South Carolina Viral Hepatitis Elimination Strategic Plan 2021-2025

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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
DAA	Direct-acting antiviral
DADE	Division of Acute Disease Epidemiology
DAODAS	South Carolina Department of Alcohol and Other Drug Abuse Services
DHEC	South Carolina Department of Health and Environmental Control
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
MAR	Medication-Assisted Recovery
PWID	People who inject drugs
SAMHSA	Substance Abuse and Mental Health Services Administration
SSP	Syringe service programs
STD	Sexually transmitted diseases
USPSTF	United States Preventive Services Task Force
VHC	South Carolina Viral Hepatitis Committee

Introduction

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 2021-2025, which consists of 3 goals, 13 objectives, and 49 strategies across five pillars (Advocacy, Policy, Data, Prevention and Screening, and Treatment). Development of this plan was a collaborative effort between many people representing a diverse group of South Carolina organizations. Implementing the proposed objectives and strategies are expected to help achieve the four goals by 2025.

Many important events have occurred since the 2016 South Carolina Viral Hepatitis Plan was implemented, such as advances in hepatitis C treatment, expansion of the hepatitis C screening guidelines, increased focus on the opioid epidemic, a statewide hepatitis A outbreak, and the COVID-19 pandemic. 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 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 actions. These partners include homeless shelters, recovery programs and support groups, opioid treatment programs, correctional facilities, halfway houses, food banks, plasma and blood banks, religious organizations, mental health organizations, community centers, free clinics, and many more. These organizations 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 South Carolina Department of Health and Environmental Control (DHEC) Division of Acute Disease Epidemiology (DADE), Immunizations, and Vital Statistics data.

Viral Hepatitis Overview

This section describes the burden of viral hepatitis in South Carolina and 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. Reports of chronic hepatitis A, B and C cases are required to be reported to DADE. Table 1 shows the number of viral hepatitis cases reported in 2018. It is important to note that the change in 5-year average incidence for hepatitis A and chronic hepatitis C infections rose by 374% and 493%, respectively, due to the ongoing hepatitis A outbreak and opioid epidemic (Division of Acute Disease Epidemiology, 2019).

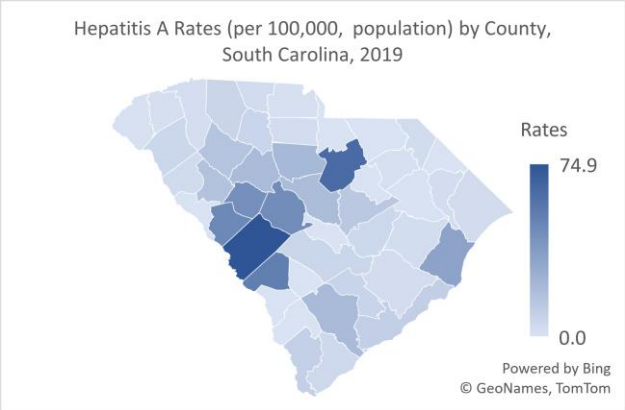
Table 1: Overview of Reported Hepatitis A, B, C Infections (Acute and Chronic) in South Carolina, 2018

	Hepatitis A Infection	Acute Hepatitis B Infection	Chronic Hepatitis B Infection	Acute Hepatitis C Infection	Chronic Hepatitis C Infection
Number of Cases	30	47	517	25	6,472
Incidence rate (Per 100,000 population)	0.59	0.92	10.17	0.49	127.30
Change from 5-year average incidence	374%	24%	1%	493%	74%

The following sections present an overview and surveillance data for Hepatitis A, B, and C.

Hepatitis A

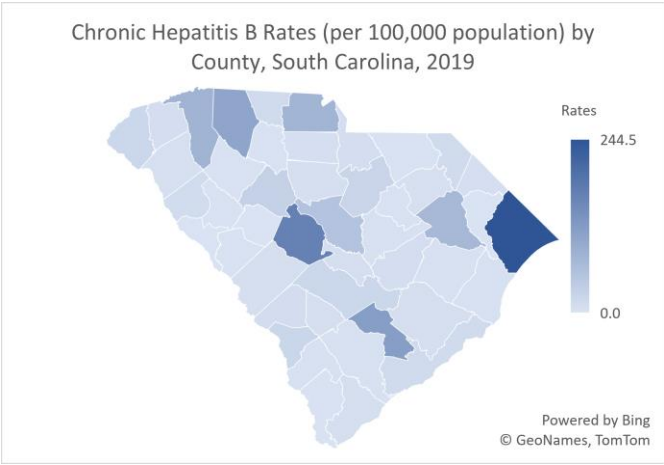
Hepatitis A is an acute infection that causes inflammation of the liver. The hepatitis A virus is spread through the fecal-oral route between people in close contact, or through contaminated food or water. Hepatitis A symptoms include fever, fatigue, jaundice, nausea, vomiting and dark stool. Most cases resolve, but complications of liver failure and death occur rarely. Hepatitis A is a vaccine-preventable disease, and the vaccine is a recommended routine childhood immunization.



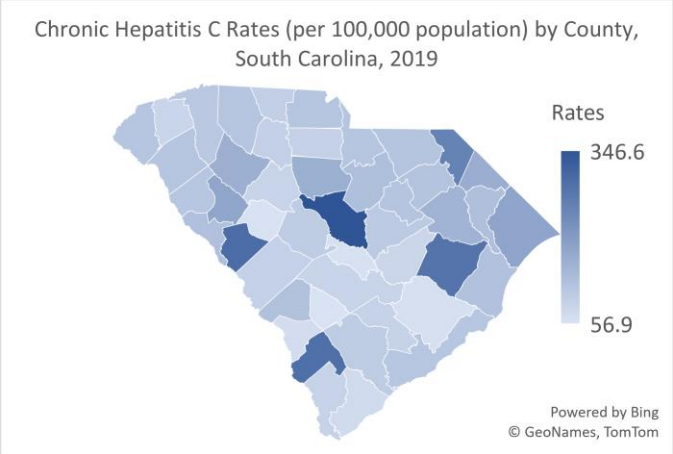
Beginning in 2018, South Carolina and many other states experienced a Hepatitis A outbreak A total of 2,239 cases were reported statewide from November 1, 2018, to April 30, 2022, when the outbreak was declared over. Those at highest risk of infection during the outbreak were people who use injection and non-injection drugs, people experiencing homelessness, and men who have sex with men. Hepatitis A cases identified in this outbreak had higher hospitalizations (1,170, or 53% of cases) and deaths (<1% of cases) as compared to typical cases. (South Carolina Department of Health and Environmental Control, 2021). This is potentially due to the underlying health status of the populations at risk during the outbreak.

Hepatitis B

The hepatitis B virus is bloodborne meaning it is spread by exposure through the skin or mucous membranes to the blood or body fluids of someone with acute or chronic hepatitis B infection, including through sexual contact. The hepatitis B vaccine is highly effective in preventing infection. Most adults who acquire hepatitis B clear the infection; however, and notably, infants who are infected from their mother are more likely to have chronic infections (9 out of 10 infants). 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. Chronic hepatitis B can cause liver damage, liver cancer, and death from complications of liver failure. There is no cure for Hepatitis B and people who begin treatment often will remain on treatment for the remainder of their lives



Hepatitis C



The hepatitis C virus is spread by exposure through the skin to infectious blood that primarily occurs in the U.S. through illicit drug use, although 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 8-12 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 healthcare-associated exposures. However, due to the opioid epidemic and the increase in transmission via injection drug use, Hepatitis C incidence is now increasing among younger population groups (Centers for Disease Control and Prevention, 2020).

Priority Populations

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, lack of access to services. People may be associated with various risks, and each person's risk is a combination of the groups to which they belong.

People with current or past injection drug 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 injection drug use. In South Carolina, the rate of opioid overdose deaths increased by more than 57% between 2014 and 2019. Additionally, the number of people entering state-funded treatment for opioid use disorder has increased rapidly. In the 2020 "Vulnerability Assessment Report and Jurisdictional Plan: South Carolina," which identifies counties at increased risk for bloodborne infections outbreak, eighteen out of forty-six counties (mostly in the Pee Dee region) were identified as high risk due to increases in injection drug use and related factors. 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.

South Carolina Department of Health and Environmental Control (DHEC)
Pee Dee Region
https://scdhec.gov/hepatitis
Prevention and Screening Pillar

In 2018, a hepatitis A outbreak was declared in South Carolina. People who use drugs, people experiencing homelessness, people who have been incarcerated and men who have sex with men were at high risk, with more than 2,000 cases identified throughout the state. In the Pee Dee Region, the Hepatitis A Team quickly developed creative solutions to meet high-risk populations where they were and found ways to safely provide services during the COVID-19 pandemic. By engaging existing and new partnerships, sharing timely epi data with stakeholders to inform decision making, and coordinating blitz clinics to increase vaccination in the hardest hit county, the Pee Dee Hepatitis A team made a great effort in limiting the spread of Hepatitis A.

People with current or past incarceration

It is estimated that 32,000 people are incarcerated in state prisons and local jails every day in South Carolina (Prison Policy Initiative, 2018). People who are incarcerated are at risk for 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 (National Hepatitis Corrections Network, 2016). In 2019 the South Carolina Department of Corrections (SCDC), which houses about 18,000 people daily, begun screening all people for HCV upon intake and provides 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)

Nationally, Baby Boomers are the largest age group chronically infected by HCV, they account for about 75% of chronic HCV infections, and have the highest mortality rates (U.S. Department of Health and Human Services, 2021). This trend is also evident in South Carolina. Fifty-one percent of all newly reported cases of chronic hepatitis C in the state in 2016 were among Baby Boomers. Given the number of Baby Boomers in SC (nearly 1 million people), it is important that this age group is targeted for HCV testing and referred to treatment.

People living with HIV

In 2019, over 20,000 people were living with HIV in South Carolina (Divsion of Surveillance, Assessment and Evaluation, 2020). 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 20-30% 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 (U.S. Department of Health and Human Services, 2021).

CAN Community Health
Columbia, SC
https://www.cancommunityhealth.org/
Prevention and Screening Pillar

CAN Community Health provides free, opt-out screening for Hepatitis C, wherein which clients receive education on Hepatitis C aimed to reduce stigma and increase understanding of Hepatitis C epidemiology and transmission. Further, Prevention Specialists at CAN Community Health work to reduce disparities by championing Hepatitis C Screening in the community. Utilizing a Mobile Testing Unit (MTU), CAN Community Health provides screening in underserved communities and non-traditional settings, such as centers for people experiencing houselessness. Last, employees of CAN Community Health are actively working to form collaborative partnerships with substance use treatment facilities and Medication Assisted Treatment (MAT) clinics to increase engagement with people who use injection drugs (PWID) and advocate for harm reduction methods.

Racial and ethnic minorities

Although race and ethnicity data people 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. 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. Also, African Americans and American Indians/Alaskan Natives have disproportionate rates of chronic Hepatitis C and related mortality (U.S. Department of Health and Human Services, 2021).

Pregnant women and infants

Pregnant women and infants are included as a priority population, since the prenatal period is a key point of prevention for Hepatitis B and C. During pregnancy, the CDC, the American College of Obstetricians and Gynecologists (ACOG), and the Society for Maternal-Fetal Medicine recommended that all women be screened for Hepatitis B and C (American College of Obstetricians and Gynecologists, 2021). Women who test Hepatitis B negative and have not been

vaccinated, should be vaccinated for hepatitis B during pregnancy; and women who are diagnosed with hepatitis B can begin treatment if indicated. 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 (U.S. Department of Health and Human Services, 2021). All infants should be given the hepatitis B birth dose, and those who born to women who are diagnosed with hepatitis B should be given hepatitis B immunoglobulin, which will reduce the risk of transmission by more than 85%. However, many infants do not receive the birth dose; only 71% of infants received it in South Carolina in 2016-2018 (U.S. Department of Health and Human Services, 2021) (Office of Disease Prevention and Health Promotion, 2020).

Elimination Plan

Plan Development

This Strategic Plan is the work of the South Carolina Viral Hepatitis Committee (VHC). The goal of this committee is to bring together community partners to work towards reducing the transmission of viral hepatitis and improving the lives of people living with viral hepatitis. The VHC has broad representation from over 100 stakeholders including healthcare providers, substance use disorder treatment centers, community-based organizations (CBOs), state agencies (DHEC, Department of Corrections, DAODAS), hospitals, non-profit organizations, pharmaceutical industry, and peer advocates from across the state (see Appendix 1 and 2 for a list of organizations and workgroup members).

Strategic planning for public health is essential for setting priorities, engaging communities and monitoring progress towards achieving positive health outcomes. Our purpose for developing, implementing, and evaluating this strategic plan is to:

- 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 sharing 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 two previous strategic plans, in 2009 and 2016. Both 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 2020, the Committee embarked upon developing the VH Strategic Plan 2021-2025. The process for developing the plan was facilitated by DHEC Viral Hepatitis Program staff. The initial in-person planning meeting was held May 2020 after

delays related to COVID-19, 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 five pillars of the plan (advocacy, policy, data, prevention and screening, and treatment) and the groups met to refine the strategies 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 released and the workgroups identified key themes in the national plan to include in the South Carolina plan. 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.

Target Audience

The objectives and strategies included in this plan are aimed at a varied group of healthcare providers, substance use disorder treatment providers, elected officials and state agencies, social service providers, community advocacy groups, and other people and organizations.

On the frontlines, primary care providers, especially at Federally Qualified Health Centers (FQHCs), community health centers, free medical clinics, and rural health centers, are key to increasing the number of people who are screened and vaccinated for viral hepatitis. These providers can also provide Hepatitis C treatment for many patients, which can increase access to treatment where infectious disease or gastroenterology specialists are not available or would be cost-prohibitive. Clinical support staff, such as case managers, social workers, administrative staff, and patient navigators are key to assisting clients and providers through the treatment process (linkage to care, patient assistance programs and prior authorizations, medication adherence, support groups, etc.). Hepatitis treatment providers (which include infectious disease providers, gastroenterologists, and hepatologists) are necessary for advanced disease management. Collaboration among these groups is necessary for clients to have a seamless process from screening to diagnosis to treatment and/or cure.

Many organizations, not just health care providers, can provide services in support of viral hepatitis elimination. These include:

- Substance use disorder treatment providers
- Recovery programs and support groups
- Services for people experiencing homelessness
- Food banks
- Colleges and universities
- High schools and teen programs
- Religious organizations
- Blood and plasma donation centers
- Mental health service providers
- Community centers and advocacy groups
- Law enforcement and corrections
- Elected officials
- And many others

This plan also targets many non-traditional stakeholders not directly involved in healthcare or public health as key partners to implement activities. Many of these organizations provide services to those at increased risk for viral hepatitis and are trusted in their communities. Also, many marginalized groups do not receive

medical care at traditional healthcare settings due to lack of insurance and/or means to pay for services, stigma and discrimination, and lack of access (transportation, hours, language, etc.). These partners can provide viral hepatitis information, screening, vaccination and even treatment (such as at opioid treatment programs) to their clients, reducing some of these burdens. A key theme across the plan is involving and collaborating with these organizations to increase the provision of viral hepatitis services.

Major Themes

Health Equity and Inclusiveness

This plan and its related activities are based on the understanding that many systems in healthcare, criminal justice, social services, public health, and others actively discriminate against marginalized people and that addressing discrimination and stigma is necessary to improve viral hepatitis outcomes. We recognize and value the differences among people in our state and understand the disproportionate impact that viral hepatitis causes in certain population groups. Working towards achieving health equity and removing barriers for marginalized people to access quality, culturally competent care is among the major themes through this plan.

Collaboration

One of the strengths of the VHC is its multi-sectoral and geographically diverse membership. Each member brings a varied and much need perspective of viral hepatitis in their organization and broader community. Many of the objectives and strategies in this plan rely on organizations to collaborate, share resources, and combat barriers together. Collaboration also should be fostered with non-traditional partners that serve population groups at risk for viral hepatitis, to increase opportunities to provide viral hepatitis programs and services. Additionally, success of this plan is dependent on integration of viral hepatitis with HIV, sexually transmitted diseases (STD), and substance use disorder programs and services. South Carolina programs have recognized this and has combined the Ending the Epidemics campaign as part of these intersecting epidemics.

Mission and 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

Goals

There are three overarching goals to this plan that focus on prevention, vaccination, screening, and treatment. Each goal has one or more indicators which will be measured using statewide public health, and vital statistics data. These goals reflect national priorities such as Health 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 (U.S. Department of Health and Human Services, 2021) (U.S.Department of Health and Human Services, 2020) (Centers for Disease Control and Prevention, 2020) (Centers for Disease Control and Prevention, 2019). More information on how these goals will be measured can be found in the Implementation, Monitoring and Evaluation Section.

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 2025

Indicator 1.2 Increase the percentage of children receiving the complete Hepatitis B vaccine series by 24 months in South Carolina to 85% by 2025

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 2025

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 2025

Five Pillars

The South Carolina Viral Hepatitis Elimination Strategic Plan is divided into five pillars: Advocacy, Policy, Data, Prevention and Screening, 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; and new services such as syringe service programs.

These 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. Progress on activities will be documented on the Action Plan (see Implementation, Monitoring and Evaluation section). 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

Increasing awareness and reducing stigma

Policy

Promoting state and institutional policies that decrease transmission and increase case detection

Data

Improving surveillance and data dissemination

Prevention & Screening

Reducing transmission and increasing detection of viral hepatitis

Treatment

Increasing the availability of treatment and improving outcomes

Advocacy

One of the main hurdles to improving viral hepatitis outcomes is the lack of awareness among healthcare providers and the broader community. The objectives and strategies under the Advocacy pillar focus on raising awareness, increasing funding, and centering on engaging people impacted by viral hepatitis.

Viral hepatitis programs are underfunded and often unable to provide services to many who need them. Funding is needed for awareness, prevention (harm reduction and vaccination), screening, linkage to care, and treatment. Many people who are at risk for acquiring viral hepatitis are also in need of social services, and basics such as transportation, food, and housing. Increased funding is necessary to achieve the outcomes of this plan.

Despite the large burden that viral hepatitis places on impacted populations, many are unaware of what viral hepatitis is, how it is transmitted and can be prevented, and that there is a cure for Hepatitis C, including many people that are at greater risk. Providing information to the community on viral hepatitis is crucial to achieving our goals, because it creates demand for viral hepatitis services and improves health outcomes. Organizations can use awareness days (May is National Viral Hepatitis Month and May 19th is National Hepatitis Testing Day) to engage their communities in viral hepatitis education and services. People affected by viral hepatitis deserve access to quality services that address the social determinants of health and foster voices in their care. The VHC will continue to recruit, welcome, and support people with lived experience to lead and participate in our efforts to improving viral hepatitis outcomes.

Objective 1: Increase funding for viral hepatitis programs 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 and local governments to provide funding for prevention, screening, and treatment services.

Strategy 1.2 Advocate for a comprehensive system of viral hepatitis medical care, including essential support services, and medications for people with low-income affected by viral hepatitis who are uninsured and underserved, similar to the Ryan White Program for HIV.

Objective 2: Increase knowledge and awareness about viral hepatitis in the general public and amongst traditional and non-traditional partners

Strategy 2.1 Utilize traditional and social media to raise awareness about viral hepatitis in the general public.

Strategy 2.2 Increase awareness among non-traditional partners of the viral hepatitis burden in the communities that they serve.

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).

Objective 3: Ensure that marginalized groups and people with lived experience have access to viral hepatitis services, and are meaningfully engaged in outreach and other activities

Strategy 3.1 Advocate for increased access to prevention, care, and treatment for people who inject drugs, especially in rural areas (such as for naloxone, Medication-Assisted Recovery (MAR) and other substance use disorder treatment).

Strategy 3.2 Remove barriers, such as stigma and discrimination due to hepatitis status, race and ethnicity, gender and gender identity, language, sexuality, and socio-economic factors (transportation, cost, insurance) restricting people from receiving the care that they need.

Strategy 3.3 Ensure inclusion of people living with and affected by viral hepatitis in all activities.

Policy

The Policy pillar objectives and strategies are aimed at making systematic changes to viral hepatitis policy; specifically, supporting legislation to legalize syringe service programs and ensuring health systems have a documented policy regarding universal Hepatitis C screening. These two policy changes, when implemented on a large scale, will considerably reduce the number of people acquiring viral hepatitis via injection drug use and increase the number of people who are diagnosed, and linked to care, treatment, and support services.

Challenges Inc.
Upstate region
www.challengesinc.org
Policy Pillar

Challenges Inc has been promoting evidence-based disease prevention measures since 2017 and has been educating the public to expand awareness and eradicate stigma since then. At Challenges Inc, we understand that our success in public health depends on our relationships in the community. In 2020, Challenges Inc distributed 3,750 doses of Naloxone and performed 121 overdose reversals.

Syringe service programs are very effective in reducing the transmission of blood-borne infectious diseases and can reduce transmission of HIV and HCV by up to 50% (Centers for Disease Control and Prevention, 2019). Many of the new cases of Hepatitis C in the state are driven by the opioid epidemic and injection drug use, and there is at risk for an outbreak of HCV in South Carolins as demonstrated in the Vulnerability Assessment and the Determination of Need for Syringe Service Programs approved by CDC (Centers for Disease Control and Prevention, 2020). Syringe service programs offer a variety of services, including syringe exchange and disposal, substance use disorder treatment, naloxone distribution, education on overdose and infectious disease, screening for HBV/HCV/HIV, referrals to social services, and much more. Many of the concerns around SSPs suggest their operation increases drug use and crime; however this has not been proven, and in fact, SSPs can improve public safety by reducing needlestick injuries and averting overdose deaths (Schneider & Khan, 2020) (Centers for Disease Control and Prevention, 2019).

In addition to policies aimed at reducing transmission, a policy aimed at increasing detection of viral hepatitis is much needed. In the spring of 2020, the CDC and USPSTF updated their screening guidelines for Hepatitis C to include a one-time screening for adults and additional screening for people with risk factors (Schillie, Wester, Osborne, Wesolowski, & Ryerson, 2020) (United States Preventive Services Task Force, 2020). Opt-out HCV screening is recommended by the AASLD/IDSA as a measure to greatly reduce the number of people who are unaware of their Hepatitis C infection (American Association for the Study of Liver Disease and Infectious Diseases Society of America, 2020). The Policy workgroup will focus on assisting large health systems with developing and implementing this policy.

Objective 4: Support the legalization and development of syringe service programs (SSPs) 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 4.1 Educate, promote and advocate for syringe service programs to state, county and city law enforcement and elected officials.

Strategy 4.2 Coordinate with DHEC, Department of Alcohol and Other Drug Abuse Services (DAODAS), local law enforcement, substance use disorder treatment agencies and other partners to implement a syringe exchange program upon passage of legislation.

Strategy 4.3 Utilize community champions to engage and provide the community with evidence-based information on the benefits of syringe service programs to gain support.

Objective 5: Increase the number of organizations with documented policy related to HCV screening where eligibility is based on updated Centers for Disease Control and Prevention (CDC) and U.S. Preventive Services Task Force (USPSTF) guidelines

Strategy 5.1 Promote stated, routine, opt-out policies for viral hepatitis screening that is included in the general consent for care.

Strategy 5.2 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 5.3 Promote increased provider identification for Hepatitis B-related risk factors and increased risk-based Hepatitis B screening

Strategy 5.4 Encourage organizations to decrease or eliminate the financial burden of screening for underinsured and uninsured people.

Affinity Health Center
Rock Hill, SC
https://www.affinityhealthcenter.org
Policy Pillar

Universal opt-out HBV/HCV screening in healthcare is vital to increasing the number of people who are aware of their status. Affinity Health Center has screened an average of 98% of all new patients for viral hepatitis since implementing an opt-out policy. Affinity Health Center began as an AIDS Service Organization providing medical care, including universal HBV/HCV screening, to their Ryan White clients. When Affinity transitioned to a FQHC in 2014-15, they continued that standard of care by implementing opt-out HBV/HCV screening into primary care services for new patients. The key to this continued success was creating a standard lab panel for all new patients that included opt-out testing for viral hepatitis and HIV.

Data

Access to quality data drives advocacy and prevention efforts and improves patient outcomes. This pillar focuses on improving data sharing between providers and viral hepatitis surveillance. 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 HIV 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" (Centers for Disease Control and Prevention, 2020). A collaboration between healthcare 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 (Johnson & Kela-Murphy, 2020).

South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)
http://justplainkillers.com/data/
Data Pillar

Provides state and county level data for opioid use and related indicators ranging from infectious diseases to prescription drug monitoring data. The data portal is updated annually; the main limitation is the amount of time it takes to gather the data. We collaborate with many state agencies such as DHEC and Office of Revenue and Fiscal Affairs (our collaborations are our main success).

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 DHEC Division of Acute Disease Epidemiology (DADE) (South Carolina Department of Health and Environmental Control, 2021). DHEC 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, DADE 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 DHEC 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 6: Improve data sharing among healthcare facilities to improve the care and treatment of people with viral hepatitis

Strategy 6.1 Improve accessibility of patient data across providers to improve healthcare communication while ensuring security of patient data.

Strategy 6.2 Explore creating a Data-to-Care model for HBV/HCV to re-link out-of-care clients to treatment.

Objective 7: Improve the collection, analysis, and dissemination of viral hepatitis surveillance data

Strategy 7.1 Develop continuum of care and prevalence estimates for Hepatitis C from surveillance data.

Strategy 7.2 Improve capacity for complete, timely and accurate disease reporting among healthcare providers and laboratories.

Strategy 7.3 Enhance surveillance efforts to increase early identification of infection in at-risk groups, especially young people who inject drugs (PWIDs).

Strategy 7.4 Improve reporting on demographics, risk factors and disease state (acute and/or chronic).

Strategy 7.5 Improve dissemination of data on viral hepatitis transmission, trends and demographics to healthcare providers, decision makers and the community.

Strategy 7.6 Improve monitoring and analysis of viral hepatitis morbidity and mortality from hospital and other data sources.

Strategy 7.7 Analyze surveillance data to identify areas where an increase in prevention and/or treatment services are needed.

Prevention and Screening

The objectives for the Prevention and Screening pillar focus on three targets: risk reduction, vaccination, and screening. Progress on these objectives correlate 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 managed use, syringe exchange, overdose prevention, and Medication-Assisted Recovery for substance use disorder reduce the risk of adverse health events and death (National Harm Reduction Coalition, 2020). 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 CDC Advisory Committee on Immunizations Practices (ACIP) recommends Hepatitis A and B vaccines as routine childhood vaccinations, as well as for all adults at risk and who request vaccination (Nelson, et al., 2020) (Schillie, et al., 2018). In November 2021, ACIP voted to recommend Hepatitis B vaccination to all adults between 18-59, regardless of risk factors (this recommendation has not been finalized as of December 15, 2021). 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, et al., 2020) (Schillie, et al., 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.

Medical University of South Carolina, Emergency Department
Charleston, SC
http://musc.edu
Prevention and Screening Pillar

MUSC's emergency department offers opt-out screening for HCV of any adult parties presenting to the ED for emergency care. MUSC has been able to screen between 500 and 1,000 patients a month??? since. Although screening has gone well, the biggest barrier is linking positive patients to care. Increasing collaboration at the state level to assist with care and treatment would improve outcomes for our patients.

The CDC estimates that 50 percent 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, Wester, Osborne, Wesolowski, & Ryerson, 2020). In December 2020, the USPSTF reaffirmed the 2014 Hepatitis B screening guidelines, to focus screening on people at increased risk (United States Preventive Services Task Force, 2020). Healthcare 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: Prevent new viral hepatitis infections

Strategy 8.1 Promote risk and harm reduction activities for people who inject drugs to decrease the number of new infections due to injection drug use. Ensure inclusion of harm reduction activities in viral hepatitis prevention programs and messaging.

Strategy 8.2 Develop and implement viral hepatitis outbreak response activities.

Strategy 8.3 Promote Hepatitis A and B vaccination for prevention in adults.

Strategy 8.4 Coordinate with maternal and child health and other partners to eliminate mother-to-child transmission of Hepatitis B and Hepatitis C.

Objective 9: Increase viral hepatitis screening for all ages

Strategy 9.1 Promote cultural change at institutions on the practice and impact of universal screening and decreasing stigma towards marginalized persons to increase screening.

Strategy 9.2 Ensure providers are updated on changes to CDC/U.S. Preventive Services Task Force (USPSTF) screening guidelines and educated on the practice and impact of promoting opt-out screening.

Strategy 9.3 Increase early diagnosis of viral hepatitis to reduce ongoing transmission.

Strategy 9.4 Increase the number of commercial and hospital-based laboratories conducting Hepatitis C ribonucleic acid (RNA) reflex testing.

Objective 10: Reduce disparities and associated viral hepatitis risk among people and communities

Strategy 10.1 Increase screening in underserved and hard-to-reach populations by targeting screening programs and outreach activities to non-traditional locations such as Emergency Departments, substance use disorder treatment centers, and rural areas.

Strategy 10.2 Increase linkage to harm reduction and substance use disorder treatment for people who inject drugs.

Strategy 10.3 Increase engagement with PWIDs and other underserved communities to reduce the risk of viral hepatitis infection.

Treatment

The Treatment pillar focuses on increasing access to treatment and improving patient outcomes. The objectives and strategies for this pillar build towards goals three and four (decreasing viral-hepatitis related mortality and increasing the number of people cured of Hepatitis C). Since the introduction of direct-acting antivirals (DAAs) for Hepatitis C treatment, the efficacy rate of cure has increased to over 95%. However, due to the initial high cost of these medications, many insurers restricted access (such as requiring sobriety and high disease severity). In recent years, many of these restrictions are being repealed, but many people in need have not been able to access treatment. South Carolina Healthy Connections (the state Medicaid program) has reduced many of its initial restrictions, but still requires screening and counseling for alcohol and substance use disorder, and that prescriptions are written in consultation with a specialist (National Viral Hepatitis Roundtable and Center for Health Law and Policy Innovation of the Harvard Law School, 2017). The recent simplified HCV treatment guidelines allow for primary care providers and other non-specialists to provide care for treatment-naïve clients without cirrhosis (American Association for the Study of Liver Disease and Infectious Diseases Society of America, 2020). Increasing education and training for these providers to confidently provide Hepatitis C care is the focus of many strategies in this pillar.

MUSC Specialty Pharmacy
Charleston, SC
https://muschealth.org/medical-services/pharmacy/specialty-pharmacy-services
Treatment Pillar

The MUSC Specialty Pharmacy provides advanced disease management, works with insurance and industry to ensure best outcomes for patients, assists prescribers in agent selection insurance approval and lab monitoring, facilitates patient enrollment in free drug programs, and does research contributing to the field like HCV NAT+ organ donation, and impact of pharmacists on adherence and insurance approval.

Additionally, this plan urges providers to create innovative linkage to care and treatment models to increase access for underserved patients. Hepatitis C and Medication-Assisted Recovery (MAR) programs that are co-located are an example of this. 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 aware of local resources are important for treatment success.

Objective 11: Increase and improve access to quality viral hepatitis treatment

Strategy 11.1 Identify provider champions and develop viral hepatitis mentoring programs.

Strategy 11.2 Increase access to training, education, and materials for viral hepatitis treatment providers.

Strategy 11.3 Increase the capacity and number of providers who provide Hepatitis B and C treatment.

Strategy 11.4 Ensure that people who inject drugs (PWIDs) are not denied access to treatment services, due to stigma or sobriety restrictions.

Strategy 11.5 Promote co-located Hepatitis C treatment in substance use disorder treatment centers.

Strategy 11.6 Provide advanced disease management to people in need.

Strategy 11.7 Promote telemedicine and other alternatives to increase access to treatment.

Objective 12: Increase linkage to care and case management services for people living with viral hepatitis to increase the number of people entering, retained in and/or completing treatment

Strategy 12.1 Develop new models of linkage to care that address barriers faced by underserved groups.

Strategy 12.2 Address social determinants of health across the continuum of care, by providing case management services to increase linkage, retention, completion of treatment, and to decrease re-exposure (including continuing services post treatment).

Strategy 12.3 Improve sharing of resources and connections to increase linkage to treatment and supportive services.

Cooperative Health DBA Eau Claire Health Care Centers
Columbia, SC
www.ecchc.org
Treatment Pillar

Cooperative Health is a multi-group FQHC with over 18 sites serving 4 counties. Our services include Internal Medicine, Family Practice, Pediatric Infectious Disease, Pediatrics, Ob/Gyn, Podiatry, Orthopedics, Dentistry, Behavioral Health, HIV, Pre and Post HIV exposure prophylaxis, and viral hepatitis care. Cooperative Health has primary care physicians certified in HIV management. We include Hepatitis C and HIV screening as part of routine labs for all our adults. This is a process we have adopted prior to USPTF recommendation to screen people above 18 years for Hepatitis C. Our goal has been to link our viral hepatitis patients into care within 2 weeks of diagnosis. Our physicians participate in the USC viral hepatitis telehealth series.

Objective 13: Increase access to medications for all patients with viral hepatitis

Strategy 13.1 Increase the capacity and number of primary care providers able to prescribe Hepatitis C medications independently.

Strategy 13.2 Negotiate with insurers regarding barriers to treatment and prescribing restrictions.

Strategy 13.3 Explore large-scale negotiations between pharmaceutical companies and state insurers to treat large numbers of patients for a fixed price.

Implementation, Monitoring and Evaluation

With these objectives and strategies in place, we will work together towards implementing and achieving our stated goals. Each individual and organization can contribute to the success of this plan by implementing activities in line with the objectives and strategies. The workgroups and other partners can assist organizations in implementing the objectives and strategies through technical assistance meetings and collaborative events. For example, one agency may want to expand their Hepatitis C screening program into rural areas and can partner with another agency that operates a mobile clinic. The VHC will host meetings for the larger community to assist partners with implementation and building partnerships. Additionally, Implementation Guides for each pillar developed by the workgroups can assist organizations with setting priorities, identifying activities and local resources. The Implementation Guides can be found here.

Many of the activities for this plan will be coordinated and led by the pillar workgroups. The workgroups will identify one or two strategies to undertake as a collective. The multi-sectoral and geographically diverse nature of the workgroups increases the impact and spread of the activities they will undertake. Workgroups will also closely monitor their progress in achieving their selected objectives and strategies and report on progress to the larger group.

Progress on the plan will be monitored throughout the year for other activities undertaken by the Committee members. Organizations are asked to record their activities supporting this plan in the Action Sheet found here (an example of the electronic version can be seen below). In the first year of implementation, the VHC will host a monitoring and evaluation workshop to assist organizations with documenting their successes and barriers to achieving their selected objectives. Throughout the life of the plan, organizations can request technical assistance from the DHEC VH program, the pillar workgroups, and/or other partners.

Table 2: Action Plan

Pillar: Goal:						
Objective/ Strategy	Activities	Lead Agency	Partner Agencies	Timeline	Outcomes	Resources/Barriers
1.	1.					
	2.					
	3.					
	4.					
Add as needed	5.					

Yearly progress on this plan will be documented online and shared with partners. Data for the goals will be gathered semi-annually and shared with the VHC and other stakeholders.

Indicators

The collective impact of the work on the objectives and strategies will be reflected in the progress towards the goals. Each goal has one or two indicators that will be used to measure progress statewide. Each indicator is measured based on statewide surveillance, immunizations, and vital statistics data. Indicators were chosen based on applicability to the Plan's goals, ability to demonstrate progress statewide, and consistent annual statewide data gathering. Where the data is available, the indicators will be stratified by age, gender, gender identity, and race/ethnicity. However, many indicators currently have unreliable race/ethnicity and gender identity data due to limited reporting by labs and providers to DHEC. Additionally, where applicable, indicators align with the CDC Division of Viral Hepatitis Strategic Plan, HHS Viral Hepatitis National Strategic Plan, and Health People 2030. A key difference is that many national targets are based on estimates, while the targets in this plan are based on reported numbers. Baseline year for all indicators is 2018, except for Indicators 2.1 and 4.1. This is due to negative Hepatitis B and C tests not being reportable to DHEC until January 1, 2020, and Hepatitis C clearance not being able to be determined until one year and three months after starting measurement. Progress towards these indicators will be measured and reported annually.

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)	Data Source
Hepatitis A	Number of cases	30	23	SCION
Acute Hepatitis B	Number of cases	45	34	SCION
Chronic Hepatitis C	Number of cases	6,489	4,867	SCION

Hepatitis A, B and C infections are reportable to DHEC Division of Acute Disease Epidemiology (DADE). The data is stored in the South Carolina Infectious Disease and Outbreak Reporting Network (SCION). Confirmed and probable cases of hepatitis are determined based on CDC's case definition. Although this indicator is intended to measure newly acquired or acute cases of hepatitis, chronic Hepatitis C cases are used instead of acute cases due to case under ascertainment and underreporting of acute cases. While there is no South Carolina specific estimate of the number of acute cases per year; nationally, the CDC

estimates that there were 13.9 infections for each reported case of acute Hepatitis C (Centers for Disease Control and Prevention, 2021). Additionally, with increased funding for viral hepatitis surveillance and other activities during this plan period, we expect that number of acute Hepatitis C cases reported to and investigated by DHEC will increase, even if the actual incidence in the community has decreased.

Indicator 1.2 Increase the percentage of children receiving the complete Hepatitis B vaccine series by 24 months in South Carolina to 85% by 2025

Core Indicator	Measure	Baseline Value (2018)	Plan Target (2025)	Data Source
Hepatitis B vaccine series (3 doses)	Percent of infants	76%	85%	SIMON/ Vital Statistics

The DHEC Division of Immunizations collects and manages data on vaccinations received from medical providers through SIMON. To determine the percentage of children receiving the Hepatitis B vaccine series by 24 months, the number of children born in a specified year who received the complete Hepatitis B vaccine series (numerator) is divided by the number of live births that same year (denominator). Live birth data was obtained from the DHEC Division of Vital Statistics (South Carolina Department of Health and Environmental Control, Vital Statisitcs, 2020). Please note that this measure differs from the national target in that it uses state immunizations data, while the national target uses data from the nationally representative National Immunizations Survey.

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

Indicator 2.1 Overall increase the number of people screened for Hepatitis B and C in South Carolina by 2025

Core Indicator	Measure	Baseline Value (2021)	Plan Target (2025)	Data Source
Hepatitis B screening	Number of people screened	135,767	Increase	SCION
Hepatitis C Antibody Test (HCV Ab)	Number of people screened	228,270	Increase	SCION

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 the DADE

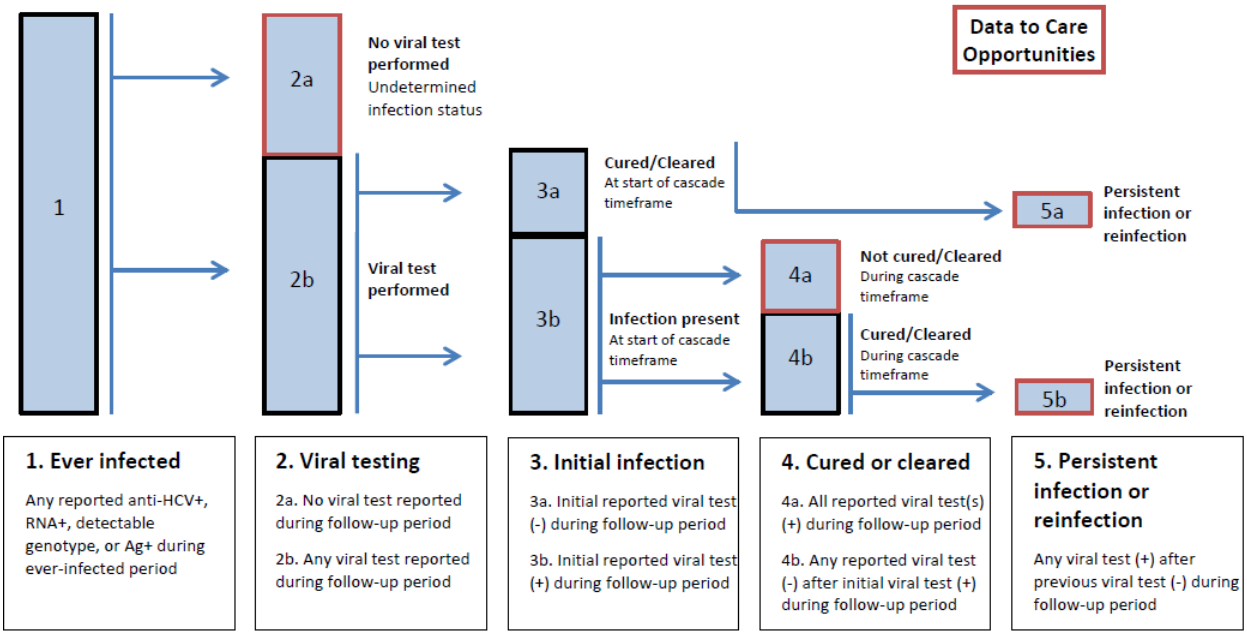
were used. While all providers are required to report any positive Hepatitis B and C test result, only laboratories submitting via Electronic Laboratory Reporting (ELR) are required to submit negative results. This number does not capture the total number of people screened, since the negative test results 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 Overall increase in the number of people cleared of Hepatitis C virus infection in South Carolina by 2025				
Core Indicator	Measure	Baseline Value (2021)	Plan Target (2025)	Data Source
Hepatitis C clearance	Number of people	375	Increase (%?)	SCION

Hepatitis C clearance will be measured according to the CDC "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. To find the number of people cleared in the baseline year 2021, the number of people ever infected (having a positive HCV antibody or RNA test) between January 1, 2020 to December 31, 2020, will be evaluated to see if they received any follow up lab testing (HCV RNA tests performed or a negative HCV RNA after initial positive test) between January 1, 2020 and December 31, 2021. Those with a negative test result in the follow up period will be considered cleared of infection. Below is the laboratory-based Hepatitis C clearance cascade from CDC (Centers for Disease Control and Prevention, 2021).

Figure 1. Laboratory-based Hepatitis C Virus Clearance Cascade for "202X" Evaluation Year—[Jurisdiction], [Starting point]–[End of follow-up period]



Abbreviations: anti-HCV+, antibody positive; Ag+, antigen positive; RNA+, ribonucleic acid positive

Note: Viral testing includes any HCV RNA, HCV genotype, or HCV core antigen test. (+) is defined as detectable HCV RNA or antigen; (-) is defined as undetectable HCV RNA or antigen.

Closing

The VHC has developed a multifaceted strategic plan that makes eliminating viral hepatitis feasible once all elements are implemented. We have the people, and the will, to prevent, identify, treat and cure viral hepatitis infections. The South Carolina Viral Hepatitis Elimination Strategic Plan 2021-2025 reflects the hard work of many people and organizations across the state dedicated to viral hepatitis elimination. We would like to acknowledge all the people and organizational representatives who participated in the development of this plan. A list of organizations and work group members can be found in Appendix 1 and 2. Their dedication to this project and to serving people impacted by viral hepatitis is tremendous and cannot be understated. By synchronizing our goals across organizations, sectors, counties and regions, South Carolina is in the best place we have ever been to eliminate viral hepatitis.

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Appendix

Appendix 1: South Carolina Viral Hepatitis Committee Represented Organizations

Affinity Health Center
AID Upstate
Alpha Center
CAN Community Health
CareSouth Carolina
Careteam Plus
Center for Behavioral Health
Challenges, Inc.
Charleston Center
Cooperative Health Center
Cornerstone
Ernest Kennedy Center
Family Health Center, Inc.
Fetter Health Care Network
Friendship Medical Clinic
Gastro Associates
Gilead Science, Inc.
Greenville Free Medical Clinic
Hispanic Outreach
HopeHealth
LRADAC
Medical Group of the Carolinas
Medical University of South Carolina (MUSC)
New Horizon Family Health Services
Palmetto AIDS Life Support Services
Phoenix Center
Prisma Health
Prisma Health-USC
South Carolina Department of Corrections
South Carolina Department of Drug and Alcohol Abuse Services
South Carolina Department of Health and Environmental Control
South Carolina Department of Health and Human Services
South Carolina Gastroenterology Association
South Carolina Harm Reduction Coalition
South Carolina Hospital Association
South Carolina Office of Rural Health
South Carolina Primary Health Care Association
South University
Tandem Health
Tri-County Commission on Alcohol and Drug Abuse
Wright-Wellness Center

Appendix 2: List of Workgroup Members

Many thanks to our workgroups for their hard work refining this plan and for leading the implementation efforts. And a special thanks to our workgroup co-leads (who are bolded) for their leadership and direction!

Advocacy	Policy	Data
Jacqueline K. Cue *CareSouth Carolina*	Linda Brown *DAODAS*	Adelero Adebajo *Cooperative Health*
Ronnie Goodman *Wright-Wellness Center*	**Marc Burrows** *Challenges, Inc.*	**Susan Cordero Romero** *Prisma Health*
Madison Hall *South Carolina Primary Health Care Association*	Madison Hall *South Carolina Primary Health Care Association*	Jacqueline K. Cue *CareSouth Carolina*
Jess Knapp *Prisma Health*	Jess Knapp *Prisma Health*	Sazid Khan *DAODAS*
Rebecca Maddox *The Phoenix Center*	Rebecca Maddox *The Phoenix Center*	Rebecca Maddox *The Phoenix Center*
Kristen Mesisco *Advocate*	Liz Mallas *Gilead FOCUS*	Miesha J. Shavers-Thomas *CareSouth Carolina*
Brodderick D. Roary *CareSouth Carolina*	Beth Morgan *South Carolina Hospital Association*	
Susan Cordero Romero *Prisma Health*	Deborah Munchmeyer *South Carolina Health and Human Services*	
	Miesha J. Shavers-Thomas *CareSouth Carolina*	
	Audrey Thomas *CAN Community Health*	
	Jessica Tillman *DHEC*	

Prevention and Screening	Treatment	
Steven Batts *Careteam Plus*	**Adelero Adebajo** *Cooperative Health*	
Marc Burrows *Challenges, Inc.*	Jacqueline K. Cue *CareSouth Carolina*	
Susan Cordero Romero *Prisma Health*	Prerana Jain Roth *Prisma Health*	
Jacqueline K. Cue *CareSouth Carolina*	Alain Litwin *Prisma Health*	
Ronnie Goodman *Wright-Wellness Center*	Mulamba Lunda *Cooperative Health*	
Marvin Hampton *HopeHealth Florence*	Rebecca Maddox *The Phoenix Center*	
Jess Knapp *Prisma Health*	Hope McQueen *CareSouth Carolina*	
Gweneth Lazenby *MUSC*	Eric Meissner *MUSC*	
Mulamba Lunda *Cooperative Health*	Brodderick D. Roary *CareSouth Carolina*	
Liz Mallas *Gilead FOCUS*	**Kenric Ware** *Cooperative Health*	
Rebecca Maddox *The Phoenix Center*		
Bobby Rogers *CAN Community Health*		
Miesha J. Shavers-Thomas *CareSouth Carolina*		
Lucianda Smith *LRADAC*		
Audrey Thomas *CAN Community Health*		

Facilitators (DHEC Viral Hepatitis Program Staff): Pamela Davis, Zakiya Grubbs and Michelle Moody

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: https://scdhec.gov/hepatitiscommittee
- Elimination Strategic Plan: https://scdhec.gov/hepatitisplan
- Action Sheet: https://forms.office.com/g/mmj7mFq3cN

South Carolina

- DHEC Hepatitis Website: https://scdhec.gov/infectious-diseases/hepatitis-overview
- South Carolina HIV, STD, Hepatitis Service Locator: https://gis.dhec.sc.gov/HIVLocator/
- 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/ssp/docs/SSP-Technical-Package.pdf

Data

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

Prevention and Screening

- ACIP Hepatitis A Vaccination Recommendations: https://www.cdc.gov/mmwr/volumes/69/rr/rr6905a1.htm
- ACIP Hepatitis B Vaccination Recommendations: https://www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm
- 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
- 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