Priority Tasks for 2017
San Francisco Hepatitis C Task Force

I. Public Policy
Lobby SF Mayor and Board of Supervisors to include increased funding of the San Francisco Dept. of Public Health’s hepatitis C activities in the 2017-2019 budget
Advocate for MediCal to lift all restrictions on curative hepatitis C treatment
Continue to work with SFDPH for expanded HCV activities
Continued participation in CalHEP, NVHR, and the World Hepatitis Alliance

II. Prevention, Education, Awareness and Testing
Participate in End Hep C SF by way of Workgroups and Steering Committee membership
Continue outreach and education tabling at community events, encouraging hepatitis C screening at events

III. Care and Treatment
Work with End Hep C SF to promote innovative community-based collaborations to expand capacity and access to care & treatment for all people with hepatitis C
Prioritized Recommendations for 2017
for Strategically Addressing Hepatitis C in San Francisco

San Francisco Hepatitis C Task Force

I. Public Policy
   a. Ensure accessibility to DAA all-oral HCV treatments for all HCV+ San Franciscans
   b. Demand increased budgetary support for hepatitis C activities in the San Francisco Dept. of Public Health for Budget 2017-19

II. Prevention, Education, Awareness and Testing
   a. Lobby and encourage physicians to routinely offer HCV tests to all Baby-Boomers, PWHIV, as well as those with at-risk behaviors
   b. Increase number of providers and settings for HCV testing
   c. Urge SFDPH, public, and private health care providers to offer information on HCV at clinics, medical offices, pharmacies, jail, health fairs, and other outreach activities, as well as on request. Such materials should be culturally appropriate and available to all.

III. Care and Treatment
   a. Work with End Hep C SF and other community-based collaborations to expand prevention efforts and increase access to testing, care, and treatment for all people with hepatitis C
   b. Increase use of patient navigators and telemedicine
   c. Expand provider capacity for access to testing and treatment to all, including in SF Jail and to people who inject drugs (PWIDs), residential treatment facilities, shelters, SROs, and syringe exchange sites
   d. Enhance supportive services to mono- & co-infected (HCV/HIV)
   e. Expand access to complementary medicine such as acupuncture

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