



Negative Hep C RNA Reporting: What this means for the community

Emily McGibbon, MPH

New York City Department of Health and Mental Hygiene

HCV Task Force Meeting

August 2014

Health code change

- The NYC Health code specifies what diseases are required to be reported to the Health Department as part of routine public health surveillance
- For most diseases, only positive tests are required to be reported

Exceptions: HIV, TB

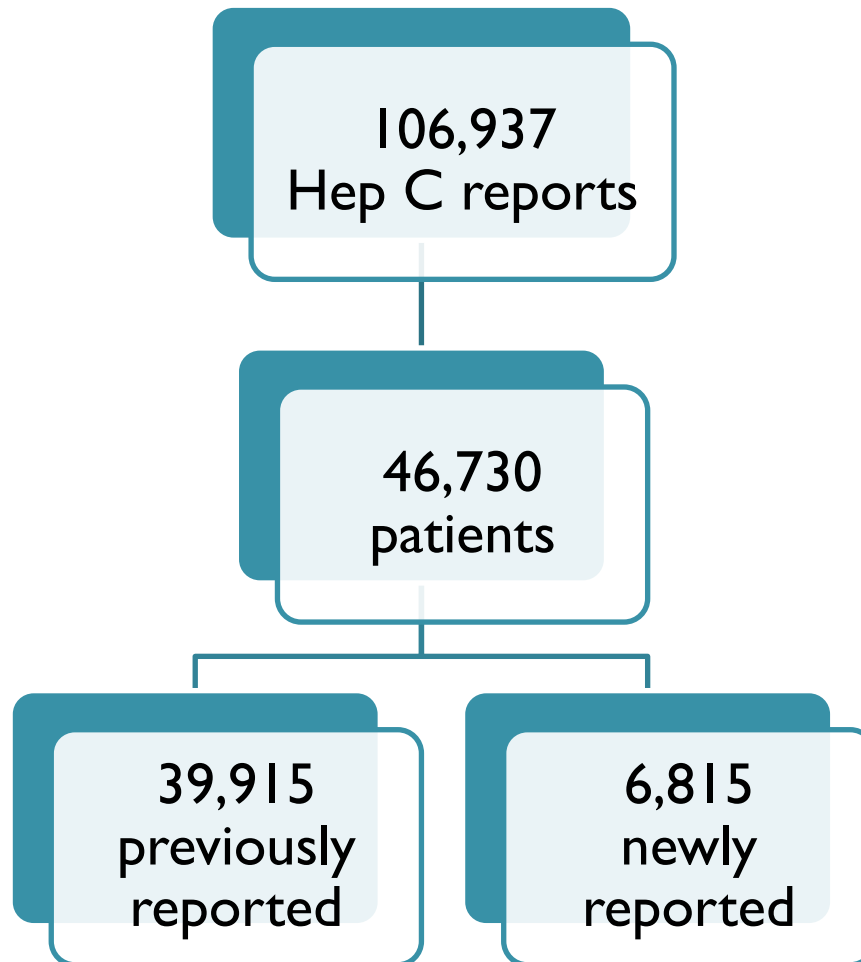
Timeline

- We want labs to be required to report negative hep C RNA results to the Health Department
- Presented our request to the Board of Health at their quarterly meeting on March 11, 2014
- Board of Health voted to approve it for consideration
- Public comment period
- Board of Health approved the change on June 9
- Went into effect on July 21

DOHMH Goals for Hep C

- 1) Prevent new infections
- 2) Ensure people with hep C infection get diagnosed (including RNA test)
- 3) Ensure people with hep C infection get medical care
- 4) Increase the number of people treated and cured

Hep C surveillance in New York City, 2013



Reports include:

- Patient date of birth, sex, address
- Test type, date and result
- Provider and laboratory information

Laboratory testing

- **Antibody test (EIA) – Reportable if Positive**
 - Indicates Hep C exposure. If positive, could mean:
 - Current infection
 - Exposed but infection has resolved
 - False positive result
- **RNA tests, e.g. PCR – All results are reportable**
 - If positive, indicates Hep C infection
 - Fewer labs perform this test
 - \$\$\$
- **Genotype test – necessary to start treatment**

By making negative RNA's reportable we can identify:

- Gaps in diagnostic testing:
 - Antibody positive, no RNA test
- Gaps in evaluating for antiviral treatment:
 - RNA positive, no genotype
- Patients who were treated and cured (SVR):
 - RNA positive, then RNA neg (at least 2 negatives at least 6 months apart)

Improve diagnosis and treatment

- Identify clinicians and healthcare facilities with high rates of patients with apparent gaps in diagnosis or in evaluation for treatment
- Outreach to those facilities and clinicians to offer
 - Assistance
 - Resources
 - Training

What does this mean for you?

For all 3 scenarios (unknown infection status, not yet evaluated for treatment, cured) we can:

- Evaluate trends over time
- Analyze rates by zip code/UHF neighborhood
- Analyze rates by facility

And can focus efforts in areas with highest need

It Takes Two

- Feedback to providers:
 - Started summer 2012
 - DOHMH sends letters to providers about patients without a Hep C RNA result in our surveillance system
 - Request they order the RNA test
 - Provide educational materials and offer additional resources
 - With the negative RNA results, we can better focus this project

Feedback to facilities

- Starting in Jan 2014 we are mailing letters to large facilities offering to send line lists of patients who have not received an RNA test
- We can do the same for patients who have not yet been evaluated for antiviral treatment (no genotype)

Please have your medical director let me know if this would be useful for your facility!



Thank you!

Any questions?

Please contact me:

elumeng@health.nyc.gov