



Best Practices for Hepatitis C Services in Local Health Departments

The Kentucky Department for Public Health is dedicated to advancing harm reduction strategies that enhance the health and safety of all Kentuckians.



Contents

Acknowledgements.....	3
Living Document	4
Executive Summary.....	5
Why Should Local Health Departments Be Providing Hepatitis C Care?	6
How Can Local Health Departments Reduce Barriers to Hepatitis C Care?	7
Best Practices for Hepatitis C Services in Local Health Departments.....	8
Getting Started	8
Increasing Hepatitis C Treatment.....	8
Meeting People Where They Are	9
Tools for Local Health Departments	10
Hepatitis C Scripts for LHD Staff & Epidemiologists.....	10
Hepatitis C Testing at LHDs	11
Hepatitis C Testing Resources	13
Billing for Hepatitis C Testing	15
Hepatitis C Treatment Through Partnerships	15
Potential Funding Sources.....	16
AASLD/IDSA Simplified HCV Treatment Algorithm	16
References	18
Resources.....	19
Syndemic Resources.....	20
Training Resources	21

Acknowledgements

We extend our sincere gratitude to the Kentucky Department for Public Health (KDPH) colleagues, local health department leaders and staff, community-based program partners, clinicians, and healthcare providers across the state and beyond who contributed their time, expertise, and dedication to the development of this resource. Your collaboration, commitment, and shared vision made this toolkit possible. We are deeply appreciative of your continued efforts to strengthen public health practice and improve the health of our communities.

Kentucky Department for Public Health (KDPH) Viral Hepatitis Program employees who contributed to the process and information:

- Rachael Corrone, Infectious Disease Branch, Division of Epidemiology and Health Planning
- Christina D’Agostino, Infectious Disease Branch, Division of Epidemiology and Health Planning
- Katie Gardner, Infectious Disease Branch, Division of Epidemiology and Health Planning
- Claire Holladay, Infectious Disease Branch, Division of Epidemiology and Health Planning
- Jordan Murphy, Infectious Disease Branch, Division of Epidemiology and Health Planning
- Dr. Dia Obonyo, Infectious Disease Branch, Division of Epidemiology and Health Planning

Suggested Citation: Kentucky Department for Public Health (KDPH). Best Practices for Hepatitis C Services in Local Health Departments. Frankfort, Kentucky: Cabinet for Health and Family Services, Kentucky Department for Public Health, [2026].

Living Document

This is a living document, which will be updated as new information becomes available.

For more information, contact the KDPH Viral Hepatitis Program at: VHP@ky.gov.

Last Updated: March 2026

Executive Summary

The Role of Local Health Departments in Hepatitis C Elimination

Local Health Departments (LHDs) are trusted community health care access points and play a critical role in reducing infectious disease transmission, increasing testing and treatment, and improving health outcomes.

Best Practices for Hepatitis C Services in LHDs

1. Build a Collaborative Team
2. Implement Universal Hepatitis C Screening
3. Streamline Diagnosis and Linkage to Hepatitis C Treatment
4. Train and Support LHD Providers to Prescribe Hepatitis C Treatment
5. Reduce Barriers to Hepatitis C Care
6. Provide Person-Centered Care
7. Track and Evaluate Outcomes

By expanding hepatitis C education, screening, and linkage, and offering on-site hepatitis C treatment, LHDs can leverage their low-barrier, culturally responsive health care infrastructure to increase access to hepatitis C care for the Kentuckians who need it most.

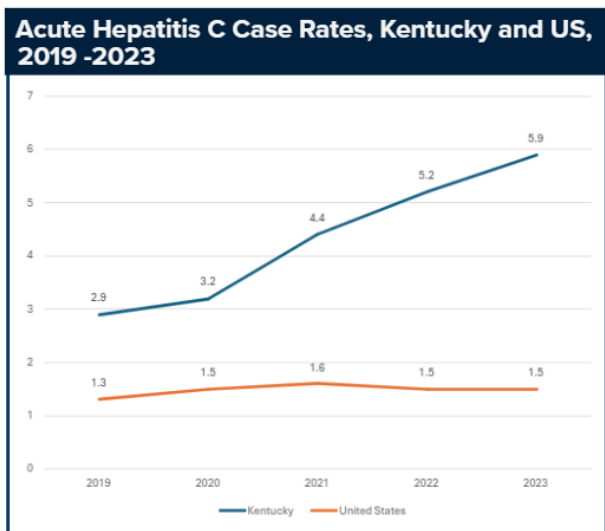


For more information, visit the Kentucky Department for Public Health Viral Hepatitis Program Website at:

<https://www.chfs.ky.gov/agencies/dph/dehp/idb/Pages/vhp.aspx>

Why Should Local Health Departments Be Providing Hepatitis C Care?

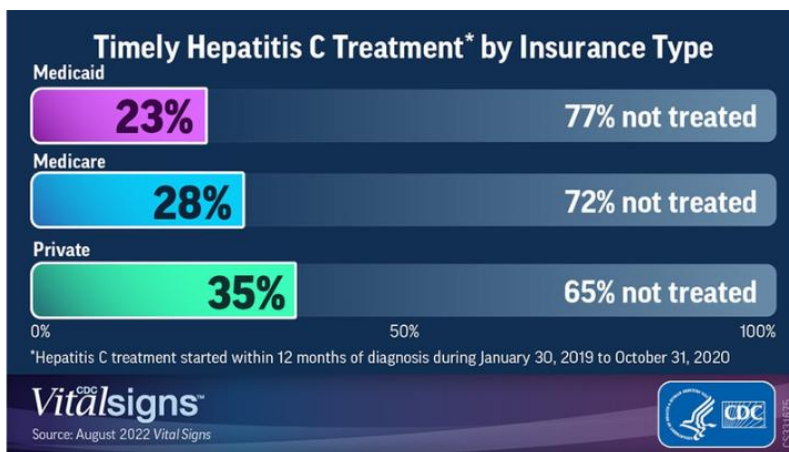
Kentucky has one of the highest rates of hepatitis C in the U.S. and rates have continued to rise in recent years due to injection drug use and the overdose crisis ([CDC, 2023](#)). When left untreated, chronic hepatitis C can lead to liver damage, liver cancer and death.



1 in 3
 Only about 1 in 3 people with insurance get timely treatment.

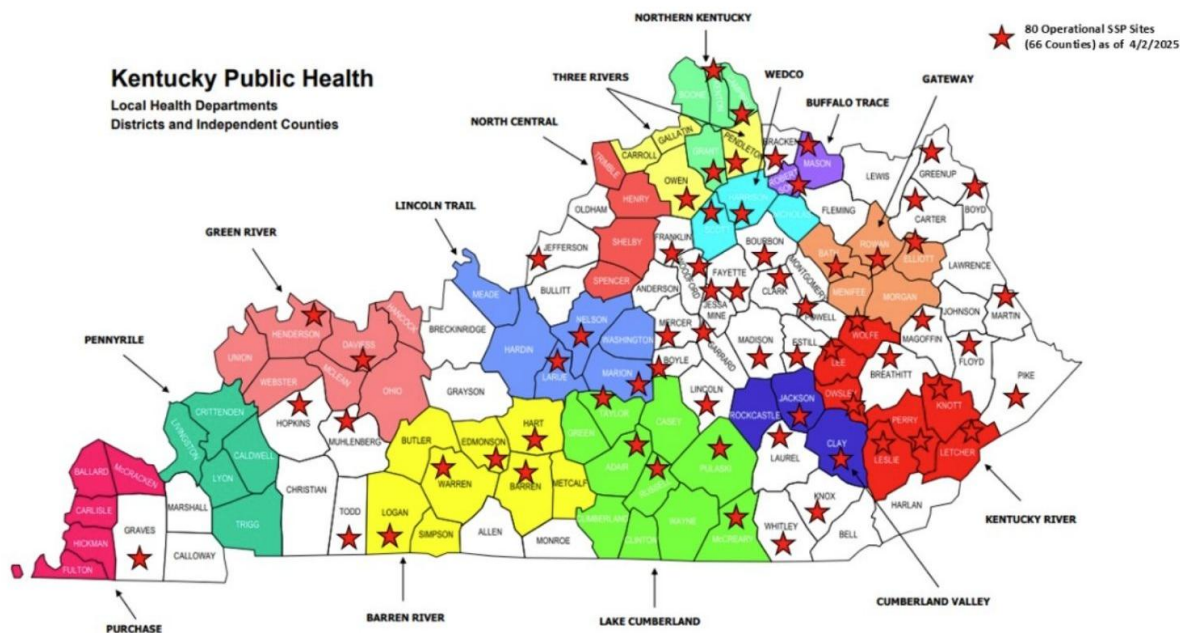
Hepatitis C Care Is Not Reaching Those Who Need It

Despite advancements in hepatitis C treatment, including a 95% cure rate, and simplified hepatitis C treatment algorithms, many Kentuckians living with hepatitis C still do not receive screening or treatment.



How Can Local Health Departments Reduce Barriers to Hepatitis C Care?

There are many barriers to hepatitis C care, including lack of health insurance, transportation, and past experiences of substance use-related stigma. Local Health Departments are trusted health care access points for those who are most marginalized and are familiar with the barriers they face.



40% of people who have recently injected drugs have hep C



With 120 LHD locations and many Syringe Services Programs, Kentucky is well-positioned to diagnose and cure hepatitis C in their communities, including the highest-risk populations.

Best Practices for Hepatitis C Services in Local Health Departments

Getting Started

1. Build a Collaborative Team

- Include Peer Supports, Community Health Workers (CHWs), public health nurses, clinicians, health insurance connectors, harm reduction staff, regional epidemiologists, and other LHD staff.
- Partner with local Community Health Centers, substance use treatment programs, Gastrointestinal and Infectious Disease specialists for complex patients, Community Based Organizations (CBOs), Peer Support programs, community corrections, and other community resources.

2. Implement Universal Hepatitis C (HCV) Screening

- Offer universal hepatitis C screening to all adults at least once, *regularly if there are risk factors such as substance use*, and during every pregnancy (per CDC guidelines, 2020).
- Integrate opt-out testing into existing STD, Family Planning, Tuberculosis, and other visits, adding language as appropriate to patient consent forms to notify patients that testing will be performed unless they decline.
- Offer hepatitis C testing at *every* harm reduction or Syringe Services Program (SSP) visit.
- Train staff to administer point-of-care (POC) HCV tests (antibody and/or RNA).
- Consider obtaining a Cepheid Xpert® CLIA waived point-of-care HCV RNA testing machine for on-site confirmatory testing (especially in high-risk settings, such as an SSP) to expedite diagnosis.

Increasing Hepatitis C Treatment

1. Streamline Diagnosis and Linkage to Hepatitis C Treatment

- Perform confirmatory HCV RNA testing on-site in the public health clinic (via POC HCV RNA or phlebotomy) as soon as possible for positive point-of-care HCV antibody tests in SSPs or other non-clinical settings.
- Ensure [automatic reflex testing](#) (positive HCV antibody to RNA) per CDC guidelines to avoid multiple blood draws and loss to follow-up.
- Perform pre-treatment labs from [AASLD/IDSA simplified treatment algorithm](#) in public health clinic as soon as possible, utilizing standing orders for public health nurses to follow after a positive HCV RNA.



- Provide hepatitis C treatment on-site in the public health clinic or co-locate in harm reduction programs.
 - Partner with local Community Health Centers or other clinics to offer on-site treatment regularly, for example via telehealth or in a mobile unit if LHD staff are unable to provide treatment.
 - Identify and compile a regularly updated list of local hepatitis C testing and treatment resources and *provide warm handoffs for enhanced linkage to care* when necessary.
- 2. Train and Support LHD Providers to Prescribe Hepatitis C Treatment**
- Enroll LHD providers in hepatitis C treatment training [e.g., [Kentucky Hepatitis Academic Mentorship Program](#)].
 - Use [simplified treatment protocols](#) for non-complex treatment-naive patients (e.g., [AASLD/IDSA guidance](#)).
 - Designate a treatment champion at each health department and/or district.

Meeting People Where They Are

- 1. Reduce Barriers to Hepatitis C Care**
- Offer regular hours and flexible appointments, walk-in visits, evening hours, and/or set dates and times for hepatitis C treatment appointments.
 - Address hepatitis C education, transportation, housing, insurance navigation, and other needs with CHWs, Peer Supports, or other support staff.
 - Provide medication adherence support (e.g., lockers to store medications, pill organizers, phone and text check-ins, transportation assistance, incentives).
- 2. Provide Person-Centered Care**
- Ensure materials and signage are accessible and inclusive (language, literacy, cultural relevance).
 - Integrate Peer Support into every aspect of hepatitis C care.
 - Decrease stigma by using nonjudgmental, trauma-informed communication.
 - Recognize and address the impacts of stigma on people who use drugs.
- 3. Track and Evaluate**
- Monitor screening, treatment initiation, cure rates (Sustained Virologic Response - SVR), and no-show rates.
 - Use data to address gaps in care and support continuous quality improvement.

Tools for Local Health Departments

Hepatitis C Scripts for LHD Staff & Epidemiologists

It is important for LHDs to keep and regularly update a list of local and telehealth hepatitis C treatment providers. If a LHD is having trouble identifying hepatitis C care providers in their community, they can reach out to the KDPH Viral Hepatitis Program at vhp@ky.gov for assistance. Below are scripts LHD staff answering phone calls can use when patients ask for help finding providers and for epidemiologists or others doing hepatitis C case investigations.

For staff answering the phone at LHDs, if someone asks for help finding a local hepatitis C provider (if on-site treatment is not provided):

“Here are the phone numbers of local hepatitis C treatment providers...They can answer any questions about treatment that you might have. If you would like more information about hepatitis C, visit [Kentucky Viral Hepatitis Program website](#).”

For epidemiologists doing case investigations, after discussing the person’s positive hepatitis C test:

“It’s important for people living with hepatitis C to get treatment to cure the virus. Starting treatment as early as possible can help prevent the spread of hepatitis C and lower the chances of getting serious liver disease or liver cancer.

Today’s hepatitis C treatments:

- *Are over 95% effective*
- *Are simple to take—pills taken daily for 8 to 12 weeks*
- *Have few side effects*
- *Can be prescribed regardless of drug or alcohol use*
- *Are covered by most health insurance plans. There are also programs available to help people without insurance afford treatment.*
 - *If you don’t have health insurance, you can [talk to our health insurance connector or] call KYNECT at 855-459-6328. They can help you find health coverage for you and your family.*
 - *For more information about prescription assistance programs that may help lower the cost of treatment, you can [speak to our KPAP Advocate or] call the Kentucky Prescription Assistance Program (KPAP) at 1-800-633-8100.”*

Here are the phone numbers of local hepatitis C treatment providers... They can answer any questions about treatment that you might have. If you would like more information about hepatitis C, visit the [Kentucky Viral Hepatitis Program website](#).”

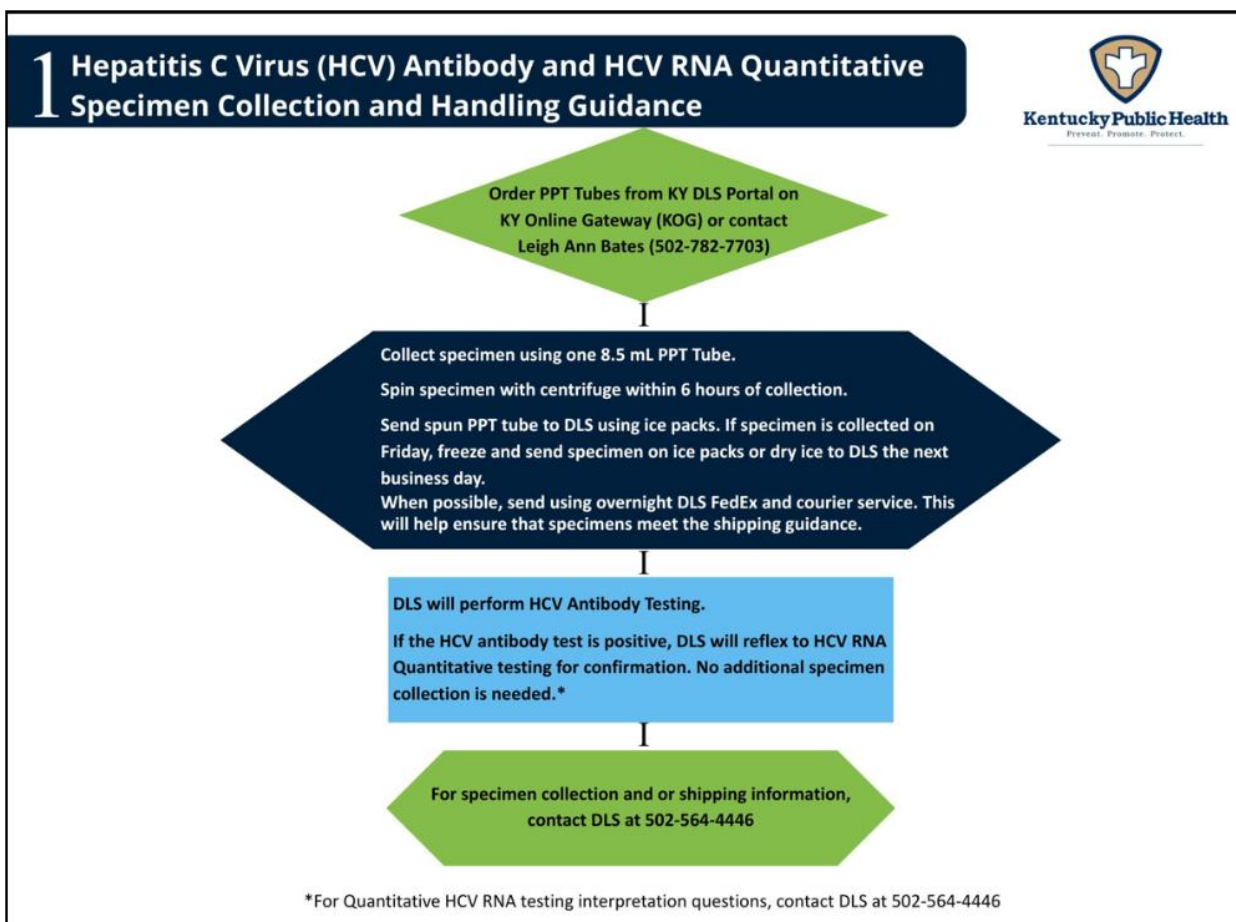
Hepatitis C Testing at LHDs

Sending HCV Labs to the Kentucky Division of Lab Services:

1. LHD personnel qualified in venipuncture may collect and submit a specimen to the Kentucky Division of Lab Services (DLS) following guidance from the [Clinical Services Guide](#).
2. To obtain PPT tubes from DLS (Division of Laboratory Services), order through the KY DLS Portal on KY Online Gateway (KOG). For questions, call 502-782-7703.
3. **Collect a specimen from the patient using one 8.5mL Plasma Preparation tube (PPT).** Spin tube within 6 hours of collection. Specimen should be at least 3mL plasma.
4. **Send spun PPT tube to DLS using ice packs.** Specimens collected on Friday should be frozen over the weekend and sent the following workday to DLS on ice packs or dry ice. Send specimens using DLS FedEx or courier service to ensure that the specimens meet the shipping guidelines. If specimens are frozen, they will be stable for 6 weeks Note: If the LHD is on the DLS courier system, then they will need to order courier bags with minimal shipping supplies such as tube shuttles and 95kpa bags as the courier will keep things cold for them once they pick it up. Reach out to DLS with any questions about the DLS courier system.
5. **DLS will perform the HCV antibody testing.** If the antibody testing is positive, DLS will automatically reflex to Quantitative HCV RNA testing for confirmation. **No second specimen is needed.**
6. Please do not send DLS whole blood for the HCV antibody testing.
7. If you need assistance interpreting the HCV RNA Quantitative test results, **please contact the DLS Supervisor of the Virology Section at 502-564-4446.**

Important Reminders:

- Be sure to check all specimen tubes' expiration dates
- Label specimens with 2 identifiers, such as full name and Date of Birth
- HCV testing should occur regardless of the individual's ability to pay that day.
- **If you have any questions about specimen collection and/or shipping, please contact DLS at 502-564-4446.**



Division of Lab Services Resources

- DLS Contact Information: dphlabkits@ky.gov or 502-564-4446
- [DLS Website](#)
- DLS [Reference List of Tests](#) (2025)
- [DLS Instructions for Collecting, Labeling, and Shipping Hepatitis C Specimens](#)

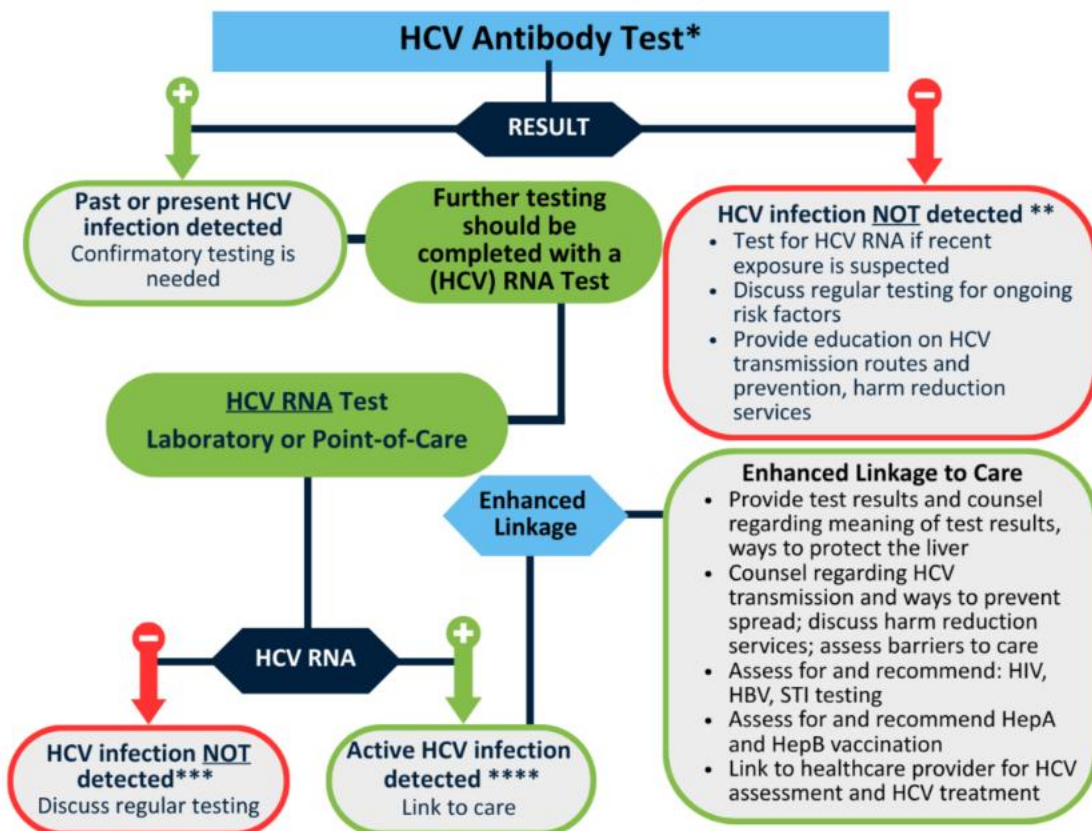
Hepatitis C Testing Resources

- [OraSure OraQuick® HCV Rapid Antibody Test](#) :
OraSure offers OraQuick® HCV Rapid Antibody Test Trainings and resources for potential testers, including an online module, synchronous virtual training, and in-person trainings as able. Contact OraSure for more information:
CustomerCare@orasure.com
 - [Online HCV Testing Training Module](#) (asynchronous):
 - [OraSure Technologies' HIV/HCV Testing National Virtual Training](#) (synchronous)
- [Cepheid CLIA Waived Xpert® Point-of Care HCV RNA \(Confirmatory\)Test](#): Approved by the FDA in 2024, **Cepheid HCV RNA** testing facilitates on-site HCV diagnosis with a **point-of-care fingerstick**, without needing to send HCV labs out. This can **reduce the steps** from testing to treatment.
- [HCV Testing and Linkage to Care | AASLD/IDSA HCV Guidance](#) (2022)
- [Clinical Screening and Diagnosis for Hepatitis C | Hepatitis C | CDC](#) (2025)
- [Updated Operational Guidance for Implementing CDC's Recommendations on Testing for Hepatitis C Virus Infection | MMWR](#) (2023)



Recommended Testing Sequence for Identifying Current Hepatitis C Virus (HCV) Infection

Testing Guidelines Recommend:
Every adult should be tested once, during every pregnancy, and people with risk factors should be tested regularly



*HCV Antibody Test: either point-of-care rapid HCV antibody test or phlebotomy/lab test. For lab test: HCV antibody with automatic reflex to RNA is recommended.

**For persons who might have been exposed to HCV within the past 6 months, testing for HCV RNA or follow-up testing for HCV antibody is recommended. For persons who are immunocompromised, testing for HCV RNA can be considered. Discuss regular testing as often as every 3-6 months for ongoing risk factors.

***Consider social drivers of health. Provide education on harm reduction practices/services and transmission prevention. Discuss and plan for regular testing as often as every 3-6 months for ongoing risk factors.

****Provide treatment on-site or facilitate enhanced linkage to treatment. Consider completing pretreatment labs per American Association of the Study of Liver Disease (AASLD) guidelines. Engage patient in harm reduction services. Educate on preventing transmission and reducing liver disease progression. Identify and address barriers to care.



Report an Acute HCV infection using one of the following ways:

1. Electronic Case Report form
2. EPID 200 Kentucky Reportable Disease Form electronically or faxed to your local health department.
 - a. For electronic reporting contact KHISupport@ky.gov to enroll.

References: <https://www.hcvguidelines.org/guidance/hcv-testing-and-linkage-to-care/>



Kentucky Public Health
Prevent. Promote. Protect.



Kentucky Public Health
Prevent. Promote. Protect.

Billing for Hepatitis C Testing

ICD-10 Codes for Hepatitis C Testing

- **For HCV Antibody and RNA Confirmatory Testing:** Z11.59 (screening for other viral diseases)
- **For Pretreatment Labs After a Positive HCV RNA:** B18.2 for chronic hepatitis C or B17.1 for acute hepatitis C

Medicaid Preventive Billing Codes:

- 86803- Hepatitis C Antibody test,
- 87522- Hepatitis C, Quantification, includes reverse transcription when performed
- 99201- Office/ Outpatient Visit New
- 99202- Office/ Outpatient Visit New
- 99203- Office/ Outpatient Visit New
- 99204- Office/ Outpatient Visit New
- 99205- Office/Outpatient Visit New
- 99211- Office/ Outpatient Visit Established (EST)
- 99212- Office/ Outpatient Visit EST
- 99213- Office/ Outpatient Visit EST
- 99214- Office/ Outpatient Visit EST
- 99215- Office/ Outpatient Visit EST

For more information see the: [Clinical Services Guide and Administrative Reference](#)

Hepatitis C Treatment Through Partnerships

If a LHD is not able to provide hepatitis C treatment on-site, there are options to facilitate treatment through partnerships, such as:

- **Telehealth Partnerships**
 - **Example:** *The University of Kentucky's Bluegrass Care Clinic utilizes telehealth to offer hepatitis C evaluation and treatment in non-traditional settings. Delivering treatment in locations where people already receive other services, like syringe services programs and recovery centers, minimizes common treatment barriers and increases access to care to improve cure rates. If you would like additional information or are interested in being a partner site, please contact **Amanda Wilburn** at abwilb2@uky.edu.*
- **Sharing space in the public health clinic or SSP** with providers that treat hepatitis C, such as Primary Care Providers or Hepatitis C Treatment Providers.
- **Mobile Clinics** that provide hepatitis C care can set up regularly in parking lots or other adjacent spaces near the LHD, especially during SSP hours of operation.

Additional Partnership Opportunities for Hepatitis C Care

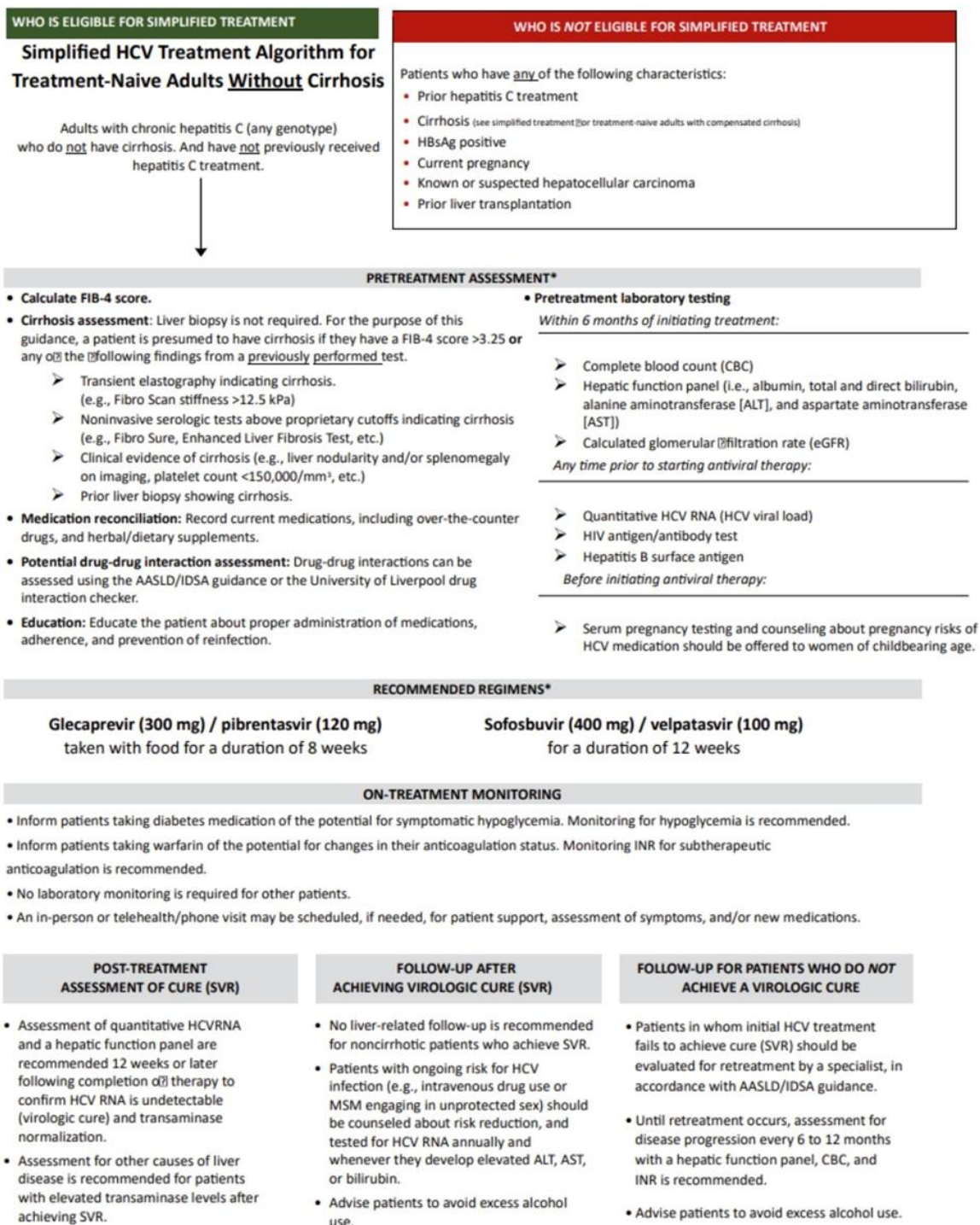
- **Partnerships with Substance Use Disorder Treatment Providers:** A current list of Kentucky Opioid Treatment programs can be found at: <https://findhelpnowky.org/ky>
- **Corrections Partnerships** with state prisons, local jails, reentry and Probation & Parole to provide hepatitis C education, prevention, and testing.
- **340B Partnerships** with community pharmacies for 340B savings. For more information: <https://www.hrsa.gov/opa>

Potential Funding Sources

- **Opioid Abatement Funds** [Commission Teva Global Opioid Settlement Agreement \(2023\) – Exhibit E, Schedule B Approved Uses](#) (H, 10): "Support efforts to prevent or reduce...opioid-related harms through...strategies that may include, but are not limited to, the following...**Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.**" This could potentially include HCV testing, treatment, providers, peer supports, linkage coordinators, incentives/support for care, etc.
- **County Agency for Substance Abuse Policy (ASAP) Funds** could be used for hepatitis C test kits. *KY-ASAP Local Boards have the discretion to decide to fund or not fund projects, programs, activities, etc. and those budgets including all line items must be included in the local board's Office of Drug Control Policy (ODCP) approved budget.* For more information: [KY Agency for Substance Abuse Policy - Office of Drug Control Policy](#).
- **Kentucky Overdose Response Effort (KORE) Harm Reduction Expansion Project** LHDs Awardees could use these funds for hepatitis C test kits. They must be included as line items in approved budget. Contact KDPH Harm Reduction Program by email for more information at harmreduction@ky.gov

AASLD/IDSA Simplified HCV Treatment Algorithm

- [American Association for the Study of Liver Diseases / Infectious Diseases Society of America](#) Simplified HCV Treatment for Treatment-Naïve Adults Without Cirrhosis (2023)
- [AASLD Website](#): Hepatitis C Practice Guidelines
- [CDC Information about Hepatitis C Treatment for Providers](#)



*More detailed descriptions of the patient evaluation process and antivirals used for HCV treatment, including the treatment of patients with cirrhosis, can be found at www.hcvguidelines.org. Updated: August 27, 2020. © 2019-2020 American Association for the Study of Liver Diseases and the Infectious Diseases Society of America.



References

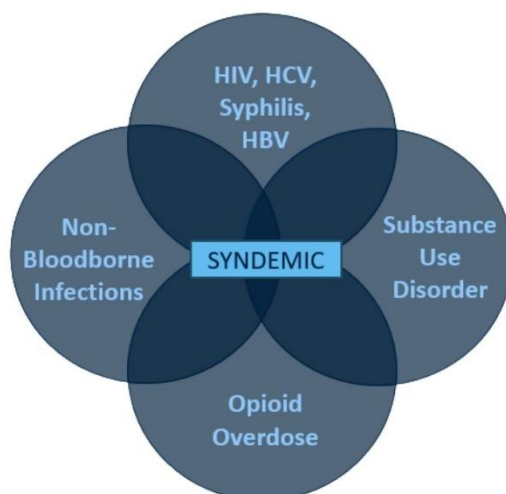
- [Hepatitis C Surveillance | 2023 Hepatitis Surveillance | CDC](#)
- [HCV Testing and Linkage to Care | AASLD HCV Guidance](#)
- [Clinical Screening and Diagnosis for Hepatitis C | Hepatitis C | CDC](#)
- [Opt-Out Hepatitis C Testing | New York State Department of Health](#)
- [FDA Permits Marketing of First Point-of-Care Hepatitis C RNA Test | FDA](#)
- [Updated Operational Guidance for Implementing CDC's Recommendations on Testing for Hepatitis C Virus Infection | MMWR](#)
- [Simplified HCV Treatment for Treatment-Naive Adults Without Cirrhosis | HCV Guidance](#)
- [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. \(NATAP, 2021\) INSHU.](#)
- [A community-based participatory research approach to evaluating and improving hepatitis C risk, knowledge, and stigma associations among people who inject substances in Indiana. \(Woodward et al, 2024\) Public Health Nursing.](#)
- [Approaches to Offering Hepatitis C Treatment at Syringe Services Programs in the United States: A Scoping Review. \(Yoder et al, 2025\).](#)
- [Local Health Departments as Leaders in the Prevention & Elimination of Viral Hepatitis. \(NACCHO, 2022\).](#)

Resources

- [Kentucky Department for Public Health \(KDPH\) – Viral Hepatitis Program](#)
- [KDPH Viral Hepatitis Program Printable Resources](#)
- [Kentucky Hepatitis Academic Mentorship Program \(KHAMP\) – Kentucky Rural Health Association](#) (Clinical Support & Training for Providers)
- [KDPH Harm Reduction & Syringe Services Programs](#)
- [Find Help Now KY](#)
- [KYNECT](#) – Kentucky Health Insurance and Benefits
- [Kentucky Patient Assistance Program \(KPAP\)](#) - Identifies free and low-cost medication programs
- [Kentucky Primary Care Association \(KPCA\)](#) – FQHCs
- [Kentucky Perinatal Quality Collaborative](#)
- [American Association for the Study of Liver Diseases](#)
- [CDC: Hepatitis C Resources](#)
- [NASTAD](#)
- [OraSure OraQuick® HCV Rapid Antibody Test Training](#)
- [National Harm Reduction Coalition Hepatitis Resources](#)
- [Hepatitis Education Project \(HEP\)](#)
- [NACCHO Viral Hepatitis Resources](#)
- [National Viral Hepatitis Roundtable](#)
- [HepVu](#)

Syndemic Resources

- Injection drug use and opioid use are risk factors for substance use disorder, overdose, Hepatitis C Virus (HCV), HIV, Hepatitis B Virus (HBV), syphilis and other conditions.
- It is important to provide education, increase access to care and decrease stigma for all aspects of the syndemic.
- It is through multidisciplinary partnerships that we can address syndemic needs and come up with synergistic solutions.



Training Resources

- [Recordings of Viral Hepatitis Program's Presentations](#)
- [Various Hepatitis Trainings on Kentucky TRAIN Website](#)
- [Hepatitis C Online](#): A free educational website from the University of Washington Infectious Diseases Education & Assessment (IDEA) Program
- [Kentucky Hepatitis Academic Mentorship Program \(KHAMP\)](#) – [Kentucky Rural Health Association](#) (Clinical Support & Training for Providers)
- [OraSure OraQuick® HCV Rapid Antibody Test Training](#)