An estimated 2.5 to 4.7 million people are living with hepatitis C (HCV), making it the most prevalent bloodborne infection in the United States. In North Carolina, it is estimated that over 150,000 people are living with HCV. HCV disproportionately impacts uninsured, black, indigenous, and people of color (BIPOC), those living in rural areas and living in poverty, people who inject drugs (PWID), and those experiencing homelessness or unstable housing.

Approximately 1.2 million people are living with hepatitis B throughout the US, with over 25,000 individuals living in North Carolina. Newly identified cases of hepatitis B in North Carolina have nearly doubled that seen in the US (1.8 infections/100,000). A majority of these new cases are associated with a self-reported risk of injection drug use.

Since 2016, several states throughout the US including North Carolina have had outbreaks related to hepatitis A. These outbreaks occur most commonly amongst people who use drugs, and people who are housing unstable. Hepatitis A causes symptoms similar to hepatitis B and C, but does not lead to long-term infection. Existing liver disease and medical conditions raise the risk of a more severe hepatitis A illness, and as such recent hepatitis A outbreaks have been associated with higher rates of hospitalization and death than that seen in prior outbreaks.

Ninety-five percent of acute hepatitis B cases will spontaneously clear the virus, while nearly 75% of acute HCV cases will go on to have long-term or chronic illness. Chronic hepatitis B and C may result elevated risk of cirrhosis, liver cancer (hepatocellular carcinoma), and death. Treatment for hepatitis C is widely available regardless of insurance status and is highly effective with a low chance of side effects. In spite of this, many remain untreated. Hepatitis B treatment is provided to those at risk for disease progression and is typically lifelong.

To adequately address the epidemic and increase access to viral hepatitis care, a multifaceted approach is required that involves prevention strategies to reduce transmission, enhanced testing, linkage to care, and access to treatment. The NC Department of Health and Human Services is taking the following measures to address each of these steps in the cascade of care to improve both prevention and treatment of viral hepatitis throughout the state.

PREVENTION
- **Drug User Health Resource Guide**
  - A comprehensive resource maintained by the program that links to assistance for people who use drugs throughout the state

- **Testing and outreach partnership with the NC Harm Reduction Coalition (NCHRC)**
  - Provides harm reduction materials to syringe service programs and community organizations throughout the state
  - Offers HIV, HCV, HBV, and syphilis testing in outreach settings

- **Perinatal HCV pilot program**
- **Collaboration with North Carolina Immunizations Branch and promotion of vaccine availability for those at risk**

TESTING
- **HCV testing at all 85 local health departments for people at risk for infection**
  - Includes people and their sexual partners with current or former history of drug use, people living with HIV, individuals with a history of incarceration, and those born between 1945 and 1965.
  - Hepatitis B risk based testing is also available at all 85 local health departments.

- **Outreach testing for HIV, hepatitis B (HBV), HCV and syphilis when requested**

- **Surveillance**
  - A vital component of the program that involves cluster and outbreak analysis.
  - Acute Hepatitis C reported to the state by individual providers.
  - Automatic reporting of positive HCV tests in Electronic Laboratory reporting (ELR) facilities.
  - Acute and Chronic Hepatitis B reported to state by providers and ELR.

LINKAGE TO CARE
- **Drug User Health Resource Guide**
  - Comprehensive, region and county based resource guide geared towards resource linkage for people who use drugs.

- **Local and statewide bridge counselors**
  - Provides linkage to treatment and other resources for people with viral hepatitis
  - Includes people with HCV recently released from incarceration

- **Pre-treatment laboratory testing**
  - Established partnerships with several counties to cover the cost of pre-treatment testing for those diagnosed with HCV
    - Includes CBC, cG, HCV RNA, HBsAg and cAb, PT/INR, ALT, AST, Alb, T Bili, HCV Genotype, Hepatitis A IgG, Fibroscan, Ultrasound
**Carolina Hepatitis Academic Mentorship Program**
- Collaborative with NC DHHS, University of North Carolina, and Duke University
- Telementorship involving training of prescribing providers in HCV treatment delivery and management of HCV complications

---

**The North Carolina Viral Hepatitis Program approaches the response to hepatitis C with a Drug User Health Perspective.**
- Referrals for comprehensive resources
- CHAMP providers are vetted and encouraged to treat PWUD
- Educate and cross-train providers in MAT and harm reduction strategies

---

**RESOURCES**
- For more information on Syringe Service Programs in North Carolina, or to find a site in your county: North Carolina Safer Syringe Initiative
- For providers who are interested in treating HCV: The Carolina Hepatitis Academic Mentorship Program (CHAMP), is a collaborative among NC DPH, the University of North Carolina, and Duke Health, that began with the aim of training primary care providers in Hepatitis C treatment delivery. For more information on the CHAMP program please contact: anthony.hannah@dhhs.nc.gov
- HBV and HCV Risk Based testing is available. State-based laboratory testing for those at risk for Hepatitis B and C is available to all 85 local health departments
- The CDC had expanded testing recommendations for hepatitis C screening to include one-time screening of all adults. For more information about hepatitis C testing recommendations visit: www.cdc.gov/hepatitis/hcv/guides.htm
- For more information on availability of Twinrix and hepatitis A outbreak-related HAV vaccine initiatives, contact the program at hcv@dhhs.nc.gov
- For county and NCALHD region-based comprehensive resources, see the Drug user health resource guide
- Viral Hepatitis Bridge Counselors may be available in your area! Please contact: morgan.culver@dhhs.nc.gov for more information.

---

**NC Department of Health and Human Services • Division of Public Health • Communicable Disease Branch • https://epi.dph.ncdhhs.gov/cd**
NCDHHS is an equal opportunity employer and provider. • 03/2021