WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

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EPI-NEWS

Public Health

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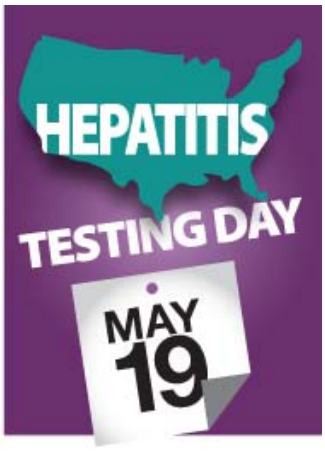
May 19th – National Hepatitis Testing Day

Background

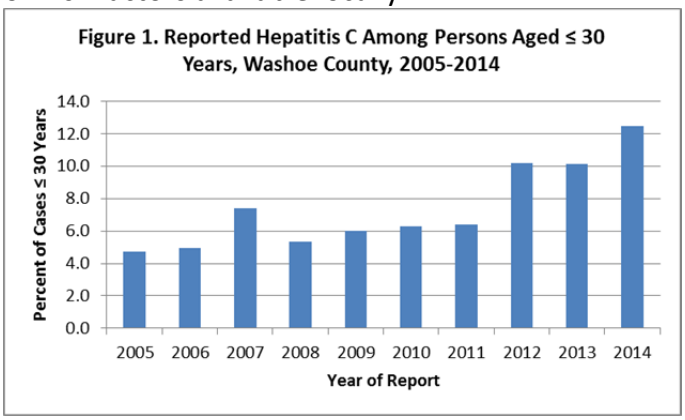
May marks the 20th anniversary of Hepatitis Awareness Month and the 4th National Hepatitis Testing Day (May 19) in the United States. Although care and treatment can be life-saving, many of the 3 million persons estimated to be living with hepatitis C virus (HCV) infection are unaware of their infection and are not receiving preventive services and medical management.



HCV among Persons Aged ≤ 30 years

A recent report published on May 8, 2015 by the Centers for Disease Control and Prevention shows that trends in new cases of HCV infection are highly correlated with trends in substance abuse treatment admissions for opioid dependency and opioid infection in four states (Kentucky, Tennessee, Virginia, and West Virginia) in the central Appalachian Region. The report also shows a substantial increase (364%) in the number of cases of acute HCV infection from 2006 to 2012 among persons aged ≤ 30 years. Injection drug use (IDU) was the most commonly reported (73%) risk factor. However, the report also indicates a likely underreporting of cases because acute infections are often asymptomatic. [1]

The Washoe County Health District (WCHD) began HCV surveillance on May 1, 2002. This surveillance captures all reported HCV cases including acute or chronic HCV. By December 31, 2014, the WCHD HCV surveillance system had detected 7,205 persons living with HCV condition, which represents a prevalence of 1.65% in Washoe County. Based on local data during the past 10 year period from 2005 through 2014, the proportion of HCV cases among persons aged ≤ 30 years substantially increased from 4.7% in 2005 to 12.5% in 2014, a 166% increase (Figure 1). This finding is consistent with the national finding. Unfortunately, there was no representative data on risk factors available locally.



Whom to Test?

On April 17, 2012, CDC published new recommendations for HCV testing. Testing for HCV is now recommended for:[2]

- All persons born during 1945–1965 regardless of risk factors.
- HIV-infected patients.
- Persons who have ever injected illegal drugs, including those who injected once or a few times many years ago and do not consider themselves as drug users.
- Persons with selected medical conditions, including

1 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6417a1.htm?s_cid=mm6417a1_w

2 http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6104a1.htm?s_cid=rr6104a1_e#Box

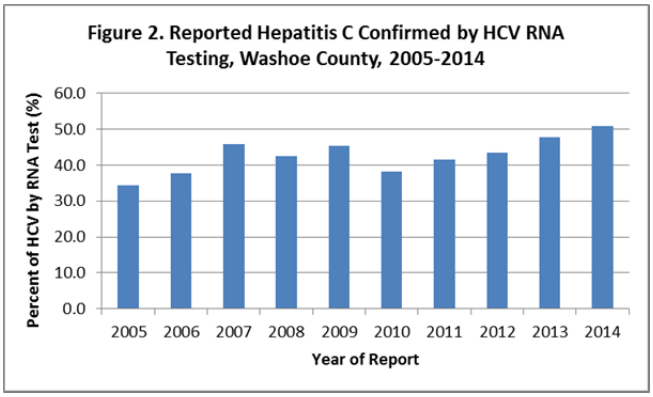
- persons who received clotting factor concentrates produced before 1987;
- persons who were ever on chronic (long-term) hemodialysis; and
- persons with persistently abnormal alanine aminotransferase levels.

- Prior recipients of transfusions or organ transplants, including
  - persons who were notified that they received blood from a donor who later tested positive for HCV infection;
  - persons who received a transfusion of blood or blood components before July 1992; and
  - persons who received an organ transplant before July 1992.
- Health care, emergency medical, and public safety workers after needle sticks, sharps, or mucosal exposures to HCV-positive blood.
- Children born to HCV-positive women.

What to Test?

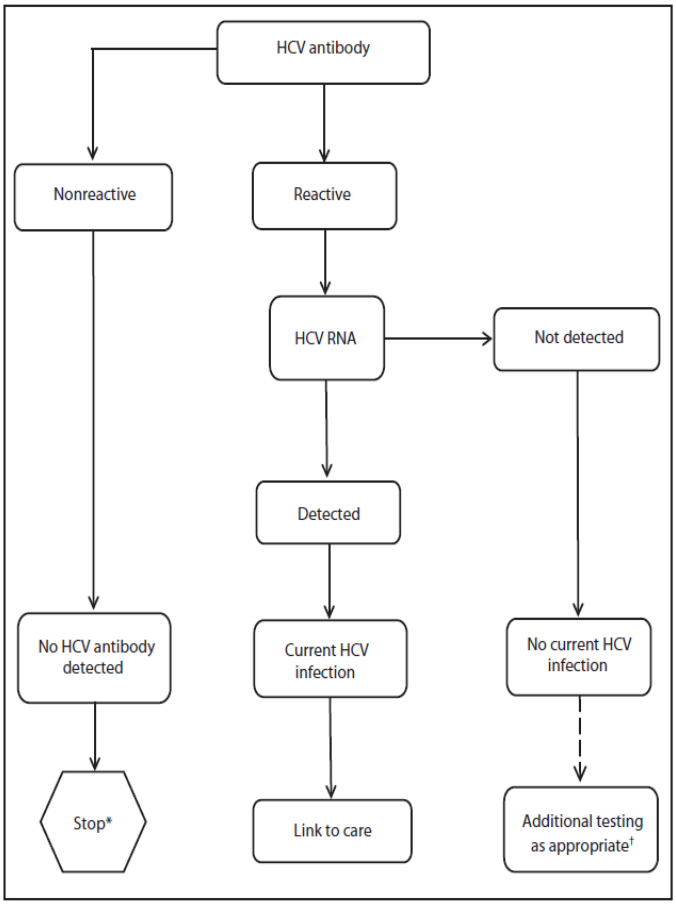
In May 2013, CDC published an updated guideline[3] regarding HCV testing because two important implications (availability of a rapid test for HCV antibody and the discontinuation of RIBA HCV) for HCV testing since 2003 guidance was published. The bottom line is that persons with reactive results after HCV antibody testing should

Figure 2. Reported Hepatitis C Confirmed by HCV RNA Testing, Washoe County, 2005-2014



be evaluated for the presence of HCV RNA in their blood. Local data show that the proportion of HCV cases confirmed by HCV RNA increased to 51% in 2014 (Figure 2). For those laboratories and healthcare providers who are not following CDC's recommendation, now is the time to follow this guidance. The recommended testing sequence is seen in the flow chart (Figure 3). The purpose of doing this is to identify those persons with current HCV infection in order to link them to the medical care as early as possible.

Figure 3. Recommended Testing Sequence for Identifying Current Hepatitis C Virus (HCV) Infection



* For persons who might have been exposed to HCV within the past 6 months, testing for HCV RNA or follow-up testing for HCV antibody is recommended. For persons who are immunocompromised, testing for HCV RNA can be considered.

† To differentiate past, resolved HCV infection from biologic false positivity for HCV antibody, testing with another HCV antibody assay can be considered. Repeat HCV RNA testing if the person tested is suspected to have had HCV exposure within the past 6 months or has clinical evidence of HCV disease, or if there is concern regarding the handling or storage of the test specimen.

3 http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6104a1.htm?s_cid=rr6104a1_e#Box