

Harm Reduction Summit: Hepatitis C Elimination

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Viral Hepatitis Program Coordinator

June 16, 2025



Kentucky Public Health
Prevent. Promote. Protect.



TEAM 
KENTUCKY[®]
CABINET FOR HEALTH
AND FAMILY SERVICES

WELCOME

We're glad you're here!

Content Acknowledgment

- We will be having frank discussions of substance use/misuse, Substance Use Disorder (SUD), infectious disease, and stigma/discrimination that people who use drugs (PWUD) and/or people with hepatitis C experience.
- Statistically speaking, there will be people in this space who have experienced and/or whose lives have been impacted by substance use, Substance Use Disorder, and/or hepatitis C.
- There will also be a wide variety of knowledge of these topics in the space.
- Please take care of yourself however you need.

Learning Objectives

1. Understand the importance of hepatitis C elimination
2. Be able to explain that hepatitis C is common, preventable, and treatable
3. Understand the role care navigators can play in hepatitis C elimination

Priority Populations

"Hepatitis C is a virus that...flourishes among those who are socially marginalized by structural factors such as poverty, racism, addiction, and trauma. It exists as a piece of a larger syndemic alongside HIV, STIs, substance use, and overdose. This makes our task of attaining elimination all that more difficult.

Direct-Acting Antivirals (DAAs), which are highly effective in cost savings, have been around for a decade, but despite this, they ***aren't reaching the people who need them most.***

We at the CDC recognize that ***[hepatitis C] elimination is only possibly by focusing on the most marginalized and difficult to reach populations***, bringing them into care, not just for hep C, but for other syndemic conditions that interact with each other and the social determinants of health."

Nathan Furukawa, MD, MPH

Senior Advisor for Hepatitis C Elimination
Centers for Disease Control and Prevention

"Unlocking HCV in Key Settings," NVHR - September 2023

[Unlocking HCV Care in Key Settings - National Viral Hepatitis Roundtable](#)

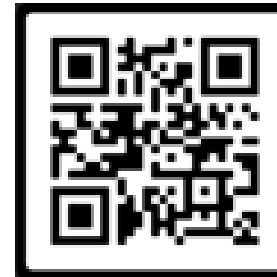
Viral Hepatitis Program – Hepatitis C Elimination Plan

🛡️ The Viral Hepatitis Program (VHP) is responsible for prevention efforts and enhanced surveillance for adult hepatitis B, adult hepatitis C and perinatal hepatitis C.

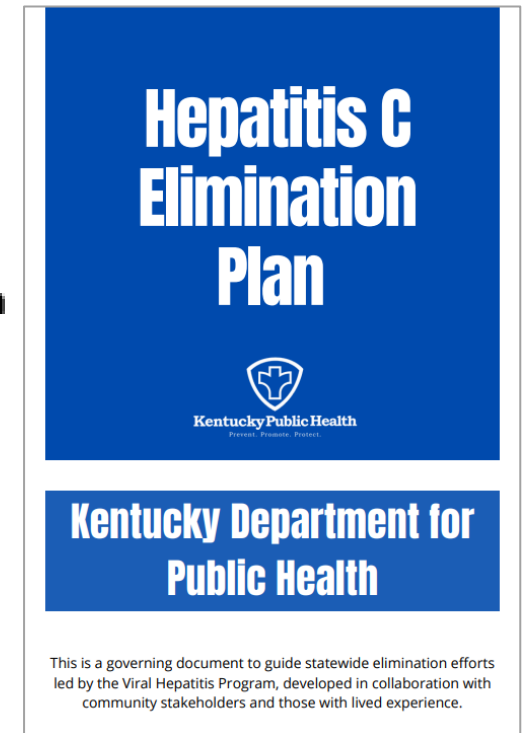
🛡️ Elimination planning (2021-2022):

- Priority populations were identified
- Multidisciplinary partners engaged
- Evidence-based interventions to expand/encourage

🛡️ Syndemic focused



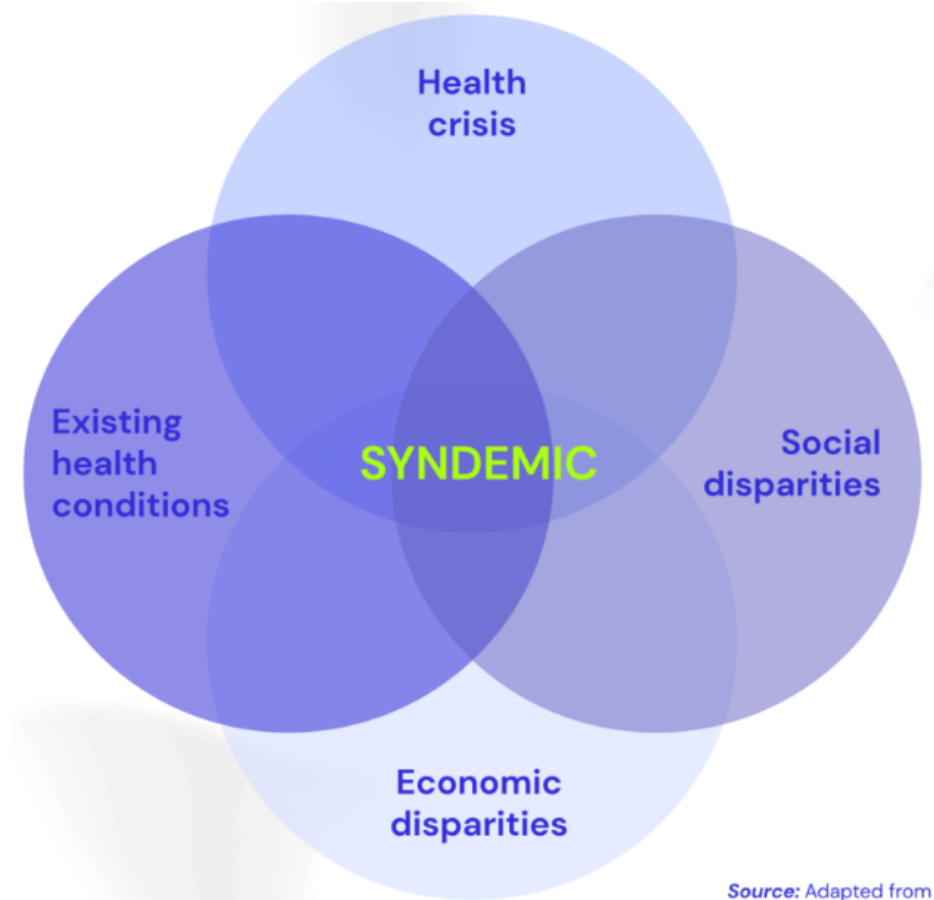
KY HCV
Elimination
Plan



Syndemic Definition

A **syndemic** occurs when:

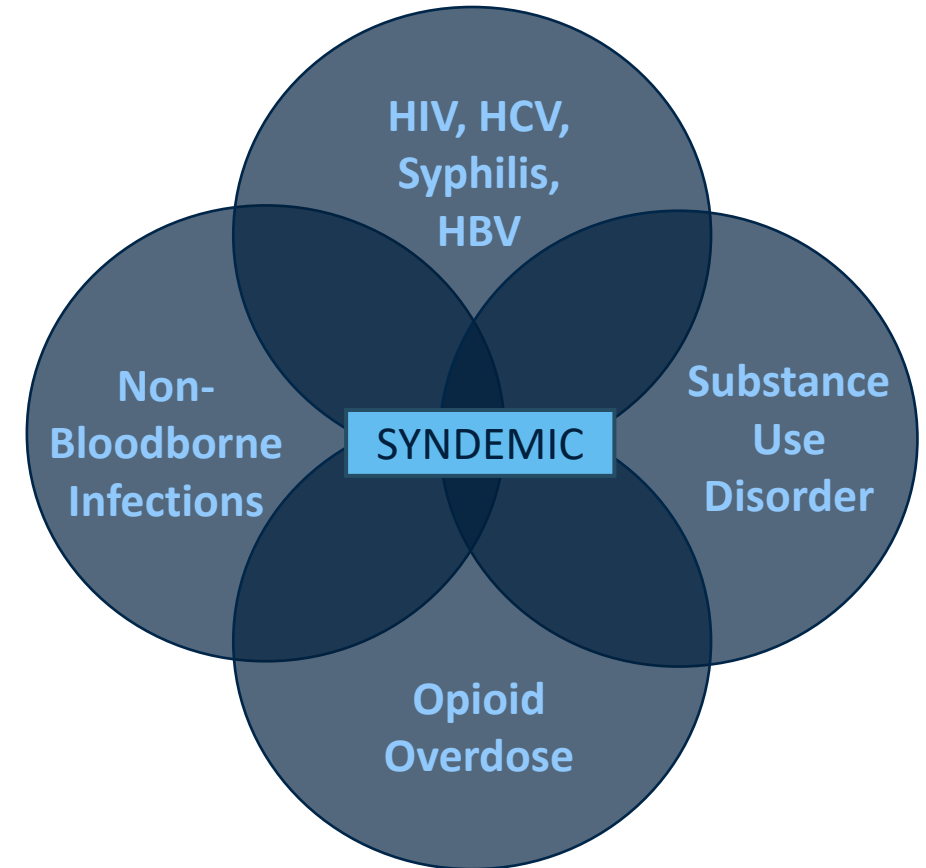
1. Two or more diseases or health conditions cluster and interact within a population
2. Social and structural factors contribute and exacerbate
3. This leads to an excess and disproportionate burden of disease in the population



Source: Adapted from Fishbein, D. (2020), [The Pivotal Role of Prevention Science in this Syndemic](#).

Making Connections: Syndemic

- Injection drug use and opioid use are risk factors for Substance Use Disorder, overdose, Hepatitis C Virus (HCV), HIV, Hepatitis B Virus (HBV), syphilis, etc.
- If we're working with someone who uses drugs, we are working with someone who is at risk of all of these risk factors.
- We need to be providing education, increasing access to care, and *decreasing stigma* for all aspects of the syndemic.



Community Engagement

- Engaging with many programs across the state that support communities
- Focusing on Priority Populations
 - People who use drugs (PWUD)
 - Corrections and Pretrial/Reentry
 - Perinatal
- Supporting Direct Care: Providers and Community Workers
- Using Harm Reduction Approach
- Working on Policy Issues
- **Listening to Communities and People with Lived/Living Experience**



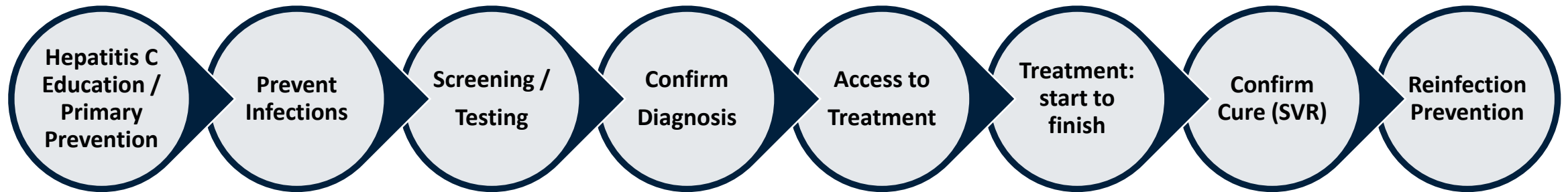
Kentucky Needs You

The elimination of hepatitis C in
Kentucky depends on the efforts of
All of Our Community Partners

Care Navigators can help to...

- Provide helpful, accurate information about hepatitis C
 - Transmission
 - Prevention/Harm Reduction
 - Testing
 - Treatment
 - Reinfection Prevention
- Decrease stigma/shame
 - Substance Use
 - Hepatitis C Infection
- Advocate
 - Co-location of services
 - Policy changes
- Facilitate linkage along the continuum of hepatitis C care

Hepatitis C Continuum of Care



Reduce Harm

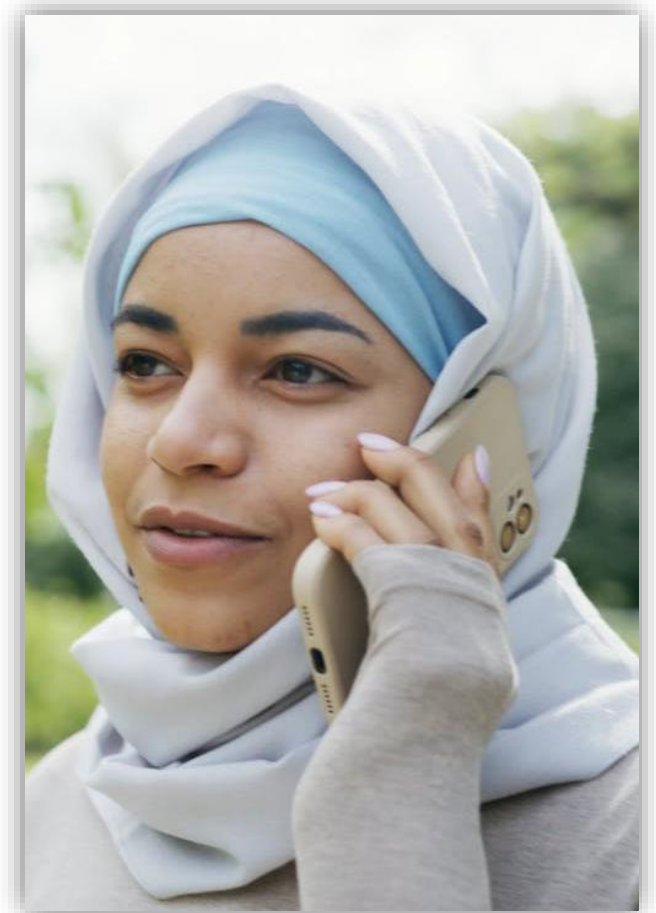
Decrease Stigma

Reduce Barriers

You Can Make a Difference



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)



True or False?

True or False? Question 1

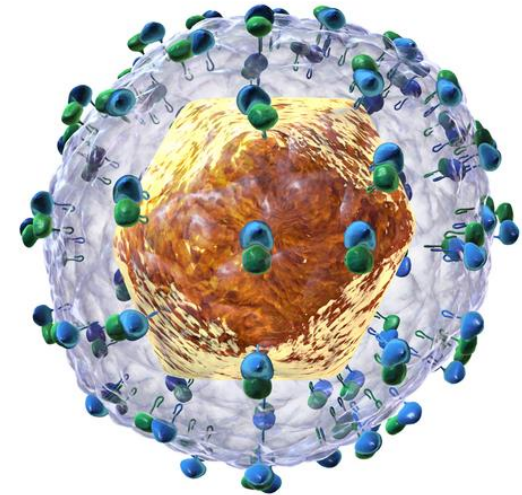
1. Hepatitis C is the most common blood-borne pathogen².

TRUE

How Common is Hepatitis C?

- **Hepatitis C**

- Hepatitis C Virus (HCV) is the most common blood-borne pathogen²
- Affects approximately 58 million people worldwide²
- Affects 1-2% of people in the United States²
- Accounts for the greatest number of deaths and highest mortality rate of all viral hepatitis (A, B, and C)²



Hepatitis C Virus (HCV)

[This Photo](#) by Unknown Author is licensed under [CC BY](#)

True or False? Question 2

2. Hepatitis C treatments last 1-2 years and have many side effects.

FALSE

Today's Hepatitis C Treatments

- Have cure rates of more than 95%
- Are easy to take and have few side effects
- Are covered by most health insurance
- Should not require sobriety
- Are pills taken daily
- Are completed in 8-12 weeks



Centers for Disease Control and Prevention (2022). Too Few People Treated for Hepatitis C: Reducing Barriers Can Increase Treatment and Save Lives. <https://www.cdc.gov/vitalsigns/hepc-treatment/index.html>

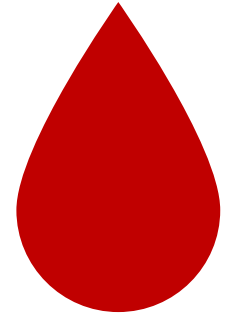
True or False? Question 3

3. Hepatitis C is only spread through needle sticks or sharing syringes.

FALSE

Hepatitis C Transmission

- Using non-sterile equipment to prepare and/or inject, inhale, or smoke illicit substances
- Tattooing/piercing using non-sterile equipment or procedures
- Sexual contact, especially when blood is present
- Medical procedures with non-sterile equipment
- Needle-stick injuries
- Sharing toothbrushes, razors, nail clippers
- Exposure of infants during pregnancy or birth



True or False? Question 4

4. The attitudes and beliefs of health professionals have the potential to influence the quality of care that people who use drugs receive.²⁵

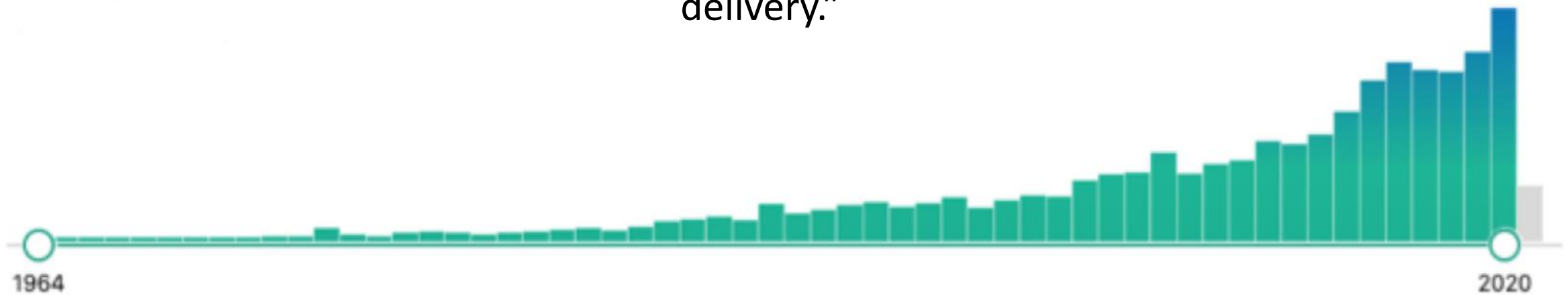
TRUE

<https://www.sciencedirect.com/science/article/abs/pii/S0376871613000677>

Healthcare Provider Stigma

“Stigma surrounding substance use disorders (SUDs) is a frequently cited barrier to treatment engagement.

Research consistently demonstrates that healthcare professionals’ attitudes towards patients with addiction problems are often negative and may adversely impact service delivery.”



Number of published research articles referencing provider stigma, 1964-2020

Bielenberg J, Swisher G, Lembke A, Haug NA. A systematic review of stigma interventions for providers who treat patients with substance use disorders. J Subst Abuse Treat. 2021 Dec;131:108486.

What is Hepatitis C?

- HCV (hepatitis C virus) or “hep C”
- A viral infection
- Spread when someone comes into contact with blood from a person who is infected with hepatitis C⁴
- Second leading **infectious** cause of death globally²⁶
 - A leading infectious cause of death in US¹⁸
- Leading cause of liver cancer and liver transplants⁴

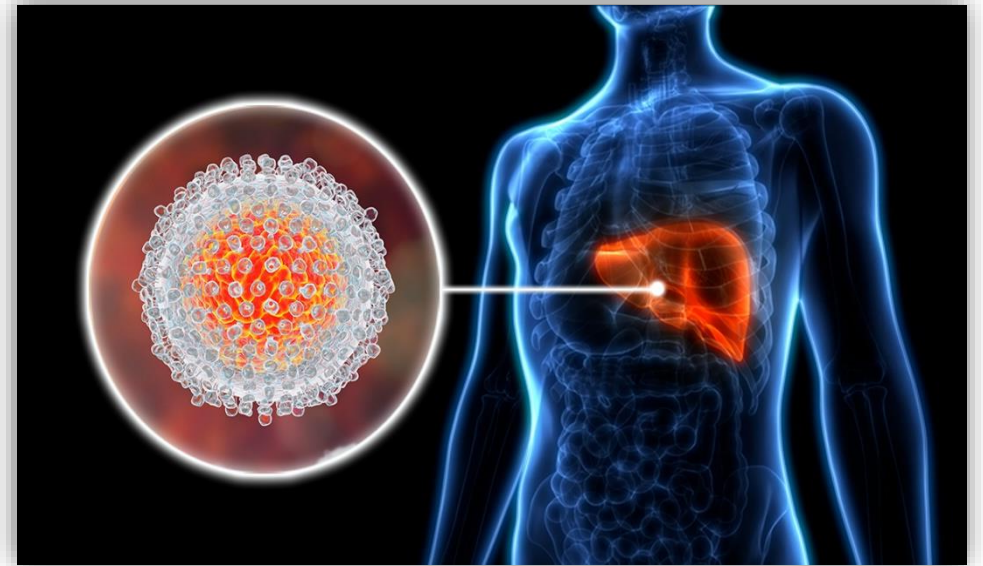
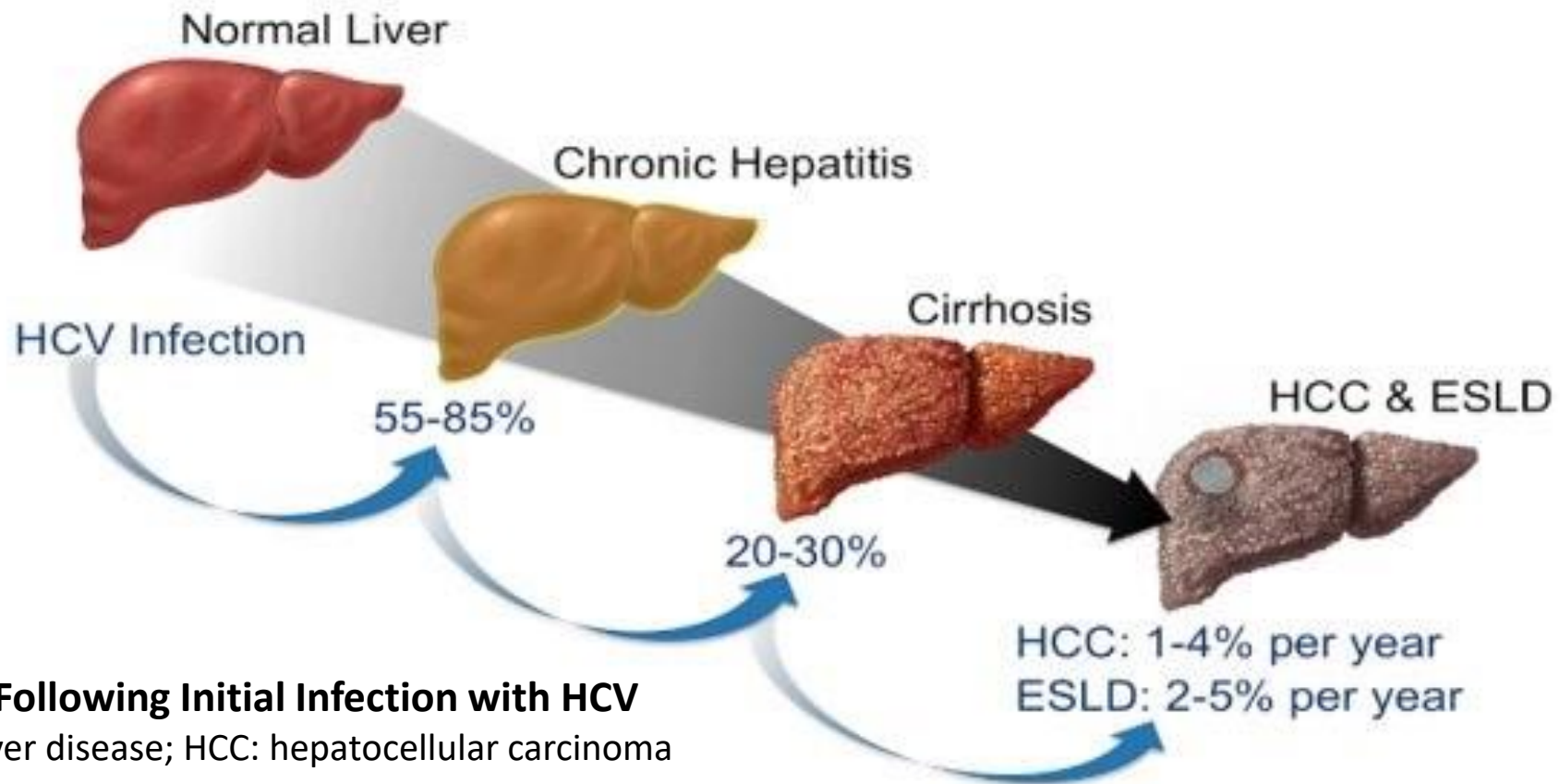


Image: cdc.gov/hepatitis-c/index.html

Hepatitis C and Liver Disease



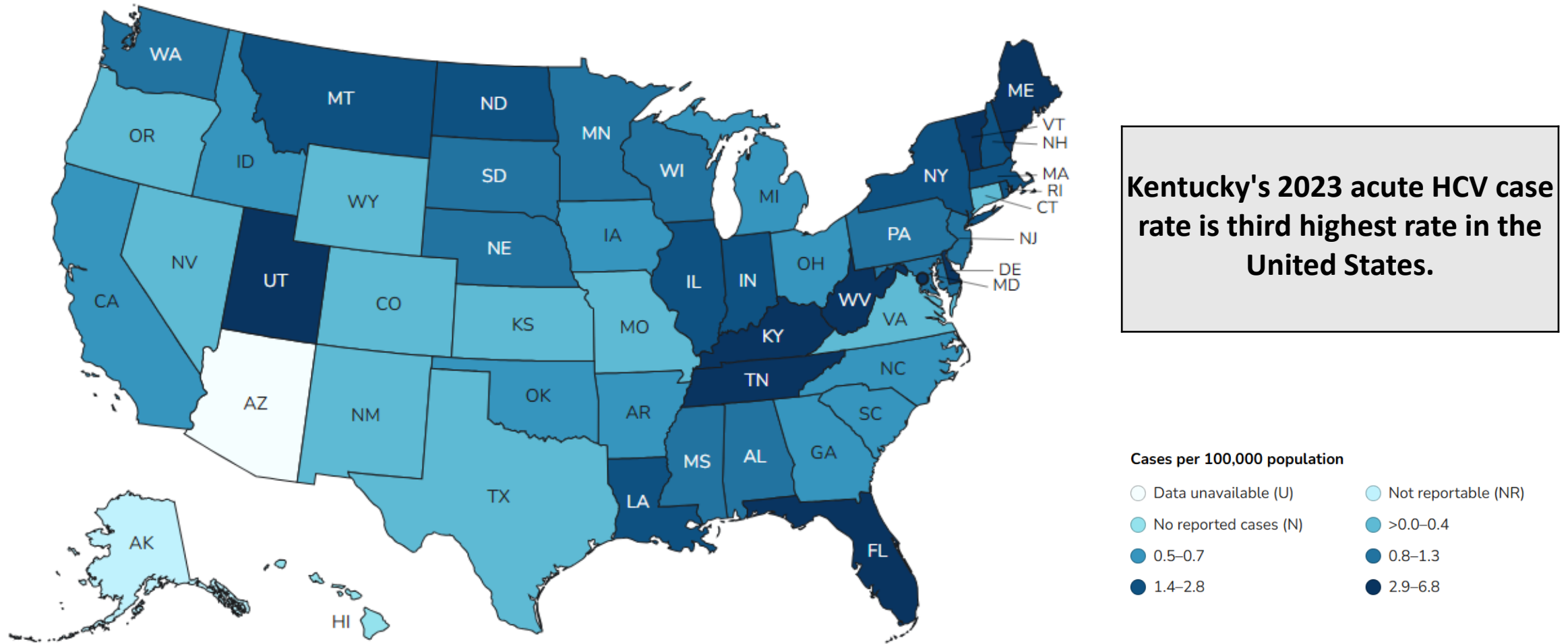
Natural History Following Initial Infection with HCV

ESLD: end-stage liver disease; HCC: hepatocellular carcinoma

- Approximately 55-85% will develop chronic infection

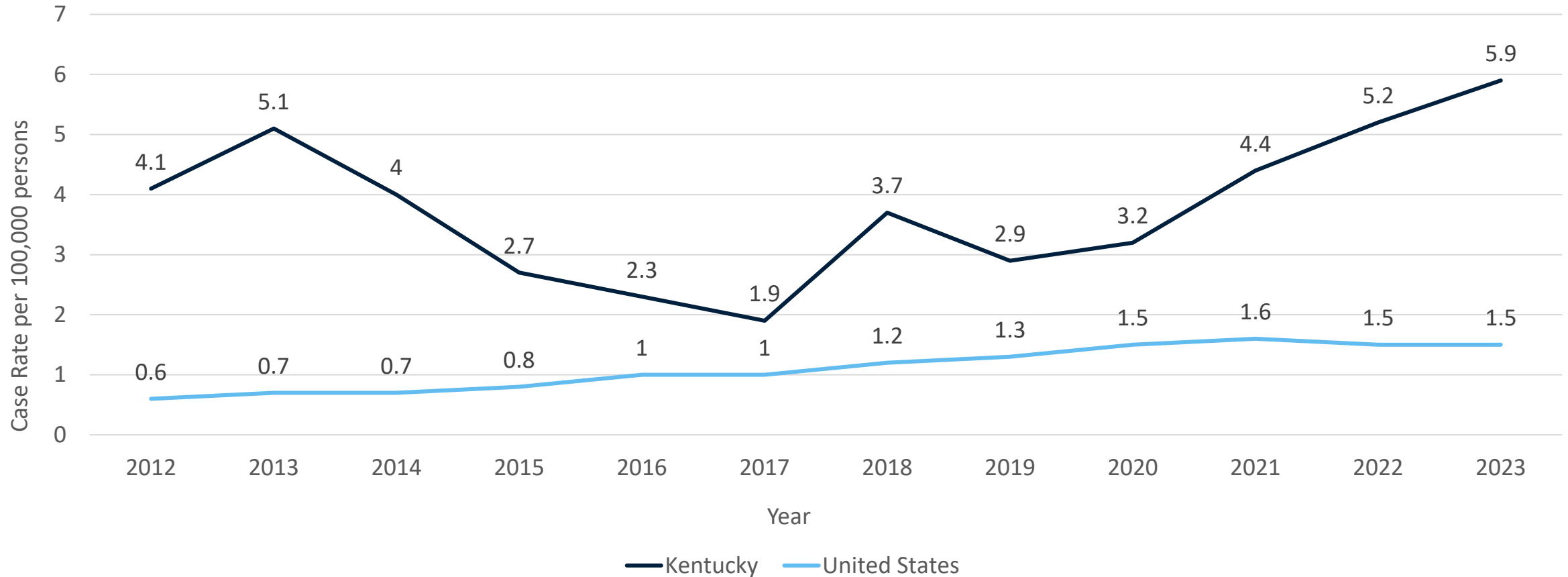
<https://www.hepatitis.va.gov/hcv/background/natural-history.asp>

United States: Acute HCV Case Rates by State/Jurisdiction, 2023



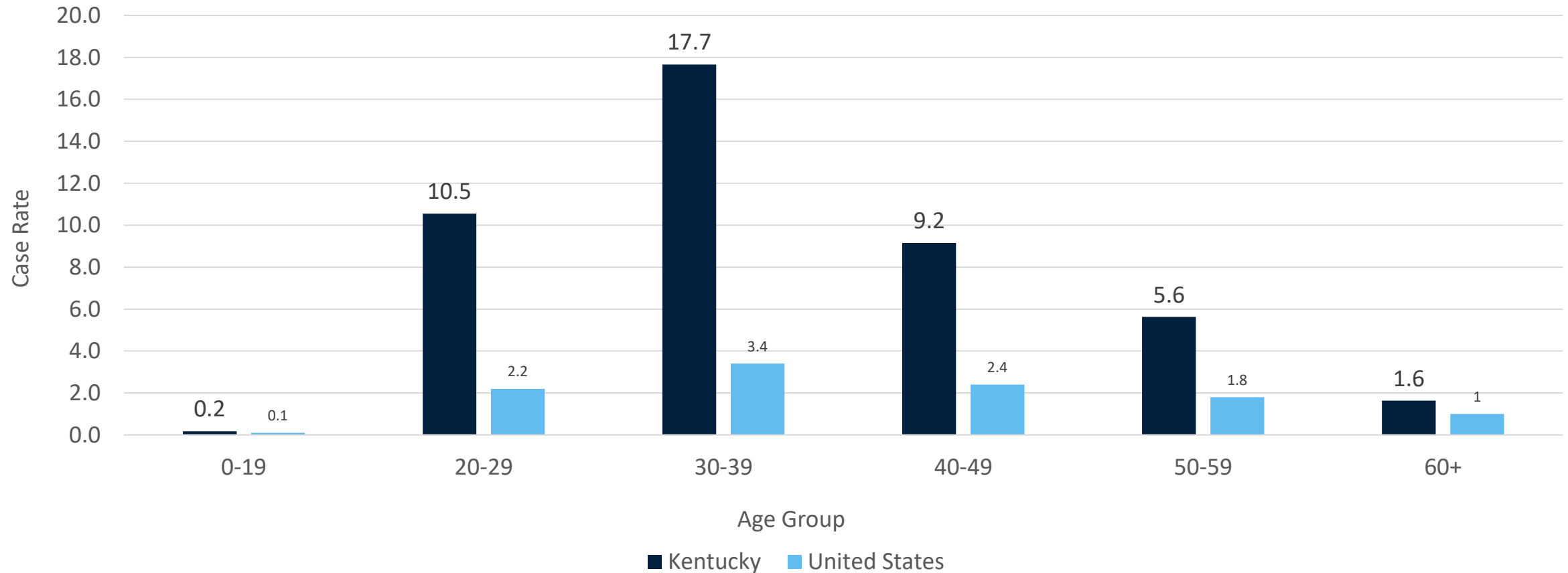
Centers for Disease Control and Prevention. Viral Hepatitis Surveillance Report – United States, 2023. <https://www.cdc.gov/hepatitis-surveillance-2023/about/index.html> Published April 2025. Accessed [April 16, 2025].

Kentucky and The United States, Acute Hepatitis C Case Rates, 2012 – 2023



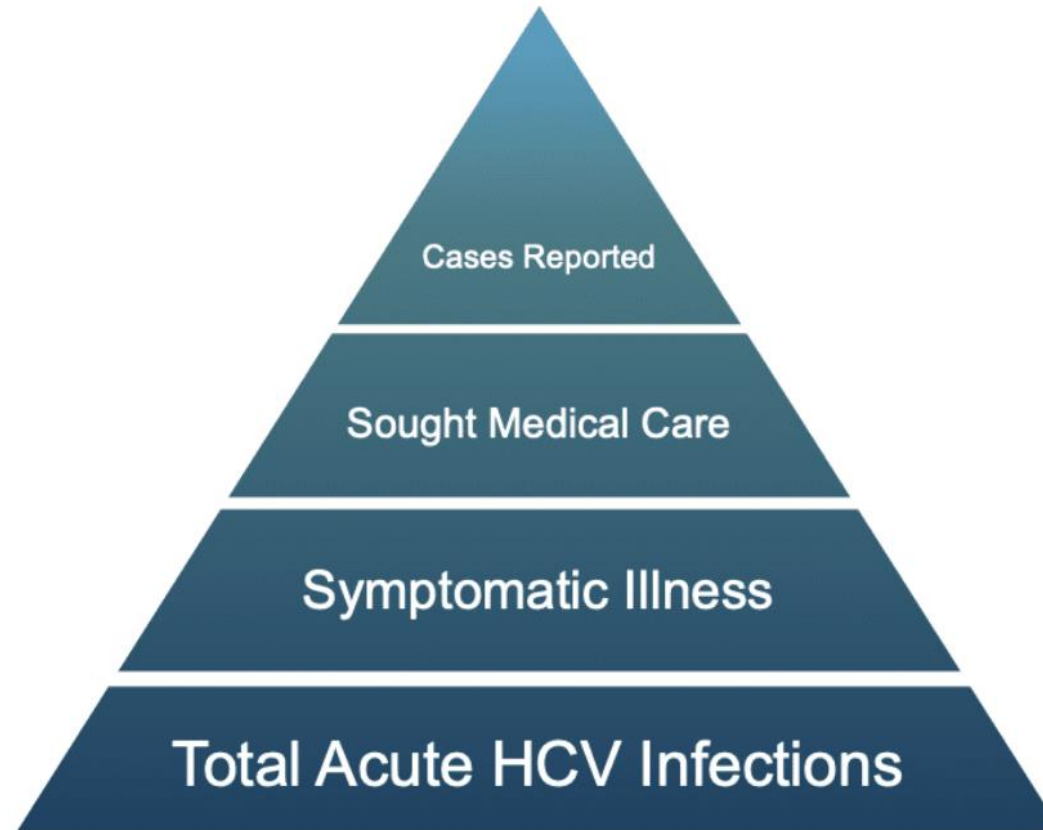
Kentucky Department for Public Health, Viral Hepatitis Program, Centers for Disease Control and Prevention. Viral Hepatitis Surveillance Report – United States, 2023. <https://www.cdc.gov/hepatitis-surveillance-2023/about/index.html> Published April 2025. Accessed [April 16, 2025].

Kentucky and The United States, Age-Specific Acute Hepatitis C Case Rates, 2023



Kentucky Department for Public Health, Viral Hepatitis Program, Centers for Disease Control and Prevention. Viral Hepatitis Surveillance Report – United States, 2023. <https://www.cdc.gov/hepatitis-surveillance-2023/about/index.html> Published April 2025. Accessed [April 16, 2025].

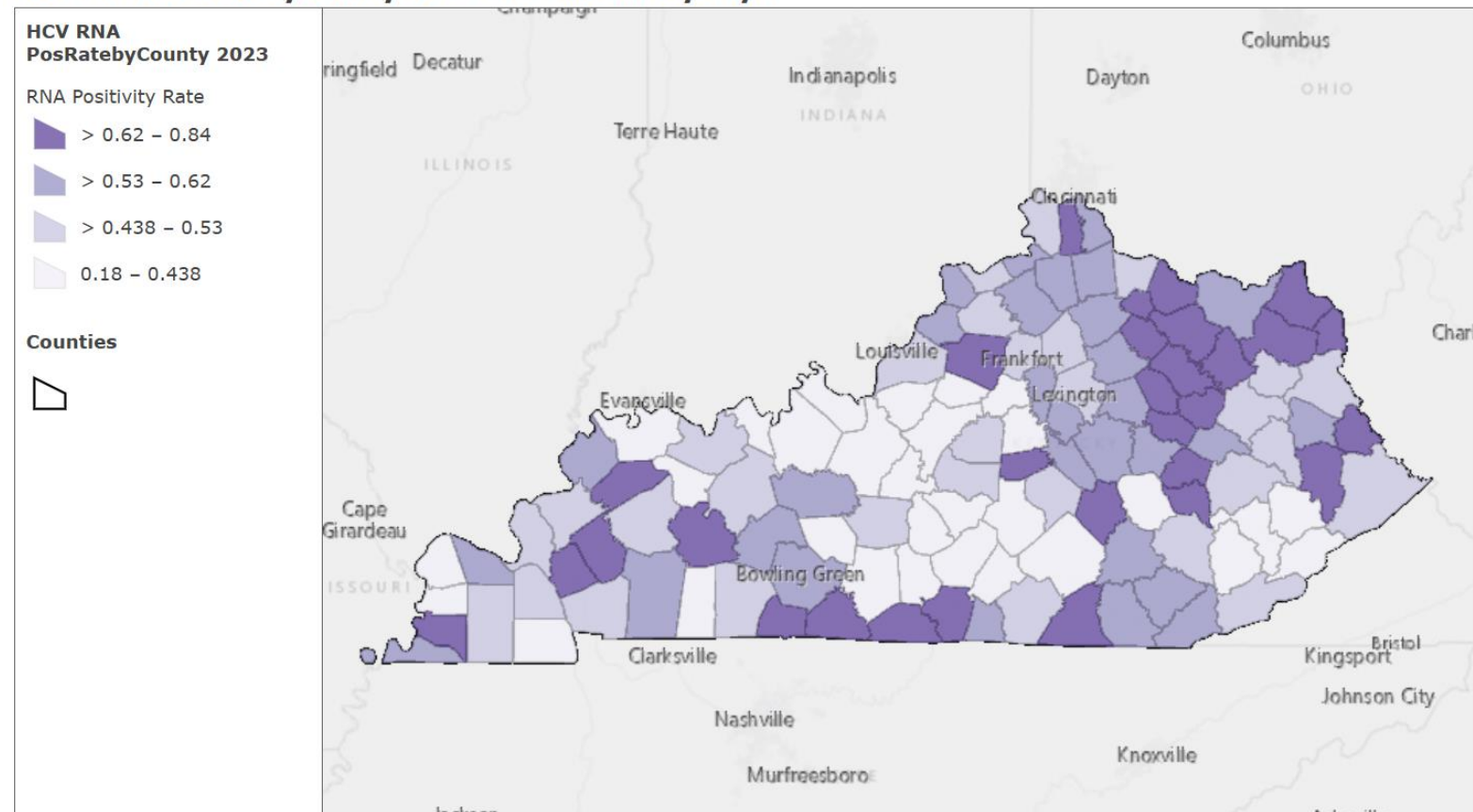
Reported Cases Versus Actual Infections



Source: modified from Klevens RM, Liu S, Roberts H, Jiles RB, Holmberg SD. Estimating acute viral hepatitis infections from nationally reported cases. Am J Public Health. 2014;104:482-7. [Core Concepts - HCV Epidemiology in the United States - Screening and Diagnosis of Hepatitis C Infection - Hepatitis C Online](#)

Kentucky: HCV RNA Positivity Rate by County, 2023

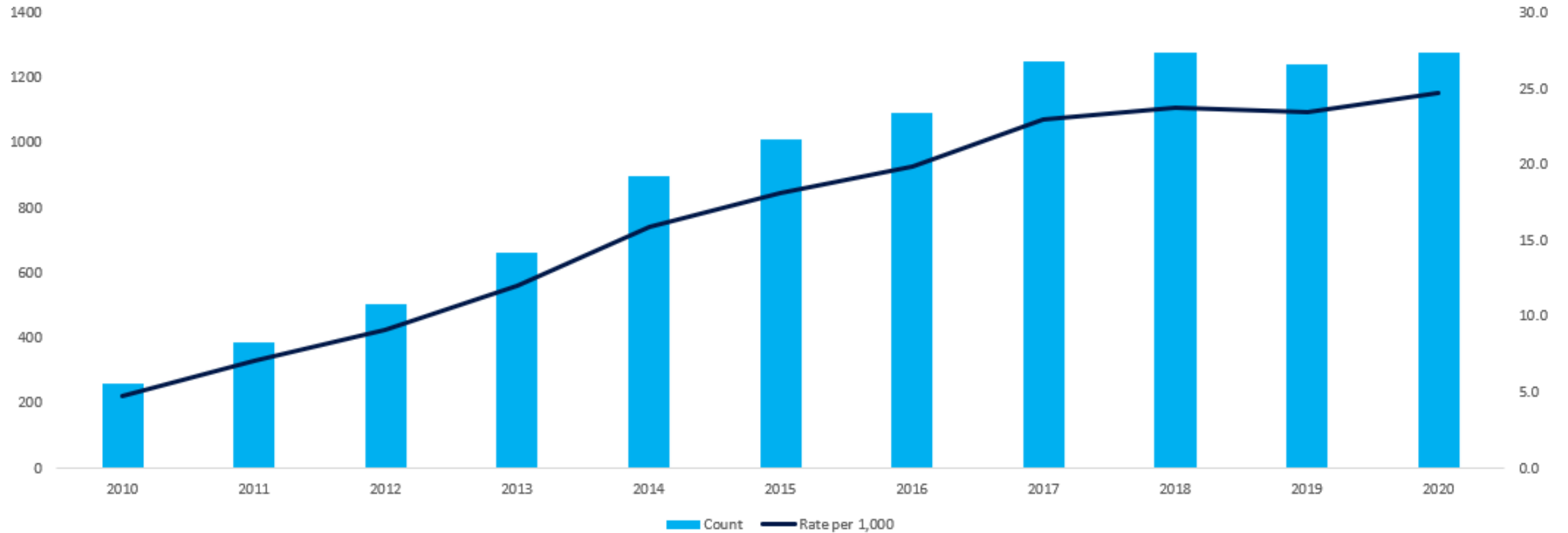
HCV RNA PosRatebyCounty 2023 and Jail Survey Layer



Kentucky Department for Public Health, Viral Hepatitis Program, 2025

Kentucky: Perinatal HCV Exposure

Reported Hepatitis C Status of Mother among Kentucky Resident Births, 2010-2020



KDPH, Office of Vital Statistics

Risk Factors

- Injection drug use is the most commonly reported risk factor for hepatitis C¹¹
- It is estimated that around 40% of people with recent history of injecting drug use are living with hepatitis C

Reported risk behaviors or exposures among reported cases* of acute hepatitis C — United States, 2022

[Print](#)

◀ Table 3.2 Table 3.4 ▶

Risk behaviors/exposures†	Risk identified*	Risk not identified	Risk data missing
Injection drug use	834	761	3,253
Multiple sexual partners	164	467	4,217
Surgery	177	767	3,904
Men who have sex with men§	88	236	2,903
Sexual contact¶	63	339	4,446
Needlestick	65	811	3,972
Household contact (nonsexual)¶	12	390	4,446
Occupational	6	1,045	3,797
Dialysis patient	101	1,080	3,667
Transfusion	5	957	3,886

Image: <https://www.cdc.gov/hepatitis/statistics/2022surveillance/hepatitis-c/table-3.3.htm>
https://www.natap.org/2024/HCV/estimating_hepatitis_c_prevalence_in_the_united.878.pdf

Hepatitis C in Carceral Settings

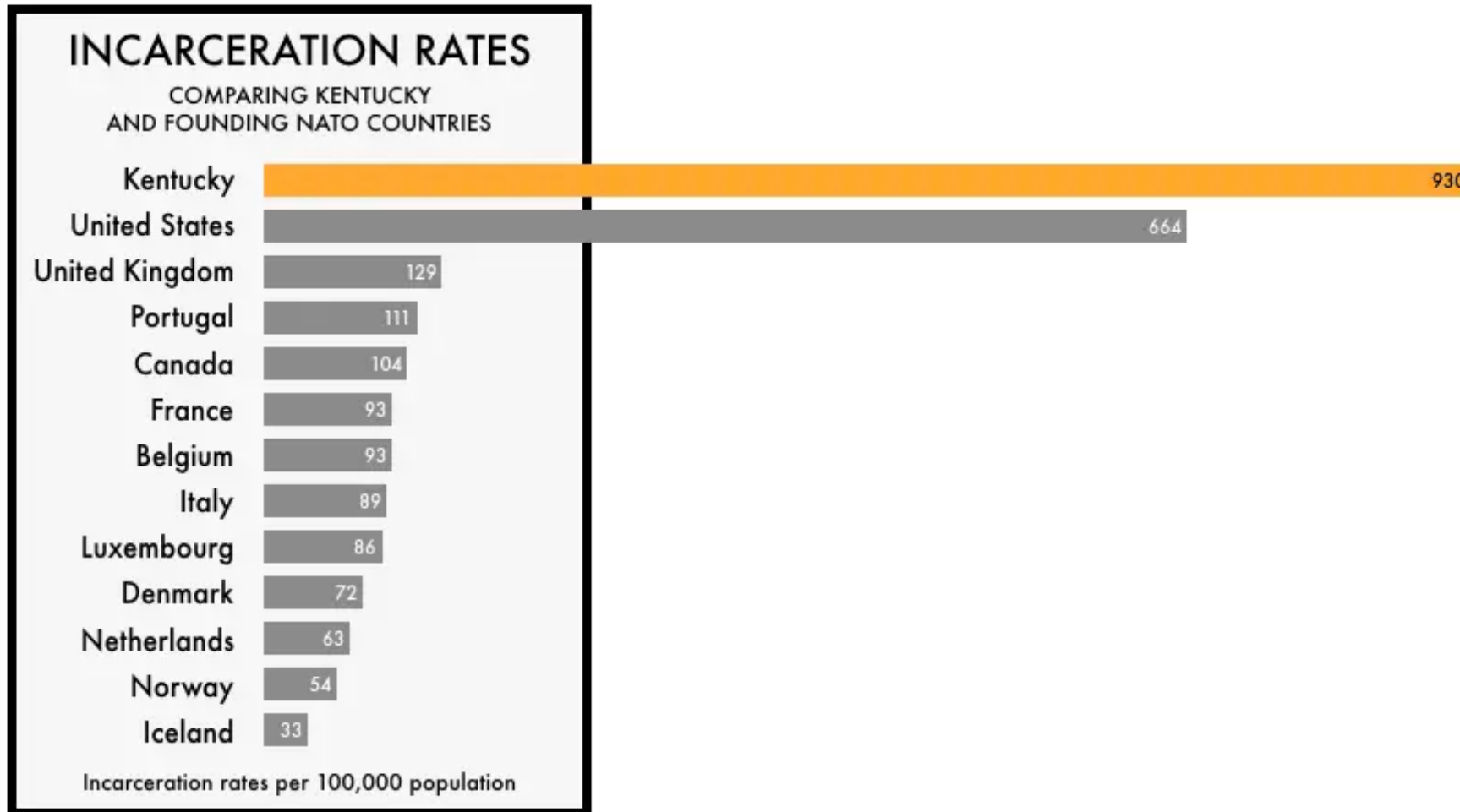
- 🛡️ Proportion of HCV much higher in correctional populations than the general population (10-50% vs 1%).
- 🛡️ Approximately 30% of all individuals living with HCV in US pass through correctional system in a given year.
- 🛡️ At least 95% of all state prisoners will be released from prison at some point.

They will return to their communities:

Correctional Health is Community Health

References found on Slide 55

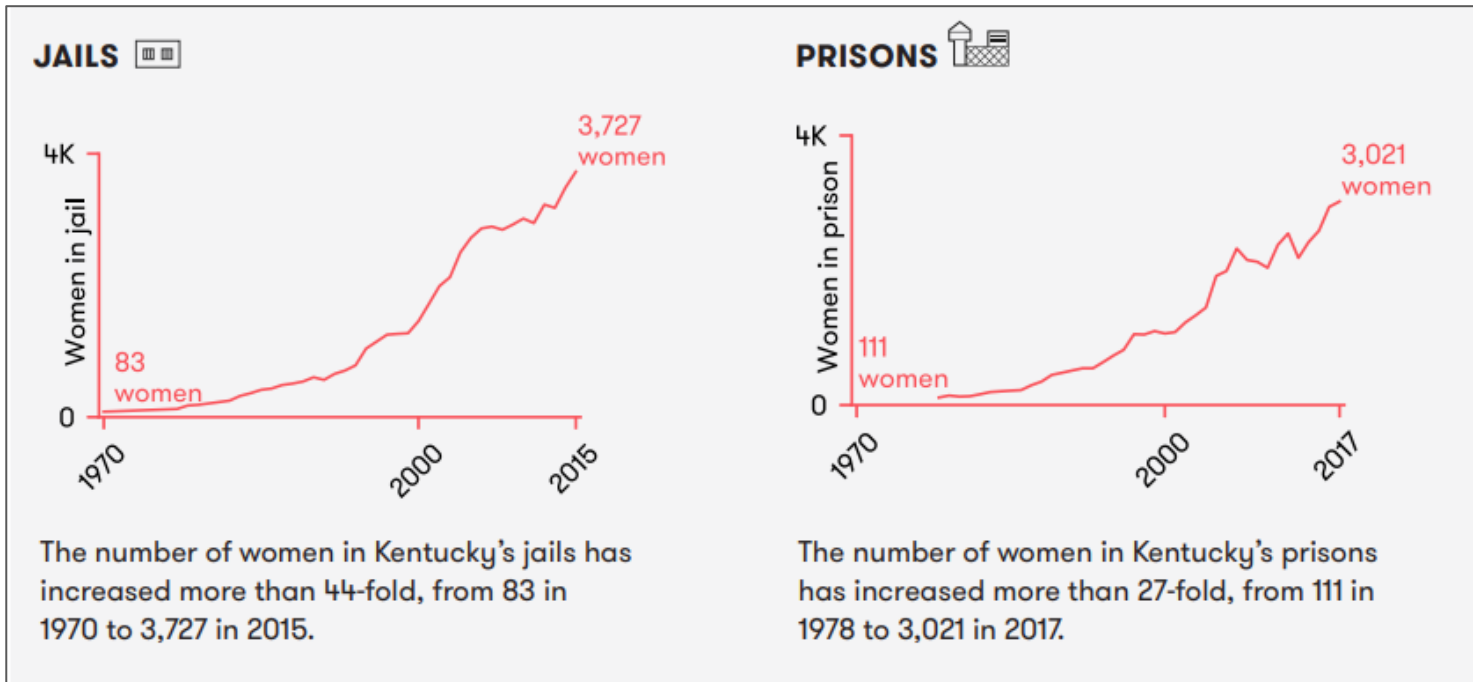
Kentucky's Incarceration Rates



Source: <https://www.prisonpolicy.org/global/2021.html>

[States of Incarceration: The Global Context 2021](#) | Prison Policy Initiative

Further Risks



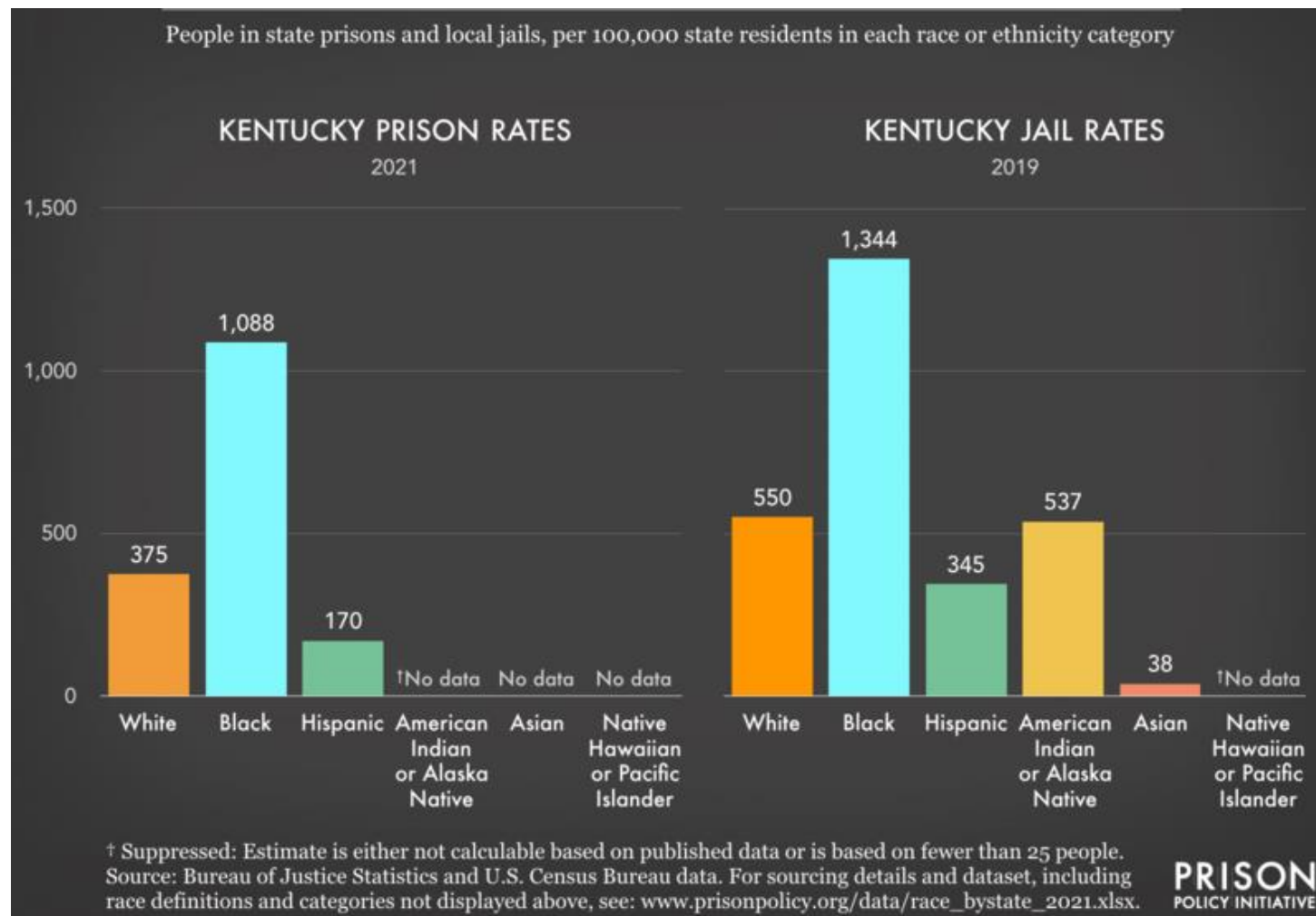
<https://www.vera.org/downloads/pdfdownloads/state-incarceration-trends-kentucky.pdf>

More people who are incarcerated + Higher HCV rates:
In addition to endangering health of women,
perinatal exposure is increased

Disproportionate Burden

Black people make up
8.6%
of Kentucky's
population, but
21%
of the prison population

<https://kypolicy.org/kentucky-incarceration/>



Disproportionate Burden

- 🛡️ Black people are twice as likely to be infected with hepatitis C when compared to the general U.S. population.
- 🛡️ **Black people are twice as likely to die from hepatitis C than White people.**

[Hepatitis and African Americans | Office of Minority Health \(hhs.gov\)](#)
[Addressing Hepatitis C Disparities in the African American Community | HIV.gov](#)
[Facts-on-HCV-among-African-Americans-4-22-15.pdf \(hiv.gov\)](#)

POP QUIZ #1

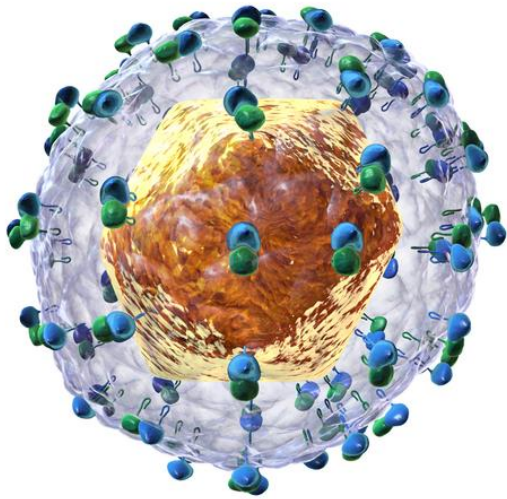
TRUE or FALSE

People can give themselves hepatitis C.

FALSE

Hepatitis C can only be spread when someone comes into contact with blood from a person who is infected with hepatitis C.⁴

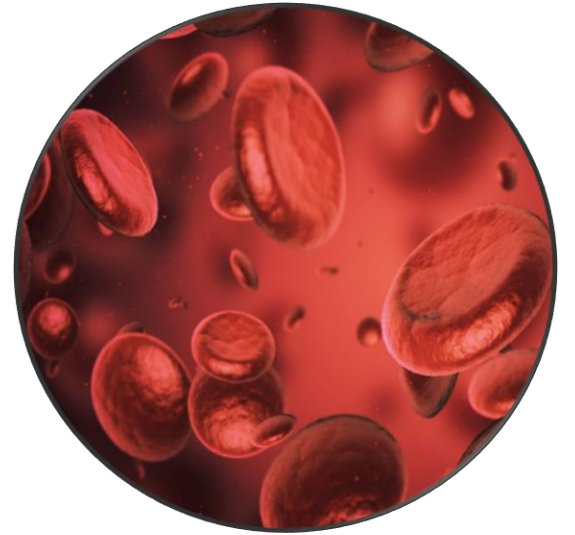
Hepatitis C Transmission



Hepatitis C Virus (HCV)

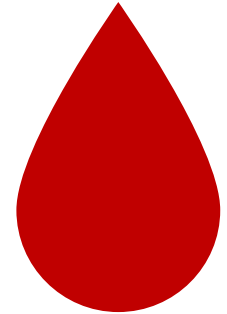
[This Photo](#) by Unknown Author is licensed under [CC BY](#)

- Hepatitis C is spread when someone comes into contact with blood from a person with hepatitis C infection.⁴
- The hepatitis C virus can live outside of the body for up to **six weeks**.²²
- Transmission can be microscopic amounts of blood (you may not be able to see it).



Hepatitis C Transmission

- Using non-sterile equipment to prepare and/or inject, inhale, or smoke illicit substances
- Tattooing/piercing using non-sterile equipment or procedures
- Sexual contact, especially when blood is present
- Medical procedures with non-sterile equipment
- Needle-stick injuries
- Exposure of infants during pregnancy or birth
- Sharing toothbrushes, razors, nail clippers



Transmission, Cont.

- **Hepatitis C can NOT be transmitted by sharing clothing, eating utensils or food/drinks, coughing, hugging, holding hands, kissing, breastfeeding.⁵**

Perinatal Hepatitis C

- **Perinatal:** The period before, during, or shortly after birth
- Chronic HCV infection will develop in ~6% of all infants exposed during pregnancy or delivery
- Most common route of hepatitis C transmission in children
- Hepatitis C treatment can begin at 3 years old



publications.aap.org/aapnews/news/27131/CDC-calls-for-early-testing-for-hepatitis-C-virus?autologincheck=redirected

Lack of Perinatal Hepatitis C Care

- **Often, infants/children that are exposed during pregnancy/birth are not tested or referred for hep C care.**
 - Lack of awareness of perinatal exposure by pediatric providers
 - Lack of regular pediatric care
 - Changes in providers
 - Changes in living situations (i.e. foster care, kinship)



publications.aap.org/aapnews/news/27131/CDC-calls-for-early-testing-for-hepatitis-C-virus?autologincheck=redirected

POP QUIZ #2

TRUE or FALSE

Everyone with chronic hepatitis C has stomach pain and jaundice.

FALSE

**Many people with chronic hepatitis C have
NO symptoms for a long time⁸.**

**The only way for someone to know if they
have hepatitis C is to**

GET TESTED.

Centers for Disease Control and Prevention (n.d.). Testing for Hepatitis C. <https://www.cdc.gov/hepatitis-c/testing/index.html>

CDC: Who Should Be Tested for Hepatitis C?



Every adult
should be
tested at least
once.



Testing should
occur during
every
pregnancy.



People with risk
factors should
be tested
regularly.

cdc.gov/hepatitis-c/testing/index.html

Testing for Adults

- Step 1:
 - Get tested for hepatitis C antibodies, usually a fingerstick blood test or a blood draw.
- Step 2:
 - ➕ If hepatitis C antibodies are **positive**, get further blood testing to see if the hepatitis C virus is active in your body and to check your liver and blood health. A healthcare provider that treats hepatitis C may prescribe treatment.
 - ➖ If hepatitis C antibodies or confirmatory tests are **negative**, continue to decrease risks for transmission and consider routine testing if you have risk factors.



GetTested.cdc.gov



Kentucky Syringe
Service Programs



cdc.gov/hepatitis-c/testing/index.html

gettested.cdc.gov

chfs.ky.gov/agencies/dph/dehp/hab/Pages/kyseps.aspx

Testing for Infants Exposed During Pregnancy

- All babies exposed during pregnancy should get a hepatitis C RNA test when they are **2-6 months old**
 - Babies may be more likely to get pediatric care in the first 6 months of life
- If the infant tests positive, they should be linked to care with a provider with pediatric hepatitis C expertise
- They may receive hepatitis C treatment at 3 years old



cdc.gov/nchhstp/director-letters/perinatal-hepatitis-c-testing-recommendations.html

POP QUIZ #3

Which statement is true:

- A. Hepatitis C treatment requires sobriety
- B. Hepatitis C treatment can only be taken once
- C. Hepatitis C treatment is not covered by health insurance
- D. All of the above
- E. None of the above

E. None of the above

- A. Initial Hepatitis C treatment should NOT require sobriety in Kentucky.
- B. Treatment CAN be taken more than once if needed.
- C. Hepatitis C treatment is covered by many health insurance plans and there are *Prescription Assistance Programs* for people who are uninsured or underinsured.

Today's Hepatitis C Treatments

- Have cure rates of more than 95%
- Are easy to take and have few side effects
- Are covered by most health insurance
- Should not require sobriety
- Are pills taken daily
- Are completed in 8-12 weeks



Centers for Disease Control and Prevention (2022). Too Few People Treated for Hepatitis C: Reducing Barriers Can Increase Treatment and Save Lives. <https://www.cdc.gov/vitalsigns/hepc-treatment/index.html>

Hepatitis C Treatment

- Hepatitis C can be CURED with treatment.
- Without treatment, most people with HCV develop lifelong infection.
- Early treatment can prevent serious complications like liver scarring, liver cancer, and death.



CDC
HCV Treatment Locator
↪



Image: cdc.gov/hepatitis-c/treatment

HCV Treatment in the US

Timely Hepatitis C Treatment* by Insurance Type

Medicaid

23%

77% not treated

Medicare

28%

72% not treated

Private

35%

65% not treated

0%

50%

100%

*Hepatitis C treatment started within 12 months of diagnosis during January 30, 2019 to October 31, 2020

Vitalsigns™
CDC

Source: August 2022 Vital Signs



CS331675

- Less than 1 in 3 people with health insurance receiving treatment within a year of diagnosis.

- Treatment is lowest among patients in [Medicaid](#) plans.

- Less than 1 in 4 Medicaid recipients (23%) being treated within a year of diagnosis.

- Medicaid recipients in states that restrict access to hepatitis C treatment are 23% less likely to receive treatment than Medicaid recipients in states without restrictions.

<https://www.cdc.gov/media/releases/2022/s0809-hepatitis-treatment.html>

Kentucky Prescription Assistance Program (KPAP)

- KPAP helps qualifying individuals identify sources of free and low-cost medications offered by pharmaceutical companies, *potentially including treatment for hepatitis C*
- Eligibility for the program is based on income guidelines set by participating pharmaceutical companies
- **KPAP Hotline: 1-800-633-8100**
Monday-Friday 8am to 4pm EST
- **Email to become an advocate:**
Jennifer.ToribioNaas@ky.gov

KPAP Website:



[Kentucky Prescription Assistance Program - Cabinet for Health and Family Services](#)

POP QUIZ #4

TRUE or FALSE

There is no vaccine for hepatitis C.

TRUE

There is **NO** vaccine for **hepatitis C**.
(but there **are** vaccinations for hepatitis **A** and **B**)

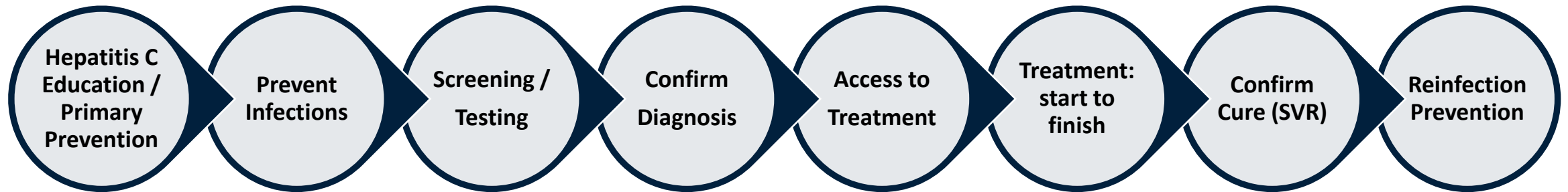
Prevention & Harm Reduction

- Avoid sharing syringes, pipes, straws, or any equipment/surfaces used to prepare drugs.
- Utilize syringe service programs.
- Use condoms or other barrier methods and lubricant during sex.
- Utilize professional shops for tattoos/piercings. Use sterile equipment.
- Avoid sharing toothbrushes, razors, nail clippers, and other hygiene supplies, especially in congregant settings (jails, etc.).
- **GET TESTED**, potentially regularly depending on risk factors.
- **GET CURED** if diagnosed with hepatitis C – talk to a healthcare provider.
 - **DON'T WAIT**, early treatment can prevent further liver damage.
- Communicate with friends, sexual partners, family members.
- **Reinfection Prevention: if someone achieves cure, they can still become reinfected**



Centers for Disease Control and Prevention (n.d.). Hepatitis C Prevention and Control. <https://www.cdc.gov/hepatitis-c/prevention/>. Image: [Harm Reduction Program - Cabinet for Health and Family Services](#)

Hepatitis C Continuum of Care

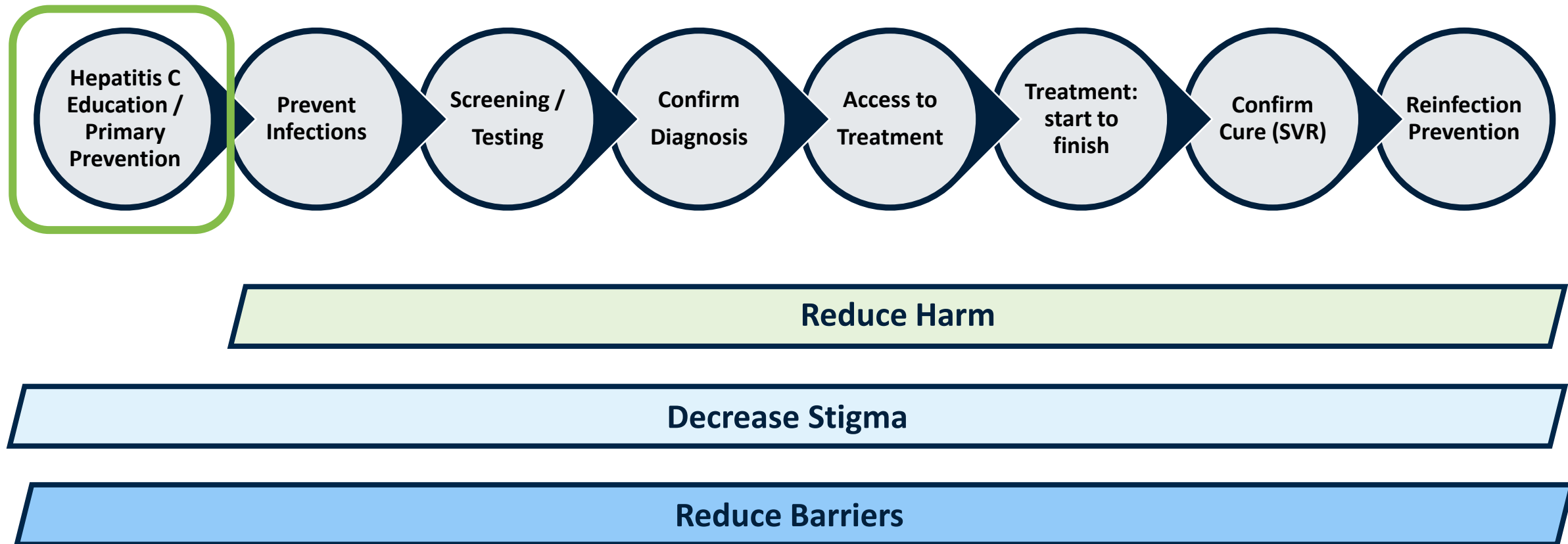


Reduce Harm

Decrease Stigma

Reduce Barriers

Hepatitis C Continuum of Care – Primary Prevention



Harm Reduction HCV Educational Materials



HEPATITIS C DID YOU KNOW?

CDC | <https://www.cdc.gov/hepatitis-c/prevention>

Any equipment used to prepare drugs can spread hepatitis C when shared.

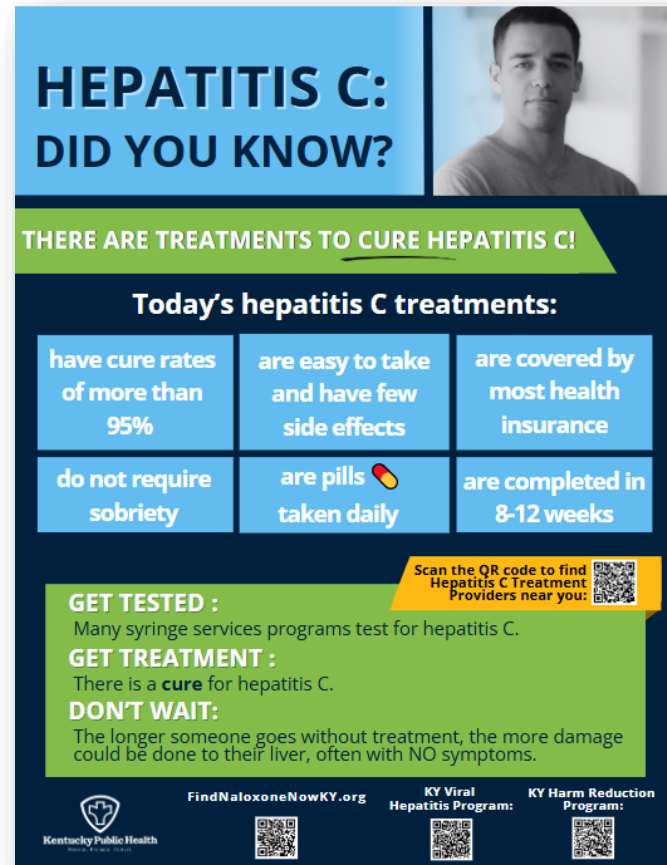
- Sharing supplies used to prepare, inject, inhale, or smoke drugs can spread hepatitis C. This includes surfaces, straws, pipes, spoons, ties, cookers, filters or other supplies.
- Sharing or reusing syringes increases the chance of spreading the hepatitis C virus.

GET TESTED :
Many syringe services programs test for hepatitis C.

GET TREATMENT :
There is a **cure** for hepatitis C.

DON'T WAIT:
The longer someone goes without treatment, the more damage could be done to their liver, often with NO symptoms.

FindNaloxoneNowKY.org
KY Viral Hepatitis Program:
KY Harm Reduction Program:



HEPATITIS C: DID YOU KNOW?

THERE ARE TREATMENTS TO CURE HEPATITIS C!

Today's hepatitis C treatments:

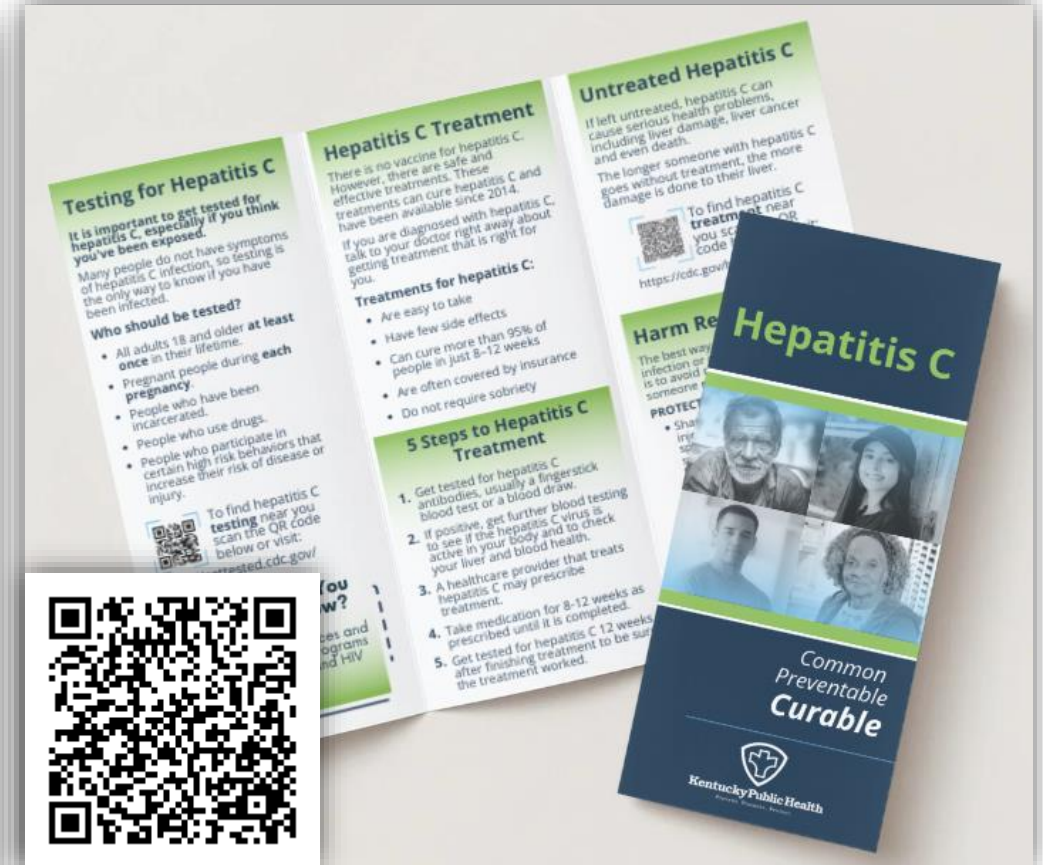
have cure rates of more than 95%	are easy to take and have few side effects	are covered by most health insurance
do not require sobriety	are pills taken daily	are completed in 8-12 weeks

GET TESTED :
Many syringe services programs test for hepatitis C.

GET TREATMENT :
There is a **cure** for hepatitis C.

DON'T WAIT:
The longer someone goes without treatment, the more damage could be done to their liver, often with NO symptoms.

FindNaloxoneNowKY.org
KY Viral Hepatitis Program:
KY Harm Reduction Program:



Testing for Hepatitis C
It is important to get tested for hepatitis C, especially if you think you've been exposed. Many people do not have symptoms of hepatitis C infection, so testing is the only way to know if you have been infected.

Who should be tested?

- All adults 18 and older at least once in their lifetime
- Pregnant people during each pregnancy
- People who have been incarcerated
- People who use drugs
- People who participate in certain high risk behaviors that increase their risk of disease or injury

To find hepatitis C testing near you scan the QR code below or visit: <https://www.hcvtest.cdc.gov/>

Hepatitis C Treatment
There is no vaccine for hepatitis C. However, there are safe and effective treatments. These treatments can cure hepatitis C and have been available since 2014. If you are diagnosed with hepatitis C, talk to your doctor right away about getting treatment that is right for you.

Treatments for hepatitis C:

- Are easy to take
- Have few side effects
- Can cure more than 95% of people in just 8-12 weeks
- Are often covered by insurance
- Do not require sobriety

5 Steps to Hepatitis C Treatment

1. Get tested for hepatitis C antibodies, usually a fingerstick blood test or a blood draw.
2. If positive, get further blood testing to see if the hepatitis C virus is active in your body and to check your liver and blood health.
3. A healthcare provider that treats hepatitis C may prescribe treatment.
4. Take medication for 8-12 weeks as prescribed until it is completed.
5. Get tested for hepatitis C 12 weeks after finishing treatment to be sure the treatment worked.

Untreated Hepatitis C
If left untreated, hepatitis C can cause serious health problems, including liver damage, liver cancer and even death. The longer someone with hepatitis C goes without treatment, the more damage is done to their liver.

To find hepatitis C treatment near you scan the QR code below or visit: <https://www.hcvtest.cdc.gov/>

Harm Reduction
The best way to prevent infection is to avoid someone else's needles or syringes.

PROTECT YOURSELF

- Share needles and syringes

Hepatitis C

Common Preventable Curable

Kentucky Public Health

QR Code: A large QR code is provided for testing information.

PDFs of Educational Materials: <https://redcap.chfs.ky.gov/surveys/?s=8MCCEFAKTN4WA9FA>

Corrections Education

- 🛡️ Creating Tailored Educational Materials
 - People who are Justice-Involved: Prisons, Jails, Reentry, Drug Courts, Probation & Parole
 - Support for Peers, Medical Workers, LHDs, Clinics, Reentry
- 🛡️ Goal is Peer Education in Prisons
 - NMPEP, INPEP, TN, others
 - Partners involved
 - » State Health Departments
 - » Departments of Corrections
 - » University Partner
 - » Community Based Organizations



Image: https://www.in.gov/health/idepd/files/TB_WTBD_03_2023_INPEP.pdf

If Someone is Interested in Treatment for Substance Use Disorder, Direct Them to FindHelpNow.org/KY

FindHelpNow.org/KY

The screenshot shows the homepage of FindHelpNow.org/KY. At the top, there is a navigation bar with the logo 'findhelpnow.org' on the left and links for 'Home', 'Learning Materials', 'FAQs', 'About', and 'Contact' on the right. Below the navigation bar, a dark blue banner contains the text: 'If you're experiencing a crisis, call 988 to reach someone at the Suicide & Crisis Lifeline immediately.' The main content area is divided into two columns. The left column features a section titled 'Start Here To Find Treatment and Recovery Openings' with a paragraph explaining the website's purpose and contact information for crisis, treatment, and after-hours assistance. The right column contains four white boxes with blue borders, each featuring an icon and a 'Start Your Search' button: 'Mental Health Treatment' (head icon), 'Substance Use Disorder Treatment' (green location pin icon), 'Recovery Housing' (person icon), and 'Naloxone' (pill icon). At the bottom left, there are logos for 'KIPRC' (Kentucky Injury Prevention and Research Center) and 'TEAM KENTUCKY' (Cabinet for Health and Family Services).

findhelpnow.org

Home Learning Materials FAQs About Contact

If you're experiencing a crisis, call 988 to reach someone at the Suicide & Crisis Lifeline immediately.

Start Here To Find Treatment and Recovery Openings

Use this website to find facilities and providers who are actively taking new clients. We work with hundreds of mental health treatment, substance use disorder treatment, naloxone, and recovery housing organizations in Kentucky to bring you up-to-date and accurate information and available openings.

Experiencing a Crisis? Call or text 988 or [Live Chat](#).

Need help finding substance use disorder treatment? Have questions about treatment or recovery? Contact our partners at the KY HELP Statewide Call Center to speak with a screening and referral specialist Monday through Friday from 7:00 am to 10:00 pm and Saturday and Sunday from 8:30 am to 5:30 pm EST/EDT at 1-877-318-1871.

After hours and need assistance? Call the Kentucky Opioid Assistance and Resource Hotline (KY-OAR) at 1-800-854-6813.

Interested in knowing your HIV status or ways to prevent HIV? Call 844-294-2448 for more information and resources near you!

Mental Health Treatment

Start Your Search

Substance Use Disorder Treatment

Start Your Search

Recovery Housing

Start Your Search

Naloxone

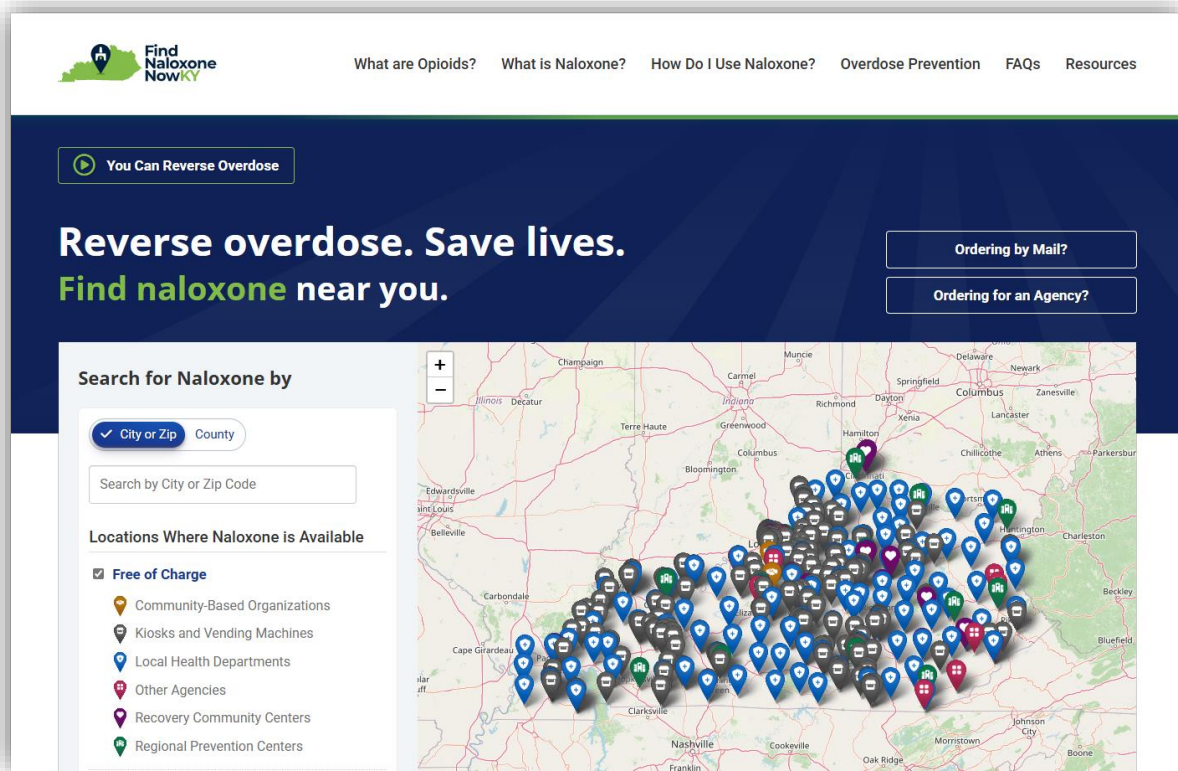
Start Your Search

KIPRC
KENTUCKY INJURY PREVENTION
AND RESEARCH CENTER

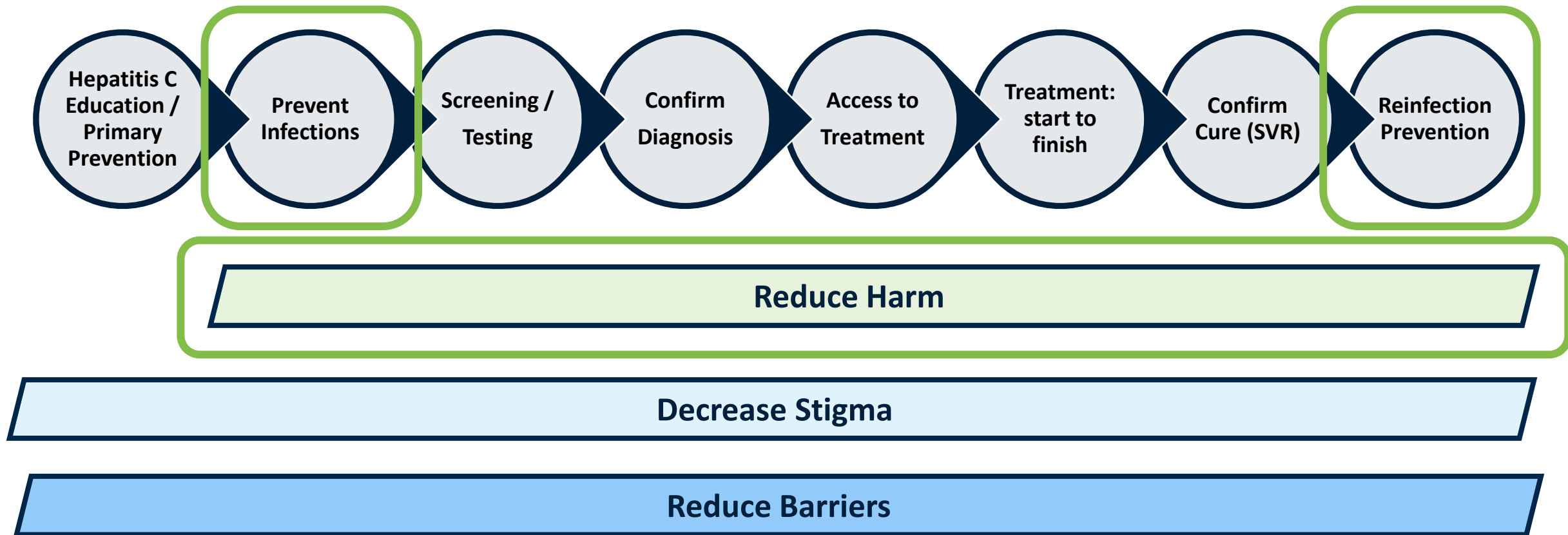
TEAM KENTUCKY
CABINET FOR HEALTH
AND FAMILY SERVICES

How to Find Free Naloxone and Training

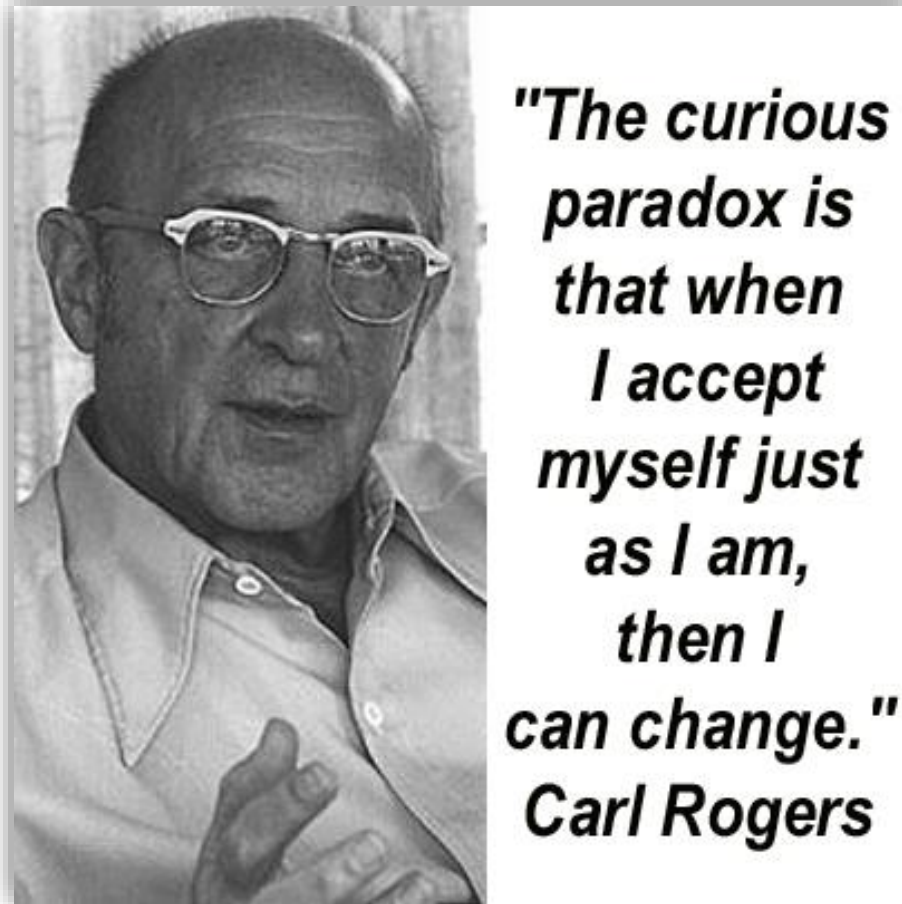
FindNaloxoneNowKY.org



Hepatitis C Continuum of Care – Preventing Infections/Reinfection



Carl Rogers Quote



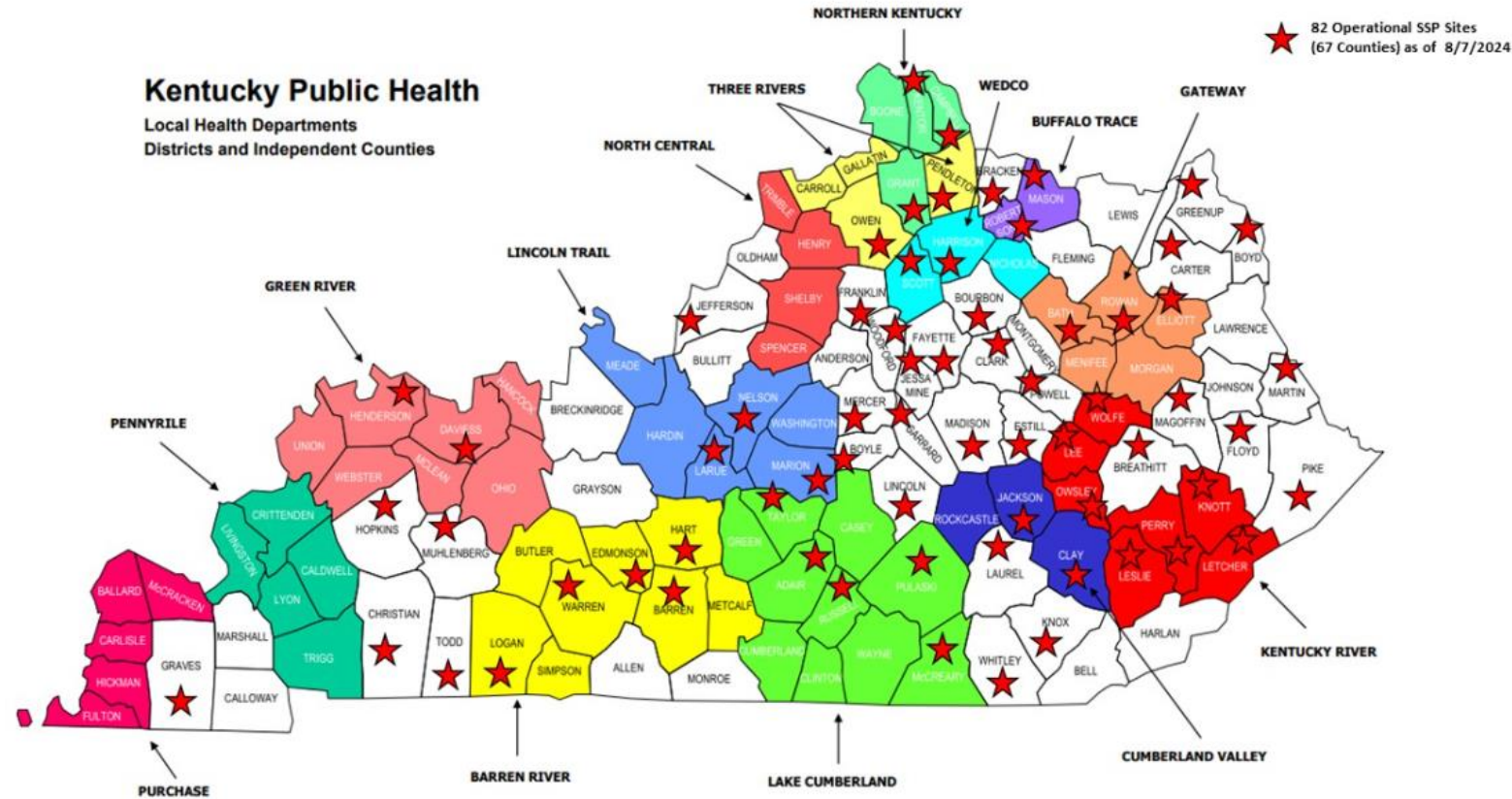
Rogers, C., Lyon, H., & Tausch, R. (2013). On Becoming an Effective Teacher: Person-centered teaching, psychology, philosophy, and dialogues with Carl R. Rogers and Harold Lyon (1st ed.). Routledge. <https://doi.org/10.4324/9780203725672>

Harm Reduction and Decreasing Stigma

- When we meet people where they are, with respect, and we offer what we have, folks are often encouraged and choose to take another step towards health
- When people take that step, meet them with respect, without judgment, shame, or pressure
- We support and acknowledge “Any Positive Change”
- People who use Harm Reduction Programs are taking a step toward being healthier



Syringe Services Programs (SSPs) in Kentucky



Kentucky Cabinet for Health and Family Services (n.d.) Syringe Services Programs. <https://www.chfs.ky.gov/agencies/dph/dehp/hab/Pages/kyseps.aspx>

SSP Services Are Wide-Ranging and Comprehensive

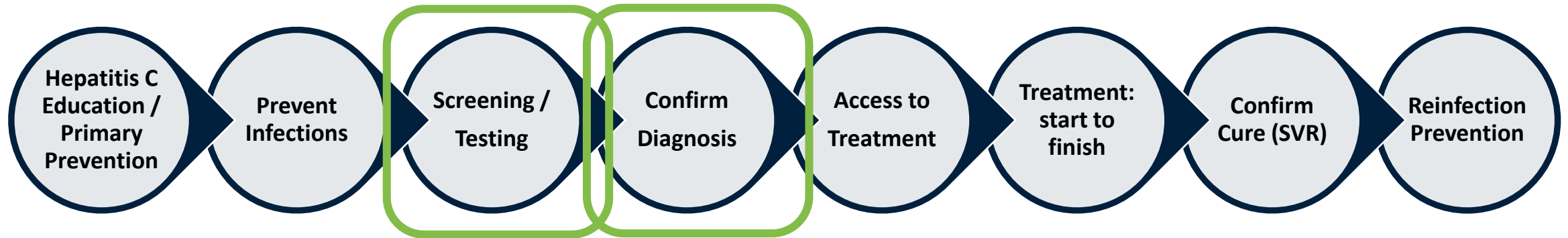
- Free sterile syringes
- Safe disposal of syringes
- Referral to mental health services
- Referral to Substance Use Disorder treatment, including Medication for Opioid Use Disorder (MOUD)
- ***HIV and hepatitis C testing, counseling, in-house treatment or linkage/referrals to treatment***
- Other sexually transmitted infections, HIV and viral hepatitis prevention resources e.g., internal and external condoms, lube, dental dams, etc.
- Overdose Education and Naloxone Distribution (OEND)
- Immunizations: Hepatitis A and B, Mpox, influenza, and COVID-19
- Linkage to community resources (transportation, employment, housing, & food)

Harm Reduction Education in Community Settings

Community Organizations working with our Priority Populations

- MOUD Clinics
- Corrections settings
- Doctor's offices
- Youth settings
- Emergency shelters/Drop-in Centers

Hepatitis C Continuum of Care – Increasing Access to Screening/Testing/Diagnosis



Reduce Harm

Decrease Stigma

Reduce Barriers

Testing Policies



Universal testing policies in health systems

- Test while at the facility for any reason
- **Automatic reflex to RNA** testing cuts number of visits and blood draws



HCV Point of care (POC) RNA diagnostic testing reduces time to diagnosis

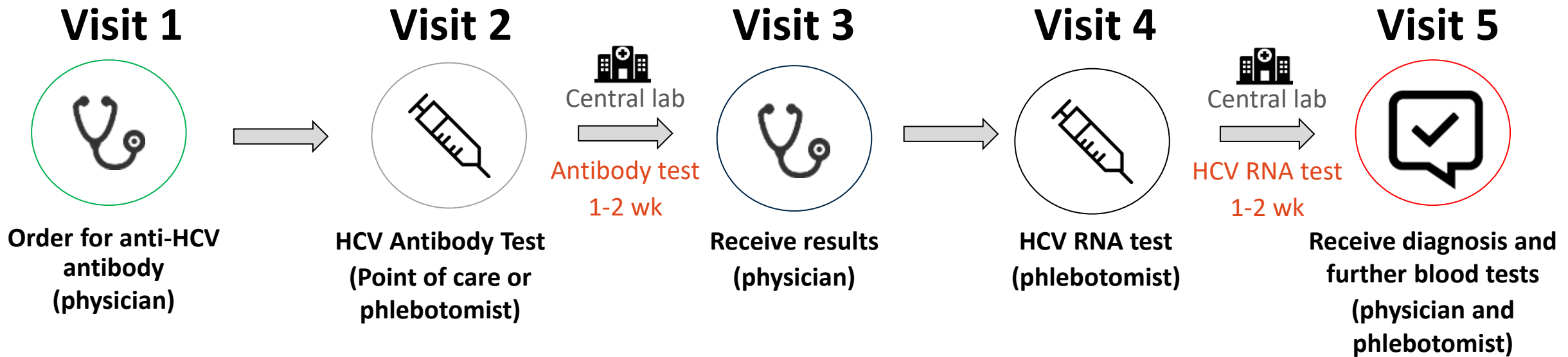


One step further: **expedited treatment initiation**

- Some facilities in Kentucky have started
- April 2025 American Association for the Study of Liver Disease (AASLD) Guidelines for treatment naïve patients – “Screen and Treat”

[Image: Point-of-care HCV RNA testing with peer-led and nurse-based support to enhance HCV treatment among people with recent injecting drug use at a community-led needle and syringe program: the TEMPO pilot study](#)

The Long Journey to an HCV Diagnosis . . .



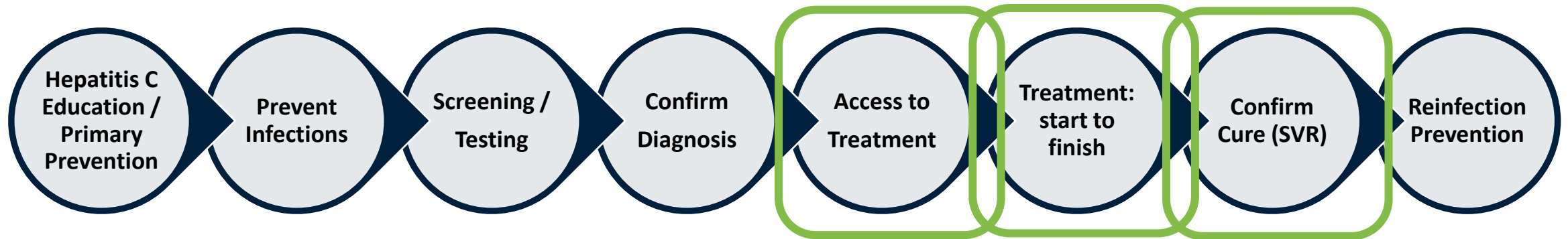
- Major barrier to HCV elimination: **loss to follow-up**
- Healthcare system testing policies make a huge difference...



Grebely. Expert Rev Mol Diagn. 2017;17:1109. van Dijk. J Viral Hepat. 2020;27:1270. Slide credit: clinicaloptions.com

Hepatitis C Continuum of Care – Improving Access to Treatment

Improving Access to Treatment, Start to Finish to Confirmed Cure



Reduce Harm

Decrease Stigma

Reduce Barriers

Need for More Hepatitis C Treatment Providers

- Primary Care Providers
- Nurse Practitioners
- Emergency Departments
- MOUD Providers
- Local Health Departments
- Telehealth
- Pharmacist-led Programs
- Corrections-based

Low barrier hepatitis C treatment models

Pharmacist - Led HCV Treatment Initiatives

SCIENCE AND PRACTICE | RESEARCH · Volume 62, Issue 5, P1596-1605, September-October, 2022

 Download Full Issue

Pharmacist-led drug therapy management for hepatitis C at a federally qualified health care center



Jessica M. Downes   · Anthony Donovan · Carrie McAdam-Marx



Conclusion

Pharmacist-led DAA management is an effective intervention to improve the treatment of patients with HCV in the FQHC setting.

Impact of a Pharmacist-Led HCV Treatment Program at a Federally Qualified Health Center

by Jerika T. Lam *  and Sharon Xavioer 

Department of Pharmacy Practice, Chapman University School of Pharmacy, 9401 Jeronimo Rd. Ste 207, Ste 296, Irvine, CA 92618, USA

* Author to whom correspondence should be addressed.

Pharmacy 2024, 12(4), 115; <https://doi.org/10.3390/pharmacy12040115>

Submission received: 12 June 2024 / Revised: 18 July 2024 / Accepted: 22 July 2024 /
Published: 24 July 2024

Despite these limitations, our program's HCV treatment success rate (mITT SVR result of 76%) is respectable and could be compared to the SVR results of the above-mentioned HCV studies in an FQHC setting [9,10,11]. Of note, our study stood out from the comparative studies because we had more patients with HCV/HIV co-infection and potential for drug–drug interaction issues, while more were of Hispanic ethnicity and were within an age group younger than the “baby boomer” group (born between 1945 and 1965). In conclusion, this study has allowed us to explore the feasibility of a pharmacist-led HCV treatment program in a more diverse population than what has previously been reported in the literature. Additional studies are warranted to further investigate long-term outcomes, impacts on patient access to care, and the use of technology by pharmacists to provide clinical services post-COVID.

[https://www.japha.org/article/S1544-3191\(22\)00132-7/abstract](https://www.japha.org/article/S1544-3191(22)00132-7/abstract)

<https://www.mdpi.com/2226-4787/12/4/115>

Priority High-Impact Settings to Advance HCV Care

- Co-location of services
- Low barrier models



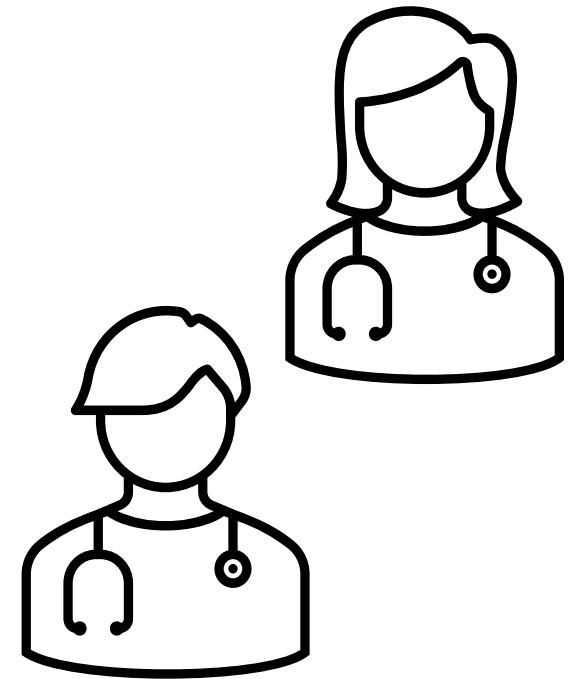
[Unlocking HCV Care in Key Settings - National Viral Hepatitis Roundtable](#)

340B Partnerships

- Some clinics may develop partnerships with 340B pharmacies to help make low barrier models of care viable/sustainable
 - More providers/pharmacists
 - Linkage navigators
 - Other supportive services for patients and the community

Hepatitis C Mentorship Program for Providers

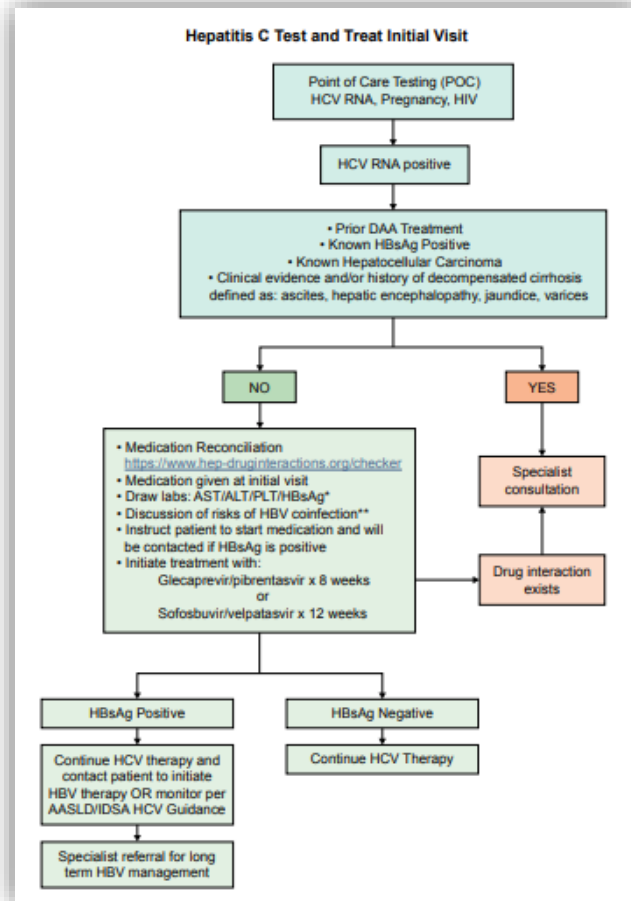
- **Kentucky Hepatitis Academic Mentorship Program (KHAMP)**
 - Kentucky Rural Health Association
 - For primary care providers throughout Kentucky who are interested in providing hepatitis C services in their local communities
 - Training program that is easily accessible, regardless of location
 - Provides one-on-one, ongoing mentorship and support



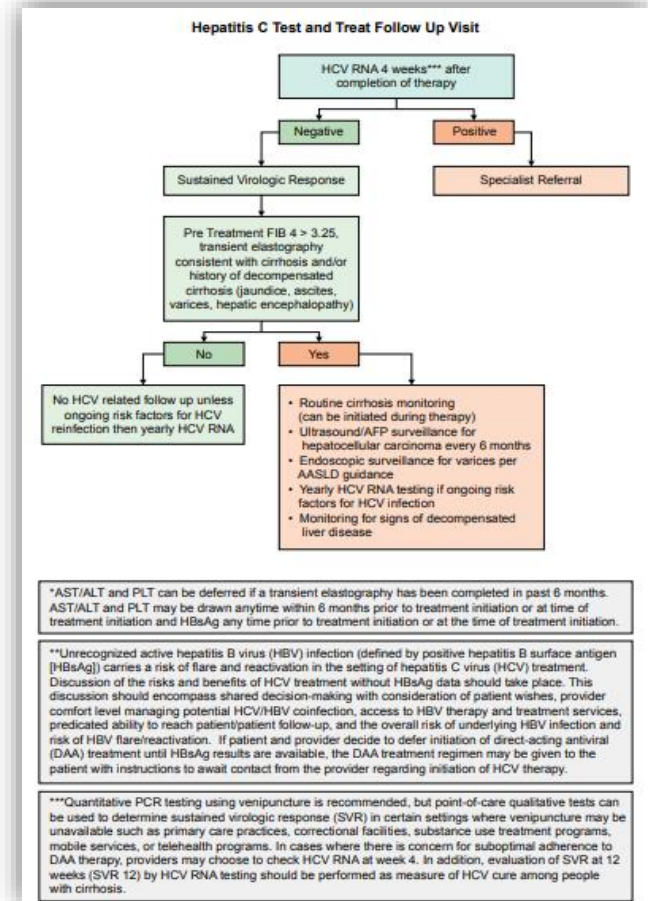
kyrha.org/khamp

2025 AASLD Simplified Treatment Guidelines

Test and Treat - Initial Visit:



Test and Treat - Follow-up Visit 4 weeks after completion of therapy:



<https://www.hcvguidelines.org/sites/default/files/full-guidance-pdf/HCV%20Test%20and%20Treat%20Final%200011725.pdf>

Peer Support

PEER SUPPORT

WHAT IS PEER SUPPORT?

Peer support encompasses a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders, or both. This mutuality—often called “peerness”—between a peer support worker and person in or seeking recovery promotes connection and inspires hope.

Peer support offers a level of acceptance, understanding, and validation not found in many other professional relationships (Mead & McNeil, 2006). By sharing their own lived experience and practical guidance, peer support workers help people to develop their own goals, create strategies for self-empowerment, and take concrete steps towards building fulfilling, self-determined lives for themselves.



Peer support models have been proven effective in increasing hepatitis C awareness, testing, and treatment uptake and engagement.

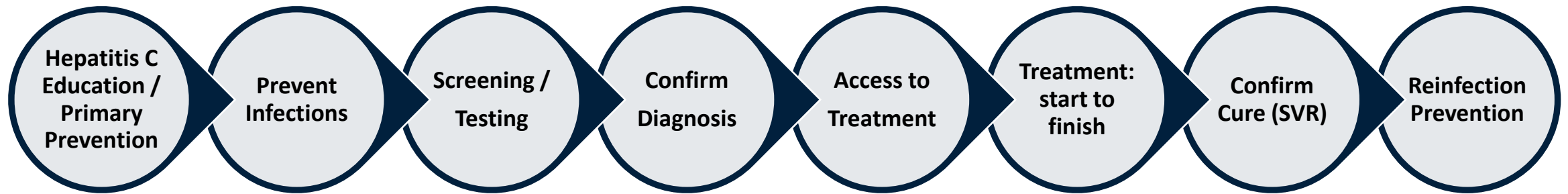
Image: [Value of Peers Infographics: General Peer Support](#)

Sione Crawford, Nicky Bath, Peer Support Models for People With a History of Injecting Drug Use Undertaking Assessment and Treatment for Hepatitis C Virus Infection, *Clinical Infectious Diseases*, Volume 57, Issue suppl_2, August 2013, Pages S75–S79, <https://doi.org/10.1093/cid/cit297>

Stagg, H.R., Surey, J., Francis, M. *et al.* Improving engagement with healthcare in hepatitis C: a randomised controlled trial of a peer support intervention. *BMC Med* 17, 71 (2019). <https://doi.org/10.1186/s12916-019-1300-2>

Hepatitis C Continuum of Care – Decreasing Stigma

Improving Access to Treatment, Start to Finish to Confirmed Cure



Reduce Harm

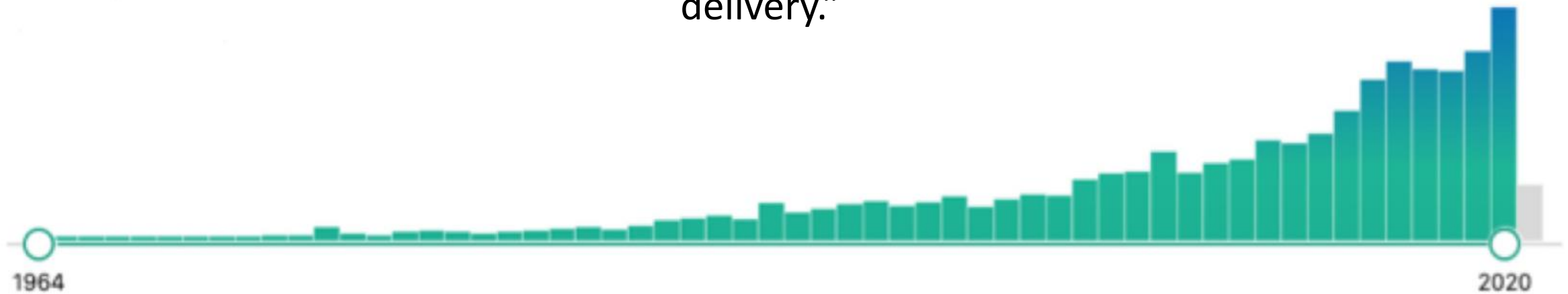
Decrease Stigma

Reduce Barriers

Healthcare Provider Stigma Towards People Who Use Drugs

“Stigma surrounding substance use disorders (SUDs) is a frequently cited barrier to treatment engagement.

Research consistently demonstrates that healthcare professionals’ attitudes towards patients with addiction problems are often negative and may adversely impact service delivery.”



Number of published research articles referencing provider stigma, 1964-2020

Bielenberg J, Swisher G, Lembke A, Haug NA. A systematic review of stigma interventions for providers who treat patients with substance use disorders. J Subst Abuse Treat. 2021 Dec;131:108486.

Infectious Disease Stigma

HCV is often associated with perceived, current, or past substance use.

» Stigma can contribute to people avoiding HCV testing and treatment

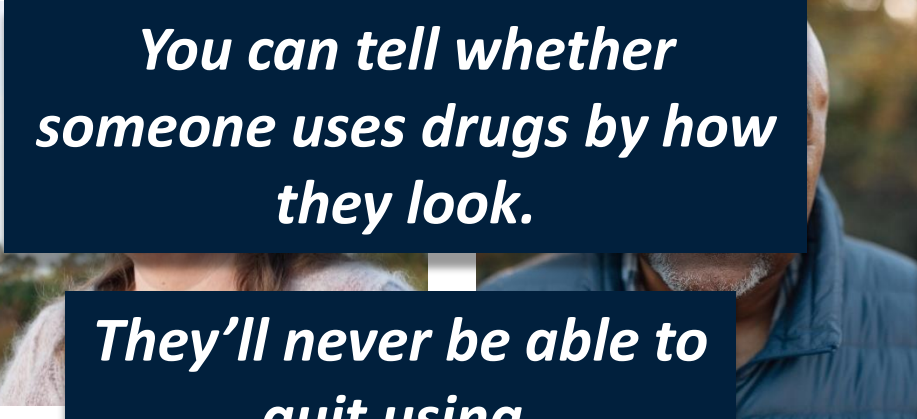
– Internalized Stigma

- Fear of giving HCV to friends/family

– External Stigma

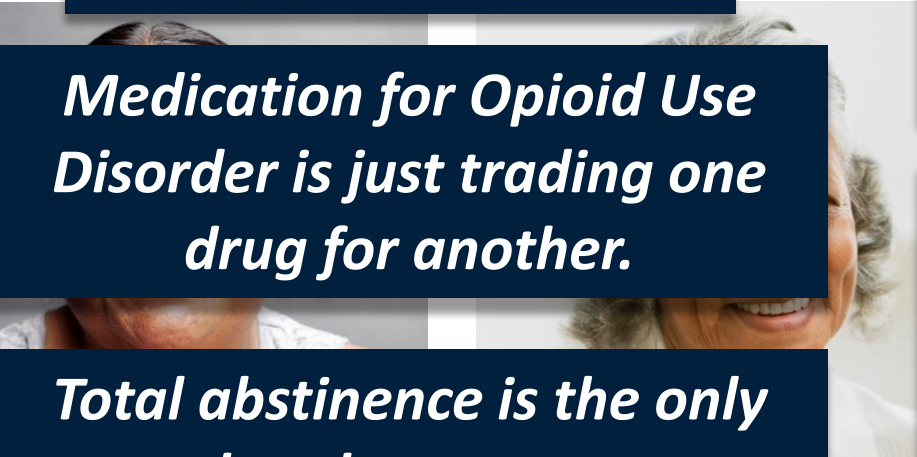
- Healthcare workers - discrimination
- Friends/Family
- Society

Common Misconceptions about People Who Use Drugs



You can tell whether someone uses drugs by how they look.

They'll never be able to quit using.



Medication for Opioid Use Disorder is just trading one drug for another.

Total abstinence is the only real path to recovery.



They are just being lazy.

They are dirty.

They are dangerous.

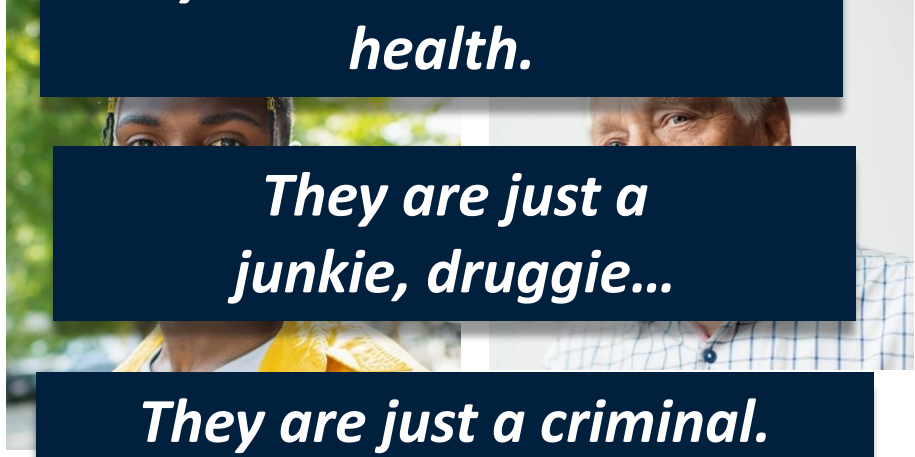
They deserve to
- *be in pain.*
- *wait longer.*
- *die.*



They could quit if they just tried harder.

They are just drug seeking.

They don't care about their health.

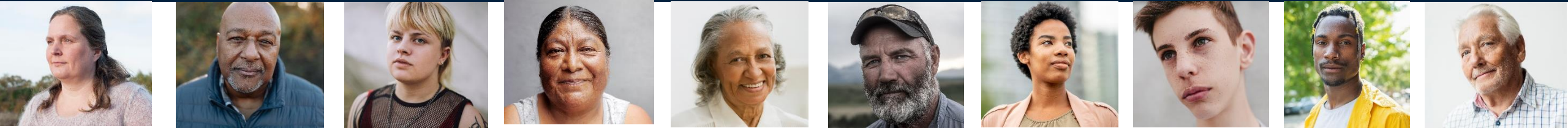


They are just a junkie, druggie...

They are just a criminal.

Inspired by INcluded for Healthcare Providers

Let's Flip the Script



- **People Who Use Drugs**

- are seeking health care.
- are doing their best.
- are parents, siblings, children, colleagues, friends, community members...
- care about their health.
- deserve to
 - have their pain managed.
 - receive high quality health care.
 - live.

- **Substance Use Disorder (SUD)**

- could affect anyone.
- is not the lack of willpower.
- is a mental health condition, not a crime.
- is treatable.
- There are many evidence-based treatments for SUD, including Medications for Opioid Use Disorder (MOUD).

Decrease Stigma: 5 Practice/Care Recommendations

1. Recognize and whenever possible, decrease barriers.

2. Use person-first language.

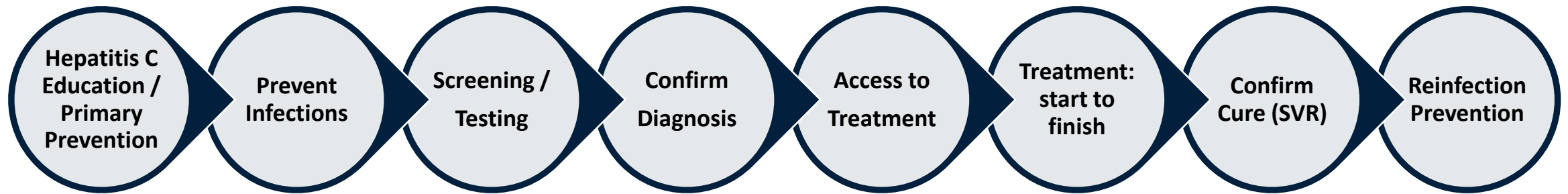
3. Maintain confidentiality.

4. Be aware of non-verbal communication.

5. Acknowledge mistakes and apologize.

Hepatitis C Continuum of Care – Addressing and Removing Barriers

Improving Access to Treatment, Start to Finish to Confirmed Cure



Reduce Harm

Decrease Stigma

Reduce Barriers

Patient Barriers to Hepatitis C Treatment

Poor awareness of
HCV

Lack of health
insurance/ID

No phone, email,
mail access

Lack of
transportation to
appointments

Difficulty receiving
medication refills
at pharmacy or by
mail

Nowhere to store
medications

Difficulty
remembering to
take medications

Past negative
healthcare
experiences

Provider Barriers to Hepatitis C Treatment

Poor awareness of
HCV

Lack of providers

Failure to screen or
test for HCV

Lack of time

Lack of experience

Difficulty managing
medication
interactions

Communication
issues

Stigma

When They are Ready: Linkage to Hepatitis C Care

1. Figure out where people can get testing, confirmatory testing, and treatment for hepatitis C in your community

Sometimes they are all in the same place, often they are not

If possible, be familiar with local clinics – non-stigmatizing, person-centered care

Create/find local hepatitis C resource list



2. Figure out what barriers people are facing and help brainstorm ways to address them

Where to send/store medication?

Health Insurance?

Help make phone calls

Arrange transportation



3. Advocate

For hepatitis C care and co-location to decrease barriers

For patients when they are experiencing stigma/discrimination



4. Follow up, if possible

If appointments are missed, why?

Help plan for success

Helping Someone on their Journey to HCV Care

Where can they get HCV antibody testing?

- Syringe Service Program
- Health Department
- MOUD Clinic
- Primary Care, OB/GYN
- Emergency Department

Where can they get confirmatory testing?

- Where can they get confirmatory testing?
 - Done the same place they received antibody testing?
 - Does it have to be done somewhere else? If so, where?

Where can they get HCV treatment?

- Done at the same place they received testing: SSP, HD, ER, MOUD Clinic?
- Somewhere else? If so, where?
 - Primary Care Clinic
 - Specialist at a hospital

How to decrease barriers?

- Health insurance/ID
- Transportation to appointments
- Storing medications
- Remembering to take medications
- Receiving medication refills
- Phone, mail access

Finding HCV Testing and Treatment

GetTested.cdc.gov



**Kentucky Harm
Reduction Programs**



**CDC
HCV Treatment Locator**



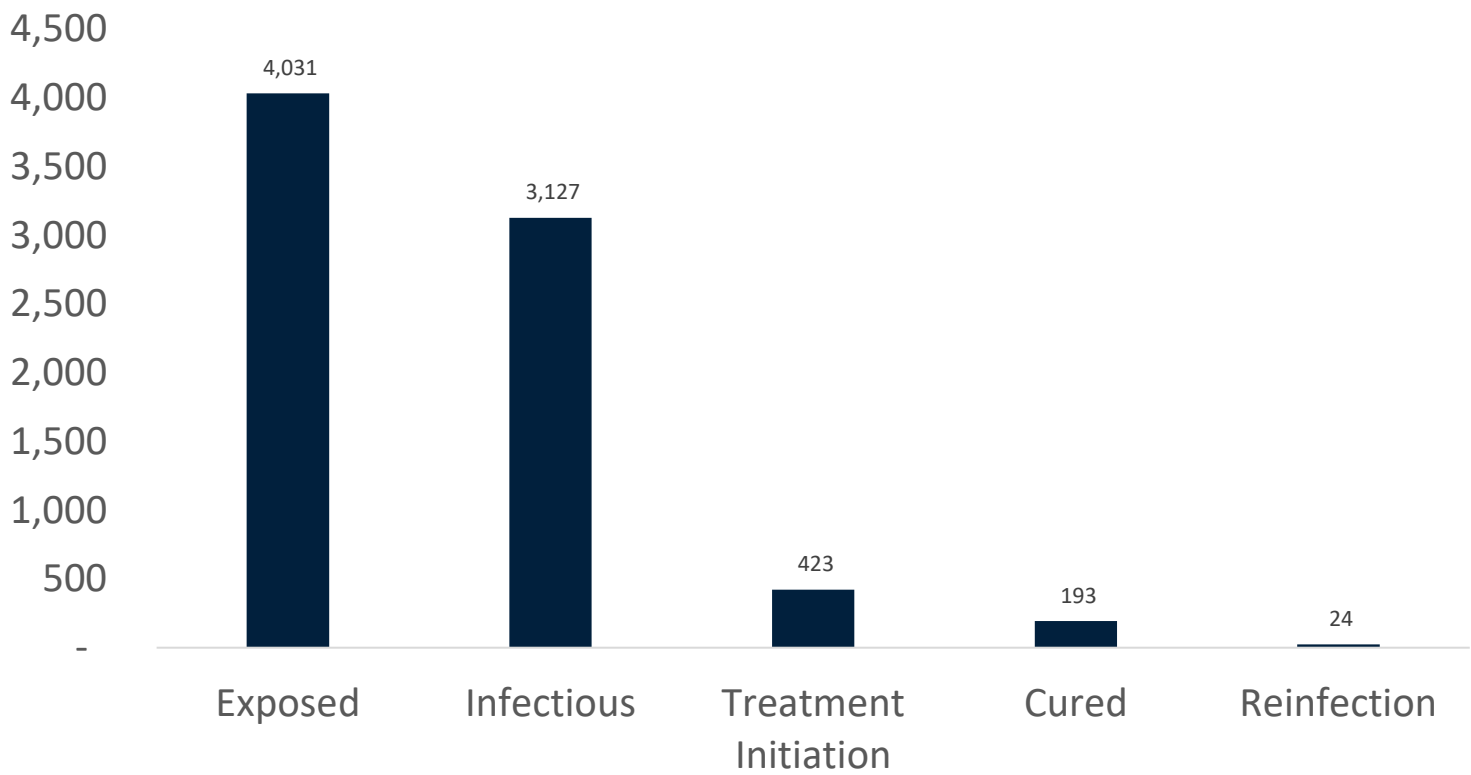
CDC - Find HCV/STI Testing: gettested.cdc.gov

Kentucky Syringe Service Programs: chfs.ky.gov/agencies/dph/dehp/hab/Pages/kyseps.aspx

CDC - HCV Treatment Locator: cdc.gov/hepatitis-c/treatment/index.html#cdc_treatment_get_treatment-treatment

Department of Corrections Hepatitis C Cascade of Cure, 2020 - 2023

N = 11,099



Treatment Initiation
by Year

Year	Count
2020	65
2021	109
2022	79
2023	170

Kentucky Department of Corrections, Kentucky Department for Public Health, Viral Hepatitis Program, 2025

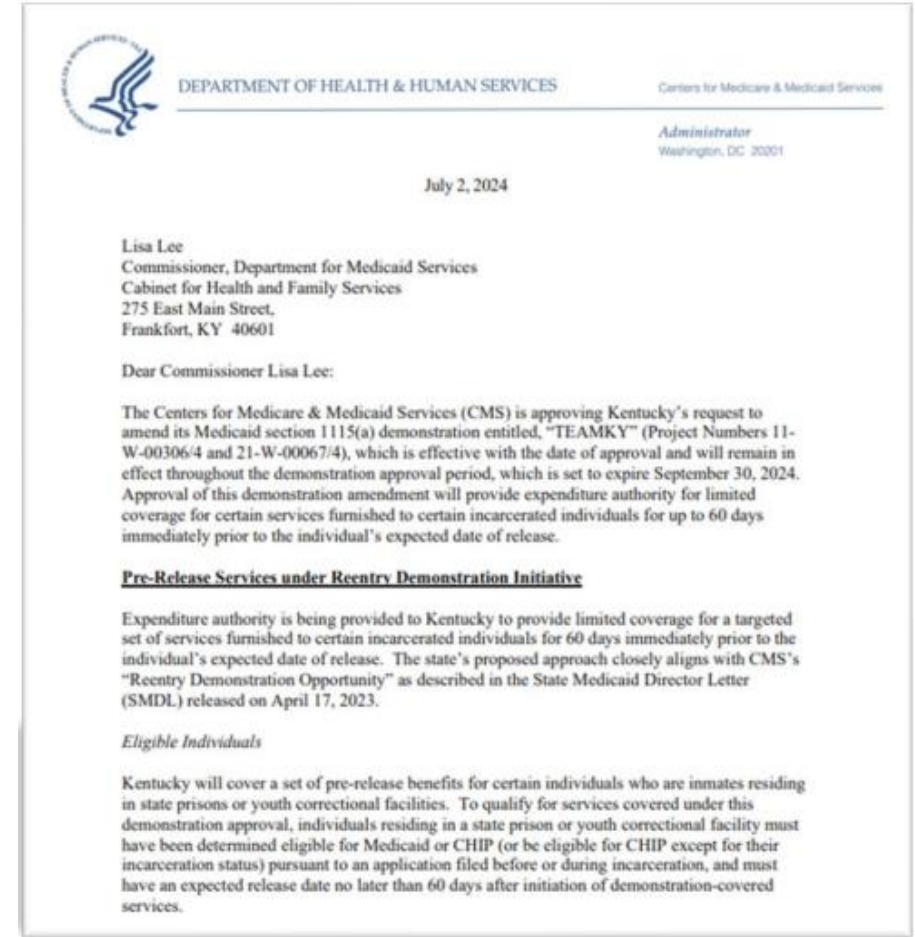
Hepatitis C Treatment in Corrections Settings

- Hepatitis C and harm reduction education for staff and people who are incarcerated (peer education)
- Universal, opt-out hepatitis C screening/testing in every facility (DOC and local detention centers)
- Treatment during incarceration
 - OR linkage to treatment upon reentry

Kentucky Medicaid Reentry 1115 Waiver Demonstration

Kentucky Reentry 1115 Demonstration (Go-Live 10/1/25)

- State Prisons/Youth Development Centers
- Adults/Youth eligible for Medicaid
- Services:
 - » Case management – up to 60 days before release and 12 months post-release
 - » Medication for Opioid Use Disorder (MOUD) for people diagnosed with a SUD – up to 60 days before release
 - » 30-day supply of all clinically required prescription medications, durable medical equipment upon release

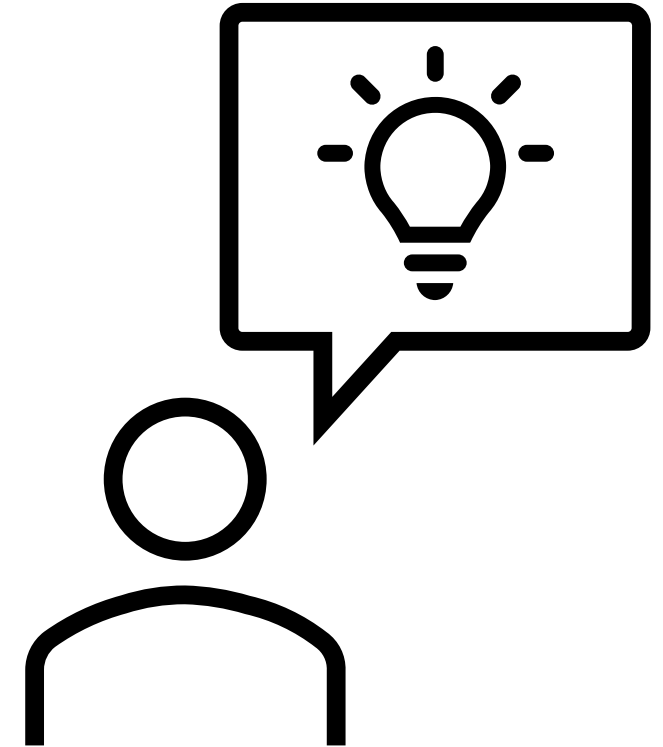


[https://www.chfs.ky.gov/agencies/dms/BHI/KY%201115%20Reentry%20Public%20Forum%20Slides_12.12.24%20\(002\).pdf](https://www.chfs.ky.gov/agencies/dms/BHI/KY%201115%20Reentry%20Public%20Forum%20Slides_12.12.24%20(002).pdf)

Kentucky Medicaid Reentry 1115 Waiver Demonstration - Possibilities

Possibilities

- 90-day coverage
- Integrated hepatitis C testing and treatment into renewal of SUD waiver











Medicaid Hepatitis C Treatment Restrictions - Past

- 🛡️ Advanced liver fibrosis
- 🛡️ Proof of 6 months of sobriety for initial treatment
- 🛡️ Genotyping required
- 🛡️ Only specialists able to prescribe treatment
- 🛡️ HCV RNA POC testing not addressed (Qualitative vs. Quantitative)
- 🛡️ Retreatment restrictions related to sobriety
- 🛡️ Prescription limits – 28-day supply
- 🛡️ Prior Authorization

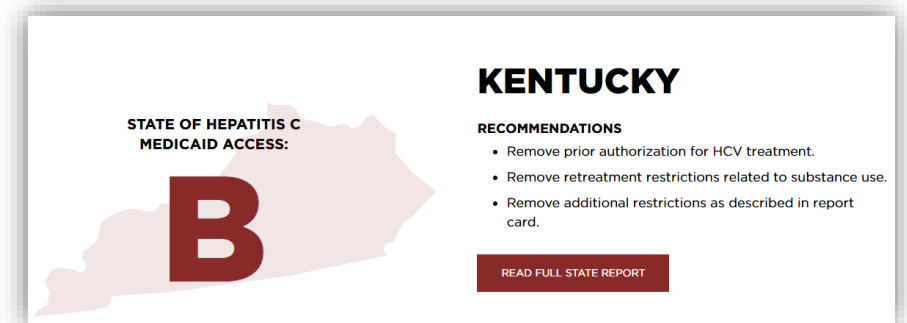
THEN

[Kentucky-February-2024_clean.pdf](#)

Medicaid Hepatitis C Treatment Restrictions - Now

-  ~~Advanced liver fibrosis~~
-  ~~Proof of 6 months of sobriety for initial treatment~~
-  ~~Genotyping required~~
-  ~~Only specialists able to prescribe treatment~~
-  ~~HCV RNA POC testing not addressed (Qualitative vs. Quantitative)~~
-  Retreatment Restrictions related to sobriety
-  Prescription limits – 28-day supply
-  Prior Authorization

NOW



[Image: Kentucky | Hepatitis C: State of Medicaid Access](#)

Increased Funding for HCV Treatment – Opioid Abatement Funds

- Opioid Settlement Funds
 - **Almost \$900 Million awarded to Kentucky through opioid litigation**
 - Commission Teva Global Opioid Settlement Agreement (2023) – Exhibit E, Schedule B Approved Uses (H, 10): PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

"Support efforts to prevent or reduce...opioid-related harms through...strategies that may include, but are not limited to, the following:"

10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

Opioid Abatement Funding - Hep C Care

NEW YORK

5. Investment in Treatment

- The Board agreed that there is a continuing need to focus on co-occurring mental health and medical consequences, such as HIV and **hepatitis C** virus infections.

WISCONSIN

Second Round Funding:

United Community Center (UCC) (Milwaukee County)

The United Community Center's (UCC) mission is to transform the lives of Hispanics, families, and individuals of all ages across the state by providing quality comprehensive services in education, human services, health, community development and cultural arts. UCC has over four decades of providing evidence-based substance use disorder treatment and critical resources to residents of Milwaukee County, as well as to residents from Waukesha, Dane, Walworth, Racine, Marathon, Washington, Sheboygan, and Jefferson counties, and collaborating with Tribal Nations. UCC's treatment and harm reduction approach includes peer support groups, individual sessions, case management to address basic needs, perinatal care coordination, HIV and **Hepatitis screenings/education and treatment**, medication-assisted treatment, and services that are gender-responsive, culturally, and linguistically appropriate trauma-informed. UCC currently operates three residential facilities: one for men and two for women (with family suites to allow for children). UCC plans to expand existing residential treatment bed space, allowing them to serve an additional 90 men annually. By doing so, UCC's team will also expand their existing prevention, harm reduction, treatment, and recovery services as well.

Project Title

Expanding MAT Access for Underserved Populations in Sedgwick County

KANSAS

Project Summary

Hunter Health Clinic will re-launch the MAT Program to treat patients with opioid use disorders and expand access for MAT services for the underserved population in Sedgwick County. The project increases treatment, testing for SUD, HIV, **Hep C**, number of prescribers able to implement MAT, and increases Behavioral Health workforce and retention.

County to be served:

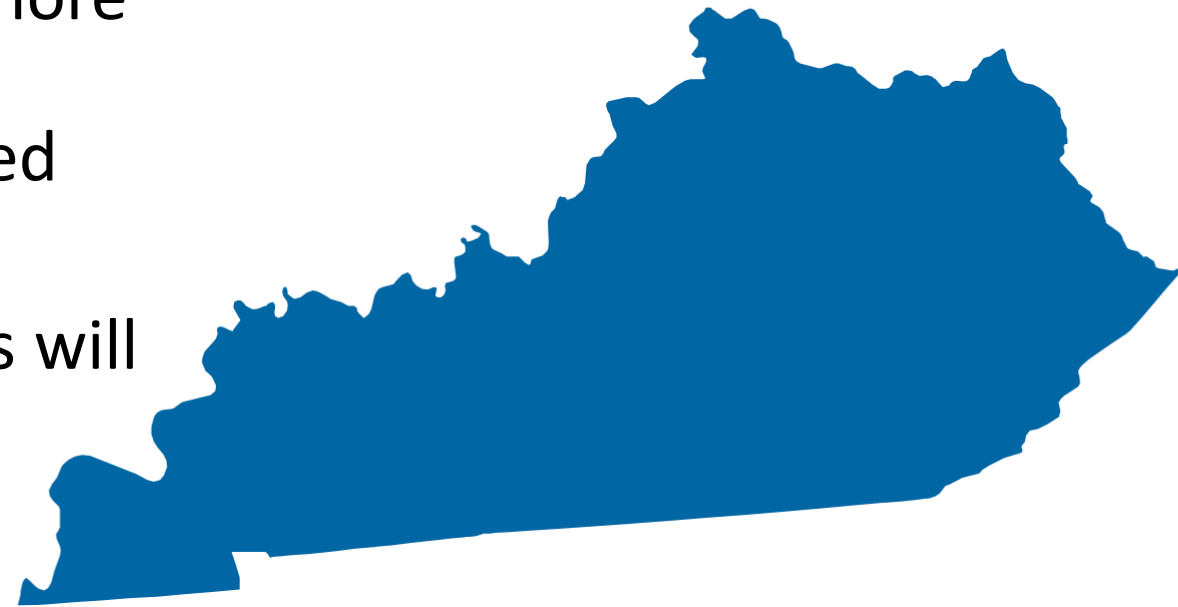
Sedgwick

- Prison Peer Education Program in Indiana - INPEP**

References found on Slide 56

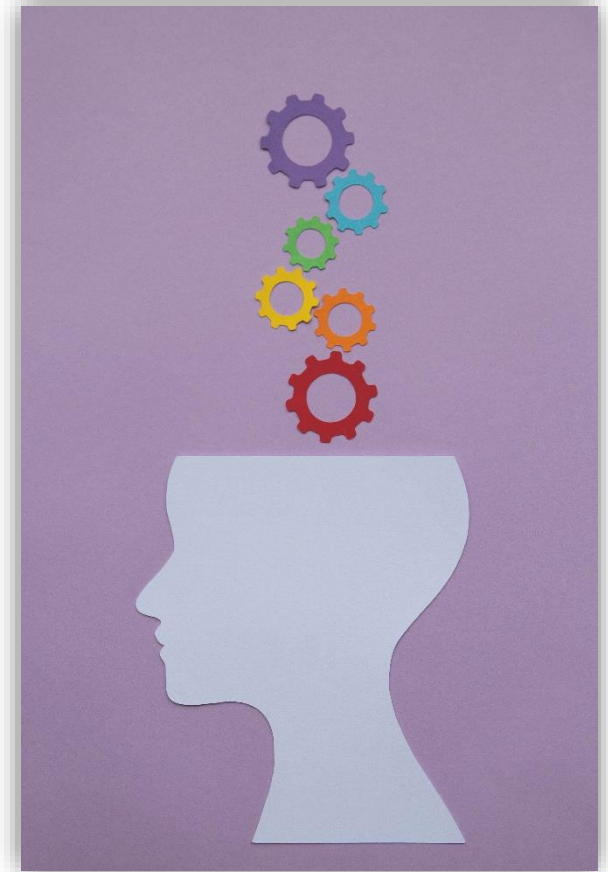
HCV Elimination in Kentucky Communities

- *Community-led efforts*, not simply community buy-in will ultimately be more successful in progress towards HCV elimination and other syndemic-related improvements
- Collaborations with local communities will ensure locally, culturally, and geographically relevant solutions to cultivate health and happiness



Questions

Any Questions?



Thank You!

Viral Hepatitis Program Staff

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VHP Email List



VHP Educational Materials



VHP Data Request








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