MOTION BY SUPERVISOR HILDA L. SOLIS

June 25, 2024

Addressing Hepatitis C in LA County

Hepatitis C is a liver infection that spreads through contact with blood from an infected person. Among individuals exposed to the hepatitis C virus (HCV), two-thirds develop a long-term infection that can lead to cirrhosis, liver failure, and liver cancer, which makes HCV a leading infectious disease cause of death.

Up to 4 million people in the U.S. and an estimated 100,000 County residents have HCV, but the prevalence of infection is not evenly distributed between communities. Among injection substance users, 80% have HCV. Among individuals tested in County jails, 34% have HCV. Unhoused individuals are also at higher risk, with 27% of individuals in Skid Row having HCV. Although individuals who inject drugs, are corrections involved, or experiencing homelessness are at highest risk for acquiring HCV, most HCV cases are among individuals born between 1945-1965 are at higher risk, primarily due to infections prior to treatment availability.

Safe and highly effective medications, consisting of one to three tablets per day for twelve weeks or eight weeks, respectively, now exist that can cure almost everyone

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with very few significant side effects. These medications are covered by all insurance plans, including Medi-Cal, most with no restrictions for initial treatment.

Despite the availability of medications that can allow us to eliminate HCV as a public health concern, only one in three individuals in the County with an HCV infection are known to have been treated. One contributing factor is that despite its prevalence, many individuals with hepatitis C are asymptomatic and unaware of their infection, which requires proactive testing to identify cases. For that reason, the U.S. Centers for Disease Control (CDC) and Prevention recently updated their guidance to recommend universal hepatitis C screening for all adults 18 and older, all pregnant people during each pregnancy, and more frequent testing of people in certain high-risk groups.

To curb the impacts of HCV, the Department of Public Health (DPH) developed the Los Angeles County Viral Hepatitis Action Plan in December 2022. DPH engaged with partners including federally qualified health centers, pharmacies, and County programs, among others, to align the County's efforts with the national strategic plan. Since then, DPH has reached significant milestones, including the development of a Countywide registry of residents with chronic HCV infection.

However, greater care coordination is needed to identify individuals with HCV, and ensure treatment completion among those currently infected to prevent severe illness and death. We must ensure the well-being of our County residents, particularly those most vulnerable.

I, THEREFORE, MOVE that the Board of Supervisors direct Department of Public Health (DPH) to work with the Department of Health Services (DHS), and all relevant departments to:

- Provide Hepatitis C Virus (HCV) testing to patients in primary care settings according to current clinical standards. This should include pregnant people, and other individuals at high risk of HCV.
- Require that all County clinical care sites performing HCV testing report all cases of HCV to DPH.
- Work with other health systems, health plans, and organizations, particularly those working with individuals at higher risk, to coordinate HCV screening and linkage to treatment.
- 4. Coordinate treatment of HCV among relevant County departments and facilities through improved data exchange upon entering and exiting services, including but not limited to housing, substance use disorder treatment, and jails.
- 5. Report back to the Board in writing in 60 days on the outcomes of this motion.

I, FURTHER, MOVE that the Board of Supervisors direct the Chief Executive Office and the relevant Departments to:

- 1. Assess feasibility of increasing positions in DPH that can coordinate with health systems, and provide data system management of the HCV registry.
- Work with DHS's Correctional Health Services to develop refined cost estimates for testing and treatment of HCV, and determine the feasibility of providing full funding to do so.
- 3. Report back to the Board in writing in 60 days on the outcomes of this motion.

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