2022-2030

Georgia Department of Public Health

VIRAL HEPATITIS ELIMINATION PLAN

GEORGIA DEPARTMENT OF PUBLIC HEALTH

CONTENTS

ACKNOWLEDGEMENTS

The Georgia Viral Hepatitis Elimination Plan was developed, reviewed, and approved by the Georgia Viral Hepatitis Elimination Workgroup. This plan will be implemented in collaboration with stakeholders and community partners from across the state. We thank the following members of the workgroup for their participation and contributions to the development of this plan:

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EXECUTIVE SUMMARY

Viral hepatitis has become a critical public health concern in the U.S. that can lead to life-long health consequences, including cirrhosis, liver failure, liver cancer, extrahepatic disease, and in some cases, death. The Georgia Department of Public Health (GDPH) recognizes the impact hepatitis A, B, and C have had on Georgians and the need to address barriers and develop strategies to move toward the elimination of viral hepatitis statewide. Starting in late 2021 and throughout 2022, key staff from the GDPH Viral Hepatitis Program collaborated with internal and external stakeholders and community partners to address viral hepatitis in Georgia and to develop actionable and equitable strategies to eliminate viral hepatitis A, B, and C statewide. The Georgia Viral Hepatitis Elimination Workgroup was formed in November 2021. There were challenges that presented with member engagement and inability to engage community partners, possibly due to the ongoing COVID-19 pandemic. However, the GDPH Viral Hepatitis Elimination Workgroup members met monthly to develop an evidence-based elimination strategy, the Georgia Viral Hepatitis Elimination Plan, 2030.

The Georgia Viral Hepatitis Elimination Plan is aligned with the Centers for Disease Control and Prevention (CDC), Division of Viral Hepatitis 2025 Strategic Plan[1] and the United States Department of Health and Human Services Viral Hepatitis National Strategic Plan 2025[2]. The framework is comprised of both short and long-term goals beneath 4 overarching pillars: Prevention and Education; Surveillance and Research; Medical Care and Treatment; and Policy.

The Georgia Viral Hepatitis Elimination Plan is the state's first strategic response developed to combat viral hepatitis A, B and C statewide. The GDPH Viral Hepatitis Program is committed to collaborating with stakeholders and community partners to implement the strategies and activities outlined in this plan. There is currently no funding allocated to support elimination activities outlined in this plan. Activities have, however, been identified to address capacity and funding needs to meet the goals and objectives in this plan.

The elimination plan will be widely distributed by the GDPH Viral Hepatitis Program and Georgia Viral Hepatitis Elimination Workgroup members to public health partners, community-based organizations, correctional partners, Federally Qualified Health Centers, medical associations, clinical partners, substance use centers, and legislatures. Progress will be monitored by the GDPH Viral Hepatitis Program and reported during ongoing workgroup and sub-committee meetings.

INTRODUCTION

Over the years, viral hepatitis has become a universal public health problem affecting millions worldwide. There are effective interventions and clinical therapeutics available that can prevent and treat hepatitis A, B, and C. Despite the availability of these tools, we continue to see increases in acute hepatitis A, B, and C infections as well as complications of chronic hepatitis B and C infections.

Hepatitis A incidence increased 1,325% across the U.S. from 2015 through 2019[3], with 37 states reporting community wide person to person outbreaks since 2017.[4] Georgia has been experiencing a hepatitis A outbreak since June 2018, with over 2,000 outbreak related cases identified. The outbreak in Georgia is affecting primarily those using both injection and non-injection drugs, men who have sex with men (MSM), and those experiencing homelessness. Georgia's outbreak has been occurring statewide, with a high concentration of cases being in north Georgia counties, counties around Augusta, and metro-Atlanta counties. Overall, 14% of identified cases statewide have been co-infected with hepatitis C; 7% are co-infected with HIV; and 3% are co-infected with hepatitis B.

In 2019, an estimated 20,700 acute hepatitis B infections were reported across the U.S.[3] In Georgia, the overall incidence for acute hepatitis B infections decreased to 0.97 (per 100,000) in 2020 but increased to 1.07 case (per 100,000) in 2021. Statewide surveillance data continues to show injection drug use as the most frequently reported risk factor followed by sexual exposure for acute infections. In 2021, the majority of acute infections occurred in adults aged 40-49 years old and in those identified as non-Hispanic whites. The overall incidence for chronic hepatitis B diagnoses decreased to 9.12 (per 100,000) in 2020 but increased to 10.31 (per 100,000) in 2021. In 2021, the majority of chronic hepatitis B diagnoses occurred in adults aged 40-49 years old and identified as Asian.

In 2019, 4,136 acute hepatitis C infections were reported to CDC; however, CDC estimates that there were likely 57,500 acute infections across the U.S. after adjusting for underreporting and limited case ascertainment[3]. A total of 123,312 new cases of chronic hepatitis C were reported in the United States in 2019[3] in addition to 14,242 hepatitis C related deaths within the same year.[3] In Georgia, the incidence rate for acute hepatitis C infections in 2020 was 2.14 (per 100,000), with a decrease in 2021 to 1.68 (per 100,000). There was an increase of 251.5% between 2019 and 2020 in acute infections with a high concentration in the Appalachia region of the state. Acute infections identified in Georgia are primarily being seen in those using injection drugs, and nearly 50% of acute cases identified in 2020 and 2021 were among those between 20-39 years of age. The rate for chronic hepatitis C infections in 2020 was 87.9 (per 100,000), compared to 98.7 (per 100,000) in 2021, with the highest concentration of cases being in the Atlanta metropolitan and Coastal regions.

Pregnant persons are recommended to be tested for hepatitis B and hepatitis C during each pregnancy. Testing during each pregnancy can identify infected persons and prevent perinatal hepatitis B transmission at birth and can aid in linking HCV-exposed infants to appropriate testing and care. In 2020, the Georgia Perinatal Hepatitis B Prevention Program identified 253 hepatitis B-exposed births. 97% of these infants received post-exposure prophylaxis (PEP) with hepatitis B immune globulin (HBIG) and

hepatitis B vaccine within 1 calendar day of birth. 75% of these exposed infants were born to mothers born outside of the U.S. No hepatitis B-infected infants were identified in the 2020 birth cohort.

In 2019, there were 480 births identified in Georgia to persons with a known history of hepatitis C; 179 of which occurred among persons with a positive HCV RNA result within 365 days prior to the infant's birth. Appropriate testing was completed for 76 (42%) of the case managed infants born to persons with a positive HCV RNA result within 365 days of the infant's birth. Three of these case managed infants were perinatally infected with hepatitis C.

Since hepatitis D (delta hepatitis) is not a nationally notifiable disease in the United States, the actual number of cases are unknown, though there are studies that estimate more than 125,000 cases nationally. On a global scale, studies estimate somewhere between 12 to 60 million people being infected with hepatitis D. The World Health Organization reports hepatitis D affects approximately 5% of chronic hepatitis B-infected individuals worldwide.[5,6,7,8]

VISION, MISSION, 4 PILLARS

VISION

All Georgia residents will have equitable access to quality services that will prevent new viral hepatitis infections; allow Georgians to know their viral hepatitis status; and allow access to quality and affordable care and treatment services, despite age, sex, gender identity, sexual orientation, race, ethnicity, sobriety, geographic location, or socioeconomic status.

MISSION

To develop a collaborative approach to eliminating viral hepatitis A, B, and C in Georgia by improving affordable and equitable access to prevention services, testing, supportive care, and treatment.

4 PILLARS

The Georgia Viral Hepatitis Elimination Plan is structured around 4 pillars that provide approaches to achieving the identified goals and objectives. Subcommittees within the Georgia Viral Hepatitis Elimination Workgroup were established to develop goals, objectives, strategies, and activities around the following 4 pillars:

Surveillance and Research:
Enhance surveillance efforts to better determine the burden of viral hepatitis in Georgia to inform activities and policy.

Prevention and Education:
Educate and raise awareness among patients, the community, and health care providers to reduce the incidence of hepatitis A, B, and C.

Policy:
Reduce barriers to accessing services and increase capacity to address viral hepatitis.

Medical Care and Treatment:
Improve access to hepatitis B and C screening, linkage to care, and treatment services.

PRIORITY POPULATIONS

Viral hepatitis affects all Georgians statewide; however, some populations and communities are disproportionately affected. The Georgia Viral Hepatitis Elimination Workgroup used national and state surveillance data and recommendations to identify priority populations to address health disparities and ensure equitable access to viral hepatitis prevention, screening, and treatment services.

	Incidence (Acute)	Prevalence (Chronic)	Mortality
Hepatitis A	• People who use drugs • Men who have sex with men • People experiencing homelessness • Incarcerated individuals • International travelers	Not Applicable	
Hepatitis B	• People who use drugs • Men who have sex with men • Incarcerated individuals	• Foreign-born individuals • Black, non-Hispanic persons • People living with HIV • Pregnant persons • Incarcerated individuals	• Foreign-born individuals • Black, non-Hispanic persons
Hepatitis C*	• People who use drugs • Men who have sex with men living with HIV • Incarcerated individuals • People experiencing homelessness	• People who use drugs • Black, non-Hispanic persons • People born between 1945-1965 • People living with HIV • Pregnant persons • Incarcerated individuals • People experiencing homelessness	• Black, non-Hispanic persons • People born between 1945-1965

*Universal hepatitis C Testing Recommendations[9]

Hepatitis C screening at least once in a lifetime for **all adults** aged 18 years and older, and all **pregnant persons during each pregnancy**, except in settings where the prevalence of HCV infection (HCV RNA positivity-) is less than 0.1%.

Routine periodic testing for people with ongoing risk factors, while risk factors persist.

SUMMARY OF GOALS AND OBJECTIVES

GOAL 1:

IMPROVE STATEWIDE VIRAL HEPATITIS SURVEILLANCE INFRASTRUCTURE TO IDENTIFY VIRAL HEPATITIS INFECTIONS AND QUANTIFY THE PREVALENCE OF HEPATITIS B AND C IN GEORGIA AND TO INFORM PREVENTION STRATEGIES

SMART Objective 1.1

- Increase capacity to identify new viral hepatitis infections and populations being acutely infected with hepatitis A, B, and C by 2027

SMART Objective 1.2

- Increase completeness of race and ethnicity data for hepatitis B infections to >90% by 2027 and >95% by 2030 and for hepatitis C infections to >70% by 2027 and >90% by 2030

SMART Objective 1.3

- Develop strategies to increase detection of pregnant persons who test HBsAg-positive annually by 2027

SMART Objective 1.4

- Increase testing of case managed infants born to persons who test HCV RNA-positive by ≥ 30% before 2027 and by ≥ 40% before 2030 through provider outreach

GOAL 2:

REDUCE NEW VIRAL HEPATITIS INFECTIONS IN GEORGIA

SMART Objective 2.1

- Reduce new viral hepatitis infections and populations being acutely infected with hepatitis A, B, and C by ≥ 25% by 2027 and ≥ 50% by 2030

SMART Objective 2.2

- Increase rate of eligible adults fully vaccinated for hepatitis A statewide by ≥ 50% by 2027 and ≥ 75% by 2030

SMART Objective 2.3

- Increase rate of eligible adults fully vaccinated for hepatitis B statewide by ≥ 50% by 2027 and ≥ 75% by 2030

SMART Objective 2.4

- Increase the number of harm reduction and syringe services programs by ≥ 50% by 2030, including equitable access statewide

SMART Objective 2.5

- Increase the number of medication-assisted treatment (MAT) programs offering HCV screening, diagnosis, and treatment by ≥ 50% by 2030, including equitable access statewide

GOAL 3:

REDUCE BARRIERS IN ACCESSING VIRAL HEPATITIS PREVENTION, SCREENING, SUPPORTIVE CARE, AND TREATMENTS

SMART Objective 3.1

- Identify barriers in accessing viral hepatitis prevention, screening, supportive care, and treatments by 2025 and implement strategies addressing barriers by 2030

GOAL 4:

INCREASE THE NUMBER OF PROVIDERS OFFERING EQUITABLE VIRAL HEPATITIS A, B AND C PREVENTION SERVICES, SCREENINGG, AND TREATMENT SERVICES

SMART Objective 4.1

- Increase the number of providers offering recommended hepatitis B and C screening and hepatitis A and B vaccination by 2030

SMART Objective 4.2

- Increase network of clinicians providing treatment for hepatitis B and C statewide by ≥ 30% by 2027 and ≥ 60% by 2030

SMART Objective 4.3

- Increase percentage of annual trainings statewide targeting providers by ≥ 50% by 2027 and by ≥ 75% by 2030

SMART Objective 4.4

- Increase number of providers actively participating in the GDPH Viral Hepatitis ECHO by at least 30% by 2027 and by at least 50% by 2030

SMART Objective 4.5

- Increase hepatitis B and hepatitis C testing of pregnant persons during each pregnancy by 2030

STRATEGIES AND ACTIVITIES

The following outlines strategies and activities identified by the four subcommittees of the Georgia Viral Hepatitis Elimination Workgroup. These strategies and activities were determined to be necessary actionable steps needed to reach the identified goals and objectives of this Plan. All partners and stakeholders are encouraged to ensure cultural competency among staff so equitable care can be provided to the diverse people they serve.

SURVEILLANCE AND RESEARCH

GOAL 1: IMPROVE STATEWIDE VIRAL HEPATITIS SURVEILLANCE INFRASTRUCTURE TO IDENTIFY VIRAL HEPATITIS INFECTIONS AND QUANTIFY PREVALENCE OF HEPATITIS B AND C IN GEORGIA AND TO INFORM PREVENTION STRATEGIES

SMART Objective 1.1: Increase capacity to identify new viral hepatitis infections and populations being acutely infected with hepatitis A, B, and C by 2027

Strategies:

- Increase State and District Public Health surveillance staff capacity to thoroughly conduct hepatitis A, B, and C investigations

Activities:

- Identify capacity needs to sustain viral hepatitis surveillance staffing at each Public Health District
- Standardize viral hepatitis investigations priorities and protocols across the state
- Provide cross-training of State and District Public Health staff
- Work with GDPH leadership to require negative laboratory reporting for HBV DNA and HCV RNA results

SMART Objective 1.2: Increase completeness of race and ethnicity data for hepatitis B infections to >90% by 2027 and >95% by 2030 and for hepatitis C infections by >70% by 2027 and >90% by 2030

Current baseline: Based on 2020 viral hepatitis surveillance data

- Hepatitis B: 84% race identified; 74% ethnicity identified
- Hepatitis C: 53% race identified; 55% ethnicity identified

Note: Based on available surveillance data in the State Electronic Notifiable Disease Surveillance System

Strategies:

- Increase State and District Public Health surveillance staff capacity and resources to improve data completion

Activities:

- Provide educational outreach and utilize provider trainings to update providers on importance of including patient demographics when sending specimens to commercial laboratories for testing
- Leverage additional data sources to complete demographic information for reported cases

SMART Objective 1.3: Develop strategies to increase detection of pregnant persons who test HBsAg-positive annually by 2027

Strategies:

- Prioritize District Public Health investigations of HBsAg-positive laboratory reports for females ages 13 to 47 years
- Increase surveillance capacity to detect pregnant persons who test HBsAg-positive annually

Activities:

- Train District Public Health staff on investigation protocol for hepatitis B infections in females ages 13 to 47 years
- Enhance surveillance capacity to help identify infants exposed to hepatitis B at birth by requiring all HBsAg and anti-HBs laboratory results (positive, negative, indeterminate) for children $\leq$ 2 years of age reportable
- Require prenatal HBV testing during each pregnancy through the GDPH Rules and Regulations
- Provide outreach and education to health care providers statewide on GDPH Rules and Regulations during provider trainings

SMART Objective 1.4: Increase testing of case managed infants born to persons who test HCV RNA-positive by ≥ 30% before 2027 and by ≥ 40% before 2030 through provider outreach

Current baseline: 42% of infants case managed in 2019 completed testing

Strategies:

- Prioritize the identification of infants born to HCV RNA-positive mothers

Activities:

- Train District Public Health staff on investigation protocol for hepatitis C infections in females ages 13 to 47 years and on the testing recommendations for hepatitis C-exposed infants
- Require prenatal hepatitis C testing during each pregnancy through the GDPH Rules and Regulations
- Include perinatal hepatitis C exposures (within 7 days) to Georgia's notifiable disease reporting requirements
- Enhance surveillance capacity to help identify infants exposed to hepatitis C at birth by requiring all anti-HCV and HCV RNA by PCR laboratory results (positive, negative) for children $\leq$ 3 years of age reportable

- Increase case management of infants exposed to hepatitis C at birth to ensure appropriate testing
- Provide outreach and education to health care providers statewide on GDPH Rules and Regulations during provider trainings

Prevention and Education

Goal 2: Reduce new viral hepatitis infections in Georgia

SMART Objective 2.1: Reduce new viral hepatitis infections and populations being acutely infected with hepatitis A, B, and C by ≥ 25% by 2027 and ≥ 50% by 2030

Current baseline (2020):

- Hepatitis A: 591 acute infections identified in 2020
- Hepatitis B: 104 acute infections identified in 2020
- Hepatitis C: 139 acute and 99 probable acute infections identified in 2020

Note: Based on available surveillance data in the State Electronic Notifiable Disease Surveillance System. Viral hepatitis cases are confirmed based on most recent CDC/CSTE case definitions.

Strategies:

- Increase collaborations with internal GDPH programs to expand integration of adult hepatitis A and B vaccinations as well as hepatitis B and C testing and linkage to care
- Develop a viral hepatitis provider mentorship program to increase viral hepatitis vaccination and testing statewide

Activities:

- Integrate the "treatment as prevention" model in educational materials, campaigns, and trainings as a way to prevent and reduce new hepatitis C infections
- Collaborate with the GDPH Opioid Prevention Program and GDPH Syringe Services Program to integrate hepatitis A and B vaccinations and hepatitis B and C testing services into syringe service programs (SSP) statewide
- Build collaborations with community-based organizations (CBOs) to increase harm reduction and SSPs
- Utilize the GDPH Viral Hepatitis ECHO (Extension for Community Healthcare Outcomes) to train and mentor providers statewide
- Encourage and educate providers during provider training on the importance of offering hepatitis A, B, and C prevention, screening, and treatment services during each patient interaction
- Promote harm reduction training and education for clinical and other service providers to enhance cultural humility and service delivery
- Partner with community organizations providing services to those using injection and non-injection drugs to increase hepatitis A and B vaccination, hepatitis B and C screening, and linkage to care
- Promote universal hepatitis B vaccination for 19-59 years of age and those 60 years of age and older with risk factors

SMART Objective 2.2: Increase rate of eligible adults fully vaccinated for hepatitis A statewide by ≥ 50% by 2027 and ≥ 75% by 2030

Strategies:

- Identify barriers and challenges to providing hepatitis A vaccinations to eligible adults >18 years of age at primary care practices; health departments; and Federally Qualified Health Centers (FQHCs)
- Develop targeted strategies to address barriers and challenges to providing hepatitis A vaccination to eligible adults

Activities:

- Collaborate with GDPH Office of Immunizations to determine current baseline of adult hepatitis A vaccine administration in Georgia
- Conduct a needs assessment to determine vaccination policies at FQHCs, health departments, Ryan White Clinics, and corrections
- Promote and increase hepatitis A vaccine administration statewide in settings that provide services to at-risk, susceptible populations, such as jails and prisons; Ryan White Clinics; FQHCs; and college and universities
- Target hepatitis A vaccination efforts to at-risk populations, including those experiencing homelessness; those using injection and non-injection drugs; and men who have sex with men (MSM)
- Develop statewide media campaigns promoting adult hepatitis A vaccinations
- Establish partnerships and integrate hepatitis A vaccination with other adult vaccination efforts, such as COVID-19 or influenza vaccination outreach
- Promote policy changes at major health systems and inpatient settings statewide to set up electronic health record (EHR) alerts to recommend hepatitis A vaccination to susceptible adults
- Work with GDPH Executive Leadership and Office of Immunizations to promote adult hepatitis A vaccination at local health departments
- Improve use of combination hepatitis A and B vaccinations

SMART Objective 2.3: Increase rate of eligible adults fully vaccinated for hepatitis B statewide by ≥ 50% by 2027 and ≥ 75% by 2030

Strategies:

- Identify barriers and challenges to providing hepatitis B vaccinations to eligible adults >18 years of age at primary care practices, health departments, and FQHCs
- Develop targeted strategies to address barriers and challenges to providing hepatitis B vaccination to eligible adults

Activities:

- Collaborate with GDPH Office of Immunizations to determine current baseline of adult hepatitis B vaccine administration rate in Georgia
- Conduct a needs assessment to determine vaccination policies at FQHCs, health departments, Ryan White Clinics, and corrections

- Promote and increase vaccine administration in settings that provide services to at-risk, susceptible adults, such as jails and prisons; Ryan White Clinics; college and universities
- Develop a statewide media campaign promoting updated adult hepatitis B vaccination recommendations
- Establish partnerships and integrate adult hepatitis B vaccination with other adult vaccination efforts, such as COVID-19 or influenza vaccination outreach
- Establish partnerships with community organizations that provide services to foreign-born individuals to promote hepatitis B vaccination to susceptible adults and linkage to care for adults found to have chronic hepatitis B infection
- Promote policy changes at major health systems statewide to set up EHR alerts to recommend hepatitis B vaccination to susceptible adults
- Work with GDPH Executive Leadership and Office of Immunization to promote adult hepatitis B vaccination at local health departments
- Improve use of combination hepatitis A and B vaccinations

SMART Objective 2.4: Increase the number of harm reduction and syringe services programs by ≥ 50% by 2030, including equitable access statewide.

Strategies:

- Foster partnerships with the GDPH Opioid Prevention Program and GDPH Syringe Services Program to provide technical assistance to agencies interested in establishing local syringe services programs

Activities:

- Collaborate with GDPH Opioid Prevention Program and GDPH Syringe Services Program on SSP expansion statewide
- Build collaborations with CBOs to increase harm reduction and SSP services
- Promote harm reduction training and education for clinical and other service providers to enhance cultural humility and service delivery

SMART Objective 2.5: Increase the number of medication-assisted treatment (MAT) programs offering hepatitis C screening, diagnosis, and treatment by ≥ 50% by 2030, including equitable access statewide.

Strategies:

- Foster partnerships with and provide technical assistance to MATs statewide to increase hepatitis C testing and treatment.

Activities:

- Collaborate with partners to determine baseline of MAT programs currently providing hepatitis C screening and treatment services statewide
- Identify and collaborate with MATs to expand hepatitis C screening and treatment
- Link MAT providers with regional telehealth networks and GDPH Viral Hepatitis ECHO for technical assistance, training, and support

POLICY

GOAL 3: REDUCE BARRIERS IN ACCESSING VIRAL HEPATITIS PREVENTION, SCREENING, SUPPORTIVE CARE, AND TREATMENTS

SMART Objective 3.1: Identify barriers in accessing viral hepatitis prevention, screening, supportive care, and treatments by 2025 and implement strategies addressing barriers by 2030

Strategies:

- Identify barriers and challenges to providing viral hepatitis screening and treatment services
- Identify strategies to address barriers to increase access to viral hepatitis screening and treatment services

Activities:

- Conduct a needs assessment to identify barriers, challenges, and resources needed to provide viral hepatitis services within health departments, FQHCs, jails and prisons, PREP providers, and 340B providers
- Conduct a needs assessment with colleges and universities to identify barriers to providing hepatitis B and C screening and linkage to care to students
- Conduct a needs assessment to identify barriers in providing universal hepatitis B vaccinations to adults between 19-59 years of age
- Analyze results of needs assessment to identify strategies to address barriers identified in needs assessment
- Conduct cost analysis to determine resource needs to develop statewide hepatitis C treatment program for uninsured patients; increase surveillance needs; increase vaccine administration and testing services; communications and media outreach; and increase State and District Public Health staff capacity
- Conduct an analysis highlighting cost benefit of providing HCV treatment
- Partner with community organizations that provide services to foreign-born individuals to identify barriers to providing hepatitis B care and treatment services and identify strategies to overcome these barriers
- Partner with organizations working with those experiencing homelessness to provide hepatitis A vaccinations
- Partner with GDPH Office of Immunization and community partners to provide hepatitis A and B vaccination to first responders
- Partner with community organizations that provide services to those using drugs to identify barriers to providing hepatitis A, B, and C screening and linkage to care services and identify strategies to overcome these barriers
- Review current laws, rules, and regulations that create barriers to viral hepatitis services and determine legislative needs
- Develop educational campaign for State Legislatures to advocate for resource needs
- Develop a 1-page document to educate State Legislatures about viral hepatitis needs
- Coordinate hepatitis A and B vaccination campaign with State Legislatures
- Collaborate with external partners for education efforts with State Legislatures (e.g., state medical associations, schools of medicine, FQHC's, Doctor of the Day, etc.)

- Collaborate with GDPH HIV Linkage Coordinators working with the Georgia Department of Corrections to integrate viral hepatitis vaccination, testing, treatment, and care
- Integrate and expand hepatitis C treatment for co-infected patients seen in Ryan White Clinics

Medical Care and Treatment

Goal 4: Increase the number of providers offering equitable viral hepatitis A, B and C prevention services, screening, and treatment services

SMART Objective 4.1: Increase the number of providers offering recommended hepatitis B and C screening and hepatitis A and B vaccination by 2030

Strategies:

- Develop a viral hepatitis provider mentorship program to support providers and pharmacists

Activities:

- Collaborate with partners to determine at baseline how many providers are currently offering hepatitis B and C screening and hepatitis A and B vaccination services statewide
- Educate providers newly offering COVID-19 vaccinations to also offer hepatitis A and hepatitis B vaccinations
- Utilize the GDPH Viral Hepatitis ECHO to train and mentor providers
- Train providers through the utilization of telemedicine
- Encourage and educate providers during provider training on the importance of offering viral hepatitis A, B, and C prevention, screening, and treatment services at least annually
- Educate providers on importance of screening for hepatitis D among patients receiving care and treatment for hepatitis B
- Partner with community organizations providing services to those using drugs to increase hepatitis A and B vaccinations, hepatitis B and C screening, and linkage to care
- Promote harm reduction training and education for clinical and other service providers to enhance cultural humility and service delivery
- Partner with community organizations that provide services to foreign-born individuals to increase hepatitis A and B vaccinations, hepatitis B and C screening, and linkage to care

SMART Objective 4.2: Increase network of clinicians providing treatment for hepatitis B and C statewide by ≥ 30% by 2027 and ≥ 60% by 2030.

Strategies:

- Develop a viral hepatitis provider mentorship program to support providers statewide
- Develop regional telehealth networks supported by the GDPH Viral Hepatitis ECHO
- Leverage champions to support hepatitis B and C treatment in rural areas through telehealth services

Activities:

- Determine baseline of how many providers are currently providing hepatitis B and/or C treatment statewide, including geographic locations to determine areas of the state with limited access to care and treatment
- Develop 1-page document targeting specific providers (medical practices, correctional facilities, colleges and universities, FQHCs, PREP providers, 340B clinics, Ryan White clinics) especially in rural communities
- Develop short presentations (1-page document) with recommendations targeting District Public Health Directors, County Boards of Health, clinical providers, and medical associations to expand the network of healthcare providers offering treatment
- Develop regional telehealth networks and utilize the GDPH Viral Hepatitis ECHO to support providers statewide
- Conduct a needs assessment to determine health care providers currently using telehealth services and/or are interested in using telehealth services
- Promote hepatitis C treatment with 340B and Ryan White providers
    - Partner with community organizations that provide services to foreign-born individuals to provide linkage to care and treatment to those chronically infected with hepatitis B
- Promote harm reduction training and education for clinical and other service providers to enhance cultural humility and service delivery
- Partner with community organizations that provide services to those that use drugs to provide linkage to care and treatment to those chronically infected with hepatitis C and hepatitis B

SMART Objective 4.3: Increase percentage of annual trainings statewide targeting providers by ≥ 50% by 2027 and by ≥ 75% by 2030.

Current baseline: 2 half-day trainings annually

Strategies:

- Develop and implement training curricula targeting treatment providers

Activities:

- Conduct half-day trainings statewide, in-person or virtual
- Develop brief presentations targeting specific providers (medical practices, correctional facilities, colleges and universities, FQHCs, PREP providers, 340B clinics, substance use disorder treatment providers, Ryan White providers) on new updates and recommendations for vaccinations, screening, care, and treatment
- Promote harm reduction training and education for clinical and other service providers to enhance cultural humility and service delivery

SMART Objective 4.4: Increase number of providers and treaters actively participating in the GDPH Viral Hepatitis ECHO by 30% by 2027 and 50% by 2030.

Current baseline: 114 members of GDPH Viral Hepatitis ECHO as of June 2022; 61 members have actively participated in at least one Viral Hepatitis ECHO session

Strategies:

- Identify providers to be involved in the GDPH Viral Hepatitis ECHO
- Partner with GDPH Viral Hepatitis ECHO Program to promote the Viral Hepatitis ECHO to provider networks statewide

Activities:

- Identify substance use disorder (SUD) providers and MAT providers that are currently prescribing or has the authority to prescribe hepatitis B or hepatitis C medications
- Develop a 1-page document targeting providers highlighting the GDPH Viral Hepatitis ECHO Program and importance of being involved
- Provide outreach to rural and primary care providers statewide to invite and participate in the GDPH Viral Hepatitis ECHO community
- Outreach to and invite SUD providers to become members of the GDPH Viral Hepatitis ECHO community and join monthly ECHO sessions
- Distribute 1-page document to state medical associations to encourage participation in the GDPH Viral Hepatitis ECHO community

SMART Objective 4.5: Increase hepatitis B and hepatitis C testing of pregnant persons during each pregnancy by 2030

Strategies:

- Prioritize prenatal hepatitis B and hepatitis C testing for pregnant persons during each pregnancy

Activities:

- Determine baseline and current practices of prenatal hepatitis B and C testing completed during prenatal care
- Conduct needs assessment to determine needs and barriers to implementing routine hepatitis B and C testing during each pregnancy
- Require prenatal hepatitis B and hepatitis C testing during each pregnancy through the DPH Rules and Regulations
- Implement and educate providers on updated GDPH Rules and Regulations requiring prenatal hepatitis B and C testing during each pregnancy
- Develop guidance for providers sharing best practices to implementing routine prenatal hepatitis B and C testing during each pregnancy

ADDITIONAL RESOURCES

Georgia Department of Public Health, Viral Hepatitis Program
(https://dph.georgia.gov/epidemiology/viral-hepatitis)

GDPH is the lead agency in Georgia for preventing disease, injury, and disability; promoting health and well-being; and preparing for and responding to disasters from a health perspective. The GDPH Viral Hepatitis Program focuses on prevention, education, and the surveillance of viral hepatitis.

Centers for Disease Control and Prevention (CDC) Viral Hepatitis Strategic Plan 2020-2025
(https://www.cdc.gov/hepatitis/pdfs/DVH-StrategicPlan2020-2025.pdf)

The U.S. has the responsibility to eradicate viral hepatitis as a public health threat. The CDC's Division of Viral Hepatitis presented its 2025 strategies to reduce new viral hepatitis infections, reduce morbidity and mortality, viral-hepatitis related disparities, and establish comprehensive national viral hepatitis surveillance.

U.S. Department of Health and Human Services (HHS) National Strategic Plan 2021-2025
(https://www.hhs.gov/sites/default/files/Viral-Hepatitis-National-Strategic-Plan-2021-2025.pdf)

Coordinated by the Office of the Assistant Secretary for Health (OSHA) through the Office of Infectious Disease and HIV/AIDS Policy (OIDP), this plan builds on three prior National Viral Hepatitis Action Plans with an aim for viral hepatitis elimination.

Prevention of Hepatitis A Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices, 2020 (http://dx.doi.org/10.15585/mmwr.mm7113a1)

This report summarizes published recommendations from the Advisory Committee on Immunization Practices (ACIP) regarding the prevention of hepatitis A infection in the United States.

Universal Hepatitis B Vaccination in Adults Aged 19–59 Years: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2022
(http://dx.doi.org/10.15585/mmwr.mm7113a1)

This report summarizes published recommendations from the Advisory Committee on Immunization Practices (ACIP) regarding the prevention of hepatitis B infection in the United States.

CDC Recommendations for Hepatitis C Screening Among Adults — United States, 2020
(https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm)

This report summarizes updated CDC hepatitis C testing recommendations.

Georgia Department of Public Health Perinatal Hepatitis B Screening Recommendations
(www.dph.ga.gov/perinatal-hepatitis-B)

This website provides information on current perinatal hepatitis B screening recommendations provided by the CDC.

Georgia Department of Public Health Perinatal Hepatitis C Screening Recommendations (www.dph.ga.gov/perinatal-hepatitis-C)

This website provides information on current perinatal hepatitis C screening recommendations provided by the CDC.

American Association for the Study of Liver Diseases (https://www.aasld.org/)

The infectious Diseases Society of America (IDSA) and American Association for the Study of Liver Diseases (AASLD) have developed a web-based process for the formulation and dissemination of evidence-based, expert-developed recommendations for hepatitis C management to provide healthcare professionals with timely guidance, as new therapies are available and integrated into HCV regimens. This Guidance should be considered a "living document" as information will be added and updated frequently as new information and treatments become available.

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