



ELIMINATE HEPATITIS C SAN DIEGO COUNTY INITIATIVE

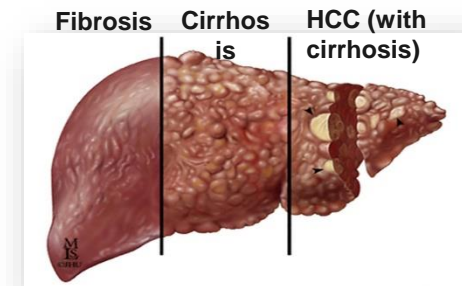
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November 5, 2019
Health Services Advisory Board Meeting*



HEPATITIS C



- Hepatitis C is a liver disease caused by the hepatitis C virus (HCV).
- HCV is transmitted through blood.
- Can cause liver cirrhosis (scarring), liver cancer, liver failure and death.
- Of every 100 people infected with HCV:
 - 75-85 will develop chronic infection.
 - 10-20 will develop cirrhosis (scarring).
- Most have no symptoms initially and have the disease for many years before it is diagnosed.
- An estimated 3.5 million people in the United States have chronic hepatitis C.
- An estimated 400,700 Californians live with chronic HCV, but many do not know they are infected.





EPIDEMIOLOGY

More than **2,500** cases of chronic HCV reported every year in San Diego County.

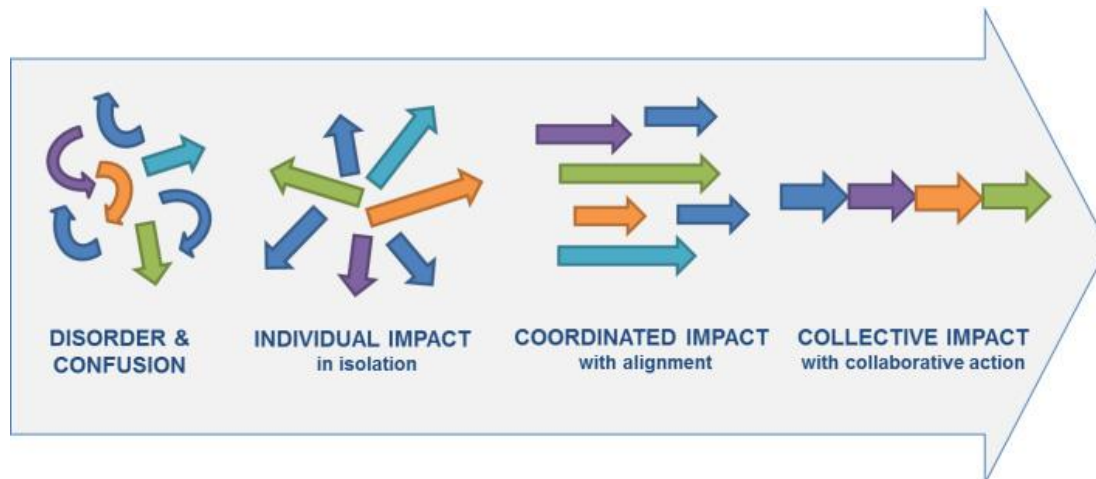
2011-2016 approximately **70-100** San Diego County residents died per year with chronic HCV listed as an underlying cause of death.

Both men and women affected, **63%** of reported cases occur in ages 45+.

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- Other jurisdictions, including New York City, New York State, and San Francisco, have launched initiatives to combat HCV.
- Collective impact approach through a public-private partnership.
- Key stakeholders engaged from 65 organizations representing all impacted populations in San Diego County.
- Over the past 12 months, the American Liver Foundation has served as the facilitating agency for initiative.





Targets*:

**80% decrease
of incidence of
chronic HCV
by 2030.**

**65% reduction
of HCV
mortality by
2030.**

*Based on best current estimates.



Five committees established:

1. Advisory

- Made critical decisions regarding the governance, vision, and cross-cutting activities of the initiative.

2. Steering

- Acted as the coordinating committee of the initiative.

3. Research & Surveillance

- Broached the question of how to estimate local HCV burden and monitor HCV elimination progress.

4. Access, Testing, Treatment, & Prevention

- Comprised of clinicians, pharmacists, and other direct service staff who work for agencies that offer HCV prevention and/or community-based HCV testing, treatment and linkage services.

5. Consumer

- Provided input to all committees and serves as a voice for those affected or at greater risk of being exposed to HCV.

NINE RECOMMENDATIONS



1. Increase awareness of HCV as major public health concern

2. Implement prevention strategies

3. Screen for HCV

4. Ensure linkage to care and treatment

5. Build workforce capacity

6. Ensure access to direct-acting antivirals (DAAs)

7. Ensure surveillance, evaluation, & monitoring

8. Pursue policies to help achieve elimination

9. Support HCV research



Recommendation 1: Promote awareness of HCV as a major public health concern.

- Implement a HCV Campaign.
- Increase social media activities.
- Increase ways for people to access information and linkage to care 24/7.
- Educate decision makers about HCV.



Recommendation 2: Implement prevention strategies.

- Increase access to programs, services, and activities to reduce harm.
- Increase availability and ensure access to substance use disorder and mental health treatment.



Recommendation 3: Screen for HCV.

- Expand HCV screening.
- Promote HCV RNA reflex testing.
- Provide screening, diagnosis, and results to individuals in nontraditional settings.



Recommendation 4: Ensure linkage to care and treatment.

- Re-engage populations with HCV who have not linked to care.
- Create patient navigation program.
- Engage healthcare systems and providers to create HCV care cascades.
- Develop population specific strategies.
- Identify patients with advanced liver disease.



Recommendation 5: Build workforce capacity.

- Engage and support providers in non-specialty settings.
- Coordinate and streamline referral pathways to treatment providers.



Recommendation 6: Ensure access to direct-acting antivirals (DAAs).

- Advocate to streamline processes, work with health plans, and ensure availability in pharmacy inventories to increase access to DAAs.
- Bring treatment to where patients are.
- Ensure continuity of care for patients who enter/exit criminal justice system.



Recommendation 7: Ensure surveillance, evaluation, & monitoring.

- Establish local HCV registry using surveillance data to support initiative.
- Conduct enhanced HCV surveillance among priority populations.
- Conduct modeling to inform service coverage targets and resource prioritization.



Recommendation 8: Pursue policies to help achieve elimination.

- Continue education, collaboration, and sharing with other aligned organizations.
- Work with health care providers to implement policies to increase testing, screening, and treatment of HCV.



Recommendation 9: Support HCV research.

- Collaborate with universities or other research institutions.
- Facilitate sharing of information related to upcoming research opportunities, current studies, and findings of completed studies.

NEXT STEPS



- Submit a Board Memo by November 19, 2019, outlining the recommendations
- Return to the Board of Supervisors on January 14, 2020 with a Board Letter and Presentation
- Continue facilitation by the American Liver Foundation during the next phase.
- Combine committee members to form Hepatitis C Task Force.
- Focus on developing an enhanced surveillance system to monitor and report HCV data.
- Return to the Board of Supervisors by May 2020, during Hepatitis C Awareness Month with the implementation plan.

