

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

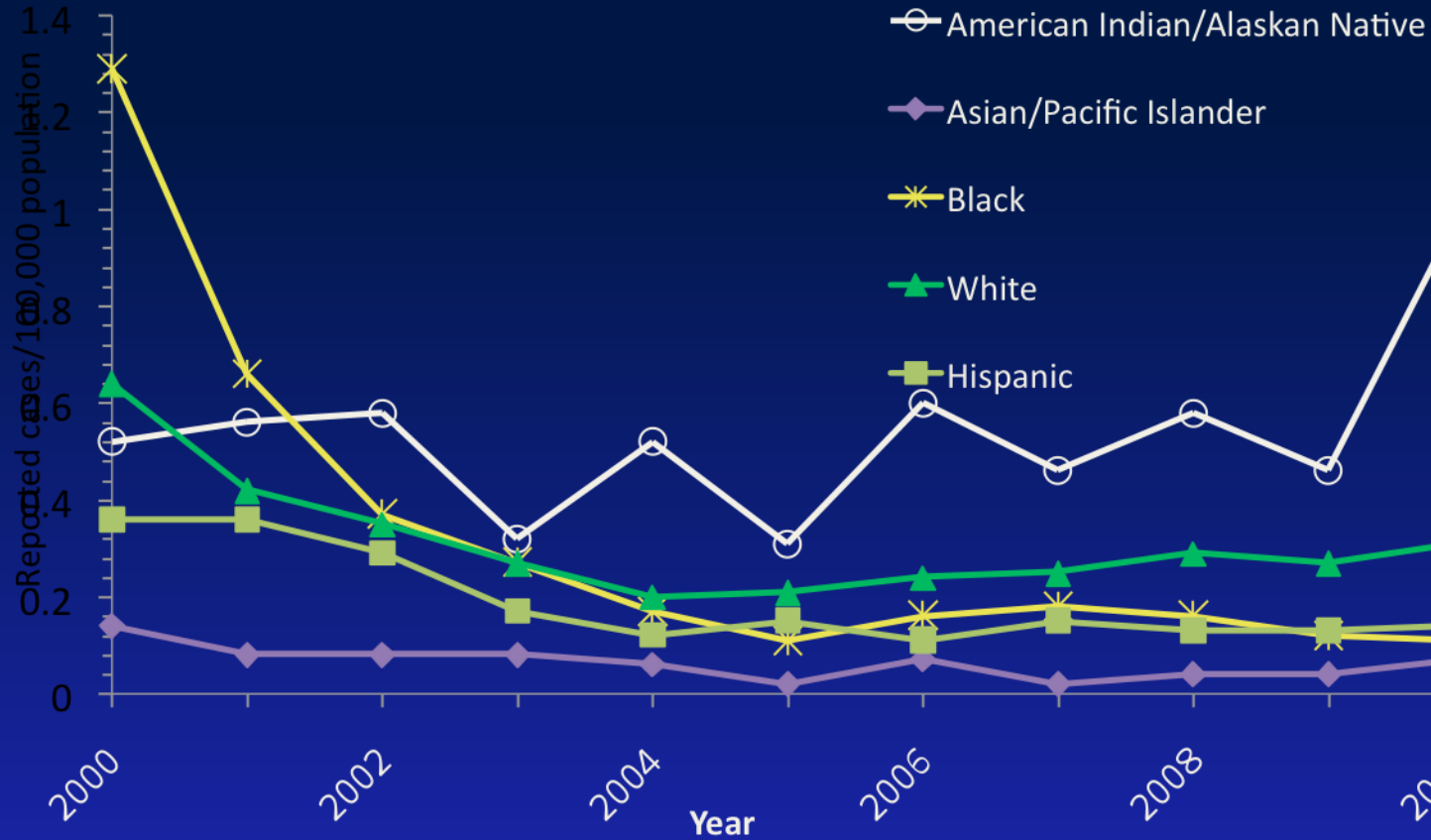
- Prenatal HIV screening (GPRA)
- HIV Screening 13-64 y.o.
- Annual chlamydia screening young women
- HIV screen of STD+ patients
- HCV screen of baby boomers (new)

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



Rein, DB, Wittenborn, JS, Weinbaum, CM Sabin, M, Smith, BD, Lesesne, SB. Forecasting the Mortality and Morbidity Associated with Prevalent Cases of Pre-Cirrhotic Chronic Hepatitis C Infections in the United States. *Journal of Digestive Liver Diseases* 2010.

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

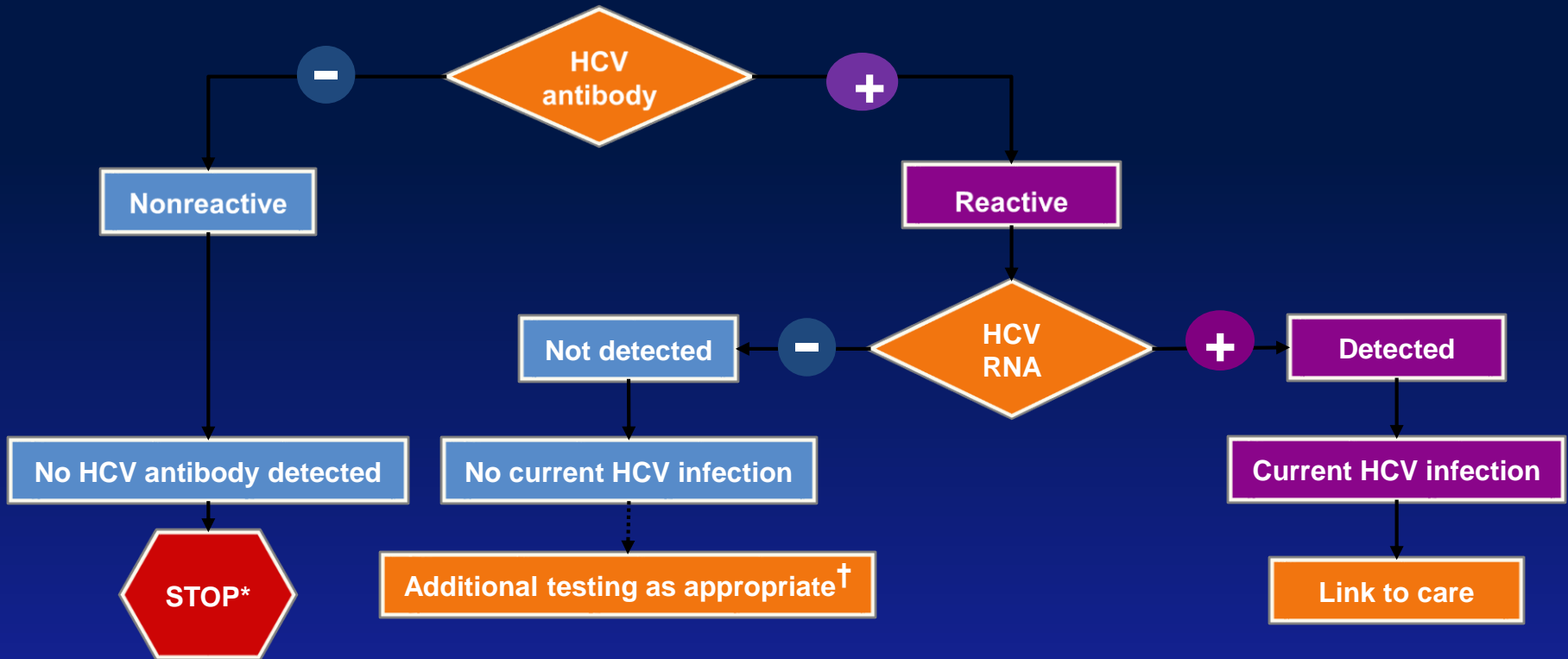
- 45%-85% of infected persons are undiagnosed
- Limitations of current risk-based strategies
- 75% of chronic infections are in persons born from 1945-1965

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



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.

Breakthrough in HCV treatment

- Most patients (genotype 1) will need one pill, once a day, for 8 weeks (ledipasvir/Harvoni).
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- 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
PRENATAL 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 prm)
LIPID PROFILE q 5 YEARS
GC/CHLAMYDIA
CBC, RPR, GLUCOSE, HIV Q 2yrs

WOMEN'S EXAM AGE 40-49:

PAP SMEAR (schedule prm)
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 prm)
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 2yrs

MEN'S EXAM AGE 65+:

LIPID PROFILE q 5 YEARS
GLUCOSE

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 13yrs

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:

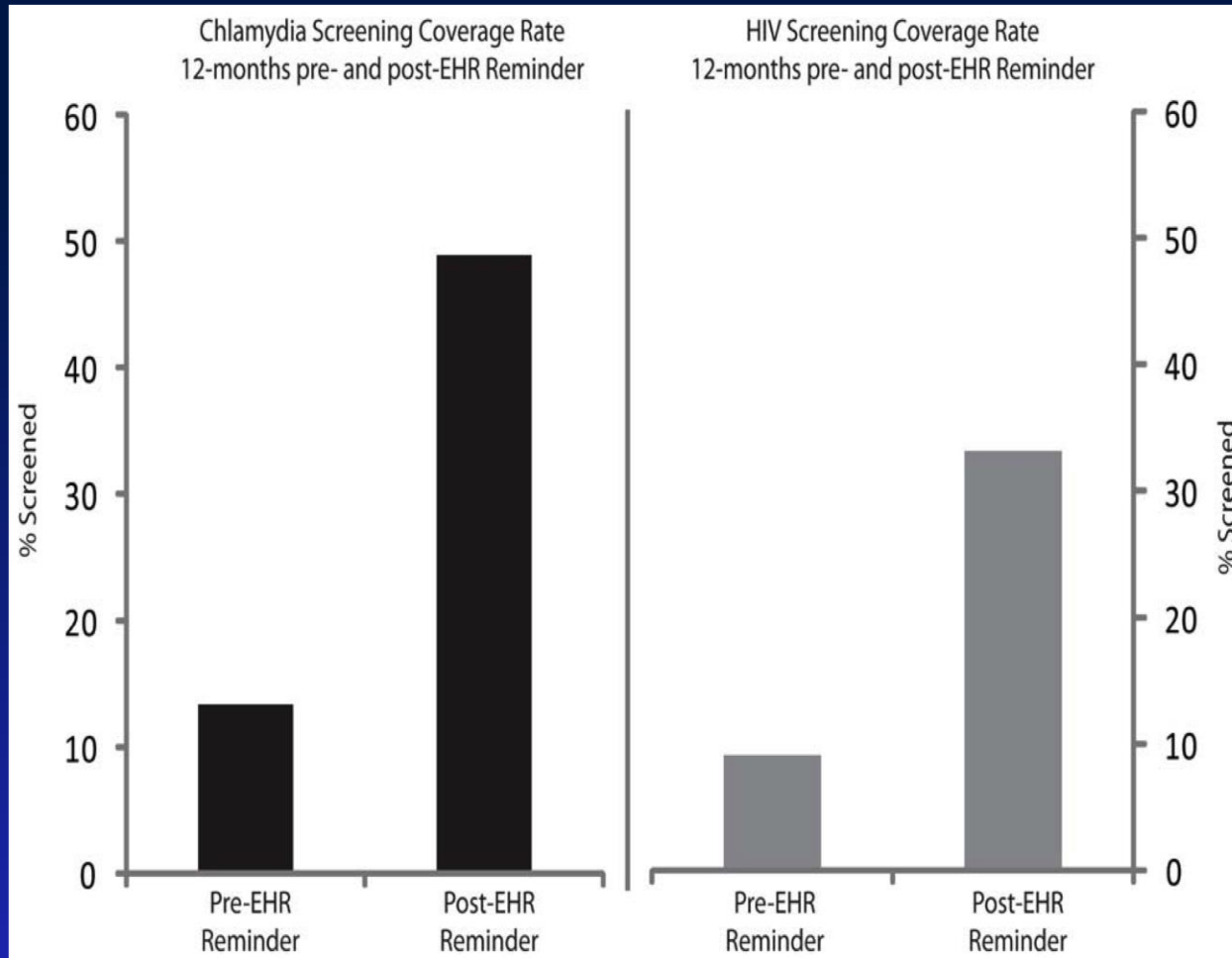
HEPATITIS PANEL,
RPR, HIV
GC/CHLAMYDIA
PPD

*** Send pt to lab prior to seeing provider

Reminders available :

- HCV screening reminder to be released in June patch

Clinical Reminder Impact, POR Area Clinic



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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