

# Viral Hepatitis Reporting and Testing Requirements...Coming Soon

Ami Gandhi, MPH / Viral Hepatitis Team Lead

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# Disease Reporting in Georgia

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- 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

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- *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

	Current Reporting Requirements	Proposed Updates
Hepatitis A	Acute cases reported within 24 hours	<i>No changes</i>
Hepatitis B (report within 7 days)	<ul style="list-style-type: none"> <li>acute hepatitis B</li> <li>chronic HBsAg(+) or HBV DNA detected infections</li> <li>HBsAg(+) pregnant women</li> <li>Perinatal HBV exposure</li> </ul>	<ul style="list-style-type: none"> <li>Undetectable HBV DNA (within 7 days)</li> <li>Reactive HBsAg and all associated HBV lab markers (HBV DNA, anti-HBc IgM, total anti-HBc, anti-HBe, HBeAg, anti-HBs) (within 7 days)</li> <li>Detected HBV DNA and all associated HBV lab markers (HBsAg, anti-HBc IgM, total anti-HBc, anti-HBe, HBeAg, anti-HBs) (within 7 days)</li> <li>All HBsAg and anti-HBs (positive, negative, indeterminate) for children <math>\leq 2</math> years of age</li> <li>ALTs associated with HBV testing</li> </ul>
Hepatitis C (report within 7 days)	<ul style="list-style-type: none"> <li>anti-HCV(+)</li> <li>HCV RNA detected</li> <li>HCV genotype detected</li> <li>anti-HCV(+) or HCV RNA detected pregnant women</li> <li>anti-HCV(+) or HCV RNA detected children ages <math>&lt;3</math> years</li> </ul>	<ul style="list-style-type: none"> <li>Undetectable HCV RNA by PCR (within 7 days)</li> <li>Perinatal HCV exposures (within 7 days)</li> <li>All anti-HCV and HCV RNA by PCR (positive, negative) for children <math>\leq 3</math> years of age</li> <li>ALTs associated with HCV testing</li> </ul>

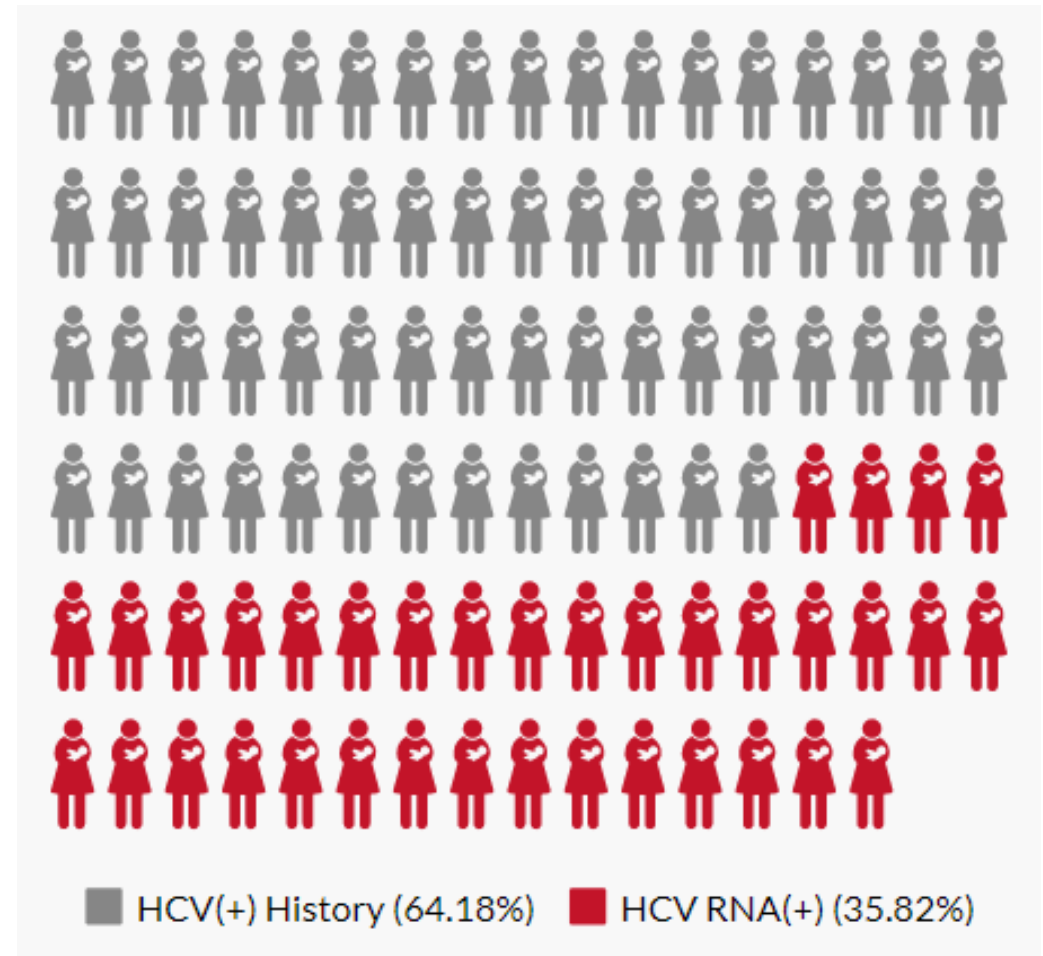
# Prenatal Hepatitis Testing



# 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  $\leq 365$  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

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- 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*



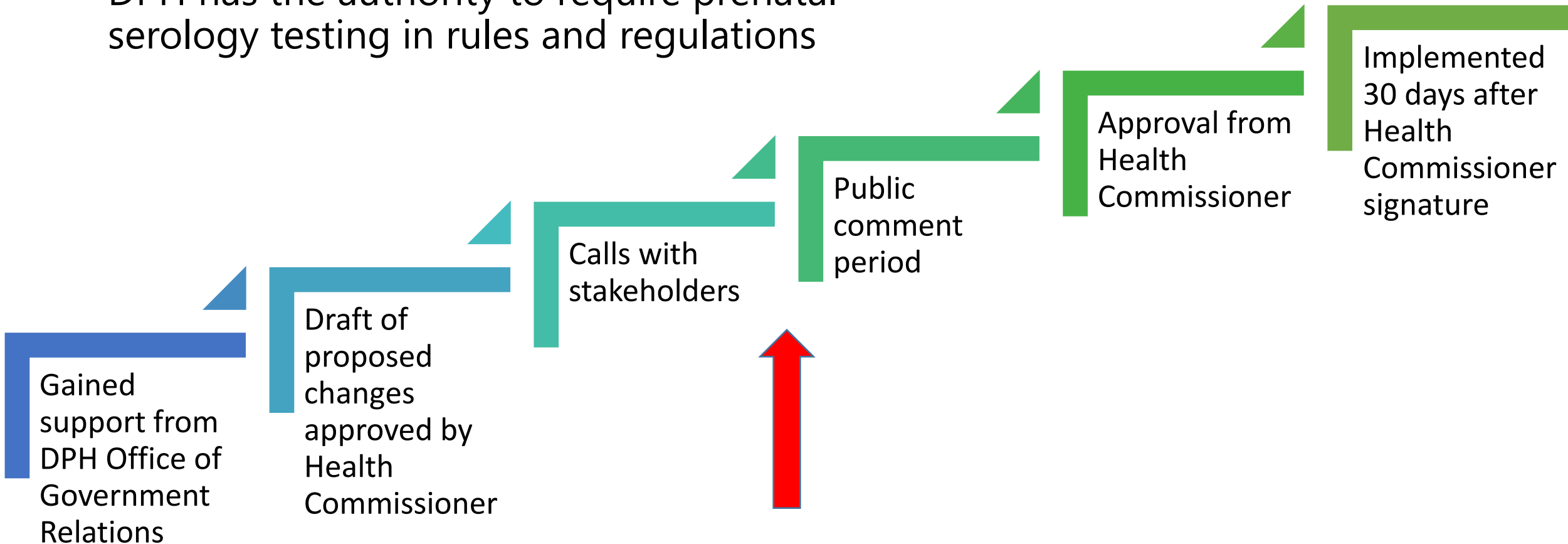
# Why *require* prenatal HBV/HCV testing?

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- 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



# Delays in the process

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- 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

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## 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

# Georgia Department of Public Health, Chapter 511-5-4 : Serologic Tests for Pregnant Women

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## 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.

# Georgia Department of Public Health, Chapter 511-5-4 : Serologic Tests for Pregnant Women

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- 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)

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During 3rd trimester:

- Syphilis, as required in O.C.G.A. 31-17-4.2. a second blood The 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

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- 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.



Ami Gandhi, MPH  
Viral Hepatitis Team Lead  
[Ami.Gandhi@dph.ga.gov](mailto:Ami.Gandhi@dph.ga.gov)

Tracy Kavanaugh, MS, MCHES  
Perinatal Hepatitis B Prevention Program Coordinator  
Lead, Perinatal Hepatitis C Surveillance  
[Tracy.Kavanaugh@dph.ga.gov](mailto:Tracy.Kavanaugh@dph.ga.gov)