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HEPATITIS C SURVEILLANCE UPDATE - WASHOE COUNTY

May 1, 2002 – April 30, 2004



The District Health Department's hepatitis C (HCV) surveillance program began on May 1, 2002. Of the 2491 positive HCV lab reports received by the Communicable Disease (CD) program between May 1, 2002 and April 30, 2004, 1848 (74%) were identified as Washoe

County residents, 295 (12%) were non-residents, and 348 (14%) reported residency unknown. Non-resident lab reports were forwarded to the Nevada State Health Division.

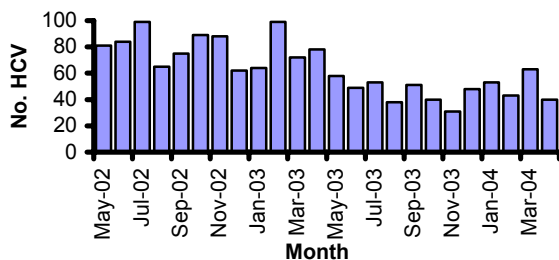
Health care providers were asked to complete a *Hepatitis C Surveillance Case Report* form for all positive HCV lab reports. Of the 1848 lab reports on Washoe County residents, 1523 (82%) case reports were completed. The following statistics are based on data collected from these completed case reports.

RESULTS

During this two-year surveillance period, the number of reported positive HCV lab results decreased over time as more duplicate reports were identified.

NUMBER OF HCV LAB REPORTS RECEIVED

Positive HCV Lab Reports with Complete Case Reports in Washoe County, 5/1/02-4/30/04 (n=1523)



Ten acute cases of hepatitis C were reported.

DIAGNOSIS OVERVIEW

Characteristics (n=1523)	No.	%	
Case Classification*	Acute	10	0.7
	Chronic	1266	83.1
	Unconfirmed	247	16.2
Year of Diagnosis	2002-2004	276	18.1
	Prior to 2002	616	40.4
	Data Missing	631	41.4

* Based on the case definitions proposed by the Council of State and Territorial Epidemiologists (CSTE)

Seventy-one percent of cases were in the 40-59 year age group. Twenty-four percent of the case reports were missing race/ethnicity information. Completeness of age and gender information was greater than 99%.

DEMOGRAPHICS

Characteristics	No.	%	
Age Group	<20	14	0.9
	20-39	283	18.5
	40-59	1083	71.1
	>=60	138	9.1
Gender	Male	953	62.6
	Female	560	36.8
Race/Ethnicity	White	953	63.0
	Black	64	4.2
	Hispanic	92	6.0
	Other	50	3.3
	Missing	364	23.9

Fifty percent of cases were tested during clinical follow-up for a previously positive marker for hepatitis or for evaluation of increased liver enzymes. Only twenty-five percent of cases were tested for screening purposes regardless of risk factors.

REASONS FOR HCV TESTING

Reason for Testing	No.	%
Follow-up previous markers	505	33.2
Evaluation of liver enzymes	261	17.1
Screening patients w/risk factors	248	16.3
Unknown/Missing	216	14.2
Other reasons	125	8.2
Prenatal screening	61	4.0
Blood/organ donor screening	44	2.9
Symptomatic	34	2.2
Screening patients w/o risk factors	29	1.9

Please share this document with all physicians & staff in your facility/office.

CLINICAL DATA

Clinical Data	Yes		No		Unknown	
	No.	%	No.	%	No.	%
Cirrhosis	119	7.8	541	35.5	863	56.6
Liver cancer	15	1.0	574	37.7	934	61.3
Pregnancy	66	4.3	1179	77.4	278	18.3

Twenty-two death certificates were received with HCV listed as a cause of death. Two cases had HCV listed as a primary cause of death and 18 cases had HCV listed as a secondary cause of death.

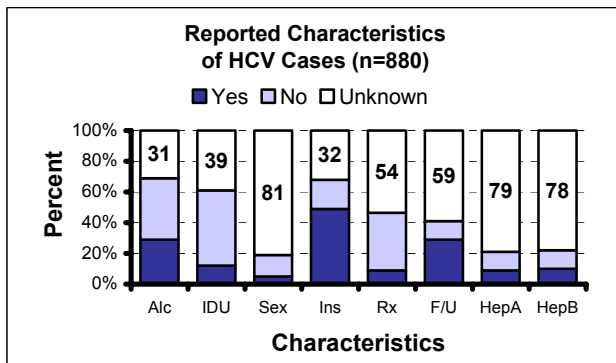
RISK FACTOR IDENTIFICATION

Past History

966 of 1523 cases (63.4%) reported a history of at least one risk factor. Risk factors included blood transfusion/organ transplant prior to 1992, receipt of clotting factor concentrates made prior to 1987, hemodialysis, injection drug use, employment involving contact with human blood, multiple sex partners, contact to hepatitis, alcohol abuse, or other possible exposures including tattooing and past incarceration. 316 (20.7%) cases did not report any risk factors. For 241 (15.8%) cases a past history of risk factors was unknown.

Current History

Beginning in January 2003, reported cases were asked about current risk behaviors, hepatitis vaccination status and access to health care. The following statistics are based on the 880 Washoe County cases with complete case reports received between January 1, 2003 – April 30, 2004.



(Note: Alc=Alcohol use; IDU=Injection drug use; Sex=greater than 1 sex partner in the past six months; Ins=Insurance; Rx=Treatment for hepatitis C; F/U=Ongoing routine medical follow-up for hepatitis C; HepA=Hepatitis A vaccine received; HepB=Hepatitis B vaccine received)



RECOMMENDATIONS

- ◆ **Health care providers are strongly encouraged to participate in surveillance.** As of April 30, 2004, 90 providers, medical groups, and laboratories actively participated in HCV surveillance (see page 3 for a list of participants). Participation has almost doubled since surveillance was initiated in May 2002. However, 14 out of every 100 case report forms sent to providers for additional patient history information are not returned. **If you have received HCV case reports and haven't responded, please contact Pam Young, RN at 775-328-2447 for assistance. Remember all information is CONFIDENTIAL.**
- ◆ **Improved quality of data collection is needed for race/ethnicity and patient's current history.** Health care providers are asked to record the patient's race/ethnicity, current history to include risk behaviors (alcohol use, injection of illicit drugs, multiple sex partners, etc.) and vaccination status for hepatitis A and B. Collection of such information will help identify target populations for further education and intervention activities.
- ◆ **Increase screening of high-risk persons.** Overall, 25% of cases were tested for HCV for screening purposes which is higher than 20% in the first three months of surveillance. To identify more infected persons, more screening should be done of persons at risk. Health care providers should encourage patients with identified risk factors to be screened for HCV.
- ◆ **Educate patients with chronic hepatitis C to avoid high-risk behaviors such as alcohol use.** Surveillance results show that three out of every 10 current HCV patients are using alcohol. Patient education materials such as *Hepatitis C Prevention, If you have hepatitis C, and Get tested for hepatitis C* can be obtained FREE OF CHARGE from the [National Viral Hepatitis Information Center](http://www.cdc.gov/ncidod/diseases/hepatitis/re source/materials.htm) at <http://www.cdc.gov/ncidod/diseases/hepatitis/re source/materials.htm>. Both English and Spanish versions are available.
- ◆ **Health care providers are encouraged to follow-up HCV patients who report "Unknown" or "No" for their hepatitis A and B vaccination status.** It is highly recommended that persons with HCV be immunized for both hepatitis A and B in order to prevent complications of chronic HCV. Health care providers are also encouraged to document vaccination status for hepatitis A and B.

ACKNOWLEDGEMENTS

The CD Program staff is grateful to the following health care providers and laboratories for their invaluable contribution to hepatitis C surveillance. A special thanks goes to LabCorp, Reno for assistance in collecting HCV EIA signal and cut-off values.



(In alphabetic order)

1. ACADIA MEDICAL GROUP
 2. ALPINE INTERNAL MEDICINE
 3. ARLINGTON CLINICAL INFUSIONS
 4. ARC MEDICAL CENTER
 5. ASSOCIATED FAMILY PHYSICIANS
 6. BIOMAT USA, INC.
 7. CALVIN VAN REKEN, MD
 8. CHAMBERLAIN JAY C
 9. CONCENTRA MEDICAL SERVICES
 10. CONOR BUCKLEY, MD
 11. CORAZON I. IBARRA, MD, HMD
 12. CYNTHIA A CRAWFORD, MD
 13. DAN SPOGEN, MD
 14. DANIEL A NORMAN, M.D.
 15. DIGESTIVE HEALTH ASSOCIATES
 16. DONALD CASSIDY, MD
 17. EASTERN SIERRA MEDICAL GROUP
 18. EASTERN SIERRA-SOUTH VALLEY
 19. ELLIOTT SCHMERLER, MD
 20. EMILY SMITH, MD
 21. FAMILY MED. ASSOC, LTD
 22. FAMILY PRACTICE
 23. GERLACH CLINIC
 24. GENERAL & VASCULAR ASSOCIATES
 25. GASTROENTEROLOGY CONSULTANTS
 26. GREAT BASIN MEDICAL GROUP
 27. HARRY C. HUNEYCUTT, MD
 28. HEALTH ACCESS OF WASHOE COUNTY
 29. HERITAGE LABS INTL LLC.
 30. HOPES CLINIC
 31. INCLINE VILLAGE COMMUNITY HOSP
 32. INTERNAL MEDICINE
 33. JAMES MCLENNAN, MD
 34. JAY SCHROEDER LTD.
 35. J. W. FORSYTHE, MD
 36. LABCORP RENO
 37. LAKES CROSSING CENTER
 38. LINDA LAFFERTY DO
 39. MEDWISE
 40. MEDICAL SCHOOL ASSOCIATES
 41. MOJAVE-ADULT & FAMILY SVCS RENO
 42. NEVADA STATE PUBLIC HEALTH LABORATORY
 43. NELL J REDFIELD
 44. NEVADA MEDICAL CONSULTANTS, INC
 45. NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES
 46. NORTHERN NEVADA HOPES CLINIC RENO
 47. NORTHERN NV MED CENTER
 48. NORTHERN NV MED GROUP
 49. NORTHWEST FAMILY PRACTICE
 50. ORVIS SCHOOL OF NURSING
 51. OUTREACH MEDICAL CLINIC (HAWC)
 52. PETER FENWICK, M.D.
 53. PYRAMID HEALTH CENTER
 54. PYRAMID LAKE HEALTH DEPT. NIXON
 55. QUEST DIAGNOSTICS
 56. RALSTON FAMILY PHYSICIAN
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 58. RENO FAMILY PHYSICIANS
 59. RENO/SPARKS HUMAN SERVICES
 60. ROBERT J. RILEY MD
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 62. SAGE ALLIANCE INTERNATIONAL MED
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 64. SIERRA INFECTIOUS DISEASE
 65. SIERRA NEVADA FAMILY MEDICINE
 66. SIERRA REG SPINE INSTITUTION
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 68. ST. MARY'S REGIONAL MEDICAL CENTER
 69. SPANISH SPRINGS MED GROUP
 70. SPECIALTY HEALTH
 71. UNITED BLOOD SERVICES
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 75. VETERANS AFFAIRS MEDICAL CENTER, RENO
 76. VILLAGE FAMILY PRACTICE
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 78. WASHOE COUNTY CORONER-MED EXAM
 79. WASHOE FAMILY CARE BARING
 80. WASHOE FAMILY CARE RYLAND
 81. WASHOE FAMILY CARE SO. MEADOWS
 82. WASHOE FAMILY CARE VISTA
 83. WASHOE PREGNANCY CENTER
 84. WASHOE PROGRESSIVE CARE CENTER
 85. WASHOE COUNTY DETENTION FACILITY
 86. WEST HILLS HOSPITAL
 87. WILDCREEK FAMILY MED CTR.
 88. WILLIAM H. ADMIRAND, M.D.
 89. WASHOE MEDICAL CENTER
 90. WASHOE MEDICAL CENTER CLINIC
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