

Tennessee NBS Longitudinal Hepatitis B Virus & Hepatitis C Virus Registry

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Agenda

- NBS Registry
- Reportable Labs & Tracked Conditions
- Workflow Decision Support
- Data Cleaning & Quality Assurance
- HCV Continuum of Care

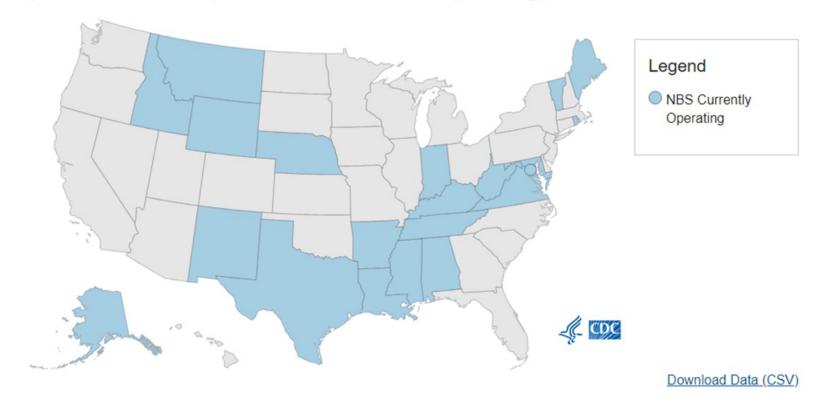




NBS Registry

NBS Deployments

Map of Health Departments currently using NBS



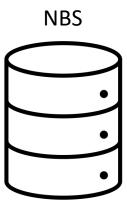


NBS in Tennessee

- Hepatitis
- STIs
- HIV
- TB/LTBI
- HAIs
- Foodborne
- Vectorborne
- Zoonotic
- Waterborne
- VPDs
- BT agents
- Emerging Conditions
- Environmental

- Hepatitis A, B (acute and chronic), C (acute and chronic)
- Perinatal Hepatitis B and C
- Hepatitis positive pregnant female B and C
- Hepatitis E
- Delta co-infection
- Hepatitis non-ABC

- Birth Defects
- Gancer
- Overdose
 - Newborn Screening
- Animal Bites



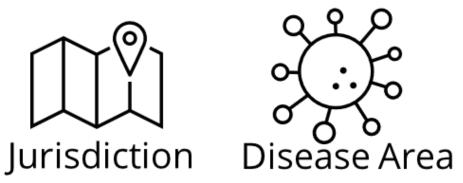


NBS Configurations

Data access

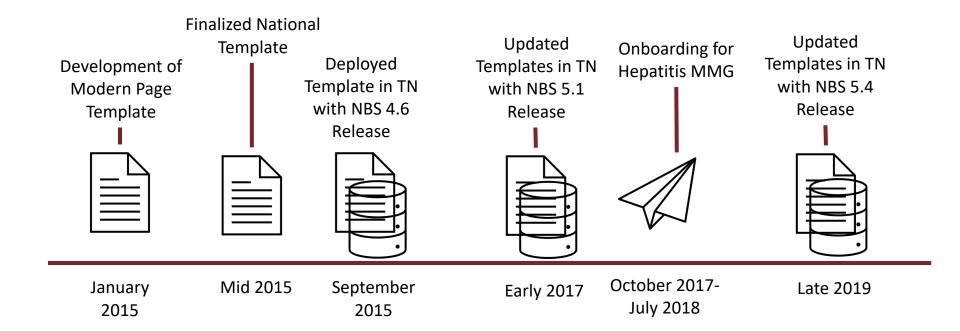








Timeline for Hepatitis Deployment



What Does Deployment Mean?

Initially:

- Review Page Builder format for local customization
 - New questions
 - Reorder questions
 - Create page rules
- Complete page porting from legacy template to Page Builder
- Review vocabulary and value sets, complete update scripts from deployment

Upon update

- Review conflicts with local customization
- Complete additional customization as needed
- Review vocabulary and value sets, complete update scripts from deployment



Staffing

- 1 NBS Coordinator
- 1 NBS Epidemiologist
- 1 Data Support Epidemiologist
- 1 Program Manager
- 1 HSVH Epidemiologist
- Highly variable engagement across projects. We do not track our support via ticketing system.
- For example:
 - A deployment with page porting will require ~20% of time for several months for the NBS Coordinator and NBS Epidemiologist
 - MMG onboarding required ~10% NBS Epidemiologist time across nine months
 - WDS requires initial outlay of ~10% time for 3 epis for 3 months





Reportable Labs & **Tracked Conditions**

Reportable Labs

HBV

- Positive HBsAg
- Positive IgM anti-HBc
- Positive HBeAg
- Positive HBV DNA
- Positive anti-HBs
- Positive anti-HBc

HCV

- Positive or negative confirmatory assays (antigen or RNA)
- Positive anti-HCV
- Positive and negative anti-HCV for ages 0-36 months

*If any of the above are positive, also report pregnancy status and all associated results for serological markers of hepatitis



Tracked Conditions in NBS

- CDC Conditions
 - Acute and chronic HBV (Probable and Confirmed)
 - Acute and chronic HCV (Probable and Confirmed)
 - Perinatal Hepatitis C (Confirmed)
 - NBS houses investigations and allows our program to send investigation notifications to include demographic and risk factor variables
- Local Conditions
 - Possible Hepatitis C Reinfection or Treatment Failure (Confirmed)
 - Hepatitis C Positive Pregnant Female (Confirmed and Probable)
 - Perinatal Hepatitis C (Probable, Suspect, Not a Case)



Longitudinal Case Tracking

- Each NBS record can only have one acute case and one chronic case for each condition
- Investigations are assessed over time and case status is updated as additional laboratory evidence becomes available (as appropriate)
- Reportable labs allow for tracking of continuum of care for HCV, but not HBV due to necessary HBV labs being nonreportable



Persons Living with HCV in Tennessee

115,608
persons were
living with HCV
in 2021

- Total based on lab results reported to the Tennessee Department of Health from 2000 to 2021.
- Includes people with a positive Ab and no HCV RNA result or people whose last HCV RNA result was positive.
- Deceased individuals or those that have relocated outside of Tennessee have been removed from the total.

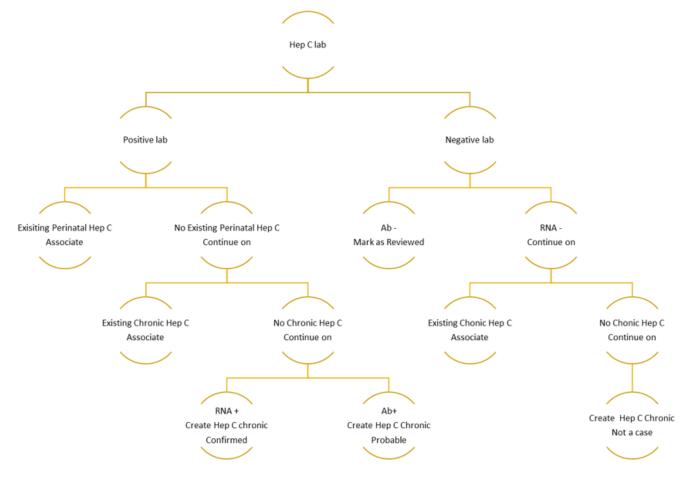




Workflow Decision Support

What is Workflow Decision Support (WDS)?

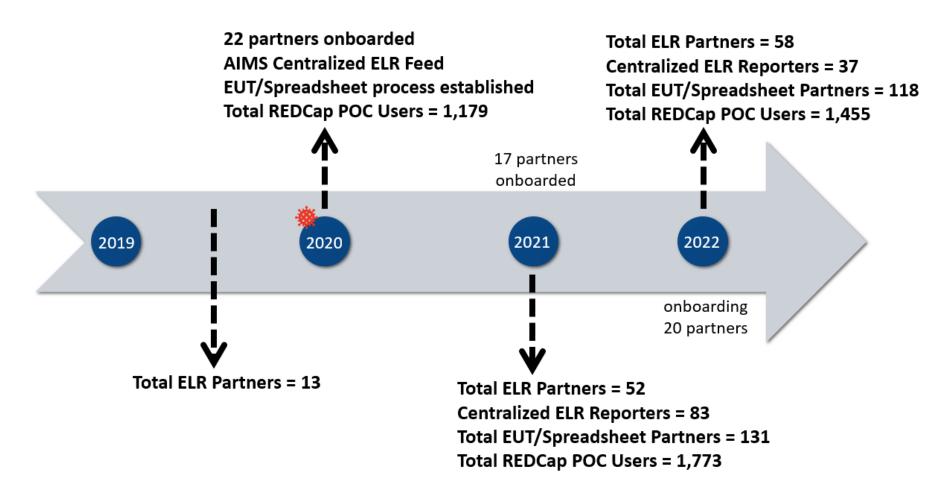
 WDS is a feature in NBS that supports configuring algorithms to automatically process incoming documents





Data Credit: Jenna Strathdee

Electronic Lab Reporting (ELR)



Data Credit: Abhi Saxena, Mary Ellen Travers and the SSI Team



Workflow Decision Support (WDS)

- COVID-19 and MPX paved the way
- NBS algorithms assess incoming hepatitis B and hepatitis C labs
- Automatically marks labs not meeting case definition as reviewed
- Attach labs to existing investigations
- Create probable investigations on newly reported cases





Ongoing Management

- Workflow Decision Support
 - Helps to process lab results within NBS to decrease burden on regional/metro epidemiologists and program area
 - Coordinated with vaccine-preventable disease program area and viral hepatitis
 - Algorithms
 - 2 HAV algorithms
 - 9 HCV algorithms
 - 1 HBV algorithm
 - Updated as needed to better process results
 - So far, have processed 134,098 labs through WDS



WDS Timeline

Discussions began

•August 2022

Hepatitis C negative labs marked as reviewed

•January 2023

Hepatitis B negative labs marked as reviewed

•October 2023











Hepatitis A program discussion

•October 2022

Attaching hepatitis C labs and creating investigations

•July 2023





Data Cleaning & Quality Assurance

Data Cleaning & Quality Assurance

Weekly

- Update WDS created investigations with a new RNA+/-
- Deduplicate records with multiple chronic investigations

Monthly

 Review labs received and reporting facilities to assess for potential drop-offs in reporting

Quarterly

- Update date of death
- Update any missing or mismatched county, region, state
- Merge duplicate records
- Review instances of possible seroconversion and reinfection

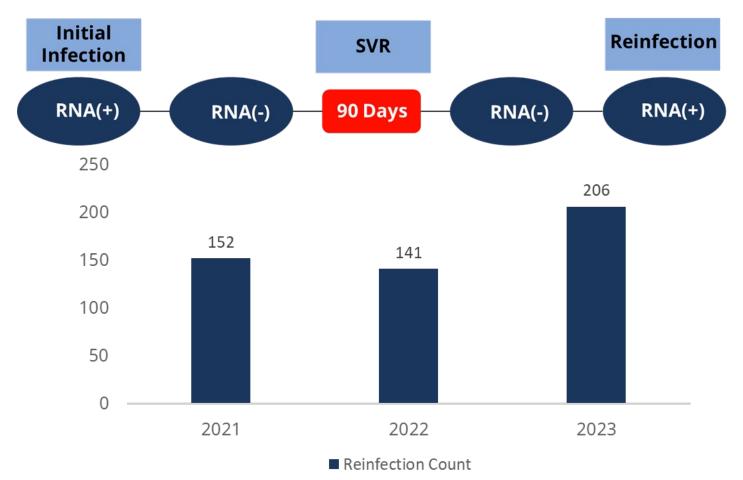




HCV Continuum of Care

HCV Reinfections

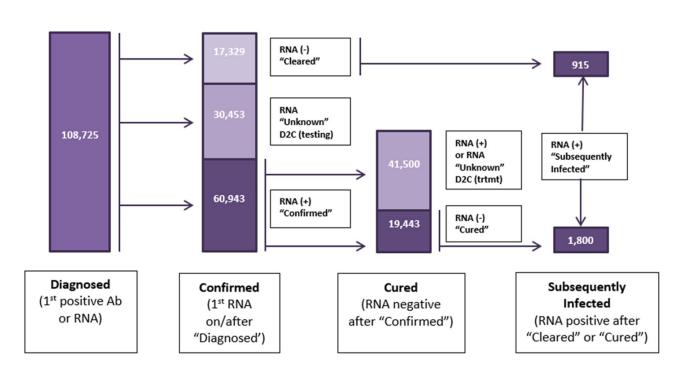
- Currently we use a strict definition of HCV reinfection
- These investigations are housed in NBS, but not sent to CDC





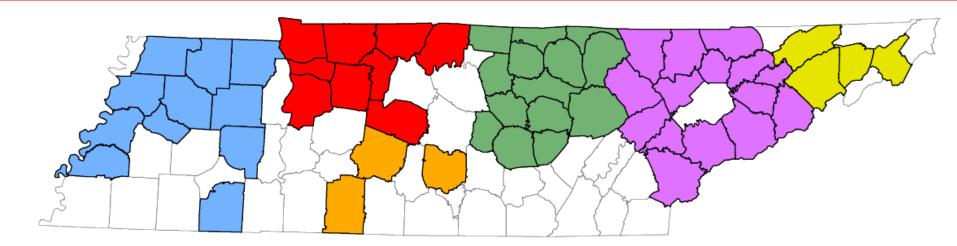
HCV Continuum of Care

- We follow CDC proposed care cascade
- Cases classified as "subsequently infected" are housed in a REDCap project
- Data will be used to determine Tennessee's reinfection case definition





Tracking Treatment



- There are 59 Tennessee Department of Health hepatitis C treatment sites
- Patients that the regions report as having initiated treatment are monitored for SVR using reported HCV RNA negative labs in NBS
- SVR timeframe is calculated based on medication regimen, treatment start date, and HCV RNA specimen collection dates
- Project housed in a REDCap project



Questions?

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