Viral Hepatitis Program Response in an HIV Outbreak

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Counties At-Risk of Outbreaks
Outbreak case definition criteria:
2. Lived in Kanawha County at time of diagnosis.
3. Reported injection drug use.
Hepatitis Program’s Response

- Defined the Inclusion Criteria
- Entered Kanawha County Hepatitis Paper Lab Reports into the Registry
- Abstracted Medical Records and Public Health Registries Data
- Entered De-identified Data into a RedCap Database
- Analyzed and Shared Findings
Almost all case-patients were seropositive for hepatitis C virus (HCV) infection.

HCV diagnosis preceded HIV diagnosis for 82%.

History of hepatitis A virus or hepatitis B virus infection was detected only among persons also seropositive for HCV infection.

Many case-patients had no evidence of receiving hepatitis A and hepatitis B vaccines.
Select Hepatitis Recommendations

Co-occurring health conditions and social conditions
• Improve access to HIV, hepatitis C, substance use, mental health services through service integration

Implement opt-out HIV and HCV screening
• Implement opt-out rapid HIV and HCV testing during intake in correctional settings
• Increase routine, opt-out HIV and HCV screening in hospital settings

Adequately address service needs for PWID
• Utilize existing public health data to better characterize the size of the PWID community
• Use data to prioritize counties for enhanced testing and service expansion activities

Develop and implement an outbreak response structure
• Include key staff inside and outside the health department
• Establish data-driven response objectives and targets
New Opportunities

Integrated Surveillance

Contribution to Scientific Literature

Data Sharing

Integrated HIV/HCV State Plan

New Partnerships
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