



Washington State Department of

Health

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

Main Staff

Hepatitis C

Surveillance

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

Prevention

- Adult viral hepatitis (C) prevention coordinator
- 3 disease intervention specialists
- Viral hepatitis testing coordinator
- Drug user health coordinator

Hepatitis B

Surveillance

- Hepatitis B surveillance coordinator
- 1 epidemiologist

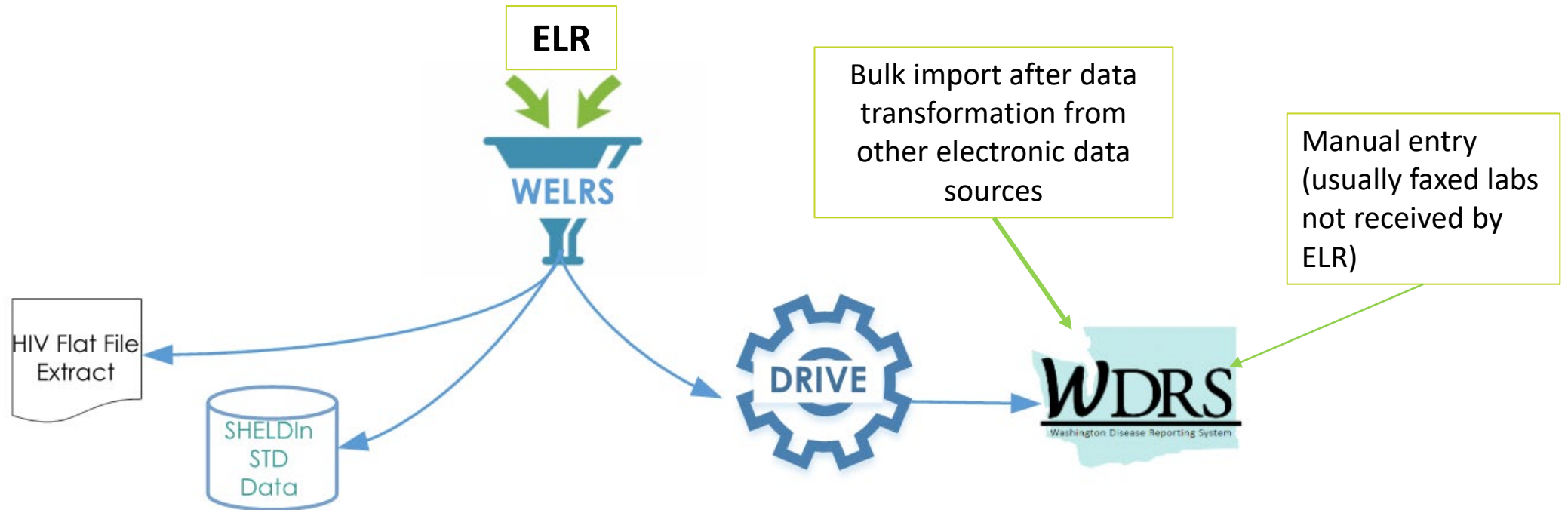
Prevention

- Hepatitis B coordinator
- Perinatal hepatitis B prevention program coordinator

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

Multicare

- **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:
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