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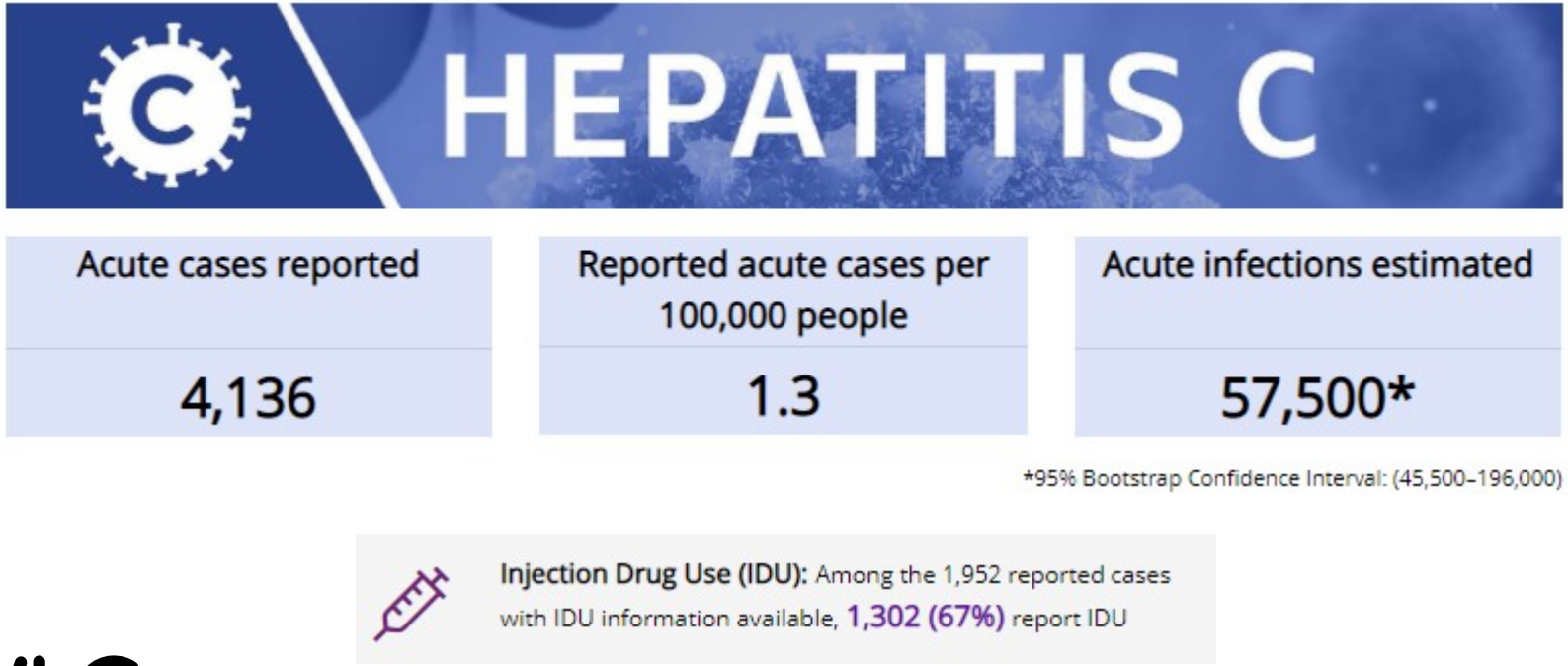
NASTAD's Prevention and Surveillance Virtual Learning Collaborative

Acute Hepatitis C – Surveillance and Case Management

Bree Barbeau, MPH
Utah Department of Health

Background

- Cases of acute hepatitis C have increased rapidly in the US since 2010, most being associated with IDU



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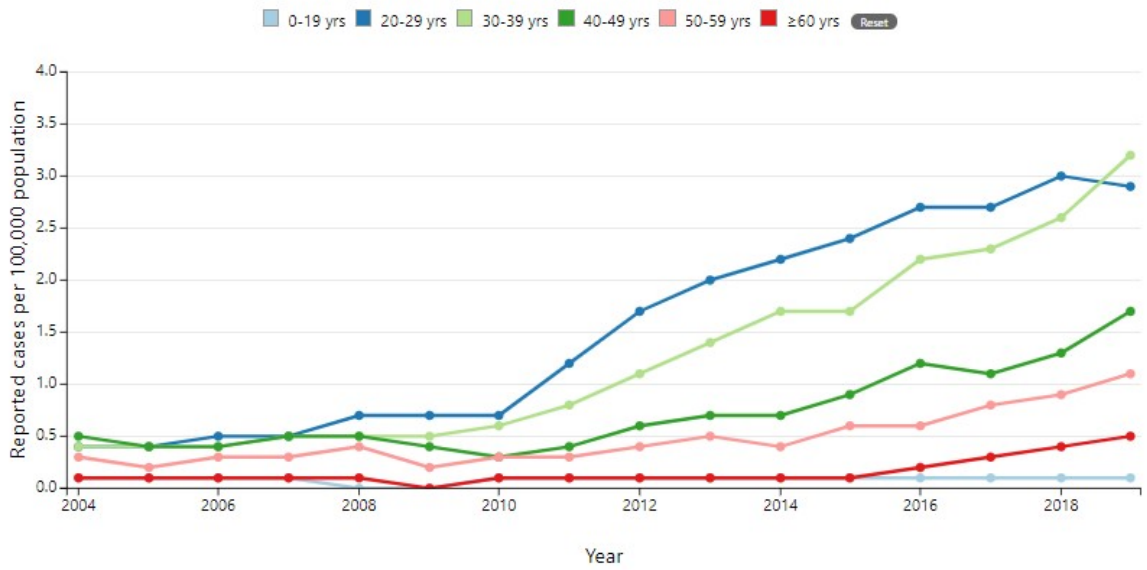
Source: Centers for Disease Control and Prevention – Viral Hepatitis Surveillance Report. https://www.cdc.gov/hepatitis/statistics/2019surveillance/HepC.htm

Background

- The highest incidence of acute hepatitis C is typically found among people in younger age groups (20-39 years)

Figure 3.4. Rates of reported acute hepatitis C virus infection, by age group — United States, 2004–2019



Source: Centers for Disease Control and Prevention – Viral Hepatitis Surveillance Report. https://www.cdc.gov/hepatitis/statistics/2019surveillance/HepC.htm

Surveillance

- Improving acute hepatitis C surveillance is an important component for eliminating hepatitis C
- Surveillance data can be used to inform and improve public health interventions:
  - Monitor trends in disease incidence and determine risk behaviors or exposures
  - Identify outbreaks
  - Assess missed opportunities for prevention and needs for education
  - Understand the burden of hepatitis C in the community

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Source: Centers for Disease Control and Prevention – Viral Hepatitis Surveillance Report. https://www.cdc.gov/hepatitis/statistics/2019surveillance/HepC.htm

Case Ascertainment

- Laboratory Reporting
  - Aids in understanding of epidemiology, case ascertainment, case classification, and monitoring cure continua for acute hepatitis C:
    - Anti-HCV (positive results – and negative, if possible);
    - HCV RNA (positive and negative results), including quantitative, qualitative, and genotype testing; and
    - HCV antigen (positive and negative results) when and if a test is approved by FDA.

Case Ascertainment

- Health Care Facility and Provider Reporting
  - Many states require health care facilities and providers to report hepatitis C diagnoses
- Additional Sources of Information
  - Medical records, hospital discharge databases, death certificates, and birth certificates.

Case Investigation Prioritization

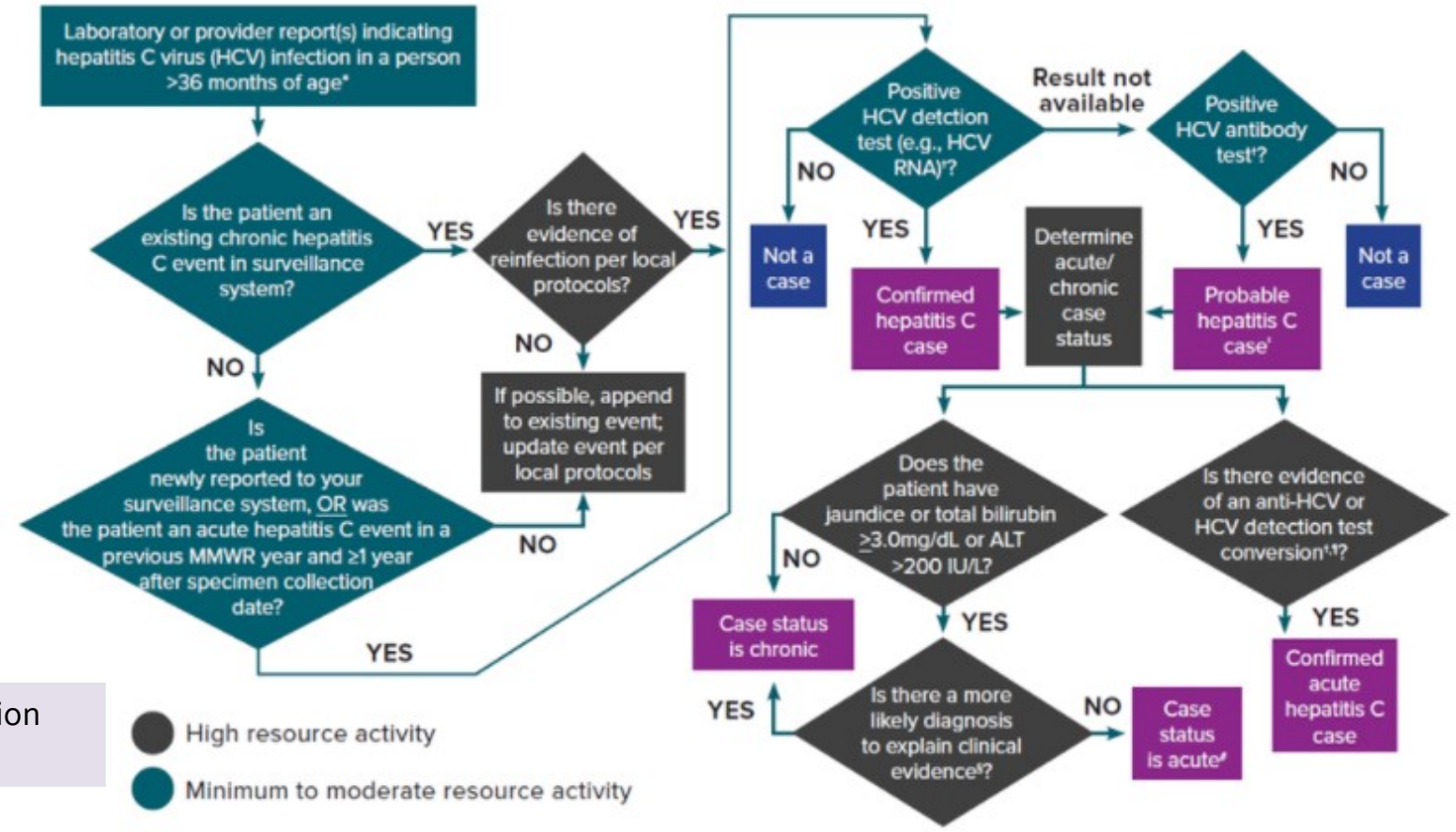
- Some jurisdictions may lack resources to conduct investigations for all acute cases – consider prioritization for investigation:
  - Gather minimal risk data and follow-up on cases WITHOUT anticipated risk history
  - Target efforts to groups that might be at higher risk of acquiring or transmitting HCV (PWID, PLWH, pregnant people, etc.)
  - Target efforts based on specific settings (SSPs, correctional facilities, homeless service providers, etc.)
  - Supplement surveillance data with other data sources to target efforts in high risk populations (SAMHSA/state drug use, overdose, EMS, hospital discharge data, etc.)

Case Ascertainment and Classification

Scenario: A primary care provider reported a positive HCV RNA test result in a person 24 years of age. Liver function tests show a peak ALT level of 236 IU/L, but jaundice is not present. There is not a more likely diagnosis than acute hepatitis C. The patient could not be matched with an existing acute or chronic case of hepatitis C in the surveillance system.

Classification: This patient meets the classification criteria for confirmed acute hepatitis C.

Figure 4-2. Process for acute and chronic hepatitis C case ascertainment and classification



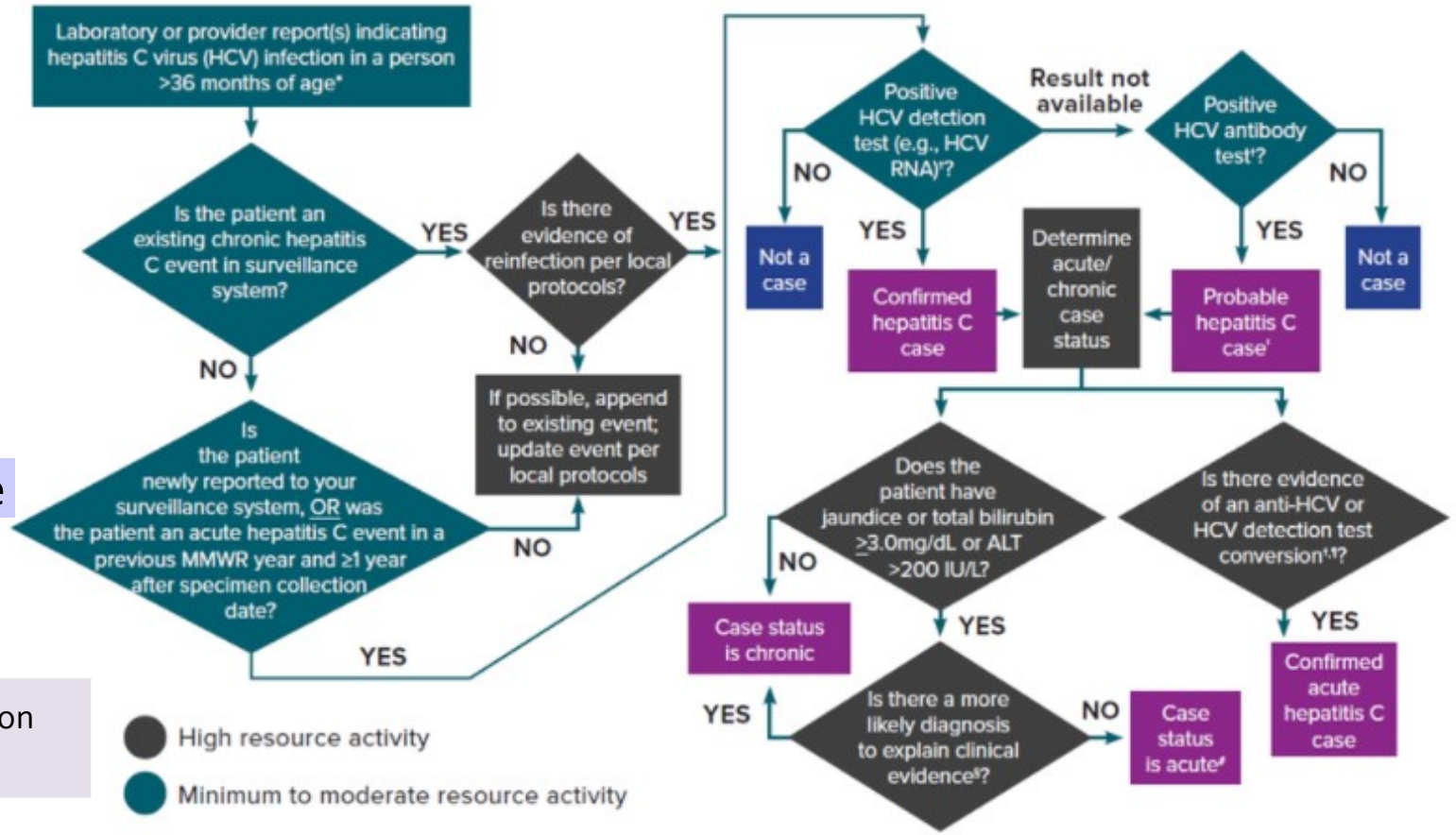
Source: Centers for Disease Control and Prevention – Viral Hepatitis Surveillance and Cases Management: Guidance for State, Territorial, and Local Health Departments. https://www.cdc.gov/hepatitis/statistics/surveillanceguidance/index.htm.

Case Ascertainment and Classification

Scenario: The HD received a positive anti-HCV laboratory result on a person 20 years of age. The person's HCV RNA status is unknown. Through provider follow-up, it was determined that the patient presented with nausea, fatigue, and jaundice; the peak ALT level was 642 IU/L. There is not a more likely diagnosis than acute hepatitis C. This patient could not be matched with an existing acute or chronic case of hepatitis C in the surveillance system.

Classification: This patient meets the classification criteria for probable acute hepatitis C.

Figure 4-2. Process for acute and chronic hepatitis C case ascertainment and classification



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Thank You

Bree Barbeau, MPH
Viral Hepatitis Manager
Utah Department of Health
bbarbeau@utah.gov