

HCV Surveillance Progress

#	Recommendation	Progress	Status
7:1:1	Develop an initial HCV care cascade and launch a system for regular updates	<ul style="list-style-type: none"> ▪ Infected: # of people estimated to have viremic HCV ▪ Diagnosed: # of people who received a diagnosis of viremic HCV ▪ Treated: # of diagnosed people who initiated HCV treatment ▪ Cured: # of treated people who attained sustained viral response 	<ul style="list-style-type: none"> ▪ The HCV program conducts investigation and surveillance of patients diagnosed with HCV in accordance with CDPH state reporting mandates. ▪ Additional cascade stages require collaboration with the Eliminate Hepatitis C Task Force Linkage and Testing Committee
7:1:2	Implement reporting of negative HCV RNA results and integrate negative results into WebCMR	Reporting of negative HCV RNA results is pending finalized state regulations and subsequent public health officer order	Reporting of negative HCV RNA may require additional human resources
7:1:3	Establish mechanisms to send line-listed test results to CDPH for inclusion in the State's HCV registry	Health Information Management (HeIM), fka the Disease Research Unit (DRU), is currently reporting this data to the CDPH	No further action required
7:1:4	Develop a system, aka program evaluation, to measure and monitor progress of elimination activities and impact of elimination goals	<p>Preliminary 2021 data reveal the following metrics:</p> <ul style="list-style-type: none"> ▪ Chronic Cases (Confirmed, Probable, and Non-resident) - 3,695 ▪ Acute Cases - 77 ▪ Disease Incidents which are Not-A-Case - 718 	An HCV program evaluation is pending and will address the cascade of care stages and the extent to which the EISB Hepatitis C Surveillance Team is capable of reporting these metrics based on available data and organizational capacity
7:2:1	Conduct data-matching between local HCV and external data sources to characterize HCV-related mortality, comorbidity, HIV coinfection, vertical transmission at birth, and missed opportunities for prevention	<p>The HCV program currently conducts surveillance on:</p> <ul style="list-style-type: none"> ▪ CDPH reported births associated with HCV positive birth mothers ▪ County mortality records match ▪ HIV registry match ▪ Cancer registry match 	Currently, the HCV program has one contracted Epidemiologist. Ongoing surveillance of multiple data sources may require additional human resources, especially as the trend of those infected with HCV appears to be on the rise
7:3:1	Develop and deploy modeling techniques to inform service coverage targets, to assist with resource prioritization, and to predict the impact of existing interventions on future HCV incidence and mortality	Natasha Martin, an infectious disease economic modeler in the Department of Medicine, Division of Infectious Diseases and Global Public Health at UC San Diego, submitted an executive summary	The level of treatment scale-up required to achieve the HCV elimination goals in San Diego County is currently unknown. More research is underway to determine the level of treatment scale-up required to

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		to Dr. Tweeten which addresses modeling techniques and challenges	meet the Eliminate Hepatitis C San Diego County Initiative targets by 2030
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