



HEALTH SERVICES AGENCY  
ADMINISTRATION

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# County of Santa Cruz

HEALTH SERVICES AGENCY

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April 5, 2000

AGENDA: May 2, 2000

BOARD OF SUPERVISORS  
County of Santa Cruz  
701 Ocean St.  
Santa Cruz, CA 95060

SUBJECT: HEPATITIS C

Dear Board Members:

I am writing to present a report on Hepatitis C in Santa Cruz County and to inform your Board of local and statewide planning efforts currently underway to develop comprehensive plans to address the many issues created by the infection.

## Background

What is the public health significance of Hepatitis C? Hepatitis C Virus (HCV) is the most common chronic bloodborne pathogen in the United States. Our knowledge and understanding of the virus is relatively new; prior to 1992 when the virus was first characterized, the majority of infections were classified as 'non-A, non-B hepatitis'. The Centers of Disease Control (CDC) now estimates that 1.8% of the U.S. population has been infected with Hepatitis C virus, 70% of whom will remain chronically infected. In California, those estimates translate to almost 600,000 infected Californians, 420,000 of whom likely will remain chronically infected and require ongoing medical care. The number of infected persons in Santa Cruz County is unknown. Based on the CDC estimate of 1.8% of the population, there may be as many as 4,500 persons currently infected in Santa Cruz. Persons at risk of infection are injection drug users, persons (generally hemophiliacs) who received blood products with clotting factors prior to 1987, or other blood products prior to 1992, and people living with HIV/AIDS who may be co-infected with HCV.

Hepatitis C is a costly, chronic infection. Of those who are chronically infected, 10%-30% will develop cirrhosis of the liver over a period of 20-30 years, and 1%-5% will develop liver cancer. Hepatitis C infection is the leading indication for liver transplantation in the country; each liver

transplant costs an estimated \$300,000. Californians currently spend more than \$50 million annually on costs related to HCV. Because the majority of those infected are 30 to 49 years of age, the economic burden as these individuals develop chronic liver disease will increase in the next few decades. Hepatitis C is partially treatable, and through education about avoiding harm to the liver by not using alcohol and drugs, and getting vaccinations for Hepatitis A and B, additional liver damage and the associated costs can be avoided. There is a large human burden created by Hepatitis C. Individuals who are infected are concerned with an uncertain future in terms of their health, treatment options and accessibility, potential disability and many other concerns.

Hepatitis C is a communicable but totally preventable illness. However, because the majority of persons infected do not develop symptoms of any kind until many years after the initial infection, unidentified infected persons can unknowingly spread the infection to others. The virus is transmitted through exposure to infected blood, currently most commonly through contaminated needles and equipment among injection drug users. Because people with Hepatitis C do not frequently have symptoms at first, only screening of high-risk populations will identify cases.

Hepatitis C infection is partially treatable. New combinations of drugs have been shown to be at least partially effective in the treatment of Hepatitis C. However, not all infected persons will respond to therapy. Factors which affect response include gender, chronicity of infection, the specific viral grouping, as well as other health problems and adherence to treatment.

#### Planning Efforts

Planning efforts have begun at the state and local level. The efforts are designed to address four broad-based objectives:

- Understanding the extent of the problem;
- Preventing new Hepatitis C infections (primary prevention);
- Limiting progression and complications of Hepatitis C disease (secondary prevention);
- Advocating for the treatment needs of persons infected with Hepatitis C.

Effective programs, including components for prevention, education, counseling and treatment for Hepatitis C, will involve many organizations at the federal, state and local levels. The problem is far too large for any one agency or branch of government, especially local government, to be able to adequately address alone.

At the State level, the Department of Health Services has convened a Steering Committee bringing together the major stakeholders including: public health, medicine, drug and alcohol programs, corrections and jails, legislature, needle exchange programs, researchers, consumers, and others. The Steering Committee, and a subsequent, and larger group, will develop a comprehensive action plan for the State, including recommendations which address the areas listed below. This planning process has worked well for other diseases such as tuberculosis and chlamydia, and has resulted in a focus on those diseases including funding for prevention, treatment and control.

A local planning effort is also underway. In December, 1999, HSA hosted the first community-wide meeting to discuss Hepatitis C. That meeting was attended by approximately 65 persons representing healthcare, substance abuse prevention and treatment, and HCV support

programs as well as consumers. Subsequently, those wishing to continue to participate have met on three occasions, and have formed the Santa Cruz County Hepatitis C Task Force. The group has developed the following Mission Statements:

**REVISED MISSION STATEMENT DRAFT**

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The purpose of the Santa Cruz County Hepatitis C Task Force is to:

- Understand the extent of the problem of Hepatitis C infection in Santa Cruz County through improved surveillance and target screening programs;
- Prevent new infections through education, counseling and support of harm reduction programs;
- To limit progression and complications of HCV disease through promotion of healthy lifestyles, vaccination against Hepatitis A & B, and expanded access to **alcohol/drug** treatment;
- To advocate for the needs of people infected with HCV through provider education, political activism and resource development.

The Task Force will work in advisory capacity to the Agency to help develop a local comprehensive plan to address Hepatitis C. It is our hope and expectation that the Task Force can engage the interest of many private and public organizations to actively participate in the solutions to the problems of Hepatitis C. It is expected that the local plan will be similar to the statewide plan, but also address the problem in a way germane to our own local jurisdiction.

Pending development of the plans, HSA staff are working to incorporate Hepatitis C surveillance, prevention and treatment into existing programs where feasible. Limited staff time and resources present a major challenge to our efforts, and we do not anticipate being able to substantially increase our efforts without additional state or other funds. We will continue our planning efforts, and report to your Board in September regarding local and statewide efforts to address the issue of Hepatitis C.

It is, therefore, RECOMMENDED that your Board:

1. Accept and file this report.

2. Direct HSA to report back to your Board on September 19, 2000 regarding Hepatitis C planning efforts.

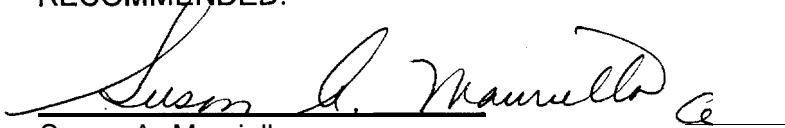
Sincerely,



Rama Khalsa, Ph.D.  
Agency Administrator

RK:GW:js

RECOMMENDED:



Susan A. Mauriello  
County Administrative Officer

cc: County Administrative Office  
Auditor-Controller  
County Counsel

HSA Administration  
Public Health Administration