



NASTAD's Prevention and Surveillance  
Virtual Learning Collaborative

# Chronic Hepatitis C — Surveillance and Case Management

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# Background

- The prevalence of chronic hepatitis C virus (HCV) was estimated to be 1.0% during 2013–2016, which represents 2.4 million adults
- Jurisdictional-specific estimates are more useful for program planning and evaluation
- Nearly one half of people with HCV are unaware of their status and can unknowingly transmit the virus to others
- There is no vaccine to prevent HCV; however, there is a cure (direct-acting antivirals)

# Surveillance

- The overall goals of chronic HCV surveillance are to measure and characterize the burden of infection and disease and to create person-level systems/registries
- Person-level data enable classification of those living with HCV along the care continuum helping jurisdictions inform and evaluate the impact of HCV elimination activities

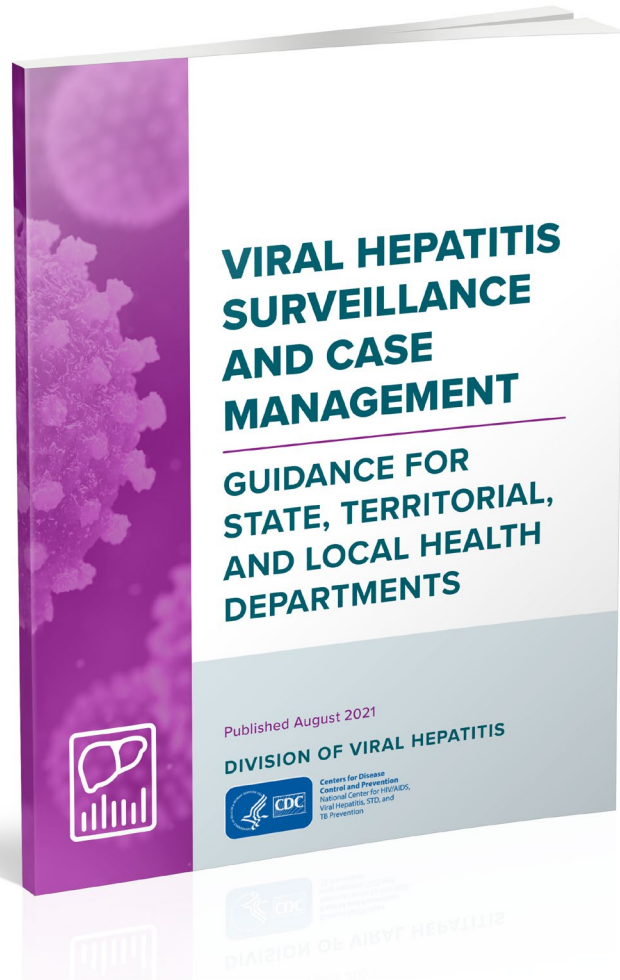
# Person-level Database

- A person-level surveillance database can support HCV elimination efforts by allowing a jurisdiction to document a person's HCV laboratory testing history, including
  - providing information on the number of people at each phase of the HCV cure continuum to identify areas for improvement
  - tracking the number of unique persons living with HCV longitudinally, which can inform more accurate estimates of incidence and prevalence
  - identifying and linking people living with HCV to medical care
  - matching with supplemental data sources (e.g., vital statistics, Medicaid, cancer registry, and HIV jurisdictional registries)

# Prioritizing Surveillance Activities

You are just establishing HCV surveillance in your jurisdiction.

What should your initial priorities be?



## Surveillance Activities for Chronic Hepatitis C

Due to varying levels of resources, jurisdictions might be at different stages of implementing surveillance activities for chronic hepatitis C. The following section provides best practice models for core and enhanced surveillance activities for consideration by jurisdictions. Enhanced surveillance activities should be identified based on local priorities.

### Best Practice Models for Core and Enhanced Chronic Hepatitis C Surveillance

# Case Ascertainment and Reporting

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- Create electronic system for systematically collecting and storing HCV test results and other case data
- Establish a method to receive HCV laboratory data and enter into the HCV system
- Determine whether HCV cases will be updated within the system as new laboratory reports are received or whether only laboratory reports received at the time the case investigation is created will be considered
- Implement a process to extract the HCV data and transmit to CDC

# Case Investigations

- Document local procedures for case investigations, including defining priority populations
- Conduct case investigations for priority populations where feasible
- Establish a protocol for identifying and investigating healthcare-associated infections
- Establish a protocol for identifying other unique exposures, including clusters and/or outbreaks of HCV



# Quality Assurance

- Establish a process for data cleaning and standardizing laboratory reports
- Assess case investigations and laboratory reports for completeness and accuracy
- Identify and review potential duplicate laboratory reports, patients, and/or case investigations

# Analyses

- Create an annual report, situational analysis, or other data product that can be widely shared with providers, advocates, stakeholders, and other public health professionals

# Policy

- Research existing health code/policy related to HCV reporting and the process for changing such policies
- Identify who should report HCV cases
- Determine what should be reportable

# Data Sharing

- Research how to obtain access to supplemental sources of data

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# Thank You

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