South Carolina Viral Hepatitis Elimination Plan

2026-2030

February 19, 2026
Version 3.5.4

Executive Summary

The South Carolina Viral Hepatitis Elimination Plan 2026–2030 outlines a statewide, coordinated strategy to reduce new viral hepatitis infections, expand screening and vaccination, increase access to treatment, and strengthen surveillance infrastructure. Developed and approved by the South Carolina Viral Hepatitis Elimination Workgroup, representing public health agencies, healthcare providers, community organizations, and non-traditional partners, the plan sets four overarching goals supported by 16 objectives and 46 strategies across four pillars: **Advocacy/Policy**, **Data**, **Prevention**, and **Treatment**.

The plan responds to significant developments since 2021, including expanded hepatitis C treatment access, universal adult hepatitis B screening and vaccination recommendations, updated screening guidelines, and increased attention to the opioid epidemic. These evolving realities inform strategies focused on reducing transmission, enhancing awareness, improving linkage to care, and integrating viral hepatitis efforts into broader public health systems.

Central to the plan is the engagement of both traditional and non-traditional partners — such as homeless shelters, recovery programs, correctional facilities, community centers, and harm reduction organizations — to reach populations disproportionately affected by viral hepatitis. Implementation will be monitored through statewide surveillance, epidemiology, immunization, and vital statistics data, ensuring progress toward the 2030 targets.

Overall, the plan provides a comprehensive, collaborative roadmap for eliminating new viral hepatitis infections in South Carolina and improving the health and well-being of individuals living with or at risk for hepatitis A, B, and C.

The South Carolina Viral Hepatitis Elimination Plan was developed, reviewed, and approved by the South Carolina Viral Hepatitis Elimination Workgroup facilitated by the South Carolina Department of Public Health (DPH) Viral Hepatitis staff. This plan will be implemented in collaboration with stakeholders and community partners from across the state.

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Contents

Abbreviations

AASLD	American Association for the Study of Liver Diseases
AIDS	Acquired Immunodeficiency Syndrome
CBO	Community-based organization
CDC	Centers for Disease Control and Prevention
CDES	Communicable Disease and Epidemiology Section
BHDD	South Carolina Department of Behavioral Health and Developmental Disabilities
DPH	South Carolina Department of Public Health
FQHC	Federally Qualified Health Center
HAV	Hepatitis A Virus
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HHS	U.S. Department of Health and Human Services
HIV	Human Immunodeficiency Virus
IDSA	Infections Diseases Society of America
PWID	People who inject drugs
SAMHSA	Substance Abuse and Mental Health Services Administration
STD	Sexually transmitted diseases
USPSTF	United States Preventive Services Task Force
VHC	South Carolina Viral Hepatitis Committee

Purpose

Viral hepatitis poses a substantial public health burden in South Carolina. To address this issue, the South Carolina Viral Hepatitis Committee (VHC) has developed The South Carolina Viral Hepatitis Elimination Strategic Plan 2026-2030, which consists of four goals, 16 objectives, and 46 strategies across four pillars: **Advocacy and Policy**, **Data**, **Prevention**, and **Treatment**. This plan was developed via a collaborative effort between many people representing a diverse group of South Carolina organizations. Implementation of the proposed objectives and strategies is expected to help achieve the four goals by 2030.

Many important events have occurred since the 2021 South Carolina Viral Hepatitis Plan was implemented, such as:

- *Advances in hepatitis C treatment access*
- *Expansion of the hepatitis C screening guidelines and practices*
- *The implementation of universal hepatitis B screening and vaccination for adults*
- *Increased focus on the opioid epidemic.*

The objectives and strategies in this plan reflect and respond to these new realities.

Organizations are encouraged to implement these objectives and strategies in their respective strategic plans and/or program activities to help achieve the stated goals. Each of the pillar workgroups, in collaboration with other partners, will begin implementation of key activities according to the plan. A common theme repeated across the pillars was the need to involve non-traditional partners in viral hepatitis elimination actions. These partners include homeless shelters, recovery programs and support groups, opioid treatment programs, correctional facilities, transitional housing programs, food banks,

plasma and blood banks, religious organizations, mental health organizations, community centers, free clinics, harm reduction service organizations, AIDS Service Organizations, and hospitals, among others. These partners often serve groups that are at increased risk for viral hepatitis, and are key sites for increasing advocacy, prevention, screening, and treatment activities. Progress on each pillar's objectives and strategies will be systemically monitored and evaluated through the progress on the four main goals. These goals will reflect improvements statewide and will be measured using DPH data.

Mission & Vision

The South Carolina Viral Hepatitis Elimination Strategic Plan identifies ways in which a diverse group of people and organizations can act to eliminate the burden of viral hepatitis in the state. The goals, objectives and strategies listed below were developed to further promote the mission and vision of the South Carolina Viral Hepatitis Committee

Mission

To promote and protect the health of South Carolina residents by decreasing transmission of viral hepatitis and limiting the complications of hepatitis-related liver disease, including liver cancer

Vision

A coordinated public and private effort to eliminate new viral hepatitis infections and minimize the burden of disease for those living with chronic Hepatitis B and C

Viral Hepatitis Overview

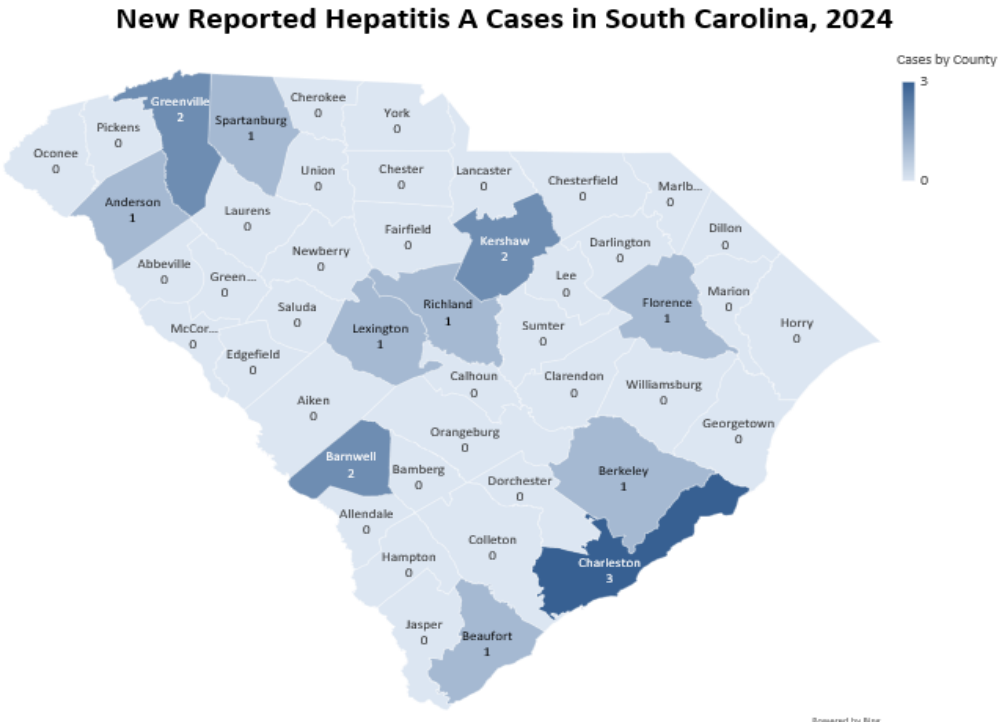
This section describes the burden of viral hepatitis in South Carolina and provides information about communities and entities that will be targeted by the plan.

South Carolina Hepatitis Epidemiology: Understanding the epidemiology of viral hepatitis in South Carolina is key to the implementation and success of this plan. Cases of hepatitis A and chronic hepatitis B and C cases are required to be reported to DPH. The tables below show progress on the goals of the plan from 2020 to 2025. Hepatitis case reports are housed in the DPH South Carolina Infectious Disease and Outbreak Reporting Network (SCION) database.

Hepatitis A

Hepatitis A is an acute infection that causes inflammation of the liver. The hepatitis A virus is spread through the fecal-oral route between people in close contact, or through contaminated food or water. Hepatitis A symptoms include fever, fatigue, jaundice, nausea, vomiting and dark stool. Most cases resolve on their own, but there are rare instances of complications such as liver failure and even death. Hepatitis A is a vaccine-preventable disease, and the vaccine is a recommended routine childhood immunization. Those at highest risk of infection are people who use injection and non-injection drugs, people experiencing unstable housing, men who have sex with men, and people with poor sanitation practices.

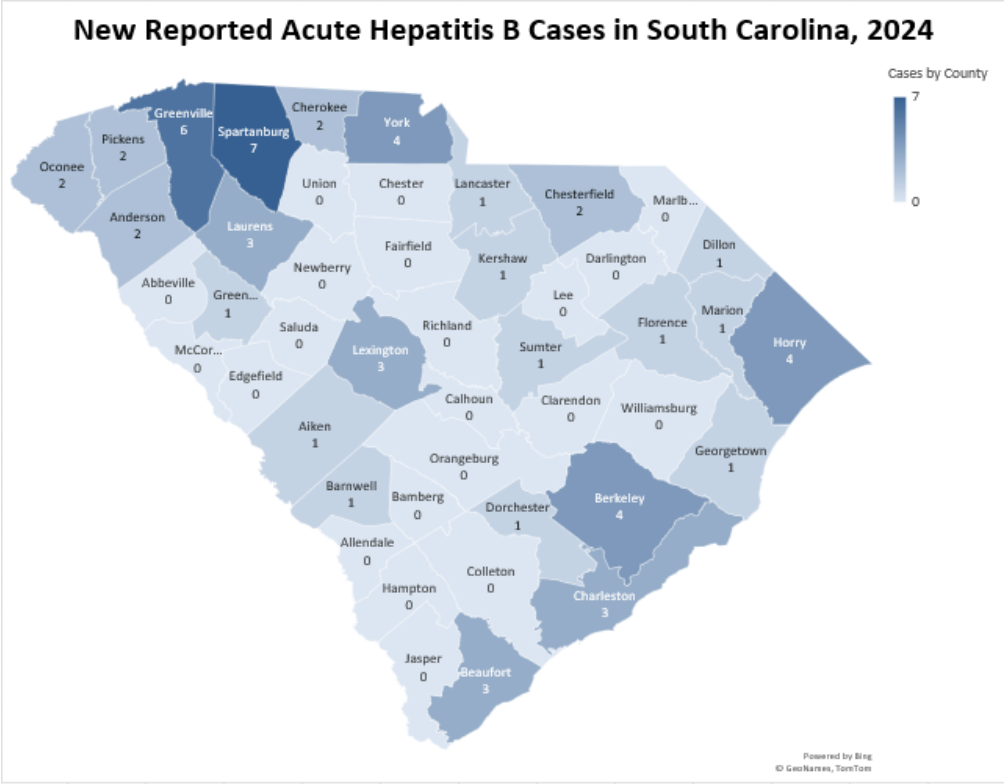
In the fall of 2018, South Carolina began to experience an increase in hepatitis A cases. A statewide outbreak was declared on May 13, 2019. The number of hepatitis A cases began to decline toward the end of 2021, and based on data through April 30, 2022, DPH considered the statewide outbreak to be over. The increase in hepatitis A cases was linked to a national outbreak that started in 2016, with a peak in 2019. The outbreak primarily affected people who use drugs, those experiencing homelessness, and men who have sex with men. Vaccination efforts have been successful in reducing the number of cases. (DPH S. , 2025) (CDC, 2025)



New cases of Hepatitis A by county, 2024. Source: SCION

Hepatitis B

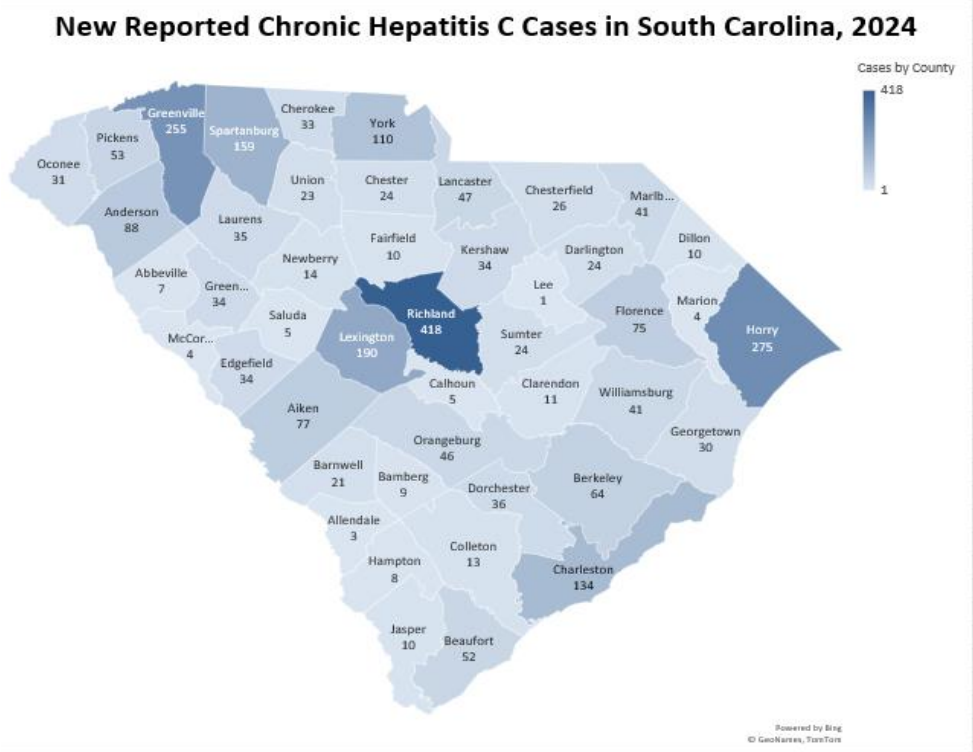
In South Carolina, the number of chronic hepatitis B cases has been increasing, with more than 6,000 cases reported annually. The hepatitis B virus is bloodborne, meaning it is spread by exposure through the blood or body fluids of someone with acute or chronic hepatitis B infection, including through sexual contact, or contaminated items like shared needles. Chronic hepatitis B can cause liver damage, liver cancer, and death from complications of liver failure. The hepatitis B vaccine is highly effective in preventing infection. Most adults who acquire hepatitis B clear the infection and won't develop a chronic infection. However, those infected early in life have a high risk of developing chronic infection. An estimated 9 out of 10 infants born to mothers infected with hepatitis B or exposed during infancy develop chronic hepatitis B. Screening women for hepatitis B during pregnancy allows for infants born to women who test positive to be vaccinated soon after birth to prevent hepatitis B infection. Universal birth vaccination in the United States ensures all babies get protection from HBV infection. There is no cure for hepatitis B and people who begin treatment often will remain in treatment for the remainder of their lives.



New cases of Hepatitis B by county, 2024. Source: SCION

Hepatitis C

The hepatitis C virus is spread by exposure to blood or body fluids of an infected person. In the U.S. this occurs primarily through shared needle use. Transmission through sexual contact is possible and outbreaks associated with poor infection control in health care settings are reported. Unlike hepatitis A and B, there is no vaccine for hepatitis C. About 25% of people who acquire hepatitis C will clear the virus from their body; the remaining 75% are at risk for developing liver damage, liver cancer, and cirrhosis. Fortunately, there is curative treatment for hepatitis C, which in most cases can be completed within 8 to 12 weeks. Previously, chronic hepatitis C was mainly a concern for patients born in the Baby Boomer generation (between 1945-1965) from infections, often due to unrecognized health care-associated exposures. However, due to the opioid epidemic and the increase in transmission via shared needle use, hepatitis C incidence is now increasing among younger population groups. In 2024, South Carolina reported about1,900 cases of chronic hepatitis C.



New cases of Hepatitis C by county, 2024. Source: SCION

Progress on Goals from 2020-2025 South Carolina Viral Hepatitis Elimination Plan

The goals and associated targets in the progress updates are formulated and aligned with the Viral Hepatitis Strategic Plan. The objective indicators assess progress toward achieving viral hepatitis goals. The report will indicate whether the annual target was met or exceeded, moving toward the annual target but not fully met, or not met, has not changed, or moved away from the annual target.

Progress Key: The following indicators assess progress toward achieving viral hepatitis goals:

 Met or exceeded current annual target

 Moving **toward** annual target, but annual target was not fully met

 Annual target was not met and has not changed or moved **away from** annual target

Goal 1: Reduce new viral hepatitis infections in South Carolina

	Indicator 1.1 Decrease the number of newly reported cases of hepatitis A, B and C in South Carolina by 25% by 2025			
Core Indicator	Measure	Baseline Value (2018)	Five-year Target (2025)	2024 Status
Hepatitis A	Number of cases	30	23	 22.5%
Acute Hepatitis B	Number of cases	45	34	
Chronic Hepatitis C	Number of cases	6,489	4,867	

Hepatitis A, B and C infections are reportable to DPH . Confirmed and probable cases of hepatitis are determined based on CDC's case definitions. The indicator chosen for hepatitis C is chronic cases due to the difficulty in diagnosing and capturing acute hepatitis C infections.

Goal 2: Increase screening for Hepatitis B and C in South Carolina

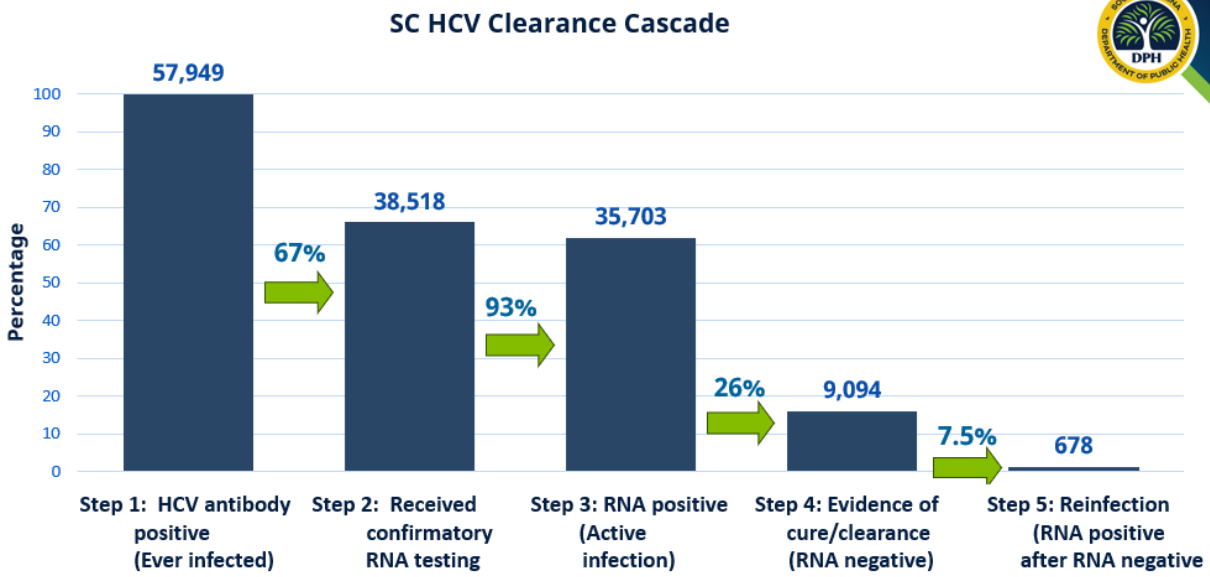
	Indicator 2.1 Increase the overall number of people screened for hepatitis B and C in South Carolina by 2025					
Core Indicator	Measure	2021	2023	2024*	2024 Status	Plan target (2030)
Hepatitis B screening (Event Year)	Number of people screened	145,358	152,027	209,486	✓	Increase
Hepatitis C Antibody Test (HCV Ab) (Event Year)	Number of people screened	229,720	147,684	147,929	✓	Increase

To determine the number of people screened for hepatitis B and C, reports of hepatitis B surface antigen, core antibody total, core antibody IgM and DNA, and hepatitis C antibody reported to DPH were used. While all providers are required to report any positive hepatitis B and C test result, only laboratories submitting via Electronic Laboratory Reporting (ELR) are required to submit negative results. This number does not capture the total number of people screened, since the negative test results are not gathered from all providers and negative hepatitis C rapid test results are not reported.

Goal 3: Increase the number of people cleared of hepatitis C in South Carolina

	Indicator 3.1 Increase the overall number of people cleared of Hepatitis C virus infection in South Carolina by 2025				
Core Indicator	Measure	Baseline Value (2021)	2024	2024 Status	Plan Target (2030)
Hepatitis C clearance	Number of people	375	**393**	✓	Increase

Hepatitis C clearance was measured according to the DPH "Laboratory-based Hepatitis C Virus Clearance Cascade." Under this guidance, surveillance data can be used to identify clearance based on the timing of positive and negative HCV RNA tests. Those with negative test results in the follow-up period will be considered clear of infection.



Above is the laboratory-based hepatitis C clearance cascade from DPH (DPH, 2025). This analysis shows that 67% of those infected with HCV were diagnosed, indicating that increased efforts led to improved screening rates among people at risk. Important steps have been taken in recent years to improve screening rates, including the release of the USPSTF/CDC recommendations that all persons born between 1945 and 1965 receive a one-time HCV antibody test, the availability of point-of-care antibody screening, and numerous federal, private, and community-led efforts to increase HCV awareness. Overall, 7.5% percent of people with chronic HCV have achieved a cure. This points to the ongoing need for support for creativity and innovation on the part of all stakeholders to increase the proportion of people who successfully navigate the entire cascade and achieve a cure.

Priority Populations

Although viral hepatitis affects millions of Americans nationwide from all social, economic, and racial and ethnic groups, it impacts certain populations and communities more than others. Hepatitis prevention and treatment efforts can be more efficient and effective by identifying and focusing efforts on those populations that bear a disproportionately higher burden of infection and disease, referred to in the Viral Hepatitis Plan as priority populations. (HCV G. , 2023) The different types of viral hepatitis do not affect all South Carolinians equally. Epidemiological data on which groups are most affected by which cause of viral hepatitis in South Carolina is limited due to incomplete surveillance data on race/ethnicity and risk factors. However, learning from local organizations and reviewing national data, we are aware that certain population groups have a disproportionate risk of acquiring viral hepatitis infections due to social and behavioral factors, as well as lack of access to services. Some may experience multiple risk factors. Focusing on the priority populations will reduce health disparities and put South Carolina on the path toward elimination of viral hepatitis. This approach should accompany efforts to increase awareness, prevention, treatment, and integration of viral hepatitis efforts more generally, for all populations.

People With Current or Past Shared Needle Use

One of the highest risk groups for acquiring viral hepatitis, particularly hepatitis C, is among people with current or past injection drug use. Over the past 10 years, the United States has been experiencing an opioid epidemic driven by unsafe injection drug use. In South Carolina, 6,995 people died of heroin and fentanyl overdoses between 2019-2023. Although the overall rate of drug overdoses has decreased since 2022, 15 out of 46 counties saw an increase in 2023. (DPH D. , 2023) Needle sharing continues to be an issue of concern for hepatitis C infection. Many coordinated actions are taking place around the state to reduce the effects of the opioid epidemic through the governor's South Carolina Opioid Emergency Response Plan and other local efforts.

People With Current or Past Incarceration

From July 2022 to June 2023, local jails nationwide recorded 7.6 million admissions. While this represented a 4% increase from the 7.3 million admissions the year before, annual admissions were 35% lower than a decade ago when admissions totaled 11.7 million. (Zhen, 2025) It is estimated that 32,000 people are incarcerated in state and federal prisons and local jails every day in South Carolina. (PPI, 2018) People who are incarcerated are at risk of acquiring viral hepatitis and transmitting the virus to the community upon release. Nationally, between 12-35% of people who are incarcerated are believed to have chronic hepatitis C. (NHC, 2016) In 2019, SCDC began screening all people for HCV upon intake and providing-HCV treatment to people who meet the expanded criteria. This plan encourages organizations to work with local jails, prisons, and justice-involved people to increase access to screening, vaccination, linkage to care, and treatment services.

Baby Boomers (born between 1945-1965)

Historically, Baby Boomers were the largest age group chronically infected by HCV, as they accounted for more than 74% of chronic HCV infections and had the highest mortality rates. (DHHS, 2021) As of 2018, newly reported chronic HCV infections are now nearly split between Baby Boomers (36.3%) and Millennials born between 1981-1996 (36.5%), with Generation X accounting for about 23.1%. Baby Boomers are likely to have had a silent hepatitis C infection for a long time and are at highest risk of developing cirrhosis or liver cancer. However, it is important to recognize that all age groups are at risk and should receive screening.

People Living with HIV

In 2022, over 20,000 people were living with HIV in South Carolina. Many of these people are at increased risk for hepatitis B and C due to similar risk groups and modes of transmission. Nationally, it is estimated that 20 to 30% of people living with HIV are co-infected with Hepatitis C; however, this number is likely much higher since many of these people may have undiagnosed hepatitis C. People living with HIV who subsequently acquire HCV are less likely to clear the virus and are more likely to develop chronic HCV. (DHHS V. , 2021)

Racial and Ethnic Minorities

Although race and ethnicity data for those diagnosed with viral hepatitis in South Carolina is incompletely reported, from national data we know that racial and ethnic minorities are at greater risk for acquiring viral hepatitis. This risk is often due to lack of access to resources such as medical care, vaccines, and risk reduction programs. People who are foreign born, particularly Asian and Pacific Islanders and those from Africa, have higher rates of hepatitis B than other racial and ethnic groups in the United States. African Americans and American Indians/Alaskan Natives also have disproportionate rates of chronic hepatitis C and related mortality. (DPH S. , 2025) (DHHS, 2021)

Pregnant Women and Infants

Pregnant women and infants are included as a priority population. During pregnancy, the CDC, the American College of Obstetricians and Gynecologists (ACOG), and the Society for Maternal-Fetal Medicine recommend all women be screened for hepatitis B and C. (ACOG, 2025)

Women who test negative for hepatitis B and have not been vaccinated should be vaccinated for hepatitis B during pregnancy. Women diagnosed with hepatitis B can begin treatment, if indicated. All infants should be given the hepatitis B birth dose. Babies born to women who are diagnosed with hepatitis B should be given hepatitis B immunoglobulin, which reduces the risk of transmission by more than 85%. However, many infants do not receive the birth dose, with only 71% of infants having received it in South Carolina from 2016 to 2018. (DPH S. , 2025) (ACOG, 2025)

Approximately 6 to 7% of children perinatally exposed to HCV will acquire perinatal HCV infection. Perinatally exposed infants should receive an HCV RNA test at ages 2 to 6 months to identify HCV infection. Children aged ≥18 months who were perinatally exposed to HCV and have not previously been tested should receive an anti-HCV Ab test with reflex to HCV RNA test. Curative direct-acting antiviral therapy is approved by the FDA for persons aged ≥3 years of age. Although women who are diagnosed with hepatitis C during pregnancy should not start treatment until after delivery, a plan for follow up and treatment should be developed. (ACOG, 2025)

Elimination Plan

Plan Development

The plan was revised with input from a diverse group of stakeholders, including government representatives, researchers, healthcare providers, community organizations, and advocates working in viral hepatitis and related fields. The Viral Hepatitis Committee used feedback obtained to:

- Shape the goals and objectives in the Viral Hepatitis Plan.
- Ensure that the plan includes information about groups of people who are impacted by viral hepatitis.
- Ensure that language in the plan is inclusive.
- Develop a plan that makes eliminating viral hepatitis-related stigma a priority and addresses discrimination and social determinants of health.
- Weave viral hepatitis prevention and linkage to care into a wide variety of programs in both health care and community settings.
- Integrate viral hepatitis prevention and care into other public health efforts to prevent and treat HIV, sexually transmitted infections, and substance use disorders.
- Develop a shared set of goals and strategies for organizations and stakeholders across the state.
- Identify the needs of communities and promote meaningful community involvement.
- Document improvements to viral hepatitis services and health outcomes across organizations and sectors.
- Identify barriers to preventing and treating viral hepatitis.
- Identify and address barriers to implementing a robust viral hepatitis surveillance system.
- Facilitate the sharing of knowledge and resources.

Additionally, the public release of this plan and support from stakeholders will increase awareness and investments in eliminating viral hepatitis.

The VHC developed three previous strategic plans, in 2009, 2016, and 2021. The plans focused on increased collaboration among stakeholders and integration of viral hepatitis services into HIV, STD, and substance use disorder services. To build upon the previous plans, in early 2025, the Committee embarked upon developing the VH Strategic Plan 2026-2030. The process for developing the plan was facilitated by DPH Viral Hepatitis Program staff. The initial in-person planning meeting was held July 2025, during which information about previous state and national plans, strategic planning, and the process

for developing the plan were provided. During subsequent online discussions the larger group provided opinions about strategies and activities the plan should include through an organized strategic planning process.

Workgroups were formed for each of the four pillars of the plan (**Advocacy and Policy**, **Data**, **Prevention**, and **Treatment**) and the groups met to refine the objectives and activities. The work groups also created objectives for each pillar and reviewed the plan goals. During the workgroup revision process, the National Viral Hepatitis Strategic Plan for 2021-2025 was reviewed and the workgroups identified key themes in the national plan to include in the South Carolina plan. (DHHS V. , 2021) Drafts were presented to the entire committee and several key members of the community for feedback. This resulting plan reflects many months of work by all stakeholders involved.

Goals

There are four overarching goals to this plan that focus on prevention, vaccination, screening, and treatment. Each goal has one or more indicators that will be measured using statewide public health, and vital statistics data. These goals reflect national priorities such as Healthy People 2030, the Viral Hepatitis National Strategic Plan for the United States, the CDC Division of Viral Hepatitis 2025 Strategic Plan, and CDC Winnable Battles. (DHHS V. , 2025) (DHHS V. , 2021) (HP, 2025)

Goal 1: Reduce new viral hepatitis infections in South Carolina

Indicator 1.1 Decrease newly reported cases of hepatitis A, B and C in South Carolina by 25% by 2030

Goal 2: Increase screening for Hepatitis B and C in South Carolina

Indicator 2.1 Overall increase in the number of people screened for hepatitis B and C in South Carolina by 2030

Goal 3: Increase the number of people cured of Hepatitis C in South Carolina

Indicator 3.1 Overall increase in the number of people achieving sustained virologic response at 12 weeks post-hepatitis C treatment (SVR-12) in South Carolina by 2030

Goal 4: Improve Statewide Viral Hepatitis Surveillance Infrastructure to Identify Viral Hepatitis Infections

Indicator 4.1 Increase capacity to identify new viral hepatitis infections and populations being acutely infected with hepatitis A, B, and C by 2030

Four Pillars

The South Carolina Viral Hepatitis Elimination Strategic Plan is divided into four pillars: **Advocacy and Policy**, **Data**, **Prevention**, and **Treatment**. Each pillar represents a necessary component to achieve elimination of viral hepatitis. Under each pillar are objectives and strategies to guide activities. These objectives and strategies focus on underserved groups – such as people who inject drugs, are incarcerated, or are experiencing homelessness – that are often at increased risk for viral hepatitis infection, morbidity, and mortality. The strategies focus on initiatives agencies should implement or are currently implementing. Activities can be implemented by people, agencies and/or the VHC. New activities can be added and modified throughout the course of the Strategic Plan's implementation. Additionally, agencies should consider adding these objectives and strategies to their own strategic plans, to ensure that implementation and documentation of progress will occur.

Advocacy/Policy

The objectives and strategies outlined focus on implementing systemic policy changes to address viral hepatitis – specifically by supporting increased use of harm reduction service programs and ensuring large health systems adopt documented policies for universal hepatitis C (HCV) screening. When enacted on a broad scale, these two policy initiatives have the potential to significantly reduce new cases of viral hepatitis linked to injection drug use and increase the number of people who are diagnosed and connected to appropriate care, treatment, and support services.

Harm reduction programs have proven highly effective in reducing the transmission of blood-borne infectious diseases, including HIV and HCV, with studies showing a reduction in transmission rates by up to 50%. In South Carolina, the opioid crisis and increased injection drug use have driven a rise in new hepatitis C cases. According to CDC's Vulnerability Assessment and Determination of Need for SSPs (2020), the state is at heightened risk for an HCV outbreak. (Joshua Mercadel, 2022)

Harm reduction programs provide a wide array of services: referrals to substance use disorder treatment, naloxone distribution, screening for HIV, HBV, and HCV, education on overdose prevention and disease transmission, and connections to social services. While some concerns persist that harm reduction programs may encourage drug use or contribute to crime, evidence does not support these claims. On the contrary, harm reduction programs have been shown to enhance public health and safety and preventing overdose deaths . (Joshua Mercadel, 2022) (Mackey KM, 2023)

The best way to prevent HAV and HBV is through routine vaccination. Universal routine HBV vaccination at birth, and catch-up vaccination programs for adolescents and adults will protect the population from HBV. HAV vaccination is extremely effective at preventing HAV infection. All children ages 12-23 months are recommended to be vaccinated against HAV. Adults at increased risk for HAV should also get vaccinated. Decreasing the number of people susceptible to infection through vaccination will ensure we make progress towards HAV and HBV elimination.

In addition to policies targeting transmission prevention, there is a critical need for policies focused on enhancing detection of viral hepatitis. In 2020, both the CDC and the U.S. Preventive Services Task Force (USPSTF) updated their recommendations to include one-time HCV screening for all adults, with additional screening for people with specific risk factors. (Schillie S. V., 2018) (PSTF, 2020) Furthermore, opt-out HCV screening is

recommended by the American Association for the Study of Liver Diseases and the Infectious Diseases Society of America (HCV, 2025) as an effective approach to significantly reduce the number of people unaware of their infection.

The Advocacy and Policy Workgroup will support these efforts by assisting large health care systems in developing and implementing universal HCV screening policies in alignment with national guidelines.

Objective 1: Increase funding for viral hepatitis in South Carolina to ensure that people have access to prevention, screening, and treatment services regardless of ability to pay.

- **Strategy 1.1.** Advocate to the state Legislature, local governments and opioid abatement funding boards to provide funding for prevention, screening, and treatment services [at minimum annually on World Hepatitis Day].
- **Strategy 1.2.** Identify and share additional funding streams to support comprehensive systems for viral hepatitis medical care, including additional public and private funding.

Objective 2: Increase knowledge and awareness of viral hepatitis in the general public, the state Legislature and local governments, providers and traditional and non-traditional partners.

- **Strategy 2.1.** Use traditional and social media to raise awareness about viral hepatitis in the general public.
- **Strategy 2.2.** Increase awareness among partners of the viral hepatitis burden in the communities that they serve [such as churches, NA and AA support groups, etc.]
- **Strategy 2.3.** Increase awareness of the linkage between the opioid epidemic and viral hepatitis among people who inject drugs (PWID), those in recovery and with a prior history of injection drug use; the general public; and decision makers (such as local governments and state Legislature).
- **Strategy 2.4.** Increase awareness of the needs for marginalized groups and people with lived experience to have access to viral hepatitis services, and ensure they are meaningfully engaged in outreach and other activities.

Objective 3: Support the expansion of harm reduction programs in South Carolina in accordance with evidence-based public health best practices to reduce the risk of transmission of viral hepatitis due to injection drug use.

- **Strategy 3.1**. Educate, promote and advocate for harm reduction programs to state, county and city law enforcement and elected officials.

- **Strategy 3.2.** Coordinate with Office of Substance Use Services, Department of Public Health, local law enforcement, substance use disorder treatment agencies and other partners to implement a harm reduction plan.
- **Strategy 3.3.** Use community champions to engage and provide the community with evidence-based information on the benefits of harm reduction programs to gain support.
- **Strategy 3.4**. Increase funding available for harm reduction programming.

Objective 4: Increase the number of organizations with documented policies related to Viral Hepatitis screening where eligibility is based on evidence-based guidelines.

- **Strategy 4.1.** Promote stated, routine, opt-out policies for viral hepatitis screening that is included in the general consent for care.
- **Strategy 4.2.** Promote adoption of inclusive screening guidelines, such as at least once in a lifetime hepatitis C screening, for all adults aged 18 years and older.
- **Strategy 4.3.** Promote increased provider identification for hepatitis B-related risk factors and increased risk-based hepatitis B screening. Promote universal HBV vaccination.
- **Strategy 4.4.** Encourage organizations to decrease or eliminate the financial burden of screening for underinsured and uninsured people.

Data

Access to quality data drives advocacy and prevention efforts and improves patient outcomes. This pillar focuses on improving data sharing between the viral hepatitis surveillance system and the public health officials and providers who use it. Improving data sharing between providers increases coordination between agencies and streamlines the diagnosis and linkage to care process for providers and clients. One strategy is to explore creating a Data-to-Care model for hepatitis B and C treatment. Data-to-Care is an effective intervention developed by the CDC that "uses HIV surveillance data and other data sources to identify persons with HIV who are not in care, [re]link those not in care to appropriate medical and social services and ultimately support the HIV Care Continuum." (CDC H. , 2025). A collaboration between health care providers and surveillance, the Data-to-Care model has been modified and used with success in New York City to increase HCV screening and treatment. (Nadine Kela-Murphy, 2022)

A robust viral hepatitis surveillance system is necessary to understand changes in disease trends, identify and respond to outbreaks, and identify populations and localities with increased disease burden. Acute hepatitis A, B, C, D, E and chronic hepatitis B, C, D are currently reportable to DPH Communicable Disease and Epidemiology Section (CDES) . (DPH S. , 2025) DPH is working to increase the capacity to investigate acute infections, but there are many barriers to achieving this, mainly due to the large volume of cases and limited staff. Since January 2020, CDES has collected negative and undetectable hepatitis B and C lab reports. This data is essential for increasing acute hepatitis C case identification and developing a lab-based continuum of care to determine hepatitis C virus clearance. By strengthening partnerships with central office and regional DPH staff, providers and health systems, we hope to improve data collection and case reporting of viral hepatitis to gain a true picture of the burden in South Carolina.

Objective 5: Support DPH development of public-facing dashboards for the purpose of sharing data on hepatitis A, B, and C trends with the community.

- **Strategy 5.1.** DPH will strategize with upper management about which internal dashboard data can be shared with the public

Objective 6: For cases reported to DPH, increase completeness of race and ethnicity data to >90% and immunization data for Hepatitis A and B infections to > 80% by 2030. Increase completeness of race and ethnicity data for hepatitis C infections to >90% by 2030.

- **Strategy 6.1:** Continue supporting DPH in obtaining data related to race, ethnicity, and immunizations.

Objective 7: Improve monitoring and analysis tools to detect outbreaks and clusters of viral hepatitis.

- **Strategy 7.1** Collect and monitor data on viral hepatitis incidence and prevalence with hepatitis B and hepatitis C as an underlying or contributing cause.

Prevention

The objectives for the Prevention pillar focus on three targets: risk reduction, vaccination, and screening. Progress on these objectives correlates to Goals 1 and 2 (reduce new viral hepatitis infections and increase screening for HBV/HCV).

Many of the new cases of hepatitis C are due to unsterile injection drug use; harm reduction strategies can reduce this transmission. According to the National Harm Reduction Coalition, harm reduction is a "set of practical strategies and ideas aimed at reducing negative consequences associated with drug use." Actions such as education on safer practices, overdose prevention, and Medication-Assisted Recovery for substance use disorder reduce the risk of adverse health events and death. (NHRC, 2025) Regarding viral hepatitis, harm reduction activities focus on reducing the risk of acquiring viral hepatitis due to unsterile injection equipment. Providers and clients should work together to identify manageable steps that clients can take to reduce their risk.

Vaccination is the best strategy for preventing new hepatitis A and B infections. The American Academy of Pediatrics recommends hepatitis A and B vaccines as routine childhood vaccinations, as well as for all adults at risk and who request vaccination. (Nelson, 2020) (Schillie S. V., 2018) (American Academy of Pediatrics, 2024) Despite these robust recommendations, many infants and children have not received these vaccinations. In South Carolina, 71% of infants received the hepatitis B birth dose in 2016-2018, below the national average of 73.5% and the Healthy People 2020 target of 85%. Additionally, 62% and 95% of children 19 to 35 months completed the hepatitis A and B vaccine series, respectively, in 2018 (Office of Disease Prevention and Health Promotion, 2020). Vaccine coverage among adults has been low since the introduction of the vaccines in 1982 (hepatitis B) and 1995 (hepatitis A). (Nelson, 2020) (Schillie S. V., 2018) People who inject drugs, people experiencing homelessness, and men who have sex with men are at increased risk and should be prioritized for vaccination.

The CDC estimates that 50% of people living with hepatitis C and 68 percent of people living with hepatitis B are unaware of their status. These statistics point to an increased need for people to be screened for hepatitis B and C. The 2020 updated screening guidelines for hepatitis C should increase the number of people screened by removing risk- and age-based qualifications for screening and by recommending repeat screening for pregnant women and people at increased risk. (Schillie S. W., 2020) In December 2020, the United States Preventive Services Task Force (USPSTF) reaffirmed the 2014 hepatitis B screening guidelines, to focus screening on people at increased risk. (USPSTF, 2020)

Health care providers should be alerted of these changes and implement universal screening of their patients.

Organizations can support these objectives and strategies by increasing risk reduction, vaccination, and screening activities. Additionally, organizations that serve populations at increased risk for acquiring viral hepatitis can educate their providers on when to perform repeat testing and offer vaccination.

Objective 8: Increase awareness of viral hepatitis by 2030

- **Strategy 8.1.** Implement local and state campaigns to provide education about viral hepatitis, the need for vaccination, and the benefits of getting tested, treated, and cured.
- **Strategy 8.2** Partner with community groups to provide education about viral hepatitis and share personal stories at community locations (e.g., workplaces, schools, faith-based organizations), in the media, and other settings to reach all people, especially in disproportionately impacted communities.
- **Strategy 8.3** Use accessible, comprehensive, cultural, linguistically, and age-appropriate educational resources for hepatitis B, hepatitis C, HIV, STIs, and the risks of drug use.

Objective 9: Increase hepatitis A and B vaccination uptake

- **Strategy 9.1.** Encourage awareness of availability of vaccines.
- **Strategy 9.2.** Provide viral hepatitis vaccination at a broad range of clinical and nontraditional community-based settings, including free and primary health clinics, organizations that serve people who are under- or uninsured, substance use treatment sites, and correctional facilities.
- **Strategy 9.3**. Train providers on strategies to address vaccine hesitancy.
- **Strategy 9.4.** Research and scale up best practices in hepatitis A and hepatitis B vaccination provision to expand vaccine coverage consistent with professional. guidelines and encourage use of quality measures (e.g., Healthcare Effectiveness Data and Information Set [HEDIS] measure).

Objective 10: Eliminate perinatal transmission of hepatitis B and hepatitis C.

- **Strategy 10.1** Increase implementation of guidelines for hepatitis B and hepatitis C screening, diagnosis, and management during pregnancy.
- **Strategy 10.2** Improve surveillance by documenting pregnancy status on all viral hepatitis laboratory reports across health care facilities, laboratories, and public health departments.
- **Strategy 10.3** Collaborate with community organizations that serve disproportionately impacted populations to educate staff and people of childbearing potential about viral hepatitis and the importance of preventing hepatitis transmission to infants.

Objective 11: Increase viral hepatitis prevention and treatment services for people who use drugs

- **Strategy 11.1** Educate communities and individuals about substance use disorders, available prevention, harm reduction and treatment options, and associated risks, including transmission of viral hepatitis, HIV, and STIs.
- **Strategy 11.2** Expand access to viral hepatitis prevention and treatment services by providing screening, vaccination, and linkage to care in a broad range of health care delivery and community-based settings.
- **Strategy 11.3** Expand access to substance use disorder treatment, including medications for opioid use disorder, and comprehensive harm reduction programs in areas vulnerable to viral hepatitis and HIV outbreaks, and in correctional settings.
- **Strategy 11.4** Increase staffing and training of peer support counselors to support people who use drugs and provide culturally and linguistically appropriate navigation to viral hepatitis services.
- **Strategy 11.5** Through implementation science research, identify and scale up best practices for prevention of hepatitis C infection and re-infection among people who inject drugs.

Objective 12: Increase the capacity of public health, health care systems, and the health workforce to prevent and manage viral hepatitis, including increased use of HCV RNA reflex testing.

- **Strategy 12.1** Partner with professional societies, academic institutions, and accrediting bodies to include viral hepatitis prevention and care in the curriculum of

medical and other health care professionals' and paraprofessionals' education and training programs.

- **Strategy 12.2** Develop training, technical assistance, and clinical decision support tools for providers in traditional and nontraditional settings, such as primary care, pharmacies, and SUD and correctional facilities, to support them in implementing viral hepatitis prevention, testing, and treatment recommendations.
- **Strategy 12.3** Develop training and decision support tools and strengthen linkages between prenatal care and viral hepatitis care providers to improve prevention and management of hepatitis B and hepatitis C for pregnant women and newborns.
- **Strategy 12.4** Develop training decision support tools and strengthen linkages between testing centers and treatment centers to improve successful and prompt linkage of positive persons to treatment.
- **Strategy 12.5** Collaborate with the viral hepatitis surveillance coordinator to conduct a needs assessment or survey of laboratories that report≥80% of the Hepatitis C antibody tests in the jurisdiction to identify barriers and challenges to increased HCV RNA reflex testing.

Treatment

The Treatment pillar focuses on increasing access to treatment and improving patient outcomes. The objectives and strategies for this pillar build towards goals 3 and 4 (decreasing viral-hepatitis-related mortality and Improve Statewide Viral Hepatitis Surveillance Infrastructure to Identify Viral Hepatitis Infections). The 2024 Viral Hepatitis National Progress Report provides information on progress toward 2025 goals for new viral hepatitis infections and viral hepatitis–related deaths, overall and for key populations. (CDC R. , 2025)The number of estimated new hepatitis C virus (HCV) infections declined for the first time in 2022 after over a decade of consecutive annual increases. However, the number of estimated new HCV infections remained relatively high at 67,400 and did not meet the 2022 target of 36,617. The rate of new cases among persons aged 18 to 40 years, a proxy for persons who inject drugs, declined for the second year in a row but remained well above the annual target. Death rates among non-Hispanic Black people remain higher than the national rate, though the 2022 target was met. Death rates among non-Hispanic American Indian/Alaska Native people also remained higher than the overall national rate, with little progress toward the 2025 target. Efforts to connect people who inject drugs to harm reduction services, and substance use disorder treatment, are crucial to prevent ongoing transmission. In addition, continued efforts are needed to improve testing and ensure equitable treatment for all people with hepatitis C. (CDC R. , 2025)

The recent simplified HCV treatment guidelines allow primary care providers and other non-specialists to provide care for treatment-naïve clients without cirrhosis. (IDSA, 2025) Increasing education and training for these providers to confidently provide hepatitis C care is the focus of many strategies in this pillar.

Additionally, this plan urges providers to create innovative links to care and treatment models to increase access for underserved patients. Increase the linkage to care rate after testing positive at emergency rooms (ERs), correctional institutes, substance abuse treatment centers, and hepatitis C and Medication-Assisted Recovery (MAR) programs that are co-located. By bundling much needed services together at the same location, treatment access is increased, and barriers faced by clients are minimized or removed. Providers should address the social determinants of health that can affect clients' health outcomes, such as transportation, housing, mental health, and substance use disorder. Having support staff to include patient navigators, case workers, administrative staff, social workers, and others trained in cultural humility and being aware of local resources are important for treatment success.

Objective 13: Increase access to quality viral hepatitis treatment.

- **Strategy 13.1** Increase the number of viral hepatitis treatment sites in South Carolina by 20% by 2030.
- **Strategy 13.2** Identify and promote an existing viral hepatitis mentoring program.
- **Strategy 13.3** Increase academic detailing to providers.
- **Strategy 13.4** Provide links to Continuous Medical Education (CME) credits on the management of viral hepatitis on the South Carolina Viral Hepatitis webpage by 2030

Objective 14: Increase the percentage of people who are successfully linked to care, retained in care, and complete treatment for viral hepatitis.

- **Strategy 14.1** Increase the linkage to care rate after testing positive at the Emergency Rooms, Correctional Institute, and substance abuse treatment centers by 20%.
- **Strategy 14.2** Increase the number of ERs, substance abuse treatment centers, shelters, and correctional facilities keeping records of patients successfully linked to care.
- **Strategy 14.3** Maintain the viral hepatitis treatment centers locator on South Carolina Department of Public Health's website through 2030.

Objective 15: Develop new models of linkage to care and address barriers faced by underserved groups.

- **Strategy 15.1** Develop a model for screening and treatment occurring at the same center, and when it occurs at separate centers, comprehensive treatment

Objective 16: Increase access to medications for all patients with viral hepatitis.

- **Strategy 16.1 I**ncrease large-scale negotiations between pharmaceutical companies and state insurers to treat large numbers of patients for a fixed price.
- **Strategy 16.2** Increase the capacity and number of Primary Care Providers who can prescribe hepatitis C medications independently through negotiation with insurers.

Resources

Below are resources available at the state and national level about viral hepatitis:

South Carolina Viral Hepatitis Elimination Strategic Plan Resources

- Viral Hepatitis Committee: SC Viral Hepatitis Committee - Home https://dhec.sharepoint.com/sites/SCViralHepatitisCommittee

State

- DPH Hepatitis Website: Hepatitis Overview | South Carolina Department of Public Health https://dph.sc.gov/diseases-conditions/infectious-diseases/hepatitis-overview
- South Carolina HIV, STD, Hepatitis Service Locator: HIV, STD and Hepatitis Service Locator https://gis.dhec.sc.gov/HIVLocator/
- South Carolina STI, HIV & VH Academic Detailing: STI, HIV, and Viral Hepatitis Academic Detailing | South Carolina Department of Public Health https://dph.sc.gov/diseases-conditions/infectious-diseases/hivaids/sti-hiv-and-viral-hepatitis-academic-detailing
- South Carolina Viral Hepatitis Case Conference Series: http://titan.med.sc.edu/
- South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS): https://www.daodas.sc.gov/

Federal

- Centers for Disease Control and Prevention, Division of Viral Hepatitis: https://www.cdc.gov/hepatitis/index.htm
- HHS Office of Infectious Disease and HIV/AIDS Policy Hepatitis website: https://www.hhs.gov/hepatitis/index.html
- SAMHSA (Substance Abuse and Mental Health Services Administration): http://www.samhsa.gov

Advocacy

- HCV Advocate: http://hcvadvocate.org/
- National Viral Hepatitis Roundtable: https://nvhr.org/
- American Liver Foundation: www.liverfoundation.org
- Hep Mag: https://www.hepmag.com/
- Hepatitis C Mentor and Support Group: https://www.hepatitiscmsg.org/

- CDC Know More Hepatitis Campaign: www.cdc.gov/KnowMoreHepatitis

Policy

- NASTAD: https://www.nastad.org/domestic/hepatitis
- CDC Syringe Service Program Guidance: https://www.cdc.gov/syringe-services-programs/media/pdfs/2024/04/cdc-hiv-syringe-exchange-services.pdf
- Harm Reduction Coalition

Data

- CDC Viral Hepatitis Surveillance: https://www.cdc.gov/hepatitis/statistics/index.htm
- HepVu Hepatitis Data: https://hepvu.org/state/south-carolina/
- Mapping Hep C Treatment Data: https://mappinghepc.com/maps

Prevention and Screening

- Viral Hepatitis Risk Assessment: http://www.cdc.gov/hepatitis/riskassessment/index.htm
- National Harm Reduction Coalition Hepatitis C Information: https://harmreduction.org/issues/hepatitis-c/
- CDC Hepatitis B Screening Recommendations: https://www.cdc.gov/hepatitis/hbv/HBV-RoutineTesting-Followup.htm
- CDC Hepatitis C Screening Recommendations: https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm
- Updated Recommendation for Universal Hepatitis B Vaccination in Adults: https://www.cdc.gov/mmwr/volumes/73/wr/mm7348a3.htm
- USPSTF Hepatitis B Screening Recommendations: https://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/hepatitis-b-virus-infection-screening
- USPSTF Hepatitis C Screening Recommendations: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening

Treatment

- HCV Treatment Guidelines: https://www.hcvguidelines.org/
- University of Washington Hepatitis B Online Training: https://www.hepatitisb.uw.edu/

- University of Washington Hepatitis C Online Training: https://www.hepatitisc.uw.edu/
- Substance Use Disorder Prevention and Treatment
- DAODAS: https://www.daodas.sc.gov/
- Buprenorphine Practitioner Locator: https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator

References

ACOG. (2025). *American College of Obstetricians and Gynecologists*. Retrieved from Routine Hepatitis C Virus Screening in Pregnant Individuals.: https://www.acog.org/

American Academy of Pediatrics. (2024). *Hepatitis B*. Retrieved from American Academy of Pediatrics: https://www.aap.org/en/patient-care/hepatitis-b/

CDC. (2025, Aug 25). *Clinical Overview of Hepatitis A*. Retrieved from Centers for Disease Control and Prevention: https://www.cdc.gov/hepatitis-a/hcp/clinical-overview/index.html

CDC, H. (2025, Feb 7). *HIV Surveillance and Monitoring.* Retrieved from Centers for Disease Control and Prevention: https://www.cdc.gov/hiv-data/about/index.html

CDC, R. (2025). *National Viral Hepatitis Progress 2024 Report.* Retrieved from Centers for Disease Control and Prevention: https://www.cdc.gov/hepatitis/php/npr-2024/index.html

DHHS. (2021). *Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (*. Retrieved from U.S. Department of Health and Human Services: https://www.hhs.gov/sites/default/files/Viral-Hepatitis-National-Strategic-Plan-2021-2025.pdf

DHHS, V. (2021). *Viral Hepatitis National Strategic for the United States: A Roadmap to Elimination (2021–2025).* Retrieved from U.S. Department of Health and Human Services.: https://www.hhs.gov/sites/default/files/Viral-Hepatitis-National-Strategic-Plan-2021-2025.pdf

DHHS, V. (2025). *Viral Hepatitis Included in CDC "Winnable Battle" List*. Retrieved from U.S. Department of Health and Human Services: https://www.hhs.gov/sites/default/files/Whats-new-in-HCV-at-the-CDC-2020.pdf

DPH. (2021). *The South Carolina Annual Morbidity Report on Reportable Conditions*. Retrieved from South Carolina Department of Public Health: https://dph.sc.gov/professionals/public-health-data/biostatistics-publications/morbidity-report-reportable-conditions

DPH, D. (2023). *Drug Overdose Deaths*. Retrieved from South Carolina Department of Public Health: https://dph.sc.gov/sites/scdph/files/2025-03/Drug-Overdose-Report-2023.pdf

DPH, H. (2025). *South Carolina Epidemiologic Profile of HIV, AIDS, and Sexually Transmitted Infections 2023.* Retrieved from South Carolina Department of Public Health: https://dph.sc.gov/sites/scdph/files/2024-11/2023-EPI-State-Profile.pdf

DPH, S. (2025). *Hepatitis Overview*. Retrieved from South Carolina Department of Public Health: https://dph.sc.gov/diseases-conditions/infectious-diseases/hepatitis-overview

HCV. (2025). *HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C. Retrieved from HCV Testing and Linkage to Care*. Retrieved from American Association for the Study of Liver Disease and Infectious Diseases Society of America.: https://www.hcvguidelines.org/

HCV, G. (2023). *HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C.* Retrieved from HCV Testing and Linkage to Care: http://www.hcvguidelines.org/

HP. (2025). *Healthy People 2030 Infectious Diseases*. Retrieved from HealthPeople.gov: https://odphp.health.gov/healthypeople/search?query=viral%20hepatitis

IDSA. (2025). *American Association for the Study of Liver Disease and Infectious Diseases Society of America*. Retrieved from Infectious Diseases Society of America: https://www.hcvguidelines.org/

Johnson, N. &.-M. (2022, Mar-Apr). The Hepatitis C Clinical Exchange Network: A Local Health Department Partnership With Acute Care Hospitals to Promote Screening and Treatment of Hepatitis C Virus Infection. *J Public Health Manag Pract*. Retrieved from https://pubmed.ncbi.nlm.nih.gov/34347654/

Joshua Mercadel, S. K. (2022). *Vulnerability Assessment*. Retrieved from South Carolina Department of Public Health: https://justplainkillers.com/wp-content/uploads/2023/04/Vulnerability-Assessment-Report-and-Jurisdictional-Plan_2022.pdf

Mackey KM, B. E. (2023). *Effectiveness of Syringe Services Programs: A Systematic Review.* Retrieved from U.S. Department of Veteran Affairs: https://www.ncbi.nlm.nih.gov/books/NBK598962/pdf/Bookshelf_NBK598962.pdf

Nadine Kela-Murphy, M. S. (2022). *The Hepatitis C Clinical Exchange Network: A Local Health Department Partnership With Acute Care Hospitals to Promote Screening and Treatment of Hepatitis C Virus Infection*. Retrieved from J Public Health Manag Pract: https://pubmed.ncbi.nlm.nih.gov/34347654/

Nelson, N. W. (2020). *Prevention of Hepatitis A Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices*. Retrieved from National library of Medicine: https://pubmed.ncbi.nlm.nih.gov/32614811/

NHC. (2016). *An Overview of Hepatitis C in Prisons and Jails.* Retrieved from National Hepatitis Corrections Network: https://www.hcvinprison.org/resources/71-main-content/content/191-hepcprison

NHRC. (2025). *Harm Reduction Issues: Hepatitis C.* Retrieved from National Harm Reduction Coalition.: https://harmreduction.org/issues/hepatitis-c/

PPI. (2018). *Prison Policy Initiative Incarceration and Supervision by State*. Retrieved from Prison Policy Initiative: https://www.prisonpolicy.org/reports/correctionalcontrol2018.html

PSTF. (2020). *Final Recommendation Statement: Hepatitis C Virus Infection in Adolescents and Adults: Screening*. Retrieved from United States Preventive Services Task Force: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening

Schillie, S. V. (2018). *Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices.* Retrieved from CDC Morbidity and Mortality Weekly Report: https://www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm

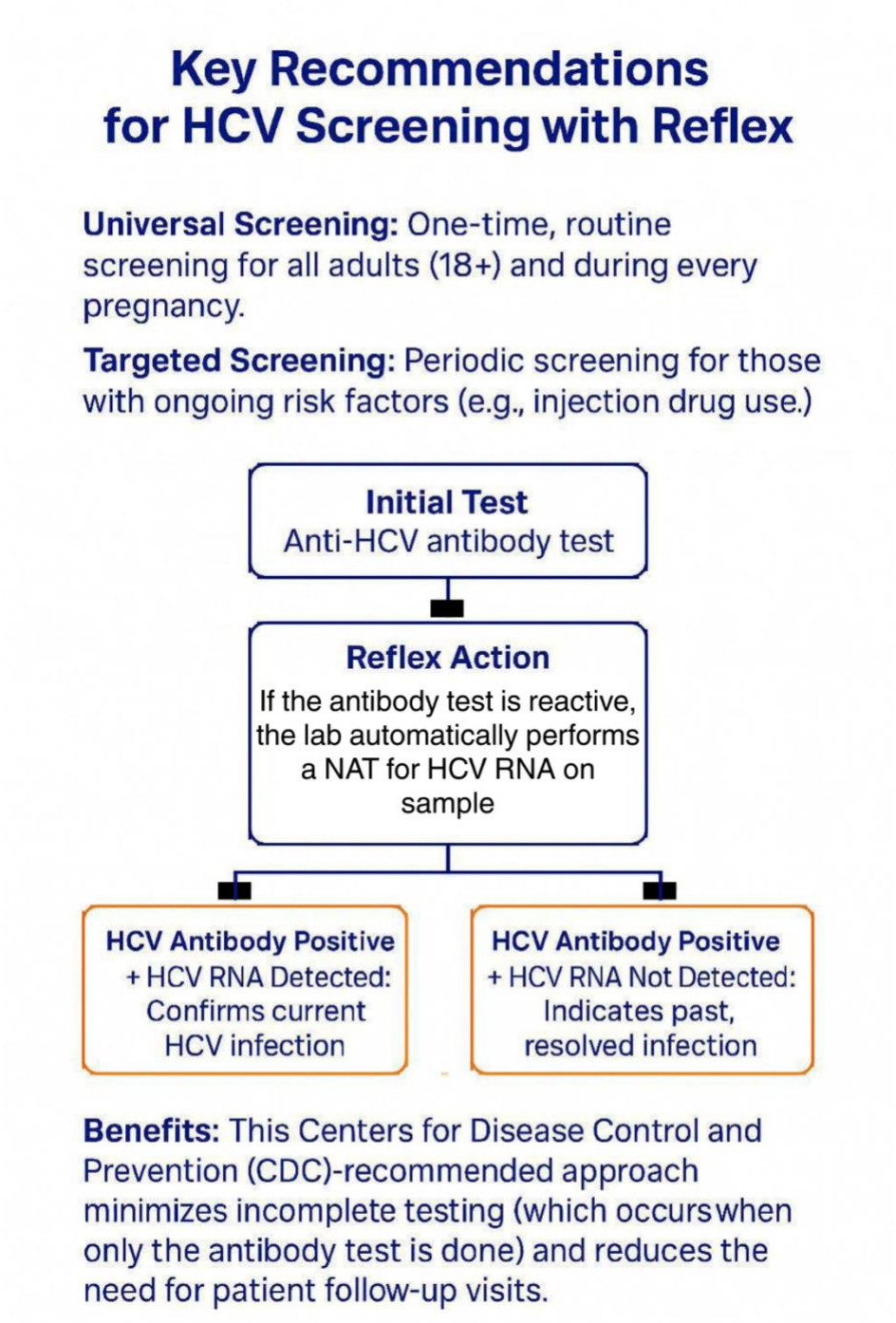
Schillie, S. W. (2020). *CDC Recommendations for Hepatitis C Screening Among Adults in the United States*. Retrieved from CDC Morbidity and Mortality Weekly Reports: https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm?s_cid=rr6902a1_w

USPSTF. (2020, March 2). *Final Recommendation Statement Hepatitis C Virus Infection in Adolescents and Adults: Screening.* Retrieved from U.S. Preventive Services Task Force: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening

VHS, R. (2023). *Viral Hepatitis Surveillance Report*. Retrieved from Centers for Disease Control and Prevention: https://www.cdc.gov/hepatitis-surveillance-2023/about/index.html

Zhen, Z. (2025, April). *Jail Inmates in 2023 - Statistical Tables*. Retrieved from Bureau of Justice Statistics: https://bjs.ojp.gov/library/publications/jail-inmates-2023-statistical-tables/web-report

Addendum


Key Recommendations for HCV Screening with Reflex
Universal Screening: One-time, routine screening for all adults (18+) and during every pregnancy.
Targeted Screening: Periodic screening for those with ongoing risk factors (e.g., injection drug use.)
Initial Test
Anti-HCV antibody test
Reflex Action
If the antibody test is reactive, the lab automatically performs a NAT for HCV RNA on sample
HCV Antibody Positive + HCV RNA Detected: Confirms current HCV infection
HCV Antibody Positive + HCV RNA Not Detected: Indicates past, resolved infection
Benefits: This Centers for Disease Control and Prevention (CDC)-recommended approach minimizes incomplete testing (which occurswhen only the antibody test is done) and reduces the need for patient follow-up visits.

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