Viral Hepatitis Reporting and Testing Requirements...Coming Soon

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Disease Reporting in Georgia

• All GA physicians, laboratories, and other health care providers are required by law (OCGA 31-12-2) to report patients with conditions listed in the Notifiable Disease Reporting Requirements.

• Both laboratory confirmed and clinical diagnoses are reportable within the specified time interval.

• Labs are reported in multiple ways:
  • ELR
  • Fax, either to State or District/County health department
  • Directly through the State Electronic Notifiable Disease Surveillance System (SendSS)
Viral Hepatitis Reporting

• *Currently*, negative viral hepatitis lab reports are not required by GDPH
  • Delayed due to staff capacity, resources, IT capacity

• Updates made to the Disease Reporting Requirements made periodically and as needed.

• Justification from the program and State Epidemiologist to the Health Commissioner for approval

• Where are we now?...Waiting on final approval from State Epidemiologist before requesting approval from Health Commissioner
<table>
<thead>
<tr>
<th>Hepatitis A</th>
<th>Current Reporting Requirements</th>
<th>Proposed Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Acute cases reported within 24 hours</td>
<td><strong>No changes</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Hepatitis B (report within 7 days)</th>
<th>Current Reporting Requirements</th>
<th>Proposed Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>• acute hepatitis B</td>
<td></td>
<td>• Undetectable HBV DNA (within 7 days)</td>
</tr>
<tr>
<td>• chronic HBsAg(+) or HBV DNA detected infections</td>
<td></td>
<td>• Reactive HBsAg and all associated HBV lab markers (HBV DNA, anti-HBc IgM, total anti-HBc, anti-HBe, HBeAg, anti-HBs) (within 7 days)</td>
</tr>
<tr>
<td>• HBsAg(+) pregnant women</td>
<td></td>
<td>• Detected HBV DNA and all associated HBV lab markers (HBsAg, anti-HBc IgM, total anti-HBc, anti-HBe, HBeAg, anti-HBs) (within 7 days)</td>
</tr>
<tr>
<td>• Perinatal HBV exposure</td>
<td></td>
<td>• All HBsAg and anti-HBs (positive, negative, indeterminate) for children ≤ 2 years of age</td>
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<tr>
<td></td>
<td></td>
<td>• ALTs associated with HBV testing</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Hepatitis C (report within 7 days)</th>
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<tbody>
<tr>
<td>• anti-HCV(+)</td>
<td></td>
<td>• Undetectable HCV RNA by PCR (within 7 days)</td>
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<tr>
<td>• HCV RNA detected</td>
<td></td>
<td>• Perinatal HCV exposures (within 7 days)</td>
</tr>
<tr>
<td>• HCV genotype detected</td>
<td></td>
<td>• All anti-HCV and HCV RNA by PCR (positive, negative) for children ≤ 3 years of age</td>
</tr>
<tr>
<td>• anti-HCV(+) or HCV RNA detected pregnant women</td>
<td></td>
<td>• ALTs associated with HCV testing</td>
</tr>
<tr>
<td>• anti-HCV(+) or HCV RNA detected children ages &lt;3 years</td>
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</tbody>
</table>
Prenatal Hepatitis Testing
Perinatal Hepatitis B Exposures in Georgia

79% of HBV-exposed infants in birth cohort 2021 were born to a mother born outside of the USA.
Perinatal Hepatitis C Exposures in Georgia

Perinatal Hepatitis C Exposures, Georgia, 2018-2021

• **1,862** births to persons with an HCV(+) history

• **667** births to persons with HCV RNA(+) lab test <365 days of birth

• **16** confirmed Perinatal Hepatitis C cases

Source: Georgia Perinatal Hepatitis C Program
*Preliminary data and subject to change*
Current state of prenatal testing in Georgia

• GA law §31-17-4.2 mandates that all pregnant persons be tested for syphilis and HIV in the first and third trimesters of their pregnancy based on CDC recommendations

• No such law or DPH rule requiring prenatal HBV or HCV testing
  • Prenatal hepatitis testing in GA recommended, not required
Why *require* prenatal HBV/HCV testing?

- CDC recommends HBV and HCV testing during *each* pregnancy
- HBV testing routine during prenatal care, but births are often missed.
  - ~283 births identified to HBsAg+ pregnant persons each year in GA
  - CDC estimates 478-673 births (2018 Peritable)
- Missed births to HBsAg+ persons
  - Providers may not be testing known HBsAg+ persons at *each* pregnancy
  - Providers not ordering the recommended lab markers (i.e., HBeAg vs HBsAg; anti-HBs only; etc.)
  - Persons with no prenatal care; hospitals don’t order HBsAg testing
- Increasing HCV infections among persons of child-bearing age; importance of linking exposed infants to testing and care
Process of adding to DPH Rules & Regulations

- 3+ year process!...so far
- DPH has the authority to require prenatal serology testing in rules and regulations

Gained support from DPH Office of Government Relations

Draft of proposed changes approved by Health Commissioner

Calls with stakeholders

Public comment period

Approval from Health Commissioner

Implemented 30 days after Health Commissioner signature
Delays in the process

• Initial focus on HBV testing in 2019
  • Waiting on new CDC HCV testing recommendations
  • COVID-19
  • More COVID-19
  • HIV & syphilis testing changes
  • ...and more COVID-19, staff capacity, state legislative session
Calls with stakeholders for feedback

Calls conducted in Spring/Summer 2021
  • Medical Association of Georgia
  • Georgia Hospital Association
  • GA OB/GYN Society
  • GA Chapter of the American Academy of Pediatrics
  • GA Academy of Family Physicians
  • GA Department of Community Health (CMS)

Some push back, but overall supportive of new requirements; assumed testing was already being done

Review by DPH Infectious Disease Medical Advisor
Proposed Additions:

• Definitions:
  
  • Standard serologic test for hepatitis B” means a test designed to detect evidence of hepatitis B surface antigen (HBsAg) or approved by the Department.

  • Standard serologic test for hepatitis C” means a test designed to detect evidence of hepatitis C or approved by the Department. This definition includes an HCV-antibody test with reflex HCV RNA polymerase chain reaction (PCR) test.
• Proposed Additions

• Every pregnant woman shall have a blood specimen taken for a standard serologic test for syphilis, HIV, hepatitis B, and hepatitis C.

• Every health care provider in this state providing prenatal care to a pregnant woman, or delivering or attending a woman just delivered, shall take or cause to be taken a venous blood specimen for submission to a clinical laboratory for a standard serologic test for syphilis, HIV, hepatitis B, and hepatitis C:

• At initial visit:
  • Syphilis;
  • HIV;
  • Hepatitis B, and women who test positive for HBsAg shall then be tested for HBV DNA; and
  • Hepatitis C.
Proposed Additions (con’t)

During 3rd trimester:
- Syphilis, as required in O.C.G.A. 31-17-4.2. a second blood specimen shall be taken early during the third trimester of gestation, ideally at 28-32 weeks of gestation;
- HIV, as required in O.C.G.A. 31-17-4.2; and Hepatitis C, if the woman is actively using injection or intranasal drugs, to identify infection acquired during pregnancy.

As soon as possible upon admission to the hospital or birth facility for delivery:
- Syphilis, for women not tested prenatally, who deliver a stillborn infant, are at high risk for syphilis, ...
- HIV, for women not tested prenatally; and
- Hepatitis B, for women not tested prenatally, with signs or symptoms of hepatitis, or at risk for hepatitis B.
Next steps

• Waiting on Legal Office to review HIV and syphilis testing requirements in GA law and DPH rules & regulations

• Aim to have proposed rules & regulations posted for public comment ASAP to implement by Summer (??)

• In process now --- developing a 1-page fact sheet outlining DPH required prenatal serology testing (HBV, HCV, HIV, syphilis)
  • Aimed at providers for outreach and education on serology testing requirements

• Be patient. Be persistent.
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