

HCV Surveillance Committee Progress

#	Recommendation	Progress	Status
7:1:1	Develop an initial HCV care cascade and launch a system for regular updates	<p>The HCV Surveillance Program conducts investigation and surveillance of HCV in accordance with CDPH state reporting mandates.</p> <ul style="list-style-type: none"> ■ Infected: # of people estimated to have viremic HCV (*Dependent upon general provider screening) ■ 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 	<p>Linkages to treatment are now documented in WebCMR for all cases as follows:</p> <ul style="list-style-type: none"> ■ Is case currently being treated? <ul style="list-style-type: none"> ○ Start date ○ Expected completion date ○ Medication ■ Has case completed treatment? ■ Has case cleared infection? ■ Has case failed previous treatment? ■ Referred provider is also documented in WebCMR.
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 will 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), formerly known as 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>2021 data reveal the following metrics:</p> <ul style="list-style-type: none"> ■ Chronic Cases (Confirmed, Probable, and Non-resident) - 3,772 ■ Acute Cases - 77 ■ DIs which are Not-A-Case – 780 ■ Incarcerated – 479 ■ Treated – Unknown at this time ■ Cured – Unknown at this time 	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>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 	Currently, the HCV program has one contracted Epidemiologist. Ongoing surveillance of multiple data sources will require additional human resources , especially as the trend of those infected with HCV appears to be on the rise

		<ul style="list-style-type: none"> ■ Cancer registry match 	
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 Division of Infectious Diseases and Global Public Health at UC San Diego, submitted an executive summary to Dr. Tweeten which addresses modeling techniques and challenges	Research is needed to determine the level of treatment scale-up required to meet the Eliminate Hepatitis C San Diego County Initiative targets by 2030