

THE COMMUNITY RESPONSE TO VIRAL HEPATITIS

CONTRIBUTIONS TOWARD ACHIEVING
THE GOALS OF THE VIRAL HEPATITIS
ACTION PLAN

AUGUST 2016



Combating the Silent
Epidemic of Viral Hepatitis
Action Plan for the Prevention,
Care & Treatment of Viral Hepatitis

This report was prepared, under the direction of the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Health, Office of HIV/AIDS and Infectious Disease Policy (OHAIDP), under contract #HHSP233201400468G. Information within this document reflects responses to the HHS Request for Information (RFI) titled ["Viral Hepatitis Action Plan – Community Stakeholder Activities Request for Information"](#) posted in the Federal Register on December 10, 2015. The information contained within each response should be accurate as of the RFI closing date, February 8, 2016. The responses have not been externally verified or confirmed. The compilation of the RFI responses does not represent HHS verification, participation, endorsement, or recommendation of any organization, policy, or activity. Some of the responses have been edited to manage space limitations, and in some cases, for clarity. Questions about the responses should be directed to the submitting organization.

August 2016

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Introduction

Millions of Americans from all walks of life are at-risk for or living with viral hepatitis. An estimated 3.5 million people are living with hepatitis C (HCV), the most-common type of viral hepatitis. An estimated 850,000 people are living with hepatitis B virus (HBV). Viral hepatitis is a silent and deadly disease. Hepatitis B and C often have no symptoms. So, many people do not know that they have the virus. Meanwhile, the virus is damaging their liver and they remain at risk for transmitting the virus to others.

We are losing ground in the battle against viral hepatitis. Hepatitis C kills more Americans than all 60 other reportable infectious diseases. New cases of hepatitis have increased because of the opioid epidemic that is gripping communities across the United States. New hepatitis C infections increased more than 250% between 2010 and 2014. After decades of declines in hepatitis B cases, progress on hepatitis B prevention has stalled and in some areas new cases have increased.

We have the knowledge and the tools that are needed to win the fight against viral hepatitis. Winning the fight, however, will require the action by all parts of society—federal, state, Tribal, and local governments; health care providers, systems, and payers; community-based organizations; advocates; researchers; and others.

The comprehensive national action plan, [Combating the Silent Epidemic of Viral Hepatitis: Action Plan for the Prevention, Care, & Treatment of Viral Hepatitis 2014-2016 \(Action Plan\)](#), details more than 150 actions to be undertaken between 2014 and 2016 by 20 federal agencies and offices from across the U.S. Departments of Health and Human Services (HHS), Housing and Urban Development (HUD), Justice (DOJ), and Veterans Affairs (VA). The Action Plan is not just about the federal response. It provides a framework around which all stakeholders can engage to strengthen the nation's response to viral hepatitis. The current Action Plan envisions active involvement of and innovation by a broad mix of partners from both public and private sectors to make progress toward the four main goals to be achieved by 2020:

- Increase in the proportion of persons who are aware of their hepatitis B virus (HBV) infection, from 33% to 66%.
- Increase in the proportion of persons who are aware of their hepatitis C virus (HCV) infection, from 45% to 66%.
- Reduce by 25% the number of new cases of HCV infection.
- Eliminate mother-to-child transmission of HBV.

Reports of progress made by federal agencies in implementing the action plan have been produced annually. To complement those reports and to inform planning for an update of the Plan through 2020, the federal partners sought to gather information about what non-federal partners are doing to advance toward reaching the goals of the Action Plan. In December 2015, the Office of HIV AIDS and Infectious Disease Policy (OHAIDP) at the Department of Health and Human Services released a [Request for Information \(RFI\)](#). The RFI requested input from nonfederal stakeholders on activities being conducted to combat viral hepatitis, the partnerships that support the activities, and the challenges that they face. Seventy-two responses were received from a diverse groups of stakeholders, including: advocacy groups, medical and behavioral health providers, professional organizations, coalitions, and academic institutions.

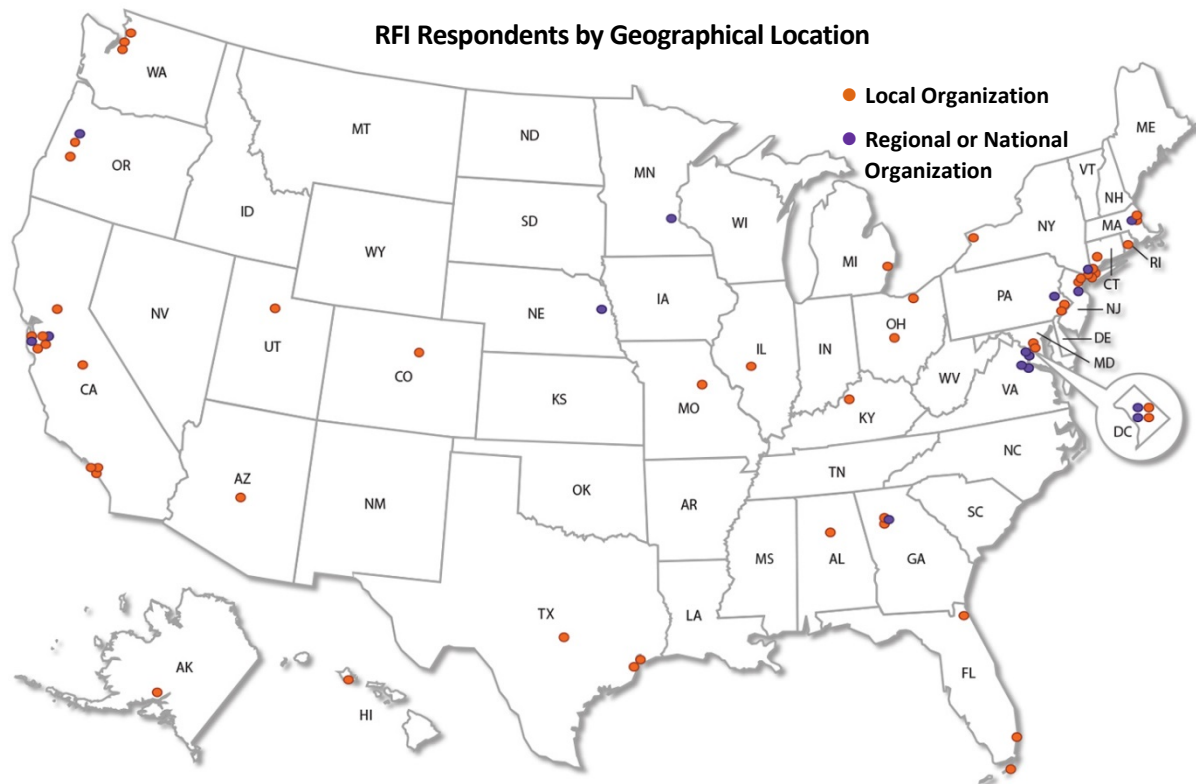
This report reflects a compilation of highlights from responses received to the RFI. It describes actions being taken by a wide range of stakeholders from around the country. These descriptions are based on the information provided by each organization. It has not been vetted nor verified for completeness or accuracy. The breadth of the organizations that responded holds promise—from nonprofits and coalitions to universities, local health departments, health centers and community providers, and professional associations. So many paths are

open to us to address viral hepatitis, and this report can offer examples of strategies for partnerships and engagement.

These organizations have created solutions in response to the needs of the people they serve. Many describe leveraging the capacity of existing systems, expertise, and partnerships at the intersections of viral hepatitis and many other health care and social issues such as access to care and treatment, substance abuse, cultural competence, HIV, and public health.

We can learn much from the actions these organizations have taken, as well as from the challenges they face. Respondents highlighted the challenges of low public awareness, improving access to care and treatment for person living with HBV and HCV, and the need for funding and resources to support their viral hepatitis efforts. Many described the need for education and capacity building for healthcare providers in their communities to improve access to care and the quality of care. In spite of the challenges, these partners have worked to develop model programs and best practices, identify new opportunities for engagement and awareness, actively advocate for policy improvements, and leverage available resources to advance the goals outlined in the Action Plan.

The report illustrates the deep commitment from a wide range of stakeholders to accelerate progress in the fight against viral hepatitis. Many of the actions described by these stakeholders are the ingredients for success. In order to succeed and reach our national goals, we must work collectively to expand and refine our strategies, assess our progress, and share lessons learned. Together, we can win the battle against viral hepatitis.



This map depicts the geographical locations of the 72 organizations who responded to the RFI. Many submissions came from organizations that work at both the local and national levels. Organizations that have regional or national reach are colored in purple and located in the area in which they are headquartered or based.

Academic Institutions

Drexel University College of Medicine/ C a Difference Program

www.facebook.com/HepCaDifference | 267-507-6631

Our program, "C a Difference", is a comprehensive Hepatitis C testing and linkage-to-care program based at Drexel University College of Medicine in Philadelphia, PA. Our program has two components: a clinical testing program and a community-based testing program. We work to seamlessly integrate the CDC HCV testing algorithm into clinical workflow in our primary care practices, introduce best practices in community-based HCV testing to organizations already serving high risk populations, and provide linkage to subspecialty care for those diagnosed with chronic Hepatitis C.

Organizational Highlights

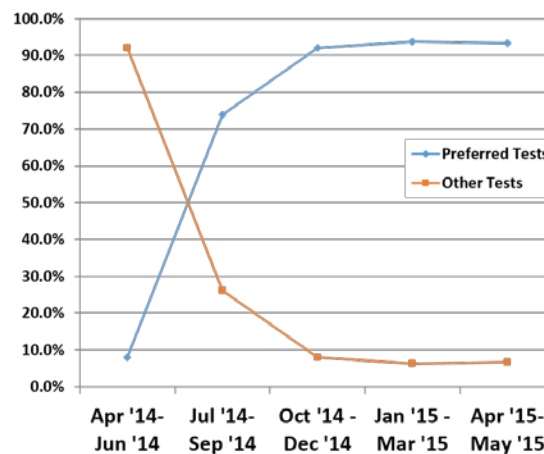
Between 1/1/2014 and 12/31/2015, C a Difference screened 2,194 people for HCV antibody in the community setting and found 258 individuals (11.76%) who were antibody positive, with 85% of those individuals receiving a confirmatory test result. Ninety percent of individuals who received a confirmatory test were chronically infected. In the clinical setting 6,448 people were tested for HCV antibody and found 456 individuals (7.07%) with a reactive test result. Ninety-three percent of individuals with a reactive antibody test received confirmatory testing and 78% of those individuals were found to have chronic HCV infection.

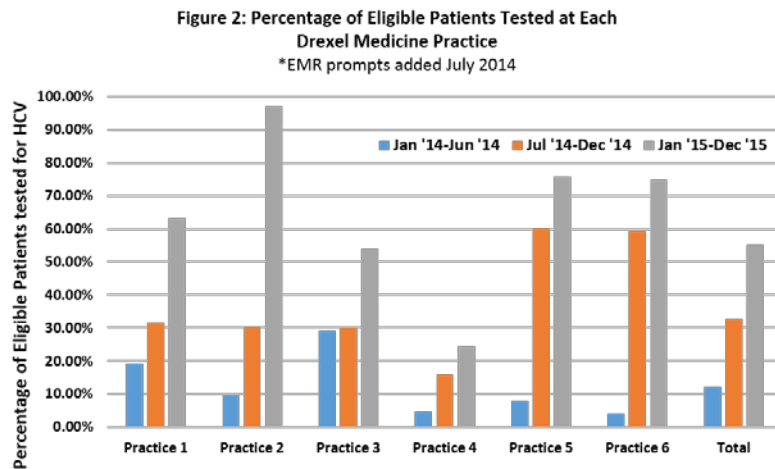
As the HCV testing landscape evolves, we continue to work with the Allscripts Electronic Medical Record (EMR) team to identify and remove all outdated HCV tests and order codes from the medical record lab order screen. The EMR testing menu is now limited to our preferred tests for screening (Quest Diagnostics offers "Hepatitis C Antibody with Reflex to Hepatitis C Virus RNA, Quantitative, Real Time PCR" and LabCorp recently changed its testing menu to only offer "Hepatitis C Antibody with Reflex to Hepatitis C Virus RNA, Qualitative, NAA) and for PCR confirmatory testing for individuals who have only had an antibody test done in the past ("Hepatitis C Viral RNA Quantitative, Real Time PCR" and "Hepatitis C Viral RNA Qualitative, Real Time PCR"). All valid HCV tests are available for order but they do not readily show on the ordering screen when the keyword "HCV" is typed in by an ordering provider. After streamlining the testing menu, we saw a decrease in the number of non-preferred tests and an increase in the percentage of patients who have reflexive confirmatory testing done (**Figure 1, right**).

In July 2014, the C a Difference clinical testing program successfully implemented two EMR prompts to encourage HCV testing in accordance with the recommended HCV testing algorithm. The prompts are as follows:

- The "*Patient needs HCV Screening*" alert notifies the provider that a patient is part of the birth cohort and has not had prior HCV testing. Specifically, it is displayed at the top of the patient record for all patients born between January 1, 1945— December 31, 1965 who do not have documentation in their chart of a prior HCV antibody test.
- The "*Patient needs HCV Confirmatory Testing*" alert is meant to re-engage patients with a known HCV diagnosis into subspecialty care or to complete an incomplete testing algorithm in which individuals have only had a reactive antibody test without confirmatory testing.

Figure 1: Percentage of Preferred vs Non-Preferred HCV Tests Ordered





Our program has been successful, albeit dependent on provider-ordering behavior and the culture of individual practices (**Figure 2, left**). Overall, we have increased rates of HCV testing from 3% to over 55% within the Drexel Medicine Primary Care Practices. Ideally, an EMR prompt would include fully automated lab ordering, however, the Allscripts platform used by Drexel University College of Medicine will not support that application. Instead, our prompts are labels on the chart that alert a provider as to the need to test and then rely on the provider to order

the test. We continue to work with individual practitioners and practices to provide feedback in the form of performance report cards so that we might reach our ultimate goal of testing 100% of all eligible birth cohort members.

We conducted a baseline survey¹ of 99 Drexel Medicine providers prior to implementing our program, and 30% of the providers, testers, and other clinical staff reported to be unaware of birth cohort screening guidelines and the recommendations regarding HCV testing. Prior to implementing HCV training through our C a Difference program, 27% of the PCPs and 9% of the medical support staff we surveyed could accurately identify cure rates for HCV. Forty-one percent of the PCPs and 27% of the support staff were aware of the treatment duration for HCV, indicating a lack of awareness of recent developments in HCV treatment options. Seventy percent of the providers and staff members were aware of testing guidelines for baby boomers, but not routinely implementing them in their practice, as less than 5% of baby boomers were being tested each month before the implementation of our program. Sixty-eight percent of the providers surveyed reported they were willing to refer positive HCV patients to care, further increasing the difficulties of being linked to subspecialty care. This data suggested that targeted education to PCPs and support staff regarding new HCV therapies should be provided in addition to EMR modification.

Through continuing education, feedback, report cards, and newsletters that we give to providers, we have seen improvements in testing performance. This year, in collaboration with one of our primary care partners, we were able to coauthor a manuscript that was recently accepted to [The Journal of Family Practice](#). This article helps educate a broader audience of primary care providers on best practices on HCV testing.

Through our community-based program, extensive training has been provided to employees of BEBASHI around the nuances of HCV counseling and testing. Protocols have been put into place for secure web-based data collection using Research Electronic Data Capture (REDCap) and patient navigation for patients tested in community-based settings. Through our partnership with BEBASHI and the educational programming that C a Difference has provided, we have made walk-in community-based HCV antibody testing with immediate confirmatory blood draw testing available in Philadelphia.

C a Difference has also implemented a curriculum for medical students to provide HCV education and testing training. Beginning May 2015, participating students are eligible to perform antibody and confirmatory testing for members of the community at Prevention Point Philadelphia (PPP), a syringe exchange program in North Philadelphia. Prevention Point Philadelphia is the only sanctioned organization that offers syringe exchange in the region. The C a Difference patient navigation team works closely with PPP employees to link individuals to care.

We are hopeful that this suite of clinical and community education and testing programming will allow us to improve the HCV care continuum in Philadelphia. Our linkage-to-care team works diligently with both our community and clinical partners to engage all individuals chronically infected with HCV in subspecialty care. In recent months we have been ramping up our linkage-to-care activities and analysis and will look forward to reporting on those data in the near future.

Partnerships: BEBASHI, Prevention Point Philadelphia

Action Plan Priority Areas: 1, 2, 5

Wayne State University (WSU)emergencymed.med.wayne.edu | 313-993-2530

Wayne State University School of Medicine (SOM), Department of Emergency Medicine and the Emergency Department at DMC Detroit Receiving Hospital (DRH). WSU and DRH are partnering to create a public health division within the emergency department. The goal of this division to provide a variety of public health screenings such as HIV, HCV, diabetes, and hypertension screenings within emergency departments.

Most Significant Needs

Many people in the city of Detroit are unaware of their hepatitis C status and often physicians do not think about ordering the test. With the lack of funding opportunities, it is hard to implement testing programs to help grow awareness. There are also many societal barriers to combating viral hepatitis. These barriers include, but are not limited to, transportation issues, unstable housing, lack of insurance, utilization of emergency departments as a primary care location. When individuals make it to their appointment they face other institutional barriers such as being ineligible for treatment per their insurance's regulations.

Organizational Highlights*HBV*

In the State of Michigan, all newly diagnosed pregnant women are required to be tested for HBV, HIV, and syphilis. The DRH ED diagnoses many pregnancies and will order these tests to be completed. A woman may choose to opt-out of the testing.

HCV

WSU SOM Department of Emergency Medicine and the DRH ED have partnered to develop a program where HCV testing will be offered to patients in 2016. At the end of 2015, WSU received funding from the Gilead FOCUS Program to implement this program. Since 2004, the DRH ED has had a very successful Rapid HIV Testing Program. The project assistants perform close to 10,000 tests per year and link many HIV positive patients to care. Using this model, WSU SOM Department of Emergency Medicine developed a research study that will be done in conjunction with the HIV testing. Patients will be offered HCV testing at bedside. If a patient will not be receiving a blood draw during their ED visit, they will receive a rapid HCV test. Those having their blood drawn will have a lab-based test performed. Patients with positive HCV test results will be linked to the Wayne State University Physician Group General Medicine Clinic or one of the infectious disease clinics (only if they are also HIV positive). A patient navigator will provide case management for the patient to ensure that they make it to their first medical appointment. Further follow-up will be done to determine if the patient starts treatment. Use of rapid point-of-care HCV testing is a critical aspect of our program as it helps to overcome barriers associated with the need to perform venipuncture for blood-based sampling.

Partnerships: Wayne State University School of Medicine Department of Emergency Medicine, DMC Detroit Receiving Hospital, Wayne State University Physician Group General Medicine Clinic, Wayne State University Physician Group Infectious Disease Clinic, The Horizons Project, The Michigan Department of Health and Human Services

Action Plan Priority Area: 2

Advocacy Groups and Coalitions

Asian & Pacific Islander American Health Forum (APIAHF)www.apiahf.org | 415-954-9988

The Asian & Pacific Islander American Health Forum (APIAHF) works to improve the health and well-being of over 18 million Asian Americans, Native Hawaiians and Pacific Islanders (AA and NHPI). Founded in 1986, APIAHF is the oldest and largest national health advocacy organization working with AA and NHPI communities across the nation, in the U.S. territories and affiliated jurisdictions. APIAHF's mission is to influence policy, mobilize communities, and strengthen programs and organizations to improve the health of AAs and NHPIs. APIAHF has headquarters in Oakland, CA and a Washington DC office.

Most Significant Needs

Resources dedicated to HBV are extremely limited and under-resourced compared to the share of the population impacted and at risk. Resources fail to adequately address infections among AAs and NHPIs and effectively target outreach, education, testing, and linkage to care among those at highest risk—including immigrants, first-generation AAs and NHPIs, and men who have sex with men (MSM). There is a considerable need for targeted investments in HBV and viral hepatitis generally as a proportion of the Center for Disease Control and Prevention's (CDC) budget. In addition, there must be resources targeted to communities that are most at risk, such as AAs in the context of HBV, and those at emergency or heightened risk, including persons who inject drugs, MSM, and low income communities.

Accurate viral hepatitis surveillance and reporting is crucial to understanding the burden of disease nationally and on particularly impacted groups, including those at high risk and those at increasing risk. Yet, as seen with HIV, challenges persist to ensuring consistent collection, disaggregation, and reporting of data pursuant to OMB standards as they relate to AAs and NHPIs. Data should be collected and disaggregated by race, ethnicity, and country of birth to determine disease-burden and document approaches to reducing viral hepatitis.

Language stands as a major barrier for AAs, as 71% of AAs speak a language other than English at home and 32% are limited English proficiency (LEP), meaning that English is not their primary language and they have a limited ability to read, write, speak or understand English. Twenty-nine percent of NHPIs speak a language other than English at home. Twenty-three percent of Asian American households are linguistically isolated, meaning all household members 14 years old and older speak English less than "very well."

Language barriers to accessing health care services and obtaining coverage are further compounded by immigration status and citizenship status, educational attainment, and poverty. Sixty percent of Asian Americans are foreign-born, representing every immigration status. Federal and state restrictions on publicly-funded health programs prevent many immigrant individuals from accessing testing and treatment.

Action Plan Priority Area: 1

Bleeding Disorders Community

access.hcv.therapy@gmail.com

The Bleeding Disorders Community – Unified to Remove Barriers to Development, Access, and Use of Modern Therapy for HCV Respondents include: Coalition for Hemophilia B, Committee of Ten Thousand (COTT), Hemophilia Federation of America (HFA,) National Hemophilia Foundation (NHF), and “People with Bleeding Disorders and HCV.”

Organizational Highlights

This submission is co-sponsored by all major national organizations representing people with bleeding disorders. In response to the call from HHS* for description of hepatitis advocacy efforts, we submit this discussion of actions by all national hemophilia organizations to save remnants of our community, already savaged by HIV, from an HCV epidemic.

During 2008 and 2009, a small group of hemophilia activists began to compare notes about personal and bleeding disorder community experiences. We saw (and personally experienced) the unhappy risk/benefit ratio of current therapies. Worse, we saw rapid declines in the wellness of those for whom the therapy failed. Even worse, we saw patients taking repeated courses of therapy—until they died. We were confident that the strides in medical knowledge gained from fighting HIV infection would eventually be directed, with success, toward curing HCV infection. We therefore resolved to identify and lobby against institutional barriers that were delaying that needed result. We started by drafting a petition to the FDA asking that they hold hearings on our plight. In that petition we also made some suggestions on policy changes that might speed development and access to improved HCV therapy. We circulated the petition among all the national hemophilia organizations and obtained buy-in from them all! The petition focused on:

- Obtaining FDA recognition that many of us had no good medical options.
- Changing FDA clinical trial guidelines which tended to prevent inclusion of people with hemophilia in clinical trials.

Around the same time, we worked with the NHF to encourage a review by the Medical and Scientific Advisory Committee to NHF (MASAC) of HCV therapy recommendations. MASAC focused particularly on availability of clinical trials for people with bleeding disorders, and they called on FDA to modify guidance that unnecessarily disqualified hemophilia patients from clinical trials. Also we lobbied the drug firm Gilead, which owned the most advanced therapy, to provide a clinical trial for our community. The MASAC recommendations mentioned above were helpful in making the case for such a clinical trial.

These most recent years (2014–2015) have seen two major HCV initiatives among the national organizations:

- National hemophilia organizations encouraged patient participation in the Gilead clinical trial. Patients responded to the call quickly and optimistically. We have since heard that in the main arm of the test (Harvoni therapy against HCV genotype 1), the treatment success rate was better than 99%! This was a very good result for a population with an unusually high level of advanced disease.
- Also in 2014 and 2015, the national organizations strongly recommended that patients review their treatment options rapidly. The organizations have promised and provided assistance to patients by helping them resolve insurance and Medicaid issues associated with obtaining modern therapy. Our anecdotal information indicates that the affected population has heard the call and has rapidly obtained therapy with very high levels of adherence and success.

Partnerships: Coalition for Hemophilia B, Committee of Ten Thousand (COTT), Hemophilia Federation of America (HFA,) National Hemophilia Foundation (NHF), and “People with Bleeding Disorders and HCV.”

Action Plan Priority Areas: 1, 2

Caring Ambassadors Program, Inc.

hepcchallenge.org | 503-632-9032

Caring Ambassadors Program, Inc. is a national nonprofit patient advocacy organization. The mission of the Caring Ambassadors Program (CAP) is to help improve the lives of those affected by challenging health conditions through advocacy, information, and support.

Most Significant Needs

Patients: Health literacy around hepatitis C and patient advocacy to gain access to medications. Knowledge of how to navigate large tertiary care health centers/specialists. Access to addiction treatment services (which is difficult in Chicago, Illinois).

Providers: HCV competency and confidence in diagnosing and treating HCV; difficulties integrating HCV education with patients AND screening with such time-limited clinic sessions and multiple competing issues; access to support/patient navigation services—the availability of these services is often the deciding factor as to whether a provider will (or will not) provide HCV treatment to patients.

Systems: Health systems needs vary across the spectrum of HCV care, including diagnosing, staging, and treating hepatitis.

Organizational Highlights

Raising awareness about viral hepatitis among the general public, specific targeted populations, and/or community leaders

- DePaul School of Public Health—facilitated integration of HCV into the School of Public Health’s Introduction to Health Sciences undergraduate class syllabus
- Formed a partnership with DePaul’s School of Public health while collaborating with HCV Advocate and Alan Franciscus, to train 50 -community health workers.
- Established the Hepatitis Leadership Corps in 2014, a fellowship program aimed at training at least two health policy advocates within each state. In May 2015, as part of the Leadership Corps, we hosted the Advocates Unite! Conference, which convened 106 Hepatitis Leadership Corps fellows, and national leaders in hepatitis C, representing 34 states. This 3-day workshop aimed to increase skills to leverage political change through advocacy, policy, and media. More than 400 visits were made to Capitol Hill during the conference.
- Viral Hepatitis Testing Act was introduced into Congress in 2015/2016 congressional year.
- Water Front Blues Festival (WBF) & Point-of-Care Testing
 - Chicago testing (**see table below**) resulted in 139 total tests with a 4.3% positivity rate (6 reactive tests):

Chicago Testing Date	# of tests	Target Population	Results
August 2015	36 Tests	HealthCare Workers & Baby Boomers	0 reactive
August 2015	23 tests	Baby Boomers, African Americans	1 reactive
August 2015	28 Tests	Addiction Treatment Facility	3 reactive
December 2015	15 Tests	Boomers, patients at FQHC	0 reactive
December 2015	22 tests	Behavioral Health patients: baby boomers; former drug users	0 reactive
December 2015	5 test	Baby Boomers	0 reactive
November 2015	10 tests	High risk population; drug users	2 reactive

- Participation in WFB Festival in 2014 yielded 257 rapid HCV Tests; 15 reactive = 5.8% positivity rate. One hundred percent of persons tested were told their status with follow-up.

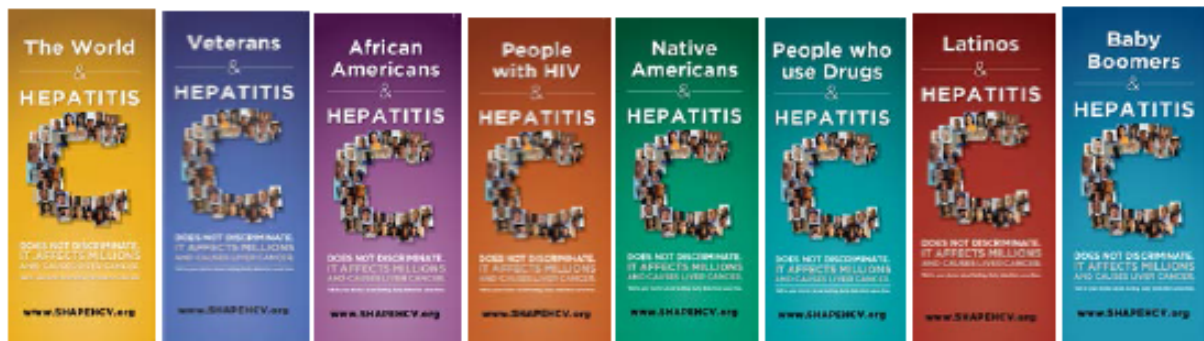
- Participation in WFB Festival in 2015 yielded approximately 109 rapid HCV Tests; 1 reactive = .10% positivity rate. One hundred percent of persons tested were provided with results and linked to care/follow-up.
- Participation as an exhibitor in the 2015 APHA conference; provided HCV-specific literature and education to attendees. No other exhibitors provided HCV information.

Training and/or increasing capacity of health care providers to prevent, diagnose, treat viral hepatitis

- The University of Chicago was awarded with a four-year CDC cooperative agreement to support the Hepatitis C Community Alliance “Test and Treat” project. Through this project, health care providers can leverage ECHO services. The Caring Ambassadors Program serves on every ECHO session as the addictions consultant and clinical social worker.
- Supporting Hepatitis Awareness Through Program Enhancement (SHAPE) is a concept model that was designed to improve system response and delivery of care to enhance hepatitis C (HCV)-related health outcomes. Through a series of phase-based activities, SHAPE ensures program sustainability beyond the initial three-year project.
- During 2015, the Caring Ambassadors Program nurtured a partnership with the National Native American AIDS Prevention Center to integrate HCV training, education, and sound policy into Native populations that are at increased risk for HCV. Through secured funding, a Native American health policy fellow will start in 2016, and focus on health-related policy and education targeting Native populations in Colorado.

Developing strategies to promote timely viral hepatitis diagnosis and linkage to care

- The Caring Ambassadors Program developed a series of brochures (**see below**) that target populations at high risk for HCV infection, highlighting disease and screening information and liver-health information. Brochures include: Baby Boomers, Veterans, People with HIV; People who use Drugs; Latinos; Native Americans; HCV and the World; and African Americans. Many of the brochures are also available in Spanish.



Reaching people who inject drugs with viral hepatitis information and services

- The Caring Ambassadors Program continues to engage the addictions treatment and risk reduction communities.

Improving viral hepatitis infection prevention awareness and initiatives in medical settings

- Through our SHAPE project, an arsenal of brochures and educational materials have been distributed with a specific targeting within medical settings. Of specific interest is the testing algorithm poster designed for placement in nurses’ and doctors’ stations.

Developing strategies to foster stakeholder collaboration and sustainable programs

- The Caring Ambassadors Program was instrumental in helping to advocate for HCV to be included in Healthy Chicago 2.0.

Partnerships: HCV Advocate, Alan Franciscus, Franciscan St. James Health and Erie Family Health Systems, DePaul School of Public Health, National Native American AIDS Prevention Center, Haymarket Center, Community Outreach Interventions Project, Treatment Alternatives for Safe Communities

Action Plan Priority Areas: 1, 2, 5

Hep Free Hawaii (HFH)www.hepfreehawaii.org | 808-436-5884

Hep Free Hawaii (HFH) is a community-based coalition dedicated to increasing awareness of and access to hepatitis services in Hawaii. It is made up of over 1800 individual stakeholders and over 70 local, national, and global partner agencies representing the Hawaii Department of Health (DOH), medical providers, cultural groups, health centers, hospitals, cancer coalitions, pharmacies, corrections, and more. It is fiscally sponsored by the Community Health Outreach Workers (CHOW) Project, the statewide nonprofit for drug-user health services, including syringe exchange. The co-directors of HFH are the executive director of CHOW and the Viral Hepatitis Prevention Coordinator of DOH, who ensure a cohesive public-private effort in planning and implementation of local efforts.

Most Significant Needs

A major challenge in the continuum of care for hepatitis B and C is the lack of providers willing and able to provide care and treatment for persons at risk for or living with hepatitis B or C, especially people who inject drugs (PWID) and foreign-born Asians and Pacific Islanders (API). For hepatitis B, specific challenges include 1) healthcare coverage for uninsured/uninsurable API (e.g. undocumented immigrants), and 2) appropriate materials and engagement opportunities in Pacific Island languages (e.g. Chuukese, Marshallese). For hepatitis C, a specific challenge is lack of coverage of hepatitis C treatment by insurance payers.

Organizational Highlights

Raising awareness about viral hepatitis among the general public, specific targeted populations, and/or community leaders.

We leveraged social media (@hepfreehawaii on Facebook, Twitter, and Instagram) as a low-cost, high-impact activity for disseminating health information. In early 2015, we created the [“Take That!” campaign](#) in conjunction with a social media contest using the hashtag #takeTHAThepatitis. By aligning traditional print materials with a robust social media campaign, we increased opportunities for public engagement and action around hepatitis activities in Hawaii. By the end of 2015, our combined Facebook, Twitter, and Instagram accounts received over 90,000 impressions/views and increased followership over 60 percent from May to October for a total of 1,023 followers. Furthermore, our popular website acts as an online clearinghouse for local hepatitis information, materials, and internet resources, with over 14282 hits in 2015.

Training and/or increasing capacity of health care providers to prevent, diagnose, treat viral hepatitis.

During the reporting period, we collaborated with the DOH to conduct 22 educational presentations for over 830 medical providers. During 2015, over 270 participants joined our coalition contact list after attending these presentations.

Developing strategies to promote timely viral hepatitis diagnosis and linkage to care.

We worked with partner agencies statewide to provide free hepatitis B and C testing in community-based settings (e.g. STD clinics, AIDS service organizations, federally qualified health centers (FQHC), syringe exchange programs, drug treatment centers). For example, we integrated HBV testing into an FQHC which primarily serves foreign-born API in urban Honolulu. Any foreign-born API clients that present for medical services at this FQHC are offered HBV testing. Uninsured/underinsured clients received free testing from DOH, while insured clients were billed for the tests. Among the 168 HBV screenings provided for uninsured foreign-born API in 2015, we found 13 (7.7%) who were HBV positive.

In 2015, 3,110 HCV antibody tests were conducted for at-risk persons at DOH testing sites statewide, and 142 (4.6%) tested HCV antibody-positive. Of these 3110 tests, 1548 tests (49.3%) were provided at substance treatment centers (STC), confirming the increased risk of the clients accessing services at these sites. Overall, 2.2 percent (35/1548) STC clients tested HCV antibody positive, and 51 percent (18/35) of those clients received confirmatory RNA testing. Among the 13 confirmed HCV RNA positive, 11 clients attended their first medical appointment with the assistance of care coordinators. Provided through grant and DOH funding, the free HFH Hepatitis Care Coordination program assists any person diagnosed with chronic HCV on Oahu. Of the 48 clients

in the program in 2015, HFH care coordinators linked 37 (77.1%) to their first medical appointment and ensured that 22 (45.8%) achieved sustained virologic response.

To increase testing in the community, we also collaborated with local pharmacies to provide hepatitis assessments and referrals for clients coming in for pharmacy services. We helped develop a simplified workflow with participating pharmacies to increase appropriate referrals to primary care for screening and vaccines using [HFH referral forms](#). By the end of 2015, 38 participating pharmacies reported assessing 852 patients with 496 referred for hepatitis B testing, 459 for hepatitis C testing, and 46 for hepatitis B immunization. We are currently collaborating with these partners to integrate point-of-care HCV antibody testing at pharmacies and minute clinics.

Developing/implementing clinical decision support tools and/or improved protocols in clinical settings that improve viral hepatitis health outcomes.

In 2015, we worked with DOH, the National Association of City and County Health Officials, and the National Viral Hepatitis Roundtable as part of the ICD-10 hepatitis billing workgroup to update our vaccine and screening referral forms. By the time ICD-10 codes were implemented, the workgroup had created a crosswalk that we used to update ICD-9 codes on the [HFH Billing Toolkit and Referral Forms](#).

Reaching people who inject drugs with viral hepatitis information and services.

Besides testing at STCs and other sites, we coordinated HCV antibody rapid testing at CHOW's syringe exchange sites. In 2015, CHOW found an HCV antibody prevalence of 57 percent (73/128) among PWID who received testing. By the end of 2015, we identified four confirmed HCV tests out of the nine clients who received RNA testing through this project.

With increasing association between drug-user health and HCV, we identified both overdose prevention and wound care as important opportunities for enhancing the HCV care continuum. In 2015, both HFH Directors became planning members of a University of Hawaii School of Nursing project to provide community-based wound care at syringe exchange sites on Oahu. This project would not only enhance the network of wound care providers, but also increase opportunities for HCV education, prevention, and testing in hospitals and clinics. Both HFH directors also participated in the Board of the Drug Policy Forum (DPF), which prioritized overdose prevention in 2015. By the end of 2015, DPF had drafted a bill for the 2016 Hawaii legislative session to expand access to naloxone to community-based organizations.

Developing strategies to foster stakeholder collaboration and sustainable programs.

Given the demonstrable success of the HFH Care Coordination program to enhance the HCV continuum of care, we obtained grant funding from the Kaiser Foundation to identify best practices for sustainably funding hepatitis care coordination. One opportunity that we identified leverages the fact that most of the HCV+ clients also had a mental health diagnosis. The CHOW Project, HFH's fiscal agent, is eligible to contract for state Medicaid mental health care coordination services, thereby covering support services for many HCV+ clients.

Partnerships: National Association of City and County Health Officials, National Viral Hepatitis Roundtable (NVHR), University of Hawaii School of Nursing, Board of the Drug Policy Forum

Action Plan Priority Areas: 1, 2, 3, 4, 5, 6

Hepatitis B Foundation (HBF)www.hepb.org | 215-489-4900

Hepatitis B Foundation (HBF) is a national non-profit organization focused on finding a cure and improving the lives of those affected by hepatitis B (HBV) worldwide. Our programs include scientific and public health research, outreach and education, and patient advocacy. Locally, we direct the Hep B United Philadelphia coalition, which has been actively addressing hepatitis B in Philadelphia since 2007. Nationally, we established and co-chair Hep B United with the Association of Asian Pacific Community Health Organizations (AAPCHO) since 2012. Hep B United is a national coalition of partners in 24 cities and 14 states dedicated to increasing HBV screening and linkage to care in high-risk communities. HBF is also founder and leader of the national Coalition Against Hepatitis for People of African Origin (CHIPO).

Most Significant Needs

In terms of addressing HBV at a national level, the HBV community lacks sufficient resources necessary to effectively combat low screening and linkage-to-care rates.

Organizational Highlights

Raising awareness about HBV among the general public, specific targeted populations, and community leaders.

- Our website serves as an information portal for infected individuals, family members, health care providers, and the general public. We provide HBV education in seven languages to over one million visitors each year.
- Our robust social media program includes posts on Facebook, Twitter and Instagram. In 2014–2015, we co-hosted two successful Twitter chats and a Twitter town hall.
- In 2014–2015, we held three successful awareness events in Philadelphia, including a flash mob attended by Mayor Michael Nutter, received coverage on two local TV news shows. In May 2015, we co-hosted a City Council briefing with over 100 people, highlighting the significant local need for resources to address viral hepatitis B and C.

Training and increasing capacity of health care providers to prevent, diagnose, and manage HBV

- HBF worked with a cohort of primary care providers to create a simple one-page HBV screening algorithm to improve capacity to screen for HBV. The algorithm was published in all five of the major primary care journals for family doctors, internists, OB-GYNs, nurses, and physician assistants.
- HBF conducted grand rounds and in-person seminars for Philadelphia physicians at University of Pennsylvania, Hahnemann University Hospital, Philadelphia College of Osteopathic Medicine, and Jefferson Medical College.
- HBF co-created an online CME program to help primary care providers increase their capacity to identify and screen high-risk communities for HBV.

Developing strategies to promote timely HBV diagnosis and linkage to care

- In Philadelphia in 2014-2015, we screened 330 foreign-born Asian American Pacific Islanders (AAPIs) (Chinese, Vietnamese, Korean, Indonesian and Cambodian). Their infection rate was a very high 10.6%, and 23% were susceptible to HBV infection. We navigated 85% of infected individuals into care and referred susceptible individuals to federally qualified health centers for HBV vaccine.
- Collectively, our Hep B United national partners screened 40,000 AAPIs in 14 states in 2014-2015. Our Hep B United mini-grant recipients screened 3,165 AAPIs at 73 events.

Implementing strategies to eliminate mother to child transmission

- HBF developed a simple algorithm to improve the capacity of providers to screen pregnant women for HBV, and offer appropriate follow-up care for those testing positive for HBV. In 2015, both the

Centers for Disease Control and Prevention (CDC) and American College of Obstetricians and Gynecologists (ACOG) endorsed this algorithm.

- HBF has been working to increase collaboration and efforts to eliminate perinatal HBV transmission. In partnership with AAPCHO, we met with partners from DHHS four times in 2014-2015 to discuss best practices for moving this goal forward. HBF and AAPCHO have since developed and proposed a three-to-five-year program working towards elimination of perinatal HBV transmission in FQHCs.

Developing strategies to foster stakeholder collaboration and sustainable programs

- Hep B United has 22 coalitions in 24 cities and 14 states. Our goal is to improve the capability of each of these coalitions to conduct community-based HBV education, screening, and linkage to care. We have provided \$150,000 in capacity-building grants at the ground level, conducted 15 webinar trainings reaching over 2,000 individuals, and host an annual Summit which brings together over 65 HBV partners from around the U.S.
- Our coalition partners include AAPI-serving social service and cultural organizations, community-based organizations, academic and healthcare institutions, medical schools, and the Philadelphia Department of Health. In 2014-2015, we hosted four HBV trainings to our coalition partners, gave out two mini-grants for HBV screening, and conducted over 30 multi-partner awareness, education and screening events.
- The Coalition Against Hepatitis in People of African Origin (CHIPO) is a national coalition of organizations and individuals working to increase awareness about the high rates of viral hepatitis in African communities. In 2015, we participated in an international African radio show, and conducted three CHIPO-specific trainings. We also participated in the planning of the U.S. Conference on African Immigrant Health.

Partnerships: Hep B United, the Association of Asian Pacific Community Health Organizations, Pennsylvania Department of Health, University of Pennsylvania, Hahnemann University Hospital, Philadelphia College of Osteopathic Medicine, and Jefferson Medical College

Action Plan Priority Areas: 1, 2, 4

Hepatitis C Policy Project (HPP) at the O’Neill Institute for National and Global Health Law

<http://www.law.georgetown.edu/oneillinstitute/research/HepatitisPolicyProject.cfm> | 202-662-9203

The Hepatitis C Policy Project (HPP) at the O’Neill Institute for National and Global Health Law at Georgetown Law was established in July 2015 to consider issues related to providing access to effective treatments to Hepatitis C in the U.S. The primary objective of the HPP is to provide support to Hepatitis C consumer education and advocacy organizations by providing legal and policy research on key issues related to Hepatitis C care and treatment access.

Organizational Highlights

The HPP is supervised by Jeffrey Crowley, MPH, Distinguished Scholar and Program Director of the Institute’s National HIV/AIDS Initiative. Mr. Crowley is a widely recognized expert on U.S. health policy, HIV/AIDS, and disability policy. As the former Director of the White House Office of National AIDS Policy and Senior Advisor on disability policy within the White House Domestic Policy Council, he also has significant policymaking experience. Sonia Canzater, JD, MPH, is the associate assigned to the Hepatitis C Policy Project.

HPP plans to identify high-priority issues that we can help to advance by analyzing, convening relevant stakeholders and experts, and offering policy recommendations that increase access to Hepatitis C-related services and treatment. HPP has been holding meetings with the leadership of several public and private agencies and organizations that serve the Hepatitis C community to gather input on key issues and community needs. Through these meetings and a review of the literature and latest policy actions related to Hepatitis C, HPP has identified certain deficiencies in how Hepatitis C is currently monitored and how services are provided that contribute to barriers to access to effective Hepatitis C care and treatment. Moving forward, HPP plans to foster collaborative relationships with key stakeholders in the Hepatitis C realm to address these issues and to identify strategies and best practices needed to improve Hepatitis C diagnosis and treatment outcomes in the United States.

We plan to hold an expert stakeholder meeting in the spring 2016 in Washington, DC. Some of the key topics that will be discussed and analyzed at the meeting include Hepatitis C data collection and monitoring, particularly surveillance strategies. Other topics that we intend to work on in the near future are reviewing the adequacy of both the existing guidelines for the treatment of Hepatitis C and the treatment capacity available to effectively address treatment needs, and examining the current capacity of the health care workforce to meet the services and treatment needs of persons with Hepatitis C.

High rates of Hepatitis C are a significant public health issue not only in the United States, but worldwide. As we look ahead to how the O’Neill Institute can improve Hepatitis C policy and outcomes, we will consider if there is a contribution we can make in the global forum. The Institute is world-renowned for its work on international health policy, and we will utilize the expertise of those Institute associates with global health knowledge to advance the Hepatitis C Policy Project’s work into the international realm.

Action Plan Priority Area: 3

HIV/HCV Co-Infection Watch

www.tiicann.org/co-infection-watch.html | 304-212-5868

The HIV/Hepatitis C (HCV) Co-Infection Watch (the Watch) and its monthly Report are a project of the Community Access National Network (CANN), a 501(c)(3) national nonprofit organization (formally incorporated under the “Ryan White CARE Act Title II Community AIDS National Network”). The primary function of the Watch and the monthly Report is to provide people living with HIV, HCV, or who are co-infected, with information relevant to the treatment of HCV.

Most Significant Needs

Many—if not most of HCV-infected patients fall into the lower end of the income spectrum, all but forcing them to rely on government healthcare programs and plans.

Organizational Highlights

The Watch and its monthly Report are targeted primarily at the following audiences: HIV, HCV, HIV/HCV co-infected patients, HIV and HCV advocates and advocacy groups, HIV/HCV healthcare professionals, AIDS service organizations, HIV/HCV educators, and government-funded healthcare employees, managers, coordinators, and other government officials. As the data in the Report is intended to be presented with the patient in mind, first and foremost, every effort is made to make the information as easy to understand as possible without leaving out pertinent information that may be useful to the patient.

Monthly Reporting

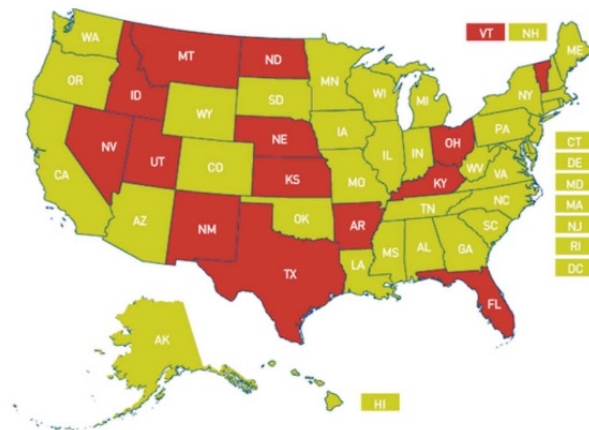
One of the most prescient segments of our [monthly Report](#) is dedicated to identifying each state’s approach to treating HCV. This is accomplished by researching and reporting coverage information for the various government-funded programs, chiefly the AIDS Drugs Assistance Program (ADAP) and Medicaid.

In an example from the [April 2016 report \(right\)](#), coverage is split into color-coded categories—No Coverage and Basic Coverage (older, PEGylated Interferon-based treatments). States that offer No Coverage for HCV treatments are coded red, those offering basic coverage are coded lime green. This color coding system helps patients to determine if their states’ programs offer coverage for their HCV treatment, and serves a secondary benefit of identifying in which states additional advocacy efforts are needed.

AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

There are currently **36** AIDS Drug Assistance Programs (ADAPs) that cover some form of HCV drug therapies as part of their approved drug formularies. To learn more about ADAPs or their approved drug formularies, please visit <http://adap.directory>.

Figure 2.
ADAP Basic Coverage Map Key:
Lime Green: Basic Coverage
Red: No Coverage



Community Access National Network (CANN) – HIV/HCV Co-Infection Watch: April 2016 – Page 10

States offering Expanded Coverage—newer, DAA treatment regimens, including Sovaldi (Gilead), Olysio (Janssen), Harvoni (Gilead), Viekira Pak (AbbVie), Daklinza (Bristol-Myers Squibb), and Technivie (AbbVie)—are also captured by The Watch (not shown).

In addition to reporting formulary and PDL information, we also provide information that links patients to each DAA drug manufacturers' patient assistance program (PAP) website. Many patients are personally unaware that these programs exist, so providing them with this information can help to erase the cost barrier to care.

Research Methodology

The Watch began conducting its research in January 2015. Using a patient-centric methodology—all research is conducted from the perspective of the patient—the initial phase of the research focused on gathering and reporting formulary and PDL coverage for ADAP and Medicaid programs in the continental U.S., Alaska, and Hawaii. Research soon expanded to include data from Puerto Rico and the Federated States of Micronesia. This information was gathered using a variety of methods and sources, including direct phone calls to ADAP directors/coordinators, states' formulary and PDL information as published on state-run websites, the National Alliance of State and Territorial AIDS Directors' (NASTAD) formulary database, an in-house monthly formulary survey (starting in June 2015), and direct E-mail contact targeting appropriate staff for data inquiries.

The collected data is then presented in a monthly Report, all of which can be found at the following site:

www.tiicann.org/co-infection-watch.html.

The ADAP HCV coverage landscape has improved considerably since the beginning of 2015. At the time of our first Report in January 2015, only 7 ADAP programs (including states with multiple coverage options) offered expanded coverage for HCV medications. At the time, only Sovaldi and Olysio were tracked. Since that time, four additional drugs have been added for consideration—Harvoni, Viekira Pak, Daklinza, and Technivie. As of December 2015, 21 ADAP programs (and subprograms) offer Expanded Coverage, tripling the number of programs offering coverage in twelve months.

Future Efforts

In its second year, the Watch intends to follow through on that determination by including information related to Medicare Part D plans and Veteran's Affairs (VA) coverage of HCV treatments, as these two agencies serve one of the high-risk populations for HCV infection—people over the age of 55. We will also begin providing more detailed information related to PAPs in the coming year, as well as other alternative funding methods for people who cannot afford or whose insurance/healthcare payer does not cover HCV treatment. Another new addition to this year's Reports will be the inclusion of formulary/PDL trends on a regional basis to help identify areas of the country where HCV coverage needs expanding or additional advocacy.

Another new facet of the Report will focus on harm reduction strategies and programs implemented across the U.S. This section will include information about syringe exchange programs, legislative measures to prevent opioid prescription abuse, foster recovery and rehabilitative services, and regional statistics related to the opioid and heroin epidemics sweeping suburban and rural America.

As the HIV/HCV Co-Infection Watch and Report enters its second year, we hope to maintain the high standard of patient-centric, up-to-date, prescient, and user-friendly reporting we established in 2015. Our goal in 2016 is the further improve upon the accessibility and distribution of the Report to our stakeholders, and increased focus on becoming a useful tool for patients to use when researching their HCV coverage options.

Partnerships: National Association of State and Territorial AIDS Directors (NASTAD)

Action Plan Priority Areas: 1, 5

HONORreformwww.HONORreform.org | 402-659-6343

By emphasizing all aspects of injection safety, including correct use of single- and multi-dose vials and prevention of healthcare worker diversion of injectables, HONORreform provides national leadership on safe- and best- practices for consumers and providers. Dr. Evelyn McKnight, co-founder and president of HONORreform, is a nationally recognized patient safety advocate and survivor of one of the largest viral outbreaks in American health care history. Dr. McKnight turned her own personal tragedy into a crusade to save lives.

Organizational Highlights*Awareness and Advocacy*

- While HONORreform was active on Capitol Hill, the organization worked with Senator Harry Reid to lead a congressional briefing, “Injections without Infections.” We encouraged the Government Accountability Office to research injection safety and provide a comprehensive report.
- We help introduce, support and testify on behalf of pertinent patient safety legislation (including two new bills signed in to law in June 2014 in New Hampshire).
- Dr. Evelyn McKnight and HONORreform are developing new programs, including a project aimed at changing the discussion on medical malpractice, starting in 2016.
- Our blog, “Survivor Stories,” is published every Monday morning and includes articles by noted advocates and national public health leaders. We encourage partners to read our blog, spread the word, and send us a submission, as well as to follow us on Facebook and Twitter.
- HONORreform is an original member of the Safe Injection Practices Coalition, which is currently active in seven states and online at OneandOnlyCampaign.org. This award-winning campaign is led by our longtime partners at the CDC.
- We respond to confirmed outbreaks of blood-borne pathogens (and patient notifications) through our multi-faceted “HONORresponse” program.

Publications and Presentations

- Dr. Evelyn McKnight—often in tandem with her husband, Dr. Tom McKnight, our medical advisor—has provided hundreds of presentations to thousands—tens of thousands—of healthcare workers and others throughout the United States.
- We helped lead the April 17, 2014, *USA Today* article, “Doctors, medical staff on drugs put patients at risk”; Dr. Evelyn McKnight was interviewed in *US News & World Report* on May 21, 2015; HONORreform and Evelyn have been included in the national media hundreds of times since its formation in 2007.
- HONORreform made its international debut in September 2014, working with government, industry, and public health colleagues in India to help form an injection safety coalition. Later that year, Dr. Evelyn McKnight presented at the WHO Safe Injection Global Network, and earlier this year, HONORreform was represented at the debut World Hepatitis Alliance meeting.
- We will help host the first-ever national meeting on drug diversion prevention in 2016.

Partnerships: U.S. Centers for Disease Control and Prevention (CDC)

Action Plan Priority Area: 6

National Viral Hepatitis Roundtable (NVHR)

www.nvhr.org | 202-408-4848 x3

The National Viral Hepatitis Roundtable (NVHR) is a broad coalition working to fight, and ultimately end, the hepatitis B and hepatitis C epidemics. We seek an aggressive response from policymakers, public health officials, medical and health care providers, the media, and the general public through our advocacy, education, and technical assistance.

Most Significant Needs

The highly inadequate funding at the federal, state, and local levels hampers our ability to identify those who have hepatitis B and/or C, to link patients to lifesaving care and treatment, and to prevent new infections. The Administration and Congress must prioritize a significant increase in funding for DVH.

There are also many policy challenges to fully implementing the U.S. Preventive Services Task Force hepatitis B and C screening recommendations. The CMS national coverage determination (NCD) on hepatitis C testing is limited to the primary care setting. This misses a tremendous opportunity to expand screening in emergency rooms, which have been shown to be a vital setting for identifying hepatitis C-positive individuals. CMS must expand its determination to include hepatitis C testing reimbursement for emergency rooms and other care settings. CMS must also ensure that hepatitis B screening of high risk individuals is included as a covered Medicare preventive service at the end of its current national coverage analysis (NCA) process.

Many aspects of the Viral Hepatitis Action Plan rely on community organizations for implementation, but significant barriers to implementation have been reported to us by our community partners, including lack of funding for staffing, linkage-to-care and care coordination activities, and/or rapid tests for community testing events. The lack of access to providers is a barrier for many to engage in testing or receive care. Technical assistance is needed to training testers along with funding for staff time to conduct testing and care-coordination activities.

Finally, the federal government must take a leadership role in ensuring that everyone living with hepatitis C has access to curative treatment. While CMS guidance has placed state Medicaid programs on notice that they must end illegal restrictions to treatment access, we have not seen significant action. CMS must vigorously enforce this guidance.

Organizational Highlights

Raising awareness about viral hepatitis among the general public, specific populations, community leaders.

Through NVHR's cooperative agreement with the Centers for Disease Control and Prevention (CDC), we have engaged in several activities to raise awareness about viral hepatitis, specifically about the need for those born from 1945-1965 to be tested for hepatitis C. We have promoted the CDC's "Know More Hepatitis" campaign through emails, webinars, and social media. We hosted webinars on: the urgency of screening baby boomers for hepatitis C; information for hepatitis C patients on navigating screening; access to care and treatment; living with the disease; and strategies for medical providers to secure hepatitis C treatment access for their patients. In conjunction with the Hepatitis B Foundation, we co-hosted a twitter chat on viral hepatitis and liver cancer in October 2015.

NVHR also developed and maintains a [comprehensive resource page](#) on our website with information, fact sheets, and tools for medical providers and community members related to hepatitis C screening and baby boomers.

NVHR wrote a chapter highlighting the impact of hepatitis C on the African American community for the [2015 Kelly Report on Health Disparities in America](#), which was spearheaded by Congressional Black Caucus Health Braintrust chairperson Dr. Robin Kelly. We presented on viral hepatitis public policy and access to care/treatment at the National Hispanic Medical Association's Hepatitis C Summit in March 2015, the National Association of Hispanic Nurses' annual meeting in Washington, DC in January 2016, and the U.S. Conference on AIDS in October 2015 and September 2016. We co-hosted a twitter chat with the Latino Commission on AIDS in

May 2015, in conjunction with National Hispanic Hepatitis Awareness Day. With the National Black Leadership Coalition on AIDS, we co-hosted a national conference call for community member in July 2015, to highlight their activities and challenges related to National African American Hepatitis C Action Day.

NVHR educated Members of Congress (MoC), their staff, and administration officials/staff about viral hepatitis through advocacy meetings, written testimony, participation in Congressional briefings, and leadership in organizing a 2015 World Hepatitis Day press conference with the Hepatitis Appropriations Partnership and Hep B United, highlighting the need for increased funding to eliminate hepatitis B and C in the United States. NVHR, with HAP and Hep B United, also organized Hepatitis on the Hill, held in March, 2015, bringing over 75 advocates from around the country to Washington, DC to educate MoC and their staff about the viral hepatitis epidemic and need for increased funding. The second annual Hepatitis on the Hill will be held in March 2016.

Training and/or increasing capacity of health care providers to prevent, diagnose, and treat viral hepatitis.

NVHR has developed two national working groups that include various medical providers focused on sharing best practices in hepatitis C screening and linkage to care. The Baby Boomer Working Group, which includes providers, community members, and public health professionals, communicates through quarterly conference calls and via email about best practices in hepatitis C screening and linkage to care in both healthcare systems and community settings. The Pharmacists Working Group, which includes pharmacists, medical providers, and community members, communicates through quarterly conference calls and an email listserv about opportunities to expand the role of clinical pharmacists and community pharmacies for hepatitis B and C screening, hepatitis B vaccination, and hepatitis C linkage to care and treatment access and adherence.

In 2014 and 2015, NVHR partnered with Dr. Camilla Graham from Beth Israel Deaconess Medical Center to develop and disseminate best practices for other medical providers and health systems to integrate hepatitis C screening of baby boomers. Through this partnership, Dr. Graham provided training on the successful use of electronic medical record prompts for birth cohort screening.

Public policy advancement.

NVHR has been involved with several critical public policy successes that will advance the goals outlined in the Viral Hepatitis Action Plan. In 2014, the Centers for Medicare & Medicaid Services (CMS) announced a national coverage determination (NCD) outlining Medicare coverage of one-time hepatitis C testing of baby boomers and ongoing testing of at-risk individuals. In January 2016, CMS announced the initiation of a national coverage analysis process to add hepatitis B screening of high-risk individuals as a covered Medicare preventive service. In November 2015, CMS released guidance to state Medicaid programs regarding open access to hepatitis C curative treatment and warning against discriminatory restrictions.

On the Congressional side, NVHR prioritized appropriations advocacy, with 2015 seeing two significant wins. The fiscal year 2016 budget included a funding increase to the Division of Viral Hepatitis (DVH) at CDC of \$2.6 million, or an approximately 8 percent bump in a fiscally conservative environment with many competing priorities. While woefully inadequate, we hope to build on this support in 2016. Further, a rider banning all use of federal funds for syringe services programs—a critical component of multi-pronged hepatitis C prevention—housed in the Labor, Health and Human Services, Education, and Related Agencies appropriations bill, was amended. The modified language now provides the opportunity to use sorely needed federal funds for the vast majority of syringe service program expenses. NVHR looks forward to continued work with HHS, CDC, and others during implementation to ensure increased viral hepatitis prevention coverage among people who inject drugs.

Partnerships: U.S. Centers for Disease Control and Prevention (CDC), National Black Leadership Coalition on AIDS (NBLCA)

Action Plan Priority Area: 1

Project H+EAL (Health + Education for the Asian Liver)<http://hepfree.nyc/project-heal> | 917-734-0618

Project H+EAL (Health+Education for the Asian Liver) was created in New York City in 2009, as an advocacy group that aims to educate and empower high school students and their families who might be at high risk for hepatitis B infection. H+EAL has unified physicians, students, and public health advocates to educate this community with the goal of reducing spread of hepatitis B through education and breaking socioeconomic and cultural barriers to care for those with chronic hepatitis B infection.

Organizational Highlights

H+EAL's educational program targets New York City's high schools with a large immigrant population with the hope of increasing screening of students and their loved ones through education and advanced knowledge. The group is organized and managed by volunteers, including a medical director, coordinator, as well as an esteemed group of concerned doctors and student presenters. Our student presenters are recruited from Team HBV/NYC and the local chapters of the Asian Pacific Medical Student Association (APAMSA) from the major medical schools in New York City.

H+EAL coordinates biannual presentations with the Health /Biology teachers of the upper classmen of high schools. In the classroom, the students participate in a 30-minute presentation that begins with statistical facts about the disease. The hepatitis B structure and the mechanism by which it infects an individual are explained, symptoms defined, and modes of transmission introduced. The presentation also covers a discussion of the currently available three-shot vaccination series and importance of knowing one's status as either negative or positive. Students were subsequently encouraged to discuss hepatitis B status with their parents, particularly if they have emigrated from high-risk countries, and motivate them to be screened for Hepatitis B.

Students were encouraged to take home pamphlets (e.g., from the New York City Department of Health or pharmaceutical companies) written in their parents' native language to help ease the conversation at home. The pamphlets we use were either published by the New York City Department of Health or from the various companies such as Gilead.

On the day of the presentation, students are asked to participate in surveys before and immediately after the event to assess their improved knowledge of hepatitis B. The students are also asked to complete a follow-up survey one month after the presentation. All three surveys start with a hepatitis B general knowledge section addressing the basic facts of hepatitis B prevalence and routes of transmission followed by questions assessing the students' attitudes towards discussing health topics with their parents. The post-presentation surveys and follow-up surveys ask students to share their knowledge of family members afflicted with hepatitis B or liver cancer. The surveys are strictly voluntary and students can decline to answer any question they do not care to answer.

Since the program's inception 5 years ago, H+EAL has reached well over 2,100 students and has been welcomed in schools such as Stuyvesant High School, Bronx High School of Science, Hunter College High School, Flushing High School, and the Edward R. Murrow High School.

In total, names of 38 different countries were mentioned as an answer to "Country of Birth" survey question. The vast majority of students are born in the United States, with China being the second most populous answer. Results from surveys indicate that 52% of our participants self-identified themselves as Asian/Pacific Islander. Students were also asked about their parents' country of birth: 25% of mothers and 24% of fathers were born in China. The majority of our respondents speak either English (55%) or Chinese (23%) as the primary language of the household.

Using the results from the surveys, we conclude that our program is successful. Data from follow-up surveys show that 88% of our students retain their hepatitis B knowledge indicating a high fidelity when they relay the message back to their families. While only 20% of students were born in a country with moderate-to-high rates

of hepatitis B, 70% of their parents were born in such countries. If students are sharing the information they learned with their parents, hepatitis B awareness is indeed reaching the intended audience.

Partnerships: New York City high schools (selected), local Asian Pacific Medical Student Associations (APAMSA)

Action Plan Priority Area: 1

Project Inform

<http://www.projectinform.org> | 415-558-8669

Project Inform believes it is possible to create the first generation free of HIV and hepatitis C within the next decade. To achieve that dream, we focus our work in four areas: drug development, bio-medical prevention, education and health care access.

Most Significant Needs

Access to services—to HCV testing, linkage to care, and treatment. There is so little federal and state investment in this arena of public health and health care, and it is difficult for people to access the services they need.

Organizational Highlights

Project Inform currently works to:

- Coordinate the national [Help4Hep phone line](#) which assists people with hepatitis C to access support services, health services, and patient assistance programs. It also provides health education to people living with HCV and their friends and family members.
- Write and distribute educational materials for consumers, including writing the [HCV treatment update guide for Positively Aware magazine](#), writing articles for numerous publications, and developing health education brochures and fact sheets about HIV/HCV co-infection, and sexual transmission of HCV.
- Write and distribute educational materials for providers, including an [HCV screening toolkit for HIV providers](#).
- Conduct “think tanks,” such as a think tank about [strategies for scaling up risk-based HCV screening in the U.S.](#)
- Engage in state and federal HCV treatment access advocacy. We have had success in California advocating for the loosening of treatment utilization restrictions in Medi-Cal (although more still needs to be done). We have also had success working in coalition with partner organizations to secure the CMS letter to Medicaid directors about HCV treatment access and federal law.
- Engage in state policy and budget advocacy. We secured funds for the annual purchase of syringe access and disposal supplies, as well as funds for five three-year HCV linkage to care demonstration projects in California. Part of our state advocacy includes managing the [California Hepatitis Alliance \(CalHEP\)](#), a coalition of nearly 100 organizations working to end the hepatitis B and C epidemics in California.
- Develop an [annual plan choice guide and conduct a formulary analysis of Covered California](#) (the state marketplace) health plans so people living with HCV can make educating decisions about picking a plan that is right for them and, hopefully, gaining access to the medication(s) they need to treat HCV.
- Hepatitis C Support Group, BAART Methadone Clinic: A weekly support group focusing on treatment education and preparedness for people on opiate substitution therapy.
- Hepatitis C Education Presentations, San Francisco County Jail System: An on-going series of hepatitis C educational forums held in various pods in the San Francisco jail system focusing on HCV education, screening, and accessing treatment upon release. San Francisco Department of Public Health (SFDPH) provided HCV antibody testing following the presentation.
- Collaborate with the SFDPH Viral Hepatitis Coordinator to conduct a quarterly hep C training for SFDPH and drug treatment staff: “Beyond the Basics: HCV Prevention, Treatment and Program Integration Strategies” (municipal)

Project Inform resources:

- Information on HCV care and treatment: projectinform.org/category/hepc (national)
- HIV/HCV co-infection educational materials: projectinform.org/coinfection (national)

- Fact sheet series on non-prescription sales of syringes in California for pharmacists and consumers projectinform.org/CA-syringes
- HCV policy advocacy: projectinform.org/category/hepc-policy (national and California);

Partnerships: San Francisco Department of Public Health, Hep C Alliance, Liver Health Connection (formerly Hep C Connection), Hepatitis C Association

Action Plan Priority Areas: 1, 5

Community-Based Organizations

Alabama Coalition for Testing, Interventions, and Engagement in HCV Care (ACTIVE-C)

<https://www.uab.edu/medicine/activec/about-active-c> | 205-975-2840

The Alabama Coalition for Testing, Interventions, and Engagement in HCV Care (ACTIVE-C) has received a \$1.5 million grant from Gilead Foundation to lead a dynamic and innovative collaboration among academics, federally qualified health centers, other community-based organizations, and local health departments in the fight against Hepatitis C. The community-based program's mission is to test for and cure HCV infections and is led by a team of hepatology and infectious disease providers at the University of Alabama at Birmingham (UAB) with over 30 years' experience in treatment of viral infections, most notably HIV.

Most Significant Needs

Alabama is a mostly rural, poor state with fragmented access to health care. To date, Alabama has not expanded Medicaid coverage as part of the Affordable Care Act. In a recent CDC Foundation-funded project conducted in the UAB Emergency Department (UED) between September 2013 and April 2014, opt-out HCV "birth cohort" screening [revealed](#) a newly diagnosed HCV antibody prevalence of 17 percent among uninsured/underinsured individuals compared to 4 percent prevalence among those with private insurance ($p < 0.001$).

The challenges of health disparities in Alabama are compounded when attempting to link those who test positive for HCV to care. Historically, the vast majority of patients with HCV in our region received treatment in specialized hepatology or infectious disease clinics at UAB, owing in large part to the difficulties of managing interferon-based treatment regimens. These specialized clinics are currently at capacity with very little room for expansion. Moreover, the clinics require referral from a primary care provider, creating difficulty for patients newly diagnosed in the UED to access existing specialized clinics. Finally, owing to UAB regulations, those without health insurance coverage must apply for charity care before initiating care. This process creates a significant barrier to accessing HCV care.

Organizational Highlights

The Centers for Disease Control and Prevention (CDC) provides strategic oversight according to the standards of the CDC-led "Community-based Program to Test and Cure Hepatitis C". The UAB Center for AIDS research (CFAR) and the Liver Center are the administrative hub for this network, leveraging in financial administration, health informatics, data systems development, management of large networks, and medical education. Years of community engagement creates a natural alliance to expand collaborations into HCV.

ACTIVE-C project activities started on July 1, 2015, and will continue at least through June 30, 2016. The network currently comprises 250 healthcare providers, expanding its outreach statewide over 20 community health centers. ACTIVE-C has provided over 15 hours of training, spanning at least 300 CME credits to primary care physicians, physician assistants, certified nurse practitioners, and residents in internal medicine and family medicine. Approximately 30 primary care providers are currently reviewing case logs of HCV-infected patients. Seven on-site coordinators now cover multiple coalition locations, re-engaging HCV-infected patients in care. In the past 2 years, network partners have screened an estimated 25,000 individuals for Hepatitis C and identified approximately 2,700 individuals with positive HCV antibody. Detailed outcomes of the ACTIVE-C care cascade are underway.

Raising awareness about viral hepatitis among the general public, specific targeted populations, and/or community leaders.

Awareness-raising throughout the network has led to commitment from partners and their stakeholders, both secured by execution of site feasibility assessments, memorandum of understandings, service agreements, business associate agreements, review of privacy notices from each organization, and letters of agreement to the UAB IRB protocol for program evaluation and dissemination.

Training and/or increasing capacity of health care providers to prevent, diagnose, treat viral hepatitis.

The ACTIVE-C team has created a specific educational curriculum covering key issues concerning Hepatitis C epidemiology, testing, treatment, and follow-up. Training opportunities are offered by 1:1 clinic preceptorships

and live sessions where attendees interact with speakers and moderators either in person or via teleconference. Sessions are case-based, and trainees are encouraged to bring real cases that they follow in clinic for discussion and disposition. Trainees can also take advantage of the UAB Medical Information Service via Telephone (MIST line) for questions directed to on-call experts, 24x7.

Developing strategies to promote timely viral hepatitis diagnosis and linkage to care.

ACTIVE-C has supported the hiring of on-site coordinators who are responsible for enhanced patient navigation. Coordinators are also trained to be flexible and respond to unique demands of the *social network of each organization*. Their main role is to strive for excellence, while easing the navigation burden on primary care.

Developing/implementing clinical decision support tools and/or improved protocols in clinical settings that improve viral hepatitis health outcomes.

Our operations mirror evidence-based interventions proven to be highly effective in empowering primary care providers to become allies in public health responses against hepatitis C (Extension for Community Health Outcomes – [Project ECHO](#)). The interactive training curriculum was developed under the guidance of the co-principal investigators and HCV experts Omar Massoud, MD and Michael Saag, MD.

Reaching people who inject drugs with viral hepatitis information and services.

Leveraging additional support from the CDC, industry, the UAB Emergency Department (UED) is a key partner to ACTIVE-C, offering HCV screening at no cost to target populations at risk. Since July 2015, UED screening efforts shifted from a targeted to universal approach, as part of a demonstration project aimed to facilitate and destigmatize case identification among people who inject drugs. Furthermore, the Alabama Department of Public Health (ADPH) now shares with the Alabama State Mental Health Agency information about ACTIVE-C to substance abuse clinic directors across the state, which leverages referrals from rehabilitation centers to HCV treatment clinics.

Developing strategies to foster stakeholder collaboration and sustainable programs.

ACTIVE-C has reached out to UED (large HCV screening program supported by Gilead FOCUS Program for HIV/HCV Care Access); industry-sponsored patient assistance programs; Harborpath (non-profit organization that provides access to life-saving therapies, including hepatitis C); Project Turn Around (National Institutes of Health-sponsored testing initiative to screen young African Americans for HIV and HCV in the Montgomery area); Tuskegee City Major and Orasure Technologies in support of Quality of Life Network (FQHC) to pilot a test and treat program in Tuskegee; and Specialty Pharmacies (Briova and Walgreens).

Supporting surveillance activities.

Surveillance is a key component of ACTIVE-C. The Research and Informatics Research Center (RISC) at UAB has technology infrastructure that links de-identified data provided by partnering clinics to laboratory reporting captured by ADPH. The enhanced surveillance system enables generation of meaningful information on the number of people tested for HCV, the number who test positive, the number receiving treatment, and the number of people cured.

Partnerships: Alabama Department of Public Health (ADPH) now shares with the Alabama State Mental Health Agency, U.S. Centers for Disease Control and Prevention (CDC) and Industry, the UAB Emergency Department, University Medical Center (University of Alabama-UMC), the University of Alabama at Huntsville (UAH), Christ Health Center, Alabama Regional Medical Services, Central North Alabama Health Services, Whatley Health Services, Health Services Incorporated and Quality of Life Network (Tuskegee, Gadsden and other cities east of Alabama), Medical AIDS Outreach of Alabama, Health Services Center, Cooper Green Mercy Health Services, Mobile County Health Department (MCHD), Jefferson County Department of Health (JCDH)

Action Plan Priority Areas: 1, 2, 3

Asian American Community Services (AACS)www.aacsohio.org/ | 614-220-4023

Asian American Community Services (AACS) is the premier community services organization serving Asian Pacific Islander (API) communities in Central Ohio.

Most Significant Needs

The most significant need among our Asian-born and African-born community members is awareness of their increased risk for hepatitis B and to be screened.

Organizational Highlights*Hepatitis B Testing*

- AACS arranged and conducted hepatitis B screening for the AACS Asian Health Fair (with funding from Molina Health Care) in April 2015, and at the Somali Health Fair in June 2015 (National Hepatitis Testing Day), funded by Ohio APAMSA. Before the Asian Health Fair screenings, outreach was conducted through the local Chinese newspaper, Korean churches' websites, and Asian restaurants and groceries. In three hours of screening, 24 participants, primarily of Cambodian and Burmese nationalities, were screened; none tested positive. Hepatitis B testing was also promoted through flyers and word of mouth at Somali mosques. The local Somali TV show publicized the event and was present at the fair interviewing and televising the event. In three hours of screening, 17 Somali participants were screened; two tested positive for hepatitis B (12%). They were called with and given their results by someone who speaks in Somali and linked to their physicians.

Publications and Presentations

- In 2014, Karen Jiobu, a health care consultant and individual member of the Ohio Asian American Health Coalition, worked on an article with a local retired pediatrician, Dr. Benedicta Enrile, about the high risk of hepatitis in the Asian-born and African-born immigrants/refugees from countries where hepatitis B is endemic. Information of how to interpret the tests, how to diagnose and treat viral hepatitis, and an algorithm for screening hepatitis B infection were also included in the article, which was published in January 2015. A similar article was submitted to *The Ohio Family Physician* in 2015, and is titled "Relevance and Significance of Screening for HBV among the Asian- and African-born in Ohio." Algorithms on "Screen for Hepatitis B in Provider offices, clinics, and hospitals," and "Hepatitis B Test Result Analysis" were included.
- In December 2015, AACS invited gastroenterologist Son Do, M.D., through the help of Gilead Diagnostics, for a dinner lecture to Ohio State University medical students, community leaders, and AACS board members. Dr. Do is chairman of the Board of the Vietnamese American Medical Association and founding board member of the Digestive Health Association of Texas (DHAT). After this talk, the AACS board has decided they would like to put together a two-to-three-year action plan for building awareness of hepatitis B in the Columbus, OH community.

Communication with Providers

- Communication with a clinician in a large OB/GYN practice about how they were handling hepatitis B-positive mothers (who did not speak English) after screening and delivery.
- Advocacy on the use of hepatitis B alerts in decision-support computer systems at the NHBTF. Joseph Lurio, MD, presented his work with Gena Wilson, MD, titled "Hepatitis B – Leveraging granular ethnicity to screen for Hepatitis in a community health center" about their hepatitis B alert system, which was well received. This information has been forwarded to physicians and advocates who may be able to influence its use in their hospitals.

Partnerships: Molina Healthcare, Ohio Asian Pacific American Medical Student Association (APAMSA), The Ohio State University School of Medicine, Gilead Diagnostics

Action Plan Priority Areas: 1, 2, 4

Association of Asian Pacific Community Health Organizations (AAPCHO)

www.AAPCHO.org | 510-272-9536

The Association of Asian Pacific Community Health Organizations represents 35 community health centers across the country, 29 of which are federally qualified health centers (FQHCs). AAPCHO members are dedicated to promoting advocacy, collaboration, and leadership to improve the health status and health care access of medically underserved Asian Americans, Native Hawaiians, and Pacific Islanders (AA&NHOPIs) in the U.S., its territories, and its freely associated states. Since a number of AAPCHO member centers have patient populations infected with and with increased risk for hepatitis B, AAPCHO prioritizes education, awareness, and policy objectives around hepatitis B.

Most Significant Needs

Our members' patients experience barriers due to the social determinants of health (e.g. transportation, housing, language access), which are mitigated by enabling services that AAPCHO member centers are able to provide. Additionally, the lack of resources to provide for viral hepatitis, and hepatitis B services in particular, preclude deliberate chronic-care models from being developed within these centers.

Organizational Highlights

Increasing Awareness and Advocacy

- AAPCHO developed the [#justB campaign](#), to provide a public forum for people affected by hepatitis B to tell their stories. AAPCHO has partnered with Hep B United and the Hepatitis B Foundation to elevate the effort.
- In collaboration with multiple partners, our organization developed and planned *Hepatitis on the Hill*, an event that provides training and technical assistance for advocates working in hepatitis B and C across the country.

Improving Care and Outcomes

- AAPCHO provides programmatic and research support and policy guidance, including the development of an NIH-funded project, HIT-B. The aims of the project were to:
 1. Expand local and national multi-level community-engaged partnerships and a national data registry to improve HBV screening, vaccination, and linkage-to-care-rates among Asian Americans;
 2. Develop and conduct a community participatory needs assessment to determine HIT needs for a culturally proficient intervention for HBV screening and vaccination from patient, family member, and provider perspectives;
 3. Plan, conduct, and evaluate a pilot intervention study incorporating HIT models to examine impact on HBV screening, vaccination, and linkages to care for Asian American patients and family members attending a community based clinic; and
 4. Develop plans for a culturally tailored intervention for a full-scale HBV screening and vaccination study for AAPI populations across AAPCHO's health center network.
- AAPCHO participates in the Community Health Applied Research Network (CHARN), which seeks to improve patient care through data collection and disaggregation. Four AAPCHO sites participate in CHARN, all of which collect additional measures on hepatitis B, as well as primary language used (to be used as a proxy for race/ethnicity). AAPCHO is in the process of developing a data warehouse that will include key factors that affect health center patient populations, including measurement of the provision of culturally and linguistically-appropriate services, and ensuring the data collection of health issues that adversely affect the populations that AAPCHO members serve (by race/ethnicity, socioeconomic status, age, and insurance status).
- AAPCHO has continued to promote initiatives surrounding the chronic care model (CCM) and the patient-centered medical home (PCMH) in helping to improve health outcomes in chronic hepatitis B. In 2015, AAPCHO and the Charles B. Wang Community Health Center published an [article](#)

promoting the patient-centered medical home, including the integration of care and the patient portal, to help address perinatal hepatitis B transmission.

Partnerships: Hep B United, National Association of State and Territorial AIDS Directors (NASTAD), National Viral Hepatitis Roundtable (NVHR), International Community Health Services, Hepatitis B Foundation, Harm Reduction Coalition (HRC)

Action Plan Priority Areas: 1, 2, 3, 4

HIV Alliance

www.hivalliance.org | 541-342-5088 ext. 113

HIV Alliance is a community-based organization that supports people living with HIV and HCV and prevents new infections of HIV and HCV. We provide various services in counties throughout Oregon, including: HCV testing in Josephine, Douglas, counties; syringe exchange in Josephine, Douglas and Lane counties; HCV care coordination in Lane County; and care coordination for those infected with HCV/HIV, in Douglas, Lane, Josephine, Jackson Klamath, Lake, Coos, Curry, Clatsop and Marion counties.

Most Significant Needs

Our most significant client needs are access to affordable housing, treatment, and medication.

Organizational Highlights*Increasing Awareness*

- We participate in HCV Awareness Days. This past year we provided HCV testing at local oxford houses. We provided HCV 101 to participants in the oxford houses we visited. We tested a total of 14 individuals who were at risk for HCV.
- We provide HCV education to the community in schools and treatment centers. We convene a local community group, the Harm Reduction Coalition of Southern Oregon, in partnership with the county health department, to provide better services to people who inject drugs.

Supporting Harm Reduction among PWID

- We operate a syringe exchange program. Last year we performed over 7,000 exchanges and exchanged more than 616,000 syringes. We disseminate information pamphlets on other services and HCV education materials at the exchange. We provide syringe exchange five times a week in Lane County, twice a week at our office, and three a week during a street-based exchange in two separate locations. We provide syringe exchange four times a week in Douglas County, and twice a month in Josephine County.

Improving Testing and Linkage to Care

- We provide free HCV testing for high-risk populations in three counties in rural Oregon. We provide HCV testing four days a week at our Lane County office and four days a week at our Douglas County office. We provided HCV testing twice a month in Josephine County. We also provide testing in Lane County once a week to clients of Buckley Detox Center.
- We provided 410 HCV screenings in 2015. Seventy-five were reactive. Sixty-one of those were in Lane Co. and 100 percent were referred to our HCV care coordination program.
- We also provide HCV care coordination using a community health worker. This person recruits populations most at risk by going out with our syringe exchange and engaging with people enrolled at treatment centers in our area. The goal of the community health worker is to connect clients to medical care and addressing social determinants of health.

Partnerships: Lane County Health Department, Eugene Police Department, the Oregon State Police, Trillium Community Health Plan, White Bird Clinic, Willamette Family Treatment Services, the Oregon Health Authority, Looking Glass Youth Services and Emergence Drug Court

Action Plan Priority Areas: 1, 2, 5

North Jersey Community Research Initiative (NJCRI)

www.njcric.org | 973-483-3444

North Jersey Community Research Initiative (NJCRI) offers a one-stop-shopping model of care for the 11,000 clients in our programs, strong infrastructure, and a dedicated, professional staff, including counseling and testing, mobile unit testing, and prevention and early intervention services. These services coordinate with other services in our building to identify, inform, refer, and link clients that are unaware of their status and those that are newly diagnosed into care and treatment. Our mission is to help people living with HIV/AIDS and other health disparities and to help those at risk for HIV and Hepatitis.

Organizational Highlights

As one of New Jersey's largest and most comprehensive community-based organization that has been providing care, treatment, and prevention services to those at risk for hepatitis, HIV and STIs, NJCRI's target population includes persons unaware of their HIV/hepatitis status along with HIV-positive persons or those that are reactive to hepatitis who are out of care. NJCRI currently serves and will continue to serve: 1) youth (age 13-24); 2) injection and non-injection drug users (IDUs and NIDUs); 3) men of color who have sex with men and White/Anglo men who have sex with men in youth and adult populations; 4) women of child bearing age; 5) PLWHA age 45 and older; (6) individuals recently released from incarceration; and, 7) homeless and unstable-housed populations. The vast majority of NJCRI's clients have an annual income of less than \$10,000.

Prevention Activities

NJCRI's prevention programs target groups through our outreach efforts that are unaware of their status and brings them in to be tested for HIV, Hepatitis and STIs. NJCRI's Counseling, Testing and Referral (CTR) Department is funded through the State of New Jersey. We are the pilot program for the Rapid with Rapid test, we also test with the new Alere Determine HIV Ag/Ab Combo Assay and the Hepatitis C Rapid testing, and test and treat for gonorrhea, chlamydia, and syphilis. We test on our three mobile vans in the community and in-house on a non-traditional schedule to fit our population's needs. NJCRI also performs routine HIV and Hepatitis testing in our Medical clinic, during syringe exchange, and at our homeless drop in center, through a grant with Gilead Pharmaceuticals. When a patient contacts NJCRI or they are referred from CTR, he/she is referred to a medical case manager (MCM) to conduct an intake interview. The MCM works with an RN to refer to medical care and provide a medical intake. Any patient that needs services are referred and linked, as appropriate, throughout NJCRI and at other agencies with intensive follow up.

Primary Medical Care

Following the medical case management intake interview, newly diagnosed clients or clients not in medical care are immediately accompanied to our medical nurse by the intake staff for evaluation. Those individuals that test positive are immediately linked to our medical care by the counselor. Approximately 2,800 individuals are enrolled in Project Access and 1,400 enrolled in the drop in center.

We added a disease intervention specialist to our CTR department who helps contact and find those that are reactive for HIV, Hepatitis, or STIs, to get them into care. NJCRI ensures that there is a proper continuum of care for our clients. Those that are unaware of their HIV status or never got tested or received results, are outreached through our prevention and outreach services noted above in our Early Intervention Services. These services include counseling and testing done through our mobile and roaming activities, drop-in centers for the youth/adult MSM of color, homeless substance users, Project Tap, and behavioral surveillance projects. We consider ourselves fortunate in being able to blend our counseling/testing activities with our prevention/education and care/treatment activities.

Action Plan Priority Areas: 1, 2, 5

Consulting Firm

Imagine Hope, Inc.

www.imaginehope.com | 404-874-4040

Imagine Hope, Inc. is a consulting firm working in the converging fields of behavioral and public health. Clients include state and federal agencies, universities, non-profit social service organizations, private sector social service firms, and healthcare providers. For nearly 20 years, on behalf of the Georgia Department of Behavioral Health and Developmental Disability / Office of Addictive Diseases, we have managed a network of HIV early intervention nurses and counselors based in substance abuse treatment agencies across the state. Last year this network tested more than 13,000 addiction clients for HIV.

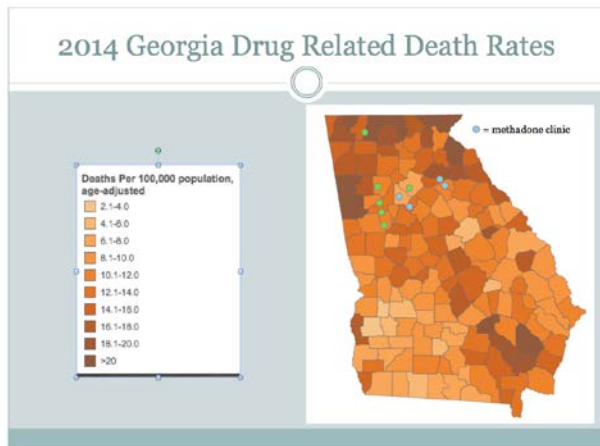
Organizational Highlights

With support from Gilead Science’s FOCUS program, Imagine Hope is currently piloting an HCV testing and linkage to care program. In April 2015 we began rapid HCV testing in five metro Atlanta substance abuse treatment centers. In November five additional agencies joined the project. Between April 2015 and January 2016, these ten partner agencies tested 2,138 individuals; 262 of whom were found to be HCV antibody positive (12%). The QUICK FACTS (right) are drawn from analysis of data collected from April through December of 2015.

QUICK FACTS

- 1781 HCV Rapid Test
- 13 % Antibody + (231)
- 63.5 % Antibody + are first time testers
- 62.2 % are outside birth cohort
- 103 RNA tests
- 69 % RNA positive (71)
- 31% RNA negative (32)
- 42.3 % RNA + are linked to care
- 2 co-infected identified
- 1 client has achieved viral load suppression

Reaching people who inject drugs with viral hepatitis information and services. Georgia has high rates of injection drug use and an accompanying increase in death by drug overdose.



The Imagine Hope project merges HCV testing and referral with the existing rapid HIV testing programs of our partners. At these agencies, an established workforce of nurses and counselors offer rapid HCV screening, often in tandem with rapid HIV testing. These workers are in daily contact with people at risk for HCV, primarily substance users, many with a history of injection drug use. The ten partner agencies are pinpointed on a map (left) illustrating the rates of drug-related deaths throughout Georgia by county. Green dots represent abstinence-based programs; blue dots indicate methadone clinics.

We encountered steep barriers when trying to link clients to medical care. In Georgia, the statewide infrastructure for HCV treatment ranges from insufficient to non-existent. Resources for medical care are particularly limited for the uninsured. Most of the people that Imagine Hope reaches are uninsured; options for care are limited and wait times to enter overburdened clinics are lengthy.

As anticipated, a linkage coordinator is critical for navigating clients into care. Our full-time linkage coordinator makes 7-to-10 phone calls for each confirmed HCV positive client that she links to a medical provider.

We also discovered that one of the keys to keeping clients engaged with and committed to treatment is an HCV client support group. We piloted a group at one methadone clinic and found that support from a facilitator and peers rapidly converted frustration to empowerment.

One of the bottlenecks in the system of care is the need for RNA testing to confirm whether a client who is antibody positive has a chronic infection. We were able to reduce the strain on an already overburdened system by having partners provide RNA testing in addition to HCV antibody screening. Currently 6 of our 10 testing sites

are providing RNA confirmatory screening. By the end of December of 2015, a total of 33 people who had tested HCV antibody positive received a negative RNA test result. Among these were several people who had been living with the dread and 'certainty' that they were chronically infected for over 20 years. RNA testing by partner agencies also streamlined the treatment process for those who test RNA-positive.

Key Learnings

- Among injection drug users, HCV prevalence is high and awareness of infection is low.
- Integrating HCV screening with existing HIV testing is feasible and supports the identification of new and undiagnosed HCV infection.
- Linkage for uninsured clients in southern, non-Medicaid expansion states highlights the need for more capacity for HCV care in non-specialty environments.
- HCV+ clients commented that their linkage status can impact their peers' compliance with care.
- RNA screening prior to the first medical appointment expedites linkage to care.
- RNA-positive clients are more motivated to keep medical appointments than those who do not know their RNA status.
- RNA-negative clients identified by partner organizations were able to avoid contributing to the log-jam of people waiting for access to an already burdened system of care for the uninsured.
- Collaboration with local stakeholders and HCV care experts is critical for both client education and linkage efforts.

Partnerships: Gilead

Action Plan Priority Area: 2

Local/City Health Departments

Baltimore City Health Department (BCHD)<http://health.baltimorecity.gov> | 410-396-4398

Baltimore City Health Department is a city government organization. Sexually transmitted disease (STD) clinics are the primary public health clinics operated by the city, serving two locations in east and west Baltimore. In 2014, the STD clinics had approximately 9000 patient visits.

Most Significant Needs

Providing dedicated, facilitated linkage to HCV treating specialists. Many patients that we see know they are infected with HCV but were told years ago not to do anything about it, or avoided treatment with interferon. Even with new direct-acting antiviral medications, the process of finding a specialist who can treat HCV is difficult for the population who frequent BCHD STD clinics. With the addition of linkage-to-care-support by a dedicated worker, we have linked over 80 percent of those diagnosed with chronic HCV in the clinics, and over 50 percent have attended at least one specialist appointment.

Organizational Highlights*BCHD Program Overview*

- BCHD implemented risk-based HCV testing and linkage to care in April 2014; implemented treatment for HIV-HCV co-infected patients in November 2014; and implemented treatment for HCV mono-infected patients in June 2015. All HCV-related efforts were combined into one program, CHARM (Curing Hepatitis And Realizing eMpowerment).
- Serve east and west Baltimore City, a population that is majority medically underserved.
- Number tested from start of risk based testing in 2014: 621; 144 reactive (23%)
- Number tested in 2015: 693; 133 reactive (19%)
- Approximately 20 percent HCV Ab positivity rate
- Among risk-based cohort, over 50 percent attended specialist appointments, 25 percent prescribed treatment by a specialist
- Created a HCV resource guide with drug and alcohol treatment resources as well as detailed information about HCV treatment specialists. Several publications from the first phase of the project are now in press in peer-reviewed journals

Raising awareness about viral hepatitis among the general public, specific targeted populations, and/or community leaders.

We have incorporated a risk-based testing model into our clinic flow for all patients using an opt-out procedure, including testing of birth cohort members with no behavioral risk factors. This dedicated testing effort, identifying and testing people at risk of HCV infection despite their initial clinical complaints, has raised awareness about viral hepatitis among the STD clinic population and, in particular, birth cohort patients. We have also coupled this effort with extensive signage throughout each clinic so that oftentimes birth cohort patients anticipate or even request an HCV test by the time they first meet with a clinician and mention that they will tell their peers to get tested as well. Additionally, we partnered with a Johns Hopkins organization, Generation Tomorrow, to put on a series of HCV testing events at city operated senior centers.

Training and/or increasing capacity of health care providers to prevent, diagnose, treat viral hepatitis.

The creation of the CHARM treatment program in November 2014, first treating HIV co-infected HCV patients and then in June 2015 treating mono-infected HCV patients directly within the STD clinic, required STD clinicians to become trained to treat HCV. Presently, a total of four providers have been trained through a cross-city effort in partnership with the Johns Hopkins University School of Medicine named Sharing the Cure, and as a result these clinicians, two Certified Registered Nurse Practitioners and two physician assistants, can prescribe HCV medication to chronically infected patients receiving care at the STD clinic and manage their care for their treatment duration. Since the CHARM program has institutionalized HCV testing and linkage to care within the STD clinic, every provider in the clinic is now well-versed in the process of diagnosing HCV, providing HCV RNA

confirmatory tests to anyone who tests positive for HCV antibody from a same-day point-of-care rapid test, and discussing their HCV results and linkage-to-care options when patients return for their other STD test results.

Developing strategies to promote timely viral hepatitis diagnosis and linkage to care.

The STD clinics' HCV testing, linkage-to-care, and treatment programs have all been collected under the aegis of the CHARM program to provide not only timely HCV diagnosis and linkage to care, but also treatment with direct acting antiviral medication. We formally elevated prior projects routinizing HCV testing and linkage to care in the clinic by also offering treatment, making the STD clinics a one-stop shop for HCV services. For diagnosis, we offer free HCV RNA confirmatory testing to all patients who test positive for HCV antibody from a rapid point-of-care test, and use blood drawn the same day as the rapid test for the confirmatory.

By the time patients return to the clinic for their STD results we also have their HCV diagnosis; EMR alerts and training help the STD clinicians refer positive patients to our dedicated on-site linkage-to-care worker who can link them to care that same day, either by scheduling them with BCHD's own CHARM treatment program, or with any specialty clinics in the city. Furthermore, we have extended our free confirmatory testing services to other organizations throughout the city, so when those patients come back for their positive results, we can link them to care that same day to a CHARM treating specialist, maintaining care continuity. Finally, when our linkage to care outreach efforts fail for STD patients diagnosed with HCV, we immediately send those patients' records to the BCHD field outreach team, who have also developed a new program to link HCV-infected persons to specialty care, modeled after a successful HIV field outreach linkage-to-care initiative. All infected patients' records are also regularly sent to the state's surveillance authorities.

Developing/implementing clinical decision support tools and/or improved protocols in clinical settings that improve viral hepatitis health outcomes.

Our rapid tester is co-trained in linkage to care and stationed in the STD clinic all day. Therefore, anyone who comes back with an HCV RNA-positive result is referred the same day to an in-house linkage-to-care worker who can make an appointment with an HCV treating specialist the same day as receipt of results.

With our CHARM treatment program, we offer case management services as soon as the patient signs up, regardless of their treatment status. The CHARM treatment program also offers Fibroscans, a non-invasive method to stage liver disease, the same day as the first case-management visit.

For patients in treatment, we have a nurse/case manager who stays in contact every week to ensure adherence to the medication regimen. We also offer incentives for milestone appointments to encourage patients to attend follow-up appointments for the requisite lab work that ensures prescription refills.

Developing strategies to foster stakeholder collaboration and sustainable programs.

By providing Fibroscans for free to primary care clinics around the city, we have collaborated with a new wave of clinicians treating hepatitis C in primary care settings and therefore supported this new effort's sustainability.

Partnerships: Generation Tomorrow, Sharing the Cure

Action Plan Priority Areas: 1, 2, 3

Boston Public Health Commission (BPHC)

www.bphc.org | 617-534-2288

The Infectious Disease Bureau at Boston Public Health Commission strives to reduce the impact of infectious diseases, prevent morbidity associated with these diseases, and create healthier lives for the residents of Boston. Work within the Infectious Disease Bureau includes disease surveillance, investigation of cases and outbreaks, funding a continuum of HIV/AIDS-related education and care through the Ryan White HIV/AIDS Treatment Modernization Act, community and provider education related to other communicable diseases, and the operation of a tuberculosis (TB) clinic.

Most Significant Needs

- An increased capacity for surveillance at the local level. Surveillance and testing services should also be more integrated with substance abuse services, where current restrictions pose large barriers for an integrated response to the hepatitis C epidemic.
- Increased funding for education and outreach, especially among youth who inject drugs or are at risk for injecting drugs. Education and outreach methods should be modernized in order to have a higher probability of messages reaching and resonating with target audiences.
- An overall increase in funding for substance abuse treatment.

Organizational Highlights

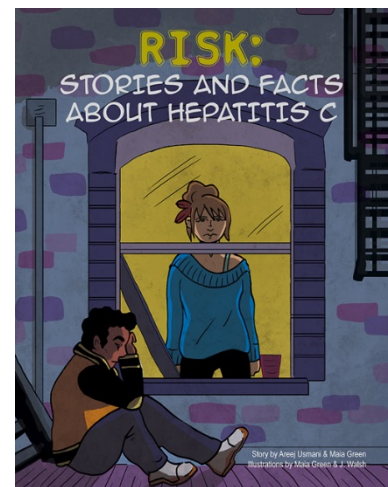
Provided funding to community health centers (CHCs)

BPHC and the City of Boston are fortunate to have resources available to provide CHCs and other organizations with funding to implement education and outreach programs on HIV, sexually transmitted infections (STIs), hepatitis B, and hepatitis C. Located throughout at-risk neighborhoods of Boston, these groups help connect residents to the most up-to-date prevention measures, testing, and treatment opportunities. Efforts in CHCs currently underway include:

- East Boston Neighborhood Health Center's Project SHINE: providing community-based education targeting youth and injection drug users/substance users in East Boston.
- Harbor Health Services, including Geiger Gibson Community Health Center and Neponset Health Center: providing education to youth through trained peer leaders.
- Whittier Street Health Center: providing education in the community at sites that include shelters, transitional housing, on the street, faith-based institutions, after school programs, and others.

Released a comic book called Risk: Stories and Facts about Hepatitis C.

In 2015, BPHC released a comic book following the story of Manny, an injection drug user who learns about the true risks of sharing needles with friends and the dangers of Hepatitis C. The short story (**right**) is available in both English and Spanish and over 2,000 copies have been distributed so far. We have reached out to hospitals, health centers, needle exchange programs and substance abuse clinics to make the comic books available in the waiting areas of these settings, and have started taking the books to health fairs throughout the city. A second installment follows a young woman named Kat who has recently overcome a heroin addiction and whose boyfriend also struggles with substance abuse. The comic books are also [available for download](#) on our website. We believe that innovative strategies to reach high-risk populations are necessary given the high rates of Hepatitis C and the costs associated with treating Hepatitis C cases.



Action Plan Priority Areas: 1, 5

Hepatitis C Allies of Philadelphia (HepCAP)

www.hepCAP.org

Hepatitis C Allies of Philadelphia is a citywide collective dedicated to eliminating hepatitis C in the city by improving the prevention, diagnosis, care, and support services in Philadelphia. HepCAP has mobilized local stakeholders to: raise the profile of hepatitis C and liver cancer as an urgent health priority; identify gaps in local hepatitis C services; and develop collaborative and innovative projects to improve access to hepatitis prevention, testing, and treatment. HepCAP is led by Alex Shirreffs, MPH, the Viral Hepatitis Prevention Coordinator (VHPC) at the Philadelphia Department of Public Health (PDPH), and Dr. Stacey Trooskin, a Drexel University clinician who has developed several hepatitis C testing and linkage to care models through the Do 1 Thing and C a Difference initiatives.

Most Significant Needs

There is still much work to be done to move patients from hepatitis C testing through to a cure. With additional funding, Philadelphia is primed to scale up services that could improve the cascade. Tying hepatitis quality indicators to HHS-funded programs could help convey urgency, which is needed to encourage more clinicians to integrate CDC and USPSTF guidelines for hepatitis B and C into their practices.

Organizational Highlights

Raising awareness about viral hepatitis among the general public, target populations, and community leaders

- **Hepatitis C Allies of Philadelphia:** In 2014-2015, HepCAP held 12 bi-monthly meetings, used to disseminate information about hepatitis C to and collect feedback from our community partners. HepCAP and Hep B United joined together in 2015, sending advocates from Philadelphia to participate in March's Hepatitis on the Hill and May's Caring Ambassadors' Advocates Unite event.
- **PhillyHepatitis Website and Mailing List:** Feedback from HepCAP partners was used to design phillyhepatitis.org - a site that translates complex medical and health information into a very visual and easy to read format. Additionally, information about hepatitis news, events, and resources is sent out through an e-mail listserv of 491 subscribers.
- **Creative Awareness Raising.** In 2014 and 2015, HepCAP partnered with Hep B United to hold events with City Council. In 2014, 45 coalition members "stormed city hall," joining together with bright green shirts and bold signs to accept a World Hepatitis Day Proclamation. In 2015, HepCAP and Hep B United held a briefing, calling on local experts and advocates to present information about hepatitis B and C to City Council members and their staff. We also used college interns to create [awareness videos for World Hepatitis Day](#).

Training and/or increasing capacity of health care providers to prevent, diagnose, treat viral hepatitis

- **Improving Primary Care Capacity.** HepCAP's fiscal sponsor is the Health Federation, which counts among its programs the local performance site for the Mid-Atlantic AIDS Education and Training Center (AETC). They have been the perfect partner to help roll out C Change, a CME credited primary care training program. Our faculty includes at least a dozen Philadelphia clinicians with experience in hepatitis C treatment. The clinicians have helped create a slide set and volunteered an hour of their time per month to visit primary care practices to review the importance of hepatitis C screening, what populations should be screened, what tests to run to get an accurate picture of a patient's health, and how to link patients to a specialist. C Change is intended to build the capacity of PCPs to identify more hepatitis C cases in Philadelphia and link positive individuals into care more effectively. In 2014 and 2015 this project was being developed and piloted; it is expected to launch in early 2016.

- **Treatment Access Advocacy.** Building off of our success convening Philadelphia-area partners, HepCAP provided leadership at a state level when it became clear that access to curative hepatitis C treatments was being denied to patients who were insured through Medicaid Fee for Service or Medicaid Managed Care organizations.



Reaching people who inject drugs with viral hepatitis information and services

- **Targeted Education.** PDPH worked with HepCAP partners, including Prevention Point Philadelphia, the city's harm reduction and syringe exchange program, to develop low-literacy and informative educational materials targeted towards people who use drugs. Materials include a wallet card, with basic information about hepatitis (what test results mean, prevention tips) and space for people to write in their test results; posters which were designed to explain the difference between hepatitis A, B, and C, how to interpret hepatitis C test results, and the importance of using clean works every time; and perinatal hepatitis C materials encouraging women living with hepatitis C to have their babies tested to know whether or not the infection was passed onto their child.
- **Bridging the gap between public health and addiction services.** In 2014 and 2015, PDPH worked with HepCAP partners and a Master's of Social Work student to explore barriers to integration of hepatitis services in drug treatment settings. This resulted in a policy document summarizing the landscape of current hepatitis services provided in DBH/OAS settings and providing recommendations that PDPH could suggest to DBH/OAS as ways to improve the integration of public health and behavioral health/addiction services targeting current and former drug users.

Developing strategies to foster stakeholder collaboration and sustainable programs

- **Leadership Summit on Hepatitis C Policy in PA.** In 2014, PDPH and the Pennsylvania Department of Health received a grant from the CDC Foundation to coordinate a state forum on hepatitis C. Leadership from national, state and local government participated including the Prevention Branch Chief in CDC's Division of Viral Hepatitis, the PA Physician General, the Health Commissioner for the Philadelphia Department of Public Health, and the Medical Director from the Pennsylvania Department of Corrections.

Partnerships: Hep B United, The Caring Ambassadors, Prevention Point Philadelphia

Action Plan Priority Areas: 1, 2

New York City Department of Health and Mental Hygiene (NYC DOHMH)

<http://www.nyc.gov/html/doh/html/living/cd-hepatitisabc.shtml> | 347-396-2790

The mission of the NYC Department of Health and Mental Hygiene (NYC DOHMH) Viral Hepatitis Program is to reduce the morbidity and mortality associated with viral hepatitis in NYC.

Most Significant Needs

The most significant barriers to effective prevention, care, and treatment of viral hepatitis are lack of sufficient resources to raise awareness about these diseases, lack of institutionalized support for linkage to care and care coordination services, and limited provider capacity to identify, test, and treat viral hepatitis. An estimated 100,000 people with chronic hepatitis B (HBV) and 145,600 people with chronic hepatitis C (HCV) reside in NYC. Approximately 14% of the 119,550 HIV infected patients in NYC are co-infected with HCV and approximately 10% are co-infected with HBV.

Organizational Highlights

- **Project INSPIRE.** Funded by the Centers for Medicare and Medicaid Services (CMS) as a Health Care Innovation Award, Project INSPIRE (Innovate and Network to Stop HCV and Prevent complications via Integrating Care Responding to needs and Engaging patients and providers) is a comprehensive HCV care coordination program. The program began September 1, 2014 and is open to people diagnosed with HCV infection who have Medicaid or Medicare. Patients enrolled in Project INSPIRE receive comprehensive clinical care coordination services to facilitate HCV medical evaluation and treatment. Project INSPIRE aims to demonstrate a service delivery model and payment structure that will reduce illness, death, and health care costs from chronic illnesses and their complications. It is expected that 3,200 people with chronic HCV will be enrolled in INSPIRE; with support of their care coordination team, Project INSPIRE enrollees are expected to achieve cure rates of 90% for people without liver cirrhosis and at least 50% for people with liver cirrhosis. As of January 2016, INSPIRE has 1480 enrollees, 653 have initiated treatment, and 186 have achieved SVR.
- **Check Hep C and Check Hep B: Patient Navigation Programs.** Check Hep C is a DOHMH program, first funded in 2013 by pharmaceutical and medical technology companies to support HCV outreach, testing, linkage to care, and clinical mentoring. In the second cycle of funding, (April 2014 – June 2015) provided by a combination of the above funding sources and NY City Council funds, the program was streamlined to support one Patient Navigator at each of four community health organizations (a combination of health centers, hospitals, and harm reduction programs) to provide linkage to care and care coordination services for chronically infected patients, and to increase HCV medical evaluation and treatment rates in settings serving populations facing health disparities. Twenty-nine percent of Check Hep C participants reported intravenous drug use (IDU) in the last year, and 47% reported being chemically dependent at time of enrollment. Approximately a quarter of participants were homeless, and another quarter had a serious mental health diagnosis. In the 14-month program period, 603 chronically infected participants were enrolled, 477 completed HCV medical evaluation, 372 were determined to be HCV treatment candidates, 188 initiated treatment, and 97 completed treatment by the end of the program.

Modeled after Check Hep C, Check Hep B was funded by NY City Council in 2014 to support three community health programs and one hospital to provide patient navigation, including linkage to care and care coordination services, for people chronically infected with HBV. In its first year, 185 people were enrolled in Check Hep B. Participants were born in 18 different countries, spoke 10 different languages, and the majority were either uninsured or had Medicaid (and in some cases temporary Medicaid for pregnant women). During the seven-month program service delivery period, 150 completed an HBV medical evaluation, 53 were designated as HBV treatment

candidates, and 50 started treatment. Check Hep B and Check Hep C have been successful in improving health care access and HCV treatment rates among vulnerable populations.

- **IDUHA Hep C Peer Navigation Program.** In 2014, NY City Council allocated funding to 16 Injection Drug User Health Alliance (IDUHA) syringe exchange and harm reduction programs, serving to establish the IDUHA Hep C Peer Navigation Program. The funding supported a Peer Navigator at each of the 14 direct service IDUHA sites, providing HCV prevention services, health counseling messages, as well as accompaniment to HCV antibody/RNA testing and HCV medical care. Of the 1,688 enrollees, all received health counseling and 86% were linked to harm reduction services. This program was successful in reaching and providing important HCV prevention services to people at risk for infection or living with HCV, particularly those with a history of drug use and hormone injection.
- **Hepatitis C Clinical Exchange Network (HepCX).** In 2015 DOHMH formed the [HCV Clinical Exchange Network](#) (HepCX), a hospital-based learning collaborative that aims to change facility and provider practice and improve access to HCV care. To start the network, DOHMH staff conducted a baseline survey and visited all NYC hospitals to establish relationships and identified 55 clinical representatives (HCV Champions) in 32 hospitals. HepCX activities include quarterly meetings with CME accredited peer-to-peer learning presentations and the facilitation of systems changes (e.g., Electronic Health Record alerts and implementation of reflex HCV RNA testing). Surveillance-based HCV indicators are used to identify needs, improve practice through feedback, and to monitor the impact of HepCX.
- **Capacity to Cure: Telementoring Program.** In partnership with DOHMH and using NY City Council funding, the Empire Liver Foundation (ELF), an association of expert hepatologists based in NYC, uses videoconferencing to provide clinicians with the knowledge required to manage patients with HCV using the most current treatment options. Telementoring connects ELF hepatologists with providers who wish to learn to treat, or who need mentorship in order to treat existing patients, and to promote the use of identified best practices. Following an orientation and intensive in-person seminar on hepatitis treatment, providers participated in one-hour weekly CME-accredited telementoring sessions, during which clinicians presented and discussed their HCV patients with an ELF expert. The sessions used a standardized, case-based format that includes discussion of treatment complications and psychiatric, medical, and substance abuse issues, thus increasing the capacity of clinicians who work in various settings that lack direct access to a hepatologist to provide safe and effective treatment for HCV.
- **Public and provider education.** The NYC DOHMH Viral Hepatitis Program’s public communications activities in 2014-2015 included updating patient education booklets for chronically infected people (“[Hep C: The Facts](#)” and “[Hep B: The Facts](#)”) and development of an HBV and HCV patient education mobile app called “NYC Liver Health.” The program supported the development of HCV/HIV/OD prevention pocket cards for people who inject drugs (PWID). A novel HCV linkage to care text project was piloted to assess the efficacy of encouraging patients who were reported to DOHMH with a positive antibody or RNA test to take next steps in care via text message. A new DOHMH webpage addressing HCV risk among young opioid users and PWID was developed. A month-long digital ad campaign was launched to promote HCV testing and linkage to care among baby boomers and young PWID, which resulted in 28,000 visits to DOHMH HCV webpages that provide comprehensive HCV patient education, including listings of HCV testing and medical care sites. A [Hepatitis C Screening and Linkage to Care Toolkit for Health Care Providers](#) was developed to provide resources for primary care providers regarding HCV screening, diagnosis, and linkage to care best practices. The toolkit includes information on the natural history of HCV infection, recommended testing sequence, checklist for pre-referral, billing and diagnostic codes, HCV-related quality improvement, EHR tips, and alcohol reduction counseling. The toolkit also provides print

patient education materials, including booklets, posters, and an easel and pad for HCV risk assessment.

- **Perinatal Hepatitis B Prevention Unit.** In 2015, the Perinatal Hepatitis B Prevention (PHBP) Unit sent two CDC/ACOG publications containing information regarding testing, care, and treatment of HBV infection in pregnant women to 79 prenatal care facilities that frequently provide care for HBV positive pregnant women in NYC. Together, these facilities care for approximately 1,300 of the 2,000 PHBP cases each year.
 - The PHBP Unit Public Health Advisors (PHAs) routinely provide health counseling sessions to HBV infected pregnant women, during which they recommend receiving HBV evaluation during pregnancy. Of the approximately 1,997 cases enrolled into the NYC PHBP Program in 2014, 68 percent (1,357) were reported prenatally. Of these 1,357 cases, 1,113 received a prenatal counseling session within 5 weeks after case report.
 - In 2015, the PHBP Unit evaluated the existing surveillance system to identify HBV positive pregnant women using a capture-recapture methodology. The study utilized a match between vital statistics birth certificate data and electronic HBV laboratory data and compared the results to the cases identified by the existing surveillance system. The (unpublished) study concluded that regular use of the capture-recapture method is recommended for more complete case identification.
 - In 2014, 68 percent of confirmed HBsAg positive pregnant women were reported prenatally to the NYC PHBP. To improve prenatal reporting, in 2015 the NYC PHBP Unit sent 265 patient-specific reporting failure letters to 123 prenatal care providers that did not report their patients prenatally. Of these 123 facilities, 54 had 2 or more patients who were not reported prenatally. These facilities are being monitored for improvements in reporting. The effectiveness of this activity is still being determined.
 - In July 2014, the NYC Health Code was amended to require reporting of both probable and confirmed pregnancy status along with HBV positive diagnosis. This change in the health code was intended to increase overall identification of HBV positive pregnant women. It was also conceived as a method to improve prenatal reporting. As of September 30, 2015, 48 percent of the confirmed cases of HBV infection in pregnancy reported to DOHMH were first identified by a laboratory report that included pregnancy status. This was an increase from the 29 percent of reports identified in this manner one year earlier.
 - In July 2014, the NYC Health Code was also amended to require laboratories to report HBV test results for children five years of age or younger, regardless of the test result. The health department has seen a dramatic improvement in electronic reporting of post vaccination serology test results for children born to HBV positive mothers. Among infants case-managed by DOHMH and tested in the third quarter of 2015, 72 percent were reported by electronic laboratory reporting as compared to 11 percent tested in the third quarter of 2014.
- **Correctional Health Services.** In June 2013, Correctional Health Services (CHS)—following the United States Preventive Services Task Force recommendations—changed its policy to systematize HCV screening upon intake for incarcerated people born between 1945 and 1965. The implementation of routine screening more than doubled the number of HCV antibody tests performed between January to May 2013 and July to December 2013. Testing remained high through 2014 and 2015. However, due to high rates of recidivism and a declining average daily population in jail, overall testing numbers have gone down as an increasing proportion of the

population has a known HCV status. Starting in 2013, CHS' Transitional Health Care Coordination program, which ensures that HIV-positive people leaving Riker's Island are connected with outside care and services, began to provide this service to HIV/HCV co-infected people who had been tested while in jail and to those already on HCV antiviral treatment. Outcome data regarding the Transitional Health Care Coordination program are not yet available.

- **Bureau of HIV.** In September of 2015, Bureau of HIV's (BHIV) proposal to expanded access to sterile syringes was accepted as one of the NYC DOHMH's Proposed 2016 Legislative Agenda Items. The item states that expanding access can be achieved by: aligning public health, penal, and general business laws to decriminalize syringe possession, regardless of syringe origin; amending the Expanded Syringe Access Program (ESAP) to eliminate the 10-syringe limit on the number of syringes that may be sold or furnished by a pharmacy during one transaction; and eliminating the prohibition against pharmacies advertising the availability of syringes. BHIV efforts have resulted in the inclusion of "Expand access to clean syringes" on the NYC DOHMH's 2016 legislative agenda; state-level advocacy is ongoing.
- In 2014, the HIV Ryan White Care and Treatment Program (CTP) provided HCV presentations on testing and treatment at every Ryan White service provider meeting, with a focus on increasing testing and treatment of people with HIV/HCV coinfection. The CTP also sent a letter to providers outlining the importance of HCV screening according to CDC guidelines. The HIV Training and Technical Assistance Program (T-TAP) program developed an HCV 101 and HCV Rapid Test training for non-clinical providers; the class is offered up to six times per year.

In 2014-2015, the HIV Prevention Program conducted the following activities to support the Action Plan:

- Through contracted Sexual and Behavioral Health Programs, supported HBV and HCV screening and HAV and HBV vaccination among people at risk of infection, especially uninsured young men who have sex with men. During Q1-Q3 of 2015, 83% of clients were offered hepatitis screening and 68% were screened.
- Through contracted Structural-Level Prevention Programs, supported public health detailing about the importance of HCV screening among providers caring for affected communities.
- Disseminated information about HBV and HCV screening and HAV and HBV vaccination through a public health detailing campaign that reached providers caring for populations at high risk of HIV (and presumably viral hepatitis as well).
- **HIV Field Services Unit.** The HIV Field Services Unit (FSU) has been using the HIV surveillance registry since 2008 to identify persons presumed to be lost to follow-up for HIV care (last reported VL and CD4 in registry ≥ 9 months) and initiate outreach to locate and assist with making HIV care appointments/returning to care. In 2014, FSU began collaborating with the NYC DOHMH's Viral Hepatitis Program to identify out-of-care HIV patients with HCV co-infection so they can be linked to HCV care at the time of linkage/re-linkage to HIV care. In addition, out-of-care HIV patients with no history of reported negative or confirmed HCV test in the HCV registry will be encouraged to receive and linked to HCV evaluation. In the first quarter of 2016, FSU will match persons returned to HIV care in 2014-2015 against the HCV registry to evaluate the impact of efforts to link/re-link out-of-care HIV patients to HCV evaluation and/or care.

Partnerships: HIV Field Services Unit (FSU), New York City Council, Empire Liver Foundation

Action Plan Priority Areas: 1, 2, 3, 4, 5

San Francisco Department of Public Health (SFDPH)

www.sfdph.org | 415-437-6212

The mission of **San Francisco Department of Public Health** is to protect and promote the health of all San Franciscans. SFDPH is composed of two divisions—the Population Health Division (PHD) and the San Francisco Health Network (SFHN). PHD addresses public health concerns, including chronic and communicable disease prevention and health promotion. SFHN is Department’s health care delivery system, which includes hospitals, primary care clinics, behavioral health services, and specialty care clinics for the most vulnerable San Franciscans.

Most Significant Needs

As of 2014, SFDPH supported limited community-based HCV screening but without a specific linkage-to-care component. Linkage services are greatly needed due to the multiple barriers to care people living with HCV often face, such as co-occurring homelessness, chaotic substance use, and mental illness. Additionally, although highly effective and well-tolerated direct acting antiviral (DAA) HCV treatments had recently become available, there was limited uptake among SFHN patients due to limited provider capacity within primary care to treat HCV and insurance barriers to HCV treatment access.

Organizational Highlights

A low-cost and efficient model was developed to increase primary care-driven HCV treatment access, including:

- Face-to-face continuing medical education (CME) for providers on treating HCV
- Use the established electronic referral system (E-referral) to further support providers who are newly initiating HCV treatment practices. The e-Referral system has proved effective in increasing the quality of specialty care for patients while decreasing barriers to access this care. Providers who have questions about HCV treatment decisions can direct them to the physician (.1 FTE) and pharmacist (.1 FTE) through E-referral.
- Strong nursing support within the primary care medical home, to conduct patient follow-up, provide adherence counseling, offer education about preventing reinfection, and other support.
- We anticipate that by mid-2016, all 13 of the SFHN primary care clinics will be treating HCV.

In 2015 and 2016 SFDPH focused on expanding community-based HCV testing. Strategies involved training additional non-clinic staff to run the point of care HCV rapid test; increasing the number of HCV testing locations, including City Clinic (the municipal STD clinic), Magnet (a gay men’s health clinic), and two community-based pharmacies; and modifying community-based HCV screening criteria to include: transgender women, people who smoke or have smoked stimulants, current or former PWIDs, and people who have snorted drugs.

With funding from the San Francisco General Fund and the California Department of Public Health, SFDPH developed an HCV linkage-to-care program. The program will operate out of community-based organizations, focusing on the most vulnerable San Franciscans who test positive for HCV at syringe access programs, drug treatment centers, homeless shelters, etc. The linkage staff from the funded program will guide HCV-positive individuals through the process of ensuring they have insurance, connecting them to a primary care clinic, and supporting them through the process of being assessed for HCV treatment and, in some cases, treated for HCV. Services are anticipated to start in March of 2016.

Given the perceived lack of knowledge around HCV transmission and disease progression as well as the availability of new curative treatments, SFDPH prioritized reaching PWIDs to inform them of vital information around HCV prevention as well as HCV-related information and services. SFDPH partnered with local community-based organization Glide Foundation to launch a social marketing campaign featuring a series of messages, including “Living with Hep C? New Treatments Have Changed the Game,” “Sharing Equipment Spreads Hep C: Come Get Sterile Stuff,” and “We Can’t Treat Hep C if We Don’t Know We Have It.”

Partnerships: Glide Foundation

Action Plan Priority Areas: 1, 2, 5

Snohomish Health District (SHD)

<http://www.snohd.org/> | 425-339-5200

The Snohomish Health District is the local public health jurisdiction providing services to Snohomish County, the third most populous county in Washington State. The health district is based in Everett, Snohomish County's largest city and seat of county government. While the southern part of the county is considered to be suburban Seattle, much of the central and northern county is rural. The SHD's Communicable Disease (CD) Division targets clientele who are at high risk to contract viral hepatitis (VH) in several ways, including disease surveillance and response, monitoring perinatal hepatitis B, and community outreach. SHD employs a full time disease investigation specialist/nurse in its Viral Hepatitis Outreach (VHO) program. The VHO nurse participates in local coalitions that address hepatitis in the community, advises jail staff on hepatitis risks of incarceration, and works on a state level in regards to policy for hepatitis prevention and treatment.

Most Significant Needs

Snohomish County's most significant need to combat VH in both clients and communities is to reduce HCV caused by drug use. Preventive measures include education and counseling clients about harm reduction techniques and supplying clean syringes and injection equipment "works" to people who inject drugs (PWIDs). Further reductions can be accomplished by providing a continuum of care, from identification of risk factors and testing to referrals for treatments that cure chronic HCV infections. Hand in hand with this is the need for housing and medication assisted treatments to serve those affected by the epidemics of homelessness and opioid use disorder (OUD) in Snohomish County's communities.

Organizational Highlights

Increasing awareness

The retooled Snohomish Health District website, online in July 2014, is a reputable source for hepatitis information and new web pages were added to define the Hepatitis Outreach program and the role of Injection Drug Use in hepatitis transmission.

The VHO program interfaced with several community partners to provide education and counseling about viral hepatitis and antibody testing for hepatitis C virus. Outreach activities were conducted at Snohomish County adult and juvenile correctional institutions, medication assisted treatment facilities, homeless shelters, and the AIDS Outreach/Syringe exchange. Use of rapid test kits, provided by the Washington State Department of Health, has increased awareness of HCV status to 100% as clients receive their results before leaving the outreach site. Clients who test negative are rescreened every 6 months when possible, as nearly 10% of those rescreened seroconvert to antibody positive. Gift cards, \$5 in 2014 and \$10 in 2015, were used as incentives to encourage testing within the at-risk populations.

While the recipients of SHD's VHO program services were high-risk clients, efforts were also made during 2014 and 2015 to raise awareness of hepatitis disease and its risk factors and consequences among the general public of Snohomish County. The program produced and distributed posters and educational materials through Snohomish County libraries and at several health fairs. Media releases and displays in the Health District's atrium announced both Hepatitis Awareness Month during May and World Hepatitis Day in July. Baby boomers, those born between 1945 and 1965, were a specific target audience for these communications.

During both 2014 and 2015, Snohomish Health District's VHO program maintained partnerships with and provided services to outreach sites identified as places to access youth and adults at high risk for contracting HCV infections. The VHO nurse provided Hepatitis Awareness and Prevention classes at medication assisted treatment facilities and tribal behavioral health clinics in Snohomish County

Improving surveillance activities

Enhanced HCV surveillance, implemented at SHD in partnership with Washington State DOH in April 2015, will result in a more accurate picture of the county's HCV epidemiology.

- In 2014, 27% of the 245 HCV (66) tests administered were positive.
- In 2015, 35% of the 274 HCV (95) tests administered were positive.

Individuals testing positive for HCV antibody were referred to Affordable Care Act enrollment specialists, if needed, and community health centers, primary care physicians, or medical homes when insured for confirmatory testing. Once connected to a healthcare provider, clients with confirmed chronic HCV can receive treatment to cure the infection.

Prevention of new hepatitis infections

Armed with HCV rapid testing kits provided by the Washington State Department of Health, SHD's VHO nurse has tested increasing numbers of high risk clients during each calendar year. In conjunction with the Everett-based AIDS Outreach/Syringe Exchange, clients receive clean syringes and drug "works".

In both 2014 and 2015, the VHO program provided services and referrals to inmates at the Snohomish County Jail. Access to electronic health records facilitated this process by providing information about previous services such as vaccines, confirmatory HCV testing, and/or previous HCV treatments the inmates received so the VHO nurse could determine a course of action for each client. Those without health insurance were helped to enroll and linked to medical care through the jail's Benefits Administrator.

Providing HAV and HBV vaccinations

In addition, SHD's VHO nurse vaccinates high-risk clients against hepatitis A and B to prevent liver disease caused by these types of hepatitis. In 2014, 69 doses of hepatitis A vaccine, 71 doses of hepatitis B vaccine, and 319 doses of Twinrix (combination of hepatitis A and B) vaccine, a total of 459 doses, were administered to VHO clients. Dosage numbers for 2015 have not yet been compiled.

Preventing perinatal HBV transmission

The Snohomish Health District houses the county's Perinatal Hepatitis B Coordinator, a Public Health Nurse experienced in the protocol for treating infants born to Hepatitis B positive mothers and knowledgeable about the complicated interpretation of Hepatitis B Serologic Tests.

Improving testing and linkage to care

During 2014 and 2015, Snohomish Health District's Refugee Health Screening program screened 464 clients for both hepatitis B surface antigen (HBsAg) and HCV antibody. No positive results for HBsAg were recorded. A total of 5 clients tested positive for the HCV antibody, 3 in 2014 and 2 in 2015. These clients were referred to their primary care providers for confirmatory HCV testing. Results of confirmatory testing were not available.

Partnerships: Washington State Department of Health, Snohomish County Jail

Action Plan Priority Areas: 1, 2, 3, 4, 5

State Health Departments

Arizona Department of Health Services

www.HepatitisAZ.org | 602-364-3676

The Arizona Department of Health Services is a state government agency with decentralized county, tribal and community partners that work together to achieve the Agency's mission to promote, protect and improve the health and wellness of individuals and communities in Arizona.

Most Significant Needs

Needs include resources for testing at-risk populations for hepatitis B and C and linkage to care, access to hepatitis C treatment, and improved surveillance for hepatitis B and C to identify transmission in healthcare settings.

Organizational Highlights

Raising awareness about viral hepatitis among the general public, specific targeted populations, and/or community leaders

- Release of the [Governor's proclamation](#) of Hepatitis Awareness Month in Arizona for May 2015.
- On May 1, 2015, ADHS launched the [viral hepatitis website](#) (below).

- In May 2015, the Viral Hepatitis Prevention Coordinator presented on CDC hepatitis B testing and vaccination recommendations to the Arizona State Board of Cosmetology to provide education to its Asian and Pacific Islander clients, in particularly the Vietnamese population who own nail salons.

Training and/or increasing capacity of health care providers to prevent, diagnose, treat viral hepatitis

- On September 17, 2015, ADHS held its first ever [Viral Hepatitis Summit](#) sponsored by Hepatitis Foundation International (HFI). ADHS partnered with providers from St. Joseph's Hospital and Banner University Medical Center in Phoenix to provide continuing medical education training.

Reaching people who inject drugs with viral hepatitis information and services

- In April 2014, ADHS launched a rapid hepatitis C antibody testing program to increase the proportion of persons who are made aware of their hepatitis C infection. The following 12 sites were recruited to conduct HCV testing amongst at-risk populations: These sites included behavioral health and substance abuse clinics, federally qualified health centers, and centers that serve HIV at-risk populations across the counties of Maricopa, Pima, Pinal, Yavapai, Coconino, Mohave, and

Yuma. From November 2014 through October 2015, 2,423 clients were tested for HCV utilizing the rapid antibody tests and 224 (9%) were newly identified as antibody positive for HCV.

- ADHS partnered with Southwest Center for HIV and AIDS, TERROS, Mountain Health and Wellness, COPE Community Services, and Southern Arizona AIDS Foundation to host 13 hepatitis C testing locations during the week of Hepatitis Testing Day, May 19, 2015.

Improving viral hepatitis infection prevention awareness and initiatives in medical settings

- An infographic on Viral Hepatitis Transmission in Dental Offices, including infection control resources was distributed to 103 providers at the Dental Infection Prevention Collaborative on October 2, 2015.

Developing strategies to foster stakeholder collaboration and sustainable programs

- In November 2015, ADHS was awarded funding from the Association of State and Territorial Health Officials (ASTHO) to create viral hepatitis epidemiologic profiles for the state of Arizona. On January 20, 2016, ADHS hosted a stakeholder meeting to discuss the utilization plan and content of the viral hepatitis epidemiologic profiles.

Developing and implementing new surveillance technologies and tools

- Since 2009, ADHS has not had the capacity to conduct complete hepatitis C surveillance and thus monitoring HCV trends is difficult. Cases are reported via mail, fax, phone, or electronic laboratory reporting (ELR). A number of commercial laboratories began reporting HCV laboratory results through ELR in 2009. ADHS assessed the use of ELR data as a tool for HCV surveillance and to estimate the current disease burden of HCV in Arizona and presented these findings at the 2015 National Summit on HCV and HIV Diagnosis, Prevention and Access to Care: "[Utilizing Electronic Laboratory Reporting Data to Assess the Burden of Hepatitis C in Arizona.](#)"

Partnerships: TERROS, Southwest Center for HIV and AIDS, Pascua Yaqui Tribe New Beginnings Methadone Clinic, COPE Community Services, Southern Arizona AIDS Foundation, Wesley Health Center, Center for Behavioral Health, Yavapai County Community Health Services, North Country Health Care, Northland Cares, Mountain Health and Wellness, Regional Center for Border Health, St. Joseph's Hospital Liver Center, Department of Corrections, Mercy Maricopa Integrated Care, Mercy Care Plan, Asian Pacific Community in Action, Native Health

Action Plan Priority Areas: 1, 2, 4, 6

California Department of Public Health (CDPH), Office of Viral Hepatitis Preventionwww.cdph.ca.gov/programs/pages/ovhp.aspx | 916-558-1784

California Department of Public Health is a state government program that oversees implementation of a statewide viral hepatitis strategic plan and other activities.

Most Significant Needs

The most significant need that community members experience with respecting to combating viral hepatitis is the incredible disconnect between the high burden of viral hepatitis disease (including the ever-growing population of persons at risk for viral hepatitis due to opioid misuse) and the scant federal resources available to combat it. For example, California leverages federal HIV prevention funds to support integrated hepatitis C virus (HCV) antibody testing in non-healthcare settings. From November 1, 2014 – October 31, 2015 (the CDC project year), 5,135 individuals were tested for HCV antibody at community-based testing sites, of which 249 (4.8%) tested positive; among 1,131 who reported injection drug use (IDU) 203 (17.9%) tested positive. While 81.9% (n=194) of IDUs and non-IDUs tested received a passive referral to follow-up HCV RNA testing and care, testing sites often struggled to effectively link these clients to care because there were no funds available for HCV patient navigation. Yet, research has shown that patient navigation is needed to ensure clients receive follow-up testing and evaluation.

Organizational Highlights*Awareness and Advocacy*

- CDPH maintains a [viral hepatitis health information website](#). During 2014-2015, the HBV and HCV health information web pages for the public received 17,577 and 16,170 page views, respectively, and the HBV and HCV clinical guidelines pages received 8,699 and 6,308 page views, respectively.
- During 2014-2015, California's Viral Hepatitis Prevention Coordinator conducted 32 presentations for approximately 2,258 health care providers, professionals, community members, members of the state legislature and/or members of groups at risk for viral hepatitis to raise their awareness.
- CDPH has been promoting viral hepatitis screening since 2010, including through newsletters of the Medical Board of California and the California Primary Care Association, which represents 121 federally qualified health centers (FQHCs). Findings from the HHS Uniform Data System suggest that viral hepatitis testing volume is increasing in California's FQHCs, which recently reported a 12% increase in the number of patients receiving a hepatitis B test (from 38,475 patients in 2013 to 43,091 patients in 2014), and a 49% increase in patients receiving a hepatitis C test (from 36,691 patients in 2013 to 54,764 patients in 2014).
- During March-April 2015, CDPH participated in Cabinet-level working group on the High Cost of Hepatitis C Drugs and contributed a unique public health perspective, emphasizing the importance of treating hepatitis C infection among persons at high risk for transmitting hepatitis C to others. In July 2015, the California Department of Health Care Services updated its [hepatitis C treatment policy](#) to include these populations prioritized to receive hepatitis C treatment under Medicaid (Medi-Cal).
- In July 2015, in honor of World Hepatitis Day, CDPH disseminated a notice to all licensed health care facilities in California regarding the [Hepatitis C Clinician Honor Roll](#), which applauds clinicians who publically commit to screening their patients for hepatitis C in accordance with CDC and U.S. Preventive Services Task Force recommendations.
- CDPH provides extensive information on its website to promote awareness of syringe access resources for people who inject drugs, including a list of syringe exchange programs (SEPs) in California, a map of those counties in which SEPs are authorized, and fact sheets for consumers, pharmacists, and law enforcement personnel. CDPH also provides information and technical

assistance to local health departments looking to increase access to other preventive services for people who inject drugs, such as medication assisted treatment for opioid use disorders.

Improving Testing and Linkage to Care

- In 2014, CDPH updated its curriculum for HIV test counselors (who are trained to perform HIV testing in non-healthcare settings) to integrate HCV rapid testing training for all HIV test counselors in California.
- In September 2015, California updated its “toolkit” for primary care providers on HBV and HCV screening and clinical management guidelines to include a cross-walk of ICD-9 and ICD-10 billing and diagnostic codes.
- In November 2015, the University of California San Francisco (UCSF) launched Project ECHO (Extension for Community Health Outcomes), in which Dr. Norah Terrault, a leading transplant hepatologist and her team provide free training to primary care providers in rural and medically underserved areas of California in hepatitis C clinical management.
- In fall 2015, Governor Brown and the California legislature allocated \$2.2 million/year in state general funds for three-year hepatitis C linkage to care demonstration projects. Pilot programs will use surveillance data, community-based testing, and/or clinic-based care coordination to identify best practices that can be replicated in other local health jurisdiction, community-based organization, and community health center settings.
- CDPH assisted with responding to several, large, healthcare associated hepatitis C outbreaks, and leveraged its chronic HCV registry to identify new cases that had not been previously linked to the outbreak.
- In January 2014, CDPH conducted a webinar for 65 representatives from local health departments and other programs entitled: “Hepatitis C in Rural and Suburban Youth: What is an Appropriate Public Health Response?”
- In November 2015, CDPH released a hepatitis C testing and linkages to care grant opportunity announcement that includes among its goals improving care coordination and hepatitis C clinical management capacity in clinical settings serving medically underserved communities. CDPH also partnered with UCSF to launch Project ECHO to increase hepatitis C screening, clinical management, and treatment capacity in rural health clinics, federally qualified health centers, and other safety net primary care settings serving medically underserved areas of California.

Preventing Perinatal HBV Transmission

- During 2014-2015, CDPH leveraged federal funds to support the immunization programs of local health departments to identify women of childbearing age who tested hepatitis B surface antigen (HBsAg) positive to determine whether they were pregnant and, if they were, to ensure that their infants received timely hepatitis B immunoglobulin (HBIG) and HBV vaccination at birth, as well as appropriate post-vaccination serologic testing. In the 2013 birth cohort there were 2,013 infants case managed and 92% received HBV vaccination and HBIG within 12 hours of birth.

Partnerships: California Academy of Family Physicians, the California Medical Association Foundation, and the California Hepatitis Alliance, University of California San Francisco, the California Primary Care Association, the California Association of Rural Health Clinics, Los Angeles County, the California Hepatitis Alliance

Action Plan Priority Areas: 1, 2, 3, 4

Illinois Department of Health (IDPH)www.dph.illinois.gov | 217-782-2016

The Illinois Department of Health STD Program and the Viral Hepatitis Prevention Coordinator (VHPC) have continued to coordinate a Division of Infectious Disease (DID) Hepatitis work group designed to coordinate the Department's viral hepatitis prevention and surveillance activities which occur across several programs. DID hepatitis work group members include representatives from HIV, Communicable Disease (CD), Immunization, Illinois National Electronic Disease Surveillance System (I-NEDSS), Minority Health, and STD programs with the VHPC as chair.

Most Significant Needs

Viral hepatitis is a major public health issue that is often overlooked and receives insufficient financial assistance needed to address this health crisis. We are in great need of hepatitis prevention and care education to the public and to healthcare providers. Cultural competency and harm reduction trainings in healthcare settings (a hepatitis C stigma campaign) are also needed. Addressing viral hepatitis surveillance and improving testing/reporting capabilities must be part of any plan. Increased screening is needed to find infected individuals, again with healthcare providers facilitating this. We need doctors trained and ready to take these cases and follow-up with further testing and to provide treatment if necessary, especially in rural communities that lack specialists.

Organizational Highlights

The Illinois Department of Public health created a [Viral Hepatitis Prevention Plan](#) in October of 2007. Because there are no federal or state funds to implement the plan effectively it has not been updated since its creation.

Increasing awareness

- The IDPH STD program offers hepatitis vaccination, brochures, and information, through all of the 102 local health departments (LHD) and 39 LHD STD clinics in Illinois, for clients and the public.
- Targeted populations are also reached through collaborations with IDPH HIV and Minority Health programs to distribute educational materials through their events. The VHPC collaborated with HIV section to distribute HIV and HCV educational brochures to jail sites throughout the state. HCV educational materials, rapid HCV testing, and many other services are offered at the Summit of Hope events offered around the state for individuals recently released from a correctional setting.
- IDPH oversees and participates in the Illinois Hep C Task Force and has used that group to help get the word out to community leaders about the needs for viral hepatitis education, prevention, testing, and treatment. The task force continues to meet and shall report its findings and recommendations to the Governor and to the General Assembly, along with any legislative bills that it recommends for adoption by the General Assembly, no later than December 31, 2016.
- In both 2014 and 2015 the Hep C Task Force sponsored Hepatitis Advocacy Day, held at the Capital Building in Springfield, Illinois. This event included a press conference, educational information via vendors, and HCV testing available at two locations.
- In 2014, hepatitis A, B, C, D, and E webinar trainings were presented by IDPH staff for LHD's on three consecutive weeks, each one hour long. The webinars are available through archive for future access and viewing. The VHPC collaborated with AbbVie to present another one-hour webinar training presented by a well-known Liver Specialist, titled *'The Burden of Illness, Hepatitis C'*.
- Collaborative efforts between the Illinois Hep C Task Force and Illinois State Medical Society (ISMS) led to a letter sent in 2015 to over 13,000 physician members outlining the importance of screening their patients for viral hepatitis.
- In 2015 ISMS began offering a CME credited physician education online training module titled *Hepatitis C Access to Care*.
- The VHPC has also collaborated with the Illinois Primary Healthcare Association (IPHCA) to get information about STD's and viral hepatitis included in the newsletter to all its members. The Hep C

task force was able to create legislation mandating HCV screening introduced and passed through both houses but suffered a defeat when SB0661 was vetoed by the Governor.

Increasing testing and linkage to care

- HCV rapid testing is offered at selected LDH and jail sites as well as certain CBOs as a part of program collaboration service integration (PCSI) testing. All LHD’s have been provided with information and brochures to share with birth cohort clients to outline their need for testing. Many LHD’s have begun working with existing syringe exchange programs to provide materials and testing for clients who inject drugs.
- The VHPC and the IDPH DID hepatitis workgroup created a viral hepatitis resource directory in 2014 and an updated version in 2015. This directory is available to LHD’s, CBO’s, FQHC’s, and other partners and outlines prevention, education, testing, referral, and other information needed by health care professionals and patients regarding viral hepatitis.
- The VHPC and STD program staff created a guide in 2015 titled [Screening Recommendations for Pregnant Women](#). This guide (**below**) includes; HIV, syphilis, gonorrhea, chlamydia, and hepatitis B & C. It was shared with all LHD’s for dissemination and sent in the PDF version by the Illinois chapter of The American Congress of Obstetricians and Gynecologists (ACOG), Illinois Primary Healthcare Association, and The Illinois State Medical Society to all its

HEPATITIS B SCREENING	
TESTING	All pregnant women should be screened for Hepatitis B s pregnancy, even if they have been previously vaccinated be tested upon admission for delivery.
RISK FACTORS	<ul style="list-style-type: none"> • More than one sex partner in the previous six months • Evaluation or treatment for an STI • Recent or current injection-drug use
RE-TEST	Pregnant women who are at high risk for Hepatitis B infe
HEPATITIS C SCREENING	
TESTING	All pregnant women at high risk should be screened for h
RISK FACTORS	<ul style="list-style-type: none"> • History of injection-drug use

members.

Addressing the HIV/HCV Outbreak

- IDPH HIV/ STD programs (including DID senior staff and the I-NEDSS program) met internally to create a coordinated effort to build capacity and infrastructure for rural local health departments. Additionally, actions needed for Illinois to efficiently and proactively respond to the Indiana HIV/HCV outbreak were outlined.
- Expected outcome and plans are to provide local health departments with additional resources to offer HIV/HCV outreach education and services, increased screening, vaccinations, and syringe exchange services using existing HIV program resources.

STI, Hepatitis B/C, and HIV Screening Recommendations for Pregnant Women
Illinois Department of Public Health

Intrauterine or perinatally transmitted STIs, Hepatitis B/C, and HIV can have debilitating effects on pregnant women, their partners, and their fetuses. All pregnant women and their sex partners should be questioned and if needed, counseled about the possibility of these infections and access to testing and treatment should be provided.

The Illinois Department of Public Health has developed this screening guide for all medical providers responsible for the care of pregnant women. This guide follows the Center for Disease Control and Prevention (CDC) national recommendations for screening and treating pregnant women published in the current CDC, STD Treatment Guidelines.

SYPHILIS SCREENING	
TESTING	<p>Healthcare providers are required by Illinois law (410 ILCS 320/1) to screen all pregnant women for syphilis infection during the first prenatal visit and during the third trimester.</p> <ul style="list-style-type: none"> - In the event any blood tests shall show a positive or inconclusive result an additional test or tests shall be performed. - Infants should not be discharged from the hospital unless the syphilis serologic status of the mother has been determined at least one time during pregnancy and preferably again at delivery.
RISK FACTORS	<ul style="list-style-type: none"> • More than one sex partner in the previous six months • Evaluation or treatment for an STI • Behaviors that constitute an increased risk for an STI
RE-TEST	Any woman who delivers a stillborn infant after 20 weeks gestation should be tested for syphilis regardless of risk.
HIV SCREENING	
TESTING	<p>Healthcare providers are required by Illinois law (Public Law 95-702) to screen newborns for HIV if mother's HIV status is unknown.</p> <p>All pregnant women should be screened for HIV during the first prenatal visit.</p> <ul style="list-style-type: none"> - Screening should be conducted after the woman is notified that she will be screened for HIV as part of the routine panel of prenatal tests, unless she declines (e.g., opt-out screening). For women who decline HIV testing, providers should address their objections and, when appropriate, continue to strongly encourage testing. - Women who decline testing because they have had a previous negative HIV test should be informed of the importance of re-testing during each pregnancy.
RISK FACTORS	<ul style="list-style-type: none"> • Recent or current injection-drug use • STIs during pregnancy • Multiple sex partners during pregnancy • Live in areas with high HIV prevalence or have HIV-infected partners
RE-TEST	<p>Re-testing in the third trimester (preferably before 36 weeks gestation) is recommended for women at high risk for acquiring HIV infection.</p> <p>Rapid HIV screening should be performed on any woman in labor who has an undocumented HIV status unless she declines. If rapid HIV test results are reactive, antiretroviral prophylaxis is recommended prior to confirmatory test results.</p>
HEPATITIS B SCREENING	
TESTING	All pregnant women should be screened for Hepatitis B surface antigen (HBsAg) during the first prenatal visit of each pregnancy, even if they have been previously vaccinated or tested. Pregnant women who were not screened prenatally should be tested upon admission for delivery.
RISK FACTORS	<ul style="list-style-type: none"> • More than one sex partner in the previous six months • Evaluation or treatment for an STI • Recent or current injection-drug use • HBsAg-positive sex partner • Pregnant women at high risk should be vaccinated for HBV
RE-TEST	Pregnant women who are at high risk for Hepatitis B infection should be re-tested upon admission for delivery.
HEPATITIS C SCREENING	
TESTING	All pregnant women at high risk should be screened for Hepatitis C during the first prenatal visit.
RISK FACTORS	<ul style="list-style-type: none"> • History of injection-drug use • History of blood transfusion or organ transplantation before 1992
CHLAMYDIA/GONORRHEA SCREENING	
TESTING	All pregnant women should be routinely screened for chlamydia/gonorrhea during the first prenatal visit.
RISK FACTORS	<ul style="list-style-type: none"> • Women aged 25 years and younger • Previous chlamydia/gonorrhea or other STI infection • New or multiple sex partners • Inconsistent condom use • Commercial sex work • Drug use
RE-TEST	<p>Pregnant women found to have chlamydial/gonococcal infection during the first trimester should be re-tested within approximately 3-6 months, preferably in the third trimester.</p> <p>Uninfected pregnant women who remain at high risk for chlamydial/gonococcal infection should be re-tested during the third trimester.</p>

Physicians needing additional information may contact the Illinois Department of Public Health:
Sexually Transmitted Disease Section: 217-782-2747 8:30 a.m. – 5:00 p.m.
HIV Section: 217-524-5983 8:30 a.m. – 5:00 p.m.
Communicable Disease Section: 217-782-2016 8:30 a.m. – 5:00 p.m.
Illinois Perinatal Hotline: 1-800-439-4079 24/7

Additional information on the treatment and follow-up of syphilis, HIV, Hepatitis B, Hepatitis C, chlamydia, and gonorrhea is also available by consulting the CDC's "Sexually Transmitted Diseases Treatment Guidelines, 2015" at www.cdc.gov/std/treatment/.



- During 2015 there has been an increase of rapid HCV screenings in counties bordering Indiana or with similar social and demographic make-up. There has also been an increase in training, using existing HIV infrastructure, for LHD staff to include prevention, harm reduction, and syringe exchange activities. Another important collaboration with HIV program includes the Summit of Hope events held throughout the state for individuals recently released from incarceration.

Partnerships: Illinois Hep C Task Force, Illinois State Medical Society, Illinois Primary Healthcare Association, AbbVie

Action Plan Priority Areas: 1, 2, 3, 4, 5

Maryland Department of Health and Mental Hygiene (DHMH)www.dhmh.maryland.gov | 877-463-3464

The Maryland Department of Health and Mental Hygiene (DHMH) is engaged in a number of efforts to provide viral hepatitis screening, vaccination, treatment, and education to individuals and health professionals across Maryland.

Organizational Highlights*Hepatitis C Screening and Treatment*

DHMH partners with organizations and agencies across the state to test and treat hepatitis C (HCV). In 2014, Maryland launched a new CDC-sponsored initiative—Maryland Community-based Programs to Test and Cure Hepatitis C. This four-year initiative is a coalition of state and local health departments, HCV clinical experts, clinical trainers, primary care providers, and community health centers to build the capacity of primary care centers to screen, diagnose, and treat HCV. Participating primary care clinicians receive extensive training on state-of-the-art HCV medical treatment to cure patients with HCV infection.

Hepatitis C Linkage to Care

Given the recent availability of effective, well-tolerated, and less complex HCV treatment, work to engage and link individuals to care is critical. DHMH collaborates with local health departments to support linkage-to-care services. Through these collaborations, surveillance data is used to identify individuals who are diagnosed with HCV and ensure that they are linked to care with providers who can facilitate appropriate treatment. DHMH is also engaged in efforts to enhance State and local HCV surveillance systems to further support linkage-to-care services and advance the State's response to the HCV epidemic.

Adult Hepatitis B (HBV) Vaccination

In 2015, DHMH concluded a three-year HBV vaccination project funded by the Centers for Disease Control and Prevention. Through the project, DHMH partnered with local health departments and multiple community-based organizations to vaccinate adults at-risk for hepatitis B infection. Despite the conclusion of the project, seven local health departments have remaining vaccine and continue to provide HBV vaccination to at-risk adults, free of charge.

Viral Hepatitis Prevention Coordination

The Viral Hepatitis Prevention Coordinator for Maryland works with health care facilities, public health agencies, local health departments and health care providers to integrate viral hepatitis prevention services into health care and public health programs. In 2015, the Coordinator focused on the promotion of adult HBV and HCV testing and provided education to clinicians on how to incorporate viral hepatitis testing for at-risk individuals, including baby boomers.

Additionally, DHMH collaborates with local and state viral hepatitis stakeholders to raise awareness about viral hepatitis among the general public. Specifically, DHMH provides administrative support to the Maryland Hepatitis Coalition. The Coalition is a community group that establishes and maintains linkages to community-based organizations and HBV and HCV treatment sites. Members of the Coalition provide recommendations, guidance, and feedback to inform viral hepatitis activities in Maryland.

DHMH also engages in cross-sectional collaboration with infectious disease, vaccination, and surveillance to inform inter-departmental efforts to address viral hepatitis. DHMH works with the Maryland Department of Public Safety and Correctional Services Infection Control Group to address the unique public health challenge of infectious disease in corrections and the significant burden of viral hepatitis on incarcerated individuals.

Going forward, DHMH will continue to work to ensure that all Marylanders are aware of their hepatitis status, receive education on how to prevent transmission, and have access to lifesaving healthcare and treatment.

Partnerships: Maryland Department of Public Safety, Correctional Services Infection Control Group

Action Plan Priority Areas: 1, 2, 3, 4

Oregon Department of Corrections (ODOC)www.doc.state.or.us

Oregon Department of Corrections, State Correctional Organization maintains 14 prisons state-wide, with 5 prisons in frontier areas of Oregon.

Most Significant Needs

Most significant needs for our population are access to: education regarding transmission, prevention, intervention, and drug-based therapies. Also imperative are access to non-judgmental testing/diagnostic procedures. Access to 'cure' for HCV is necessary to eliminate continued transmission to community members upon re-entry (95% of incarcerated adults in Oregon go back to their home communities).

Organizational Highlights

Over 14, 000 adults are in custody within the ODOC and in the frontier counties, DOC viral hepatitis cases account for all HCV or HBV incidence.

Raising awareness about viral hepatitis among the general public, specific targeted populations, and/or community leaders

Viral hepatitis awareness messages are provided to incarcerated adults through social media (posters, flyers, newsletter 'educational spotlights'), group educational opportunities, and one-on-one staff AND peer-health-educator meetings inside ODOC.

Training and/or increasing capacity of health care providers to prevent, diagnose, treat viral hepatitis

Our medical providers have twice-yearly "providers' meetings" in which our infectious disease doctor (Dan Dewsnap, D.O.) conducts case studies and delivers information on the newest treatment protocols. ODOC medical providers have advocated for and were successful in completing new drug-based therapies among 120 incarcerated adults in 2015; with a 97 percent SVR.

Developing strategies to promote timely viral hepatitis diagnosis and linkage to care

All incoming incarcerated adults are provided blood-borne pathogen education and an opportunity to request HIV and viral hepatitis testing at intake, at their home institutions once they arrive, through ongoing awareness events (note social media above), peer-health education opportunities and any time they visit the medical clinics inside ODOC. HIV and viral hepatitis testing is a significant topic of discussion for medical and alcohol-and-drug providers as our population is at great risk for HCV in particular. ODOC protocols support rapid transition from identification of positive serostatus to 'special needs clinics' in which ongoing medical care is commenced in accordance with NCCHC chronic care standards and the ODOC viral hepatitis treatment guidelines.

HIV and viral hepatitis testing within ODOC is largely conducted by trained HIV/Hepatitis health educators who can engage adults in custody in discussions around past, present and future risks as well as behavioral remediation strategies. In 2014, trained personnel conducted 3,184 non-duplicated HCV tests with 606 (19%) of such testing antibody positive. Follow-up HCV RNA PCRs showed the majority of those antibody positive adults in custody to have measurable viral loads.

HBV testing data are similar in that 3,157 people were tested for HBsAg with 55 (1.7%) positive. Many more persons were identified as anti-HBs positive due to wide-spread vaccinations in ODOC and Oregon communities in general.

Developing/implementing clinical decision support tools and/or improved protocols in clinical settings that improve viral hepatitis health outcomes

Ongoing updates of viral hepatitis treatment protocols as new medications and classes of medications become available. Inherent in these protocols is a significant emphasis on patient education by multiple providers (physicians, health educators, peer-health educators, etc.).

Implementing strategies to educate women of child-bearing age and high risk groups about mother-to-infant transmission of hepatitis B. All women entering ODOC are offered viral hepatitis A/B education and an opportunity for vaccination.

Reaching people who inject drugs with viral hepatitis information and services

Adults in custody who continue to inject drugs remain an untapped sub-population within ODOC. Data from more than 10 years ago suggest that approximately 5 percent of a study sample (N=743) injected drugs at least once during incarceration. This high-risk subgroup of people who inject drugs while incarcerated needs more than social media and occasional peer-health education opportunities. Medical and behavioral opportunities, other than punishment, must be employed to combat high-risk behaviors amongst this sub-group.

Improving viral hepatitis infection prevention awareness and initiatives in medical settings

Active referral from medical providers to HIV and viral hepatitis health educators and peer-health educators is ongoing throughout ODOC. Post-release infection prevention strategies are employed on a one-on-one basis with adults in custody who seek additional assistance with harm reduction action planning and other health-related self-management tool acquisition.

Partnerships: Oregon Health Authority

Action Plan Priority Areas: 2, 4, 5

Texas Department of State Health Services

www.dshs.state.tx.us | 888-963-7111

The Texas Department of State Health Services' mission is to improve health and well-being in Texas.

Most Significant Needs

There are no resources to adequately reach and educate primary care physicians and community care clinics on the need for routine HCV screening in the “baby boomer” age cohort, insufficient resources to conduct targeted HCV antibody and HCV RNA testing with persons who inject drugs (PWID), and no resources to conduct chronic HCV surveillance. There is also a lack of adequate resources to treat individuals identified with chronic HCV.

Organizational Highlights

Raising awareness about viral hepatitis among the general public, specific targeted populations, and/or community leaders.

The Viral Hepatitis Program at DSHS has convened an annual, statewide viral hepatitis conference, attended by viral hepatitis stakeholders for the past seven years. Various local communities around the state have convened similar viral hepatitis conferences, such as the Houston Hepatitis Summit, October 2013, the Latino HIV and HCV conference in June 2015, the El Paso HCV Conference in October 2015 and HCV testing.

Training and/or increasing capacity of health care providers to prevent, diagnose, treat viral hepatitis.

The Viral Hepatitis Program at DSHS provides an average of six training workshops to clinical and healthcare staff. The workshops were attended by over 200 individuals in 2014 and close to 300 in 2015. The workshops take place around the state of Texas, in Houston, Dallas, Austin, San Antonio, Corpus Christi, Amarillo, Lubbock, El Paso, Tyler, Laredo and Harlingen. The Program also provides web based training on the basics of HCV and new HCV treatment medications.

Developing strategies to promote timely viral hepatitis diagnosis and linkage to care.

Addressing the HCV care continuum, or the “HCV cascade”, has improved in the state thanks to HCV testing sites locating clinics and treatment resources in their respective area. However, the linkage to care in many areas is weak or non-existent. Some areas of the state, such as Austin and Houston, have HCV treatment facilities that will see all referred clients, regardless of insurance status.

Developing/implementing clinical decision support tools and/or improved protocols in clinical settings that improve viral hepatitis health outcomes.

Policies were developed in 2010 to implement routine (opt-out) HAV and HBV vaccinations in STD clinics. In 2014, policies were implemented in state-funded methadone clinics to initiate routine HCV testing in all clients. Statewide clinical standards have been created for HAV and HBV vaccinations for Ryan White clients in Texas (by the end of 2016, 90% of Ryan White clients will receive at least one recorded dose of the hepatitis B vaccine). Statewide clinical standards have been created for HCV testing for Ryan White clients (by the end of 2016, 98% of Ryan White clients have a documented HCV antibody test for Hepatitis C screening, additionally, 90% of clients that have disclosed ongoing, high risk behavior will have one HCV antibody screening test documented every six months).

Implementing strategies to educate women of child-bearing age and high risk groups about mother-to-infant transmission of hepatitis B.

Much of this work has been conducted by local clinics in areas that have a high Asian American population. The Hope Clinic in Houston provides ongoing outreach and education to Asian American women on the risk for HBV perinatal transmission. In Dallas, the American Pacific Asian Medical Student Association has conducted outreach and education to the Asian American communities of Dallas for the past eight years.

Reaching people who inject drugs with viral hepatitis information and services.

The Viral Hepatitis Program works with many substance abuse prevention programs to provide training and, if warranted, HCV testing resources. The Viral Hepatitis Program funds HCV antibody screening at

Austin Travis County Mental Health and Mental Retardation (MHMR) CARE Unit, Tarrant County MHMR, Dallas County Alcohol and Drug Abuse (DCADA), and Austin Harm Reduction Coalition.

Improving viral hepatitis infection prevention awareness and initiatives in medical settings.

The Routine HIV Testing Program at DSHS has integrated the message of HCV routine testing and works with the Viral Hepatitis Program to conduct public health detail activities. These activities include meeting with primary care physicians around the state to encourage routine HIV and HCV testing according to the Centers for Disease Control and Prevention (CDC) and the United States Prevention Services Task Force (USPSTF) recommendation.

The HIV Routine Testing Program and the Viral Hepatitis Program attend various medical and clinical conferences around the state to staff an information booth to increase awareness and education regarding routine HIV and HCV testing. The group has developed and distributes brochures and information regarding routine testing including: billing codes for reimbursement, resources for HIV and HCV treatment and care, patient assistance programs and general information on HIV and HCV.

Developing strategies to foster stakeholder collaboration and sustainable programs.

Communities in Houston, Austin and El Paso have met to develop a model for guiding clients through the continuum of care resources in their respective areas. Community leaders in these areas continue to meet to discuss and develop ways to strengthen the link to treatment and care. The Houston Hepatitis C Task Force has been in place for the past seven years. The Austin coalition began meeting in 2014 and the El Paso group began meeting in 2015.

Partnerships: Tarrant County Medical Society, Travis County Medical Society, Texas Medical Association, the Association of Nurse Practitioners in Texas, Texas Association of Community Health Centers

Action Plan Priority Areas: 1, 2, 4

Utah Department of Health

<http://www.health.utah.gov/epi> | 801-538-6003

The mission of the Utah Department of Health is to protect the public's health through preventing avoidable illness, injury, disability and premature death; assuring access to affordable, quality health care and promoting healthy lifestyles.

Most Significant Needs

Assistance accessing services for Hepatitis C, including testing, confirmatory testing, medical care and treatment.

Organizational Highlights

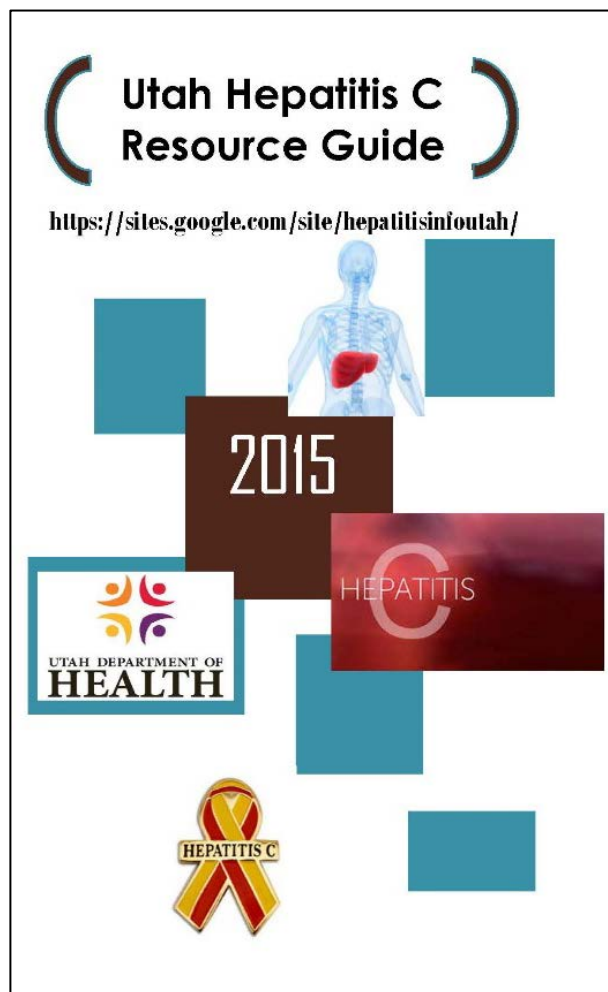
HCV testing and education in correctional facilities

In 2012, the Utah Department of Health (UDOH), HIV Prevention Program initiated an integrated testing project in correctional facilities around Utah. (CDC - HIV Prevention Demonstration Project-Category C). This project included conducting rapid HIV and HCV tests and urine sample CT/GC tests in correctional facilities. Each agency had site specific protocols and materials based on the agreement with Department of Corrections (DOC) and medical personnel at each location.

- Utah State Prison – HIV/HCV/CT/GC testing offered to all inmates upon release
- Salt Lake County Jail - HIV/HCV/CT/GC testing offered to inmates in substance abuse treatment sections as part of educational series.
- Davis County Jail - HIV/HCV/CT/GC testing offered to all inmates upon intake.
- Weber County Jail – HIV/HCV/CT/GC testing offered to all inmates upon intake.
- Juvenile Justice Services - CT/GC testing offered to all inmates upon intake. HIV and HCV were offered to those inmates who qualified based on risk assessment.
- Community Correctional Centers (four locations in Salt Lake County) - HIV/HCV/CT/GC testing offered to all residents on a monthly basis.

The UDOH Viral Hepatitis Prevention Coordinator (VHPC) trained all project staff on Hepatitis C, testing, prevention and counseling and provided a bi-annually updated, "[Utah Hepatitis C Resource Guide](#)" (right).

During the project, which ran from July 2012- December 2014, 7,746 individuals were tested for HCV. Of those 7,746 tested, 823 had reactive Rapid HCV Antibody test results, for a positivity rate of 10.62%. In CY2014, 3,303 individuals were tested for HCV and 347 had reactive Rapid HCV Antibody test results, for a positivity rate of 10.51%. All clients who tested antibody positive for HCV, were provided with a comprehensive



Hepatitis C Resource Guide and other materials on HCV. Recommendations for confirmatory testing and other referrals were also provided.

Although the Category C Project ended in December of 2014, some services continued on a limited basis throughout 2015 (**bullets and table below**):

- Utah State Prison – monthly HIV/STD/HCV education provided to women in low-security and quarterly education provided to men in substance abuse treatment unit.
- Salt Lake County Jail – monthly education and quarterly Rapid HIV/HCV testing provided to men in substance abuse treatment units.
- Weber County Jail – high risk inmates receive Rapid HIV/HCV testing upon need or request.
- Juvenile Justice Services – HIV/STD/HCV education and Rapid HIV/HCV testing upon request.

Corrections	Cat C Project Total (7/12-12/14)	2014	2015
HCV Rapid Testing	7,756 (823+, 10.62%)	3,303 (347+, 10.51%)	86 (13+, 15.11%)
VH Education	N/A	14	241
HCV Resource Guides	1,000	500	300

HCV testing and education in Substance Abuse Treatment Facilities

Using the funds and implementation model of the Category C Project, the Viral Hepatitis Prevention Coordinator conducted education and Rapid HCV testing in several local residential substance abuse treatment facilities and outpatient methadone clinics. In 2014, the VHPC, in collaboration with HIV and STD prevention staff, Utah County Health Department and Salt Lake County Health Department, provided Rapid HCV Antibody testing at 11 different substance abuse treatment facilities (**table below**). A total of 461 individuals were tested for HCV and 91 had reactive Rapid HCV Antibody test results, for a positivity rate of 19.74%. In 2014, 205 individuals at substance abuse treatment facilities or methadone clinics received at least one hour of Viral Hepatitis Education, which included information on transmission, testing, treatment, prevention and resources and referrals.

Substance Abuse Treatment	2014	2015
HCV Rapid Testing	461, 91, 19.74% positivity	100, 12+, 12% positivity
VH Education	205 individuals	297 individuals
HCV Resource Guides	600 distributed	300 distributed

In 2015, very limited UDOH sponsored testing was conducted since the Category C Project had ended and the funding and staff support for Rapid HCV Test Kits was gone. However, the VHPC was able to support some testing at Substance Abuse Treatment Facilities and education was increased to compensate for the less frequent testing. In 2015, a total of 100 individuals were tested for HCV and 12 had reactive Rapid HCV Antibody test results, for a positivity rate of 12%. In 2015, 297 individuals at substance abuse treatment facilities or methadone clinics received at least one hour of Viral Hepatitis Education, which includes information on transmission, testing, treatment, prevention and resources and referrals.

Partnerships: Salt Lake County Health Department, Davis County Health Department, Weber-Morgan Health Department, University of Utah College of Nursing, University of Utah Hospital Infectious Disease Clinic

Action Plan Priority Area: 2

Virginia Department of Health, Office of Epidemiologywww.vdh.virginia.gov/epidemiology | 804-864-7284

The Mission of the Virginia Department of Health is to promote and protect the health of all Virginians. The agency's vision statement is "Healthy People in Healthy Communities."

Most Significant Needs

Virginia does not receive enough federal support to cover the entire hepatitis prevention coordinator's salary/fringe. Hence, there is no dedicated funding for any prevention or education activities. The Centers for Disease Control and Prevention (CDC) cooperative agreements related to STD and HIV are currently being used to augment epidemiologic analyses and screening initiatives, respectively. This type of patchwork funding is not sustainable, nor can it be used for long-term hepatitis strategic planning.

Given that hepatitis prevention is managed by a single coordinator, the position is physically located within the STD surveillance unit. This allows for supportive assistance with administrative and data management activities. Staffing within the general communicable disease surveillance program, where hepatitis surveillance occurs, is extremely limited compared to STD and HIV programs. However, the number of reported cases that require follow up and linkage to care is substantial and increasing every year. The increases in injection drug use nationwide and the availability of revolutionary treatment that can cure hepatitis C provides evidence that now is the time to ensure appropriate financial resources are allocated to prevent hepatitis transmission and provide care for those infected.

Other significant needs include the active engagement of primary healthcare providers in screening patients at risk for hepatitis infection, including current and former injection drug users (IDU) and those born between 1945-1965. There are insufficient screening activities in health care settings, and as a result many infections are not diagnosed. Reaching at-risk populations can also be difficult, especially related to IDUs. From a data perspective, it would be helpful to obtain laboratory data on both negative and positive tests conducted in Virginia from all major laboratories currently conducting hepatitis testing. This would assist with establishing improved prevalence estimations which can guide future program action and distribution of limited resources.

Organizational Highlights

- Hepatitis C reflex confirmatory testing was instituted in 2015. This decreased the number of patients for whom no confirmatory test result was available, and decreased the number of patients lost to follow up.
- Virginia offered free hepatitis B and C testing and education through select STD clinics using CDC HIV prevention carryforward funding. Virginia offered free rapid HCV testing and education through several community-based organizations using one-time funding from the CDC Division of Viral Hepatitis. This funding no longer exists.
- The HIV/STD/Viral Hepatitis Hotline staff have been entering laboratory results for reported hepatitis tests for the past several years. Data quality assurance activities have been ongoing for all 2010-2014 reported chronic hepatitis C cases.
- Virginia was awarded 7-month funding from the Association of State and Territorial Health Officials (ASHTO) to create a Viral Hepatitis Epidemiology Profile. The project was initiated in December 2015 and will end in June 2016.
- A legislative proposal was crafted in 2015 that would permit the Health Commissioner to create an emergency needle exchange program, as necessary to reduce/prevent disease transmission. This bill has been introduced in the 2016 General Assembly session.
- Virginia continued to increase the number of providers that submit laboratory results electronically, including receipt of electronic lab reports from the major laboratories operating within the state.

Action Plan Priority Areas: 1, 2, 3, 5

Non-Profit Organizations

Alaskan AIDS Assistance Association (Four A's)www.alaskanids.org | 907-263-2050

The Alaskan AIDS Assistance Association is a non-profit organization with a mission to be a key collaborator within the state of Alaska in the provision of supportive services to persons living with HIV/AIDS and their families and in the elimination of the transmission of HIV infection and its stigma. The association operates the Four A's Syringe Access Program (FASAP) that works to combat the transmission of blood-borne illness and provides free rapid HIV and HCV testing to the Anchorage community and individuals who travel to Anchorage from Alaska's outlying and rural communities.

Most Significant Needs

Three syringe exchanges operate in the state of Alaska. One located in Fairbanks, approximately 300 miles away from Anchorage, and a second that is operated by Four A's in Juneau, Alaska's state capitol. Alaska's expansive geographical area and many rural communities that are only accessible by plane make it exceedingly difficult for individuals who inject drugs to access sterile syringes.

A recent bulletin released by the State of Alaska (SOA) Section of Epidemiology reported that there was a 58% increase from 2009 to 2013 of the number of patients receiving substance use disorder treatment reporting heroin as their drug of choice. Of these, 85% reported that they used heroin intravenously. The same bulletin reported that provided Alaska holds with CDC standards, 675 of the 1,125 cases of HCV reported in 2014 can be attributed to needle sharing making the need for adequate access to sterile syringes and clean works imperative in stopping the spread of HCV infection.

Organizational Highlights

Four A's distributed 477,787 sterile syringes and corresponding injection works in 11,676 exchanges last year. On average 76 new individuals accessed the exchange each month alongside the large number of individuals who regularly access the exchange. Education about reducing the risk of contracting HIV and HCV is given in each interaction and rapid HIV and HCV testing is offered. Last year 132 individuals participated in rapid HCV testing through the Four A's office. Individuals who received reactive results were referred for confirmatory testing and those who were offered HCV testing and reported that they had received either reactive results on a preliminary test or had received positive results on a confirmatory test were encouraged to follow-up care. Four A's not only provides rapid HCV testing in-office but takes testing to at-risk individuals in treatment centers and correctional facilities.

In April of 2015 Four A's was able to restart rapid HCV testing in office. 132 individuals participated in screening with 21% (28 individuals) receiving reactive results and referrals to confirmatory testing. Confirmatory testing referrals included the individual's private physician and Anchorage Neighborhood Health Center (ANHC).

Alaska has approximately 663,300 square miles and is divided into 29 census areas. The Anchorage FASAP has served individuals from 20 of 29 census areas including Barrow, Alaska which is 720 miles away from Anchorage.

Partnerships: SOA Section of Epidemiology., HIV/AIDS Program, SOA Division of Public Health, SOA Dept. of Health and Human Services, Anchorage Neighborhood Health Center, and Akeela Recovery Services.

Action Plan Priority Areas: 2, 5

Asian Liver Center at Stanford University (ALC)www.liver.stanford.edu | 650-736-8608

Asian Liver Center at Stanford University is the first non-profit organization in the U.S. to address the disproportionately high rates of chronic hepatitis B infection and liver cancer in Asians and Asian Americans. Founded in 1996, the ultimate goal of ALC is to eliminate the transmission and stigma of HBV, and reduce deaths from liver cancer and liver disease caused by chronic HBV. ALC addresses gaps in the fight against HBV through collaboration, advocacy, research, and education/outreach across seven key programs in the U.S. and Asia Pacific region.

Most Significant Needs

The most significant needs of the diverse communities we serve in relation to HBV are: 1) Increased awareness and understanding of transmission, prevention through testing/vaccination, and timely diagnosis/medical monitoring, and 2) Linkage to care for the uninsured and preventive service utilization for the insured.

Organizational Highlights

In addition to research to improve timely diagnosis and develop tools for policy makers and clinicians, ALC's U.S. outreach programs include:

- [HepBMoms](#). A program to eliminate perinatal HBV transmission and address gaps in perinatal care.
- [Santa Clara County Hep B Free](#). A grassroots coalition of health care providers, community organizations, elected officials, local government, students, and concerned citizens, to promote awareness, testing, linkage to care, and prevention.
- *YuCorps Corporate Outreach*. Reaching corporate leaders, health and wellness decision-makers, and at-risk employees with education on testing and prevention
- *Team HBV*. A national network of 64 high school and collegiate chapters promoting HBV awareness.
- *Annual Youth Leadership Program on Asian & Pacific Islander Health*. A four-day conference for 100 high school students to inspire the next generation of HBV advocates.

The following resources were provided to requesting Public Health Departments in nine languages across 31 states between 2014-2015:

- HepBMoms brochures (**examples shown on right, in Spanish and Chinese**)
- Diagnosis Packets containing educational materials for HBsAg-positive women and provider
- Perinatal Hepatitis B Prevention Program referral forms to be distributed during prenatal visits.
- Discharge Packets containing educational materials for HBsAg-positive women to be distributed after delivery upon discharge from the hospital.
- Nurse Pocket Cards referencing Advisory Committee on Immunization Practices guidelines for L&D and Newborn Nursery Units.



- Jade Screening & Monitoring Cards for HBsAg-positive patients to record blood test and ultrasound results.

Developing/implementing clinical decision support tools and/or improved protocols in clinical settings that improve viral hepatitis health outcomes:

- Development and implementation of a web-based Decision Tool for policy makers to calculate the costs and benefits of chronic HBV treatment strategies in different international settings. The tool can support health policy and planning in assessing whether current intervention strategies are efficiently using scarce resources. Also, which of the potential additional interventions--that are not yet or fully implemented--should be given priority on the grounds of cost-effectiveness. This tool is based on mathematical modeling developed by ALC. Implementation: 2015 with rolling utilization.
- Development and implementation of a web-based Treatment Tool for clinicians to calculate their chronic hepatitis B patients' risk for liver disease according to factors such as age, endemicity of birth country, presence of cirrhosis, liver enzyme and viral load levels. The tool also highlights key recommendations from the World Health Organization chronic HBV treatment guideline (2015). The cumulative disease outcomes are based on a mathematical simulation model developed by ALC.

Developing strategies to promote timely hepatitis B diagnosis.

In collaboration with industrial scientists and the Department of Materials Science and Engineering at Stanford University, we are developing an affordable, point-of-care, smart phone-based diagnostic device for the accurate and rapid detection of hepatitis B virus infection and liver cancer. This diagnostic device has the potential to improve early diagnosis and allow timely intervention, which will drastically reduce the healthcare burden associated with HBV.

Raising awareness about HBV among the general public, specific targeted populations, and community leaders and also developing strategies to foster stakeholder collaboration and sustainable programs.

- HBV awareness campaigns comprised of onsite seminars, webinars, virtual communications, health fairs, events, and/or screenings at corporate campuses across the San Francisco Bay Area in partnership with company executives, Human Resources, benefits, wellness/health promotion, Employee Resource Groups, and onsite medical staff.
- HBV educational campaigns targeting patient and health care worker communities at and in partnership with eight providers in the SF Bay Area (El Camino Hospital, O'Connor Hospital, Regional Medical Center, North East Medical Services, Santa Clara Valley Medical Center, Asian Americans for Community Involvement, Kaiser Permanente, VA Palo Alto Health Care System). Implementation: July 2015.
- 579 community members screened over 11 events in the SF Bay Area; 15 diagnoses of HBV.

Partnerships: Accuray, Alpha Omega Semiconductor, Applied Materials, Broadvision, Cadence Design Systems, China Airlines, Chunghwa Telecom Global US, Citrix, Deloitte & Touche, Ernst & Young, Infinera, Informatica, Inphi, Integrated Device Technology, Marvell, MiTAC, NVIDIA, Optovue, Perfect World, Pericom, Renesas Electronics, Supermicro Computer Inc., Synopsys, TSMC North America, Upwork, Via Technologies

Action Plan Priority Areas: 1, 2, 4

Forum for Collaborative HIV Research

www.hivforum.org | 202-833-4617

The Forum for Collaborative HIV Research is a public-private partnership that addresses cutting edge regulatory and implementation issues in drug development and public health. Part of the University of California Berkeley, the Forum has convened a series of national summits designed to support HCV and HIV testing, prevention and linkage to care in the United States.

Organizational Highlights

2015 National Summit on HCV and HIV Diagnosis, Prevention and Access to Care

Following conferences held in 2008, 2010, and 2012, the Forum convened the “[2015 National Summit on HCV and HIV Diagnosis, Prevention and Access to Care](#)” in June 2015 in Arlington, VA in partnership with collaborating co-sponsors. The 2015 Summit program featured best practices for HCV testing, prevention, and linkage and retention in care submitted as abstracts in four tracks: 1) Routine and Expanded Testing, 2) Prevention Models, 3) Outcomes and Impact Evaluation, and 4) Access, Linkage and Retention in Care. The conference also included special abstract sessions on populations who inject drugs, as well as testing, prevention, and care across correctional settings.

Included in the presentations on HCV testing were program models from hospitals, clinics and city and state health departments. The presentations included best practices for baby boomer cohort testing, universal HCV testing, and evaluations of emergency department testing programs and described programs from California, Maryland, New York, North Carolina and Washington DC.

Use of electronic medical records and laboratory data reporting in Arizona, Pennsylvania and New York were described in sessions on HCV testing and metrics. Additional sessions focused on incorporating HCV testing into primary care settings, and creating linkage and retention in care by co-locating testing programs in existing HIV programs, syringe access programs, and by creating medical home models. A geographic distribution of hepatocellular carcinoma and viral hepatitis in New York City was among presentations provided in a session on program outcomes and epidemiology.

Abstracts describing prisoner health programs and access to rapid HCV testing and linkage to care in and after incarceration were presented in a special session on testing, prevention and care across correctional settings. A session focused on interventions for persons who inject drugs included programs in Louisiana and Pennsylvania that provide HCV testing through municipal courts, and existing syringe access programs.

A [special plenary session](#) sponsored by the Office of HIV/AIDS and Infectious Disease Policy, US Department of Health and Human Services featured presentations and a panel discussion on strategies to improve the HCV continuum of care in the US. As part of the closing plenary session, a [special panel](#) on the epidemic of injection drug use, HCV and HIV was held including discussants from the White House Office of National Drug Control Policy and Office of national AIDS Policy, Indiana, Tennessee, and West Virginia.

In total, 142 abstracts, including more than 70 that focused specifically on HCV, were presented at the two-and-a-half-day Summit. Twelve breakout sessions and four plenary sessions featured more than 80 oral presentations and 16 panel discussions. All [abstracts](#), [slides](#) and [video](#) from the 2015 Summit are available online.

Partnerships: Alaska Native Tribal Health Consortium, the Bridging Group, Caring Ambassadors, the Hepatitis Education Project, HIV in Europe, the HIV Medicine Association, Kaiser Permanente, the National Alliance of State and Territorial AIDS Directors, the National Association of Community Health Centers, Project Inform, The San Francisco AIDS Foundation, the Urban Coalition of HIV/AIDS Prevention Services

Action Plan Priority Area: 1

Hepatitis Education Project (HEP)

www.hepeducation.org | 206-732-0311

The Hepatitis Education Project is committed to providing support, education, advocacy and direct services for people affected by hepatitis and to helping raise hepatitis awareness among patients, medical providers and the general public.

Most Significant Needs

Many of the clients HEP serves struggle getting access to hepatitis C treatments. Often their doctors are dismissive and won't prescribe treatments based on past or current alcohol or drug use, or limited liver damage, despite the clients specifically requesting a prescription and alcohol/drug use no longer a barrier to treatment access. Clients also reach another obstacle when navigating insurance denials and appeals, especially if their provider/clinic is not assisting in this process. There is also significant stigma related to hepatitis C. HEP's clients have reported feeling turned or pushed away, not listened to, or disrespected by their providers.

Organizational Highlights

Raising awareness about viral hepatitis among the general public, specific targeted populations, and/or community leaders

HEP also provides hepatitis education classes to more than 1000 inmates annually in 13 Washington Department of Corrections facilities and at King County Correctional Facility. We teach about prevention, self-care, and treatment for incarcerated people. Additionally, we train prison inmates to be peer educators for HIV and hepatitis C risk reduction.

HEP also started and manages The National Hepatitis Corrections Network (NHCN). The NHCN is a forum for correctional administrators and healthcare providers, researchers, legal and policy stakeholders, community-based organizations, and educators to discuss hepatitis education, prevention, testing, and treatment in prisons and jails. The NHCN provides a variety of professional development opportunities, including regular webinars, conference calls, and an annual meeting.

Training and/or increasing capacity of health care providers to prevent, diagnose, treat viral hepatitis

HEP staff are regular attendees at the University of Washington's weekly Hepatitis C Project ECHO sessions. HEP actively participates in these sessions and is known for bringing the voice of the patient to the forefront of clinical conversations. HEP has also provided several didactic presentations to the ECHO network, which consists of hepatitis C treating providers in five states. These presentations were patient centered and discussed ways in which providers can better join with HCV patients.

Developing strategies to promote timely viral hepatitis diagnosis and linkage to care

HEP is one of the sub recipients on the four-year Test and Cure grant from the Centers for Disease Control and Prevention (CDC). HEP, along with Public Health Seattle & King County, University of Washington's School of Medicine, Washington State Department of Health, and five regional clinical sites, began working together in November 2014. There are several goals for this grant with the main outcomes being to increase hepatitis C diagnosis rates, and move clients along the care continuum from diagnosis to cure. As a participant on this grant, HEP provides Medical Case Management services by individually helping clients get access to hepatitis C treatment and cures.

HEP staff have been trained and licensed to perform phlebotomy procedures since June 2015. By providing confirmatory testing in house, HEP is able to link clients to care that might not otherwise have access.

Implementing strategies to educate women of child-bearing age and high risk groups about mother-to-infant transmission of hepatitis B

HEP has conducted several HBV testing events in 2014 and 2015, particularly among the Somali community. During these testing events HEP disseminated information about the risks of perinatal HBV transmission. As part of the Hepatitis B Coalition, HEP has helped to set the coalitions goals for combating viral Hepatitis B in

Washington State by participating in monthly meetings throughout 2014 and 2015. The vision statement of the coalition states that greater levels of awareness in Washington State should be achieved to bring an end to new HBV infections, and to increase equity of HBV health outcomes and reduce HBV disparities.

Reaching people who inject drugs with viral hepatitis information and services

HEP's youth program is specifically targeted to reach and test high-risk youth, particularly young injectors, for hepatitis C. Our youth program coordinator collaborated with an HIV organization to conduct dual-testing events at youth drop-in centers in the University District, Capitol Hill, and in downtown Seattle. These events were intentionally framed through harm reduction to test and educate more youth about hepatitis C. We also partnered with the HIV organization to conduct street outreach in high-risk neighborhoods in order to reach vulnerable youth who did not have the capacity to access services.

Partnerships: Public Health Seattle & King County, University of Washington's School of Medicine, Washington State Department of Health, Hepatitis B Coalition

Action Plan Priority Areas: 1, 2, 4, 5

Hepatitis Foundation International (HFI)www.HepatitisFoundation.org | 301-565-9410

The Hepatitis Foundation International is a 501 (c) 3 non-profit organization established in 1994 working to eradicate chronic hepatitis for 400 million people globally. HFI is dedicated to increasing and promoting health and wellness, as well as, reducing the incidence of preventable liver-related chronic diseases and lifestyles that negatively impact the liver. HFI is committed to advocacy, education, testing, treatment and research needed to assist and support individuals, patients, families and communities affected by life-altering and sometimes life-threatening liver conditions. The Foundation works to advance health care providers and our constituents' scientific understanding of these conditions to improve diagnostic tools and available treatment options.

Most Significant Needs

Our community/clients generally come from a hard to reach and hard to treat population due to lack of access to treatment, care, and therapies.

Organizational Highlights

Raising awareness about viral hepatitis among the general public, specific targeted populations, and/or community leaders

In 2014, HFI held several summits and educational sessions for healthcare practitioners including: nurses, physicians, pharmacists, public health professionals, social workers, and counselors to improve the identification and management of viral hepatitis in patients. In addition, HFI is developing strategic alliances through our Patient Advisory Council, in which every state has/or will have a patient representative that participates with us on advocacy issues.

Training and/or increasing capacity of health care providers to prevent, diagnose, treat viral hepatitis

HFI increases capacity by implementing our nationwide summits and summits in collaboration with partners such as Providence Hospital to provide training and education for physicians and mid-level providers. We also provide educational materials, specifically fact sheets to safety net clinics nationwide.

Developing strategies to promote timely viral hepatitis diagnosis and linkage to care

HFI focuses on closing the gaps in viral hepatitis disparities among racial, ethnic, and marginalized populations in the United States. One strategy that HFI uses in order to promote timely viral hepatitis diagnosis and linkage to care is by encouraging our hotline callers who are unsure of their symptoms to see a physician as soon as possible and provide them with information to confidently talk with their healthcare providers about their disease, diagnosis, and treatment options.

Developing/implementing clinical decision support tools and/or improved protocols in clinical settings that improve viral hepatitis health outcomes

HFI is working with other organizations regarding the A and B recommendations with the U.S. Preventive Services Task Force to highlight hepatitis A and B vaccine recommendations across the states. This will encourage the promotion of a unified protocols across the nation for diseases with A and B recommendations.

Implementing strategies to educate women of child-bearing age and high risk groups about mother-to-infant transmission of hepatitis B. HFI is working to provide sufficient educational resources that will be available to this community, including information on breast feeding and other resources that pertain to perinatal care and mother-to-child infection for B and C.

Reaching people who inject drugs with viral hepatitis information and services

HFI has created disease specific fact sheets about street drugs for providers. HFI also promotes and advocates for harm reduction programs regarding needle exchange programs nationwide.

Improving viral hepatitis infection prevention awareness and initiatives in medical settings

HFI is working with healthcare professionals including pharmacists to educate the public on the disease, how it is diagnosed, treatment options, among other principal aspects.

Developing strategies to foster stakeholder collaboration and sustainable programs

HFI has launched a national hepatitis registry to help us engage in research and improve the quality of life of our patients. As a result, we have partnered and sought collaboration with other organizations. HFI has also engaged and invited collaborators through our programs and services to foster collaboration to expand our reach and better serve our constituents.

Action Plan Priority Area: 1

Immunization Action Coalition (IAC)www.immunize.org | 651-647-9009

Founded more than 20 years ago as the Hepatitis B Coalition, the Immunization Action Coalition is a nonprofit corporation dedicated to increasing immunization rates and preventing disease. We carry out our mission by creating and distributing educational materials for healthcare professionals and the public that enhance the delivery of safe and effective immunization services. IAC also facilitates communication about the safety, efficacy, and use of vaccines within the broad immunization community of patients, parents, healthcare organizations, and government health agencies.

Most Significant Needs

IAC's efforts are directed toward delivering concise, comprehensive, and clear immunization information to the medical community. Our materials and services communicate the detailed content of CDC's recommendations on appropriate strategies for the prevention of hepatitis B virus infection, including testing, vaccinating, and education, so that healthcare professionals follow the recommended guidance in their hospitals, medical practices, and other healthcare facilities.

Organizational Highlights

- Development of a section on our healthcare professional website titled [Protect Newborns](#). This Web section contains a wealth of training tools, including print materials, an archived webinar, and a PowerPoint slide set with accompanying speaker notes, to help healthcare professionals understand and implement strategies about how to protect newborns from hepatitis B virus transmission at birth.
- Publication of an 85-page guidance book titled "[Hepatitis B: What Hospitals Need to Do to Protect Newborns](#)" (with the endorsement of CDC, American Academy of Pediatrics, American Academy of Family Physicians, and American College of Obstetricians and Gynecologists).
- Initiation and implementation of the [Hepatitis B Birth Dose Honor Roll](#). Hospitals that report hepatitis B vaccination coverage rates of 90 percent or more for infants discharged from their facilities can apply. As of this writing, 224 birthing institutions, from 34 states and Puerto Rico, have been honored.
- Development of a training for labor and delivery (L&D) nurses. Under a CDC cooperative agreement, IAC created a webinar to train L&D nurses in the implementation of a screening tool to make sure an appropriate hepatitis B status assessment is completed on every pregnant woman who is admitted to an L&D unit. The training program also provides content on the recommended vaccination strategies with newborns to prevent perinatal hepatitis B transmission. This screening tool was evaluated in 5 hospitals in variously sized communities in the U.S.
- Distribution of free hepatitis B [educational materials](#). Over the past 20 years, IAC has developed more than 30 hepatitis B education print materials, including highly detailed pieces for healthcare professionals and many handouts for patients and parents, with several of these patient/parent materials translated into multiple languages.
- Development of hepatitis B [Vaccine Information Statements \(VISs\)](#) in multiple languages. Under its cooperative agreement with CDC, IAC makes available translations of the federally released hepatitis B VISs in more than 20 languages. Under federal law, VISs are required to be given to the parent whenever hepatitis B vaccine is administered to a child and to be given to every adult who receives the vaccine.

Action Plan Priority Areas: 1, 2, 4

National Black Leadership Commission on AIDS, Inc. (NBLCA)

www.nblca.org | 212-614-0023

The National Black Leadership Commission on AIDS, Inc. is a 501(c)(3), non-profit organization with the mission to educate, mobilize, and empower black leaders to meet the challenge of fighting HIV/AIDS and other health disparities in their local communities. NBLCA seeks to change the attitudes and behaviors of communities as they relate to Hepatitis C (testing, linkage to care, cure) through community mobilization, health education, policy awareness, and information sharing/dissemination.

Organizational Highlights

Awareness and Advocacy

- **Cure the City of HCV** (July 2015)—Embarked upon developing and implementing a year-long plan that will center on health-care infrastructure, policy, education, testing, treatment and curing HCV within the African American community of Tuskegee and other surrounding southern cities.
- **National African American Hepatitis C Action Day (NAAHCAD)** (July 2015)—During NAAHCAD on July 25, there was a 100 percent increase in the number of organizations participating. 43 percent of the organizations that took part in the 2015 Action Day used a toolkit NBLCA provided online which contained informational materials, posters, PSAs and media campaign materials. In a follow up survey, 75 percent of organizations responded that the toolkit was helpful in preparing for the events. NBLCA also provided promotional materials which included a post card, t-shirts and posters. In providing feedback for the usefulness of these materials, 57 percent of the responders said the materials were ‘very useful’. Consequently, 78 percent of the responders reported that they did not face any challenges in preparing for their events. Lastly, 100 percent of the organizations showed intention to continue taking part in Action Day events as well as work together with NBLCA on other Hepatitis C issues. The [NBLCA Toolkit](#) was also provided for partners.

Summits and Webinars

- **Touro College of Osteopathic Medicine Summit** (Feb 2014)—Provided medical students with information about racial disparities in HCV epidemiology, clinical course and treatment outcomes; and barriers to care and treatment.
- **New York City Viral Hepatitis Summit** (March 2014)—Targeted health care professionals, community service providers and stakeholders: to provide education and training about racial disparities in HCV epidemiology, clinical course and treatment outcomes: barriers to care and treatment; and address the urgent need for physicians to revise their screening processes. Emphasis was placed on the need for accessible screening for African Americans and other persons born between 1945 and 1965.
- **SUNY Downstate Medical Center Hepatitis C Summit** (July 2014)—In partnership with Arthur Ashe Institute for Urban Health provided medical students with information about racial disparities in HCV epidemiology specific to Brooklyn, clinical course and treatment outcomes; and barriers to care and treatment.
- **HCV Webinar: Hepatitis C Treatment is a Right: Advocating for Ourselves and Our Community** (Oct 2014) Organized the webinar: *Tips and Strategies for Effective Advocacy*, presented by Congressman Hank Johnson, Daniel Raymond (Harm Reduction); Mariah E. Johnson (NASTAD).
- **HCV Spanish Webinar** (May 2015)—Organized in partnership with C.O.P.E. - Hepatitis C en la comunidad hispana- El tiempo de la cura. This Spanish language seminar offered the audience (open to all) up to date information regarding HCV, what population groups are at highest risk for infection, the importance of HCV testing, and up to date treatment options that will cure HCV.

Partnerships: Arthur Ashe Institute for Urban Health, C.O.P.E.

Action Plan Priority Areas: 1, 2

Special Service for Groups/Health Integration for At-Risk Racial/Ethnic Communities (SSG/HI-ARC)

www.ssg.org | 213-553-1841

Special Service for Groups is a nonprofit organization with over 24 different programs that provide behavioral health and human services throughout Los Angeles County, California. One of these programs is HI-ARC, a program that is integrating mental health, substance use, HIV/AIDS primary care, and Hep A and B screening and immunizations for the Men who have Sex with Men (MSM) population in Los Angeles County. SSG/HI-ARC has a team of two mental health therapists, two service navigators, and an outreach and engagement specialist. SSG/HI-ARC has a partnership with Central City Community Health Clinic (CCCHC) which provides HIV/AIDS primary care and Hep A and B screening and immunizations for HI-ARC clients.

Most Significant Needs

The HI-ARC program has served mainly individuals living with multiple morbidities including HIV infection, addiction, and post-traumatic stress disorder amongst other mental health problems. There is a need for culturally competent information and medical screening for viral hepatitis. Some of the specific barriers to accessing information/services include lack of linguistically appropriate material (a majority of program participants are monolingual Spanish speakers) and immigration status impedes access to medical resources.

Organizational Highlights

Raising awareness about viral hepatitis among the general public, specific targeted population, and/or community leaders

In late 2015, the HI-ARC program refined its approach to providing therapy through the use of the Seeking Safety model in an effort to increase awareness of individual risks amongst the specific targeted population.

Specifically, HI-ARC clients are now given an option of obtaining individual therapy, group therapy, or both. The target population is men who have sex with men, transgender women, have used drugs/alcohol within the last two years, identify as Latino or African American, are experiencing symptoms of post-traumatic stress disorder and many of whom are HIV positive.

Through a one on one risk reduction counseling session program participants together with the counselor assess past or current drug practices and sexual practices that may have exposed the individual to viral hepatitis and/or other sexually transmitted diseases. The session allows participants to become more aware of their specific risk factors for becoming infected with viral hepatitis. They also learn options for the prevention and treatment of viral hepatitis. By the end of the session participants complete either a written or verbal plan on how to reduce the level of risk. Initially participants were still declining to be tested, after enforcing this portion of the program we saw a jump in the number of completed viral hepatitis screenings and vaccinations.

Developing strategies to promote timely viral hepatitis diagnosis and linkage to care

SG/HI-ARC was created with the intention of integrating mental health, substance abuse services, and HIV/AIDS – Hep A and B primary care. The HI-ARC team consists of two mental health therapists, two service navigators that are certified in substance use treatment, an outreach and engagement specialist with provides HIV testing and counseling and coordinates with our primary care provider, CCCHC, to connect clients that are in need of HIV/AIDS and/or Hep A and B screening and care. Our partnering community medical clinic provider has a dedicated medical assistant that coordinates all linkages to care made by our outreach and engagement specialist. Clients who come in contact with SSG/HI-ARC are immediately connected to hepatitis screening, diagnosis and care as soon as they enroll in the program. The outreach and engagement specialist and CCCHC's dedicated medical assistant work together to ensure that SSG/HI-ARC clients receive the hepatitis services they need.

Developing strategies to foster stakeholder collaboration and sustainable programs

SSG/HI-ARC is in constant communication with its medical partner, CCCHC. SSG/HI-ARC hosts weekly staff meetings that include CCCHC's medical assistant. This helps foster communication between all providers and

ensures that any potential issues are addressed quickly. During weekly staff meetings, programmatic issues are discussed to ensure that services are efficient and timely.

SSG/HI-ARC is currently set to be funded for two more additional years. SSG has a robust development department that works with its programs to ensure long-term sustainability. SSG/HI-ARC plans to coordinate efforts with SSG's development department to strategize ideas to fund the program beyond its current funding period. Also, SSG/HI-ARC's Project Coordinator is dedicated to researching funding opportunities and working with SSG's development department in doing so.

Viral hepatitis screening and vaccination

Screening and vaccination services began in March 2015, and are provided through a collaboration between Special Service for Groups HIARC program and the Central City Health Community Health Center. The program services (including mental health and outpatient substance use treatment) and health center are conveniently co-located, just west of Downtown Los Angeles, in the Pico-Union area. The population served are individuals from all over Los Angeles County, many of whom are immigrants from Mexico, Central, and South America. The population breakdown is as follows (rough estimates): 85 percent male, 13 percent transgender, 83 percent men who have sex with men, 65 percent Latino; 20 percent African American; 11 percent Asian Pacific Islander, and about 99 percent experienced past or present substance abuse.

The collaboration has shown promise in reaching high risk populations and making progress towards achieving three of the Action Plan goals, specifically 1) increase in the proportion of persons who are aware of their hepatitis B Virus (HBV) infection, 2) increase in the proportion of persons who are aware of their hepatitis C virus (HCV) infection, and 3) reduce the number of new cases of HCV infection. In 2015, 22 program participants were screened for hepatitis A, B, and C. Eleven opted to receive vaccinations for hepatitis A and B. We found a large majority of program participants are HIV positive and receive regular Hepatitis screenings. Even so, findings concluded an overall 18 percent positivity rate of HCV and HBV combined. Individually there was a 9 percent positivity rate with two HBV reactive screenings, and 9 percent positivity rate with two HCV reactive screenings. The two HCV reactive results were from HIV positive, transgender women. The HBV reactive results were found in HIV positive gay identifying men. All reactive results were in individuals engaged in recent methamphetamine use.

With continued efforts in identifying high risk individuals and increasing awareness of viral hepatitis, the HIARC program aspires to be part of an active reduction in new HCV infections. There will be a continued push to boost the number of completed viral hepatitis screenings and vaccinations.

Partnerships: Central City Community Health Center

Action Plan Priority Areas: 1, 2, 4, 5

Professional Associations

American Association for the Study of Liver Diseases (AASLD)

www.aasld.org | 703-299-9622

American Association for the Study of Liver Diseases is the leading organization of scientists and health care professionals committed to preventing and curing liver disease. AASLD was founded in 1950 by a small group of leading liver specialists to bring together those who had contributed to the field of hepatology. AASLD has grown to an international society responsible for all aspects of hepatology, and our annual meeting, The Liver Meeting®, has grown in attendance from 12 to more than 9,500 physicians, surgeons, researchers, and allied health professionals from around the world. Hepatology has been recognized as a discipline only in the last few decades, and AASLD played a seminal and unifying role in focusing interest on hepatological problems, as well as the founding of other hepatological societies. AASLD sponsors two topical conferences each year in clinical, basic, hepatitis, or pediatric hepatology. Our three journals -HEPATOLOGY, Liver Transplantation, and Clinical Liver Disease -provide the latest research findings for hepatology and surgery of the liver. AASLD's membership includes ALL professionals dedicated to hepatobiliary discoveries and patient care. Mentoring, the sharing of knowledge, and dedication to professional growth and development are among the core values of AASLD and its members.

Most Significant Needs

The most significant need of AASLD members is the sustainable, robust funding for basic, clinical and translational research. AASLD has been an aggressive supporter of such research funding through a variety of avenues, including grassroots and grassroots advocacy. We have consistently demonstrated to policymakers in the Executive and Legislative branches the tremendous burden of viral hepatitis and, perhaps more importantly, the tremendous opportunities that exist in preventing, care and treatment of the various diseases that comprise the disorder.

Organizational Highlights

The Liver Meeting® has continued to enjoy exponential growth and the focus on viral hepatitis has been largely responsible for that. Just in 2015, for example, there were nearly 1,000 abstracts related to hepatitis B submitted and nearly 2,000 abstracts related to hepatitis C submitted.

Raising awareness about viral hepatitis among the general public, specific targeted populations, and/or community leaders.

As a scientific society, AASLD has limited organizational contact with the public. However, our members are community leaders who are often called upon to address non-scientific organizations on the issue of viral hepatitis, particularly B and C, which are the most clinically significant forms of the disease. AASLD also works closely with patient advocacy groups toward common goals.

Training and/or increasing capacity of health care providers to prevent, diagnose, treat viral hepatitis. AASLD has been very active in training and facilitating the capacity of health care providers to prevent, diagnose and treat the disease. For example, our "NP/PA Clinical Hepatology Fellowship offer salary and benefit support to six nurse practitioners and physician assistants each year (109 since the program was created). In addition, our ACT FIRST - Hepatitis C and ACT FIRST -Hepatitis B programs are on-line curricula available to teach health care providers about the two diseases. On the research side, AASLD and the AASLD Foundation have awarded more than \$37 million in research grants, largely to young initiates, and most often in the field of viral hepatitis research.

Developing strategies to promote timely viral hepatitis diagnosis and linkage to care.

AASLD, working in collaboration with the IDSA, has promulgated the definitive guidance on diagnosing, staging, and treating hepatitis C. The guidance emphasizes the importance of prompt diagnosis and definitive treatment by trained health care providers.

Developing/implementing clinical decision support tools and/or improved protocols in clinical settings that improve viral hepatitis health outcomes.

There is no question that the Guidance described above is the state-of-the-art clinical decision support tool designed to improve clinical outcomes. Evidence of the success of the document was the award given to the AASLD and IDSA on the World Hepatitis Day event held in 2014 at the White House.

Implementing strategies to educate women of child-bearing age and high risk groups about mother-to-infant transmission of hepatitis B.

AASLD has taken a strong public policy position in support of the elimination of mother-to- infant transmission of hepatitis B during the delivery process. Recently published AASLD practice guidelines also address this specifically for practitioners.

Developing strategies to foster stakeholder collaboration and sustainable programs.

AASLD works closely with a number of other organizations in several different fields to foster stakeholder collaborations. Among there are: (i) cosponsoring a major hepatitis C conference with EASL in Paris in September 2016; (ii) an annual meeting at AASLD's offices outside Washington DC with a wide-range of patient advocacy groups; (iii) sponsoring Liver Capitol Hill Day in which more than a half dozen patient advocacy groups join with AASLD in visiting with Members of Congress and their staffs; and, (iv) collaboration with a variety of professional and other stakeholder groups on national and local events related to World Hepatitis Day.

Partnerships: Infectious Disease Society of America

Action Plan Priority Areas: 1, 2, 3, 4, 5, 6

American College of Nurse-Midwives (ACNM)

www.midwife.org | 240-485-1800

The American College of Nurse-Midwives is the professional association representing nearly 12,000 certified nurse-midwives (CNM) and certified midwives (CM). Midwives attend more than 8.2% of all births in the United States and are recognized nationally as primary care providers.

Organizational Highlights

ACNM is committed to the health promotion activities that decrease risks of mother to child transmission of Hepatitis B. These include screening, increasing women's knowledge of their hepatitis status, and increasing access to immunization. The ACNM position statement on the overall subject of immunizations was first published in 2007. In early 2014, ACNM reported the results of a member survey regarding vaccines and approximately 80 percent of the ACNM members who responded to the survey reported screening women for immunization status and/or providing certain vaccines.

Based on these data, the ACNM developed information for health care providers and for women that is readily available on the ACNM website. Later in 2014, it was determined that only about 35 percent of midwives are able to provide hepatitis vaccines in the office. Common [barriers and limitations](#) to providing vaccines included costs, inadequate reimbursement and difficulties with storage. Vaccines including hepatitis require cold chain management and tightly controlled refrigerated storage. Wastage of expired doses increases costs. To improve midwifery provision of vaccines, there is a need to address this barrier, and to continue expanded support for universal screening and testing, and increased consumer education on the importance of maintaining vaccine currency.

One method to increase support for vaccine provision would be disseminating information and promoting linkages on available options locally for practices and sites that cannot afford to stock and supply vaccines. Further, while ACNM encourages midwives to follow the Advisory Committee on Immunization Practices guidelines, nationally, many women remain concerned about the risks of vaccination for themselves and their children. ACNM can continue to lead efforts to support ongoing education about the importance of vaccinations.

PROFESSIONAL CONNECTION

Eliminating Hepatitis B in Newborns

More than 25,000 babies each year in the United States are at risk for acquiring hepatitis B at birth. In part, this occurs because two thirds of the 1.4 million Americans with chronic hepatitis B are unaware of their diagnoses.¹ Among those at greatest risk are women from Asia and the Pacific Islands, sub-Saharan Africa, and parts of South America, as well as women whose partners are positive for the infection, women who use injectable drugs or have

These include:

- Expanding efforts to reach communities and individuals at disproportionate risk
- Improving systems that can enhance prevention at every level of care
- Increasing and refining research

Midwives can play many roles in helping to reduce the burden of hepatitis infections. Midwifery care includes educating women about the risks, promoting vaccination, screening early in pregnancy,

surface antigen (HBsAg) then a complete panel is ordered to determine whether her infection is acute or chronic.

All women with chronic hepatitis need to be seen by a hepatologist or infectious disease physician as part of their prenatal care. At the time of childbirth, newborns whose mothers are infected will need to receive immune globulins before being vaccinated. One place where the prevention chain often breaks is a delay in providing post-exposure prophylaxis and/or vaccine to the newborn.² If a woman is positive for chronic hepatitis B or her status is unknown, her child's pediatric providers should be made aware at the time of the birth.

ACNM is committed to reducing the rate of mother-to-child transmission of hepatitis B. All midwives are encouraged to be familiar with screening and vaccine recommendations. Share with Women handouts about vaccination during pregnancy are available from the *Journal of Midwifery & Women's Health* in Spanish and English at www.sharewithwomen.org. Current patient information and other office resources are available at the CDC website at www.cdc.gov/hepatitis/hbv and on ACNM's midwifery and women's health site www.ourmovementoftruth.com/The-Importance-of-Vaccines.³

By Jan Kriebz, CNM, FACNM

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3. Centers for Disease Control and Prevention. Hepatitis B Vaccine Information Statement. Available online: www.cdc.gov/vaccines/hcp/vis/vis-statements/hcp-b.html.

"Not all midwives store and administer vaccines, but every midwife can ask about immunization status and recommend vaccination, both at well woman visits and during pregnancy."

partners who use drugs, and health care workers. During pregnancy, undiagnosed women with chronic disease have an average 45% chance of transmitting the virus to their child.² Those children have up to a 90% chance of having chronic, life-long hepatitis, risking cirrhosis and liver cancer. With treatment for the mother and neonatal prophylaxis, that rate drops to 1%.³ The Centers for Disease Control and Prevention (CDC) Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis has made eliminating mother-to-child transmission one of the 4 goals of the plan.

In September 2015, ACNM Senior Practice Advisor Eileen Ehtudin Beard, CNM, represented ACNM at the Technical Consultation on the Elimination of Perinatal Hepatitis B in the United States, held by the US Department of Health and Human Services. Out of that meeting came a series of recommendations for action,⁴

and ensuring that prophylaxis is provided for exposed newborns. When a woman is at increased risk due to her own lifestyle or work environment, every office visit can incorporate counseling about ways to prevent becoming infected.

Not all midwives store and administer vaccines, but every midwife can ask about immunization status and recommend vaccination, both at well woman visits and during pregnancy. The hepatitis B vaccines available in the United States are safe for use in pregnancy, and women can complete the 3 injection series if it has been started recently; women at high risk can begin the series during pregnancy.⁵

Midwives should screen every pregnant woman for hepatitis B at the first prenatal visit. If the mother is non-immune, counseling about decreasing risk during pregnancy is appropriate. Beginning the vaccination series can be considered if a woman is at high risk of becoming infected.⁶ When a woman is positive for

ACNM will continue to work to educate members on the importance of preventing maternal to child transmission of Hepatitis B through these initiatives and by expanding our efforts as outlined above. Eileen Beard, CNM, participated in the September 2015 *Technical Consultation on the Elimination of Perinatal Hepatitis B in the United States*. A new commentary is being drafted for publication in the member newsletter, *Quickening*. A piece on eliminating hepatitis B in newborns was included in our Spring 2016 edition of *Quickening* (**previous page**). An updated position statement specific to the prevention of mother to child transmission of disease is also under consideration. We look forward to ongoing collaborative efforts in this area as we work to support optimal health outcomes for mothers and babies.

Action Plan Priority Area: 4

Association of State and Territorial Health Officials (ASTHO)

www.astho.org | 202-371-9090

Association of State and Territorial Health Officials is the national nonprofit organization representing the public health agencies of the United States, the U.S. Territories, and the District of Columbia, as well as the 120,000 public health professionals these agencies employ. ASTHO members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy and to assuring excellence in state-based public health practice. Our vision is healthy people thriving in a nation free of preventable illness and injury.

Note: This response contains descriptions of work conducted by state health departments in Minnesota and Arkansas.

Organizational Highlights

The ASTHO Infectious Disease Policy Committee (IDPC) identified HCV as a priority in 2015, calling out the importance of: building surveillance capacity; developing strategies to reduce transmission in healthcare settings; refining tools for health officials to promote screening, linkage to care, surveillance, and evidence-based prevention; and maintaining situational awareness on issues related to treatment access. In 2016, the IDPC identified “redefining HCV and HIV testing/treatment paradigms and considerations for PWID” as a priority, reaffirming the committee’s commitment to continued engagement in this issue. Below are two state examples.

Minnesota Department of Health (MDH)

Due to the scarcity of hepatitis funding, our ability to fully undertake the goals in the Action Plan has been limited. With more funding we could greatly expand our surveillance and prevention efforts, educate and consult with clinics and providers, enhance partnerships with community organizations, and undertake targeted education, prevention, and linkage to care activities.

With our CDC funding for perinatal hepatitis B prevention, we were able to undertake a number of activities to increase awareness of HBV in the community and improve our case management of families enrolled in our program. These activities include:

- HBV 101 webinar that was presented live and later posted on our website.
- Updated perinatal hepatitis B information sheets for pregnant women, translated into the four most commonly spoken languages of case managed families.
- Updated and reformatted informational pocket guides for OB providers and delivery hospitals.
- Updated provider information sheets on timeliness of HBV vaccine and serology for infants born to HBV-positive women.
- Performed analysis of vital records data and hepatitis surveillance data to identify infants born to HBV-positive women who were not reported.

HIV prevention funding was used for the purchase of HCV rapid test kits. We were able to double the number of HCV rapid tests provided by MDH and performed by community partners between the 2014 and 2015 reporting years.

Arkansas Department of Health (ADH)

The Arkansas Department of Health (ADH) began Hepatitis C Virus (HCV) screening for high risk patients in September 2014. This was in line with CDC recommendations to screen those at high risk including baby boomers born between 1945 – 1965 and intra venous (IV) drug users. There are an estimated 30,000-38,000 chronically infected HCV patients in the state of Arkansas, most of whom are not aware of their HCV infection status. The screening was offered at all 94 Local Health Units (LHU) spread over the 75 counties of the state. As of December 2015, we have screened 3,544 mostly high risk patients and have had 325 positive results (approximately 10% rate, compared to 1% in the general population). Most of the positive results are in the baby boomer and younger (<30 years) IV drug users. The patients with positive results have been offered

confirmatory HCV viral load tests and those who have chronic HCV infection have been referred to providers who are willing to treat these patients.

For patients enrolled in the Ryan White (RW) program operated by ADH, treatment options for chronically infected HCV patients with Human Immunodeficiency Virus (HIV) infection (HIV-HCV co infected population) are being provided.

Rebate dollars received from pharmaceutical companies as part of treating HIV positive Ryan White patients are being used to fund this initiative. As of January 2016, we have treated and cured 7 co-infected patients and currently providing treatment to 4 more. Providers are being given the option of using either of the two available drug combinations, Harvoni or Viekira with the option of adding new drugs if needed.

Action Plan Priority Areas: 1, 2, 4

Council of State and Territorial Epidemiologists (CSTE)

www.cste.org | 770-458-3811

The Council of State and Territorial Epidemiologists is a non-profit national organization that works to advance public health policy and epidemiologic capacity. At its origin, CSTE was formed to establish effective national surveillance and enhance communications among epidemiologists working at the local, state and federal level, to provide expert consultation and advice to health agencies, and to provide technical assistance to public health officials. CSTE works intimately with the Centers for Disease Control and Prevention (CDC) and other federal agencies in order to achieve these goals. Currently, CSTE has over 1,600 members who work to fulfill its organizational mission through four main objectives: 1) promote effective use of epidemiologic data to guide public health practice and improve health; 2) support effective public health surveillance and epidemiologic practice through training, capacity development, and peer consultations; 3) develop standards for practice; and 4) advocate for science-based policy and resources.

Most Significant Needs

State and local health departments are not generally funded to address viral hepatitis surveillance needs, with only seven jurisdictions funded by CDC to conduct specific activities. Disease surveillance uniformly conducted according to national protocols is needed in all jurisdictions in order to develop accurate local, state and national estimates of viral hepatitis incidence and prevalence, monitor health disparities related to viral hepatitis, effectively target resources for prevention, care and treatment, identify outbreaks of viral hepatitis in order to implement control measures, and evaluate the impact of interventions across the care continuum.

With so many urgent needs for viral hepatitis surveillance data, it is remarkable that so few jurisdictions are adequately resourced to collect, process, and analyze these data. While many jurisdictions attempt to conduct surveillance, most are unable to do so to the extent needed. Laboratory data have recently been made available by CDC from large, national reference laboratories, and while these data are useful, they are insufficient at providing the comprehensive, granular data required for disease surveillance investigations and analysis. For example, there has been interest in examining the viral hepatitis care continuum at the state and local level, as has been done for HIV infection. However, with limited resources, it is not possible for most jurisdictions to generate sufficient data to complete such an analysis. Without such data, it remains a challenge to understand the epidemiology and burden of disease and make the case for the resources needed to respond effectively.

Organizational Highlights

CSTE has been working with CDC for many years on viral hepatitis surveillance. In 2015, there were two accomplishments of note, both of which relate to Goals 3.1, 3.2, and 3.3 in the Viral Hepatitis Action Plan. The first is revision of the [case definition of hepatitis C](#) for national notification that was approved by CSTE membership. This case definition was developed to improve case classification of acute and chronic hepatitis C surveillance. The primary changes were to focus on evidence of chronic infection and to improve identification of acute infection. The new case definition is being implemented for national surveillance. It is hoped that with a simplified case definition it will be easier for all jurisdictions to classify cases and provide more meaningful data for program planning. The hepatitis C case definition was approved by CSTE membership at the CSTE Annual Meeting in June, 2015. The revised case classifications went into effect on January 1, 2016.

The other notable accomplishment in 2015 is that CSTE convened a [hepatitis C subcommittee](#) within the Infectious Disease Steering Committee to address concerns of members regarding the complexity of hepatitis C surveillance issues. This subcommittee is new, but already attracting large numbers of members to its monthly calls. One primary area of focus is the development of a position statement to improve data capture on perinatal hepatitis C infection, a growing concern across the country given the number of young women of childbearing age being diagnosed with HCV infection. This group will continue to develop recommendations and guidelines to improve and enhance viral hepatitis surveillance nationwide.

Partnerships: U.S. Centers for Disease Control and Prevention

Action Plan Priority Area: 3

Hepatitis C Association

www.hepcassoc.org | 908-769-8479

Hepatitis C Association was founded in 2002 with a mission to educate and assist the public, both patients and medical providers with information about hepatitis C and linkage to services. Our focus is awareness, education, promotion of organ donation and support for patients and their caregivers. We do this through the use of publications, a toll-free support line, an Internet support community, and programs delivered on-site to clinicians working with people who are infected or at risk for hepatitis C and to the patients themselves. We have developed and continue to deliver patient and provider education and awareness programs.

Most Significant Needs

In spite of the disproportionate prevalence of hepatitis C virus (HCV) infection among drug users, many remain uninformed or misinformed about the virus. Drug treatment programs are important sites of opportunity for providing HCV education to their patients, and many programs do, in fact, offer this education in a variety of formats. Little is known, however, about the level of HCV knowledge among drug treatment program patients, and the extent to which they utilize their programs' HCV education services. Further, although the treatment staff is well equipped to address specific needs of drug users they often lack knowledge about HCV and appropriate tools to impart the needed information to their patients.

Furthermore, although HCV infection is not as easily transmitted through non-injection drug use (NIDU), it may be contracted through shared use of contaminated straws used for sniffing or implements used for smoking drugs. And as drug users who may not have injected drugs may advance to IDU, it is important that those individuals understand the HCV related risks of sharing injection and non-injection paraphernalia.

Regrettably, because drug users' access to and use of medical care is often inadequate, sometimes as a result of the discrimination they experience from physicians and other clinicians, their exposure to accurate HCV information is generally limited. In fact, many drug users are uninformed or misinformed about the mode of transmission of HCV, the existence of pharmacological therapy for HCV infection, the risks of disease progression, ways to prevent this progression (especially abstaining from alcohol), and how to avoid contracting the virus if uninfected. What information they do have is often faulty or exaggerated, sometimes downplaying the seriousness of the infection, or portraying it as a frequently fatal disease.

Organizational Highlights

We serve as advisors to AFIRM and Methadone Anonymous Support, two methadone advocacy organizations. We are members of the National Hepatitis C Advocacy Council (NHCAC), and the National Viral Hepatitis Roundtable (NVHR) where we have served on the Executive and Steering Committees and serve as its Treasurer. We are also a member of the Hepatitis Appropriations Partnership (HAP) and a member of the Hepatitis Advisory Board of the New Jersey State Department of Health.

Viral Hepatitis in Substance Abuse Treatment Centers: Focus on Hepatitis C Program

Our activities to address this problem is education through provision of instructor led presentations for patients in substance abuse treatment centers located throughout the United States with information about hepatitis C, how it affects the liver, how to mitigate adverse consequences and if appropriate how to seek treatment. The program has been presented continuously since 2008. In 2014 and 2015, it was presented at 99 clinics (1,300 patients) and 94 clinics (1,248 patients) respectively. This program is ongoing. Funding to continue the 2014 and 2015 agendas through 2016 is already committed.

Help.4.Hep – National Hepatitis C Helpline

The Help.4.Hep (877-435-7443) national call center offers hepatitis C-specific emotional support, referrals and education to patients, families, caregivers and the public. It provides linkages to care with (opt-in) individualized follow-up. Unique among HCV Hotlines it provides assistance to help callers navigate their own journey through the complexities of screening, testing, treatment decisions, and treatment. The help line is staffed by trained

counselors who have experience dealing with hepatitis C, either as a patient or as a friend or loved one of someone who has had hepatitis C, or a public health professional working on hepatitis C.

Since its launch in 2012, Help.4.Hep has helped more than 4,000 patients and their loved ones with their personal hepatitis C journeys. The peer counselors will handle an estimated 4,000 calls in calendar 2016 from individuals seeking assistance in navigating the complexities of hepatitis C screening, diagnosis, medical evaluation, payment assistance, and treatment. The helpline has a special focus on providing care linkage, payment assistance, and patient navigation by offering callers opt-in follow-up calls, initiated by helpline counselors, to help move them through the continuum of care. Calls average 30 minutes, but each call is tailored to the needs of the caller and may vary in length. The helpline's objective is to move callers through an individualized continuum of care with the following objectives:

- **Not Tested:** Motivate to test; learn result; act on positive result
- **Antibody-HCV+:** Motivate to confirm; learn result; act on positive result
- **PCR Confirmed:** Motivate to access care for evaluation; overcome barriers
- **Treatment:** Motivate for healthcare planning and treatment initiation; adherence; linkage to therapeutic support
- **Health Management:** Support effective healthcare interactions; coach on resiliency

Partnerships: AFIRM, Methadone Anonymous Support, National Hepatitis C Advocacy Council (NHCAC), National Viral Hepatitis Roundtable (NVHR), Hepatitis Appropriations Partnership (HAP), Hepatitis Advisory Board of the New Jersey State Department of Health

Action Plan Priority Areas: 1, 2

National Alliance of State & Territorial AIDS Directors (NASTAD)www.nastad.org | 202-434-8090

National Alliance of State & Territorial AIDS Directors represents public health officials who administer state and territorial HIV and hepatitis prevention and care programs nationwide. Health departments are the foundation of the nation's public health response to the hepatitis epidemics in the United States, and Viral Hepatitis Prevention Coordinators (VHPCs) are front line public health staff charged with coordinating the response to hepatitis to achieve the nation's goals of elimination.

Note: This response contains descriptions of work conducted by state health departments in Alaska, Florida, Idaho, Michigan, Missouri, Nebraska, New York, and Wyoming.

Most Significant Needs

Across the board, health departments consistently report inadequate federal resources for health departments as a barrier to conduct screening, surveillance outreach and other activities necessary to eliminate hepatitis in their jurisdictions and by extension the country.

- *Access to care and treatment:* Health departments continue to experience significant barriers to linkage to care and treatment for people living with hepatitis within their jurisdictions. This is especially true in rural areas of states. The high costs of hepatitis treatment coupled with restrictions based on severity of liver disease in many states and unwillingness of some payers to cover treatment make it difficult for clients to access care for hepatitis.
- *Vaccination:* Health departments report that ensuring timely vaccination and post vaccine serological testing of infants born to hepatitis B infected mothers continues to be a challenge. Further, they report that due to insufficient capacity and resources, they are often unable to provide all necessary hepatitis A and B vaccines to at-risk clients.
- *Screening and diagnosis:* Another ongoing challenge for health departments is insufficient resources to screen for hepatitis B and C, and insufficient access to confirmatory RNA testing following a positive antibody test.
- *Linkage to care and treatment:* Once a person has tested positive for hepatitis B and/or C, many health departments have insufficient capacity to ensure linkage to and scheduling of appointments with specialists. Complicating this is the inadequate number providers who are willing and able to hepatitis C in many locations.

Organizational Highlights

Viral Hepatitis Prevention Coordinators at health departments in Alaska, Florida, Idaho, Michigan, Missouri, Nebraska, New York and Wyoming report the following activities conducted in 2014 and 2015 that demonstrate the greatest advances toward reaching the goals of the Viral Hepatitis Action Plan:

Alaska

- The Alaska Department of Health and Social Services Division of Public Health (DHSS) collaborated with Alaska Native Tribal Health Consortium (ANTHC) and Hepatitis Education Project in Seattle on educational offerings to practitioners through public health conferences, public health nursing meetings, and substance abuse counselor training centers.
- DHSS introduced rapid HCV antibody testing in Anchorage and Fairbanks targeted to high-risk Alaskans, including those accessing syringe services programs. Through these initiatives DHSS tested 1078 clients and found 236 new positives.
- DHSS updated the [Alaska Viral Hepatitis webpage and resource guide](#)
- In 2014 DHSS formed the Hepatitis Advisory Working Group (HAWG) with State of Alaska Program Managers, ANTHC and private practice hepatologists, and supporting agencies in 2014. HAWG members are working toward educating primary care providers in hepatitis C treatment, building a

comprehensive HCV database, and plan to refer all Alaskans living with HCV to further care and treatment.

- The Viral Hepatitis Prevention Coordinator for the State of Alaska met with the staff of Members of Congress, including meeting with Congressman Don Young from Alaska, as well as the Governor's office to educate them about hepatitis C in Alaska.
- DHSS began a pilot project at Alaska State Virology Laboratory, reflexing all positive HCV antibody tests to genotyping at free of charge.

Florida

Over the course of 2014 and 2015, the Viral Hepatitis Prevention Coordinator program at the Florida Department of Health targeted 18-30 year olds at risk for hepatitis B and C. They were offered testing and vaccination as appropriate and linked to support groups where available. They were also linked to case management, care and treatment where available, for example the health department coordinated with a volunteer primary care physician in the Tampa Bay area who utilizes a case manager to link eligible hepatitis C clients to medication through compassionate care programs with the pharmaceutical companies.

Idaho

The Viral Hepatitis Prevention Coordinator Program at the Idaho Department of Health and Welfare conducted a total of 12 free Community Health Screening events in 2014 and 2015 for under- and uninsured individuals. These events included hepatitis education, risk assessment, and testing for anyone having one or more risk factors for hepatitis C.

The VHPC program also conducted training for all new community-based providers and district health personnel, using the course "Integrating Viral Hepatitis Into Your Work."

Michigan

To raise awareness about hepatitis among the general public, specific targeted populations, and community leaders, the Michigan Department of Health and Human Services (MDHHS) conducted a Social Media Awareness Campaign in May of 2014 and 2015. MDHHS placed multiple viral hepatitis informational messages on Facebook (www.facebook.com/michiganhhs) and Twitter (@MDHHS – formerly @MDCH), where MDHHS currently has 9,632 followers. In October 2014, MDHHS ran a statewide Radio Public Service Announcement encouraging baby boomers to get tested for HCV. To execute these activities the VHPC collaborated with the departments communication offices. Also in 2014, VHPC and hepatitis surveillance staff revamped [MDHHS's hepatitis webpage](#).

Throughout 2014 and 2015, the VHPC presented and/or exhibited at a number of statewide conferences, including:

- Presentation on young adults and hepatitis C at the Michigan Epidemiology Conference in East Lansing, MI (May 2014)
- Exhibit table with hepatitis B & C and injection safety information at the Immunization Fall Conferences in Dearborn, MI and East Lansing, MI (Fall 2014)
- Exhibit table with hepatitis C and injection safety information at the World TB Day Conference in Lansing, MI (April 2015)
- Exhibit table with hepatitis C information targeting an audience of legislators and general public at the hepatitis C advocacy day in Lansing, MI (May 2015)
- Exhibit table with hepatitis B and injection safety information targeting an audience of local health department nurses and staff at the Immunization Pink Book Conference in Lansing, MI (June 2015)

In 2014 the VHPC and the Michigan Viral Hepatitis Prevention Workgroup began planning for a statewide viral hepatitis resource guide. Information for the [Michigan Viral Hepatitis Resource Guide and Directory](#) was collected from Fall of 2014 through Summer 2015 and published October 2015.

During the fall of 2014 and 2015, the VHPC hosted HCV Advocate Workshops to train providers. Topics included HCV risk groups, testing and treatment. The audience for these workshops included local health departments, community based organizations, and substance use treatment organizations.

In 2015, the VHPC worked to promote timely diagnosis & linkage to care by providing technical assistance for a pharmacy based point of care HCV testing pilot project. The VHPC collaborated with Mike Klepser and Meijer Pharmacy. VHPC and surveillance staff assisted with proposal writing, reviewed and edited project documentation (patient risk assessment and other patient forms). The pharmacist offers a rapid anti-body test and, if positive, links the individual to a physician for confirmatory testing. This project is ongoing and final numbers have not yet been reported.

In 2015, while working to improve VH Prevention in medical settings, the VHPC and MDHHS colleagues developed a webpage and webinar series on preventing health care associated hepatitis infections (www.michigan.gov/injectionsafety). The webpage includes modules on injection administration, diabetes care and drug diversion.

Missouri

- In December 2014, the VHPC began providing presentations for both youth and adults at the Jefferson City Drug Courts. These presentations are ongoing and occur approximately every other month. More than 200 individuals have been reached through this initiative. In March 2015, the VHPC presented an overview of hepatitis to the Missionary Baptist State Convention of Missouri with more than 100 faith based consumers in attendance.
- Beginning in August 2015 the VHPC has been providing monthly hepatitis/HIV/STD health risk and harm reduction presentations to inmates at the Algoa Correctional Facility Pre-Release, with over 100 inmates attending.
- Approximately every other month the VHPC provides educational presentations to Jefferson City High School Health Education and Risk Reduction (HERR) classes.
- The VHPC participated with the Mid-America Addiction Technology Transfer Center (Mid-America ATTC) to develop the "[HCV Current](#)", a national ATTC Regional Center initiative to increase the knowledge and capacity of medical and behavioral health professionals to treat persons with HCV. The "HCV Current" training may be completed online or scheduled as an in-person training and includes downloadable provider tools and region- specific resources.
- In August 2015 the VHPC was invited to participate in National Association of County and City Health Officials (NACCHO) Hepatitis C Consultation in St Louis. This meeting was comprised of representatives from local health departments from various states, community based organizations, and the Missouri VHPS was the only State Health Department representative present. This was a fact finding meeting on the status of hepatitis and barriers that exist in the continuum of care. The information was gathered by NACCHO representatives to be analyzed and used in future projects.
- In October 2015 the VHPC was invited by the National Alliance of State and Territorial AIDS Directors (NASTAD) to speak at the National Hepatitis Technical Assistance Meeting on the status of Perinatal Hepatitis B in Missouri, the challenges of managing both a perinatal and adult program (two distinct yet similar programs) and the endeavors to integrate the two programs.
- Project ECHO for Hepatitis in Missouri is becoming a reality through the University of Missouri at Columbia. The VHPC has participated in quarterly meetings in 2014-2015 year providing as much data and other information regarding hepatitis C as possible.

Nebraska

- The VHPC at the Nebraska Department of Health and Human Services (NDHHS) successfully completed two pilot testing projects. One was located at a large county jail where 250 people were

tested on entry, on an opt-out basis. The other project was located at a free medical clinic attached to a homeless shelter. The VHPC found that the results were lower for overall positivity than expected and experienced difficulty in linking positive individuals into care and treatment.

New York

- The New York State Department of Health (NYSDOH) lead several activities geared toward raising awareness about viral hepatitis among the general public, specific targeted populations, and/or community leaders. In January 2014, the [NYS Hepatitis C Testing Law](#) went into effect. The law requires the offer of an HCV screening test to all persons born between 1945 and 1965. To inform providers of the new law, the AIDS Institute: 1) issued a "Dear Colleague" letter; 2) developed a "Frequently Asked Questions" document; 3) conducted stakeholder conference calls and in-person meetings; and 4) released a web cast. In April, the NYSDOH AIDS Institute launched a statewide media campaign to raise awareness of the law among providers and consumers. A post card was mailed to providers (i.e., MD, DO, PA and NP) across the state making them aware of the recent law. Materials were developed for providers and consumers including fact sheets, post cards and waiting room posters. Additionally, advertisements were placed in the AARP newsletter, and a short video was created for physician office waiting rooms.
- Throughout 2015, the impact of the HCV testing law was evaluated with respect to the number of persons who are screened for hepatitis C and the number of persons who have accessed care following a positive test. The report was due to the Governor in January 2016.
- NYSDOH conducted several activities to train and increase capacity of health care providers to prevent, diagnose, and treat viral hepatitis. Since 2010, the NYSDOH AIDS Institute has funded primary care settings to integrate HCV care and treatment. In 2015, a second round of funding was awarded to 15 primary care sites statewide to improve linkage and access to HCV care and treatment. Each funded provider is expected to implement evidence-based strategies for linkage to care, treatment adherence and supportive services; and by providing HCV care and treatment utilizing a multidisciplinary care team approach in a primary care setting. Each program will employ a Linkage to Care Specialist to ensure timely linkage to HCV care.
- Throughout 2014 and 2015, the AIDS Institute continued drafting clinical guidelines for the treatment and management of patients with HCV (monoinfected), directed toward primary care practitioners. The goals of this document are to address the new treatment modalities and to provide practitioners in New York with the guidance necessary to manage and treat HCV patients, as these transformative new treatments for HCV will greatly expand the number of patients in New York State who can be treated successfully. The HCV guidelines will contain sections on epidemiology and natural history of the disease; screening, diagnosis and pretreatment management; a treatment table organized by genotype containing the recommended therapeutic regimens and duration of treatment, accompanied by in depth discussion of the treatment options for patients with chronic HCV infection; a section on drug interactions; post treatment patient management; and appendices containing references and a summary of clinical trials. In addition, a document '[Defining the Experienced Hepatitis C Provider](#)' has been developed and was posted and widely disseminated in June, 2015.

Developing strategies to promote timely viral hepatitis diagnosis and linkage to care

- The [NYS Hepatitis C Screening Program](#) began in April 2012. The program provides HCV rapid antibody test kits and controls to programs serving at-risk populations. Additional support is available for onsite HCV RNA testing. Individuals screened for HCV are provided appropriate counseling messages and receive referrals for HCV diagnostic testing, medical care, and treatment. A total of 42 LHD STD clinics, SEPs, jails, CHC and AIDS service organizations are enrolled in the program. Fifteen of these programs are providing onsite HCV RNA testing. Each agency must show

proof of a linkage agreement with a provider that at a minimum can provide HCV PCR testing. Agencies must submit aggregate data and client level data monthly. The target population includes those individuals determined by CDC to be at risk for HCV, including persons born between 1945 and 65. From 2012 through March 2015, 9,780 HCV rapid tests were conducted with a positivity rate of 11.16%.

- The 2015 NYSDOH Laboratory Guidelines now require laboratories to report negative HCV RNA test results. Previously, labs were only required to report positive HCV RNA test results. Labs will continue to be required to report all positive HCV screening (antibody) test results. Negative HCV RNA test results will help to: identify patients who have had a positive HCV screening test, but never received an HCV RNA test and identify patients who have been linked to HCV care and on HCV treatment.
- In November 2015, a Dear Colleague letter promoting HCV reflex testing was sent statewide to clinicians and lab directors. The purpose of this letter is to provide information on HCV reflex testing as a method for ensuring timely HCV diagnosis and linkage to care. Also, a new web page with additional resources regarding [HCV reflex testing](#) was added to the NYSDOH hepatitis web site.

Reaching people who inject drugs with viral hepatitis information and services

- New York State's 24 syringe exchange programs (SEPs) offer and conduct HIV/HCV screening and testing on-site or via referral to a collaborating medical provider. SEP staff make active referrals, including linkage and navigation to care and treatment. To date, 13 of the 24 SEPs are enrolled in the NYS Hepatitis C Screening Program. These SEPs offer free HCV antibody screening. For clients with a reactive test result, efforts are made to link these individuals to care. Among these SEPs, the estimated HCV reactivity rate is 22% ranging from 4% to 43%. Syringe Exchange Programs provide counseling and education to clients on HIV, HCV and safer injection practices including using a new, sterile syringe for each injection and never sharing "works" (cottons, bottle caps, water) to avoid transmission or acquisition of HIV/HCV. At every encounter at a syringe exchange program, clients are offered as many harm reduction supplies as they need to not share or reuse any injection equipment or supplies.
- The AIDS Institute provided additional funding to 18 SEP programs in 2015 to target and reach young injection drug users, the population most affected by the new heroin epidemic. The intent is to reach young users to provide education, counseling and age appropriate services to prevent new HIV and HCV infections in this demographic. The AIDS Institute is providing expansion funding for contract year 2015-16 to six syringe exchange programs to expand HIV/HCV prevention services in underserved areas in NYS including Sullivan, Ulster, Niagara, Oswego, Columbia, Greene, Nassau, and Chenango Counties.
- The AIDS institute provided funding to the Harm Reduction Coalition to develop a series of [five short video clips](#) targeting young people who inject drugs. The five areas covered in the videos are: Hepatitis C prevention, Overdose prevention, Safer Injecting, Syringe Exchange Programs and Peer Delivered Syringe Exchange.

Developing strategies to foster stakeholder collaboration and sustainable programs

- Beginning in August 2015, the AIDS Institute provided funding to Voices of Community Activists and Leaders (VOCAL-NY) to establish regional hepatitis C coalitions throughout New York State to strengthen community-level response to the HCV epidemic by facilitating community input on priorities for HCV planning and policy development. This will be achieved by: 1) convening regional coalition meetings where the HCV community can develop the knowledge, skills, abilities and strategies to raise awareness of the issues associated with HCV and to be able to communicate them effectively; 2) fostering communication and information sharing among state, local and community stakeholders; 3) develop a better understanding of the accessibility and availability of

HCV prevention, screening, care and treatment services in NYS; 4) examining specific issues in relation to HCV needs, resources, programs and policies; and 5) exploring the resources necessary to deliver comprehensive HCV prevention, screening, care and treatment services for all persons living with HCV in NYS.

- The NYSDOH Bureau of Immunization administers the Perinatal Hepatitis B Prevention Program (PHBPP) with funds obtained from a cooperative agreement with the Centers for Disease Control and Prevention (CDC). The program is a collaborative effort between the CDC, NYSDOH, fifty-seven county health departments (outside of New York City), laboratories, birthing hospitals state-wide, community medical providers, and clients. There are 106 hospitals enrolled in the PHBPP. The program goals and activities are consistent with CDC recommendations and NYS Public Health Law Section 2500-e. The primary goal of the PHBPP is to identify all pregnant women who are infected with hepatitis B and prevent perinatal transmission of the virus to their infants. The PHBPP activities include, screening all women during every pregnancy for HBsAg and recording the test result prominently in the pregnant woman's medical record; case managing all HBsAg-positive mothers and their infants to assure post exposure immune-prophylaxis, completion of hepatitis B vaccine series, and post-vaccine serologic testing; and the adoption, by all birthing hospitals, of CDC recommendations for post exposure immune-prophylaxis for infants born to HBsAg infected mothers and mothers with unknown hepatitis B status as well as the universal birth dose of hepatitis B vaccine. Household, sexual and needle-sharing contacts of the women are also screened and vaccinated, if susceptible.
- Since 1995, the Bureau of Immunization has provided hepatitis A, hepatitis B and combination hepatitis A and B vaccine to local health departments for high-risk adults seeking services in all high-risk settings including STD, HIV and adult immunization clinics. This program, formerly known as the Adult Hepatitis Vaccination Program, was expanded to include additional adult vaccines in 2015 and rebranded as the Vaccines for Adults Program (VFA). The VFA program currently has one hundred and thirty four programs actively enrolled. These programs include seventy three STD/HIV Treatment Centers, twenty seven Department of Corrections or County jails sites, eleven methadone treatment centers, eight addiction treatment centers, nine community health centers, twenty five federally qualified health care centers, and thirty two migrant health centers. In 2014 and 2015, 2,239 doses of hepatitis A vaccine, 2,663 doses of hepatitis B vaccine, and 7,331 doses of combination hepatitis A/B vaccine were administered to uninsured and underinsured adults at VFA sites.
- Training LHDs on investigation strategies, case management and harm reduction principles: Local Health Departments (LHDs) investigate every case of acute viral hepatitis, and attempt to investigate all cases of chronic hepatitis B and C. Through regional in-person workshops and phone consultation, NYSDOH provided training to LHDs regarding investigation strategies, case follow-up and classification, and principles of harm reduction.
- NYSDOH promoted accurate and timely viral hepatitis diagnosis through reflex NAT testing by educating providers about the benefits of ordering such tests (i.e., eliminating the need to send a second sample).
- In addition to mandatory laboratory reporting of positive HCV test results, NYSDOH also made mandatory reporting of negative NAT results and all positive antibody test results, including those with low signal-to-cutoff ratio. NYSDOH modified its electronic surveillance systems to incorporate these new test results and to automatically update case investigations with these data.
- Beginning January 1, 2014, NYS required that a hepatitis C screening test must be offered to every person born during 1945-1965 and receiving health services as an inpatient of a hospital or receiving primary care services. If the screening test is reactive, the provider must offer or refer the patient to follow-up health care.

- NYSDOH performs regular review of hepatitis B records to identify cases of hepatitis B among women of childbearing age. Such cases are flagged for follow-up regarding pregnancy status.
- NYSDOH further engages community stakeholder groups by providing hepatitis surveillance data to these groups, specific to their populations and interests.

Wyoming

- The Wyoming Department of Health (WDH) Communicable Disease Unit's (CDU) social marketing campaign Knowyo.org, provides access for free or low cost testing at more than 40 clinics across the state. From January 1 through November 30th, 2015, the Knowyo.org campaign provided 1,066 antibody tests with a positivity of 7% and since June, 2015 has provided RNA tests for all antibody reactive persons. This effort works to meet the goal of increasing the proportion of persons aware of their viral hepatitis C status in the Viral Hepatitis Action Plan.
- The Communicable Disease Unit has also worked to increase the number of providers who will treat viral hepatitis C infection by utilizing Project ECHO. Approximately 12 Wyoming providers are utilizing or have used Project ECHO in various capacities to treat hepatitis C. This effort aligns with goal 2.3 in the Viral Hepatitis Action Plan.
- The WDH CDU conducts surveillance on viral hepatitis B and C as all related positive tests are reportable by statute. The CDU conducts enhanced surveillance on viral hepatitis C cases under the age of 36 to obtain risk factors, needle sharing partners (if applicable), discuss prevention methods with the patient, and link into care. The CDU also conducts enhanced surveillance on all viral hepatitis B cases (goal 3.1).
- The WDH CDU in combination with the WDH Immunizations Program, receives state funding to provide hepatitis A and B vaccinations to adults who have not been vaccinated, concentrating efforts in the Wyoming Department of Corrections facilities, public health nursing facilities, and federally qualified health centers (goal 4.2).
- The CDU recently added a requirement to indicate risks before receiving a voucher through the knowyo.org program. Approximately 1% of those redeeming a voucher for testing (includes testing for STDs, viral hepatitis B and C, and HIV) indicated they have or currently inject drugs. This data will be used as a baseline to determine if CDU's increased efforts are reaching current and/or past IV drug users.

Action Plan Priority Areas: 1, 2, 3, 4, 5

National Association of County and City Health Officials (NACCHO)

www.naccho.org | 202-783-5550

National Association of County and City Health Officials is the voice of approximately 2,800 local health departments across the country. These city, county, metropolitan, district, and tribal departments work every day to protect and promote health and well-being for all people in their communities.

Most Significant Needs

Local health departments face little to no designated funding to address viral hepatitis, a very limited surveillance infrastructure, lack of staff capacity, and overwhelming disease burdens. Many local health departments reported that they were unaware of or had never engaged with their state viral hepatitis prevention coordinator, and were unfamiliar with other sources of information and support.

Organizational Highlights

To help meet the needs of local health departments and increase their capacity to respond to viral hepatitis, NACCHO has undertaken a number of activities, which are highlighted below:

Local Health Departments and Hepatitis C: An Education Series by NACCHO

To increase local health department awareness and knowledge of hepatitis C virus (HCV) diagnosis and linkage to care strategies, policies, and best practices, NACCHO launched an [online educational series](#) on May 1, 2015. The first module in the series, titled “Hepatitis C Virus: An Overview and Introduction to the Role of Local Health Departments,” includes four webcasts (i.e., pre-recorded lectures) that address the following topics: the epidemiology of hepatitis C in the United States, advances in treatment for hepatitis C, hepatitis C testing recommendations, and our domestic response to hepatitis. A second module for the educational series is under development. The module will focus on strategies to increase HCV diagnosis and linkage to care, and will highlight best practices from local health departments across the country. It will be available by June 30, 2016.

The Role of Local Health Departments across the Hepatitis C Virus Continuum of Care: A NACCHO Consultation

In August 2015, NACCHO convened a stakeholder consultation with 20 local health department representatives from across the country. The meeting aimed to assess the current landscape for local health departments as it relates to HCV, identify the various roles and responsibilities of local health departments across the HCV care and treatment continuum, discuss existing partnerships and new opportunities for local health departments to work with their healthcare and community partners, and gather information on educational and resource needs to support local health department efforts to increase HCV testing and linkage to care.

Public Health Detailing Kit for Hepatitis C

To increase healthcare provider capacity to prevent, diagnose, and treat hepatitis C, NACCHO is working to develop a public health detailing kit for use by local health departments with providers in their community. The detailing kit, which will be available by June 30, 2016, will be available online and will include a number of tools and resources that local health departments can customize and compile to meet their local needs.

HCV Testing and Linkage to Care Workgroup.

To provide guidance and input on its HCV-related programmatic work, NACCHO formed a workgroup composed of 14 local health department staff. Workgroup members represent local health departments that are leading efforts to respond to HCV and individuals that are dedicated to expanding and improving efforts at the local level.

Healthcare-Associated Infections

NACCHO is strengthening the capacity of local health departments to prevent healthcare-associated infections (HAIs) by providing technical assistance to demonstration sites in DuPage County (IL), the Florida Department of Health in Orange County, and the Philadelphia Department of Public Health (PA).

Immunization

NACCHO's Immunization program provides support, capacity building assistance, and leadership to strengthen the ability of local health department immunization programs and their partners to prevent and control vaccine-preventable disease, including hepatitis A and B. NACCHO does this by 1) increasing the number of national policies, guidance documents, and decisions related to immunization that are informed by local health department input; 2) providing the local health department perspective during national policy and programmatic discussions; 3) collecting, organizing, and disseminating immunization-related recommendations, evidence-based strategies, tools, and resources; and 4) evaluating selected model practices and tools for accessibility, utility, and impact.

Policy and Advocacy

In 2014 and 2015, NACCHO updated two hepatitis-related policy statements to incorporate the most up-to-date knowledge and information: Viral hepatitis prevention, which calls for increased funding and support for local health department viral hepatitis programs, and syringe services program, which supports a comprehensive and evidence-based approach to syringe services programs. Additionally, in 2014 and 2015, NACCHO signed onto the following viral hepatitis-related letters to Congress and the Administration: 1) Joint Formal Request for a National Coverage Determination for Screening for Hepatitis B Virus Infection Among High Risk Individual, 2) Joint Letter to President Obama on Adequately Funding Domestic HIV Programs in the FY2016 Budget, 3) Joint Formal Request to the Office of Management and Budget for the Division of Viral Hepatitis in the FY2017 Budget.

Action Plan Priority Areas: 1, 2, 3, 4, 6

Community Providers (Medical and Behavioral Health)

Alameda Health Consortium (AHC)

www.alamedahealthconsortium.org | 510-297-0239

Alameda Health Consortium is the regional association of federally-qualified health centers in Alameda County, California. We are made up of eight FQHCs (testing initiatives in place at each are identified in parentheses): Axis Community Health, Asian Health Services (HIV, HBV, HCV), La Clínica de la Raza (HIV, HCV), LifeLong Medical Care (HIV, HCV), Native American Health Center, Tiburcio Vasquez Health Center (HIV), Tri-City Health Center (HIV, HCV), West Oakland Health Council. Alameda Health Consortium supports our member health centers with increasing access to comprehensive health care in our community through advocacy, program coordination, and technical assistance.

Organizational Highlights

- In 2014, AHC supported Asian Health Services to implement universal HBV screening and systems for evaluation and follow-up. In 2015, with the same funding source, we began building capacity for HCV treatment and also started HCV testing pilots at LifeLong Medical Care, Asian Health Services, La Clínica and Tri-City Health Center.

Capacity building activities

- Clinic staff/provider trainings on HCV testing and linkage to care (April-May 2015)
- Training and mentorship for primary care providers to evaluate and treat chronic hepatitis C (June-December 2015; ongoing in 2016)
- Hiring of HCV coordinators to help track linkage to care for patients with positive antibody tests and confirmatory RNA tests (varies by site; mid-late 2015)
- Technical assistance for building tracking systems for HCV population management (ongoing, starting in Spring 2015)
- Peer learning among health centers on addressing challenges and adopting best practices (ongoing, quarterly and via e-mail)
- Coordinating with other testing and treating agencies on fostering more effective processes for linkage to care between agencies (fall 2015 – present)
- Development of HCV Quality Improvement (QI) metrics and mechanisms for feedback on outcomes measures (ongoing)
- In 2016, five health centers are fully scaling up HCV testing and linkage to care. Additionally, a second health center is adopting an HBV testing pilot.

Related data and planned data analyses

- In 2014, Asian Health Services performed 3,421 HBV tests and identified 126 people with infection (sAg+); in 2015, they performed 4,376 tests and identified 259 people with infection (sAg+). This represents a 6% HBV positivity rate in 2015.
- In 2015, our clinic sites collectively performed 7,814 HCV antibody tests, identifying 463 people with Ab+ results (6%). Approximately 72% of those with positive confirmatory RNA results have been linked to care as of January 2016.
- As of January 2016: we have at least 16 primary care providers now treating hepatitis C across Alameda County and parts of Contra Costa County. At least 91 patients are currently on treatment or have completed treatment at our health centers since January 2015.
- In general, we have seen dramatic increases both in the number of providers treating HCV at our health centers and the number of chronically-infected patients initiating treatment for HCV. Our main concern now is building and sustaining our linkage and treatment capacity beyond the duration of our current private funding.
- We are in the process of analyzing the demographics of our tested and positive populations.

Partnerships: LifeLong Medical Care, Asian Health Services, La Clínica, and Tri-City Health Center

Action Plan Priority Areas: 1, 2

Asian Services in Action, Inc.

www.asiaohio.org | 216-881-0330

Asian Services in Action, Inc. is a private, nonprofit 501(c)(3) organization with a mission to empower and advocate for Asian Americans and Pacific Islanders (AAPIs) and to provide AAPIs with quality linguistically and culturally relevant programs and services. Our organization includes two offices in Akron and Cleveland, and a primary health care clinic, the International Community Health Center (IHC).

Organizational Highlights

We received a mini-grant from the Hepatitis B Foundation for Hep B United coalition partners to do education, outreach and screenings through our Community Health Outreach Workers (CHOWs) at community/cultural-based events in the Greater Cleveland Area, and to link individuals to care if needed. The grant period was from June 1st, 2014 to May 30th, 2015. For our first event, we partnered with Case Western Reserve University’s Asian Pacific American Medical Student Association to put on a presentation targeted to bilingual community leaders and medical students so that they can better inform their respective communities. Dr. Prakesh Ganesh and Dr. Adithi Naidu provided a presentation adapted from materials by the Asian Liver Center to 30 participants. Our Chinese, Burmese, Karen and Bhutanese CHOWs at this initial event would go on to work with our program coordinator to adapt the presentation into a smaller, simplified form to present to the local community. Five small community educational events were presented to 67 participants during the duration of the grant period.

Hepatitis B screenings were done at three community events and two clinic days at IHC. The community events were a Men’s Health Day and a Women’s Health Day that we coordinated during Minority Health Month, and the Cleveland Asian Festival. A total of 65 individuals were screened across the five events. Also as a part of our grant, we provided follow-ups through our clinic, IHC, for those needing vaccinations or were infected.

Our organization works with a lot of refugees, particularly the Burmese, Karen and Bhutanese populations. Originally we had focused on the refugees for Hepatitis B education and screening, but we eventually learned that they should have been vaccinated when they first entered the country through their initial health screening. We thought this was a part of the reason many did not come for Hepatitis B screenings until we paired it with other screenings such as blood pressure and BMI. However, as we got more results in, we realized that a lot of them were actually not vaccinated. We are unsure about why this was the case, but we theorize that it might be due to the Hepatitis B vaccination being a three-shot series over a course of six months and they may be failing to come back for those follow up shots. This knowledge has helped inform us to pay attention to Hepatitis B vaccination as our clinic has now been contracted by the Ohio Department of Job and Family Services to do refugee health screenings.

Results Breakdown (also see table, right)

- # of Individuals Screened: 65
- # of People Educated/Outreached: 90
- % Infected: 3.1% (2/65)
- % Protected: 46.2% (30/65)
- % Needing Vaccine: 43.1% (28/65)
- % Unclear Results, Need to Be Screened Again: 7.7% (5/65)
- % of Infected Individuals Linked to Care: 50% (1/2)

Gender	Ethnicity	Age	Country of Birth
Male: 25	Korean: 12	<18: 2	Burma: 12
Female: 40	Bhutanese: 27	18-24: 1	Bhutan: 25
	Chinese: 18	25-34: 6	Nepal: 2
	Vietnamese: 2	35-44: 11	China: 11
	Indian: 2	45-54: 18	Hong Kong: 3
	African	55-64: 20	Taiwan: 1
	American: 4	65-75: 3	Vietnam: 4
		>75: 4	United States: 6
			India: 2

Online Resources

[Asian Liver Center](#), [U.S. Committee for Refugees and Immigrants](#), [Hepatitis B Foundation](#)

Partnerships: Case Western Reserve University’s Asian Pacific American Medical Student Association, Ohio Department of Job and Family Services

Action Plan Priority Areas: 2, 3

Borinquen Medical Centers [FQHC]

www.borinquenhealth.org | 305-552-1201

Borinquen Medical Centers of Miami-Dade, a nonprofit federally qualified health center, with over 7 locations, provides a comprehensive range of health and social services to the culturally diverse community in Miami-Dade County. These include the underserved such as low-income individuals, homeless, substance users, men who have sex with men (MSM), blacks and Hispanics. Our quality services are accessible to all people throughout the County with a multi-discipline approach.

Organizational highlights

Increasing awareness

- Rapid HIV and hepatitis testing in high-risk inner cities, Gay club, elementary, high schools and colleges
- Participating in multiple health fairs and church events
- Writing educational and prevention articles in the local newspaper about HIV, hepatitis, and mental health conditions
- Going into high-risk areas to provide HIV and hepatitis education, condoms and substance abuse services
- Providing prevention and risk reduction education and counseling known as Comprehensive Risk Counseling Services (CRCS)
- Diagnosing and treating mental and behavioral health issues
- Promoting educational material in waiting rooms
- Brief lunch lectures for patients who are positive for HIV or hepatitis, Lunch and Learn
- Providing Hepatitis A and B vaccines and flu shots
- Observing awareness days like World Aids Day, National Black HIV Awareness Day, Depression Screening Day

Increasing testing and linkage to care

Like HIV, access to hepatitis treatment and compliance is crucial and challenging. Hepatitis treatment, a combination therapy of pegylated interferon and ribavirin is expensive and not covered by some insurance companies. Borinquen's collaborates with the Florida Department of Health, patient assistance programs, and several residential facilities to help patients get access to hepatitis vaccinations and treatment.

Borinquen's staff knowledge and expertise increase the effectiveness of the center and improve overall community health. Our providers and staff are trained and participate in on-going education seminars to stay up-to-date with HIV and hepatitis information, practices and safety. Staff, depending on credentials, participates in a variety of in classroom trainings at The Florida Department of Health and In-house lectures provided by Hepatitis or HIV specialists. The mental health counselors participate in additional online training provided by SAMHSA or Hepatitis C Online. All trainings address the current data, diagnosis, treatment, monitoring, prevention and management of hepatitis C and HIV. They also help minimize unsafe practices and infection control.

Borinquen supports the National Action Plan for Prevention, Care and Treatment of Hepatitis and HIV with the aim of raising awareness, services and ensuring those at high risk to obtain treatment and care. Borinquen and its staff are committed to work and look for new ways to support and improve healthy

Partnerships: Florida Department of Health

Action Plan Priority Areas: 1, 4, 6

Boston Health Care for the Homeless Program (BHCHP) [FQHC]www.bhchp.org | 857-654-1000

Boston Health Care for the Homeless Program, founded in 1985, is a federally-qualified health center in downtown Boston serving 12,000 homeless or marginally housed patients a year across 60 sites. BHCHP delivers care at shelter-based clinics, family shelters, motels, on the street, at its main site, Jean Yawkey Place, a Level III accredited Patient-Centered Medical Home (PCMH), as well as at the Barbara McInnis House Medical Respite Center.

Organizational Highlights

Prevalence of hepatitis C (HCV) at BHCHP is 23% based on a [review](#) of Medicaid claims data in 2012. Over the past four years, with support from a Ryan White Special Projects of National Significance grant, the Kraft Center for Community Health, the BHCHP administration and Board of Directors, a team of BHCHP staff has sought to greatly scale up our program's response to HCV infection. These efforts have included sustained commitment to HCV testing, a needs assessment survey of HCV-infected patients, enhanced HCV education for staff, integration of HCV decision tools and protocols into the electronic medical record, establishment of a comprehensive HCV treatment team, and collaboration with other HCV clinical and advocacy groups.

HCV testing and treatment

BHCHP, in long-standing recognition of the high prevalence of HCV in its patient population, has recommended routine HCV screening for many years. Testing is conducted in routine primary care visits as well as through our HIV Counseling and Testing (HIVCT) team, funded through the MA Department of Public Health. HIVCT counselors test clients at BHCHP sites as well as at an extensive network of drug treatment programs.

From January 1, 2014 to December 31, 2015, 831 positive HCV antibody tests were resulted throughout the BHCHP program across primary care (418) and HIVCT testing (413) sites. A unified medical record allows the outreach sites and primary care sites to review testing results then link to confirmatory viral load testing and follow-up care as efficiently as possible.

Despite the high prevalence of HCV infection and ongoing incidence, access to treatment has been low, historically. An assessment of HCV-infected patients at BHCHP from 2005-2009 showed that only 3.7% of that sample had ever started HCV treatment (Ard K, Kim A, Bharel M. *Quality of Hepatitis C Care among Homeless and Marginally-Housed Patients in Boston. 2011*). Treatment at that time was highly toxic, of long duration, and only available through GI departments at collaborating hospitals where 6 months' sobriety was generally required. These barriers are not unique to BHCHP, and have been [well described](#), but were most certainly impediments for our transient patient population that suffers from high rates of comorbid mental illness and substance use disorders. Despite these barriers, Ard et al. (2011) described high rates of HAV and HBV vaccination (85.7% and 85.8%, respectively) as well as a high rate of confirmatory HCV viral load testing (83.5%), speaking to some degree of engagement at the primary care level.

In anticipation of the availability of shorter, more effective and more tolerable HCV therapies, BHCHP conducted a patient needs assessment survey over three months between 2013 and 2014. The survey of 240 HCV-infected patients at BHCHP showed high levels of interest (86.5%) and confidence (74.2%) in undertaking HCV treatment. The majority of respondents (51.4%) identified the primary care settings as their preferred location to receive HCV treatment. This was significantly preferred to the liver specialist's office ($p < .0001$) (data submitted for publication).

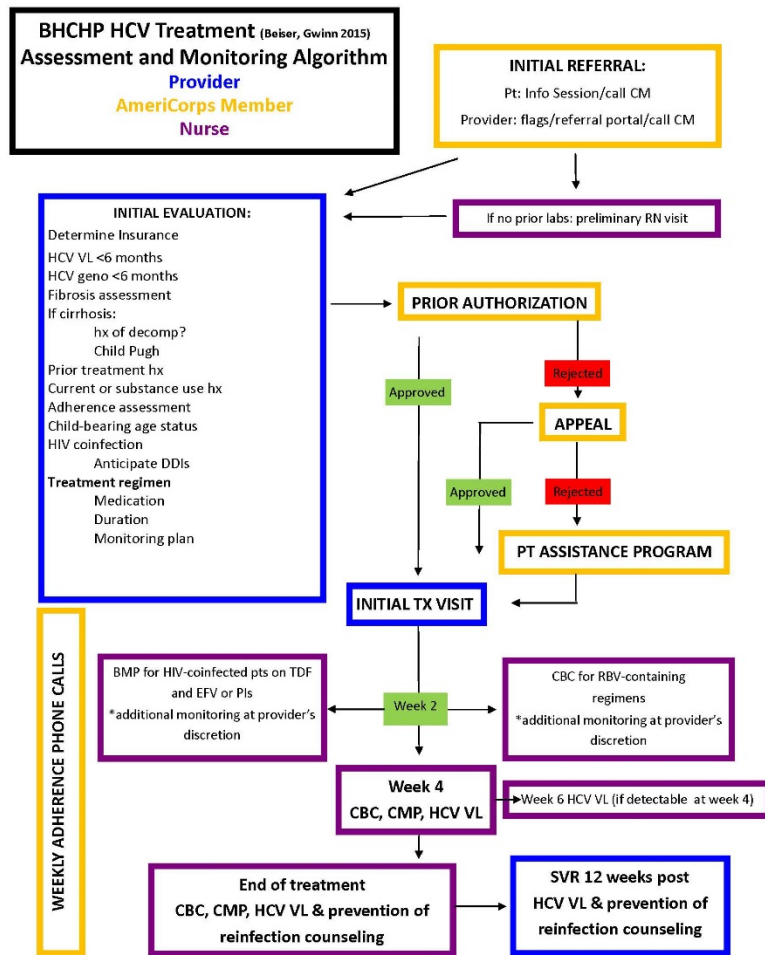
Clinical standards development

Concurrent with the needs assessment survey, BHCHP updated its Clinical Standard for HCV care. Two protocol documents, a quick reference guide and a supporting summary, guide primary care providers (PCPs) at Boston Health Care for the Homeless around HCV diagnosis and evaluation, fibrosis assessment, enhanced monitoring for patients with cirrhosis, highlights for patient education, and considerations for treatment. The quick reference is available as a link embedded within the patient's electronic medical record (EMR) and the summary is available through the BHCHP Clinical Standards Manual. At periodic junctures these standards were reviewed

and discussed at clinical and general staff meetings. BHCHP also hosted Grand Rounds educational series on HCV by local experts, including Dr. Camilla Graham and Dr. Arthur Kim.

The EMR, Centricity Logician, was augmented significantly in 2014 to provide primary care clinicians and the HCV Consult Service with better tools to screen and evaluate HCV infection, assess fibrosis staging, implement appropriate enhanced screening for patients with cirrhosis, and monitor patients through the course of HCV treatment. Most notably, this included a FIB-4 index calculator within the patient note to assess for advanced fibrosis (F3-F4). If F3-F4 fibrosis is suspected using this measure, the EMR prompts the clinician to implement screening for liver cancer and esophageal varices, based on AASLD guidelines. With increasing availability of other methods to assess fibrosis, including the FibroScan, the EMR was updated again in 2015 to allow for entry of these findings.

Awareness of our high HCV prevalence, findings from the needs assessment survey, patients' past lack of access to treatment, and the advent of new, effective therapies for HCV motivated BHCHP to implement an HCV treatment team in January 2014. The HCV team, in accordance with BHCHP's principles of respect, compassion, teamwork and integrity, utilizes a non-judgmental, affirming approach to afford access to this specialized treatment within the health center framework. Coordination with the other BHCHP services in which our patients are engaged (namely primary care teams, behavioral health, OBOT, and the Barbara McInnis House medical respite center) enhances our ability to reach and support marginalized patients with comorbid mental illness, substance use disorders, and those without stable locations or means of contact.



The Treatment, Assessment, and Monitoring algorithm (left), describes the process of evaluation and monitoring through HCV treatment. The BHCHP HCV team operates out of our PCMH site at Jean Yawkey Place. It is made up of PCPs with expertise in HCV care and treatment: a nurse practitioner (Director), 0.25 FTE; two doctors, 0.1-0.2 FTE; a nurse, 0.5 FTE; and a care coordinator, 1.0 FTE. An infectious disease specialist and liver specialist are available for consultation and our team is able to access a FibroScan machine at Boston University Medical Center located across the street from our clinic.

The nurse and care coordinator are integral members of our team and provide a myriad of services that enable our team to treat vulnerable patients. The care coordinator conducts outreach and education at shelter and drug treatment sites, manages referrals from patients and clinical staff, provides appointment reminders, accompanies patients to FibroScan appointments, supports patients undergoing treatment with weekly phone calls or visits, leads insurance navigation, and tracks all

patients entering the program. The nurse provides initial teaching, orders preliminary lab evaluations, and begins assessing the patient for readiness to adhere to HCV treatment. While a patient is on treatment, the nurse is the primary contact for refills, lab follow-up, and support around side effects. Many of our shelter or street dwelling patients undergoing HCV treatment choose to see the nurse weekly, and sometimes daily, for medication boxes and adherence support to prevent loss of medications in these unstable situations. The nurse and care coordinator educate patients throughout the treatment course on the risk for reinfection. The nurse and care coordinator manage an average of 25-30 patients on treatment at a time.

The providers on the team assess the patient's HCV labs, fibrosis stage and readiness to adhere to the regimen, and further recommend and prescribe treatment. Preference is for the most efficacious regimen with the lowest pill burden and lowest potential toxicity. Active substance use is not a contraindication for treatment, but patients must demonstrate motivation to adhere to appointments and medications as well as be able to describe a plan to prevent reinfection in the future.

To date, our program has seen and evaluated 307 patients for HCV treatment. We have treated 137 patients. Of those who have reached date for SVR testing, 70/73 (95.8%) achieved SVR. One patient interrupted treatment in week 6 in the setting of relapse and two patients were reinfected after SVR. We have not had to defer treatment for any patient for longer than a year due to insurance barriers.

Additionally, the BHCHP HCV team engages with community, state and federal groups to learn and share best practices and advocate for HCV care and treatment in vulnerable populations.

In conclusion, since 2014 BHCHP has undertaken several comprehensive efforts to improve HCV care and access to treatment for its patients. By strengthening patient and provider education, integrating guidance and tools into the EMR, collaborating with community stakeholders, and providing curative HCV treatment within the PCMH framework, we hope to significantly impact the high prevalence of HCV in our patient population.

Partnerships: National Viral Hepatitis Roundtable, the National Health Care for the Homeless Council, the Massachusetts League of Community Health Centers, the Massachusetts Viral Hepatitis Committee, the Massachusetts Viral Hepatitis Coalition

Action Plan Priority Areas: 1, 2, 3, 4

Charles B. Wang Community Health Center (CBWCHC) [FQHC]www.cbwchc.org | 212-379-6988

The Charles B. Wang Community Health Center is an FQHC in New York, NY. The mission of CBWCHC is to eliminate disparities in health, improve health status and expand access to the medically underserved with a focus on Asian-Americans. The Hepatitis B team is led by Dr. Perry Pong, the Chief Medical Officer.

Most Significant Needs

We continue to have persistent prevalence (approximately 13%) of CHB in our adult population, despite the national decrease in chronic hepatitis B prevalence. Many of our patients that require medication for treatment of CHB have no or inadequate health insurance coverage. Approximately 88% of our patients prefer to be serviced in a language other than English. Our patients often lack the health literacy and knowledge needed to care for their health.

Organizational Highlights

Raising awareness about viral hepatitis among the general public, specific targeted populations, and/or community leaders

- CBWCHC is actively involved in the NYC Hep B Coalition (under the direction of the New York City Department of Health and Mental Hygiene) and Team HBV NYC (a student-led hepatitis B outreach coalition). The Hepatitis B Program Director and staff meets regularly with other providers in the community (Bellevue Hospital, NYU Medical Center, Mt. Sinai Hospital, New York Presbyterian - Lower Manhattan Hospital and local and national GI specialists) to increase CHB education, awareness, screening and management.
- In 2014, CBWCHC presented an abstract “Chronic Hepatitis B Infection at Charles B. Wang Community Health Center, New York City, 2013” at the American Public Health Association annual meeting. In 2013, of 24,628 active adult patients, 3,219 had CHB infection. CBWCHC’s prevalence of CHB of 13% (1 in 8 patients) is more than 10 times the estimated NYC prevalence (1.2%) and up to 43 times the U.S. rate (0.3-0.5%).
- In 2015, CBWCHC presented an abstract “Evaluation of CHB Treatment and Assessment of Chronic Hepatitis B Care at an Asian Community Health Center in New York City, 2012” to the annual American Association on the Study of Liver Diseases. CBWCHC has a comparable or slightly higher, AASLD-criteria treatment initiation rate for eligible patients compared to other studies conducted at the community level in the United States. CBWCHC report high rates of CHB co-infection testing and HCC surveillance care compared to other published community studies. Significantly, primary care providers at CBWCHC directly manage CHB care for the vast majority of patients and liver biopsy rates remain very low in this population.
- CBWCHC hosts health fairs in August as part of Good Health Day. The Hep B team provides education and flyers to participants on CHB and distributes Hep B screening coupons to provide free Hep B screening.
- During the 2014 reporting period, CBWCHC screened a total of 7,713 patients at all its sites for hep B. CBWCHC conducted community hep B screenings in Manhattan and Flushing on May 18th in recognition of National Hepatitis Testing Day (May 19th). A total of 32 community members were screened at these events. CBWCHC partnered with Korean Community Services and American Cancer Society to provide hep B education and screening at SK (formally Sunkyong Group - the third largest conglomerate in South Korea composed of over 60 companies). On Good Health Day in August, 31 community members were screened for hep B (4 in Manhattan and 27 in Flushing).
- In 2015, 73 community members were screened for hepatitis B, with 15 (20.5%) testing positive for CHB, and 15 (20.5%) susceptible to hep B. These prevalence rates continue to be much higher than the national CHB prevalence rate.

- February 21, 2015: hepatitis B program staff, along with more than 100 volunteers, marched for the first time in the Flushing Lunar New Year Parade to increase awareness on Hepatitis B.
- March 2, 2015: The hepatitis B program director participated in a webinar on “Strategies in Implementing USPSTF Screening Recommendations.” Dr. Vivian Huang gave a presentation on the Hepatitis B program at the Charles B. Wang Community Health Center. The webinar was sponsored by the Association of Asian Pacific Community Health Organizations, a national association of 35 member health organizations that serve Asian Americans, Native Hawaiians, and other Pacific Islanders.
- May 14, 2015: CBWCHC took the lead in coordinating a press event with over 100 viral hepatitis advocates gathered on the steps of New York City’s City Hall to raise awareness about the “silent epidemic” of viral hepatitis (hepatitis B and hepatitis C). This event coincided with May’s National Hepatitis Awareness Month, which includes National Hispanic Hepatitis Awareness Day (May 15th) and National Hepatitis Testing Day (May 19th).

Training and/or increasing capacity of health care providers to prevent, diagnose, treat viral hepatitis.

- At CBWCHC, we regular provide hepatitis B lectures for clinical staff with opportunity for CME credit. In 2014, topics included perinatal hepatitis B (Dr. Tram Tran), updates in hepatitis B (Dr. Princy Kumar) and updates on AASLD 2014 (Dr. Paul Gaglio). In 2015, topic included updates in hepatitis B/hepatitis C (Dr. Danny Chu).

Developing strategies to promote timely viral hepatitis diagnosis and linkage to care.

- At CBWCHC, guidelines and algorithms for CHB and perinatal hepatitis B are available to all clinical staff as a quick reference.
- The health center employs two full-time hepatitis B patient care coordinators to assist CHB patients and to link them to care.
- CBWCHC provides in-house, free hepatitis B screening to all interested community members in addition to regular patients. In 2014, at CBWCHC’s Chinatown site, 162 community members were screened for hepatitis B with 29 (17.9%) testing positive for CHB, and 29 (17.9%) testing susceptible to hepatitis B.

Developing/implementing clinical decision support tools and/or improved protocols in clinical settings that improve viral hepatitis health outcomes.

- At CBWCHC, our electronic medical record (EMR) has been customized to make it easier for providers to order needed tests for hepatitis B. Hepatitis B screening tests are bundled together under one item; it is just one click for the providers. All hepatitis B tests are grouped into one area in the testing panel to make it easier for providers to order quickly. Hepatitis B peer review reports are regularly generated so providers can review their own and each other’s hepatitis B care to improve compliance with protocols. CBWCHC has created a hepatitis B registry to track and case-manage patients.

Implementing strategies to educate women of child-bearing age and high risk groups about mother-to-infant transmission of hepatitis B.

- Prior to 2010, a systematic EMR review revealed that five babies born to CHB mom became infected with CHB. To prevent further mother-to-child perinatal hepatitis B transmission, CBWCHC launched the Hep B Moms program in 2010. The program consists of internal medicine and Women’s Health providers working together closely to ensure that pregnant women infected with hepatitis B have timely monitoring and to offer antiviral medication during pregnancy if indicated. The program educates women on hepatitis B and provides one-to-one counseling on the importance of vaccinating babies against hepatitis B. Bilingual educational materials are given to the patient outlining timelines for needed care. Since 2010, CBWCHC has not had any babies infected with hepatitis B.

Improving viral hepatitis infection prevention awareness and initiatives in medical settings.

- CBWCHC holds monthly internal multidisciplinary meetings with goals of improved QA for hepatitis B patients, reviews challenges/issues that arise in care of hepatitis B patients, and devise plans to improve care for hepatitis B patients.

Developing strategies to foster stakeholder collaboration and sustainable programs.

- CBWCHC continues to partner with the NYCDOHMH's Perinatal Household Contact Screening Program and the Hep B Adult Vaccine Project and does not receive any outside funding for these programs. As of September 30, 2014, a total of 69 household contacts have been screened and CBWCHC has been able to provide doses of free hepatitis B vaccine to 546 adult patients.
- In 2014, CBWCHC was awarded a \$10,000 grant from the Hep B Foundation. The Project's goal in conjunction with Chinese American Medical Society, New York Presbyterian-Lower Manhattan Hospital, The Promise Society, and CBWCHC was to coordinate events and provide resources to encourage and link individuals to get screened and vaccinated for hepatitis B. Overall, the project screened 170 individuals and found a 9.4 percent hepatitis B prevalence (that is greater than 23 times the national estimated hepatitis B prevalence of 0.5%). This Project highlights the health inequity among Asian Americans in the U.S.
- CBWCHC continues to be a referral site for NYCDOHMH's Perinatal Household Contact Screening Program and does not receive any outside funding for that program. From January 1, 2015, a total of 31 household contacts have been screened through this program. In addition, CBWCHC continues to offer hepatitis B screening as a routine service for patients. During the reporting period, across all sites the CBWCHC screened nearly 6,000 patients for hepatitis B. CBWCHC conducted community hepatitis B screenings in different boroughs in April, May and June to screen a total of 150 people. Additionally, the Health Center is participating in a NYC DOHMH and CDC grant program that provides free hepatitis B vaccine to adults; from January 1, 2015 to September 1, 2015 the Health Center provided 515 doses of free hepatitis B vaccine to 244 patients.
- February 12, 2015: Hepatitis B program staff attended the first NYC Hep B & C Awareness Legislative Breakfast with NYC City Council. Dr. Vivian Huang testified on behalf of her patients who did not want to speak publicly about hepatitis B because of the continued stigma in the Asian American community. The NYCDOHMH 2013 Hep B & C Surveillance Report was officially released at this event.
- March 9 & 10, 2015: Nicole Bannister, Hepatitis B Senior Program Associate, joined 75 advocates from across the nation in Washington, DC for Hepatitis on the Hill. They met with their Senators and Representatives to rally support for increased hepatitis funding, advocate for hepatitis federal policy issues, and share the stories of those living with hepatitis B and C. The event was hosted by the Hepatitis Appropriations Partnership, Hep B United and the National Viral Hepatitis Roundtable.
- July 26-28, 2015: Dr. Vivian Huang, Hepatitis B Program Director, attended the 2015 Hep B United Summit in Washington DC. The coalition members discussed new strategies for strengthening hepatitis B services in the US, met with federal partner agencies and met with legislators to inform them about the importance of hepatitis B.
- July 29, 2015: Vivian Huang, MD, MPH, Hepatitis B Program Director, joined viral hepatitis advocates, experts, stakeholders and federal partners in Washington, DC for the 2015 Hepatitis Policy Meeting sponsored by the Hepatitis Appropriations Partnership (HAP) and the National Viral Hepatitis Roundtable (NVHR). The goal of the meeting is to convene viral hepatitis advocates for discussions about 2015 and upcoming 2016 policy priorities, including budget and appropriations; addressing hepatitis among people who inject drugs/syringe access; USPSTF HBV and HCV screening recommendations implementation update; increasing Administration leadership in addressing hepatitis; and an overall policy and legislative outlook for the remainder of 2015 leading

into 2016. The meeting will also provide for an opportunity to raise critical issues with our partners in the Administration.

- September 3-5, 2015: Nicole Bannister, Hepatitis B Senior Program Associate, joined world leaders in viral hepatitis policy, prevention and management for the first World Hepatitis Summit in Scotland. The summit was co-sponsored by the WHO and the World Hepatitis Alliance and is the first high-level global meeting to focus specifically on hepatitis, attracting delegates from more than 60 countries. The aim was to help countries enhance action to prevent and treat viral hepatitis and also to urge governments to work with WHO to define and agree on global targets for the elimination of viral hepatitis.
- September 29, 2015: Vivian Huang MD MPH joined national federal partners, stakeholders and experts in Washington DC at a closed technical consultation meeting on the elimination of perinatal hepatitis B in the United States. The meeting's goals were to identify specific strategies to eliminate perinatal hep B transmission in the United States by 2020.

Partnerships: Bellevue Hospital, NYU Medical Center, Mt. Sinai Hospital, New York Presbyterian - Lower Manhattan Hospital, NYC Hep B Coalition and Team HBV NYC, Chinese American Medical Society, The Promise Society

Action Plan Priority Areas: 1, 2, 3, 4

Clinica Bienestar

www.bienestar.org | 323-727-7896

Clinica Bienestar is a community based non-profit who has partnered up with the AIDS Healthcare Foundation (AHF) to provide HIV primary care, mental health treatment, outpatient substance abuse treatment, HCV awareness, and Hepatitis A/B vaccinations. Clinica Bienestar provides services to adults in East Los Angeles, CA, who primarily only speak Spanish.

Most Significant Needs

Community members report that they lack the financial resources to combat viral hepatitis; hepatitis C treatment is too expensive. In addition, there are limited agencies that provide hepatitis C treatment.

Organizational Highlights

- We began to render services in September 2014
- We have increased awareness by conducting viral hepatitis C testing for all of our dually diagnosed patients. We are also promoting hepatitis A/B vaccinations.
- Presently, we have syringe exchange program onsite as well as mobile. We have been promoting our services through these avenues to increase viral hepatitis awareness and testing.
- In speaking with community members they endorse the idea of having access to affordable collocated services. The majority of clients have families and employment to sustain. They are not able to take several days off of work. They find it convenient to have all of their healthcare needs met during one single appointment.
- AHF is providing medical services for HIV primary care
- Hepatitis C reactive individuals will be link to the Liver Institute
- We have conducted 55 viral hepatitis tests (all tested non-reactive)

Partnerships: AIDS Healthcare Foundation (AHF)

Action Plan Priority Areas: 1, 2

Council on Prevention and Education: Substances (COPES), Inc.

www.copes.org | 502-583-6820

The Council on Prevention and Education: Substances, Inc. is private, non-profit in Louisville, KY that has evolved into a nationally recognized and innovative prevention agency. COPES has demonstrated and published results in peer-reviewed scientific journals across the diverse fields of substance abuse prevention, HIV prevention, violence prevention, prison recidivism, and family strengthening, including special curricula for fatherhood, motherhood, healthy relationships and healthy marriage. While remaining local in service delivery, COPES has also expanded globally through curriculum dissemination, awards, honors, recognitions, presentations, publications, consultations and trainings. Through a licensing agreement with Resilient Futures Network, COPES' award-winning Creating Lasting Family Connections® (CLFC) curriculum is recognized on several national and international evidence-based program repositories, including the National Registry of Evidence-Based Programs and Practices (NREPP).

COPES currently receives federal funding from SAMHSA's Center for Substance Abuse Prevention to provide direct and indirect prevention services to African American youth and youth adults, ages 13–24, considered at high-risk for substance abuse, HIV/AIDS, and viral hepatitis.

Most Significant Needs

The community of Louisville is lacking access to testing for viral hepatitis. There are very few providers in our community that offer affordable, accessible viral hepatitis testing, making it difficult for individuals to know their status, however, a needle exchange program implemented in 2015 (more detail below) is starting to address this concern.

Organizational Highlights

The Louisville Metro Department of Public Health and Wellness opened the first syringe exchange program in the state in June 2015. The program was unanimously approved by Louisville Metro Council and the Louisville Metro Board of Health. There are now two community exchange sites and one non-mobile unit adjacent to the health department headquarters. A certified alcohol and substance abuse counselor provides staffing for the site, a full-time addictions treatment case manager works with participants on drug treatment options and makes treatment referrals, and there are HIV prevention specialists that screen for HIV and Hepatitis C. In the first 6 months of operation, there have been ~1,500 participants, no positives for HIV, less than 62 percent positives for Hepatitis C, and 91 individuals referred to drug treatment.

While our agency does not provide viral hepatitis testing, we partner with other organizations who have access to or the capacity to offer such testing.

Partnerships: Louisville Metro Public Health and Wellness, Volunteers of America Mid-States' STOP Program, and University of Louisville's 550 Clinic.

Action Plan Priority Areas: 2, 5

Gateway Community Services, Inc.

www.gatewaycommunity.com | 904-387-4661

Gateway Community Services is a Not-for-Profit 501(c)(3) corporation registered in the State of Florida. Gateway Community Services, Inc. is located in Jacksonville, (Duval County) Florida and is a licensed and accredited substance use disorder treatment services provider.

Most Significant Needs

Although the agency now offers HCV testing, HBV testing is only available two mornings per week via one of the county health department offices. Treatment is too expensive for uninsured individuals who test positive. There is a great deal of ignorance and misinformation concerning hepatitis infection(s) among treatment personnel and those served by the organization.

Organizational Highlights

Raising awareness about viral hepatitis among the general public, specific targeted populations, and/or community leaders

Gateway Community Services began providing rapid HCV testing in December 2015. To date, approximately 40 tests have been conducted with six clients testing positive (15%). HIV, hepatitis, and tuberculosis (TB) education have been provided by the organization for many years. Approximately 100 clients participate in this education monthly.

Developing strategies to promote timely viral hepatitis diagnosis and linkage to care

Testing is offered to all clients during these health education classes. All clients who tests positive are linked to some sort of care. However, treatment for hepatitis is usually unaffordable for those clients who do not have some form on insurance.

Developing/implementing clinical decision support tools and/or improved protocols in clinical settings that improve viral hepatitis health outcomes

The organization has developed and implemented procedures to support the activities outlined above. These processes are being refined on routine/daily basis.

Implementing strategies to educate women of child-bearing age and high risk groups about mother-to-infant transmission of hepatitis B

Gateway was one of the first organizations in the United States to implement services for pregnant women and mothers with young children and continues to be a leader and proponent of these specialized services. Linkage to care is especially emphasized for pregnant women, women with children and those who are HIV positive.

Reaching people who inject drugs with viral hepatitis information and services

As a substance use disorder treatment services provider that operates the region's largest detoxification unit, the organization encounters many individuals who are or have used drugs intravenously. HIV, hepatitis and TB education is provided to these individuals and the need for and importance of testing is stressed.

Partnerships: Florida Department of Health Area 4 AIDS Program Office; APEL Health Services, Jacksonville Area Sexual Minority Youth Network (JASMYN), I.M. Sulzbacher Center for the Homeless, University of Florida Health

Action Plan Priority Areas: 1, 2, 4

Guidance/Care-Center, Inc. (GCC)

www.guidancecarecenter.org | 305-292-6843

The Guidance/Care-Center, Inc. is a 501(c)(3), nonprofit, charitable organization dedicated to the provision of high-quality and cost-effective behavioral healthcare services for children, youth, and adults throughout the Florida Keys. GCC offers a comprehensive continuum of mental health and substance abuse services.

Most Significant Needs

Twenty percent of County residents lack health insurance and many providers do not accept Medicaid. Due to the low wages and high cost of living most residents cannot afford the universal health care premiums and remain uninsured. Additionally, there are numerous communities spaced far from each other on a main road that leads through 125 miles of small islands making transportation a barrier.

In addition to socio-economic and transportation challenges, immigration status can also be a barrier to services. There are an estimated 632,000 undocumented individuals in Florida, 41% live in South Florida (Palm Beach, Broward, Miami-Dade and Monroe). A 2011 Miami Herald report detailed the long history of foreign workers in Key West and cited a local immigration attorney's estimate that 25% of that workforce is undocumented. More than one-third of the undocumented population has lived in the US for more than a decade, yet many are still reluctant to seek services including HIV/VH testing, for fear of deportation.

Another barrier is misperceptions held by the population of focus and service providers. Previous treatments for Hepatitis C were less successful among African Americans due to higher tendency to carry a gene that restricted absorption of the medication. Despite the fact that new treatments are effective equally in African Americans and whites, perceptions persist that a cure is less likely for them. Many in the community do not understand the difference between Hepatitis A, B, and C. There is also a lack of awareness of new diagnostic tools which are less invasive—many individuals believe that they have to have a liver biopsy prior to initiating treatment, and as a result do not follow up with treatment.

Finally, many with VH are facing numerous other life challenges including addiction. A misperception that individuals have to be abstinent for a year prior to initiating hepatitis treatment prevents many providers from recommending hepatitis treatment for those who are not yet in recovery. Adults with VH are particularly vulnerable to the health consequences of substance use disorders. Monroe County adults report higher rates of substance use than the State. Other consequences related to alcohol and drug use also are high in the County. Liver disease/cirrhosis is the 6th highest cause of death (2013), suicide was 4th, viral hepatitis 10th, and HIV 15th.

Organizational Highlights

The greatest advance towards reaching the goals of the Viral Hepatitis Plan is our receipt of 3 SAMHSA grants that include Hepatitis B and C testing and vaccines for Hepatitis A and B. Six people have completed the testing certification process.

The new grant programs began accepting clients for VH services on January 1, 2016. As such, we do not have data for the 2014-2015 year on the number of test provided and the number of test provided and the number of positives identified.

Action Plan Priority Areas: 2, 4

Horizon Health Center [FQHC]

<http://alliancecommunityhealth.org> | 201-451-6300

Horizon Health Center is an FQHC in Jersey City, New Jersey. Horizon has been providing comprehensive health services to the residents of Hudson County since 1963. Horizon's mission is to provide high quality, comprehensive, primary, and preventive healthcare services, social services, and health education; to operate in a cost effective manner that maximizes revenues while promoting a culture of accountability, respect and dignity; to be responsive to the needs of the entire community regardless of race, economic status, age, gender or sexual orientation with continued emphasis on the underserved and those without access to care. In 2014 Horizon served 13,631 patients. Over 80 percent of the patients seen are from minority populations and 77 percent of Horizon clients have incomes at or below one hundred and fifty percent of poverty level.

Organizational Highlights

In our interactions with patients and community members it has become increasingly aware that little is known about the prevention and treatment of Hepatitis C. Medical professionals and laypeople alike significantly underestimate the number of people who may be at risk of contracting HCV and often do not provide testing unless someone claims to have a history of IV drug usage. The lifelong effects on the liver and need for follow up for those who are antibody positive is often not known by consumers or medical professionals either.

In 2014, Horizon partnered with Gilead to begin providing cost free, Hepatitis C screening to all its patients over the age of 18. Horizon determined due to the populations that it services, it was imperative to provide testing beyond the CDC recommended cohort and test all those age 18 and over. Administration changed agency policy to include opt out only language in the Consent to Treatment paperwork, informing all patients annual routine screening for HIV and HCV is conducted for all patients unless they opt out of testing. A patient that declines testing receives additional education and counsel from medical providers to ensure they understand the importance of knowing their status. In addition to changing policy, the electronic medical record was changed to trigger automated ordering of HCV testing for a patient's first office visit each year.

To support the change in policy and prepare for the increased patient dialogue concerning testing and treatment, Horizon has provided ongoing education to its entire medical staff on HCV prevention, testing and treatment. Education was also provided on the changes to HHC's electronic medical record made to accommodate automated ordering of HCV screenings.

Horizon began conducting education and outreach activities into the Jersey City community, specifically targeting populations with histories of substance abuse, homelessness, poverty, and lack of health insurance. Education on Hepatitis C prevention and treatment was provided and cost free testing was offered to all interested. Participants were linked to care with Horizon providers or, at the patient's request; testing results were forwarded to the private provider of their choice. Education is also provided at health fairs and community events throughout the city whenever Horizon Health Center is in attendance.

In 2015, Horizon tested 3,509 consumers for Hepatitis C (an increase of 1,555 percent from the previous year prior to the initiative beginning). -Eighty-one were found to be Ab positive, 39 of those were also RNA positive, and 37 of the 39 who were found to be RNA positive were linked to care resulting in a 94.87 percent linkage to care rate. Forty percent of chronic HCV cases were outside the birth cohort, with 75 percent of these cases having no identified risk for substance use.

Partnerships: Gilead

Action Plan Priority Areas: 1, 2

International Community Health Services (ICHS) [FQHC]

www.ichs.com | 206-788-3650

International Community Health Services is an FQHC offering affordable, culturally appropriate, comprehensive primary health care to Asian, Native Hawaiian, other Pacific Islander communities and the broader community, including refugees and immigrants from East Africa, Eastern Europe, and Latino communities. Since these communities carry a disproportionate burden of chronic hepatitis B, ICHS has supported the Hepatitis B Coalition of Washington (HBCW) since its inception. Since 2013, ICHS assumed the leadership of the HBCW, which brings together an innovative partnership of health care providers, non-profit and government leaders, educators, and community members to address the medical and social disparities of hepatitis B.

Most Significant Needs

Hepatitis B awareness in the community, especially in the African immigrant and refugee communities, is still low. Additionally, though the ACA has made significant strides in ensuring access to health insurance, there remain challenges related to navigating health care systems and using health insurance, particularly when co-pays and out of pocket expenses may exceed some patients'/community members' capacity. While ICHS and the HBCW have a long history of providing community-based engagement and awareness about hepatitis B, there remains a perception that many private medical practices and safety net providers, including FQHCs, may lack the knowledge or capacity to implement the 2008 CDC recommended screening guidelines for chronic hepatitis B in a systematic way, relying heavily on provider knowledge and practice instead.

Organizational Highlights

CHS provides comprehensive hepatitis B related screening, vaccination, and treatment for patients enrolled at any of ICHS' six medical primary care locations. ICHS also has three distinct, though inter-related programs/projects related to hepatitis B.

Community Advocacy

ICHS employs 12 community advocates, who collectively speak 15 languages and dialects, providing community-based outreach, education, and health literacy navigation services. All community advocates have been trained in hepatitis B and are accustomed to incorporating messages related to screening as one of many "cancer prevention" tests recommended for our patient populations. In 2014 and 2015, community advocates reached more than 5,000 community members with health education messages and information.

To support this outreach effort, ICHS continued to champion the dissemination of educational materials such as "Hep B-What you need to know" brochure and "Living with Chronic Hepatitis B" that were made available in different languages- Amharic, Chinese, Korean, Russian, Samoan, Swahili, Tagalog, and Vietnamese. In collaboration with our coalition partner, Hepatitis Education Project, ICHS also created "patient referral" cards that were translated into Chinese, Vietnamese, Korean, and Somali. These cards were designed to empower patients to advocate for themselves during their health care appointments. They are encouraged to hand it to their providers during visits to let them know that they have come from areas of the world with high rates of chronic hepatitis B and that they would like to be screened for Hepatitis B. Information on the card also references the updated USPSTF recommendations for screening.

Hepatitis B Coalition of Washington (HBCW)

ICHS assumed the leadership of the HBCW in late 2013. The coalition continued to meet in 2014-2015 to carry on the HBCW advocacy, outreach, education, and screening activities. Coalition members attended events and seminars sponsored by national and regional networks such as National Task Force on Hepatitis B, Focus on Coalition against Hepatitis in People of African Origin (CHIPO), and Hep B United. In an effort to collectively decide the future focus of the coalition, ICHS convened two community forums and received 47 completed online surveys. The community meetings were held on November 6, 2014 in Seattle, King County and on December 1, 2014 at Tacoma, Pierce County. Based on the community discussions and feedback, coalition members identified three priorities of the National Viral Hepatitis Action Plan for the HBCW:

- Educating providers and communities to reduce health disparities,
- Improving testing, care, and treatment to prevent liver disease and cancer, and
- Eliminating transmission of vaccine preventable viral hepatitis.

The remaining priorities related to strengthening surveillance, hepatitis caused by drug use behaviors, and protecting health care workers remain on the coalition's collective agenda and action can be taken as needed.

In commemoration of the National Hepatitis Awareness Month, ICHS and HBCW partners participated in planning and implementing a community screening event in May 2015, in which 17 people were tested and assisted with referral and follow up to care and/or vaccination, as needed.

In September 2015, the coalition convened a half-day retreat to redefine the vision and mission of the coalition with the priority areas of the action plan and drafted and adopted the following statements:

- **Vision Statement:** The Hepatitis B Coalition of Washington envisions a Washington State free of new hepatitis B infections, where all people know their HBV status, all HBV care provided is culturally competent, and HBV outcomes are equitable and disparities reduced.
- **Mission Statement:** We seek to impact health care systems, patients/community members at risk and health care providers. Through education, screening, and vaccination, we seek to prevent transmission of Hepatitis B (HBV) especially in the area of perinatal HBV, to ensure linkage to care for those managing chronic HBV, and to ensure that all care accessed is culturally sensitive.

NIH Funded Health Information Technology (HIT) Research: The HIT B Project

The HIT-B project is a community-engaged research collaboration between International Community Health Services (ICHS) and Association for Asian Pacific Community Health Organizations (AAPCHO). The HIT-B project aims to address hepatitis B disparities by leveraging electronic health records (HER) data and health information technology systems to operationalize recommended hepatitis B risk assessment and testing, and empower ICHS staff to provide appropriate hepatitis B screening, vaccination and linkage to care for all patients at risk. The HIT-B Program includes an annual training for ICHS Primary Care Providers on evidence-based guidelines for the testing, vaccination and management of viral hepatitis conducted by a local Infectious Disease Specialist.

Community Outreach

In July 2015, through a collaboration with the Vietnamese Hepatitis B Engagement Council and the Tacoma Pierce County Health Department, a council member began making visits to hair and nail salons, beauty schools, and restaurants in the area to distribute information about hepatitis B and promote testing and vaccination to the targeted population. Thus, from July through November of 2015, 120 visits were conducted, resulting in 102 people being referred for testing. Of the 102 people tested, 67 percent of them were immune, 30 percent were susceptible, three percent were HBsAg positive. Vaccination was started on 81 percent of those susceptible. Through its clinical services from 2014-2015, ICHS conducted 3,059 hepatitis B surface antigen tests among its adult AAPI patients with 214 positive (7.0%) and 2,845 (93.0%) negative results. Among ICHS' adult African Immigrant patient population, 37 surface antigen tests were conducting resulting in 4 positive (10.8%) and 33 (89.1%) negative results. During this same time period, ICHS primary care providers managed more than 700 patients with chronic hepatitis B.

Digital Story Video Links:

- Hep B 101 Story in Vietnamese <https://vimeo.com/85213823>, Mandarin <https://vimeo.com/94429694>, and English <https://vimeo.com/85213825>
- Breaking Taboos Digital Story: <https://vimeo.com/23983013>
- Silent Killer Digital Story: <https://vimeo.com/23982203>

Partnerships: Vietnamese Hepatitis B Engagement Council and the Tacoma Pierce County Health Department, Association for Asian Pacific Community Health Organizations (AAPCHO)

Action Plan Priority Areas: 1, 2, 4

Recovery Network of Programs, Inc. (RNP)

www.recovery-programs.org | 203-335-2173

Recovery Network of Programs, Inc. (RNP), is a private, non-profit, behavioral health services agency helping to build better lives in the Greater Bridgeport Community. Founded in 1972, our mission is to restore HOPE, HEALTH, and WELL-BEING for individuals and families in a recovery environment that embraces compassion, dignity and respect. With 18 different specialty programs providing various levels of individualized care, our highly trained clinical staff provides assessment services, individualized treatment planning and supportive therapy for individuals and families affected by addiction, homelessness, or mental health disorders.

Most Significant Needs

In thinking about the clients we serve, the most significant need is the lack of physicians who will treat our substance using clients. The clients who go to federally funded health centers have been treated but those with private insurance typically receive a delayed response, if they get a response at all, where HCV is concerned. Also, clients who have been successfully treated and cured of HCV do not realize that the same behavior of sharing needles will let the HCV back into the body.

There are still many prescribers who will not treat the substance using client unless they are free of illicit substance. We do not do this for HIV positive clients, diabetics, heart patients or anyone else who needs medication daily. So why is HCV treatment withheld if you have a problem with substance use? The data shows that substance use should not preclude anyone from receiving treatment. Many clients are told they need to be 30 to 180 days free of illicit substance before they will consider treatment for them.

There need to be providers (physicians, physician assistants, nurse practitioners, and advance practice registered nurses) who will tackle the HCV epidemic. Many providers will not see a client who has a substance problem saying that they will not be adherent to the medication. Through the years, I have learned that medication adherence and substance use do not go hand in hand. Most clients will take their medications even if homeless. I believe that there should be providers in the methadone clinics who will see the clients and treat them for their HCV as many are in the clinics daily. HCV is also talked about in the detox unit of RNP. Nurses will do rapid HCV testing and refer to the clients own physician.

Organizational Highlights

I have been conducting HCV rapid testing on the clients we serve along with referring them to a list of area physicians if a test is reactive. We talk about ways to avoid the HCV virus especially for those who are not just substance abusers on methadone but also for those who are homeless. I have conducted HCV testing for Project Homeless connect for the past 3 years.

Since 2012, 398 people were tested for HCV antibodies at our facilities. Of these, about 100 have been positive for the HCV antibodies. Each person tested is connected to an area medical provider. Most see their own doctor. We also offer Twinrix vaccine, HAV and HBV, to each client and employee.

Action Plan Priority Areas: 2, 4, 6

Rhode Island Defeats Hepatitis C (RID Hep C)www.ridefeatshepc.com | 401-793-4705

Rhode Island Defeats Hepatitis C is a comprehensive program to seek, treat, cure and eliminate chronic hepatitis C virus (HCV) in Rhode Island (RI); reduce illness, suffering and death due to HCV in RI; save money for RI and Rhode Islanders by enhancing proactive HCV care; and bring resources into RI to help combat RI's HCV epidemic. RID Hep C is designed with several components: Awareness, Testing to Cure, Building Infrastructure for a Sustainable Model, and Evaluation.

Most Significant Needs/Issues

RI Medicaid has established stringent policies designed to reduce the number of patients eligible to receive HCV therapy. This rationing approach is not used for patients on HIV medications, cancer chemotherapies, or medications for other diseases. HCV medication access is restricted to individuals with advanced fibrosis (F3, difficult to identify) or cirrhosis (F4), and to persons who have not used drugs and alcohol in the past six months, or who are enrolled in a drug and alcohol treatment program for six months prior to HCV treatment. These restrictions discriminate against people who inject drugs (PWID), a population with the highest incidence and prevalence of HCV in the U.S., and do not align with recommendations from the American Association for the Study of Liver Disease/Infectious Disease Society of America, International Network of Hepatitis in Substance Users, European Association for the Study of the Liver and the World Health Organization, all of which recommend treatment for all HCV-infected individuals, despite disease severity or current or past drug and alcohol use.

RI Medicaid has also placed restrictions on the types of physicians able to treat HCV. Gastroenterologists, hepatologists and infectious disease specialists are currently the only types of physicians able to treat. Physicians of other specialties, as well as physician assistants employed and co-located with a preferred provider, may request designation as a preferred provider. Applicants are reviewed by case-by-case basis and preferred provider status is not guaranteed. RI Medicaid also provides some of the lowest Medicaid reimbursement rates in this country, thus some of the few treating physicians under financial pressures do not accept Medicaid patients for HCV care. This system dramatically reduces the number of physicians able to patients affected by HCV.

The current RI Medicaid rationing scheme has created a near impossible system for physicians to treat HCV, and has ultimately resulted in low treatment rates throughout the state. Only 200 RI Medicaid recipients received direct acting antiviral (DAA) HCV medications in 2015. The policies set forth by RI Medicaid must be reversed as soon as possible, as they are discriminatory, unethical and are not based on evidence. All patients with HCV are "sick" and are at risk of death or organ injury. The decision to treat should be in the hands of the clinician and the patient. As payers, denying a physician prescribed treatment places the payer at a medico-legal risk for medical events related to HCV that occur for this patient. Further, under the federal Medicaid statute, state programs are only allowed limited methods of restricting pharmaceutical drugs. Rationing HCV medication based on fibrosis staging and excluding individuals who use drugs and alcohol does not meet the criteria for permissible restrictions. It is clear that these restrictions do not make clinical, public health, or economic sense. In order to eliminate HCV and prevent suffering and death, the access to these life-saving therapies must expand to include all HCV-infected persons.

Organizational Highlights

Throughout 2013-2015, RID Hep C held multiple HCV-related advocacy and educational events, established an on-site HCV clinic in a non-profit methadone maintenance program to treat patients not being treated, and worked to increase the number of physicians available to treat HCV. RID Hep C will continue its efforts to eliminate HCV in RI and expand DAA access.

Action Plan Priority Area: 1

Sunrise Community Counseling Center, Inc. (SCCC)

www.sunrise-la.org | 213-207-2770

Sunrise Community Counseling Center, Inc. (SCCC) is a community-based substance abuse and mental health non-profit (501(c)(3) service provider with more than 35 years of experience serving residents of Service Planning Area (SPA) 4/Metro area of Los Angeles, California. SCCC delivers a multi-faceted range of services including substance use disorder treatment, domestic violence intervention, treatment for sexual abuse perpetrators and victims, and dual diagnosis treatment. Services also include HIV and Viral Hepatitis (VH) screening.

Most Significant Needs

Our population includes recent immigrants from Mexico, South America, and Central America. A large proportion of our clients are low income, underemployed or unemployed, and most of them do not have health coverage. Their immediate needs include their ability to cover daily expenses like food, rent, clothing, bills, etc. Focus groups with this population inquiring about insurance coverage and the utilization of health services revealed that their health is not their immediate concern, which includes HIV and viral hepatitis testing. Additionally, this population lacks the necessary sexual health information to make informed decisions to properly reduce their risk to sexually transmitted infections including HIV and VH. This population is in need of sexual health education. Specifically, information that is provided in their language, easy to understand, and to assure they really understand the information, it would be helpful for a health educator to provide a comprehensive explanation of HIV and VH with ample opportunity for question and answers.

Organizational Highlights

As part of the substance abuse and mental health counseling services SCCC provides, HIV and VH screening are also conducted with all clients participating in all federal funded programs. All clients are provided with HIV and VH 101 education which includes what is HIV and VH, methods of transmission, symptoms of disease, and methods of prevention. Clients that are identified as high risk are offered VH vaccination to hepatitis A and B.

SCCC is SA and MH counseling center, not a medical health care provider. Our attempt to increase capacity is directed towards our counselors and project staff. In working in partnership with local health clinics and with local HIV treatment providers who are experts in the prevention, identification, and treatment of VH their staff is able to provide our staff with trainings that increases our capacity.

As part of all of our federally funded program our protocol is to offer all participants the opportunity to get screened for VH and if they are high risk, we also encourage hepatitis vaccination. Screening is done through our partnership with our local community clinic. For participants identified as VH positive, we link all participants with AIDS Healthcare Foundation, also our partner. They provide services for all of our VH positive clients. All clients, of all ages, gender, language, background, sexual orientation are provided information about ways to reduce prevent the transmission of HIV, STIs, and Hepatitis. Participants are enrolled in a program for 24 weeks, which includes individual sessions and 12 concurrent group sessions. This totals 36 counseling contacts in which we provide education as well information review.

Currently SCCC has three SAMHSA awards that include HIV and VH screening as well as hepatitis vaccination.

- Project Progressing Together, TI026158: Start date- Oct. 2015, duration 4 years. Expected to serve 240 adults.
- Project Buena Vida, TI025804: Start date–Oct. 2014, duration 4 years. Expected to serve 235 adults.
- Project New Day, SP021146: Start date–Oct. 2015, duration 5 years. Expected to serve 306 youth and young adults 13-24 years old.

For all projects, target populations include Latino/Hispanic, African American, and LGBTQI communities.

Partnerships: Samaritana Medical Clinic, Romel Gonzalez Medical Group, AIDS Healthcare Foundation, BAARTS Programs

Action Plan Priority Areas: 2, 4

WestCare California

www.westcare.com/page/where-we-serve_CA | (559) 237-3420

WestCare California is a non-profit organization based in Fresno, California. Multiple programs exist under their umbrella-The Living Room and the Targeted Capacity Expansion (TCE/HIV) Program are both projects of WestCare. In partnership with Fresno Community Regional Medical Center, Clinica Sierra Vista and other community partners, these programs focus on adult minority populations at risk for HIV/AIDS and viral hepatitis (HCV), more specifically, MSM, IV Drug Users, and ethnic minorities (African-American) populations. The Living Room is an AIDS Service Organization, working with those infected, affected and at risk for HIV/AIDS. The TCE Program helps reduce alcohol and substance abuse and co-occurring disorders, and prevent/reduce the transmission of HIV/AIDS and HCV among high-risk individuals in Fresno County. Both projects perform HIV and HCV testing. These services are designed to improve health and functioning by providing comprehensive substance abuse treatment services; providing HIV/AIDS and HCV prevention, intervention and care coordination, and linkages to primary care and other essential community support services to improve individual and family functioning.

Organizational Highlights

To date, three staff members have been trained and certified in HCV education. Additionally, eight staff members have been certified to perform HCV testing. The TCE Program has a staff of care coordinators who offer free Hepatitis C testing on-site at The Living Room and our residential treatment facility located on Martin Luther King Blvd. Outreach is currently performed to reach all populations with an emphasis on those who are in substance abuse treatment programs, participate in the local Needle Exchange program, and are members of disenfranchised populations such as sex industry workers and the LGBTQ community. Staff members from the both The Living Room and the TCE Program are avid volunteers at the local Needle Exchange. This service in Fresno County exchanges over 50,000 needles each month. Lastly, collaborations have been formed with the local health department for immediate referral for confirmatory testing. We also collaborate with the local HIV/AIDS Specialty Clinical for prevention efforts.

Currently, quarterly meetings of the Fresno Community Action Council meet collaboratively to discuss HIV related issues. Recently there has been expansion of the discussion of the dual diagnosis of HIV and HCV infection. Conversation is centered on increasing awareness of HCV, testing and prevention education. Furthermore, since the inception of the TCE Program in January 2013 we have served over 140 clients (87 male, 56 female, and 3 transgender), 27 percent of these clients identified as injection drug users. Sixty-eight (46%) of these clients identified as Hispanic or Latino and 34 (24%) of these clients identified as racially diverse. Thirty-three (22%) of these clients have been diagnosed with HIV and 32 (22%) have been diagnosed with Hepatitis C.

In the past year, The Living Room, in collaboration with TCE, have tested 67 clients for Hepatitis C. Sixty-four (96%) of these clients tested negative and three (4%) of these clients tested positive for HCV. We continue to provide referrals to outside agencies such as: Fresno Community Regional Medical Center, Clinica Sierra Vista, and Kaiser Permanente for follow up and confirmatory testing. Both The Living Room and the TCE Program have been successful at reducing risky behaviors including injection drug use and increasing HIV and HCV testing. However, to date no plans have been made to begin any program planning or investigate possible funding sources for an HCV awareness program.

Partnerships: County Department of Public Health, Fresno Needle Exchange, Planned Parenthood, Community Regional Medical Center Special Services Clinic, Kaiser Permanente, Fresno Community Regional Medical Center, Clinica Sierra Vista

Action Plan Priority Areas: 1, 2

Hospital/Healthcare System/Health Care Company

Denver Health and Hospital Authority (Denver Health)

www.denverpublichealth.org | 303-602-3700

Denver Health and Hospital Authority is a safety net hospital located in the city and county of Denver, and Denver Public Health (DPH) is a city public health department under the auspices of Denver Health.

Most Important Needs

Our community has several challenges to combating viral hepatitis, specifically HCV, spanning the entire HCV prevention and care continuum: 1) we have limited funding for surveillance at the state level and none locally; 2) we have few formalized HCV testing programs; 3) our institution does not have a FibroScan, limiting our ability to stage individuals who do not have evidence of cirrhosis on imaging; 4) Colorado Medicaid has some of the strictest restrictions to coverage for HCV treatment in the country, limiting our ability to recruit new treatment providers, treat and prevent disease including decompensated cirrhosis and cancer, and prevent HCV transmission among high risk groups; and 5) our primary syringe access centers have limited capacity to meet the needs of Denver Metro residents.

Organizational Highlights

Promoting timely diagnosis and linkage to care

- We implemented a protocol for HCV testing and linkage to care in community health centers, which was funded through the Centers for Disease Control and Prevention (CDC) from October 2012 through December 2014. The program targeted individuals from the 1945-1965 birth cohort who had not previously been tested for HCV, completing 3,230 HCV antibody tests, 13% of which were positive with 95% of individuals obtaining follow-up RNA testing for an overall 9% RNA positivity rate. We collaborated with a local nonprofit called Hep C Connection for patient support resources. Results presented at ID Week 2014 and manuscript in preparation.
- Through the same funding opportunities, we implemented a program for HCV testing and linkage to care in other settings which included testing in the DPH STD clinic and outreach settings from January 2013 through August 2014. Through this program, 7,170 individuals were tested for HCV, of which 1.5% tested positive for HCV antibodies. Testing continues through direct DPH funding in the STD clinic. Results of this program were published in AIDS Research and Treatment, volume 2013, article ID 528904.
- HIV linkage-to-care counselors received HCV training covering basic clinical and prevention information and now to routinely link HCV-positive individuals to primary and specialty care.
- Through NHBS, DPH also offered HCV testing for men who have sex with men (MSM4 cycle) between 6/18/14 and 11/12/14, specifically to men who identified having had oral or anal sex with another man living in the Denver MSA. We partnered with gay bars and organizations through Denver and we tested 494 individuals for HCV with a 2.4% positivity rate.

The following clinical decision support tools and improved protocols in clinical settings were developed and implemented to improve viral hepatitis health outcomes

- In collaboration with the Denver Health centralized laboratory, in April 2015 we performed a validation study and subsequently implemented “reflex” HCV RNA testing from the same tube of blood for all individuals who tested positive for HCV antibodies. This applies to testing throughout the institution including from the eight federally qualified health centers of Denver Health which provide primary care for >100,000 residents in the Denver Metro.
- EMR birth cohort testing health care maintenance reminders for primary care were implemented in May 2015. This includes an assessment HCV screening status for patients in the birth cohort. Along the HCV screening line, individuals are given the one of the following designations: HCV screening recommended; HCV antibody positive; HCV RNA testing recommended; or HCV screened.

- Through Denver Health and University of Colorado Hospital an interactive case-based tele-consult program analogous to Project ECHO is being developed and scheduled to start March 2016, enabling primary care providers to treat HCV.

The following project allowed us to reach people who inject drugs with viral hepatitis information and services

- DPH participates in the National HIV Behavioral Surveillance (NHBS) and offered HCV testing for people who inject drugs between 6/23/15 and 12/12/15 (IDU4 cycle), specifically to individuals that identified as having injected non-prescription drugs in the past 12 months and were living in the Denver Metropolitan Statistical Area (MSA). We partnered with the Gipson Eastside Health Clinic, the Harm Reduction Action Center (HRAC), and the Denver Public Health STD/HIV Clinic. We tested 584 individuals for HCV with a 59.9% positivity rate.
- HRAC funding – Denver Public Health provides funding, free HIV tests, insurance enrollment services, and clinical support to HRAC, the largest syringe exchange in the state of Colorado, located in Denver. HRAC provides free HCV testing to their participants and referrals to care.

At the national, state, and local levels, DHHA staff members participate in multiple organizations and groups that foster stakeholder collaboration and sustainable programs (see Partnerships, below).

Table 1. Comprehensive Overview of HCV-Related Work at Denver Health

Epidemiology / Surveillance	Testing	Clinical Care	Research	Prevention/ Outreach/ Partnerships
<ul style="list-style-type: none"> • AHRQ-funded care continuum analyses <ul style="list-style-type: none"> ○ DH continuum ○ Institutional comparison KP-DH • CDPHE white paper workgroup • NHBS IDU and MSM cycles 	<ul style="list-style-type: none"> • ED-based HCV testing research proposal • CDC-funded HCV testing programs completed 2014 <ul style="list-style-type: none"> ○ HCV testing in CHCs ○ HCV testing in outreach settings • Reflex testing initiated • EMR birth cohort testing health care maintenance reminders for primary care • Outreach testing through DPH STD clinic, HRAC, NHBS 	<ul style="list-style-type: none"> • Hep C Evaluation Clinic (GI) • ID HCV Clinic • ECHO Colorado • DH HCV Workgroup • FibroScan proposal • HCV referral criteria updated in LCR ARL • CDPHE Hep-DAP committee 	<ul style="list-style-type: none"> • AHRQ-funded care continuum analyses <ul style="list-style-type: none"> ○ DH continuum ○ Institutional comparison KP-DH • ED-based HCV testing research proposal • Birth cohort-based testing in CHCs analysis and manuscript preparation • NIDA-funded HCV Treatment for Drug Users site (PI-Kiser) 	<ul style="list-style-type: none"> • HRAC (syringe access) • Hep C Connection (patient advocacy group) • NACCHO HCV Workgroup • Alliance for Patient Access • DPH policy initiative • HCV update presentations statewide

Partnerships: National Association of City and County Health Officials HCV Workgroup, Alliance for Patient Access HCV workgroup, Colorado Department of Public Health and Environment HCV White Paper workgroup, DPH Stakeholder Group annual meetings, Liver Health Connection (formerly Hep C Connection) Medical Advisory Board

Action Plan Priority Areas: 1, 2, 3

Emory University School of Medicine, Division of General Internal Medicine & Geriatrics (GIM)

<http://medicine.emory.edu/general-medicine-geriatrics/grady.html#Grady> | 404-727-5032

The Emory University School of Medicine, Division of General Internal Medicine & Geriatrics has engaged in several activities within the Grady Health System (Grady) related to the national Action plan for Prevention, Care, and Treatment of Viral Hepatitis. Our efforts have coincided with the following national goals: 1) Increase in the proportion of persons who are aware of their HCV infection from 45% to 66%, and 2) Reduce by 25% the number of new cases of HCV infection.

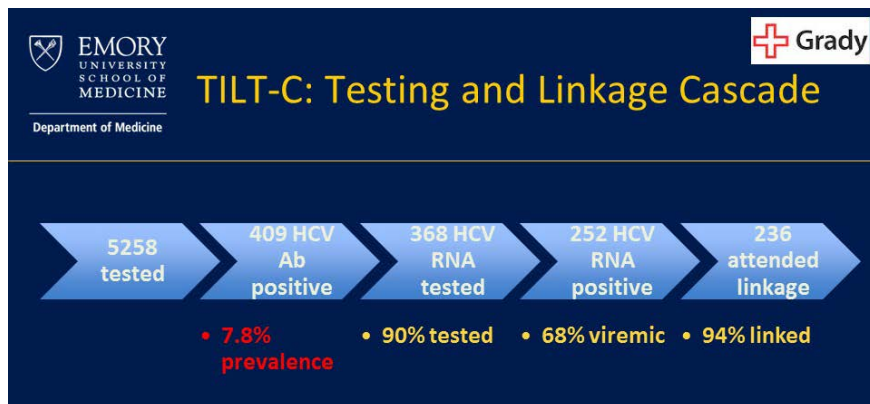
Most Significant Needs

The most significant needs/barriers for our clients and community include access to care, affordability of treatment, and knowledge gaps among the patient population regarding HCV risk factors and treatment options.

Organization Information

The Grady Liver Clinic, operational since 2002, has played a major role in meeting these needs, providing access to specialty care not traditionally available to uninsured patients, and serving as an on-site linkage venue for screening and LTC activities.

The primary driver of activities described herein was a hepatitis C screening and linkage to care (LTC) project funded by the Centers for Disease Control and Prevention (CDC) from 2012-2015 under PS12-1209 (The TILT-C Testing an LTC Cascade, **below**). Via this federally funded project, clinicians and hospital administrators were able to distill best practices for HCV screening and LTC which were subsequently incorporated into usual clinic



workflow. Activities related to these national goals have thus continued beyond the fiscal close of this CDC funded project.

GIM investigators and Grady have received additional non-federal funding from Gilead Sciences, Inc., (HCV FOCUS: On the Frontlines of Communities in the United States) to expand upon the existing HCV initiatives across Grady primary care sites.

Specifically, FOCUS targets persons in the 1945-1965 birth cohort and those with risk factors receiving care in the hospital’s Primary Care Center (located in Grady Memorial Hospital main campus) and in Grady’s Neighborhood Health Centers (located in across Fulton and DeKalb counties of metro Atlanta).

The Emory University School of Medicine, Division of GIM, in coordination with the Grady Health System (Grady) are currently engaged in various system-wide initiatives pertaining to HCV screening, LTC, and treatment. Activities described in this document occur in the Grady Primary Care Center (PCC) and Neighborhood Health Centers (NHC). The PCC houses the Grady Liver Clinic (GLC), a primary care-based hepatitis C specialty clinic run by general internists that provides hepatitis C care and treatment for Grady’s urban, medically underserved, largely African American population. Efforts to engage Emergency Department and inpatient providers within the Grady Memorial Hospital in HCV screening and linkage initiatives are underway.

Awareness Promotion within Community

Emory and Morehouse internal medicine residents practicing in the PCC and primary care providers at Grady NHC’s are trained in HCV screening, linkage and initial work-up. Providers pass this information on to their patients. All referred patients with HCV are scheduled for a group educational session at the GLC prior to the start of treatment/clinical intervention. GLC faculty conduct the educational sessions; patients receive information on HCV risk factors, disease course, treatment options, and support resources in the community.

Broad dissemination of clinic processes and project methodology as well as findings pertaining to numbers of screenings and successful LTC is also a key aspect of HCV initiatives at Grady. The FOCUS team is engaged with various local, regional, and national organizations in order to share best practices and potentially create replicable models of screening, LTC, patient education, and primary care-based HCV treatment.

Increase Capacity of Health Care Providers to Screen and Treat HCV

All internal medicine residents practicing in the PCC receive education on HCV risk factors, screening, and LTC. Training is delivered by GLC attendings in 1:1 sessions. GLC faculty and FOCUS staff also deliver trainings to NHC providers, nursing staff, and administrative personnel.

These educational interventions are bolstered by formal didactic presentations on HCV testing, LTC, and treatment as part of the residency curriculum and faculty continuing medical education program. Due to the residents' exposure to 1:1 sessions with GLC faculty, lectures and rotations in the GLC, residents graduate equipped not only to screen for HCV but to perform comprehensive LTC visits within their own PCC patient encounters.

Strategies for Timely Diagnosis and LTC

Grady administrative leadership is poised to implement reflex HCV RNA testing system-wide based on our successes with testing and LTC activities. Reflex HCV RNA testing will eliminate wait-time for confirmation of chronic infection, allowing precision LTC for only those with confirmed infection and cutting the wait time between screening test and initial linkage visit. The availability of a patient navigator has made a huge impact on our LTC rate, and her personal and frequent contact with newly screened patients contributed to a 94% LTC rate.

Develop Clinical Decision Tools and Care Delivery Models

An HCV screening Best Practice Advisory (BPA) and other EMR (Epic) screening reminders were designed and are currently used by PCC and NHC staff as a result of funding for HCV testing initiatives. We are also leveraging EMR to capture data on the HCV cascade of care including HCV prevalence, LTC, treatment follow-through, and patient level health outcomes. The GLC is recognized as a unique care delivery model for underserved patients with HCV infection. EMR based clinical decision tools are integral to clinical care in the GLC.

Reaching Injection-Drug Users with Education/Prevention

Injection-Drug users (IDUs) linked to care at the GLC attend the group education session where harm reduction strategies and transmission risks are discussed. The GLC considers all patients with HCV infection as potential treatment candidates, and "treatment as prevention" is taken into consideration for active (IDUs).

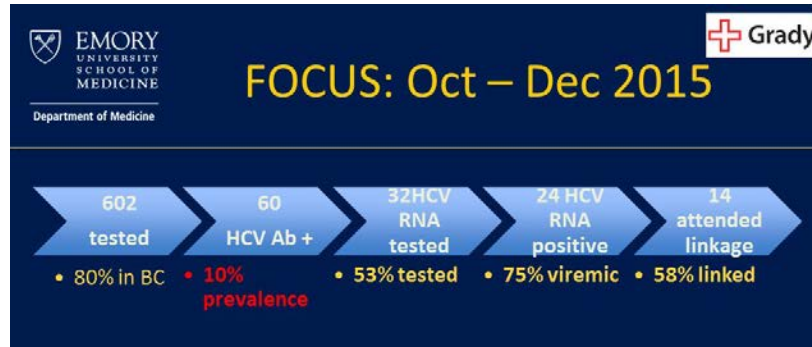
Improving Hepatitis Infection Awareness in Medical Settings

Through FOCUS project and currently implemented clinical workflow, Grady primary care providers target screening for baby boomers and those with HCV risk factors. GLC faculty leading these projects engage in numerous educational activities to raise awareness amongst providers about HCV prevalence in this population and the need for screening and LTC.

Strategies to Foster Collaboration and Stakeholder Engagement

Stakeholders within Grady leadership are in final stages of approval for the incorporation of universal reflex HCV RNA testing across the health system. These decisions are based on CDC recommendations, and successes of previous CDC-funded project and current FOCUS projects. Additionally, GIM FOCUS faculty are partnering with an HIV screening project team to examine universal screening of the Grady inpatient population for HCV and HIV. The team aims to determine costs, health outcomes, resources needed to link to care and treat, along with utilization of EMR for screening triggers and patient follow-up/outcomes in conjunction with patient navigators to ensure appropriate and timely linkages to care for persons with shared risk factors for HIV and HCV.

Results from the testing and LTC Cascade for HCV FOCUS from October-December 2015 are shown in figure below.



Dates of Implementation: Non-federal (i.e. FOCUS-sponsored) work began September, 2015.

Related Action Plan Goals: Initiate screening for all at-risk populations and all ages within Grady patient population; automatic reflex HCV RNA testing for all positive HCV Ab tests; open opportunities for LTC via GLC or Morehouse infectious disease clinic for all patients with HCV infection.

Geographic Area and Populations Served: Fulton and DeKalb Counties of Metro-Atlanta Area; any patient seeking services of safety-net hospital (largely Medicaid/underinsured/uninsured populations)

Partnerships: Emory School of Medicine, Division of General Internal Medicine & Geriatrics; Grady Health System (includes: Primary Care Center, Neighborhood Clinics, Grady Liver Clinic; Morehouse Primary Care, Morehouse Infectious Disease Clinic).

Action Plan Priority Areas: 1, 2, 5

Fresenius Medical Care North America

www.freseniusmedicalcare.us | 781-699-2424

Fresenius Medical Care North America is the largest provider of renal dialysis services in the United States, providing dialysis treatments to over 170,000 individuals with end stage renal disease (ESRD) at over 2,200 dialysis facilities nationwide. We support the Action Plan's stated vision of a nation resolved to combat the silent epidemic of viral hepatitis C (HCV). We are committed to working to prevent new cases of viral hepatitis, to providing diagnoses to persons who are already infected, and to offering high-quality counseling, care, and treatment to infected individuals.

Most Significant Needs

Within the hemodialysis population, the prevalence of HCV positivity is estimated to be between 5.5 and 15 percent. 1, 2 Fresenius Medical Care found that 96,000 of its patients (56% of patients) were HCV antibody tested between January 1, 2015 and October 31, 2015. Of these, 7 percent were reactive for HCV. Only a small number of patients (259) with a reactive HCV Ab had confirmatory RNA testing performed, and 60 percent were positive for HCV.

Despite implementation of infection control protocols the CDC recently issued Health Advisory 3 reporting an increased number of newly acquired hepatitis C virus (HCV) infections among patients undergoing hemodialysis. The CDC health advisory reiterated prior recommendations for providers to follow CDC guidelines for dialysis providers and facilities to test chronic hemodialysis patients upon admission and every six months thereafter, and they issued specific recommendations to assess current facility infection control practices and follow recommendations for management of patients who test positive. The CDC health advisory added that *"Persons with chronic HCV infection, including those with end-stage renal disease, may benefit from treatment."*

Organizational Highlights

The recent FDA approval of a drug, Zepatier™, that is proven to be effective in the treatment for cure of Hepatitis C in patients with kidney failure, enhances the opportunity to achieve the goals of the action plan. It is the intent of Fresenius Medical Care to eradicate the Hepatitis C virus (HCV) in our population to the greatest extent practicable.

FMC Project to Eradicate HCV in Hemodialysis Patient

To advance our goal of eradicating HCV in our population to the greatest extent practicable, Fresenius Medical Care has developed and will implement in 2016 the following project: (1) testing all ESRD patients upon admission and semi-annually per CDC recommendations to understand their HCV status; (2) inform and evaluate chronically infected patients for appropriate therapy; (3) develop coordinated treatment plans with collaborating nephrologists, hepatologists and infectious disease specialists; (4) provide education to staff, nephrologists and patients; (5) create a Multidisciplinary Care Management Team, including dialysis facility and renal-certified pharmacists and staff to assist in: (a) patient counseling; (b) obtaining access to therapy, including acting as an advocate for the patient for purposes of obtaining insurance approval and payment; (c) monitoring drug-drug interaction and safety; (d) monitoring patient compliance; (d) securing delivery of pharmaceuticals; (e) coordination of lab testing.

Consistent with an analogous principle of herd immunity, we will closely monitor the threshold proportion of HCV positive individuals, with the expectation that a significant decline in incidence of infection in dialysis facilities will be achieved by reducing the overall burden of HCV in the ESRD population.

Due to the frequent interactions patient have with their dialysis clinic, it is consistent with principles of good care coordination that the dialysis setting is the logical venue for management and close monitoring of ESRD patients undergoing treatment for Hepatitis C. ESRD patients are prescribed to take an average of 14 medications daily. Thus, it is very important for caretakers to continually ensure adherence to costly Hepatitis C treatment medication regimens. Additionally, the coordination of lab testing in already anemic patients who have vascular access difficulties is important, as the lab draw can be easily performed during the hemodialysis process.

Action Plan Priority Areas: 2, 6

Harlem Hospital

www.nychealthandhospitals.org/harlem

Harlem Hospital is a 286-bed acute care facility and a designated Level 1 Trauma Center, with a full spectrum of specialty services, including a burn unit, an adult intensive care unit, a neonatal intensive care unit, a pediatric intensive care unit, and a cardiac care unit. Harlem Hospital is part of the New York City Health and Hospital Corporation (HHC) network of hospitals. Harlem Hospital Center is the largest hospital in Central Harlem, capable of treating the most seriously ill. The Hospital provides over 90 specialized ambulatory care services, including same-day, behavioral health services, community substance abuse treatment, dentistry and oral surgery.

Most Significant Needs

The standard previous practice provided limited linkage of care because patients were sent to the laboratory for additional testing and frequently either did not go to the laboratory for a blood draw, or if they did, they did not return to the clinic for their results. The birth cohort screening, as mandated by NYS Law, was limited due to lack of a point of care testing and it was estimated that there were approximately 5,000 patients that needed to be screened for HCV. Other significant considerations for combating HCV are the lack of dedicated patient navigators to assist patients through the continuum of care and limited pharmacy benefit support (especially for the indigent patients) to pay for treatment.

Organizational Highlights

HCV Screening Pilot was focused on screening patients within the birth cohort (birth date between 1945-1965) in Adult Primary Care Medicine at Harlem Hospital Center and diagnosing chronic HCV infection with linkage to Gastroenterology for comprehensive care and treatment.

In 2014, HHC began to identify hospitals with a disproportionate share of patients that were at risk for HCV where screening programs would benefit from a point of care test to maximize linkage of care. In June 2015, HHC identified Harlem Hospital’s Primary Care Clinic as a site for an HCV pilot program. The program began testing in October 2015. Over four months, the clinic has screened 317 patients, identifying a 5 percent (4.7) seropositivity rate, with 100 percent of patients positive for the screening test receiving PCR/Genotype test result. 100 percent of HCV chronically infected patients were linked to comprehensive gastroenterology care within Harlem Hospital. This was a marked changed from previous practice where patients were not adequately screened or linked to care.

Harlem Hospital currently serves a disproportionate share of individuals living at our below the poverty level. The majority of patients are African American or West African descent (67%), followed by Hispanic (30%), and Caucasian (3%) and live within the Harlem region of NYC. The program design was to provide every baby boomer a life time screen and link all chronically infected individuals to care within the Harlem Hospital Center. **Below** is a breakdown of number of tests, antibody positive results, PCR/Genotype positive results and linkage to care. OraQuick Rapid HCV Antibody Test was used as the point of care test and the PCR/Genotype was sent outside of the hospital for national laboratory testing.

Number of patients screened with POCT	Number of patients that received the POCT result	Number of HCV antibody positive test results at POCT	Number of PCR/Genotype Test Results	Number of Patients Linked to Care
317	317	15	15	15

Action Plan Priority Area: 2

MedStar Health

<http://www.medstarhealth.org/mhri/> | 202-877-0679

MedStar Health is a not-for-profit healthcare system encompassing 10 hospitals, 20 diversified healthcare entities, 6,000 physicians with several physician practices and 300 service locations in Maryland and Washington, D.C. There were a total of 207,731 inpatient admissions/ observation days and nearly 4 million outpatient visits during the 2014 fiscal year.

MedStar Health Research Institute (MHRI), an entity of MedStar Health, provides scientific, administrative, and regulatory support for research and service programs that complement the key clinical services and teaching programs in the MedStar Health system. Testing and linkage activities were initially conducted in the MedStar Washington Hospital Center (MWHC), a not-for-profit, 926-bed teaching and research hospital located in DC. It is located in Ward 4, bordering Ward 5 of the District, and serves patients from all city wards. In July 1 2015, HCV testing in those born between 1945 and 1965, the Birth Cohort, was expanded to MedStar Health Primary Care Ambulatory practices.

Most Significant Needs

Regarding significant need, patient-, provider-, and system-level gaps in HCV education, awareness, and testing and linkage practices are evident. Patients demonstrate an insufficient understanding of HCV risk and transmission factors, treatment options and general health consequences. A lack of psychosocial support for inadequate resources (i.e., food, housing, financial, transportation, psychological) is also a considerable hurdle. Providers are perhaps less inclined to follow CDC, USPSTF and CMS HCV testing guidelines due to lack of knowledge and/or burdensome practice settings, and therefore do not test at the frequency requisite to identify all infected patients. Additionally, while effective treatments for HCV exist, 90 percent of patients fail to achieve cure because of the complexity of the treatment pathway, or the hepatitis C cascade of care (HCoC). Limited training opportunities focused on the health consequences of HCV and its management and treatment contributes to suboptimal Provider practices. Finally, high HCV medication pricing and limited insurance impact, coupled with specific buy-in for automated HCV testing are all system-level barriers. Additionally, restrictive policy recommendations (i.e., CMS not covering Emergency Department HCV Ab testing for baby boomers and high-risk patients) prohibit progress toward HCV eradication.

Organizational Highlights

- In 2014, with funding from the Gilead FOCUS partnership, we expanded our program within MWHC to identify and link back into appropriate HCV care, patients who were previously tested HCV positive and who had fallen out of care. This was accomplished through an EHR search for MWHC PCC patients who had a history of HCV infection (either HCV Ab or HCV RNA positive) but who did not have an HCV specialty visit in more than one year. Once identified, we queried PCPs to either initiate or allow our team to initiate contact. Once linked (i.e., an appointment had been made with our team) we continued with follow-up contact until the patient was successfully engaged in HCV care (i.e., seen at an office visit by ID or GI/hepatology).
- In an effort to provide a higher level of service, we assumed most clinic-related responsibilities, such as appointment scheduling and medication prior authorizations. In addition to two dedicated providers, we hired a patient navigator (formerly a medical assistant in the clinic) and two social workers (formerly inpatient hospital social workers) to engage patients, assess and resolve barriers throughout the HCoC, coordinate the medication authorization process, and engage external organizations to create HCV-focused referral options and services.
- Testing days, supported by targeted media campaigns, were held at our hospital to increase HCV awareness, provide rapid tests and on the spot HCV counseling services. Additional testing and educational events were conducted at external sites (i.e., group homes/shelters, external health centers, church congregations) and fast-track appointments to ID were provided for those HCV Ab positive.

- Between 2014 and January of 2016, our program identified 394 eligible patients, 85.3 percent (n=336) of patients have been linked to care (i.e., the patient has been contacted and an appointment was made), and 89.6 percent (n=301) of those linked have been seen at appointment. Of those seen, 95.3% (n=287) of were RNA positive; and of those positive, liver staging was ordered for 97.2 percent (n=279), with 97.5% completing (n=272); HCC screenings were ordered for 94.1 percent (n=270), with 74.1% (n=200) completing. Regarding treatment, prescriptions have been written for 49.8 percent (n=143) of patients, with 28.6 percent (n=82) of patients currently on treatment, and 12.9 percent (n=37) of people have achieved SVR12 and are considered cured. Of those treated, there was a 46.9 percent decrease in median weeks between first provider visit and treatment initiation for patients seen within the 2015 calendar year as compared to 2014.
- Also in 2014, we received funding from the Gilead FOCUS partnership to expand HCV identification and linkage efforts into the entire MedStar Health Primary Care network. This program proposed to: 1) create an EHR generated, MedStar-wide HCV Birth Cohort (BC) and risk-based EHR-based testing protocol; 2) provide or request HIV tests for all patients who test HCV Ab positive as a quality improvement measure; 3) perform geographic area analysis on all chronic HCV patients (Geocoding) to investigate transmission as well as continuum of care patterns in HCV disease. This will include characterizing the geographic variations of HCV infection and identifying sociodemographic and clinical factors that create either facilitators or barriers to access and maintain successful HCV care and treatment; and 4) identify and create a HCV preferred providers network within the MedStar Health system to provide expedited linkage, management and care services, as well as train primary care providers to manage HCV.
- In November of 2014, the MedStar Health Ambulatory Quality Best Practices Committee approved a MedStar-wide EHR-based HCV testing protocol. The protocol went live on July 1, 2015 in the Centricity EHR. A prompt populated into a patient's chart in they were born in the BC, not yet tested nor already HCV positive; and can be viewed by the provider within the protocols due at that visit. However, providers must manually search which protocols are due. Between July 1 and December 31, 2015, 52,846 patients were eligible, 7,661(14.5%) HCV tests were conducted, 59.2 percent (n=4,532) from BC patients and 40.8 percent (n=3,129) from non BC patients, presumptively high risk. Of those tested, approximately 98% were negative and 1% were reactive.
- Programs such as these have the potential to dramatically increase awareness of the health impact of HCV on our health system. Development of protocols in large health care systems can be used to inform policy in regard to the health of patients with chronic HCV, and other chronic medical problems.

Partnerships: Gilead

Action Plan Priority Areas: 1, 2

Memorial Hermann Healthcare System (MHHS)

www.memorialhermann.org | 713-704-5660

Memorial Hermann Healthcare System (MHHS) is a level one tertiary referral and level one trauma center that treats over 63,000 patients annually. It is also a private, not for profit, healthcare system with 8 community hospitals throughout the Houston eligible metropolitan area (EMA).

Most Significant Needs

Attention needs to be addressed by the Centers for Medicare and Medicaid Services (CMS) to alter the current definition for reimbursement. The current CMS definition clearly excludes emergency departments from routine HCV screening. CMS proposes to reimburse screening for HCV when ordered by the beneficiary's primary care physician or practitioner within the context of a primary care setting, but not in the emergency department setting or more importantly inpatient rehabilitation facilities or clinics that address IV drug use and addictions. This definition needs to be altered so that ED's can screen free of grant dollars.

The current policy statement for Medicaid requires a Fibrotest to rule out fibrosis before any treatment medications can be prescribed. HCV medications will not be covered by Medicaid until the patient has reached a Fibroscore of four. While the Fibrotest is a good marker for determining fibrosis, withholding treatment is not beneficial in leading to cure of HCV as the patient is typically ill and showing worsening signs of liver disease.

Medicare, Medicaid and certain private pay groups such as Amerigroup and Cigna do not have the new HCV treatment options, Harvoni, Sovaldi, Zepatier and Olysio. These groups prefer to treat HCV patients with old methods such as Ribavirin, Interferon and Pegasys that have not lead to cure and have in fact made patients more ill.

Organizational Highlights

In 2014, MHHS integrated birth cohort HCV screening into their ED based HIV screening project. Funding was gained from Gilead HIV Focus to conduct a pilot at the MHHS Texas Medical Center location to screen patients in the ED born 1945-1965 for HCV. The pilot was a resident driven model that screened 1870 patients identifying 191 antibody positive patients. Since then, the program has expanded to all 9 community hospitals of MHHS and added confirmatory RNA testing to the methodology so that active disease is diagnosed. The positivity rate has been on average 10 percent antibody-positive and 6 percent confirmatory positive.

Raising awareness about viral hepatitis among the general public, specific targeted populations, and/or community leaders

HCV TV commercials – notify the public of treatment choices and provide the opportunity to learn more of these options.

Training and/or increasing capacity of health care providers to prevent, diagnose, treat viral hepatitis.

Hepatologists providing education to Primary Care physicians via “lunch and learns” so that the responsibility of treatment does not fall completely to hepatology. Project Echo - Project ECHO is a lifelong learning and guided practice model that revolutionizes medical education and exponentially increases workforce capacity to provide best-practice specialty care and reduce health disparities. This model has been effective in aiding HCV treatment to a primary care location via partnership with a hepatologist who guides treatment tele-video to the patient and primary care in the community.

Developing/implementing clinical decision support tools and/or improved protocols in clinical settings that improve viral hepatitis health outcomes.

Table 1. Standardized Testing Algorithm—Improved Surveillance (PILOT - 2014 Antibody Only - TMC Campus Only)

Date	Total Screened	Antibody+	RNA+	Antibody Positivity (%)	RNA Positivity (%)
Jan-14	145	11	-	-	-
Feb-14	148	19	-	-	-
Mar-14	146	17	-	-	-
Apr-14	155	8	-	-	-
May-14	87	6	-	-	-
Jun-14	193	18	-	-	-
Jul-14	217	18	-	-	-
Aug-14	178	13	-	-	-
Sep-14	138	4	-	-	-
Oct-14	221	19	-	-	-
Nov-14	112	11	-	-	-

Table 2. Standardized Testing Algorithm— Improved Surveillance (ALL 9 MH LOCATIONS - RNA confirmatory added)

Date	Total Screened	Antibody+	RNA+	Antibody Positivity (%)	RNA Positivity (%)
Dec-14	773	59	16	7%	2%
Jan-15	912	86	36	9%	4%
Feb-15	654	67	28	10%	4%
Mar-15	766	57	21	7%	3%
Apr-15	811	66	42	8%	5%
May-15	739	83	73	11%	10%
June-15	780	80	58	10%	7%
July-15	736	68	30	9%	4%
Aug-15	644	61	31	9%	5%
Sept-15	621	70	36	11%	6%
Oct-15	551	67	37	12%	7%
Nov-15	529	61	30	11%	6%
Dec-15	468	59	31	13%	7%

Additional comments

CDC has recommended that a person be considered to have serologic evidence of HCV infection only after an anti-HCV screening-test-positive result has been verified by a more specific serologic test (PCR-RNA or NAT). Supplemental testing is necessary to identify and exclude false positive screening test results. However, currently, the majority of laboratories report positive anti-HCV results based on a positive screening assay alone. This reporting does not lead to the identification of active disease nor does it aid in the identification and surveillance of acute infection.

Partnerships: Gilead

Action Plan Priority Areas: 1, 2

Texas HepCA Working Group

<https://www.texmed.org>

The Texas HepCA Working Group is comprised of hepatologists and oncologists across Texas representing major universities and cancer centers. Representatives come from Houston Methodist Hospital, University of Texas, Houston, Baylor College of Medicine, Houston, University of Texas-Southwestern, Texas Tech University Health Sciences Center, University of Texas, San Antonio, M.D. Anderson Cancer Center, and the previous Chairman of the Cancer Committee for the Texas Medical Association.

Most Significant Needs

Our group, Texas HEPCA has received a grant through the Texas Medical Association Foundation to raise awareness both in the physician community and the general community about screening for hepatocellular carcinoma. Key in this screening is screening for hepatitis C. In Texas, 38% of patients presenting with hepatitis C to their primary care physician for the first time already have cirrhosis.

In our combined practices, we see many Medicaid patients. It has been deeply concerning to all of us that Texas Medicaid has placed restrictions on new curative treatments to these patients. We are particularly concerned with the restriction of not allowing treatment in patients unless they have fibrosis scores of F3, F4. This eliminates the vast majority of our patients from having curative therapy that would result in eliminating the chance for the development of cirrhosis and the chance for liver cancer.

Numerous studies have shown that this is not a cost-effective measure. The fact that the current state appropriation limits treatment to only 1,000 patients is also deeply concerning to our group. In our combined group practices in cities like Houston, San Antonio, Dallas, Austin and Lubbock, we easily see many more patients that can be helped by curative therapy than your budget allows. Furthermore, this lack of access directly contradicts recent guidance from CMS that reminded Medicaid programs that they cannot take cost into consideration when evaluating formulary access, nor can they ration care to only the sickest of patients. It appears in Texas this is still very much the process. Private insurances are increasingly allowing broader access to treating patients with hepatitis C with these new curative therapies. This prevents the disease from advancing and thus not only prevents the costly treatment of cirrhosis but also hepatocellular carcinoma.

We are deeply disturbed that there exists a disparity in the area of treatment of viral hepatitis between the Medicaid and private insurance population. As physicians who treat these patients, this pronounced disparity must end. As a group of physicians who have devoted our lives to this area of study and treatment, we urge you to allow to broader access of these life-saving medications to our patient population in Texas. We must see an increase in the budget that provides life-saving treatment for this group of patients. It makes economic, medical and, most importantly, moral sense to do such.

The Texas HepCA Working Group

Howard P. Monsour, Jr., MD, Ahmed O. Kaseb, MD, Hashem B. El-Serag, MD, MPH, RY Declan Fleming, MD, FACS, Kanwal Raghav, MD, Fernando Membreno, MD, Amit Singal, MD, MS, Tinsay A. Woreta, MD, MPH, Moises I. Nevah, MD

Partnerships: Texas Medical Association

Action Plan Priority Area: 2

University at Buffalo/Prevention, Education and Treatment of Hepatitis C (PET-C) in Collaboration with START Treatment & Recovery Centers

medicine.buffalo.edu/faculty (Dr. Andrew Talal) | 716-829-6208

Our activities have primarily been directed toward increasing the proportion of persons who are aware of their hepatitis C virus (HCV) infection and reducing number of new cases of HCV infection. Activities that have contributed toward the action plan's goals have been targeted toward education and linkage to care for persons with substance use disorders, especially those on opiate substitution therapy.

Most Significant Needs

The most significant needs that opiate agonist treatment program (OATP) clients experience with respect to combating viral hepatitis are awareness of HCV infection, linkage to care, access to medications, and education about the infection and the changing therapeutic landscape.

Organizational Highlights

PET-C project description

In 2012, we initiated a project entitled "Prevention, Education and Treatment for Hepatitis C" or PET-C in collaboration with START Treatment & Recovery Centers, an OATP that owns and operates seven methadone maintenance clinics in Brooklyn and Manhattan with a total census of approximately 2,800 clients. The overall objective of PET-C is to integrate telemedicine-based treatment for HCV into the substance use treatment facility.

- *HCV-related education:* After an initial survey of clients to assess their willingness to participate, onsite HCV-related education was initiated. Clients attend two separate one hour sessions. Through August 2015, we had educated 130 individuals who demonstrated a significant increase in HCV-related knowledge (Zeremski, et al, 2016).
- *Telemedicine-based HCV treatment:* Commencing in March 2015, we have had weekly telemedicine sessions during which START clients with detectable HCV RNA and who have participated in the HCV education sessions are evaluated for HCV treatment eligibility using a secure, two-way telemedicine link. During these sessions, Dr. Talal and a START-employed physician assistant, Phyllis Andrews, evaluate patients for HCV treatment eligibility. HCV medications are ordered electronically and procured by City Drugs Specialty Pharmacy for clients who are deemed treatment-appropriate. HCV medications are delivered by the pharmacy to the OATP where they are administered simultaneously with methadone. During treatment and after treatment cessation, patients are evaluated jointly by Dr. Talal and Ms. Andrews via telemedicine. Between March and November 2015, 24 patients were evaluated for HCV treatment. Satisfaction with the telemedicine-based treatment approaches as well as adherence have been outstanding. The first treatment outcome results will be presented publically at the International Liver Meeting in April 2016.

Triple E for HCV (Engagement, Education and Eradication of HCV among Patients with Substance Use Disorders) project description

Chronic Liver Disease Foundation (CLDF) is sponsoring an HCV educational initiative targeted to health care providers who work with individuals with substance use disorders. A steering committee was convened during 2015 with representation from federal agencies (HHS, NIDA/NIH, SAMHSA), academic institutions, and community-based organizations. An HCV educational intervention has been designed and administered to ~15 OATPs throughout the United States to date.

Partnerships: START Treatment & Recovery Centers

Action Plan Priority Areas: 2, 5

Appendix A – Glossary

Action Plan	Combating the Silent Epidemic of Viral Hepatitis: Action Plan for the Prevention, Care, & Treatment of Viral Hepatitis 2014-2016
AETC	AIDS Education and Training Center
AHRQ	Agency for Healthcare Research and Quality
ASTHO	Association of State and Territorial Health Officials
CDC	Centers for Disease Control and Prevention
CLDF	Chronic Liver Disease Foundation
CMS	Centers for Medicare & Medicaid Services
DAA	Direct-acting antiviral
DOJ	Department of Justice
DVH	Division of Viral Hepatitis
EMR	Electronic Medical Record
ESRD	End stage renal disease
FDA	Food and Drug Administration
FQHC	Federally Qualified Health Center
HAV	Hepatitis A virus
HBsAg	Hepatitis B surface antigen
HBV	Hepatitis B virus
HCC	Hepatocellular carcinoma
HCV	Hepatitis C virus
HFA	Hemophilia Federation of America
HHS	U.S. Department of Health and Human Services
HIT	Health information technology
HRSA	Health Resources and Services Administration
IDSA	Infectious Diseases Society of America
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
LHU	Local health units
MSM	Men who have sex with men
NACCHO	National Association of City and County Health Officials
NASTAD	National Alliance of State and Territorial AIDS Directors
NHC	Neighborhood Health Center
NHCAC	National Hepatitis C Advocacy Council
NHF	National Hemophilia Foundation
NIH	National Institutes of Health
OATP	Opiate agonist treatment program
OHAIDP	Office of HIV/AIDS and Infectious Disease Policy

OMH	Office of Minority Health
PCC	Primary Care Center
PWID	persons who inject drugs
REDCap	Research Electronic Data Capture
RFI	Request for Information
RHA	Regional Health Administrator
RW	Ryan White
SAMHSA	Substance Abuse and Mental Health Services Administration
USPSTF	U.S. Preventive Services Task Force
VA	Veterans Affairs
VHAP	Viral Hepatitis Action Plan
VHPC	State Viral Hepatitis Prevention Coordinator
VIS	Vaccine Information Statements

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Drexel University College of Medicine/ C a Difference Program	✓	✓			✓	
Wayne State University (WSU)		✓				
Advocacy Groups and Coalitions						
Asian & Pacific Islander American Health Forum (APIAHF)	✓					
Bleeding Disorders Community	✓	✓				
Caring Ambassadors Program, Inc.	✓	✓			✓	
Hep Free Hawaii (HFH)	✓	✓	✓	✓	✓	✓
Hepatitis B Foundation (HBF)	✓	✓		✓		
Hepatitis C Policy Project (HPP) at the O’Neill Institute for National and Global Health Law			✓			
HIV/HCV Co-Infection Watch	✓				✓	
HONORreform						✓
National Viral Hepatitis Roundtable (NVHR)	✓					
Project H+EAL (Health + Education for the Asian Liver)	✓					
Project Inform	✓				✓	
Community-Based Organizations						
Alabama Coalition for Testing, Interventions, and Engagement in HCV Care (ACTIVE-C)	✓	✓	✓			
Asian American Community Services (AACS)	✓	✓		✓		
Association of Asian Pacific Community Health Organizations (AAPCHO)	✓	✓	✓	✓		
HIV Alliance	✓	✓			✓	
North Jersey Community Research Initiative (NJCRI)	✓	✓			✓	
Consulting Firm						
Imagine Hope, Inc.		✓				
Local/City Health Departments						
Baltimore City Health Department (BCHD)	✓	✓	✓			
Boston Public Health Commission (BPHC)	✓				✓	
Hepatitis C Allies of Philadelphia (HepCAP)	✓	✓				
New York City Department of Health and Mental Hygiene (NYC DOHMH)	✓	✓	✓	✓	✓	
San Francisco Department of Public Health (SFPDH)	✓	✓			✓	
Snohomish Health District (SHD)	✓	✓	✓	✓	✓	
State Health Departments						
Arizona Department of Health Services	✓	✓		✓		✓
California Department of Public Health (CDPH), Office of Viral Hepatitis Prevention	✓	✓	✓	✓		
Illinois Department of Health (IDPH)	✓	✓	✓	✓	✓	
Maryland Department of Health and Mental Hygiene	✓	✓	✓	✓		
Oregon Department of Corrections		✓		✓	✓	
Texas Department of State Health Services	✓	✓		✓		
Utah Department of Health		✓				
Virginia Department of Health, Office of Epidemiology	✓	✓	✓		✓	
Non-Profit Organizations						
Alaskan AIDS Assistance Association (Four A’s)		✓			✓	
Asian Liver Center at Stanford University (ALC)	✓	✓		✓		

Appendix C – Index of Respondents by Action Plan Priority Area

Index of Respondents by Action Plan Priority Area	1	2	3	4	5	6
Forum for Collaborative HIV Research	✓					
Hepatitis Education Project (HEP)	✓	✓		✓	✓	
Hepatitis Foundation International (HFI)	✓					
Immunization Action Coalition (IAC)	✓	✓		✓		
National Black Leadership Commission on AIDS, Inc. (NBLCA)	✓	✓				
Special Service for Groups/Health Integration for At-Risk Racial/Ethnic Communities (SSG/HI-ARC)	✓	✓		✓	✓	
Professional Associations						
American Association for the Study of Liver Diseases (AASLD)	✓	✓	✓	✓	✓	✓
American College of Nurse-Midwives (ACNM)				✓		
Association of State and Territorial Health Officials (ASTHO)	✓	✓		✓		
Council of State and Territorial Epidemiologists (CSTE)			✓			
Hepatitis C Association	✓	✓				
National Alliance of State & Territorial AIDS Directors (NASTAD)	✓	✓	✓	✓	✓	
National Association of County and City Health Officials (NACCHO)	✓	✓	✓	✓		✓
Community Providers (Medical and Behavioral Health)						
Alameda Health Consortium (AHC)	✓	✓				
Asian Services in Action, Inc.		✓	✓			
Borinquen Medical Centers [FQHC]	✓			✓		✓
Boston Health Care for the Homeless Program (BHCHP) [FQHC]	✓	✓	✓	✓		
Charles B. Wang Community Health Center (CBWCHC) [FQHC]	✓	✓	✓	✓		
Clinica Bienestar	✓	✓				
Council on Prevention and Education: Substances (COPES), Inc.		✓			✓	
Gateway Community Services, Inc.	✓	✓			✓	
Guidance/Care-Center, Inc. (GCC)		✓		✓		
Horizon Health Center [FQHC]	✓	✓				
International Community Health Services (ICHS) [FQHC]	✓	✓		✓		
Recovery Network of Programs		✓		✓		✓
Rhode Island Defeats Hepatitis C (RID Hep C)	✓					
Sunrise Community Counseling Center, Inc. (SCCC)		✓		✓		
WestCare California	✓	✓				
Hospital/Healthcare System/Health Care Company						
Denver Health and Hospital Authority (Denver Health)	✓	✓	✓			
Emory University School of Medicine, Division of General Internal Medicine & Geriatrics (GIM)	✓	✓			✓	
Fresenius Medical Care North America		✓				✓
Harlem Hospital		✓				
MedStar Health	✓	✓				
Memorial Hermann Healthcare System (MHHS)	✓	✓				
Texas HepCA Working Group		✓				
University at Buffalo/Prevention, Education and Treatment of Hepatitis C (PET-C) in Collaboration with START Treatment & Recovery Centers		✓			✓	

Appendix D – Viral Hepatitis Information from Federal Agencies

Many of the federal agencies engaged in developing and implementing the Action Plan offer information on the prevention, care and treatment of hepatitis B and C. Visit these specific sites for resources you can use:

- HHS [Office of HIV/AIDS and Infectious Disease Policy \(OHAIDP\)](#)
- HHS [Viral Hepatitis webpage](#)
- HHS [Action Plan for the Prevention, Care & Treatment of Viral Hepatitis](#)
- CDC: [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Strategic Plan through 2020](#)
- CDC: [Division of Viral Hepatitis](#)
- FDA: [Hepatitis B & C Information](#)
- HHS/OMH: [Viral Hepatitis in the African American Community \(PDF - 460 KB\)](#)
- HRSA/Bureau of Primary Health Care: [Hepatitis: Action Steps and Guidelines for Health Centers](#)
- NIH: [Hepatitis Health Information](#)
- NIH/NIDA: [Viral Hepatitis—A Very Real Consequence of Substance Use](#)
- NIH/NIDDK: [What I need to know about Hepatitis B](#) and [What I need to know about Hepatitis C](#)
- VA: [Viral Hepatitis Information for Veterans and the Public](#)
- Vaccines.gov: [Hepatitis B](#)
- AIDS.gov: [HIV and Hepatitis B Coinfection](#) and [HIV and Hepatitis C Coinfection](#)
- Federal viral hepatitis social media accounts: [@CDCHeP](#) and [@HHS_ViralHep](#)



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