

1 BACKGROUND

Viral hepatitis is a preventable public health threat that contributes to morbidity and mortality in the United States and worldwide. Despite the availability of a cure, an estimated 2.4 million Americans are living with chronic hepatitis C infection, many of whom are unaware.¹ Furthermore, 862,000 people are estimated to be living with hepatitis B.¹ The World Health Organization (WHO) has called upon nations to eliminate viral hepatitis as a public health threat by 2030.² Elimination is defined as reducing new hepatitis infections by 90% and deaths by 65% between 2016 and 2030.² The U.S. Department of Health and Human Services recently released its draft *Viral Hepatitis National Strategic Plan: A Roadmap to Elimination*. To date, several elimination plans have been implemented at the state and local level. This poster describes the approach to elimination planning in Hawaii, New York, San Francisco, and Washington state.

2 METHODS

Jurisdiction demographics were obtained from U.S. government agency websites. Elimination plans and other publicly-available materials were analyzed to identify the factors considered for elimination planning in Hawaii, New York, San Francisco, and Washington. Each factor was assigned a priority of high, medium, or low based on the researchers' assessment of its relative importance to elimination planning committees across the four jurisdictions. Results were affirmed by a single representative in each jurisdiction who was involved in elimination planning.

3 REFERENCES

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4 RESULTS

Table 1. Jurisdiction Demographics and Elimination Planning Committee Details³⁻⁸

	Hawaii	New York	San Francisco	Washington
Population	1,415,872	19,453,561	881,549	7,614,893
Hepatitis A Virus Rate per 100,000	0.3	0.8	2.3	0.5
Hepatitis B Virus Rate per 100,000	0.2	0.3	0.1	0.7
Hepatitis C Virus Rate per 100,000	N/A	1.2	1.1	1.3
Medicaid Expansion	Yes	Yes	Yes	Yes
Medicaid HCV Treatment Access^A	B	A-	A-	A-
Elimination Planning Start Date	July 2019	March 2016	March 2016	October 2018
Elimination Plan Launch	July 2020	N/A	July 2016	July 2019
Elimination Coordinating Committee	Yes	Yes	Yes	Yes
Elimination Work Groups	Yes	Yes	Yes	Yes

Figure 1. Factors Considered by Jurisdictions in Elimination Planning by Priority⁸⁻¹¹

Elimination Plan Considerations	Hawaii	New York	San Francisco ^B	Washington
Coalition Building	High Priority	Low Priority	Low Priority	Low Priority
Correctional Health	High Priority	Low Priority	Low Priority	Low Priority
Data and Surveillance	Low Priority	Low Priority	Low Priority	Low Priority
Education	Low Priority	Low Priority	Low Priority	Low Priority
Engaging People with Lived Experience	High Priority	Low Priority	Low Priority	High Priority
Harm Reduction	Low Priority	Low Priority	Low Priority	Low Priority
Health Equity	Low Priority	Low Priority	Low Priority	Low Priority
Hepatitis A	Low Priority	Low Priority	Low Priority	High Priority
Hepatitis B	Low Priority	Low Priority	Low Priority	High Priority
Hepatitis C	Low Priority	Low Priority	Low Priority	Low Priority
People Living with HIV	High Priority	Low Priority	Low Priority	Low Priority
Housing	High Priority	Low Priority	Low Priority	High Priority
Linkage to Care	Low Priority	Low Priority	Low Priority	Low Priority
Primary Care	High Priority	Low Priority	Low Priority	Low Priority
Syndemic Approach	High Priority	High Priority	Low Priority	Low Priority
Treatment Access	High Priority	Low Priority	Low Priority	Low Priority

■ High Priority ■ Medium Priority ■ Low Priority

A. Medicaid HCV treatment access score for California

B. San Francisco includes assessment of End Hep C SF and Hep B Free San Francisco Bay Area

5 DISCUSSION

In this study, we identified the factors that four jurisdictions considered in hepatitis elimination planning. All states prioritized the following factors to a similar degree: correctional health, data and surveillance, education, harm reduction, health equity, hepatitis C, and linkage to care. Hawaii is the most recent jurisdiction to release an elimination plan, the development of which may have benefited from lessons learned in other jurisdictions. Hawaii is also the first plan to comprehensively address hepatitis A, B, and C in a single plan. This study has several limitations. First, the assessment of plans' priorities is subjective. This study describes the researchers' perceived priority based on how a factor was represented in the elimination plan. This study did not assess the degree to which these factors are implemented in each jurisdiction, nor does it discuss elimination plan outcomes. Successful implementation of elimination plans must be accompanied by funding mechanisms. For example, Washington implemented an innovative payment model in which an unlimited supply of hepatitis C medication may be purchased at a fixed cost. Further research is needed to assess each jurisdiction's progress toward elimination.

6 CONCLUSION

Elimination planning is a continuously evolving public health effort. Collectively, jurisdictions can contribute to the elimination of viral hepatitis in the U.S. by thoughtfully designing and funding elimination plans that meet the needs of their communities. Hawaii, New York, San Francisco, and Washington are just four examples of how jurisdictions may approach elimination planning in their state. Further understanding of key factors and implementation strategies that lead to success are warranted.

7 DISCLOSURES

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