

*Welcome Dr. Hathi*



OVHC

Oregon Viral Hepatitis Collective



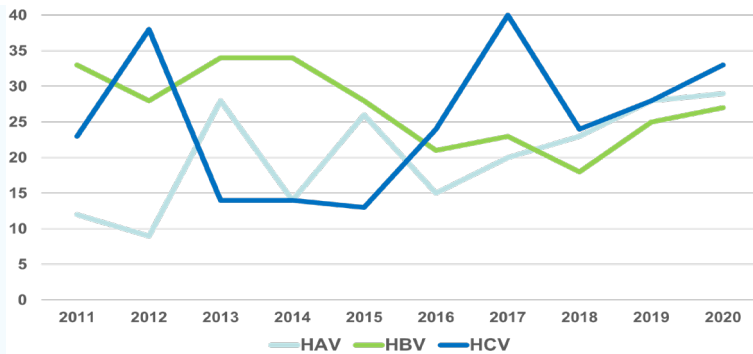
# Community Recommendations for Viral Hepatitis Elimination in Oregon based on the State Elimination Plan



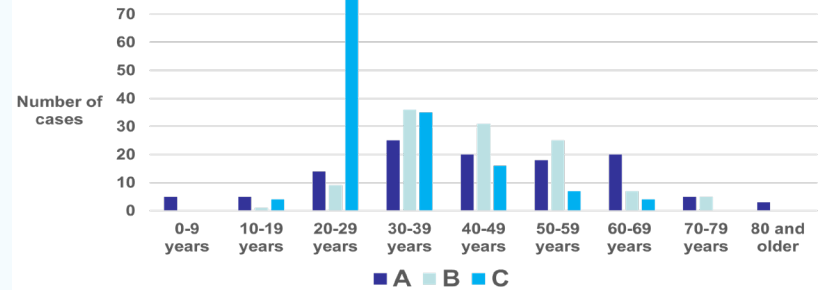
## 1: Prevent new infections

The proportion of **chronic** hepatitis C cases among people in their 20s tripled between 2010 and 2019.

Cases of acute hepatitis by year, Oregon, 2011-2020



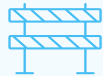
Age of cases of acute hepatitis by year, Oregon, 2016-2020



### Expand the availability of harm reduction services.



- ✓ Saves Lives Oregon



- Saves Lives Oregon funded with one-time opioid settlement.
- No unified political will



- A POP to fund Saves Lives Oregon Harm Reduction Clearinghouse Project

### Increase the HAV and HBV vaccination rates.



- ✓ New CDC vaccine guidelines



- No dedicated Adult vaccination funding for staff or hep A/B vaccine
- Lack of provider education



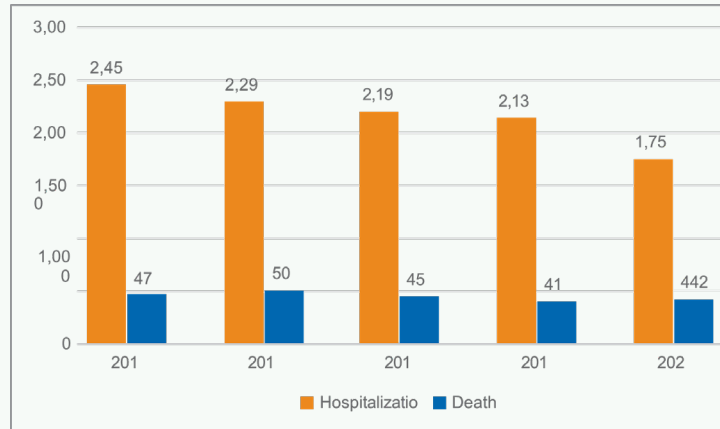
- Make quality metric for CCO
- Utilize AETC training



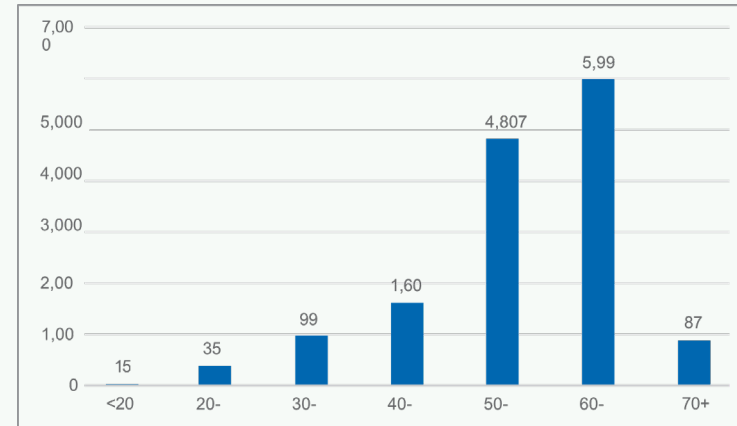
## 2: Improve health outcomes

Coos, Klamath, Curry, Douglas and Lane counties in top 40 in the U.S. for HCV mortality.

### HCV-associated hospitalizations and deaths, Oregon, 2016-2020



### Age of persons initiating treatment for HCV, 2010-2019



### Increase screening and diagnosis of HBV and HCV.



- ✓ Universal adult screening guidelines



- No funding for testing in community-based settings
- No POC confirmatory test for HBV and HCV



- Resources for testing in community-based settings
- A letter from Dr. Hathi to all Oregonians "Ask your Doctor"

### Increase treatment (Cure!) and monitoring of chronic HCV.



- ✓ PATHS and PRIME +



- Funding not secure or statewide
- Specialty pharmacy restrictions
- CCO specific restrictions (ex. 2 have one and done)



- Make CURE a quality metric
- Remove CCO restrictions

### Increase treatment and monitoring for chronic B.



- ✓ Culturally specific HBV engagement



- Lack of provider education
- Lack of awareness
- Stigma

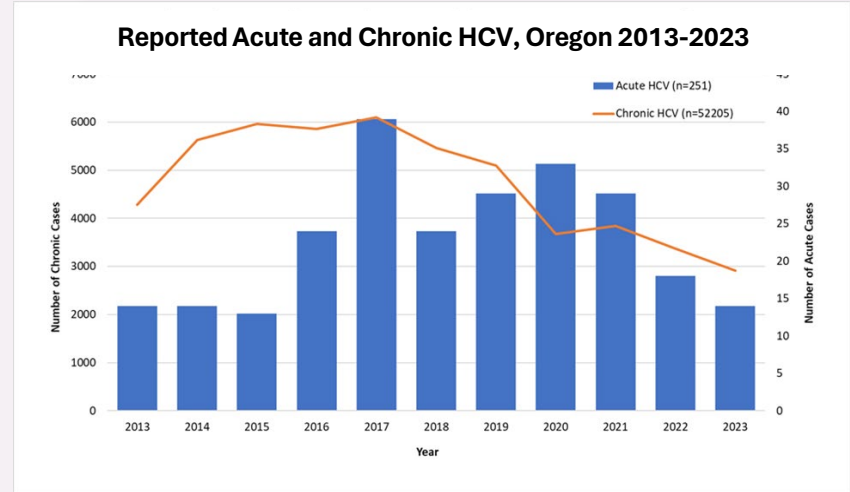
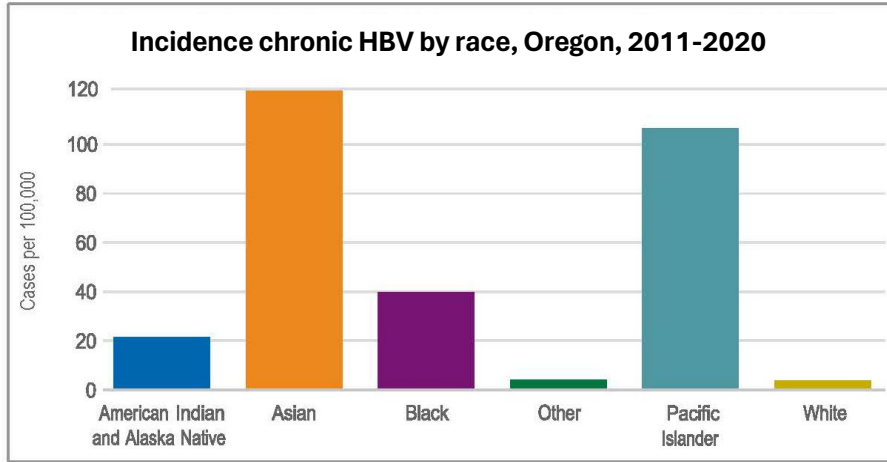


- Provide HBV translation services
- Utilize AETC training
- HBV Care Navigators
- Make HBV monitoring a metric



### 3: Eliminate health disparities and inequities

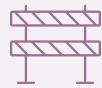
Rates of deaths related to HCV are **twice as high** among Black, American Indian and Alaska Native persons than the state average.



### **Reduce stigma and discrimination in health care settings faced by people with or at risk for viral hepatitis.**



✓ PATHS and PRIME +



- Rural providers hesitate to test/ treat
- PWID not seen as people



- Increase telehealth providers
- A letter from Dr. Hathi to all Oregon providers “Test and Treat”

### **Reduce disparities in diagnosis of viral hepatitis, knowledge of status, engagement with care and community stigma around diagnosis.**



- ✓ UCOPE (Umatilla County Outreach, Prevention, Education)
- ✓ Harm Reduction health-system partnerships
- ✓ Community micro-elimination strategies



- Racism
- Stigma
- Lack of viral hepatitis health literacy
- Lack of public awareness



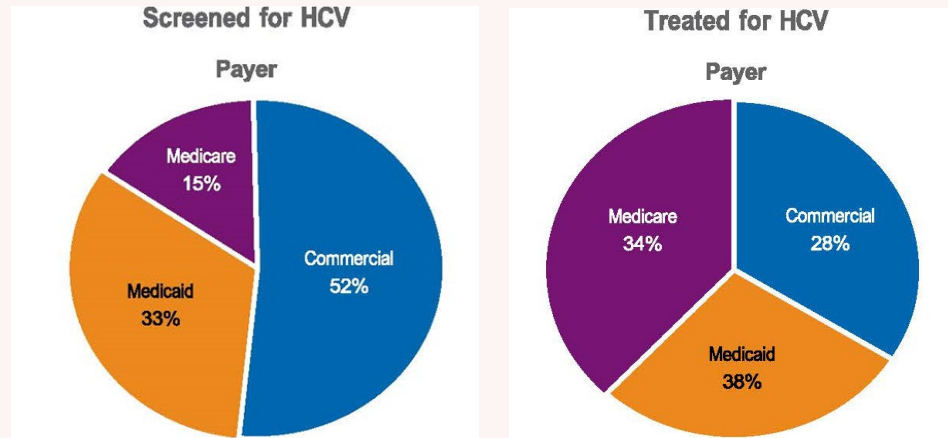
- Breakdown siloed funding, all programs should address the syndemic HIV/Viral Hep/STI



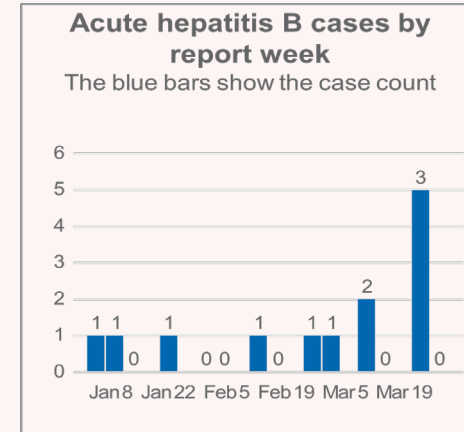
## 4: Improve surveillance and data usage

“The way we work in public health is, we make the best recommendations and decisions based on the best available data.”  
~ Tom Frieden

### Payer status of persons screened and treated for HCV, Oregon 2010-2019



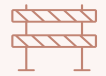
### Weekly cases of HBV, Oregon, 2019-2023



### Monitor and control and spread of viral hepatitis.



- ✓ CDC funded Epi
- ✓ Protocol for detecting HCV outbreaks



- 1 FTE for VH Epi at PHD
- Limited capacity to detect HCV outbreaks

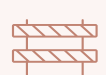


- Use HIV staff to Collaborate with VH Epi Staff
- Funding for LPHA VH Epi
- Collaboration with regional Epi

### Monitor racial and ethnic disparities.



- ✓ Auto-case algorithms



- Limited capacity for case interviews for chronic HBV and HCV
- REALD not collected unless client is interviewed

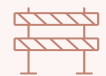


- Data decolonization
- Additional staff time

### Monitor morbidity and mortality due to viral hepatitis and track access to testing and treatment.



- ✓ OHA data partnerships that allow access to APAC, Death certificates, hospital discharge, and cancer registry



- Cumbersome data agreements
- No resources for ongoing analysis from existing data sources



- Epi resources for analysis