

# Surveillance of Hepatitis C in Young Adults



## Multnomah County Health Department

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## Background

- High burden of HCV cases
  - >6100 cases in OR in 2009
- How to characterize these cases with personnel and financial constraints?
- In 2005-06: EIP study to follow up and interview 40% randomly selected cases – low enrollment rate (~25%)

## Objectives

1. Interview all newly reported HCV+ ages 18 - 30 years old as part of routine communicable disease surveillance.
2. Use the Oregon state chronic HCV case report form to collect:
  - Risk factors
  - Demographics
  - Medical follow-up
  - Identify acute cases

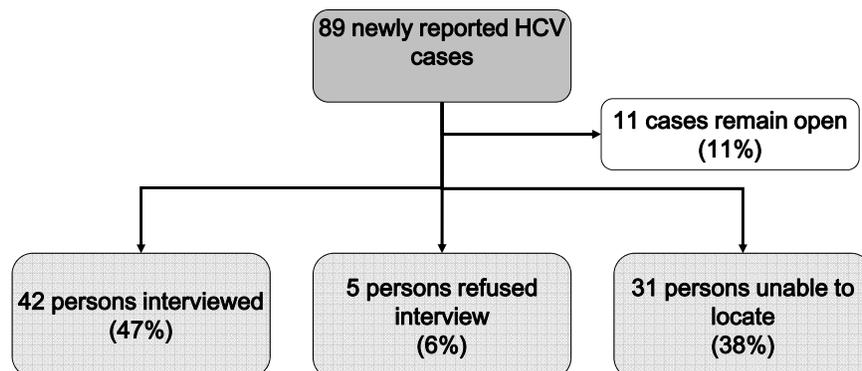
## Methodology

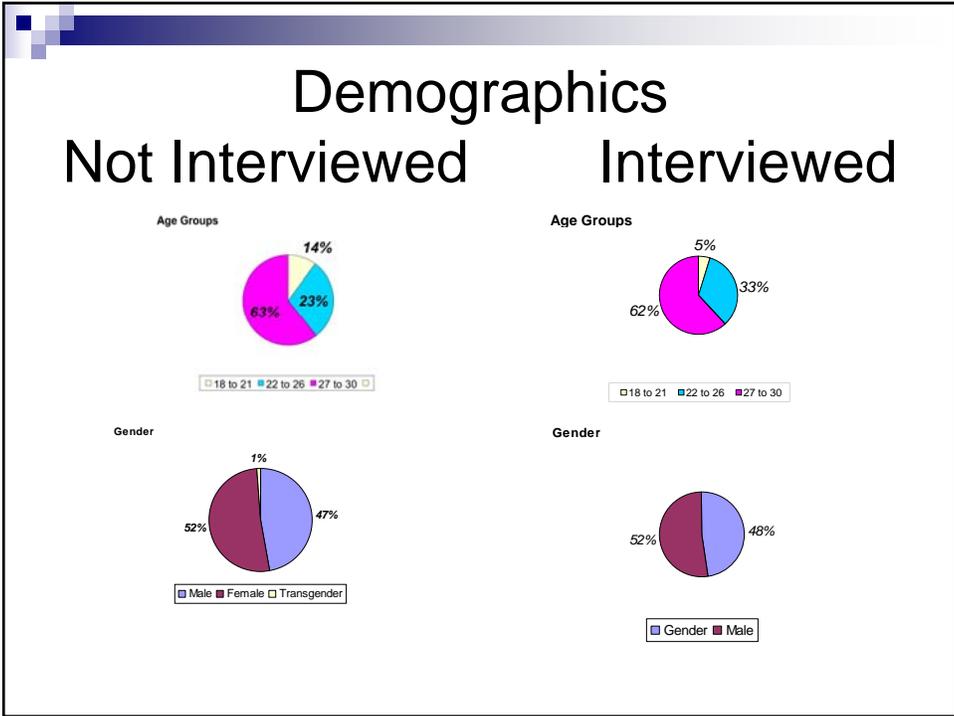
- All labs report HCV+ results to local health dept.
- Identify cases 18 - 30 years of age for enhanced surveillance
- Contact healthcare providers for:
  - 1) reasons for testing
  - 2) LFT results
  - 3) confirmatory testing
  - 4) permission to contact their patient

## Methodology

- Contact patients a minimum of 3 times
  - (daytime, weeknight, weekend)
- Assure confidentiality
- Provide disease education, hepatitis A/B vaccines, and referral for services

### 18-30 year old persons newly-reported with HCV Multnomah County January 1, 2010–September 23, 2010





## HCV Testing Sites

Facility Type	Reported	Interviewed	%
Blood/Plasma Donation	8	2	25
Corrections	10	10	100
Emergency Department	2	1	50
Employee Health	4	1	25
Multnomah County	5	2	40
Private Not-for-profit	6	2	33
Private Provider	38	18	47
Public Provider - Not Mult. Co	1	1	100
STD Clinic	13	4	31
Substance Abuse Treatment	1	1	100
Unknown	1	0	0
<b>Totals</b>	<b>89</b>	<b>42</b>	

## HCV Testing Reasons

Why Tested	#	%
Acute Symptoms	1	2%
Asymptomatic w RF	25	60%
Asymptomatic w/o RF	1	2%
Prenatal Screening	1	2%
Elevated LFTs	4	10%
Donor Screening	2	5%
Previous HCV+ Markers	10	24%
Other*	9	21%

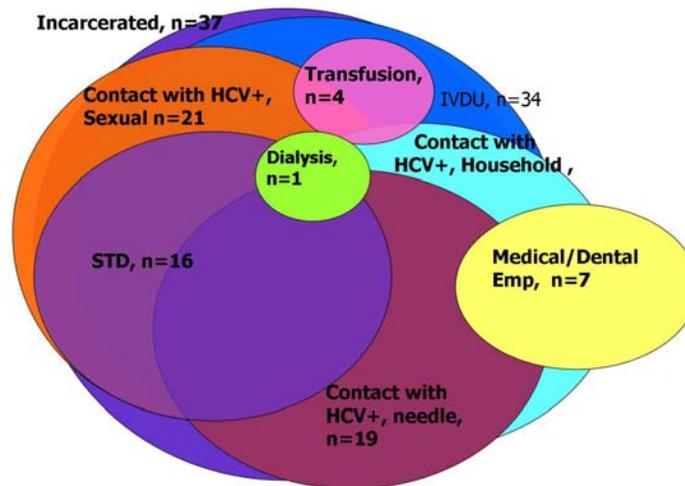
\* source for needle stick, new patient screening, HCV+ partner

## Risk Factors for HCV

Risk Factor	#	%
Incarceration	37	88.1
IV Drugs	34	81.0
Sexual contact	21	50.0
Household contact	20	47.6
Needle	19	45.2
Ever had an STD	16	38.1
Other contact*	22	52.4

\*HCV+ birth mother, medical procedures, work exposure, non-professional tattoo, drug paraphernalia

## Overlapping Risk Factors



## Conclusion

- Routine surveillance is more flexible over our former research model allowing us to collect data for persons at risk
- Data collection on this high-risk, transient group is challenging
- 2010 efforts have resulted in a high case interview rate

