

West Virginia Elimination Plan Implementation & Monitoring

Tennysa Mace, Viral Hepatitis Prevention Coordinator

April 3, 2024

National Alliance of State & Territorial AIDS Directors

Virtual Learning Collaborative



Elimination Plan Development

- Joint HIV and Hepatitis C Virus (HCV) Elimination Plan
- HIV and HCV programs within the same division
- Shared stakeholders and experts
- Ability to leverage funds for Plan development



HIV and HCV Elimination Plan Overview

The plan is structured using the National HIV/AIDS Strategy (NHAS) Pillars: Prevent, Diagnose, Treat, and Respond

Prevent: To help prevent new HIV and HCV infections.

Primary focus is on increasing access to and utilization of PrEP therapy, increasing the number of SSPs offering mobile services, and expanding understanding of proven prevention approaches.

Diagnose: To reduce late-stage HIV diagnosis and increase the number of people newly diagnosed in contact with Partner Services (HIV) or local health department staff (HCV).

Primary focus is on increasing access to HIV and HCV testing, improving the number of healthcare providers who know how to correctly diagnose HIV and HCV, and increasing public understanding of screening and testing.

Treat: To increase the number of people living with HIV who are virally suppressed and the number of people with HCV who are cured.

Primary focus is on increasing healthcare provider and public awareness of HIV and HCV therapies, improving access to care to improve outcomes and reduce health disparities, and increasing the number of people engaged and retained in care.

Respond: To respond quickly to potential outbreaks.

Primary focus is on strengthening state, regional, and local capacity to respond, enhancing organizational and system capacity for data collection, analysis, outbreak detection, data dissemination and evaluation, and educating the public and stakeholders about outbreak response.

Key Stakeholders



- People with Lived Experience
- Bureau for Medical Services: Medicaid
- Department of Corrections
- Homeless Coalition
- Local Health Departments
- Harm Reduction Programs
- Bureau for Behavioral Health
- State Laboratory
- Office of Maternal, Child, and Family Health
- Office of Rural Health
- Division of Cancer Epidemiology
- Division of Immunizations
- Lesbian, gay, bisexual, transgender, queer, and others (LGBTQ+) Advocacy
- Local Health Systems
- Community Based Organizations
- Faith Based Organizations
- Perinatal Partnership
- Primary Care Association
- State Medical Associations
- Behavioral Healthcare Providers Association



Office of Epidemiology & Prevention Services

Search this site



A to Z

Immunizations

How Do I...?

About Us

Data and Reports

Hepatitis C

OEPS > Hepatitis C > HIV and Hepatitis C Elimination Plan

HIV and Hepatitis C Elimination Plan

Quick Links

- ABOUT
- COMMUNITY
- HEALTHCARE PROFESSIONALS
- LOCAL HEALTH



Find the HIV and HCV Elimination Plan by using this QR code

Role of the Hepatitis Elimination Technical Advisory Group



- Kept Plan development momentum moving forward
- Allowed the hepatitis program to begin Plan HCV activities that mirrored set program goals
- Continued engagement of stakeholders
- Meet quarterly/bi-monthly with updates on goal activity progress and to discuss moving forward with next priority goal

Elimination Plan Task Forces

- Task forces created from the subcommittees that developed the Plan, Prevent, Diagnose, Treat, and Respond
- Task force goals are to facilitate completion of the Plan activities to reach the overall goals for each pillar, and to provide updates to key stakeholders for the purpose of monitoring and documenting progress of Plan activities
- Task force expectations include meeting no less than once per quarter; providing quarterly progress update on activity process measures; and creating a timeline for implementation of activities aligned with Plan timeframes

Elimination Plan Priority Activity Areas

Suggested activities for initial focus

- PREVENT: Provider Education
- DIAGNOSE: Implementing testing in all Quick Response Teams (QRT)
- TREAT: Increase Federally Qualified Health Centers providing integrated care
- RESPOND: Data dissemination; Local Health Department response plans

Prevent Task Force Monitoring Focus



- Health systems/clinics implementation of electronic health record system change
- Mobile services offered through syringe services programs
- Training of HCV prevention best practices for community and faith-based organizations
- Implementation of prevention best practices in community and faith-based organizations
- Implementation of prevention best practices with high-risk populations

Diagnose Task Force Monitoring Focus

- Expand HCV testing in nontraditional settings
- Opt-out testing in health and correctional facilities
- HCV testing offered through QRTs
- Develop HCV diagnostic curricula for health professions students and trainees
- Participation of clinicians in collaborative learning programs, such as the West Virginia Hepatitis Academic Mentoring Partnership (WVHAMP) and the West Virginia Clinical and Translational Science Institute's Project Extensions for Community Healthcare Outcomes (WVCTSI Project ECHO)
- Educational campaigns that reach policymakers, patients, and the public

Treat Task Force Monitoring Focus

- Development of curricula on HCV clinical management, including social determinants of health and addressing stigma
- Participation of healthcare providers in collaborative learning programs like WVHAMP and WVCTSI Project ECHO
- Educational campaigns on HCV therapies
- Curative treatment for HCV in nontraditional settings
- Private practice physicians offering HCV treatment

Respond Task Force Monitoring Focus

- Completion of local assessments and response plans
- Annual reviews of response plans conducted
- Increase of HCV surveillance staffing resources
- Increase in data sharing with partners and the public
- Public and stakeholder awareness of outbreak/cluster response plans

Challenges in Elimination Plan Implementation and Monitoring

- Shared Plan can mean the focus leans towards HIV
- Length of time between development and implementation meant building momentum again
- Continued engagement of People with Lived Experience
- Shifting Plan objective and activity work to stakeholder agencies

Current Elimination Plan Implementation and Monitoring Status



- Implementation and monitoring kick off meeting with key stakeholders held in person in September 2023
- Task force development from September 2023 to January 2024
- Task forces began meeting in February 2024
- First monitoring report will be due in June 2024

Contact Information



Tennysa Mace

Viral Hepatitis Prevention Coordinator
West Virginia Department of Health
Bureau for Public Health
Office of Epidemiology and Prevention Services
Division of STD, HIV, Hepatitis, and Tuberculosis
350 Capitol Street, Room 125
Charleston, WV 25301
Phone: (304) 610-3618
Email: tennysa.f.mace@wv.gov
Website: www.oeps.wv.gov

Alana Hudson

Viral Hepatitis Program Director
West Virginia Department of Health
Bureau for Public Health
Office of Epidemiology and Prevention Services
Division of STD, HIV, Hepatitis, and Tuberculosis
350 Capitol Street, Room 125
Charleston, WV 25301
Phone: (304) 352-6280
Email: alana.l.hudson@wv.gov
Website: www.oeps.wv.gov