

# Oklahoma Viral Hepatitis Elimination Plan

2022 - 2027



**OKLAHOMA**  
State Department  
of Health



**SEXUAL HEALTH &  
HARM REDUCTION  
SERVICE**

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## **VISION**

Oklahoma will be a place where we are able to collectively eliminate hepatitis C, reduce hepatitis C stigma, increase access to screening, testing and treatment, and prevent transmission of hepatitis C for all persons living in Oklahoma.

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# Executive Summary

Viral hepatitis is a serious, preventable public health threat that puts people who are infected at a risk for liver disease, cancer, and death<sup>1</sup>. There are five main strains of the hepatitis virus, which are referred to as types A, B, C, D, and E. While all strains can lead to liver disease, they differ in aspects such as transmission, severity of illness, geographical distribution and prevention methods. Hepatitis C is the most commonly reported bloodborne infection in the United States, and for some people, hepatitis C is a short-term illness, but for more than half of people who become infected with hepatitis C virus (HCV), it becomes a long-term, chronic infection. Despite new curative therapies and the ease of treatment and testing, many primary care providers still do not treat hepatitis.

Most viral hepatitis infections in the United States are attributable to hepatitis A virus (HAV), hepatitis B virus (HBV), and hepatitis C virus (HCV). All three of these viruses can produce acute illness, although many of these acute infections are asymptomatic or cause only mild disease. HCV can cause chronic infection that remains largely asymptomatic, causing persons infected to be unaware of infection for decades until developing cirrhosis, end-stage liver disease, or hepatocellular carcinoma (HCC). The acute form of HCV is a short-term illness that occurs within the first six months after exposure to HCV; however, the infection can become chronic. Chronic infection will develop in 75-85% of HCV infected persons. HCV is a leading infectious disease cause of morbidity and mortality in Oklahoma and the United States.

Therefore, Oklahoma is in need of an elimination strategy. The Oklahoma Hepatitis C Elimination Plan identifies key strategies that will focus on strategies to reduce stigma, increase access to screening, testing and treatment of hepatitis C and also to prevent transmission of infections to create a better quality of life for people in Oklahoma.

The definition of hepatitis elimination put forth by the Oklahoma Hepatitis Elimination Council is to prevent new hepatitis infections in Oklahoma where there is no more newly identified positive cases of hepatitis in the state.

This plan provides a framework with goal-oriented strategies for state and local agencies to develop and implement hepatitis C elimination and prevention activities as resources become available; it does not estimate cost, propose funding strategies or provide evaluation methods.

The strategic priorities of the plan are to substantially increase awareness and knowledge about hepatitis C through increased access to screening, testing, counseling, referral, and treatment.

# Overview of Hepatitis C

Hepatitis is an inflammation of the liver that is caused by a variety of infectious viruses and noninfectious agents (i.e., heavy alcohol use, toxins, some medications) that lead to a range of health problems, some of which can be fatal. There are five main strains of the hepatitis virus, which are referred to as types A, B, C, D, and E. While all strains can lead to liver disease, they differ in aspects such as transmission, severity of illness, geographical distribution and prevention methods.

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Hepatitis C is the most commonly reported bloodborne infection in the United States, and for some people, hepatitis C is a short-term illness, but for **more than half of people who become infected with HCV, it becomes a long-term, chronic infection.**

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Globally, an estimated 58 million people have chronic hepatitis C virus infection, with about 1.5 million new infections occurring each year. Of the 58 million people that have chronic HCV, 3.2 million of those cases are among adolescents and children. Although 30% of infected persons may spontaneously clear the virus within six months of infection without treatment, the remaining 70% of persons will develop chronic HCV infection if not treated. Furthermore, of those with chronic HCV infection, 15-30% develop cirrhosis within 20 years. The World Health Organization (WHO) has estimated that in 2019, approximately 290,000 died from hepatitis C complications, such as cirrhosis and hepatocellular carcinoma. Although there is currently no effective vaccine for hepatitis prevention, antiviral medicines can cure more than 95% of persons with hepatitis C infection<sup>2</sup>.

Since most individuals with acute HCV infection do not have a clinically evident illness and most do not seek medical care, many cases are not reported. Therefore, the Centers for Disease Control and Prevention (CDC) has issued that for every one case of hepatitis C infection reported, there are approximately 13.9 actual new cases. In the United States alone, the CDC has estimated that there are 2.4 million people living with hepatitis C in 2018, which is a 70% increase since 2014. In 2019, males accounted for 2,471 newly reported cases of acute HCV (60%), whereas females accounted for 1,653 cases. With these numbers, we can estimate that approximately 34,346 males and 22,976 females had HCV in 2019. Of the 4,136 new cases reported, 63% (2,609 cases), were reported among those aged 20-39 years, and 65% (2,683 cases) were among those who reported their race as white<sup>4</sup>.

# Transmission

The hepatitis C virus is usually spread when someone comes into contact with blood from someone that has the hepatitis C virus. Most common routes of transmissions include<sup>3</sup>:



## Sharing Drug-Injection Equipment

Most people become infected with hepatitis C by sharing needles, syringes, or any other equipment used to prepare and inject drugs.



## Birth

Approximately 6% of infants born to infected mothers will get hepatitis C.



## Healthcare Exposures

With bloodborne infections, people can become infected if they come into contact with contaminated blood products and equipment.



## Sex With An Infected Person

Although uncommon, mucousal membrane exposure to infected blood can transmit the virus.



## Unregulated Tattoos Or Body Piercings

Hepatitis C can spread when getting tattoos or body piercings in unlicensed facilities, informal settings, or with non-sterile instruments.



## Sharing Personal Items

People can get infected from sharing glucose monitors, razors, nail clippers, toothbrushes, and other items that may have come into contact with infected blood.



## Blood Transfusion And Organ Transplants

Before blood supply screening in 1992, hepatitis C was spread through blood transfusions and organ transplants.

# Testing Recommendations

The CDC recommends universal hepatitis C screening for all U.S. adults and pregnant women during every pregnancy, except in settings where the prevalence of HCV is <0.1%. This includes<sup>5</sup>:

- All adults aged 18 years and older
- All pregnant women during each pregnancy
- People who ever injected drugs and shared needles, syringes, or other drug preparation equipment, including those who injected once or a few times many years ago
- People diagnosed with human immunodeficiency virus (HIV)
- People who have ever received maintenance hemodialysis
- People with persistently abnormal alanine transaminase (ALT) levels
- People who received clotting factor concentrates produced before 1987
- People who received a transfusion of blood or blood components before July 1992
- People who received an organ transplant before July 1992
- People who were notified that they received blood from a donor who later tested positive for HCV infection
- Health care, emergency medical, and public safety personnel after needle sticks, sharps, or mucosal exposures to HCV-positive blood
- Children born to mothers with HCV infection
- Any person who requests hepatitis C testing

# The Scope of Hepatitis C in Oklahoma

Oklahoma also has higher incidence rates of acute cases of HCV compared with the national average. As of 2018, 54 acute HCV cases had been reported and classified in Oklahoma at a rate of 1.4 per 100,000 population, higher than the national incidence rate of 1.2 cases per 100,000 population. The annual incidence rates of acute HCV in Oklahoma (range of 0.8 to 1.4/100,000 population during the recent 5-year period) are usually higher than the rates in the U.S. (0.8 to 1.2/100,000 population). Many cases of acute hepatitis C are not reported and most people with acute HCV infections do not show major symptoms. Because of this, the true incidence of HCV infections in Oklahoma is difficult to determine.

Oklahoma has recorded an increase in the rate of chronic HCV infections from 2017 to 2018. In 2017, the total number of reported chronic HCV infections was 2,078. In 2018, however, the total number of reported HCV infections was 4,609. Of the 4,609 chronic HCV infections reported in 2018, persons 50 years old and over constituted for the greater number of infections. Despite new curative therapies and the ease of treatment and testing, many primary care providers still do not treat hepatitis.

In 2020, Oklahoma recorded a total of 6,879 chronic cases of hepatitis C virus. This is an increase of 860 chronic cases when compared to the 6,019 chronic cases of hepatitis C reported in 2019. Oklahoma seems to have a steady increase in hepatitis C cases from year to year. In 2019, persons who were 50 years of age and older attributed for 2,875 of the 6,019 total chronic hepatitis C cases. People with reported gender as male had the higher rate of chronic hepatitis C cases. When looking at risk factors, 871 of the total chronic cases of hepatitis C reported the use of a needle for street drugs.. This was the highest reported risk in 2019. The data reports for 2020 were not any different from 2019 with regards to what demographics had the highest rates of chronic hepatitis C infection. Persons 50 years of age and older had the highest rate of hepatitis C as well.



# Oklahoma Viral Hepatitis Elimination Plan

The Oklahoma Hepatitis C Elimination Plan identifies strategies for the prevention and control of hepatitis C infection. The plan focuses on the integration of prevention activities into existing programs and services and identifies goals aimed at health education directed toward health care professionals, high-risk populations, and the public.

This plan does not estimate cost, propose funding strategies or provide evaluation methods, but rather provides a framework for state and local agencies to develop and implement hepatitis C prevention activities as resources become available. The strategic priorities of the plan are to substantially increase awareness, knowledge, and prevention of hepatitis C through increased access to screening, testing, counseling, referral, and treatment. As funding becomes available, activities that may improve hepatitis surveillance will be identified to generate data to support primary and secondary prevention efforts and promote discussions with policymakers on funding priorities. The plan's long-term goal is to prevent the spread of hepatitis C infection and to provide strategies that aim to eliminate hepatitis C in Oklahoma.

## Oklahoma Hepatitis Elimination Council

The Oklahoma Hepatitis Elimination Council (OHEC) was founded before 2019. It is a group that was formed to tackle the barriers to hepatitis elimination in Oklahoma. The present viral hepatitis prevention coordinator was able to pull together a list of providers, community partners and stakeholders in the field of viral hepatitis and with interest in viral hepatitis. An initial notice of interest email was sent to the first compiled email list. Due to the COVID-19 pandemic, the group was unable to commence meetings at that time. The Oklahoma State Department of Health (OSDH) did not have video conferencing capabilities to enable the hosting of a virtual meeting space. However, the first virtual meeting of the group was held on April 27, 2021, via Microsoft Teams. That meeting was attended by 22 people.

The Council began meeting every three months to understand and discuss the scope of viral hepatitis in Oklahoma with everyone sharing their views and experiences on several levels. On August 18, 2021, the OHEC began discussing an elimination plan for Oklahoma. The group reviewed plans from ASTHO as well as the National Strategic Plan.

It became clear there was a need to address certain barriers to hepatitis C treatment in Oklahoma. This led the group to drafting a letter to Medicaid outlining the various barriers that providers and patients face hoping for those issues to be addressed. The Council also discussed harm reduction programs.

The members of the OHEC are persons who are very passionate about hepatitis C elimination in Oklahoma. They care about the residents of Oklahoma and work every day in their various capacities to employ strategies to eliminate hepatitis C in our state. The plan outlines the organizations involved and that were at the table in drafting this plan.

## THE ROLE OF THE **Oklahoma State Department of Health**

The role of the Oklahoma State Department of Health (OSDH) is to provide recommendations to help control the emergence of hepatitis C and to identify and respond to hepatitis C-related threats to the residents of Oklahoma. Responsibilities of OSDH include the following:

- Encourage education and training for health care professionals and communities.
- Provide and update testing, screening and treatment recommendations as appropriate.
- Provide advice regarding any additions/changes to the Reportable Disease List.
- Provide data and statistical reports on the occurrence of reportable hepatitis C in Oklahoma.
- Track and respond to outbreaks of hepatitis C.

### **Vision**

Oklahoma will be a place where we are able to collectively eliminate hepatitis C by preventing further transmission of hepatitis C, reducing hepatitis C stigma, and increasing access to screening, testing, and treatment of hepatitis C infections.

# Goals

The overall encompassing goals for the hepatitis elimination plan set forth by the OHEC is to:

1. Prevent new hepatitis C infections in Oklahoma.
2. Increase reporting of hepatitis C cases to the Oklahoma State Department of Health to improve hepatitis C surveillance data collection and usage.
3. Reduce barriers to hepatitis C screening, treatment, and linkage to care.
4. Achieve an integrated and coordinated effort to address hepatitis C among partners and stakeholders across Oklahoma.
5. Increase hepatitis C education for health care professionals and Oklahomans.

# Hepatitis C Elimination Definition

The definition of hepatitis elimination put forth by the Oklahoma Hepatitis Elimination Council is to prevent new hepatitis C infections in Oklahoma. Hepatitis C will be said to have been eliminated in the state of Oklahoma when there are no more newly identified positive cases of hepatitis C in the state.

# Key Strategies

For the goals listed to be achieved, several key strategies need to be employed.

The strategies have been grouped into three:

**Prevention**

**Education &  
Trainings**

**Surveillance**

# Prevention

**Goal 1** - Prevent new hepatitis C infections

**Goal 2** - Increase hepatitis C education to health care professionals and Oklahomans across the state

**Goal 3** - Reduce barriers to hepatitis C screening, treatment and linkage to care

**Goal 4** - Achieve integrated and coordinated efforts to address hepatitis C among partners and stakeholders across Oklahoma

## Objective 1.1

### Improving Hepatitis C Awareness, Education, and Prevention

- 1.1.1. Increase number of hepatitis education campaigns and events across the state to provide education about viral hepatitis and the benefits of getting tested, treated, and cured.
- 1.1.2. Utilize social media as a tool to expand hepatitis C awareness with messages surrounding testing, ease of treatment, and the importance of knowing your status.
- 1.1.3. Increase accessibility to hepatitis C related educational materials including brochures, flyers with key messages in numerous facilities in rural areas, in health care centers, facilities and county health departments.
- 1.1.4. Create a web database and directory of where patients can find nearby hepatitis testing facilities on [www.endinghivoklahoma.org](http://www.endinghivoklahoma.org).
- 1.1.5. Increase health profession advocacy about hepatitis C screening, testing, and recommended vaccination of hepatitis A and B viruses.
- 1.1.6. Increase availability of rapid testing sites, harm reduction services and programs in counties with high prevalence of hepatitis C.
- 1.1.7. Create a comprehensive list of hepatitis C providers in Oklahoma and make this available to facilities and organizations that cater to at risk populations.

## Objective 2.1

### Improving Hepatitis C Testing and Linkage to Care

- 2.1.1. Survey laboratories to determine hepatitis C testing and reflex testing capabilities and barriers.
  - 2.1.1a. Educate and encourage providers to order hepatitis C reflex tests.
- 2.1.2. Increase Department of Health support for organizations with hepatitis C rapid testing kits and supplies.
- 2.1.3. Determine and address barriers to linking Oklahomans to care after positive hepatitis C diagnosis.
- 2.1.4. Promote and increase telehealth capabilities for hepatitis C care in rural areas.
- 2.1.5. Promote and increase universal testing for hepatitis C in patients being tested for sexually transmitted infections and diseases, as well as for those that engage in activities that increase the risk of hepatitis C transmission.
- 2.1.6. Promote and increase screenings and harm reduction programs for inmates prior to lodging placement and release.

# Education & Training

**Goal 1** - Prevent new hepatitis C infections in Oklahoma

**Goal 2** - Reduce barriers to hepatitis C screening, treatment and linkage to care

**Goal 3** - Achieve integrated and coordinated efforts to address hepatitis C among partners and stakeholders across Oklahoma

**Goal 4** - Increase hepatitis C education to health care professionals and Oklahomans across the state

## Objective 3.1

### Improving Access to Health Professionals and Hepatitis C Treatment Opportunities in Oklahoma

- 3.1.1. Identify current Medicaid laws regarding hepatitis C testing and treatment to determine barriers, and create strategies to accommodate providers and health professionals in their efforts to combat hepatitis C.
- 3.1.2. Improve access to hepatitis C treatment for all people regardless of insurance status and provider.
- 3.1.3. Advocate to remove requirements to treatment such as prior provider authorization, sobriety, and fibrosis stage to make treatment accessible for all persons with hepatitis C.
- 3.1.4. Increase communication and education among all health professionals and providers emphasizing the ease of hepatitis treatment to help reduce stigmatization of hepatitis status in patients and improve treatment procedures.
  - 3.1.4a Provide education to medical students and at medical conferences on the ease of treatment and cure.
  - 3.1.4b Expand or promote the OSU Project ECHO to more providers.
- 3.1.5. Improve access to treatment referrals, counseling services, and peer support groups for those diagnosed with hepatitis C.
- 3.1.6. Utilize Public Health Detailers (PHDs) to share information on universal testing and screening requirements.

- 3.1.7. Advocate for improved access to hepatitis C resources in health systems and facilities in areas with the highest burden of hepatitis C to help reduce stigma in the health care delivery system.
- 3.1.8. Increase peer support groups for people diagnosed with hepatitis C in Oklahoma.
- 3.1.9. Reduce stigma regarding injection drug use and addiction. Advocate for and encourage the operation of harm reduction programs in Oklahoma.

# Surveillance

## Objective 4.1

### Improve Hepatitis C Surveillance in Oklahoma

- 4.1.1. Educate facilities and laboratories on hepatitis C reporting protocols and reporting avenues.
- 4.1.2. Improve hepatitis C surveillance by requiring facilities to report both positive and negative test results within 24 hours to the Oklahoma State Department of Health.
- 4.1.3. Publish hepatitis C efforts and scope by routinely updating the OHHPC and OHEC hepatitis data, as well as providing updates on harm reduction programs and strategy progression.
- 4.1.4. Provide health care facilities and harm reduction services and programs with training and materials for rapid hepatitis C testing.
- 4.1.5. Increase availability of hepatitis C surveillance data including harm reduction program data by routinely sharing reports with the OHHPC and OHEC at least annually.
- 4.1.6. Increase the capacity of laboratories.



# Acknowledgments

## Oklahoma Hepatitis Elimination Council Members

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