

Strategies to Reduce Viral Hepatitis-Associated Liver Cancer

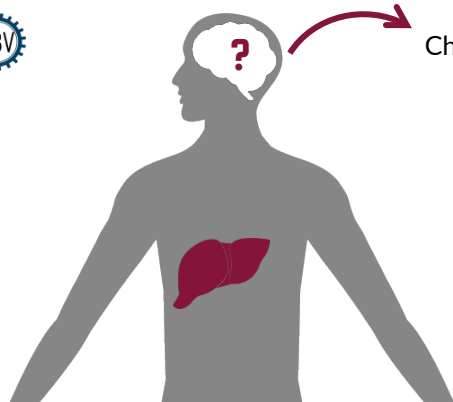
This fact sheet provides background information on liver cancer and viral hepatitis, and ways public health professionals can work collaboratively to plan and implement activities in response to recommendations outlined in the National Academies of Sciences, Engineering, and Medicine's "[A National Strategy for the Elimination of Hepatitis B and C: Phase Two Report](#)" released in March 2017.

Liver cancer diagnoses and deaths are increasing in the United States

New liver cancer cases increased **38%** and liver cancer deaths increased **56%** between 2003 and 2012.

Chronic hepatitis B virus (HBV) and hepatitis C virus (HCV) infections can cause hepatocellular carcinoma (HCC), the most common form of liver cancer.

More than **65%** of people with HCC have chronic viral hepatitis.

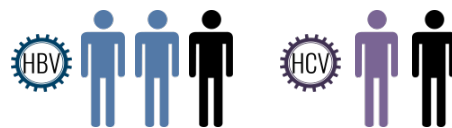


Chronic HBV and HCV infections are often

ASYMPTOMATIC

until later stages.

2/3 of adults with HBV and 1/2 with HCV are unaware of their condition.



We can reduce the risk of liver cancers caused by chronic HBV and HCV in the United States through prevention and treatment of viral hepatitis

PREVENTION

HBV screening and vaccination

95%

of HBV infections can be prevented with appropriate vaccination.

3/4

of adults 19 years and older are not fully vaccinated against HBV.



TREATMENT

Treatment for chronic HBV infections can prevent disease.

If treated, people who are infected with chronic HBV can avoid serious chronic liver diseases, including cancer. Infected people need to be identified so they can be treated.



Who should get screened and vaccinated against HBV?

According to the [Advisory Committee on Immunization Practices guidelines](#), children should receive three doses of HBV vaccine before their second birthday. Older children and adolescents up to 19 years of age should be vaccinated if they did not receive the vaccine as young children. The HBV vaccine is also recommended for unvaccinated adults who are at increased risk of HBV infection, such as people who inject drugs, incarcerated individuals, men who have sex with men, health care workers at risk for occupational exposure, and people with diabetes and end-stage renal disease. ***** Learn more.**

HCV screening, vaccination, and treatment

Who should get screened for HCV?

High-risk individuals should be screened, including baby boomers, prior recipients of transfusions or organ transplants, those who inject drugs or ever injected recreational drugs, and those with HIV infection.

*****SEE NEW RECOMMENDATIONS- Vaccinate ALL Adults up to 60 and those at high risk!**



While there is no vaccine, chronic HCV can be cured with a short course of treatment. Infected people need to be identified so they can be treated.



What Can Public Health Professionals Do to Help Reduce Viral Hepatitis-Related Liver Cancer?



The Phase Two report of the “National Strategy for the Elimination of Viral Hepatitis B and C” recommends that public health professionals work with partners to implement the following interventions that can reduce the burden of viral hepatitis.



1. Improve Access to HBV Vaccination



Work with partners to expand access to free vaccinations in pharmacies and other easily accessible settings including HIV and STD clinics and community health centers.



2. Increase Knowledge and Awareness of Viral Hepatitis in the Community



Promote tools such as CDC’s [Viral Hepatitis Risk Assessment](#) to the community.



3. Increase Knowledge and Awareness of Viral Hepatitis Among Health Care Providers



Engage, train, and educate health care providers and systems to prevent, detect, and treat viral hepatitis.



Promote health care professional resources such as the [HBV and HCV clinical guidelines factsheets](#).



4. Improve Delivery of Viral Hepatitis Services



Support and coordinate with community research efforts, such as those that serve key populations, aim to alleviate stigma, or promote health among incarcerated populations.



Work with public and private health plans to lift restrictions and lower costs of treatment therapies.



Collaborate with local, state, and federal corrections departments to reach incarcerated populations who are at increased risk for viral hepatitis. Promote viral hepatitis screening, management, and treatment guidelines, and develop referral systems to social support and physical and mental health programs in correctional facilities.



Promote guidelines for viral hepatitis screening, management, and treatment among pregnant women to prevent mother-to-child transmission.



Promote [comprehensive harm reduction strategies](#) and services that address underlying [substance use disorders](#), such as prevention and treatment services, referrals to opioid agonist therapy, counseling, testing, and/or viral hepatitis treatment.



5. Conduct Disease Surveillance



Use National Notifiable Disease Surveillance System data to identify trends, inform patterns of access to care, and describe the burden of viral hepatitis in the community.



Support state-level collection of HBV and HCV infection data in the Viral Hepatitis Surveillance Program so additional data are available for program planning.



Centers for Disease Control and Prevention
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