

HepTAC.

Toolkit for New Viral Hepatitis Health Department Staff 2024

This toolkit is designed for new viral hepatitis health department staff to help you get oriented in your new role. It includes basic information, recommendations, key national partners, CDC funding opportunities, and where to go for help.

Developed by: NASTAD's Hepatitis Technical Assistance Center

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Introduction and How to Use This Toolkit

Welcome! If you are reading this toolkit, you have likely started a role in viral hepatitis. First off, it is important to understand there are many different types of roles involved in viral hepatitis whether it is your main job function or just part of it. Some titles include Viral Hepatitis Elimination/Prevention Coordinator, Viral Hepatitis Epidemiologist, Viral Hepatitis Manager, Hepatitis Navigator, etc. This toolkit will primarily focus on staff at state, local, and territorial health departments; however it may be equally helpful to those working in the non-governmental agencies. Similarly, all health departments have very different structures. This toolkit should be a good foundation and guide you in the right direction, help you ask the right questions and know where to go for help. This toolkit is structured to help with some questions you are likely to encounter, such as:

1. **What information about viral hepatitis should I know for this role?**
2. **What should I focus on in my first weeks and months on the job?**
3. **Who are the main people/ organizations/ agencies I will be working with in this role?**
4. **What should I know about viral hepatitis surveillance?**
5. **What should I know about viral hepatitis prevention?**
6. **Are there any key documents or guidelines that I should become familiar with right away?**
7. **What is hepatitis elimination and how can I contribute to it?**
8. **How can I take a syndemic approach to my viral hepatitis work?**
9. **Where can I turn for help?**

In addition to the resources in this toolkit, we encourage you to join webinars, subscribe to newsletters and listservs, become part of a workgroup/workgroups and reach out to colleagues. The viral hepatitis community is passionate and welcoming – we are so happy you are here.

Share your Thoughts with Us!

We gathered information from new and seasoned professionals in the viral hepatitis field to create this toolkit. As information, the community, and the viral hepatitis landscape is constantly changing, so will this resource. We will add to and update this toolkit as new information becomes available and we need your help to do so. This is a living document and will be updated annually. We are open to feedback and suggestions on what may be helpful to you as newer staff.

If you have suggestions, changes, updates, or other helpful tips, please notify us at any time at hepatitis@NASTAD.com

Health Equity and Anti-Racism

NASTAD recognizes racism and the impact of structural oppression on HIV, viral hepatitis, and other co-occurring epidemics as a public health crisis. Without intentional and conscious work against racism to address intersecting health inequities, we contribute to and perpetuate the systems that create and sustain these injustices.

NASTAD commits to identifying, operationalizing, and sharing impactful and measurable anti-racist actions across the organization and its membership to dismantle racism, sexism, homophobia, transphobia, and the stigma of drug use as drivers of disparate health outcomes.

Words Matter – Choose Person-First Language

As a new staff member, you might be familiar with viral hepatitis work, or you might be facing a steep learning curve. Wherever you are, it is important to acknowledge how we're talking about people with lived experience and expertise. Check out the resources below to use people-first language and replace stigmatizing terms.

- [Language Guidance](#), End the Syndemic, Tennessee
- [People-First Language](#), Positive Women's Network

CDC's [Health Equity Guiding Principles for Inclusive Communication](#)

Engaging People with Lived Experience/ Expertise

Lived experience is a person's knowledge and understanding of their own life, based on their perspective, personal identities, and history. It can also refer to the experiences, decisions, and knowledge gained from those experiences. It is widely acknowledged that the voices of people who have lived with viral hepatitis and/ or other overlapping conditions such as substance use disorder must be included in planning efforts for viral hepatitis elimination.

- NASTAD's [Leading with Lived Experience](#) supports this principle.
- You can also find some great Virtual Learning Collaborative ([VLC](#)) sessions on this topic.

Where do you fit in?

Know your unit

Health departments are unique to each jurisdiction. It is important to understand the structure and where the hepatitis program lives within that structure. The first step is usually to get an organizational chart and determine where your position lies, and where your closest collaborators live in the organizational structure. Once you have a grasp of your jurisdiction's structure, meet 1:1 with your collaborating jurisdiction staff.

Below are some questions you may want to get answers to:

1. Is the hepatitis program in the same unit as the HIV prevention program?
2. Are hepatitis A, B and C under the same program? If not, how can these units collaborate?
3. Is surveillance within the same branch as prevention? If not, how do the two units collaborate?
4. Is there a hepatitis program, or simply one dedicated staff member that lives within another existing prevention or care program?
5. How are viral hepatitis activities funded and who manages those funds?

Centralized or Decentralized?

It is also important to know if your jurisdiction has centralized or dispersed public health. For instance, in North Carolina, there is a state public health entity and 85 local health departments. The state is local rule, and thus the centralized agency must work closely with each local health department in order to create initiatives in that county. In other states, there are no local health departments, and the centralized entity is free to establish initiatives solo.

What information about viral hepatitis should I know for this role?

Whether you already have a deep understanding of viral hepatitis, or this is your first time learning anything about it, there are many excellent resources available to help you build and expand your knowledge.

Hepatitis

Hepatitis is an inflammation of the liver. Viral hepatitis is not the only cause of hepatitis, but it is the most common. Other causes can be due to heavy alcohol use, ingestion of toxic substances such as certain poisons, chemicals, medicines, or supplements, certain autoimmune diseases (when the body’s immune system mistakenly attacks the liver, causing autoimmune hepatitis), diseases caused by bacteria or parasites, and certain genetic conditions. It is important to be aware that there are alternative causes of hepatitis because this might affect how one interprets **case definitions**.

The liver is one of the most important organs in the body because almost all the blood in a person’s body passes through the liver. The liver performs hundreds of functions, including storing nutrients; removing waste products and worn-out cells from the blood; filtering and processing chemicals in food, alcohol, and medications; and producing bile, a solution that helps digest fats and eliminate waste products.

Case definitions for most conditions include in the clinical criteria “the absence of a more likely, alternative diagnosis.” For example, Epidemiologists need to determine if a “peak elevated serum alanine aminotransferase (ALT) > 200 IU/L” are in the context of “the absence of a more likely, alternative diagnosis (which may include evidence of acute liver disease due to other causes or advanced liver disease due to hepatitis B reactivation, pre-existing chronic hepatitis B, or other causes including alcohol exposure, other viral hepatitis, hemochromatosis, etc.)”.

More information about case definitions and case classifications is in the **Viral Hepatitis Surveillance Section**.

Viral Hepatitis

To start off - there are five main types of viral hepatitis viruses - A through E. In the United States, the most common types of viral hepatitis are hepatitis A, hepatitis B, and hepatitis C. While each can produce similar symptoms, each hepatitis virus affects the liver differently, has different routes of transmission and typically affects different populations. One or all of these will be the focus of your role. Broadly speaking, you should focus on becoming an expert on:

- Signs and symptoms
- Transmission mode
- Prevention strategies
- Treatment and recovery
- Populations affected
- History of the disease in the United States
- Clinical and public health recommendations

Check out **Appendix 1** for a list of helpful resources that cover everything from basic facts to clinical-level specifics. You can read through the websites, watch videos, print out fact sheets, participate in webinars, and take online classes.

[Project ECHO](#) is an excellent resource for clinical education on viral hepatitis and much more. Project ECHO provides a community of practice for healthcare providers with expertise in the care of patients with hepatitis C – a great place to refer clinicians. Find out what Project ECHO programs are available in your jurisdiction (easily searchable). We especially love [Indian County ECHO](#).

Perinatal Hepatitis B and C

Perinatal hepatitis B and perinatal hepatitis C are unique conditions because a pregnant person infected with hepatitis B virus or hepatitis C virus can pass the virus to their fetus or newborn.

Perinatal Hepatitis B

When a pregnant individual is infected with HBV, it presents a serious risk to the infant at birth, with approximately 90% of infants developing chronic HBV diagnosis. Testing pregnant individuals for hepatitis B and ensuring appropriate treatment and vaccination for both pregnant individuals and infants is paramount for the prevention of perinatal HBV diagnosis. This is why the universal hepatitis B screening recommendations include testing during each pregnancy (see section on Implementing Public Health and Clinical Recommendations above). More resources on perinatal hepatitis B can be found at the CDC [website](#).

[ACIP recommends](#) testing all pregnant women for hepatitis B surface antigen (HBsAg), and testing HBsAg-positive pregnant women for hepatitis B virus deoxyribonucleic acid (HBV DNA); administration of HepB vaccine and hepatitis B immune globulin (HBIG) for infants born to HBV-infected women within 12 hours of birth, followed by completion of the vaccine series and postvaccination serologic testing; universal hepatitis B vaccination within 24 hours of birth, followed by completion of the vaccine series.

Many states/jurisdictions have a specific program designed to address prevention and surveillance for perinatal hepatitis B, which is often run by the vaccine/ immunization program. **Get to know who is in charge of the perinatal hepatitis B program and how your role might overlap** (or vice versa!). You can find a list of the Perinatal Hepatitis B Coordinators and CDC guidance [here](#).

Perinatal Hepatitis C

Similarly, perinatal hepatitis C occurs when a mother passes HCV to her child during pregnancy or childbirth, known as vertical transmission. The transmission rate is estimated to be between 3–6% but can be as high as 11% with HIV co-diagnosis. Currently, there are no known ways to prevent transmission of HCV from mother to child, and no HCV treatments are approved for use during pregnancy. **Infants born to a person with HCV should be tested for HCV diagnosis.** Although not as common as the presence of a Perinatal Hepatitis B program, some jurisdictions do have some activities to address this public health challenge. A great example is from [Philadelphia](#).

Find out what is being done in your jurisdiction or how this fits into your hepatitis elimination planning.

Viral Hepatitis Surveillance

CDC's Viral Hepatitis Surveillance

Public health surveillance is essential for designing programs to prevent and control viral hepatitis, which includes hepatitis A, B (acute, chronic, perinatal), and C (acute, chronic, perinatal). The CDC's surveillance system relies on case notifications from state, local, and territorial health departments to the National Notifiable Diseases Surveillance System (NNDSS). State and territory mandates determine reportable conditions, collecting personal identifiable information for follow-up and prevention efforts, though case notifications to the CDC exclude this information. Surveillance data, including clinical, demographic, and risk behavior details, help confirm diagnoses, identify diagnosis sources, and inform preventive measures. Despite reliance on NNDSS, additional data sources like the National Health and Nutrition Examination Survey (NHANES) and Centers for Medicare and Medicaid Services (CMS) are used to estimate prevalence and address underrepresentation issues. The main goals of viral hepatitis surveillance are to track trends, monitor outbreaks, identify at-risk populations, guide interventions, and evaluate the impact of elimination efforts.

Get to know how viral hepatitis surveillance works in your jurisdiction

Reportability laws and regulations vary from jurisdiction to jurisdiction, so it is important to know what the rules are around viral hepatitis in your jurisdiction. These are often referred to as **Notifiable Conditions** and they vary slightly from state to state. For instance, in some states, acute and chronic hepatitis C are reportable, whereas in others only acute cases are reportable. In some jurisdictions reporting is required within 48 hours of a positive test, while in others the urgency for reporting is delayed. Knowing what surveillance is legally required in your jurisdiction gives you an idea of what data is available to help drive the hepatitis program.

Surveillance may or may not be part of your role. Either way, get to know other members of the surveillance unit and understand some of the following:

1. What is legally reportable in your jurisdiction?
2. What is the threshold for investigation?
3. Who conducts investigations?
4. Are [Disease Intervention Specialists \(DIS\)](#) or bridge counselors available to aid in investigations, or link to care?
5. You now know what is legally reportable, but what can people provide in their case reports that might help with data completeness?
6. How do you get access to surveillance data - can you just ask for a data pull or is there a formal data request process?

Case definitions: A surveillance case definition is a set of uniform criteria used to define a disease for public health surveillance. Surveillance case definitions enable public health officials to classify and count cases consistently across reporting jurisdictions. Surveillance case definitions are not intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient's health needs.

While the list of reportable conditions varies by state, the Council of State and Territorial Epidemiologists (CSTE) has recommended that state health departments report cases of selected diseases to CDC's National Notifiable Diseases Surveillance System (NNDSS). Every year, case definitions are updated using CSTE's Position Statements. They provide uniform criteria of national notifiable infectious and non-infectious conditions for reporting purposes.

Viral Hepatitis case definitions and case classification: Cases of hepatitis A; acute, chronic, and perinatal hepatitis B; and acute, chronic, and perinatal hepatitis C should be classified in accordance with their respective CDC/CSTE surveillance case definition. All CSTE case definitions can be found [here](#).

[Classification Scenarios for Cases of Hepatitis A](#)

[Classification Scenarios for Cases of Acute Hepatitis B](#)

[Classification Scenarios for Cases of Chronic Hepatitis B](#)

[Classification Scenarios for Cases of Perinatal Hepatitis B](#)

[Classification Scenarios for Cases of Acute Hepatitis C](#)

[Classification Scenarios for Cases of Chronic Hepatitis C](#)

[Classification Scenarios for Cases of Perinatal Hepatitis C](#)

More information on classification and scenarios can be found [here](#).

Help! Is it acute or chronic?

Sometimes the constellation of clinical, laboratory, epidemiological information available do not point to a clear case classification.

Technical assistance is available for more complex scenarios by contacting the assigned regional CDC DVH technical assistance team (see Contact Section for more information).

Essential Reads

| Title | Summary description |
|--|--|
| <u>CDC Viral Hepatitis Surveillance and Case Management: Guidance for State, Territorial, and Local Health Departments</u> | The purpose of this document is to provide jurisdictional guidance to implement and improve hepatitis A, hepatitis B, and hepatitis C surveillance and case management, including reporting requirements, collection of relevant laboratory data, and case investigation. Given that current systems for the surveillance and follow-up of cases differ by jurisdiction, the standards outlined in this document are designed to provide models for best practices, recognizing that not every jurisdiction can meet those standards with available resources. |
| <u>Surveillance Case Definitions for Current and Historical Conditions</u> | A searchable database for all current and historical case definitions. |

Essential Sources of Surveillance Data on Viral Hepatitis

Beyond your own jurisdiction’s surveillance system, here are some additional sources of data on viral hepatitis.

| Title | Summary description |
|---|---|
| <u>2022 Viral Hepatitis Surveillance Report</u> | The Viral Hepatitis Surveillance Report — United States, 2022 presents information from the ongoing, systematic collection, analysis, and interpretation of viral hepatitis-related data. |
| <u>CDC Statistics & Surveillance</u> | US Viral Hepatitis Surveillance, Surveillance Guidelines and Forms, Health Care Related Outbreaks Reported to CDC. |
| <u>CDC Atlas Plus</u> | HIV, Hepatitis, STD, TB, Social Determinants of Health Data. The intended audience includes CDC staff, federal, state, tribal, local and territorial public health professionals, policymakers, community- and faith-based organization leaders, researchers, students, and those infected and affected by HIV, viral hepatitis, STDs, and/or TB. |
| <u>CDC WONDER</u> | CDC WONDER online databases utilize a rich ad-hoc query system for the analysis of public health data. Reports and other query systems are also available. |
| <u>HepVu Interactive Maps and Location Profiles</u> | HepVu is an online platform that visualizes data and disseminates insights on the viral hepatitis epidemic across the U.S. Making data on the viral hepatitis epidemic widely available, easily accessible, and locally relevant to inform public health decision-making. |

Taking a Syndemic Approach

What is a syndemic?

A syndemic approach addresses interconnected health issues that exacerbate one another when they occur together, leading to worse outcomes such as increased transmission, morbidity, and mortality. This method focuses on multiple diseases and the social contexts in which they arise, recognizing that their combined impact on populations can amplify their negative effects. For example, the syndemic involving **HIV, STIs, viral hepatitis, and substance use-related harms shows significant increases in these diseases and related deaths:**

Harm reduction is a public health approach that focuses on mitigating the harmful consequences of drug use, including infectious disease transmission and overdose, by providing care that is free of stigma and centered on the needs of people who use drugs.

- HIV outbreaks among drug users have been reported in over 10 areas since 2015.
- STI rates and complications, such as congenital syphilis, are at record highs.
- Hepatitis C cases have increased fivefold since 2010, with hepatitis A outbreaks in more than 37 states since 2016, and progress against hepatitis B has stalled.
- Over 100,000 fatal overdoses occurred in the year ending April 2021.

Addressing these trends with a syndemic approach involves:

- Collaborative efforts to integrate services.
- Focusing on populations disproportionately affected by the syndemic in public health planning.
- Tackling shared social determinants like poverty, housing, and employment, and overcoming barriers to healthcare access such as cost, transportation, stigma, and discrimination.

How can you take a syndemic approach in your role?

1. **Get to know the staff in your department/ division/ team who are working on HIV and STIs.** Your role may already have some elements of this work. The more you collaborate the more you will discover the overlap in affected populations, community groups to engage, opportunities for leveraging resources, etc. Similarly, outbreaks of HIV and/ or STIs will likely have high rates of hepatitis B and C co-diagnosis.
2. **Ensure viral hepatitis elimination planning takes a syndemic approach,** including engaging with diverse stakeholders and incorporating the perspectives of people with lived experience.
3. **Be informed about HIV, STIs, and harm reduction.**

HIV/ STI/ Harm Reduction Resources

| | |
|--|--|
| CDC-HIV | Basic information about HIV transmission, prevention, testing, and more. |
| CDC-Hepatitis and HIV Co-Infection | Guidelines, recommendations, and resources for people living with HIV and viral hepatitis. |
| NIH – AIDS Info | Basic info, guidelines, medication, research, etc. |
| Avert | Global information and education on HIV and AIDS |

| | |
|--|---|
| CDC-Sexually Transmitted Disease | Prevention, testing, treatment, data and statistics, resources, training, etc. |
| Managing HIV and Hepatitis C Outbreaks Among People Who Inject Drugs | Comprehensive guide for state and local health departments released in March 2018 by CDC. |
| CDC- People Who Use or Inject Drugs and Viral Hepatitis | Guidelines, recommendations, and resources on testing and immunization of Viral Hepatitis for PWID |
| NVRH Drug Users and Hepatitis C | More than Tested, Cured project; Mini-grants; HCV treatment access; PCORI HERO Study; articles and presentations; resources. |
| CDC’s webpage on Syringe Services Programs | Facts Sheets, national policy, resources, etc. |
| Viral Hepatitis Among People Who Use or Inject Drugs | Information about the risks for transmission among people who inject drugs, guidelines for providers and the communication materials for the public. |
| NASEN North America Syringe Exchange Network: NASEN Directory | Resource for locating syringe services programs. |
| HIV.gov People Who Inject Drugs | Links to many other resources including federal response, webinars, research, reports, etc. |
| International Network on Health and Hepatitis Substance Users (INHHSU) | A global network dedicated to improving the health of people who use drugs, with a specific focus on hepatitis C, infectious diseases, and harms that can occur from drug use. |
| Find Local Harm Reduction Programs | Provides information on local harm reduction programs that support people who use drugs, a key population for hepatitis prevention and treatment. |
| SAMHSA’s Addressing Viral Hepatitis in People with Substance Use Disorders, Take Action Against Hepatitis C: For People in Recovery From Mental Illness or Addiction | <p>This booklet is intended for use with clients who:</p> <ul style="list-style-type: none"> • Are at risk for hepatitis C virus (HCV). • Have been identified as HCV antibody positive. • Have been diagnosed with hepatitis C. |

Viral Hepatitis Elimination Planning

We have compiled some key documents that will inform your work in viral hepatitis and will help you get a better understanding of the landscape. The documents outlined below may be updated and referred to often so you may want to bookmark their location.

National Level Planning

[HHS Viral Hepatitis National Strategic Plan: A Roadmap to Elimination 2021-2025](#)

The *Viral Hepatitis National Strategic Plan: A Roadmap to Elimination 2021-2025* provides a framework to eliminate viral hepatitis as a public health threat in the United States by 2030. The Viral Hepatitis Plan focuses on hepatitis

A, hepatitis B, and hepatitis C—the three most common hepatitis viruses that have the most impact on the health of the nation. The Plan is necessary as the nation faces unprecedented hepatitis A outbreaks, progress on preventing hepatitis B has stalled, and hepatitis C rates nearly tripled from 2011 to 2018. The Plan provides goal-oriented objectives and strategies that can be implemented by a broad mix of stakeholders at all levels and across many sectors, both public and private, to reverse the rates of viral hepatitis, prevent new cases, improve care and treatment and ultimately eliminate viral hepatitis as a public health threat in the United States.

[CDC Division of Viral Hepatitis Strategic Plan, 2025](#)

CDC’s Division of Viral Hepatitis (DVH) presents its 2025 goals and strategies to reduce new viral hepatitis cases, reduce viral hepatitis-related morbidity and mortality, reduce viral hepatitis-related disparities, and to establish comprehensive national viral hepatitis surveillance.

[2024 Viral Hepatitis National Progress Report](#)

The National Viral Hepatitis Progress Report provides information on progress in the implementation of recommended interventions and the impact these interventions are having on prevention of viral hepatitis transmission, disease, and associated mortality. In 2020, CDC modified the goals and associated targets from previous reports to align them with CDC’s Division of Viral Hepatitis 2025 Strategic Plan and HHS’s Viral Hepatitis National Strategic Plan for 2021-2025.

[Hepatitis Policy Project](#)

The Hepatitis Policy Project works at the intersection of law and policy to eliminate viral hepatitis in the United States. Focusing on hepatitis C (HCV) law and policy in the United States, its analysis concentrates on removing barriers to access to effective treatments for HCV.

State and Jurisdiction Reports, Evaluations, Report Cards Towards Elimination

- [Hep ElimiNATION](#) published state-level hepatitis elimination jurisdiction assessments as well as a national-level perspective.

Elimination Planning Resources

- [Hep ElimiNATION Toolkit](#): Hep ElimiNATION created toolkit modules and an extensive resource list to further assist jurisdictions’ elimination efforts. The modules provide templates and guidance for building an elimination collaboration engaging people with living experience and other stakeholders in elimination efforts, conducting collaboration meetings, and how to approach budget advocacy to support viral hepatitis elimination efforts.

State/ Local Health Department Plans

- NASTAD’s HepTAC [Directory of Viral Hepatitis Elimination Plans](#).

Examples and Resources from Other Cities and States

[End Hep C SF](#)

End Hep C SF is a multi-sector collective impact initiative that utilizes evidence-based practices, community wisdom, and the creative leveraging of resources to work toward hepatitis C elimination in San Francisco. San Francisco has a history of innovative and ambitious public health efforts. End Hep C SF emerges from that history to tackle an epidemic that kills more Americans than the deaths from sixty other reportable infectious diseases, including HIV, pneumococcal disease, and tuberculosis, combined. End Hep C SF envisions a San Francisco where hepatitis C is no longer a public health threat, and hepatitis C related health inequities have been eliminated. Our mission is to support all San Franciscans living with, and at risk for, hepatitis C to maximize their health and wellness. We achieve this through prevention, education, testing, treatment, and linkage to reduce morbidity, mortality, and stigma related to hepatitis C.

Hep Free Hawaii

Hep Free Hawai'i (HFH) is a coalition of local, national, and global partners dedicated to increasing awareness of and access to viral hepatitis and harm reduction services throughout the state of Hawaii. Born out of a partnership between the Hawaii Department of Health, the CHOW Project (now the Hawai'i Health & Harm Reduction Center), and other community agencies, Hep Free Hawai'i has been successful by connecting with communities across the islands to make Hawai'i truly "Hep Free." For World Hepatitis Day 2020, we released "Hep Free 2030: The Hawai'i Hepatitis Elimination Strategy 2020-2030" to share the priorities, directions, and opportunities for our communities to eliminate hepatitis in Hawai'i.

**HepCAP-
Hepatitis C Allies
of Philadelphia**

HEPCAP is a city wide collective dedicated to improving the continuum of hepatitis C prevention, diagnosis, care, and support services with the goal of eliminating Hepatitis C from the City of Philadelphia. HepCAP members are case managers, doctors, students, lawyers, representatives from city agencies and people living with hepatitis C. We are experts and we are people who want to learn more about the disease. Everyone in HepCAP has one thing in common: we think hepatitis C is a disease that needs more attention and more support. We know that we have the talent and resources in Philadelphia to make a big impact on this disease if we join forces as a community.

HEP FREE NYC

Hep Free NYC is a network comprised of the Hep B Coalition, Hep C Task Force and Hep C Clinical Exchange Network (HepCX). The network brings together health care and social service providers, public health professionals, advocates, and consumers to network, share best practices, identify needs, and develop and implement strategies to improve health outcomes of people at risk for or living with hepatitis B and C in NYC. Hep Free NYC's goal is to build community capacity to prevent, manage and treat hepatitis B and C in NYC.

Where Can I Turn for Help: National, State and Local Partners

National Level Partners

There are several national partners that you will be working with on a regular basis who can provide you with support, resources, funding, and connections. Please take a moment to visit and learn about some of our partners, below, who are integral in efforts to eliminate viral hepatitis. Connect with them by visiting their sites, joining their mailing lists, and participating in their events.

National Alliance of State & Territorial AIDS Directors (NASTAD)

NASTAD's mission is to end the intersecting epidemics of HIV, viral hepatitis, and related conditions by strengthening domestic and global governmental public health through advocacy, capacity building, and social justice. Interpret and influence policies, conduct trainings, offer technical assistance, and provide advocacy mobilization for U.S. health departments.

NASTAD members are state and local health department staff who have programmatic responsibility for administering HIV and hepatitis healthcare, prevention, education, and supportive service programs funded by state and federal governments. Each state, territory, and local jurisdiction identifies its NASTAD member. NASTAD members offer considerable expertise in identifying community needs and responding to the challenges of the HIV and hepatitis epidemics nationwide and throughout the world.

NASTAD's programs include: Health Care Access, HIV Prevention, Health Systems Integration, Hepatitis & Drug User Health, Policy & Legislative Affairs, Health Equity.

[NASTAD’s Hepatitis team](#) provides guidance and technical assistance to strengthen the capacity of state and local health departments to develop, maintain and enhance comprehensive hepatitis programs as they address the continuum from prevention through cure.

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Click [here](#) to access our team page and newly added resources, webinars, and staff updates.

[NASTAD’s Hepatitis Technical Assistance Center \(HepTAC\)](#)

In 2019, NASTAD launched HepTAC, an online technical assistance (TA) and capacity building center for health department hepatitis programs. The primary goal of HepTAC is to build state and local technical expertise to enhance health department capacity to eliminate viral hepatitis. Direct technical assistance is provided primarily via the online platform using videoconference technology to connect NASTAD Hepatitis team staff and its consultants to health department hepatitis staff across the country. Group learning opportunities will occur through several settings: calls, webinars, workgroups, a monthly newsletter, an online resource bank, office hours, success stories, and virtual session on the following tracks:

- Hepatitis Program Infrastructure and Workforce
- Community Engagement and Strategic Planning
- Harm Reduction and Prevention
- Epidemiology and Surveillance
- Testing and Linkage to Care
- Care and Treatment
- Elimination

Click [here](#) for the **HepTAC Resource Bank**, topics include: Elimination, Program Infrastructure and Workforce, Community Engagement and Strategic Planning, Harm Reduction and Prevention, Epidemiology and Surveillance, and Care and Treatment.

[CDC Division of Viral Hepatitis \(DVH\)](#)

DVH is part of the National Center for HIV, Viral Hepatitis, STI, and TB Prevention at CDC. In collaboration with domestic and global partners, DVH provides the scientific and programmatic foundation and leadership for the prevention and control of hepatitis virus cases and their manifestations. DVH consists of three branches — the Epidemiology and Surveillance Branch, the Prevention Branch, and the Laboratory Branch — and several units (such as Policy and Communications, and Global) that work collaboratively to prevent viral hepatitis cases and associated liver disease. As part of the national cooperative [agreement Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments](#) (CDC-RFA-PS21-2103), DVH provides technical assistance to 59 health departments on viral hepatitis surveillance and prevention activities.

There are five regional teams (A through E) that cover five regions (Figure 1). Each regional team consists of three DVH staff: Surveillance Officer, Prevention Program Officer, and Epidemiologist.

Stay in touch!

Have questions and/or feedback about HepTAC? Email us at hepatitis@NASTAD.org.

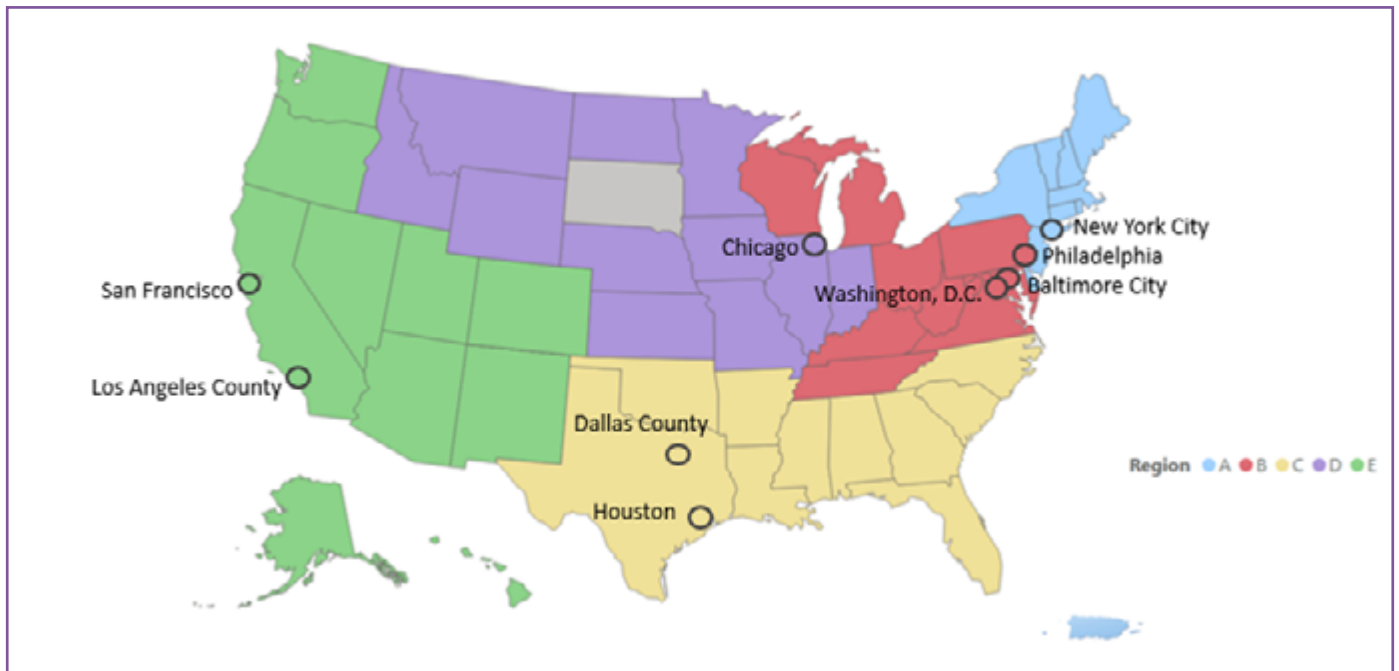
We want HepTAC to meet your hepatitis technical assistance needs, and encourage you to share your thoughts and/or recommendations for improving the system at any time.

DVH can respond to inquiries such as:

- Routine vaccine indications and logistics
- Case ascertainment
- Interpretation of lab results
- Onboarding states to send HL7 notifications
- Maintaining a longitudinal database
- VH modes of transmission
- Risk factors for VH and special populations (e.g., people experiencing homelessness (PEH))
- VH case investigation and response
- Healthcare associated VH
- Indications and process for public notification
- Indications and process for pre- and post-exposure prophylaxis
- VH treatment
- Perinatal VH
- Health equity

Contact DVH_FOA@cdc.gov for technical assistance needs.

FIGURE 1: HEALTH DEPARTMENT SUPPORT REGIONAL MAP



National Viral Hepatitis Roundtable (NVHR)

NVHR is a national coalition working together to eliminate hepatitis B and C in the United States. NVHR’s vision is "an equitable free of viral hepatitis." NVHR’s work is guided and informed by their beliefs and commitment to: collaboration, intersectionality, inclusion and equity. NVHR has great newsletters, fact sheets, helpful webinars, and other resources.

Hepatitis B Foundation

The Hepatitis B Foundation is a national nonprofit organization dedicated to finding a cure and improving the quality of life for those affected by hepatitis B worldwide. Our commitment includes funding focused research, promoting disease awareness, supporting immunization and treatment initiatives, and serving as the primary source of information for patients and their families, the medical and scientific community, and the general public.

Association of State and Territorial Health Officials (ASTHO)

ASTHO is working to enhance the role for state health agencies in addressing hepatitis and to demonstrate the value of infrastructure and funding at the state public health level.

Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. Congress established SAMHSA in 1992 to make substance use and mental disorder information, services, and research more accessible. There are many grant opportunities and many circumstances in which you may need to partner with SAMHSA-funded agencies. Identify your State Substance Abuse and Mental Health partners in your jurisdiction and connect with them to identify ways you can collaborate and work together on cross-cutting issues.

National Harm Reduction Coalition

The National Harm Reduction Coalition's mission is "to promote the health and dignity of individuals and communities affected by drug use. As a national advocacy and capacity-building organization, we aim to shift power and resources to people most vulnerable to structural violence and racialized drug policies."

The National Harm Reduction Coalition was founded in 1993 and incorporated in 1994 by a working group of needle exchange providers, advocates, and drug users. Today, we are strengthened by an extensive and diverse network of allies who challenge the persistent stigma faced by people who use drugs and advocate for policy and public health reform. The National Harm Reduction Coalition's Policy arm works to eliminate the existing disparities in the provision of health care and basic human services for drug users and their communities.

Programs and Services Include: Training & Capacity Building, Overdose Prevention & Advocacy, National Conferences, and Resources & Publications. Resources that can be found on our website include brochures, fact sheets, manuals, posters, training curricula, videos, bulletins and podcasts that span all aspects of harm reduction.

Local

Some jurisdictions have great local or regional programs that are just as helpful as national organizations. Below are a few great examples. Please reach out to them for more information about their programs and resources.

- **[Integrated Viral Hepatitis Surveillance & Prevention \(IVHSP\) Contacts in other health departments:](#)**
This page offers a list of contacts from health departments receiving funding for IVSHF from CDC.

Did you know? Viral Hepatitis Coordinators can be NASTAD Board Members

In May 2022, NASTAD's Membership bylaws were updated, allowing NASTAD jurisdictions the opportunity to include an additional voting member and implementing a new set of Board term limits.

- Read more: [NASTAD's Updated Bylaws Expand and Diversify Membership](#)
- Members can be found in [NASTAD's Membership Directory](#)

Understanding Payor, Insurance and Access Barriers to Viral Hepatitis Prevention, Screening and Treatment

Hepatitis C is our nation's deadliest bloodborne infectious disease, yet many state Medicaid programs have discriminatory restrictions that keep Americans from being cured and stop us from ending the epidemic.

Here are some of the restrictions limiting access to hepatitis C treatment that you will want to become familiar with:

- **Prior Authorization:** Requiring prescribers to obtain advance approval before insurance will cover HCV treatment.
- **Fibrosis Restrictions:** Restrictions based on a patient's degree of liver damage or fibrosis level.
- **Substance Use Restrictions:** Restrictions based on a patient's drug or alcohol use.
- **Prescriber Restrictions:** Based on a prescriber's specialty or expertise.
- **Retreatment Restrictions:** Based on whether a patient has previously received treatment.
- **Access in Managed Care:** Assesses parity between a state's fee-for-service program and contracted managed care organizations.
- **Additional Restrictions:** Additional restrictions to treatment that are less common but may pose severe barriers to care

You can find out where your state stands on these restrictions here:

[Hepatitis C—State of Medicaid Access](#): This report details hepatitis C treatment prior authorization restrictions in all state Medicaid programs, including traditional fee-for-service as well as managed care. The report focuses on three of the most significant prior authorization restrictions to treatment: liver damage, sobriety, and prescriber limitations. It is the most comprehensive public listing of these restrictions to date.

Appendix 1: Hepatitis 101 – Background Information

The term hepatitis refers to inflammation of the liver, which can be caused by a multitude of different factors (e.g., excessive alcohol use, drugs and toxins, chemicals) or from a virus. There are five main types of viral hepatitis viruses (A through E) and each type varies in transmission, treatment, and recovery. The most common symptom of viral hepatitis is jaundice, a medical condition with yellowing of the skin¹ or eyes, nausea, vomiting, fever, fatigue, abdominal pain, joint pain, gray-colored bowel movements, and loss of appetite. [Signs and symptoms](#) a person experiences can vary significantly and may or may not be present even after years of exposure to the virus.

Some viral hepatitis exposures can lead to an acute, meaning a new diagnosis, or chronic, meaning long-term diagnosis. Below are some important distinctions.

- Acute viral hepatitis is the early stage of a diagnosis and can lead to chronic illness—which is a lifelong illness that occurs when the virus remains in a person's body and can lead to serious liver problems.
- Generally, exposure to hepatitis A can lead to an acute case and do not lead to chronic diagnosis, whereas exposure to hepatitis B and C can both become chronic.
- Acute hepatitis B and C occurs within the first 6 months after someone is exposed to the virus.
- Hepatitis B and C can be a short-term illness, but for many adults, an acute diagnosis leads to chronic disease.
- Chronic hepatitis B and C can be a lifelong disease if left untreated. Chronic hepatitis B and C can cause serious health problems, including liver damage, cirrhosis (scarring of the liver), liver cancer, and even death.

¹ Jaundice is a condition that causes yellowing of the skin, whites of the eyes, and bodily fluids. It can be more difficult to see jaundice in Black people, so [other signs](#) may be more noticeable. When referencing jaundice in internal and external materials it is important to be conscious of this fact and representative of those who are non-White.

Resources for General Information about Viral Hepatitis

| Resource name | Description | Audience |
|--|--|--|
| <u>CDC’s Viral Hepatitis Webpage</u> | CDC’s main information website includes statistics and surveillance, basic facts, and resources. | <ul style="list-style-type: none"> • Health Department staff • Everyone/ Public • Health care providers |
| <u>CDC’s Clinical Overview of Viral Hepatitis</u> | This web page on hepatitis A, B, and C provides an overview for health professionals of statistics, transmission, risk factors, clinical features, screening, testing and vaccination recommendations. | <ul style="list-style-type: none"> • Health care providers |
| <u>CDC’s Viral Hepatitis Serology Training</u> | This training is comprised of five animated videos with voiceovers. Upon completion of this training, participants will be able to understand the different serologic tests for Hepatitis A virus (HAV) diagnosis, Hepatitis B virus (HBV) diagnosis, Hepatitis C virus (HCV) diagnosis, Hepatitis D virus (HDV) diagnosis, and Hepatitis E virus (HEV) diagnosis, understand the serological diagnosis of HAV, acute and chronic HBV, acute and chronic HCV, and Hepatitis B and Hepatitis D (HBV/HDV) co-diagnosis, understand the meanings of serologic markers, and understand and interpret serologic test results. | <ul style="list-style-type: none"> • Health Department staff • Health care providers |
| <u>Veterans Administration Viral Hepatitis and Liver Disease Website</u> | This site provides information for health care providers, Veterans and the public on prevention, testing, treatment and research. | <ul style="list-style-type: none"> • Veterans and the Public • Health care providers |
| <u>National Institutes of Health (NIH) - Hepatitis Research</u> | Research and clinical information about viral hepatitis. | <ul style="list-style-type: none"> • Health care providers |

General Hepatitis A Resources

Acute **hepatitis A virus (HAV)** is spread through the fecal-oral route via person-to-person contact or ingestion of contaminated food or water. Previously, hepatitis A virus was primarily limited to facility-based (e.g., daycares, nursing homes); however, as of 2017 (and still ongoing) there has been a national hepatitis A outbreak that has disproportionately impacted men who have sex with men, persons experiencing unstable housing or homelessness, and persons using recreational drugs (injection and non-injection). There is no chronic hepatitis A diagnosis. The best way to prevent hepatitis A is through vaccination.

| Resource name | Description | Audience |
|---|--|--|
| <u>CDC’s Hepatitis A Website</u> | Overview of hepatitis A with resources for professionals and the public. Guidelines and recommendations, immunization schedules, statistics and educational materials. | <ul style="list-style-type: none"> • Everyone/ Public • Health care providers • Health Department staff |
| <u>CDC’s page on the Person-to-person outbreaks of hepatitis A across the United States</u> | When hearing about hepatitis A, many people think about contaminated food and water. However, in the United States, hepatitis A is more commonly spread from person to person. Since March 2017, CDC’s Division of Viral Hepatitis (DVH) has been assisting multiple state and local health departments with hepatitis A outbreaks, spread through person-to-person contact. | <ul style="list-style-type: none"> • Everyone/ Public • Health care providers • Health Department staff |
| <u>Immunize.org page on Hepatitis A Vaccine</u> | Hepatitis A information for patients and staff including handouts, vaccine information sheets and state laws and mandates. | <ul style="list-style-type: none"> • Everyone/ Public • Health care providers |
| <u>U.S. Department of Health and Human Services page on Hepatitis A Vaccine</u> | Hepatitis A vaccine information from the Department of Health and Human Services. | <ul style="list-style-type: none"> • Everyone/ Public • Health care providers |
| <u>World Health Organization’s (WHO) webpage on Hepatitis A</u> | Global perspective of hepatitis A and WHO efforts. | <ul style="list-style-type: none"> • Everyone/ Public • Health care providers |

General Hepatitis B Resources

Acute **hepatitis B virus (HBV)** is spread when blood or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. This can happen through multiple ways, sexual contact, sharing drug injection equipment, other blood-to-blood contact and from an infected mother at birth or from a family member as a young child. Hepatitis B disproportionately affects Asian Americans in the United States. While they make up 6% of the population, they account for more than 60% of Americans living with hepatitis B. The best way to prevent hepatitis B is through vaccination.

| Resource name | Description | Audience |
|--|--|---|
| CDC’s Hepatitis B website | Overview of Hepatitis B, including screening and vaccinations. | <ul style="list-style-type: none"> • Everyone/ Public • Health care providers |
| CDC’s Hepatitis B Education Resources | Resources for patients and professionals, some in multiple languages. | <ul style="list-style-type: none"> • Everyone/ Public • Health care providers |
| Clinical Overview of Perinatal Hepatitis B | Clinical recommendations for the prevention of perinatal hepatitis B. | <ul style="list-style-type: none"> • Health care providers |
| Hepatitis B Online | A free educational website from the University of Washington National Hepatitis Training Center. This site addresses the diagnosis, monitoring, and management of hepatitis B virus. | <ul style="list-style-type: none"> • Health care providers |
| HHS Hepatitis B website | Hepatitis B overview, guidelines and data from the Department of Health and Human Services | <ul style="list-style-type: none"> • Everyone/ Public • Health care providers |

General Hepatitis C Resources

Acute **hepatitis C virus (HCV)** is spread when blood infected with the hepatitis C virus enters the body of a person who is not infected through. Today, most people become infected by sharing needles or other equipment used to prepare and inject drugs. Acute hepatitis C virus can progress to chronic hepatitis C. There is no vaccination for hepatitis C; however, there is a cure.

Need a break from reading?

WATCH the TEDx Talk - 25 Years From Discovery To Cure: The Hepatitis C Story

Dr. Afdhal discusses how discovery of HCV lead to understanding the global epidemiology and modes of spread of hepatitis C and the recognition that it was the commonest cause of cirrhosis, liver cancer and need for liver transplantation. The development of model systems to look at viral replication led to treatments initially with injectable interferon to new all oral direct acting anti-viral agents. How these treatments have changed the discussion in the US on the cost of new medications and the ongoing plans to bring these expensive treatments to developing countries with high hepatitis C burden.

| Resource name | Description | Audience |
|---|---|--|
| CDC’s Hepatitis C page | Hepatitis C overview, testing, statistics and surveillance, professional resources, patient education resources. | <ul style="list-style-type: none"> • Everyone/ Public • Health care providers |
| Hepatitis C Online | A free educational website from the University of Washington National Hepatitis Training Center. This site addresses the diagnosis, monitoring, and management of hepatitis C virus diagnosis. Module One may be most helpful and appropriate for an overview. HCV biology and HCV medications are also covered. | <ul style="list-style-type: none"> • Health care providers |
| HHS – Hep C Basics | Hepatitis C overview, guidelines and data | <ul style="list-style-type: none"> • Everyone/ Public • Health care providers |
| What is Hepatitis C and Why Should You Care? YouTube video from Johns Hopkins Medicine | Hepatitis C overview video | <ul style="list-style-type: none"> • Everyone/ Public |
| CDC Vital Signs: “Too Few People Treated for Hepatitis C Reducing Barriers Can Increase Treatment and Save Lives” | Few insured persons with diagnosed hepatitis C receive timely DAA treatment, and disparities in treatment exist. Unrestricted access to timely DAA treatment is critical to reducing viral hepatitis–related mortality, disparities, and transmission. Treatment saves lives, prevents transmission, and is cost saving. | <ul style="list-style-type: none"> • Health care providers • Health Department staff |
| Indian County ECHO | The Project ECHO knowledge-sharing model brings together specialists from multiple focus areas to create a robust, holistic approach to learning. Each month Project ECHO offers a two-hour virtual hepatitis C virus (HCV) training for New Mexico and/or Indian Country clinicians and their teams interested in partnering with Project ECHO. The training includes an overview of the ECHO model, HCV diagnosis, clinical treatment guidelines, and HCV prevention efforts in New Mexico Following training, participation in teleECHO sessions is expected. Through case-based learning and group discussion, participants will develop the skills needed to independently manage patients with HCV diagnosis. On-going participation in teleECHO sessions is the basis for continuously improving and expanding HCV treatment in New Mexico and Indian Country. CME and ACPE credits for pharmacists are available following participation in each session. | <ul style="list-style-type: none"> • Health care providers |

General Hepatitis D Resources

Hepatitis D, also known as “delta hepatitis,” is a liver disease caused by the hepatitis D virus (HDV). HDV only occurs in people who are also infected with the hepatitis B virus. HDV is spread when blood or other body fluids from a person with the virus enters the body of someone who does not have the virus or has never been exposed. HDV can be an acute, short-term illness or become a long-term, chronic condition.

| Resource name | Description | Audience |
|--|---|---|
| CDC’s Hepatitis D Basics | CDC information on hepatitis D virus. | <ul style="list-style-type: none"> • Everyone/ Public |
| hepDELTA.com | Gilead sponsored website with HDV overview, prevalence, testing, management, and resources. | <ul style="list-style-type: none"> • Everyone/ Public • Health care providers |
| World Health Organization Hepatitis D page | Geographical distribution, transmission, symptoms, treatment, prevention, WHO response | <ul style="list-style-type: none"> • Everyone/ Public • Health care providers |

General Hepatitis E Resources

Hepatitis E is found in the stool of an infected person. It is spread when someone unknowingly ingests the virus – even in microscopic amounts. In the United States and other developed countries where hepatitis E is not common, people have gotten sick with hepatitis E after eating raw or undercooked pork, venison, wild boar meat, or shellfish. In the past, most cases in developed countries involved people who have recently traveled to countries where hepatitis E is common. Symptoms of hepatitis E can include fatigue, poor appetite, stomach pain, nausea, and jaundice. However, many people with hepatitis E, especially young children, have no symptoms. Except for the rare occurrence of chronic hepatitis E in people with compromised immune systems, most people recover fully from the disease without any complications. No vaccine for hepatitis E is currently available in the United States.

| Resource name | Description | Audience |
|--|---|---|
| CDC’s Hepatitis E Basics | CDC page with basic information on hepatitis E virus. | <ul style="list-style-type: none"> • Everyone/ Public |
| World Health Organization Hepatitis E Fact Sheet | WHO Hepatitis E fact sheet in several languages. | <ul style="list-style-type: none"> • Everyone/ Public • Health care providers |

Appendix 2: Viral Hepatitis Clinical and Public Health Guidelines and Recommendations

Hepatitis A

[Clinical Care of Hepatitis A](#)

Overview of CDC recommendations for the prevention and treatment of HAV diagnosis.

[Recommendations of the Advisory Committee on Immunization Practices for Use of Hepatitis A Vaccine for Persons Experiencing Homelessness](#)

Updated ACIP vaccination recommendations for the use of hepatitis A vaccine. These guidelines were updated based on the recent person-to-person HAV outbreaks among persons using drugs or experiencing homelessness.

Hepatitis B

[Screening and Testing for Hepatitis B Virus Infection: CDC Recommendations- United States, 2023](#)

This report updates and expands CDC’s previously published Recommendations for Identification and Public Health Management of Persons with Chronic Hepatitis B Virus Diagnosis (MMWR Recomm Rep 2008;57[No. RR-8]) regarding screening for HBV diagnosis in the United States. New recommendations include hepatitis B screening using three laboratory tests at least once during a lifetime for adults aged ≥18 years. The report also expands risk-based testing recommendations to include the following populations, activities, exposures, or conditions associated with increased risk for HBV diagnosis: persons incarcerated or formerly incarcerated in a jail, prison, or other detention setting; persons with a history of sexually transmitted infections or multiple sex partners; and persons with a history of hepatitis C virus diagnosis.

[Clinical Testing and Diagnosis for Hepatitis B](#)

[USPSTF Screening Recommendations- Hepatitis B Virus Diagnosis in Adolescents and Adults](#)

Screening for Hepatitis B Virus Diagnosis in Adolescents and Adults US Preventive Services Task Force Recommendation Statement, December 15, 2020.

[Prevention of Hepatitis B Virus Diagnosis in the United States: Recommendations of the Advisory Committee on Immunization Practices | MMWR \(cdc.gov\)](#)

Recommendations from the Advisory Committee on Immunization Practices (ACIP) and CDC regarding the prevention of HBV diagnosis in the United States.

Hepatitis C

[Clinical Screening and Diagnosis for Hepatitis C](#)

CDC is augmenting previous guidance with two new recommendations: 1) hepatitis C screening at least once in a lifetime for all adults aged 18 years and older, except in settings where the prevalence of hepatitis C diagnosis is less than 0.1% ; and 2) hepatitis C screening for all pregnant women during each pregnancy, except in settings where the prevalence of hepatitis C diagnosis is less than 0.1%.

[Universal Hepatitis C Screening Among Adults and Treatment for Hepatitis C Virus Infection](#)

The recommendation for hepatitis C testing that remains unchanged is regardless of age or setting prevalence, all persons with risk factors should be tested for hepatitis C, with periodic testing while risk factors persist. Any person who requests hepatitis C testing should receive it, regardless of disclosure of risk, because many persons might be reluctant to disclose stigmatizing risks.

[CDC HCV Testing Sequence](#)

Flow chart: Recommended Testing Sequence for Identifying Current HCV Diagnosis

[AASLD/IDSA HCV Guidelines](#)

HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C

[USPSTF Screening Recommendations- Hepatitis C Virus Diagnosis in Adolescents and Adults](#)

Screening for Hepatitis C Virus Diagnosis in Adolescents and Adults US Preventive Services Task Force Recommendation Statement, March 2, 2020.

[Operational Guidance for Implementing CDC’s Recommendations on Testing for HCV](#)

New guidance for completion of HCV testing supports operational strategies that collect samples at a single visit, and automatic HCV RNA testing on all HCV antibody reactive samples. Use of strategies that require multiple visits to collect samples should be discontinued.

[CDC Recommendations for Hepatitis C Testing Among Perinatally Exposed Infants and Children — United States, 2023](#)

This report introduces four new CDC recommendations: 1) HCV testing of all perinatally exposed infants with a nucleic acid test (NAT) for detection of HCV RNA at age 2–6 months; 2) consultation with a health care provider with expertise in pediatric hepatitis C management for all infants and children with detectable HCV RNA; 3) perinatally exposed infants and children with an undetectable HCV RNA result at or after age 2 months do not require further follow-up unless clinically warranted; and 4) a NAT for HCV RNA is recommended for perinatally exposed infants and children aged 7–17 months who previously have not been tested, and a hepatitis C virus antibody (anti-HCV) test followed by a reflex NAT for HCV RNA (when anti-HCV is reactive) is recommended for perinatally exposed children aged ≥18 months who previously have not been tested.

Cross-Cutting

[Occupational Safety and Health Administration website](#)

Although less common, health care workers, emergency response and public safety personnel, and other workers can be exposed to blood through needlestick and other sharps injuries, mucous membrane, and skin exposures. Workers and employers should take advantage of available engineering controls and work practices to prevent exposure to blood and other body fluids.

[CDC Recommendations for Correctional and Detention Settings Testing, Vaccination, and Treatment for HIV, Viral Hepatitis, TB, and STIs](#)

This document consolidates, in summary form, current CDC guidelines and recommendations for testing, vaccination, and treatment of HIV, viral hepatitis, TB, and STIs for persons who are detained or incarcerated, and highlights critical public health actions applicable at intake, during incarcerations/ detention, and at release. The document also summarizes public health actions related to pregnant persons. Links to full-text recommendations for each disease area are listed at the end of the document; this document does not replace those detailed recommendations

[Viral Hepatitis Outbreak Investigations](#)

Resources from CDC on hepatitis A, B and C outbreaks in different settings, and associated with different transmission modes.

Remember: It is important to get to know the healthcare-associated infections team as they will likely lead any outbreak in a healthcare setting.

HIV and STIs

[Sexually Transmitted Infections Treatment Guidelines, 2021](#)

These guidelines for the treatment of persons who have or are at risk for sexually transmitted infections (STIs) were updated by CDC after consultation with professionals knowledgeable in the field of STIs who met in Atlanta, Georgia, June 11–14, 2019. The information in this report updates the 2015 guidelines.

Appendix 3: Advocacy Resources

| | |
|---|--|
| <p><u>Hep Website</u></p> | <p>Hep is a print and online brand for people living with and affected by viral hepatitis. Hep and HepMag.com are the go-to source for educational and social support for people living with hepatitis and others wishing to learn more.</p> |
| <p><u>World Hepatitis Alliance</u></p> | <p>General viral hepatitis information, including information about viral hepatitis globally. Advocacy, capacity building and awareness raising materials, such as World Hepatitis Day and “NOhep” campaign.</p> |
| <p><u>Hepatitis B Foundation</u></p> | <p>The Hepatitis B Foundation is a national nonprofit organization dedicated to finding a cure and improving the quality of life for those affected by hepatitis B worldwide. Their website contains general information about hepatitis B serving as the primary source of information for patients and their families, the medical and scientific community, and the general public. There is lots of helpful information about hepatitis B, HCV co-diagnosis, HIV co-diagnosis, liver cancer, prevention, treatment and management, resources and support, research and news.</p> |
| <p><u>Hep B United</u></p> | <p>Hep B United is a national coalition dedicated to reducing the health disparities associated with hepatitis B by increasing awareness, screening, vaccination, and linkage to care for high-risk communities across the United States.</p> |
| <p><u>American Liver Foundation</u></p> | <p>American Liver Foundation makes a difference in the fight against liver disease by providing financial support for medical research, education for medical professionals, and advocacy and information for patients and their families, and by creating public awareness campaigns about liver wellness and disease prevention.</p> |
| <p><u>HepB.com</u></p> | <p>Gilead sponsored website with basic HBV information, testing and diagnosis, treatment and living with hep B. Website and materials available in several languages.</p> |
| <p><u>National HIV Awareness Days</u></p> | <p>Information and all HIV awareness days including National HIV Testing Day and World AIDS Day.</p> |
| <p><u>National Harm Reduction Coalition (HRC)</u></p> | <p>National resources on harm reduction, overdose prevention, syringe access implementation, training and capacity building, policy and advocacy, conference and events, speaking engagements, work in action. Resource center with materials on syringe access, safer drug use, hepatitis C and others.</p> |
| <p><u>Hepatitis Delta Connect</u></p> | <p>A dedicated program of the Hepatitis B Foundation to increase awareness about hepatitis delta - a serious virus that coinfects hepatitis B patients - and to promote screening and testing, and provide information and support for those affected.</p> |
| <p><u>Community Access National Network – Hepatitis Education, Advocacy & Leadership (HEAL)</u></p> | <p>The Hepatitis Education, Advocacy & Leadership (HEAL) Coalition - a project of the Community Access National Network (CANN) - was launched to provide an interactive national platform whereby we identify relevant issues facing people infected with viral hepatitis, as well as facilitate the ongoing framework for appropriate treatment guidelines for this population. HEAL also addresses the unique needs of people co-infected with HIV and Hepatitis C (HCV).</p> |

Important Viral Hepatitis Observance Days

- Hepatitis Awareness Month (HAM), month of May
- National Hispanic Hepatitis Awareness Day (NHHAD), May 15
- National Hepatitis Testing Day, May 19
- National African American Hepatitis C Action Day (NAAHCAD), July 15
- World Hepatitis Day, July 28
- Liver Cancer Awareness Month, month of October

Appendix 4: NASTAD Resources

NASTAD's Viral Hepatitis Prevention and Surveillance Virtual Learning Collaborative (VLC)

The VLC is a virtual learning community and training series designed to support viral hepatitis health department staff implement the viral hepatitis prevention and surveillance activities set forth in CDC's Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments (CDC-RFA-PS21-2103) and is open to all state, territorial, and local health departments. Please visit the VLC [microsite](#) to register for upcoming sessions.

Download overview [here](#). Download FAQs [here](#).

Additionally, VLC sessions are archived [here](#). You can access the session recordings and presentation slides.

NASTAD's Hepatitis Newsletter: *Happenings and Updates*

NASTAD Hepatitis team circulated a monthly newsletter. Every month includes NASTAD recent and upcoming events, upcoming VLC and workgroup sessions, partner updates, a community spotlight, requests for information, job announcements, and articles of interest. Subscribe to [NASTAD's Hepatitis Newsletter](#) for monthly updates.

Hepatitis Workgroup Calls

Additionally, each newsletter includes upcoming workgroup calls. Reach out to hepatitis@NASTAD.org if you're interested in joining.

Policy Updates: Hill Happening and Administration Activities

NASTAD's Policy and Legislative Affairs Team circulates a monthly newsletter. Click [here](#) to subscribe and learn more about fiscal year appropriations, Administration activities, and a political news bulletin.

NASTAD's Hepatitis Network for Education and Testing (HepNET)

Through this CDC cooperative agreement, NASTAD and partners National Viral Hepatitis Roundtable (NVHR) and National Association of County and City Health Officials (NACCHO) are focusing on improving the health of people who inject drugs (PWID). Together they are growing a network of Health Departments, Syringe Service Programs, Community-Based Organizations, healthcare providers, and other partners of diverse geographic representation that serve PWID. NASTAD and its partners will provide technical assistance and training to network members with a focus on hepatitis B and hepatitis C testing and linkage to care. Visit the [HepNET microsite](#) to learn more about the program and view past webinars.

Click [here](#) for an overview of HepNET's Network Stakeholders and structure.

Sign up [here](#) to become a HepNET network member and receive unique opportunities for technical assistance in your jurisdiction specific to hepatitis testing and linkage to care for people who inject drugs.