



DISTRICT OF COLUMBIA

1. Plan Development

The District of Columbia (D.C.) has not yet created a viral hepatitis elimination plan, but work groups have been established to further these efforts. The jurisdiction is expected to publish a plan by 2025 in accordance with CDC PS21-2103.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and “Works” Possession Laws and Syringe Exemption

SSPs are authorized by statute in D.C. and function on a needs-based policy. Possessing syringes is illegal unless received from an SSP. Additionally, there are laws in place to protect Good Samaritans who attempt to assist others that are experiencing a substance use-related medical emergency, and there are protections in place for the person experiencing the emergency.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

D.C.'s FY23 budget does mention viral hepatitis, but it does not mention the elimination of viral hepatitis. The corrections budget also fails to address viral hepatitis as well.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

D.C. provides educational information to the public regarding viral hepatitis and previously shared perinatal HBV and HCV data with the public, but it no longer has active links on its Department of Health website pertaining to HCV perinatal information. The information that is provided though is linguistically diverse and reflects the varied cultural composition of the population. The DC Health website includes one training resource for providers: The ABCs of Hepatitis for Health Professionals. The jurisdiction should consider including additional resources to improve awareness and capacity to screen for and treat viral hepatitis, such as Hepatitis B Online and Hepatitis C Online, or training programs offered by Maryland and Virginia.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections does not exist in the District of Columbia. There also has not been litigation in D.C. regarding proper guidance for treatment of HCV in corrections.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

The District funds targeted interventions for key populations, such as persons who use drugs and those experiencing homelessness.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

We would like to especially acknowledge the establishment of work groups being formed to create a viral hepatitis elimination plan for the District of Columbia. These work groups will help bolster partnership, identify needs, leverage available resources, and further efforts to create and publish a comprehensive viral hepatitis elimination plan.

Hepatitis C: State of Medicaid Access Grade

The District of Columbia made a significant improvement in its Hepatitis C: State of Medicaid Access grade: prior authorization is not required for preferred HCV treatment regimens, and no fibrosis, substance use, or prescriber restrictions (amongst others) are in place. The grade has moved all the way from an F to an A.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

D.C. does have a public-facing website with regularly updated viral hepatitis epidemiological data on, it but reports that have been published do not include data on HAV. Because of its frequent correlation with risk factors that also increase incidence of HBV and HCV, HAV data should be included in overall viral hepatitis surveillance as well.