



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

June 21, 2021

The Honorable Larry Hogan  
Governor State of Maryland  
Annapolis, MD 21401-1991

The Honorable Paul G. Pinsky  
Senate Education, Health, and  
Environmental Affairs Committee  
2 West Miller Senate Building  
Annapolis, MD 21401-1991

The Honorable Shane E. Pendergrass  
House Health and Government  
Operations Committee  
Room 241 House Office Building  
Annapolis, MD 21401-1991

**Re: Health-General Article, §18-1002, Annotated Code of Maryland – 2020 Annual Report  
– Implementation of Hepatitis B and Hepatitis C Prevention and Control in Maryland**

Dear Governor Hogan, Chair Pinsky, and Chair Pendergrass:

Pursuant to Health-General Article, §18-1002, the Maryland Department of Health (the Department) is required to submit an annual report on its activities relating to the prevention and control of hepatitis B virus (HBV) and hepatitis C virus (HCV) infection in Maryland. The attached is a report of the Department's activities in 2020 related to HBV and HCV prevention and control in Maryland.

I hope this information is helpful. If you have any questions or comments concerning the report, please contact Heather Shek, Director of Governmental Affairs at [heather.shek@maryland.gov](mailto:heather.shek@maryland.gov).

Sincerely,

Dennis R. Schrader  
Secretary

cc: Jinlene Chan, MD, MPH, FAAP, Deputy Secretary, Public Health Services  
Donna Gugel, MHS, Director, Prevention and Health Promotion Administration  
Peter DeMartino, PhD, Director, Infectious Disease Prevention and Health Services  
Bureau  
Heather Shek, JD, Director, Governmental Affairs  
Sarah Albert, MSAR #9310



**Prevention and Health Promotion Administration**

**2020 Annual Report  
Implementation of Hepatitis B and Hepatitis C  
Prevention and Control in Maryland  
Health-General Article §18-1002**

**Larry Hogan  
Governor**

**Boyd Rutherford  
Lieutenant Governor**

**Dennis R. Schrader  
Secretary, Maryland Department of Health**

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## **I. Background**

### ***Hepatitis B in Maryland***

Hepatitis B virus (HBV) infects the liver and can cause both acute and chronic disease. Most healthy adults with acute HBV infection do not experience symptoms or complications, however, chronic hepatitis infections occur when an acute infection is not cleared by the immune system. There is currently no cure for chronic HBV infection, but it is vaccine-preventable.

Based on national prevalence data, the Centers for Disease Control and Prevention (CDC) estimate that there are between 850,000 and 2.2 million individuals living with HBV in the United States.<sup>1</sup> In Maryland, the rate of reported acute HBV infection decreased in 2019 (0.7 cases per 100,000 people) compared to 2018 (0.9 cases per 100,000 people). In 2019, the rate of reported chronic HBV infection in Maryland also decreased to (28.9 cases per 100,000) compared to 2018 (30.9 cases per 100,000).

Based on 2019 surveillance data from the Maryland National Electronic Disease Surveillance System (NEDSS), the jurisdictions in Maryland with the highest rates of reported chronic HBV were Montgomery County (45.0 cases per 100,000 people), Baltimore City (42.5 cases per 100,000 people), Prince George's County (42.4 cases per 100,000 people), and Howard County (33.5 cases per 100,000 people).<sup>2</sup>

### ***Hepatitis C in Maryland***

Hepatitis C virus (HCV) is another major cause of chronic liver disease. The CDC estimates 3.5 million individuals are living with HCV infection in the United States.<sup>1</sup> Many acute cases of HCV also go unreported each year, as newly infected individuals may be asymptomatic or experience symptoms that do not consistently present themselves.

HCV places a significant burden on public health in Maryland, with 5,618 cases of chronic HCV infection reported through NEDSS in 2019 alone.<sup>2</sup> The rate of chronic HCV decreased by about 24 percent in 2019 (92.9 cases per 100,000 people) compared to the peak of cases in 2013 (121.4 cases per 100,000 people). The jurisdictions with the highest reported rates in 2019 were Baltimore, Carroll, Somerset, and Washington Counties, and Baltimore City.<sup>2</sup> The increasing rate of reported chronic HCV cases in suburban jurisdictions indicates improved efforts to promote awareness, screening, and diagnosis of HCV infection across the state.

Although Maryland has increased efforts to address HCV burden across the state, there are still hard-to-reach populations affected by the disease who are not connected to care. These populations include justice-involved individuals, persons who use drugs, and the homeless. Accordingly, the burden of HCV infection in Maryland is assumed to be higher than what is reported.

## **II. Maryland Department of Health HBV and HCV Infection Control Activities, 2020**

The Maryland Department of Health (the Department) works with public, private, and community partners to maximize resources to address both HBV and HCV in Maryland. Activities conducted in state fiscal year 2020 are described below.

### ***Expansion of Maryland Community-Based Programs to Test and Cure HCV***

The Maryland Community-based Programs to Test and Cure Hepatitis C (the Test and Cure Program) began in 2014 as a four-year CDC funded initiative. The Test and Cure Program takes a multi-pronged approach to clinical integration of HCV intervention, including testing, care, and treatment, at primary care settings in Baltimore County and Baltimore City, two Maryland jurisdictions with a high burden of HCV infection.<sup>2</sup> The Test and Cure Program has since grown into a coalition of medical and public health experts, including leading experts in the treatment of HIV/HCV co-infected individuals, with the shared goal of eliminating HCV in Maryland.

Following the expiration of CDC funding in 2019, the Department continued to fund Test and Cure Programs in Baltimore County and Baltimore City, in addition to expanding participation of clinical providers in jurisdictions outside these areas. Telemedicine services in collaboration with the John Hopkins University Division of Viral Hepatitis were recently included in Test and Cure Programs to treat individuals who have been diagnosed with chronic hepatitis C infection. This collaboration proved critical during the COVID-19 pandemic response period when a strict stay-at-home mandate was imposed Statewide in Maryland.

### ***HCV Provider Education Program - Sharing The Cure***

A core component of the HCV Test and Cure Program is the HCV provider education program, *Sharing the Cure*, which is administered by the Johns Hopkins University Division of Infectious Diseases (JHUDID). In 2020, the Department and JHUDID completed training of the sixth cohort of primary care providers selected from clinical partner sites. The cohort consisted of 25 clinicians representing Department-funded HIV providers and programs from Eastern and Western Maryland. Providers participated in a 16-week long training that included didactic lectures, a clinical rotation, and a mini-preceptorship.

### ***HCV Care Markers at Participating Sites***

The table below provides data on individuals seen for HCV care at primary care sites that participate in the Program. The baseline period consists of the 12 months prior to the start of the Program. At the end of September 2019, a total of 540 individuals with advanced HCV infection were documented as being cured of infection.

**Table 1. Selected HCV Care Markers at Clinical Sites in Baltimore County and Baltimore City Partnering in the Maryland Test and Cure Program\***

	<b>Baseline (10/1/2013- 9/30/14)</b>	<b>Project Period + Baseline (10/1/2013- 9/30/2019)</b>
	<b>N (percent)</b>	<b>N (percent)</b>
<b>HCV confirmatory (RNA) positive</b>	956 (100%)	5,830 (100%)
<b>Genotype or staging test run</b>	562 (58.8%)	4,936 (84.7%)
<b>Fibrosis staging test run</b>	20 (2.1%)	3,404 (58.4%)
<b>Fibrosis score <math>\geq</math> F1<sup>†</sup></b>	9 (45.0%)	2,537 (20.3%)
<b>Prescribed treatment for HCV</b>	0 (0.0%)	1,181 (20.3%)
<b>Started treatment for HCV</b>	0 (0.0%)	970 (16.6%)
<b>Completed treatment for HCV</b>	0 (0.0%)	794 (13.6%)
<b>Achieved sustained virologic response</b>	0 (0.0%)	540 (9.3%)

\* Includes all clinical agency sites in Baltimore County and Baltimore City with at least 1 year of participation in the Test and Cure Program

<sup>†</sup> Maryland Medicaid's clinical criteria as of September 30, 2019 required a fibrosis score of  $\geq$  F1 for HCV treatment approval. Beginning January 1, 2020, Maryland Medicaid no longer restricted treatment based on fibrosis score.

### ***Enhanced HCV Surveillance Activities and Linkage-to-Care***

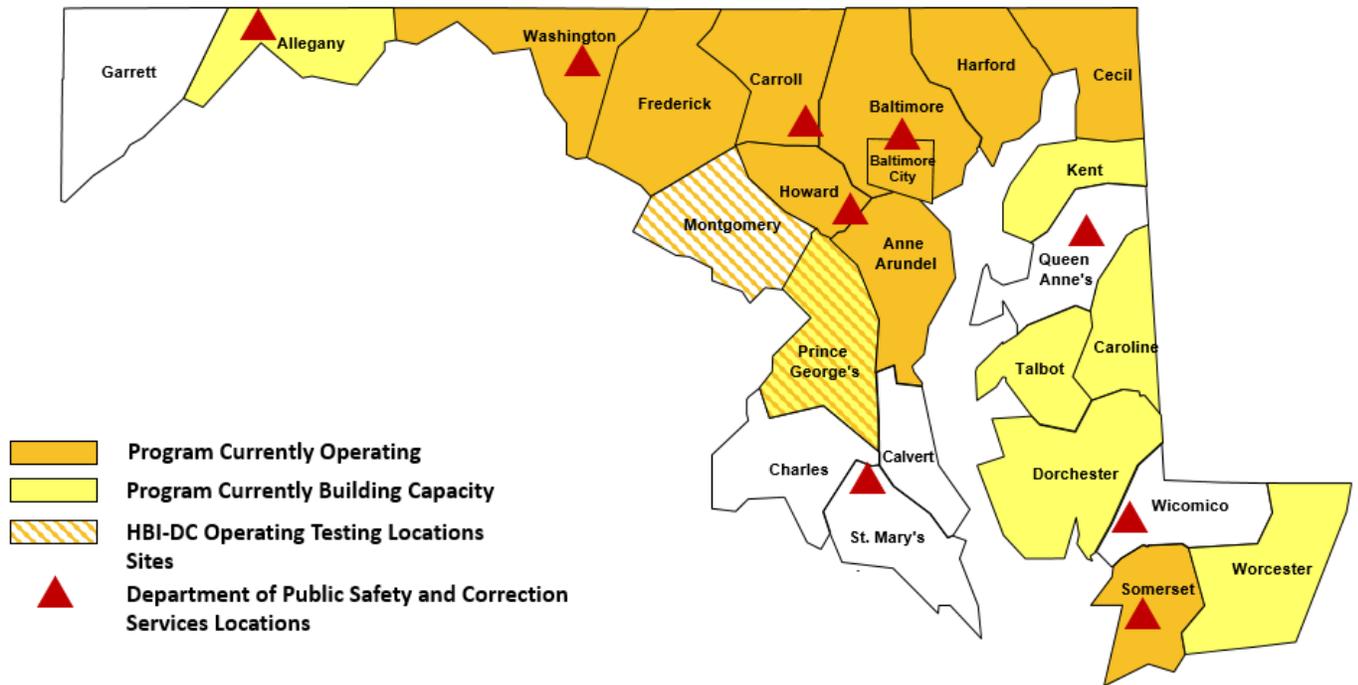
At the time of this report, both Baltimore County and Baltimore City are up-to-date with entry of viral hepatitis case report forms, which are submitted in a hard copy paper format, and are working in real-time on data entry. Additionally, major laboratories like LabCorp and Quest have transitioned to electronic laboratory reporting, making it easier to identify new cases for surveillance investigation and linkage-to-care. However, HCV surveillance and linkage-to-care program activities were limited due to COVID-19 response efforts, as surveillance staff were fully committed to COVID-19 surveillance and contact tracing activities.

### ***State-Led Rapid HCV Testing Program***

The Department continued to implement the rapid HCV testing program to identify individuals with HCV who were unaware of their status. The program, modeled after the Department's HIV prevention, testing, and linkage-to-care program, integrates HCV rapid testing at existing HIV testing partner sites.

The Department also introduced HCV rapid testing into behavioral health programs conducted by local health departments. As of September 2020, HCV testing capacity has been developed in 18 out of 24 jurisdictions in Maryland. The Department also expanded partnerships with local providers serving high risk immigrant populations in Montgomery and Prince George's Counties to provide HBV and HCV screening and diagnosis.

HCV Rapid Testing Program locations in Maryland as at September, 2020



***Innovative Approaches to Manage HBV and HCV Co-infections***

Following President Trump’s declaration in the 2019 State of the Union address to end the HIV epidemic by 2030, the Department launched initiatives to synchronize the delivery of services to populations who are at risk for comorbid conditions. These initiatives target populations affected by one or more of the prevailing public health conditions and risk factors responsible for HBV, HCV, HIV, STIs, and substance use disorder, including injection drug use.

HCV screening, diagnosis, and linkage-to-care interventions are now integrated into HIV/STI control activities, syphilis screening programs, and substance use treatment facilities. Providers’ training focuses more on comprehensive management of co-infections and addresses behavioral factors responsible for increased risk of HBV and HCV transmission.

***Expansion of Maryland Medical Assistance for HCV Treatment***

In 2019, the Maryland General Assembly passed Senate Bill 598, which became Chapter 451 of the Acts of 2019. The legislation directs the Maryland Medical Assistance Program (Medicaid) to expand HCV treatment to all Medicaid recipients, regardless of liver fibrosis score.<sup>3,4</sup> This treatment expansion plan went into effect on January 1, 2020, making a large pool of individuals previously diagnosed with chronic HCV eligible for pre-treatment and prior-authorization processing to obtain approval for HCV treatment.

### ***Maryland Hepatitis C Strategic Plan and Epidemiological Profile***

In January 2019, the Department disseminated the Maryland Hepatitis C Strategic Plan (the Plan).<sup>5</sup> The Plan articulates comprehensive, broad-based strategies that include a four-pronged approach encompassing prevention of new HCV infection, expanding HCV testing and linkage-to-care, improving access to treatment, and enhancing HCV surveillance. Additionally, the Plan seeks to guide the implementation of evidence-based interventions to eliminate HCV infection in Maryland. To determine the disease burden and better understand the factors responsible for the spread of HCV, the Department collated morbidity and mortality data from relevant agencies across Maryland to develop a viral hepatitis epidemiological profile. The epidemiological profile will provide baseline and measurable indicators to ascertain progress towards elimination of HCV. The profile is expected to be available by August of 2021.

### ***Educational Activities to Inform the Public, Providers, and Stakeholders***

The Department continues to collaborate with the University of Maryland School of Medicine's Institute of Human Virology to incorporate a one day, bi-annual training on viral hepatitis into their AIDS Education and Training Center's schedule. The training increases knowledge and awareness of HBV and HCV screening and linkage-to-care among staff at local health departments, community-based organizations, federally qualified health centers, and hospitals that serve at-risk populations.

Participants in the training receive:

- An overview on viral hepatitis;
- Updates on current HBV and HCV screening and treatment guidelines;
- Training in identification of special and priority populations;
- An introduction to issues related to treatment access; and
- Information about resources available to screen and treat HCV, as well as to address the needs of people living with HCV in Maryland.

The training module was expanded to include strategies on viral hepatitis screening and linkage-to-care among both persons who inject drugs and immigrant populations. This expansion will help to address the gap in services for these high-risk target groups.

The Department, in collaboration with the Maryland Hepatitis Coalition, the University of Maryland School of Medicine, and the Johns Hopkins University School of Medicine hosted the inaugural Maryland Hepatitis Summit (the Summit) in November 2019. The Summit was attended by over 250 participants including community stakeholders, who engaged in discussions regarding technical and policy issues to address elimination of HBV and HCV in Maryland.

### **III. Conclusion**

The Department continues to provide leadership, guidance, and technical assistance across Maryland to support growing efforts to address HBV and HCV. Over the last year the Department has significantly expanded its efforts to increase the availability of screening, testing, and treatment for HBV and HCV in Maryland despite the impact of COVID-19 epidemic.

In the coming year, the Department will apply for the CDC's first integrated viral hepatitis surveillance and prevention grant - CDC PS-21-2103 "Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments." This grant opportunity will support viral hepatitis outbreak response, comprehensive viral hepatitis surveillance and reporting, expansion of HBV and HCV testing, and linkage to care activities.

## References

<sup>1</sup> Centers for Disease Control and Prevention, Viral Hepatitis Surveillance—United States, 2015, accessed 8 August 2019 <https://www.cdc.gov/hepatitis/statistics/2016surveillance/pdfs/2016HepSurveillanceRpt.pdf>.

<sup>2</sup> Maryland Department of Health, Prevention and Health Promotion Administration. Data Source: Maryland National Electronic Disease Surveillance System (NEDSS), August 2019

<sup>3</sup> Maryland Department of Health. Clinical Criteria for Hepatitis C (HCV) Therapy. March 2019, Accessed 10 December 2019.

<https://mmcp.health.maryland.gov/pap/docs/HCV%20%20Clinical%20Criteria%20updated%20%20March%2019%20final.pdf>.

<sup>4</sup> 2019 Md. Laws, Chap. 451. Maryland General Assembly.

[http://mgaleg.maryland.gov/2019RS/Chapters\\_noln/CH\\_451\\_sb0598t.pdf](http://mgaleg.maryland.gov/2019RS/Chapters_noln/CH_451_sb0598t.pdf).

<sup>5</sup> Maryland Department of Health. Maryland Hepatitis C Strategic Plan. January 2019.

<https://phpa.health.maryland.gov/OIDPCS/AVHPP/AVHPP%20Documents/2019MarylandHepatitisCStrategicPlan.pdf>.