At the Intersection of Hepatitis C and Opioid Use Disorder: Syndemic Problems and Synergistic Solutions

Katie Gardner, RN-BSN

Viral Hepatitis Program

November 18, 2025

Kentucky Public Health
Prevent. Promote. Protect.

Accredited Health Department · PHAB Advancing Public Health Performance · Public Health Accreditation Board

TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Objectives

By the end of this presentation, participants will be able to

1. Recognize current trends in hepatitis C in Kentucky and the U.S., and identify high-risk groups for focused interventions.
2. Understand current hepatitis C screening guidelines and available treatment options.
3. Explore evidence-based, community-based strategies to prevent, test for, and treat hepatitis C in people who use drugs and others at increased risk.
4. Understand how multidisciplinary partnerships between healthcare, public health, corrections, substance use treatment providers, and harm reduction programs can improve hepatitis C care and outcomes.

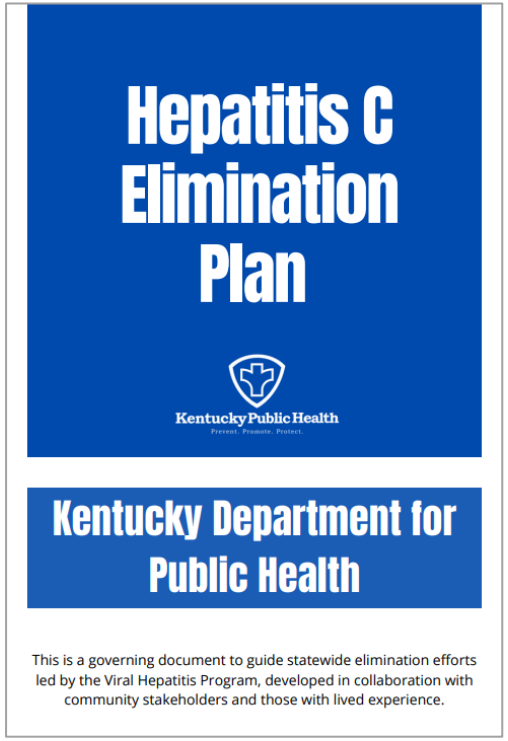
Viral Hepatitis Program – Hepatitis C Elimination Plan

- The Viral Hepatitis Program (VHP) is responsible for prevention efforts and enhanced surveillance for adult hepatitis B, adult hepatitis C and perinatal hepatitis C.

- Elimination planning (2021-2022):
  - Priority populations were identified
  - Multidisciplinary partners engaged
  - Evidence-based interventions to expand/encourage linkage

- Syndemic focused

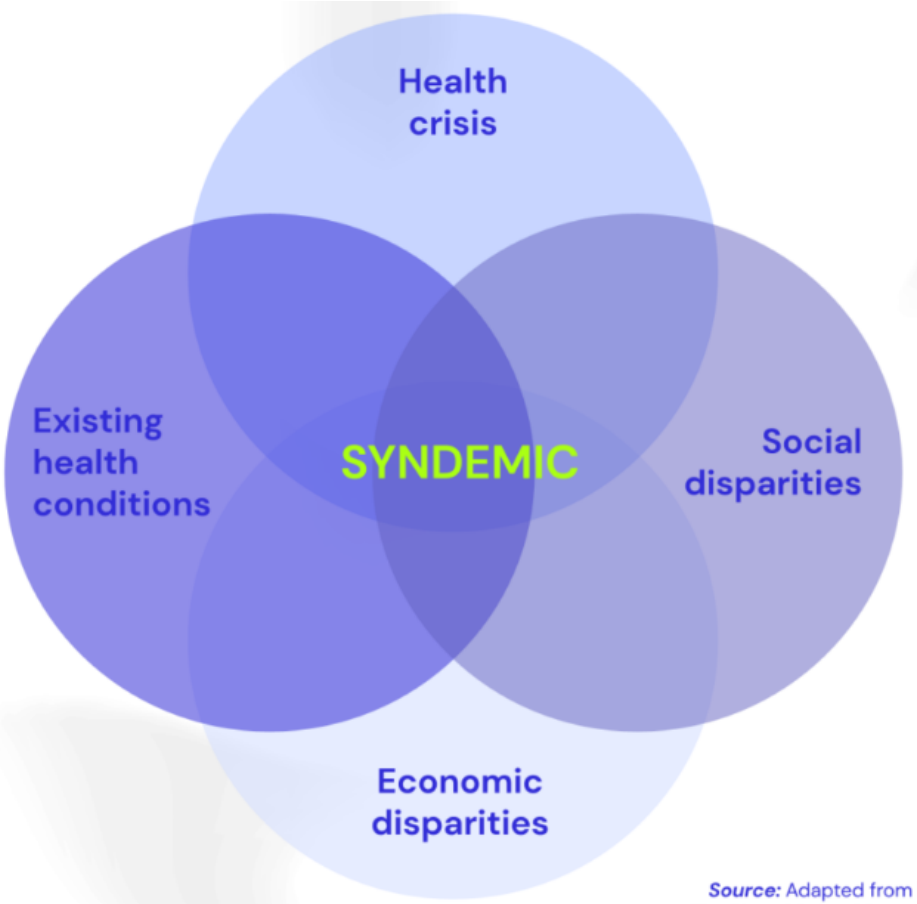
KY HCV Elimination Plan



Syndemic Definition

A **syndemic** occurs when:

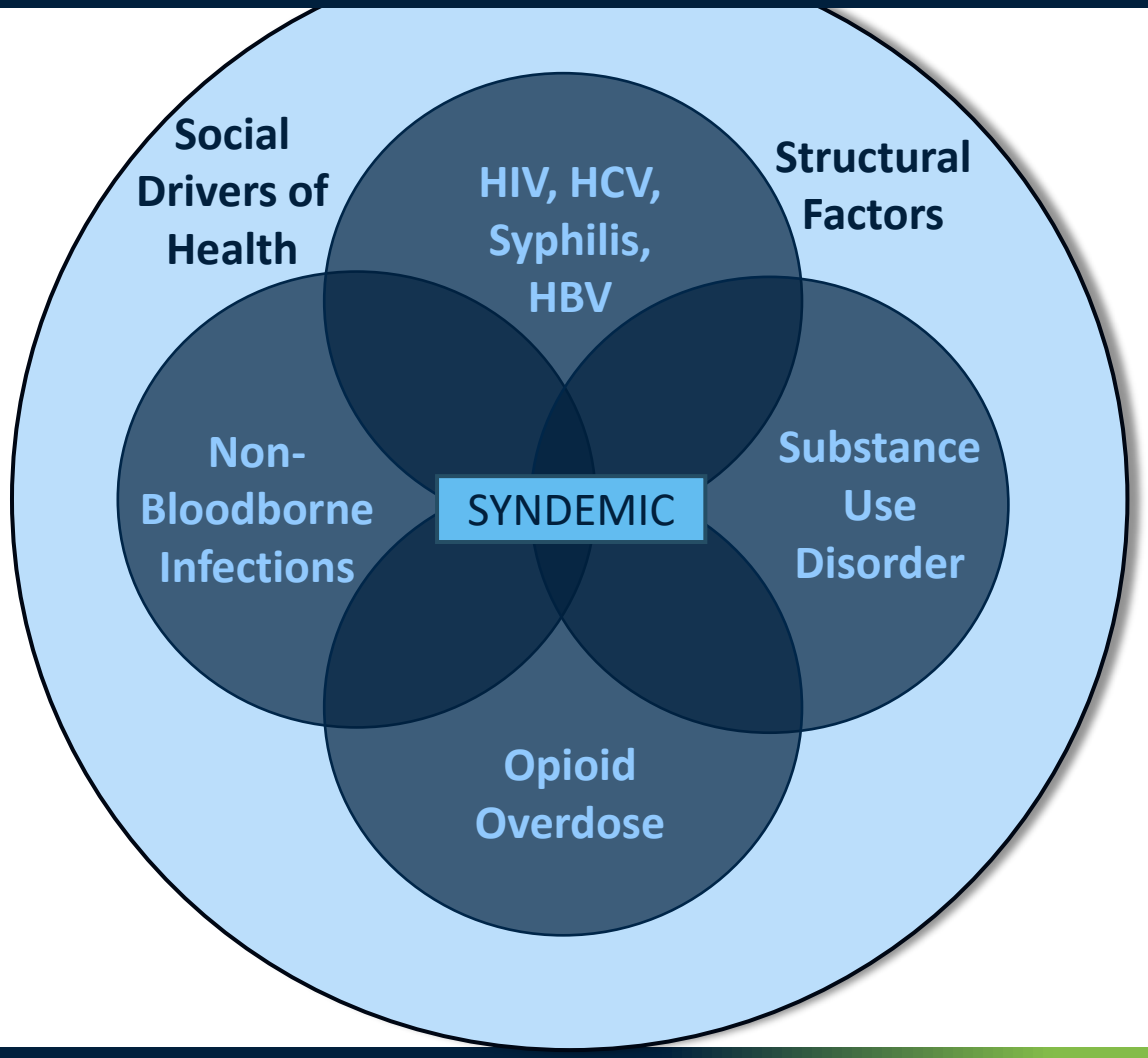
1. Two or more diseases or health conditions cluster and interact within a population
2. Social and structural factors contribute and exacerbate
3. This leads to an excess and disproportionate burden of disease in the population



Source: Adapted from **Fishbein, D. (2020)**, *The Pivotal Role of Prevention Science in this Syndemic*.

Making Connections: Syndemic

- Injection drug use and opioid use are risk factors for Substance Use Disorder (SUD), overdose, Hepatitis C Virus (HCV), HIV, Hepatitis B Virus (HBV), syphilis, etc.
- Our priority populations are often at risk of all aspects of the syndemic.
- It is important to provide education, increase access to care, and *decrease stigma* for all aspects of the syndemic.



Synergistic Benefits

- Curing hepatitis C is relatively easy, even for populations that experience many barriers to care.
- Achieving this positive health milestone is a “win” for individuals who struggle with many issues and is one way to help them take control of their lives.

“Highly interconnected effects on quality of life worked synergistically through improved physical and psychological well-being. Stakeholders should appreciate the multi-dimensional benefits that viral eradication bestows upon individuals and society” (Evon et al., 2022).

Evon DM, Kim HP, Edwards A, Carda-Auten J, Reeve BB, Golin CE, Fried MW. "If I Get Cured, My Whole Quality of Life Will Change": Patients' Anticipated and Actualized Benefits Following Cure from Chronic Hepatitis C. Dig Dis Sci. 2022 Jan;67(1):100-120. doi: 10.1007/s10620-021-06829-2. Epub 2021 Feb 2.

Studies: Impacts of Hepatitis C treatment

Studies show that integrating HCV treatment into Medication for Opioid Use Disorder (MOUD) treatment can lead to:

- Improved retention in Opioid Treatment Program (Severe et al, 2020)
- High rates of hepatitis C cure or Sustained Virologic Response (SVR), reduced risks associated with drug use (Rosenthal et al, 2020), Reduced injecting drug use and injection equipment sharing (Caven et al, 2019)
- Reduced hepatitis C virus (HCV)- and addiction-related shame and improvements in overall self-care (Batchelder et al, 2016)

Batchelder, A. W., Peyser, D., Nahvi, S., Arnsten, J. H., & Litwin, A. H. (2015). "Hepatitis C treatment turned me around:" Psychological and behavioral transformation related to hepatitis C treatment. Drug and alcohol dependence, 153, 66–71. https://doi.org/10.1016/j.drugalcdep.2015.06.007

Caven, M., Malaguti, A., Robinson, E., Fletcher, E., Dillon, J. F. , Impact of Hepatitis C treatment on behavioural change in relation to drug use in people who inject drugs: A systematic review, International Journal of Drug Policy, Volume 72, 2019, Pages 169-176, ISSN 0955-3959, https://doi.org/10.1016/j.drugpo.2019.05.011. (https://www.sciencedirect.com/science/article/pii/S0955395919301331)

Rosenthal, E. S. , Silk, R., Mathur, P., Gross, C., Eyasu, R., Nussdorf, L., Hill, K., Brokus, C., D'Amore, A., Sidique, N., Bijole, P., Jones, M., Kier, R., McCullough, D., Sternberg, D., Stafford, K., Sun, J., Masur, H., Kottilil, S., Kattakuzhy, S., Concurrent Initiation of Hepatitis C and Opioid Use Disorder Treatment in People Who Inject Drugs, Clinical Infectious Diseases, Volume 71, Issue 7, 1 October 2020, Pages 1715–1722, https://doi.org/10.1093/cid/ciaa105

Severe, B., Tetrault, J. M., Madden, L., & Heimer, R. (2020). Co-Located hepatitis C virus infection treatment within an opioid treatment program promotes opioid agonist treatment retention. Drug and alcohol dependence, 213, 108116. https://doi.org/10.1016/j.drugalcdep.2020.108116

Study: Integration of Hepatitis C Services and MOUD Remains Low

Conference on Retroviruses and Opportunistic Infections
Virtual
February 12-16, 2022

Integration of HIV and HCV Services with Medication for Opioid Use Disorder in the U.S.

CROI 2022 Feb 11-16

Eshan U. Patel 1, Becky L. Genberg 1, Xianming Zhu 2, Noa Krawczyk 3, Shruti H. Mehta 1, Aaron A.R. Tobian 1

1 Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, United States, 2 The Johns Hopkins University School of Medicine, Baltimore, MD, United States, 3 New York University, New York City, NY, United States

In 2020, 59% and 9% of federally-certified Opioid Treatment Programs (OTPs) offered HIV testing and treatment, respectively.

CONCLUSIONS

- Despite increases in the number of specialty treatment facilities providing medication for opioid use disorder in the US, integration of HIV and HCV services remains suboptimal, including in EHE priority states with high rural HIV burden.
- These nationally-representative data highlight a missed opportunity to engage at risk marginalized populations in HIV and HCV care, which will be critical for achieving EHE goals.

https://www.natap.org/2022/CROI/croi_183.htm

2025 Study: Kentuckians on Medicaid who Received MOUD Were Less Likely to Receive HCV Treatment

Home > Journal of General Internal Medicine > Article

Hepatitis C Treatment in Kentucky Medicaid Recipients with Concurrent Opioid Use Disorder: A Cross-Sectional Study

Original Research | Published: 21 January 2025

(2025) Cite this article

Olivia K. Sugarman, PhD[1], Brendan Saloner, PhD[1], Samantha J. Harris, PhD[1], Risha Irvin, MD[2], Vivian Flanagan, BS[1], and Sachini Bandara, PhD[3]

[1]Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA; [2]Division of Infectious Diseases, Johns Hopkins School of Medicine, Baltimore, MD, USA; [3]Department of Mental Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA

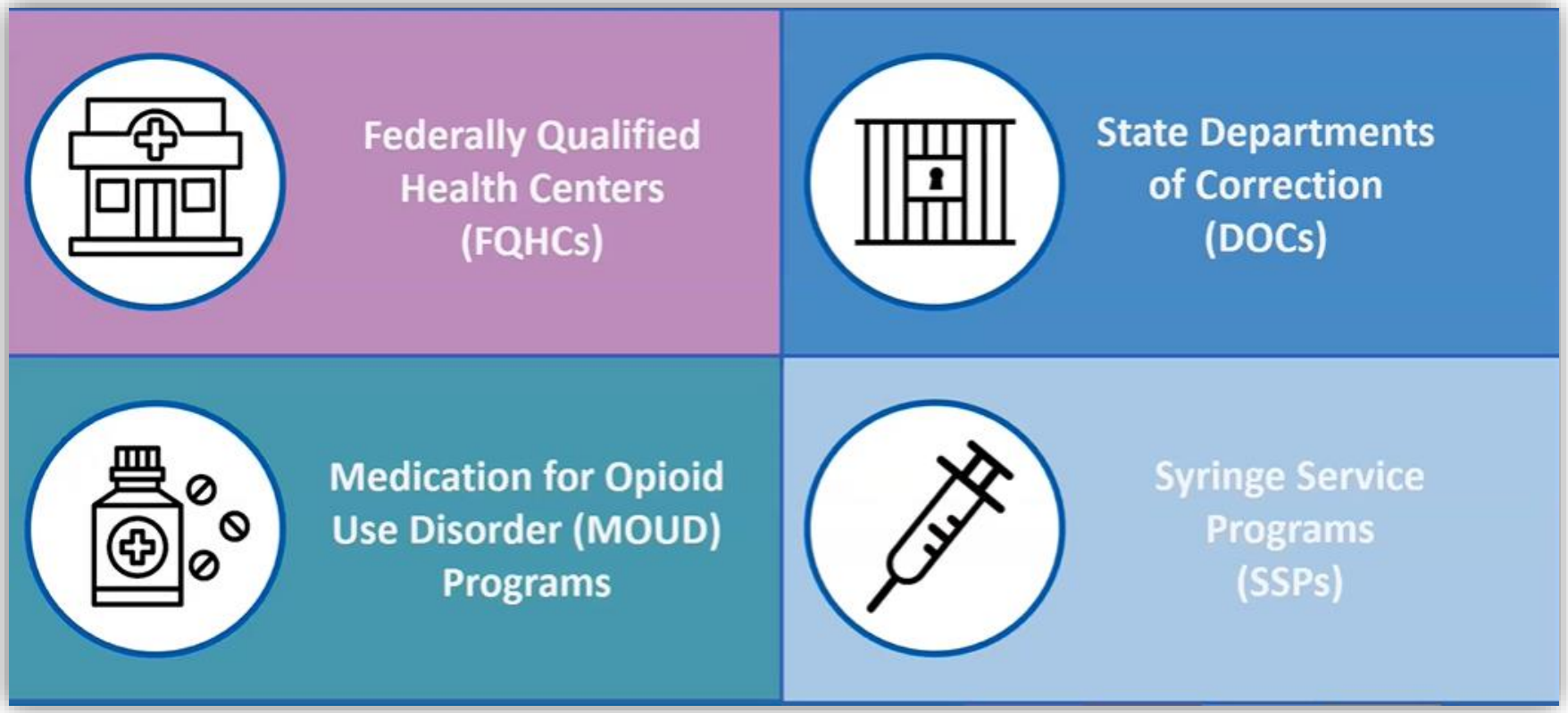
CONCLUSION

We detected significant gaps in curative HCV DAA receipt among Kentucky Medicaid members people with concurrent chronic HCV and OUD diagnoses. People who received any MOUD were significantly less likely to have received a curative HCV DAA. Concurrent chronic HCV and OUD prevalence was highest in Eastern Kentucky, and treatment gaps were detected throughout the state. Clinical, policy efforts, and state plans to eliminate HCV must continue to innovatively engage and co-treat people living with OUD and HCV as a National Hepatitis C Elimination plan approaches implementation.

Hepatitis C Treatment in Kentucky Medicaid Recipients with Concurrent Opioid Use Disorder: A Cross-Sectional Study

Priority High-Impact Settings to Advance Hepatitis C Care

- **Co-Location of Hepatitis C Testing and Treatment in**



Unlocking HCV Care in Key Settings - National Viral Hepatitis Roundtable

Evidence-Based Interventions for Increasing Hepatitis C Treatment and Linkage

- Co-located care
- Universal Hepatitis C testing
- Opt-out testing for Hepatitis C
- Point-of-care HCV antibody testing
- Point-of-care HCV RNA testing
- Reflex testing (HCV antibody to RNA)
- Patient Navigation / Enhanced Linkage
- Pharmacist-led treatment
- Nurse-led care
- Telehealth treatment
- Motivational Interviewing
- Peer Support
- Provider education and support
- Simplified treatment
- Patient education

Cunningham, Evan B et al. "Interventions to Enhance Testing, Linkage to Care, and Treatment Initiation for Hepatitis C Virus Infection: A Systematic Review and Meta-Analysis." *The lancet. Gastroenterology & hepatology* 7.5 (2022): 426–445. Web.

Hepatitis C Basics

What is Hepatitis C?

- HCV (hepatitis C virus) or “hep C”: viral infection
- Spread when someone comes into contact with blood from a person who is infected with hepatitis C
- A leading **infectious** cause of death in US (Ly et al, 2016)
- A leading cause of liver cancer and liver transplants

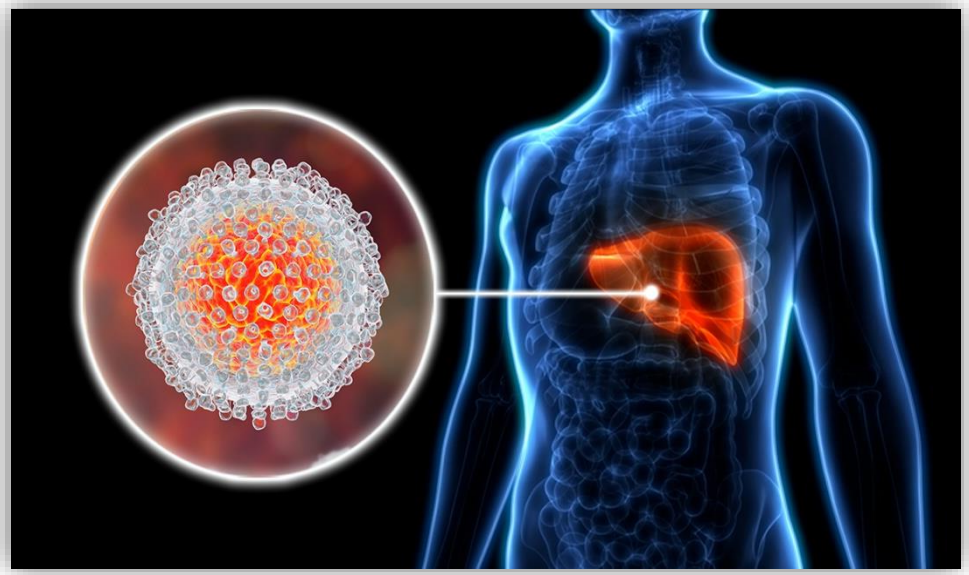
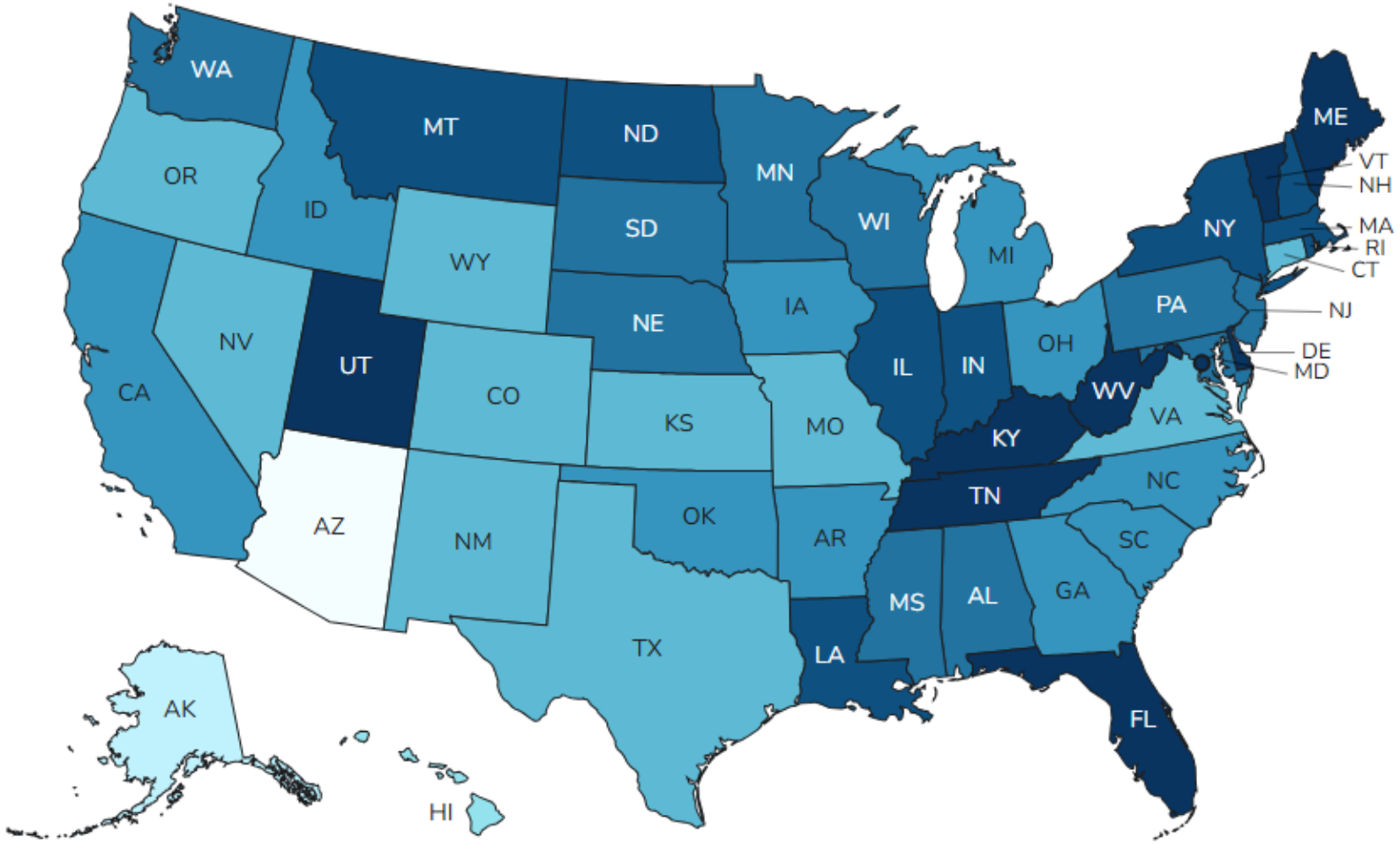


Image: cdc.gov/hepatitis-c/index.html

United States: Acute Hepatitis C Case Rates by State/Jurisdiction, 2023



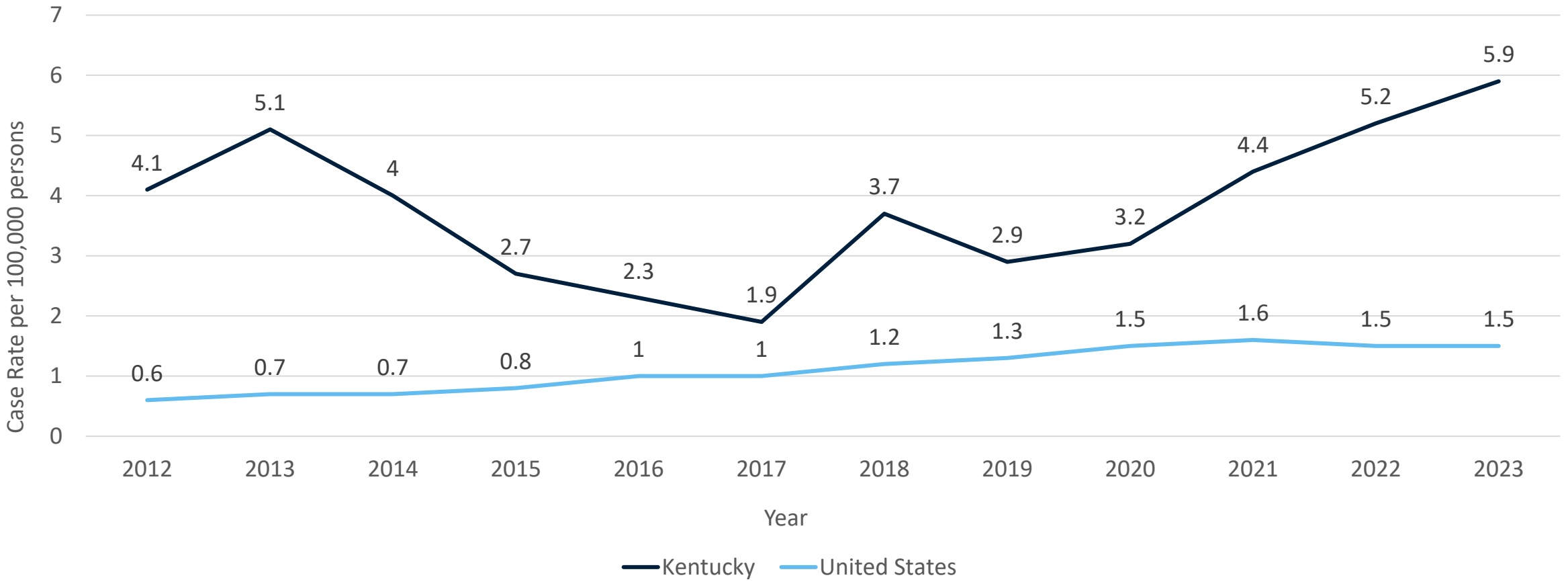
Kentucky's 2023 acute HCV case rate is 3rd highest in the United States.

Cases per 100,000 population

- Data unavailable (U)
- Not reportable (NR)
- No reported cases (N)
- >0.0–0.4
- 0.5–0.7
- 0.8–1.3
- 1.4–2.8
- 2.9–6.8

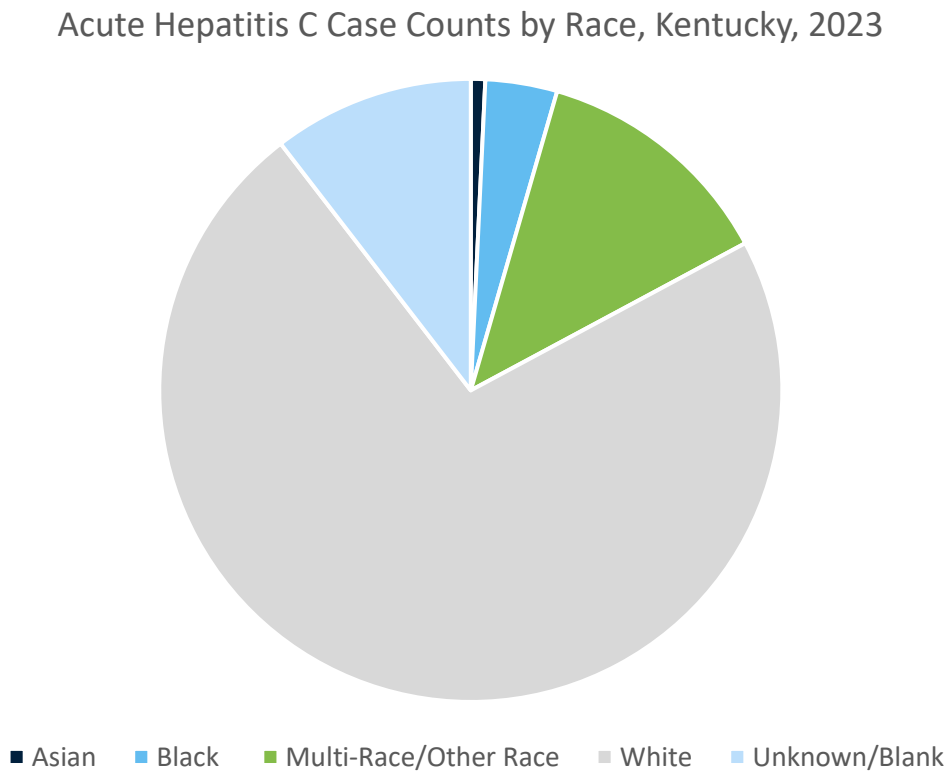
Centers for Disease Control and Prevention. Viral Hepatitis Surveillance Report – United States, 2023. https://www.cdc.gov/hepatitis-surveillance-2023/about/index.html Published April 2025. Accessed [April 16, 2025].

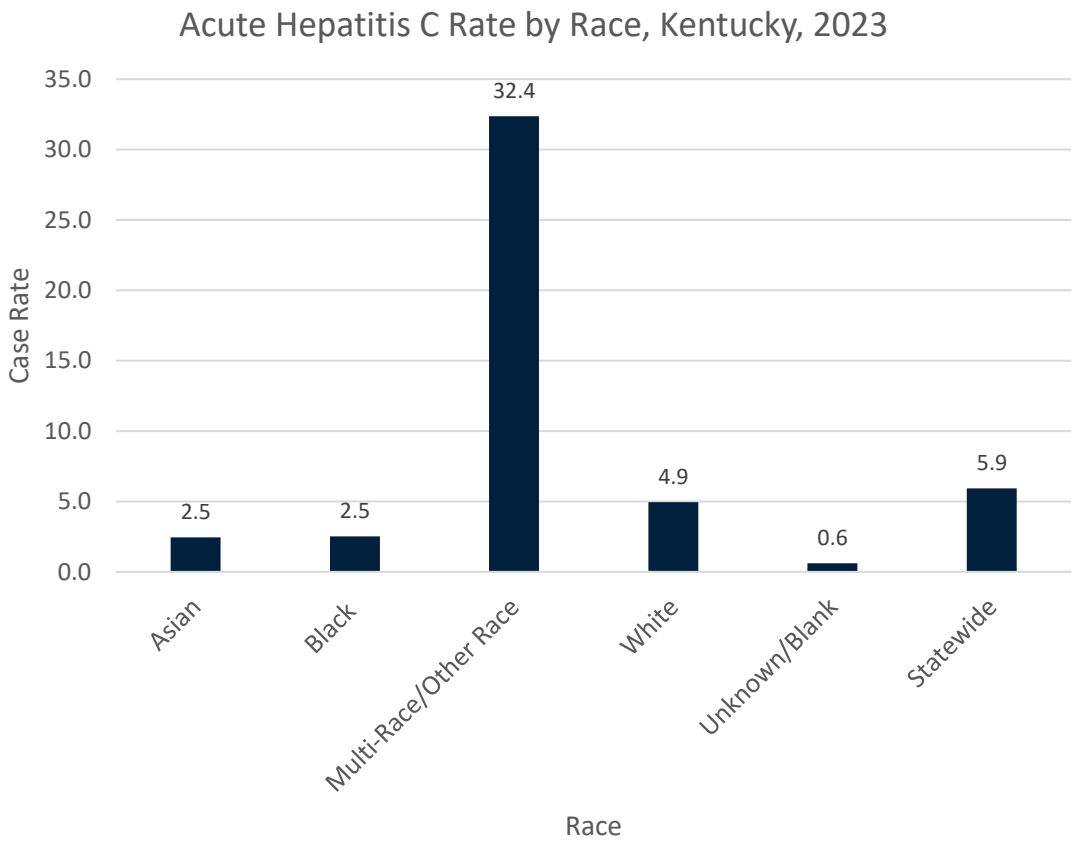
Kentucky and The United States, Acute Hepatitis C Case Rates, 2012 – 2023



Kentucky Department for Public Health, Viral Hepatitis Program, Centers for Disease Control and Prevention. Viral Hepatitis Surveillance Report – United States, 2023. https://www.cdc.gov/hepatitis-surveillance-2023/about/index.html Published April 2025. Accessed [April 16, 2025].

Acute Hepatitis C Case Counts and Rate, Kentucky, 2023

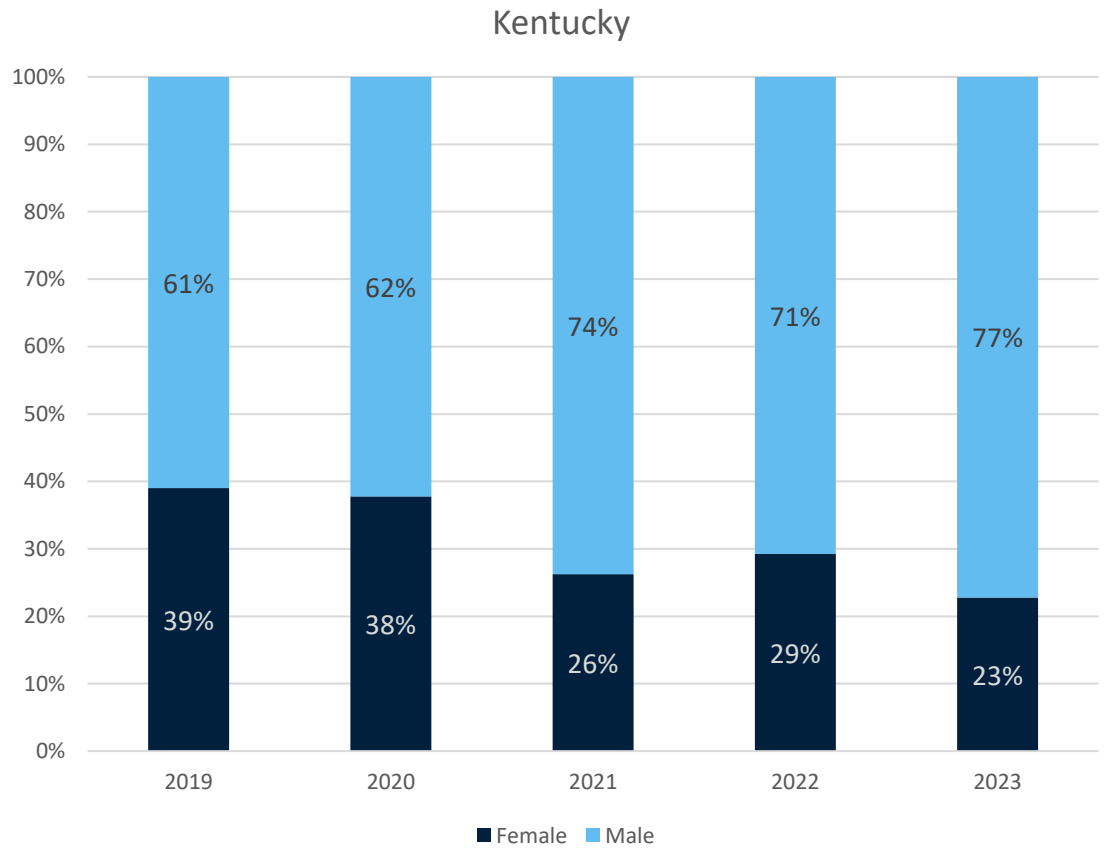


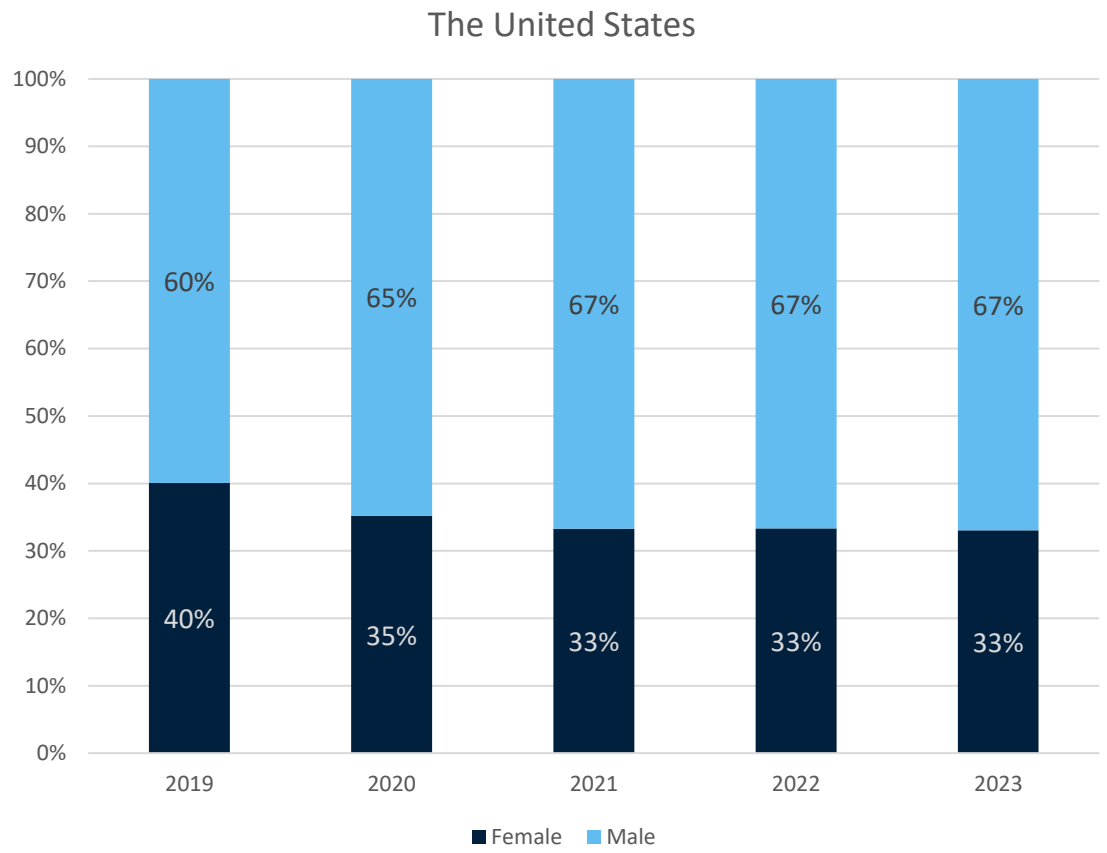


* Data are considered preliminary and are subject to change

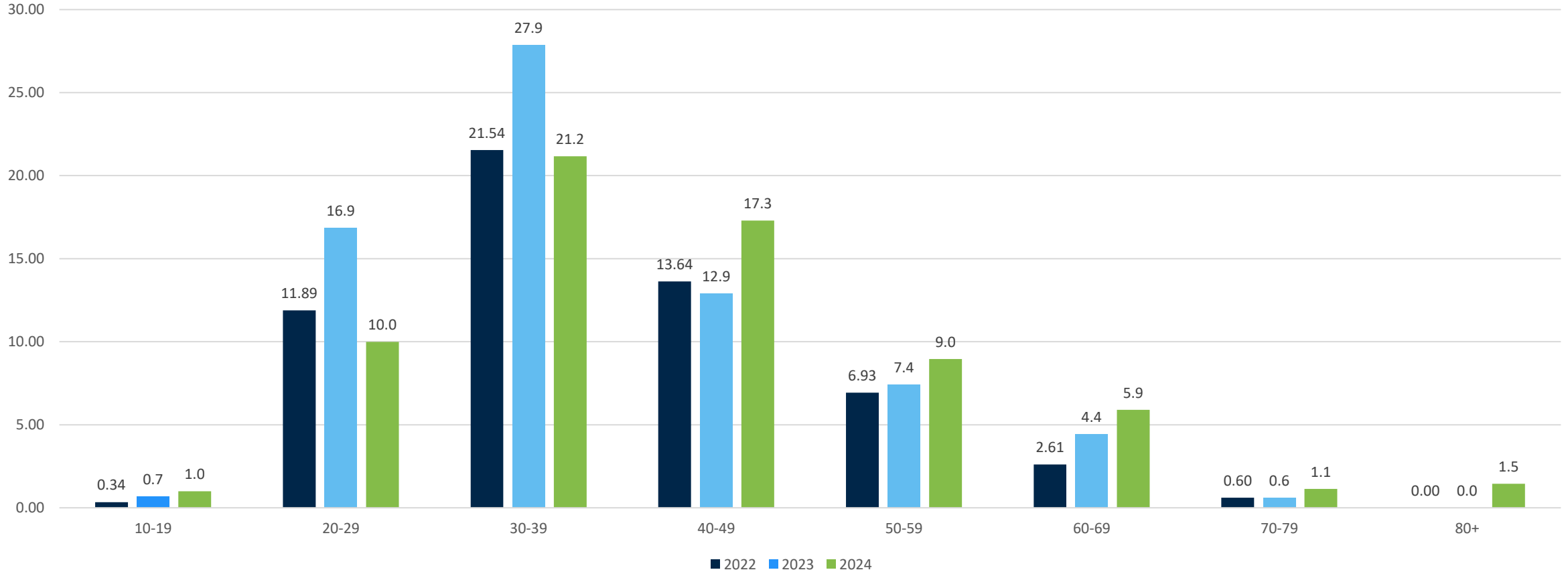
Annual Estimates of the Resident Population for Counties in Kentucky: April 1, 2020, to July 1, 2023 (CO-EST2023-POP-21), U.S. Census Bureau, Population Division; Kentucky Department for Public Health, Viral Hepatitis Program

Acute Hepatitis C Case Counts by Sex, Kentucky and The United States, 2019 - 2023



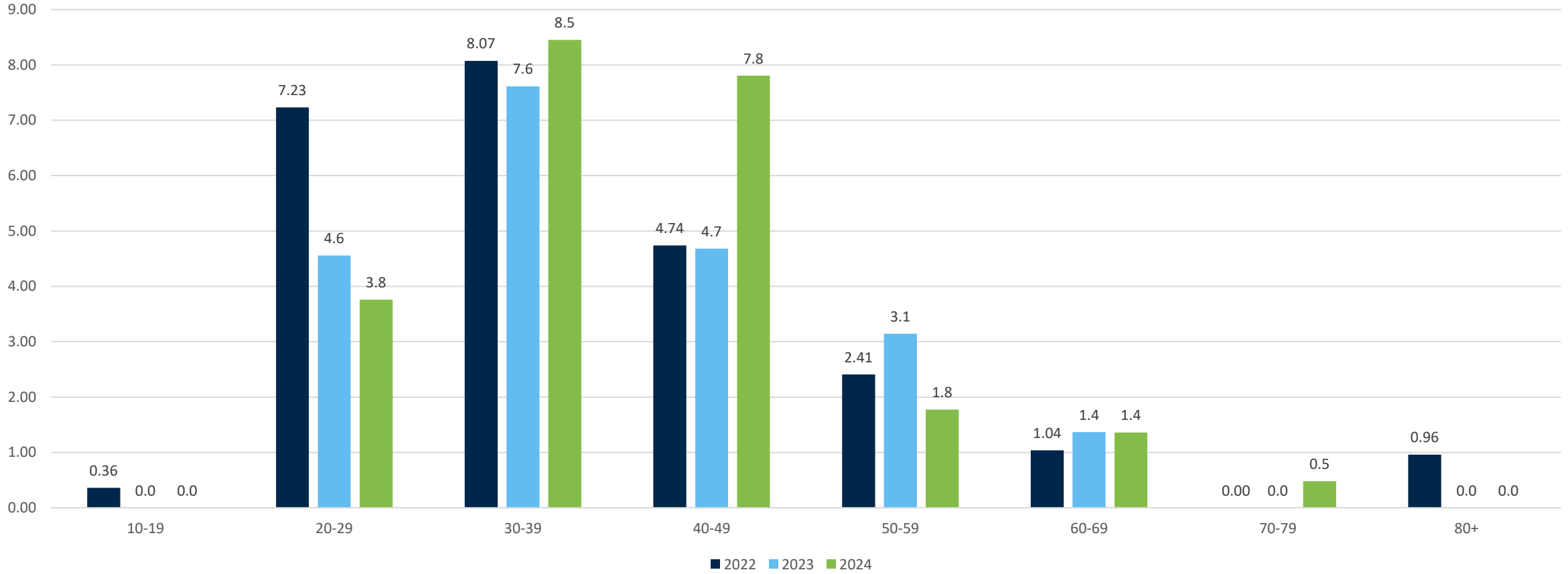


Acute Hepatitis C Case Rates, Male Sex, by Age Group, Kentucky, 2022 - 2024



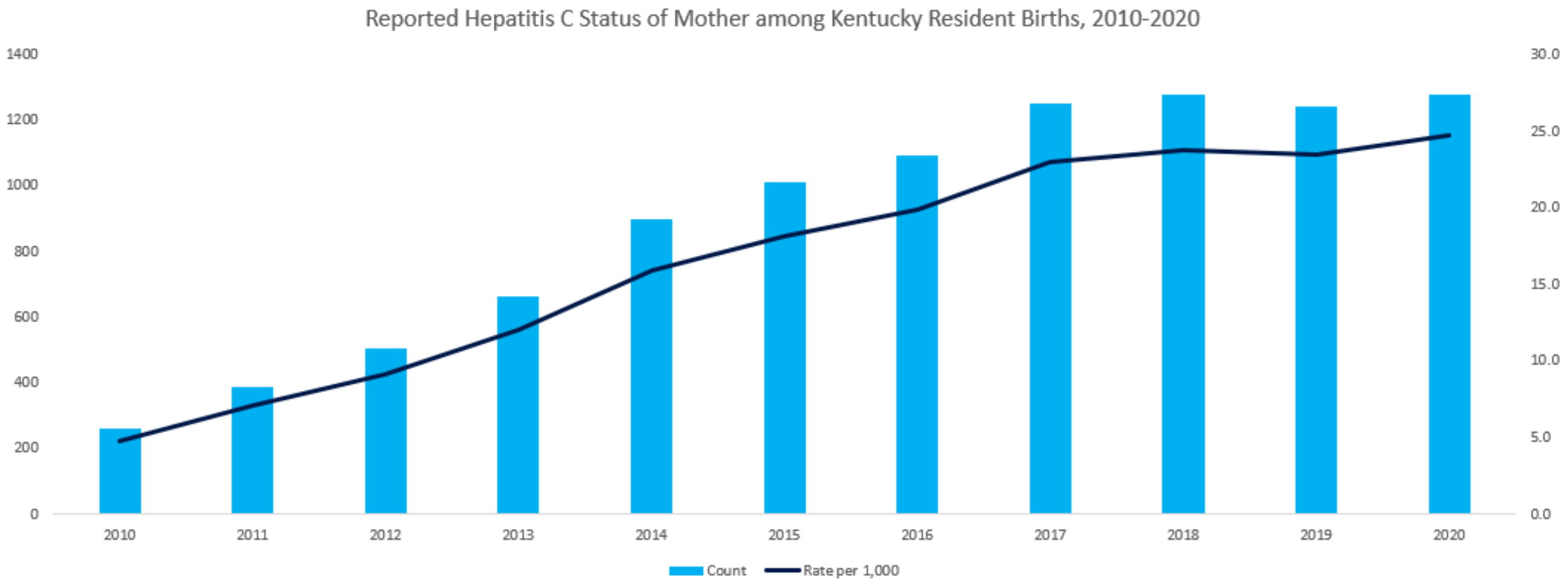
Annual Estimates of the Resident Population for Counties in Kentucky: April 1, 2020, to July 1, 2024 (CO-EST2024-POP-21), U.S. Census Bureau, Population Division; Kentucky Department for Public Health, Viral Hepatitis Program

Acute Hepatitis C Case Rates, Female Sex, by Age Group, Kentucky, 2022 - 2024



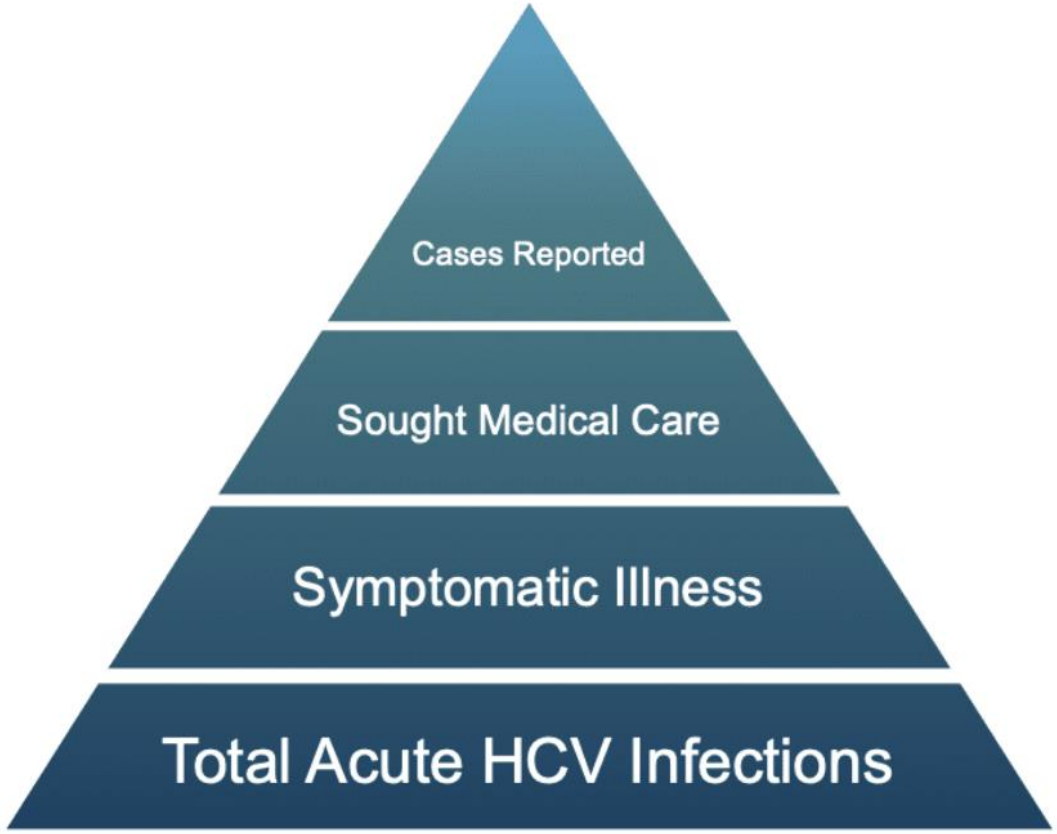
Annual Estimates of the Resident Population for Counties in Kentucky: April 1, 2020, to July 1, 2024 (CO-EST2024-POP-21), U.S. Census Bureau, Population Division; Kentucky Department for Public Health, Viral Hepatitis Program

Kentucky: Perinatal HCV Exposure



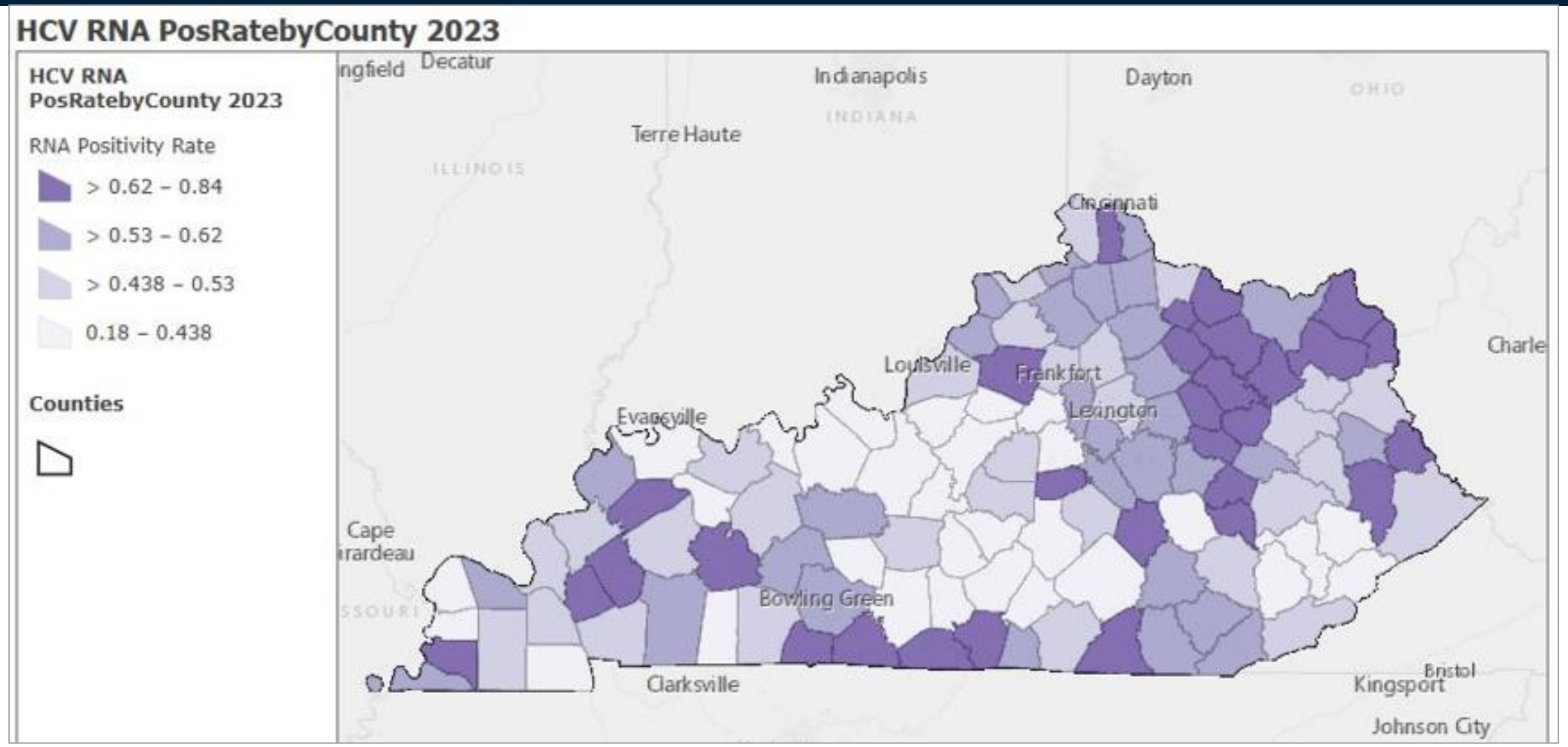
KDPH, Office of Vital Statistics

Reported Cases Versus Actual Infections



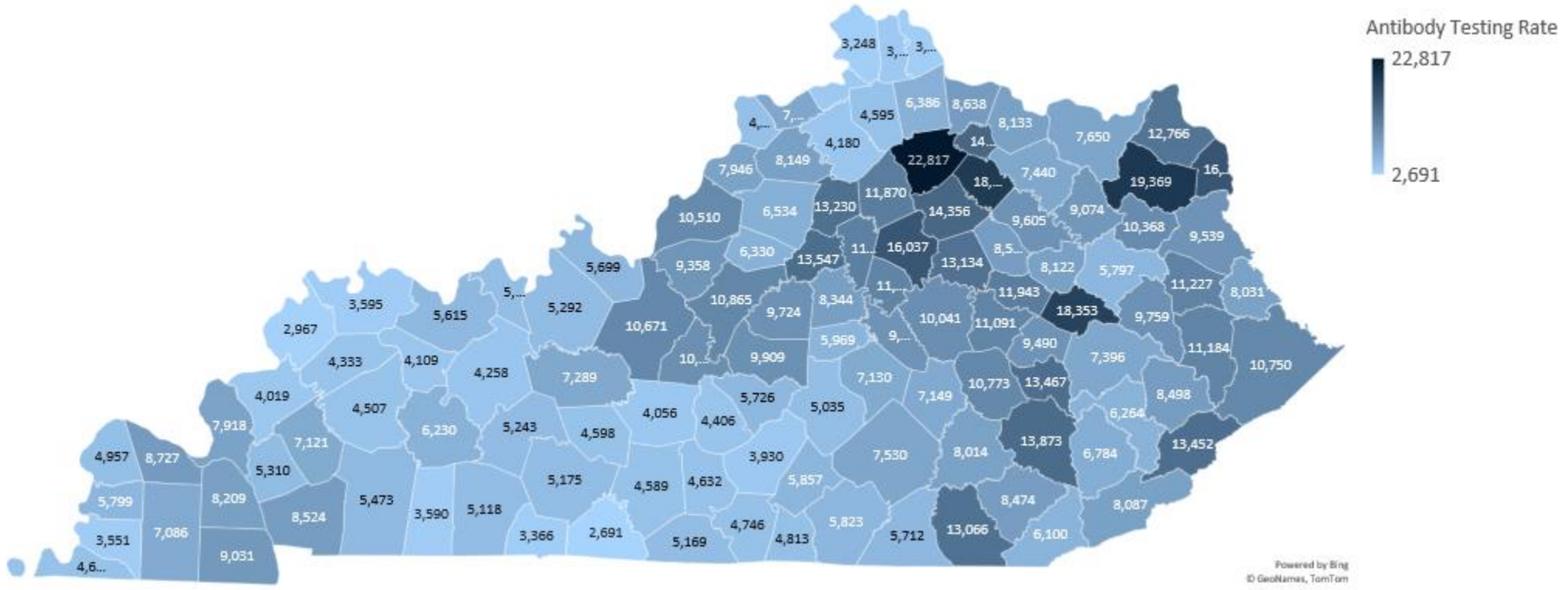
Core Concepts - HCV Epidemiology in the United States - Screening and Diagnosis of Hepatitis C Infection - Hepatitis C Online
Source: modified from Klevens RM, Liu S, Roberts H, Jiles RB, Holmberg SD. Estimating acute viral hepatitis infections from nationally reported cases. Am J Public Health. 2014;104:482-7.

Kentucky's Hepatitis C RNA Positivity Rate by County, 2023



Kentucky Department for Public Health, Viral Hepatitis Program, National Electronic Disease Surveillance System, accessed: October 2024

Lab Reported HCV Antibody Tests Compared to County Population per 100K People, Kentucky, 2024



Annual Estimates of the Resident Population for Counties in Kentucky: April 1, 2020, to July 1, 2024 (CO-EST2024-POP-21), U.S. Census Bureau, Population Division; Kentucky Department for Public Health, Viral Hepatitis Program

Hepatitis C in Carceral Settings

- Proportion of hepatitis C much higher in correctional populations than the general population (10-50% vs 1%).
- Approximately 30% of all individuals living with hepatitis C in US pass through correctional system in a given year.
- At least 95% of all state prisoners will be released from prison at some point.

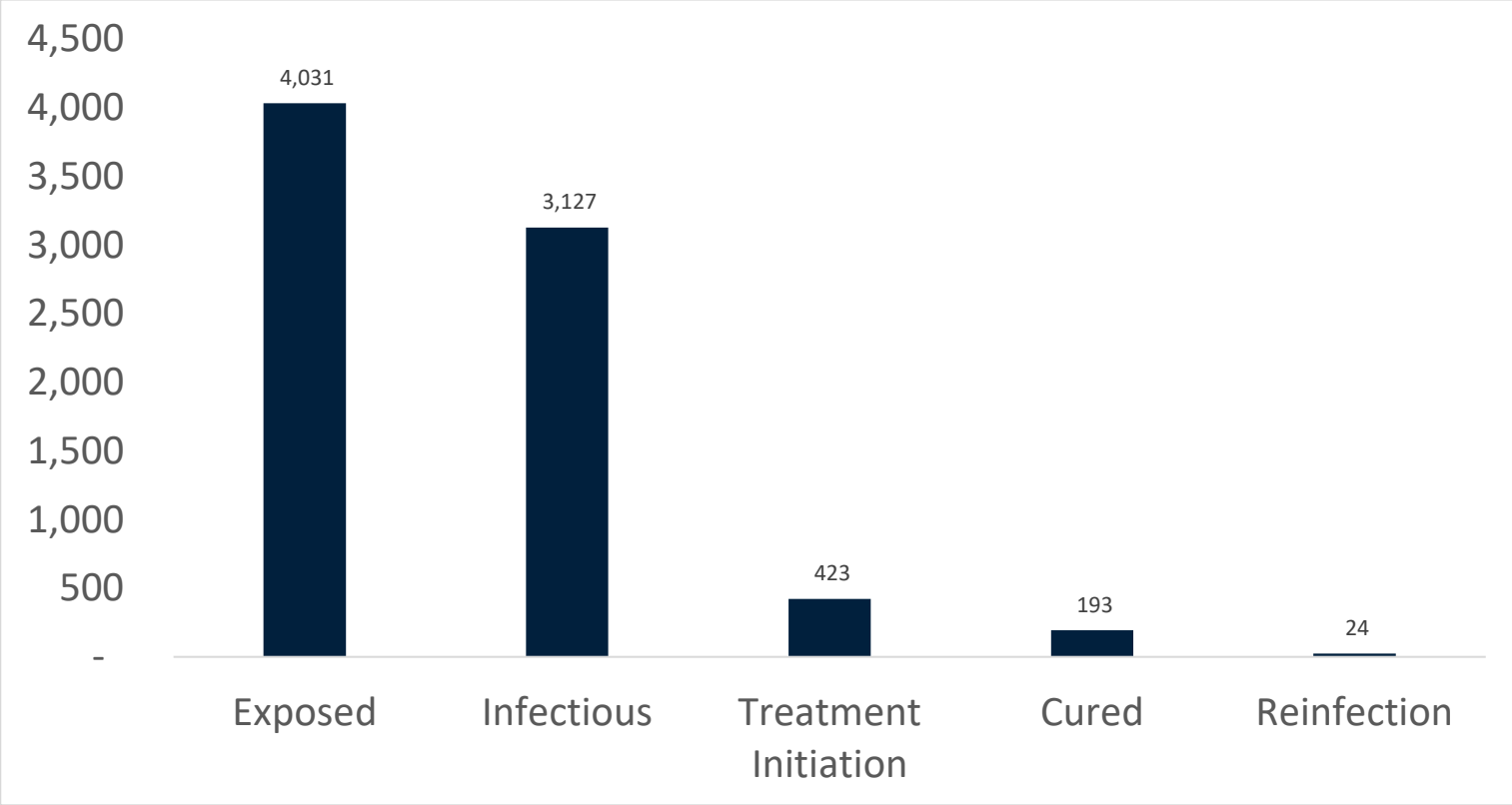
They will return to their communities:

Correctional Health is Community Health

References found at the end

Department of Corrections Hepatitis C Cascade of Cure, 2020 - 2023

N = 11,099

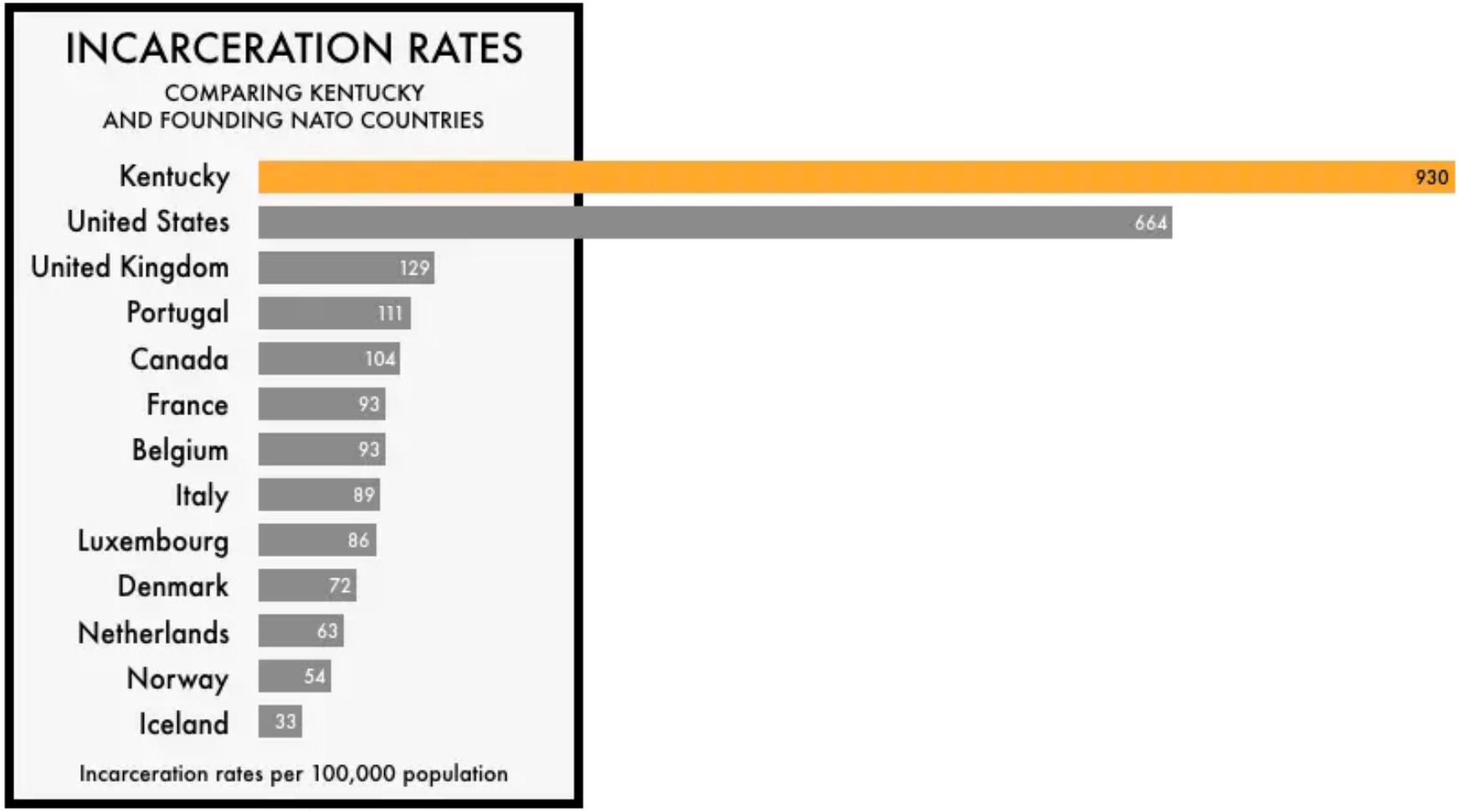


Treatment Initiation by Year

Year	Count
2020	65
2021	109
2022	79
2023	170

Kentucky Department of Corrections, Kentucky Department for Public Health, Viral Hepatitis Program, 2025

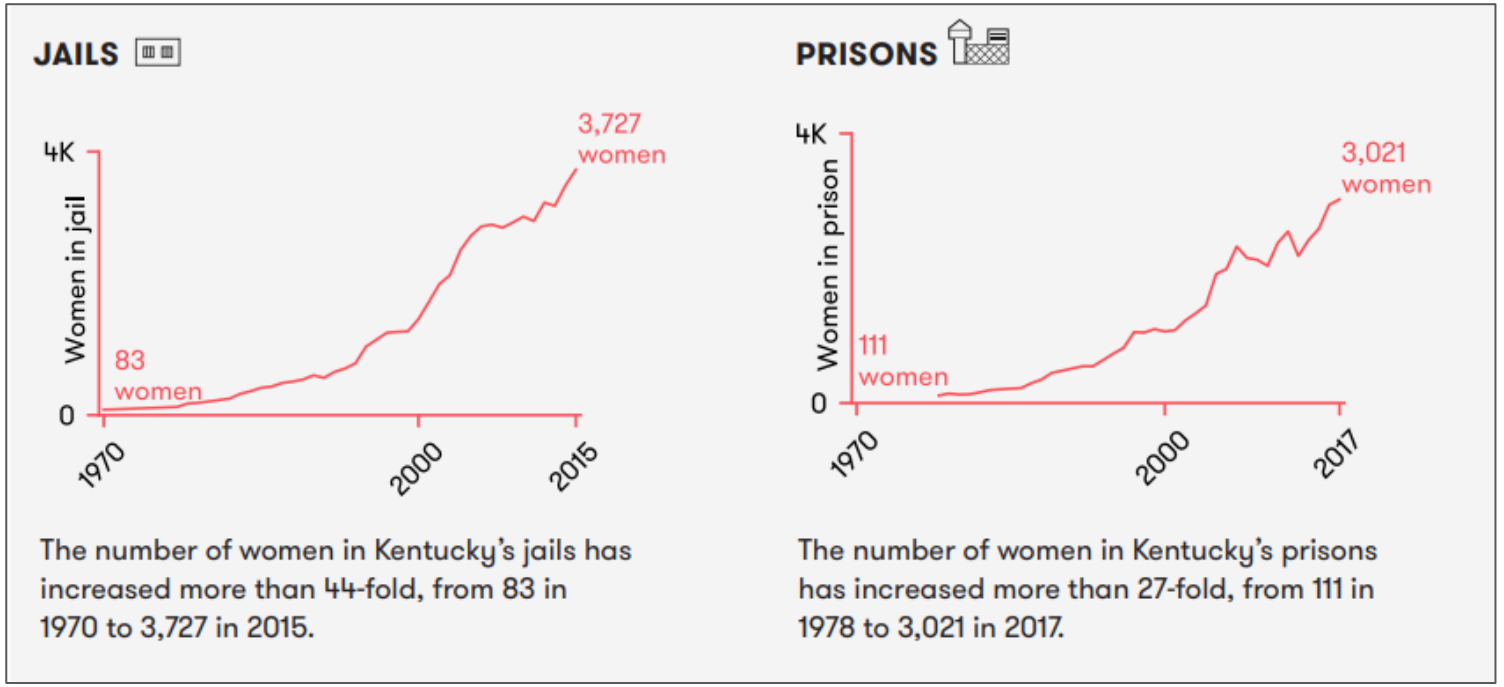
Kentucky's Incarceration Rates



Source: https://www.prisonpolicy.org/global/2021.html

States of Incarceration: The Global Context 2021 | Prison Policy Initiative

Further Risks



https://www.vera.org/downloads/pdfdownloads/state-incarceration-trends-kentucky.pdf

Increased incarceration rate + higher hepatitis C rates:
In addition to endangering health of women, perinatal exposure is increased

Risk Factors

- Injection drug use is the most commonly reported risk factor for hepatitis C
- It is estimated that around 40% of people with recent history of injecting drug use are living with hepatitis C

Reported risk behaviors or exposures among reported cases* of acute hepatitis C — United States, 2022

Print

◀ Table 3.2 | Table 3.4 ▶

Risk behaviors/exposures†	Risk identified*	Risk not identified	Risk data missing
Injection drug use	834	761	3,253
Multiple sexual partners	164	467	4,217
Surgery	177	767	3,904
Men who have sex with men§	88	236	2,903
Sexual contact¶	63	339	4,446
Needlestick	65	811	3,972
Household contact (nonsexual)¶	12	390	4,446
Occupational	6	1,045	3,797
Dialysis patient	101	1,080	3,667
Transfusion	5	957	3,886

Image: https://www.cdc.gov/hepatitis/statistics/2022surveillance/hepatitis-c/table-3.3.htm
https://www.natap.org/2024/HCV/estimating_hepatitis_c_prevalence_in_the_united.878.pdf

Hepatitis C Transmission

- Using non-sterile equipment to prepare and/or inject, inhale, or smoke illicit substances
- Tattooing/piercing using non-sterile equipment or procedures
- Sexual contact, especially when blood is present
- Medical procedures with non-sterile equipment
- Needle-stick injuries
- Sharing toothbrushes, razors, nail clippers
- Perinatal hepatitis C transmission

HCV Testing and Linkage to Care | HCV Guidance

Perinatal Hepatitis C Transmission

- **Perinatal**
  - The period before, during, or shortly after birth
- Chronic hepatitis C infection will develop in ~6% of all infants exposed during pregnancy or delivery
- Most common route of hepatitis C transmission in children
- Hepatitis C treatment can begin at 3 years old

publications.aap.org/aapnews/news/27131/CDC-calls-for-early-testing-for-hepatitis-C-virus?autologincheck=redirected

Transmission, Cont.

- **Hepatitis C can NOT be transmitted by sharing clothing, eating utensils or food/drinks, coughing, hugging, holding hands, kissing, breastfeeding.**

Centers for Disease Control and Prevention (n.d.). Hepatitis C Prevention and Control. https://www.cdc.gov/hepatitis-c/prevention/

Hepatitis C Elimination

"Hepatitis C is a virus that…flourishes among those who are socially marginalized by structural factors such as poverty, racism, addiction, and trauma. It exists as a piece of a larger syndemic alongside HIV, STIs, substance use, and overdose. This makes our task of attaining elimination all that more difficult.

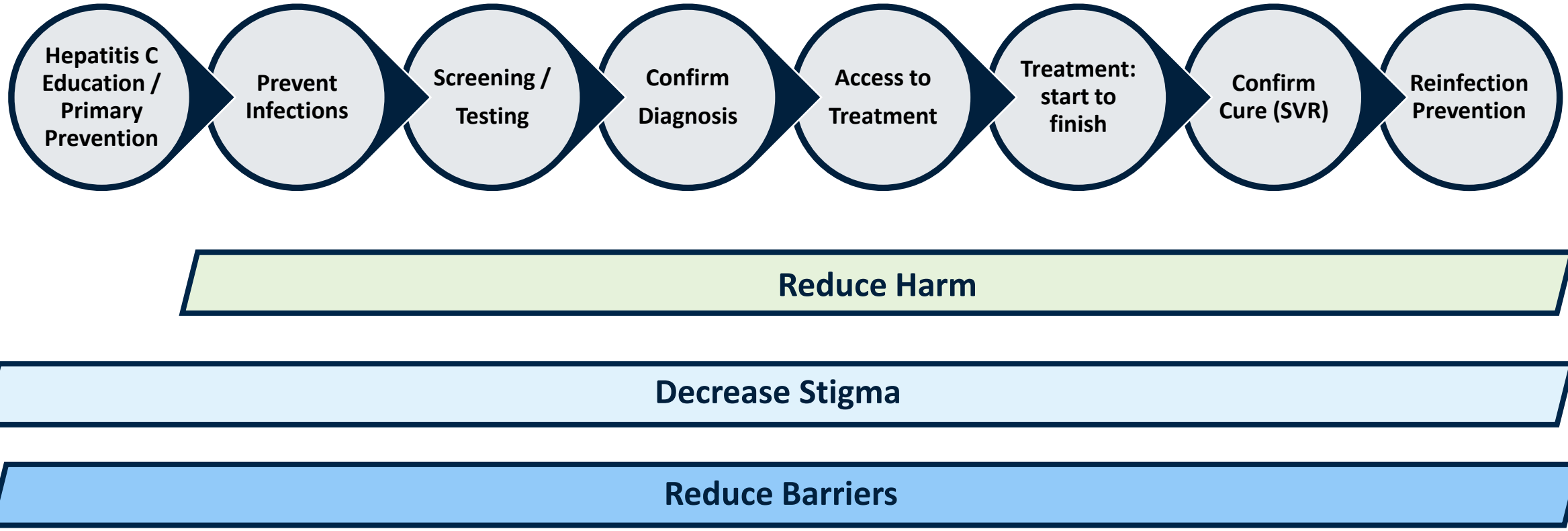
Direct-Acting Antivirals (DAAs), which are highly effective in cost savings, have been around for a decade, but despite this, they ***aren't reaching the people who need them most.***

We at the CDC recognize that ***[hepatitis C] elimination is only possibly by focusing on the most marginalized and difficult to reach populations,*** bringing them into care, not just for hep C, but for other syndemic conditions that interact with each other and the social determinants of health."

Nathan Furukawa, MD, MPH
Senior Advisor for Hepatitis C Elimination
Centers for Disease Control and Prevention
"Unlocking HCV in Key Settings," NVHR - September 2023

Unlocking HCV Care in Key Settings - National Viral Hepatitis Roundtable

Hepatitis C Continuum of Care



Goal #1: Increase Hepatitis C Awareness and Education

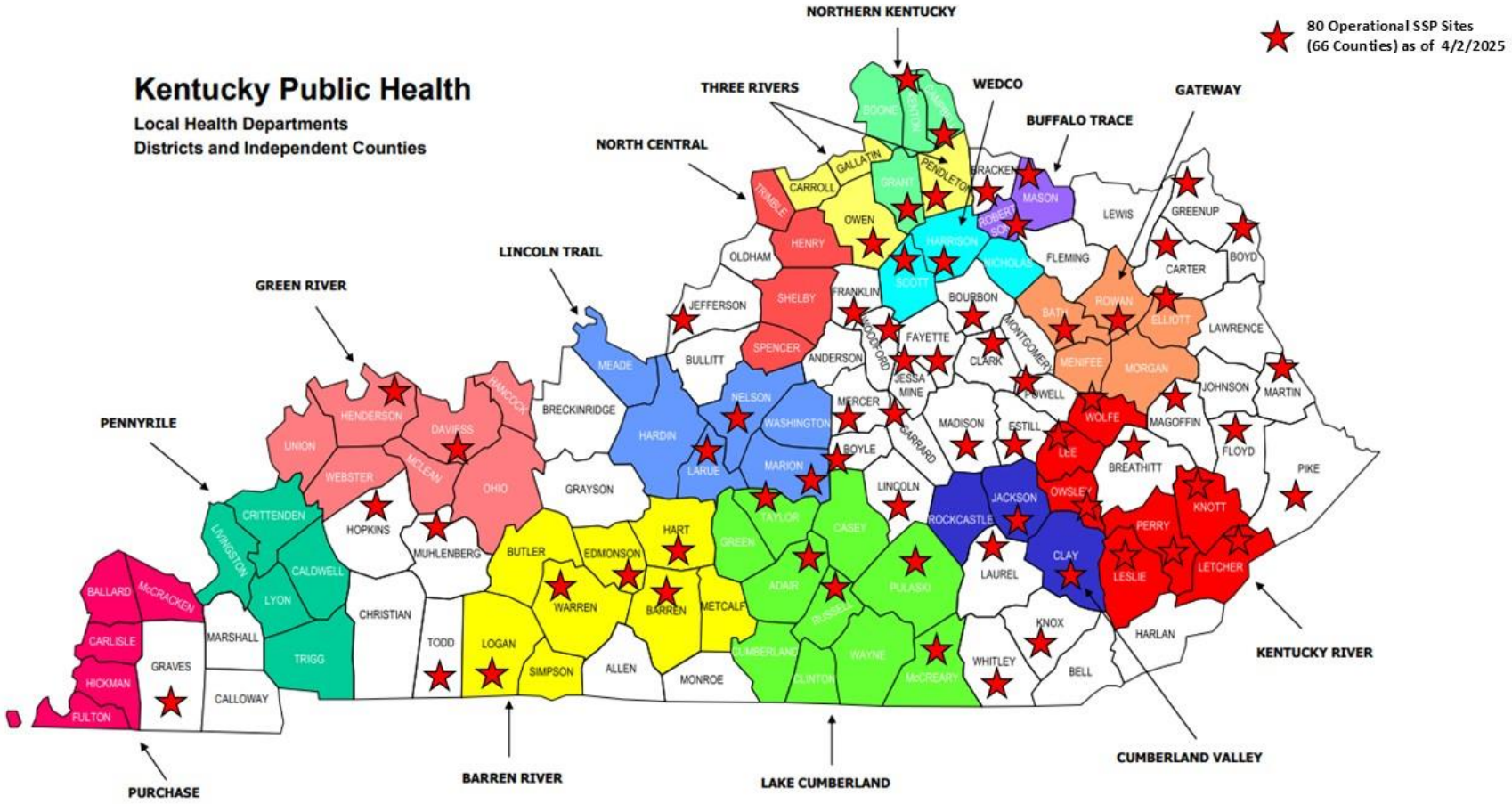
Hepatitis C Awareness & Education

Prevention Discussions During Visits/Interactions:

- Avoid sharing syringes, pipes, straws, or any equipment/surfaces used to prepare drugs.
- Utilize Syringe Services Programs (SSPs) and Harm Reduction Programs
- Use condoms or other barrier methods and lubricant during sex.
- Utilize professional shops for tattoos/piercings. Use sterile equipment.
- Avoid sharing toothbrushes, razors, nail clippers, and other hygiene supplies, especially in congregant settings (jails, etc.).
- **GET TESTED**, potentially regularly depending on risk factors.
- **GET CURED** if diagnosed with hepatitis C – talk to a healthcare provider.
  - **DON'T WAIT,** early treatment can prevent further liver damage and transmission.
- Communicate with healthcare providers, sexual partners, family members.
- **Reinfection Prevention = Harm Reduction**

Centers for Disease Control and Prevention (n.d.). Hepatitis C Prevention and Control. https://www.cdc.gov/hepatitis-c/prevention/. Image: CDC

Syringe Services Programs (SSPs) in Kentucky

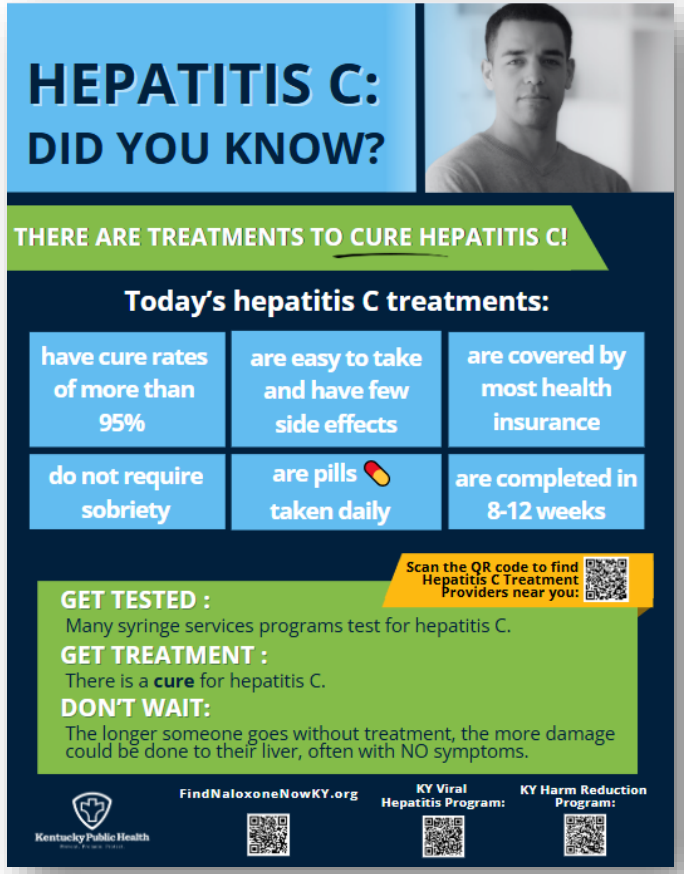


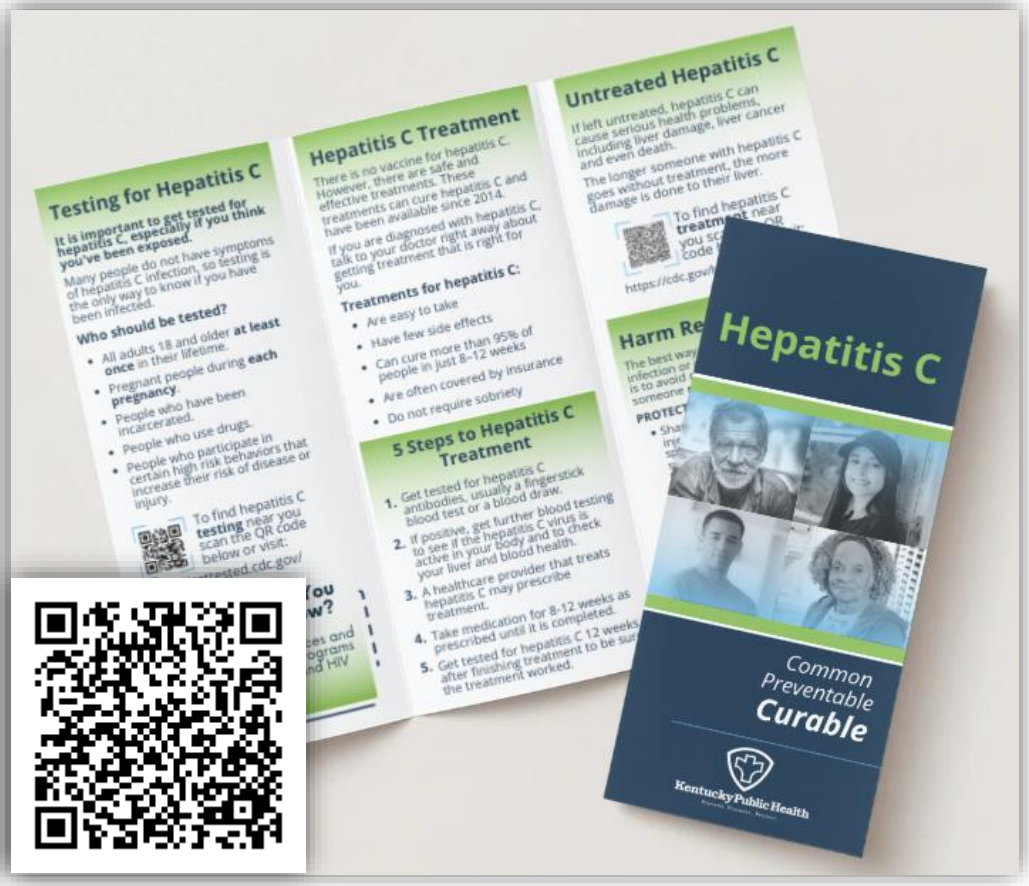
Kentucky Cabinet for Health and Family Services (2025) Syringe Services Programs. https://www.chfs.ky.gov/agencies/dph/dehp/hab/Pages/kyseps.aspx

SSP Services Are Wide-Ranging and Comprehensive

- Free sterile syringes
- Safe disposal of syringes
- ***HIV and hepatitis C testing, counseling, in-house treatment or linkage to treatment***
- Other sexually transmitted infections, HIV and viral hepatitis prevention resources e.g., internal and external condoms, lube, dental dams, etc.
- Referral to Substance Use Disorder treatment, including Medication for Opioid Use Disorder (MOUD)
- Referral to mental health services
- Overdose Education and Naloxone Distribution (OEND)
- Immunizations: Hepatitis A and B, Mpox, influenza, and COVID-19
- Linkage to community resources (transportation, employment, housing, & food)

Hepatitis C Educational Materials





PDFs of Educational Materials: https://redcap.chfs.ky.gov/surveys/?s=8MCCEFAKTN4WA9FA

Goal #2: Increase Hepatitis C Testing

Many people with chronic hepatitis C have NO symptoms for a long time.

The only way to know if you have hepatitis C is to GET TESTED

cdc.gov/hepatitis-c/signs-symptoms/index.html

CDC Hepatitis C Testing Guidelines, 2020

Every adult should be tested at least once.

Testing should occur during every pregnancy.

People with risk factors should be tested regularly.

cdc.gov/hepatitis-c/testing/index.html

Universal Hepatitis C Screening

***Every adult** should be screened for hepatitis C*

at least once

in their lifetime.

cdc.gov/hepatitis-c/testing/index.html

Hepatitis C Testing: Phlebotomy

- Phlebotomy: a needle is used to take blood from a vein
  - Requires specific training and/or certification
  - Can be performed in a clinic or an outside lab, depending on the facility's policies
  - Usually, blood is sent to an outside lab; results can take days or weeks
  - Can be done to test for hepatitis C antibodies and RNA to confirm whether someone has an active hepatitis C infection and needs treatment
  - Can be done up to every 3 months for people with ongoing risk factors, such as substance use

cdc.gov/hepatitis-c/testing/index.html

Point-of-Care HCV Antibody Testing

- "Point-of-Care" (POC): the results are provided in the same visit as the test
- **OraSure OraQuick® HCV Rapid Antibody Test** can tell whether someone has been exposed to hepatitis C
  - Uses a fingerstick to take blood
  - Can be performed by trained staff, per facility's policies
  - Can be done up to every 3 months for people with ongoing risk factors, such as substance use
  - **If positive, requires further diagnostic testing (HCV RNA) to confirm whether someone has an active infection and may need treatment**

OraQuick Hepatitis C Test

Approved in 2024: Point-of-Care HCV RNA Testing

- **Cepheid CLIA Waived Xpert® Point-of Care HCV RNA Test**
  - Authorized by FDA in 2024
  - Fingerstick can be done by trained staff
  - RNA Results in 41-60 minutes: Can confirm whether someone has active infection and needs treatment
  - **Can reduce time and steps to hepatitis C treatment**

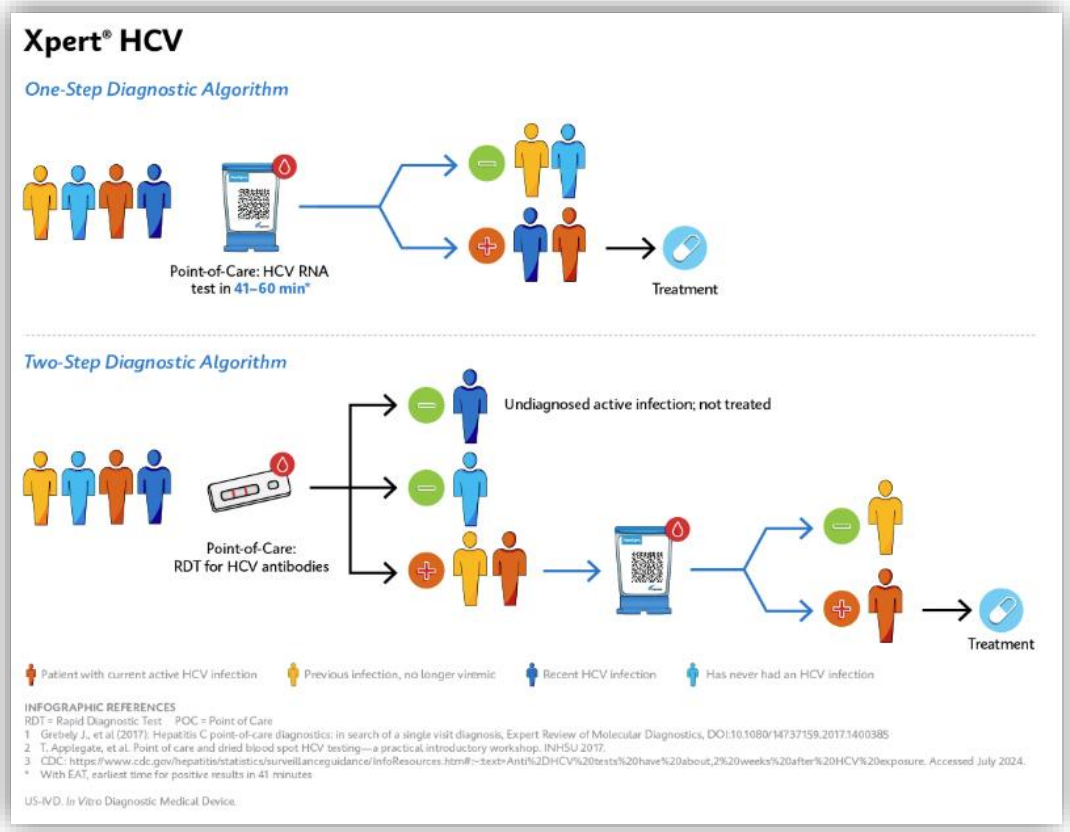
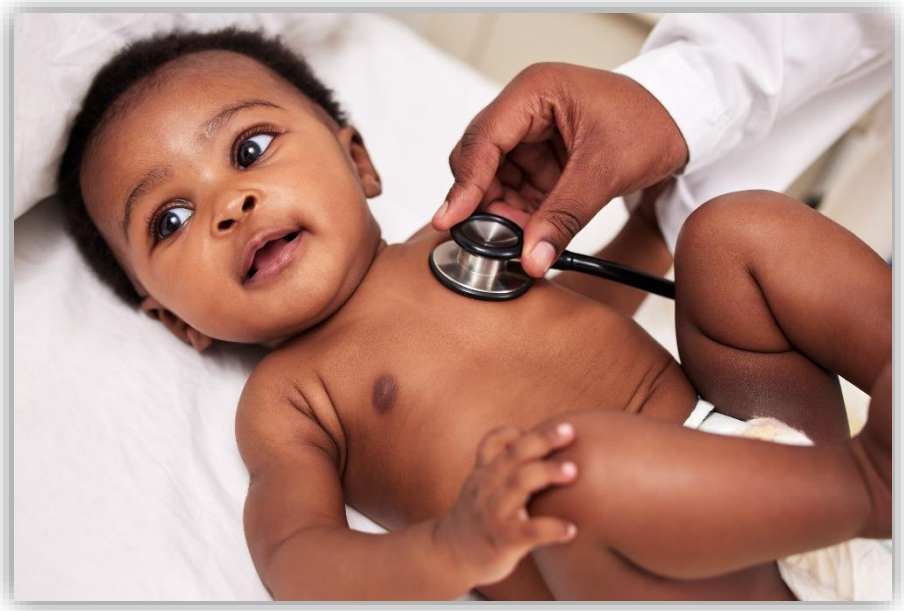


Image from: Xpert HCV

Testing for Infants Exposed During Pregnancy

- All babies exposed during pregnancy should get a hepatitis C RNA test when they are **2-6 months old (CDC, 2023)**
  - 6% of infants exposed to HCV during pregnancy will go on to develop chronic HCV
- If the infant tests positive, they should be linked to care with a provider with pediatric hepatitis C expertise
- They may receive hepatitis C treatment starting at 3 years old

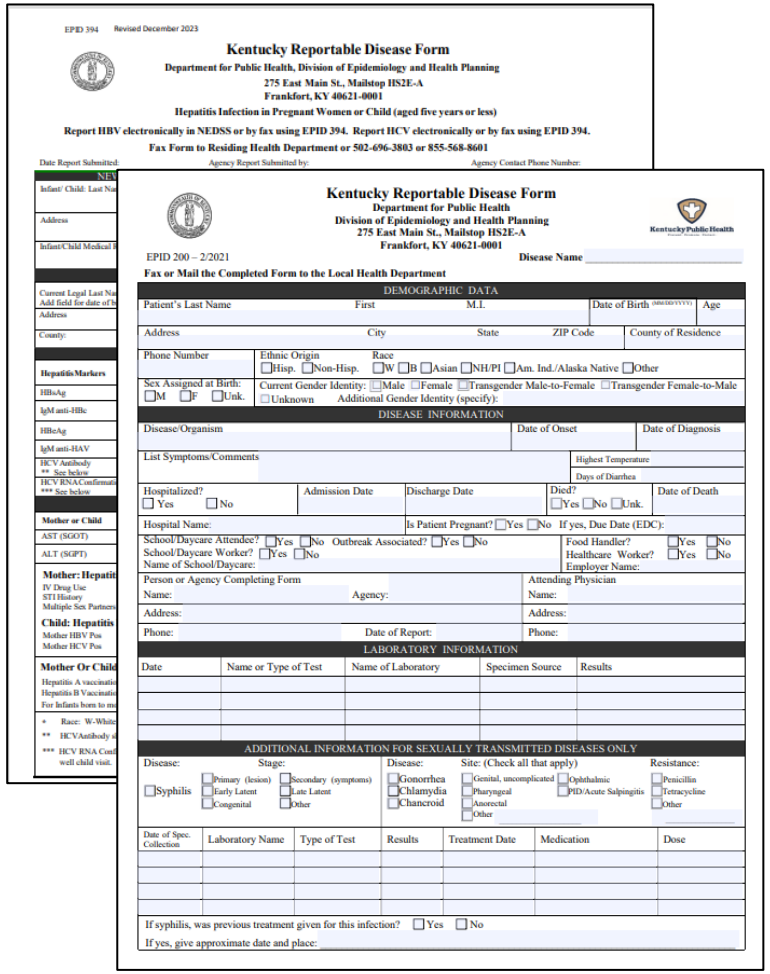


cdc.gov/nchhstp/director-letters/perinatal-hepatitis-c-testing-recommendations.html

Transition to Electronic Reporting

Reportable hepatitidies

- Historically paper or PDF: EPID 394 or EPID 200
- **NEW: DDE (Direct Data Entry) Forms via KHIE** (Kentucky Health Information Exchange)
  - Adult **Acute** hepatitis A, B, C
  - Positive Pregnant Female – Hepatitis C
  - Perinatal Hepatitis C (exposed infant)


EPID 394 Revised December 2023

Kentucky Reportable Disease Form

Department for Public Health, Division of Epidemiology and Health Planning
275 East Main St., Mailstop HS2E-A
Frankfort, KY 40621-0001

Hepatitis Infection in Pregnant Women or Child (aged five years or less)

Report HBV electronically in NEDSS or by fax using EPID 394. Report HCV electronically or by fax using EPID 394.
Fax Form to Residing Health Department or 502-696-3803 or 855-568-8601

Kentucky Reportable Disease Form

Department for Public Health
Division of Epidemiology and Health Planning
275 East Main St., Mailstop HS2E-A
Frankfort, KY 40621-0001

EPID 200 – 2/2021

Disease Name

Fax or Mail the Completed Form to the Local Health Department

DEMOGRAPHIC DATA

Patient's Last Name | First | M.I. | Date of Birth | Age

Address | City | State | ZIP Code | County of Residence

Phone Number | Ethnic Origin | Race

Sex Assigned at Birth | Current Gender Identity | Additional Gender Identity (specify)

DISEASE INFORMATION

Disease/Organism | Date of Onset | Date of Diagnosis

List Symptoms/Comments | Highest Temperature | Days of Diarrhea

Hospitalized? | Admission Date | Discharge Date | Died? | Date of Death

Hospital Name: | Is Patient Pregnant? | If yes, Due Date (EDC):

School/Daycare Attendee? | Outbreak Associated? | Food Handler? | Healthcare Worker? | Employer Name:

School/Daycare Worker? | Name of School/Daycare:

Person or Agency Completing Form | Attending Physician

LABORATORY INFORMATION

Date | Name or Type of Test | Name of Laboratory | Specimen Source | Results

ADDITIONAL INFORMATION FOR SEXUALLY TRANSMITTED DISEASES ONLY

Disease: Syphilis | Stage: Primary (lesion), Secondary (symptoms), Early Latent, Late Latent, Congenital, Other

Disease: Gonorrhea, Chlamydia, Chancroid | Site: (Check all that apply) Genital, uncomplicated, Ophthalmic, Pharyngeal, PID/Acute Salpingitis, Anorectal, Other | Resistance: Penicillin, Tetracycline, Other

Date of Spec. Collection | Laboratory Name | Type of Test | Results | Treatment Date | Medication | Dose

If syphilis, was previous treatment given for this infection? Yes No

If yes, give approximate date and place:

Email KHIEsupport@ky.gov to be onboarded for DDE if your facility does not currently use it.

See website for more information: Direct Data Entry (DDE) – KHIE

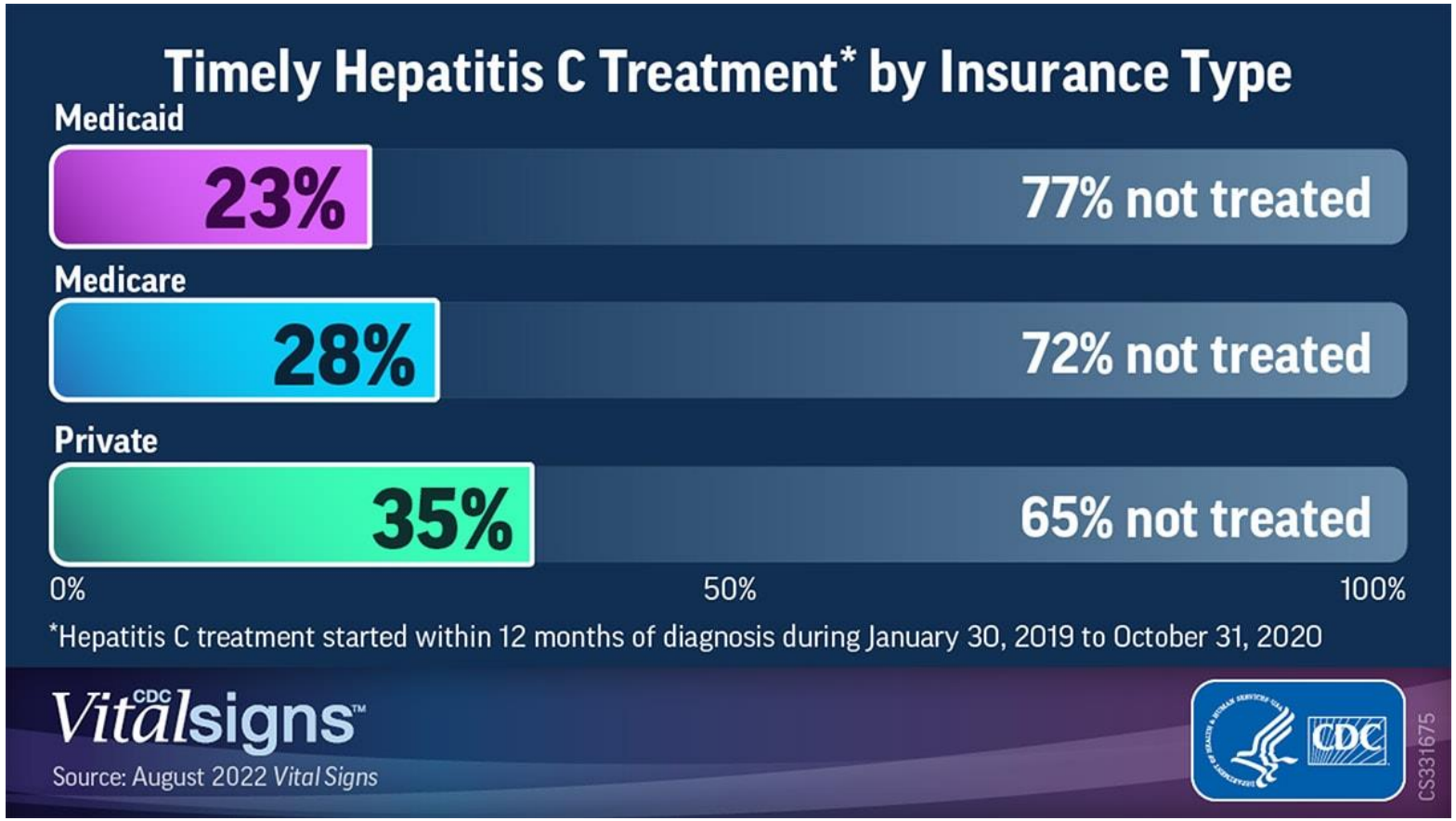
Goal #3: Increased Hepatitis C Treatment and Cure

Today's Hepatitis C Treatments

- Have cure rates of more than 95%
- Are easy to take and have few side effects
- Are covered by most health insurance
- Should not require sobriety
- Are pills taken daily
- Are completed in 8-12 weeks

Centers for Disease Control and Prevention (2022). Too Few People Treated for Hepatitis C: Reducing Barriers Can Increase Treatment and Save Lives. https://www.cdc.gov/vitalsigns/hepc-treatment/index.html

Hepatitis C Treatment in the US



- Less than 1 in 3 people with health insurance receiving treatment within a year of diagnosis.

- Treatment is lowest among patients in Medicaid plans.

- Less than 1 in 4 Medicaid recipients (23%) being treated within a year of diagnosis.

- Medicaid recipients in states that restrict access to hepatitis C treatment are 23% less likely to receive treatment than Medicaid recipients in states without restrictions.

https://www.cdc.gov/media/releases/2022/s0809-hepatitis-treatment.html

Goal #4: Address Barriers and Link to Hepatitis C Care

Provider Barriers to Hepatitis C Treatment

Poor awareness of hepatitis C	Lack of hepatitis C treatment providers	Failure to screen or test for hepatitis C	Lack of time
Lack of experience testing/treating hepatitis C	Difficulty managing medication interactions	Communication issues	Stigma

Medicaid Hepatitis C Treatment Restrictions - Past

- Advanced liver fibrosis
- Proof of 6 months of sobriety for initial treatment
- Genotyping required
- Only specialists able to prescribe treatment
- HCV RNA POC testing not addressed (Qualitative vs. Quantitative)
- Retreatment restrictions related to sobriety
- Prescription limits – 28-day supply
- Prior Authorization

THEN

Kentucky-February-2024_clean.pdf

Medicaid Hepatitis C Treatment Restrictions - Now

- ~~Advanced liver fibrosis~~
- ~~Proof of 6 months of sobriety for initial treatment~~
- ~~Genotyping required~~
- ~~Only specialists able to prescribe treatment~~
- ~~HCV RNA POC testing not addressed (Qualitative vs. Quantitative)~~
- Retreatment restrictions related to sobriety
- Prescription limits – 28-day supply
- Prior Authorization

NOW

Image: Kentucky | Hepatitis C: State of Medicaid Access

Hepatitis C Treatment

Hepatitis C Treatment can often be provided in ***Emergency Deaprtments, Primary Care*** *and* ***SUD Treatment*** *settings.*

UK Emergency Department Hepatitis C Treatment

OCTOBER 25, 2024

SP Pharmacist–Led ED Program Boosts Hepatitis C Treatment

By Gina Shaw

An emergency department (ED)-focused, specialty pharmacist–led program for management of hepatitis C virus (HCV) at the University of Kentucky (UK) achieved more than a sixfold increase in direct-acting antiviral (DAA) treatment uptake and avoided time-to-treatment delays that sometimes exceeded one year prior to the program's launch, leaders of the initiative reported at ASHP Pharmacy Futures 2024, in Portland, Ore.

For all HCV-positive patients who give consent, specialty pharmacists provide education, order additional labs, and perform FibroScan testing to determine whether they are eligible for Infectious Diseases Society of America and American Association for the Study of Liver Diseases guideline–recommended simplified HCV treatment with DAA therapy. After benefits investigation, treatment is initiated with an initial DAA prescription mailed to the patient and monthly follow-up calls from the specialty pharmacy.

SP Pharmacist–Led ED Program Boosts Hepatitis C Treatment

Hepatitis C Screening & Treatment in Primary Care

Hepatitis C in Primary Care

WHAT PROVIDERS NEED TO KNOW

HEPATITIS C

Hepatitis C (HCV) is a leading cause of liver cancer and a curable disease, yet Kentuckians die each year without receiving treatment. Many people with HCV don't have symptoms or elevated liver enzymes, so they —and you— may be unaware they're infected.

WHO CAN TREAT HEPATITIS C?

YOU CAN!

Primary care providers, including nurse practitioners, are fully able to treat hepatitis C using simplified guidelines. Your patients know and trust you. Most patients do not need to be referred to a specialist for HCV treatment.

LEARN MORE ABOUT TREATING HEPATITIS C

Kentucky Hepatitis Academic Mentorship Program (KHAMP)
Kentucky Rural Health Association
KHAMP is a provider training program that provides one-on-one, ongoing mentorship and support to providers interested in learning how to treat hepatitis C.

Scan the QR code or visit: https://kyrha.org/khamp

DID YOU KNOW?

Kentucky has one of the highest rates of hepatitis C in the United States.

"Hepatitis C should be no different than any other disease we see in our practices: test, treat, cure. Period. I want to take the stigma out of the equation. I want my patients to know I'm a safe place and I just want to prevent and/or treat their hepatitis C, regardless of substance use."

Melanie McCarty, APRN
Owensboro, KY

"Hepatitis C is one of the easiest diseases to treat and one of the few I can actually cure. I can't get rid of my patients' diabetes or heart failure, but I can get rid of their hepatitis C. Uncomplicated hepatitis C can easily be treated in primary care and addiction treatment settings - where the patient knows they are cared for and welcome. It's rewarding and my favorite disease to treat."

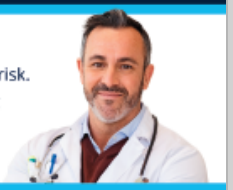
Joyce Johnson, APRN
Elizabethtown, KY

Kentucky Public Health

WHO SHOULD BE TESTED FOR HEPATITIS C (HCV)?

CDC Hepatitis C Screening Guidelines:

- **Screen all adults age 18 and older at least once**, regardless of risk.
- Regularly screen anyone with ongoing risk, such as injection drug use.
- Screen people during each pregnancy.



DID YOU KNOW?

The CDC recommends universal HCV screening as standard preventive care. **Early diagnosis can prevent disease progression and help stop transmission.**

Do not rely on liver enzyme levels - people with normal ALT can still have HCV.

THINGS TO CONSIDER:

- **Non-Targeted Testing**: Because risk factors are often underreported or unknown, **relying on risk-based screening misses many infections.**
- **Automatic Reflex Testing** (HCV Antibody to RNA): Ensures fast and accurate diagnosis and decreases the number of appointments patients need.

WHO SHOULD RECEIVE HCV TREATMENT?

EVERYONE WITH ACTIVE HCV INFECTION SHOULD BE TREATED

- **What about People Who Use Drugs?**
  People who use drugs can and do achieve cure, even with imperfect adherence. **HCV treatment should not require sobriety.** Initiating treatment can also increase engagement in care, including Medication for Opioid Use Disorder (MOUD). Offer naloxone and connect to substance use disorder services via FindHelpNowKY.org.
- **What about Retreatment?**
  If treatment fails or a patient gets re-infected, retreatment is effective and recommended - consult guidelines and refer if needed. Harm reduction education can help prevent reinfection.

Your patients can benefit from HCV treatment regardless of substance use. HCV cure can even be a stepping stone toward other positive health changes.

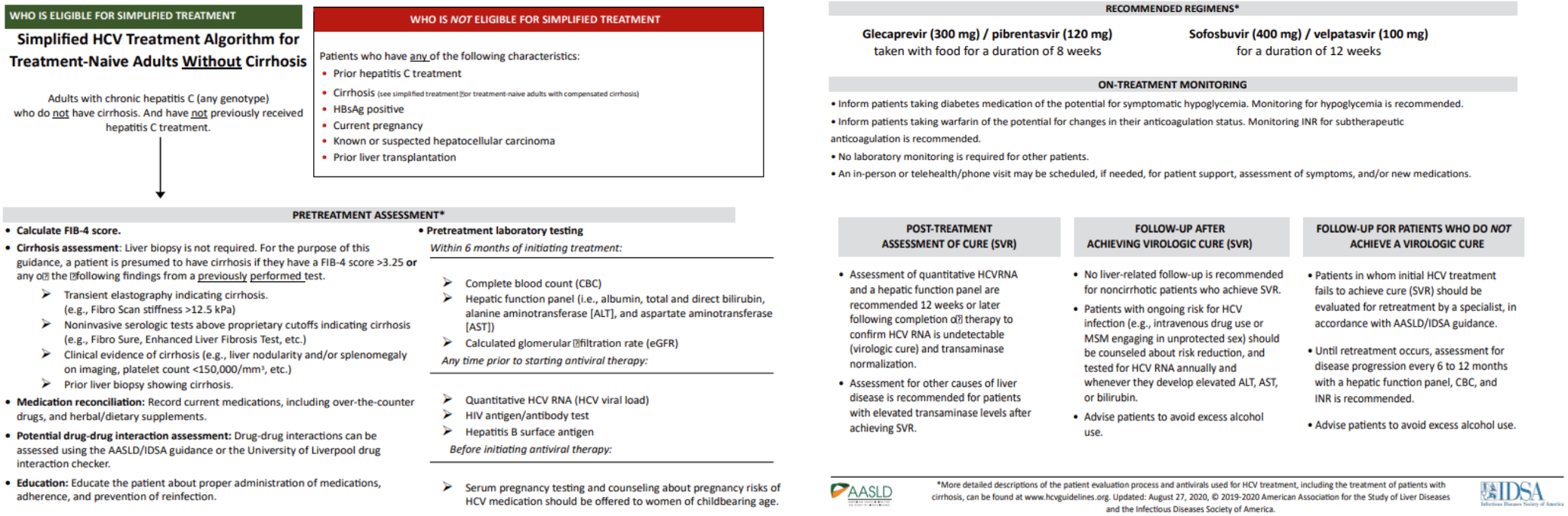
REFERENCES

- **Centers for Disease Control and Prevention. (CDC). 2025. Clinical Care of Hepatitis C.** https://www.cdc.gov/hepatitis-c/hcp/clinical-care/index.html
- **American Association for the Study of Liver Diseases (AASLD). 2025. Hepatitis C: Practice Guidance.** https://www.aasld.org/practice-guidelines/hepatitis-c

Kentucky Public Health

Simplified Treatment for Treatment-Naïve Patients

- Can be done by Physicians or Nurse Practitioners
- Can be done in Primary Care or SUD Treatment Clinics



WHO IS ELIGIBLE FOR SIMPLIFIED TREATMENT

Simplified HCV Treatment Algorithm for Treatment-Naive Adults Without Cirrhosis

Adults with chronic hepatitis C (any genotype) who do not have cirrhosis. And have not previously received hepatitis C treatment.

WHO IS *NOT* ELIGIBLE FOR SIMPLIFIED TREATMENT

Patients who have any of the following characteristics:

- Prior hepatitis C treatment
- Cirrhosis (see simplified treatment for treatment-naive adults with compensated cirrhosis)
- HBsAg positive
- Current pregnancy
- Known or suspected hepatocellular carcinoma
- Prior liver transplantation

PRETREATMENT ASSESSMENT*

- **Calculate FIB-4 score.**
- **Cirrhosis assessment**: Liver biopsy is not required. For the purpose of this guidance, a patient is presumed to have cirrhosis if they have a FIB-4 score >3.25 **or** any of the following findings from a previously performed test.
  - Transient elastography indicating cirrhosis. (e.g., Fibro Scan stiffness >12.5 kPa)
  - Noninvasive serologic tests above proprietary cutoffs indicating cirrhosis (e.g., Fibro Sure, Enhanced Liver Fibrosis Test, etc.)
  - Clinical evidence of cirrhosis (e.g., liver nodularity and/or splenomegaly on imaging, platelet count <150,000/mm³, etc.)
  - Prior liver biopsy showing cirrhosis.
- **Medication reconciliation:** Record current medications, including over-the-counter drugs, and herbal/dietary supplements.
- **Potential drug-drug interaction assessment:** Drug-drug interactions can be assessed using the AASLD/IDSA guidance or the University of Liverpool drug interaction checker.
- **Education:** Educate the patient about proper administration of medications, adherence, and prevention of reinfection.
- **Pretreatment laboratory testing**

Within 6 months of initiating treatment:

  - Complete blood count (CBC)
  - Hepatic function panel (i.e., albumin, total and direct bilirubin, alanine aminotransferase [ALT], and aspartate aminotransferase [AST])
  - Calculated glomerular filtration rate (eGFR)

Any time prior to starting antiviral therapy:

  - Quantitative HCV RNA (HCV viral load)
  - HIV antigen/antibody test
  - Hepatitis B surface antigen

Before initiating antiviral therapy:

  - Serum pregnancy testing and counseling about pregnancy risks of HCV medication should be offered to women of childbearing age.

RECOMMENDED REGIMENS*

Glecaprevir (300 mg) / pibrentasvir (120 mg) taken with food for a duration of 8 weeks

Sofosbuvir (400 mg) / velpatasvir (100 mg) for a duration of 12 weeks

ON-TREATMENT MONITORING

- Inform patients taking diabetes medication of the potential for symptomatic hypoglycemia. Monitoring for hypoglycemia is recommended.
- Inform patients taking warfarin of the potential for changes in their anticoagulation status. Monitoring INR for subtherapeutic anticoagulation is recommended.
- No laboratory monitoring is required for other patients.
- An in-person or telehealth/phone visit may be scheduled, if needed, for patient support, assessment of symptoms, and/or new medications.

POST-TREATMENT ASSESSMENT OF CURE (SVR)

- Assessment of quantitative HCVRNA and a hepatic function panel are recommended 12 weeks or later following completion of therapy to confirm HCV RNA is undetectable (virologic cure) and transaminase normalization.
- Assessment for other causes of liver disease is recommended for patients with elevated transaminase levels after achieving SVR.

FOLLOW-UP AFTER ACHIEVING VIROLOGIC CURE (SVR)

- No liver-related follow-up is recommended for noncirrhotic patients who achieve SVR.
- Patients with ongoing risk for HCV infection (e.g., intravenous drug use or MSM engaging in unprotected sex) should be counseled about risk reduction, and tested for HCV RNA annually and whenever they develop elevated ALT, AST, or bilirubin.
- Advise patients to avoid excess alcohol use.

FOLLOW-UP FOR PATIENTS WHO DO *NOT* ACHIEVE A VIROLOGIC CURE

- Patients in whom initial HCV treatment fails to achieve cure (SVR) should be evaluated for retreatment by a specialist, in accordance with AASLD/IDSA guidance.
- Until retreatment occurs, assessment for disease progression every 6 to 12 months with a hepatic function panel, CBC, and INR is recommended.
- Advise patients to avoid excess alcohol use.

AASLD

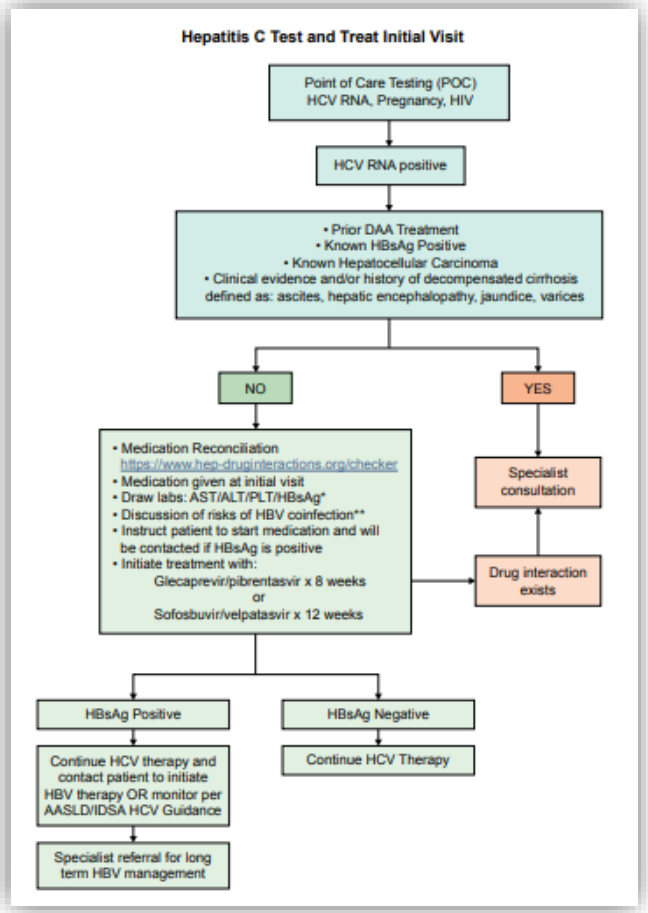
*More detailed descriptions of the patient evaluation process and antivirals used for HCV treatment, including the treatment of patients with cirrhosis, can be found at www.hcvguidelines.org. Updated: August 27, 2020, © 2019-2020 American Association for the Study of Liver Diseases and the Infectious Diseases Society of America.

IDSA

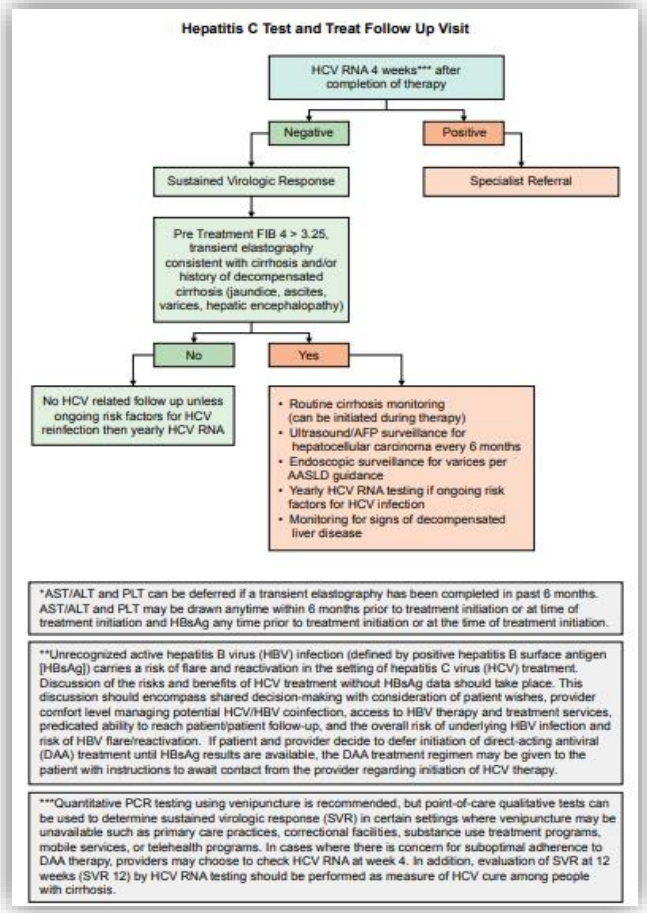
https://www.hcvguidelines.org/sites/default/files/full-guidance-pdf/AASLD-IDSA_HCV-Guidance_TxN-Simplified-Tx-No-Cirr_e.pdf

2025 AASLD "Screen and Treat" Guidelines

Test and Treat - Initial Visit:



Test and Treat - Follow-up Visit 4 weeks after completion of therapy:



https://www.hcvguidelines.org/sites/default/files/full-guidance-pdf/HCV%20Test%20and%20Treat%20Final%20011725.pdf

Kentucky Hepatitis Academic Mentorship Program (KHAMP)

A Kentucky Rural Health Association (KRHA) Program

- For providers throughout Kentucky who are interested in providing hepatitis C services in their local communities
- Training program that is easily accessible, regardless of location
- KHAMP provides one-on-one, ongoing mentorship and support

KENTUCKY
RURAL HEALTH ASSOCIATION

kyrha.org/khamp

Hepatitis C Treatment Access Through Partnerships

If a facility are not able provide hepatitis C treatment on-site themselves, there are options to facilitate treatment through

- Telehealth Partnerships
- Sharing space
- Enhanced linkage
  - Mobile Clinics
  - Local Health Departments
  - Primary Care (Federally Qualified Health Centers, Community Health Centers, etc.)
  - Substance Use Treatment Clinics

Telemedicine Partnership in Kentucky SSPs

JOURNAL ARTICLE

P-2200. Public Health Partnerships for Hepatitis C Elimination: Using Telemedicine and Syringe Service Program Hubs to Overcome Treatment Barriers in Rural Kentucky

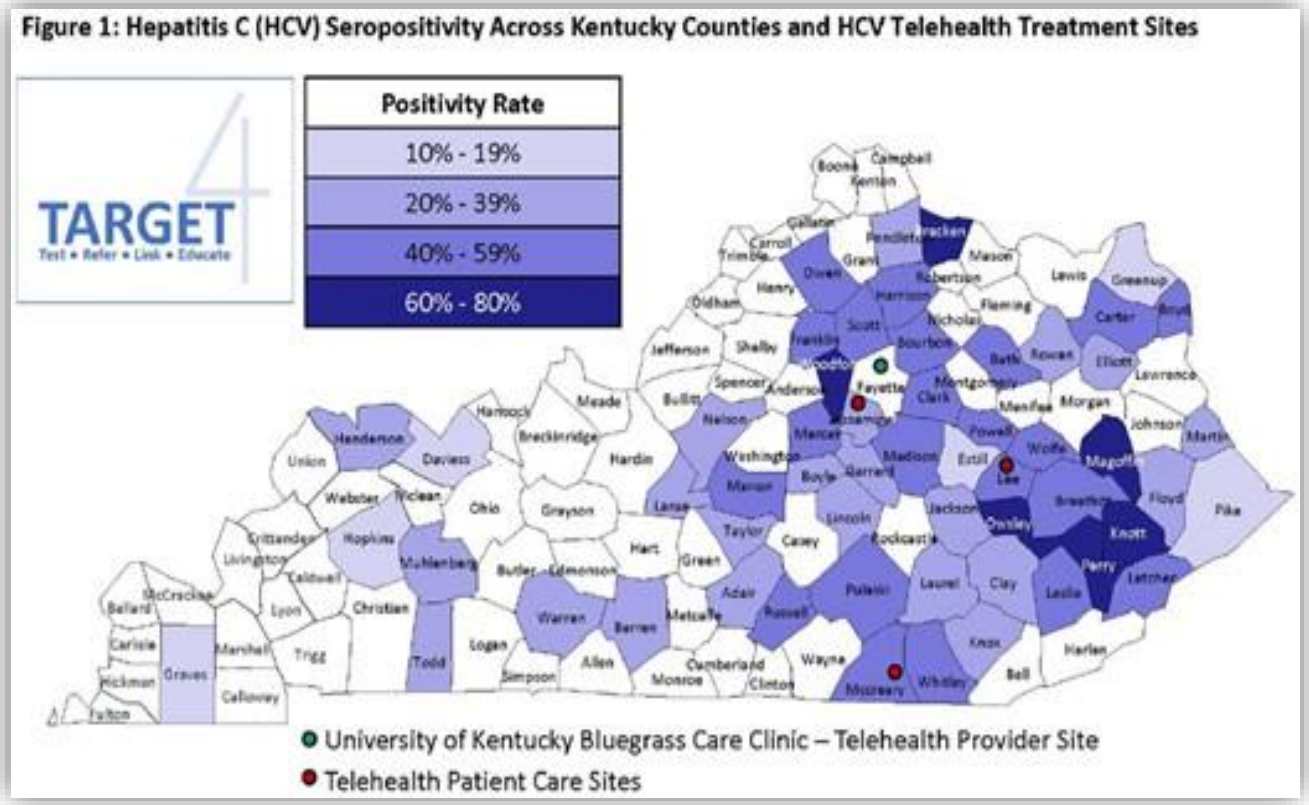
Nicholas Van Sickels, MD, Jaime Soria, MD, Amanda B Wilburn, MPH, Jana Collins, MS, Kendal Welty, PharmD Author Notes

Open Forum Infectious Diseases, Volume 12, Issue Supplement_1, February 2025, ofae631.2354, https://doi.org/10.1093/ofid/ofae631.2354

Published: 29 January 2025

Conclusion

At baseline, less than a third of Kentuckians achieve a cure for HCV. Early findings from our intervention in three high-prevalence counties suggests the use of telehealth and an SSP hub can increase HCV treatment initiation and possibly completion for those who attend a visit. Further study of streamlined care delivery is needed to overcome HCV treatment barriers, especially in areas with limited healthcare access.



P-2200. Public Health Partnerships for Hepatitis C Elimination: Using Telemedicine and Syringe Service Program Hubs to Overcome Treatment Barriers in Rural Kentucky | Open Forum Infectious Diseases | Oxford Academic

Referral to Hepatitis C Treatment: Often Not Enough

- **Often a simple referral is not enough on its own to get someone linked to hepatitis C care**
  - Letters/phone calls don't reach patients
  - Scheduling difficulties
- Enhanced linkage can help to address and overcome barriers

Image: https://images.app.goo.gl/wZ3PJGQD6iGrvVXZ7

Hepatitis C Treatment in Patients Who Use Drugs

Treatment of HCV in Persons with Substance Use

CME/CNE Earn CE credit for this module PDF Share

Last Updated: January 25th, 2024
Authors: Maria A. Corcorran, MD, MPH, David H. Spach, MD
Reviewer: H. Nina Kim, MD, MSc

SUMMARY POINTS

- Active or past substance use, substance use disorder, or injection drug use is not a contraindication to HCV treatment.
- Treatment of HCV in persons with active injection drug use likely has major public health benefits in terms of reducing secondary HCV transmission.
- It is important to talk to patients about their substance use to best understand how to support them through treatment and lower the risk of reinfection.
- Persons with HCV should be aware that heavy use of alcohol may continue to cause damage to the liver.
- Therapeutic approaches to substance use disorders are generally more effective when a pharmacologic agent is included.
- Care should be taken to ensure that PWID are aware of specific drug use techniques to avoid reinfection, particularly in the ways drugs are divided or prepared for injection.

https://www.hepatitisc.uw.edu/go/key-populations-situations/treatment-substance-use/core-concept/

Reinfection Study

August 26, 2024

Hepatitis C Virus Reinfection Among People Who Inject Drugs

Long-Term Follow-Up of the HERO Study

Alain H. Litwin, MD, MPH[1,2,3]; Judith I. Tsui, MD, MPH[4]; Moonseong Heo, PhD[5]; et al

In conclusion, this analysis indicates high rates of HCV reinfection among PWID compared with other studies. However, this excess risk may be confounded by differences in study sites, study populations, state-specific treatment restrictions, and definitions of IDU and reinfection between the present study and those reported previously. Recent IDU and sharing of injecting paraphernalia were associated with reinfection, underscoring the need for access to new injecting equipment to reduce the risk of reinfection. Clinicians and public health leaders should provide full access to treatment in injecting networks and communities all at once to reduce community viral load through the implementation of simplified algorithms for treatment and decentralized models of care. Our results reinforce previous reports showing that most reinfections occur within 24 weeks of SVR, emphasizing the need to offer effective interventions early to prevent reinfection. These data will inform public health strategies to achieve HCV elimination and minimize reinfection through identification of high-risk behaviors and the implementation of appropriate interventions for PWID who require more intensive or frequent follow-up and prompt retreatment.

Hepatitis C Virus Reinfection Among People Who Inject Drugs: Long-Term Follow-Up of the HERO Study | Gastroenterology and Hepatology | JAMA Network Open | JAMA Network

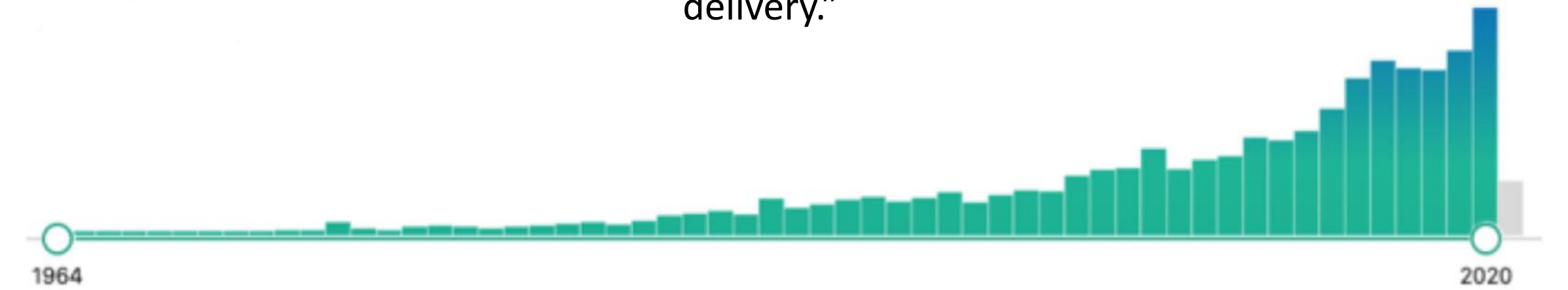
Reinfection and Retreatment

"The higher rate of reinfection in the HERO study should not be a cause for alarm. First, it must be acknowledged that HCV reinfection will occur as DAA treatment scale-up expands, particularly among populations at highest risk of transmission. **While there may be an initial increase, reinfection incidence will fall as population-level HCV RNA prevalence declines**." (Martinello & Matthews, 2024)

Reinfection After Hepatitis C Virus Treatment—Keep Testing, Keep Treating | Gastroenterology and Hepatology | JAMA Network Open | JAMA Network

Addressing Barriers: Healthcare Provider Stigma

"Stigma surrounding substance use disorders (SUDs) is a frequently cited barrier to treatment engagement.
Research consistently demonstrates that healthcare professionals' attitudes towards patients with addiction problems are often negative and may adversely impact service delivery."



Number of published research articles referencing provider stigma, 1964-2020

Bielenberg J, Swisher G, Lembke A, Haug NA. A systematic review of stigma interventions for providers who treat patients with substance use disorders. J Subst Abuse Treat. 2021 Dec;131:108486.

Addressing Barriers: Stigma

- When people experience stigma from healthcare providers, *they become less likely to seek care when they need it*
- People who experience stigma are often unable to get what they need to stay healthy

Image: shutterstock.com - 2293751923

Addressing Stigma: Language is Important

GUIDING PRINCIPLES

of language that builds a culture of compassion while shattering stigma, shame, and stereotypes

PERSON-FIRST LANGUAGE

Person-first language means centering the person before a particular health condition or experience. This sets the tone that you see someone as a complex and complete person before any singular component of their life. When referencing an individual or group of people use the following:

Person with _____ ***People with _____***

Person who _____ ***People who _____***

Person who has experienced _____

People who have experienced _____

THE PLATINUM RULE

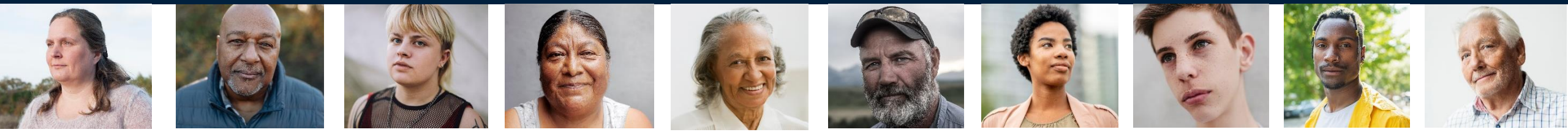
The Platinum Rule takes the Golden Rule one step further to say, "treat others as ***they*** wish to be treated." It is important to note language preferences vary among individuals, even those with a shared identity or experience. Always respect the language an individual uses to describe themselves. Some people may prefer "identify-first" language. For example, if a person prefers to be called a disabled person vs. a person with a disability, respect that decision and reflect that language with them. If you are unsure what language someone prefers it is always okay to ask.

VALUE-NEUTRAL LANGUAGE

Value-laden language is the use of words that are crafted by opinion rather than fact or evidence. This type of language often reveals our own biases, societal biases, and stir sentiments of judgement rather than connection. These words/phrases also often carry moral weight about ***our*** desired outcome rather that supporting health autonomy. In contrast value-neutral language is factually based and helps to builds trust with clients ultimately empowering people with information to make behavior changes, if they desire to.

https://endthesyndemictn.org/wp-content/uploads/2022/08/Language-Guide-2.0.pdf

Addressing Barriers: Substance Use Stigma



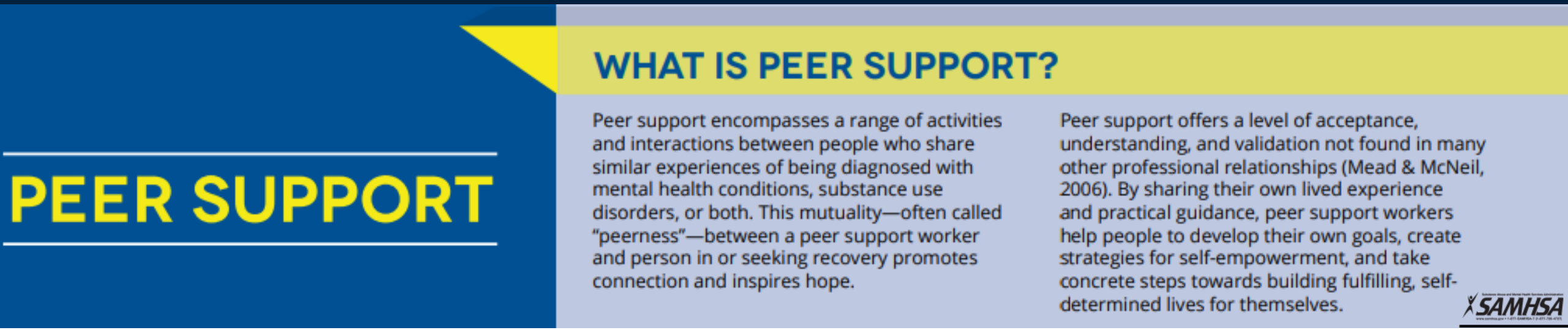
- **People Who Use Drugs**
  - are seeking health care.
  - are doing their best.
  - are parents, siblings, children, colleagues, friends, community members...
  - care about their health.
  - deserve to
    - have their pain managed.
    - receive high quality health care.
    - live.

- **Substance Use Disorder (SUD)**
  - could affect anyone.
  - is not the lack of willpower.
  - is a mental health condition, not a crime.
  - is treatable.
  - There are many evidence-based treatments for SUD, including Medications for Opioid Use Disorder (MOUD).

Addressing Barriers: Stigma and Linkage to Care

- Offering hepatitis C services (testing, treatment) **on-site in places people are already accessing care** (SUD Treatment, Primary Care, Harm Reduction Programs, mental healthcare settings etc.)
- Being aware of and regularly updating a list of person-centered hepatitis C treatment providers
- Providing warm hand-offs to hepatitis C treatment providers
  - Helping make phone calls
  - Care navigation
- Ideally, **Peer Supports** are engaged at every step

Evidence-Based Intervention: Peer Support



Peer support models have been proven effective in increasing hepatitis C awareness, testing, and treatment uptake and engagement.

Image: Value of Peers Infographics: General Peer Support

Sione Crawford, Nicky Bath, Peer Support Models for People With a History of Injecting Drug Use Undertaking Assessment and Treatment for Hepatitis C Virus Infection, *Clinical Infectious Diseases*, Volume 57, Issue suppl_2, August 2013, Pages S75–S79, https://doi.org/10.1093/cid/cit297

Stagg, H.R., Surey, J., Francis, M. *et al.* Improving engagement with healthcare in hepatitis C: a randomised controlled trial of a peer support intervention. *BMC Med* **17**, 71 (2019). https://doi.org/10.1186/s12916-019-1300-2

Patient Barriers to Hepatitis C Treatment

Poor awareness of hepatitis C	Lack of health insurance/ID	No phone, email, mail access	Lack of transportation to appointments
Difficulty receiving medication refills at pharmacy or by mail	Nowhere to store medications	Difficulty remembering to take medications	Past negative healthcare experiences

Addressing Barriers: Health Insurance

KYNECT Benefits: https://kynect.ky.gov

- On-site KYNECTors or assistance with phone call or online application
- Check eligibility and apply for Health Coverage, Benefits, Resources

Kentucky Prescription Assistance Program (KPAP)

- KPAP helps qualifying individuals identify sources of free and low-cost medications offered by pharmaceutical companies, *potentially including treatment for hepatitis C*
- **KPAP Hotline: 1-800-633-8100** Mon.-Fri. 8am to 4pm EST
- **Email to become an advocate**: Jennifer.ToribioNaas@ky.gov

KPAP Website:

Kentucky Prescription Assistance Program - Cabinet for Health and Family Services

Addressing Barriers: Transportation, Housing, Technology

- **Transportation/Technology**
  - On-site hepatitis C testing and treatment
  - Gas cards, bus passes
  - Walk-in appointments
- **Housing**
  - Lockers on-site for medication storage
  - Medications can be mailed to clinics
  - Help connecting to housing assistance programs

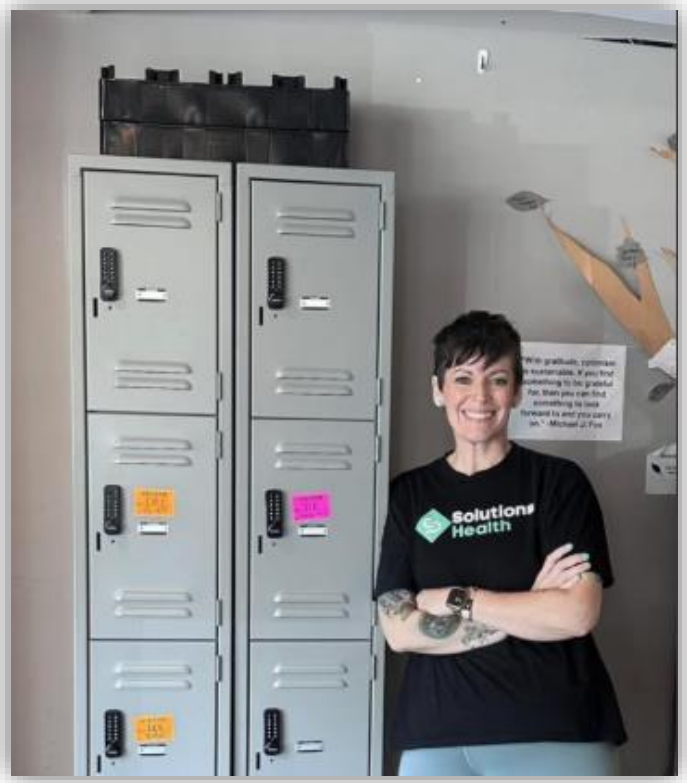


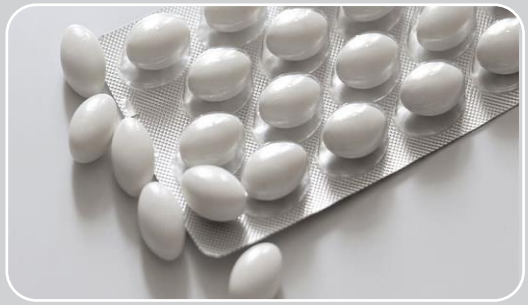
Image: https://www.facebook.com/solutionshealthinc

Gathering Hepatitis C Data

Was client offered hepatitis C **education** and/or **testing** at each visit?

If a facility tests:

Was client **tested** for hepatitis C?



If a facility treats:

Was hepatitis C **treatment** provided and cure achieved?

If facility doesn't treat:

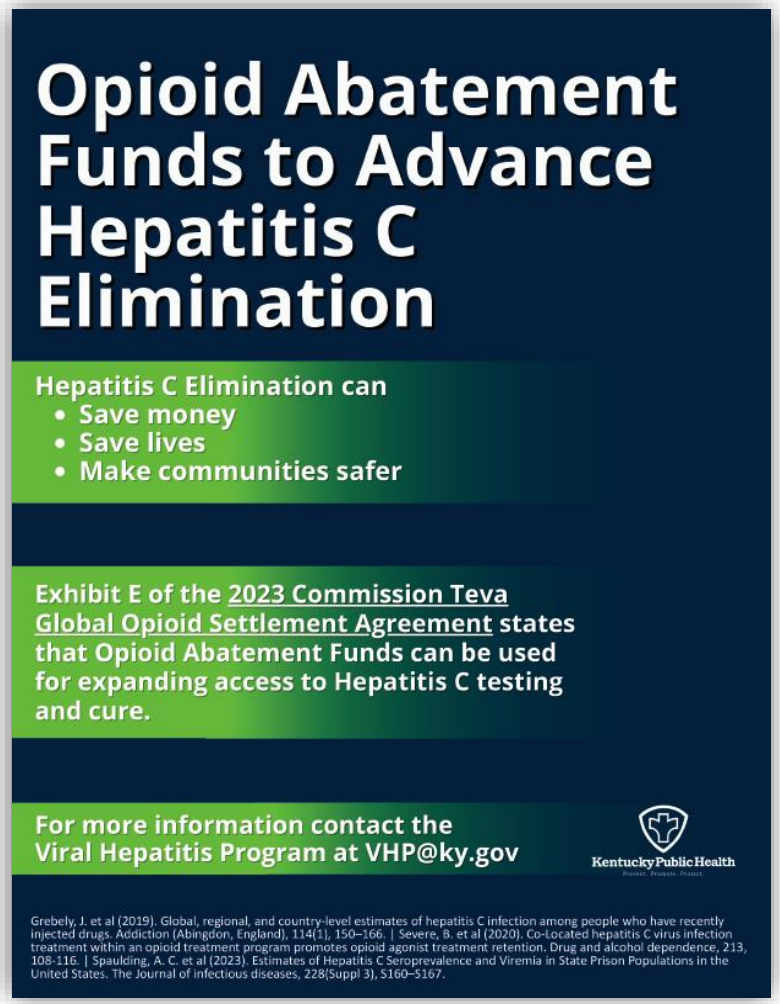
Was hepatitis C treatment **linkage to care** provided and successful?

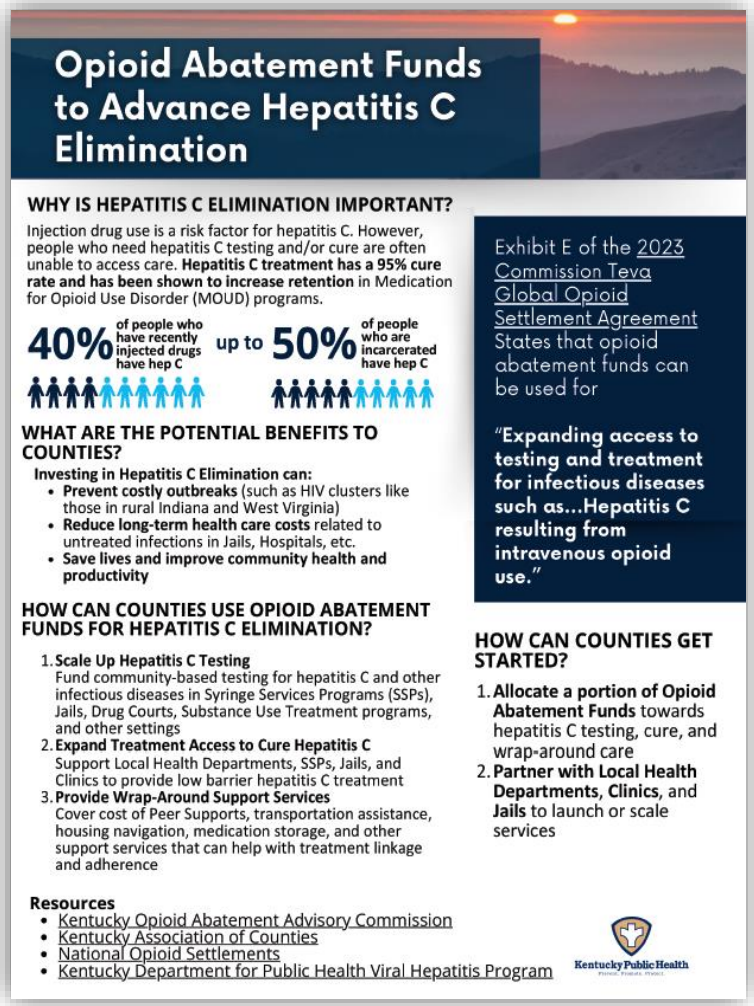
cdc.gov/hepatitis-c/testing/index.html

You Can Help to Eliminate Hepatitis C

- **Provide helpful, accurate information about hepatitis C**
  - Transmission
  - Prevention/Harm Reduction
  - Testing
  - Treatment
  - Reinfection Prevention
- **Decrease stigma**
  - Substance Use Disorder
  - Hepatitis C Infection
- **Advocate**
  - Increased hepatitis C services
  - Co-location of hepatitis C testing and treatment
  - Peer Support Engagement
- **Facilitate linkage along the continuum of hepatitis C care**

Opioid Abatement Funds for Hepatitis C Elimination



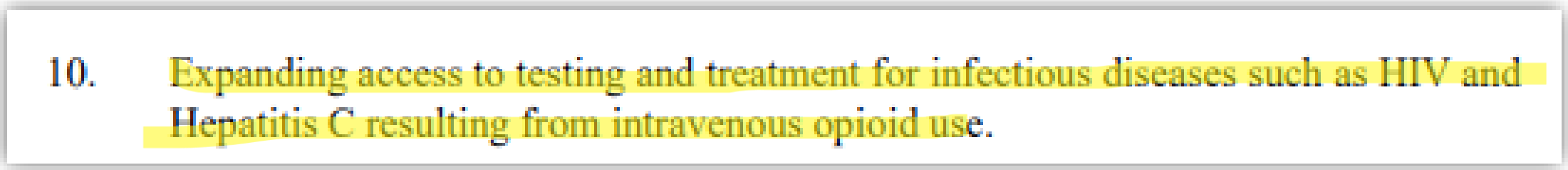


Opioid Settlement Funds

Opioid Settlement Funds (OSFs)

- Commission Teva Global Opioid Settlement Agreement (2023) – Exhibit E, Schedule B Approved Uses (H, 10): PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

  "Support efforts to prevent or reduce…opioid-related harms through…strategies that may include, but are not limited to, the following:"



10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

Principles for the Use of Funds From the Opioid Litigation https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=52961 https://nationalopioidsettlement.com/wp-content/uploads/2023/02/TEVA-Exhibit-E.pdf opioidsettlementguides.com/kentucky

Possibilities for Hepatitis C Projects Using OSFs

- **Local Health Departments, Jails, Clinical Settings, etc.**
  - Increase hepatitis C education, screening/testing and treatment
  - Hire testing/treatment providers
  - Hire Peer Supports
  - Hire Hepatitis C Linkage Coordinators
  - Provide incentives/support for testing, treatment, cure, etc.

- **For more information:**
  - **Kentucky Opioid Abatement Advisory Commission:** https://kyoaac.ky.gov
  - **Kentucky Association of Counties (KACo) Opioid Settlement Advisor:** Lauren Carr, lauren.carr@kaco.org

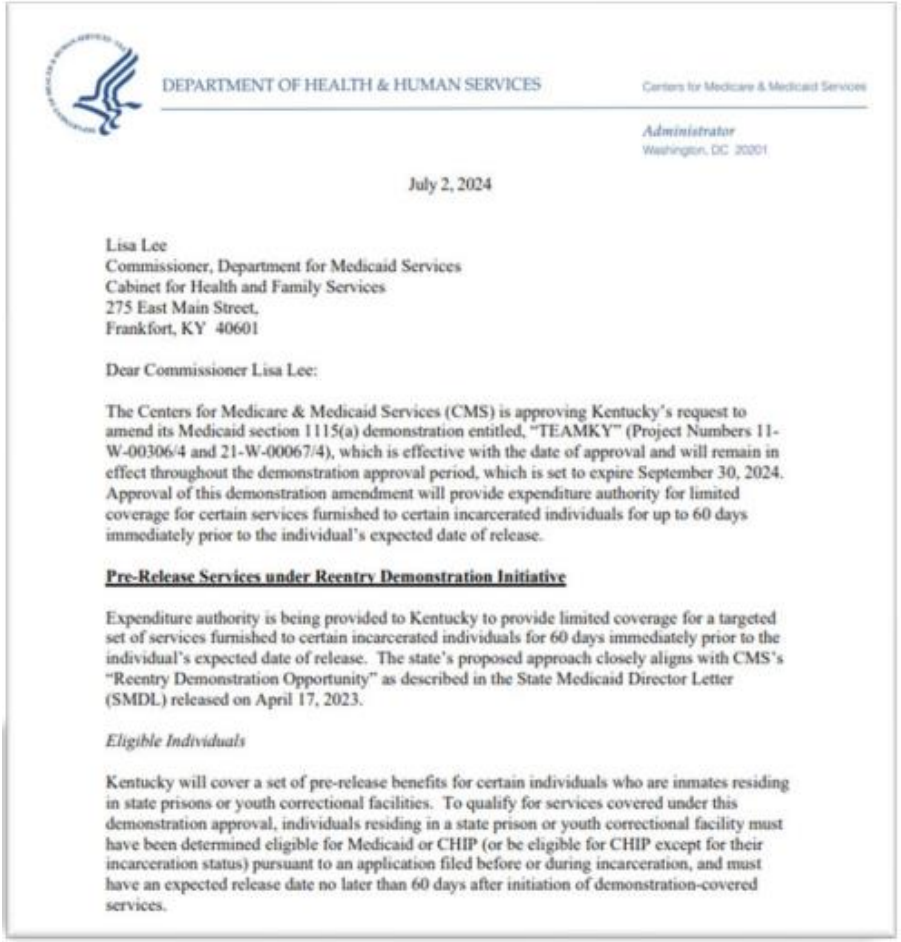
More Potential Funding Sources for Hepatitis C Care

- **For Some LHDs/Clinics: 340B Partnerships**
  - Clinic partnerships with pharmacies, etc. to obtain 340B pricing
- **County Agency for Substance Abuse Policy (ASAP) Funds**
  - Could be used for hepatitis C test kits
  - KY-ASAP Local Boards have the discretion to decide to fund or not fund projects, programs, activities, etc. and those budgets including all line items must be included in the local board's Office of Drug Control Policy (ODCP) approved budget
- **For LHDs that are Kentucky Overdose Response Effort (KORE) Harm Reduction Expansion Project Awardees**
  - Could use these funds for hepatitis C test kits
  - Must be included as line items in approved budget
  - Contact KDPH Harm Reduction Program for more information harmreduction@ky.gov

Kentucky Medicaid Reentry 1115 Waiver Demonstration

Kentucky Reentry 1115 Waiver Demonstration

- Services in state prisons or youth correctional facilities
  - » Case management
  - » Medication for Opioid Use Disorder (MOUD) for people diagnosed with a Substance Use Disorder
  - » Prescription medications, medical equipment upon release
- Future Possibilities
  - Integrate hepatitis C testing and treatment into future renewals of SUD waiver
  - Expand to 90-day coverage
  - Expand to local jails



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Administrator
Washington, DC 20001

July 2, 2024

Lisa Lee
Commissioner, Department for Medicaid Services
Cabinet for Health and Family Services
275 East Main Street,
Frankfort, KY 40601

Dear Commissioner Lisa Lee:

The Centers for Medicare & Medicaid Services (CMS) is approving Kentucky's request to amend its Medicaid section 1115(a) demonstration entitled, "TEAMKY" (Project Numbers 11-W-00306/4 and 21-W-00067/4), which is effective with the date of approval and will remain in effect throughout the demonstration approval period, which is set to expire September 30, 2024. Approval of this demonstration amendment will provide expenditure authority for limited coverage for certain services furnished to certain incarcerated individuals for up to 60 days immediately prior to the individual's expected date of release.

Pre-Release Services under Reentry Demonstration Initiative

Expenditure authority is being provided to Kentucky to provide limited coverage for a targeted set of services furnished to certain incarcerated individuals for 60 days immediately prior to the individual's expected date of release. The state's proposed approach closely aligns with CMS's "Reentry Demonstration Opportunity" as described in the State Medicaid Director Letter (SMDL) released on April 17, 2023.

Eligible Individuals

Kentucky will cover a set of pre-release benefits for certain individuals who are inmates residing in state prisons or youth correctional facilities. To qualify for services covered under this demonstration approval, individuals residing in a state prison or youth correctional facility must have been determined eligible for Medicaid or CHIP (or be eligible for CHIP except for their incarceration status) pursuant to an application filed before or during incarceration, and must have an expected release date no later than 60 days after initiation of demonstration-covered services.

January 2025 Quick Take HIV and Hepatitis C Prevention in Opioid Response Initiatives

https://www.chfs.ky.gov/agencies/dms/BHI/KY%201115%20Reentry%20Public%20Forum%20Slides_12.12.24%20(002).pdf

Resources: Learning More About Hepatitis C

- **CDC** https://www.cdc.gov/hepatitis-c
- **NASTAD** https://nastad.org/teams/hepatitis
- **OraSure OraQuick® HCV Rapid Antibody Test Training** https://orasure.com/products/training/OraQuick-HCV-Training.html
- **National Harm Reduction Coalition** https://harmreduction.org/issues/hepatitis-c
- **Hepatitis Education Project (HEP)** https://hep.org
- **NACCHO Viral Hepatitis Resources** https://www.naccho.org/programs/community-health/infectious-disease/hiv-sti/viral-hepatitis
- **National Viral Hepatitis Roundtable** https://nvhr.org
- **HepVu** https://hepvu.org

Resources: Finding Hepatitis C Testing and Treatment

GetTested.cdc.gov

Kentucky Syringe Services Programs

CDC Hepatitis C Treatment Locator

CDC - Find HCV/STI Testing: gettested.cdc.gov
Kentucky Syringe Services Programs: chfs.ky.gov/agencies/dph/dehp/hab/Pages/kyseps.aspx
CDC - HCV Treatment Locator: cdc.gov/hepatitis-c/treatment/index.html#cdc_treatment_get_teatment-treatment

Hepatitis C Elimination in Kentucky Communities

- *Local programs*, not simply statewide efforts will ultimately be more successful in progress towards hepatitis C elimination and other syndemic-related improvements
- Local efforts will ensure culturally and geographically relevant solutions

Hepatitis C Elimination: Let's Finish Him Off!

Fig. 2. Elimination of Hepatitis C from the United States. This cartoon was drawn by Mike Luckovich to commemorate the 25th anniversary of the discovery of the hepatitis C virus. Great strides have been made against the hepatitis C epidemic, but further resolve will be needed to finish it off. The cartoon was commissioned by the Viral Hepatitis Action Coalition.

Image: https://natap.org/2014/HCV/1s2.0S0166354214002149main.pdf

Thank You!

Viral Hepatitis Program Staff

- Program Lead: Dia Obonyo dia.obonyo@ky.gov
- Epidemiologist III: Claire Holladay claire.holladay@ky.gov
- Epidemiologist II: Christina D'Agostino christina.dagostino@ky.gov
- Perinatal Coordinator/Epi: Jordan Murphy jordan.murphy@ky.gov
- Program Coordinator: Katie Gardner katie.gardner@ky.gov

Viral Hepatitis Program Email: VHP@ky.gov

Viral Hepatitis Program Website: chfs.ky.gov/agencies/dph/dehp/idb/Pages/vhp.aspx

VHP Website:

VHP Email List

VHP Educational Materials

VHP Data Request

References

1. AIDS Network Kootenay Outreach and Support Society - AKNORS (2019). Beyond the Stigma of Drug Use: People Who Use Drugs Speak Out, Part One [video]. https://www.youtube.com/watch?v=k_5DgTZWsys

2. Basit H, Tyagi I, Koirala J. Hepatitis C. [Updated 2023 Mar 26]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK430897/

3. Centers for Disease Control and Prevention – Division of Viral Hepatitis, National Center for HIV, Viral Hepatitis, STD, and TB Prevention & Kentucky Department for Public Health, Viral Health Program (2024).

4. Centers for Disease Control and Prevention (n.d.). Hepatitis C Basics. https://www.cdc.gov/hepatitis-c/about/index.html

5. Centers for Disease Control and Prevention (n.d.). Hepatitis C Prevention and Control. https://www.cdc.gov/hepatitis-c/prevention/

6. Centers for Disease Control and Prevention (2023). Perinatal Hepatitis C Testing Recommendations. https://www.cdc.gov/nchhstp/director-letters/perinatal-hepatitis-c-testing-recommendations.html

7. Centers for Disease Control and Prevention (n.d.). Public Health Considerations for Correctional Health. cdc.gov/correctional-health/about/index.html

8. Centers for Disease Control and Prevention (n.d.). Signs and Symptoms of Hepatitis C. https://www.cdc.gov/hepatitis-c/signs-symptoms/index.html

9. Centers for Disease Control and Prevention n.d.). Testing for Hepatitis C. https://www.cdc.gov/hepatitis-c/testing/index.html

10. Centers for Disease Control and Prevention (2022). Too Few People Treated for Hepatitis C: Reducing Barriers Can Increase Treatment and Save Lives. https://www.cdc.gov/vitalsigns/hepc-treatment/index.html

11. Centers for Disease Control and Prevention (2022). Viral Hepatitis Table 3.3 – Acute – Risk & Exposure Data. https://www.cdc.gov/hepatitis/statistics/2022surveillance/hepatitis-c/table-3.3.htm

12. Dasgupta S, Broz D, Tanner M, Patel M, Halleck B, Peters PJ, Weidle PJ, O'Donnell J, Amlung J, McAlister C, Chapman E, Bailey A, Burnett J, Duwve J. Changes in Reported Injection Behaviors Following the Public Health Response to an HIV Outbreak Among People Who Inject Drugs: Indiana, 2016. AIDS Behav. 2019 Dec;23(12):3257-3266. doi: 10.1007/s10461-019-02600-x. PMID: 31313095; PMCID: PMC11419287.

13. Harvard Health Publishing. (n.d.). How addiction hijacks the brain. Retrieved from https://www.health.harvard.edu/newsletter_article/how-addiction-hijacks-the-brain

References, cont.

14. HIV.gov (2024). Defining the Term “Syndemic” https://www.hiv.gov/blog/defining-the-term-syndemic

15. Johnson, O., Duncan, J., Barnes, C., Dhakal, E., Robinson, G. (2024). Characterizing Kentucky’s Syringe Services Programs, 2018 – 2022. A Report on behalf of Kentucky Department for Public Health.

16. Kentucky Cabinet for Health and Family Services (n.d.). Kentucky Prescription Assistance Program. https://www.chfs.ky.gov/agencies/dph/dpqi/hcab/Pages/kpap.aspx

17. Kentucky Cabinet for Health and Family Services (n.d.) Syringe Services Programs. https://www.chfs.ky.gov/agencies/dph/dehp/hab/Pages/kyseps.aspx

18. Kathleen N. Ly, Elizabeth M. Hughes, Ruth B. Jiles, Scott D. Holmberg, Rising Mortality Associated With Hepatitis C Virus in the United States, 2003–2013, Clinical Infectious Diseases, Volume 62, Issue 10, 15 May 2016, Pages 1287–1288, https://doi.org/10.1093/cid/ciw111

19. Meriem-Webster Dictionary (n.d.). Stigma definition. https://www.merriam-webster.com/dictionary/stigma

20. National Harm Reduction Coalition. (2020, September 15). Retrieved from https://harmreduction.org/

21. National Institute on Drug Abuse (2021). Words Matter - Terms to Use and Avoid When Talking About Addiction. https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction

22. Elijah Paintsil, Mawuena Binka, Amisha Patel, Brett D. Lindenbach, Robert Heimer, Hepatitis C Virus Maintains Infectivity for Weeks After Drying on Inanimate Surfaces at Room Temperature: Implications for Risks of Transmission, The Journal of Infectious Diseases, Volume 209, Issue 8, 15 April 2014, Pages 1205–1211, https://doi.org/10.1093/infdis/jit648

23. Rogers, C., Lyon, H., & Tausch, R. (2013). On Becoming an Effective Teacher: Person-centered teaching, psychology, philosophy, and dialogues with Carl R. Rogers and Harold Lyon (1st ed.). Routledge. https://doi.org/10.4324/9780203725672

24. The Role of Adverse Childhood Experiences in Substance ... (n.d.). Retrieved from https://mnprc.org/wp-content/uploads/2019/01/aces-behavioral-health-problems.pdf

25. Leonieke C. van Boekel, Evelien P.M. Brouwers, Jaap van Weeghel, Henk F.L. Garretsen. Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review. Drug and Alcohol Dependence, Volume 131, Issues 1–2, 2013, Pages 23-35, ISSN 0376-8716, https://doi.org/10.1016/j.drugalcdep.2013.02.018. (https://www.sciencedirect.com/science/article/pii/S0376871613000677)

26. World Health Organization (2024). WHO sounds alarm on viral hepatitis infections claiming 3500 lives each day. https://www.who.int/news/item/09-04-2024-who-sounds-alarm-on-viral-hepatitis-infections-claiming-3500-lives-each-day

27. Wyckoff, Alyson Sulaski (2023). CDC calls for early testing for hepatitis C virus in perinatally exposed children. American Academy of Pediatrics News. https://publications.aap.org/aapnews/news/27131/CDC-calls-for-early-testing-for-hepatitis-C-virus?autologincheck=redirected

References, cont.

- Weinbaum C, Lyerla R, Margolis HS; Centers for Disease Control and Prevention. Prevention and control of infections with hepatitis viruses in correctional settings. Centers for Disease Control and Prevention. MMWR Recomm Rep. 2003 Jan 24;52(RR-1):1-36; quiz CE1-4. Erratum in: MMWR Recomm Rep. 2003 Mar 14;52(10):205-14. PMID: 12562146.
- Varan AK, Mercer DW, Stein MS, Spaulding AC. Hepatitis C seroprevalence among prison inmates since 2001: still high but declining. Public Health Rep. 2014 Mar-Apr;129(2):187-95. doi: 10.1177/003335491412900213. PMID: 24587554; PMCID: PMC3904899.
- Edlin BR, Eckhardt BJ, Shu MA, Holmberg SD, Swan T. Toward a more accurate estimate of the prevalence of hepatitis C in the United States. Hepatology. 2015 Nov;62(5):1353-63. doi: 10.1002/hep.27978. Epub 2015 Aug 25. PMID: 26171595; PMCID: PMC4751870.
- He T, Li K, Roberts MS, Spaulding AC, Ayer T, Grefenstette JJ, Chhatwal J. Prevention of Hepatitis C by Screening and Treatment in U.S. Prisons. Ann Intern Med. 2016 Jan 19;164(2):84-92. doi: 10.7326/M15-0617. Epub 2015 Nov 24. PMID: 26595252; PMCID: PMC4854298.
- Spaulding AC, Adee MG, Lawrence RT, Chhatwal J, von Oehsen W. Five Questions Concerning Managing Hepatitis C in the Justice System: Finding Practical Solutions for Hepatitis C Virus Elimination. Infect Dis Clin North Am. 2018 Jun;32(2):323-345. doi: 10.1016/j.idc.2018.02.014. PMID: 29778259.
- Denniston MM, Jiles RB, Drobeniuc J, Klevens RM, Ward JW, McQuillan GM, Holmberg SD. Chronic hepatitis C virus infection in the United States, National Health and Nutrition Examination Survey 2003 to 2010. Ann Intern Med. 2014 Mar 4;160(5):293-300. doi: 10.7326/M13-1133. PMID: 24737271; PMCID: PMC4562398.
- https://bjs.ojp.gov/content/pub/pdf/reentry.pdf