

HEPATITIS headlines

CITY OF PHILADELPHIA
DIVISION OF DISEASE CONTROL
HEPATITIS EPIDEMIOLOGY PROGRAM
PHONE: (215) 685-6493
FAX: (215) 238-6947

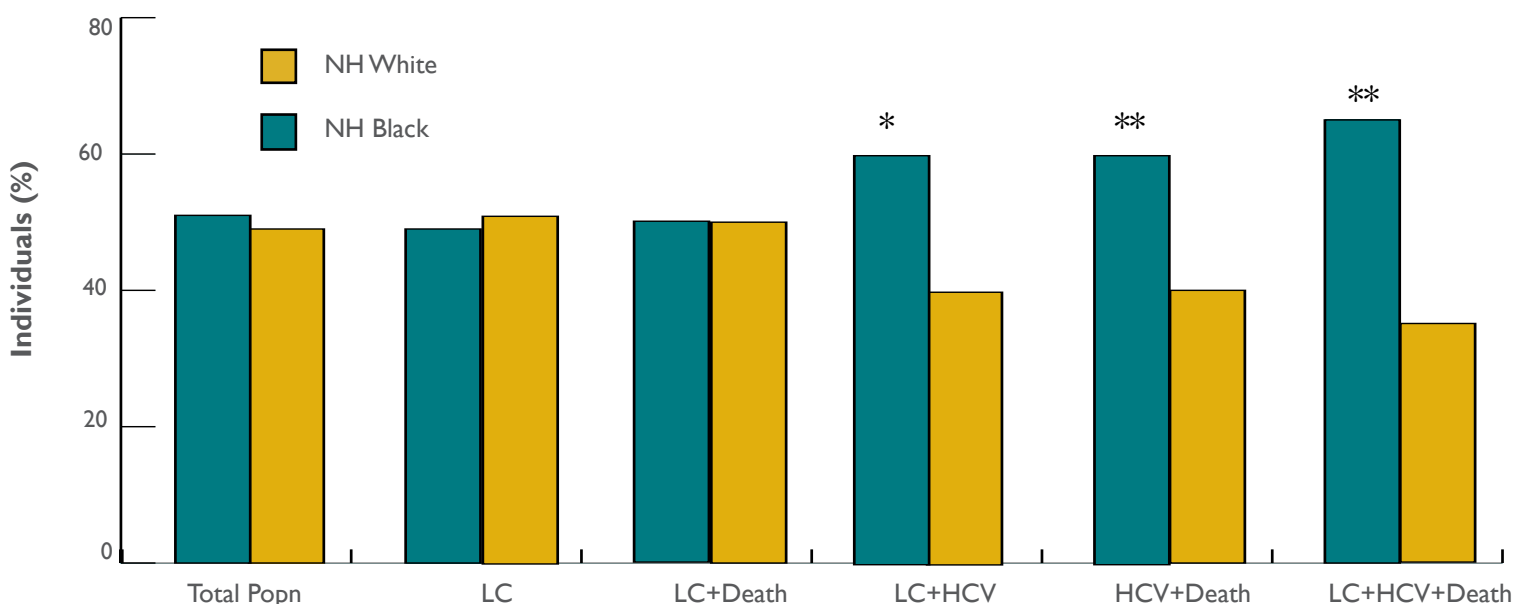
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RACIAL DISPARITIES IN HEPATITIS C & LIVER CANCER OUTCOMES

Philadelphia has a comparable proportion of Non-Hispanic (NH) black and NH white populations. Recently the Hepatitis Surveillance Program conducted a study which linked 2003-2012 hepatitis surveillance data to Pennsylvania cancer registry and death certificate record data to investigate the impact of race/ethnicity on HCV, liver cancer (LC) and associated mortality rates. Findings show that in the absence of HCV infection, NH blacks and NH whites were equally likely to receive an LC diagnosis during the study period. However, all HCV-positive groups had a greater proportion of NH blacks than whites. This was most evident among individuals who had HCV, LC, and had died, for whom there were twice as many NH blacks as NH whites (Figure; 67% and 33%, respectively; $p < 0.0001$). These findings may

be the result of poorer quality healthcare and/or less access to medical services, for blacks versus whites. It is likely that HCV-positive NH blacks are a particularly vulnerable group, less often referred to a liver specialist for regular monitoring, and thus at higher risk of developing cirrhosis and/or LC than whites. Indeed, HCV-positive black patients have historically (ie. in the era before direct-acting anti-virals) had lower rates of sustained virologic response than HCV-positive white patients, increasing their risk for long-term liver damage. Study findings highlight the need for the Health Department and its community partners to develop highly targeted education, prevention, and screening programs for populations at highest risk for HCV and its related outcomes.

Proportion of NH black and NH white individuals in the total population of Philadelphia and in each outcome group, 2003 - 2012



HBV FALSE POSITIVES ARE COMMON AT DIALYSIS CENTERS

The CDC recommends that all pre-end-stage renal disease patients receive the full HBV vaccine series prior to becoming dialysis dependent. For patients already on hemodialysis or immunosuppressed due to chemotherapy or other disease conditions, higher HBV vaccine dosages or an increased number of doses is recommended.

Following vaccine administration, patients are tested for their levels of protective HBV surface antibody (anti-HBs). Testing is ideally performed 1-2 months after the last dose of the vaccine series is administered. However, if patients are tested too soon after the final vaccine dose, they may test positive for both anti-HBs and HBV surface antigen (HBsAg). In these instances, the HBsAg result is a false positive.

The Philadelphia Department of Public

Health treats individuals with recent HBsAg-positive test results as potential HBV cases and often conducts follow-up to assure that patients know their disease status and are aware of community resources. Periodically, the Health Department relays HBsAg-positive results to dialysis patients and discovers later that they are false positive as a result of recent HBV vaccination.

Please be sure that any dialysis patient without a history of HBV disease who tests HBsAg-positive following vaccination is re-tested to assess whether the result was a true or false positive.

For further questions about HBV vaccination and/or potential false-positive HBsAg results, consult the CDC Vaccination Guidelines or contact the Health Department's Viral Hepatitis Program at **215-685-6493**.

CDC HAS UPDATED ITS STD TESTING GUIDELINES

As a result of recent increases in HCV/HIV coinfection rates, the CDC had updated its guidelines for the treatment of individuals at risk for STDs (<http://www.cdc.gov/std/tg2015/>):

- Serologic HCV testing upon initial HIV evaluation
- Annual HCV testing of HIV-infected MSM with high-risk sexual behaviors

HEP HERO: CATELYN COYLE



Our HEP Hero for this issue of Hepatitis Headlines goes to Catelyn Coyle, the Hepatitis C Coordinator for the National Nursing Centers Consortium (NNCC), an affiliate of the Public Health Management Corporation (PHMC). In this role, Catelyn has been overseeing a CDC-funded Hepatitis C

virus (HCV) testing program to increase annual testing rates and boost linkage to care for people living with HCV. Prior to grant initiation, testing at PHMC health centers lacked a routine protocol and HCV services for uninsured patients were limited. As Hepatitis C Coordinator, Catelyn has helped to devise and implement testing and linkage to care procedures that focus on the needs of Philadelphia's most at-risk populations. Within six months of the project start, there was a tripling in the number of

HCV tests performed at PHMC health centers. Catelyn has also been a dedicated partner to HEP, going above and beyond to assure that HEP has all the information it needs about patients who receive HCV testing at PHMC clinics. When asked about her career, Catelyn said the most rewarding aspect is that it marries her interest in infectious diseases with her goal of improving quality and access to healthcare for underserved communities.

Welcome New HEP Staff!

Brenda French



Brenda French grew up in Austin, TX. She graduated with a BS from Tufts University in Spring 2015 and became HEP's data manager shortly thereafter. She has already been an amazing asset to our team, helping to manage and clean the huge burden of HBV and HCV data that enters our electronic Hepatitis Registry every day.

Brenda is also working on a special project assessing differences in the demographic and risk factor profiles of patients infected with each of the 6 HCV genotypes. Look forward to preliminary findings from this analysis in HEP's Spring 2016 Newsletter!

Brenda's long term goal is to become a primary care physician with a focus on community health and preventive care.

Dana Higgins

Dana Higgins was born in Columbus, NJ. She received her BA in Biology from the University of Delaware in 2012 and her MPH in Epidemiology from the George Washington University in Spring 2015. She joined HEP this summer as a Council of State and Territorial Epidemiologists (CSTE) fellow. This highly competitive 2-year fellowship awarded by CSTE, in collaboration with the Centers for Disease Control and Prevention (CDC), aims to train recent MPH graduates in applied epidemiology and place them at state or local Health Departments. Health Departments, in turn, can apply as a Host Site for a CSTE fellow. This year HEP was lucky enough to receive Dana!

Since joining the HEP team, Dana has been involved in several projects including creation of an internal quality assurance evaluation of hepatitis

reporters, a summary of HEP surveillance data for the Health Department's Health Information Portal <https://hip.phila.gov/DataReports/Hepatitis>

design and layout of HEP's newsletter, and a number of epidemiologic analyses (including the HCV-cancer-death match described here). Dana is also scheduled to become phlebotomy trained so that she can help our HEP investigator staff to conduct confirmatory HCV RNA testing at Prevention Point Philadelphia. Dana's long term goal is to improve her skillset as an epidemiologist while helping to make a difference in the lives of Philadelphians living with Viral Hepatitis.



Want to network with Philly hepatitis partners and get updates on the latest hep C issues?

Come to our next **HepCAP** meeting!

Wednesday, December 2nd from 5:30-7pm
500 S. Broad Street.

For more info check out www.hepCAP.org