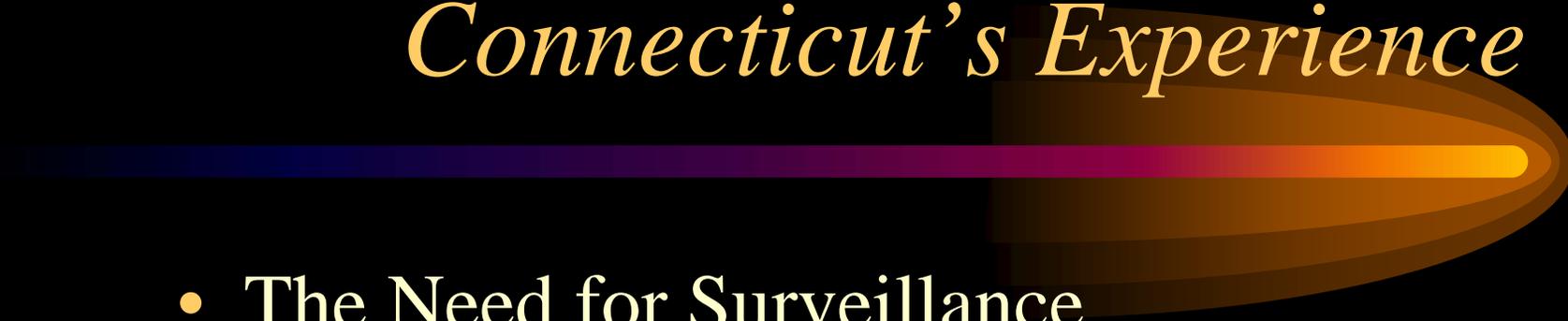


# *Hepatitis C Surveillance*

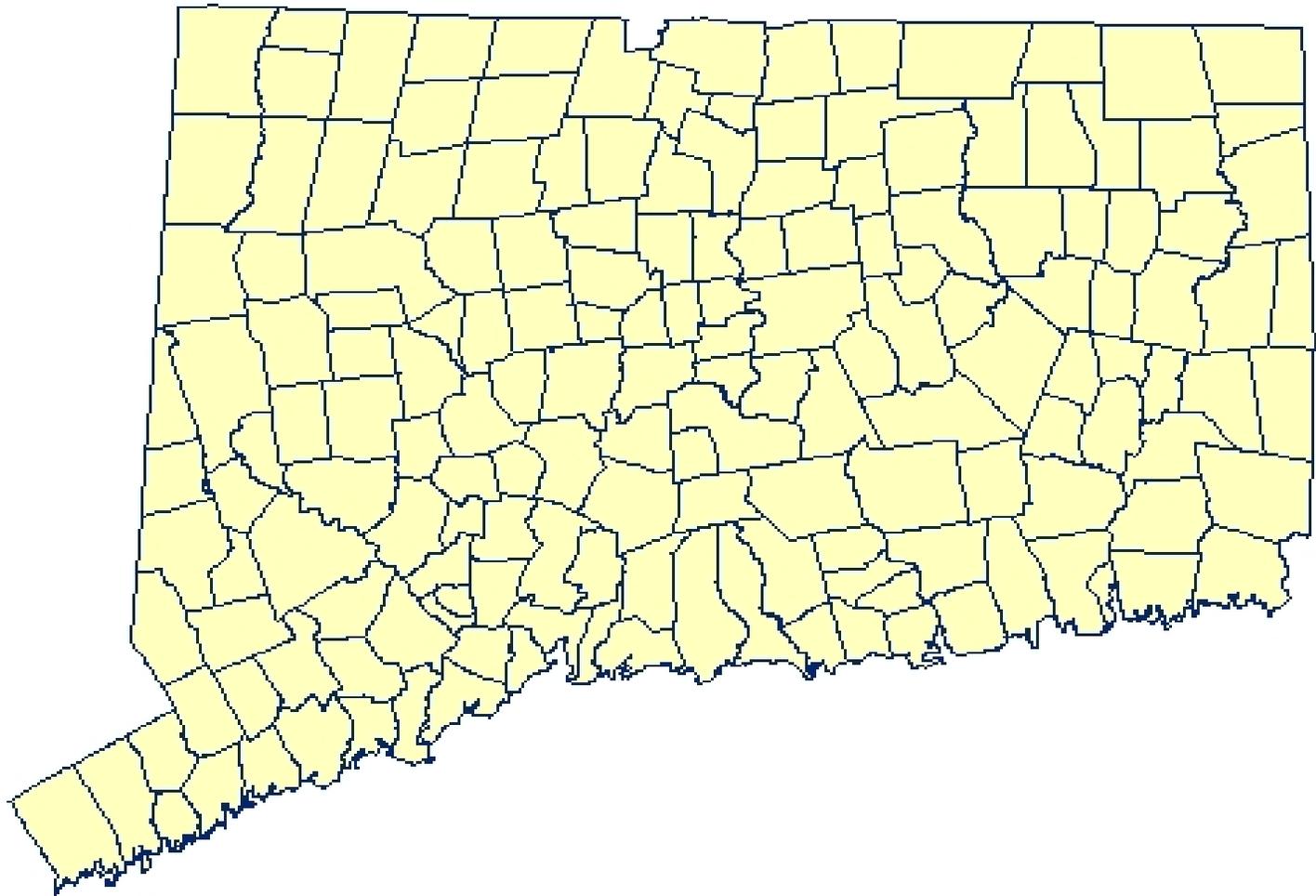


Connecticut's Experience in  
Developing an Accurate Registry

# *Connecticut's Experience*



- The Need for Surveillance
- Reporting Requirements
- Mountains of Paper
- Steps Taken to Develop a Usable, Accurate Registry



# *The Need for Surveillance*



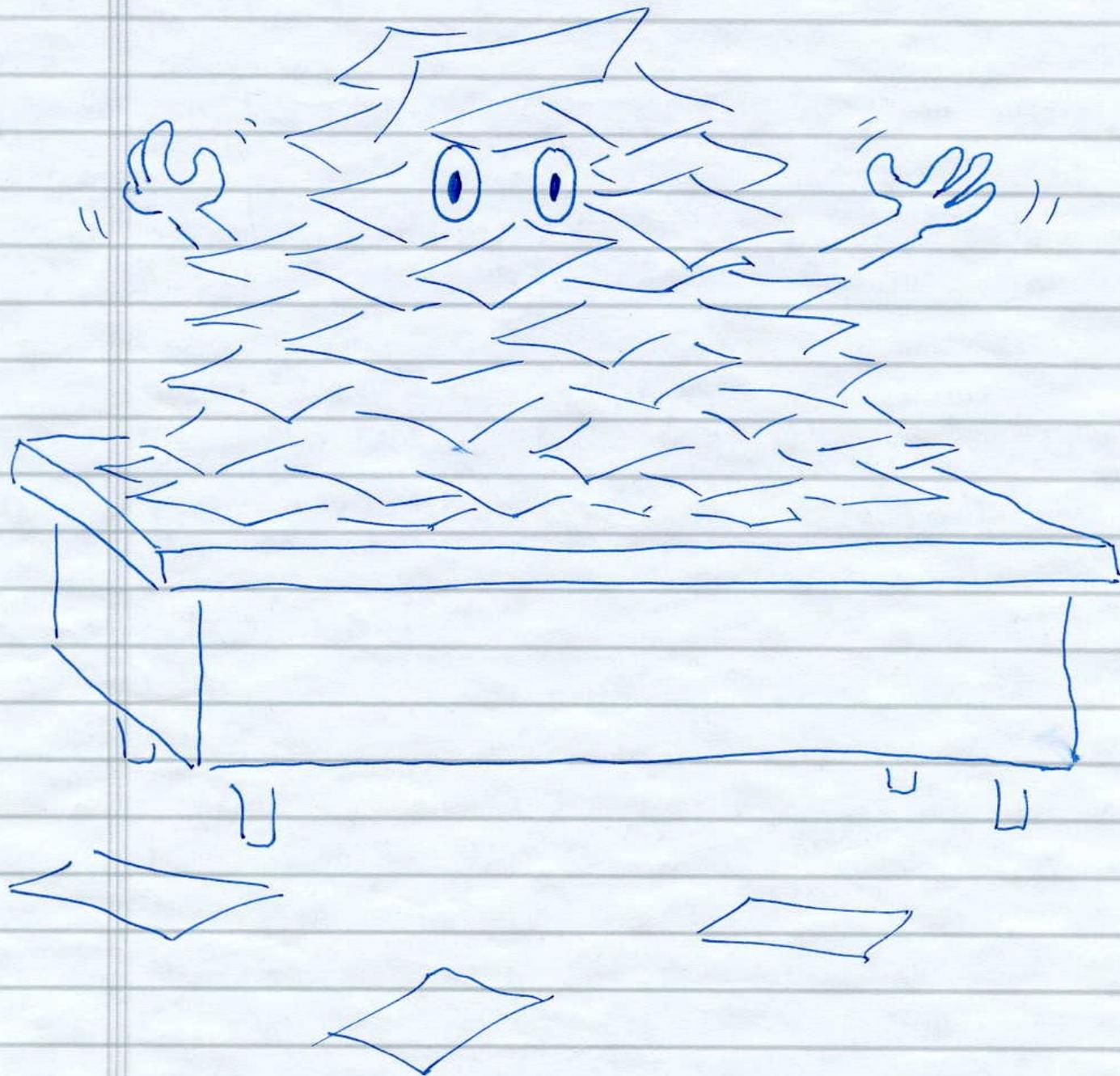
- Burden of disease
- Who, what, when, where?
- Prevention programs
- Control/outbreak activities
- Evaluation
- HCV testing programs

# *Surveillance*

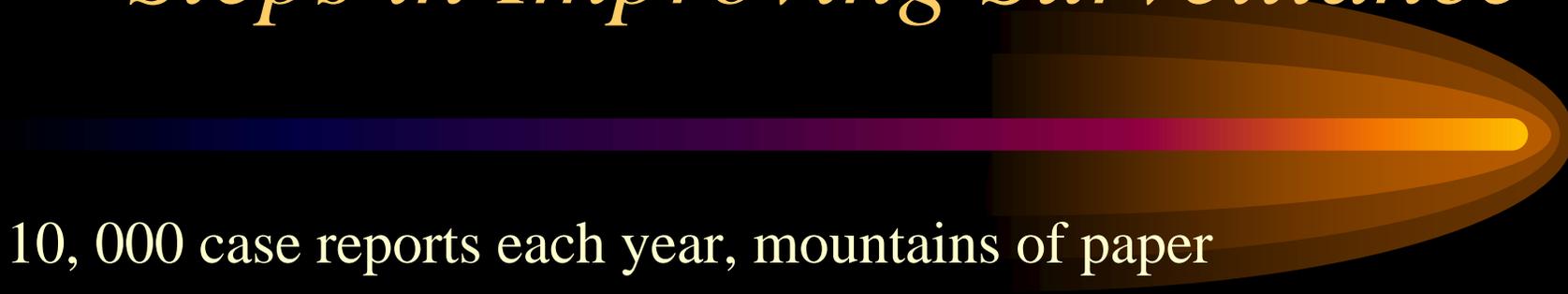
- ✓ National estimate 1.8% of population chronically infected
- ✓ Estimated 15% of HCV prevalence is known
- ✓ States need own numbers to determine burden disease vs. national
- ✓ Few acute cases reported; no case reports in CT until 2002
- ✓ HCV Antibodies often reported w/o s/co or confirmation testing

# *HCV Surveillance Up til 2001*

- Since 1994 state statutes requires the reporting of anti-HCV+ (removed from list 97-98) by laboratories and acute cases by providers.
- Special surveillance study conducted and published in MMWR and Yale Student Paper 1999.
- Somewhat confusing and no acute cases reported
- EPI Info database, sporadic data entry
- Lots of papers



# *Steps in Improving Surveillance*



- 10, 000 case reports each year, mountains of paper
- Started with approximately 35,000 cases in registry – one test only, many duplicates
- Conducted a review and assessment of surveillance system, methodology, reporting requirements, lab and provider reporting
- FOI
- Working with Local Health Departments and follow-up models, how to share the work and reach know infected persons

# *Steps in Improving Surveillance*

- Catch up on data entry (Students, temp worker, general worker), 2001 to 2003, did not enter duplicates
- Review of the registry, risk factors, place to document HCV confirmation testing, etc...
- Participated in RTI Mathematica Surveillance Review
- ELC chronic B and C surveillance award

# *Formation of Improved HCV Registry*

- ✓ Amended reporting forms to include HCV s/co and confirmation testing
- ✓ Hired dedicated epidemiologist, 2004
- ✓ Converted EPI Info to access database
- ✓ Included fields for confirmation testing in registry
- ✓ De-duplicated database with SAS programming
- ✓ Increased reporting of acute cases with provider education, epi news letter and change in reporting

## *Formation of the Registry (cont.)*

- ✓ Telephone lab audits conducted
- ✓ Worked with providers not to report chronic cases
- ✓ HCV testing pilot at DPH Lab with confirmation testing.  
6% of confirmed cases
- ✓ Better follow-up with labs to increase confirmation testing
- ✓ Of 4,021 newly reported cases added in 2004; 1,071 (27%) confirmed past/present

## *Formation of the Registry (cont.)*

- ✓ 2005 (first 8 months)
- ✓ Laboratory Survey
- ✓ 2,794 newly reported cases added
- ✓ 1,219 (44%) confirmed past/present
- ✓ Physician follow-up on all newly reported cases in New Haven County
- ✓ Database contains 38,464 reported cases

# Reporting Requirements

- Since 1994 required the reporting of anti-HCV+ (removed from list 97-98)  
Need to consider screening for anti-HCV alone may result in high false positive rate
- 2004 revised laboratory reporting forms to include signal-to-cut-off ratio, RIBA, and PCR
- 2005 Law changed to require laboratories to report all anti-HCV+, RIBA+, confirmation PCRs and signal-to-cut off ratios if available
- The laboratory director of the primary laboratory (the laboratory that collects or receives the specimen) is responsible for reporting when reference lab used

# *Usable Registry*

- Data transformed into useable information
- Information provided for trends, decision-making, external grant applications
- HCV Testing programs developed at state lab
- Education/prevention programs focused in high prevalence areas
- Identification of acute cases
- Exploring patient contact letter

## Newly Reported Positive Anti-HCV Results for Connecticut Residents and Viral Hepatitis Education Programs October 2003-September 2005

