HepTAC | VLC

NASTAD's Prevention and Surveillance Virtual Learning Collaborative

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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