



FAIRFAX COUNTY HEALTH DEPARTMENT



Local Investigation of Hepatitis C Labs: An Important and Worthwhile Effort

Shawn Harper, BSN, RN, CIC

Public Health Nurse

Ben Klekamp, MSPH, CPH

Epidemiology Manager

Chronic Communicable Disease Program
Division of Epidemiology & Population Health



Objectives

Participants will be able to:

- Understand limitations when interpreting the hepatitis C surveillance data without universal negative lab reporting.
- Assess advantages and disadvantages to conducting local hepatitis C case investigations.



Hepatitis C Case Definition Review

Acute Infection

- Confirmed
 - Clinical criteria + confirmatory laboratory evidence, or, conversion of testing within 12-month timeframe.
- Probable
 - Clinical criteria + presumptive laboratory evidence.

Chronic Infection

- Confirmed
 - No clinical criteria + confirmatory laboratory evidence.
- Probable
 - No clinical criteria + presumptive laboratory evidence.

MIND THE
SURVEILLANCE GAPS



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Background

- Local investigation of hepatitis C labs is rare.
- Negative hepatitis C labs are not universally reported to public health.
 - Impact: Misclassification of cases.
 - Acute conversions not captured.
 - Probable, chronic cases are not a case.
- How can we (locals) sustainably obtain accurate case surveillance data on hepatitis C?



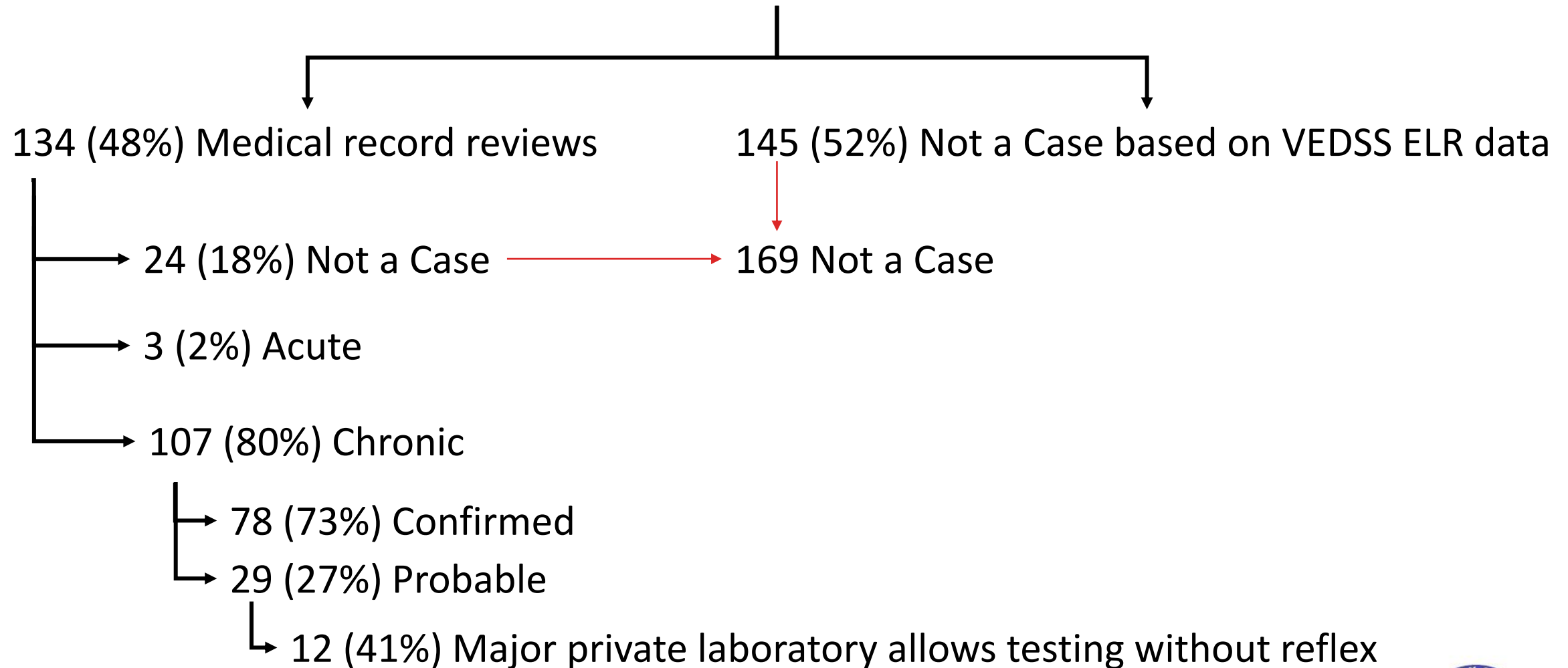
Methods

1. All positive hepatitis C labs among Fairfax Health District residents were reviewed from January to July 2023.
2. Case status set based on information in VEDSS.
 - A. If more clinical or laboratory information needed, a medical record review was conducted.
 - i. Looked for unreported cases of perinatal, hepatitis C and neonatal abstinence syndrome (NAS).
3. Case interviews were only attempted for acute and perinatal, hepatitis C cases.



Results

279 Unique Persons with Positive Labs Reported

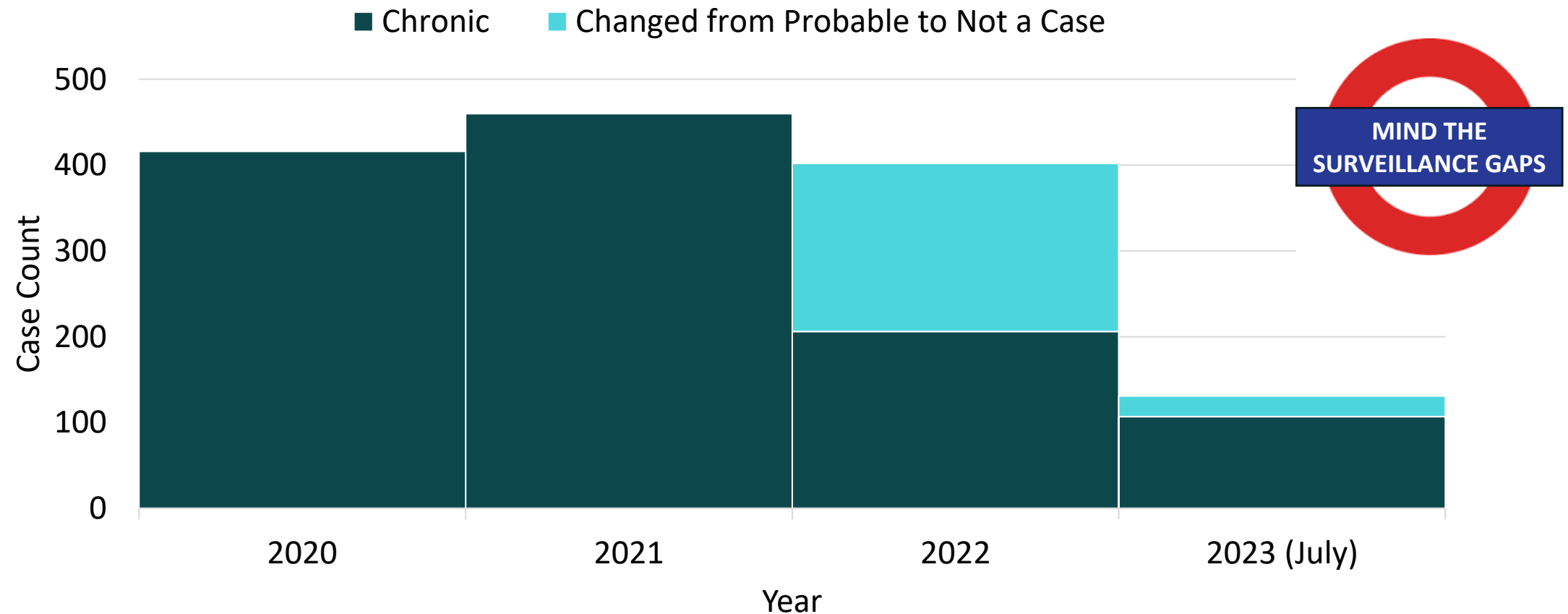


Results: Acute Case Review

- Three cases identified.
- Seroconversions – medical record review found negative lab.
- Case Investigation Information.
 - Phones interviews with all cases.
 - All exposed while receiving medical care in Pakistan.
 - Two underwent hemodialysis and one had a surgical procedure.
- Health Alert Notification (HAN) sent to Fairfax providers.
 - Remind to consider medical travel when screening and testing patients.
 - <https://www.fairfaxcounty.gov/health/alerts>



Local Disease Burden – Chronic, Hepatitis C



Results: Treatment Insights

81 acute & chronic confirmed cases

- 26 (32%) Treatment started
- 55 (68%) Treatment not started
 - ↳ 21 (36%) Uninsured or had Medicare/Medicaid
 - ↳ 18 (33%) Reason treatment not started could be determined
 - 11 (61%) Not a health priority of the patient
 - 3 (17%) Pregnant or breastfeeding
 - 2 (17%) End-of-life decision
 - 2 (11%) Incarcerated without access



Results: Non-Reported Cases

- Case finding efforts identified:
 - One neonatal abstinence syndrome (NAS)
 - Four perinatal, hepatitis C



Conclusions

- Improved surveillance accuracy of local hepatitis C disease burden.
- Issues identified include incomplete lab ordering practices (i.e., no reflex) and gaps in linkage to treatment among vulnerable populations.
- Process is locally sustainable, but likely not for all jurisdictions.
- Recommend requiring negative hepatitis C lab reporting.
 - Code of Virginia change needed



Questions?

Shawn Harper, BSN, RN, CIC
703.246.8486
shawn.harper@fairfaxcounty.gov



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