

Hepatitis C Elimination in Washington State by 2030: Progress Report for the First & Second Quarters of 2024

Previous <u>progress reports</u> provide relevant background on efforts to eliminate the public health threat of the hepatitis C virus (HCV) in Washington State by 2030. This report provides a high-level overview of activities, successes, and challenges in the relevant time period. If you have questions about this report, contact <u>HepCFreeWA@doh.wa.gov</u>.

Major Activities During the Time Period

1. Prevent new HCV infections

DOH continues to stengthen our HCV Intervention Speclist (DIS) program. The DIS program conducts case surveillence investigations and provides client intervention and prevention services for newly reported HCV cases. The state HCV DOH team provides risk reductin counseling and refrerrals to medical care and supportive services.

During this reporting period, the HCV DIS team has been working with the Foundational Public Health Services (FPHS) Steering committee to revise HCV surviellence invesitgation metrics for local health jurisicitions (LHJs) thorughout the state. Revised metrics focus on referral and linkage to medical care and supportive services. Once implemented, local health jurisidcistions that recieve FPHS funding will be evaluated to ensure that high-risk populations that recieve DIS services are referred and linked to currative treatment and supportive services.

Improve health outcomes of people living with HCV.

DOH continues to support University of Washington's Viral Hepatitis Project ECHO Program, which trains primary care providers to treat hepatitis B & HCV. During the July 1, 2023 – June 30, 2024 performance period, UW reported the following Hepatitis Project ECHO highlights:

- 45 didactic sessions provided featuring 14 guest speakers, with 8 sessions focusing on HBV as the primary topic and the remainder focusing on HCV as the primary topic.
- 152 unique Washington participants including DOs, MDs, PharmDs, Public Health, NPs, Nurses, PAs, and Case Managers/Care Coordinators
- Participants represented 55 unique Washington sites representing
 17 counties
- o 171 case presentations/clinical question discussions

DOH HCV DIS program provided quality assurance reports for LHJs which highlight case completeness and linkage to care for newly diagnosed HCV cases. The QA reports focused on cases that have been referred to care and if clients made an appointment and/or have been seen by a provider for clinical management of HCV. DOH provided technical assistance for LHJs requesting QA review and discussed strategies to strengthen linkage to care activities.

3.	Reduce HCV- related disparities and health inequities	DOH met with the UW ECHO Program to discuss specific outreach to medical providers in areas of the state with few or no HCV treaters to invite participation in the ECHO Program from those regions. In addition, DOH continues to engage with LHJs in rural counties to discuss strategies to increase the number of treaters providing HCV clinical care in their service areas.
4.	Improve HCV surveillance and data usage	HCA Hepatitis C Data Dashboard was introduced. It provides information on HCV treatment in Apple Health/Medicaid from 2015 through 2022. During this reporting period, the DOH surveillence team assessed linkage to care variables in the Washington State Diseae Reporting System (WDRS) and developed DIS QA reports for LHJs.
5.	Achieve integrated, coordinated efforts that address the HCV epidemic among all partners and stakeholders.	DOH facilitated quarterly meetings of the Hep C Free WA collaborative on February 7, 2024 and May 1, 2024.

Successes

HCA met its treatment milestone as outlined within the modified subscription model contract with AbbVie, the manufacturer of one of the HCV treatment medications, Mavyret[®]. Reaching this treatment goal dramatially reduced the price of Mavyret to the state for people on Apple Health. During this time period, HCA treated 1,153 people on Apple Health.

Challenges

Ensuring robust access to HCV testing and treatment in high-impact settings, such as syringe service programs and opioid treatment programs, remains an ongoing challenge given resource limitations. In addition, many parts of the state are HCV treatment deserts due to a lack of medical providers treating HCV.

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