

# HEPATITIS headlines

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## PILOT PROGRAM TO ADDRESS LARGE GAP IN PERINATAL HEPATITIS C TESTING IN PHILADELPHIA

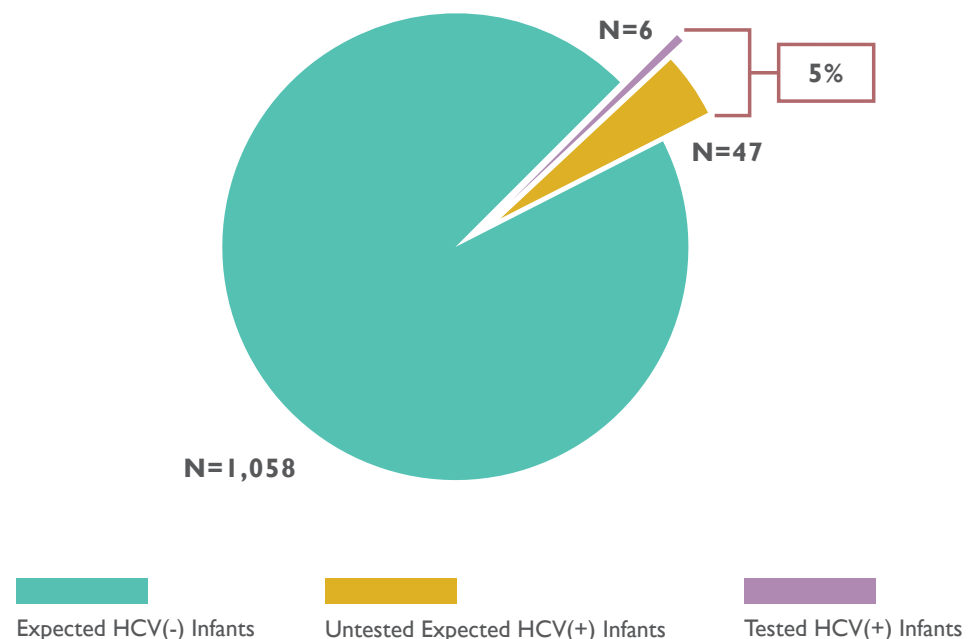
Vertical transmission of Hepatitis C Virus (HCV) from mother to infant is the most common route of infection among children. Five percent of infants born to mothers with chronic HCV are unable to clear the infection by 18 months and are living with chronic disease. HCV positive infants and young children are often asymptomatic so screening in the early years of life is critical for appropriate diagnosis. AASLD and CDC recommend screening all pregnant women with an HCV risk factor. It is also recommended that babies born to HCV positive mothers receive HCV antibody testing at 18-months or RNA testing at  $\geq 8$  weeks and again at 12 months. A citywide increase in new HCV infections among younger people (18-35 years), linked to the rise in injection drug use in this population, means that more infants are being exposed to HCV in utero.

To assess the scope of testing for infants born to HCV-positive mothers in Philadelphia, the Hepatitis Epidemiology Program (HEP) at PDPH analyzed HCV antibody and RNA tests reported to the Health Department for infants born in Philadelphia from 2011-mid 2014. Additional tests, including negative reports, were retrospectively collected from the three largest laboratories serving the

pediatric population. Of the 1,058 HCV-positive women reported to PDPH and known to give birth during the study period, only 113 infants were tested for HCV and six were identified as HCV-positive. These results reveal a failure to capture most of the expected 5% of HCV-positive infants, or approximately 47 additional children (Figure). Findings suggest that there is a pool of chronically infected children in Philadelphia whose disease remains unmonitored.

To address this issue, HEP is launching a pilot program to close the gap in testing of infants born during the study period. This will involve encouraging HCV-infected mothers to request the HCV-antibody test at their child's 2-year well visit. HEP also hopes to work with obstetricians, gynecologists, and pediatricians to improve pregnant woman and infant testing rates in Philadelphia.

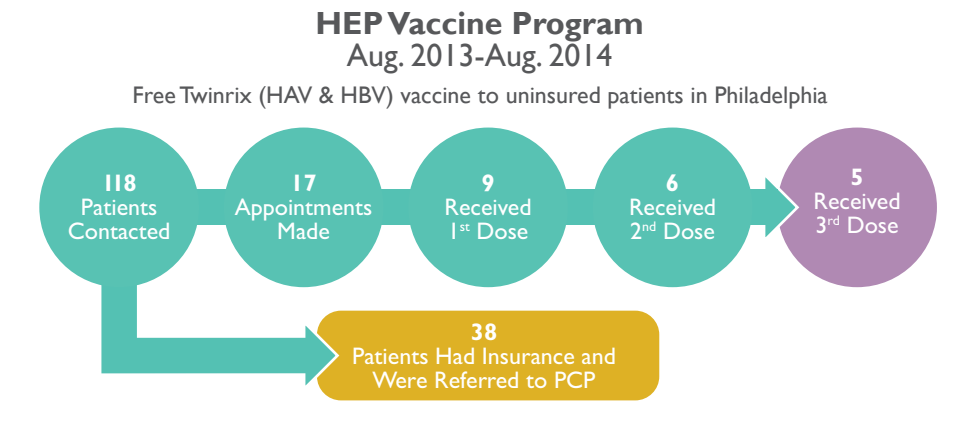
Observed and Expected HCV Positivity Within the Study Population



# HELPING UNINSURED HEPATITIS C PATIENTS GET ACCESS TO FREE TWINRIX VACCINES

Coinfection of hepatitis C (HCV) positive patients with hepatitis A virus (HAV) or hepatitis B virus (HBV) accelerates the development of cirrhosis and liver cancer; thus prevention of coinfection is critical for protecting liver health. CDC recommends that HCV-positive patients receive the HAV/HBV combination vaccine, Twinrix, in order to build immunity to these viruses. It is administered as three doses over a six month period.

In August 2013, HEP staff collaborated with the Health Department's STD health center to set up a free 'fast-track' Twinrix vaccines clinic for uninsured and unvaccinated chronic HCV cases. Since the HEP Vaccine Program was launched in August, 2013, 118 cases who qualified for the free



Twinrix vaccine have been contacted. Thirty-eight of these cases had obtained insurance and were referred to their physician, or a local pharmacy, for the vaccines. Five cases have successfully completed all three doses and are now fully immune to HAV and HBV, and 15 additional people

have received at least one dose. Please help us to spread the word that HCV-positive patients with no record of vaccination can and should receive the Twinrix vaccine. Individuals without insurance should call **Jasmine Santos** at **215-685-6743** to set up an appointment.

# HCV TESTING FOR AT-RISK POPULATIONS INCREASES THANKS TO COMMUNITY PARTNERSHIP

Beginning in January 2014, HEP began a collaboration with Prevention Point of Philadelphia (PPP) to increase HCV confirmatory testing of clients. PPP is a multi-service, non-profit organization that serves Philadelphia's most at-risk populations, including those identifying as drug users/abusers and sex workers. Services offered include a needle and works exchange for drug users, on-site clinical care, health education, mail services, and support groups. While HCV rapid antibody (Ab) testing has been offered since 2011, clients testing Ab positive have been referred out to partner clinics to receive the confirmatory RNA test.

In Fall 2013, HEP met with PPP staff to assess their hepatitis testing practices and design a mutually effective way for HEP to obtain test result

information. During this meeting, it became obvious that few PPP clients who had tested rapid Ab positive were successfully being confirmed. HEP proposed offering this service on-site and the logistics were carefully mapped out by HEP and PPP staff. Implementation involved getting HEP's surveillance investigators phlebotomy trained and developing a protocol whereby two investigators would be on-site at PPP once a week to draw blood from anyone testing HCV Ab positive. RNA positive clients are connected to a PPP case manager who links them directly to care at one of Philadelphia area clinics and physicians who are committed to treating patients from high-risk backgrounds.

Previous client barriers to receiving the HCV RNA test included lack of

insurance, a lack of understanding about the importance and meaning of the confirmatory test, and the need to travel to a new and unfamiliar site to receive a blood draw. Since the HEP-PPP testing program was established, HCV testing overall has increased substantially at PPP. Over 100 RNA-positive HCV-infected persons have been identified and successfully linked to care by PPP staff, most of whom had no underlying source of healthcare and would probably have gone undiagnosed. Actively supporting the movement of a particularly vulnerable population through the HCV care continuum has been invaluable for the staff of HEP and PPP alike.

# REMINDER: HEPATITIS REPORTING REQUIREMENTS HAVE CHANGED

Hepatitis C virus (HCV) infection is a major public health issue in Philadelphia. To assure that infected persons receive appropriate testing and follow-up, the following reporting guidelines have been implemented:

- 1. Negative HCV nucleic acid test (NAT) laboratory test results are now reportable to the Philadelphia Department of Public Health (PDPH).** PDPH conducts extended surveillance and investigation on HCV to better understand the epidemiology of this disease. Until recently, only positive viral hepatitis test results were reportable to PDPH as part of routine disease surveillance. With this information, PDPH can monitor HCV care and treatment, identify HCV patients who are screened for antibody and not confirmed for RNA, and assess characteristics of individuals who spontaneously resolve infection.
- 2. Rapid HCV antibody test results are now reportable to PDPH.** The Food & Drug Administration (FDA) granted the rapid HCV test a Clinical Laboratory Improvement Act (CLIA)-waiver by so that it could be used in non-traditional laboratory sites, such as freestanding testing centers. Several primary care and community based sites in Philadelphia conduct rapid HCV antibody screening using the OraQuick® HCV Rapid Antibody Test. However, this has meant that rapid test results have not been reportable to health departments, including PDPH. Given the gap in surveillance data and the vulnerable nature of the populations being tested in community clinics, PDPH added rapid HCV antibody test results to the reportable disease list.

For additional information about these changes, please call the **Hepatitis Epidemiology Program** at **215-685-6493**. To obtain resources and linkage to care information for patients with viral hepatitis in Philadelphia, please contact **The Viral Hepatitis Prevention Program** at **215-685-6462** or visit <http://www.hepcap.org/>.

## HEP HERO MONIKA BURKE, RN, MPH



Our HEP Hero for this issue of Hepatitis Headlines is Monika Burke. Monika received her RN from the Community College of Philadelphia and her MPH from Temple University. She has

been a Clinical Research Nurse Coordinator at the University of Pennsylvania since June, working on two National Institutes of Health-funded studies to better understand hepatopulmonary syndrome in patients with chronic and acute liver failure. Before that time, she served as the Clinical Hepatology Coordinator at Temple University Hospital, managing patient education and treatment of HBV and HCV patients, and facilitating a hepatitis support group. Monika is devoted to her

patients, advocating for anyone who has lost insurance and can no longer afford treatment, and assuring that each patient is receiving appropriate testing and follow-up. Recently, Monika has also been serving as an Advisory Board member for The Hepatitis Treatment, Research, and Education Center (HepTrec) at the University of the Sciences in Philadelphia, conducting research and designing awareness and educational programs for patients and providers. Monika has been instrumental to the Health Department's hepatitis surveillance program, helping staff to complete provider investigations in order to better understand hepatitis disease and transmission patterns in Philadelphia.

Monika Burke is an enthusiastic and professional hepatitis advocate and we are excited to recognize her as our HEP Hero!



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