



TEXAS
Health and Human
Services

Texas Department of State
Health Services



**HepFree
Texas**

Viral Hepatitis Elimination Plan

As required by the Centers for Disease Control and Prevention Grant, CDC-RFA-PS21-2103 Integrated Viral Hepatitis Surveillance and Prevention for Health Departments (Grant No. 6-NU51PS005193)

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EXECUTIVE SUMMARY

The Texas Viral Hepatitis Elimination Plan sets forth a comprehensive, statewide strategy to eliminate viral hepatitis as a public health threat. Guided by the mission to reduce new infections by 90 percent and hepatitis-related deaths by 65 percent, the plan envisions a hepatitis free Texas.

Viral hepatitis remains a leading cause of liver disease and cancer in Texas. Despite the availability of effective vaccines, diagnostic tools, and curative treatments, rates of new infections and related deaths remain high. This plan outlines a path to reverse these trends by focusing on a public health approach: Prevention, Care and Treatment, Data and Surveillance, and Policy.

Key strategies include:

- **Expanding prevention and awareness efforts** through education and awareness, increasing access to hepatitis A and B vaccinations, and expanding routine testing initiatives.
- **Enhancing access to care and treatment** by provider outreach and education, integrating services into substance use treatment and carceral systems, and ensuring affordable access to direct-acting antivirals (DAAs).
- **Strengthening data and surveillance systems** to improve the quality and completeness of hepatitis data, enabling more targeted interventions and robust monitoring of progress.
- **Advancing policy and community mobilization** to eliminate treatment barriers, expand the workforce capable of delivering care, and support sustainable, community-driven solutions.

The U.S. Department of Health and Human Services (HHS) developed the [National Viral Hepatitis Strategic Plan \(2021-2025\)](#) to provide a roadmap to the elimination and reduction of viral hepatitis infections and hepatitis B- and hepatitis C-related deaths. Recognizing the need for statewide elimination plans to meet the national goals, the Centers for Disease Control and Prevention (CDC) issued grants to state health departments requiring them to develop elimination plans under CDC-RFA-PS21-2103 Integrated Viral Hepatitis Surveillance and Prevention for Health Departments (Grant No. 6-NU51PS005193). The Texas Department of State Health Services (DSHS) HIV/STD Section's Viral Hepatitis Program developed the Texas Viral Hepatitis Elimination Plan to fulfill this requirement. DSHS intends to complete the steps outlined in this plan as funding allows.

INTRODUCTION

Viral hepatitis is a serious public health concern that often goes unnoticed until it progresses to cirrhosis or liver cancer years later. In 2022, chronic liver disease and cirrhosis ranked as the ninth leading cause of death in Texas, with liver cancer rates among the nation's highest, largely due to viral hepatitis. Texas has everything it needs for the complete elimination of viral hepatitis: preventive measures, safe vaccines, accurate tests, and life-saving medications.

Although hepatitis A (HAV) and hepatitis B (HBV) are both vaccine-preventable, they continue to cause illness throughout Texas. HAV usually causes a mild short-term illness that resolves within two months. Approximately 10-15 percent of people infected can have symptoms for up to 6 months. There is no cure for those living with chronic HBV. Untreated HBV may result in cirrhosis of the liver, liver failure, and liver cancer. Texas had an acute HBV infection incidence rate of 18 percent in 2022. Perinatal transmission remains a concern, emphasizing the urgent need for comprehensive prevention strategies and increased vaccination to protect the most vulnerable Texans.

Hepatitis C (HCV) is the most common bloodborne infectious disease in the United States. People with HCV may develop chronic liver disease after six months, with up to 25 percent progressing to liver cirrhosis. HCV causes more liver transplants and liver cancer in the nation than any other disease. While no vaccine exists for HCV, a widely tolerable and highly effective treatment is available, with cure rates up to 99 percent. Despite this, incidence rates continued to rise by 3 percent from 2017 to 2022. Universal access to curative treatment is crucial to eliminating HCV in Texas.

The Texas Viral Hepatitis Elimination Plan was developed utilizing CDC grant funding, CDC-RFA-PS21-2103 Integrated Viral Hepatitis Surveillance and Prevention for Health Departments (Grant No. 6-NU51PS005193). The Department of State Health Services (DSHS) hosted a Viral Hepatitis Elimination Summit in May 2024 at the UTHealth Houston School of Public Health to facilitate discussion and receive feedback from stakeholders. DSHS collaborated with local health departments, academic partners, medical providers, and community-based organizations to develop a stakeholder-led strategy to implement the public health approach of the plan.

Recognizing the disproportionate impact of viral hepatitis on some communities, this plan emphasizes the importance of addressing barriers to healthcare access, education, and outreach. Strategies include targeted interventions in underserved areas, community engagement initiatives tailored to specific populations, and partnerships with local organizations that have established trust within communities. This plan seeks to empower stakeholders to take ownership and contribute their expertise, resources, and efforts towards a common goal. Fostering

collaboration, sharing responsibilities, and leveraging strengths will contribute to achieving viral hepatitis elimination in Texas.

MISSION

The mission of the Texas Viral Hepatitis Elimination Plan is to outline a comprehensive, collaborative, and systematic approach to achieving statewide elimination of infection from viral hepatitis, defined by the United States Department of Health and Human Services as reducing new infections by 90 percent and reducing viral hepatitis-related deaths by 65 percent.

VISION

A hepatitis-free Texas, where viral hepatitis no longer threatens the quality of life of Texans.

PUBLIC HEALTH APPROACH

The Texas Viral Hepatitis Elimination Plan is built on a public health approach that relies on healthcare providers, community organizations, policymakers, public health agencies, and other partners to align efforts and drive coordinated action.

The plan emphasizes prevention, early detection, access to care, and the importance of addressing the factors that contribute to viral hepatitis transmission and poor outcomes. Through collaboration, stakeholders can align strategies, amplify impact, and help build a coordinated response to eliminate hepatitis B and C in Texas. The goals outlined in this plan seek to:

- Guide program development and resource planning;
- Support consistent messaging and education;
- Promote integrated service delivery; and
- Foster long-term partnerships across sectors.



Prevention

Prevent new infections through education, awareness, and harm reduction.



Treatment

Improve health outcomes by increasing the availability of treatment.



Surveillance

Improve the completeness and distribution of surveillance data.



Policy

Support policies which reduce barriers to accessing services.



PREVENTION AND AWARENESS



Goal 1: Empower and educate Texans about viral hepatitis transmission, testing, and linkage to treatment.

- **Objective 1.1:** Enhance public awareness and understanding of viral hepatitis.
 - **Strategies:**
 - 1.1.1. DSHS will convene the Texas Hepatitis Elimination Coalition (the Coalition) and establish a state-wide viral hepatitis listserv to provide timely communication, resource sharing, and engagement opportunities for partners statewide as available funding allows.
 - 1.1.2. DSHS plans to continue to partner with stakeholders to conduct a multi-media campaign to provide educational materials to the public about viral hepatitis transmission, testing, and treatment as available funding allows.
 - 1.1.3. DSHS and the Coalition will provide template planning guides, training webinars, and implementation support to local communities to create plans to promote public awareness and identify resources to expedite elimination as available funding allows.
 - 1.1.4. DSHS may collaborate with stakeholders to develop a testing and treatment outreach toolkit, including screening protocols, harm reduction best practices, communication scripts, and linkage workflows to address barriers to care.
 - 1.1.5. The Coalition plans to continue to review, update, and distribute a statewide resource directory annually, including locations to access testing and treatment services.
 - 1.1.6. DSHS and the Coalition plan to continue to identify overlapping risk factors to viral hepatitis, such as HIV, substance use disorder (SUD), and other conditions as available funding allows.



Goal 2: Increase the proportion of people who know their HBV and HCV statuses.

- **Objective 1.2:** Increase the number of healthcare providers trained to identify and diagnose HBV and HCV.
 - **Strategies:**
 - 1.2.1. DSHS and the Coalition plan to continue to develop enhanced partnerships with healthcare providers that serve disproportionately affected populations as available funding allows.
 - 1.2.2. DSHS and the Coalition plan to continue to develop educational training, presentations, and provider resources as available funding allows.

- 1.2.3. DSHS and the Coalition plan to continue to distribute relevant guidelines to educate pediatric providers about the need to screen infants born to mothers who were hepatitis-positive during pregnancy as available funding allows.
- 1.2.4. The Coalition will promote training in medical, nurse practitioner, and physician assistant schools and residency programs.
- **Objective 1.3:** Increase the number of people tested for viral hepatitis.
 - **Strategies:**
 - 1.3.1. [In accordance with the Texas Health and Safety Code, Chapter 94,](#) DSHS plans to continue to distribute point-of-care test kits to organizations serving at-risk populations as available funding allows.
 - 1.3.2. The Coalition may support efforts to increase testing events for at-risk populations within local communities.
 - 1.3.3. DSHS and the Coalition plan to continue to share relevant guidelines and screening protocols to promote opt-out screening for people in carceral settings as available funding allows.
 - 1.3.4. DSHS and the Coalition plan to continue to share relevant guidelines and clinical best practices to promote opt-out screening of adults at least once in their lifetime and women during each pregnancy as available funding allows.
 - 1.3.5. DSHS and the Coalition plan to continue to develop partnerships with laboratories and identify patient assistance programs to reduce costs or identify free confirmatory testing as available funding allows.
 - 1.3.6. The Coalition will support efforts to identify additional sites for screening and treatment within underserved communities, including mobile services and peer-led programs.



Goal 3: Prioritize harm reduction education and best practices.

- **Objective 1.4:** Identify and scale up best practices for prevention of hepatitis infection and re-infection among people who use drugs.
 - **Strategies:**
 - 1.4.1. The Coalition will support efforts to train primary care providers to prescribe naloxone, administer medication-assisted therapy (MAT), and provide harm reduction counseling.
 - 1.4.2. DSHS and the Coalition plan to continue to develop and distribute resources for providers to promote trauma-informed care as available funding allows.
 - 1.4.3. The Coalition will support efforts to increase access to MAT and SUD treatment in communities.

- 1.4.4. The Coalition will develop and distribute resources to promote increased viral hepatitis education and screening at MAT sites and SUD treatment facilities.
- 1.4.5. The Coalition will support efforts to increase the availability of harm reduction resources in communities.



Goal 4: Improve hepatitis A and B vaccination efforts.

- **Objective 1.5:** Increase access to hepatitis A and B vaccinations in communities.
 - **Strategies:**
 - 1.5.1. The Coalition will establish collaborations across health departments, community clinics, pharmacies, non-profit organizations, and other community entities to expand access points for vaccination services.
 - 1.5.2. The Coalition will support efforts to implement vaccination programs in high-risk settings, including carceral settings, healthcare settings, and SUD treatment facilities.
- **Objective 1.6:** Optimize hepatitis A and B vaccination adherence.
 - **Strategies:**
 - 1.6.1. DSHS and the Coalition plan to continue to develop targeted, community-driven outreach materials to promote vaccination among children and adults at risk as available funding allows.
 - 1.6.2. DSHS and the Coalition plan to continue to develop and distribute resources for healthcare providers about the recommended vaccination series, including for infants born to mothers with HBV, through continuing education opportunities and provider resources as available funding allows.



CARE AND TREATMENT



Goal 1: Improve access to patient-centered HCV treatment services for Texans.

- **Objective 2.1:** Develop infrastructure for treatment and support services.
 - **Strategies:**
 - 2.1.1. [In accordance with the Texas Health and Safety Code, Chapter 94,](#) DSHS and the Coalition plan to continue to engage in public awareness efforts to highlight the availability, tolerability, and high cure rate of treatment to highlight the availability, tolerability, and high cure rate of treatment as available funding allows.
 - 2.1.2. The Coalition will develop and promote the implementation of a navigation model that bridges gaps in services.
 - 2.1.3. The Coalition will provide resources for linkage to care for people upon release from carceral settings.
 - 2.1.4. The Coalition and stakeholders will encourage increased access to HCV treatment at SUD treatment settings, including MAT sites.
 - 2.1.5. The Coalition and stakeholders will expand partnerships with pharmacy associations and pharmacy schools to assess the availability and feasibility of treatment service expansion in pharmacy settings.
 - 2.1.6. The Coalition and stakeholders will coordinate to increase transportation assistance, mobile clinics, and telehealth to expand access to treatment.
- **Objective 2.2:** Increase the availability of direct-acting antiviral (DAA) treatment for people with HCV infection in Texas.
 - **Strategies:**
 - 2.2.1. The Coalition and stakeholders will identify and work to address barriers to accessing affordable medication programs.
 - 2.2.2. The Coalition and stakeholders will promote initiatives for patients to store medications at facilities where they receive care or MAT services and receive medication via mail order.
 - 2.2.3. The Coalition and stakeholders will promote same-day treatment for patients with a confirmed HCV infection.
 - 2.2.4. The Coalition and stakeholders will promote dispensing a full course of medication at the start of treatment.

- 2.2.5. The Coalition and stakeholders will promote concurrent treatment of co-morbid alcohol use disorders (AUD) through multi-disciplinary care and increased co-prescription of AUD medication and counseling.
- 2.2.6. The Coalition and stakeholders will promote identification, referral, and treatment of hepatic and extrahepatic manifestations following clinical practice guidelines.



Goal 2: Expand the number of hepatitis treatment providers in Texas.

- **Objective 2.3:** Expand provider capacity to treat people with HCV infections.
 - **Strategies:**
 - 2.3.1. DSHS plans to continue to survey providers to assess strengths and needs related to screening and treatment as available funding allows.
 - 2.3.2. The Coalition and stakeholders will implement a provider-targeted campaign to disseminate updated guidelines for HCV management and best practices.
 - 2.3.3. DSHS, the Coalition, and stakeholders plan to continue to develop and distribute resources for providers, public health workers, and professionals on integrating harm reduction counseling into practice as available funding allows.
 - 2.3.4. The Coalition and stakeholders will assist healthcare facilities serving populations with a high prevalence of viral hepatitis to implement changes to electronic health record systems and integrate order sets.
 - 2.3.5. The Coalition and stakeholders will educate providers on billing practices for HCV medications.
 - 2.3.6. The Coalition and stakeholders will promote streamlined treatment algorithms and best practices related to care.
 - 2.3.7. The Coalition and stakeholders will promote utilizing community health centers and local health departments to add capacity in underserved areas.
- **Objective 2.4:** Develop a statewide network of providers treating viral hepatitis.
 - **Strategies:**
 - 2.4.1. The Coalition will identify and engage key providers to be Elimination Champions.
 - 2.4.2. The Coalition and stakeholders will promote opportunities for HCV-related clinical consultation.

- 2.4.3. The Coalition and stakeholders will promote access to clinical training through collaborative learning models.
- 2.4.4. The Coalition and stakeholders will establish a referral network for the initial treatment and management of complex cases.



DATA AND SURVEILLANCE



Goal 1: Continuously monitor the state of the viral hepatitis surveillance system to improve the quality and completeness of hepatitis data.

- **Objective 3.1:** Evaluate the current viral hepatitis surveillance system.
 - **Strategies:**
 - 3.1.1. DSHS plans to continue to identify data gaps contained within the surveillance process via a biennial needs assessment as available funding allows.
 - 3.1.2. DSHS and the Coalition plan to continue to describe and disseminate best practices for data collection, analysis, and use as available funding allows.
- **Objective 3.2:** Increase the availability of viral hepatitis surveillance data.
 - **Strategies:**
 - 3.2.1. DSHS plans to continue to establish data-sharing agreements with relevant stakeholders to evaluate the burden of disease as available funding allows.
 - 3.2.2. DSHS plans to continue to improve electronic case reporting from electronic laboratory reporting systems to obtain demographic and clinical information as available funding allows.
 - 3.2.3. DSHS and the Coalition plan to continue to conduct outreach to providers and laboratories to increase the number of jurisdictions that report hepatitis B and C test results as available funding allows.
- **Objective 3.3:** Routinely analyze, disseminate findings, and utilize viral hepatitis data to develop and improve testing and linkage to care programs.
 - **Strategies:**
 - 3.3.1. DSHS plans to continue to evaluate the viral hepatitis burden by analyzing electronically reported lab records, case investigations, and data as available funding allows.
 - 3.3.2. DSHS and the Coalition plan to continue to use point-of-care HCV testing data to identify an increased need for testing and linkage as available funding allows.
 - 3.3.3. DSHS and the Coalition plan to continue to use the Ryan White HIV/AIDS Program Services Report, Medicaid data, and hospital discharge data to identify gaps in care as available funding allows.

- 3.3.4. DSHS and the Coalition plan to continue to create geospatial maps that show baseline viral hepatitis data as available funding allows.
- 3.3.5. DSHS plans to continue to update and disseminate the viral hepatitis epidemiological profile annually as available funding allows.
- 3.3.6. DSHS and the Coalition will use data-driven analysis and modeling strategies to assess the clinical impact of viral hepatitis on quality of life as available funding allows.



POLICY AND COMMUNITY MOBILIZATION



Goal 1: Increase viral hepatitis prevention, testing, and treatment services through the support of policy development and community mobilization.

- **Objective 4.1:** Increase awareness of services for patients and support community mobilization efforts.
 - **Strategies:**
 - 4.1.1. DSHS plans to continue to develop a website with resources for testing centers, physicians, and educational opportunities as available funding allows.
 - 4.1.2. The Coalition will develop an interactive forum to share information and resources at the community level.
 - 4.1.3. The Coalition and stakeholders will support communities in developing local Hepatitis Elimination Coalitions.
 - 4.1.4. DSHS plans to continue to utilize fact sheets to educate key stakeholders as available funding allows.
 - 4.1.5. The Coalition will support the establishment of a mechanism to evaluate policy implementation and examine and address policy barriers.
- **Objective 4.2:** Increase access and availability of treatment options for populations most affected by viral hepatitis through policy change.
 - **Strategies:**
 - 4.2.1. The Coalition will promote expanded access to DAAs and removal of barriers to treatment, including prior authorization.
- **Objective 4.3:** Leverage non-specialist workforce resources to expand the reach of hepatitis care to communities with provider shortages through policy change.
 - **Strategies:**
 - 4.3.1. The Coalition will support efforts to generate information and data to reach policymakers at the local and state levels.
 - 4.3.2. DSHS and stakeholders will support efforts to develop a background white paper that summarizes data related to the health impact, feasibility, replicability, and cost savings of shifting viral hepatitis care tasks to non-specialist health care workers as available funding allows.
 - 4.3.3. The Coalition and stakeholders will support efforts to develop data-driven policy briefs that summarize the evidence and present policy options.

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