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Implementing Updated Recommendations on Screening for Hepatitis C Virus: Translating Federal Guidance into State Practice

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Disclosures

- ❖ All coauthors have no competing financial to declare
- ❖ Dan O'Connell is an employee of the New York State Department of Health, one state including in the 50-state review
- ❖ The views are those of the authors and not the New York State Department of Health

Research motivation

- ❖ Chronic viral hepatitis affects 3.2 million Americans, and is a major cause of liver cirrhosis and liver cancer
- ❖ New drug therapies make it possible to cure many people living with hepatitis C with fewer side effects
- ❖ Only 5 to 6% of those affected have been successfully identified and treated
- ❖ CDC recently updated national guidelines to recommend all adults born between 1945 and 1965 be tested once to identify undiagnosed cases
- ❖ States play a critical role in viral hepatitis surveillance, treatment, and prevention

Research question

- ❖ To what extent are the recommendations on HCV testing on the state health department websites consistent with the CDC guidelines?
 - What is the variation across states?
 - What is the level of detail on their websites?

Methods: data collection

- ❖ Review of websites from the departments of health of 50 U.S. states, the District of Columbia, and Puerto Rico from March to May 2014
- ❖ CDC recommendations on HCV testing used to identify important risk groups:
 - Population risks
 - Behavioral risks
 - Health care exposures
 - Routine testing for adults born between 1945 and 1965, and HIV-positive individuals

Methods: data collection

- ❖ Each risk group mentioned in CDC guidelines categorized by:
 - Testing is recommended
 - Testing is not recommended
 - Testing recommendations are deemed “unclear”

- ❖ Additional information collected:
 - HCV guidelines or a state plan for HCV
 - Provide separate HCV websites or links for healthcare professionals
 - Include recommendations and information about HCV counseling

Methods: data analysis

- ❖ Data summarized as the percentage of state websites recommending testing for each group and with other information such as strategic plans

Summary of main findings

- ❖ Public health importance of risk factors not perfectly correlated with inclusion in state guidelines
 - All states recommend testing injection drug users
 - 58% recommend testing individuals living with HIV
 - 50% recommend testing baby boomers

- ❖ Perfect consistency for workplace exposures

- ❖ Internal inconsistencies within states' web content

Lowest consistency for population-based risks (age cohort, HIV+, abnormal labs, household contacts)

Risk Group	CDC Testing Recommendation	States Recommending Testing on Web Sites, %	States With Uncertain Recommendations on Web Sites, %
Population-based risks			
Born between 1945 and 1965	Yes ^b	50	2
Infection with HIV	Yes	58	0
Children born to HCV-positive women	Yes	85	0
Persistently abnormal alanine aminotransferase levels	Yes	63	0
Pregnant women	No	0	0
Household (nonsexual) contacts of HCV-positive persons	No	28	0
General population	No	0	0

Perfect consistency for drug users; more aggressive recommendations for some behavioral risks (history of tattoos/piercing, sex partners)

Risk Group	CDC Testing Recommendation	States Recommending Testing on Web Sites, %	States With Uncertain Recommendations on Web Sites, %
Behavioral risks			
Current and/or former injection drug users	Yes	100	0
Intranasal and noninjecting illegal drug users	Unclear	8	4
Persons with a history of tattooing or body piercing done with sterile materials or unspecified	Unclear	2	4
Persons with a history of tattooing or body piercing done with unsterile materials	Unclear	46	2
Persons with a history of multiple sex partners	Unclear	31	2
Persons with a history of sexually transmitted diseases	Unclear	13	4
Long-term steady sexual partners of HCV-positive persons	Unclear	27	6

High consistency for workplace exposures; low consistency for receipt of HCV+ blood

Risk Group	CDC Testing Recommendation	States Recommending Testing on Web Sites, %	States With Uncertain Recommendations on Web Sites, %
Health care exposures			
Received clotting factor concentrates produced before 1987	Yes	88	0
Ever on long-term hemodialysis	Yes	87	0
Received blood from a donor who later tested positive for HCV	Yes	52	0
Received a transfusion of blood, blood components, or an organ transplant before July 1992	Yes	96	0
Health care, emergency medical, and public safety workers after needlesticks, sharp object injuries, or mucosal exposures to HCV-positive blood	Yes	96	0
Health care, emergency medical, and public safety workers	No	2	0
Recipients of transplanted tissue (eg, corneal, musculoskeletal, skin, ova, sperm)	Unclear	6	2

Availability of other web-based information on HCV screening

- ❖ 67% had strategic, harm reduction, or prevention plan
- ❖ 90% included a web link to the CDC site
- ❖ 63% had separate web sites or links for health care workers; but limited information on HCV counseling training

Limitations

- ❖ Cross-sectional design does not capture dynamic changes

- ❖ Monitoring department of health websites is an imperfect measure of states' recommendations
 - Nongovernmental organizations may be contracted to conduct HCV testing, with priorities set in contracts
 - HCV guidance may not be posted electronically

- ❖ Need qualitative research to understand how departments of health make decisions on testing recommendations

Potential causes of inconsistencies

- ❖ Time lags for federal guidelines to be interpreted and subsequently adopted by states (birth cohort)
- ❖ Mandates on occupational risks from OSHA and lobbying by professional associations of healthcare workers (workplace exposures)
- ❖ Many behavioral risks for HCV infection are stigmatized, so states with lower legal support for syringe exchanges and other harm reduction strategies may not prioritize updating their HCV guidelines
- ❖ Staff turnover; limited public health funding for HCV; low disease awareness, activism, and political attention

Opportunities to improve state guidelines

- ❖ States may learn from their experiences with HIV testing guidelines
- ❖ The US Preventive Services Task Force recently assigned a “B” recommendation for screening among high-risk individuals, including one-time screening in the 1945 to 1965 birth cohort
- ❖ There is better awareness of the interrelationship among HCV, HIV, and sexually transmitted infections
- ❖ Some HIV/AIDS advocacy groups have a new focus on HCV issues

Recommendations for practice

- ❖ Increased funding for viral hepatitis
- ❖ Technical assistance from the CDC to state program directors to implement national guidelines
- ❖ Foster the exchange of information through professional networks such as the National Alliance of State and Territorial AIDS Directors

For more information

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- ❖ Forthcoming in *Journal of Public Health Management & Practice*