



2018 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**

November 2018

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Executive Summary

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

Hepatitis C is a significant health problem in the United States. An estimated 2.7–3.9 million Americans are believed to be chronically infected, including over 500,000 Texans.^{1,2} Nationally, from 2010 to 2015, the number of new hepatitis C infections reported to the Centers for Disease Control and Prevention (CDC) nearly tripled, and chronic hepatitis C infections are responsible for more deaths than any other infectious disease.^{3,4}

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 only mild or no symptoms. Many are often unaware of their status until years later when diagnosed with cirrhosis or other liver diseases.⁵

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

- 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 impacted groups including:

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>. Updated 5/9/2016. Accessed 10/24/2018

² *Hepatitis C in Texas.* Texas Department of State Health Services. <https://www.dshs.texas.gov/hivstd/info/edmat/HCVinTexas.pdf>. Updated 11/2014. Accessed 10/16/2017.

³ *Surveillance for Viral Hepatitis—United States, 2015.* Centers for Disease Control and Prevention. <https://www.cdc.gov/hepatitis/hcv/statisticshcv.htm#section4>. Updated 5/9/2016. Accessed 10/24/2018

⁴ *Viral Hepatitis: Hepatitis C Questions and Answers for Health Professionals.*

⁵ Ibid.

- Persons living with Human Immunodeficiency Virus (HIV)
- 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 engage in high risk behavior, such as intravenous drug use.

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

- The public, including members of the public that 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 lays out 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 26 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 United States. An estimated 2.7–3.9 million Americans are believed to be chronically infected, including over 500,000 Texans.^{6,7} From 2010 to 2015, the number of new hepatitis C infections reported to the Centers for Disease Control and Prevention (CDC) nearly tripled.⁸ In 2015, there were 19,629 hepatitis C-related deaths, a number that the CDC believes is grossly underreported.⁹ Chronic hepatitis C infection is the leading cause of chronic liver disease and liver transplantation in the United States, and is responsible for more deaths than any other infectious disease.¹⁰

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 (HAV) and hepatitis B virus (HBV), there is no vaccine to prevent hepatitis C.¹¹ Testing is recommended for anyone at increased risk, including:

- Persons born between 1945 and 1965 (often referred to as “baby boomers”),
- Current and former injecting drugs users,
- Recipients of clotting factor concentrates made before 1987,

⁶ *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>. Updated 01/27/2017. Accessed 10/12/2017.

⁷ *Hepatitis C in Texas*. Texas Department of State Health Services. <https://www.dshs.texas.gov/hivstd/info/edmat/HCVinTexas.pdf>. Updated 11/2014. Accessed 10/16/2017.

⁸ *Surveillance for Viral Hepatitis—United States, 2015*. Centers for Disease Control and Prevention.

⁹ *Ibid.*

¹⁰ *Viral Hepatitis: Hepatitis C Questions and Answers for Health Professionals*.

¹¹ *Hepatitis C*. Texas Department of State Health Services. <https://www.dshs.texas.gov/hivstd/info/hcv/>. Updated 3/5/2017. Accessed 10/12/2017.

- Recipients of blood transfusions or solid organ transplants before July 1992,
- Persons who have received long-term hemodialysis treatment,
- Persons with known exposures to hepatitis C, such as health care workers experiencing needle-sticks involving hepatitis C-positive blood, and recipients of blood or organs from a donor who later tested positive for hepatitis C,
- All persons living with HIV,
- Patients with signs or symptoms of liver disease, and
- Children born to mothers with hepatitis C.

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 two percent for Hispanics. Most individuals with hepatitis C are male (66.8 percent) and most infections occur in major metropolitan areas.¹²

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.¹³ Further, individuals who are living

¹² 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.

¹³ *HIV and Opportunistic Infections, Coinfections and Conditions*. U.S. Department of Health and Human Services. <https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/26/88/hiv-and-hepatitis-c> . Updated 10/25/2018. Accessed 10/24/2018.

with both HIV and hepatitis C experience more rapid liver damage with more serious complications. According to the CDC, 50 percent of liver cancer cases are attributed to hepatitis C virus.¹⁴

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 so many are unaware of their status until years later when diagnosed with cirrhosis or other liver diseases.¹⁵ Lack of diagnosis and treatment contribute to prevalent transmission.

¹⁴ *Viral Hepatitis and Liver Cancer*. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchstp/newsroom/docs/factsheets/viral-hep-liver-cancer.pdf>. Updated 3/2017. Accessed 10/24/2018.

¹⁵ *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>. Updated 01/27/2017. Accessed 10/12/2017

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

Outreach to the Public and Public Advocates

The Department of State Health Services (DSHS) hosted a webinar, *The State of Viral Hepatitis in Texas*, on June 13, 2017, drawing about 110 participants. The webinar provided an overview of hepatitis C and facilitated discussions on the epidemiology of hepatitis C, modes of transmission, treatment, and public health implications in Texas. The webinar included data and content from the University of Texas Health Science Center San Antonio's Center for Research to Advance Community Health (ReACH) program and the North Texas Viral Hepatitis Taskforce.

Each year, DSHS partners with the City of Houston Health Department and the Houston Viral Hepatitis Workgroup to host the *Houston Hepatitis C Annual Workshop*. The most recent workshop was held May 4, 2017, and addressed current concerns about treatment, health and well-being, and strategies for eliminating hepatitis C in the Houston area. These strategies included enhanced engagement of adults ages 19-29 with any past or current drug use, a highly at-risk population. The Houston Workgroup also established a hepatitis C support group to increase engagement and education among individuals cured of, and living with hepatitis C.

On May 20, 2017, DSHS partnered with the Prevent Cancer Foundation and the University of Texas Southwestern Medical Center to convene the *Think About the Link Summit* held in Dallas. The summit attracted over 60 community advocates, pharmaceutical representatives, patients, and public health professionals, and equipped them with research and best practices on links between hepatitis B, hepatitis C, and human papillomavirus (HPV).

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:

- **Health and Human 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 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.
- *Children with Special Health Care Needs (CSHCN) 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. The ability for a PHC provider to offer treatment is contingent on available grant funding.
- *Prenatal and Child Health and Dental Fee-for-Service Program* – women served in this program would be eligible for hepatitis C laboratory testing as appropriate based on a risk assessment performed during the initial prenatal visit. A newborn will receive testing if the mother is hepatitis C positive; a newborn also will receive hepatitis C testing if the mother identified a risk of exposure to sexually transmitted diseases in her maternal health history. Education and counseling services are provided as appropriate for any risks identified during the visit.
- *Women's Health Programs* – provides hepatitis C screening and referrals for treatment.
- *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.
- *HHSC Behavioral Health Services - HIV Early Intervention and HIV Intervention Services programs* – require referrals for those determined to be at-risk for hepatitis C for further testing and/or treatment to an appropriate medical provider.
- *State Hospitals* – test patients based upon their anticipated length of stay, medical histories, and risk factors; provides treatment when length of stay will allow for treatment to be completed and referrals when treatment cannot be completed before discharge.

- *State Supported Living Centers* – provide hepatitis C treatment and medications for residents.
- **Texas Department of Criminal Justice** – evaluates offenders for hepatitis C risk factors and provides screenings when signs and symptoms are present.
- **Texas Correctional Office on Offenders with Medical or Mental Impairments** – plans to incorporate hepatitis C materials into their educational activities for soon-to-be-released offenders.
- **Texas Juvenile Justice Department** – ensures that youth entering their system who are currently being treated for hepatitis C maintain treatment.
- **Texas Commission on Jail Standards** – sets standards for jails in Texas which includes healthcare standards in addressing individuals who are living or diagnosed with hepatitis C while in jail.
- **Texas Veterans Commission** – refers all veterans seeking hepatitis C prevention and treatment services to the federal Department of Veterans Affairs.

Participation with Advisory Bodies

DSHS has ongoing participation or connections 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 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 conducted a needs assessment in 2015 to assess hepatitis A, B, and C prevention and referral activities occurring across Texas. The survey addressed four areas: testing services, education and referrals, whether training was needed in order to offer prevention services, and vaccination services (hepatitis A and B only).¹⁶

The survey was distributed to 137 sites, including DSHS-funded human immunodeficiency virus (HIV) prevention providers, HIV care providers, sexually transmitted disease (STD) clinics, substance abuse facilities, medication-assisted treatment providers (previously known as methadone clinics), federally qualified health centers, and family planning clinics. Sixty-one sites completed the survey for a 44 percent response rate.

Of the respondents, 61 percent were not providing hepatitis testing, primarily due to financial barriers, but expressed interest in providing tests and hepatitis A and B vaccines if assistance were available.

For some years, DSHS has provided hepatitis C test kits to DSHS-funded HIV providers across the state. In response to identified needs, on January 1, 2018, DSHS increased access to hepatitis C ribonucleic acid (RNA) testing at DSHS-funded HIV provider sites.¹⁷ RNA testing allows for confirmatory testing to be performed on site rather than referring patients elsewhere for confirmation.

Based on survey results, DSHS is currently working to create a statewide database of hepatitis C testing providers. The database will be used to map access to hepatitis C resources across the state and understand current provider caseloads that may impact their ability to serve additional clients. Eventually, people living with hepatitis C will be able to use this resource to locate easily accessible testing and treatment sites.

¹⁶ Individuals at risk for hepatitis C are also typically at risk for possible HBV infection. There is not a cure for HBV so it is important to be vaccinated to prevent infection. Most people are vaccinated at birth and some adults may require a booster.

¹⁷ Hepatitis C RNA testing looks for genetic material of hepatitis C living in an individual's body. If the test is negative, the infection is not active as the body has fought it off. If the antibody and RNA tests are both positive, the individual needs to be referred to a specialist for treatment. RNA testing differentiates between past and current infection.

In October 2018, DSHS will conduct an epidemiologic survey of all DSHS regions to further refine identified statewide needs for hepatitis C surveillance.

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% of Ryan White clients will have a documented hepatitis C antibody screening test for Hepatitis C screening (ever).”¹⁸ The measure is based on the performance measure developed by the Health Resources and Services Administration HIV/AIDS Bureau (HAB), the DSHS federal funder for HIV treatment and support services. The quality measure was implemented earlier this year by HIV medical and support services providers currently funded by DSHS. In 2017, DSHS sought to establish a baseline on current hepatitis C screening activities among people living with HIV (PLWH). The current baseline is 44 percent, and the goal is to increase this to 98 percent by 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 is currently working to update the Access database for DSHS-funded HIV prevention contractors who provide hepatitis C services. 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. New information gathered will include identified risk factors and more specific demographic data. This information will inform DSHS of hepatitis C trends

¹⁸ 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.

in various regions which, in turn, will help determine where to focus hepatitis C efforts.

DSHS meets regularly with the North Texas Hepatitis Task Force, the Houston Hepatitis Task Force, and the El Paso Hepatitis Task Force. 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. In border regions such as El Paso, policies regarding the binational transfer of health information for people living with hepatitis C are being reviewed and updated to improve patient treatment outcomes.

The DSHS TB/HIV/STD Integrated Surveillance System (THISIS) is used to gather surveillance data on hepatitis C. An enhancement to THISIS is under development and will tentatively be rolled out Spring 2019. This change will give providers diagnosing a high number of hepatitis C cases an easy method to report cases and allow for increased automation of hepatitis C laboratory result processing. However, because only acute hepatitis C is reportable in Texas, data on chronic hepatitis C is limited, with only a few local health departments collecting and reporting data. Consequently, accurate estimates of the burden of hepatitis C in Texas are lacking.

In order to further bolster surveillance activities, DSHS is collaborating with the University of Texas Southwestern to focus additional surveillance resources on hepatitis C. As a result, acute hepatitis C cases can be much more quickly identified through the DSHS National Electronic Disease Surveillance System (NEDSS) Base System (NBS). The NBS is a CDC-developed platform that DSHS uses to report acute hepatitis C cases to the CDC. The surveillance staff at UT Southwestern will review hepatitis C surveillance in other cities and states, follow up with providers, and measure annual progress of hepatitis C surveillance reporting. They also will process internal and external data requests regarding hepatitis C. Additionally, they monitor 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.

DSHS is also engaged in long-term planning to increase and streamline electronic laboratory reporting. This will ensure the results automatically populate in THISIS, further supporting hepatitis C surveillance efforts and demonstrating the need for increased hepatitis C services and resources across the state.

DSHS's Viral Hepatitis Prevention Coordinator (VHPC) plans to continue working closely with the DSHS HIV Prevention Group to conduct public health outreach at statewide conferences. This provides an opportunity for DSHS staff to directly interact with the community and provide education and promote the services DSHS offers.

Strategies Targeting Disproportionately-Affected Groups

In 2016, DSHS collaborated with 26 DSHS-funded HIV testing and counseling agencies to assess their clients' risk for acquiring hepatitis C and offer testing as appropriate. Each agency is required 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. The agencies were selected based on the presence of persons who inject drugs (PWID) within their client profiles and geographic locations, typically major metropolitan areas.

During the most recent reporting period (November 2016 to October 2017), 4,575 individuals at increased risk for hepatitis C were tested, about 62 percent of whom were PWID and men who have sex with men. The racial breakdown was approximately 48 percent white, 33 percent Hispanic, and 19 percent black. Fourteen percent (301 individuals) tested positive.¹⁹

In 2017, DSHS expanded the number of provider sites from 26 to 30 testing sites, and increased the number of hepatitis C tests performed from 5,000 to 7,000 annually. Hepatitis C RNA testing was also added in January 2018.

Persons Living with HIV

Established by the [Health and Safety Code, Section 85.272](#), the Texas HIV Medication Advisory Committee (MAC) advises the Executive Commissioners of the Texas Health and Human Services Commission 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

¹⁹ A reactive or positive hepatitis C antibody test means that hepatitis C antibodies were found in the blood and a person has been infected with hepatitis C at some point in time. A positive test does not *necessarily* mean a person still has hepatitis C. Once infected, a person will always have antibodies in their blood. A reactive antibody test requires an additional, follow-up test to determine if a person is currently infected with hepatitis C.

Texans living with HIV. In early 2016, DSHS, in consultation and with recommendations from 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. Since its inception in November 2016, 163 eligible clients have successfully completed treatment. In November 2017, DSHS further expanded the medication formulary to include all medications approved for hepatitis C treatment. These medications are now available to all persons living with both HIV and hepatitis C who are eligible for the program.

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 United States, 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 in order to conduct hepatitis C testing, 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 (HHRC) 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 Texas Health and Human Services) 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

In September 2017, DSHS collaborated with the UTHSC-SA ReACH to implement a three-year sentinel surveillance pilot project.²⁰ Ultimately, the purpose addresses 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 currently existing programs. Data will be collected from five clinics in South and Southwest Texas that also serve as HIV treatment and support services providers. These sites include Valley AIDS Council, El Paso Department of Public Health, San Antonio AIDS Foundation, Coastal Bend Wellness Foundation, and the City of Laredo Health Department. Clients testing positive for HIV at these sites represent the following demographics:

- Valley AIDS Council – 99% of clients who test positive for HIV are Hispanic,
- El Paso Department of Public Health – data was incomplete, therefore unavailable,
- San Antonio AIDS Foundation – 68% of clients who test positive for HIV are Hispanic,
- Coastal Bend Wellness Foundation – 72% of clients tested for HIV are either Hispanic or black, and
- City of Laredo Health Department – 99% of clients who test positive for HIV are Hispanic.

These organizations primarily serve racial and ethnic minorities who are disproportionately impacted by hepatitis C. This collaboration is an opportunity for DSHS to implement comprehensive, effective hepatitis C testing, treatment, and surveillance systems among PLWH. By collecting surveillance information in particular, 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.

²⁰ A sentinel surveillance system is used when high-quality data are needed about a particular disease that cannot be obtained through a passive system.

DSHS collaborates with Abounding Prosperity, Inc. in Dallas County to better serve black men who have sex with men (MSM) 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, the DSHS TB/HIV/STD Section and the 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.²¹ 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 Texas Health and Human Services Behavioral Health Services (BHS).²² In fiscal year 2017, 333 clients were tested for hepatitis C. In May 2017, BHS received funding through the State Targeted Response to the Opioid Crisis Grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). BHS is currently in an open enrollment period and plans to use those funds to expand testing services at additional provider sites.

SAMHSA supports prevention of blood-borne diseases, including hepatitis C, hepatitis B, and HIV, directs funds to Texas providers, and block grants to BHS. The funding supports health education and outreach, risk reduction counseling, referrals for treatment and other needed services, and prevention skills building. Case management is also provided for PLWH who misuse substances, many who 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 areas.²³ DSHS-funded sites are testing more individuals ages 19-31 to better understand the burden of hepatitis C within this group.

²¹ 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.

²² Substance abuse services in Texas transitioned from DSHS to Health and Human Services in September 2016.

²³ 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.

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 begun implementation of 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 the Texas HIV Medication Program formulary to include hepatitis C medications for Texans living with HIV and hepatitis C. 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
HAB	HIV/AIDS Bureau
HAV	Hepatitis A Virus
HBV	Hepatitis B Virus
HHRC	HIV, Hepatitis, and Related Conditions Program
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
MAC	Texas HIV Medication Advisory Committee
MHSA	Mental Health and Substance Abuse Services

MSM	Men who have sex with men
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
STD	Sexually Transmitted Disease(s)
SAMHSA	Substance Abuse and Mental Health Services Administration
THMP	Texas HIV Medication Program
THISIS	TB/HIV/STD Integrated Surveillance System
TB	Tuberculosis
VA	U.S. Department of Veteran Affairs
VHPC	Viral Hepatitis Prevention Coordinator
