Health departments are at the forefront of our nation’s efforts to prevent new hepatitis C (HCV) infections and create systems of care for people living with chronic viral hepatitis. Health departments, however, are at a critical transition point as implementation of the Affordable Care Act (ACA) continues and more effective treatments for HCV come to market. This transition requires increased federal investment in national and state-specific public health infrastructure in order to meet the changing needs of people living with and at-risk for HCV.

The past few years have seen critical developments in the prevention and treatment of hepatitis C, including the release of an updated National Viral Hepatitis Action Plan and new medical treatments that can cure HCV. Alarmingly, studies show that up to 75% of those living with HCV are still unaware of their infection. For prevention and care and treatment to be most effective, testing efforts must be expanded. To better assess public health testing efforts, NASTAD conducted a survey of state health departments’ current HCV testing practices. The survey responses demonstrate the important role of health departments in the nation’s response to HCV. Forty-four (85%) health departments responded to the survey, representing 42 states and 2 cities.

HEALTH DEPARTMENT SUPPORT OF HCV TESTING

The Centers for Disease Control and Prevention (CDC) funds a position in 52 jurisdictions through the Viral Hepatitis Prevention Coordinator (VHPC) program, the only federally funded national prevention infrastructure. Unfortunately, CDC does not provide funds to these 52 jurisdictions for the provision of core public health prevention services such as HCV testing. Despite a lack of adequate funding, health departments have leveraged other funds and have sought limited state funding to support HCV testing. These funds are not nearly enough to adequately respond to the HCV testing needs in the U.S. and much of the leveraged funding is not available from year to year.

<table>
<thead>
<tr>
<th>Key Findings</th>
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<tbody>
<tr>
<td>- Eighty percent of health department respondents provide indirect support for local providers to conduct HCV testing (laboratory support, test kits, etc.)</td>
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<tr>
<td>- Thirty-nine percent of respondents specifically fund HCV testing</td>
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<td>- Health department respondents funded more than 120,000 HCV tests in 2013 with a positivity rate of 14%. This represents a 41% increase from 2011 data</td>
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<td>- One half of respondents fund or indirectly support HCV testing for young people who inject drugs</td>
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<td>- Increased funding for health departments to provide HCV testing is a sound investment</td>
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Though limited in scope, the majority of state health departments are currently providing or supporting testing for HCV. Seventeen respondent health departments (39%) fund local service providers to conduct HCV testing. Thirty-five (80%) respondents provide indirect support to local service providers. Indirect support includes laboratory services, test kits, training and technical assistance. Health departments have the expertise and infrastructure to scale up HCV testing with an increased federal investment.
INVESTMENT IN HEALTH DEPARTMENTS MAKES SENSE

For over a decade, the VHPC program has been and remains the only national program dedicated to the prevention and control of HCV. VHPCs provide technical expertise necessary for the management and coordination of activities to prevent HCV infection and disease. Further, these coordinators help integrate viral hepatitis prevention services into health care settings and public health programs (e.g., HIV, STD, immunization, prison health, substance use treatment, syringe services programs) that serve adults at risk for HCV.

In 2013, 122,732 HCV tests were funded/support by state health departments. This represents a 41% increase from those reported in 2011. Among the total number of HCV tests performed, 17,462 (14.2%) were positive. The majority of health department supported tests were laboratory HCV antibody tests by enzyme immunoassay (EIA) or anti-HCV EIA (n = 72,778, 59%).

Given the existing infrastructure and expertise, funding for viral hepatitis testing and confirmatory testing must be prioritized for health departments and VHPCs in order to garner higher administration of tests, linkage to confirmatory tests and linkage to care.

Health department-supported HCV testing is conducted in a wide array of venues. To best leverage existing opportunities to reach individuals at risk for HCV, a majority of health department respondents support HCV testing in traditional public health venues such as community-based organizations (CBOs) and sexually transmitted disease (STD) clinics. Thirty-six (82%) health department respondents supported HCV/HIV integrated testing while 19 (43%) supported HCV standalone testing.

- Twenty-seven (61%) respondents support HCV testing in HIV CBOs
- Twenty-five (57%) respondents support HCV testing in HIV testing sites
- Twenty-two (50%) respondents supported testing in substance use treatment centers
- Twenty-one (48%) respondents support HCV testing in STD clinics
- Jail facilities, outreach programs, syringe access programs and other health department clinics were each cited by 19 (43%) health departments as venues in which integrated HIV and HCV testing is supported.

Health departments are effective stewards of public resources and assure safety net services.

<table>
<thead>
<tr>
<th>Type of Test</th>
<th>Number performed</th>
<th>Number positive (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCV antibody by EIA (anti-HCV EIA)</td>
<td>72,778</td>
<td>8,661 (11.9%)</td>
</tr>
<tr>
<td>OraQuick rapid HCV antibody test</td>
<td>31,309</td>
<td>5,858 (18.7%)</td>
</tr>
<tr>
<td>HomeAccess Hepatitis C antibody</td>
<td>1,783</td>
<td>281 (15.8%)</td>
</tr>
<tr>
<td>HCV PCR qualitative</td>
<td>1,703</td>
<td>742 (43.6%)</td>
</tr>
<tr>
<td>HCV PCR quantitative</td>
<td>3,381</td>
<td>1,920 (56.8%)</td>
</tr>
<tr>
<td>Type of test not known</td>
<td>11,778</td>
<td>0 (0%)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>122,732</strong></td>
<td><strong>17,462 (14.2%)</strong></td>
</tr>
</tbody>
</table>

Hepatitis C Prevention – Care – Cure Continuum

Prevent [ ] Test [ ] Confirm [ ] Link [ ]
LINKING AND REFERRING CLIENTS TO CARE

Knowing one’s HCV status is important, but individuals will not be able to benefit from curative therapies without referral and linkage to care. Thirty-five (80%) health department respondents provide clients with information regarding accessing services as a strategy to connect them to care. Other linkage and referral to care methods employed include: staff contacting providers in order to schedule appointments on behalf of clients (n = 17, 39%); conducting follow-up phone calls with clients (n = 13, 30%); escorting clients to appointments (n = 9, 21%); and conducting reflex testing at the time of reactive antibody test result with a follow-up appointment (n = 7, 16%). Increased funding must be prioritized for health departments in order to garner higher rates of linkage to care.

AN EMERGING TREND – HCV AND YOUNG PEOPLE

In recent years, health departments in several states were first to identify an alarming increase in new HCV cases among people under the age of 30 who inject drugs. Yet in a recent study of young people who inject drugs, 72% of those living with HCV were unaware of their infection. Twenty-one (48%) health departments responded that they are currently conducting or supporting routine HCV testing for these clients while four have plans to implement testing in the next 12 months.

In 2013, 19 health departments reported an estimated 23,380 individuals under the age of 30 received a positive HCV antibody test. Of these, 5,801 (25%) received a positive HCV nucleic acid test (NAT) confirmatory result.

This illustrates the need for increased comprehensive education and prevention services for young people who inject drugs, including access to sterile injection equipment, safer injection education, culturally competent and age appropriate drug treatment programs, as well as testing for HCV, HIV and hepatitis B (HBV).

FUNDING SOURCES FOR HCV TESTING

CDC only provides $5.2 million to health departments for the VHPC program. This is less than one dollar for every estimated case of viral hepatitis! For over a decade, health departments have been working to leverage other funding sources to support HCV testing. While these efforts have been successful in reaching some people living with HCV, the funding is neither adequate nor sustainable.

Funding leveraged to support HCV testing:
- Limited VHPC carry forward funds
- Limited federal HIV prevention funds
- Limited federal STD prevention funds
- Limited state funds earmarked for HCV testing

These sources of funding are not consistently available for HCV testing and linkage to care. They are frequently one-time allocations or are from carry-over funds in the previous year’s budget. As a result of this unpredictable and inconsistent funding landscape, health departments are challenged to plan expansive or long-term activities related to HCV testing, prevention and treatment. This further underscores the need for categorical federal funding for all state health departments to provide HCV testing.

CHALLENGES TO HCV TESTING AND LINKAGE TO CARE

Thirty-nine (89%) health departments cited lack of funding for HCV testing and 37 (84%) identified lack of funding to support referral and linkage to medical care as ongoing challenges.

Finally, there is limited to no uniform surveillance system for HCV on either the state or federal level. Effective systems for conducting surveillance for HCV infections are needed to ensure accurate reporting of all cases and to support and evaluate prevention activities. A national surveillance system will provide stakeholders with information that is critical to understanding the impact of the HCV epidemic, identifying and averting outbreaks, and targeting resources to the most impacted communities.

Hepatitis C Prevention – Care – Cure Continuum

Retain  Treat  Cure  Prevent
Recommendations for Investing in Health Department HCV Testing

Recommendations for Health Departments:
- Leverage existing funds to support HCV testing
- Support access to insurance for persons at risk of HCV
- Increase proportion of HCV antibody positive persons receiving confirmatory testing
- Target HCV testing to young people who inject drugs
- Promote birth cohort testing among primary care providers
- Collect, analyze and publish HCV testing data

Recommendations for the Federal Government:
- Continue to fund the Viral Hepatitis Prevention Coordinator program in at least 52 jurisdictions (CDC)
- Designate at least an additional $5.2 million for health department HCV testing initiatives (CDC)
- Update HCV testing recommendations (frequency) for people who inject drugs (CDC)
- Develop surveillance guidance for monitoring and follow up of HCV among people under 30 years of age (CDC)
- Require grantees serving people who inject drugs to provide HCV testing (SAMHSA)
- Incentivize HCV testing of birth cohort by community health centers (HRSA)
- Update HCV testing guidelines (frequency) for people living with HIV (CDC/HRSA)
- Incentivize HCV testing of birth cohort utilizing Medicare and Medicaid (CMS)
- Increase HCV testing in tribal communities (IHS)

Recommendations for Congress:
- Increase funding at the CDC Division for Viral Hepatitis (DVH) by $16.4 million to total $47.8 million to more effectively combat the epidemic
- Increase funding for the Viral Hepatitis Prevention Coordinator program by $5.2 million, to total $10.5 million, to support and expand programs in all currently funded jurisdictions
- Support the Viral Hepatitis Testing Act of 2013
- Join the Congressional Hepatitis Caucus

CDC HCV Testing Algorithm

www.cdc.gov/hepatitis

NASTAD strengthens state and territory-based leadership, expertise and advocacy and brings them to bear on reducing the incidence of HIV and viral hepatitis infections and on providing care and support to all who live with HIV/AIDS and viral hepatitis. NASTAD’s vision is a world free of HIV/AIDS and viral hepatitis.

For more information, visit www.NASTAD.org

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