



Hepatitis Headline

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CITY OF PHILADELPHIA DIVISION OF DISEASE CONTROL

Hepatitis Epidemiology Program (HEP)

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Meet the Hepatitis Epidemiology Program (HEP) Team!

In March 2013, the Philadelphia Department of Public Health (PDPH) launched the Hepatitis Epidemiology Program (HEP), an enhanced viral hepatitis surveillance effort aimed at better understanding the burden of chronic hepatitis B virus (HBV) and chronic hepatitis C virus (HCV) infections in Philadelphia. Surveillance information collected from a subset of cases will be used to better inform patient and provider educational efforts and identify additional areas for public health action in Philadelphia.

The HEP Program is comprised of Kendra Viner, **Surveillance Coordinator**, Alex Shirreffs, **Prevention Coordinator**, Danica Kuncio, **Epidemiologist**, and Champagnae Smith, Amy Hueber, and Jasmine Santos, **Surveillance Investigators**. Also on board for this year is Chris-

tine Witt, an MPH student from the Drexel School of Public Health.

You can expect to hear from any of us regarding hepatitis test reporting and HBV or HCV patient investigation. If you have any questions for us, please don't hesitate to call. HEP thanks you and your staff for cooperating with our extended surveillance efforts.



The HEP Team!

Back row, left to right: Jasmine Santos, Champagnae Smith, Danica Kuncio, Alex Sheriff, and Kendra Viner. Front row, left to right: Christine Witt and Amy Hueber.

We need YOU to report Positive Hepatitis Test Results

Philadelphia requires that all positive HBV and HCV lab results are reported to PDPH. While ~80% of hepatitis test results are obtained via electronic lab reporting (ELR) from reference labs such as Quest and Labcorp, our investigators rely on providers to report the remaining 20%. Complete and timely (within 5 days) hepatitis test reporting is essential for effective hepatitis case management and linkage to care. If your site would like help in best reporting practices please contact Danica at Danica.kuncio@phila.gov, or in setting up ELR communication with PDPH, please contact Craig Volchko at craig.volchko@phila.gov.

Pennsylvania State regulation specifies that PDPH has the authority to investigate any reportable case/outbreak in as much detail as is necessary for surveillance purposes. Our HEP Investigators may have already contacted your office to obtain clinical and risk factor information about one or more of your patients. While it is important that we complete these investigations, we do understand that you are busy and want to do what we can to insure that our efforts do not overburden your practice. If there is a particular method of reporting that works best for you, please let us know. Our investigators are more than willing to visit your office in person to conduct medical record abstractions.

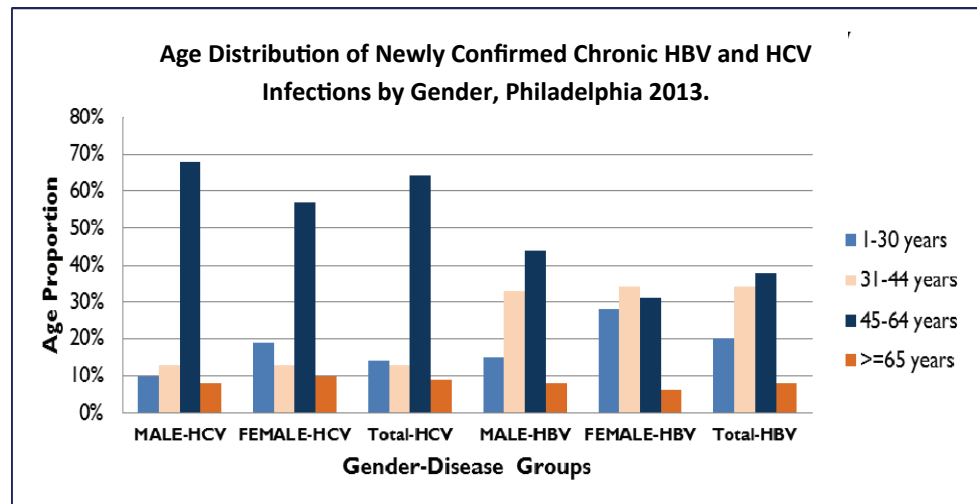
Hepatitis Surveillance Update

Since the start of HEP, **244 chronic HBV** and **503 chronic HCV** cases have been investigated.

Of known gender and race identifiers, 72% of HCV(+) individuals and 73% of HBV(+) individuals were male. While the majority of HCV(+) individuals were African-American (38%) or White (32%), HBV(+) individuals were largely of Asian-Pacific Islander descent (47%).

The primary risk factors for HCV infection included injection drug use (67%), incarceration for ≥ 48 hours (57%), and having at least one tattoo (42%). As shown in the graph below, the majority of HCV(+) cases were also in the 45-64 year old, or 'baby boomer', age range. Three quarters of all HCV infected patients had multiple risk factors.

In contrast to HCV, major risk factors for HBV infection included foreign-born status and/or living outside of the US for ≥ 6 months (65%), contact with an HBV-positive friend or family member (19%) with Hepatitis, and injection drug use (16%). Less than half of HBV(+) individuals had multiple risk factors.



To best elucidate the clinical picture and risk factor profile of chronic viral hepatitis in Philadelphia, **we rely on you, the provider**, to collect and communicate relevant information from patients. While the data collected to date illustrates important information about those people being tested and reported to us, we are aware that this is only a snapshot of the city's viral hepatitis burden. Please help us in understanding the needs of Philadelphia by reporting and aiding with our investigations!

We thank you and your office staff for cooperating with our efforts to evaluate viral hepatitis cases in Philadelphia!



Visit the HepCAP website at www.hepcap.org

What is HepCAP?

HepCAP is a citywide collective dedicated to improving the continuum of hepatitis C prevention, diagnosis, care, and support services in Philadelphia.

What does HepCAP do?

As a group of clinicians, frontline workers, people living with hep C, students, and other passionate community members, HepCAP's goals are to:

- Raise the public profile of hep C as an urgent health priorities.
- Develop collaborative projects to address gaps in local hep C services.
- Mobilize stakeholders and policy makers to improve access to hepatitis prevention and treatment services.

Our remaining HepCAP meetings of 2013 will be held at PDPH's office at 500 S. Broad St. (Broad & Lombard) from 5:30-7pm on **Wed, Oct 2nd** and **Wed, Dec 4th**.

For more information, contact Alex Shirreffs at alexandra.shirreffs@phila.gov