

# Ohio Hepatitis C Elimination Plan

## Introduction

Hepatitis is inflammation of the liver, which can be acute or chronic. There are several causes of hepatitis, including viral agents, heavy alcohol use, poisons, chemicals, medicines, supplements, and autoimmune disorders. Hepatitis C is a liver disease caused by the bloodborne hepatitis C virus (HCV). Today in the United States, most HCV infections are acquired via sharing needles or other equipment used in injecting drugs. Hepatitis C is sometimes a short-term illness, but for more than half of those infected with HCV it becomes a long-term, chronic infection. Though approximately 80% of people do not exhibit symptoms after initial infection, chronic hepatitis C can result in cirrhosis, liver cancer, and death. No vaccine is available for prevention of hepatitis C, but highly effective, well-tolerated, curative treatments have been available since 2013.<sup>1</sup> This plan serves as an opportunity for greater collaboration between organizations with a shared goal – eliminating HCV in Ohio.

## Background

### Acute Hepatitis C

The Ohio Department of Health reported 113 Confirmed and Probable acute cases of hepatitis C in 2022, which corresponds to a case rate of 1.0 per 100,000 Ohioans. This represents a steady five-year decline from the acute case rates in 2018, which was 4.1 cases per 100,000 people.<sup>2</sup>

### Total New Hepatitis C Cases

There were in total 10,795 new hepatitis C cases reported in Ohio in 2022. These include acute, chronic, and perinatal cases, and those meeting both Confirmed and Probable case definitions. This corresponds to a total case rate of 91.6 per 100,000 people, a decrease from 2018 and 2019 rates of 157.5 and 135.6 per 100,000 people, respectively.<sup>2</sup>

### 2022 Ohio Hepatitis C Case Counts and Rates by Age<sup>2</sup>

Age	Acute Cases		Total Cases	
	N	Rate	N	Rate
0-19	0	0.0	179	6.2
20-29	20	1.3	1,732	114.1
30-39	30	2.0	3,206	198.3
40-49	20	1.4	1,991	143.0
50-59	16	1.0	1,561	102.1
60+	27	0.9	2,297	79.0
Not Specified	0	-	9	-

## Demographics: Age

Approximately 44% of acute hepatitis C cases and 48% of total cases in Ohio in 2022 were among people aged 30-49 years. The highest rate of hepatitis C cases was among those aged 30-39 years (acute rate 2.0 per 100,000 people; total rate 198.3 per 100,000 people) followed by those aged 40-49 years (acute rate 1.4 per 100,000 people; total rate 143.0 per 100,000 people). These high rates among relatively young adults are consistent with national trends of hepatitis C and underscore the importance of current CDC recommendations that every adult be tested for infection at least once in their lifetime.

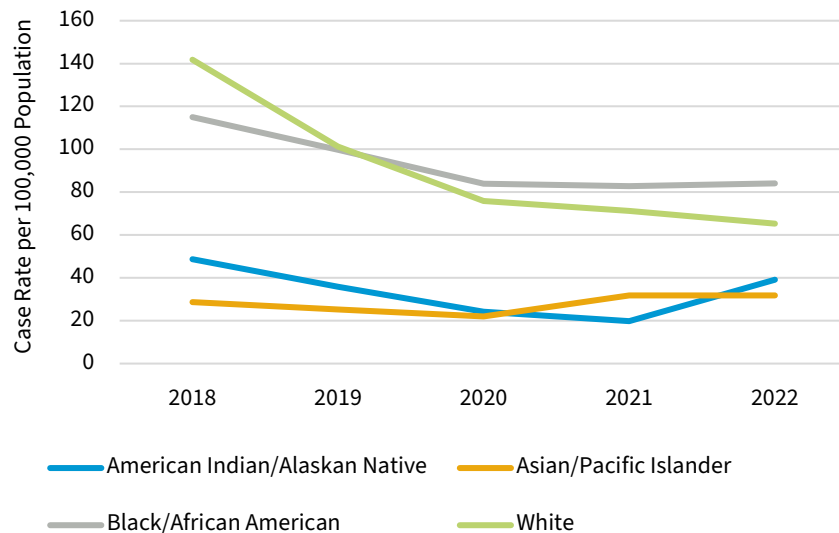
## Demographics: Race and Ethnicity

The relative patterns of hepatitis C among different racial groups are generally consistent with nationwide patterns. American Indian and Alaskan Native persons have the highest hepatitis C rates nationally, but lower population numbers in Ohio make state-specific rates difficult to interpret. Historically, national rates of both acute and chronic hepatitis C have been higher among White persons than Black persons, though those numbers have been converging in recent years. In contrast in Ohio, total hepatitis C rates for Black Ohioans have been higher than for White Ohioans since 2020. Rates for both groups have been on the decline since 2018 but are declining more rapidly among White Ohioans<sup>2</sup>.

### 2022 Ohio Hepatitis C Case Counts and Rates by Race and Ethnicity<sup>2</sup>

Race	Acute Cases		Total Cases	
	N	Rate	N	Rate
American Indian/Alaskan Native	1	2.3	17	39.1
Asian/Pacific Islander	1	0.3	102	31.8
Black/African American	11	0.7	1,312	84.1
White	88	0.9	6,244	65.3
Other (includes unlisted or multiple selections)	2	-	373	-
Not Specified	10	-	2,747	-
Ethnicity	N	Rate	N	Rate
Hispanic/Latino	1	0.2	235	46.2
Non-Hispanic/Non-Latino	92	0.8	5,979	53.0
Not Specified	20	-	4,581	-

### Total Hepatitis C Rates by Race by Year



### Demographics: Sex

Consistent with national level patterns, both acute and total hepatitis rates are higher among males than females, with the rate of acute cases being more than twice as high for males than females.

### 2022 Ohio Hepatitis C Case Counts and Rates by Sex<sup>2</sup>

Sex	Acute Cases		Total Cases	
	N	Rate	N	Rate
Female	41	0.7	4,606	77.2
Male	72	1.2	6,012	103.4
Not Specified	0	-	177	-

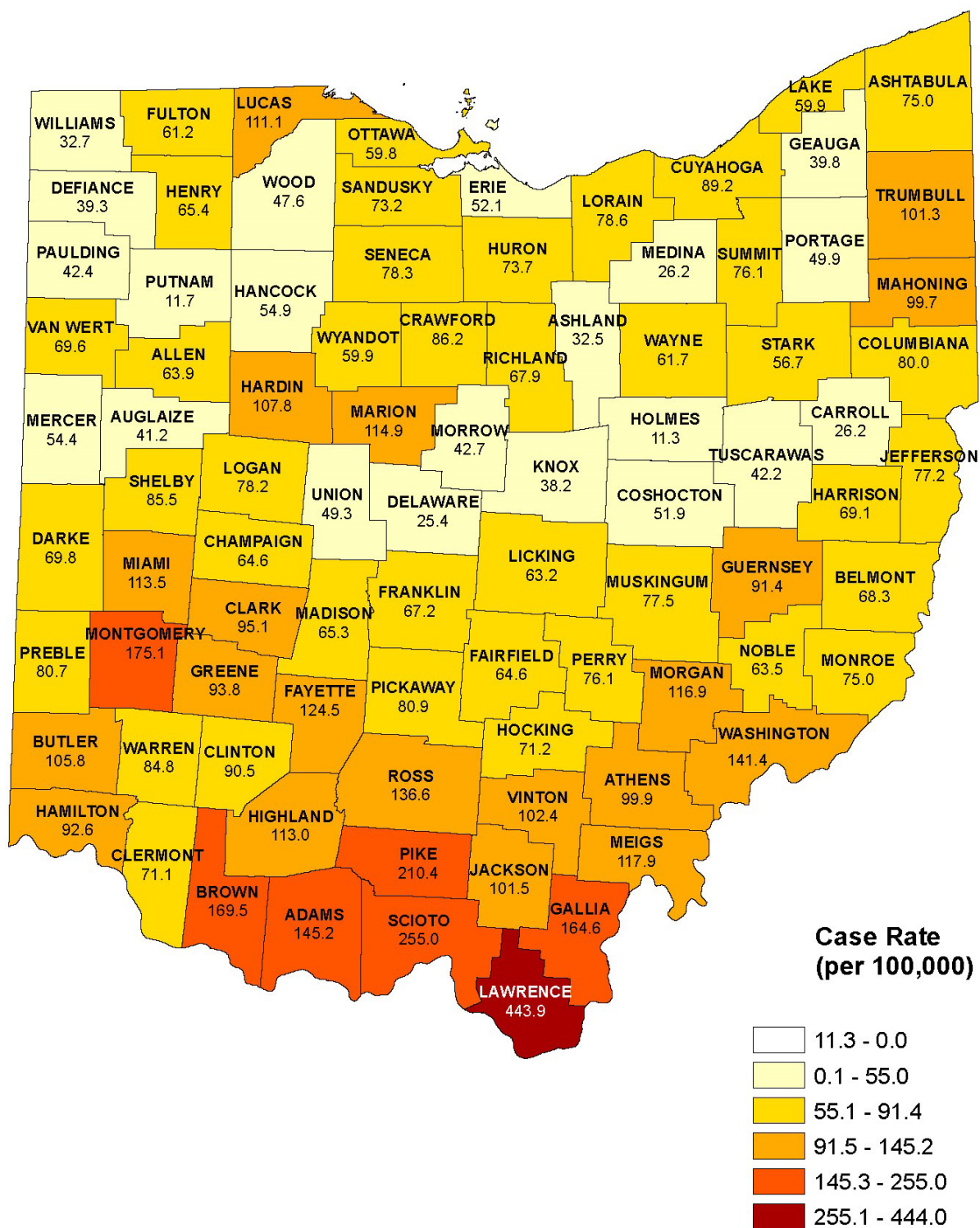
### Disparities in Hepatitis C Infections

About 26% of total hepatitis C cases in 2020 were reported from the three most populous of Ohio's 88 counties in the southwestern, central, and northeastern part of the state. These counties also account for 29% of the state's total population. The highest case rates, however, can be found in Appalachian Ohio. There are 32 counties in Appalachian Ohio, which the Governor's Office of Appalachia has subdivided into 4 local development districts (LDDs<sup>3</sup>): Ohio Valley, Buckeye Hills, Ohio Mid-Eastern, and Eastgate. The Ohio Valley LDD, stretching along southern Ohio from Gallia and Vinton Counties in the east to Clermont County on the west, is the Appalachian region most affected by hepatitis C. Whereas the state of Ohio overall has an acute hepatitis C rate of 1.0 and a total hepatitis C rate of 91.6 per 100,000 people, the 11 counties of the Ohio Valley LDD have combined rates of 1.7 and 159.8 per 100,000 people, respectively. Seven of the 10 Ohio counties with the highest total hepatitis C rates per 100,000 people are in the Ohio Valley LDD (Lawrence: 443.9, Scioto: 255.0, Pike: 210.4, Brown: 169.5, Gallia: 164.6, Adams: 145.2, and Ross: 136.6).

Ohio does not routinely collect risk data on hepatitis C, but there is significant overlap between the counties with the highest rates of hepatitis C and those most impacted by the opioid epidemic. Six of the ten counties with the highest age-adjusted overdose death rates in 2022 were also in the top ten for total hepatitis C rate: Scioto, Pike, Ross, Gallia, Lawrence, and Adams. Each of those six counties is also in the Ohio Valley LDD.

Another demographic with significant disparities in hepatitis C rates in Ohio are residents of correctional facilities. Ohio's correctional facilities had a rate of total hepatitis C cases reported in 2022 (1,361.6 per 100,000 population) that was more than 3 times higher than that of the highest county (Lawrence County, 364.9 per 100,000). Of course, this high rate is influenced not only by the higher rates of drug use among this demographic compared to the population at large, but also by the Ohio Department of Rehabilitation and Correction's policy of universal screening for hepatitis C at intake.

## Ohio Total Hepatitis C Case Rates by County, 2022<sup>2</sup>



## Methodology

The goals of the Ohio Hepatitis C Elimination Plan were formulated by the Hepatitis C Elimination Technical Advisory Committee (HETAC). Members of the HETAC included representatives from the Ohio Department of Health (ODH), Ohio Department of Medicaid, Ohio Department of Rehabilitation and Corrections, local health departments, community outreach organizations, federally qualified health centers, non-profit and academic health clinics, professional associations, medical and social service providers, and the pharmaceutical industry.

The committee met at least once a month from October 2023 through April 2024. Seven meetings were held overall. Initial meetings focused on determining the overall structure of the plan and its overall goals. Subsequent meetings involved deeper discussions of each individual goal and the generation of objectives and activities for each. After each meeting, ODH staff synthesized notes from the discussion, drafted objectives and activities based on the conversation(s) and distributed the list of objectives and activities back to the committee for feedback and approval via email/REDCap and HETAC meetings. A final meeting was held to review all the goals and objectives before finalization of the plan.

## Goals

Four main goals that encompass the activities needed to move towards elimination of hepatitis C in Ohio were created by the HETAC. Each goal has broad objectives that help achieve the goal. The objectives are broken down into activities to be completed by the Bureau of HIV, STIs, and Viral Hepatitis at the Ohio Department of Health and activities to be completed by the Hepatitis C Elimination Implementation Group. The Hepatitis C Elimination Implementation Group will meet to create a workplan and begin to work on the activities as described in the Elimination Plan.

### Goal 1: Access to Patient Centered Services

Objective 1: Expand availability and integration of hepatitis C services in health systems throughout Ohio.

- ODH Bureau of HIV, STIs, and Viral Hepatitis will:
  - Make free HCV screening available throughout.
  - Encourage medical providers and health systems to offer HCV testing on an opt-out basis.
  - Encourage universal screening guidelines among all adults in clinical and non-clinical settings.
  - Add HCV treatment to the Ryan White Formulary.
- Hepatitis C Elimination Implementation Group will:
  - Examine and address barriers to engagement in treatment related to public and private formulary restrictions and exclusions.
  - Create standardized universal screening, testing, treatment, and care guidelines.

- Identify and engage HCV "champions" within individual health systems to act as internal catalysts for change.

Objective 2: Improve engagement and outreach with people who inject drugs to achieve sustained virologic response of HCV.

- ODH Bureau of HIV, STIs, and Viral Hepatitis will:
  - Create and implement regularly scheduled in-person and virtual trainings providing hepatitis C services to vulnerable communities consistent with the National Culturally and Linguistically Appropriate Services (CLAS) Standards<sup>4</sup>.
  - Explore funding opportunities related to peer support and mentorship.
- Hepatitis C Elimination Implementation Group will:
  - Create a quick resource guide for prevention of infection and re-infection for people who inject drugs.
  - Identify ways to improve trust in Syringe Services Programs, harm reduction services, etc., and the integration of HCV services into those programs.

Objective 3: Encourage the provision of HCV services in non-traditional venues.

- ODH Bureau of HIV, STIs, and Viral Hepatitis will:
  - Monitor the funding landscape for national, state, and other resources and submit applications as appropriate.
  - Implement an at-home/take home HCV testing program in conjunction with the Aware program.
- Hepatitis C Elimination Implementation Group will:
  - Explore strategic outreach opportunities for prevention, testing, and treatment in community organizations, corrections, FQHCs, various types of emergency shelters, Syringe Services Programs, recovery and post-release services, etc.
  - Foster relationships with organizations that disproportionately serve impacted populations.
  - Monitor the funding landscape for national, state, and other resources.

## Goal 2: Increase Information and Data Sharing

Objective 1: Cultivate a statewide data culture around hepatitis C.

- ODH Bureau of HIV, STIs, and Viral Hepatitis will:
  - Encourage the reporting of negative test results for previously positive patients.
  - Develop infrastructure for the collection of demographics and risk factors via electronic case reporting.
- Hepatitis C Elimination Implementation Group will:
  - Define shared measures, language and data collection strategies relevant to



hepatitis C.

- Identify routes for increased funding for data collection.
- Develop electronic medical record (EMR) best practices guide for health to collect relevant data and create alerts in electronic records systems for HCV related questions and activities in clinical settings

Objective 2: Improve sharing of hepatitis C data and information.

- ODH Bureau of HIV, STIs, and Viral Hepatitis will:
  - Utilize provider networks and associations to disseminate policy, insurance, and treatment updates.
- Hepatitis C Elimination Implementation Group will:
  - Utilize electronic records, health information technology, and data sharing agreements to make sharing data across departments and organizations feasible.
  - Explore options for creating and maintaining readily available resources for the public and for providers and community organizations supporting linkage to testing and treatment for hepatitis C.

Objective 3: Improve use of hepatitis C data.

- ODH Bureau of HIV, STIs, and Viral Hepatitis will:
  - Continue publishing routine data reports and analysis for the public.
  - Seek out opportunities to share data via reports and presentations with relevant stakeholders.
- Hepatitis C Elimination Implementation Group will:
  - Regularly monitor and use data to make recommendations to improve the HCV care cascade.

**Goal 3: Increase Awareness and Education for Public and Providers.**

Objective 1: Identify culturally aware and accurate information to disseminate to the public and providers.

- ODH Bureau of HIV, STIs, and Viral Hepatitis will:
  - Continue to participate in and support OH HEP<sup>5</sup>, a training program designed to educate primary care providers throughout Ohio who are interested in hepatitis C.
  - Continue to act as subject matter experts for and support organizations and others presenting on hepatitis C.
- Hepatitis C Elimination Implementation Group will:
  - Conduct focus groups and informant interviews to better understand the impact of stigma and the experience of those living with hepatitis C.
  - Explore the creation of easily accessible resource guides for providers and the public, and other resources for non-clinical social services.



- Create an educational material review entity for organizations to review information for presentations on hepatitis C.
- Recruit providers to join OH HEP.

Objective 2: Increase training opportunities for clinical management of hepatitis C patients.

- ODH Bureau of HIV, STIs, and Viral Hepatitis will:
  - Integrate hepatitis C information into presentations on STIs and HIV given to providers and other public health professionals.
  - Explore the implementation of a Project ECHO (a learning framework that encourages continuous learning and provides peer support for specialists and providers)<sup>6</sup> series in conjunction with OH HEP.
  - Promote trainings that involve a comprehensive approach to HCV screening, treatment, and prevention.
- Hepatitis C Elimination Implementation Group will:
  - Identify groups to provide training to all staff in clinical settings, such as professional societies and provider networks.
  - Engage universities and colleges to develop educational and training opportunities on HCV outside of the classroom.

#### Goal 4: Monitor and Advise on State, Local, and Organizational Policy

Objective 1: Encourage policies that make testing, treatment, and prevention more accessible for all Ohioans.

- ODH Bureau of HIV, STIs, and Viral Hepatitis will:
  - Assist agencies, upon request, with the creation of policies regarding reflex testing.
  - Conduct an assessment of the state of reflex testing offered throughout Ohio.
  - Promote policies that use a syndemic approach to comprehensively address issues related to hepatitis C, STIs, and HIV.
  - Utilize ODH public affairs team to publicize and distribute annual hepatitis C reports to relevant stakeholders.
- Hepatitis C Elimination Implementation Group will:
  - Create a best practices roadmap to assist organizations in evaluating and updating their HCV policies.
  - Explore the formation of a review committee to advise organizations on proposed policy changes at their request.
  - Develop recommendations for incorporating HCV care into routine healthcare and primary care.

Objective 2: Monitor and update organizations on changes to hepatitis C policies at the state and federal levels.

- ODH Bureau of HIV, STIs, and Viral Hepatitis will:
  - Encourage organizations to utilize the HepVu<sup>7</sup> page when creating programming and policies.
  - Convene the Hepatitis C Elimination Implementation Group which will monitor the status of the Ohio Hepatitis C Elimination Plan.
- Hepatitis C Elimination Implementation Group will:
  - Send a representative to statewide planning meetings related to hepatitis C policies and addressing hepatitis C from a syndemic perspective.
  - Monitor data, trends, and best practices to advise on revisions to policies, testing, and treatment guidelines.

## Next Steps

The Hepatitis C Elimination Implementation Group will create a workplan and begin to work on their activities as described in the Elimination Plan. All members of HETAC are invited to join the Implementation Group. The Implementation Group also welcomes anyone else who wishes to join that is passionate about eliminating hepatitis C in Ohio, including those with lived experience.

<sup>1</sup> <https://www.cdc.gov/hepatitis-c/about/index.html>

<sup>2</sup> Ohio Department of Health, Viral Hepatitis Surveillance Program. Data reported into the Ohio Disease Reporting System through 6/12/2024.

<sup>3</sup> <https://development.ohio.gov/wps/portal/gov/development/community/governors-office-of-appalachia/4-economic-development>

<sup>4</sup> <https://thinkculturalhealth.hhs.gov/clas>

<sup>5</sup> <https://www.ohiochc.org/BlankCustom.asp?page=OHHAMP>

<sup>6</sup> <https://projectecho.unm.edu/model/>

<sup>7</sup> <https://hepvu.org/local-data/ohio/>

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