

Evaluation of Hepatitis C Surveillance in Washington State

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Objective

To evaluate the surveillance system for hepatitis C virus in Washington State using the Centers for Disease Control and Prevention guidelines for evaluating public health surveillance systems. Based on the findings of the evaluation, recommendations will be made for changes in practice.

Introduction

Hepatitis C is a nationally notifiable viral infection that occurs as a result of *parenteral* contact with *infected* body fluids. An estimated 3.5 million persons are currently infected with HCV.¹ Infection status is divided into acute (short-term, onset within 6 month of exposure) and chronic (long-term). For most people (75-85%), acute HCV infection leads to chronic infection.² Those with chronic infection remain relatively asymptomatic until the infection becomes severe enough to be recognized or the infected individual is screened for infection with hepatitis C. Major causes of morbidity and mortality associated with HCV are liver cirrhosis and hepatocellular carcinoma. Treatment is available, but it is expensive and not recommended for some vulnerable populations, such as those with ongoing injection drug use (IDU), who account for the majority of new HCV infections in the United States.³⁻⁵ Washington State records cases of both acute and chronic HCV infection, but the system is fragmented.

Methods

The evaluation will involve key informant interviews as well as review of data repositories such as the Public Health Issue Management System in order to assess the simplicity, flexibility, data quality, acceptability, sensitivity, positive predictive value, representativeness, timeliness, and stability of HCV surveillance in Washington State.

Results

The evaluation is currently in progress. Preliminary results are expected by November 2015.

Conclusions

The findings of this surveillance evaluation will inform the restructuring of other state and local HCV surveillance systems. Improved surveillance and care can lead to reductions in the incidence of cirrhosis, hepatocellular carcinoma, and liver transplantation as well as prevent transmission.

Keywords

surveillance evaluation; hepatitis C; HCV

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References

- ¹Edlin BR. Towards a more accurate estimate of the prevalence of hepatitis C in the United States. *Hepatology*. 2015 Jul 14; doi: 10.1002/hep.27978. [Epub ahead of print]
- ²Thomas DL, Seeff LB. The natural history of hepatitis C. *Clin Liver Dis*. 2005 Aug;9(3):383-98, vi.
- ³Mehta S, Genberg B, Astemborski J, et al. Limited uptake of hepatitis C treatment among injection drug users. *J Community Health* 2008;33:126-33.
- ⁴Hagan H, Latka MH, Campbell JV, et al. Eligibility for treatment of hepatitis C virus infection among young injection drug users in 3 US cities. *Clin Infect Dis*. 2006;42(5):669-67.
- ⁵Grebely J, Haire B, Taylor LE, et al. Excluding people who use drugs or alcohol from access to hepatitis C treatments—Is this fair, given the available data?. *J Hepatology*. 2015 Aug 4; doi: 10.1016/j.jhep.2015.06.014. [Epub ahead of print]

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