

# ANNUAL REPORT

from the  
Eliminate Hepatitis C San Diego County Initiative  
to the  
San Diego County Board of Supervisors

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July 30, 2022



Cover photo: End Hep C San Diego Team at the 2019 Live Well San Diego 5K

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The update on activities and tactics in this document come from the Implementation Plan. As a public-private partnership with the County of San Diego, implementation of the plan is jointly the responsibility of the community, providers, and the local health jurisdiction. The Eliminate Hepatitis C Task Force is the central group focusing on coordination and collaboration regarding the implementation of different elements of the plan. Some activities and tactics have been implemented and others will be implemented when funding is secured.

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## INTRODUCTION

Despite the impact of the COVID-19 pandemic, during the fiscal year (FY) 2021-2022 the County of San Diego has continued to move forward with strategies to eliminate the hepatitis C virus (HCV). In June 2021, the Eliminate Hepatitis C San Diego County Initiative (Initiative) transitioned from community planning to implementation and continues to make progress. The Initiative has been successful in launching implementation phase activities due to a clearly articulated implementation plan, long-standing partnerships with federally qualified health centers (FQHC) and other community-based organizations (CBOs), consistent leadership from the convener of the partnerships, along with the oversight of the HCV Task Force. The progress of the Initiative has also been possible due to the political leadership demonstrated by the County of San Diego Board of Supervisors (Board) in establishing the initiative.

On December 29, 2021, a contract agreement was established for the Liver Coalition of San Diego to coordinate this public-private partnership. The goal of the Initiative is to increase community-level capacity to deliver HCV testing, navigation, linkages to care, care coordination, and treatment for vulnerable and underserved people at risk of becoming infected with the hepatitis C virus. The primary target of the Eliminate Hepatitis C San Diego County Initiative is to achieve an 80% decrease of incidence of chronic HCV and a 65% reduction in HCV mortality by 2030. The Eliminate Hepatitis C San Diego County Implementation Plan, received by the Board of Supervisors in July 2021, outlines nine key recommendations and supporting activities and tactics that are the joint responsibility of the community, providers, and the local health jurisdiction. The Implementation plan activities and tasks are sorted by phases ranked. We define Phase 1 as tasks and activities that may be implemented without the dedication of resources. Phase 2 requires implementations with the usage of dedicated current, existing resources. Phase 3 requires that new resources be secured for implementation of recommended tasks and activities. Due to the complexities involved, some activities and tasks require multiple phases of implementation.

## BACKGROUND

Despite advancements in testing and treatment, HCV remains a significant public health issue that affects many populations. Since 2000, more than 2,500 cases per year of chronic HCV have been reported, and nearly 54,000 individuals are currently living with HCV in San Diego County. From 2015 to 2020, HCV was listed as an underlying cause of an average of 60 deaths in San Diego County annually. Treatment for HCV has advanced greatly, and a highly effective cure for HCV exists with minimal side effects. The development of this cure, coupled with prevention efforts, led the U.S. Centers for Disease Control and Prevention and the U.S. Department of Health and Human Services to determine that it is possible to eliminate HCV as a public health threat in the United States.

On November 13, 2018, the San Diego County Board of Supervisors (Board) authorized staff to develop and launch the Eliminate Hepatitis C San Diego County Initiative, a public-private partnership using a collective impact approach to eliminate the hepatitis C virus as a public health threat in San Diego County. On March 10, 2020, the Board received recommendations developed during a one-year planning process, which included coordinated efforts from County of San Diego staff and

stakeholders across healthcare, government, and consumer sectors to address local HCV elimination. Recommendations were developed with the goal to decrease morbidity and mortality of hepatitis C cases in San Diego County. Between March 2020 and May 2021, the Hepatitis C Task Force worked to develop the Implementation Plan for the Eliminate Hepatitis C San Diego County Initiative, which outlines how San Diego County will address the approved recommendations to eliminate HCV.

## APPROVED RECOMMENDATIONS

1. Promote awareness of HCV as a major public health concern.
2. Implement prevention strategies in alignment with current best practices.
3. Screen for HCV in line with the recommendations of the U.S. Preventive Services Task Force (USPSTF), CDC, and best practices.
4. Ensure all individuals with HCV are linked to care and treatment.
5. Build capacity within the existing workforce to treat patients in diverse health care environments.
6. Ensure individuals with HCV have access to direct-acting antivirals (DAAs).
7. Ensure adequate surveillance, evaluation, and monitoring.
8. Pursue policies in alignment with WHO/CDC that will help achieve elimination.
9. Support HCV research, implementation science, and operation research.

## APPROVED IMPLEMENTATION PLAN

Table 1: Approved Implementation Plan with Phases		
Task/Activity	Recommendation	Phase
<b>1. Promote awareness of HCV as a major public health concern.</b>		
1.1	Create a culturally and linguistically appropriate public awareness campaign. <ul style="list-style-type: none"> <li>1:1:1 Ensure materials are culturally and linguistically appropriate.</li> <li>1:1:2 Place ads on billboards, benches, and municipal buses throughout San Diego.</li> <li>1:1:3 Develop a campaign to include Public Service Announcements, with a social media component (Facebook, Instagram, etc.).</li> <li>1:1:4 Identify opportunities for outreach and education during employee wellness events/campaigns and health screenings. 8</li> </ul> Eliminate Hepatitis C San Diego County Initiative Implementation Plan <ul style="list-style-type: none"> <li>1:1:5 Coordinate media appearances during opportune dates (e.g.,</li> </ul>	Phase 3

	World Hepatitis Day - July 28 - and Hepatitis Awareness Month - May). 1:1:6 Disseminate campaign materials at large community events (Earth Day, Pride, recovery conventions, neighborhood festivals, and health fairs).	
1.2	Develop a website that can provide patients with linkage to care and serve as a clearinghouse of patient-focused informational materials. 1:2:1 List community prevention, testing and treatment resources/services on website. 1:2:2 Publicize Hep C Task Force meeting information and calendar.	Phase 2
1.3	Create opportunities for people to access information, referral, and linkage to care 24/7. 1:3:1 Ensure a comprehensive list of community prevention, testing, and treatment resources/services is available and accessible.	Phase 2
1.4	Educate decision makers and political leaders about HCV. 1:4:1 Schedule and conduct meetings with non-elected decision makers. 1:4:2 Schedule and conduct meetings with elected officials.	Phase 1
<b>2. Implement prevention strategies in alignment with current best practices.</b>		
2.1	Increase access to programs, services, overdose prevention, and activities to reduce harm (risk of transmission, overdose, death). 2:1:1 HCV is primarily transmitted today by unsterile needles. To eliminate new infections, support access to syringe services programs to reduce risk of transmission. 2:1:2 Conduct outreach and education to persons who inject drugs (PWID) about proper cleaning of their injecting equipment, wound care, overdose prevention, and other resources to reduce related harm. 2:1:3 Increase availability and access to clean syringe services (expand geographic scope, opening time availability and reach). 9 Eliminate Hepatitis C San Diego County Initiative Implementation Plan 2:1:4 Assess where local and state regulators in the County stand on the issue of syringe services programs and encourage them to repeal restrictive ordinances. 2:1:5 Conduct trainings and create/update policies for the administration of proper syringe services programs to ensure that the programs reflect best practices.	Phase 1,2
2.2	Increase availability and ensure access to substance use disorder and mental health treatment. 2:2:1 Partner with the County's Behavioral Health Services to monitor available substance use disorder treatment and mental health resources, assess demand for existing substance use disorder and mental health resources, and address service gaps. 2:2:2 Increase awareness of and access to Medication Assisted Treatment (MAT) for opioid use disorder. 2:2:3 Expand the MAT provider network through trainings and technical assistance. 2:2:4 Incorporate MAT training in undergraduate/graduate programs at medical institutions, including schools for Nurse Practitioners (NPs) and Physician Assistants (PAs). 2:2:5 Train substance use disorder and mental health providers on HCV prevention strategies.	Phase 2, 3
<b>3. Screen for HCV in line with the recommendations of the USPSTF, CDC, and best practices.</b>		

3.1	<p>Expand HCV screening.</p> <p>3:1:1 Promote and facilitate implementation of new draft of USPSTF recommendation to test all adults between age 18-79 for HCV in health care facilities throughout San Diego, with repeat testing for those at risk. Additionally, test those with identified risk factors who are under 18 and over 79.</p> <p>3:1:2 Ensure testing of children born to mothers who are HCV positive.</p> <p>3:1:3 Modify the County’s client intake questionnaire at County-funded substance use disorder treatment centers to assess risk factors for HCV. 10 Eliminate Hepatitis C San Diego County Initiative Implementation Plan</p> <p>3:1:4 Ensure HCV prompts are part of electronic health records for Countyfunded substance use disorder treatment centers that use electronic health records (EHRs).</p> <p>3:1:5 Identify nontraditional settings that would benefit from HCV screening.</p>	Phase 1, 2, 3
3.2	<p>Promote HCV RNA reflex testing.</p> <p>3:2:1 Encourage HCV reflex testing in settings where blood is already being drawn upon intake. Such settings include correctional facilities, emergency departments, psychiatric facilities, substance use disorder rehabilitation centers, acute care hospitals, dialysis clinics, primary care settings, etc.</p> <p>3:2:2 Work with health plans to ensure they cover HCV RNA reflex testing.</p> <p>3:2:3 Analyze public health surveillance data to identify facilities with a high proportion of positive HCV antibody results without associated HCV RNA.</p> <p>3:2:4 Explore the use of HCV RNA reflex testing by San Diego Blood Bank.</p>	Phase 2, 3
3.3	<p>Provide screening, diagnosis, and results to individuals in nontraditional settings.</p> <p>3:3:1 Identify options for free HCV rapid test kits for providers.</p> <p>3:3:2 Ensure linkage to HCV care and treatment providers.</p> <p>3:3:3 Utilize mobile clinics for HCV screening and diagnosis.</p> <p>3:3:4 Increase opt-out testing for HCV within local detention facilities</p>	Phase 2, 3
<b>4. Ensure all individuals with HCV are linked to care.</b>		
4.1	<p>Re-engage populations diagnosed with HCV but who have not accessed services of linked to care.</p> <p>4:1:1 Develop a plan to identify individuals who were diagnosed with chronic HCV and did not access treatment.</p> <p>4:1:2 Identify those who are unhoused, living in transitional/emergency housing, or residential drug treatment programs and have interacted with the criminal justice system.</p>	Phase 1, 2, 3
4.2	<p>Create a patient navigation program to provide assistance in accessing and remaining in treatment and other supportive services.</p> <p>4:2:1 Create peer navigation programs to help persons diagnosed with HCV link to care and complete treatment.</p> <p>4:2:2 Assess and address the comprehensive needs of persons newly diagnosed with HCV, including housing.</p>	Phase 2, 3
4.3	<p>Engage health care systems and individual providers to create HCV care cascades.</p>	Phase 1

	<p>4:3:1 Use practice-specific care cascades as the basis for program quality improvement, provider training, and technical assistance.</p> <p>4:3:2 Work with health systems to develop queries for their electronic health records to identify and monitor steps in the HCV care cascade.</p> <p>4:3:3 Support technology solutions across health systems to share best practices for care and prevention.</p>	
4.4	<p>Develop population-specific strategies to engage and maintain individuals in treatment.</p> <p>4:4:1 Pilot population-specific programs to improve screening, diagnosis, and care.</p>	Phase 1
4.5	<p>Educate providers to identify patients with advanced liver disease.</p> <p>4:5:1 Ensure HCV patients are evaluated for cirrhosis.</p> <p>4:5:2 Ensure patients with cirrhosis have access to liver disease specialists.</p> <p>4:5:3 Streamline communication and referral process between primary care and liver disease specialists.</p> <p>4:5:4 Improve primary care provider awareness of screening and management of advanced liver disease.</p>	Phase 2
<b>5. Build capacity within existing workforce to treat patients in diverse health care environments.</b>		
5.1	<p>Engage and support providers in non-specialty settings.</p> <p>5:1:1 Survey settings to determine interest and training needs. Settings may include primary care facilities; MAT clinics; corrections facilities; rural health care operators; maternal health clinics; veteran health programs; homeless health care services, Tribal/Native American health care programs; and Transgender health care providers.</p>	Phase 2
5.2	<p>Coordinate and streamline referral pathways to treatment providers.</p> <p>5:2:1 Organize a regular meeting of providers to address barriers and increase collaboration.</p> <p>5:2:2 Develop a common referral form.</p> <p>5:2:3 Establish Memoranda of Understanding to create fast track referrals for patients who might be at risk for not completing or accessing care.</p> <p>5:2:4 Ensure the MOU includes a “real person” as a contact for patients to call for accessing care.</p>	Phase 2
<b>6. Ensure individuals with HCV have access to DAAs.</b>		
6.1	<p>Advocate to streamline the prior authorization process for DAAs.</p> <p>6:1:1 Survey HCV treatment providers to identify which health plans’ treatment authorization processes present the greatest barriers to timely treatment.</p> <p>6:1:2 Work with health plans’ medical directors to develop ways to streamline approvals.</p>	Phase 1
6.2	<p>Work with health plans to limit out-of-pocket expenses for patients.</p> <p>6:2:1 Compare plan pharmacy benefits to identify current co-pay standards.</p> <p>6:2:2 Advocate for limiting out-of-pocket expenses.</p> <p>6:2:3 Obtain data about industry supported co-pay assistance and rebate programs.</p> <p>6:2:4 Support co-pay assistance and rebate programs.</p>	Phase 1
6.3	<p>Improve ease of access of patients in filling DAAs prescriptions.</p>	Phase 2

	<p>6:3:1 Work with health plans to streamline mail order service and allow for preferred shipment locations of DAAs.</p> <p>6:3:2 Work with health plans to dispense at least four weeks of medication at one time.</p>	
6.4	<p>Ensure availability of DAAs in pharmacy inventories in all regions of the County.</p> <p>6:4:1 Assess the capacity and capability of pharmacies to dispense DAAs.</p> <p>6:4:2 Identify gaps and recruit pharmacies to fill those gaps.</p> <p>6:4:3 Maintain an inventory of pharmacies dispensing DAAs.</p>	Phase 2
6.5	<p>Bring treatment services to locations where patients are, including use of mobile treatment centers, pop-up clinics, and telemedicine.</p>	Phase 3
6.6	<p>Ensure the continuity of care for patients who enter/exit the criminal justice system.</p> <p>6:6:1 Meet with the Sheriff’s Medical Detention Unit and offer assistance in developing protocols.</p>	Phase 1, 2
<b>7. Ensure adequate surveillance, evaluation, and monitoring</b>		
7.1	<p>Establish a local HCV case registry using public health surveillance data to characterize the HCV care cascade, assess reinfection rates, implement program evaluation, and support other initiatives.</p> <p>7:1:1 Develop an initial HCV care cascade and launch a system for regular updates.</p> <p>7:1:2 Implement reporting of negative HCV RNA results (per finalized state regulations) in San Diego County; integrate negative results into HCV registry.</p> <p>7:1:3 Establish mechanisms to send line-listed data to California Department of Health (CDPH) for inclusion in the State’s HCV registry, including line-listed test results.</p> <p>7:1:4 Develop system to measure and regularly monitor progress of elimination activities and assess impact of elimination goals.</p>	Phase 2, 3
7.2	<p>Conduct enhanced HCV surveillance among priority populations (e.g., people who inject drugs, transgender individuals, the population of men who have sex with men [MSM], and incarcerated individuals).</p> <p>7:2:1 Conduct data-matching between local HCV and cancer registries and external data sources to characterize HCV-related mortality, comorbidity, HIV coinfection, vertical transmission at birth, and missed opportunities for prevention.</p>	Phase 2, 3
7.3	<p>Conduct modeling to inform service coverage targets, to assist with resource prioritization, and to predict the impact of existing interventions on future HCV incidence and mortality.</p> <p>7:3:1 Develop and deploy modeling techniques.</p>	Phase 1, 2
<b>8. Pursue policies in alignment with WHO/CDC that will help achieve elimination.</b>		
8.1	<p>Continue education, collaboration, and sharing with other aligned organizations.</p> <p>8:1:1 Create Hepatitis C Task Force. 8:1:2 Create relationships with other elimination initiatives across the country. 8:1:3 Share best practices with hepatitis C stakeholders.</p>	Phase 1
8.2	<p>Work with health care providers to implement policies to increase testing screening and treatment of HCV.</p> <p>8:2:1 Advocate for value-based measurements and payment incentives.</p>	Phase 1
<b>9. Support HCV Research, Implementation Science, and Operation Research.</b>		

9.1	Collaborate with universities and other research institutions. 9:1:1 Develop an evidence base for the comparative effectiveness and cost effectiveness of structural, social, behavioral, and biomedical interventions. 9:1:2 Support research to increase delivery and acceptability of HCV preventive services in primary care and community-based settings. 15 Eliminate Hepatitis C San Diego County Initiative Implementation Plan 9:1:3 Support research to facilitate linkages to care.	Phase 1
9.2	Facilitate sharing of information related to upcoming research opportunities, current studies, and findings of completed studies. 9:2:1 Share among viral hepatitis researchers, providers, and CBOs. 9:2:2 Share through the Hepatitis C Task Force.	Phase 1

**IMPLEMENTATION STRUCTURE AND PHASES**

As the Eliminate Hepatitis C San Diego County Initiative moved from planning to implementation, the following structure was adopted:

**ELIMINATE HEPATITIS C TASK FORCE:** Focused on overseeing the successful implementation of the recommendations, tasks and activities outlined in the Implementation Plan as well as the implementation activities that support Recommendations 8 and 9.

**STEERING COMMITTEE:** Sets the agenda for the Eliminate Hepatitis C Task Force meetings.

**AWARENESS AND PREVENTION COMMITTEE:** Focused on implementation activities for Recommendations 1 and 2.

**LINKAGE AND TESTING COMMITTEE:** Focused on implementation activities for Recommendations 3 and 4.

**TREATMENT COMMITTEE:** Focused on implementation activities for Recommendations 5 and 6.

**SURVEILLANCE COMMITTEE:** Focused on implementation activities for Recommendation 7.

**MAJOR ACCOMPLISHMENTS**

- The Eliminate Hepatitis C Task Force continued to meet from July 1, 2021 to December 29, 2021, despite COVID-19, with convener support from the Liver Coalition of San Diego.
- The allocation of funds from the State of California, which had been advocated for during the planning stage, were secured to support HCV programs locally.
- The distribution of those State of California funds were received by San Diego County. Two local programs received support. Family Health Centers of San Diego, to increase awareness of hepatitis C, and the Liver Coalition of San Diego, to provide convener support to the partnership. Those funds also support San Diego County internal surveillance efforts.
- The County of San Diego contracted with the Liver Coalition of San Diego on January 1, 2022 to serve as the convener of the partnership.
- January 1, 2022 the Eliminate Hepatitis C Task Force reorganized for its role to oversee the Implementation Plan.

## PROGRESS BY COMMITTEE – PHASE 1 AND 2 ACTIVITIES

The Liver Coalition and the County of San Diego Health and Human Services Agency (HHS) continue to make substantial progress in implementing activities related to all nine recommendations outlined in the implementation plan. A summary of the achievements by Committee supporting each recommendation is provided below.

### AWARENESS AND PREVENTION COMMITTEE

**Recommendation 1:** Promote awareness of HCV as a major public health concern through means of social media campaigns

- HHS has contracted Family Health Centers of San Diego (FHCS) a \$180k to conduct an HCV campaign to include a multi-media approach i.e., billboards near shelters and social media advertisements, materials that will be available online and in-person, images will be displayed on the service provider website, and fliers to be disseminated in the community.
- Exploring opportunities for self-test kits which will enable San Diego County to offer free at home HCV testing. This service will offer a CDC Testing Site locator that helps to find HCV prevention services in San Diego County.
- The Liver Coalition of San Diego has provided Liver Virtual Roundtables on a number of dates for allied medical professionals, as well as patients and caregivers. Although in-person meetings remain a goal of the Initiative, due to COVID those gatherings continue to be put hold. The Liver Coalition records their trainings and are made public for free viewing on their website.
- The Liver Coalition publicizes the Hepatitis C Task Force meetings on their website via [www.endhepcsd.org](http://www.endhepcsd.org). In addition, Initiative reports and plans are made available here.
- Through strategic partnerships with California’s End the Epidemics, Global Liver Institute, National Viral Hepatitis Roundtable and the National Alliance of State & Territorial AIDS Directors, the Liver Coalition of San Diego has participated in offices of State and Federal elected officials who represent San Diego County.
- The meeting of non-elected decision makers has to-date involved those leaders serving on one of the Initiative committees or assigning a staff-person.

**Recommendation 2:** Implement prevention strategies in alignment with current best practices.

- Increased access to programs, services, overdose prevention, and activities to reduce harm (risk of transmission, overdose, death) is an incremental process that takes time to develop. Since HCV is primarily transmitted today by unsterile needles, it is necessary to support access to syringe services programs to reduce the risk of transmission.
- Conducted outreach and education to persons who inject drugs (PWID) about proper cleaning of their injecting equipment, wound care, and overdose prevention. This has occurred for two decades in the City of San Diego and is in its planning phase to implement

throughout San Diego County. Increasing availability and access to clean syringe services (expand the geographic scope, opening time availability, and reach) is currently available but on a limited scale.

- Harm Reduction Coalition of San Diego (HRCSD)– On Point- is a needs-based mobile harm reduction program providing evidence-based, low-barrier syringe service program offering referrals to medically assisted treatment (MAT), HCV/HIV, SUD, COVID, etc. and are authorized through California Department of Public Health (CDPH) to operate county wide. On Point has increased educational flyers to offer information and education on rates of transmission and ways to contract the virus as well as wound care supplies, wound care education, street-based first aid, residency students, etc.
- HRCSD’s On Point has implemented a phone line 888-Narcan-0, which provides information on services such as obtaining Narcan and Fentanyl test strips, harm reduction educational training, and assistance for safe injection.
- Family Health Centers of San Diego (FHCS) administers the only known mobile clinic providing wrap-around harm reduction services in the County. FHCS currently provides MAT, Naloxone/fentanyl test strip distribution, syringe service programs (SSP), education, and supplies, along with access to substance use treatment, housing, and other services. FHCS began onsite weekly HCV testing and treatment, as well as abscess/wound care, on January 26, 2021, via a Gilead funded study regarding efficacy of low barrier HCV treatment for PWID.
- As part of the County of San Diego Comprehensive Harm Reduction Strategy, the County of San Diego is in the process of developing a harm reduction services program (HRSP). As part of this process, the County contracted with the San Diego State University Research Foundation Institute of Public Health to conduct a Community Readiness Assessment (CRA) to (1) gather insight into resident knowledge about harm reduction service programs, (2) identify organizations and constituent groups that are supportive of harm reduction service programs, and (3) understand community concerns and objections. Results of the CRA will be published in the upcoming months. Similarly, the County convened a working group with representatives from Behavioral Health Services and Public Health Services around the planning and implementation of the County’s HRSP. The working group which has received technical assistance from the CDPH Office of AIDS as well as local providers has also successfully engaged with the Sheriff’s Department and the San Diego County Probation Department. It is anticipated that the HRSP will launch in the winter of 2022.

## **LINKAGE AND TESTING COMMITTEE**

**Recommendation 3:** Screen for HCV in line with the recommendations of USPSTF, CDC, and best practices.

- Expand HCV screening by promoting and facilitating the implementation of a new draft of the United States Preventive Services Task Force (USPSTF): In March 2020, the United States Preventive Services Task Force (USPSTF) expanded its hepatitis C virus (HCV) screening

recommendation to include one-time screening for all adults aged 18 to 79 years, regardless of risk factors (recommendation grade B).

- In accordance with the CDPH, Assembly Bill 780, starting January 1, 2022, an adult patient who receives primary care services in a facility, clinic, unlicensed clinic, center, office, or another setting where primary care services are provided must be offered a hepatitis C screening test based on the latest screening recommendations from the United States Services Task Force (USPSTF) to the extent these services are covered under the patient's health insurance unless the provider reasonably believes certain conditions are met. The offer of testing must be culturally and linguistically appropriate<sup>1</sup>.
- Actions requested by San Diego County Public Health Services in the California Health Alert Network San Diego<sup>2</sup> include the screen every adult under the age of 80 years (including pregnant women) for HCV at least once. Consider HCV screening for pregnant persons under 18 years of age and persons who have used injection drugs that are either < 18 or > 80 years of age. Periodically screen persons with continued vulnerability to HCV infection (e.g., persons with past or current IDU). Counsel patients on HCV risk reduction through condom use and avoidance of needle sharing. When adults accept the offer of the hepatitis screening and the test is positive, offer or refer them for follow-up health care.
- Efforts for implementation of all recommendations through the integration of HCV services into county new and upcoming contracts or through internal policy change have begun.

**Recommendation 4:** Ensure all individuals with HCV are linked to care and treatment

- HHSa has contracted Family Health Centers of San Diego (FHCSd) at \$160k for two years beginning July 1, 2022, to expand their HCV care coordination with the aim of linking the most vulnerable and underserved persons living with, or at high risk for, HCV to treatment services. To include HCV navigation and linkages to care for people with a positive HCV RNA test or who were previously diagnosed with HCV. Linkage to and retention in treatment for the most vulnerable and underserved individuals living with HCV are critical strategies for eliminating HCV in San Diego County. It is practical and beneficial to enhance existing activities provided for HCV prevention and control rather than replacing existing activities.

**TREATMENT COMMITTEE**

**Recommendation 5:** Build capacity within the existing workforce to treat patients in diverse health care environments

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<sup>1</sup> California Department of Public Health. March 22, 2022. Assembly Bill 789 - Hepatitis B and Hepatitis C Testing Law.

<sup>2</sup> San Diego County Public Health Services. *California Health Alert Network (CAHAN) San Diego*. December 20, 2021.

**Recommendation 6:** Ensure individuals with HCV have access to DAAs

- There is now no priority authorization in Medi Cal which has streamlined the process for acquiring direct-acting antivirals needed for HCV treatment. The Treatment committee is still seeking out ways to improve the ease of access of filling DAAs prescriptions.

**SURVEILLANCE COMMITTEE**

**Recommendation 7:** Ensure adequate surveillance, evaluation, and monitoring.

To Establish a local HCV case registry, San Diego County began conducting core HCV surveillance through mandated reporting of positive HCV antibody and positive RNA test results in 2019 through a pilot program. However, reliance on this reporting alone does not provide a valid measure of prevalence as it excludes the undiagnosed and fails to account for those who have died, moved away, or were cured.

Consequently, the HCV Surveillance Program began conducting enhanced HCV surveillance in March 2021. Using the existing infectious disease data system, WebCMR, as its HCV case registry, the HCV Surveillance Team’s mission is to conduct timely and accurate HCV surveillance that supports prevention, care, and treatment programs to reduce the number of transmissible cases. The vision of the HCV Surveillance Program is to serve as a model HCV surveillance program that is recognized for its competent, ethical, and compassionate dedication to destigmatizing and dramatically reducing acute HCV cases.

- Development in initial HCV care cascade the HCV Surveillance Program follows the cascade of care defined in *The Consensus Hepatitis C Cascade of Care: Standardized Reporting to Monitor Progress Toward Elimination*<sup>3</sup>. The cascade stages include documentation of individuals who have been infected, diagnosed, treated, and cured. Development of a Care of Cascade will require the collection of data not yet available to the HCV Surveillance Program. Preliminary information on the cascade of care stages shows the following:
  - Diagnosed: # of people who received a diagnosis of viremic HCV = 3,771 in 2021
  - Treated: # of diagnosed people who initiated HCV treatment = 22 acute cases and 204 chronic cases were known to be referred to treatment in 2021
  - Cured: # of treated people who attained sustained viral response = pending data on negative viral loads.
- Implementation of reporting of negative HCV RNA results is pending changes in the state regulations and a possible public health officer order and will require additional staff. In 2018, an estimation of the burden of HCV infections in San Diego County was conducted to inform elimination planning efforts and to provide a foundation to assess HCV elimination resource needs. The study revealed a difference in the number of adults with a history of

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<sup>3</sup> Kelly Safreed-Harmon et al. June 28, 2019. “The Consensus Hepatitis C Cascade of Care: Standardized Reporting to Monitor Progress Toward Elimination.” IDSA. <https://pubmed.ncbi.nlm.nih.gov/31352481/>

HCV infection (55,354 (95% CI: 25,411–93,329) compared to the measured level of the HCV pathogen through testing in San Diego County (HCV seroprevalence of 2.1% (95% CI: 1.1–3.4%)). But the confidence interval for both measures is wide.

- Establish mechanisms to send line-listed data to CDPH by the San Diego County Epidemiology Immunizations Services Branch (EISB) via the Health Information Management (HeIM) is currently reporting data and no further action is required.
- Development of a system to measure and regularly monitor progress is being developed to regularly measure and monitor the impact of Eliminate Hep C Task Force activities within our scope. A recently adopted HCV Surveillance Program strategic plan includes the following strategies:
  - Development of a program evaluation to measure and regularly monitor the progress of elimination activities and assess the impact of elimination goals.
  - Development of a quality assurance process to maintain consistent accuracy and completeness of completed case investigations in WebCMR.
- The framework applied for program evaluation is based on the Centers for Disease Control and Prevention’s (CDC) framework for evaluating public health surveillance systems<sup>4</sup> and field guidelines for the evaluation of a surveillance system<sup>5</sup>.
- The HCV Surveillance Program conducts enhanced HCV surveillance among priority populations, including persons who inject drugs (PWID), transgender individuals, men who have sex with men (MSM), and people who are incarcerated. Of investigated cases, preliminary data from 2021 showed the following:
  - People who inject drugs (PWID) – 272 reported
  - Transgender individuals – 3 reported
  - Men who have sex with men (MSM) – 26 reported
  - People who are incarcerated – 286 reported

Enhanced surveillance also confirmed an increase in the rate of newly reported persons aged 15-29 years of age as previously observed by the CDPH from age 57 and older.

Enhanced surveillance is dependent upon several factors: 1.) adequate linkage and testing of these groups; 2.) complete medical reports which include demographic information, social and behavioral risk factors, lab reports, and medical history; and 3.) sufficient human resources to conduct the investigation and surveillance of HCV cases.

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<sup>4</sup> James W. Buehler, M.D. et al. May 5, 2004. “Framework for Evaluating Public Health Surveillance Systems for Early Detection of Outbreaks.” Centers for Disease Control and Prevention (CDC).

<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5305a1.htm>

<sup>5</sup> CDC. “Overview of Evaluating Surveillance Systems.” 2013.

[https://www.cdc.gov/globalhealth/healthprotection/fetp/training\\_modules/12/eval-surv-sys\\_fieldg\\_final\\_09262013.pdf](https://www.cdc.gov/globalhealth/healthprotection/fetp/training_modules/12/eval-surv-sys_fieldg_final_09262013.pdf)

Preliminary findings from the recent *Hepatitis C Medical Records Needs Assessment* and HCV case investigations from 2021 show the following:

- **Underreporting of demographic information (race and ethnicity):** resulted from inaccurate reporting, with a majority of cases being “unknown” or missing this information.
  - **Underreporting of substance use and methods of use:** less than 10% of medical reports of chronic HCV cases including PWID status of patients although data indicate that nearly 1 in 5 persons 12 years of age or older used an illicit drug in the past year in the United States, and it is estimated that 70% to 90% of persons in the United States who have injected drugs for 10 years or more are infected with HCV.
  - **Underreporting of Genome:** Only 16% of all HCV Surveillance Program cases included genotype in requested medical reports.
- Data-matching in the HCV Surveillance Program is currently conducted on:
    - CDPH reported births associated with HCV positive birth mothers
    - County mortality records match
    - HIV registry match
  - Modeling to inform service coverage targets is being developed by Dr. Natasha Martin, an infectious disease economic modeler in the Division of Infectious Diseases and Global Public Health at UC San Diego, who submitted an executive summary to Dr. Tweeten which addresses modeling techniques and challenges. Additional work is being planned to determine the level of treatment scale-up required to meet the Eliminate HCV Initiative targets by 2030.

## **ELIMINATE HEPATITIS C TASK FORCE**

**Recommendation 8:** Pursue policies that are in alignment with WHO/CDC that will help achieve elimination.

- The San Diego Viral Hepatitis Task Force was developed upon completion of the Implementation Report, with the charge of moving forward the recommendations and activities. The Task Force organizes its work through Committees. On monthly calls, the Task Force discusses Committee’s progress and engages in problem solving when needed.
- End Hep C San Diego, through leadership by the Liver Coalition of San Diego, has developed relationships with many state, regional, and local initiatives around the country. On June 17, End Hep C San Diego hosted an elimination “learning exchange” convening over 80 participants from around the country to learn from a variety of elimination initiatives about their strategies to address hepatitis C among people who use drugs and from national

organizations about successes and challenges to address this community in other states and localities. Through this exchange, we have established strong relationships with Hep C Free Washington, Hep C Free New York City, End Hep C SF, NVHR, and NASTAD. This convening will be an annual activity.

- The Liver Coalition of San Diego County also participated in a national roundtable on elimination strategies, which included a report from CDC about its efforts to advance the National Viral Hepatitis Strategy.
- The Task Force continues to work with health care providers and decision makers about implementing policies to increase testing and treatment of HCV. The Liver Coalition of San Diego engaged in several legislative meetings with federal and state elected officials to advocate for increased funding for viral hepatitis screening and linkage programs. Through our Treatment Committee, we have outreached to provider networks to learn about their HCV screening and treatment efforts and to offer assistance with troubleshooting. We have also kept close contact with the California Department of Public Health about any changes to Prior Authorization and/or cost sharing that would impact people with HCV in San Diego County.

**Recommendation 9:** Support HCV Research, Implementation Science, and Operation Research.

- Meeting with elected officials and the State and Federal levels provided opportunities to support legislation for HCV Research and Implementation Science. At a State of California level, supporting funding for areas such as investing in harm reduction, improve hepatitis C prevention and linkage to care. Supported California legislation for the screening of hepatitis C in primary care settings. At a Federal level supporting Hepatitis Appropriations, Newborn Screening and Liver Illness, Visibility, Education and Research.
- The published report from UCSD “NATAP/CROI: HCV Microelimination Among HIV+ in San Diego -Progress But Barriers” was presented to the Hepatitis C Task Force. These finding supported the current focus of the Initiative. It also resulted in the Liver Coalition of San Diego securing outside funding to support further modeling for the creation of benchmarks for the Initiative.

## **NEXT STEPS**

The Eliminate Hepatitis C San Diego County Initiative continues to build momentum. As indicated in the Implementation Plan, current phases may change pending opportunities for funding streams and resources, as well as changes in the impact of COVID. While we have some recommendations that have made progress, there are other recommendations that are still in the early phase of development and will need more dedicated time and efforts to move forward. We have much more work to do in promoting HCV RNA reflex testing, ensuring individuals with HCV are linked to care and treatment, building up a capacity for existing medical providers to have the confidence to initiate HCV treatment and expanding HCV services in non-traditional environments across San Diego County.

## COMMITTEES AND MEMBERS

### Eliminate Hepatitis C Task Force

**Robert Lewis (Co-Chair)**, Family Health Centers of San Diego  
**Patrick Loose (Co-Chair)**, County of San Diego Health & Human Services Agency  
**Andrea Tomada, MPH (Vice-Chair)**, County of San Diego Health & Human Services Agency  
**Jessa Bas**, County of San Diego Health & Human Services Agency  
**Mark Beatty, MD**, County of San Diego  
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**James Dunford, MD**, McAllister Institute  
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#### **Convener of the Partnership**

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**Ryan Clary,** Clary Strategies / Liver Coalition of San Diego

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