2026 Hepatitis C State Plan

As Required by
Texas Health and Safety Code
Section 94.001

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Executive Summary

Hepatitis C is the most common chronic bloodborne infection in the United States.[1] Despite nearly a decade after approval of an effective cure, the Centers for Disease Control and Prevention (CDC) noted only one in three adults diagnosed with hepatitis C has been cured.[2] Addressing this problem requires a coordinated approach to expand prevention, testing, and treatment. However, several challenges complicate these mitigation efforts. Most people with hepatitis C have either mild or no symptoms.[3] 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:

- Develop broad strategies for hepatitis C prevention and treatment.
- Develop specific strategies targeting disproportionately affected groups, including:
  - People living with human immunodeficiency virus (HIV)(PLWH),
  - Veterans,
  - Racial and ethnic minorities, and
  - People who inject drugs (PWID).

[1] Centers for Disease Control and Prevention (2021). *Sexually Transmitted Infections Treatment Guidelines, 2021.* https://www.cdc.gov/std/treatment-guidelines/toc.htm Accessed September 24, 2025.
[2] Centers for Disease Control and Prevention (2023). *Breakthrough Cures for Hepatitis C Still Fail to Reach the Vast Majority of Americans Who Need Them.* https://www.cdc.gov/nchhstp/newsroom/releases/2023/viral-hepatitis-cure-cascade.html. Accessed September 19, 2025.
[3] Centers for Disease Control and Prevention (2025). *Clinical Overview of Hepatitis C.* https://www.cdc.gov/hepatitis-c/hcp/clinical-overview/index.html. September 30, 2025.

Introduction

Hepatitis is inflammation of the liver. Various factors can lead to hepatitis, including infectious and non-infectious causes (e.g., alcohol consumption, obesity, autoimmune hepatitis). However, the most common cause of viral hepatitis in the U.S. occurs after a hepatitis C virus (HCV) infection. HCV spreads through contact with infected blood via contaminated needles, razors, and tattoo or body-piercing tools; accidental occupational exposures; and, in rare cases, during childbirth from a mother with hepatitis C to her infant. Transmission of HCV occurs through blood and does not easily spread through sexual activity. No preventative vaccine exists for hepatitis C.[4]

Acute hepatitis C, defined as a short-term illness, occurs within the first six months of exposure. People with acute hepatitis C often present as asymptomatic or report mild clinical symptoms. Acute hepatitis C is a notifiable condition in Texas. More than half of the people diagnosed with hepatitis C progress from acute to chronic hepatitis C.[5]

Chronic hepatitis C refers to people who have had an HCV infection longer than six months. People with chronic hepatitis C may develop serious health problems, including liver disease, liver failure, and liver cancer. Chronic hepatitis C is one of the leading causes of liver cancer and the leading cause of liver transplants in the United States.[6]

Among people with acute hepatitis C, approximately:

- 75 to 85 percent develop chronic disease,
- 60 to 70 percent develop chronic liver disease,
- 10 to 20 percent develop cirrhosis over a period of 20 to 30 years, and
- 1 to 5 percent may die from the consequences of chronic infection (liver cancer or cirrhosis).[7]

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[4] Ibid.

[5] Centers for Disease Control and Prevention (2021). *Sexually Transmitted Infections Treatment Guidelines, 2021, n.1.*

[6] Centers for Disease Control and Prevention (2025). *Hepatitis C Basics.* https://www.cdc.gov/hepatitis-c/about/index.html. July 17, 2025.

[7] 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 decreased slightly from 0.16 per 100,000 Texans in 2018 to 0.15 per 100,000 Texans in 2023.[8] In Texas, Hispanic cases represent 38 percent of reported cases of acute hepatitis C, compared to 29 percent by non-Hispanic White cases and 4 percent for non-Hispanic Black cases. Men represented the majority of reported acute hepatitis C cases at 71 percent.

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 prevention and treatment strategies for specific demographic groups disproportionately affected, including:

- People living with HIV (PLWH),
- Veterans,
- Racial or ethnic minorities with a high incidence of hepatitis C, and
- People who inject drugs (PWID).

In accordance with HSC Section 94.001, DSHS updated the 2024 Hepatitis C State Plan, summarizing activities performed during the preceding biennium and providing a roadmap for addressing 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.

[8] Texas Department of State Health Services (2025). *National Electronic Disease Surveillance System*. Accessed July 17, 2025.

Plan for Prevention and Treatment

Broad Strategies for Prevention and Treatment

The CDC recommends HCV screening at least once in a lifetime for adults 18 years and older and pregnant women during each pregnancy, except in settings where the prevalence of HCV infection is under 0.1 percent. In June 2024, the Food and Drug Administration (FDA) approved a rapid point-of-care RNA test, allowing for same-day testing, diagnosis, and the treatment of hepatitis C. 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.

In 2022, the Health and Human Services Commission (HHSC) announced a partnership with the pharmaceutical company AbbVie to 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 increased access to MAVYRET®medication by removing the clinical prior authorization requirement when prescribed following FDA-approved labeling. In June 2025, the FDA approved MAVYRET® to treat acute HCV infection.

In 2023, the CDC released updated recommendations for HCV testing among infants and children exposed at birth (perinatal exposure). The CDC recommends these children receive an HCV RNA test at age two to six months to identify children who may develop chronic HCV infection. Infants who test positive should receive a referral to a healthcare provider with expertise in pediatric hepatitis C management.[9] Curative treatment is available to children as young as three years old.

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

[9] Centers for Disease Control and Prevention (2022). *CDC Recommendations for Hepatitis C Testing Among Perinatally Exposed Infants and Children-United States*, 2023. https://www.cdc.gov/mmwr/volumes/72/rr/rr7204a1.htm. Accessed September 9, 2025.

prevention via viral hepatitis elimination planning, access to viral hepatitis testing, and treatment. Multiple areas within DSHS collaborate on grant requirements to improve viral hepatitis surveillance and response activities.

Strategies Targeting Groups Disproportionately Affected by Hepatitis C

People Living with HIV (PLWH)

In the U.S., an estimated 21 percent of PLWH also live with hepatitis C. The CDC noted an increased risk of rapid progression of liver damage in PLWH and hepatitis C.[10] 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 patients of test results. 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 PLWH. DSHS established a quality measure that requires 98 percent of Ryan White recipients receive an HCV antibody screening at least once after their HIV diagnosis. DSHS-funded medical and support service providers implemented the quality measure. For the 2023 measurement, a random sample of Ryan White client medical records indicated 94 percent received an HCV screening. Providers received training and education about compliance with the standards of care to ensure providers screen patients for HCV and document results appropriately. DSHS continues to monitor progress towards 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. As of November 2022, HCV infections affect

[10] Centers for Disease Control and Prevention (2025). *Viral Hepatitis Among People with HIV.* https://www.cdc.gov/hepatitis/hcp/populations-settings/hiv.html. Accessed September 30, 2025.

5.4 percent of veterans enrolled in VA care, compared to 1.8 percent of the general U.S. population. The VA has cured more than 100,000 veterans of hepatitis C.[11]

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.[12] The dashboard provides related treatment and laboratory data, identifies gaps in treatment, quickly links veterans with ALD to care, and improves patient outcomes.[13]

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 equal access to HCV testing and hepatitis C treatment information.

Racial or Ethnic Minorities Who Suffer a Higher Incidence of Hepatitis C

Hispanic men between the ages of 30 and 39 years old disproportionately represented confirmed reported acute hepatitis C cases compared to other racial or ethnic minority groups in the state.[14] 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.

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[11] U.S Department of Veterans Affairs. (2022). *Hepatitis C: Information for Veterans.* https://www.hepatitis.va.gov/pdf/Hepatitis-C-Factsheet-Veterans.pdf. Accessed August 1, 2025.

[12] U.S. Department of Veterans Affairs. (2015). *VA Launches Hepatitis C-Advanced Liver Disease Disparities Dashboard. VA Launches Hepatitis C–Advanced Liver Disease Disparities Dashboard - VA News.* Accessed September 30, 2025.

[13] U.S. Department of Veterans Affairs. (2019). *VA on path to cure 100,000 Veterans of hepatitis C*. VA on path to cure 100,000 Veterans of hepatitis C - VA News. Accessed September 30, 2025.

[14] Texas Department of State Health Services (2025). *National Electronic Disease Surveillance System*. Accessed July 17, 2025.

People Who Inject Drugs (PWID)

Recently, the trend of HCV infections increased among PWID 30 years old and younger, particularly in rural and suburban areas.[15,16] An estimated 62 to 80 percent of PWID with HIV reported an HCV co-infection, highlighting the syndemic nature of addiction, HIV, and HCV infection.[17]

In September 2024, the Substance Abuse and Mental Health Services Administration awarded HHSC $156.3 million for State Opioid Response 2024 to continue the state's ongoing response to the opioid crisis. HHSC manages the Texas Targeted Opioid Response (TTOR) program, which helps 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. HHSC leveraged existing contracts and partners with governmental entities, such as academic institutions and local behavioral health authorities to rapidly deploy community services. In 2024, HHSC provided 13,372 health screenings and medical interventions to individuals receiving medications for opioid use disorder (MOUD) and comorbid conditions in a clinic-based setting. HHSC provided MOUD services to 8,419 people in an office or clinic-based setting.[18]

Progress to Date

In collaboration with stakeholders, DSHS developed and published the Texas Viral Hepatitis Elimination Plan, which sets a comprehensive, statewide strategy to eliminate viral hepatitis as a public health threat in Texas. DSHS houses its HIV, STD, and hepatitis reports and plans on its website at https://www.dshs.texas.gov/hivstd/reports. To inform program planning and provider engagement strategies, DSHS conducted a survey assessing provider

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[15] Centers for Disease Control and Prevention. (2025). *2023 Viral Hepatitis Surveillance Report: Hepatitis C Surveillance*. https://www.cdc.gov/hepatitis-surveillance-2023/hepatitis-c/index.html. Accessed August 1, 2025.

[16] 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. https://doi.org/10.1093/cid/cit300.

[17] Centers for Disease Control and Prevention (2025). *Viral Hepatitis Among People with HIV.* https://www.cdc.gov/hepatitis/hcp/populations-settings/hiv.html. Accessed September 30, 2025.

[18] Texas Health and Human Services Commission. *Texas Targeted Opioid Response.* (2024) [Unpublished raw data]. Behavioral Health Services, Substance Use Programs. (K. Becker, personal communication, June 27, 2025).

knowledge, attitudes, and practices related to hepatitis C testing and treatment. DSHS established the Texas Hepatitis Elimination Coalition to foster statewide collaboration and promote best practices. DSHS developed memoranda of understanding (MOUs) with community-based organizations and local health departments to support the distribution of point-of-care test kits. To enhance provider education, DSHS partnered with stakeholders to develop a web-based training for healthcare professionals and launched a comprehensive website featuring resources for testing centers, treating physicians, and continuing education opportunities. DSHS updated and distributed fact sheets to inform and engage key stakeholders. In addition, DSHS submitted a determination of need to the CDC to support the implementation of specific programs that provide education, testing, and linkage to care for PWID. The agency published the Viral Hepatitis Surveillance Report to provide a comprehensive overview of hepatitis trends in Texas. To guide rapid and coordinated responses to outbreaks, DSHS is developing a Hepatitis C Outbreak Response Plan, modeled on the HIV Cluster and Outbreak Detection and Response Plan published on the DSHS website.

Future Activities

DSHS will partner with stakeholders to launch a public awareness campaign promoting elimination efforts, including educational materials tailored to communities with high prevalence rates. To strengthen the healthcare response, the agency will expand provider education on hepatitis C testing and treatment. Surveillance activities will include the annual development and publication of the state's epidemiological profile, surveillance report, and data dashboard. DSHS will conduct a biennial surveillance system needs assessment to identify gaps and opportunities for improvement. DSHS will work with laboratories that conduct hepatitis testing to ensure they are aware of reporting requirements and establish a mechanism for reporting to the appropriate local or state health department. To improve the completeness of case data, the agency will implement a plan focused explicitly on acute hepatitis C case reporting and provide training for surveillance staff to enhance patient and provider follow-up activities.

Conclusion

National, state, and local agencies continue to address the significant burden of hepatitis C. DSHS continues to collaborate with stakeholders providing hepatitis C prevention, screening, or medical care services. Ongoing outreach will allow DSHS to interact directly with the community to educate patients and promote health department services.