Acute Hepatitis C – Case Investigation Prioritization, Policy, and Health Department Capacity

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Case Investigation

• Automated collection of hepatitis C laboratory results will, in many jurisdictions, lead to a high volume of reporting

• Even with automated reporting, many health departments may lack the resources needed to conduct investigations for all acute cases
Case Investigation Prioritization

- Jurisdictions might consider the following when prioritizing acute hepatitis C cases for follow up:
  - If resources allow, automate the collection of ALT and total bilirubin results through ELR reporting, and prioritize data collection and investigation those cases with abnormal results
  - Gather minimal risk data and follow-up on cases WITHOUT anticipated risk history
  - If resources allow, require providers to report identified acute hepatitis C infections directly to the HD
  - Request information from blood/blood component donation centers if individual has history of previous donations w/ negative results
Case Investigation Prioritization

• Target acute case investigation efforts to groups that might be at higher risk of acquiring and transmitting hepatitis C:
  • People who use and/or inject drugs (PWUD/PWID)

• Target efforts based on specific settings:
  • SSPs
  • SUD treatment facilities
  • Correctional facilities
  • Homeless service providers
  • Areas where known risk behaviors are occurring or rates of newly reported infections are increasing
Case Investigation Prioritization

• Implement efficient data collection by testing in locations such as public health clinics

• Supplement surveillance data with other data sources to target efforts in vulnerable populations:
  • SAMHSA/state drug use, overdose, and EMS data
  • HIV incidence data to identify coinfection
  • Ongoing outbreak and cluster investigations, if applicable
  • Hospital discharge data
Policy

• In 2019, of 43 jurisdictions participating in the NASTAD viral hepatitis surveillance and prevention capacity assessment:
  • 17 (40%) received negative HCV RNA test results and nine (21%) received negative anti-HCV test results
  • Some received negative results but either did not mandate negative reporting or were in the process of changing local regulations to require reporting of negative laboratory results
  • Some have changed policy to allow reporting of negative results but have not yet modified surveillance systems to receive and process results because of limited resources and competing priorities
Policy

• Research existing health code/policy related to hepatitis C reporting and the process for changing such policies
  • Determine what should be reportable
  • At minimum, positive anti-HCV and positive NAT for HCV RNA should be reportable
  • Negative HCV detection test results should be reported, if possible
    • Required for ELR reporters in Utah
  • Concurrent ALT and total bilirubin results should be reported with positive hepatitis C lab results, if possible
    • Aids in acute case ascertainment
    • Decreases HD case investigation burden
Policy

• Use surveillance data to:
  • Support evidence-based policy changes related to testing and reporting (e.g. mandatory reflex HCV RNA testing and reporting of negative HCV detection test results)
  • Support evidence-based policy changes related to expanding access to SSP programs and other harm reduction services for populations affected by hepatitis C
  • Analyze trends and disparities to guide resource allocation and inform public health policy, prioritizing those communities most disproportionately affected
State Health Department Capacity

• Informatics (0.25 FTE)
  • Automate algorithms (e.g. (-) to (+) test conversion, elevated LFTs, etc.) to help identify suspect acute cases for investigation

• Epidemiology (1 FTE)
  • Review information in the initial report and/or medical records to determine if the case should be prioritized for investigation
  • Collaborate with community partners to gather minimum demographic and risk factor information
    • SSPs, correctional facilities, etc.

• Coordination (1.5 FTE)
  • Grant management
  • Coordinate and oversee viral hepatitis surveillance and prevention efforts
Local Health Department Capacity

- Consider funding LHDs for conducting acute hepatitis C case investigations (if applicable)
- Collect relevant demographic and risk history information
- Provide education to case about hepatitis C prevention
- Provide education to contacts about hepatitis C transmission and provide or refer to hepatitis C testing
- Recommend or provide vaccination for hepatitis A and hepatitis B
- If resources allow, refer the case to a patient navigator to ensure they are in care and receive treatment
- If resources allow, provide the case with referrals to harm reduction and other community services
Acute Hepatitis C Workgroup

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Thank You

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