



New Hampshire Health Alert Network

Health.Alert@nh.gov

Status: Actual
Message Type: Alert
Severity: Moderate
Sensitive: Not Sensitive
Message Identifier: NH-HAN #20120531 Hepatitis C Cluster
Delivery Time: 12 hours
Acknowledgement: No
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

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



**HEPATITIS C
 Requisition Only**

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
 MM / DD / YY
 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 YYYY

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