ESTABLISHING PARTNERSHIPS TO IMPROVE VIRAL HEPATITIS REPORTING AND DATA QUALITY (WA DOH)

WA STATE HEPATITIS B/D & C SURVEILLANCE TEAMS
MARCH 23, 2022
Hepatitis Surveillance at Washington State Department of Health (WA DOH)

OVERVIEW
Overview

• Washington State is a Home Rule state: public health authority lies with local health jurisdictions (LHJs)
  • Laboratories and providers are mandated to report directly to LHJs, exception: ELR submitters may send data to the state, which feeds directly into our surveillance system (used by state and local staff)
• ELR reporting is not mandated
Main Staff

Hepatitis C Surveillance
- Hepatitis C surveillance coordinator
- 2 epidemiologists
- Health services consultant
- Hiring: 2 health services consultants, and 2 epi’s

Hepatitis B Surveillance
- Hepatitis B surveillance coordinator
- 1 epidemiologist
<table>
<thead>
<tr>
<th>Hepatitis C</th>
<th>Hepatitis B</th>
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<tr>
<td><strong>Surveillance</strong></td>
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<tr>
<td>• Hepatitis C surveillance coordinator</td>
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<td><strong>Prevention</strong></td>
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<td>• Adult viral hepatitis (C) prevention coordinator</td>
<td>• Hepatitis B coordinator</td>
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<td>• 3 disease intervention specialists</td>
<td>• Perinatal hepatitis B prevention program coordinator</td>
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<td>• Viral hepatitis testing coordinator</td>
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<td>• Drug user health coordinator</td>
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Hepatitis B/D & C surveillance data flow

Washington Disease Reporting System (WDRS) = hepatitis B/C surveillance system and registry
- Maven system
- Shared with other notifiable conditions, excluding HIV and STI
Partnerships

ALREADY ESTABLISHED
Electronic lab reporting

• Who/What
  • Licensed/certified laboratories who submit via ELR

• How
  • DOH ELR team onboards laboratories to submit ELR via HL7 messages--requires iterative testing

• Barriers
  • Onboarding is time intensive
  • Lack of capacity on DOH ELR team and laboratories

• Not all labs submit electronically (not mandated in WA State), so in some cases have been able to pursue other options (see next slides)
Multicare

• Who
  • A laboratory that is part of a regional health care system (hospitals, clinics, urgent care)

• What
  • DOH receives monthly electronic flat files of lab reports that are transformed and imported in bulk into WDRS

• Why
  • Not currently an ELR submitter and is high(er) volume, so mass import facilitated by DOH relieves manual entry burden on LHJs
• How
  • DOH was already receiving flat file from Multicare for HIV results, a process that had been in place for years
  • Made a request to add HCV and HBV results to that existing process
  • Began receiving hepatitis results in December 2018

• Barriers
  • Limited barriers because adding on to existing process
  • Required staff time to create the code to transform and import data into WDRS
Partnerships

IN PROGRESS
Ideal Option

- **Who**
  - Provides medication-assisted treatment for opioids, alcohol, and other substances
  - Conducts screening for HBV and HCV, and other infectious diseases
- **What**
  - Lab reports and case data
- **Why**
  - Not currently an ELR submitter
  - Have access to patient medical records
Ideal Option

• Why cont.
  • Low-to-moderate volume reporter, but mass import into WDRS facilitated by DOH to relieve burden of manual entry for LHJs

• Ideal state
  • Long-term goal is to receive electronic flat file so DOH can facilitate bulk import of both lab and case data into WDRS
  • Initial discussions around this work began in 10/2021

• Barriers
  • Staff capacity, phone tag
Notables

- Lab survey for 2103 grant
  - Identify hurdles/gaps in reporting
  - Identify point of contacts, create relationships
  - Encourage onboarding to ELR

- Electronic Case Reporting (eCR)
  - To improve provider reporting/case completeness
  - Starting with COVID first, before expanding to other conditions
Data QA
Data quality assurance processes

• Routine data quality processes currently slim, but looking to expand as team grows.
• Closely manually review acute and perinatal cases prior to submission to CDC
• We can easily query our surveillance database in real-time and identify/correct issues systematically
Concluding slides
Takeaways

- COVID-19 impacts
- Improving overall reporting: ELR is end-game, but not always possible -- creativity helps
  - For some labs, ELR is the only option...
- Leverage existing resources whenever possible (HIV)
- Data QA: Being able to query database using SQL in real-time extremely helpful
QUESTIONS?

GENERAL E-MAIL FOR WA STATE HBV AND HCV TEAMS: HEPATITIS@DOH.WA.GOV