



2022 State Plan for Hepatitis C

**As Required by
Texas Health & Safety Code
Section 94.001**



TEXAS
Health and Human
Services

**Texas Department of
State Health Services**

December 2021

Table of Contents

Executive Summary	1
1. Introduction	3
2. Background	4
3. Efforts to Engage Stakeholders to Plan and Coordinate Hepatitis C Prevention and Treatment.....	7
Outreach to the Public and Public Advocates.....	7
Engagement with State Agencies.....	8
Participation with Advisory Bodies.....	10
Outreach to Providers.....	10
4. Plan for Prevention and Treatment of Hepatitis C.....	12
Broad Strategies for Prevention and Treatment.....	12
Strategies Targeting Disproportionately-Affected Groups	14
5. Conclusion	18
List of Acronyms	19

Executive Summary

Hepatitis C is a significant health problem in the U.S. An estimated 2.4 million Americans are believed to be chronically infected, including over 500,000 Texans.^{1,2} Nationally, from 2010 to 2019, the number of new hepatitis C infections reported to the Centers for Disease Control and Prevention (CDC) nearly quintupled (from 850 in 2010 to 4,136 in 2019).³ In 2019, the CDC attributed 14,242 deaths in the U.S. to hepatitis C infection.³

In accordance with [Texas Health and Safety Code, Section 94.001](#), the Texas Department of State Health Services (DSHS) updated the *State Plan for Hepatitis C*, summarizing activities performed during the preceding biennium and providing a roadmap on how to address hepatitis C in the future.

Addressing this problem requires a coordinated approach to expand prevention, testing, and treatment. However, there are many challenges to these efforts. Nearly half of people with hepatitis C have either mild or no symptoms. Many are often unaware of their status until years later when diagnosed with cirrhosis or other liver diseases.⁴

At the same time, significant opportunities exist to improve the response to hepatitis C at every point along the continuum of care. This plan summarizes activities performed to:

- Re-engage stakeholders to plan and coordinate approaches to hepatitis C prevention and treatment,
- Develop broad strategies for hepatitis C prevention and treatment, and
- Develop specific strategies targeting disproportionately affected groups including:
 - ▶ Persons living with Human Immunodeficiency Virus (HIV)

¹ *Viral Hepatitis: Hepatitis C Information. Disease Burden from Viral Hepatitis A, B, and C in the United States.* Centers for Disease Control and Prevention.

<https://www.cdc.gov/hepatitis/hcv/statisticshcv.htm#section4>.

Accessed July 20, 2021.

² *Hepatitis C in Texas.* Texas Department of State Health Services.

<https://dshs.texas.gov/hivstd/info/edmat/HepCinTexas.pdf>. Accessed July 20, 2021.

³ *Hepatitis C in Texas.* Texas Department of State Health Services.

<https://dshs.texas.gov/hivstd/info/edmat/HepCinTexas.pdf>. Accessed July 20, 2021.

⁴ *Viral Hepatitis: Hepatitis C Questions and Answers for Health Professionals.* Centers for Disease Control and Prevention. <https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm>. Accessed July 20, 2021.

- ▶ Veterans
- ▶ Racial and ethnic minorities
- ▶ Persons who inject drugs

1. Introduction

[Texas Health and Safety Code, Section 94.001](#) requires the Texas Department of State Health Services (DSHS) to update the *State Plan for Hepatitis C* each biennium. The plan must include strategies for prevention and treatment in specific demographic groups that are disproportionately affected, including:

- Persons infected with Human Immunodeficiency Virus (HIV),
- Veterans,
- Racial or ethnic minorities that suffer a higher incidence of hepatitis C, and
- Persons who inject drugs.

In developing the plan, DSHS was required to seek input from:

- The public, including members of the public who have hepatitis C,
- Each state agency that provides services to persons with hepatitis C,
- Any advisory body that addresses issues related to hepatitis C,
- Public advocates concerned with issues related to hepatitis C, and
- Providers of services to persons with hepatitis C.

The *State Plan for Hepatitis C* summarizes activities performed during the preceding biennium and provides a roadmap on how to address hepatitis C in the future.

2. Background

The Department of State Health Services (DSHS) employs a Viral Hepatitis Prevention Coordinator within the Tuberculosis/Human Immunodeficiency Virus/Sexually Transmitted Diseases (TB/HIV/STD) Section to promote hepatitis C awareness, prevention, and treatment among other state programs, local health departments, advocacy organizations, and health care providers. Additionally, DSHS collaborates with local HIV prevention agencies in Texas to integrate hepatitis C education and testing into their programs.

Hepatitis C is a significant health problem in the U.S. An estimated 2.4 million Americans are believed to be chronically infected, including over 500,000 Texans.^{5,6} From 2010 to 2019, the number of new hepatitis C infections reported to the Centers for Disease Control and Prevention (CDC) nearly quintupled from 850 in 2010 to 4,136 in 2019.⁷ Chronic hepatitis C infection is a common cause of chronic liver disease and liver transplantation in the U.S.⁸

Hepatitis C is spread through contact with infected blood via contaminated needles, razors and tattoo/body piercing tools; accidental occupational exposures; and in rare cases, by infected mothers to newborns. While it is possible, hepatitis C is not easily spread through sexual activity. Unlike the hepatitis A virus and hepatitis B virus, there is no vaccine to prevent hepatitis C.⁹

The CDC recommends hepatitis C (HCV) screening at least once in a lifetime for all adults 18 and older and for all pregnant women during each pregnancy except in settings where the prevalence of HCV infection (HCV ribonucleic acid (RNA)-positivity) is <0.1 percent. The CDC published these new recommendations for universal HCV screening in April 2020 and updated the

⁵ *Viral Hepatitis: Hepatitis C Information. Disease Burden from Viral Hepatitis A, B, and C in the United States.* Centers for Disease Control and Prevention. <https://www.cdc.gov/hepatitis/hcv/statisticshcv.htm#section4>. Accessed July 20, 2021.

⁶ *Hepatitis C in Texas.* Texas Department of State Health Services. <https://dshs.texas.gov/hivstd/info/edmat/HepCinTexas.pdf>. Accessed July 20, 2021.

⁷ *Viral Hepatitis Surveillance Report 2019.* Centers for Disease Control and Prevention. <https://www.cdc.gov/hepatitis/statistics/2019surveillance/HepC.htm>. Accessed September 16, 2021.

⁸ *Hepatitis C Questions and Answers for Health Professionals.* Centers for Disease Control and Prevention. <https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm>. Accessed September 16, 2021.

⁹ *Hepatitis C.* Texas Department of State Health Services. <https://www.dshs.texas.gov/hivstd/info/hcv/>. Accessed July 20, 2021.

recommendations from previous risk-based recommendations due to the high rate of persons with HCV infection unaware of their status.¹⁰

CDC recommends one-time screening regardless of age or setting prevalence for:

- People with HIV
- People who ever injected drugs and shared needles, syringes, or other drug preparation equipment, including those who injected once or a few times many years ago
- People with selected medical conditions, including:
 - ▶ people who ever received maintenance hemodialysis
 - ▶ people with persistently abnormal ALT levels
- Prior recipients of transfusions or organ transplants, including:
 - ▶ people who received clotting factor concentrates produced before 1987
 - ▶ people who received a transfusion of blood or blood components before July 1992
 - ▶ people who received an organ transplant before July 1992
 - ▶ people who were notified that they received blood from a donor who later tested positive for HCV infection
- Health care, emergency medical, and public safety personnel after needle sticks, sharps, or mucosal exposures to HCV-positive blood
- Children born to mothers with HCV infection

The CDC recommends routine periodic testing for people with ongoing risk factors such as people who currently inject drugs and share drug preparation equipment.¹⁰

Acute hepatitis C infection is a short-term illness that occurs within the first six months of exposure. Among persons infected with hepatitis C, approximately:

- 75–85 percent will develop chronic infection,
- 60–70 percent will develop chronic liver disease,
- 5–20 percent will develop cirrhosis over a period of 20 to 30 years, and
- 1–5 percent will die from consequences of chronic infection (liver cancer or cirrhosis).

A 2005 Baylor University Medical Center study found minority populations to be disproportionately burdened by hepatitis C. The rate among whites is 1.38 percent, compared to 2.82 percent for non-Hispanic blacks, and 2.0 percent for

¹⁰ CDC Recommendations for Hepatitis C Screening Among Adults — United States, 2020
<https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm>. Accessed July 21, 2021.

Hispanics. Most individuals with hepatitis C are male (66.8 percent) and most infections occur in major metropolitan areas.¹¹

Many individuals at increased risk for hepatitis C are also at risk for HIV and other blood-borne diseases. HIV/hepatitis C co-infection is most common among people who inject drugs (PWID). Nearly 25 percent of persons living with HIV (PLWH) are also living with hepatitis C, and an estimated 50-90 percent of PLWH, who use injection drugs, are also living with hepatitis C.¹² Further, individuals who are living with both HIV and hepatitis C experience more rapid liver damage with more serious complications. The CDC attributes 50 percent of liver cancer cases to hepatitis C virus.¹³

Effective treatment of hepatitis C requires timely diagnosis. However, early diagnosis can be challenging since nearly half of people with hepatitis C have only mild or no symptoms. Many are unaware of their status until years later when diagnosed with cirrhosis or other liver diseases.¹⁴ Lack of diagnosis and treatment contribute to prevalent transmission.

¹¹ Yalamanchili, K., Saadeh, S., Lepe, R., & Davis, G. L. (2005). The prevalence of hepatitis C virus infection in Texas: implications for future health care. *Proceedings (Baylor University. Medical Center)*, 18(1), 3–6.

¹² *HIV and Opportunistic Infections, Coinfections and Conditions*. U.S. Department of Health and Human Services. <https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-hepatitis-c>. Accessed September 16, 2021.

¹³ *Viral Hepatitis and Liver Cancer*. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/viral-hep-liver-cancer.pdf>. Accessed July 20, 2021.

¹⁴ *Viral Hepatitis: Hepatitis C Questions and Answers for Health Professionals*. Centers for Disease Control and Prevention. <https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm#section1>. Accessed July 20, 2021.

3. Efforts to Engage Stakeholders to Plan and Coordinate Hepatitis C Prevention and Treatment

Outreach to the Public and Public Advocates

In February 2020, DSHS participated in the El Paso HCV Elimination Taskforce meeting hosted by the City of El Paso Department of Public Health. This meeting focused on discussing a mission for the task force to develop goals to eliminate hepatitis C in the border region. Health department staff and medical providers working in hepatitis within the community attended the meeting.

DSHS also convened a meeting in September 2021 to gather Dallas County and City of Houston health department staff to begin planning for new CDC cooperative agreement Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments (CDC-PS21-2103). This funding supports improved viral hepatitis surveillance, increased prevention and treatment services, and facilitates elimination planning. The DSHS Viral Hepatitis Prevention Coordinator (VHPC) will collaborate with entities across the state to establish a statewide viral hepatitis elimination planning body by the end of 2022.

In October 2020, DSHS presented on HCV surveillance and prevention at the annual UT Health San Antonio HIV/HCV/SUD (Substance Use Disorder) Virtual Symposium. This event focused on integrated care to support complex disease management and targeted an audience of HIV/HCV/SUD healthcare workers and community members to support essential comprehensive care. DSHS also supports and distributes promotional materials to providers and community partners on UT Health San Antonio's HCV Extension for Community Health Care Outcomes (ECHO) sessions. ECHO uses video conferencing to connect providers to a team of experts to share knowledge and build capacity for disease management and treatment. The HCV ECHO team is made up of experts including hepatologists, pharmacists, and community health workers.¹⁵

In December 2020, the Texas HIV/STD Conference held its second Viral Hepatitis Track of the conference dedicated to increasing awareness of hepatitis C in Texas and building tools and strategies for enhancing hepatitis C prevention and treatment. The conference hosted over 1,000 participants across Texas, including healthcare professionals, advocates, and people living with HIV and hepatitis C. The Viral Hepatitis Track featured a plenary session and breakout panel session led by experts on substance use, providers specializing in hepatitis treatment, and

¹⁵ UT Health San Antonio ECHO <https://wp.uthscsa.edu/echo/echo-programs/>. Accessed August 30, 2021.

community organizations engaging in viral hepatitis testing and prevention activities.

Each year National Alliance of State and Territorial AIDS Directors (NASTAD) hosts an HIV & Viral Hepatitis Technical Assistance meeting to provide technical assistance and educational opportunities to health department HIV and viral hepatitis staff. The meeting also convenes staff and communities to discuss key strategies for hepatitis prevention and elimination. DSHS participated and presented in a panel discussion focused on hepatitis elimination and elevating the voices of people with lived experience and community partners as work continues to achieve elimination targets. DSHS also presented in NASTAD's World AIDS Day webinar on the HCV team's collaboration with University of Texas Health San Antonio's (UTHSA) Targeted Access to Community Knowledge, Linkage to Treatment and Education for HIV/HCV in people of color (TACKLE HIV/HCV in people of color) project.

Engagement with State Agencies

The DSHS Viral Hepatitis Prevention Coordinator (VHPC) engages with the following state agencies to determine the breadth of hepatitis C prevention and treatment activities across the state:

Texas Health and Human Services Commission (HHSC)

Medicaid and CHIP Services

- *Medicaid* – benefits include hepatitis C screening and treatment for eligible clients in fee-for-service and managed care health plans.
- *Medicaid 1115 Transformation Waiver* – hepatitis C measure bundle in the Delivery System Reform Incentive Payment program targets adults with chronic hepatitis C infection. The objective of the measure bundle is to screen high-risk populations to detect and treat hepatitis C infections.
- *Children's Health Insurance Program (CHIP)* – benefits include hepatitis C screening and treatment.
- *Healthy Texas Women* – provides hepatitis C screening and referrals for treatment.

Health, Developmental, and Independence Services

- *Family Planning Program* – provides hepatitis C screening and referrals for treatment.
- *Children with Special Health Care Needs Services Program* – provides screening and treatment for hepatitis C.
- *Primary Health Care* – provides screening, prevention and treatment counseling, education services, and drug therapy treatment for hepatitis C. A provider's ability to offer treatment is contingent on available grant funding.

- *Title V Maternal and Child Health Fee-for-Service Program* – provides screening, education, and counseling for hepatitis C to women and children served in this program.
- *County Indigent Health Care Program* – provides various local indigent care resources for individuals who need assistance with medical care, including treatment for hepatitis C. The availability of resources varies on a client's location.

Behavioral Health Services

- *Opioid Treatment Services* – provides routine opt-out hepatitis C testing at Opioid Treatment Sites and requires referrals.
- *HHSC Substance Use Disorder treatment contracts* – require referrals for those determined to be at risk for hepatitis C for further testing and/or treatment to an appropriate medical provider.
- *Substance Intervention programs* – require referrals for those determined to be at risk for hepatitis C and other communicable diseases.

Health and Specialty Care System

- *State Hospitals* – test patients based upon medical histories and risk factors, provide treatment when length of stay will allow for treatment to be completed, and make referrals when treatment cannot be completed before discharge.
- *State Supported Living Centers* – individuals are tested per CDC guidelines and provided hepatitis C treatment and medication as needed.
- *The 2020-21 General Appropriations Act, H.B. 1, 86th Legislature, R.S., 2019 (Article II, Health and Human Services Commission, Rider 40)* – required HHSC to prepare and submit a report on the cost-effectiveness and projected savings of implementing a purchasing model that allows the state to pay a flat monthly rate for unlimited access to medications or other bulk purchasing or negotiating opportunities to treat individuals with hepatitis C who are eligible to have prescription drugs provided with state funds. HHSC completed and published the report in January 2021.

Texas Department of Criminal Justice (TDCJ) – screens inmates for risk factors and tests for hepatitis C infection as needed. Inmates found positive for the hepatitis C virus are evaluated, followed for disease progression, and treated as deemed clinically appropriate. TDCJ policy also permits any inmate to request screening once a year.

Texas Correctional Office on Offenders with Medical or Mental Impairments – ensures inmates receive Hepatitis C educational material at the time of release.

Texas Juvenile Justice Department – screens at-risk youth and ensures youth entering their system, who are currently being treated for hepatitis C, maintain treatment.

Texas Commission on Jail Standards – sets minimum standards in health services for jails in Texas, which includes providing treatment and medication in accordance with written instructions from a physician.

Texas Veterans Commission – refers all veterans seeking hepatitis C prevention and treatment services to the U.S. Department of Veterans Affairs or their local physician.

Participation with Advisory Bodies

DSHS participates on or connects with the following advisory bodies:

- **National Alliance of State and Territorial AIDS Directors' (NASTAD) Hepatitis Workgroup** – works to strengthen the capacity of state health department hepatitis programs and assists states to integrate hepatitis services into existing programs.
- **Hepatitis Testing Partnership** – a national coalition of public health agencies, community-based organizations, and other hepatitis stakeholders whose goal is to increase testing and linkage to care for hepatitis C.
- **Council of State and Territorial Epidemiologists (CSTE) Hepatitis C Subcommittee** – informs and improves practices related to hepatitis C surveillance and data analysis in local, state, tribal, and territorial settings.
- **National Viral Hepatitis Roundtable** – a national advocacy organization that addresses policy issues, public health intervention, and strategies for reducing hepatitis C transmission (while not a member of this advocacy organization, DSHS is able to access informational resources).

Outreach to Providers

DSHS provides hepatitis C rapid antibody test kits to DSHS-funded HIV providers across the state. In response to identified needs, the DSHS Laboratory will implement hepatitis C ribonucleic acid (RNA) testing in November 2021. RNA testing allows for confirmatory testing to be performed onsite rather than referring patients elsewhere for confirmation testing.

DSHS created a statewide directory of hepatitis C testing providers. Interested parties use the directory to access hepatitis C resources across the state and understand current provider caseloads that may impact their ability to serve additional clients. People living with hepatitis C may use this resource to locate

testing and treatment sites. DSHS completed the directory in July 2019 and will update it as more providers are identified.

In October 2018, DSHS conducted a survey of all DSHS regional staff to further refine identified statewide needs for hepatitis C surveillance. The results of the survey identified needs for staff training on conducting hepatitis C investigations, additional resources needed to assist staff reviewing incoming labs to determine case status, and resources for referring hepatitis C patients to care. In response to the survey results, DSHS created an online training to provide education on conducting hepatitis C investigations to regional and local health departments. DSHS initially made this training available through a training website in May 2019 and updated it to a new version in June 2021. In addition, DSHS has developed and implemented methods to streamline lab reviewing processes and initiated quarterly staff calls with all regional health departments to discuss updates from state surveillance staff and provide technical assistance to local and regional health department staff.

DSHS partnered with the Council for State and Territorial Epidemiologists (CSTE) and Tufts University to assess the vulnerability of the population in each Texas county to opioid use. Use of opioids, especially when injected, is a major risk factor for contracting hepatitis C. The assessment is complete and DSHS is currently reviewing a draft prior to publication. Key findings from this vulnerability assessment will be included in the forthcoming Hepatitis C Epidemiologic Profile. The results of the vulnerability assessment will also be used to inform program planning for opioid treatment providers and grant writing in both the Hepatitis C Surveillance and Prevention program and the State Opioid Evaluator's Office within the Medical and Social Services Division of HHSC.

DSHS partnered with the Centers for Disease Analysis Foundation (CDAF) on the creation of a disease progression model for hepatitis C in Texas. This model, currently in draft form, establishes estimates for hepatitis C incidence and prevalence in Texas. The model also establishes a care cascade, estimating the number of Texans who are infected with HCV, diagnosed with HCV (aware of their infection), treated for their infection, and cured as of 2019. Finally, the model projects the number of HCV infections, new HCV diagnoses, and cures over the next several years under multiple HCV prevention efforts. DSHS is currently reviewing the model and will work with CDAF on making necessary changes before publication. Key findings from the disease progression model will be included in the forthcoming Hepatitis C Epidemiologic Profile and will be used to inform program planning for HCV treatment providers and grant writing in the Hepatitis C Surveillance and Prevention program.

4. Plan for Prevention and Treatment of Hepatitis C

Broad Strategies for Prevention and Treatment

In 2017, the Quality Management Committee for the Tuberculosis/Human Immunodeficiency Virus/Sexually Transmitted Diseases (TB/HIV/STD) Section worked internally to implement a quality outcome measure specifically for the hepatitis C virus. The quality measure states that “98 percent of Ryan White clients will have a documented hepatitis C antibody screening test for hepatitis C screening (ever).”¹⁶ The measure is based on the performance measure developed by the Health Resources and Services Administration HIV/AIDS Bureau, the DSHS federal funder for HIV treatment and support services. HIV medical and support services providers currently funded by DSHS implemented the quality measure.

In 2017, DSHS sought to establish a baseline on current hepatitis C screening activities among people living with HIV (PLWH). The baseline of HIV-positive clients screened for hepatitis C diagnosis at least once since HIV diagnosis was 44 percent in 2017 and increased to 79.9 percent by May 1, 2019. The goal was to increase this to 98 percent by 2020; however, due to decreased screening rates in all STD/HIV and hepatitis A/B/C clients caused by the COVID-19 pandemic, the screening rate was 71 percent as of December 2020.

Providers are required to enter hepatitis C screening information into the acquired immune deficiency syndrome (AIDS) Regional Information and Evaluation System (ARIES), a client management system that allows providers to automate, plan, manage, and report on client data. However, hepatitis C screening is being entered sporadically, which has led to the need for increased data improvement and program monitoring activities. The committee will use the data collected to increase awareness and education among providers about hepatitis C and HIV co-infection as well as to improve the data quality in ARIES.

DSHS has developed a data collection tool for DSHS-funded HIV prevention contractors who provide hepatitis C services and sites currently using DSHS-funded hepatitis C testing resources. These updates will ensure that hepatitis C data points — transmission risk factors, linkage to care, and confirmed cases — are captured by DSHS HIV Prevention partners in a streamlined manner.

¹⁶ The Ryan White HIV/AIDS Program is the largest federal program focused exclusively on providing HIV care and treatment services to people living with HIV. Working with cities, states, and local community-based organizations, the program provides a comprehensive system of care for people living with HIV who are uninsured or underinsured. A smaller but critical portion is used to fund technical assistance, clinical training, and the development of innovative models of care.

New information gathered will include identified risk factors and more specific demographic data. This information will inform DSHS of hepatitis C trends in various regions which, will help determine where to focus hepatitis C efforts.

DSHS meets regularly with statewide and national hepatitis task forces. Information gathered at these meetings is used to help inform policies to address hepatitis C. Regional task force meetings discuss educational opportunities for clinicians and the community to increase hepatitis C awareness.

To bolster surveillance activities, DSHS worked with the University of Texas Southwestern Medical Center (UTSWMC) to focus additional surveillance resources on hepatitis C from 2017-2019. This contract allowed DSHS to hire three Epidemiologists and one Clinical Data Specialist to form a hepatitis C surveillance team as UTSWMC staff. As a result, acute hepatitis C cases can be more quickly identified through the DSHS National Electronic Disease Surveillance System (NEDSS). NEDSS is a CDC-developed platform that DSHS uses to report acute hepatitis C cases to the CDC. The surveillance staff review hepatitis C surveillance in other cities and states, follow up with providers, and measure annual progress of hepatitis C surveillance reporting. The team also processes internal and external data requests regarding hepatitis C. Additionally, the team monitored acute and chronic co-infections at sentinel sites that are part of the University of Texas Health Science Center San Antonio's Center for Research to Advance Community Health (UTHSC-SA ReACH) pilot project.

In 2019, DSHS began a partnership with the Association of State and Territorial Health Officials (ASTHO) to complete a Viral Hepatitis Epidemiologic Profile for the State of Texas. This profile will provide a thorough description of viral hepatitis in Texas by sociodemographic, geographic, behavioral, and clinical characteristics using novel data sources such as hospitalization records and cancer registries. It will also identify geographic service areas that should be prioritized for primary and secondary services, as well as provide information required to conduct needs assessments and gap analyses. DSHS engaged a core group of stakeholders to provide input from the community on the scope of the project, data to include within the profile, resources that can be created from the profile to distribute to community partners, and to provide review and feedback on the profile at key points during the development process. The epidemiologic profile is currently in draft form. The goal of the Hepatitis C Surveillance and Prevention team is to publish the epidemiologic profile by early 2022.

DSHS plans to continue conducting public health outreach at statewide conferences. This provides DSHS staff opportunities to interact directly with the community, provide education, and promote the department's services.

Strategies Targeting Disproportionately-Affected Groups

Beginning in 2016, DSHS has collaborated with DSHS-funded HIV testing and counseling agencies to assess their clients' risk for acquiring hepatitis C and offer testing as appropriate. DSHS requires each agency to submit specimens to the DSHS Laboratory and establish referral networks for hepatitis C assessment and treatment, hepatitis A and B immunization, and substance misuse treatment and counseling. DSHS selected the agencies based on the presence of persons who inject drugs (PWID) within their client profiles and geographic locations, typically major metropolitan areas.

Between January 2019 and April 2021, DSHS has maintained its partnerships and distributed 6,100 hepatitis C antibody test kits to 14 partner sites. DSHS plans to expand its capacity for HCV screening, confirmatory testing, and linkage to care in 2022.

Persons Living with HIV

Established by the [Health and Safety Code, Section 85.272](#), the Texas HIV Medication Advisory Committee (MAC) advises the leaders of HHSC and DSHS on procedural and guideline development for the Texas HIV Medication Program (THMP), which provides HIV medications to eligible, low-income, uninsured and underinsured Texans living with HIV. In 2016, DSHS, in consultation and with recommendations from the MAC, expanded the HIV medication formulary to include certain hepatitis C treatment drugs for persons living with both HIV and hepatitis C. This established the THMP HIV/Hepatitis C Pilot Program. In November 2017, DSHS further expanded the medication formulary to include all medications approved for hepatitis C treatment. DSHS made these medications available to all persons living with both HIV and hepatitis C who were eligible for the program. The program ended in 2021.

Staff at all DSHS-funded HIV counseling and testing sites receive hepatitis C training, including training on risk assessments, testing protocols, and informing clients of test results. Further, the hepatitis section in the DSHS *STD Facts and Fallacies* course, a required training for all counseling and testing providers, includes risk factors, signs and symptoms, testing, treatment, prevention, and perinatal issues.

In the U.S., 20 to 30 percent of PLWH are also living with hepatitis C. HIV accelerates hepatitis C disease progression, and the risk of serious liver damage is greatest among PLWH with a viral load below 200. DSHS partners with HIV prevention sites that have high HIV reporting rates to conduct hepatitis C testing and support confirmatory testing and linkage to care efforts.

Veterans

The U.S. Department of Veteran Affairs (VA) houses their HIV, Hepatitis, and Related Conditions Program under the Office of Patient Care Services. Treating and curing veterans with hepatitis C is a central priority for the VA. During 2016, the VA treated 38,358 patients with hepatitis C nationwide with approximately 94 percent cured.

In 2016, the VA developed an Advanced Liver Disease (ALD) Data Cube to make epidemiologic data on cirrhosis, liver cancer, and liver disease more broadly accessible at the provider level. It also provides related treatment and laboratory data, can identify gaps in treatment, quickly links veterans with ALD to the necessary care, and overall improves patient outcomes.

In addition to VA offices and resources available across Texas, other resources such as TexVet (an initiative of Texas A&M Health Science Center and HHSC) are dedicated to providing veterans, military members, and their families with equal access to information, including hepatitis C testing and treatment information.

Racial or Ethnic Minorities

From September 2017 to September 2021, DSHS collaborated with the UTHSC-SA Research to Advance Community Health (ReACH) Center on the TACKLE project to implement a three-year sentinel surveillance pilot project.¹⁷ Ultimately, the purpose addressed curing hepatitis C among people of color living with HIV. With limited funding and resources, it is important that hepatitis C testing and treatment services be integrated into existing programs. Data was collected from sites in South and Southwest Texas that also serve as HIV treatment and support services providers. These sites included San Antonio AIDS Foundation, Coastal Bend Wellness Foundation, Valley AIDS Council, Center for Health Care Services, PILLAR, Family-Focused AIDS Clinical Treatment Services, and Alamo Area Resource Center.

These organizations primarily serve racial and ethnic minorities who are disproportionately impacted by hepatitis C. Over the course of the four-year project, the organizations screened almost 3,000 clients for HCV. This collaboration was an opportunity for DSHS to implement comprehensive, effective hepatitis C testing, treatment, and surveillance systems among PLWH. By collecting surveillance information, DSHS will be better able to develop an epidemiological profile of South and Southwest Texas and use this information to determine the feasibility of expanding integrated programs. DSHS assisted in

¹⁷ A sentinel surveillance system is used when high-quality data are needed about a particular disease that cannot be obtained through a passive system.

creating data collection tools for the project, developing data-to-care variables, and developing a strategy for monitoring and interpreting surveillance data.

DSHS also attended TACKLE Hepatitis C/HIV testing events held in South Texas to disseminate hepatitis C educational materials to the community and deliver key messages on prevention and treatment. This project ended in September 2021. DSHS will continue to seek opportunities to collaborate with UTHSA on future projects serving racial and ethnic minority communities impacted by hepatitis C. DSHS has continued to offer HCV antibody test kits to TACKLE partners to maintain testing and linkage to care services.

DSHS continues to collaborate with Abounding Prosperity, Inc. in Dallas County to better serve black men who have sex with men who are at increased risk for acquiring hepatitis C. DSHS provides hepatitis C antibody and RNA testing to Abounding Prosperity as well as training for staff and clients on topics, such as hepatitis C risk factors and transmission and testing techniques.

Persons Who Inject Drugs

In 2010, DSHS and the Texas Health and Human Services Commission (HHSC) Division for Mental Health and Substance Abuse Services (MHSA) collaborated to offer MHSA opioid treatment providers the opportunity to begin providing comprehensive, diagnostic testing at patient intake. The clinics offer initial and confirmatory hepatitis C testing, treatment coordination, and viral load quantification.¹⁸ The pilot program began with three clinic sites: Border Region Behavioral Health Center, Gulf Coast Center, and MHMR Center of Nueces County. These services have since expanded to approximately 21 opioid treatment providers, now funded by the HHS's Behavioral Health Services (BHS).

On August 27, 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded HHSC \$52.1 million for State Opioid Response 2020 (SOR20) to continue the state's ongoing response to the opioid crisis. These funds are being used to expand testing services and treatment at additional provider sites. This enables clinics to treat both primary opioid use disorder along with comorbid conditions such as hepatitis C, psychiatric conditions, and wound care at a single clinic site. SAMHSA supports prevention of blood-borne diseases, including hepatitis C, hepatitis B, and HIV; directs funds to Texas providers; and provides block grants to BHS. The funding supports health education and outreach, risk reduction counseling, referrals for treatment, and other needed services. Case management is also provided for PLWH who misuse substances, many of whom have hepatitis C or are considered high-risk. Recently, there has been a growing trend of hepatitis C infections among young PWID, primarily white youth from rural

¹⁸ Hepatitis C RNA quantitative testing (also known as viral load quantification) measures the amount of hepatitis C in the blood. It can be used to establish a client's viral load or to monitor a patient who is currently on treatment.

areas.¹⁹ DSHS-funded sites are testing more individuals ages 19-31 to better understand the burden of hepatitis C within this group.

¹⁹ Page, Kimberly et al. "Injection Drug Use and Hepatitis C Virus Infection in Young Adult Injectors: Using Evidence to Inform Comprehensive Prevention" *Clinical Infectious Diseases: an Official Publication of the Infectious Diseases Society of America*, Vol. 57 Suppl 2, Suppl 2 (2013): S32-8. doi.org/10.1093/cid/cit300

5. Conclusion

Numerous entities at the national, state, and local levels continue working to more effectively address the significant burden of hepatitis C. Over the past biennium, the Department of State Health Services (DSHS) has engaged with stakeholders across Texas representing state agencies, advisory boards, institutions of higher education, and health care providers to gather insight into the needs of Texas communities. As a result of their feedback, DSHS has implemented several hepatitis C improvement strategies, including increasing hepatitis C testing at contracted human immunodeficiency virus (HIV) testing and counseling agencies, implementing ribonucleic acid testing at these agencies to allow for on-site hepatitis C virus confirmation, and expanding HCV screening and linkage to care services with partner organizations. DSHS will continue its collaborative work with other state agencies that provide hepatitis C prevention, screening, and/or medical care services.

List of Acronyms

Acronym	Full Name
AIDS	Acquired Immune Deficiency Syndrome
ARIES	AIDS Regional Information and Evaluation System
ALD	Advanced Liver Disease
BHS	Behavioral Health Services
CDC	Centers for Disease Control and Prevention
CSTE	Council of State and Territorial Epidemiologists
DSHS	Department of State Health Services
ECHO	Extension for Community Health Care Outcomes
HAB	HIV/AIDS Bureau
HAV	Hepatitis A Virus
HIV	Human Immunodeficiency Virus
MAC	Texas HIV Medication Advisory Committee
MHSA	Mental Health and Substance Abuse Services
NASTAD	National Alliance of State and Territorial AIDS Directors
NBS	NEDSS Base System

NEDSS	National Electronic Disease Surveillance System
PHR	Public Health Region
PLWH	Persons living with HIV
PWID	People who inject drugs
ReACH	Research to Advance Community Health
RNA	Ribonucleic acid
SAMHSA	Substance Abuse and Mental Health Services Administration
STD	Sexually Transmitted Disease(s)
SUD	Substance Use Disorder
THMP	Texas HIV Medication Program
TB	Tuberculosis
VA	U.S. Department of Veteran Affairs
VHPC	Viral Hepatitis Prevention Coordinator
