

***You Want Me To Do What?***  
**Hepatitis Surveillance in New Mexico**

*NASTAD Hepatitis Technical Assistance Meeting  
Washington, D.C.  
October 1, 2008*

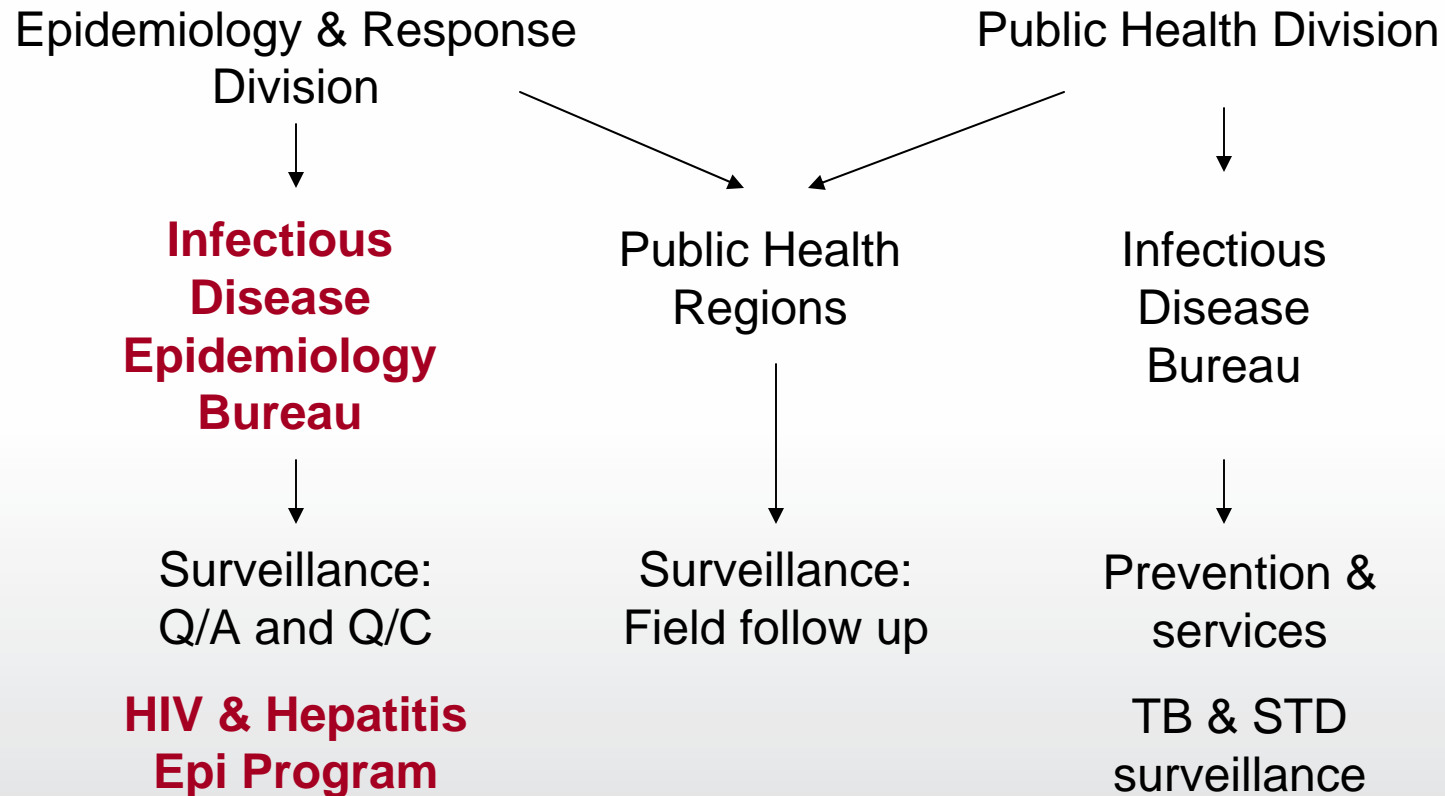
# Reporting in New Mexico

- Hepatitis B and C (acute and chronic) reportable since 1983
- Primarily passive, lab-based reporting

# History

- Surveillance and prevention/services reside in separate divisions
- Syringe exchange since 1998
- Prior to 2004, HBV surveillance managed by team of surveillance staff
- General lack of direction for chronic HCV

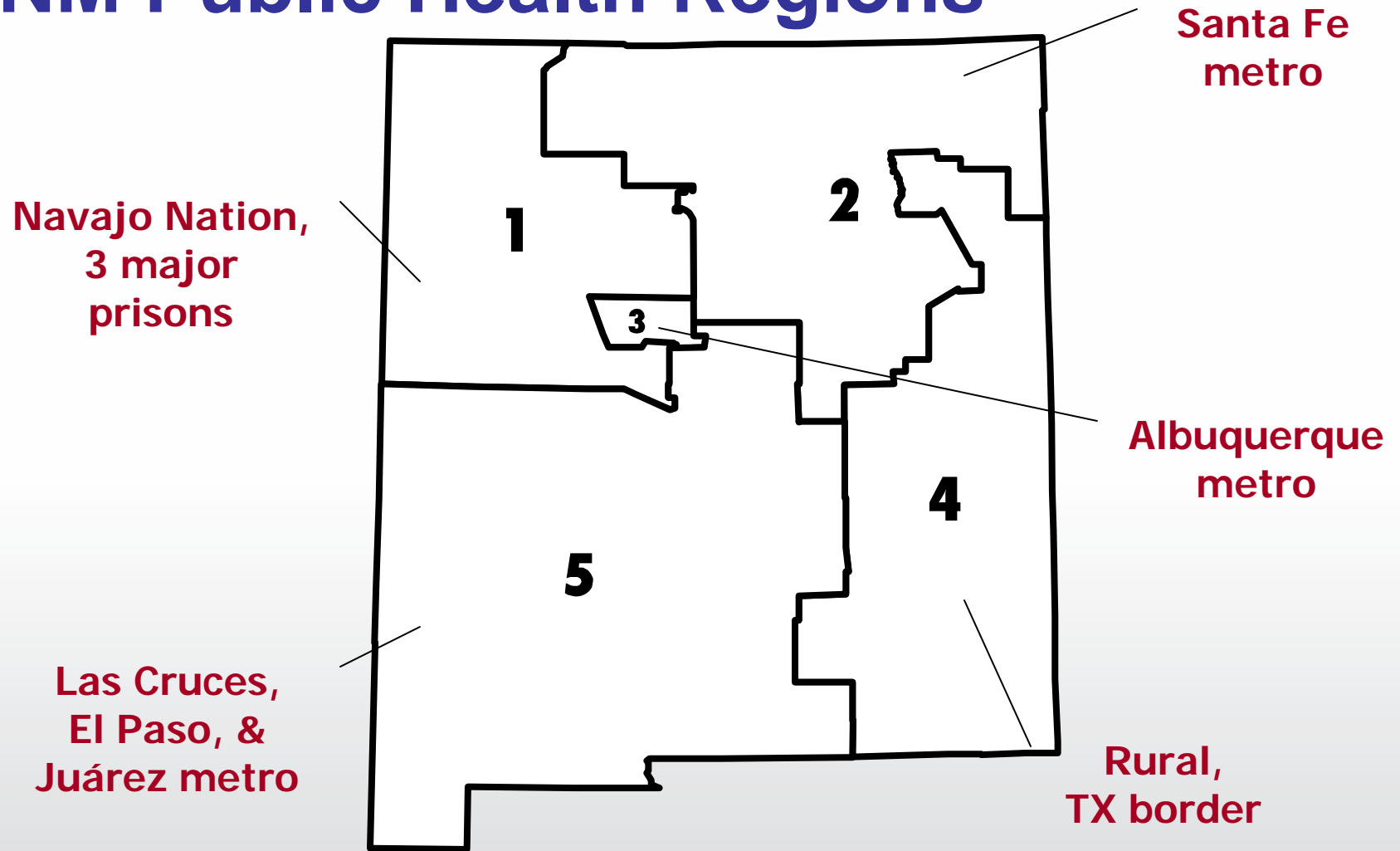
# Organization



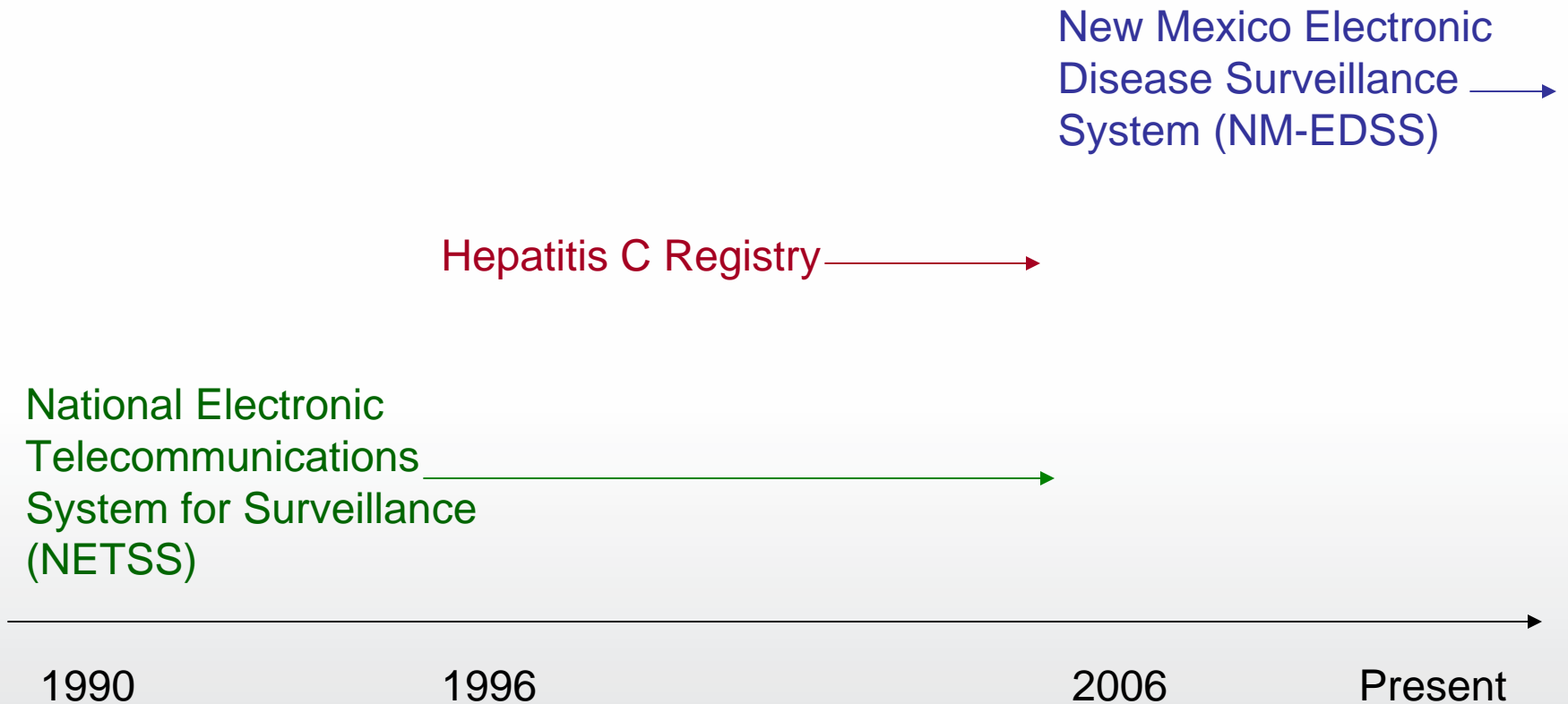
# HIV & Hepatitis Epi Program

- Program Manager
- 2 HIV Epidemiologists
- Hepatitis B Epidemiologist
- Hepatitis C Epidemiologist (soon...)
- Hepatitis C Data Entry Clerk (contract to FTE)
- Local public health staff, ~1 FTE/Region

# NM Public Health Regions



# Surveillance Systems



# Getting the Data



# A Year of Surveillance in New Mexico

	HIV	HBV	HCV
Existing cases	5,500	5,000	32,000
New cases, 2007	150	160	3,500
Labs received	3,600	2,600	8,400

# Data Collection

- Centralized receipt of most paper reports
- Screened for past report
- Entered into NM-EDSS
- Assigned to regions for follow up
- Closed cases reviewed and sent to CDC
- Phasing in electronic lab reporting (ELR)

# Funding Surveillance

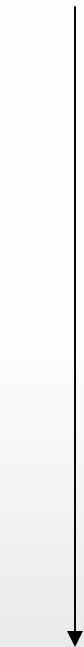
2004 HIV surveillance funds

A little bit of state funds

(More HIV surveillance funds)

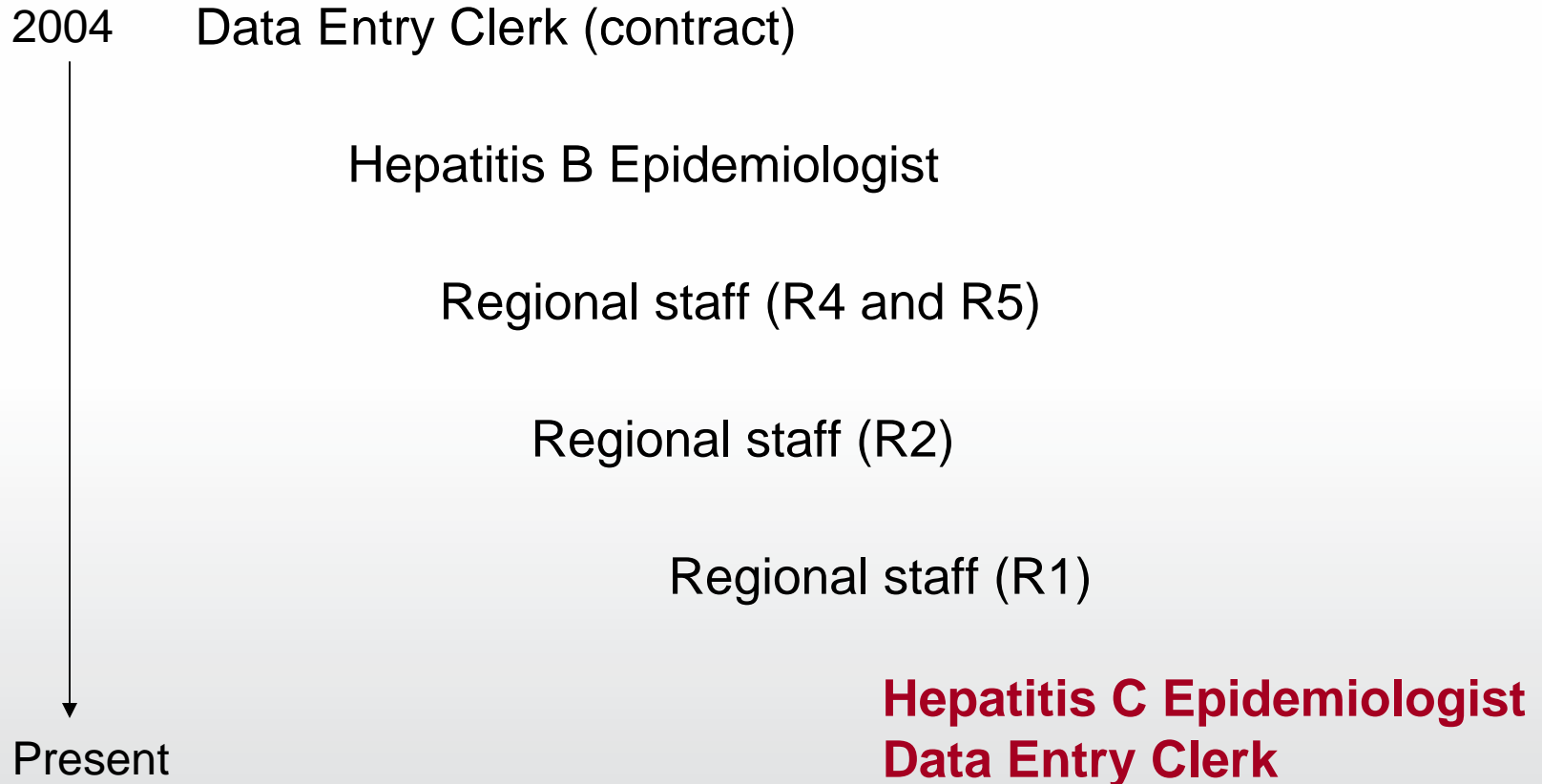
**DEDICATED** state funds for  
hepatitis C surveillance!!!

(Less HIV surveillance funds)



Present

# Staffing Surveillance



# Making Surveillance Happen

2004

Revive Hepatitis C Registry

Hepatitis C Registry: Enter 3-year backlog of reports

Hepatitis C Registry: 36,000 unique reports

NM-EDSS: Launch with R4 and R5 follow up

NM-EDSS: R2 follow up

NM-EDSS: R1 follow up

NM-EDSS: 3,500 new reports/yr

Present

# Getting the Buy-In

- ID Epi Bureau
  - Organize chronic ID within one program
  - Invest in chronic HCV
- State Epidemiologist
  - Make chronic HCV a priority
  - Advocate for expansion of state funds
- CDC
  - Leverage HIV surveillance funds

# Who Are the Stakeholders?

- Project ECHO
  - Rural treatment clinics
- NMDOH Hepatitis Prevention
  - Direct regional staff resources
  - Direct other program initiatives
- New Mexico Hepatitis C Alliance
  - Community advocates

# Uses of Data: Prevention/Services

## *Problem: Limited demographics*

- Little direct use by stakeholders
- Limited use by NMDOH Hepatitis Prevention
  - Allocate staffing resources
  - Funding/grant requests

# Uses of Data: Epidemiology

- Establish rates of HIV co-infection
- **Monitor surveillance** in NM-EDSS Monthly Reports
- **Summarize burden of disease**

# Practical Challenges

- Lack enough staff and other fiscal support for HCV surveillance
- Continued need to conduct Q/A and training
- Coordination with regional staff

# Lessons Learned

- Dealing with the chicken and the egg
  - You:** Have \$ → Get data
  - Them:** Have data → Get \$
- Ask, ask, ask for money
- Get help where you can – HIV!
- Need to coordinate surveillance with provision of services

# What Could be Next?

- Evaluation = making surveillance better
  - Timeliness: reduce/eliminate 1 month backlog; **MORE staff!**
  - Completeness: increase collection of demographics, risk info; **TRAINING staff!**

# What Else Could be Next?

- Data cleaning
  - Matching with complementary data sources (i.e., vital records, corrections)
- Data dissemination
  - Hepatitis specific reports
  - Mail outs to providers
  - FAQs

# More Information

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