DATE: May 31, 2012  TIME: 4:30 PM 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, Public Health Network, and DPHS Management Team

FROM: Jodie Dionne-Odom, MD, Deputy State Epidemiologist

SUBJECT: Hepatitis C Virus (HCV) Cluster

NH Division of Public Health Services (DPHS) recommends:
- Awareness of the current investigation of a hepatitis C cluster at Exeter Hospital.
- Familiarity with testing guidelines for potentially exposed individuals.
- Report recently diagnosed HCV cases without known risk factors to NH DPHS.

Epidemiology:
NH DPHS Bureau of Infectious Disease Control was notified of a cluster of four persons with recently diagnosed hepatitis C virus (HCV) at Exeter Hospital. These four individuals have matching HCV viral sequences, proving a common source of infection. The common place for the individuals identified to date is the hospital cardiac catheterization laboratory. We are early in the investigation and we are working closely with Exeter hospital staff to collect relevant epidemiologic and laboratory information. We have not yet identified the mechanism of HCV transmission. We are looking for additional cases as part of this ongoing investigation. We have no reason to suspect that other hospitals or infectious diseases are part of this cluster.

Laboratory Testing:
We have recommended HCV testing at no cost for any individual who had a procedure in the Exeter cardiac catheterization laboratory between August 1, 2011 and May 25, 2012. Exeter Hospital has sent letters to these individuals and contacted them directly by telephone with this recommendation. They have also provided a number to call for scheduling of blood draws (603 580 6124).

HCV testing will be performed by NH Public Health Laboratories (PHL) and it will consist of HCV antibody, followed by viral sequencing for those with positive serologies. We have told patients that their results will be available in 7-10 days and that lab results will be sent directly to their listed primary care provider (PCP). We are expecting that this screening may identify some
people with chronic hepatitis C who are not linked to the current cluster but in whom the disease
has never been diagnosed previously. Some of the individuals tested may have listed you as
their PCP. If so, we will be contacting you directly with any positive results. If people prefer
not to have their blood drawn at Exeter Hospital, we have told them they should arrange blood
draw with their PCP. In this case, please refer to the attached laboratory requisition document
for NH PHL. Specimens must be shipped or delivered in a cooled condition to the NH PHL
within 72 hours for testing. There will be a daily courier pick up at Exeter Hospital for NH PHL
if sample pickup can be coordinated with them. Those without a primary care provider or with
hepatitis C that is linked to this cluster will receive a direct call from NH DPHS with laboratory
results and additional information.

**Additional Requested Actions:**
In order to help us identify other cases of recent hepatitis C, contact us directly at the number
below if you have seen cases of recently diagnosed hepatitis C in the past twelve months in your
medical practice. We are particularly interested in individuals who lack traditional risk factors
and who have had exposure to Exeter Hospital. Although hepatitis C is not currently reportable
in NH, cases should be reported if they are suspected to be part of this cluster of illness. Please
contact our office so that we may coordinate with you the requested information.

We very much appreciate your assistance and feel free to contact us directly with questions or for
more information on this ongoing investigation.

**Attachment:** NH PHL Lab Requisition Slip

**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.**

**After hours or toll free (in NH), call 800-852-3345, ext. 4496 or 603-271-5300 and ask for
the public health professional on call.**
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
PHYSICIAN INFORMATION - Please Print Legibly

Primary Care Physician (Mandatory): ________________________________

National Provider Identifier #: ________________________________

Address: ____________________________________________________

City: __________________ State: _______ Zip: ______________

Telephone No.: ___________________ Fax No.: ___________________

Sample Submitted by:_________________________________________

Additional Report to: Sharon Alroy-Preis, MD, State Epidemiologist

PATIENT INFORMATION - Please Print Legibly

NOTE: All specimens MUST have Date of Birth and Date of Collection

Last Name: _________________________________________________

First Name: _________________________________________________

D.O.B: _______________ Age: _______ Sex: M F

M M / D D / Y Y

Address: __________________________________________________

City: __________________ State: _______ Zip: ______________

ICD-9 CM / Diagnosis (DX) Code: __ __ __ __ __

RACE: WHITE   BLACK   ASIAN   NATIVE–American/Alaskan   MULTIRACIAL

HAWAIIAN/PACIFIC ISLANDER   UNKNOWN   OTHER

ETHNICITY: NON-HISPANIC   HISPANIC   UNKNOWN

Patient ID #: ______________________________________________

SPECIMEN INFORMATION:

DATE of specimen collection: _____________

TIME of specimen collection: _____________ AM    PM

SOURCE of Specimen (please check):

_____ Serum

_____ Plasma

TEST REQUEST

☐ Hepatitis C Virus Antibody Test

(to include confirmation and additional testing as indicated)

Complete the following sections:

1. Date of cardiac/vascular procedure

/   /

MM    DD    YYY

2. Patient Consent

I understand the testing to be performed and I consent to be tested as
recommended by the NH Bureau of Infectious Disease Control for
investigational purposes.

Signature: __________________________

This requisition is to be used for the sole purpose of testing approved by the NH
Bureau of Infectious Disease Control.

For further information, please call 603-271-4496.

PHL LAB USE ONLY