

Improving Provider Engagement in DC

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Presentation Agenda

- DC Health Mission
- Purpose of Funding
- Provider Engagement Goal
- Peer Perspective
- Perinatal Hepatitis B
- Lessons Learned/Barriers
- Hepatitis B and C Trends in the District of Columbia, 2019-2023

Our Mission



DC Health

The District of Columbia Department of Health promotes health, wellness and equity across the District, and protects the safety of residents, visitors and those doing business in our nation's capital

HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)

HAHSTA is the core District government agency to prevent HIV/AIDS, STIs, Tuberculosis and Hepatitis, reduce transmission of these diseases and provide care and treatment to persons with these diseases

Prevention and Intervention Services

Prevention aims to prevent the spread of HIV, STIs, and Hepatitis by intervening at targeted times when their spread is more likely, i.e., intravenous drug use, risky sexual behaviors, unprotected sex

Purpose of Funding

CDC PS21-2103

Purpose of Funding

- The purpose is to advance an end of the hepatitis epidemics in the District of Columbia through active surveillance, collaborations with clinical and community-based partners on testing and treatment, and innovative strategies to engage focus populations.
- Leveraged epidemiological data to increase testing, accelerate linkage to care, and enhance treatment options for hepatitis and substance use disorder.
- Award Amount: ~\$1,575,00 (5/1/21- 04/30/26)

What Did the Funds Support?

What did the Funds Support?

- Enhanced Hepatitis Surveillance
- Develop a Hepatitis Elimination Plan
- Provider Education/Engagement
- Increased Access to HCV Screening among PWUD and PWID
- Hiring People with Lived Experience

Provider Engagement Goals

Provider Engagement Goals

- Decreased barriers to care/services, especially for those disproportionately affected by substance use, substance overdose and those previously underserved by substance use prevention programs and the healthcare system.
- Increased linkages to care and engagement in care across various settings.
- Reduced health disparities related to access to and receipt of care, especially among people who use drugs (PWUD) and people who inject drugs (PWID) as well as those previously underserved by substance use prevention programs and the healthcare system.

Peer Outreach Model

Our Super Agents

A cadre of Peer Outreach Specialists connect the community to District services. They are a vital part of HAHSTA's overdose prevention and response services and are essential to the team.



Peer Efforts

Engaged	Educated	Linked to Treatment	Positives
99	99	1	10

Peer Experiences

- Focus
- Funding Sources (i.e., CDC ODAG, PS21-2103, and SAMHSA SOR)
- Professional Development/Trainings

Perinatal Hepatitis B Prevention Program (PHBPP)

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The Perinatal Hepatitis B Prevention Program has the following required strategies:

- Identify HBsAg + pregnant individuals and births to HBsAg + pregnant individuals.
- Ensure hepatitis B virus exposed newborns receive post exposure prophylaxis (PEP) per ACIP recommendations.
- Ensure HBV exposed infants complete the hepatitis B vaccine series and receive post vaccination serologic testing (PVST) per ACIP recommendations.

Overall Lessons Learned/Barriers

Lesson Learned/Barriers

- System Issues
- Identifying the "Right" People
- Loss of Funding

Hepatitis B and C Trends in the District of Columbia, 2019-2023

Kerri Dorsey, MPH, CPH

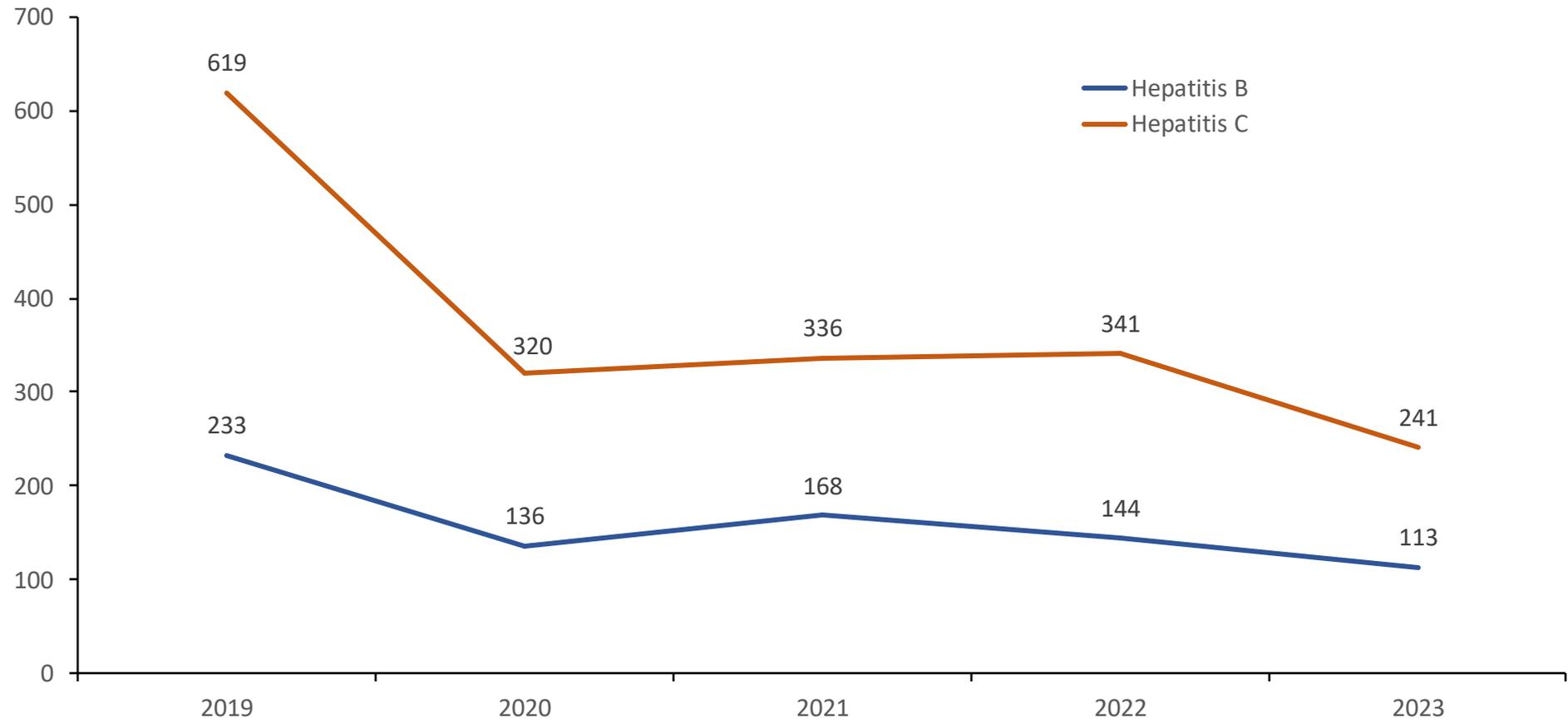
The District of Columbia's Hepatitis B and C program

- Hepatitis funding was terminated in 2013 and case investigations ceased.
- Hepatitis Labs were reported passively to the health department, but deduplications, false positives and case investigations did not occur.
- In 2021, funding resumed for Hepatitis programing.
 - 1 FTE Hepatitis Epidemiology
 - Case investigations resumed
 - Improved data quality

What we have accomplished

- Monitored new labs weekly
- Evaluate new records and assign case status or update
- Ascertain treatment information
- Ascertain risk factors
- Assign critical cases for further investigation
- Submit Hepatitis data to the CDC on a routine basis
- Report risk factors and demographics in the Annual reports
- Matched with external databases

Newly Reported Hepatitis B and Hepatitis C by year of Diagnosis, District of Columbia, 2019-2023



2023 Hepatitis B Summary

113

people were diagnosed with hepatitis B

5%

had an STI in the past
12 months

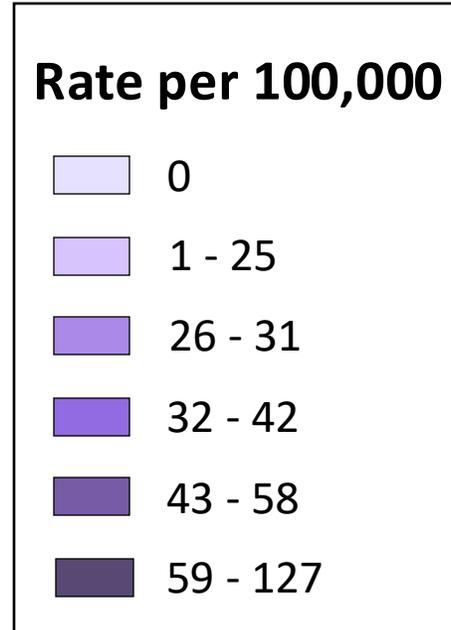
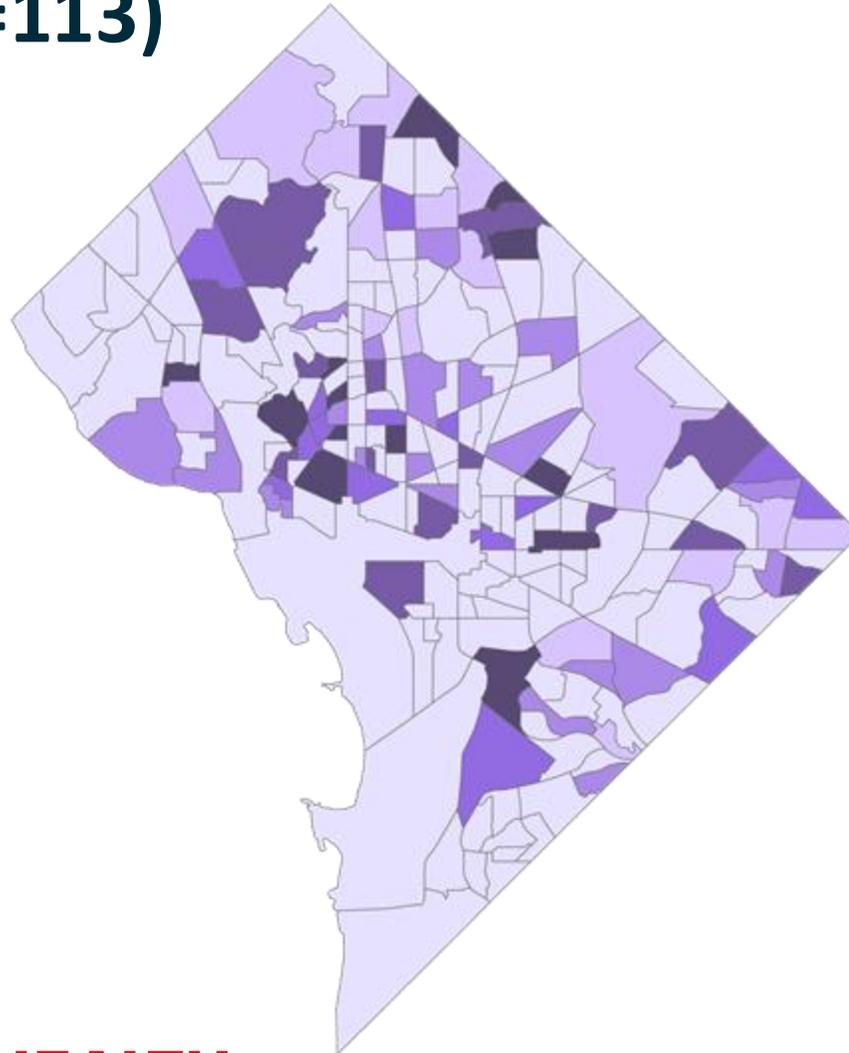
7%

were living with HIV

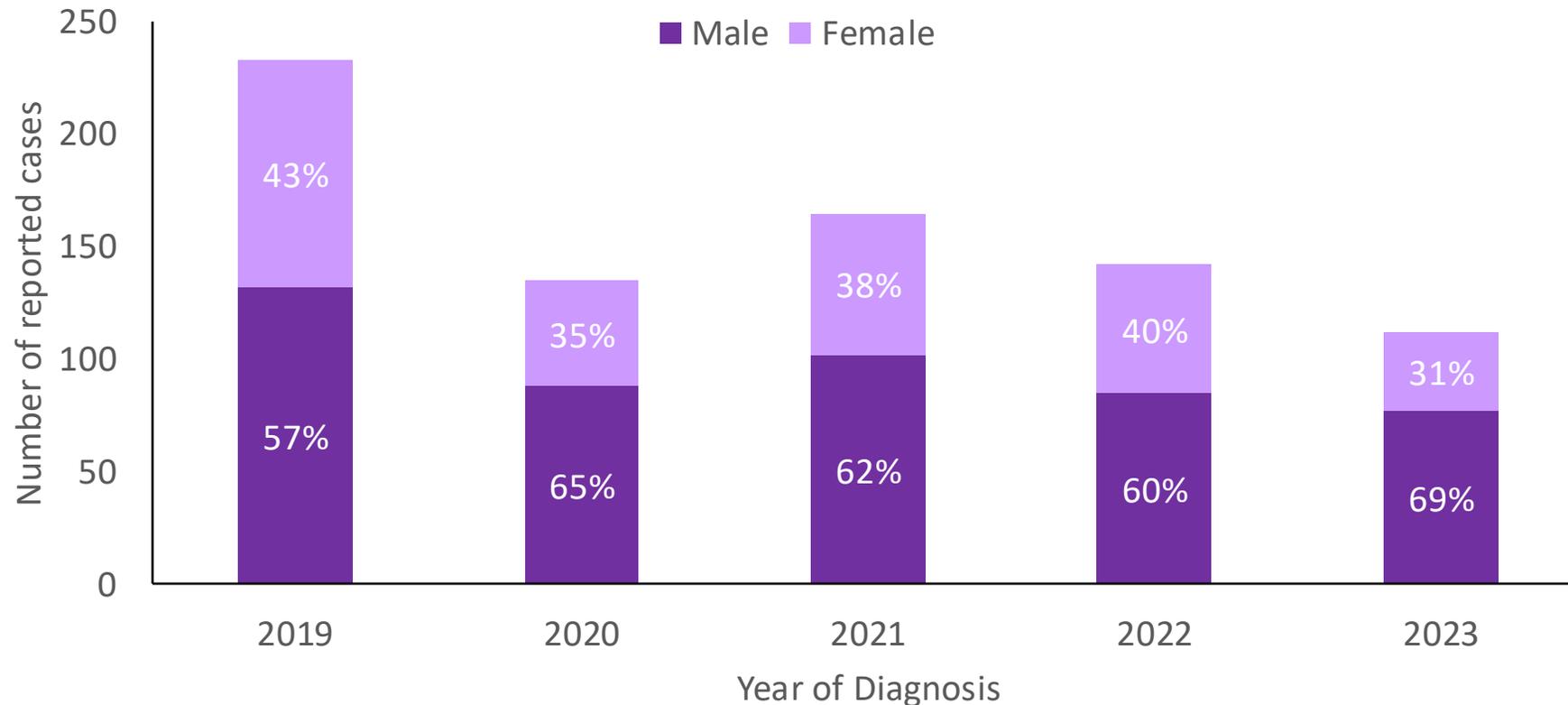
14%

were born after 1990

Map of Hepatitis B Cases, District of Columbia, 2023 (n=113)



Chronic Hepatitis B Cases by Gender and Year of Diagnosis, District of Columbia, 2019-2023

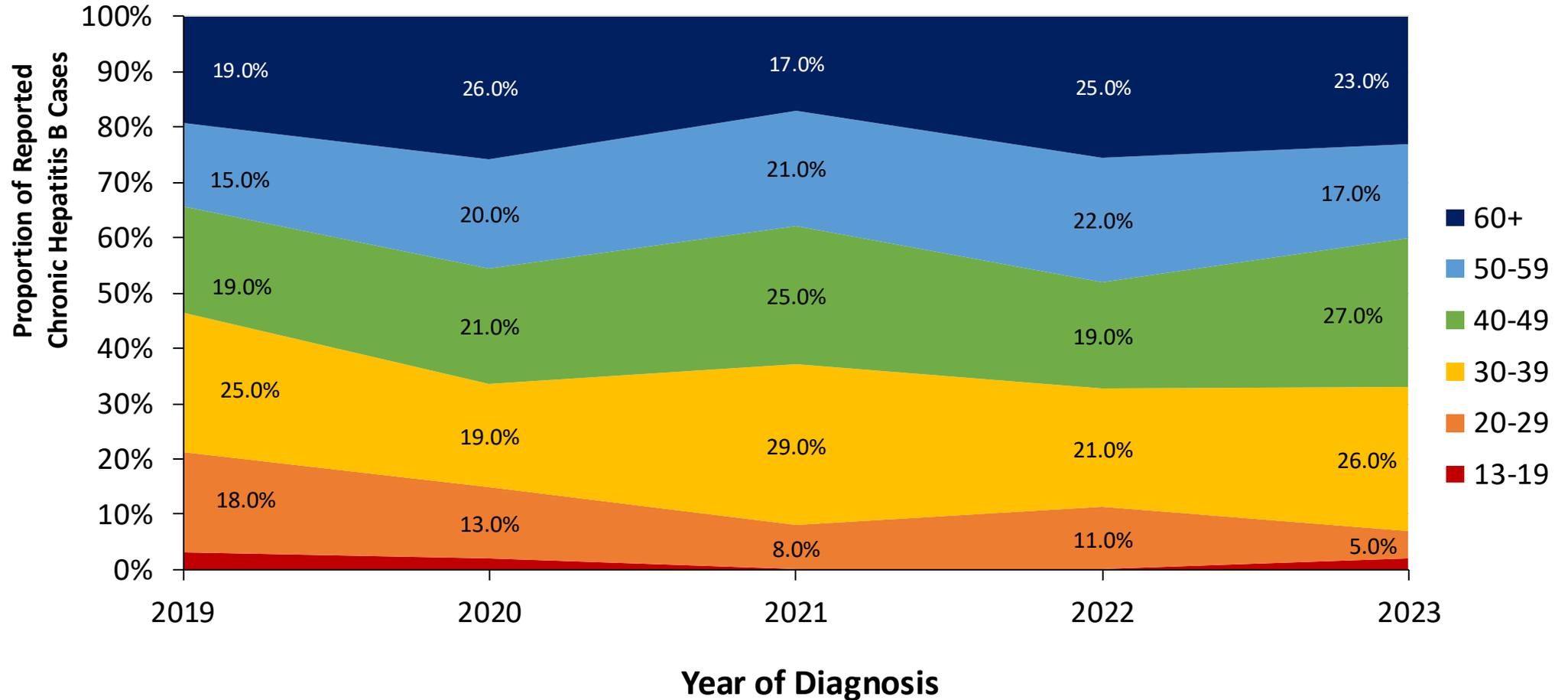


¹Diagnosis year based on date of first reported chronic hepatitis B positive laboratory report based on 2016 CDC case definition guidance.

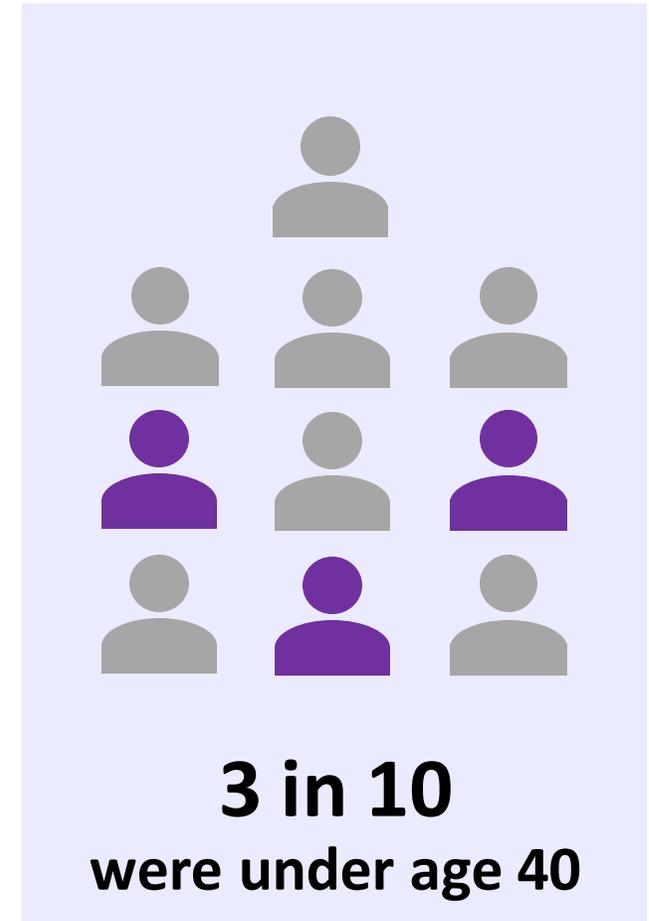
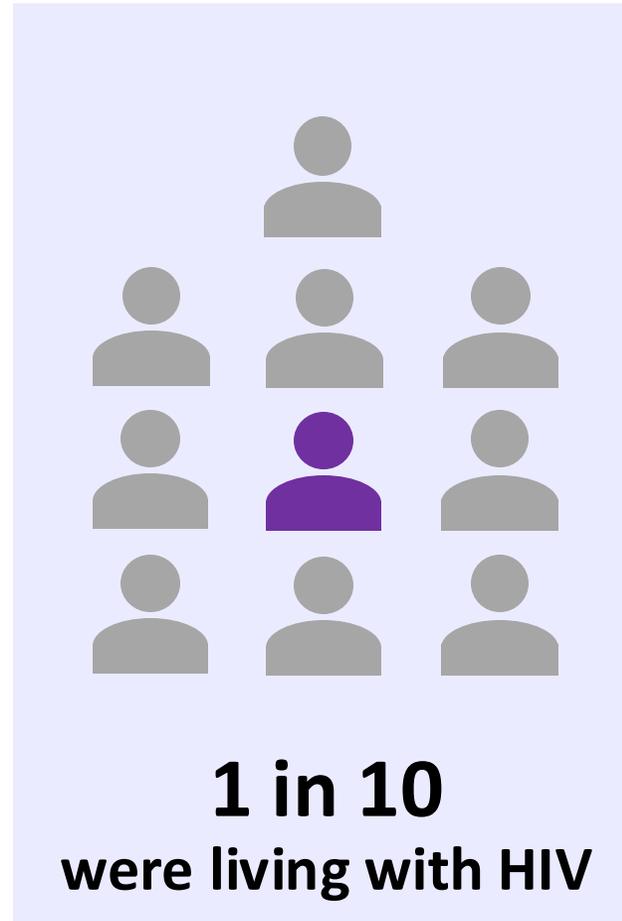
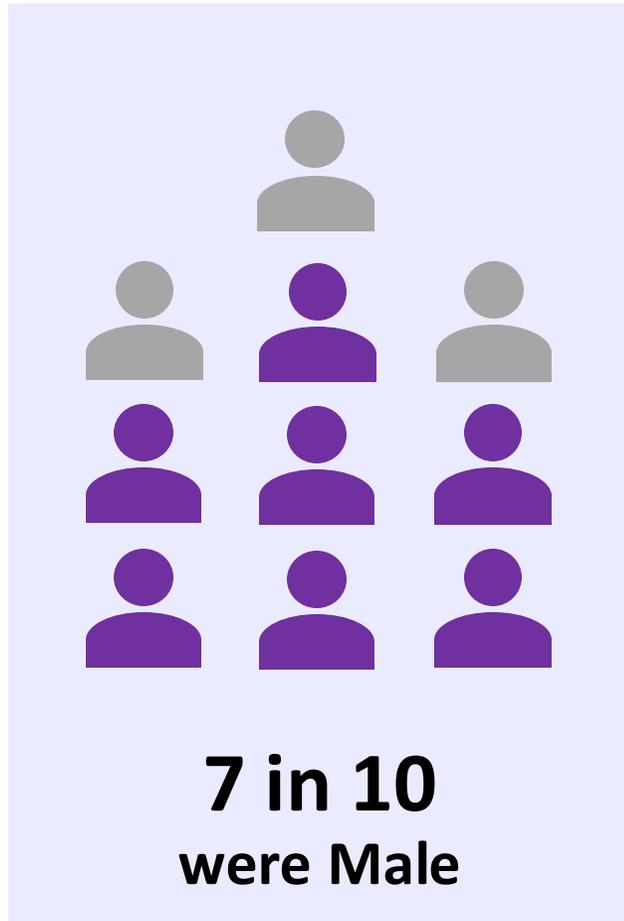
²Cases with a reported residential address outside of the District of Columbia at the time of diagnosis are excluded from analysis.

[†]The total number of persons who identified as transgender or for whom gender information was missing between 2019-2023 was 7. These were excluded from this analysis.

Reported Chronic Hepatitis B Cases by Age at Diagnosis and Year of Diagnosis, District of Columbia, 2019-2023



Characteristics of Newly Reported Hepatitis B, District of Columbia, 2023 (n=113)



2023 Hepatitis C Summary

241

people were diagnosed with hepatitis C

21%

had an STI in the past
12 months

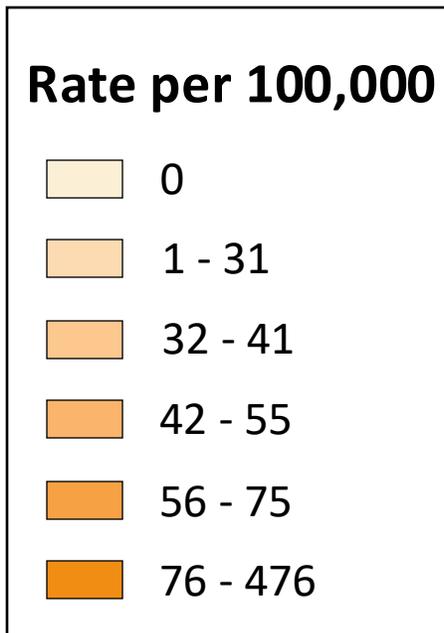
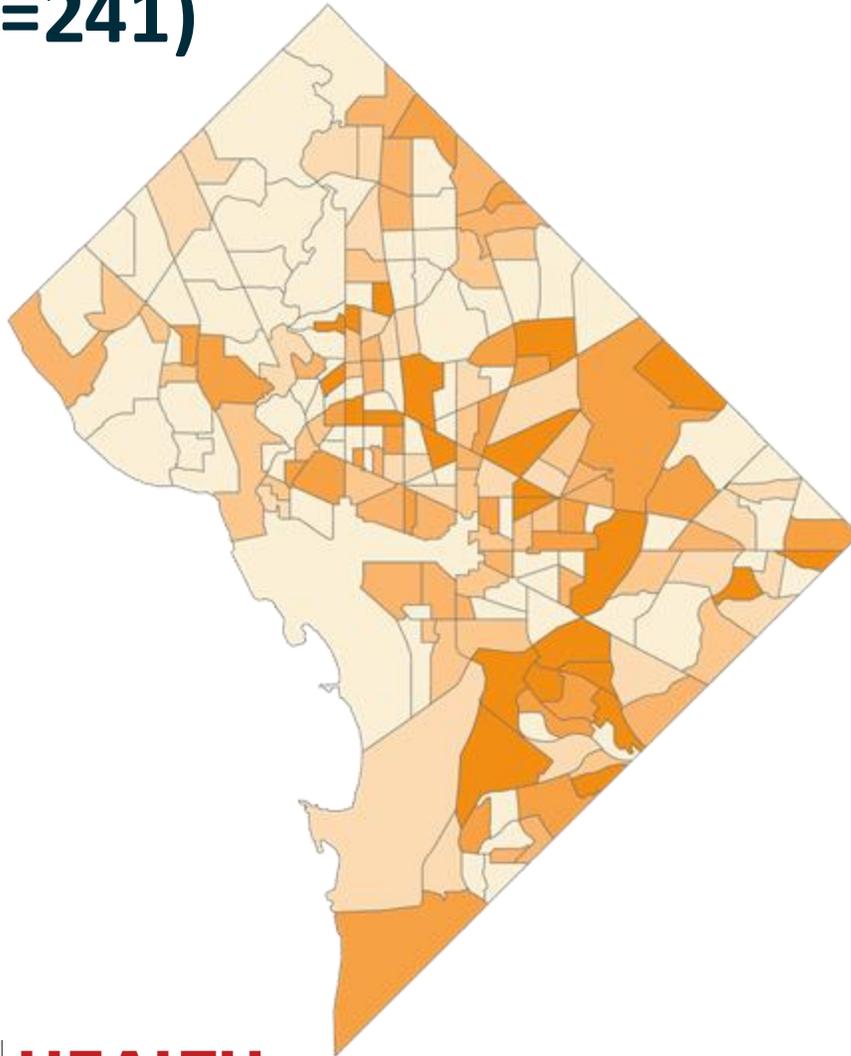
18%

were living with HIV

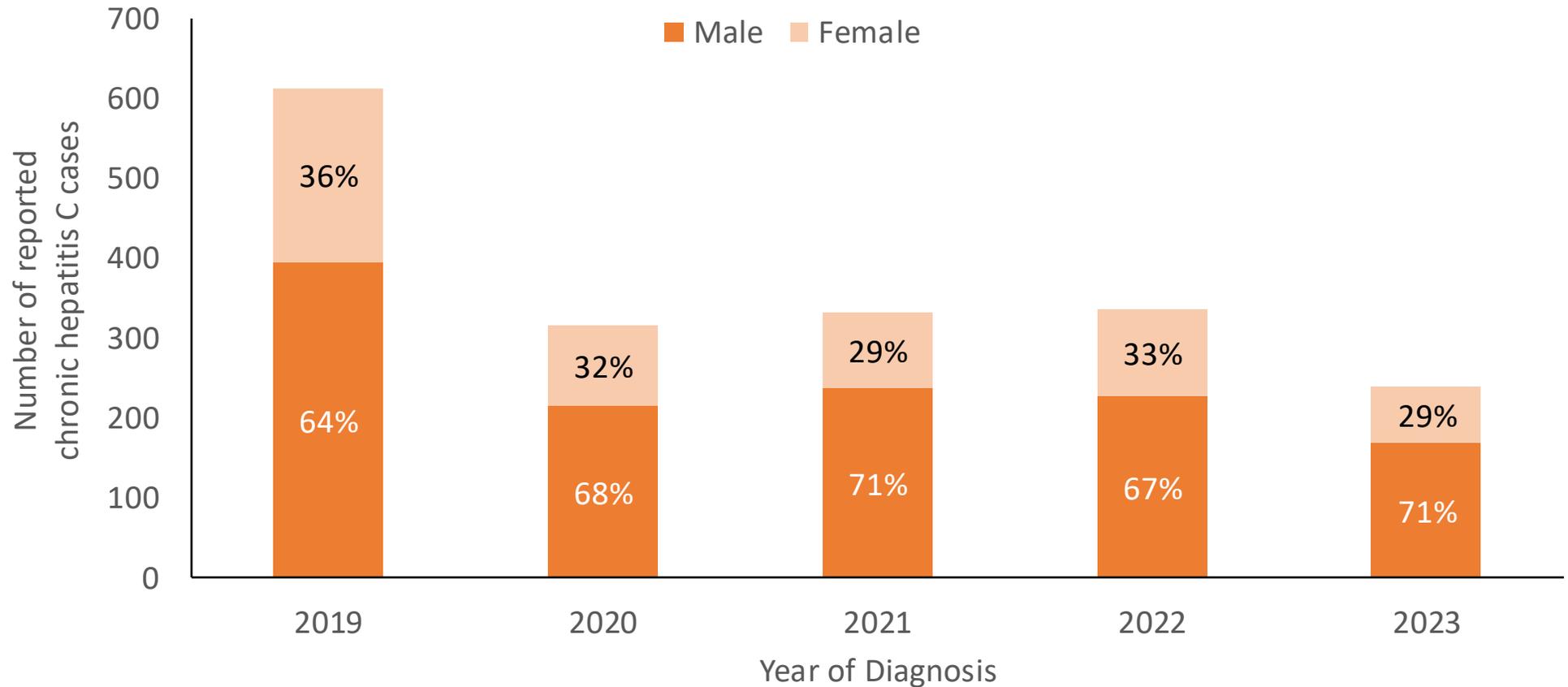
15%

had ever injected drugs

Map of Hepatitis C Cases, District of Columbia, 2023 (n=241)

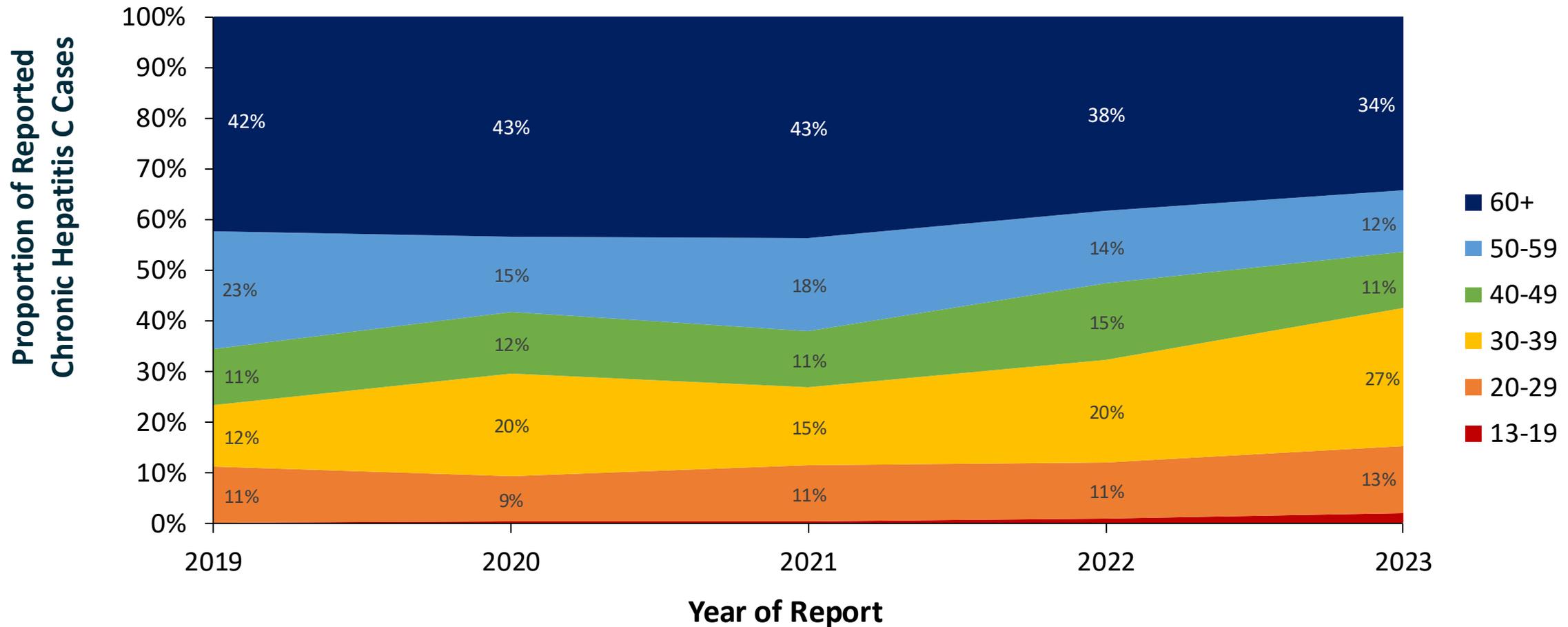


Reported Chronic Hepatitis C Cases by Gender and Year of Diagnosis, District of Columbia, 2019-2023

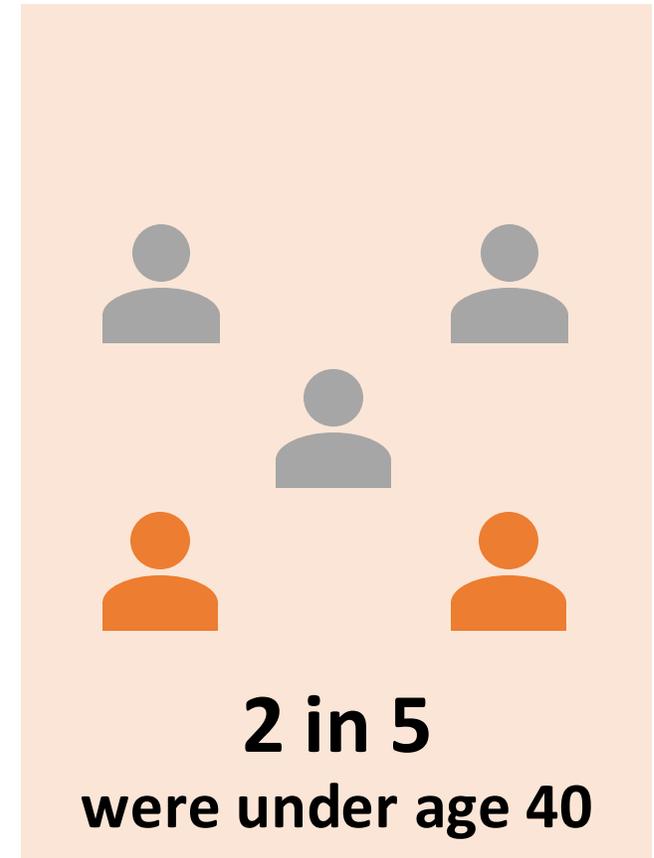
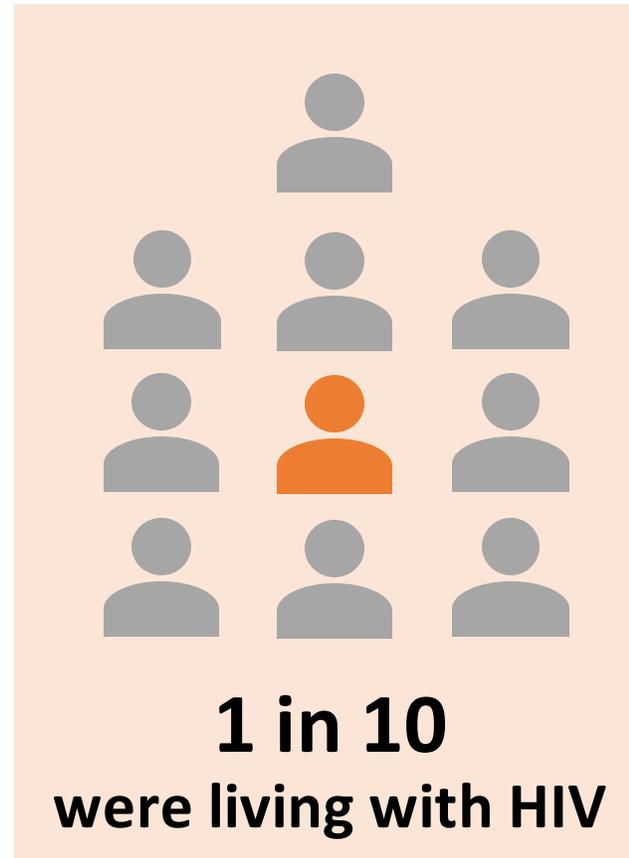
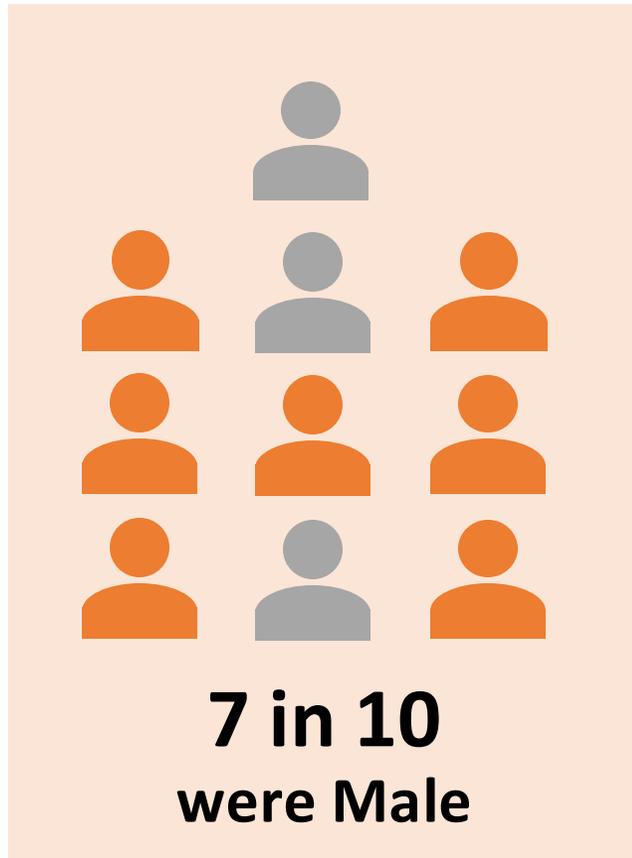


†The total number of persons who identified as transgender or for whom gender information was missing between 2019-2023 was 20. These were excluded from this analysis.

Reported Chronic Hepatitis C Cases by Age at Diagnosis and Year of Diagnosis (%), District of Columbia, 2019-2023



Characteristics of Newly Reported Hepatitis C, District of Columbia, 2023 (n=241)



2023 Acute Hepatitis C Summary

34

cases met acute hepatitis C criteria

68%

had an STI in the past
12 months

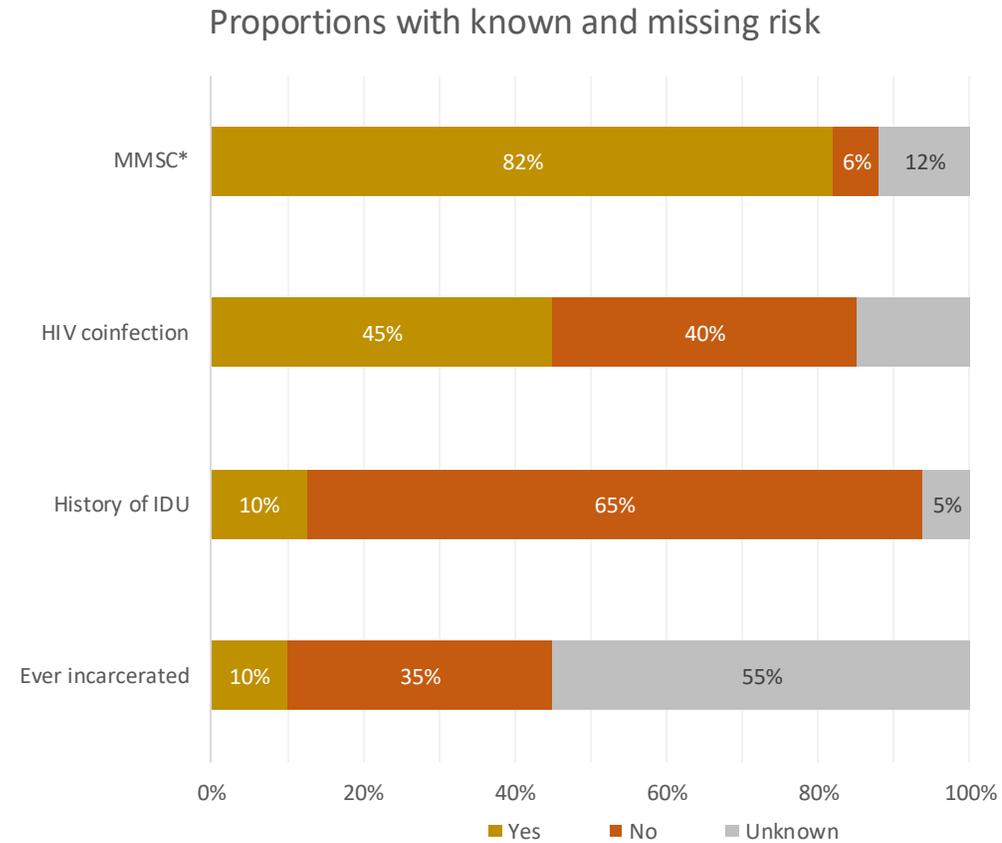
53%

were living with HIV

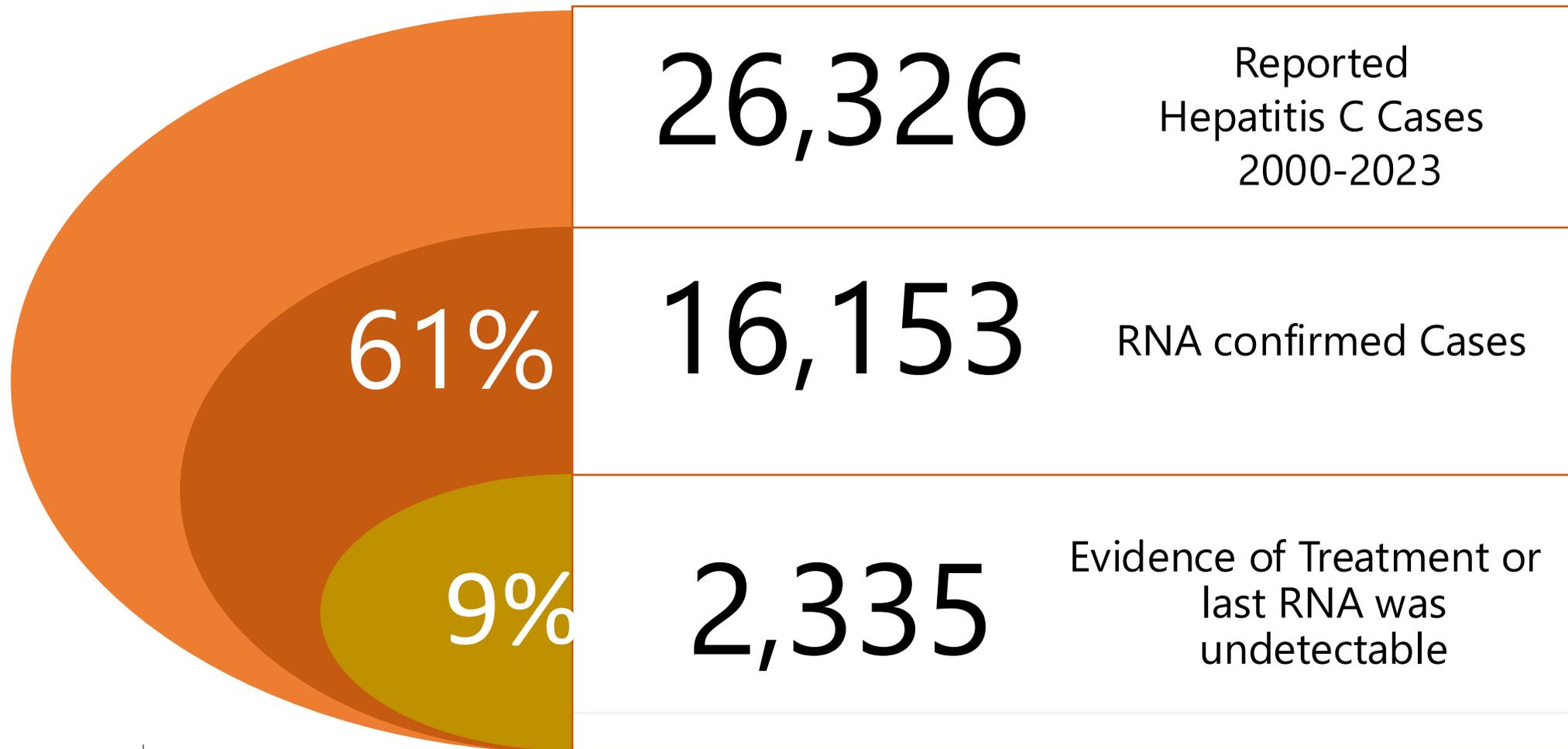
71%

were Gay, Bisexual and Other Men who have
Sex with Men (GBOMSM)

Identified risk factors for Acute Hepatitis C cases, District of Columbia, 2023



All Reported Hepatitis C Cases, Treatment and Cured Status



Lessons Learned and Future Goals

Lessons Learned:

- Changing the reporting requirements is incredibly difficult in the District
- Lack of additional funding makes it difficult to conduct interviews and partner services

Future Goals in 2026:

- Match with Medicaid data for treatment information and validate the surveillance data.
- Match with vital statistics data

Acknowledgements

- DC Department of Health, HIV/AIDS, Hepatitis, STD and TB Administration
 - Data Entry Team
 - Disease Intervention Specialist (DIS)
 - Surveillance Team
 - Epidemiology Team
 - CDC assignees
 - Prevention and Intervention Team

Recommended Citation

- Annual Epidemiology & Surveillance Report: Data Through December 2023. District of Columbia Department of Health, HIV/AIDS, Hepatitis, STD, & TB Administration 2023. Accessed [access date] at <https://dchealth.dc.gov/service/hiv-reports-and-publications>.

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