DATE: October 15, 2012       TIME: 1600 EDT

TO: Physicians, Physician Assistants, Nurses, Infection Control Practitioners, Infectious Disease Specialists, Hospital Emergency Departments, Hospital CEOs, Laboratory Response Network, Manchester Health Department, Nashua Health Department, NHHA, Community Health Centers, EWIDS, DHHS Outbreak Team, DPHS Investigation Team, Northeast Epidemiologists, Long-Term Care Facilities, Public Health Network, and DPHS Management Team

FROM: Sharon Alroy-Preis, MD, State Epidemiologist

SUBJECT: Recommendations for follow up testing in the Hepatitis C Virus (HCV) Outbreak

NH Division of Public Health Services (DPHS) recommends:

- Repeat HCV serology testing for patients who were potentially exposed and tested negative but testing was done less than 6 months from their most recent exposure.
- Report to DPHS all results (positive or negative) of the repeat testing in these patients.

Background

Since notification on May 15, 2012, of four persons at Exeter Hospital with recently diagnosed hepatitis C virus (HCV), NH DPHS has been leading an investigation to determine the source and scope of the outbreak. Thus far, 32 patients were identified as infected as part of the outbreak, suspected to be secondary to narcotic diversion by a former Cardiac Catheterization Lab (CCL) technician. Testing of additional patients who received care in the Intensive Care Unit (ICU) and the main Operating Room (OR) at the hospital are still ongoing.

Recommendations for follow up testing

Based on the experience with patient testing in this outbreak, and out of an abundance of caution, DPHS is recommending repeat serology for all patients whose initial test was negative but done less than 6 months from time of most recent exposure, even if they had negative PCR as part of their initial testing. There is evidence that PCR testing can be negative after recent exposure to the virus, even beyond what would be considered a “window period” for PCR, as the level of viremia can widely fluctuate in the first few months of the infection.

The recommended process to repeat HCV serology for patients who meet the above criteria is as follows:

1. Order HCV serology as you would have in a non outbreak setting (using the requisition form and reference lab that you routinely use). Please do not use the requisition form that was used.
in the initial testing phase and do not send specimen to NH Public Health Laboratories (NH PHL).

2. Please report to DPHS any result (positive or negative) on these 6 months follow up tests by faxing the result to 603-271-0545. Please indicate on fax “HCV 6 months f/up testing”

3. Based on testing results DPHS will follow up with the patient if additional testing is required. Patients with evidence of seroconversion will need repeat blood draw and sample sent to NH PHL for viral PCR and sequencing to determine association to the outbreak.

For any questions regarding the contents of this message, please contact NH Department of Health and Human Services, Division of Public Health Services’ Bureau of Infectious Disease Control at 603-271-4496.
DEFINITION OF TERMS AND ALERTING VOCABULARY

Message Type
- Alert: Original alert
- Update: Prior alert has been updated and superseded
- Cancel: Prior alert has been cancelled
- Error: Prior alert has been retracted

Status
- Actual: Refers to a live event
- Exercise: Designated recipients must respond to the communication or alert
- Test: Related to a technical and/or system test

Severity
- Extreme: Extraordinary threat to life or property
- Severe: Significant threat to life or property
- Moderate: Possible threat to life or property
- Minor: Minimal threat to life or property
- Unknown: Unknown threat to life or property

Sensitive
- Sensitive: Indicates the alert contains sensitive content
- Not Sensitive: Indicates non-sensitive content

Message Identifier
A unique alert identifier that is generated upon alert activation

Delivery Time
Indicates the time frame for the delivery of the alert

Acknowledgement
Indicates whether an acknowledgement on the part of the recipient is required to confirm that the alert was received, and the time frame in which a response is required.

Originating Agency
A guaranteed unique identifier for the agency originating the alert.

Alerting Program
The program sending the alert or engaging in alerts and communications using PHIN Communication and Alerting (PCA) as a vehicle for their delivery.

You have received this message based upon the information contained within our emergency notification database.

If you have a different or additional e-mail or fax address that you would prefer to be used, please contact:

Denise M. Krol, MS
NH HAN Coordinator
Denise.Krol@dhhs.state.nh.us

Business Hours: 8 AM – 4 PM
Tel: 603-271-4596
Fax: 603-271-0545