Hepatitis C Activities Within CSTE
Defining Core Surveillance for HCV and Building The Capacity to Sustain It

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Roadmap

• CSTE: An organizational overview
  o Who are we?
  o What do we do?
  o What resources are available to you?

• Activities specific to Hepatitis C
  o HCV Subcommittee
  o Future opportunities

• Moving forward: Increasing capacity and national partnerships to provide technical assistance and support
  o How do we define core surveillance for HCV?
  o What needs have been identified through previous discussions?
  o Where do we go from here?
The 10 Essential Public Health Services

1. Monitor Health to Identify and Solve Community Health Problems
   - Accurate, periodic assessment of community’s health status
   - Use of methods and technology to interpret and communicate data
   - Maintenance of population health registries and data management systems

2. Diagnose and Investigate Health Problems in the Community
   - Timely identification and investigation of health threats
   - Availability of diagnostic services, including laboratory capacity
   - Developing response plans and guidance to address health threats

https://www.cdc.gov/stltpublichealth/index.html
CSTE: Who Are We?

Community of Practice

Advocacy for Data-Driven Policy

Harmonization and Standardization

Address Critical Gaps in Population Health Surveillance
- Develop a prepared workforce in public health informatics
- Guide applied epidemiology workforce and program development
- Adapt applied epidemiology practices to meet the challenges posed by advanced molecular detection
- Identify methods to leverage the electronic health record for population health monitoring
- Build applied epidemiology capacity in chronic and other non-infectious conditions

Sharing Knowledge to Create Best Practices

Liaisons and Partnership across All Levels of Practice

Capacity Building

Increase Visibility and Recognition as the Applied Public Health Epidemiology Resource
- Be known as the organization whose members monitor the health of the population and respond to public health threats
- Build stronger linkages with healthcare providers and their representative organizations
- Improve collaboration, data linkages, and data usage across infectious and non-infectious program areas

Continue to Build a Sustainable Funding Portfolio
- Accelerate implementation of the funding diversification plan
- Build expertise in fundraising
### Organizational Structure

<table>
<thead>
<tr>
<th>Infectious Disease</th>
<th>Chronic/MCH/Oral</th>
<th>EH/Occupational/Injury</th>
<th>Surveillance/Informatics</th>
<th>Cross Cutting I</th>
<th>Cross Cutting II</th>
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<tbody>
<tr>
<td>Enteric Disease</td>
<td>Chronic Disease</td>
<td>Climate Change</td>
<td>Surveillance Policy</td>
<td>Alcohol Epi</td>
<td>Border/International Health</td>
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<td>HAI</td>
<td>Maternal &amp; Child Health</td>
<td>Disaster Epi</td>
<td>Electronic Lab and Disease Reporting</td>
<td>Alcohol and Other Drug Indicators</td>
<td>Health Disparities</td>
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<td>Hepatitis C</td>
<td>Oral Health</td>
<td>Environmental Epi</td>
<td>Surveillance Policy</td>
<td>Marijuana</td>
<td>Epi Methods</td>
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<td>Influenza &amp; Other Viral Respiratory</td>
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<td>Injury Surveillance &amp; Control</td>
<td>Environmental Epi</td>
<td>Mental Health</td>
<td>Public Health Emergency Prep</td>
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<td>Surveillance Policy</td>
<td>Overdose</td>
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<td>Prescription Drug Monitoring</td>
<td>Tribal Epi</td>
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<td>Vector-borne Disease</td>
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<td>Substance Use</td>
<td>Workforce</td>
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<td>Vaccine-Preventable</td>
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Council of State and Territorial Epidemiologists
• Regular subcommittee calls to discuss current and emerging issues
• Workgroups and task forces to develop guidance, products, and deliverables
• Consultant opportunities
• In-person meetings, workshops, and trainings
• Workforce development, capacity building, and fellowship programs
• CSTE Annual Conference
• Development and revision of case definitions for standardized surveillance and national notification
• Each June, CSTE convenes its annual meeting
• Topical tracks closely mirror our Steering Committee and Subcommittee focus areas
• At a glance: Boise 2017
  o Last year, close to 1600 registered attendees.
  o 16 workshops across various program areas
  o Over 900 total presentations
• Culmination at the CSTE Business Meeting
  o Voting on position statements
  o Executive Board torch-passing
CSTE 2018

- West Palm Beach, Florida
- June 10th – 14th
- Call for abstracts now open!

More information at www.csteconference.org
Position Statements

• Represent the documentation and analysis of policy issues affecting public health and that are of interest to CSTE members

• Types of Position Statements
  o Policy
  o Standardized Surveillance for Diseases or Conditions
  o Standardized Surveillance for Healthcare-Associated Diseases or Conditions through the National Healthcare Safety Network

• Authored by active CSTE members and voted on by full membership at the CSTE Annual Conference
Position Statements

• **2015:** 15-ID-03 “Revision to the Case Definition of Hepatitis C for National Notification.”

• **2016:** 16-ID-06 “Public Health Reporting and National Notification of Perinatal Hepatitis B Virus Infection.”

• **2017:** 17-ID-08 “Public Health Reporting and National Notification of Perinatal Hepatitis C Virus Infection.”

All position statements can be accessed at [www.cste.org](http://www.cste.org)
Community of Practice Network

- **Steering Committee and Subcommittee calls**
  - Over **1800** members collectively sharing insights, experiences, and information
- **Mentoring opportunities**
- **Strong partnerships with CDC and other association organizations**
  - Opportunities to inform national guidance
  - Creating a network for technical assistance opportunities
- **Increased opportunity for collaboration across programmatic and jurisdictional lines**
Capacity Building Assistance

- **Applied Epidemiology Fellowship (AEF)**
  - Currently, 45 fellows in the field
  - Placed in programs spanning infectious disease, behavioral health, maternal and child health, and more.

- **Informatics training**
  - Project SHINE fellowships
  - Informatics Training-in-Place assignees

- **Peer-to-Peer consultations**
The Hepatitis C (HCV) Subcommittee is comprised of a group of epidemiologists, program coordinators, and others interested in hepatitis C surveillance and epidemiology.

The purpose of the subcommittee is to inform and improve practices related to HCV surveillance and data analysis in local, state, tribal and territorial settings.

The mission of the HCV subcommittee is to promote and support collaboration, communication, innovation, dissemination, and evaluation of data among public health professionals to inform and enhance HCV surveillance.
HCV Specific Activities

- Regular calls the **first Thursday of every month** (3:00 PM ET)
- 2015 HCV Surveillance Capacity Assessment
- Workgroups to develop case definitions and standardized guidance
- Advocacy letters
- Responding to requests for information
- Regular partner updates from DVH and NASTAD
- Annual conference activities
  - Hepatitis-focused track
  - “Defining core surveillance for HCV”
  - “Collision course: The intersection between substance abuse and infectious disease”
Areas of Collaboration Within CSTE

- **Substance use and behavioral health program areas**
  - State-based grants
  - Crosscutting collaborative efforts

- **Surveillance and informatics**
  - Updates to Message Mapping Guides (MMG)
  - Electronic laboratory reporting
How do we define what it means to conduct core surveillance for HCV?
Emergent Themes

- Resources (capacity, funding, data) and current practices for conducting HCV surveillance vary significantly across jurisdictions.

- Strong need to develop standardized guidance, best practices, and continued knowledge sharing.

- Emphasis on the need for strong national guidance to inform recommendations and practice.

- Increased opportunities for technical assistance and capacity building support in state, local, territorial, and tribal health agencies.
Moving Forward: Next Steps for Core Surveillance

• Full day HCV workshop at CSTE Annual Conference: June 10th, 2018
• Collaborative effort between CSTE, NASTAD, and DVH to address current surveillance needs to works toward HCV elimination
  o HCV care cascades
  o Impact of and uniformly applying the 2016 HCV case definition
  o Perinatal HCV surveillance
  o Efficiencies and best practices
• Sponsorship assistance for up to 25 viral hepatitis surveillance coordinators to attend the workshop and conference in full
Questions to Ponder

• In a resource constrained program area, how do we leverage existing resources (capacity, funding, data) to:
  o Identify and respond in a timely, impactful way to public health threats
  o Ensure sustainability within programs
  o Communicate effectively to multiple audiences
  o Demonstrate the evidence necessary to successfully advocate for appropriate resources

• What types of technical assistance do you feel are most necessary to conduct HCV surveillance in your jurisdiction?
  o How can CSTE and our partners provide that TA?

• How do we ensure that these conversations progress in a way that ultimately supports jurisdictions?
A Note of Appreciation

- CSTE Subcommittee members, Dan Church (MA)
- CDC Division of Viral Hepatitis
- NASTAD staff
Questions?

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