



## How Are Hepatitis C Data Collected in Connecticut?

The Connecticut Department of Public Health (DPH) conducts public health surveillance for many infectious diseases including HCV. Surveillance is the ongoing systematic collection of health data to: 1) monitor trends in incidence of and risk factors for disease, 2) assess disease burden, 3) identify infected persons who may benefit from counseling and medical follow-up, 4) identify contacts of infected persons to refer for counseling and/or post exposure prophylaxis and 5) identifying and controlling outbreaks.

Connecticut law requires DPH to develop and maintain a list of reportable diseases. As a result, providers are required to report all acute HCV cases, and laboratories are required to report positive HCV test results. Reportable diseases are reported to DPH and local health departments by the diagnosing provider and the laboratory that collects the specimen specific for the disease.

Information about HCV is collected in a computerized registry. The registry currently contains records for HCV test results from 1994–1996 and 1999–present. During 1997–1998, anti-HCV was removed from the list of laboratory reportable significant findings.

In 2016, new case definitions were approved by CSTE for acute and chronic hepatitis C. The new case definitions require a reactive RNA result to meet a confirmed case. Prior to 2016, DPH used the CSTE case definition that was approved for that time period (case definition changes were made in 2003, 2010, 2011, 2016).

Please see the following link for full definitions: <https://wwwn.cdc.gov/nndss/conditions/search/hepatitis/>

### **Please note:**

A positive anti-HCV screening test does not always indicate a person is infected with HCV. For example, in populations where the prevalence of HCV is <10%, the false positive rate for the EIA can range from 15% to 60% (MMWR 2003; 52 (No. RR-3). Additional testing using PCR is needed to confirm current infection with hepatitis C.

Most people newly reported with HCV were infected in the past and are being tested now because of illness or testing recommendations.

Beginning in 2005, follow-up letters were routinely generated by the DPH staff and mailed to all ordering providers of newly reported positive hepatitis C residents in New Haven County. In 2007, follow-up letters were generated and sent to Fairfield and Hartford counties, in addition to New Haven County. Limited physician follow-up can create a potential bias in the percentage of cases reported with confirmation testing, as false positive or acute. Between January 2008 and October 2012, follow-up was expanded to the entire state, which should have eliminated this bias.

Between January 2007 and October 2012, all acute hepatitis C cases were contacted by DPH or local health department staff. The purpose of this interview was to provide patient education about hepatitis and the liver and to administer an in-depth risk factor questionnaire.

Due to funding restrictions that began in November 2012, DPH discontinued physician follow-up to confirm case status and collect additional data elements and acute case interviews. However, DPH continues to collect and monitor all laboratory reported HCV case data, record basic demographic information, and

classify cases as chronic hepatitis C, unless a provider has submitted a report to the contrary and the case meets the case definition for acute hepatitis C.

The town of residence recorded for each case reflects the residence at the time of first report. If a case is first reported when someone is in a correctional or health facility, facility or corrections is recorded as the case's residence unless the original town of residence is determined.

The data in the hepatitis C registry are apt to change as new information becomes available and alters the case information or status. Therefore, year-to-year aggregate case counts and some other data elements may change over time.