

2023

# MARYLAND VIRAL HEPATITIS ELIMINATION ACTION PLAN

## CENTER FOR VIRAL HEPATITIS

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



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# ABBREVIATIONS

AETC	AIDS Education and Training Center
APHA	American Public Health Association
BRFSS	Behavioral Risk Factor Surveillance System
CBO	Community-Based Organization(s)
CDC	Centers for Disease Control and Prevention
COVID-19	Coronavirus Disease 2019
CSTE	Council of State and Territorial Epidemiologists
CVH	Center for Viral Hepatitis
DAA	Direct-Acting Antiviral
DPSCS	Department of Public Safety and Correctional Services
ELR	Electronic Lab Reporting
EPI	Epidemiology
FBO	Faith-Based Organization(s)
FQHC	Federally Qualified Health Center
HAV	Hepatitis A Virus
HBV	Hepatitis B Virus
HBsAG+	Hepatitis B Surface Antigen Positive
HBIG	Hepatitis B Immunoglobulin
Hep B-1	First Dose of Hepatitis B Vaccine
HCC	Hepatocellular Carcinoma
HCV	Hepatitis C Virus
HHS	US Department of Health and Human Services
HIV	Human Immunodeficiency Virus
IT	Information Technology
LHD	Local Health Department(s)
LTC	Linkage to Care
JHU	Johns Hopkins University
MCH	Maternal Child Health
MDH	Maryland Department of Health
MHC	Maryland Hepatitis Coalition
MSM	Men Who Have Sex with Men
NEDSS	National Electronic Disease Surveillance System
NHANES	National Health and Nutrition Examination Survey
NPIN	National Prevention Information Network
NASTAD	National State and Territorial AIDS Directors
PHPA	Prevention and Health Promotion Administration
POC	Point of Care
PVST	Post Vaccine Serologic Testing
PWID	Persons Who Inject Drugs
PWUD	Persons Who Use Drugs
RNA	Ribonucleic Acid
STI	Sexually Transmitted Infection
SUD	Substance Use Disorders
UMD	University of Maryland
VHPC	Viral Hepatitis Prevention Coordinator
WHO	World Health Organization

# PREVENTION AND HEALTH PROMOTION ADMINISTRATION MISSION AND VISION



## MISSION

The mission of the Prevention and Health Promotion Administration is to protect, promote, and improve the health and well-being of all Marylanders and their families through the provision of public health leadership and community-based public health efforts in partnership with local health departments, providers, community-based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.



## VISION

The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.



## INFECTIOUS DISEASES PREVENTION AND HEALTH SERVICES BUREAU COMMITMENT STATEMENT

Our Commitment as a Bureau is to partner with communities to achieve health equity for all Marylanders. Our priority is to advance social and racial justice, and we are committed to undoing racism within our public health systems. Our responsibility is to serve Marylanders without bias or discrimination and ensure open access to services and resources.

# EXECUTIVE SUMMARY

In 2021, the Center for Viral Hepatitis was tasked with drafting a viral hepatitis elimination plan for the state of Maryland in response to the US Health and Human Services **National Viral Hepatitis Elimination Plan**, released on January 7, 2021, to meet the World Health Organization's (WHO) goal of eliminating viral hepatitis globally by 2030. .

From November 2021 to November 2022, the Center for Viral Hepatitis convened stakeholder meetings to engage community members, providers, patients, and researchers from health systems, academic institutions, local health departments (LHD), and community-based organizations (CBO) in strategic planning discussions to address viral hepatitis elimination in Maryland. By the end of 2022, the *Maryland State Viral Hepatitis Elimination Plan Framework 2022- 2030* was developed and shared with stakeholders to serve as the foundation for the *Maryland Viral Hepatitis Elimination Action Plan*.

The *Maryland Viral Hepatitis Elimination Action Plan* begins with a brief overview of Maryland's progress toward raising awareness for viral hepatitis prevention and control statewide. Current programs and activities are highlighted, followed by a summary of the approach to engage stakeholders in drafting the viral hepatitis elimination plan framework. A more detailed action plan was further developed from November 2022 to May 2023 and shared with stakeholders.

The Maryland Viral Hepatitis Elimination Plan aims to address five strategic goals with suggested benchmarks to be assessed and measured in 2025 and 2030:

- **Goal 1: Prevent new viral hepatitis infections among people living in Maryland**
- **Goal 2: Improve viral hepatitis-related health outcomes of people with viral hepatitis**
- **Goal 3: Reduce viral hepatitis-related disparities and health inequities**
- **Goal 4: Improve viral hepatitis surveillance and data usage**
- **Goal 5: Achieve integrated, coordinated efforts that address the viral hepatitis epidemics among all partners and stakeholders**

# INTRODUCTION

The State of Maryland has established systems, infrastructures, policies, and strategies to address viral hepatitis. Through the Department of Health, viral hepatitis prevention and surveillance activities are carried out in collaboration with local and city health departments (LHD), academic institutions, federally qualified health centers, the Department of Public Safety and Correctional Services, health care systems, laboratories, academia, and community-based organizations (CBO).

Current strategies and activities being implemented to address viral hepatitis infections in the state align with the National Viral Hepatitis Strategic Plan and the Maryland Hepatitis C Strategic Plan.

## PREVENTION AND EDUCATION ACTIVITIES

Hepatitis A prevention education is provided as part of health interventions for people experiencing homelessness, persons who use drugs, and men having sex with men. Hepatitis A vaccine clinics are established at shelters, drop-in centers, syringe service programs, and other venues serving at-risk populations. Capacity for enhanced surveillance of hepatitis A cases has been developed at the local health departments. MDH coordinates hepatitis A outbreak investigations in collaboration with the LHD and CBO.

Hepatitis B screening and prevention is primarily focused on Asian and African immigrant communities in the counties with the highest reported cases, i.e., Prince George's County, Montgomery County, Baltimore County, and Baltimore City. Screening and vaccination services are also promoted among high-risk populations through collaboration with the Department of Public Safety and Correctional Services (DPSCS) to screen inmates, persons who inject or use drugs (PWID/PWUD), and men who have sex with men (MSM). Maryland has a well-established perinatal hepatitis B program focused on infants born to mothers with known HBV infection. In 2023, the CDC released recommendations that all adults aged 18 years and older be screened for hepatitis B at least once in their lifetime using a triple panel test.

Hepatitis C virus (HCV) screening, diagnosis, and linkage to care services are integrated into comprehensive health services at local health department clinics and are provided as part of community outreach services. The opioid crisis has worsened the transmission pattern of HCV infection, with high rates of infection being reported among young persons with substance use disorders, especially among PWID/PWUD populations. In Maryland, the HCV prevention program has prioritized screening and testing among PWID accessing services at the syringe services programs and medication-assisted treatment (MAT) programs. HCV screening is also integrated with HIV and sexually transmitted disease screenings at local health departments and correctional facilities across the state.

MDH collaborates with John Hopkins University's Division of Infectious Diseases to deliver provider education and continuing medical education for primary care physicians, nurse practitioners, and substance use disorders (SUD) treatment providers. The provider education program titled "*Sharing the Cure*" is a core component of the *Maryland Community-based Program to Test and Cure Hepatitis C*, initially funded by the CDC but is currently sustained with state general funding.

Similarly, MDH has been collaborating with the Institute of Human Virology (IHV) at the University of Maryland School of Medicine's AIDS Education and Training Center (AETC) to provide continuing medical education on hepatitis B virus (HBV) and HCV screening, diagnosis, and linkage to care for LHD Case Managers, Community Health Navigators, and SUD treatment providers.

MDH partners with the Maryland Department of Public Safety and Correctional Services and has developed an HCV linkage-to-care system for individuals who tested positive for the HCV antibody test during pre-release screening. HCV testing is offered to inmates projected to be released from correctional facilities by MDH-trained officers deployed to the DPSCS clinic or through outreach testing teams at LHDS. Positive logs are submitted to the Viral Hepatitis Prevention Coordinator (VHPC), who coordinates with Linkage-to-Care (LTC) staff at the corresponding county of the

individual's address and collaborates with discharge planners to provide linkage to care and support services before and after reentry.

To improve access to reflex RNA testing and confirmation of HCV diagnosis, an inter-agency agreement was set up between MDH's Prevention and Health Promotion Administration and MDH's Laboratory Administration to provide HCV RNA confirmatory testing to LHDs and CBOs offering rapid HCV testing. MDH laboratory provides training and technical assistance to rapid HCV testing sites on collecting, preparing, and transporting samples.

## COMMUNITY ENGAGEMENT AND ADVOCACY

MDH collaborates with CBOs to implement HBV and HCV prevention education, screening, and testing through outreach events across Maryland, especially among minority populations, mainly Asian and African immigrant populations, in Montgomery County and Prince George's County through collaborations with other community-based and faith-based organizations (FBO). Hepatitis B vaccination services are also offered for high-risk individuals identified during outreach programs. To sustain access to viral hepatitis testing provided through outreach services during the COVID-19 pandemic, MDH expanded partnerships with CBOs to support HCV prevention education and testing at primary care providers' clinics.

Through the implementation of the *Maryland Community-based Program to Test and Cure Hepatitis C*, MDH initiated collaboration with selected federally qualified health centers (FQHC), especially in Baltimore City and Baltimore County, to provide improved access to high-quality HCV diagnosis and treatment services. This collaboration has been expanded to other FQHCs, local providers, and SUD treatment providers outside Baltimore to address the increasing number of positive cases in suburban Maryland. More than 100 providers have received HCV provider education training through this program, which involves didactic training and 16 weeks of videoconferencing on case presentations.

MDH is a member of the Maryland Hepatitis Coalition, a volunteer-based, interdisciplinary, multi-stakeholder group of representatives composed of clinical providers, community groups, academic and research institutions, political advocates, and government agencies with a common interest in eliminating hepatitis C in Maryland. The coalition meets bimonthly to discuss progress and challenges in viral hepatitis control and elimination in Maryland.

## MARYLAND HEPATITIS C STRATEGIC PLAN

The Maryland Hepatitis C Strategic Plan articulates comprehensive, broad-based strategies that include a four-pronged approach encompassing prevention of new infections, expanding HCV testing and linkage to care, improving access to treatment, and enhancing viral hepatitis surveillance.

## KEY VIRAL HEPATITIS INTERVENTIONS PROGRAMS

*Improving Hepatitis B & C Care Cascade: Focus on Increased Testing and Linkage to Care:* The Maryland Department of Health is a beneficiary of the CDC- PS17- 1702 cooperative agreement to improve HBV and HCV care cascades, focusing on increased testing and diagnosis. This grant has provided the opportunity to build capacity among LHDs, CBOs, emergency departments, and primary care providers to offer routine HCV screening, testing, and linkage to care for those infected. The capacity to provide rapid HCV testing services was developed in 19 of 23 Maryland jurisdictions and 33 locations across the state. PHPA provides braided funding support, including Program Collaboration and Service Integration under CDC's Integrated HIV Prevention and Surveillance cooperative agreement 18-1802, for these sites to procure rapid HCV test kits and controls and provides regular technical support in the form of training, webinars, and peer program support. The Center for Viral Hepatitis hosts monthly virtual meetings for all staff implementing the Rapid HCV Testing Program across Maryland. Technical updates and best practices from partners' programs are

discussed during these meetings.

*Maryland Community-based Programs to Test and Cure Hepatitis C* Maryland Community-based Programs to Test and Cure Hepatitis C, established in September 2014, is a project that provides extensive training for primary care providers to learn current guidelines for HCV treatment. The program aims to reduce HCV-related morbidity and mortality by strengthening the healthcare capacity in Baltimore City and Baltimore County to diagnose and cure HCV infection. MDH collaborated with partners to achieve this goal through the following six strategies:

1. Provider training and ongoing telemedicine consultation, developed and administered by the Johns Hopkins Viral Hepatitis Center, to increase HCV treatment and case management by primary-care providers.
2. Provider education to increase HCV testing.
3. Linkage-to-care services to ensure HCV-infected individuals are linked to treatment and support in adhering to a treatment regimen.
4. Collaboration between the Maryland Department of Health, the Baltimore City Health Department, and the Baltimore County Department of Health to increase HCV surveillance infrastructure and data sharing to refine population-level estimates of HCV infection and health outcomes
5. Increased utilization of electronic medical records by participating in clinical sites to enhance HCV services, evaluate service outcomes, and inform quality improvement.
6. Policy development to leverage the Affordable Care Act to improve an individual's access to HCV testing, diagnosis, and treatment.

*Hepatitis C Testing and Linkage to Care Program:* Jurisdictions received additional technical and funding support to implement robust hepatitis C testing and linkage to care activities. Dedicated Case Managers and Community Navigators were deployed to the hepatitis C program to follow up with identified HCV-positive antibody cases and ensure they attended the first medical appointment. This project continues to be supported by state funding through the *Maryland Community-based Program to Test and Cure Hepatitis C*.

*Enhancing Hepatitis C Surveillance:* As part of the CDC's opioid crisis funding, three jurisdictions with rising incidence rates of hepatitis C received additional funding to provide prompt case investigation for newly notified hepatitis C cases. The objective of this program is to be able to identify possible clusters of viral hepatitis cases and provide prompt responses.

*Maryland Integrated Viral Hepatitis Surveillance and Prevention Program:* Through this CDC cooperative agreement, the adult viral hepatitis program provides coordination support for comprehensive viral hepatitis reporting, facilitates the development and implementation of viral hepatitis elimination plans, and supports scaled-up viral hepatitis prevention, testing, diagnosis, and treatment interventions.

*Integrated HIV/HCV/STI Screening and Linkage to Care Program:* In most local health department clinics and outreach testing services, rapid HCV screening is provided as a co-located or integrated program for clients accessing the clinic for HIV or STI services. The opt-out model is widely adopted in these settings to improve the uptake of HCV screening.

*Integrated HCV services in Syringe Services Program:* As part of the package of services available onsite or through referral, all SSP facilities in Maryland offer HCV screening services. In addition, HCV treatment evaluation and management is provided via telemedicine in five (5) syringe service programs in Wicomico, Washington, Frederick, and St. Mary Health Departments and through Voices of Hope in Harford and Cecil County.



# PERINATAL HEPATITIS B & C PREVENTION AND SURVEILLANCE

The risk of developing chronic hepatitis B virus (HBV) infection is age-dependent. It is most significant for infants with a 90% chance of developing a chronic infection if infected at birth. Persons with chronic HBV infection are at increased risk of developing chronic liver disease (cirrhosis) or hepatocellular carcinoma (HCC). Because infected infants and children are at such high risk of chronic infection, prevention of transmission in these age groups is of utmost importance. In the United States, 16,000-20,000 HBsAg-positive women give birth each year. Infants born to these women are at high risk of acquiring chronic HBV infection from transmission during the perinatal period or early childhood. Without postexposure prophylaxis to prevent perinatal HBV infection, it is estimated that 12,000 infants and children would be infected with HBV annually.

MDH, through the Perinatal Hepatitis B Prevention Program, provides case management to hepatitis B surface antigen-positive (HBsAg+) pregnant Maryland residents. HBsAg+ pregnant women are enrolled in the Maryland Perinatal Hepatitis B Program and case-managed throughout their pregnancy. After delivery, infants born to these mothers receive case management by completing post-vaccination serology testing (PSVT). HBV-exposed infants received a birth dose of hepatitis B vaccination and Hepatitis B Immunoglobulin (HBIG) within 12 hours of birth.

Although there is a robust framework in place for surveillance and case management of perinatal hepatitis B, no such system is yet in place for perinatal hepatitis C in the state of Maryland. The Center for Viral Hepatitis is endeavoring to create and implement a retrospective surveillance system to assess the status of perinatal hepatitis C in the state. The Center for Viral Hepatitis is also collaborating with other entities within the Infectious Disease Prevention and Health Services Bureau to pursue prevention efforts for all perinatally acquired infections, including HIV and congenital syphilis.

# METHODOLOGY

From November 2021 to November 2022, the Center for Viral Hepatitis convened stakeholder meetings to engage community members, providers, patients, and researchers from health systems, academic institutions, LHDs, and CBOs in strategic planning discussions to address viral hepatitis elimination in Maryland. Past and existing viral hepatitis activities were discussed and considered for best practices for the Action Plan to address the five goals outlined in the US Department of Health and Human Services (HHS): *The Viral Hepatitis National Strategic Plan: A Roadmap to Elimination 2021 - 2025*. Stakeholder meetings included focus groups, town hall meetings, surveys, and interviews with frontline workers. The Viral Hepatitis Elimination Plan held its first community meeting through the Maryland Hepatitis Coalition meeting in November 2021.

Five workgroups were created, including 1) Prevention, 2) Treatment, 3) Diagnosis and Linkage to Care, 4) Integration and Coordination, and 5) Data and Evaluation. Workgroup members included LHDs across Maryland, CBOs, representatives from Johns Hopkins University, the University of Maryland, the Maryland Hepatitis Coalition, private industries, professional healthcare providers, patients, and patient advocates. The Integration and Coordination workgroup included discussions among the Maryland Department of Health, Public Safety and Correctional Services, and the state Medicaid program. Each workgroup met at least two or three times in addition to virtual “town hall” style meetings (and included over 100 participants) to present the progress of the elimination plan and the draft framework for additional community feedback.

During this process, we also reviewed the 2019 *Maryland Hepatitis C Strategic Plan* and identified areas for improvements or expansion to include hepatitis A and B, including vaccination efforts. An initial Maryland Viral Hepatitis Elimination Plan Framework for 2022 - 2030 was developed to include Goals, Objectives, and Key Performance / Progress Indicators and shared with stakeholders, including the CDC. Following this activity, we began working with participating LHDs and CBOs to develop an action plan to address the five goals for the Viral Hepatitis Elimination Plan in Maryland outlined in the **Maryland Viral Hepatitis Elimination Plan Framework**.

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# ACTION PLAN

## ▶ GOAL 1 | Prevent new viral hepatitis infections among people living in Maryland

### OVERVIEW

The objective of goal 1 is to provide resources to increase hepatitis knowledge and awareness among the general population. The main activities include improving viral hepatitis screening, promotion of hepatitis A and hepatitis B vaccination, linkage to care, and increasing community acceptance of testing and treatment opportunities through education seminars and distribution of educational materials. The success of goal 1 will involve a coordinated, collaborative, and sustained approach to viral hepatitis prevention, education, harm reduction programs, surveillance and research, medical care and treatment, and policy and planning. MDH and partners will maximize opportunities to eliminate new viral hepatitis infections and improve the quality of life for individuals living with chronic hepatitis B and hepatitis C in Maryland.

### KEY PERFORMANCE INDICATORS



- Reduction of **new HAV infections** by **50%** by 2025 and **80%** by 2030
- Reduction of **acute HBV infections** by **50%** by 2025 and **80%** by 2030
- Reduction of **acute HCV infections** by **50%** by 2025 and **80%** by 2030
- Reduction in **acute HCV infections among people who use drugs** by **90%** by 2030



- Improvement in **HAV vaccination uptake** among **persons who use drugs** by **100%** by 2030
- Improvement in **HBV vaccination uptake** among **adults aged 19-59 years** by **100%** by 2030



**100%** of **infants** born of HBsAg-positive mothers obtain the **first dose of HBV vaccine** (Hep B-1) and hepatitis B immunoglobulin (HBIG) within 1 day of birth

## STRATEGIC OBJECTIVE 1:1

### INCREASE AWARENESS OF VIRAL HEPATITIS AMONG THE GENERAL POPULATION

ACTIVITIES	INPUT	OUTPUT	IMPLEMENTING PARTNERS	TIMELINE
Expand HCV rapid screening in all jurisdictions	<ul style="list-style-type: none"> <li>• Advocacy meetings</li> <li>• Educational materials</li> </ul>	<ul style="list-style-type: none"> <li>• Increase HCV screening</li> <li>• Increase number of jurisdictions providing HCV screening</li> </ul>	MDH, LHD, CBO, Health Facilities, Clinics	2023-2030
Offer HCV rapid testing at STI clinics, outpatient settings, CBOs, and HIV clinics across the state	<ul style="list-style-type: none"> <li>• Test-kits</li> <li>• Training</li> <li>• Educational materials</li> </ul>	Increase HCV testing	MDH, LHD, CBO, Health Facilities, Clinics	2023-2030
Offer HBV testing in community settings, DPSCS facilities, colleges, shelters, and clinics	<ul style="list-style-type: none"> <li>• Test-kits</li> <li>• Training</li> <li>• Educational materials</li> </ul>	Increase HBV & HCV testing and vaccination	MDH, LHD, CBO, Health Facilities, Clinics Detention Centers / Correctional Facilities, Colleges, Shelters	2023-2030
Onboard new partnership to conduct Hep B testing	<ul style="list-style-type: none"> <li>• Advocacy meetings</li> </ul>	Increase number of partners conducting HBV testing	MDH, LHD, CBO, Health Facilities, Clinics	2023-2030
Partner with and leverage resources from the Department of Aging to expand outreach and education and encourage routine HCV testing	<ul style="list-style-type: none"> <li>• Test-kits</li> <li>• Training</li> <li>• Educational materials</li> </ul>	Increase number of partners, increase knowledge of routine testing	MDH, LHD, CBO, Health Facilities, Clinics, Department of Aging	2023-2030
Leverage research for education dissemination	<ul style="list-style-type: none"> <li>• Research communication</li> </ul>	Dissemination models	MDH, Universities	2023- 2030
Provide outreach and education to high school students	<ul style="list-style-type: none"> <li>• Educational materials</li> </ul>	Increased knowledge among students	MDH, LHD, CBO, High Schools	2023-2030
Provide accessible health information resources online and as printable materials	<ul style="list-style-type: none"> <li>• Educational materials</li> </ul>	Increased knowledge among community members	MDH, LHD, CBO, Health Facilities, Clinics, Universities	2023-2030

**STRATEGIC OBJECTIVE 1:2**  
**INCREASE HEPATITIS A AND B VACCINATION UPTAKE**

ACTIVITIES	INPUT	OUTPUT	IMPLEMENTING PARTNERS	TIMELINE
Partner with agencies that currently conduct hepatitis A and hepatitis B vaccination to promote the uptake of vaccination	<ul style="list-style-type: none"> <li>• Advocacy meetings</li> <li>• Educational materials</li> </ul>	Increased uptake of hepatitis A and hepatitis B vaccination	MDH, LHD, CBO, Health Facilities, Clinics, Pharmacies	2023-2030
Develop hepatitis A and hepatitis B vaccination educational materials	<ul style="list-style-type: none"> <li>• Educational materials</li> </ul>	Increased knowledge of HAV and HBV and vaccination	MDH, LHD, CBO, Health Facilities, Clinics, Universities, Pharmacies	2023-2026
Promote universal hepatitis A and hepatitis B vaccination for all children and vulnerable adults	<ul style="list-style-type: none"> <li>• Educational materials</li> </ul>	Increased knowledge of HAV and HBV and vaccination	MDH, LHD, CBO, Health Facilities, Clinics, Pharmacies	2023-2030
Promote HBV and HCV testing and vaccination in community settings, detention centers, colleges, shelters, and clinics	<ul style="list-style-type: none"> <li>• Testing kits and vaccinations</li> </ul>	Increased HBV and HCV testing; increased HAV and HBV vaccination	MDH, LHD, CBO, Health Facilities, Clinics, Detention Centers, Universities, Shelters, Pharmacies	2023-2030
Partner with and leverage resources from the communicable disease division to provide hepatitis A and hepatitis B vaccination	<ul style="list-style-type: none"> <li>• Standard operating procedures</li> </ul>	Increased uptake of hepatitis A and hepatitis B vaccination	MDH, LHD, CBO, Health Facilities, Clinics, Pharmacies	2023-2030
Collaborate with immunization programs and pharmacies to provide hepatitis B vaccination	<ul style="list-style-type: none"> <li>• Standard operating procedures</li> </ul>	Increased uptake of hepatitis B vaccination	MDH, LHD, CBO, Health Facilities, Clinics, Pharmacies	2023-2030
Create a statewide hepatitis B vaccination campaign (if funding is available)	<ul style="list-style-type: none"> <li>• Vaccine, logistics, and educational materials</li> </ul>	Number of statewide vaccination campaigns implemented	MDH, LHD, MHC	2023-2030
Leverage testing and vaccination at the same time (if funding is available)	<ul style="list-style-type: none"> <li>• Vaccine, logistics, and educational materials</li> </ul>	Increased HBV and HCV testing; increased hepatitis A and hepatitis B vaccination uptake	MDH, LHD, CBO, Health Facilities, Clinics, Pharmacies	2023-2030
Address challenges for storing hepatitis A and hepatitis B vaccines	<ul style="list-style-type: none"> <li>• Standard operating procedures</li> </ul>	Improved skill and infrastructure for hepatitis A and hepatitis B vaccine storage	MDH, LHD, health Health Facilities, Clinics, Pharmacies, Laboratories	2023-2030

**STRATEGIC OBJECTIVE 1:2**  
**CONTINUED**

ACTIVITIES	INPUT	OUTPUT	IMPLEMENTING PARTNERS	TIMELINE
Partner with pharmacies for protocols for administering hepatitis A and hepatitis B vaccination	<ul style="list-style-type: none"> <li>Standard operating procedures</li> </ul>	Increased uptake of hepatitis A and hepatitis B vaccination	MDH, Pharmacies, Laboratories	2023-2030
Provide instructions on how individuals may access testing and vaccination services, irrespective of insurance status	<ul style="list-style-type: none"> <li>Standard operating procedures</li> </ul>	Increased uptake of hepatitis A and hepatitis B vaccination	MDH, LHD, CBO, Health Facilities, Clinics, Pharmacies	2023-2030
Supply hepatitis A and hepatitis B vaccines and testing supplies to partners	<ul style="list-style-type: none"> <li>Hepatitis A and hepatitis B vaccines and supplies</li> </ul>	Increased uptake of hepatitis A and hepatitis B vaccination	MDH, LHD, CBO, Health Facilities, Clinics, Pharmacies	2023-2030

**STRATEGIC OBJECTIVE 1:3**  
**ELIMINATE PERINATAL TRANSMISSION OF HEPATITIS B AND HEPATITIS C**

ACTIVITIES	INPUT	OUTPUT	IMPLEMENTING PARTNERS	TIMELINE
Encourage routine testing of pregnant women through collaboration with maternal and child health providers	<ul style="list-style-type: none"> <li>SOP for MCH collaboration</li> </ul>	Improved screening of pregnant women for HBV and HCV.	MDH, LHD, CBO, Health Facilities, Clinics, Pharmacies	2023-2030
Integrate hepatitis education in existing CMEs for MCH providers.	<ul style="list-style-type: none"> <li>Educational materials, collaboration with OB/GYN, CNM, &amp; MCH-focused professional organizations</li> </ul>	Increase knowledge among healthcare providers	MDH, LHD, CBO, Health Facilities, Clinics, Pharmacies, Universities	2023-2030
Increase working relationships with OB/GYN and family medicine to encourage testing pregnant patients for HBV and HCV and link them to care and treatment services	<ul style="list-style-type: none"> <li>Advocacy meetings</li> <li>Provider education</li> </ul>	Increased testing and linkage to care for pregnant and postpartum women	MDH, LHD, CBO, Health Facilities, Clinics, Pharmacies	2023-2030
Support community education of women of reproductive age group on hepatitis C screening and prevention of perinatal hepatitis C transmission	<ul style="list-style-type: none"> <li>Educational materials</li> <li>Community outreach education</li> </ul>	Increased testing and linkage to care for pregnant and postpartum women	MDH, LHD, CBO, Health Facilities, Clinics, Pharmacies	2023-2030

**STRATEGIC OBJECTIVE 1:4**  
**INCREASE VIRAL HEPATITIS PREVENTION AND TREATMENT SERVICES**  
**FOR PEOPLE WHO USE DRUGS**

ACTIVITIES	INPUT	OUTPUT	IMPLEMENTING PARTNERS	TIMELINE
Partner with and leverage resources for testing and prevention services with harm reduction team and emergency crisis units	<ul style="list-style-type: none"> <li>• Standard operating procedures</li> <li>• Testing supplies</li> </ul>	Increased uptake of viral hepatitis testing among PWID	MDH, LHD, CBO, Health Facilities, Clinics, Pharmacies	2023-2030
Advocate improving insurance access for linkage to care	<ul style="list-style-type: none"> <li>• Advocacy meetings</li> </ul>	Improved linkage to care among PWID	MDH, MHC	2023-2030
Advocate for review and elimination of prior authorization requirements for HCV treatment	<ul style="list-style-type: none"> <li>• Advocacy meetings</li> </ul>	Improved linkage to care among PWID	MDH, MHC	2023-2030



## STRATEGIC OBJECTIVE 1:5

### INCREASE THE CAPACITY OF PUBLIC HEALTH, HEALTHCARE SYSTEMS, AND THE HEALTH WORKFORCE TO PREVENT AND MANAGE VIRAL HEPATITIS

ACTIVITIES	INPUT	OUTPUT	IMPLEMENTING PARTNERS	TIMELINE
Support provider education training for the management of viral hepatitis	<ul style="list-style-type: none"> <li>• <i>Sharing the Cure</i> Training</li> </ul>	Increased number of trained providers	MDH, LHD, CBO, Health Facilities, clinics, JHU	2023-2030
Publicize webinars and CMEs to clinical providers	<ul style="list-style-type: none"> <li>• Webinars</li> <li>• Dissemination platforms</li> </ul>	Increased knowledge of testing, outreach, and education	MDH, LHD, CBO, Health Facilities, Clinics	2023-2030
Leverage HIV testing opportunities to include HCV and HBV testing among Ryan White providers	<ul style="list-style-type: none"> <li>• Standard operating procedure collaborating with HIV programs</li> <li>• Test-kits</li> </ul>	Increased uptake of HCV testing	MDH, LHD, CBO, Health Facilities, Clinics	2023-2030
Partner with and leverage resources from community-based and clinic-based service sites to improve viral hepatitis provider education	<ul style="list-style-type: none"> <li>• Standard operating procedure collaborating with CBOs</li> </ul>	Increased and leveraged resources among partners	MDH, LHD, CBO, Health Facilities, Clinics	2023-2030

# ACTION PLAN

## ▶ GOAL 2 | Improve viral hepatitis-related health outcomes of people with viral hepatitis

### OVERVIEW

Objectives and strategies of goal 2 define efficient methods of identifying and providing diagnosis and treatment to reduce life-threatening complications in people with chronic HBV and HCV. Monitoring the continuum of care for HBV and a cascade of care for HCV guarantees the sequential progression of care, ensuring viral suppression for HBV and cure for HCV. To eliminate viral hepatitis, evidence-based interventions must be applied to enhance preventive and treatment service delivery.

To increase the number of people who are aware of their status and halt transmission of HBV and HCV to at-risk populations, it is vital to expand and implement testing in clinical and non-traditional community-based settings that provide services to at-risk populations. Identifying patients with chronic disease at the community level early will likely improve healthcare outcomes

This strategic goal also underscores the importance of building provider capacity to effectively treat and provide care consistent with current guidelines, removing barriers to access, like insurance and price, and linking patients to harm reduction programs. This goal's intention is to:

- Further development of policies and programs informed by persons living with or at increased risk of acquiring viral hepatitis infections.
- Further development of a plan in which treatment for those incarcerated in local detention centers could be funded so that those eligible could start their care before they are released.

### KEY PERFORMANCE INDICATORS



Increase in the proportion of people who had **HCV screening** among persons who use drugs by **90%** by 2030.

Increase in **treatment and cure** for people with HIV coinfecting with HCV or hepatitis by **90%** by 2030.



Achievement of **100%** of jurisdictions providing **outreach HCV screening to high-risk populations** by 2025.



At least **30** clinicians are trained annually to manage chronic HCV at the community level until 2030.



At least **30** primary care providers reached yearly to undergo **HBV provider training** until 2030.



At least **5** hepatitis educational materials (flyers, posters, social media messages) are available in the **most popular languages** in Maryland.

## STRATEGIC OBJECTIVE 2:1

### INCREASE THE PROPORTION OF PEOPLE WHO ARE TESTED AND AWARE OF THEIR VIRAL HEPATITIS STATUS

ACTIVITIES	INPUT	OUTPUT	IMPLEMENTING PARTNERS	TIMELINE
Promote screening, especially in hard-to-reach areas and at-risk populations.	<ul style="list-style-type: none"> <li>Outreach to town centers, markets, substance abuse clinics</li> </ul>	An increased proportion of people who are tested	MDH, LHD, CBO, Center for Harm Reduction; Mobile Clinics	2023-2030
Engage community members for outreach testing	<ul style="list-style-type: none"> <li>Community outreach events</li> </ul>	An increased proportion of people who are tested	MDH, LHD, CBO, Center for Harm Reduction; Mobile Clinics	2023-2030
Advertisement campaigns on billboards, public transit, bus shelters, social media, and dating apps to promote screening everyone over the age of 18	<ul style="list-style-type: none"> <li>Educational materials</li> </ul>	An increased proportion of people who are tested	MDH, LHD, CBO, Center for Harm Reduction; Mobile Clinics	2023-2030
Support mobile facilities to reach vulnerable populations	<ul style="list-style-type: none"> <li>Funding, training staff</li> </ul>	An increased proportion of people who are tested	MDH, LHD, CBO, Center for Harm Reduction; Mobile Clinics	2023-2030
Public service announcements on radio and podcasts, and live stream on social media.	<ul style="list-style-type: none"> <li>Funding</li> <li>Educational materials</li> </ul>	An increased proportion of people who are tested	MDH, LHD, CBO, Center for Harm Reduction; Mobile Clinics	2023-2030
Invest in a follow-up system so patients are not lost to care or during treatment	<ul style="list-style-type: none"> <li>Linkage to care database</li> </ul>	Availability of population-level data, improved cascade of care	MDH, LHD, CBO, Center for Harm Reduction; Mobile Clinics	2023-2030
Leverage incentives for HCV testing	<ul style="list-style-type: none"> <li>Transportation, gift cards, reduced or no cost, remove insurance barriers</li> </ul>	An increased proportion of people who are tested	MDH, LHD, CBO, Center for Harm Reduction; Mobile Clinics	2023-2030
Promote reflex HCV RNA testing.	<ul style="list-style-type: none"> <li>Training</li> </ul>	An increased proportion of people who are tested	MDH, LHD, CBO, Center for Harm Reduction; Mobile Clinics	2023-2030

## STRATEGIC OBJECTIVE 2:2

### IMPROVE THE QUALITY OF CARE AND INCREASE THE NUMBER OF PEOPLE WITH VIRAL HEPATITIS WHO RECEIVE AND CONTINUE HBV OR COMPLETE HCV TREATMENT, INCLUDING PEOPLE WHO USE DRUGS AND PEOPLE IN CORRECTIONAL SETTINGS

ACTIVITIES	INPUT	OUTPUT	IMPLEMENTING PARTNERS	TIMELINE
Promote HCV provider education, including <i>Sharing the Cure</i> .	<ul style="list-style-type: none"> <li>• Training</li> </ul>	Improved quality of the continuum of care and care cascade	MDH, LHD, CBO, Center for Harm Reduction; Mobile Clinics	2023-2025
Share/update the list of providers that completed <i>Sharing the Cure</i> - HCV Provider education.	<ul style="list-style-type: none"> <li>• List of providers</li> </ul>	Publicly available link to provider list	MDH, JHU	2024-2025
Provide materials to distribute to patients, including basic educational materials on liver function.	<ul style="list-style-type: none"> <li>• Educational materials</li> </ul>	Improved awareness of liver education	MDH, LHD, CBO, Center for Harm Reduction; Mobile Clinics	2023-2030
Provide HCV treatment in substance treatment facilities	<ul style="list-style-type: none"> <li>• Advocacy</li> <li>• Training</li> <li>• Funding</li> </ul>	Increased number of high-risk individuals linked to care	MDH, LHD, CBO, Center for Harm Reduction; Mobile Clinics	2023-2030
Support facilities to reach vulnerable populations	<ul style="list-style-type: none"> <li>• Funding</li> <li>• Staff</li> <li>• Educational materials</li> </ul>	Increased testing and vaccination uptake	MDH, LHD, CBO, Center for Harm Reduction; Mobile Clinics	2023-2030
Reconnect patients to providers; provide updated resources	<ul style="list-style-type: none"> <li>• Outreaches</li> <li>• Phone calls</li> </ul>	An increased number of HCV patients reconnected to care	MDH, LHD, CBO, Center for Harm Reduction; Mobile Clinics	2023-2030
Advocate and leverage telehealth opportunities to increase HCV treatment opportunities	<ul style="list-style-type: none"> <li>• Training</li> <li>• IT Resource</li> </ul>	Increased number of patients prescribed antiviral medications	MDH, LHD, CBO, Center for Harm Reduction; Mobile Clinics	2023-2030

## STRATEGIC OBJECTIVE 2:3

**INCREASE THE CAPACITY OF THE PUBLIC HEALTH, HEALTHCARE DELIVERY, AND HEALTHCARE WORKFORCE TO EFFECTIVELY IDENTIFY, DIAGNOSE, AND PROVIDE HOLISTIC CARE AND TREATMENT FOR PEOPLE WITH VIRAL HEPATITIS.**

ACTIVITIES	INPUT	OUTPUT	IMPLEMENTING PARTNERS	TIMELINE
Involve case managers and community navigators in HCV linkage to care activities	<ul style="list-style-type: none"> <li>• Advocacy</li> <li>• Engaging stakeholders</li> </ul>	Increased number of patients linked to care and obtaining effective treatment	MDH, LHD, CBO, Center for Harm Reduction; Mobile Clinics	2023-2030
Compile and share a public list that identifies at least one primary care provider in each county willing to treat viral hepatitis patients, especially at discounted rates for uninsured persons	<ul style="list-style-type: none"> <li>• STC master list</li> </ul>	Increased number of providers that can effectively treat HCV	MDH, LHD, CBO, Center for Harm Reduction; Mobile Clinics	2023-2030
Support continuing medical education for viral hepatitis education	<ul style="list-style-type: none"> <li>• Training materials</li> <li>• Training</li> <li>• Funds</li> </ul>	Improved hepatitis knowledge in primary care providers	MDH, LHD, CBO, Center for Harm Reduction; Mobile Clinics	2023-2030

## STRATEGIC OBJECTIVE 2:4

### SUPPORT THE DEVELOPMENT AND UPTAKE OF NEW AND IMPROVED DIAGNOSTIC TECHNOLOGIES, THERAPEUTIC AGENTS, AND OTHER INTERVENTIONS FOR IDENTIFYING AND TREATING VIRAL HEPATITIS

ACTIVITIES	INPUT	OUTPUT	IMPLEMENTING PARTNERS	TIMELINE
Collaborate on advanced research for HBV treatment	<ul style="list-style-type: none"> <li>Stakeholders' meetings</li> <li>Planning</li> <li>Conducting research</li> </ul>	Reports and recommendations of findings	MDH, LHD, CBO, Center for Harm Reduction; Mobile Clinics	2023-2030
Collaborate with partners that study HCV treatment in pregnancy and post-partum	<ul style="list-style-type: none"> <li>Stakeholders' meetings</li> <li>Planning</li> <li>Conducting research</li> </ul>	Reduced incidence of perinatal HCV transmission	MDH, LHD, CBO, Center for Harm Reduction; Mobile Clinics, Pharmaceutical and Research Institutions	2023-2030
Collaborate in advancing research for rapid HAV response to reduce transmissions during outbreaks	<ul style="list-style-type: none"> <li>Stakeholders' meetings</li> <li>Planning</li> <li>Conducting research</li> </ul>	Rapid HAV treatment accessible/available for use; reduced transmission during HAV outbreaks	MDH, LHD, CBO, Center for Harm Reduction; Mobile Clinics, Pharmaceutical and Research Institutions	2023-2030
Collaborate in the development and use of viral hepatitis point-of-care and self-collection diagnostics	<ul style="list-style-type: none"> <li>Stakeholders' meetings</li> <li>Planning</li> <li>Conducting research</li> </ul>	Viral hepatitis point-of-care and self-collection diagnostics accessible/available to clients at POC	MDH, LHD, CBO, Center for Harm Reduction; Mobile Clinics, Pharmaceutical and Research Institutions	2023-2030
Collaborate in developing accurate and convenient tests to distinguish between acute and chronic HCV infections	<ul style="list-style-type: none"> <li>Stakeholders' meetings</li> <li>Planning</li> <li>Conducting research</li> </ul>	Improved distinction between acute and chronic HCV infection	MDH, LHD, CBO, Center for Harm Reduction; Mobile Clinics, Pharmaceutical and Research Institutions	2023-2030
Collaborate in improving and validating tools for the early detection of identification of liver cancer	<ul style="list-style-type: none"> <li>Stakeholders' meetings</li> <li>Planning</li> <li>Conducting research</li> </ul>	Enhanced uptake of DAA treatment	MDH, LHD, CBO, Center for Harm Reduction; Mobile Clinics, Pharmaceutical and Research Institutions	2023-2030

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# ACTION PLAN

## ▶ GOAL 3 | Reduce viral hepatitis-related disparities and health inequities

### OVERVIEW

The objectives and strategies of goal 3 for reducing viral hepatitis-related disparities and health inequities and to address chronic HBV and HCV specifically address four areas: 1) stigma and discrimination faced by people with and at risk for viral hepatitis; 2) disparities in new viral hepatitis infections; 3) culturally competent and linguistically appropriate viral hepatitis prevention, care, and treatment services; and 4) social determinants of health and co-occurring conditions.

Success in addressing goal 3 will require strategic public-private partnerships to promote effective community-wide education and awareness of preventative health measures and treatment services among vulnerable populations statewide. A media campaign that promotes preventive health and healthy choices should be seen as a social norm for all populations served in Maryland. Educational materials in multiple languages are tools and resources that will assist providers, patients, and caregivers understand the disease burden and enhance the discussion around preventative and treatment services.

This approach will help normalize routine check-ups and address barriers to access, insurance, and choosing a healthy lifestyle, such as financial cost.

### KEY PERFORMANCE INDICATORS



Increase in the proportion of people who had **HCV screening** among persons who use drugs by **90%** by 2030.

Increased **treatment and cure** for people with HCV co-infected with HIV or hepatitis C by **90%** by 2030.



Achievement of **100%** of jurisdictions providing **outreach HCV 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 HCV** at the community level until 2030.

At least **30** primary care providers reached yearly to undergo **HBV provider training** until 2030.



At least **5** hepatitis educational materials are available in the **most popular languages** in Maryland.



**STRATEGIC OBJECTIVE 3:1**  
**ADDRESS STIGMA AND DISCRIMINATION FACED BY PEOPLE WITH AND**  
**AT RISK FOR VIRAL HEPATITIS**

ACTIVITIES	INPUT	OUTPUT	IMPLEMENTING PARTNERS	TIMELINE
Train people in trauma-informed care	<ul style="list-style-type: none"> <li>• Training facilities</li> <li>• CME / CE for providers</li> </ul>	Number of individuals trained monthly	MDH, LHD, CBO, JHU, UMD	2023-2030
Reduce stigma by normalizing viral hepatitis screening and testing as routine care in marketing campaigns	<ul style="list-style-type: none"> <li>• Screenings and testing</li> <li>• Rapid tests (when available)</li> </ul>	Number of individuals screened and tested each month	MDH, LHD, CBO, JHU, UMD	2023-2030

**STRATEGIC OBJECTIVE 3:2**  
**REDUCE DISPARITIES IN NEW VIRAL HEPATITIS INFECTIONS, KNOWLEDGE OF STATUS,**  
**AND ALONG THE CASCADE/CONTINUUM OF CARE**

ACTIVITIES	INPUT	OUTPUT	IMPLEMENTING PARTNERS	TIMELINE
Develop a plan to improve HCV treatment for incarcerated population	<ul style="list-style-type: none"> <li>• Stakeholders Meeting</li> </ul>	Increased uptake of HCV treatment in the prison population	MDH, LHD, DPSCS Facilities	2023-2030
Advocate for Improved access to HCV treatment for persons who use drugs	<ul style="list-style-type: none"> <li>• Stakeholders Meeting</li> </ul>	Increased uptake of HCV treatment	MDH, LHD, CBO, Syringe Services and Harm Reduction Programs	2023-2030
Promote universal HBV and HCV testing for inmates at intake and pre-release	<ul style="list-style-type: none"> <li>• Screenings and testing</li> <li>• Rapid tests (when available)</li> </ul>	Number of individuals screened and tested	MDH, LHD, DPSCS Facilities	2023-2030
Promote hepatitis A and hepatitis B vaccination for inmates at intake and pre-release	<ul style="list-style-type: none"> <li>• Hepatitis A and hepatitis B vaccines</li> </ul>	Number of individuals vaccinated	MDH, LHD, Correctional Facilities	2023-2030
Micro-elimination of HCV among people living with HIV	<ul style="list-style-type: none"> <li>• Provider training</li> <li>• Advocacy meetings</li> </ul>	Number of individuals treated	MDH, LHD, CBO, Health Systems, Ryan White providers	2023-2030

### STRATEGIC OBJECTIVE 3:3

#### EXPAND CULTURALLY COMPETENT AND LINGUISTICALLY APPROPRIATE VIRAL HEPATITIS PREVENTION, CARE, AND TREATMENT SERVICES

ACTIVITIES	INPUT	OUTPUT	IMPLEMENTING PARTNERS	TIMELINE
Leverage resources to integrate viral hepatitis C treatment in SUD treatment facilities	<ul style="list-style-type: none"> <li>Stakeholders Meeting</li> </ul>	Outline of process to leverage resources	MDH, LHD, CBO, Health Systems	2023-2030
Establish or partner with existing community networks, including faith-based organizations	<ul style="list-style-type: none"> <li>Stakeholders Meeting</li> <li>Attendance at community events</li> </ul>	Number of activities or events	MDH, LHD, CBO, Health Systems	2023-2030
Utilize mobile vans/clinics for viral hepatitis testing	<ul style="list-style-type: none"> <li>Mobile vans</li> <li>Test kits</li> </ul>	Number of individuals screened and tested	MDH, LHD, CBO, Health Systems	2023-2030
Actively promote and use the language line for viral hepatitis education	<ul style="list-style-type: none"> <li>Advertised language lines and how patients can request</li> </ul>	Number of patients seeking health prevention services	MDH, LHD, CBO, Health Systems	2023 - 2030
Produce and promote educational materials in other languages	<ul style="list-style-type: none"> <li>Materials translated into nine most spoken languages in the state</li> </ul>	Number of materials distributed	MDH, LHD, CBO, Health Systems	2023 - 2030
Support language interpreter opportunities, including American Sign Language	<ul style="list-style-type: none"> <li>Number of interpreters trained and available for work</li> </ul>	Number of individuals using interpreters	MDH, LHD, CBO, Health Systems	2023 - 2030

## STRATEGIC OBJECTIVE 3:4

### ADDRESS SOCIAL DETERMINANTS OF HEALTH AND CO-OCCURRING CONDITIONS

ACTIVITIES	INPUT	OUTPUT	IMPLEMENTING PARTNERS	TIMELINE
Expanding telemedicine for HCV treatment	<ul style="list-style-type: none"> <li>• Telehealth policy</li> </ul>	Number of patients linked to care and treatment services	MDH, LHD, CBO, Health Systems	2023-2030
Removal of Prior Authorization form for HCV treatment	<ul style="list-style-type: none"> <li>• Telehealth policy</li> </ul>	Increased number of patients who initiated HCV treatment	MDH, LHD, CBO, Health Systems	2023 - 2030
Implementing the Total Cost of Care model for HCV treatment	<ul style="list-style-type: none"> <li>• Stakeholders meeting</li> <li>• Protocol/ process for implementation</li> </ul>	Increased number of patients who completed HCV treatment	MDH, LHD, CBO, Health Systems	2023 - 2030
Advocate for the provision of transportation assistance for patients	<ul style="list-style-type: none"> <li>• Number of transportation services available</li> <li>• Negotiated discounts</li> <li>• Funding to provide services</li> </ul>	Number of patients linked to care and treatment services	MDH, LHD, CBO, Health Systems	2023 - 2030

# ACTION PLAN

## ▶ GOAL 4 | Improve viral hepatitis surveillance and data usage

### OVERVIEW

Strategies for goal 4 are aimed at making viral hepatitis surveillance more effective and accurate and outlining how surveillance data will be used. This section includes activities intended to facilitate the process of case reporting for labs and providers, improve the quality of surveillance data collected, and identify methods of disseminating the information collected in viral hepatitis surveillance.

Goal 4 has three main components. The first is to improve data collection and case reporting. Activities in this section include 1) increasing the use of electronic lab reporting (ELR), 2) improving data completeness in case reports, and 3) reporting negative HCV RNA results. The second component is to improve reporting, sharing, and use of surveillance data, emphasizing establishing an HBV and HCV registry in Maryland and developing a surveillance system specific to perinatal HCV. The third and final component is to conduct routine analysis of surveillance data and disseminate findings, with state surveillance staff responsible for ensuring the quality and timeliness of the analysis and reporting their findings in the Maryland Viral Hepatitis Epidemiological Profile.

### KEY PERFORMANCE INDICATORS



Increase the **number of clinical sites sharing HCV clinical data** by **90%** by 2030.



Achieved **100%** of **state viral hepatitis reports publicly available online** by 2025.



Achievement of **100%** of viral HAV **outbreak investigation notified within three days of being reported**.



**100%** of **viral HAV case reports are complete** for age, gender, race, ethnicity, country of birth, and outbreak status by 2030.

**100%** of **acute HBV case reports are complete** for age, gender, race, ethnicity, country of birth, and outbreak status by 2030.

**100%** of **acute HCV 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.

## STRATEGIC OBJECTIVE 4:1

### IMPROVE PUBLIC HEALTH SURVEILLANCE THROUGH DATA COLLECTION, CASE REPORTING, AND INVESTIGATION AT THE LOCAL AND COMMUNITY LEVELS

ACTIVITIES	INPUT	OUTPUT	IMPLEMENTING PARTNERS	TIMELINE
Improve access to electronic laboratory reporting (ELR) for all jurisdictions	<ul style="list-style-type: none"> <li>• Determine jurisdictions in need of support</li> <li>• Meetings with IT</li> <li>• Meetings to check progress</li> <li>• Technical assistance</li> </ul>	All jurisdictions able to implement ELR	Surveillance Coordinator, Local Jurisdictions,	2023-2025
Sensitize providers and laboratories to report negative RNA results	<ul style="list-style-type: none"> <li>• Stakeholder meetings</li> <li>• Emails</li> <li>• Events to increase awareness</li> <li>• Possible surveys to determine current levels of negative reporting</li> </ul>	The majority of RNA-negative tests in the state are reported	State Epidemiologists, Surveillance Coordinator, CVH Epidemiologist, Local Jurisdictions, Laboratories	2023-2026
Improve data completeness in case reporting	<ul style="list-style-type: none"> <li>• Examine case investigation and reporting process and determine ways of gathering more complete information</li> </ul>	Higher rates of completeness for demographic and risk factor information in case reports	Providers, Local & State Surveillance Staff	2023-2027

## STRATEGIC OBJECTIVE 4:2

### IMPROVE REPORTING, SHARING, AND USE OF CLINICAL VIRAL HEPATITIS DATA

ACTIVITIES	INPUT	OUTPUT	IMPLEMENTING PARTNERS	TIMELINE
Establish HCV & HBV registry	<ul style="list-style-type: none"> <li>Will require technical support</li> <li>Train staff at state &amp; local levels other use</li> </ul>	At least 80% of new HCV and HBV cases detected in NEDSS are logged in the registry	Surveillance and EPI Staff at MDH; Technical Support	2023-2030
Improve surveillance of linkage to care	<ul style="list-style-type: none"> <li>Consult with providers, local surveillance, and state surveillance to determine how best to improve linkage to care surveillance</li> </ul>	Improved quality and quantity of linkage to care data	Providers, Local and State Surveillance Staff	2023-2025
Create perinatal surveillance program	<ul style="list-style-type: none"> <li>Stakeholder meetings; best practices for other jurisdictions; technical assistance</li> </ul>	A document outlining the perinatal surveillance program	Surveillance Coordinator, Local Jurisdictions	2023 - 2030

### STRATEGIC OBJECTIVE 4:3

#### CONDUCT ROUTINE ANALYSIS OF VIRAL HEPATITIS DATA AND DISSEMINATE FINDINGS TO INFORM PUBLIC HEALTH ACTION AND THE PUBLIC

ACTIVITIES	INPUT	OUTPUT	IMPLEMENTING PARTNERS	TIMELINE
Update the viral hepatitis epidemiological profile	<ul style="list-style-type: none"> <li>Updated data and data analysis, eliminated errors in the previous edition, worked with a graphic designer to improve images, and wrote new sections for PWID and incarcerated populations.</li> </ul>	Updated epidemiology profile for 2023 with improved quality and recent data	CVH Epidemiology and Surveillance Coordinator, Graphic Designer	2023
Analyze routine surveillance data	<ul style="list-style-type: none"> <li>Data collection and analysis</li> </ul>	Statistics and Analysis	CVH Epidemiology and Surveillance Coordinator	2023-2030
Analyze and post findings from the perinatal program	<ul style="list-style-type: none"> <li>Data collection and analysis</li> </ul>	Statistics and Analysis	CVH Epidemiology and Surveillance Coordinator, vital statistics, MDH epidemiologists	2023-2025

# ACTION PLAN

## ▶ GOAL 5 | Achieve integrated, coordinated efforts that address the viral hepatitis epidemics among all partners and stakeholders

### OVERVIEW

The populations most affected by viral hepatitis are also at risk of other public health threats such as HIV, STI, substance use disorders, and mental health issues. Coordination of efforts across the various stakeholders and partners involved in managing these interrelated public health threats is necessary to avoid siloed activities. Currently, viral hepatitis interventions are inadequately resourced to achieve the expected impact. Integration of efforts across interrelated public health issues will improve the design and uptake of viral hepatitis prevention and treatment services, especially among high-risk populations.

Implementation and communication science research is necessary to identify and scale effective interventions and prevention messages. State partnerships with research and academic institutions will be harnessed to develop and conduct relevant research interventions to identify better approaches and strategies to deliver evidence-based interventions and prevention messages to the populations and communities most affected by viral hepatitis.

### KEY PERFORMANCE INDICATORS



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.



## STRATEGIC OBJECTIVE 5:1

### INTEGRATE PROGRAMS TO ADDRESS THE SYNDEMIC OF VIRAL HEPATITIS, HIV, STIS, AND SUBSTANCE USE DISORDERS

ACTIVITIES	INPUT	OUTPUT	IMPLEMENTING PARTNERS	TIMELINE
Advocate for the integration of HCV testing with HIV testing services at LHDs, health clinics	<ul style="list-style-type: none"> <li>• Advocacy meetings</li> <li>• Testing materials</li> </ul>	Increased HCV testing	CVH, LHDs	2023-2030
Provide viral hepatitis training for HIV, STI, and harm reduction workforce	<ul style="list-style-type: none"> <li>• Training</li> <li>• Webinars</li> <li>• Training materials</li> </ul>	Improved knowledge of health workers	CVH, CHRS, LHDs, Training Partners	2023-2028
Integrate viral hepatitis prevention communication messages for HIV, STI, and harm reduction programs	<ul style="list-style-type: none"> <li>• Communication materials</li> </ul>	Integrated communication materials	CVH, CHRS, CHIP, CHPHS, LHDs, Training Partners	2023-2028
Provide co-located services for HCV screening in syringe service programs	<ul style="list-style-type: none"> <li>• Testing materials</li> <li>• Communication materials</li> </ul>	Increased HCV testing among PWID/PWUD	CVH, CHRS, LHDs, CBOs	2023-2030
Provide co-located services for HCV treatment in syringe service programs	<ul style="list-style-type: none"> <li>• Advocacy meetings</li> <li>• Telehealth programming</li> </ul>	Increased uptake of HCV treatment among PWID/PWUD	CVH, CHRS, LHDs, CBOs	2023-2030
Provide co-located services for HCV treatment in SUD treatment settings	<ul style="list-style-type: none"> <li>• Advocacy meetings</li> <li>• Telehealth programming</li> </ul>	Increased uptake of HCV treatment among PWID/PWUD	CVH, CHRS, LHDs, CBOs	2023-2030

## STRATEGIC OBJECTIVE 5:2

### ESTABLISH AND INCREASE COLLABORATION AND COORDINATION OF VIRAL HEPATITIS PROGRAMS AND ACTIVITIES ACROSS PUBLIC AND PRIVATE STAKEHOLDERS

ACTIVITIES	INPUT	OUTPUT	IMPLEMENTING PARTNERS	TIMELINE
Expand the scope and partnership of the Maryland Hepatitis Coalition	<ul style="list-style-type: none"> <li>• Advocacy meetings</li> <li>• Agendas</li> </ul>	MHC mission and vision statement	MHC, MDH	2023-2025
Advocate for new membership for the Maryland Hepatitis Coalition	<ul style="list-style-type: none"> <li>• Advocacy meetings</li> <li>• Invitation emails</li> </ul>	New members, increased participation	MHC, MDH	2023-2028
Support the development Maryland Hepatitis Coalition website	<ul style="list-style-type: none"> <li>• Advocacy support</li> <li>• Content development</li> </ul>	Active MHC Website	MHC, MDH	2023-2025
Establish a perinatal hepatitis C prevention task group	<ul style="list-style-type: none"> <li>• Workgroup</li> <li>• Meetings</li> <li>• TORs</li> </ul>	Functional Workgroup	MHC, MDH	2023-2024
Conduct the Annual Maryland Hepatitis Summit	<ul style="list-style-type: none"> <li>• Planning meetings</li> <li>• Facilitators</li> </ul>	Annual Meeting	MHC, MDH, DPSCS	2023-2030

### STRATEGIC OBJECTIVE 5:3

#### IDENTIFY, EVALUATE, AND SCALE UP BEST PRACTICES THROUGH IMPLEMENTATION AND COMMUNICATION SCIENCE RESEARCH

ACTIVITIES	INPUT	OUTPUT	IMPLEMENTING PARTNERS	TIMELINE
Support implementation science research to improve the uptake of HCV treatment	<ul style="list-style-type: none"> <li>• Meetings</li> <li>• Policy environment</li> <li>• Grants</li> </ul>	Research Reports	JHU, UMD, FQHCs	2023-2030
Advocate for communication science researchers to identify key viral hepatitis promotional messaging	<ul style="list-style-type: none"> <li>• Meetings</li> <li>• Policy environment</li> <li>• Grants</li> </ul>	Research Reports	JHU, UMD, FQHCs, CBOs, LHDs	2023-2030
Promote innovation for viral hepatitis diagnosis through implementation science	<ul style="list-style-type: none"> <li>• Meetings</li> <li>• Policy environment</li> <li>• Grants</li> </ul>	Research Reports	JHU, UMD, FQHCs, CBOs, LHDs, Manufacturer	2023-2030
Promote implementation science research to promote the delivery of hepatitis treatment	<ul style="list-style-type: none"> <li>• Meetings</li> <li>• Policy environment</li> <li>• Grants</li> </ul>	Research Reports	JHU, UMD, FQHCs, CBOs, LHDs, Manufacturer	2023-2030

### STRATEGIC OBJECTIVE 5:4

#### IMPROVE MECHANISM TO MEASURE, MONITOR, EVALUATE, REPORT, AND DISSEMINATE PROGRESS TOWARD ACHIEVING VIRAL HEPATITIS ELIMINATION GOALS

ACTIVITIES	INPUT	OUTPUT	IMPLEMENTING PARTNERS	TIMELINE
Organize cross-center meetings to discuss integrated monitoring tools	<ul style="list-style-type: none"> <li>• Program monitoring tools</li> </ul>	HIV/STI/HCV integrated monitoring tools	MDH	2023-2030
Include hepatitis questionnaires in existing population based surveys	<ul style="list-style-type: none"> <li>• Viral hepatitis questionnaires</li> </ul>	Updated NHANES, BRFSS	MDH	2023-2030
Disseminate hepatitis reports using existing statewide meetings such as statewide HIV conferences	<ul style="list-style-type: none"> <li>• Viral hepatitis reports</li> </ul>	Reports shared in state and networking websites	MDH, NPIN	2023-2030
Participate in regional and national conferences	<ul style="list-style-type: none"> <li>• Conference abstracts and reports</li> </ul>	Improved dissemination of program reports	MDH, APHA, NASTAD, CSTE	2023-2030

# PERFORMANCE EVALUATION

This evaluation plan considers the national and international goals to eliminate viral hepatitis as a public health threat by 2030

## NATIONAL HEPATITIS PLAN CORE INDICATORS

The Viral Hepatitis National Strategic Plan 2021 – 2025 highlights the hepatitis core indicators and their relevance in viral hepatitis elimination progress. At the national level, 2017 data is used as a baseline and projects a 5-year and 10-year target. Data from the previous two years (for instance, the target year 2025 will use 2023 surveillance data) can be used to measure progress as a lag in surveillance data availability exists.

## 2025 NATIONAL STRATEGIC GOALS



- Reduce **new HAV infections** by **50%** by 2025 and **80%** by 2030
- Reduce **acute HBV infections** by **50%** by 2025 and **80%** by 2030
- Reduce **acute HCV infections** by **50%** by 2025 and **80%** by 2030
- Reduce **acute HCV infections among people who use drugs** by **90%** by 2030



- Improved **HAV vaccination uptake** among **persons who use drugs** by **100%** by 2030
- Improved **HBV vaccination uptake** among **adults aged 19-59 years** by **100%** by 2030



**100%** of **infants** born of HBsAg-positive mothers obtain the **first dose of HBV vaccine** (Hep B-1) and hepatitis B immunoglobulin (HBIG) within 1 day of birth

## SUMMARY OF OUTCOME MEASURES AND OUTCOME INDICATORS

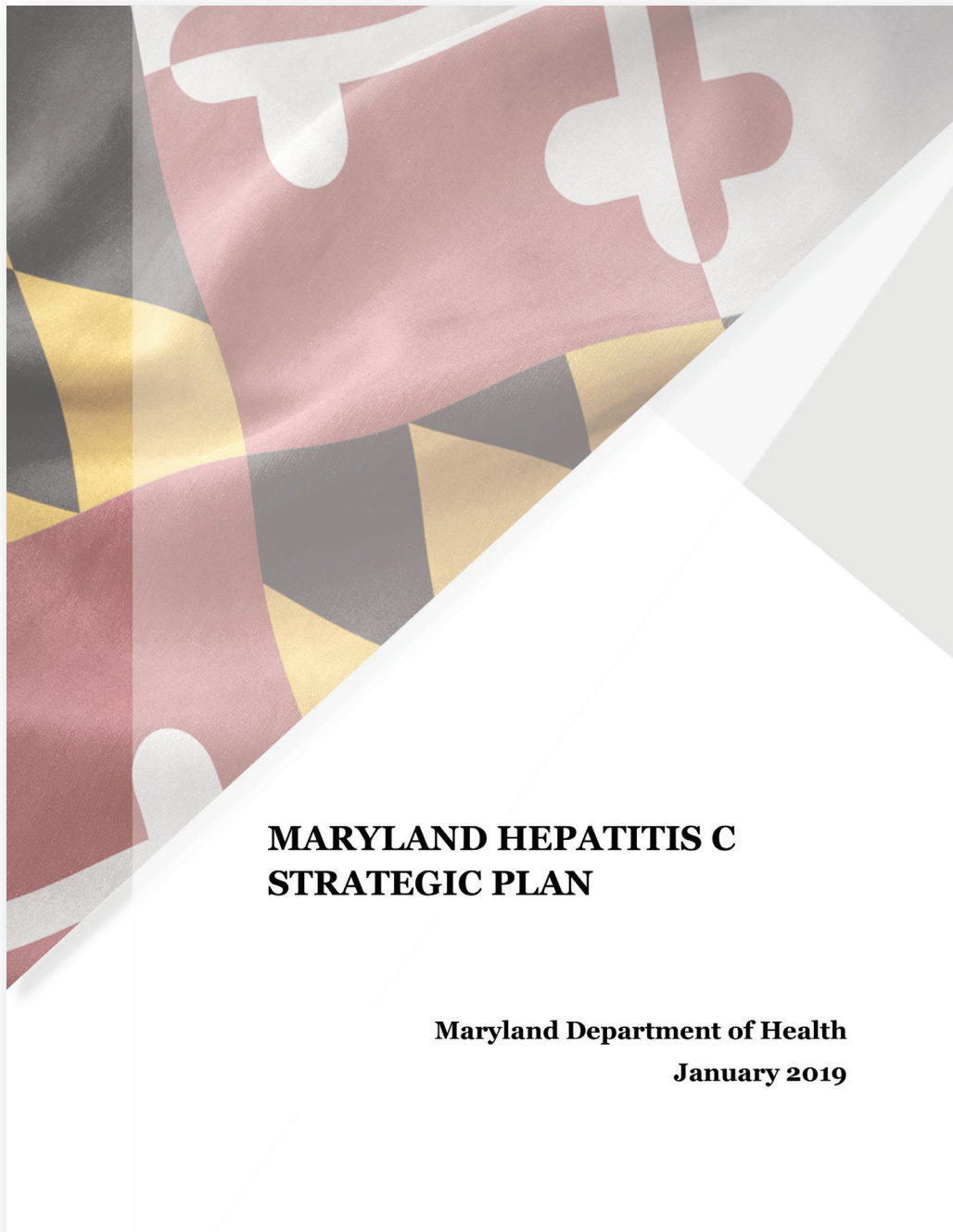
CATEGORY	BASELINE	2025 GOALS (% ↓ OR ↑)	2030 GOALS (% ↓OR ↑)
<b>Goal 1: Reduce new viral hepatitis infections (estimated cases)</b>			
Hepatitis A	6 per 100,000 population (2020)		
Acute Hepatitis B	0.7 per 100,000 population (2019)		
Acute Hepatitis C	0.5 per 100,000 population (2019)		
Hepatitis B Birth Dose	94.6% of infants within one calendar day (2017)		
% Population aware of hepatitis C infection (surveys)			
<b>Goal 2: Reduce viral hepatitis-related morbidity and mortality (reported death rates)</b>			
Chronic Hepatitis B	22.6 per 100,000 population (2021)		
Chronic Hepatitis C	64.5 per 100,000 population (2021)		
<b>Goal 3: Reduce viral hepatitis-related disparities and health inequities</b>			
Hepatitis C in PWID	Estimated 72,000 PWID (2016)		
Hepatitis B-related deaths	0.13 per 100,000 population (2018)		
Hepatitis C-related deaths	0.96 per 100,000 population (2018)		
% of hepatitis C treatments that achieved SVR			

# REFERENCES

1. Maryland Department of Health. [Maryland Hepatitis C Strategic Plan](#). January 2019.
2. Maryland Department of Health. [Maryland Viral Hepatitis Epidemiological Profile](#). July 2021.
3. Department of Health and Human Services (2021). [Viral hepatitis National Strategic Plan: 2021-2025](#). January 2021.
4. Maryland Department of Health. [Maryland Viral Hepatitis Elimination Plan Framework](#)
5. Centers for Disease Control and Prevention (CDC). [Division of Viral Hepatitis 2025 Strategic Plan, CDC](#); 2020

# APPENDIX

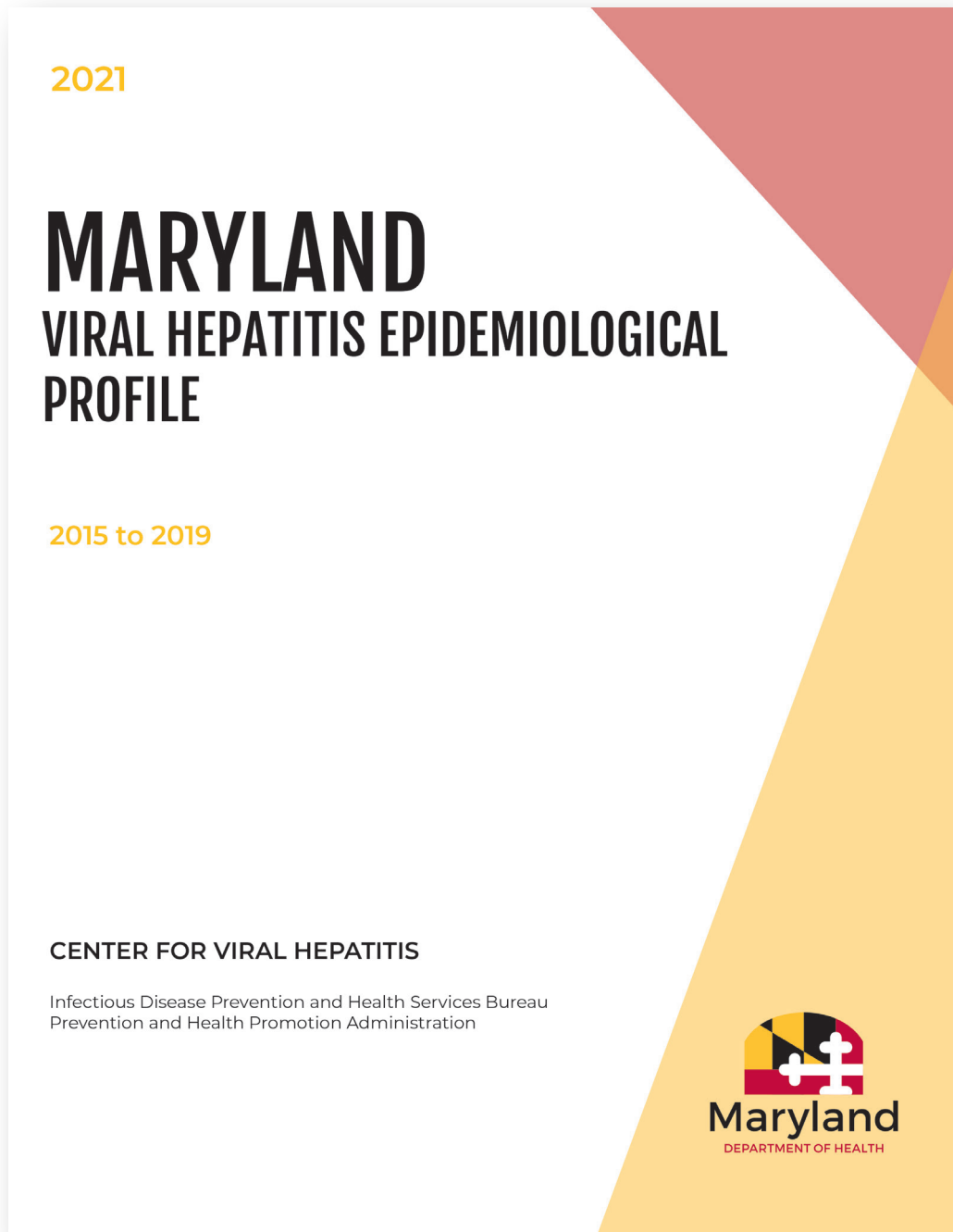
## MARYLAND HEPATITIS C STRATEGIC PLAN



The Maryland Hepatitis C Strategic Plan describes the broad strategic approach for hepatitis C prevention, testing, linkage to care, treatment, and surveillance activities in Maryland.

The plan can be accessed here: [2019 Maryland Hepatitis C Strategic Plan](#).

# THE MARYLAND VIRAL HEPATITIS ELIMINATION PROFILE 2015-2019



The Maryland Viral Hepatitis Elimination Profile 2015-2019 provides detailed information on the burden of viral hepatitis A, B, and C in Maryland using surveillance, vital statistics, hospital discharge records, program data, and information from population-level surveys.

The full report can be accessed here: [Maryland Viral Hepatitis Epi Profile](#).



# THE MARYLAND VIRAL HEPATITIS ELIMINATION FRAMEWORK

# 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



The Maryland Viral Hepatitis Elimination Plan Framework provides a snapshot of the Maryland Viral Hepatitis Elimination Action Plan. This framework shall guide the efforts of all stakeholders in coordinating, implementing, and monitoring viral hepatitis elimination activities in Maryland from 2022-2030. The framework outlines the strategic goals, objectives, and performance indicators for the elimination action plan.

The plan can be accessed here: [Maryland Viral Hepatitis Elimination Plan Framework 2022-2030](#).

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## SUGGESTED CITATION

Arowolo T, Trang A, Rial M, Dodson O, Van Cleve C, Rivera D, DeMartino P. (2023). Maryland Viral Hepatitis Elimination Action Plan 2022-2030. Center for Viral Hepatitis. Maryland Department of Health, Baltimore, MD.

