

MARYLAND STATE VIRAL HEPATITIS ELIMINATION PLAN FRAMEWORK

2022 to 2030

CENTER FOR VIRAL HEPATITIS

Infectious Disease Prevention and Health
Services Bureau
Prevention and Health Promotion
Administration



► VISION

Maryland will be a place where new viral hepatitis infections are prevented. Every person knows their status; every person with viral hepatitis has high-quality health care and treatment; and lives free from stigma and discrimination. This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socio-economic circumstances.

► OVERVIEW

The Maryland Viral Hepatitis Elimination Plan (plan) shall guide the efforts of all stakeholders in coordinating, implementing, and monitoring viral hepatitis elimination activities in Maryland by 2030. Local health departments, health care systems, academic and research institutions, health care facilities, community-based organizations (CBOs), advocates, and individual providers are encouraged to use this plan to guide their efforts toward eliminating viral hepatitis. This framework outlines the strategic goals and objectives for the full plan.

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PREVENTION	DIAGNOSIS, LINKAGE TO CARE, AND TREATMENT		SURVEILLANCE AND RESEARCH	POLICY AND PLANNING
<p>Goal 1 Prevent new viral hepatitis infections among people living in Maryland</p>	<p>Goal 2 Improve viral hepatitis-related health outcomes of people with viral hepatitis in Maryland</p>	<p>Goal 3 Reduce viral hepatitis-related disparities and health inequities</p>	<p>Goal 4 Improve viral hepatitis surveillance and data usage</p>	<p>Goal 5 Achieve integrated, coordinated efforts that address the viral hepatitis epidemics among all partners and stakeholders</p>
<p>1:1 Increase awareness of viral hepatitis among the general population</p> <p>1:2 Increase hepatitis A and B vaccination uptake</p> <p>1:3 Eliminate perinatal transmission of hepatitis B and hepatitis C</p> <p>1:4 Increase viral hepatitis prevention and treatment services for people who use drugs</p> <p>1:5 Increase the capacity of public health, health care systems, and the health workforce to prevent and manage viral hepatitis</p>	<p>2.1 Increase the proportion of people who are tested and aware of their viral hepatitis status</p> <p>2.2 Improve the quality of care and increase the number of people with viral hepatitis who receive and continue hepatitis B or complete hepatitis C treatment, including people who use drugs and people in correctional settings</p> <p>2.3 Increase the capacity of the public health, health care delivery, and health care workforce to effectively identify, diagnose, and provide holistic care and treatment for people with viral hepatitis</p> <p>2.4 Support the development and uptake of new and improved diagnostic technologies, therapeutic agents, and other interventions for the identification and treatment of viral hepatitis</p>	<p>3.1 Address stigma and discrimination faced by people with and at risk for viral hepatitis</p> <p>3.2 Reduce disparities in new viral hepatitis infections, knowledge of status, and along the cascade/continuum of care</p> <p>3.3 Expand culturally competent and linguistically appropriate viral hepatitis prevention, care, and treatment services</p> <p>3.4 Address social determinants of health and co-occurring conditions</p>	<p>4.1 Improve public health surveillance through data collection, case reporting, and investigation at the local and community levels</p> <p>4.2 Improve reporting, sharing, and use of clinical viral hepatitis data</p> <p>4.3 Conduct routine analysis of viral hepatitis data and disseminate findings to inform public health action and the public</p>	<p>5.1 Integrate programs to address the syndemic of viral hepatitis, HIV, STIs, and substance use disorders</p> <p>5.2 Establish and increase collaboration and coordination of viral hepatitis programs and activities across public and private stakeholders</p> <p>5.3 Identify, evaluate, and scale up best practices through implementation and communication science research</p> <p>5.4 Improve mechanism to measure, monitor, evaluate, report, and disseminate progress toward achieving viral hepatitis elimination goals</p>

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KEY PERFORMANCE/ PROGRESS INDICATORS

PREVENTION	DIAGNOSIS, LINKAGE TO CARE, AND TREATMENT	SURVEILLANCE AND RESEARCH	POLICY AND PLANNING
<ul style="list-style-type: none"> • Reduce new hepatitis A infections by 50% by 2025 and 80% by 2030. • Reduce acute hepatitis B infections by 50% by 2025 and 80% by 2030. • Reduce acute hepatitis C infections by 50% by 2025 and 80% by 2030 • Reduce acute hepatitis C infections among people who use drugs by 90% by 2030 . • 100% of infants born to HBsAg-positive mothers obtain the first dose of hepatitis B vaccine (Hep B-1) and hepatitis B immunoglobulin (HBIG) within 1 day of birth. 	<ul style="list-style-type: none"> • Achieve 100% of jurisdictions providing outreach hepatitis C screening to high-risk populations by 2025. • At least 30 primary care providers and substance use disorder (SUD) treatment providers are trained annually to manage chronic hepatitis C at the community level until 2030. • At least 30 primary care providers reached yearly to undergo hepatitis B provider training until 2030. • Increase the proportion of people who had hepatitis C screening among persons who use drugs by 90% by 2030. • Increase treatment and cure for people with hepatitis C co-infected with HIV of hepatitis C by 90% by 2030. • At least five hepatitis educational materials are available in the 10 most popular languages in Maryland. 	<ul style="list-style-type: none"> • Achieve 100% of state viral hepatitis reports publicly available online by 2025. • Increase the number of clinical sites sharing hepatitis C clinical data by 90% by 2030. • Achieve 100% of viral hepatitis A outbreak investigation notified within three days of being reported. • 100% of viral hepatitis A case reports are complete for age, gender, race, ethnicity, country of birth, and outbreak status by 2030. • 100% of acute hepatitis B case reports are complete for age, gender, race, ethnicity, country of birth, and outbreak status by 2030. • 100% of acute hepatitis C case reports are complete for age, gender, race, ethnicity, country of birth, and outbreak status by 2030. • 100% of negative HCV RNA results are reported by 2030. 	<ul style="list-style-type: none"> • Increase the proportion of syringes services program (SSP) sites providing on-site HCV rapid testing to 90% by 2030. • Increase the proportion of SUD treatment sites providing on-site HCV treatment services to 80% by 2030.