

Nebraska Hepatitis C Prevention Plan March 2004



This plan was created by constituents from across Nebraska, representing the professional disciplines involved in the prevention of Hepatitis C within Nebraska. The purpose of this plan is to outline a comprehensive and systemic approach that will aid in the prevention of the further spread of the Hepatitis C virus in Nebraska, and to limit the progression and complications of Hepatitis C related chronic liver diseases within Nebraska.

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Background

The Hepatitis C virus (HCV) is the most common chronic blood borne infection in the United States. The Center for Disease Control and Prevention (CDC) estimates one out of every fifty Americans have been infected with the Hepatitis C virus, most of whom have no idea they are infected with the virus and capable of transmitting it to others. These figures are a conservative low as the CDC estimates do not take into account the homeless population or those incarcerated; both of these population groups have a higher percent infection rate than the average American. Any person infected with the Hepatitis C virus can transmit the virus to others at any time during the disease process, and there is no vaccine for the prevention of the Hepatitis C virus.

Most people who have risk factors for exposure to the Hepatitis C virus are unaware that they have been exposed to the virus. Three out of every four Americans infected with the Hepatitis C virus are unaware that they are infected. As the Center for Disease Control (CDC) has predicated a fourfold increase in chronic Hepatitis C infections by the year 2015, public health facilities need to screen all clients for the presence of HCV risk factors. Clients who screen positive for HCV risk factors should be counseled and referred for HCV testing.

NOTE: *The Nebraska Health and Human Services System does not currently provide any funding for HCV testing.*

Hepatitis C

Hepatitis C is a disease caused by the Hepatitis C virus, which is found in the blood of an infected person. Hepatitis C is the most common cause of chronic liver disease in the United States and is the number one cause for liver transplants. Since the liver is a non-complaining organ most people remain unaware that they have the disease for twenty or more years, at which time the functions of the liver begin to show signs of impairment. During this twenty-year time frame anyone that comes in contact with the blood of the infected person can become infected with the Hepatitis C virus.

Transmission

Blood transfusions, the use of shared needles, and personal items that contain blood on them are the main cause of the spread of the Hepatitis C virus. According to the CDC 85% of all Hepatitis C cases are caused by contact with infected blood, the remaining 15% are related to sexual contact.

Hepatitis C is NOT transmitted by any of the following practices:

- Breast feeding
- Sneezing
- Hugging
- Coughing
- Shared eating utensils
- Shared drinking glasses
- Food or water
- Casual contact

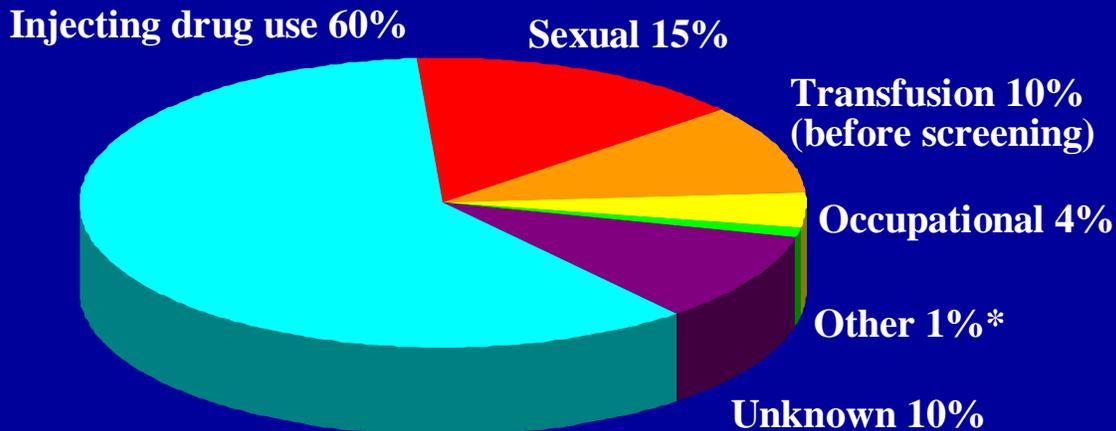
Incubation Period

The average time it takes for an exposed individual to sero-convert is 8 to 10 weeks. Up to 80% of Hepatitis C infected individuals will test positive for the Hepatitis C antibody 15 weeks after their exposure. Approximately 15% of all Hepatitis C virus infections will be successfully cleared out naturally by the individuals immune system, the other 85% of the cases will move on to a chronic infection and require medical intervention to clear the virus from the body.

Risk Factors

1. Shared needles for injecting drugs
2. Receiving blood products prior to 1992
3. Receiving clotting factors prior to 1987
4. Receiving tissue donations prior to 1992
5. Long term dialysis
6. Health care workers with a needle stick or blood exposure
7. Infants born to a Hepatitis C positive mother
8. High risk sexual practices
9. The use of intranasal cocaine
10. Tattoos or body piercing with non-sterile technique

Sources of Infection for Persons With Hepatitis C



* Nosocomial; iatrogenic; perinatal

Source: Centers for Disease Control and Prevention



Nebraska Hepatitis C Trends

Based on the CDC estimates and Nebraska's 2001 census there are an estimated 30,838 Nebraskan's currently infected with the Hepatitis C virus. Currently the Nebraska State Health department carries only 10,573 Nebraskan's on its epidemiology Hepatitis C roster. It is estimated that over 20,000 Nebraskan's are currently unaware that they are infected with the Hepatitis C virus.

Acute Hepatitis C Viral Infections

As the liver is a non-complaining organ most individuals do not have symptoms during the early part of their infection with the Hepatitis C virus. This is why it takes so many years before individuals are diagnosed with Hepatitis C. Some individuals do experience mild general flu like symptoms when they are first infected with the Hepatitis C virus, however most individuals believe that they only have the flu and do not seek medical counsel. Jaundice or yellowing of the skin of an infected person is a sign of Hepatitis C, however this only occurs in 25% of infected individuals and often doesn't appear until the functions of the liver become impaired. During the Acute phase of the Hepatitis C viral infection a large spike of the Alanine Aminotransferase (ALT) enzyme will be noted if liver enzymes are tested. The CDC case definition of an acute Hepatitis C infection is a case that meets the clinical criteria & is confirmed by the laboratory criteria.

Clinical Criteria of Acute Viral Hepatitis C → An acute illness with discrete onset of viral hepatitis symptoms, Jaundice or elevated Aminotransferase (ALT) levels.

Laboratory Criteria of Acute Viral Hepatitis C → Serum ALT levels 7 times greater than the normal upper limit, negative serology's for Hepatitis A and Hepatitis B, and positive serology testing for Hepatitis C.

Laboratory testing for the Hepatitis C antibody should be performed using an ELISA methodology and confirmed using either the Recombinant Immunoblot Assay (RIBA) technique or Ribonucleic Acid (RNA) Polymerase Chain Reaction (PCR) test. When clinical evidence of hepatitis and risk factors are present negative HCV Enzyme-linked Immunosorbent Assay (ELISA) tests should be repeated in 3 months to allow for sero-conversion.

Chronic Hepatitis C Viral Infections

Chronic Hepatitis C viral infections often lead to liver cirrhosis or liver cancer, and is the United States leading cause for the need of a liver transplant. Clinical features of liver cirrhosis can include any or all of the following:

- Enlarged Liver
- Enlarged Spleen
- Jaundice
- Muscle Wasting
- Ascites
- Dark Urine
- Light Stools
- Elevated Blood Liver Function Tests
- Ankle Swelling

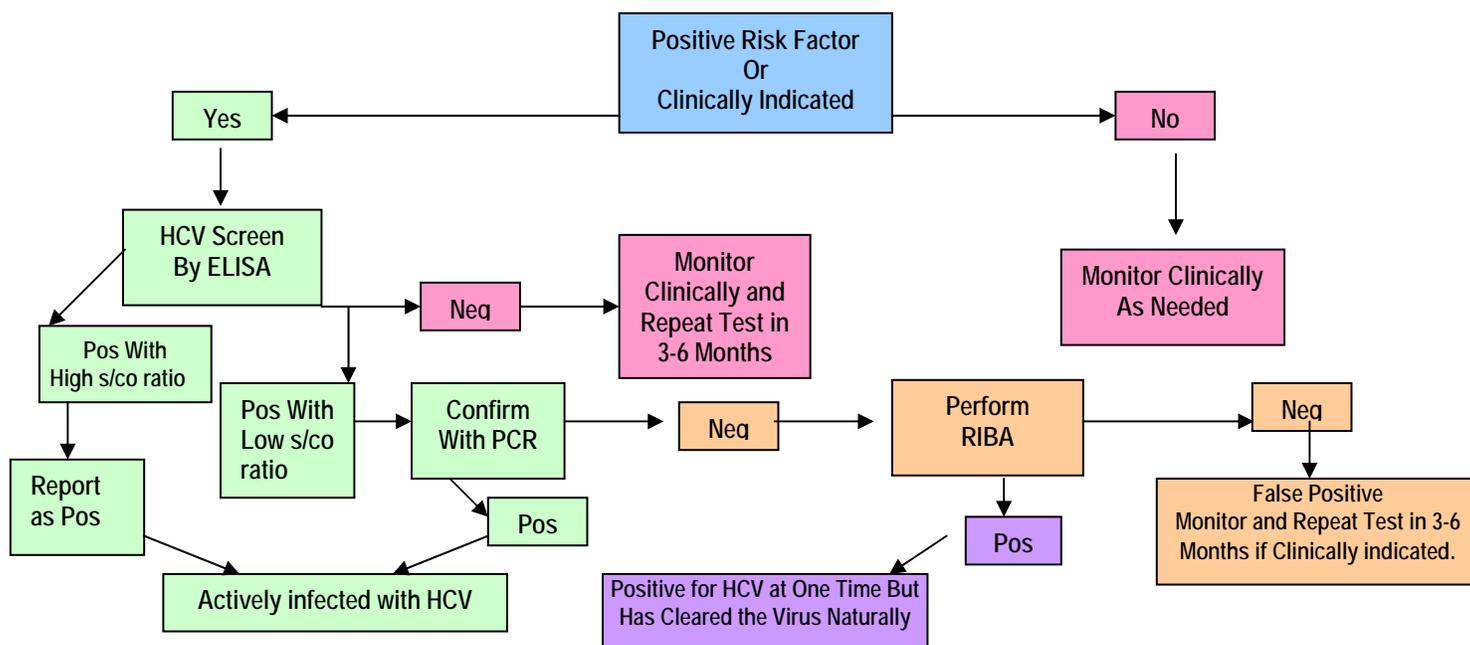
The CDC case definition of a chronic Hepatitis C infection is one that shows any of the above signs or symptoms of impaired liver function and is evidenced by laboratory testing. Serum ALT's and other Liver Function Tests (LFT's) should be elevated, but not necessarily at the high levels associated with an acute infection. The Hepatitis C antibody should test positive using the ELISA method and confirmed using either the RIBA or RNA PCR test.

NOTE: There have been rare instances where due to the immunocompromised status of the patient, antibodies to the Hepatitis C virus were not produced at a high enough level to test positive using ELISA technology. Clinical evaluation and more specialized technology may be needed to determine the presence of the Hepatitis C virus in an immunocompromised individual.

Screening Factors for Hepatitis C: A person with any of the following risk factors should be tested for the presence of HCV:

1. Any history of IV drug use, even just one time.
2. Any history of intranasal use of cocaine, even just one time.
3. Any client that test's positive for the AIDS virus.
4. Clients with a history of STD's.
5. Occupational exposure to blood.
6. Clients receiving blood products or tissue donations prior to 1992.
7. Hemophiliacs receiving clotting factors prior to 1987.
8. Clients with high-risk sexual behaviors.
9. Clients showing clinical manifestations indicating impaired liver function.
10. Children born to Hepatitis C positive mothers.
11. Clients with an exposure to a known Hepatitis C source.

Hepatitis C Testing Flow Chart



Hepatitis C and HIV Co-Infection

The CDC has estimated that one out of every 3 people infected with the Human Immunodeficiency Virus (HIV) is also infected with the Hepatitis C virus. The presence of both the Hepatitis C virus and HIV in a client can impact both the treatment and management of both HCV and AIDS. Co-infection with the AIDS virus and the Hepatitis C virus has been associated with higher titers of the Hepatitis C virus, a more rapid progression to liver disease and an increase risk for cirrhosis of the liver. Since highly reactive antiretroviral therapy and prophylaxis treatment for opportunistic infections have increased the life span of AIDS patients, Hepatitis C related liver disease has become a major cause of hospital admissions and death among AIDS patients.

Hepatitis C Prevention

As there is no vaccine to prevent the Hepatitis C viral infection, prevention of the spread of this virus is crucial. Because the Hepatitis C virus, the Hepatitis B virus, and the AIDS virus all have similar risk factors and modes of transmission, the CDC has recommended that prevention strategies and efforts for these three viruses be combined. Trial projects by the CDC have shown that by decreasing the spread of the Hepatitis C virus the spread of HIV and Hepatitis B virus are also reduced.

- A. **Primary prevention** methods are aimed at decreasing the rate of new cases of HCV and therefore reducing the transmission rate of the virus to others. Primary prevention methods consist of any of the following:
- Strategies that decrease sharing of syringes, needles, or works among substance abusers.
 - Strategies that promote liver wellness.
 - Strategies that decrease needle sticks & blood exposures among health care workers.
 - Education of medical professionals and substance abuse counselors on HCV updates & trends.
- B. **Secondary prevention** methods are focused at high-risk populations for HCV, aimed at identifying current persons infected with HCV and preventing further spread of the virus. Secondary prevention methods include any of the following:
- HCV education for substance abuse counselors.
 - HCV education for sexually transmitted disease (STD) counselors.
 - HCV education for human immunodeficiency virus (HIV) counselors.
 - Testing of all donated blood products for the presence of HCV.
 - Virus inactivation of plasma/blood products at blood centers.

Successful implementation of HCV prevention will be evidenced by a reduction in the disease burden associated with chronic HCV infections; liver cirrhosis, liver failure, liver cancer, and liver transplants.

Immunizations

To prevent risk of further wear on the liver, it is recommended that anyone testing positive for Hepatitis C should be vaccinated for both Hepatitis A and Hepatitis B.

Behavioral Changes

Strategies that promote the following behavioral changes will further decrease the spread of HCV.

- Use of "Universal Precautions" by health care workers.
- Decreasing the use of illegal injectable drugs
- The practice of "Safer Sex"

Hepatitis C Surveillance

In accordance with state statute "Title 173", the Hepatitis C virus, in both an acute or chronic form is considered a communicable disease that providers and laboratories are required to report to the Nebraska Health & Human Services System epidemiology department. The Viral Hepatitis surveillance officer for Nebraska Health & Human Service Systems is responsible for monitoring the spread of HCV in Nebraska and will work closely with the Hepatitis C coordinator to identify target populations or areas in Nebraska that demonstrate a need for investigation or intervention.

Surveillance for newly acquired symptomatic HCV is needed as an ongoing monitor of HCV activity and can indicate outbreaks of the disease. Investigation of these cases to determine their characteristics and risk factors provide the best information for monitoring trends in transmission patterns. Since HCV is a progressive disease, often taking years to identify in a patient, limitations exist for the use of positive HCV antibody laboratory reports to conduct surveillance for HCV infections. However, these reports can be an important source from which state and local health departments can identify HCV infected persons who need counseling and medical follow-up. Surveillance of chronic HCV cases will play a crucial role in identifying priority populations or areas of Nebraska needing interventions.

Counseling

The goal of Hepatitis counseling is to assist individuals in assessing their risk factors and to aid them in developing a personalized prevention plan. Individuals providing HCV counseling will be able to describe to a client, the nature of HCV, the possible outcomes of a HCV infection, how HCV is transmitted, how HCV is not transmitted, the major risk factors for HCV, and the primary HCV prevention message. Counseling sessions will be client centered to address the needs of the individual client. All persons identified as having a risk factor for Hepatitis C need to be counseled on the following:

1. The need to be tested
2. How to prevent further transmission to others
3. The need to be vaccinated for Hepatitis A and Hepatitis B
4. Advantages of altering lifestyles that place the health of the liver at risk: IE: Alcohol intake, substance abuse, and dietary intake

Treatment

Treatment approaches can vary between different providers and patient circumstances, so it is important to make patient referrals to appropriate health care providers. NOTE: The Nebraska Health and Human Services System does not provide treatment or funding for treatment of persons that have been diagnosed with the Hepatitis C virus.

Treatment regime for HCV is dependent upon the genotype of HCV present, the degree of liver damage, and the over all health of the patient. Behavioral patterns of the patient such as alcohol consumption and substance abuse also need to be factored in before starting a patient on treatment. Currently the FDA has approved medications for Hepatitis C treatment manufactured by only two pharmaceutical companies: Schering-Plough and Roche. The following medications are FDA approved to treat HCV:

- Interferon alfa-2b injections
- Peginterferon alfa-2b injections
- Ribavirin capsules

NOTE: *As depression has been identified as a common side effect of HCV medications, it is strongly advised that all patients be screened for clinical depression prior to stating HCV treatment.*

Common side effects associated with the treatment of HCV can include any of the following:

- Depression
- Irritability
- Hair loss
- Myalgia
- Fever
- Headache
- Cardiovascular
- Cough
- Insomnia / Fatigue
- Nausea / Taste alteration → Weight loss
- Decreased White Cell Count / Platelet Count
- Anemia
- Decreased or Increased Thyroid Function
- Injection site reaction

Patient Advocacy

As the treatment for Hepatitis C can make patients both physically and psychologically ill, it is crucial that firm support systems be in place to help the patient through the treatment regime. Support systems should include at least two of the following: family, close friends, treating medical staff, counseling staff, or HCV support groups.

HCV Disease Burden

Nebraska Medicaid spent \$ 446,862 in 2001 for HCV care and another \$ 1,403,931 in 2002 for HCV care. Currently 15,000 deaths per year in America are caused by HCV. The CDC is predicting a three-fold increase in the annual death toll by the year 2010. The current U.S. financial disease burden caused by HCV is 15 billion dollars per year, and the predicted increase is 26 billion dollars per year by the year 2021. In addition ten thousand Americans die each year waiting for a liver to become available for transplant.

Nebraska HCV Prevention Action Plan

Nebraska HCV Focus Group

In the fall of 2002 a one-day focus group met to discuss the current status of Hepatitis C in Nebraska, and to identify priority needs for Hepatitis C prevention. This focus group was made up of 29 people who represented different regions and professional disciplines. As a result of the focus group the following needs were identified in the following order:

1. Funding for testing, counseling, and treatment.
2. Continuing education for "Health Care" professionals.
3. Increase public awareness concerning Hepatitis C.
4. Technical updates for "Health Care" professionals.
5. Public education concerning risk factors.
6. A more proficient disease surveillance technique.

Nebraska HCV Task Force

Education to prevent the further spread of the disease and medical management of those currently infected with HCV remains the only effective tools available for HCV prevention. Challenging HCV issues include keeping health care professionals current on technological advances, managing the increased HCV rate in correctional settings and the homeless population, the high cost of HCV treatment, and the medication management of those with HCV/HIV co-infections.

A formal and organized Hepatitis C task force with representation from all parts of Nebraska will address the key barriers to HCV prevention: awareness, education, and funding. The objectives of the Nebraska HCV prevention task force are to:

1. Create Hepatitis C Strategic plan for the State of Nebraska
2. Develop strategies to increase public awareness
3. Develop strategies to increase professional awareness
4. Develop strategies to increase identification of chronic HCV cases
5. Develop strategies to decrease HCV acute cases
6. Develop strategies to increase access to treatment
7. Develop strategies to increase access to testing
8. Develop strategies to increase trained HCV support group leader

As noted in the CDC "National HCV Prevention Strategy", Hepatitis C has many of the same risk factors for transmission as other bloodborne pathogens. Therefore, any strategy that yields a decrease in the transmission of Hepatitis C will also yield a decrease in other bloodborne diseases, such as HIV and Hepatitis B. Ultimately the development of a "Strategic Plan" for Hepatitis C prevention will also incorporate the prevention of all forms of viral hepatitis, as well as aiding in the decrease in HIV transmission.

Preliminary Plan

A preliminary plan for 2003-2004 was developed to begin working of the Hepatitis C burden in Nebraska, until the HCV task force can complete a "Strategic Plan" for the state of Nebraska. The following work has been has been accomplished as of August 31, 2003.

Objective	Action	Evaluation
1. Create NE HCV Strategic Plan	Recruit from across the state & different disciplines to form "HCV Task Force"	Task force in place & working on Strategic Plan
2. Increase Public Awareness	a. Information booth at State Fair b. "Liver Wellness" campaign in elementary schools c. Create Hepatitis C web page	a. 300,000 pieces of literature ordered b. Funded with target date of May 2004 c. On line July 2003
3. Increase Professional Awareness	a. HIT'M training sessions across the state b. Exhibit booths at state conventions c. "Hepatitis in the Heartland" conference d. Create Hepatitis C web page e. Create resource listing by city for HCV f. Create HCV technical update listing	a. 120 trained nurses & counselors b. Women's Health, NNA, NPHA, NRHA c. Scheduled March 30-31, 2004→Kansas City d. On line July 2003 e. 50% completed as of March 2004 f. 50% completed as of March 2004
4. Increase ID of Chronic HCV cases	a. Obtain grant funding for Hepatitis surveillance officer b. Measurable result of Objectives 2 & 3	a. Funding approved July 2003 b. No progress
5. Decrease Acute HCV cases	Measurable result of Objective 2	No progress
6. Increase Access to Treatment	a. Identify sources of "Humanitarian" aid from pharmaceutical companies b. Identify & obtain grant funding	a. Limited aid available both pharmaceutical companies b. No Progress
7. Increase Access to Testing	a. Identify & obtain grant funding b. Evaluate large quantity cost per test from reference labs	a. Pilot project funded for 2004 @ 5 HIV test sites b. Complete
8. Increase trained support group leaders	a. Develop curriculum b. Identify & train persons from across the state	a. No progress b. No progress

Objective Actions

- A. HCV Task Force→(Objective 1)
Nebraskan's from across the state and from different disciplines will be recruited to form the "Nebraska HCV Prevention Task Force". This task force will create a strategic plan that will address Hepatitis C in Nebraska, and be made available to all public and health care professionals.
- B. Education→(Objective 3)
1. A series of training sessions for nurses and substance abuse counselors will be held through out the state using the American Liver Foundation "*Hepatitis Integration Training*" program. This program was developed by the American Liver Foundation to meet the educational needs outlined in the CDC national HCV prevention strategy. This is a train the trainer program that will yield 200 trained medical professionals who will be able to take this program back to their facilities and train others.
2. Create HCV web page to include links for professional CE opportunities
- C. Technical Updates→(Objective 3)
1. Binders containing current CDC standards and NIH recommendations concerning HCV will be distributed through out the state to county and regional health departments. A mailing list with contact information will be created ensuring the timely distribution of future updates.
2. CD's containing CDC standards and NIH recommendations will be distributed to nurses and substance abuse counselors at HCV training sessions. These CD's will also be available upon request to any medical professional or facility.
3. The State of Nebraska Health & Human Services System will participate in the "Central Mid-West Viral Hepatitis" conference with Iowa, Kansas, and Missouri. This conference is planned to be an annual update on viral Hepatitis for medical professionals, public health officials, and substance abuse counselors.
- D. Surveillance→(Objective 4 & 5)
Using funds from the CDC ELC grant, a Viral Hepatitis surveillance officer will be hired in the Nebraska disease surveillance. The Hepatitis surveillance officer will be responsible for monitoring all reported HCV cases and investigate reported cases as needed.
- E. Public Awareness→(Objective 2)
Planned events to increase public awareness include the following
- An information booth at the state fair
 - "Liver Wellness" campaign in elementary schools
 - Creation of a HCV web page
- F. Support Groups→(Objective 8)
1. A network of HCV support groups from across the state will be developed
2. A curriculum to train HCV support group leaders will be developed
3. Support group leaders from across the state will be trained using curriculum
4. Trained support group leaders will be able to train other leaders as needed
- G. Resources→(Objective 3)
1. The State of Nebraska Hepatitis C coordinator will identify funding sources to help aid in the cost of testing and treatment for those persons at risk whom other wise are unable to pay for these services.
2. The State of Nebraska Hepatitis C coordinator will identify and compile a list of providers, clinics, and pharmacies through out the State of Nebraska who will treat or provide services for patients infected with HCV. A list broken down by community will be provided to all county and regional health departments, as well as all agencies appearing on the list.

Objective Evaluation

1. Effectiveness of the HCV prevention plan will be evidenced by a decrease in acute HCV cases & an increase in chronic HCV cases listed on the state registry.
2. An increase in public awareness will be evidenced by an increase in the number of individuals seeking HCV counseling & testing at public health clinics in Douglas & Lancaster counties.
3. An increase in professional awareness will be evidenced by the evaluation tools collected at professional educational programs.
4. Increased identification of chronic HCV cases will be evidenced by at least a 10% increase of cases listed on the state registry.

5. Decrease in HCV acute cases will be evidenced by at least a 10% decrease in cases reported to state epidemiology department.
6. Increase in access to treatment will be evidenced by an increase in non-medicaid/non-veteran individuals seeking HCV treatment at public health clinics in Douglas & Lancaster counties obtaining needed medical treatment.
7. Increase access to testing will be evidenced by an increase in non-medicaid/non-veteran individuals seeking HCV testing at public health clinics in Douglas & Lancaster counties obtaining needed testing.
8. Increase in trained HCV support group leaders will be evidenced by a statewide network of trained HCV support group leaders.

Glossary

ALF: American Liver Foundation

ALT: (Alanine Aminotransferase) An enzyme normally found in serum and body tissue, especially the liver

Anemia: Decrease in blood hemoglobin levels

Ascites: Abnormal accumulation of fluid

CDC: Center for Disease Control

EIA: (Enzyme Immunoassay) A laboratory technique for detecting antibodies or antigens

ELC: Epidemiology and Laboratory Capacity

ELISA: (Enzyme-linked Immunosorbent assay) A laboratory technique for detecting antibodies or antigens

HCV: Hepatitis C Virus

HHSS: Health & Human Services System

HIV: Human Immunodeficiency Virus

Jaundice: A yellow discoloration of the skin

LFT: (Liver Function Test) Laboratory tests that evaluate different functions of the liver

Myalgia: Muscle pain

NIH: National Institute of Health

PCR: (Polymerase Chain Reaction) A laboratory technique testing a strand of DNA

RIBA: (Recombinant Immunoblot Assay) A laboratory technique for detecting antibodies

S/Co Ratio: Signal cut off ratio. Calculation of the Optical Density of an assay

Seroconversion: A change in serologic tests from negative to positive as antibodies develop in reaction to an infection or vaccine

STD: Sexually Transmitted Disease

WBC: White Blood Cell

Reference:

1. American Liver Foundation (ALF), *Hepatitis Integration Training Manual*. 2002. Pp 1-43
2. Center for Disease Control and Prevention (CDC), Division of Viral Hepatitis National Center for Infectious Diseases, *National Hepatitis C Prevention Strategy*. 2001. Pp 2-19.
3. National Institute of Health (NIH), *NIH Consensus Statement for the Management of Hepatitis C*. September 2002. Pp 1-35.
4. American Gastroenterological Association, *National Hepatitis Resources*, 2003, www.gastro.org

National Hepatitis Resources

American Gastroenterological Association (AGA)→ (301) 654-2055

www.gastro.org

Founded in 1897, the American Gastroenterological Association is one of the oldest medical specialty societies in the United States. Its members include physicians and scientists who research, diagnose, and treat disorders of the gastrointestinal tract and liver. Representing almost 14,000 gastroenterologists worldwide, the AGA serves as an advocate for its members and their patients, supports gastroenterology practice and scientific needs, and promotes the discovery, dissemination, and application of new knowledge, leading to the prevention, treatment, and cure of digestive and liver diseases.

AGA's Foundation for Digestive Health and Nutrition (FDHN)→ (301) 222-4002

www.fdh.org

The Foundation for Digestive Health and Nutrition is the foundation of the American Gastroenterological Association, representing gastroenterologists and hepatologists worldwide. It is separately incorporated and governed by a distinguished board of AGA physicians and members of the lay public. The Foundation raises funds for research and public education in the prevention, diagnosis, treatment and cure of digestive diseases. Along with the AGA, it conducts public-education initiatives related to digestive diseases and also administers the disbursement of grants on behalf of the AGA and other funders.

American Liver Foundation (ALF) → (888) 4HEP-USA

www.liverfoundation.org

The American Liver Foundation is a national, voluntary non-profit health agency dedicated to the prevention, treatment and cure of hepatitis and other liver diseases through research, education and advocacy on behalf of those at risk of or affected by liver disease.

Frontline Hepatitis Awareness → (866) HEP-GOGO

www.frontline-hepatitis-awareness.com

Frontline Hepatitis Awareness is a grassroots organization that joins together hepatitis support groups, patients and organizations to work towards the common goal of education and support.

Hep-C ALERT → For HCV (877) HELP-4-HEP → For HCV/HIV Co-infection (866) 4HEPHIV

www.hep-c-alert.org

Hep-C ALERT is a national nonprofit organization dedicated to raising awareness of and assisting people affected by hepatitis C and HCV/HIV coinfection. Their services include a national toll-free health education and referral hotline, consumer and professional education programs and screening events. ALERT offers free HCV and HIV testing in Miami-Dade and Broward County residents.

Hepatitis C Association → (866) 437-4377

www.hepcassoc.org

The Hepatitis C Association educates medical professionals and private citizens about the hepatitis C virus by offering educational and awareness programs as well as written materials that demonstrate the importance of diagnosis and treatment. They also stress the importance of organ donation, and they offer emotional support to patients and caregivers through their brochures and Web site.

Hepatitis C Caring Ambassadors Program → (877) 737-HEPC

www.hepcchallenge.org

The Hepatitis C Caring Ambassadors Program is a privately funded organization founded by a hepatitis C patient in search of treatment options. It promotes the philosophy that it is vitally important for people with hepatitis C to equip themselves with all the facts and information about the illness and about the various treatment options available to them.

Hep C Connection→ (800) 522-HEPC

www.hepc-connection.org

Hep C Connection, established in 1995, helps people live with hepatitis C by providing support and education, increasing public awareness, advocating for patient services, and working to prevent future hepatitis C infection. Their unique "Patients Helping Patients" philosophy offers nationally available Support Network Programs to hepatitis C challenged individuals and their families. These programs include a toll free Hepatitis Help Line, support groups in Colorado plus a national support group database, a bi-monthly newsletter and web site, and sound patient materials from expert sources. The organization's Awareness and Prevention Programs include Multi-cultural Outreach, Co-infection Outreach, and Team Hep C: a collaboration with the Colorado State Health Department and other concerned community groups. These programs target at risk populations as well as healthcare professionals and the general public.

Hepatitis C Advocate Network→ (903) 291-9700

www.hepcan.org

Hep C Advocate Network, Inc. (HepCAN) is an all voluntary national organization representing persons living with hepatitis C, providing public and professional education programs. HepCAN advocates for research funding, state screening programs for early detection, national and state awareness and prevention programs. HepCAN also advocates for treatment for the uninsured and working poor, for organ donation awareness, and by networking with other national HCV, HIV/AIDS and professional health organizations to make a more powerful voice advocating for national awareness and prevention and funding for hepatitis C.

Hepatitis C Support Project (HCSP)→ (415) 587-8908

www.hcvadvocate.org

The Hepatitis C Support Project is a registered non-profit organization founded in 1997 by HCV positive individuals to address the lack of education, support, and services available at that time for the HCV population. HCSP's mission is to provide unbiased information, support, and advocacy to all communities affected by HCV, HBV and HIV/HCV co-infection, including medical providers.

Hepatitis Central

www.hepatitis-central.com

hepatitiscentral@aol.com

Hepatitis Central is a comprehensive resource for information on hepatitis C. The web site maintains an archive of news articles and medical studies, a bulletin board, book reviews, and a list of doctors who treat hepatitis C.

Hepatitis C Outreach Project→ (503) 285-8712

www.hcop.org

Based in Portland, Oregon, the Hepatitis C Outreach Project (HCOP) is the nation's oldest non-profit organization dedicated to the prevention, awareness, education and treatment of hepatitis C and organ donation. HCOP is committed to working with any organization or professional group or organization to develop partnerships resulting programs and good public policy regarding hepatitis C. HCOP has made invited presentations to the American Public Health Association and the National Institutes of Health, as well as numerous public and private bodies. HCOP is used as a referral by the CDC (STD and HCV) hotlines, and other national public health organizations. HCOP is in the process of establishing the National HCV Tissue Bank for research and has submitted an application to the NIH to study the Neurological effects of hepatitis C. The National HCV Tissue Bank is located in Los Angeles. HCOP is also recognized as a leader in HCV and Adolescent Health, and Women's Health.

Hepatitis Education Project (HEP)→ (206) 732-0311

<http://www.hepeducation.org>

The Hepatitis Education Project is a non-profit corporation that provides educational materials and support groups for hepatitis patients and their families. HEP also maintains contact with other national and regional organizations concerned with hepatitis and works to encourage the formation of support groups in all parts of the country.

Hepatitis Education & Support Network (HEPCESN)→ (540) 972-2856

www.hepcesn.net

The Hepatitis Education & Support Network is a grassroots organization dedicated to educating the public, promoting awareness and supporting patients living with hepatitis C. This group also provides help to outside organizations and individuals involved in hepatitis C research, support and education.

Hepatitis Foundation International (HFI)→ (301) 622-4200

www.hepfi.org

The Hepatitis Foundation International (HFI) is dedicated to the eradication of viral hepatitis, a disease affecting over 500 million people around the world. To accomplish this, they provide education, training programs, and materials for the public, patients, health educators, and medical professionals. A series of videos and educational materials on liver wellness and blood borne pathogens are being used in schools, STD clinics, juvenile and adult corrections facilities, drug and alcohol rehabilitation programs, health departments and major corporations. They also support hepatitis research, provide a patient telephone support network with a toll-free hotline, maintain a database of hepatitis support groups, and host two websites (www.HepatitisFoundation.org and www.HepatitisResources-Calif.org), a gateway to liver care and hepatitis information.

Latino Organization for Liver Awareness (LOLA)→ (718) 892-8697

www.lola-national.org

The Latino Organization for Liver Awareness is the first national, bilingual/bicultural voluntary organization dedicated to raising awareness, prevention, education and treatment referral services to the Latino/American community and other underserved populations who suffer from liver disease in the United States. LOLA also provides culturally appropriate information on liver transplantation and encourages the promotion of organ and tissue donation within the Latino community.

National Hepatitis C Advocacy Council → (877) 737-4372

www.hepcnetwork.org

The National Hepatitis C Advocacy Council is a group that brings together the collective strengths of hepatitis C patient advocacy organizations and provides a forum to strategize on how to advance issues of importance for people affected by hepatitis C.

National Hepatitis C Coalition→ (909) 658-4414

www.nationalhepatitis-c.org

The National Hepatitis C Coalition promotes increased awareness and recognition of hepatitis C and helps people learn how to live with the disease, while fighting for increased research to find effective treatment, cures and vaccines. This coalition provides support through online communication, a hotline, and grassroots support groups across America.

Hepatitis Information Links

Centers for Disease Control and Prevention→(888) 443-7232

<http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm>

Division of Viral Hepatitis
1600 Clifton Rd.
Atlanta, GA 30333

National Institutes of Health→(301) 496-4000

<http://www.nih.gov>

9000 Rockville Pike
Bethesda, Maryland 20892

Nebraska Hepatitis C Prevention→(402) 471-9098

http://www.hhs.state.ne.us/hew/dpc/Hep_C.htm

301 Centennial Mall South
Box 95044 (HCV/HIV)
Lincoln, NE 68509

Diagnosis date: ____/____/____ Is patient symptomatic?..... <input type="checkbox"/> Yes <input type="checkbox"/> Neg <input type="checkbox"/> Unk • If yes, onset date: ____/____/____ Was the patient • Jaundiced?..... <input type="checkbox"/> Yes <input type="checkbox"/> Neg <input type="checkbox"/> Unk • Hospitalized for hepatitis?..... <input type="checkbox"/> Yes <input type="checkbox"/> Neg <input type="checkbox"/> Unk Was the patient pregnant?..... <input type="checkbox"/> Yes <input type="checkbox"/> Neg <input type="checkbox"/> Unk • Due date: ____/____/____ Did the patient die from hepatitis?..... <input type="checkbox"/> Yes <input type="checkbox"/> Neg <input type="checkbox"/> Unk • Date of Death: ____/____/____	<table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">Pos Neg Unk</td> </tr> <tr> <td>• Total antibody to hepatitis A virus (total anti-HAV).....</td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>• IgM antibody to hepatitis A virus (IgM anti-HAV).....</td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>• Hepatitis B surface antigen (HbsAg).....</td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>• Total antibody to hepatitis B core antigen (total anti-Hbc).....</td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>• IgM antibody to hepatitis B core antigen (IgM anti-HBc).....</td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>• Antibody to hepatitis C virus (anti-HCV).....</td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>• Anti-HCV signal to cut-off ratio _____</td> <td></td> </tr> <tr> <td>• Supplemental anti-HCV assay (e.g. RIBA).....</td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>• HCV RNA (e.g., PCR, TMA).....</td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>• Antibody to hepatitis D virus (anti-HDV).....</td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>• Antibody to hepatitis E virus (anti-HEV).....</td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>		Pos Neg Unk	• Total antibody to hepatitis A virus (total anti-HAV).....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	• IgM antibody to hepatitis A virus (IgM anti-HAV).....	<input type="checkbox"/> <input type="checkbox"/>	• Hepatitis B surface antigen (HbsAg).....	<input type="checkbox"/> <input type="checkbox"/>	• Total antibody to hepatitis B core antigen (total anti-Hbc).....	<input type="checkbox"/> <input type="checkbox"/>	• IgM antibody to hepatitis B core antigen (IgM anti-HBc).....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	• Antibody to hepatitis C virus (anti-HCV).....	<input type="checkbox"/> <input type="checkbox"/>	• Anti-HCV signal to cut-off ratio _____		• Supplemental anti-HCV assay (e.g. RIBA).....	<input type="checkbox"/> <input type="checkbox"/>	• HCV RNA (e.g., PCR, TMA).....	<input type="checkbox"/> <input type="checkbox"/>	• Antibody to hepatitis D virus (anti-HDV).....	<input type="checkbox"/> <input type="checkbox"/>	• Antibody to hepatitis E virus (anti-HEV).....	<input type="checkbox"/> <input type="checkbox"/>
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LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS • ALT (SGPT) Result _____ Upper limit normal _____ • AST (SGOT) Result _____ Upper limit normal _____ • Date of ALT result ____/____/____ • Date of AST result ____/____/____	• If this case has a diagnosis of Hepatitis A that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed Hepatitis A case?..... <input type="checkbox"/> Yes <input type="checkbox"/> Neg <input type="checkbox"/> Unk <input type="checkbox"/>																								

DIAGNOSIS: (Check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Acute Hepatitis A | <input type="checkbox"/> Chronic HBV Infection | <input type="checkbox"/> Perinatal HBV infection | <input type="checkbox"/> Hepatitis Delta (co or super-infection) |
| <input type="checkbox"/> Acute Hepatitis B | <input type="checkbox"/> HCV infection (chronic or resolved) | | |
| <input type="checkbox"/> Acute Hepatitis C | <input type="checkbox"/> Acute non-ABCD Hepatitis | | |
| <input type="checkbox"/> Acute Hepatitis D | | | |

NETSS ID NO.

Patient History-Acute Hepatitis C
 NO. _____

STATE CASE

During the 2 weeks-6 months prior to onset of symptoms was the patient a contact of a person with confirmed or Suspected acute or chronic Hepatitis C virus infection? If yes, type of contact <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">Yes Neg Unk</td> </tr> <tr> <td>• Sexual.....</td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>• Household (Non-sexual).....</td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>• Other:.....</td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>		Yes Neg Unk	• Sexual.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	• Household (Non-sexual).....	<input type="checkbox"/> <input type="checkbox"/>	• Other:.....	<input type="checkbox"/> <input type="checkbox"/>	Ask both of the following questions regardless of the patient's gender. In the 6 months before symptom onset how many <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">0 1 2-5 >5 Unk</td> </tr> <tr> <td>• Male sex partners did the patient have?.....</td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>• Female sex partners did the patient have?.....</td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> Was the patient EVER treated for a sexually transmitted disease?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk • If yes, in what year was the most recent treatment? ____ - ____ - ____ During the 2 weeks-6 months prior to onset of symptoms <table style="width:100%; border-collapse: collapse;"> <tr> <td>• Inject drugs not prescribed by a doctor?.....</td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>• Use street drugs but not injected?.....</td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>		0 1 2-5 >5 Unk	• Male sex partners did the patient have?.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	• Female sex partners did the patient have?.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	• Inject drugs not prescribed by a doctor?.....	<input type="checkbox"/> <input type="checkbox"/>	• Use street drugs but not injected?.....	<input type="checkbox"/> <input type="checkbox"/>
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<p>During the 2 weeks-6 months prior to onset of symptoms</p> <p>Did the patient? Yes No Unk</p> <ul style="list-style-type: none"> • Undergo hemodialysis?..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> • Have an accidental stick or puncture with a needle or other object contaminated with blood?..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> • Receive blood or blood products (transfusion)..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If yes when? ____/____/____ • Receive an IV infusions and / or infection in the outpatient setting.. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> • Have other exposure to someone else's blood..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Specify: _____ <p>During the 2 weeks-6 months prior to the onset of symptoms</p> <ul style="list-style-type: none"> • Was the patient employed in a medical or dental field involving direct contact with human blood?..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If yes, frequency of direct blood contact? Infrequent <input type="checkbox"/> Frequent (several times weekly) <input type="checkbox"/> • Was the patient employed as a public safety worker (fire fighter, law enforcement or correctional officer) having direct contact with human blood?..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If yes, frequency of direct blood contact? Infrequent <input type="checkbox"/> Frequent (several times weekly) <input type="checkbox"/> • Did the patient receive a tattoo?..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Where was the tattooing performed? (select all that apply) Commercial parlor / shop <input type="checkbox"/> Correctional facility <input type="checkbox"/> Other <input type="checkbox"/> 	<p>During the 2 weeks-6 months prior to onset of symptoms</p> <ul style="list-style-type: none"> • Did the patient have any part of their body pierced (other than ear)? If yes, where was the piercing performed? (select all that apply) Commercial parlor / shop <input type="checkbox"/> Correctional facility <input type="checkbox"/> Other <input type="checkbox"/> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%; text-align: center;">Unk</th> </tr> </thead> <tbody> <tr> <td>• Did the patient have dental work or oral surgery?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>• Did the patient have surgery? 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(other than oral).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Was the patient- Check all that apply				Hospitalized?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A resident of a long term care facility?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incarcerated for longer than 24 hours?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what type of facility (check all that apply)				Prison.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jail.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Juvenile Facility.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NETSS ID NO.

Patient History-Hepatitis C Virus Infection (chronic or resolved)

STATE CASE NO. _____

The following questions are provided as a guide for the investigation of lifetime risk factors for HCV infection. Routine collection of risk factor information for persons who test HCV positive is not required. However, collection of risk factor information for such persons may provide useful information for the development and evaluation of programs to identify and counsel HCV infected person.

- | | Yes | No | Unk |
|---|--------------------------|--------------------------|-----|
| • Did the patient receive a blood transfusion prior to 1992?.....
<input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Did the patient receive an organ transplant prior to 1992?.....
<input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Did the patient receive clotting factor concentrates produced prior to 1987?
<input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Was the patient ever on long term hemodialysis?.....
<input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Has the patient ever injected drugs not prescribed by a doctor even if only once or a few times?.....
<input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| • How many sex partners has the patient had in his/her lifetime (approximately)
<input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Was the patient ever incarcerated?.....
<input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Was the patient ever treated for a sexually transmitted disease?.....
<input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Was the patient ever a contact of a person who had hepatitis?.....
<input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| If yes, what type of contact? | | | |
| Sexual.....
<input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Household (Non-sexual).....
<input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other: _____
<input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

- Was the patient ever employed in a medical or dental field involving direct contact with human blood? YES NO Unk



Are You at Risk For Hepatitis C

Definite Risk Factors

- You received any blood product before 1992
- You have ever used IV drugs (Even 1 Time)
- You have had long term hemodialysis
- You received clotting factors before 1987
- You have had an occupational exposure to blood
- You were born to a Hepatitis C infected mother
- You consistently have abnormal liver blood tests

Possible Risk Factors

- You use intranasal cocaine
- You have tattoos by unsanitary conditions
- You have body piercing by unsanitary conditions
- You have unprotected sex with multiple partners
- You have had any Sexually Transmitted Disease
- You share household items that could have blood on them, with a Hepatitis C infected person: Such as razors, nail clippers or a toothbrush...

If you can check any of these boxes,
Please talk to your doctor about being tested for Hepatitis C.

Viral Hepatitis ABC's

	Hepatitis A (HAV)	Hepatitis B (HBV)	Hepatitis C (HCV)	Hepatitis D (HDV)	Hepatitis E (HEV)	Hepatitis G (HGV)
The Virus	Picomaviridae: Un-enveloped ss RNA	Hepadnaviridae: Enveloped DNA	Flaviviridae: Enveloped RNA	Incomplete RNA virus, dependent on HBV envelope proteins	RNA virus Classification ?	Flaviviridae: Enveloped RNA, same as GB virus-C
The Disease	Acute Jaundice: 50-80% adults	Acute & Chronic Jaundice: 30-50% adults	Acute & Chronic Jaundice: 20% Acute	Co-Infection with acute or chronic HBV	Acute Jaundice: 30-80% adults	Co-Infection HCV Disease status not clear
Incubation	2-7 Weeks Average: 4 Weeks	6-23 Weeks Average: 17 Weeks	2-25 Weeks Average: 7-9 Weeks	2-8 Weeks	2-9 Weeks Average: 6 Weeks	
Transmission	Fecal Oral Route	STD & Bloodborne	Bloodborne	STD & Bloodborne	Fecal Oral Route	Bloodborne Other routes not studied
Symptoms	May be asymptomatic or light stools, dark urine, jaundice, and flu-like symptoms such as fatigue, fever, nausea, vomiting, and abdominal pain.	May be asymptomatic. Some have mild flu-like symptoms, dark urine, light stools, jaundice, fatigue and fever.	May be asymptomatic. Some have mild flu-like symptoms, dark urine, light stools, jaundice, fatigue and fever.	May be asymptomatic. Some have mild flu-like symptoms, dark urine, light stools, jaundice, fatigue and fever.	May be asymptomatic. Some have mild flu- like symptoms, dark urine, light stools, jaundice, fatigue and fever.	May be asymptomatic. Some have mild flu-like symptoms, dark urine, light stools, jaundice, fatigue and fever.
Disease Treatment	Immune globulin for contact < 2 weeks. Rest & NO Food Handling	Interferon Lamivudine Famcyclovir	Interferon Pegylated Interferon Ribavirin			
Vaccine	2 Doses	3 Doses	None	HBV series protects against HDV	None	None
At Risk	Household/sexual contact with infected person. Travelers to developing countries. Risky sexual contact. Living/working in outbreak area.	Perinatal STD Risks IDU Hemodialysis Health workers Emergency responders	Blood products prior 1992 Perinatal STD Risks IDU Hemodialysis Health workers Emergency responders	Perinatal STD Risks IDU Hemodialysis Health workers Emergency responders	Travelers to developing countries, especially expectant mothers.	IDU Hemodialysis Blood products
Prevention	Immune Globulin < 2 weeks of contact Vaccine Washing Hands Safe Sex Decontaminate areas with 1:10 bleach water	Immune Globulin < 2 weeks of contact Vaccine Safe Sex Decontaminate areas with 1:10 bleach water Do NOT share household items	Decontaminate areas with 1:10 bleach water Do NOT share household items Safe Sex Do NOT share needles or works	HBV vaccine Safe Sex	Avoid consuming contaminated water	

*All facts & figures are taken from Hepatitis Foundation International and John Hopkins University Division of Infectious Diseases.

Nebraska Department of Corrections HCV Testing

