

# *epi*TRENDS

A Monthly Bulletin on Epidemiology and Public Health Practice in Washington

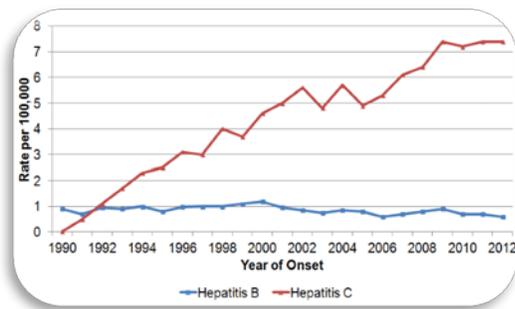
## **Chronic Viral Hepatitis Investigations**

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The Washington State Department of Health has updated guidelines and data entry for investigating cases of chronic viral hepatitis. The changes are intended to improve the public health response for these conditions.

### **Chronic Hepatitis B and Chronic Hepatitis C**

Infections with both hepatitis B virus and hepatitis C virus can result in chronic infections with potential severe long-term health consequences.



There can be a significant disease burden for these conditions due to the resultant morbidity and mortality, and the associated health care costs. Chronic hepatitis C in particular is associated with an increasing number of deaths in our state.

Recent initiatives such as the Affordable Care Act, increased screening for chronic hepatitis, and innovations in treatment options, particularly for chronic hepatitis C, have created renewed interest and opportunity around improving the public health response and outcomes related to chronic viral hepatitis infections. At the same time, public health agencies have limited capacity so that new chronic viral hepatitis cases often exceed the public health resources available for case investigations.

The local health jurisdictions in Washington State, the Washington State Department of Health (DOH), and the Centers for Disease Control and Prevention (CDC) all need reliable surveillance data to inform our collective public health response and measure its impact. Obtaining complete and correct data about these cases as outlined in the updated investigation and surveillance guidelines can contribute to multiple public health goals which include:

- Estimating disease burden
- Characterizing risk populations
- Assessing public health priorities and impact

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- Affecting public policy and priority-setting
- Meeting stakeholder needs

The central aims of these new guidelines are to pursue the above goals while engaging local public health capacity most efficiently.

### New Reporting Forms

To pursue the aims in Washington, DOH will be conducting systematic sampling of newly reported chronic viral hepatitis cases to be targeted for enhanced surveillance investigation. The enhanced surveillance investigations conducted on this representative subset of new cases will provide data to be used in characterizing our risk populations, assessing intervention priorities and impact, informing policy, and meeting stakeholder needs. For the remainder of new cases not otherwise sampled for enhanced surveillance, DOH requests at a minimum completion of a more abbreviated investigation form which collects basic surveillance data to be used in estimating disease burden and characterizing risk populations. Local health jurisdictions can elect to conduct enhanced surveillance on any of their cases at any time. However, data collected on unsampled cases may not be suitable for generating representative population estimates.

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### epiTRENDS Monthly Posting Alert

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<http://listserv.wa.gov/cgi-bin/wa?SUBED1=epitrends&A=1>

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DOH has developed two different investigation forms currently available on its website each for chronic hepatitis B and for chronic hepatitis C cases, respectively.

There are similarly two different PHIMS data entry screens corresponding to the short and enhanced forms for each condition. The single page short forms for newly diagnosed chronic viral hepatitis cases will collect basic data such as identifiers, demographics, setting of testing, and laboratory results. The short form does not include risk factors for exposure. The information on the short forms can typically be obtained from the laboratory and the healthcare provider without interviewing the case patient.

Short form (one page total)

The screenshot shows a web-based form titled "Hepatitis C, chronic - short form for basic case reporting". The form is organized into several sections:

- Header:** Includes "Hepatitis C, chronic" and "short form for basic case reporting". It has fields for "LNU Use" (ID, Reported to DOH, Date) and "Outbreak related" (LNU Cluster #, LNU Cluster, DOH Outbreak #).
- Patient Information:** Fields for "Reported by" (Lab, Hospital, HCP, Public health agency, Other), "Investigation start date", "Reporter name", "Reporter phone", "Primary HCP name", "Primary HCP phone", "OK to talk to case?" (Yes/No), and "Date of interview".
- Demographics:** Fields for "Name last, first", "Address", "City/State/Zip", "Phone(s)", "Gender" (M, F, Other), "Link", "Ethnicity", "Hispanic or Latino", "Race" (Asian, Black/African American, White, Other), "Age" (18-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75+), "Sex" (Male, Female), "Date of birth" (MM/DD/YYYY), "Occupation", "Employer name", "School/college name".
- Clinical Information:** Fields for "Where did exposure probably occur?" (In WA, County, US but not WA, Not in US), "Exposure on date", "Investigator", "Phonetic name", "Investigation complete date", "Local health jurisdiction", "Record complete date".
- Laboratory:** Fields for "Setting of where tested" (Primary care clinic, Other clinic, Other facility, Other clinic/community site), "CLINICAL" (Hepatitis C antibody, HCV RNA qualitative, HCV RNA quantitative), "LABORATORY" (HCV RNA qualitative, HCV RNA quantitative, HCV genotype, ALT (U/L), AST (U/L), Bilirubin (mg/dL), Albumin (g/dL), PT/INR, Platelet count (x10<sup>3</sup>/mm<sup>3</sup>), Hemoglobin (g/dL), Hematocrit (%), Hemoglobin A1c (%), Fasting glucose (mg/dL), Lipid panel (Total cholesterol, HDL cholesterol, LDL cholesterol, Triglycerides), Other (specify)).

The longer 3-page enhanced surveillance form is designed to collect an expanded scope of data gathered during enhanced surveillance investigation of sampled, newly-diagnosed cases. This expanded scope of data includes the same basic surveillance data captured on the short form, along with additional data related to risk behaviors, linkage to

health care, and patient education. Enhanced surveillance investigations are currently being piloted among newly reported probable and confirmed cases in King County, based on national case definitions and a 10% random sample conducted quarterly. Participation of additional local health jurisdictions in enhanced surveillance will occur over the next few years.

At present chronic hepatitis cases are recorded in several databases including PHIMS and local databases. DOH will migrate historical chronic hepatitis reports into PHIMS to create a single source of cases and then open the PHIMS case view so that local health jurisdictions can check their newly reported cases against all reported viral hepatitis cases for more efficient case searching and de-duplication. Until the chronic hepatitis data are all available in PHIMS, a local jurisdiction can ask DOH to look up a case for de-duplication (contact Shannon Franks at 360-236-3417). To improve surveillance DOH will also promote electronic reporting of laboratory results, which provides the most real time case detection for chronic hepatitis.

### Additional Surveillance Practices

It may be appropriate to prioritize investigation of certain newly reported chronic viral hepatitis cases for potential exposures, for example cases among women of child-bearing age or cases in which age or another circumstance suggests recent transmission is more likely.

There are additional guidances aimed at reducing perinatal transmission of hepatitis B. For hepatitis B surface antigen positive women, each pregnancy is reportable to the Office of Immunization and Child Profile's Perinatal Hepatitis B Prevention Program (PHBPP) and entered into the Perinatal Hepatitis B module. The woman should also be reported separately at least once as a chronic hepatitis B case (unless she is a very rare acute case occurring during pregnancy). The local coordinator tracks the pregnancy, post-partum treatment, and eventually follow-testing of the baby.

Note that the two different chronic hepatitis forms, for example short hepatitis B and enhanced hepatitis B, are separate conditions in PHIMS. To capture complete case data for analyses purposes, cases from the two conditions would have to be extracted and combined.

A jurisdiction that is not currently entering chronic hepatitis cases in PHIMS can – for the time being – continue transmitting external case files to DOH through their existing format. In the near future DOH will be seeking to standardize the format of such external case record files. Ultimately, DOH plans to discontinue the use of all such external files, in favor of all chronic hepatitis cases being entered in the state's upcoming disease surveillance system which will replace PHIMS within a few years. Please contact Shawn McBrien, the DOH chronic hepatitis surveillance coordinator, at 360-236-3413 or [shawn.mcbrien@doh.wa.gov](mailto:shawn.mcbrien@doh.wa.gov), with any questions regarding chronic hepatitis surveillance in Washington.

Enhanced surveillance long form (page 3 of 3)

The image shows a detailed form for enhanced surveillance of chronic hepatitis. It is divided into several sections with checkboxes and text input fields. Key sections include:

- Provider Information:** Includes checkboxes for 'Provider form completed/resumed', 'Patient interview conducted', and 'Patient interview not conducted, specify why'. It also has fields for 'Out of Jurisdiction' and 'Language barrier'.
- Patient Health Insurance:** Includes checkboxes for 'Patient with health insurance' and 'Yes, type (check all that apply)'. Options include 'Medicare', 'Medicaid', 'Voluntary', 'Employer', and 'Individual'.
- Patient with regular health care provider or clinic:** Includes checkboxes for 'Regular care, visits <math>\geq 4</math> mo. apart', 'Family Practice', 'No. filed', 'OB/GYN', and 'Other'. It also has a field for 'Date last seen in past 24 months' and a 'Considerer name' field.
- Patient seen or has appointment for medical management of HBV:** Includes checkboxes for 'PCP', 'Financial', 'If yes, date', and 'Reason (select all)'. Options include 'Disceased', 'Hospice', 'Patient declined, due to financial barriers', 'Patient declined, perceived as unnecessary', 'Appropriate provider known, inaccessible to patient', and 'Other'.
- Patient ever tested for HIV:** Includes checkboxes for 'Patient ever tested for HIV', 'Date of last test (month/year)', and 'Result'.
- From Patient:** Includes checkboxes for 'From Patient: Patient informed/educated about HBV', 'Yes, topics included (check all that apply)', 'Need for hepatitis A vaccine, if not immune', 'Harm reduction and needle exchange programs, if OI', and 'Treatment options'.
- From Provider:** Includes checkboxes for 'From Provider: Patient informed/educated about HBV', 'Yes, topics included (check all that apply)', 'Need for HIV vaccine, if not immune', 'Harm reduction and needle exchange programs, if OI', and 'Treatment options'.
- Public Health Actions:** Includes checkboxes for 'Counselor on importance of regular healthcare to monitor liver health', 'Counselor on avoidance of liver toxins (e.g., alcohol)', 'Recommended hepatitis A vaccination', 'Counselor on measures to avoid transmission', 'Counselor not to donate blood products, organs or tissues', 'Counselor about transmission risk to baby, if pregnant', 'Counselor on harm reduction and access to clean syring', 'If OI', 'Contacts evaluated', 'Number evaluated', 'Recommended prophylaxis of contacts', 'Number recommended prophylaxis', 'Recommended vaccination of exposed contacts', 'Number recommended vaccination', 'Provided information about HBV (206-723-0311) or other resources', 'Provided patient education materials about HBV', 'Provided options for access to health care (e.g., OIHP)', and 'Provided information on alcohol/substance abuse treatment'.

At the bottom, there are fields for 'Investigator', 'Phone number', 'Investigation complete date', and 'Record complete date'.

**Hepatitis C**  
Testing baby boomers saves lives

**3 Million**  
About 3 million adults in the US are infected with the hepatitis C virus, most are baby boomers.

**3 in 4**  
Up to 3 in 4 people who are infected don't know they have hepatitis C so they aren't getting the necessary medical care.

**1945-1965**  
Baby boomers, anyone born from 1945 through 1965, should get tested for hepatitis C.

Source: CDC Vital Signs, May 2013 | [www.cdc.gov/vitalsigns](http://www.cdc.gov/vitalsigns)

[http://www.cdc.gov/media/dpk/2013/dpk-vs-hepatitisC\\_testing.html](http://www.cdc.gov/media/dpk/2013/dpk-vs-hepatitisC_testing.html)

May is national Hepatitis Awareness month, intended to reduce the number of people unaware they are living with chronic viral hepatitis and therefore not receiving appropriate care and treatment. CDC has encouraged expanded chronic viral hepatitis screening, for example hepatitis B testing for persons born in countries where that disease is endemic and hepatitis C testing at least once for baby boomers (born 1945-1954) because this group has an elevated rate for that disease. Increased testing should result in more newly diagnosed cases of chronic viral hepatitis being identified and reported to local health jurisdictions. Together healthcare and public health systems can improve the outcome for those with chronic viral hepatitis.

## Chronic Hepatitis Reporting Forms

### Hepatitis B, chronic

- Short form, for basic case reporting:  
<http://www.doh.wa.gov/Portals/1/Documents/Pubs/150-051-HepB-short.pdf>
- Long form, for enhanced surveillance investigation:  
<http://www.doh.wa.gov/Portals/1/Documents/Pubs/150-047-HepB-long.pdf>

### Hepatitis C, chronic

- Short form, for basic case reporting:  
<http://www.doh.wa.gov/Portals/1/Documents/Pubs/150-050-HepC-short.pdf>
- Long form, for enhanced surveillance investigation:  
<http://www.doh.wa.gov/Portals/1/Documents/Pubs/150-048-HepC-long.pdf>