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Webinar link and presenter slides will be posted to the NJDOH-CDS Hepatitis C webpage after the webinar.
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• Credits/Contact hours offered for this webinar:
  • 1.0 Public Health and Nursing
  • The New Jersey Department of Health, Communicable Disease Service, is approved as a provider of nursing continuing professional development by New Jersey State Nurses Association (NJSNA), an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. Provider #P216-6/2021

• Credits provided to those who attend the webinar “live” only.
  • Must be registered on Go To Webinar and NJLMN and complete evaluation to earn credits.
  • NOTE: Those viewing the recorded webinar are not eligible to receive continuing education credits.
  • Posted webinars are available for 12 months after original air date.

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• All attendee lines are muted. Please use the “Question” box to ask a question.
  • Questions will be answered at the end of the webinar, time permitting.
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- Slides may be accessed in the “Handouts” box during “live” webinars.
- Slides will be posted on the NJDOH-CDS Hepatitis C webpage, after the webinar.

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- A link to the evaluation will sent to the e-mail address used to register on NJLMN after the webinar.
  - Check your spam/clutter/junk folders if you do not see it in your inbox within 24 hours after the webinar ends.

- Those seeking continuing education credits MUST complete the evaluation.

- Evaluation link closes seven (7) days after it is sent.
  - Once evaluation closes, certificated are emailed to the address listed in NJLMN (for Nurses)/attendance verified in NJLMN (for PH and Nurses). Credits are not automatically awarded when evaluation is completed.
  - Individuals who do not complete the evaluation will not receive credits. No exceptions.
Hepatitis C: Surveillance, Case Definition, and Investigation

Tuesday, June 15, 2021
11am-12pm
Bernice Carr, MPH, MS, HCV Epidemiologist
Maryellen Wiggins, MSN, RN, HCV Nurse Coordinator

Presentation Overview

- Hepatitis C basic facts
- Identification of Hepatitis C infection
- Hepatitis C Epidemiology
- Revised CDS-17 Form
- NJDOH case investigation priorities
- New 2020 Acute & Chronic case definitions
- Case definition for perinatal Hepatitis C
- Classification of cases with scenarios
- Treatment and Linkage to Care
- CDRSS management tips
- Revised Hepatitis C chapter
Basic Facts of Hepatitis C (HCV)

- Causes cirrhosis and cancer of the liver
- Bloodborne virus
- Majority infected are not aware
- Incubation is 14 to 180 days, 45 average
- Transmission by needles, perinatal, organ transplant
- Chronic infection in 70-80% of infected
- Symptoms include nausea, jaundice, malaise
- Effective treatments No vaccine

WHO SHOULD GET TESTED FOR HEPATITIS C?

- EVERY ADULT: At least once
- EVERY PREGNANT WOMAN: Every pregnancy
- EVERYONE WITH RISK FACTORS: Regularly

SOURCE: CDC Recommendations for Hepatitis C Screening. MMWR, April 2020

https://www.cdc.gov/hepatitis/hcv/vitalsigns/index.html
Serologic testing and pattern of infection for HCV

https://www.cdc.gov/hepatitis/Resources/Professionals/Training/Serology/training.htm#one

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

Communicable Disease Reporting and Surveillance System, CDRSS

- CDRSS is the main tool to capture and report details of communicable diseases in New Jersey
- At least 90% of HCV labs are reported electronically in CDRSS
- HCV Investigators provide updates on HCV reports for residents in their jurisdiction in CDRSS

https://cdrs.doh.state.nj.us

<table>
<thead>
<tr>
<th>CDRSS Test Name</th>
<th>Test Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis C Virus Antibody (Anti-HCV)</td>
<td>Antibody test</td>
</tr>
<tr>
<td>Hepatitis C Virus Antibody Signal to Cut Off Ratio (S/CO)</td>
<td>Antibody test</td>
</tr>
<tr>
<td>Hepatitis C Virus Genotype</td>
<td>Nucleic Acid Test (NAT)</td>
</tr>
<tr>
<td>Hepatitis C Virus RNA (PCR – Qualitative)</td>
<td>Nucleic Acid Test</td>
</tr>
<tr>
<td>Hepatitis C Virus RNA (PCR – Quantitative)</td>
<td>Nucleic Acid Test</td>
</tr>
<tr>
<td>Alanine Aminotransferase (ALT)</td>
<td>Liver function</td>
</tr>
<tr>
<td>Serum glutamic pyruvic transaminase (SGPT)</td>
<td>Liver function</td>
</tr>
<tr>
<td>Alkaline Phosphatase (Alk Phos)</td>
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<tr>
<td>Aspartate Aminotransferase (AST)</td>
<td>Liver function</td>
</tr>
<tr>
<td>Serum glutamic-oxaloacetic transaminase (SGOT)</td>
<td>Liver function</td>
</tr>
<tr>
<td>Bilirubin Total – Bili (total)</td>
<td>Liver function</td>
</tr>
</tbody>
</table>
Epidemiology of HCV, United States

New Infections, 2019

4136 acute cases reported (57,500 estimated)
123,312 chronic cases reported
1% estimated prevalence

- 79% 20-49 years
- 60% Male
- 65% non-Hispanic White
- 67% IDU (common risk behavior)
- 79% in urban areas
- 14,242 HCV associated deaths
- 217 perinatal

Epidemiology of HCV, New Jersey

New Infections, 2019

103 Acute cases reported
6292 chronic cases reported
0.68% estimated prevalence

- 59% 18-35 years old
- 66% Male
- 61% non-Hispanic White
- 63% IDU (common risk behavior)
- 224 HCV associated deaths
- 11 perinatal
Acute and Chronic HCV by Age, Gender - NJ 2010-2019

Acute HCV by County, NJ 2019

Chronic HCV by County, NJ 2019
Reported Perinatal HCV Exposures by NJ County
2017 - 2019

Number of Reported Exposures

County

Ocean
Cape May
Gloucester
Atlantic
Monmouth
Burlington
Cumberland
Essex
Middlesex
Suffolk
Hudson
Mercer
Salem
Somerset
Hills
Warren
Hunterdon
Passaic
Union

21
Priority HCV Cases for Investigation

- All cases suspected to be acute
- All cases suspected to be a seroconversion: that is, positive HCV test within 12 months of a documented negative HCV test
- All cases 40 years of age and younger.
- All cases with a healthcare associated risk factor: hemodialysis, healthcare worker, blood, organ or tissue transplant
- All pregnant women and perinatal cases
Priority Case Investigation Guidelines

- Two attempts to collect information on the CDS-17 form, from the provider who ordered the testing.
- If unsuccessful, two attempts to collect information directly from the case.
- If no response, then send a final letter to the case and request follow up to the health department.
- Contact the referring medical facility for suspected acute cases for additional clinical information.
- If no response within 30 days of the letter, close the case based on the case classification algorithms.

Non Priority HCV Cases for Investigation

Cases older than 40 years of age that do not meet the criteria for acute illness or seroconversion, are not healthcare associated, and are not associated with a pregnancy.

**Investigation**
A single attempt to collect information on the CDS-17 from the provider who ordered the testing. The case should be closed based on the Case Classification Algorithms using existing information.

https://www.nj.gov/health/col/topics/hepatitisc.shtml
2020 Acute Hepatitis C Case Classification

Evidence of **seroconversion**: Documentation of a negative HCV Antibody or NAT test result followed by a positive within 12 months

Or

**Clinical and Laboratory Criteria**:
Positive hepatitis C antibody test or HCV detection test,

**And**
Evidence of Jaundice, **Or**
Bili ≥3 mg/dl, **Or**
ALT > 200U/L, **And**
Absence of more likely diagnosis
Acute Hepatitis C Case Classification

**Acute Probable HCV**
- Evidence of seroconversion
- Or
- Meets Clinical Criteria,
  - And
- Presence of positive HCV Antibody test (detected or signal to cutoff), with unknown HCV NAT test result

**Acute Confirmed HCV**
- Evidence of seroconversion
- Or
- Meets Clinical Criteria,
  - And
- Presence of positive HCV NAT test (qualitative or quantitative RNA or genotype)

---

Acute Probable HCV Laboratory Presentation in CDRSS

<table>
<thead>
<tr>
<th>Test</th>
<th>Specimen</th>
<th>Lab Name</th>
<th>Lab Specimen ID</th>
<th>Date Specimen Collected</th>
<th>Value</th>
<th>Report Units</th>
<th>Result</th>
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<tbody>
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<td>Liver Function - Bilirubin</td>
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<tr>
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<td>Serum/Plasma</td>
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Acute Confirmed HCV Laboratory Presentation in CDRSS

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<th>Lab Specimen ID</th>
<th>Date Specimen Collected</th>
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<td>POSITIVE/REACTIVE</td>
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Chronic Hepatitis C Case Classification

**Chronic Probable HCV**
- Absence of clinical criteria for acute HCV
- No evidence of seroconversion
- Presence of positive HCV antibody test (detected or signal to cutoff)
- Unknown HCV Nat test result

**Chronic Confirmed HCV**
- Absence of clinical criteria for acute HCV
- No evidence of seroconversion
- Presence of positive HCV Nat test at any time in case (qualitative or quantitative RNA or genotype)
### Chronic Probable HCV Laboratory Presentation in CDRSS

<table>
<thead>
<tr>
<th>Test</th>
<th>Specimen</th>
<th>Lab Name</th>
<th>Lab Specimen ID</th>
<th>Date Specimen Collected</th>
<th>Value</th>
<th>Report Units</th>
<th>Result</th>
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<tbody>
<tr>
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### Chronic Confirmed HCV Laboratory Presentation in CDRSS

<table>
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<th>Test</th>
<th>Specimen</th>
<th>Lab Name</th>
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<th>Report Units</th>
<th>Result</th>
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</thead>
<tbody>
<tr>
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<td>LIVER FUNCTION - BILIRUBIN</td>
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<td>HEPATITIS C VIRUS RNA BY PCR (QUANTITATIVE)</td>
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<td>(PA) THOMAS JEFFERSON UNIVERSITY HOSPITAL</td>
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<td>01/04/2021</td>
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<td>POSITIVE/REACTIVE</td>
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Chronic Confirmed HCV Laboratory Presentation in CDRSS
Detected to Not Detected

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<th>Lab Name</th>
<th>Lab Specimen ID</th>
<th>Date Specimen Collected</th>
<th>Value</th>
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</tr>
</thead>
<tbody>
<tr>
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<td>LABCORP</td>
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<td>03/01/2021</td>
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<td>LABCORP</td>
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<td>09/02/2020</td>
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</tbody>
</table>

Pending Not a Case HCV Classification

Qualitative HCV NAT test result reported as negative
Or
Quantitative HCV NAT test result reported as less than level of detection
Or
Genotype reported as Specimen Unsatisfactory for Evaluation
AND
Hepatitis C Antibody: Present or Absent
### Pending Not a Case HCV Laboratory Presentation in CDRSS
#### Negative RNA

<table>
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<tr>
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<th>Specimen</th>
<th>Lab Name</th>
<th>Lab Specimen ID</th>
<th>Date Specimen Collected</th>
<th>Value</th>
<th>Report</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis C Virus RNA by PCR (Qualitative)</td>
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<td>NEGATIVE</td>
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### Pending Not a Case HCV Laboratory Presentation in CDRSS
#### Below Level of Detection

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<th>Lab Name</th>
<th>Lab Specimen ID</th>
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<th>Value</th>
<th>Report</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Serum</td>
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Pending Not a Case  HCV Laboratory Presentation in CDRSS  
Specimen Unsatisfactory for Evaluation

<table>
<thead>
<tr>
<th>Test</th>
<th>Specimen</th>
<th>Lab Name</th>
<th>Lab</th>
<th>Date Specimen</th>
<th>Value</th>
<th>Report</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEPATITIS C VIRUS GENOTYPE</td>
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<td>LABCORP</td>
<td>04840132330</td>
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<td>SPECIMEN UNSATISFACTORY FOR EVALUATION</td>
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</tbody>
</table>

Perinatal HCV Case Classification

HCV RNA positive test results for infants between **2 to 36 months** of age,
And/or
HCV genotype test results for infants between 2 to 36 months of age

**Epi Link:** Maternal infection with HCV of any duration, if known. Not known to have been exposed to HCV via a mechanism other than perinatal (example, not acquired via healthcare).

Test results prior to 2 months of age should not be used for classification.
Recommendations for HCV Testing of Perinatally Exposed Children and Siblings

All children born to HCV-infected women should be tested for HCV infection. Testing is recommended using an antibody-based test at or after 18 months of age.

Antibody positive children should be tested for HCV RNA

An HCV RNA test can be considered as early as 2 months of age

Repetitive HCV RNA testing prior to 18 months of age is not recommended

The siblings of children with vertically-acquired chronic HCV should be tested for HCV infection, if born from the same mother.

Perinatal Confirmed HCV Laboratory Presentation in CDRRSS Between 2 and 36 Months of Age

<table>
<thead>
<tr>
<th>Test</th>
<th>Specimen</th>
<th>Lab Name</th>
<th>Lab Specimen ID</th>
<th>Date Specimen Collected</th>
<th>Value</th>
<th>Report Units</th>
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<tbody>
<tr>
<td>HEPATITIS C VIRUS RNA BY PCR (QUANTITATIVE)</td>
<td>SERUM</td>
<td>LABCORP</td>
<td>14443614910</td>
<td>05/24/2021</td>
<td>1620000.000</td>
<td>IU/mL</td>
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<td>HEPATITIS C VIRUS RNA BY PCR (QUANTITATIVE)</td>
<td>SERUM</td>
<td>LABCORP</td>
<td>25340175950</td>
<td>10/19/2020</td>
<td>1754890.000</td>
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<td>SERUM/PLASMA</td>
<td>LABCORP</td>
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<td>&gt;11.0</td>
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<td>SERUM/PLASMA</td>
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## HCV Case Classification Assignments

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<tr>
<th>Disease Subgroup</th>
<th>Case Status</th>
<th>Meets Clinical Criteria for Acute HCV</th>
<th>HCV RNA NAT/Genotype</th>
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<tbody>
<tr>
<td>Chronic</td>
<td>Confirmed</td>
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<td>Chronic</td>
<td>Probable</td>
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<td>Unknown/Not Reported</td>
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<td>Yes</td>
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<td>Perinatal</td>
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</table>
Treatment and Linkage to Care

• If treatment information is collected, perform the following in the case report in CDRSS:
  • Select TREATMENT tab
  • Select name of medication from the treatment drop down
  • Add any other treatment information known

• Linkage to Care:
  • If linkage to care is known place in comment tab
  • Clinical status: Case evaluated by HCP?

CDRSS Management Tips

• No Illness onset date except for acute cases
• Person merges cannot be undone. Avoid merging persons unless it is certain that they are the same
• It is acceptable to have a probable case in a prior year and a new confirmed case. Do not merge a confirmed case into an older probable case
• Do not merge Acute HCV cases with other subgroups
• Do merge Acute HCV cases with Pending subgroup if created within 12 months of each other
• No need to update demographic, contact or serology information for Chronic Confirmed DHSS Approved cases

Revised Hepatitis C Chapter

- The Hepatitis C Chapter has been revised as of May 2021
- Available on NJDOH’s Hepatitis C webpage
- Many updates made from the previous chapter
- Includes updated background and epidemiology information
- Includes latest testing recommendations and new treatment options
- Some updates were in the 2017 Hepatitis Investigation guidelines
- Includes the recent CSTE Acute, Chronic, Perinatal case definitions

Hepatitis C Resources

- https://www.cdc.gov/hepatitis/hep/faq.htm#overview
Questions

Thank You

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