



2024 Hepatitis C State Plan

**As Required by
Texas Health and Safety Code
Section 94.001**



TEXAS
Health and Human
Services

Texas Department of
State Health Services

December 2023

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Executive Summary

In 2021, the Centers for Disease Control and Prevention (CDC) noted hepatitis C as a significant health problem in the United States (U.S.). Addressing this problem requires a coordinated approach to expand prevention, testing, and treatment. However, several challenges complicate these efforts. Most people with hepatitis C have either mild or no symptoms. Many do not know their status until years later after a diagnosis of cirrhosis or other liver disease.

Significant opportunities exist to improve the response to hepatitis C at every point along the continuum of care. This plan summarizes activities performed to:

- Re-engage stakeholders to plan and coordinate approaches to hepatitis C prevention and treatment
- Develop broad strategies for hepatitis C prevention and treatment
- Develop specific strategies targeting disproportionately affected groups, including:
 - ▶ People with human immunodeficiency virus (HIV)
 - ▶ People with a history of incarceration
 - ▶ Veterans
 - ▶ Racial and ethnic minorities
 - ▶ People who inject drugs (PWID)

Introduction

Hepatitis is inflammation of the liver. Hepatitis can be caused by microbial infection or lifestyle choices like alcohol consumption or obesity. However, the most common cause of viral hepatitis in the U.S. is a hepatitis C virus (HCV) infection. More than half of people with hepatitis C progress from acute to chronic hepatitis C.¹ Chronic hepatitis C refers to people who have had an HCV infection for longer than six months. People with acute hepatitis C often present as asymptomatic or report mild clinical symptoms.²

People with HCV may develop chronic liver disease after six months, which leads to liver cirrhosis in 5 to 25 percent of those infected in 10 to 20 years. Hepatitis C causes more liver transplants and liver cancer in the nation than any other disease.³

HCV spreads through contact with infected blood via contaminated needles, razors, and tattoo or body-piercing tools; accidental occupational exposures; and, in rare cases, by childbirth to a mother with hepatitis C. Transmission of HCV occurs through blood and is not easily spread through sexual activity. No preventive vaccine exists for hepatitis C.¹

Acute hepatitis C, defined as a short-term illness, occurs within the first six months of exposure. Among people with acute hepatitis C, approximately:

- 55 to 85 percent develop chronic disease
- 60 to 70 percent develop chronic liver disease
- 5 to 25 percent develop cirrhosis over a period of 10 to 20 years
- 1 to 5 percent may die from the consequences of chronic infection (liver cancer or cirrhosis)⁴

¹ Centers for Disease Control and Prevention (2020). *People Coinfected with HIV and Viral Hepatitis*. <https://www.cdc.gov/hepatitis/populations/hiv.htm>. Accessed October 25, 2023.

² Centers for Disease Control and Prevention (2020). *People Coinfected with HIV and Viral Hepatitis*. <https://www.cdc.gov/hepatitis/populations/hiv.htm>. Accessed October 25, 2023.

³ Centers for Disease Control and Prevention. (2023). *Viral Hepatitis. What is Viral Hepatitis?* <https://www.cdc.gov/hepatitis/abc/index.htm>. Accessed October 25, 2023.

⁴ Stasi, C., Silvestri, C., and Voller, F. (2020). Update on Hepatitis C Epidemiology: *Unaware and Untreated Infected Population Could Be the Key to Elimination*. *SN Compr Clin Med*. 2020; 2(12): 2808–2815. doi: 10.1007/s42399-020-00588-3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7568689/#>.

The incidence rate of confirmed reported acute hepatitis C cases increased from 0.12 per 100,000 Texans in 2017 to 0.16 per 100,000 Texans in 2022.⁵ In Texas, 50 percent of reported cases of acute hepatitis C were non-Hispanic white cases, compared to 6 percent for non-Hispanic black cases, and 25 percent for Hispanic cases. Men represented the majority of reported acute hepatitis C cases, at 59 percent. Non-Hispanic white men between the ages of 30 and 39 years old represented confirmed reported acute hepatitis C cases disproportionately more than other demographics in the state.⁶

The CDC cites an increased risk for HIV and other blood-borne diseases for people at risk for hepatitis C.⁷ HIV/HCV co-infection occurs more commonly among PWID. Twenty-one percent of people with HIV (PWH) reported living with HCV. An estimated 62 to 80 percent of PWID with HIV reported an HCV co-infection. The CDC noted an increased risk of rapid progression of liver damage in people with HIV and hepatitis C.⁸ The CDC attributes a high number of liver cancer cases to hepatitis C.⁷ Many people with hepatitis C may be cured by taking an 8 to 10 week course of an antiviral medication.⁸

DSHS will implement an improved hepatitis C monitoring system that uses morbidity and mortality data to identify geographic discrepancies. This will include an epidemiological profile that illustrates the sociodemographic, screening, surveillance, behavioral, co-morbidity, and clinical characteristics of Texas hepatitis C cases.

[Texas Health and Safety Code \(HSC\), Section 94.001](#), requires the Texas Department of State Health Services (DSHS) to update the Hepatitis C State Plan each biennium. The plan must include strategies for prevention and treatment for specific demographic groups disproportionately affected, including:

- People with HIV
- People with a history of incarceration
- Veterans
- Racial or ethnic minorities with a high incidence of hepatitis C

⁵ Texas Department of State Health Services (2022). *National Electronic Disease Surveillance System*. Accessed April 20, 2023.

⁶ Centers for Disease Control and Prevention (2020). *Viral Hepatitis: Hepatitis C Questions and Answers for Health Professionals*. <https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm>. Accessed October 25, 2023.

⁷ Centers for Disease Control and Prevention (2020). *People Coinfected with HIV and Viral Hepatitis*. <https://www.cdc.gov/hepatitis/populations/hiv.htm>. Accessed October 25, 2023.

⁸ Centers for Disease Control and Prevention (2020). *Viral Hepatitis: Hepatitis C Questions and Answers for Health Professionals*. <https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm>. Accessed October 25, 2023.

- PWID

In developing the plan, DSHS must seek input from:

- The public, including members of the public with hepatitis C
- Each state agency providing services to people with hepatitis C
- Any advisory body addressing issues related to hepatitis C
- Public advocates concerned with issues related to hepatitis C
- Providers of services to people with hepatitis C

In accordance with [HSC Section 94.001](#), DSHS updated the Hepatitis C State Plan, summarizing activities performed during the preceding biennium and providing a roadmap on how to address hepatitis C in the future.

DSHS promotes and supports hepatitis C awareness, prevention, and treatment among other state programs, local health departments, advocacy organizations, and health care providers. DSHS collaborates with local HIV prevention agencies in Texas to integrate hepatitis C education and testing into their programs.

Stakeholder Engagement

Outreach to the Public and Public Advocates

Cooperation amongst public health stakeholders is a major component of the Hepatitis C State Plan. DSHS received Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments from the CDC. Dallas County Health and Human Services (DCHHS) and the Houston Health Department (HHD) also received funding through this grant. Because all three entities received grant funds, DSHS is coordinating with DCHHS and HHD on related activities. In September 2021 and July 2022, DSHS met with DCHHS and HHD to collaborate on viral hepatitis elimination and surveillance. In 2022 and 2023, DSHS attended monthly Viral Hepatitis Taskforce Meetings hosted by HHD and met with other viral hepatitis stakeholders in the Houston area. In the meetings, stakeholders shared strategies, education resources, and collaboration efforts.

In May 2023, DSHS hosted its first Viral Hepatitis Stakeholder Summit in Houston. The summit included over 70 virtual and in-person participants with backgrounds in healthcare, social service, community-based and grassroots organizations, municipal public health jurisdictions, county public health jurisdictions, and people living in the viral hepatitis community who met to discuss strategies needed to achieve viral hepatitis elimination and reduce health-related disparities. Topics included data and surveillance, healthcare policies, care and treatment, and prevention activities. DSHS continues to work with DCHHS, HHD, viral hepatitis stakeholders, and the CDC to complete a viral hepatitis elimination plan in 2024, which is part of the federal grant.

Annually, the National Alliance of State and Territorial Acquired Immunodeficiency Syndrome (AIDS) Directors (NASTAD) hosts the HIV and Viral Hepatitis Technical Assistance meeting to provide educational opportunities to local and state public health departments. DSHS participates in the annual NASTAD meetings to engage with members of the public health community and discuss data-driven strategies for viral hepatitis prevention and elimination. In 2022 and 2023, DSHS also attended NASTAD's bimonthly virtual meetings, which provide public health jurisdictions with the opportunity to share viral hepatitis surveillance and prevention strategies with other states. The University of Texas Health Science Center at San Antonio invited DSHS to present state-level viral hepatitis data at the Extension for Community Healthcare Outcomes meeting in September 2023.

Engagement with State Agencies

As outlined below, DSHS engages with state agencies to determine the breadth of hepatitis C prevention and treatment activities across the state.

Texas Health and Human Services Commission (HHSC)

Medicaid and CHIP Services

- Medicaid – benefits include hepatitis C screening, diagnostic testing, and treatment for eligible clients in fee-for-service and managed care health plans.
- Children’s Health Insurance Program (CHIP) (not including the CHIP Perinatal Program) – benefits include hepatitis C screening and treatment.
- Healthy Texas Women – provides hepatitis C screening and referrals for treatment.

Family Health Services

- Family Planning Program – provides hepatitis C screening and referrals for treatment.
- Primary Health Care – provides screening, prevention and treatment counseling, education services, and drug therapy treatment for hepatitis C. A provider’s ability to offer treatment depends on available grant funding.
- Title V Maternal and Child Health Fee-for-Service Program – provides screening, education, and counseling for hepatitis C to women and children served in this program.
- County Indigent Health Care Program – provides various local indigent care resources for individuals who need assistance with medical care, including treatment for hepatitis C. The availability of resources varies depending on a client’s location.

Community Services

- Children with Special Health Care Needs Services Program – provides screening and treatment for hepatitis C.

Behavioral Health Services

- Opioid Treatment Services – provide routine opt-out HCV testing at opioid treatment sites and requires referrals.

- Substance Use Disorder Treatment Contracts – require referrals for those determined at risk for hepatitis C for further testing and/or treatment to an appropriate medical provider.
- Substance Intervention Programs – require referrals for those determined at risk for hepatitis C and other communicable diseases.

Health and Specialty Care System

- State Hospitals – test patients based on medical histories and risk factors, provide treatment when the length of stay allows for completion of treatment, and make referrals when patients cannot complete treatment before discharge.
- State Supported Living Centers – test individuals per CDC guidelines and provide hepatitis C treatment and medication as needed.

Other State Agencies

Texas Department of Criminal Justice (TDCJ) – offers inmates testing for HCV at intake, during each pregnancy, when diagnosed with chronic hepatitis B or HIV, and as clinically indicated. TDCJ also screens inmates for risk factors and tests for HCV as needed. TDCJ policy also permits inmates to request screening once a year. TDCJ evaluates inmates found positive for HCV, follows their disease progression, and offers them treatment as deemed clinically appropriate.

Texas Correctional Office on Offenders with Medical or Mental Impairments – ensures inmates receive hepatitis C educational materials at the time of release.

Texas Juvenile Justice Department – screens at-risk youth and ensures youth entering their system currently receiving treatment for hepatitis C maintain treatment.

Texas Commission on Jail Standards – sets minimum standards for health services in jails in Texas, which includes providing treatment and medication under written instructions from a physician.

Texas Veterans Commission – refers veterans seeking hepatitis C prevention and treatment services to the U.S. Department of Veterans Affairs or their local physician.

Participation with Advisory Bodies

DSHS participates in or collaborates with the following advisory bodies.

NASTAD Hepatitis Workgroup – works to strengthen the capacity of state health department hepatitis programs and assists states in integrating hepatitis services into existing programs.

The Texas Collaborative Center for Hepatocellular Cancer (TeCH) – promotes collaboration among Texas scientists, clinicians, community workers, healthcare administrators, and policymakers to reduce hepatocellular cancer (HCC) mortality in Texas by reducing the number of people who develop cancer and detecting cancer early to increase the likelihood of a cure.

The Hepatitis Network for Education and Testing – a network of public health partners, community-based organizations, tribal health organizations, people with lived experience, and healthcare providers focused on identifying and addressing the unmet needs of PWID to improve their access to viral hepatitis education, prevention, testing, linkage to care, and treatment.

Hepatitis Testing Partnership – a national coalition of public health agencies, community-based organizations, and other hepatitis stakeholders working to increase testing for HCV and linkage to care for people with hepatitis C.

Council of State and Territorial Epidemiologists (CSTE) Hepatitis C Subcommittee – a council created to inform and improve practices related to hepatitis C surveillance and data analysis in local, state, tribal, and territorial settings.

National Viral Hepatitis Roundtable – a national advocacy organization that addresses policy issues, public health interventions, and strategies for reducing hepatitis C transmission.

Outreach to Providers

To promote the identification, treatment, and prevention of viral hepatitis, DSHS collaborates with a variety of state, local, and regional testing sites to expand current HCV testing and referral to care services in high-impact settings as directed by a federal grant. DSHS provides hepatitis C rapid antibody test kits that expedite diagnosis by providing test results within 30 minutes versus antibody tests

performed by a laboratory where results can take several days or longer. The settings include but are not limited to regional and local health departments, community-based organizations, substance use disorder (SUD) prevention and treatment centers, Federally Qualified Health Centers (FQHCs), HIV Prevention and AIDS Service Organizations (ASOs), sexual health clinics, homeless shelters, immigrant health organizations, transitional housing, and local or private laboratory facilities.

DSHS previously created a statewide directory of hepatitis C testing providers that people with hepatitis C may use to locate testing and treatment sites by zip code. DSHS intends to promote a prevention and treatment widget developed by the CDC's National Prevention Information Network, which grants results based on zip codes.

In the first quarter of 2024, DSHS plans to complete a needs assessment to identify state and regional needs for HCV surveillance and testing. The results of the needs assessment allow DSHS to allocate available resources to at-risk communities for HCV testing and provide hepatitis C surveillance training for local and regional health departments. DSHS plans to update the training to further improve strategies for acute hepatitis C case investigations assigned to regional and local health departments. DSHS plans to initiate quarterly calls with regional health departments for viral hepatitis updates and technical assistance for staff.

The number of acute hepatitis C cases is underreported nationally.^{9,10} DSHS partnered with the Centers for Disease Analysis Foundation (CDAF) to predict hepatitis C cases and disease progression in Texas.¹¹ The model developed with CDAF used HCV lab data from the Texas National Electronic Disease Surveillance System (NEDSS) to project hepatitis C acute and chronic cases from 2023 to 2030.¹² At least 19,000 people need to be in treatment by 2023 in Texas to meet the national HCV elimination by 2030 goal. New infections in Texas need to decline by 30 percent to meet the national HCV elimination goal by 2030. From 2024 to 2029, new infections in Texas need to decline by 35 percent to meet the national HCV elimination goal by 2030.¹³ DSHS intends to share conclusions of the CDAF

⁹ Texas Department of State Health Services (2022). *National Electronic Disease Surveillance System*. Accessed April 20, 2023.

¹⁰ Centers for Disease Control and Prevention. (2021). *Viral Hepatitis Surveillance Report – United States, 2021*. <https://www.cdc.gov/hepatitis/statistics/2021surveillance/hepatitis-c.htm>. Accessed October 25, 2023.

¹¹ Centers for Disease Control and Prevention. (2020). *CDC Recommendations for Hepatitis C Screening Among Adults – United States, 2020*. <https://www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6902a1-H.pdf>. Accessed October 25, 2023.

¹² Center for Disease Analysis Foundation. (2021). *HCV Health Policy Tool-Texas Assumptions and Inputs for the Base Case*. [PowerPoint Slides].

projection model with community providers annually to improve strategies for treatment.

Plan for Prevention and Treatment

Broad Strategies for Prevention and Treatment

The CDC recommends HCV screening at least once in a lifetime for all adults 18 years and older and all pregnant women except in settings where the prevalence of HCV infection remains low.¹¹ The CDC published the new recommendations for universal HCV screening in April 2020 due to the high rate of people with HCV infection unaware of their status.¹¹ In 2022, the CDC released updated recommendations for HCV testing among infants and children exposed around the time of birth (perinatal exposure). It is recommended that these children receive a test at age two to six months to identify children who might go on to develop chronic HCV infection. Infants who test positive should receive a referral to a healthcare provider with expertise in pediatric hepatitis C management.¹³ Most people treated with hepatitis C medication are cured, meaning they maintain a sustained virological response to the virus after 8 to 12 weeks of therapy.

The Integrated Viral Hepatitis Surveillance and Prevention Grant allocates funds to improve viral hepatitis surveillance, specifically for outbreak detection, investigation, and control. The grant provides funding to improve viral hepatitis prevention via viral hepatitis elimination planning, access to viral hepatitis testing, and treatment. Multiple areas within DSHS collaborate to meet the grant requirements to improve viral hepatitis surveillance and response activities. The grant requires DSHS to create a viral hepatitis outbreak response plan by 2024. DSHS continues to work with DCHHS, HHD, and other stakeholders on the development of the plan. It establishes a framework for rapid outbreak detection and response with CDC guidelines. DSHS expects to increase reporting of chronic HCV, perinatal HCV, and undetectable viral hepatitis laboratory results by providing education regarding HCV case guidelines. DSHS will increase communication with public health jurisdictions to identify gaps, activities, and stakeholders in hepatitis C surveillance plans within 2 to 5 years of the Integrated Viral Hepatitis Surveillance and Prevention Grant.

¹³ Centers for Disease Control and Prevention (2022). *CDC Recommendations for Hepatitis C Testing Among Perinatally Exposed Infants and Children-United States*, 2023. <https://www.federalregister.gov/d/2022-25421/>. Accessed October 25, 2023.

The number of acute hepatitis C cases is underreported nationally.^{14,15} DSHS partnered with CDAF to predict hepatitis C cases and disease progression in Texas.¹¹ The model developed by CDAF may allow DSHS to identify a baseline for viral hepatitis incidence and prevalence rates, despite underreporting in the state. This work also meets a requirement for surveillance and outbreak reports mandated by the Integrated Viral Hepatitis Surveillance and Prevention grant provided by the CDC. The model will improve understanding of the estimated disease burden and allow stakeholders to develop measures for improving prevention and treatment outcomes.

In 2022, HHSC announced a partnership with the pharmaceutical company, AbbVie, to significantly reduce chronic hepatitis C in Medicaid patients. The initiative increases awareness, screening, diagnosis, and treatment through educational outreach to Medicaid recipients and prescribers. In 2023, HHSC improved access by removing all restrictions on MAVYRET, the only direct-acting antiviral medication available without prior authorization from Medicaid for hepatitis C patients in treatment.

Strategies Targeting Disproportionately Affected Groups

In 2016, DSHS collaborated with DSHS-funded HIV testing agencies to assess clients' risk of acquiring hepatitis C and offer HIV and HCV testing as needed. DSHS required each agency to submit specimens to the DSHS laboratory and establish referral networks for hepatitis C assessment and treatment, viral hepatitis immunization, and substance misuse treatment and counseling. DSHS selected agencies based on the presence of PWID within their service area, typically major metropolitan areas. Between January 2021 and April 2023, DSHS maintained its partnerships and distributed 96,100 HCV antibody test kits to 143 partner sites. DSHS expects to expand its capacity for HCV screening, confirmatory testing, and linkage to care in 2024.

¹⁴ Texas Department of State Health Services (2022). *National Electronic Disease Surveillance System*. Accessed April 20, 2023.

¹⁵ Centers for Disease Control and Prevention. (2021). *Viral Hepatitis Surveillance Report – United States, 2021*. <https://www.cdc.gov/hepatitis/statistics/2021surveillance/hepatitis-c.htm>. Accessed October 25, 2023.

People with HIV

In the U.S., an estimated 21 percent of PWH also live with hepatitis C. HIV accelerates hepatitis C progression.¹⁶ DSHS partners with HIV prevention sites with high HIV reporting rates to conduct HCV testing and linkage to care efforts. Staff at DSHS-funded HIV testing sites received hepatitis C training, including training on risk assessments, testing protocols, and informing clients of test results. All testing providers must take the DSHS Sexually Transmitted Disease Facts and Fallacies course, which includes a hepatitis section. The training includes risk factors, signs and symptoms, testing, treatment, prevention, and perinatal issues.

The Health Resources and Services Administration Ryan White HIV/AIDS program provides medical and support services for people with HIV. DSHS established a quality measure of 98 percent of Ryan White clients receiving an HCV antibody screening at least once after their HIV diagnosis. HIV medical and support services providers funded by DSHS implemented the quality measure. For the 2021 measurement, a random sample of Ryan White clients' medical records indicated that 87 percent of Ryan White clients received an HCV screening, up from 71 percent in 2020. Providers received training and education about compliance with the standards of care to ensure providers are screening patients for HCV and documenting it appropriately. DSHS continues to monitor progress toward improving this quality measure.

Veterans

The U.S. Department of Veterans Affairs (VA) notes treating and curing veterans with hepatitis C as a central priority. Nationally, more than 100,000 people in the VA system received curative hepatitis C treatment.

The VA developed an Advanced Liver Disease (ALD) data dashboard to make epidemiologic data on cirrhosis, liver cancer, and liver disease more accessible at the provider level.¹⁷ The dashboard also provides related treatment and laboratory data, identifies gaps in treatment, quickly links veterans with ALD to care, and improves patient outcomes.¹⁸

¹⁶ Centers for Disease Control and Prevention. (2020). *People Coinfected with HIV and Viral Hepatitis*. <https://www.cdc.gov/hepatitis/populations/hiv.htm>. Accessed October 25, 2023.

¹⁷ U.S. Department of Veterans Affairs. (2019). *VA on path to cure 100,000 Veterans of hepatitis C*. (2019) <https://news.va.gov/press-room/va-on-path-to-cure-100000-veterans-of-hepatitis-c/>. Accessed October 25, 2023.

¹⁸ U.S. Department of Veterans Affairs. (2019). *VA National Veteran Health Equity Report*. https://vha-healthequity.shinyapps.io/NVHER_Shiny/. Accessed October 25, 2023.

The VA dedicated other resources, such as TexVet (an initiative of the Texas A&M Health Science Center and HHSC), to provide veterans, military members, and their families with equal access to information, including HCV testing and hepatitis C treatment information.

Racial or Ethnic Minorities

DSHS understands the importance of integrating HCV testing and treatment services into existing programs due to limited funding and resources. DSHS continues to seek opportunities to collaborate with organizations serving racial and ethnic minorities disproportionately impacted by hepatitis C.

People who Inject Drugs

Recently, the trend of HCV infections increased among young PWID, particularly in rural and suburban areas.^{19, 20} In September 2022, the Substance Abuse and Mental Health Services Administration awarded HHSC \$107.4 million for State Opioid Response 2022 to continue the state's ongoing response to the opioid crisis.²¹

HHSC manages the Texas Targeted Opioid Response (TTOR) program to expand HCV testing services and treatment to additional provider sites. The program enables clinics to treat primary opioid use disorder and comorbid conditions such as hepatitis C, psychiatric conditions, and wound care at a single clinic site. TTOR strategies include the behavioral health continuum of care, coordinating prevention, integrated treatment, and recovery services across the state. To rapidly deploy community services, HHSC leveraged existing contracts and partners with governmental entities such as academic institutions, local mental health authorities, and local behavioral health authorities. In 2023, HHSC provided 22,523 health screenings and treatment for comorbid conditions to individuals receiving medications for opioid use disorder (MOUD) in a clinic-based setting. HHSC provided MOUD services to 13,187 people in an office or clinic-based setting and

¹⁹ Centers for Disease Control and Prevention. (2021). *Viral Hepatitis Surveillance Report – United States, 2021* <https://www.cdc.gov/hepatitis/statistics/2021surveillance/hepatitis-c.htm>. Accessed October 25, 2023.

²⁰ Kimberly et al. (2013). Injection Drug Use and Hepatitis C Virus Infection in Young Adult Injectors: Using Evidence to Inform Comprehensive Prevention. *Clinical Infectious Diseases: an Official Publication of the Infectious Diseases Society of America*. doi.org/10.1093/cid/cit300.

²¹ Texas Health and Human Services Commission. *Texas Targeted Opioid Response*. (2023). <https://www.hhs.texas.gov/sites/default/files/documents/ttor-primer.pdf>. Accessed October 25, 2023.

distributed 616,655 containers or drop boxes for those who use drugs intravenously to safely dispose of needles.²²

In collaboration with HHD, San Antonio Metro Health, and Austin Public Health, DSHS intends to submit a Determination of Need (DON) for Syringe Service Programs (SSP) to the CDC. The funds from the U.S. Department of Health and Human Services (HHS), under certain circumstances, support SSPs, to provide education on risk reduction, provide testing, and link patients with care when positive. Funds may not be used to purchase needles or syringes.

²² Texas Health and Human Services Commission. *Texas Targeted Opioid Response*. (2023). <https://www.hhs.texas.gov/sites/default/files/documents/ttor-primer.pdf>. Accessed October 25, 2023.

Conclusion

National, state, and local agencies continue to address the significant burden of hepatitis C. During the past biennium, DSHS engaged with stakeholders in Texas, representing state agencies, advisory boards, institutions of higher education, non-profits, private corporations, and healthcare providers, to ascertain the needs of viral hepatitis communities in the state. Stakeholder feedback resulted in DSHS implementing hepatitis C prevention and surveillance strategies, including increasing HCV testing and linkage to care at contracted HIV testing sites and with partner organizations. DSHS continues to collaborate with other state agencies providing hepatitis C prevention, screening, or medical care services. The ongoing outreach at statewide conferences allows DSHS to interact directly with the community, provide education, and promote health department services.

List of Acronyms

Acronym	Full Name
AIDS	Acquired Immunodeficiency Syndrome
ALD	Advanced Liver Disease
ASO	AIDS Service Organizations
CDAF	Centers for Disease Analysis Foundation
CDC	Centers for Disease Control and Prevention
CHIP	Children’s Health Insurance Plan
CSTE	Council of State and Territorial Epidemiologists
DCHHS	Dallas County Health and Human Services
DON	Determination of Need
DSHS	Department of State Health Services
FQHC	Federally Qualified Health Centers
HCC	Hepatocellular Cancer
HCV	Hepatitis C Virus
HHD	Houston Health Department
HHS	U.S. Department of Health and Human Services
HHSC	Health and Human Services Commission
HIV	Human Immunodeficiency Virus
HSC	Health and Safety Code
MOUD	Medications for Opioid Use Disorder
NASTAD	National Alliance of State and Territorial AIDS Directors
NEDSS	National Electronic Disease Surveillance System
PWH	People with HIV
PWID	People who Inject Drugs
SSP	Syringe Service Programs
SUD	Substance Use Disorder
TDCJ	Texas Department of Criminal Justice
TeCH	Texas Collaborative Center for Hepatocellular Cancer
TTOR	Texas Targeted Opioid Response
U.S.	United States
VA	U.S. Department of Veterans Affairs
VHPC	Viral Hepatitis Prevention Coordinator