

Hepatitis C Care Cascade

The CDC estimates that approximately 3.5 million people in the U.S. are living with Hepatitis C (HCV). The overall goals for addressing Hepatitis C are to ensure HCV-infected persons are tested and aware of their status, receive counseling to prevent transmission and receive appropriate medical care and treatment to decrease the risk of liver cancer and death. Persons who inject drugs (PWID) are disproportionately impacted by HCV and need improved access to HCV screening, vaccination for other conditions, and linkage to care.

Individuals who were born between 1945 and 1965 (Baby Boomers) are also at risk for chronic infection due to lack of screening and limited infection prevention strategies prior to 1992. It is recommended that Baby Boomers receive a one-time only screening for hepatitis C, barring any additional risk factors.

The North Carolina Department of Health and Human Services (NCDHHS) recognizes the need to collaborate with local health departments and community organizations and bringing public and private entities together to strive toward shared health goals. NCDHHS efforts are geared towards:

- Increasing the number of persons that are tested for Hepatitis B (HBV) and HCV and are made aware of their status.
- Implementing strategies to increase testing in hard-to-reach populations.
- Facilitating linkage to recommended care and treatment services for persons who test positive for HBV and HCV.

Testing

Beginning in 2016, select identified “vulnerable counties” in NCALHD Regions 1,2,3 and 8 were able to offer risk-based HCV screening for uninsured individuals through the NC State Laboratory of Public Health (NCSLPH). As of May 1, 2017, all 85 local health departments are now able to submit specimens for testing of HCV through NCSLPH.

Linkage to Care

The North Carolina Viral Hepatitis Program (NCVHP) manages a statewide bridge counselor program to promote linkage to care for patients with viral hepatitis. Bridge counselors are a vital component of successfully engaging people in care as they offer support and guidance to those who may otherwise have difficulty accessing both medical treatment and social services. The NCVHP provides assistance when recently diagnosed patients cannot be contacted for follow-up by their local health department or CBO in areas without a designated local bridge counselor.

- Placement of Region 1 – HCV Bridge Counselor in Jackson County, March 2017
- Placement of Region 2/3 – HCV Bridge Counselor in Buncombe County, January 2018
- Placement of Region 8 – HCV Bridge Counselor in New Hanover June 2018
- State HCV Bridge Counselor hired, July 2018

Access to Treatment & Cure

The NCVHP, in collaboration with Duke University and the University of North Carolina-Chapel Hill, developed a partnership to address limited resources for hepatitis C treatment. The mission of the North Carolina Hepatitis Academic Mentorship Program (CHAMP) is to improve the health of rural and underserved communities in North Carolina by building a primary care workforce with the expertise to manage and cure hepatitis C.

Pre-Treatment Labs

The NCVHP has established partnerships with several counties in NC to cover the cost of the following lab tests and services to assist with “staging” patients testing positive for HCV to ensure that treatment regimens are appropriate:

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| • CBC | • PT/INR |
| • sCr | • LFTs: ALT, AST, ALP, albumin, tbili |
| • Iron | • HCV Genotype |
| • HCV RNA | • Hep A IgG |
| • HBsAg/Hbcore | • NS5A resistance testing |
| • Ferritin | • Fibroscan |
| • Ultrasound | • Hepatitis A and B vaccines, if needed and appropriate |

NC Viral Hepatitis Program (NCVHP)

In the last five years, incidence rates of both acute Hepatitis B and C has risen steadily throughout the United States; North Carolina is no exception. NC has seen higher than the national average incidence rates for both diseases. Outbreaks of Hepatitis A have also increased across the U.S. since 2017; although North Carolina has not experienced outbreaks as severe as those seen in other states, there has been an increase in the number of cases here.

The NCVHP operates within the Communicable Disease Branch (CDB) of the NCDHHS. The hepatitis program is working to develop a comprehensive care continuum focusing on prevention, surveillance, linkage-to-care, and treatment of viral hepatitis.

Prevention:

The NCVHP manages several prevention projects, including a perinatal HCV pilot and a testing and outreach partnership with the North Carolina Harm Reduction Coalition (NCHRC). The NCHRC program provides harm reduction materials to syringe access programs and community-based organizations to prevent the transmission of hepatitis, HIV, and other STIs. A comprehensive, publicly-accessible, statewide, drug user health resource guide is also maintained by the program.

Surveillance:

Hepatitis surveillance is a key component of the program, as it informs the team's decisions on where and how to provide support and resources throughout the state. All cases of HBV and HCV are reviewed, with clusters and outbreaks identified through analysis of data trends.

Linkage-to-Care:

The NCVHP also manages a statewide bridge counselor program to promote linkage to care for patients with viral hepatitis. Bridge counselors are a vital component of successfully engaging people in care as they offer support and guidance to those who may otherwise have difficulty accessing both medical treatment and social services.

In addition to managing the bridge counselor program, the NCVHP also develops protocols for HBV and HCV field investigations and collects and monitors field testing data. The team develops linkage-to-care projects for special populations, including a Jail Linkage Pilot Project.

Treatment:

The NCVHP, in collaboration with Duke University and University of North Carolina-Chapel Hill, developed a partnership to address limited resources for hepatitis C treatment. CHAMP is a telemedicine program designed to increase access to hepatitis C treatment in North Carolina. CHAMP offers health care providers the opportunity to participate in a "boot camp", which is a one-day intensive course on successfully treating patients with viral hepatitis. In addition to the boot camp, these providers have weekly conference calls with CHAMP mentors, which serve as a time for discussion of cases and continued education on effective treatment options.

The team provides funding for pretreatment lab work for uninsured and underinsured patients, as medication assistance programs do not cover these lab costs, which causes them to be a significant barrier for patients to access treatment.

Links:

- **North Carolina Viral Hepatitis Program Webpage:** epi.dph.ncdhhs.gov/cd/diseases/hep_c.html
- **Drug User Health Resource Guide:** epi.dph.ncdhhs.gov/cd/hepatitis/DrugUserHealthResourceGuide-WEB.pdf
- **Hepatitis B Fact Sheet:** epi.dph.ncdhhs.gov/cd/stds/figures/factsheet_viral_hep_b_nc_2017.pdf
- **Hepatitis C Fact Sheet:** epi.dph.ncdhhs.gov/cd/stds/figures/factsheet_viral_hep_c_nc_2017.pdf
- **NC Viral Hepatitis Program (NCVHP) Email:** HCV@dhhs.nc.gov



NC Department of Health and Human Services • Division of Public Health • Communicable Disease Branch

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