

# Seeing the Whole Picture

Capturing Negative Test Results for Viral  
Hepatitis

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# Traditional Infectious Disease Surveillance

- ▶ We all know that surveillance for most infectious diseases looks for the presence of pathogens
- ▶ This is true for viral hepatitis too

But...

As treatable viruses that can cause both acute and chronic infection, negative testing can provide valuable information about disease stage and continuum of care, and can be used to better triage limited staff and services.

# The Question of 'How' is a Constant

- ▶ This question of how to expand surveillance to include negative test results is not new! We were talking about this in 2017.
- ▶ More jurisdictions are capturing negative HCV RNA, but not all!
- ▶ Usually, the answer is the same
  - ▶ Convincing argument
    - ▶ Financial/Economic arguments are helpful!
  - ▶ Grasp of the technical requirements for implementation and (if possible) anticipated volume

# Leveraging COVID

- ▶ We all had a major test of our surveillance systems
- ▶ ‘Proof’ that we can collect negative test results
- ▶ Also may be seen as the opposite - COVID crashed or nearly crashed many systems
  - ▶ Negative HCV and HBV tests will never see the same volume
- ▶ Even still - now is a good time to think about negative report
  - ▶ Could be built into new IT infrastructure
  - ▶ You can leverage the test-case of COVID

# General recommendations

- ▶ Require electronic reporting only
  - ▶ Avoid an increase in paper processing
  - ▶ Should be a minor coding change for reporting entities
    - ▶ Not a significant burden on reporters
    - ▶ This will need to be monitored
- ▶ All or Nothing is usually easier for reporters than age-specific requirements
- ▶ Test code change prior to implementation
- ▶ Carefully consider
  - ▶ How you define 'Negative'
  - ▶ Storage plans
  - ▶ Actions for 'non matches'
  - ▶ How you will use the data you collect
  - ▶ Impact on Deduplication

# Tip Sheet Structure

- ▶ Separate tip sheets for HCV RNA, HCV Ab, and HBV DNA
- ▶ Each will include
  - ▶ Justification (see upcoming slides)
  - ▶ Technical considerations for data capture
    - ▶ How data is managed in other jurisdictions
    - ▶ Notes on interpretation
  - ▶ Sample language for reporting requirements (from jurisdictions with established reporting)

# HCV RNA

- ▶ Negative reporting has been required in some jurisdictions the longest
  - ▶ Not a screening test - Negative 'should' only be available on someone who has screened positive for HCV Ab
- ▶ Determine if cases are currently infected
  - ▶ Directing resources
- ▶ Evaluating uptake of testing recommendations
- ▶ Monitoring care cascade/long term outcomes/treatment uptake/reinfection

# HCV Antibody

- ▶ Testing volume
- ▶ Seroconversion
- ▶ May require a 'Black Box' or 'Grey Box'
  - ▶ These are servers separated in some way from the surveillance system but that can be queried by the surveillance system
  - ▶ Jurisdictions with 'home-grown' systems have been more successful.



# HBV DNA

- ▶ HBV viral load varies over time. Full monitoring can provide information about the stage of infection. Capturing negative can allow health departments to better
  - ▶ Determine care cascade
  - ▶ Provide clarification on case classification
  - ▶ Allow for appropriate direction of resources

# Changing Reporting Requirements

- ▶ This can differ significantly from jurisdiction to jurisdiction
- ▶ Many jurisdictions have a process internal to the health department
  - ▶ Approval of the State Epi/Health Commissioner
  - ▶ Review with an internal health council
  - ▶ Rolling, annual or biannual process for updates to regulations
- ▶ For processes that differ from that, is there additional information you need?

Is there other  
information that would  
be useful?