



UTAH DEPARTMENT OF
HEALTH

Innovative Use of DIS Across the HCV Continuum:
Enhanced Acute HCV Surveillance in Utah

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MISSION & VISION



The Utah Department of Health's mission is to protect the public's health through preventing avoidable illness, injury, disability, and premature death; assuring access to affordable, quality health care; and promoting healthy lifestyles.

Our vision is for Utah to be a place where *all* people can enjoy the best health possible, where *all* can live and thrive in healthy and safe communities.



STRATEGIC PRIORITIES



Healthiest People – The people of Utah will be among the healthiest in the country.

Optimize Medicaid – Utah Medicaid will be a respected innovator in employing health care delivery and payment reforms that improve the health of Medicaid members and keep expenditure growth at a sustainable level.

A Great Organization – The UDOH will be recognized as a leader in government and public health for its excellent performance. The organization will continue to grow its ability to attract, retain, and value the best professionals and public servants.

Goals of Enhanced Acute HCV Surveillance

- Increase hepatitis C testing among at risk populations, specifically people who inject drugs (PWID)
- Increase confirmatory testing for hepatitis C, specifically among PWIDs
- Increase relationships between community members and local health departments (LHDs)
- Connect cases and contacts to community services
- Solicit contacts of cases to better reach hidden populations

HCV Investigations in Utah

- Viral hepatitis investigations funded by CDC DVH
- Project mirrored from CDC Passport to Partner Services DIS training
- UT sees ~3,000 chronic hepatitis C cases annually
 - Not investigated, unless suspected as acute
- Focus on suspect acute hepatitis C cases
 - Seroconversion within 12 months OR
 - Elevated LFTs with symptoms of acute hepatitis
 - ALT >200
 - Total bilirubin >3.0 (jaundice)
- If acute hepatitis C is suspected, DIS investigation is completed by LHDs

Scope of Work

- Attempt case contact:
 - If contact is not made, send a letter
 - If letter and calls do not result in contact with the case, the investigator will go to the last known address and attempt contact
- When contact is made the investigator will:
 - Complete a case interview
 - Provide education to prevent transmission
 - Offer and conduct free testing for HCV NAT and HBsAg
 - Provide or refer to naloxone and syringe exchange services
 - Provide referrals to services (e.g. treatment, housing, food bank)
 - Recommend or provide vaccination for HAV and HBV
 - Inquire about contacts with similar behavioral risk factors (e.g. IDU contacts)
- Contact at-risk case-contacts and offer testing and services

Respondent-Driven Sampling (RDS) with Incentives:

Primary objectives

1. Reach direct contacts and larger network of individuals with known HCV/HBV infection
2. Test at-risk contacts and the larger network
3. Provide prevention materials and education
4. Potentially estimate the size of the at-risk population in the area

RDS for HCV Investigations

- Funding provided to LHDs
- Each individual receives \$10 to visit LHD for blood draw
- For every contact tested, individual receives \$5 (up to 5 contacts)
 - An individual who participates and successfully recruits five contacts to participate in the program receives a total of \$35 (max amount)
 - An individual who participates and is not able to recruit any contacts receives \$10
- The individual must return to LHD a second time to receive a secondary incentive once contacts have gone in for testing

Key Takeaways

- Working with SSPs
- Partnering with Violence & Injury Prevention Program
 - DIS is also naloxone coordinator
- Partnerships and support for LHDs
 - Funding to support LHD investigations is key to success
- Process/partnerships were beneficial during hepatitis A outbreak
 - Access to hidden population
 - Connection to services

THANK YOU!



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