National Measures for Infectious Disease Screening

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Screening Rationale

- Can be diagnosed before symptoms develop
- Detected by reliable, inexpensive, and noninvasive tests
- Huge medical benefits if treatment started early
- Transmission to other in community can be stopped
Screening

• Testing all persons within a certain patient profile, regardless of risk

• Does not replace risk-based testing
HCV Screening

• National IHS average 33% (Federal SUs)

• CRS measure can locally track
  • Screening rate among boomers
  • HCV+ among boomers
5 national measures tracked by CRS

- Prenatal HIV screening (GPRA)
- HIV Screening 13-64 y.o.
- Annual chalmydia screening young women
- HIV screen of STD+ patients
- HCV screen of baby boomers (new)
Forecasted Annual Incident Cases of Decompensated Cirrhosis (DCC), Hepatocellular Carcinoma (HCC), Liver Transplants, and Deaths Associated with Persons with Chronic Hepatitis C Infection and No Liver Cirrhosis in the United States in 2005

Figure 4.4. Incidence of acute hepatitis C, by race/ethnicity — United States, 2000–2010

Source: National Notifiable Diseases Surveillance System (NNDSS)
Rationale for Considering Birth Cohort Screening Recommendations

- 45%-85% of infected persons are undiagnosed
- Limitations of current risk-based strategies
- 75% of chronic infections are in persons born from 1945-1965
What do we get with HCV Treatment?

- SVR (cure) of HCV is associated with:
  - 70% Reduction of Liver Cancer
  - 50% Reduction in All-cause Mortality
  - 90% Reduction in Liver Failure

Lok A. NEJM 2012; Ghany M. Hepatol 2009; Van der Meer AJ. JAMA 2012
Recommended Testing Sequence for Identifying Current Hepatitis C Virus (HCV) Infection

- *For persons who might have been exposed to HCV within the past 6 months, testing for HCV RNA or follow-up testing for HCV antibody is recommended. For persons who are immunocompromised, testing for HCV RNA can be considered.

† To differentiate past, resolved HCV infection from biologic false positivity for HCV antibody, testing with another HCV antibody assay can be considered. Repeat HCV RNA testing if the person tested is suspected to have had HCV exposure within the past 6 months or has clinical evidence of HCV disease, or if there is concern regarding the handling or storage of the test specimen.


Slide courtesy AASLD Curriculum & Training
Breakthrough in HCV treatment

• Most patients (genotype 1) will need one pill, once a day, for 8 weeks (ledipivir/Harvoni).

• No notable side effects, well tolerated, almost no contraindications.

• Cure rate >90%, even those who have failed tx in the past
All measures: Best Practices in IHS

- Use of standing protocols
- Use of clinical reminders
- Delegation of screening away from provider
- Get your own data for sharing with all relevant clinicians. Most sites with low rates do not know they are low
PRENATAL CARE:

FIRST PN VISIT:
CBC
1 HOUR GLUCOLA
HIV (INFORMED REFUSAL)
U/A AND URINE C&S
URINE GC & CHLAMYDIA
PREGNANT PROFILE QUEST #15191:
  BLOOD TYPE
  RH FACTOR
  ANTIBODIES
  RUBELLA TITER
  RPR
  HBSAg
Pap done at first Dr. PN

EVERY VISIT:
U/A only if sx

16-20 WEEKS:
OFFER Quad-Test (MAFP)

28 WEEKS:
CBC
RPR
IF RH (-): ANTIBODY SCREEN
1 HOUR GLUCOLA ***
URINE CULTURE ***
URINE GC & CHLAMYDIA ***

35-36 WEEKS:
GROUP B STREP VAGINAL/RECTAL SWAB

POSTPARTUM CHECK:
HCT
PAP SMEAR
URINE GC & CHLAMYDIA
HCG****

*** Send pt to lab prior to seeing provider

WOMEN'S HEALTH:

WOMEN'S EXAM AGE 23-39:
PAP SMEAR (schedule prn)
LIPID PROFILE q 5 YEARS
GC/CHLAMYDIA
CBC, RPR, GLUCOSE, HIV Q 2 yrs

WOMEN'S EXAM AGE 40-49:
PAP SMEAR (schedule prn)
MAMMOGRAM REFERRAL (q 2 years)
LIPID PROFILE q 5 YEARS
GC/CHLAMYDIA
RPR, GLUCOSE, HIV Q 2 yrs

WOMEN'S EXAM AGE 50-64:
PAP SMEAR (schedule prn)
MAMMOGRAM REFERRAL
LIPID PROFILE q 5 YEARS
GC/CHLAMYDIA
RPR, GLUCOSE, HIV Q 2 yrs

WOMEN'S EXAM AGE 65+:
MAMMOGRAM REFERRAL
LIPID PROFILE q 5 YEARS
GLUCOSE

MEN'S HEALTH:

MEN'S EXAM AGE 23-39:
LIPID PROFILE q 5 YEARS
GC/CHLAMYDIA
RPR, GLUCOSE, HIV Q 2 yrs

MEN'S EXAM AGE 40-49:
LIPID PROFILE q 5 YEARS
GC/CHLAMYDIA
RPR, GLUCOSE, HIV Q 2 yrs

MEN'S EXAM AGE 50-64:
LIPID PROFILE q 5 YEARS
GC/CHLAMYDIA
RPR, GLUCOSE, HIV Q 2 yrs

MEN'S EXAM AGE 65+:
LIPID PROFILE q 5 YEARS
GLUCOSE

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WELL CHILD CHECKS:

10-14 DAYS:
PKU

9-15 MONTHS OLD:
HCT
Lead Screen (at 1 and < 2 yrs)

HEADSTART PHYSICAL:
HCT

SPORTS AND ADOLESCENT PHYSICAL EXAMS:
GC/CHLAMYDIA
RPR, HIV if over age 13 yrs

DIABETES:

INITIAL VISIT AND ANNUALLY:
U/A, URINE MICROALBUMIN
CMP
LIPID PROFILE (Fasting preferable)
HEMOGLOBIN A1C ***
EKG (q 2 yrs)
CBC (only on Initial visit)

EACH VISIT q 3 MONTHS:
HEMOGLOBIN A1C ***

ACUTE ALCOHOL WITHDRAWAL / REHAB PX:

CMP (STAT)
Mg++ (STAT)
LIVER PROFILE (ASAP)
AMYLASE/LIPASE (ASAP)
U/A, HCG (ASAP)

ANNUAL:
HEPATITIS PANEL,
RPR, HIV
GC/CHLAMYDIA
PPD

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Reminders available:

- HCV screening reminder to be released in June patch
Clinical Reminder Impact,
POR Area Clinic

Chlamydia Screening Coverage Rate
12-months pre- and post-EHR Reminder

HIV Screening Coverage Rate
12-months pre- and post-EHR Reminder
HCV step 1: catch up on patient backlog

- Most HCV+ patients have had no follow up!
  - RNA confirmation
  - Genotyping
  - Other follow up tests as per follow up algorithm
HCV step 2: screening

• Start screening as per national recommendations
HCV step 3: staging

• Assess liver health of HCV patient panel
• Liver calculators, no biopsies needed
HCV step 4: treatment

- In house treatment or referral
  - Depends on referral options
  - Some sites choosing just 1-2 uncomplicated patients
  - 12 weeks, 1 pill a day for most patients, “easier than tx of onychomycosis”
HCV step 4-Cost

- Patient assistance programs via manufacturers able to get drugs for free at several IHS facilities
- Main constraint to treatment is access, “HCV is no longer just an illness, it is an injustice” Dr. J. Mermin, CDC
HCV: specialist support

- Multiple options, timeslots, formats available
- Needs a clinical champion(s) and allotting them time.
Site specific or Area wide solutions

- Installing HCV screening reminder
- Quickpik lab for HCV f/u
- Identifying HCV patients
- Staging HCV patients
- Clinical training, specialist support
- Drug access navigation

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