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Health Advisory

To: Healthcare Providers

Hepatitis C Treatment Indicated for People with Acute Infection, Using Drugs or Alcohol, or Experiencing Homelessness

Key Messages

Despite national guidelines recommending hepatitis C treatment for all patients with acute or chronic hepatitis C (except for those with a life expectancy less than 12 months), the California Department of Public Health (CDPH) has learned that some populations are encountering barriers accessing hepatitis C treatment. CDPH advises health care professionals to follow evidence-based guidelines when making clinical decisions regarding hepatitis C treatment, with an emphasis on ensuring treatment for unique populations that face discrimination and other barriers to healthcare access:

- 1) People with acute hepatitis C infection;
- 2) People who use (smoke/snort/inject, etc.) drugs or alcohol (PWUD); and
- 3) People experiencing homelessness or unstable housing (PEH).

Acute hepatitis C infection, active or recent substance use, homelessness, and concerns for reinfection are not contraindications for hepatitis C treatment. This recommendation is consistent with [American Association for the Study of Liver Diseases \(AASLD\)/Infectious Diseases Society of America \(IDSA\) HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C](#).

¹ It is also consistent with the Department of Health Care Services [Treatment Policy for the Management of Chronic Hepatitis C](#), which covers patients enrolled in Medi-Cal.

Background

Hepatitis C, an infection caused by the hepatitis C virus (HCV), is a leading cause of liver disease, liver cancer, and liver transplantation in the United States. In California, the rate of acute hepatitis C remained stable between 2015 (0.5 cases per 100,000 population) and 2023 (0.6 per 100,000 population). In California, acute hepatitis C rates in 2023 were highest among persons 30-39 years of age (0.5 per 100,000 population)

followed by persons 20-29 years of age (0.27 per 100,000 population), suggesting a need for early treatment to interrupt transmission.

Among confirmed acute hepatitis C infections in California with known risk information in 2023, the leading risk factors were injection drug use, healthcare associated exposures, and cosmetic exposures (e.g., unlicensed tattooing in correctional facilities).

Evidence for Hepatitis C Treatment Among Unique Populations

Modeling and real-world examples demonstrate that unrestricted access to hepatitis C treatment results in decreased rates of new hepatitis C diagnoses at a population level.^{2,3,4} Yet, people with acute infection, people who use drugs, and people experiencing homelessness or unstable housing face discrimination and other unique challenges that prevent timely treatment initiation. In accordance with AASLD/IDSA guidelines, CDPH advises treatment of these patient populations. Below is a summary of evidence supporting HCV treatment in each of these groups.

People with acute hepatitis C infections

Some providers may delay treatment to wait and see if a patient spontaneously clears their infection in the first six months. Unfortunately, more than half of people who do not undergo treatment during acute infection will develop chronic HCV.⁵ Delaying treatment until there is evidence of chronic infection puts individuals at greater risk of loss to follow-up,⁶ possibly increasing the risk of HCV-related morbidity and mortality and transmission of HCV in the community. Furthermore, analyses suggest that the immediate treatment of acute HCV infection is both cost-effective and cost-saving.⁷ Lastly, multiple studies have demonstrated that treatment with direct-acting antiviral (DAA) regimens has high efficacy during acute hepatitis C infection.^{8,9,10}

People who use drugs or alcohol

Providers may be reluctant to treat hepatitis C in people who use drugs or alcohol based on concerns around treatment adherence, treatment outcomes, and reinfection.¹¹ Fortunately, an abundance of evidence from various settings demonstrates high treatment adherence and low HCV reinfection rates in PWUD,^{12,13} and that concomitant alcohol use or alcohol use disorder does not decrease the likelihood of treatment success.¹⁴ Additionally, screening for substance use has no added value identifying individuals more likely to complete HCV treatment.¹ Studies demonstrate that PWUD have high levels of interest and willingness to undergo HCV treatment, especially those who are already using medication for opioid use disorder (MOUD).¹⁵ Use of MOUD and/or ongoing substance use does not change treatment efficacy as compared to people who do not use substances.¹⁶ MOUD and syringe services programs may decrease the risk for primary HCV infection and for reinfection after treatment, calling attention to the need for wrap-around services for PWUD, including during and after HCV treatment.^{16,17}

People experiencing homelessness or unstable housing

Although there are high rates of HCV screening and diagnosis for PEH as compared to individuals with stable housing, there are relatively low rates of linkage to care, treatment initiation, and HCV cure in this population.¹⁸ The reasons for this disparity likely include individual, social, and structural factors. However, when treatment is initiated in PEH and patients are sufficiently supported, rates of treatment completion (95-100 percent) and HCV cure (85-97 percent) are high and comparable to the general population.^{19,20} Effective supports included phone or street outreach-based reminder calls, medication storage, food, harm-reduction supplies, and directly observed therapy. Transportation assistance, accompaniment to appointments, hygiene kits, and client incentives are also helpful.²¹ Initiating treatment at the time of HCV diagnosis for PEH may increase treatment initiation and HCV cure by eliminating the need for patients to navigate the medical system. However, when linkage to care is required, outcomes are mixed, with a range of studies showing only 29-89% of PEH successfully follow-up, 5-59 percent start DAAs, and 5-50 percent achieve virologic cure.²¹ Notably, co-localization of HCV treatment with other supportive services, such as within homeless shelters or substance use disorder treatment programs, has been proven acceptable and efficacious for improving treatment success.²²

Conclusion

Scientific evidence indicates that people with acute hepatitis C infection, people who use drugs, and people experiencing homelessness can achieve high rates of virologic cure when treatment is provided, ideally alongside supportive services. Treating HCV among these populations is also critical for lowering overall prevalence and reducing secondary transmission in the general population. While any of the above patients who is willing and able to adhere to HCV management protocols should be considered for treatment, additional steps can be taken to ensure success. Both PWUD and PEH may benefit from co-localization of HCV treatment with other services such as primary care, syringe services programs, substance use disorder treatment programs, mental health services, and homeless shelters. People who use drugs should also be offered voluntary treatment for substance use disorder in addition to harm reduction services, although declining these services should not preclude them from HCV treatment. Given the duration of therapy and need for follow-up, all patients treated for HCV may benefit from case management, incentives, peer navigation, and transportation assistance.¹

Recommendations

- Follow [AASLD/IDSA's evidence-based clinical treatment guidelines](#) for people with acute HCV infection, people who use alcohol and other substances, and people experiencing homelessness.
- Where feasible, offer supportive services, such as transportation assistance, appointment reminders, harm reduction supplies, and other components of patient navigation and care coordination as well as food and hygiene resources, to facilitate successful outcomes.

- Consider co-localization of HCV treatment services with other programs including street medicine, primary care, harm reduction services (e.g., overdose prevention and syringe services programs), substance use disorder treatment, mental health services, and homeless shelters. Primary and non-specialty care providers can and should treat hepatitis C to increase access to curative treatment.^{23,24,25}

Resources

- [HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C](https://www.hcvguidelines.org/) (Up-to-date guidelines on hepatitis C clinical management; AASLD/IDSA: <https://www.hcvguidelines.org/>)
- Department of Health Care Services [Treatment Policy for the Management of Chronic Hepatitis C](https://www.dhcs.ca.gov/Pages/HepatitisC.aspx); <https://www.dhcs.ca.gov/Pages/HepatitisC.aspx>
- [Hepatitis C & Injection Drug Use](https://www.cdc.gov/hepatitis/hcv/pdfs/factsheet-pwid.pdf) (Fact sheet; CDC: <https://www.cdc.gov/hepatitis/hcv/pdfs/factsheet-pwid.pdf>)
- [Needle and Syringe Access](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_needle_exchange_syringe.aspx) (Information on syringe exchange programs and pharmacy nonprescription syringe sales in California; CDPH Office of AIDS: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_needle_exchange_syringe.aspx)
- [Hepatitis C Online](https://www.hepatitisc.uw.edu/) (Free online continuing medical education regarding hepatitis C diagnosis, monitoring, and clinical management; University of Washington: <https://www.hepatitisc.uw.edu/>)
- [National Clinician Consultation Center: Hepatitis C Management](#) (Free consultation line for clinician-to-clinician advice on hepatitis C mono-infection and co-infection management)
- [HCV Project ECHO](#) (Free biweekly tele-mentoring for primary care providers on how to manage and treat hepatitis C infection
 - University of California, San Francisco: <http://echo.ucsfhealth.org/>)
 - University of Southern California (Los Angeles): <https://sites.usc.edu/echo/>))
- [Buprenorphine Project ECHO](https://www.weitzmaninstitute.org/project-echo) (Free monthly tele-mentoring opportunity for buprenorphine providers in California; Weitzman Institute: <https://www.weitzmaninstitute.org/project-echo>)

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