



**Hepatitis C Elimination  
Learning Exchange Highlights and Summary  
June 17, 2022**

*A program of  
Eliminate Hepatitis C San Diego County Initiative  
& Eliminate Hepatitis C Task Force*

**AGENDA & SPEAKERS:**

Host's Welcome

Community Practices

National Trends

# Hepatitis C Elimination Learning Exchange

**Topic: Addressing HCV Among People Who Use Drugs**

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### **Opening remarks:**

Scott Suckow

Executive Director

Liver Coalition of San Diego

Partnership Convener for the *Eliminate Hepatitis C San Diego County Initiative / End Hep C SD*

- End Hep C San Diego is please to convene this important learning exchange among leaders in state and local HCV elimination initiatives.
- The purpose of this learning exchange is to share challenges, successes, best practices, and lessons learned in addressing hepatitis C among people who use drugs.
- End Hep C San Diego plans to host these learning exchange on a yearly basis.
- You can watch a video of the learning exchange here: [Hepatitis C Elimination Learning Exchange - June 17, 2022 - YouTube](#)

### **Washington State Perspective:**

Emalie Huriaux

STD/HIV/HCV Prevention and Drug User Health Programs Manager

Washington State Department of Health

Hep C Free Washington 2030 Steering Committee Member

- Advocates in Washington used a political strategy by approaching the Governor to ask for his leadership. The strategy was successful as the Governor released an elimination directive in 2018.
- The directive led to HCA and DOH releasing a plan of reaching elimination by 2030. The plan is based on the Collective Impact Model ([link\\_](#)
- End Hep C Washington's effort is managed by a Coordinating Committee, with the work divided into three work groups: Clinical Strategies, Data and Strategic Information, and Community-based Responses & Interventions.
- The elimination project is managed by the Coordinating Committee.
- Community members impacted by HCV have had opportunities through several open meetings to provide input to implementation of the plan.
- The plan has already led to widespread treatment access through Washington state's innovative strategy to contract with one pharmaceutical company for drug purchasing. Washington state is contracting with one pharmaceutical company for drug purchasing, which allows for widespread access to treatment. There has also been expansion of syringe services programs and medications for opioid use disorder. HCV surveillance has



also improved, especially through support from the Centers for Disease Control and Prevention.

- There are also challenges to implementing the plan, including an increasing incidence of HCV among people who use drugs, racial and ethnic disparities facing many impacted people, limited federal and state resources, and continued problems with many primary care providers not yet ready or willing to treat HCV in their practices.
- Washington’s strategies to address HCV among people who use drugs include: providing HCV services in the state’s syringe services, substance use disorder, and overdose program; developing a brief for providers on addressing the HCV needed of people who use drugs; and educating providers by sharing personal stories of people who use drugs.

### **San Francisco Perspective:**

Jordan Akerley

End Hep C SF Steering Committee Member

- San Francisco’s commitment to hepatitis C elimination started with an understanding among key stakeholders that elimination is possible in the city, given that it is a compact city with many neighborhood-based services, a strong network of HIV services, and an existing drug user health infrastructure.
- Like Washington state, End Hep C SF uses a Collective Impact approach. The goal is to achieve significant lasting social change for all problems related to HCV.
- The elimination initiative is managed by a Coordinating Committee and community input is received through an Executive Advisory Committee and ongoing community meetings. The work is divided into 4 working groups, including Treatment Access, Prevention, Linkage and Testing, Policy and Advocacy, and Community Research and Data Stewardship.
- End Hep C SF has learned from its experience to be willing to adjust and change course, to focus on leadership development and to understand that HCV leadership comes in different forms, to create multiple opportunities for participation, to prioritize inclusion of people most impacted by HCV, and to continually ask how the initiative could improve.
- End Hep C SF’s strategies to address HCV among people who use drugs includes: leveraging the city’s substantial work of health care services for people who use drugs; working with syringe services program and drug treatment programs; recruiting people who use drugs to have leadership roles in community meetings; and increasing treatment access in low threshold settings like shelters.



### **New York Perspective:**

Annette Gaudino

HIV/HCV Project Coordinator

Treatment Action Group

New York Hepatitis C Elimination Campaign Steering Committee Member

- New York State has the first elimination plan in the United States.
- Establishment of the plan came from community leadership, the core being nonprofit community organizations and coalitions.
- Community leaders initially had exploratory conversation with the New York Department of Health and developed a white paper modeled after the state's plan to end HIV.
- The coalition used a political approach by attaching the request for an elimination plan to request state funding for HCV. The result was the Governor releasing 35 recommendations for HCV elimination (including safe injection services) and funding for convening committees to work on implementation.
- The campaign is also looking at a micro-elimination project of eliminating HCV among HIV/HCV co-infected individuals.
- Through the implementation process, the campaign has identified challenges to overcome around engaging communities, including finding the right spaces to meet, transportation-related barriers, and ensuring that people with lived experience are supported when they speak up.
- The campaign has learned the importance of understanding the conflict and tension are okay, everyone knowing their appropriate lane and role, how to have accountability with one another.
- New York's strategies to address HCV among people who use drugs include: having data around the numbers of people who use drugs in certain areas, of people who are incarcerated, people who are on Medicaid who are waiting for treatment, and the number of insured people who have HCV. The coalition also continues to advocate for safe injection sites.

### **Los Angeles County Perspective:**

Nancy Rodriguez

Strategic Director, Viral Hepatitis Unit

Los Angeles County Department of Public Health



- Los Angeles is in the very beginning stages of elimination planning.
- Planning began in March with pre-planning, looking at models, identifying research needs, developing relationships with community, and organizing a stakeholder meeting in September.
- The Los Angeles Department of Public Health is addressing HCV among people who use drugs by meeting one on one with syringe access services and understanding needs and gaps.

### **National Perspective:**

Adrienne Simmons and Daniel Raymond  
Director of Programs and Director of Public Policy  
NVHR

Zakiya Grubbs  
Manager, Hepatitis  
NASTAD

- National organizations partnered with the Community Liver Alliance to host a summit on HCV and people who use drugs in the Appalachia region. The summit revealed that there are some issues that are different from urban areas, but some insights are the same.
- Items learned from the Appalachia summit:
  1. There is a need to diversify settings for accessing care (prevention, testing, linkage, treatment), and what will be needed, including training and technical assistance and financing and reimbursement.
  2. Elimination strategies would benefit from integration of comprehensive drug user health initiatives that offer HCV services alongside overdose prevention, Medication-Assisted Treatment, and other core services like PrEP and STI screening.
  3. Policy constraints need to be addressed, such as barriers to treatment access in some state Medicaid programs and bans on syringe service programs.
  4. People who use drugs and their voices must be priorities when developing strategies. There is a need to go beyond surveys and needs assessment to provide ongoing support for people's long-term engagement.
  5. Broad based coalitions should be developed to combat stigma against people who use drugs, BIPOC, and other impacted communities.

**- End -**