Evaluation of Hepatitis C Surveillance in Washington State

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Objective
To evaluate the surveillance system for hepatitis C virus in Washington State using the Centers for Disease Control and Prevention guidelines for evaluating public health surveillance systems. Based on the findings of the evaluation, recommendations will be made for changes in practice.

Introduction
Hepatitis C is a nationally notifiable viral infection that occurs as a result of parenteral contact with infected body fluids. An estimated 3.5 million persons are currently infected with HCV.1 Infection status is divided into acute (short-term, onset within 6 month of exposure) and chronic (long-term). For most people (75-85%), acute HCV infection leads to chronic infection.2 Those with chronic infection remain relatively asymptomatic until the infection becomes severe enough to be recognized or the infected individual is screened for infection with hepatitis C. Major causes of morbidity and mortality associated with HCV are liver cirrhosis and hepatocellular carcinoma. Treatment is available, but it is expensive and not recommended for some vulnerable populations, such as those with ongoing injection drug use (IDU), who account for the majority of new HCV infections in the United States.3-5 Washington State records cases of both acute and chronic HCV infection, but the system is fragmented.

Methods
The evaluation will involve key informant interviews as well as review of data repositories such as the Public Health Issue Management System in order to assess the simplicity, flexibility, data quality, acceptability, sensitivity, positive predictive value, representativeness, timeliness, and stability of HCV surveillance in Washington State.

Results
The evaluation is currently in progress. Preliminary results are expected by November 2015.

Conclusions
The findings of this surveillance evaluation will inform the restructuring of other state and local HCV surveillance systems. Improved surveillance and care can lead to reductions in the incidence of cirrhosis, hepatocellular carcinoma, and liver transplantation as well as prevent transmission.

Keywords
surveillance evaluation; hepatitis C; HCV

Acknowledgments

References
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