



CHAIR'S CHALLENGE

UNITE TO END THE EPIDEMICS 2017-2018

New Mexico's U-30 Enhanced Hepatitis C (HCV) Surveillance Project

TARGET POPULATION: Individuals age 29 years and under who have been identified as having a positive HCV anti-body, RNA, or genotype test

LOCATION: New Mexico

PROGRAM DESIGN: Enhanced disease surveillance

ESTIMATED COST: \$120,000

FUNDING SOURCE: State general funds

SUMMARY

The U-30 Enhanced Surveillance Project is a New Mexico Department of Health project to collect accurate information on HCV infection among individuals under 30 years old and to provide people with health education, prevention messages, and referrals. Since the start of the Project, the collection of demographic information and risk factors has greatly increased. This has enabled the Hepatitis Prevention Program to better target its efforts in the community and to ensure that those directly impacted by HCV are receiving culturally appropriate health messaging.

CORE ACTIVITIES

The U-30 Enhanced Surveillance Project is a New Mexico Department of Health (NMDOH) project to collect accurate information on HCV infections among individuals under 30 years old and to provide people with health education, prevention messages, and referrals. The U-30 Project was developed in 2013 in response to the sharp increase in the HCV rate among young adults in New Mexico. The Project is designed to conduct basic surveillance activities such as: identifying new cases; monitoring disease trends; and obtaining accurate risk factors. In addition to conducting surveillance activities, a core element of the Project

includes providing individuals with accurate health information, appropriate referrals, and prevention and treatment messaging.

Currently all HCV cases are reported to the state, primarily through electronic lab reporting. The individual testing positive for HCV is then classified according to their lab results and assigned to an "U-30" investigator. The investigator attempts to contact the provider who ordered the test to gather any information the provider may have available and to ensure accurate classification. Often, contacting the provider allows investigators to develop a broader picture of the individual and can reveal additional labs of which investigators may not have previously been aware.

The investigators also attempt to contact the individual newly diagnosed with HCV directly. Once contact has been made, demographic information is confirmed and basic risk factor data is collected. When contact has been made, there is often a need to provide additional education, referrals, and prevention and treatment messaging. The investigation staff ensure that the person has received the test results and understands what their results mean. Education on topics such as liver health; safer injection techniques; overdose prevention and naloxone use; as well as HCV prevention, transmission, and treatment are provided. Referrals are also made to confirmatory testing, syringe service programs (SSPs) (as necessary), HCV treatment providers, and basic medical care in the area the case resides.

DATA

During the period of 2013-2016, 3,067 individuals testing positive for HCV and 107 persons living with acute HCV were included as part of the U-30 Project. The Hepatitis Prevention Program has contacted and completed interviews with 30% of the individuals newly tested HCV positive. The program has seen a significant decrease in missing or unknown demographic data, from 56% of cases missing demographic data in 2013 to 33% in 2016. NMDOH has also determined that the Hispanic community is disproportionately affected by HCV in the state; 47% of all new infections reported in 2016 were identified as Hispanic or Latino.

The U-30 Project has allowed NMDOH to obtain more accurate risk factor data on cases that are investigated. In the year prior to the start of the start of the U-30 Project, only 16% of cases had an identified risk factor. During 2013 to 2016, this increased to 47%. A history of injection drug use was self-reported among 90% of the individuals where risk behavior was identified. In every instance where an individual was contacted and they were willing to speak with investigators, referrals to SSPs and other appropriate services were offered.

EVALUATION

The U-30 Enhanced Surveillance Project is evaluated using data gathered during the interview process. Quarterly reports are developed by the Viral Hepatitis Prevention Coordinator to conduct quality assurance and to monitor the quality of the data that is being collected.

No evaluation has been done on linkage to other services after cases have been contacted by investigators.

OUTCOMES

From 2013 to 2016, the U-30 Project has observed a significant increase in the number of persons reported to the state among persons under 30 years of age. Direct contact with these individuals allows public health professionals to provide health education and referrals to those most affected by HCV. Since the start of the Project, the collection of demographic information and risk factors has greatly increased. This has enabled the Hepatitis Prevention Program to better target its efforts in the community and to ensure that those directly impacted by HCV are receiving culturally appropriate health messaging.

Additionally, “U-30 investigators” have engaged with clinical professionals as part of the regular investigation process, providing information and education on the services offered by NMDOH, the latest treatment recommendations, and NMDOH reporting requirements.

FUNDING & COST

Funding for this initiative is provided through the NMDOH Hepatitis and Harm Reduction Program. The primary cost of the program is in contracting individuals with experience in working with populations disproportionately impacted by HCV and conducting case investigations. The existing New Mexico Electronic Disease Surveillance System is used to collect information, assign individuals to investigators, and collect information gathered during the investigation. The cost for this system to the Hepatitis Prevention Program is minimal.

STRENGTHS

- Increased accuracy of HCV case data in the demographic most likely to transmit HCV
- Contact made directly with impacted individuals where possible, allowing experienced investigators to provide critical health information, education, and referrals to those who may not be aware of other services available to them

LIMITATIONS

- Contact information reported through electronic labs can be inaccurate leading to investigators not being able to follow up directly with an individual
- Due to the large geographic nature of the state and limited resources, investigations are conducted through phone interviews only

STAKEHOLDERS

NMDOH Public Health Division; NMDOH Epidemiology and Response Division; and the University of New Mexico Project Extension for Community Care Outcomes (ECHO).

PROGRAM CONTACT

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