal, medical, and case management for people who inject drugs (PWID).

Lessons Learned and Challenges

The HepTrec initiative has led to an improved understanding of hepatitis B prevalence among PWID communities. Research is ongoing but educational resources are scarce and not focused on stigma reduction strategies. Opportunities exist to create resources focused on hepatitis B prevention and treatment in the harm reduction space. Hepatitis B messaging should be focused on holistic and person-centered care to avoid stigma.

Challenges and barriers exist in accessing hepatitis B screening and services for PWID communities including:

- Lack of cohesive hepatitis B screening processes and policies at Medication Assisted Treatment (MAT) centers,
- Lack of knowledge and awareness about hepatitis B prevention and treatment among providers and community health professionals
- Stigma experienced by PWID through interactions with medical providers
- Prioritization of hepatitis C over hepatitis B programs
- Lack of point of care testing and availability of vaccinations in the harm reduction space.

Kenneth Rothstein, MD

Director of Regional Outreach and Regional Hepatology, Professor of Clinical Medicine

Current Trends in Hepatitis B Specialty Care

Hepatitis B can cause serious liver disease or liver cancer without early intervention and proper treatment. Hepatitis B screening panel is an important preventative measure for liver cancer screening as surface antigen positivity can indicate progression to cancer (among other factors). Screen all patients with surface antigen positivity for liver cancer. Currently we are seeing a rise in premature death by liver cancer among younger populations due to delayed intervention. Viral hepatitis elimination should happen in public spaces frequented by community members like mosques, churches, and professional sporting events. Utilize public spaces to spread education and conduct screening events.

Lessons Learned and Challenges

- The new CDC guidelines will be useful in screening and vaccinating all adults for hepatitis B, but the general public and providers must be made aware of these new recommendations.
- In specialty care, challenges exist with the availability of organ donations and liver transplants.
- Setting up screening and vaccination sites at CVS and Rite Aid can be useful in getting more people screened and vaccinated. However, this may be more difficult to implement as pharmaceutical companies operate differently than community-based organizations and nonprofits.

Bright Ansah

#justB Storyteller, B Heppy Podcast Co-Host, Hepatitis B Foundation

Lived Experience

Bright was born and raised in Ghana and was diagnosed with hepatitis B in adulthood. Since his diagnosis, he has volunteered with the Hepatitis B Foundation to raise awareness about hepatitis B and serve as a patient advocate. As a storyteller, Bright understands the importance of having lived experience storytellers at screenings, vaccination events, and educational workshops as it builds motivation, removes stigma, and connects the disease to a person. The impact of a hepatitis B diagnosis can be emotionally and mentally devastating for anybody but especially for children. As a patient advocate, Bright shares his story to ensure that no child faces a future with chronic hepatitis B.

Bright's Storytelling Video



Joan Block, RN, BSN

Co-Founder, Hepatitis B Foundation

Hepatitis B Foundation

The Hepatitis B Foundation was founded by Joan and Tim Block after Joan was diagnosed with hepatitis B in adulthood. The mission of the Foundation is to raise awareness about hepatitis B, improve access to care and treatment for those living with hepatitis B, and find a cure.



Lessons Learned and Challenges

Persistence is key to spreading education, awareness, and overcoming systemic barriers. Public health professionals, providers, patient navigators, and anyone in the health improvement & promotion space can work together to make an impact. Developing relationships and finding and building up champions can make an impact on advocacy.

Use storytelling to not only amplify the voices of those living with hepatitis B but also advocate for more funding, prevention programs, and increased access to treatment.

Messaging for hepatitis B:

- Using liver cancer as motivation for screening encourages people to get tested.
- Understanding that the hepatitis B vaccine is an anti-cancer vaccine.
- Public health professionals should think about a more unified and simplified message about hep B testing and vaccine recommendations to better operationalize screening and vaccination.



Discussion

Adjusting the messaging on hepatitis B based on audience

1. Use data and evidence-based research to target corporations, for-profit institutions, policymakers, and funding organizations to explain the importance and necessity of hepatitis B prevention programs, treatment access, and elimination activities.
2. Use storytellers and lived experiences to amplify voices of those living with hepatitis B but also to spread awareness of hepatitis B among the public as people respond to stories and not data.

Advocacy in the scientific and clinical communities

Inform and educate scientists and clinicians about the importance of hepatitis B advocacy in addition to research and finding curative therapies.

Simplification of hepatitis b management guidelines

Current guidelines by EASL, APASL, AASLD, and WHO are not standardized and need to be reviewed and modified to ensure that providers are adequately trained in treating and managing hepatitis B cases.

Use of patient navigators to ease workflow & eliminate primary care burden

Primary care workers and medical professionals are overwhelmed. Task shifting can be a useful strategy in incorporating more patient navigators in hepatitis B prevention and elimination programs.