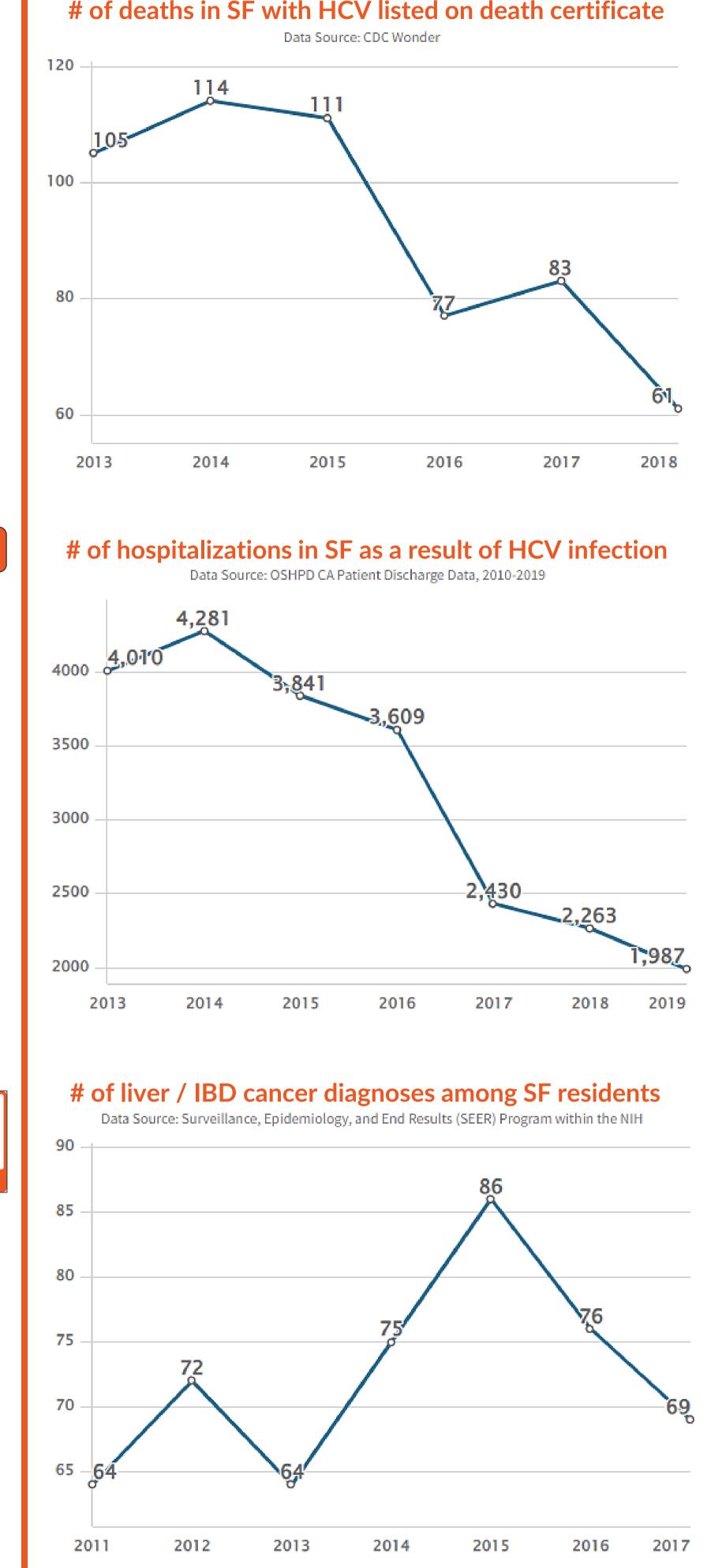
# In most US cities we typically can't rely on public

health surveillance data to measure progress toward

HCV elimination, but we can successfully devise a

patchwork of available data for this purpose instead.

WHEN HEALTH DEPARTMENT DATA DON'T **CUT IT: STRATEGIES TO TRACK AN EPIDEMIC** 



## **INTRO**

- In the United States there is no nationalized data system that allows for easy tracking of the hepatitis C virus (HCV).
- In San Francisco, the health department viral hepatitis surveillance program currently only reports descriptive statistics regarding positive HCV results. Therefore, the city's HCV elimination initiative, End Hep C SF, needed to find creative ways to measure elimination progress.

# **METHODS**

With the guidance of epidemiologists and other researchers in End Hep C SF's

### RESULTS

• We have estimated prevalence of anti-HCV antibodies and untreated HCV infection among people who inject drugs and the city overall.

An estimated 1,000 fewer people with chronic infection in 2019 than 2015

• We have completed an HIV and HCV surveillance registry match to identify people co-infected with HIV and HCV, as a part of our co-infection microelimination effort.

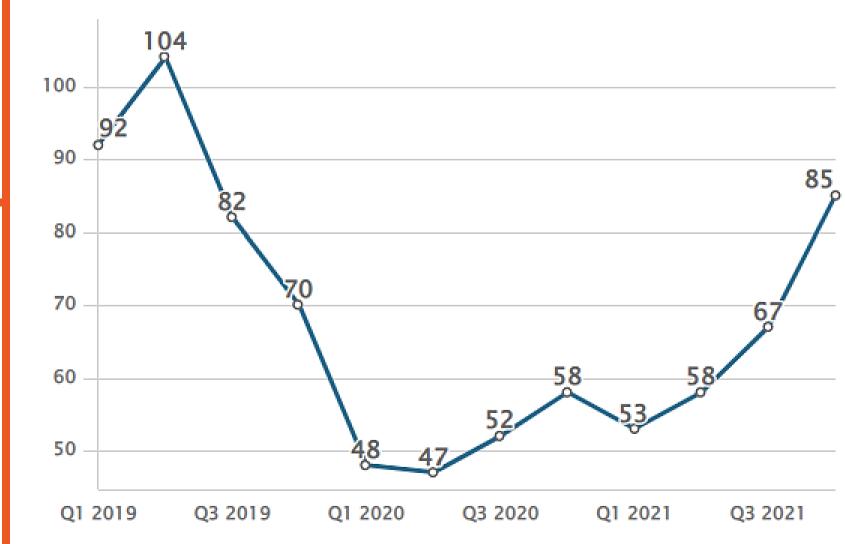
Approximately 600 co-infected people left to treat

• We have analyzed quarterly community-based testing and treatment rates for 2019 and 2020 to assess the impact of COVID-19.

**Community Research and Data** Stewardship workgroup, we have used the Results-Based Accountability<sup>TM</sup> evaluation framework and Clear Impact platform to regularly draw on existing datasets from local studies and community-based programs to supplement surveillance data.

- We have hired consultants to complete data analyses to assess perinatal HCV and jail-related HCV testing and treatment needs.
- We have created a publicly-available data dashboard to help track our progress - which is helping us confirm that End Hep C SF is succeeding in helping to eliminate HCV in SF!

# of SF Health Plan patients started on HCV treatment Data Source: SEDPH



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