Planning for HBV Case Definition Changes
Overview

• Communicable disease reporting
• Implementation
• Planning
• Data Tracking
• Education
Communicable Disease Reporting

• What is already reportable?
• What needs to be added?
• How to work with what you’ve got
Implementation

• Decide – update chronic registry or only 2024 forward
• When to update 2022 and back
• When to update 2023
• When to update 2024 and forward
• Create a timeline
Planning

• Include legal for updating reporting requirements
• Include ALL hepatitis staff – surveillance, prevention, peri HBV
• When possible, consider the larger impact/opportunity
  • Updating existing fields or creating new ones
  • Streamlining data entry/analysis
  • Adding new reportable serology
Data Tracking

• What are the current fields?
• What fields need to be added?
• What fields need to be retired?
Education

- Labs
  - Reporting - especially new requirements

- Clinicians
  - What to test, how to report, and how to interpret

- Community
  - Testing recommendations, why, what it means, and what to do next

- Epi
  - Interpreting tools
Test Case - MN
Communicable Disease Reporting

• **What is already reportable?**
  
  • “Diseases reportable within one working day: hepatitis (all primary viral types including A, B, C, D, and E)”
  
  • Reportable – any test indicative of infection and undetectable DNA
  
  • Requested – positive results for HBsAg, HBeAg, and IgM anti-HBc, and all HBV DNA results

• **What needs to be added?**
  
  • Total anti-HBc
Implementation

• Full update of chronic registry
• Strategic planning with all hepatitis staff
• Leveraging communication around reporting rule updates

• Consider – how can we reduce workload?
  • Updating case report forms
  • Updating cumbersome fields
  • Reducing data entry, when possible
Data Tracking

- **What are the current fields?**
  - IgM anti-HBc

- **What fields need to be added?**
  - All of them!

- **What fields need to be retired?**
  - Most of them
Data Tracking

- **What fields need to be added?**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total anti-HBc date</td>
<td>11/01/2023</td>
</tr>
<tr>
<td>Total anti-HBc result</td>
<td>Positive</td>
</tr>
<tr>
<td>HBV DNA positive date</td>
<td>11/01/2023</td>
</tr>
<tr>
<td>HBsAg positive date</td>
<td>11/01/2023</td>
</tr>
<tr>
<td>HBsAg (6 months) positive date</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>HBeAg positive date</td>
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Timeline

• Accelerated timeline due participation in CDC DVH case definition evaluation
• Build out new fields, reports, workflows, etc. – in progress
• Freeze data from 2022 and back for yearly state data – November/December
• Update date from 2022 and back to align with new case definition – November/December
• Close 2023 data and turn off CDC reporting – Early 2024
• Update 2023 data to match new case definition – Early 2024
• 2024 data – Early 2024
• Retire outdated fields – mid-2024
Education

• *Labs* – *reporting, especially new things*
  • Requesting labs report total anti-HBc

• *Clinicians – what to test, how to report, and how to interpret*
  • Info sheet to come

• Community – testing recs, why, what it means, and what to do next
  • Info sheet to come

• Epi – interpreting tools
  • [https://redcap.health.state.mn.us/redcap/surveys/?s=XLM9WJ8MFCL9N9HM](https://redcap.health.state.mn.us/redcap/surveys/?s=XLM9WJ8MFCL9N9HM)
Thank you!

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