

# ANNUAL REPORT

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

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June 30, 2023



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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**TABLE OF CONTENTS**

**INTRODUCTION** ..... 4

**BACKGROUND** ..... 4

**APPROVED RECOMMENDATIONS** ..... 5

**APPROVED IMPLEMENTATION PLAN** ..... 5

**IMPLEMENTATION STRUCTURE AND PHASES**..... 10

**MAJOR ACCOMPLISHMENTS** ..... 10

**PROGRESS BY COMMITTEE – PHASE 1 AND 2 ACTIVITIES** ..... 11

**NEXT STEPS** ..... 16

**COMMITTEES AND MEMBERS** ..... 16

**FUNDERS**..... 19

## INTRODUCTION

Despite the continued impact of health care challenges such as COVID-19 and mpox during the fiscal year (FY) 2022-2023, the County of San Diego continued to move forward with strategies to eliminate the hepatitis C virus (HCV). In July 2022, the Eliminate Hepatitis C San Diego County Initiative (Initiative) expanded implementation strategies and activities, and today the Initiative continues to make significant progress. The Initiative has been successful in implementing phase activities due to a clearly articulated implementation plan, long-standing partnerships with federally qualified health centers (FQHCs) 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 infected with or 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 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 ranked phases. We define Phase 1 as tasks and activities that may be implemented without the dedication of resources. Phase 2 requires implementation 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, the U.S. Department of Health and Human Services, and most recently the Biden Administration 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. In the past two years, the Task Force has developed and implemented many strategies and activities to advance these recommendations and move the county toward HCV elimination.

## 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. 1:1:1 Ensure materials are culturally and linguistically appropriate. 1:1:2 Place ads on billboards, benches, and municipal buses throughout San Diego. 1:1:3 Develop a campaign to include Public Service Announcements, with a social media component (Facebook, Instagram, etc.).	Phase 3

	<p>1:1:4 Identify opportunities for outreach and education during employee wellness events/campaigns and health screenings. 8 Eliminate Hepatitis C San Diego County Initiative Implementation Plan</p> <p>1:1:5 Coordinate media appearances during opportune dates (e.g., World Hepatitis Day - July 28 - and Hepatitis Awareness Month - May).</p> <p>1:1:6 Disseminate campaign materials at large community events (Earth Day, Pride, recovery conventions, neighborhood festivals, and health fairs).</p>	
1.2	<p>Develop a website that can provide patients with linkage to care and serve as a clearinghouse of patient-focused informational materials.</p> <p>1:2:1 List community prevention, testing and treatment resources/services on website.</p> <p>1:2:2 Publicize Hep C Task Force meeting information and calendar.</p>	Phase 2
1.3	<p>Create opportunities for people to access information, referral, and linkage to care 24/7.</p> <p>1:3:1 Ensure a comprehensive list of community prevention, testing, and treatment resources/services is available and accessible.</p>	Phase 2
1.4	<p>Educate decision makers and political leaders about HCV.</p> <p>1:4:1 Schedule and conduct meetings with non-elected decision makers.</p> <p>1:4:2 Schedule and conduct meetings with elected officials.</p>	Phase 1
<b>2. Implement prevention strategies in alignment with current best practices.</b>		
2.1	<p>Increase access to programs, services, overdose prevention, and activities to reduce harm (risk of transmission, overdose, death).</p> <p>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.</p> <p>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.</p> <p>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</p> <p>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.</p> <p>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.</p>	Phase 1,2
2.2	<p>Increase availability and ensure access to substance use disorder and mental health treatment.</p> <p>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.</p> <p>2:2:2 Increase awareness of and access to Medication Assisted Treatment (MAT) for opioid use disorder.</p> <p>2:2:3 Expand the MAT provider network through trainings and technical assistance.</p>	Phase 2, 3

	<p>2:2:4 Incorporate MAT training in undergraduate/graduate programs at medical institutions, including schools for Nurse Practitioners (NPs) and Physician Assistants (PAs).</p> <p>2:2:5 Train substance use disorder and mental health providers on HCV prevention strategies.</p>	
<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 County-funded 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 or 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	Create a patient navigation program to provide assistance in accessing and remaining in treatment and other supportive services. 4:2:1 Create peer navigation programs to help persons diagnosed with HCV link to care and complete treatment. 4:2:2 Assess and address the comprehensive needs of persons newly diagnosed with HCV, including housing.	Phase 2, 3
4.3	Engage health care systems and individual providers to create HCV care cascades. 4:3:1 Use practice-specific care cascades as the basis for program quality improvement, provider training, and technical assistance. 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. 4:3:3 Support technology solutions across health systems to share best practices for care and prevention.	Phase 1
4.4	Develop population-specific strategies to engage and maintain individuals in treatment. 4:4:1 Pilot population-specific programs to improve screening, diagnosis, and care.	Phase 1
4.5	Educate providers to identify patients with advanced liver disease. 4:5:1 Ensure HCV patients are evaluated for cirrhosis. 4:5:2 Ensure patients with cirrhosis have access to liver disease specialists. 4:5:3 Streamline communication and referral process between primary care and liver disease specialists. 4:5:4 Improve primary care provider awareness of screening and management of advanced liver disease.	Phase 2
<b>5. Build capacity within existing workforce to treat patients in diverse health care environments.</b>		
5.1	Engage and support providers in non-specialty settings. 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.	Phase 2
5.2	Coordinate and streamline referral pathways to treatment providers. 5:2:1 Organize a regular meeting of providers to address barriers and increase collaboration. 5:2:2 Develop a common referral form. 5:2:3 Establish Memoranda of Understanding (MOU) to create fast track referrals for patients who might be at risk of not completing or accessing care. 5:2:4 Ensure the MOU includes a “real person” as a contact for patients to call for accessing care.	Phase 2
<b>6. Ensure individuals with HCV have access to DAAs.</b>		
6.1	Advocate to streamline the prior authorization process for DAAs. 6:1:1 Survey HCV treatment providers to identify which health plans’ treatment authorization processes present the greatest barriers to timely treatment. 6:1:2 Work with health plans’ medical directors to develop ways to streamline approvals.	Phase 1
6.2	Work with health plans to limit out-of-pocket expenses for patients.	Phase 1



	<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>	
6.3	<p>Improve ease of access for patients in filling DAAs prescriptions.</p> <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>	Phase 2
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.</p>	Phase 1

	8:1:2 Create relationships with other elimination initiatives across the country. 8:1:3 Share best practices with hepatitis C stakeholders.	
8.2	Work with health care providers to implement policies to increase testing screening and treatment of HCV. 8:2:1 Advocate for value-based measurements and payment incentives.	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**

- In the second year of the Initiative’s implementation, strategies and activities were developed in the context of San Diego County’s opioid crisis. Like other jurisdictions, HCV in the county significantly impacts people who use drugs, particularly young people. Strategies to address substance use disorder (SUD) and overdose must include screening for associated infectious diseases such as HCV. Partnership with the harm reduction community and integration of HCV screening, linkage, and care into overdose prevention and harm

reduction services are critical to achieve elimination goals. Similarly, expanding HCV services in the county offers an opportunity to provide harm reduction and overdose prevention services to those who might not already be accessing these services. Planning for the third year of the Initiative will focus on continued and strengthened alignment with efforts to address the opioid epidemic in the county.

- The Eliminate Hepatitis C Task Force continued to meet from July 1, 2022, to June 30, 2023, despite public health challenges in the county, including mpox and COVID-19, with convener support from the Liver Coalition of San Diego.
- Funds from the State of California, which had been advocated for during the planning stage, continue to support local HCV programs.
- The Task Force has participated in statewide advocacy efforts to secure an additional \$15 million (over 3 years) in HCV funding in the California Fiscal Year 2023-24 budget. It is likely that the final budget that will be approved by June 30, 2023, will include \$10 million over 3 years. San Diego County's share of this funding will expand HCV services in the next year.
- For Fiscal Year 2022-23, 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.
- One of the Initiative's major accomplishments during the past year is the development of the Liver Coalition's "Liver Resources" directory, housed at <https://liverresources.org>. This easily searchable directory allows individuals to search for an HCV treatment provider in San Diego County. Searches can include if the provider also treats for HAV and HBV and/or other liver health conditions like liver cancer and which insurance they accept. The directory also provides listings of national and local patient resources and will be updated in the coming year to include HCV testing locations. Several Task Force members and committees aided in the development of this vital resource.
- Leadership from the Initiative has engaged in discussions around how the initiative can align with California Aligning and Innovating Medi-Cal (CalAIM), a program of the California Department of Health Care Services (DHCS) to transform the Medi-Cal program into a coordination, person-centered approach to health care. CalAIM is focused on serving the comprehensive whole-person needs of Medi-Cal beneficiaries, reducing health disparities, and improving health outcomes. The program began implementation in January 2022 and will phase in reforms by the end of 2027. CalAIM offers an opportunity to ensure that Medi-Cal beneficiaries are offered HCV screening, and if positive, linked to care and the cure as part of a comprehensive approach to their health care needs. Conversations are occurring in the Treatment and Testing & Linkage committees and the full Task Force to determine how/if the strategies of the Initiative can be aligned with CalAIM implementation and what work needs to be done with DHCS.

## **PROGRESS BY COMMITTEE – PHASE 1, 2 AND 3 ACTIVITIES**

The Initiative continues to make substantial progress in implementing activities related to all nine recommendations outlined in the implementation plan. Committees have developed work plans based on feasibility and available resources, rather than following a linear path through the phases.

A summary of the achievements by Committees supporting each recommendation is provided below.

## **AWARENESS AND PREVENTION COMMITTEE**

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

- The Initiative organized an HCV awareness social media campaign around World Hepatitis Day (July 28, 2022).
- The Liver Coalition continued to host several Liver Roundtables for allied medical professionals, as well as patients and caregivers. The Liver Coalition records their trainings and are made public for free viewing on their website.
- The Initiative continued to publicize the Hepatitis C Task Force meetings, Initiative reports, and plans on their website via [www.endhepcsd.org](http://www.endhepcsd.org).
- The Liver Coalition’s Executive Director presented at the American Association for the Study of Liver Diseases (AASLD) Liver Meeting in November 2022, addressing the topic of sexual HCV transmission among MSM, including recommendations for how health providers can provide effective screening and care and how to address stigma. The popular session was replicated as a national webinar in February 2023.
- In March 2023, the Task Force (led by the Harm Reduction Coalition of San Diego) held a site visit/listening session at a syringe access service location to secure input from people most affected by the HCV epidemic to help inform the Initiative’s strategies and activities.
- CDC information on viral hepatitis was included in San Diego County’s “Wellness Wednesday” email that was sent on May 3, 2023 to all County staff.
- Through strategic partnerships with California’s End the Epidemics (ETE), Global Liver Institute, National Viral Hepatitis Roundtable, the National Alliance of State & Territorial AIDS Directors, and AASLD, the Liver Coalition participated in legislative meetings with offices of State and Federal elected officials who represent San Diego County.
- Members of the Task Force participated in the first in-person ETE Day of Action at the State Capitol on May 15, 2023. Members met with offices of San Diego’s Assemblymembers and State Senators to advocate for increased funding for HCV testing/linkage to care and syringe access services.
- The Task Force engaged with non-elected decision makers through participation in calls and meetings with White House officials about the national HCV elimination plan (details provided under Recommendation 8).

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

- The Initiative continued to implement strategies to increase access to programs, services, overdose prevention, and activities to reduce harm (risk of transmission, overdose, death), while facing ongoing challenges with funding and stigma. Harm Reduction Coalition of San

Diego (HRCSD) and Family Health Centers of San Diego (FHCSO) continued to lead the County's efforts to provide mobile evidence-based, low-barrier syringe services and provide referrals to Medication-Assisted Treatment (MAT) and HCV/HIV/COVID testing and care. They are authorized through the California Department of Public Health (CDPH) to operate county wide. HRCSD provides HCV information to people who experience homelessness, people who use drugs, and others who are heavily impacted by the HCV epidemic.

- HRCSD has received a 5-year grant from the California Department of Public Health to distribute naloxone to organizations serving at risk communities in the county.

## **LINKAGE AND TESTING COMMITTEE**

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

- End Hep C San Diego continued to develop and implement strategies to advance USPSTF's HCV screening recommendations of one-time screening for all adults aged 18 to 79 years, regardless of risk factors and ongoing screening for those at risk, and to implement AB 789, which mandates an offer of HBV and HCV screening in primary care.
- Under the leadership of Dr. Thomas Coleman from the County of San Diego Health & Human Services Agency, the committee engaged with many providers and stakeholders in the county to advocate for HCV screening of pregnant people (which is a new recommendation from the CDC and consistent with ACOG guidance).
- UC San Diego and Kaiser are providing maternal HCV screening.
- FHCSO provided HCV testing at 3 sites during the week of World Hepatitis Day (July 28, 2022).
- FHCSO provided HCV testing at 5 sites during the week of May 15-19, 2023 (in recognition of National Hepatitis Testing Day on May 19<sup>th</sup>).
- San Diego County provided HCV/HIV rapid testing at 17 sites during May 2023 (Hepatitis Awareness Month).
- The committee identified San Diego County's "Take Me Home" (HIV rapid test) program as a model for distributing HCV test kits upon request. Resources continue to be a challenge to implementation.
- The committee engaged with Health Center Partners of Southern California to request partnership in urging community clinics to include HCV testing in their screening events as a way of implementing one-time testing those aged 18-79.

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

- HHSO has contracted with Family Health Centers of San Diego (FHCSO) 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. Services are 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. FHCSO has exceeded treatment goals at this point in the contract period.

- FHCSO received a new contract from San Diego County to provide wrap around services for people who inject drugs, including HCV screening and linkage to care.
- There is now language in contracts with existing network of HIV providers to provide syringe services requiring them to describe their plans for HCV screening and linkage to care.

## **TREATMENT COMMITTEE**

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

- Physicians in the committee shared best practices and lessons learned from HCV treatment and care with one another on committee calls.
- Dr. Christian Ramers from FHCSO presented on HCV treatment practices at the AASLD Viral Hepatitis Elimination Summit, held in Los Angeles on March 24-25, 2023.
- Dr. Ramers, Dr. Tweeten, and Andrea Tomada presented on HCV testing, treatment, and care to Chief Medical Officers in the county at the Health Centers Partners meeting.
- Dr. Gish published an article on HCV in San Diego Physician, September 2022.
- FHCSO and HRCSD provided HCV trainings to over 200 HCV care providers and addiction specialists through the BridgeHCV educational initiative. BridgeHCV aimed to expand their capacity to provide HCV screening, care, and treatment services to people who inject drugs and to educate them about harm reduction principles and prevention of HCV reinfection.
- End Hep C San Diego, with Hep Free Hawaii, held a Learning Exchange on HCV street medicine, on November 1, 2022, with over 80 participants.
- The committee utilized the process of collecting information for the HCV Treatment Directory to begin to assess treatment capacity in San Diego County.

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

- There continues to be no prior authorization requirement in Medi-Cal for HCV treatment. There have been some rumors of potential small changes to this process and the committee has been monitoring the situation and preparing to advocate for anything less than open access with no prior authorization.

## **SURVEILLANCE COMMITTEE**

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

- The HIV/Hep C Epidemiology and Surveillance Program (HHESP) has been able to bring on a permanent Epidemiologist for Hepatitis C surveillance to increase analysis ability and grow the structure of the program.

- HHESP has increased the number of acute cases identified and reported to CDPH from 1-2 per year (2018) to almost 100 in 2022. HHESP found that acute cases are primarily identified amongst those reported as chronic by electronic lab reporting. The guidance developed by HHESP for investigation of hepatitis C cases, which includes investigation of chronic cases to find acute cases, has been provided to other jurisdictions at the request of CDPH.
- HHESP continues to develop methods to produce the San Diego County HCV care cascade and continues to discuss with the committee.
- Dr. Natasha Martin, an infectious disease economic modeler in the Division of Infectious Diseases and Global Public Health at UC San Diego, continued to work on developing modeling of treatment scale-up to meet Initiative targets by 2030. Dr. Martin, along with intern Jaskaran Cheema, published a paper on HCV micro-elimination among people with HIV in San Diego County, showing that enhanced scale-up of both HCV treatment and behavioral risk reduction interventions are required to achieve an 80% reduction in HCV incidence among people with HIV in San Diego County<sup>1</sup>.
- Dr. Martin and Mr. Cheema have continued to work on developing a model to determine treatment benchmarks needed in order to reach the county-wide HCV elimination targets. They identified additional epidemiological data to inform the model, and pending receipt of the new data, are expected to complete the modeling work in July 2023.
- New modeling is needed to determine if alternative elimination progress indicators could be used as a proxy for HCV incidence declines, similar to those suggested in the World Health Organization's interim guidance for validation of hepatitis elimination.

## **ELIMINATE HEPATITIS C TASK FORCE**

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

- The Initiative has continued to strengthen its relationships with many state, regional, and local initiatives around the country. End Hep C San Diego, with Hep Free Hawaii, held a Learning Exchange on HCV street medicine, on November 1, 2022, with over 80 participants.
- End Hep C San Diego had a leadership role at the annual Los Angeles Hepatitis C Summit on December 10, 2023, with Andrea Tomada presenting on the End Hep C San Diego model, successes, and lessons learned.
- A large cohort of Task Force members participated in the AASLD Viral Hepatitis Elimination Summit on March 24-25, 2023. This Summit was a gathering of providers, public health representatives, and advocates from around the country focused on exchange of best practices and strategic discussions on advancing HCV elimination at the local, state, and national levels. The highlight of the Summit was a lunchtime discussion between Southern California participants and Dr. Francis Collins from the White House. Dr. Ramers presented on San Diego/Tijuana HCV elimination strategies at the Summit.

- A cohort of Task Force members participated in the Scripps 37<sup>th</sup> Annual New Treatments in Chronic Liver Disease Conference, held on March 18-19, 2023. Dr. Robert Gish presented at the conference’s viral hepatitis session.
- Several members of the Task Force participated in meetings with Dr. Francis Collins, special advisor to President Biden, to provide input to the White House hepatitis C elimination plan, which was released in April 2023. Dr. Collins met with Task Force members in person at the AASLD Viral Hepatitis Elimination Summit in March. Members have also participated in community coalition meetings to develop and implement strategies to realize the plan.

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

- End Hep C San Diego continued to meet with elected officials at the State and Federal levels providing opportunities to support budget requests and legislation for HCV Research and Implementation Science. At the state level, Task Force members, led by the Liver Coalition, advocated for funding for areas such as investing in harm reduction and expanding hepatitis C prevention and linkage to care services. At the federal level, members supported hepatitis C appropriations and urged Members of Congress to sponsor legislation to codify, fund, and implement the White House HCV elimination plan.

**NEXT STEPS**

The Eliminate Hepatitis C San Diego County Initiative continues to build momentum and achieve success toward eliminating HCV as a public health threat in the county. As indicated in the Implementation Plan, current phases may continue to change depending on funding streams and resources, as well as changes in the impact of COVID and other public health challenges.

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- Patrick Loose (Co-Chair)**, County of San Diego Health & Human Services Agency
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**REFERENCE**

<sup>1</sup>Cheema JS, Mathews WC, Wynn A, Bamford LB, Torriani FJ, Hill LA, Rajagopal AV, Yin J, Jain S, Garfein RS, Cachay ER, Martin NK. Hepatitis C Virus Micro-elimination Among People With HIV in San Diego: Are We on Track? *Open Forum Infect Dis.* 2023 Mar 22;10(4):ofad153. doi: 10.1093/ofid/ofad153. PMID: 37065984; PMCID: PMC10099471.