



# California Adult Viral Hepatitis Prevention Strategic Plan, 2010-2014: Progress Report

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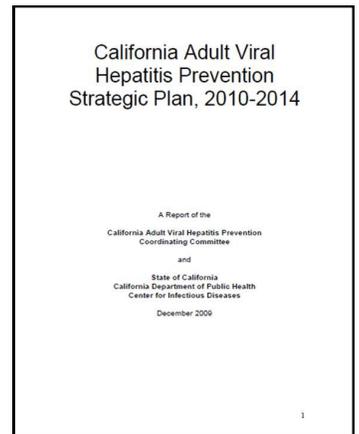
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## California leads the fight against viral hepatitis

In January 2010, the California Department of Public Health (CDPH), and its community partners released the first-ever statewide adult viral hepatitis (VH) prevention strategic plan. The five-year plan outlined a coordinated approach to preventing VH transmission and reducing the costs and consequences of hepatitis B and hepatitis C-related liver disease and complications in California (CA). The plan calls for three strategic directions for VH prevention:

1. Improving surveillance and data use;
2. Educating the public, providers, and policy-makers; and
3. Targeting and integrating services and building infrastructure.

Since that time, CDPH and its community partners have made tremendous progress in implementing many of the plan's recommendations. (See **page 8** for a quick summary of the plan's recommendations and the status of their implementation.)



This report highlights key successes in implementing the recommendations and action steps of the California Adult Viral Hepatitis Prevention Strategic Plan, 2010-2014.

## CA to update its hepatitis plan

Much has changed in public health and VH since 2010, including the passage of the Affordable Care Act (ACA), new national hepatitis B and hepatitis C screening recommendations, and new hepatitis C treatment regimens. A renewed vision and action

plan is needed to adapt to this changing landscape. In fall 2014, CDPH and the Los Angeles County (LAC) Department of Public Health will convene state and local government representatives, clinical providers, and community groups in LAC to

develop an updated vision for VH prevention in CA for the next five years. Stay tuned for more information on the renewed VH plan, including opportunities for input!



Improving  
Surveillance

*Between 2007 and 2011, rates of newly reported chronic hepatitis C cases among 18-24 year olds in CA state prisons increased 46 percent.*



## First viral hepatitis surveillance report released

In 2013, CDPH released the first-ever chronic VH surveillance report for CA, which summarized 15+ years of data on chronic hepatitis B virus (HBV) and chronic hepatitis C virus (HCV) cases newly reported to CDPH through 2011. Overall, statewide trends are comparable to those occurring nationally,

where chronic HBV disproportionately affects Asians and Pacific Islanders (API) and chronic HCV disproportionately affects persons born during 1945-1965 (“baby boomers”). Information from the report has been used to identify racial and geographic disparities in the distribution of VH in

CA and to inform prevention efforts. This report was made possible by funding from the Centers for Disease Control and Prevention (CDC). To access the report, visit: <http://www.cdph.ca.gov/programs/Pages/viralhepatitisdata.aspx>.

## Webinar highlights HCV increases among youth

In 2014, CDPH hosted a webinar for local health departments entitled, “Hepatitis C in Rural and Suburban Youth: What is an Appropriate Public Health Response?” to raise awareness of increased rates of newly reported chronic HCV cas-

es in youth in CA prisons, and to inform local public health action. Presenters described HCV epidemiology in CA and recent increases of HCV infection in rural and suburban youth in other states (such as Massachusetts), and offered potential strate-

gies for conducting HCV prevention education and outreach to young persons at risk for HCV infection. To download the webinar slides, visit: <http://www.cdph.ca.gov/programs/Documents/HepCinYouth01-29-14.pdf>.

## CA transitions to electronic laboratory reporting

From 2010-2014, CDPH staff data-entered a backlog of >35,000 paper HCV-related confidential morbidity reports and laboratory reports, which had accumulated due to the limited capacity of some

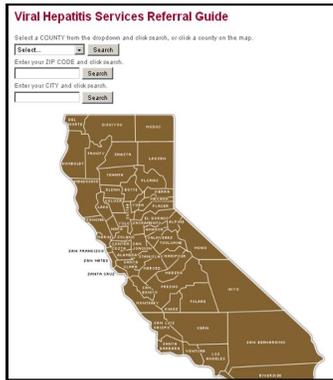
jurisdictions with state prisons to handle a high volume of HCV-related reports. In October 2013, the California Reportable Disease Information Exchange (CalREDIE) began receiving laboratory re-

ports electronically, saving hundreds of hours of staff time at the state and local level. For more information on CalREDIE, visit: <http://www.cdph.ca.gov/data/informatics/tech/Pages/CalREDIE.aspx>.

# New online statewide hepatitis services referral guide launched

In 2012, the California Hepatitis Alliance (CalHEP) launched the first-ever statewide guide to referrals for VH prevention services. The guide features information on where to access hepatitis A and hepatitis B vaccination, hepatitis B and hepatitis C testing, VH education and support groups, syringe exchange, and linkages to VH care. Users of the referral guide can search for resources by county, city, or

zip code, or by clicking on the map (pictured below).



Prior to the release of the referral guide in 2012, there were dozens of county-specific hepatitis referral guides but no centralized resource for Californians. Now, this valuable resource is available and CDPH is assisting CalHEP with keeping it up-to-date. To access the referral guide, list your organization, or update your organization's information, visit: <http://calhep.org/referralguide.asp>.

*"It is critical that we do our best to promote awareness of ways to stop the transmission of all types of hepatitis, and I thank individuals and organizations dedicated to this cause." Governor Schwarzenegger, May 19, 2010*

## Community groups raise the profile of viral hepatitis

Since 2010, community groups have continued working tirelessly to increase VH awareness among the public, providers, and policymakers. These efforts cannot all be listed here, but include: the San Francisco (SF) Hep B Free campaign for increasing HBV

awareness among APIs, which has been replicated in Alameda, Los Angeles (LA), Orange, San Mateo, and Santa Clara counties; CalHEP informational briefings for the state legislature; HCV summits in SF, LA, and the Central Valley; HCV task forces in LA, SF, and San-

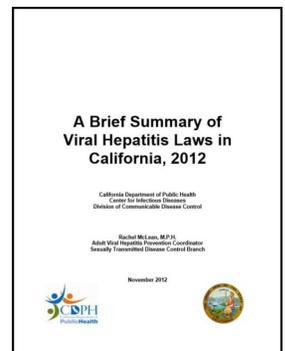
ta Cruz counties; and Governor's proclamations and Assembly resolutions honoring May 19, Hepatitis Awareness Day. These efforts play a critical role in achieving the goals of the CA VH prevention strategic plan.

## Summary highlights viral hepatitis-related laws in CA

Members of the public often have questions about CA law as it relates to VH—Is hepatitis testing required in CA prisons? Are there workplace restrictions on people living with VH?— but are unsure where to find this information. To address these and other ques-

tions, CDPH issued the first summary to describe VH-related statutes and regulations in CA in 2012. The Summary focuses on VH education, immunization, testing, confidentiality, discrimination, and other topics. It also includes information on where

to access the full text of related laws and regulations. To access the Summary, visit: [www.cdph.ca.gov/programs/Documents/CAHepLawsSummary2012.pdf](http://www.cdph.ca.gov/programs/Documents/CAHepLawsSummary2012.pdf).



### Educating Providers

## Clinical task force helps educate providers

Since 2010, the CA Viral Hepatitis Clinical Task Force has advised CDPH on its efforts to increase awareness and use of CDC VH screening, prevention, vaccination, and clinical management guidelines among clinicians. Task force members include hepatologists, gastroenterologists, infectious dis-

ease specialists, family physicians, nurse practitioners, registered nurses, and pharmacists. Task force members were critical in developing a *Hepatitis B and Hepatitis C Screening Toolkit for Primary Care Providers* (see below). Additional activities have included conducting webinars for pri-

mary care providers on VH screening recommendations and collaborating on applications for funding to expand HCV telehealth and mentoring services for primary care clinicians in community health centers and rural health clinics in CA. (Funding applications are pending.)

*Chronic hepatitis B and chronic hepatitis C infections are associated with cirrhosis, liver cancer, and liver failure. These complications can be prevented or mitigated by early detection, treatment, and lifestyle changes.*

### California Forum on Hepatitis C Screening and Treatment

California Forum on Hepatitis C Screening and Treatment  
Friday, November 8, 2013  
Oakland, CA

## Screening toolkit developed for providers

With the assistance of the CA Viral Hepatitis Clinical Task Force, CDPH released a HBV and HCV screening toolkit for primary care providers. The toolkit features pull-out 'quick sheets' on whom to screen for HBV and HCV, which tests to order (and

how to interpret their results), and billing and diagnosis codes. The toolkit has been disseminated to >105,000 physicians and health care providers statewide, including through the American College of Physicians, CA Primary Care Association,

CA Association of Physician Groups, Indian Health Service, and the Medical Board of California. To access the toolkit, visit: <http://www.cdph.ca.gov/programs/Documents/HepBandCScreeningToolkitforPrimaryCareClinicians-04-15-14.pdf>.

## CA hosts forum on HCV screening and treatment

In November 2013, 62 representatives from local health departments, health care organizations, health plans, pharmacies, laboratories, medical and professional associations, and community-groups

convened in Oakland to identify innovative strategies for improving HCV screening and care in primary care settings. The forum was made possible by the generous support of CDC and the Viral Hepa-

titis Action Coalition at the CDC Foundation. To view the HCV forum materials, visit: <http://www.viralhepatitisaction.org/california-forum-hepatitis-c-screening-and-treatment>.

# State distributed free hepatitis A and hepatitis B vaccine



From 2007-2010, more than 75 organizations statewide participated in the CDPH Adult Hepatitis B Vaccine Project (AHVP), which provided free

HBV and combination hepatitis A virus (HAV)/HBV vaccine to sites serving at-risk adults. Altogether, >100,000 doses of HBV, or combination HAV/ HBV vaccine were administered, including 28,589 in 2010 alone. In 2010, local health departments administered nearly half (48%) of the vaccine doses, followed by sexually transmitted disease

(STD) clinics (25%), and primary care clinics (17%). The remaining doses were administered by drug treatment and syringe exchange programs (SEP); prisons and jails; and community organizations serving mostly APIs. For more information on the AHVP, visit: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5917a2.htm>.

*“The AHVP experience demonstrates that HepB vaccine, when supplied at no or small cost, can be delivered as part of existing clinical services to a substantial number of previously unvaccinated, at-risk adults in various settings.”*  
*(CDC MMWR, May 7, 2010)*

## Alternate sources of free hep B vaccine identified

After CDC funds for the AHVP were cut in September 2010, CDPH hosted a webinar to inform participating sites about alternative sources for free vaccine, including the patient assistance programs (PAP) available from vaccine manufacturers. Additionally,

the ACA requires that most health plans cover vaccines recommended by the Advisory Committee on Immunization Practices with no patient cost-sharing. For more information on vaccine PAPs, visit: <http://calhep.org/> or <http://www.cdph.ca.gov/programs/immunize/Pages/AHVP.aspx>.

For more information on ACA vaccine requirements, visit: <http://www.cdc.gov/nchhstp/PreventionThroughHealthCare/PreventiveServices/Hepatitis.htm>.

## Three CA sites funded for hepatitis B testing and linkages to care

In 2012, CDC issued a funding opportunity announcement (FOA) to increase HBV testing and linkages to care. CDPH shared the FOA with community partners and provided applying organizations with letters of support and data on the chronic HBV burden in

their jurisdictions. CDPH also encouraged CDC to fund multiple sites in CA, which is home to 11% of the U.S. population but one-third of its APIs. Three sites in CA received CDC funds for HBV testing and linkages to care: San Francisco Department of

Public Health, University of California (UC) Davis, and UC San Diego. For more information on the outcomes of the UC San Diego HBV testing project, visit: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6318a3.htm>.



Integrating  
Services:  
Hep C

## HIV testing sites now offer hep C rapid testing

In 2011, the U.S. Food and Drug Administration approved the first-ever rapid test for hepatitis C antibodies. In 2012, California law was amended to allow trained HIV test counselors to perform rapid HCV antibody tests in non-health care settings. To assist HIV testing site supervisors and HIV testing

coordinators with integrating rapid HCV testing into their HIV/HCV testing programs, CDPH recently issued HCV rapid testing and quality assurance guidelines and other training materials. In 2014 HCV rapid testing was also integrated into the curriculum of the Basic Counseling Skills Training (BCST)

for HIV test counselors, which is offered by CDPH. To access the HCV rapid testing and quality assurance guidelines, visit: [www.cdph.ca.gov/hcvtest](http://www.cdph.ca.gov/hcvtest). For information on accessing the BCST, visit: <http://www.ucsf-ahp.org/provider-resources/trainings/>.

*Public health resources can be used to effectively target HCV screening for people at high risk to increase the number of people with hepatitis C who are aware of their infection and linked to care.*

## Hep C testing sites find high positivity

Since 2010, local health jurisdictions and community-based organizations, including those receiving funds from the State Office of AIDS for HIV prevention, have provided approximately 14,553 HCV antibody tests to persons at risk for HCV in non-

health care settings. Overall, 711 (4.9%) of persons tested had a reactive HCV antibody test result; two-thirds received their results and at least 300 (63.9%) of those individuals received referrals to follow-up HCV diagnostic testing and/or care.

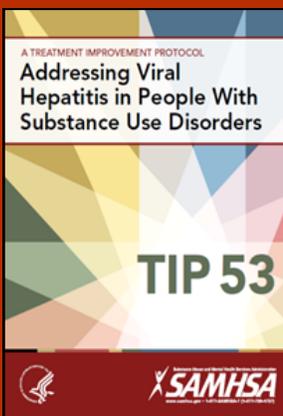
Among 3,571 persons who had ever injected drugs (PWID) tested for HCV, 536 (15.0%) had a reactive HCV antibody test result, suggesting that targeting PWID for HCV testing in non-healthcare settings is an effective use of public health resources.

## Funds support HCV testing in drug treatment

In 2012, the former California Department of Alcohol and Drug Programs (ADP) changed its funding policies to allow federal Substance Abuse Prevention and Treatment (SAPT) Block Grant, HIV Early In-

tervention Services (“HIV Set-Aside”) funds to be used for HCV testing and other services in local drug treatment settings. CDPH co-presented at an ADP conference on how to integrate viral hepatitis

services into drug treatment settings while using these and other resources. For more information, visit: [www.cdph.ca.gov/programs/Documents/SAPT-Slides-2012.pdf](http://www.cdph.ca.gov/programs/Documents/SAPT-Slides-2012.pdf).



## Three CA sites funded for hepatitis C testing and linkages to care



In 2012, CDC issued a funding opportunity to increase HCV testing and linkages to care.

CDPH provided applying organizations with letters of support and data on the chronic HCV burden in their jurisdictions. Three sites in CA were funded: HIV Education and Prevention Project of Alameda County in Oakland and Tarzana Treatment Centers in LA were funded to provide HCV testing and linkages to care for persons who inject drugs,

and UC San Diego was funded to provide HCV testing and linkages to care for “baby boomers” in community health centers. In 2014, CDPH provided data and letters of support for five CA organizations applying for a new round of CDC HBV and/or HCV testing and linkages to care funds. These funding applications are pending.

## California expands syringe access

Syringe access is an effective component of a comprehensive HIV and viral hepatitis control strategy. Syringes may be accessed by prescription, through non-prescription syringe sales (NPSS) in pharmacies, and through syringe exchange programs (SEPs). In

2010, 16 counties and four cities had authorized NPSS; now NPSS is authorized statewide. Previously, only local governments could authorize SEPs. In 2011, state law was amended to allow CDPH to authorize SEPs. State regulations outlining the new

CDPH SEP certification process were issued in 2013. For more information on syringe access, including materials on NPSS for pharmacists and consumers, SEP certification materials, and where to access syringes, visit: <http://cdph.ca.gov/syringeaccess>.

Syringe  
Access

## Health care reform increases coverage of preventive services

The Affordable Care Act made important changes for people living with and at risk for viral hepatitis, such as prohibiting health plans from denying coverage to people with pre-existing conditions, and requiring health plans to cover preventive services recom-

mended with an “A” or “B” rating by the U.S. Preventive Services Task Force (USPSTF) without patient co-pays. Since 2010, USPSTF has issued new “B” ratings for hepatitis B and C screening. CDPH shared data with USPSTF on the viral hepatitis burden in CA to in-

form its decisions and continues to monitor USPSTF recommendations and other policies. For more information, including a CDPH newsletter on health care reform, visit: <http://www.cdph.ca.gov/programs/Pages/ViralHepatitisPolicy.aspx>.

Health Care  
Reform

**Office of Viral Hepatitis Prevention**

Rachel McLean, MPH  
 Chief, Office of Viral Hepatitis Prevention  
 STD Control Branch  
 850 Marina Bay Parkway, Bldg. P, 2nd Flr.  
 Phone: 510-620-3403  
 Fax: 510-620-3180  
 E-mail: Rachel.McLean@cdph.ca.gov

The CDPH, STD Control Branch, Office of Viral Hepatitis Prevention works in partnership with local, state and national health officials, community-based organizations, service providers, and individuals to reduce the impact of viral hepatitis in CA. For more information, visit: [www.cdph.ca.gov/programs/pages/ovhp.aspx](http://www.cdph.ca.gov/programs/pages/ovhp.aspx).



# Viral hepatitis prevention strategic plan: progress at a glance

	Recommendation	Status
Strategic Direction 1: Improving VH surveillance and data use	1.1 Generate local and statewide VH surveillance reports	☆
	1.2 Evaluate VH reporting requirements to improve quality and use of VH surveillance data	⇒
	1.3 Increase <i>local</i> VH surveillance capacity	⇒
	1.4 Increase <i>state</i> VH surveillance capacity	☀
	1.5 Incorporate VH surveillance into the CalREDIE system	☀
	1.6 Support VH research and development	⌋
Strategic Direction 2: Educating the public, providers, and policymakers	2.1 Develop a statewide adult VH referral guide	☆
	2.2 Develop health promotion and awareness strategies for educating the public about VH	☀
	2.3 Train non-clinical providers on integrating VH prevention into their services	☀
	2.4 Improve awareness among clinicians of national VH prevention and clinical management guidelines	☀
	2.5 Integrate VH prevention into medically accurate, school-based HIV/STD education curricula	⇒
	2.6 Ensure national VH prevention and health care standards are evidence-based	☀
	2.7 Increase VH awareness among local, state, and federal policymakers	⇒
Strategic Direction 3: Targeting and integrating services and building infrastructure	3.1 Increase VH counseling, testing, and health education capacity and services	☀
	3.2 Increase VH laboratory testing capacity	⌋
	3.3 Increase VH vaccination capacity and delivery	☀
	3.4 Increase access to syringe exchange and other harm reduction services	⇒
	3.5 Increase VH services for people who are incarcerated or returning from prisons and jails to the community	⌋
	3.6 Promote VH service integration in <i>local</i> public health, alcohol and drug, and criminal justice agencies and programs	⇒
	3.7 Promote VH service integration in <i>state</i> public health, alcohol and drug, and criminal justice agencies and programs	☀
	3.8 Promote VH service integration in <i>federal</i> public health, alcohol and drug, and criminal justice agencies and programs	☀
Key:	☆ Completed/Ongoing                    ☀ Significant progress                    ⇒ Some progress                    ⌋ Limited progress	