



New Hampshire Health Alert Network

Health.Alert@nh.gov

Status: Actual
Message Type: Update NH-HAN #20120531 Hepatitis C Cluster
Severity: Moderate
Sensitive: Not Sensitive
Message Identifier: NH-HAN #20120607 Update on Hepatitis C Virus (HCV) Outbreak
Delivery Time: 12 hours
Acknowledgement: No
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

DATE: June 7, 2012 **TIME:** 3:00 PM EDT

TO: Physicians, Physician Assistants, Nurses, Infection Control Practitioners, Infectious Disease Specialists, Practice Managers, Bordering State Epidemiologists, 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: Update on Hepatitis C Virus (HCV) Outbreak

NH Division of Public Health Services (DPHS) recommends:

- Awareness of investigation updates on the hepatitis C outbreak at Exeter Hospital.
- Familiarity with new testing guidelines for potentially exposed individuals.
- Reporting recently diagnosed HCV cases without known risk factors to NH DPHS.

Epidemiology:

NH DPHS Bureau of Infectious Disease Control was notified on May 15, 2012, of four persons with recently diagnosed hepatitis C virus (HCV) at Exeter Hospital. The common place linking the individuals identified to date is the hospital cardiac catheterization laboratory or its post procedure room. To date, we have identified a total of ten individuals with closely related HCV viral sequences, which indicate a common source of infection in this outbreak. One of these ten individuals is a healthcare worker at Exeter Hospital. We have also identified two individuals with active HCV infection that is not related to the outbreak strain. We have not yet identified the mechanism of HCV transmission.

We are continuing to work closely with Exeter Hospital staff and regional providers to collect detailed epidemiologic and laboratory information on potentially associated hepatitis C cases. At this time, we do not suspect that other hospitals or infectious diseases are part of this outbreak.

Laboratory Testing:

We have recently extended our testing window and we are now recommending HCV testing at no cost for any individual who received care in the Exeter cardiac catheterization laboratory or its post procedure room between April 1, 2011, and May 25, 2012. Exeter Hospital has sent letters to these individuals and contacted them directly by telephone with this recommendation. The Exeter Hospital number to call for scheduling of blood draws is (603) 580 6124.

The blood will be tested by NH Public Health Laboratories (PHL) and the initial test performed will be hepatitis C antibody. If the serology is positive, HCV viral sequencing and genotyping will be performed. We have told patients that their results will be available within 10 days and that lab results will be sent directly to their listed primary care provider (PCP).

For Primary Care Providers of Exposed Persons

Some of the individuals tested may have listed you as their PCP. If so, we will be contacting you by mail with any test results within 10 days of blood draw (see the attached provider letter that will go out with all laboratory results). We will call you directly with any positive results on your patient, and we will also call the patient directly with results. We can mail you results of HCV antibody and PCR testing for your records, but not the results of sequencing tests since these are only approved for public health purposes, not for clinical use. For those with positive HCV PCR, the sequencing results are useful since they will allow us to identify if the patient viral strain matches the outbreak strain. These additional tests may take a few weeks longer to obtain results since some of the testing will be performed by Centers for Disease Control and Prevention (CDC) Laboratories. Patients without a primary care provider will receive a direct call and letter from NH DPHS with laboratory results and additional information.

We have recommended that all patients have medical follow up with their primary care provider. Some providers may choose to refer these patients to a hepatitis specialist (normally from gastroenterology or infectious disease). Feel free to contact us directly if you need help identifying your local resources.

Also, see the attached provider letter and algorithm for recommendations about follow up testing. In general, all patients with negative HCV serology and PCR tests should have follow up serology in six months. Others with recent procedures since May 1st, 2012 will need a follow up PCR in four weeks. These follow up tests can be done at Exeter Hospital at no charge to the patient.

Additional Requested Actions:

In order to help us identify other cases of recent hepatitis C, we continue to request that you contact us directly at the number below if you have seen cases of recently diagnosed hepatitis C in your medical practice since January 2011. 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 New Hampshire, 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 receipt of this information. We very much appreciate the information from the providers who have already given us this information.

This is an ongoing investigation and we will continue to update you with changes in clinical recommendations or requests for additional information. Do not hesitate to contact us anytime with questions or concerns related to this investigation or your patients.

Attachments:

- 1) Provider Letter
- 2) HCV Testing Algorithm

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:

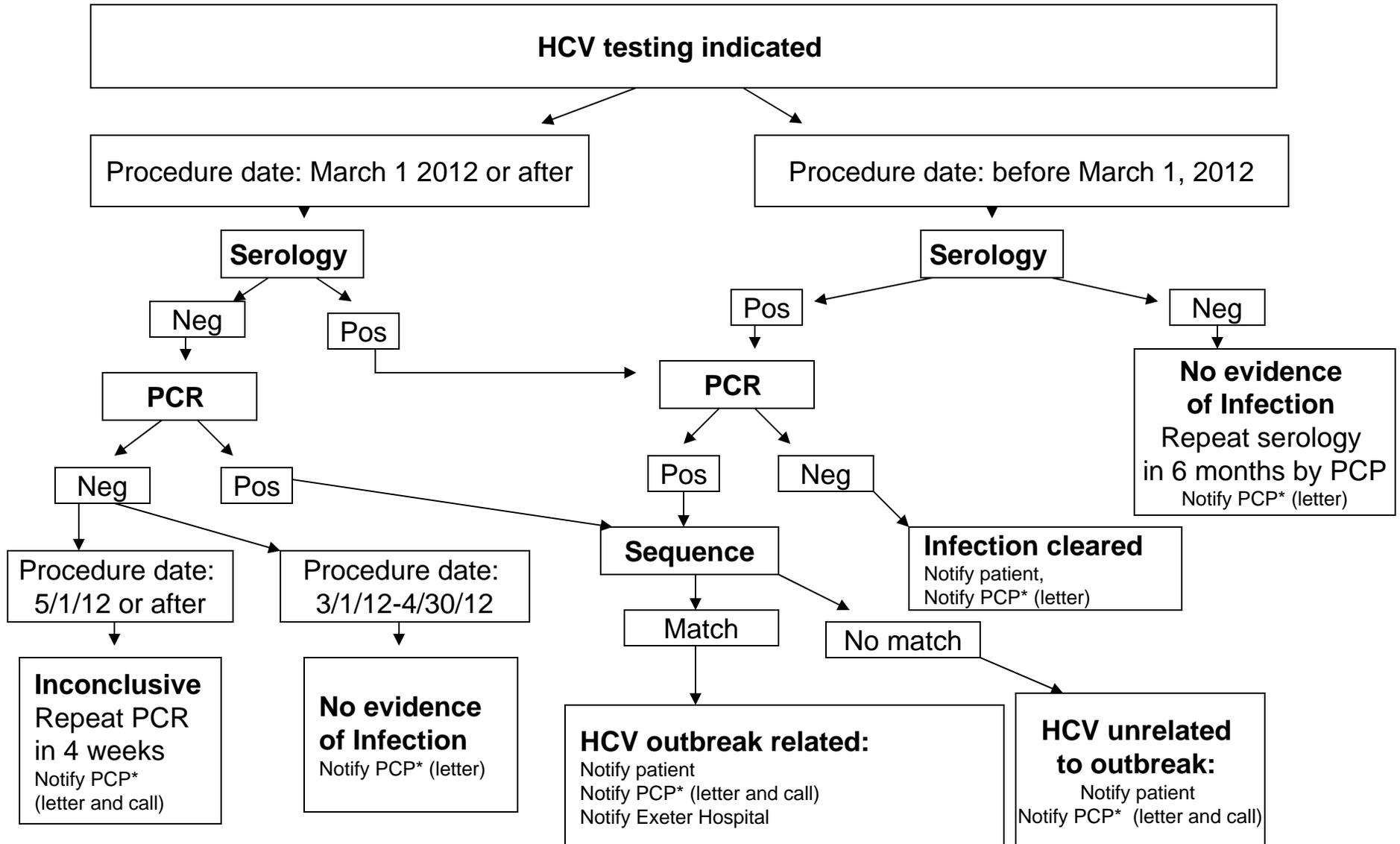
Denise M. Krol, MS
NH HAN Coordinator
Denise.Krol@dhhs.state.nh.us

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

* If pcp not documented – notify patient of any result

FINAL– 6.6.12

HCV Testing Algorithm





Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4612 1-800-852-3345 Ext. 4612
Fax: 603-271-4827 TDD Access: 1-800-735-2964



June 7, 2012

Dear Provider,

You are receiving this letter because your patient was identified as at-risk for hepatitis C virus (HCV) as part of a Department of Health and Human Services outbreak investigation at Exeter Hospital (laboratory report enclosed). The patient has undergone HCV testing which was completed at the NH Public Health Laboratories. Our testing methodologies include HCV antibody, HCV RNA PCR and viral sequencing. The sequencing tests are available to public health professionals and are very useful in outbreak situations but these tests are not available or approved for clinical use. The reports we can provide you with (serology and PCR) for your patient are attached and our interpretation is as follows:

- If the HCV antibody result report reads "**Hepatitis C Antibody: Positive**" AND the HCV PCR report result reads "**Hepatitis C Virus RNA: Negative**": This patient was infected with HCV and has cleared the infection. The laboratory has no virus to sequence to determine if it matches the outbreak strain of HCV. The timing of infection cannot be determined from these labs, although prior serologies would be useful, if available.
- If the HCV antibody result report reads "**Hepatitis C Antibody: Positive**" or "**Hepatitis C Antibody: Negative**" AND the HCV PCR report result reads "**Hepatitis C Virus RNA: Positive**": This patient has an active HCV infection and the laboratory is running additional tests to determine if this strain matches the outbreak strain of HCV. The NH DHHS will call you as well as the patient to discuss sequencing results and inform you both whether or not they were likely infected as part of the current outbreak. This additional testing may take several weeks and we will not be able to provide you with a written report of sequencing findings since it is only approved for public health purposes.
- If the HCV antibody result report reads "**Hepatitis C Antibody: Negative**" AND HCV PCR report result reads "**Hepatitis C Virus RNA: Negative**": This combination of testing results requires also considering the patient's procedure date at the Exeter Hospital.
 - If the procedure was done May 1, 2012 or after, this should be considered INCONCLUSIVE, and the patient should have a repeat HCV PCR 4 weeks after the first test.
 - If the procedure was done before May 1, 2012, this patient currently shows no evidence of infection. However, this patient should undergo repeat testing by serology in 6 months.
- If the HCV antibody result report reads "**Hepatitis C Antibody: Negative**" AND there is **no HCV PCR report included**, this patient currently shows no evidence of infection. However, this patient should undergo repeat testing by serology in 6 months to be certain of this result.

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If you have further questions, please contact Division of Public Health Services, Bureau of Infectious Disease Control, 603-271-4496.

Sincerely,

Christine Bean, Ph.D., MBA, MT(ASCP)
NH Public Health Laboratory Director

Sharon Alroy-Preis, MD, MPH
NH State Epidemiologist.