



Illinois HCV Elimination Task Force Quarterly Newsletter

In 2001, the Chicago Department of Public Health (CDPH) received funding to hire an Adult Viral Hepatitis Coordinator (AVHC). Corinna Dan, currently serving as the Viral Hepatitis Policy Advisor for Health & Human Services, was selected for the position. In 2002, she helped launch the Hepatitis Task Force with the goal to share information across stakeholders, and provide a forum for collaboration & strategic planning. The Task Force launched the Chicago Hepatitis Guide in 2007. In 2007, Ms. Dan left CDPH and her duties were dispersed amongst existing staff. Over time, dedicated positions for viral hepatitis at both Chicago and Illinois Departments of Public Health were slowly eliminated and communities continued to meet and advocate on behalf of HCV services in Illinois. In 2014, a Governor-appointed Task Force was formed as part of [Illinois HB3631](#), introduced by State Rep, Michael McAuliffe. In January 2016, the State-led Task Force officially sunset, returning to a community-led entity with community-driven advocacy work. It was around this time that the word 'elimination' was introduced into HCV action plans and countries like [Georgia](#) and states like [New York](#) began constructing elimination plans to eradicate HCV in their in their citizens. These combined forces shifted the Task Force to begin including 'elimination' in the title. In 2018, the CDPH hired fulltime Adult Viral Hepatitis Coordinator, Nakia Jones.

Next Meeting

- **January 28, 2018**
- **From:** 3 – 4:30 pm
- **Where:** **AFC**
200 W. Jackson,
#2100 Chicago IL,
60606

Meetings are the 3rd
Monday of every
other month -
locations rotate

Consider hosting the next meeting!

Past 2018 Meetings

January 22 (cancelled)
March 19
June 4
September 17
November 19

Is your system prepped for HCV?

Use the ECHO resources
through HepCCATT to
build your capacity.
Contact: Isa Rodriguez at
University of Chicago for
more info.

www.echo-chicago.org
or
irodriguez@peds.bsd.uchicago.edu

What's the Task Force Up To?

CDPH Hires Adult Viral Hepatitis Coordinator

In August 2018, the Chicago Department of Public Health (CDPH) introduced Ms. Nakia Jones as the Coordinator of Research & Evaluation in the Communicable Disease, Viral Hepatitis Department, a grant position focused solely on work with hepatitis C. Don't let her title fool you, Nakia is our **Adult Viral Hepatitis Coordinator** and brings great vision, energy, determination and experience to the table. You may reach her at Nakia.Jones@cityofchicago.org.

Healthy Chicago 2.0 Names HCV as Target Goal

You're likely aware of the Healthy Chicago 2.0 plan launched in 2016 by the CDPH, which envisions a city with strong communities and collaborative stakeholders, where all residents enjoy equitable access to resources, opportunities and environments that maximize their health and well-being. BUT, did you know that HCV was specifically addressed as part of the city's goal to improve health outcomes by reducing the burden of infectious disease? See how your programs align with the plan's objectives – learn more about this on [page 55 of the report](#).

Big Illinois HCV updates

Illinois Medicaid Removes All Restrictions

The Task Force extends a BIG congratulations to Illinois State for removing all restrictions to accessing curative hepatitis C medications. The changes were made in November 2018 and may be accessed [HERE](#). These changes will allow for more opportunities to eliminate hepatitis C in Illinois. Become familiar with these changes and how they may impact your hepatitis C patients. Then, help your system respond to them by refining internal policies, procedures, and practices to align with the new regulations.

IDPH rules state HCV is a REPORTABLE condition



Illinois Public Health laboratory reporting requires hepatitis C infection be **REPORTED**.

ANY positive:

- antibody,
- PCR/confirmatory, and
- genotype

MUST be reported to the department of health **within 7 days**. Reports are kept confidential.

Unlike HIV, **there are no** HCV patient consent laws for reporting positive results.

The Health Insurance Portability and Accountability Act (HIPAA) at 45 CFR 164.512(b)(1)(i) permits disclosures by a covered entity of protected health information to a public health authority authorized by law to receive the information for the purpose of controlling disease. These permitted disclosures to public health authorities expressly include "reporting of disease."

Be sure to contact Saul.Ayala@cityofchicago.org with questions. See the Infectious Disease Reporting page [HERE](#) and the Laboratory Reporting Requirements [HERE](#).

**Is your program reporting the required HCV data??
Be sure to find out. If you test, you report.**

Check out [page 4 and 5 of this newsletter](#) to see the updated version of the reporting form.

Patient Corner

Click the photo to go to the Caring Ambassadors story-collection project and hear more from Larry.



Larry Holmes at his home in Chicago on 9/7/2016. Photo credit: Chicago Tribune

Larry Holmes, a Medicaid beneficiary, has hepatitis C but at the time of this article, he couldn't get medication that would cure his disease. Holmes, who is in an early stage of the condition, said he's happy to hear that the state plans to expand drug access to more patients, even though he won't yet qualify under the new guidelines. [Click here to read the Chicago Tribute Article.](#)

Interested in sharing your story?

Have a patient story to share? Submit it to the Task Force co-chairs for inclusion in the next newsletter.

For more information on Caring Ambassadors story-collection project, please contact: Dante@CaringAmbassadors.org

HCV Resources

HCV Surveillance Report - Why reporting is important

Have you seen the [HCV Surveillance report](#) released by the Chicago Department of Public Health in July 2018? Page 2 of the report states that less than 2% of all reported HCV cases include documentation of symptoms, elevated liver function tests, or a prior negative test to confirm recent infection.

Be sure to check out the HCV reporting requirements on the bottom of page 6 of the report. Provider reporting of demographics, clinical symptom information, and behavioral health treatment history by the provider is critical in identifying acute cases that could be linked to outbreaks and understanding the complete picture of the epidemic for targeted prevention and treatment efforts.

Task Force Calls for Community Leadership

The Illinois HCV Elimination Task Force, co-chaired by Nakia Jones (CDPH) and Jill Wolf (Caring Ambassadors Program), made important headway in 2018 working to reestablish the focus of the Task Force and convene impacted groups and organizations. The co-chairs are seeking leadership from community organizations to lead/co-lead workgroups that will align the activities of the Task Force with the [HHS National Viral Hepatitis Action Plan](#) which outlines 4 goals:

1. **Prevention** – Prevent new viral hepatitis infections – **Workgroup Leader** – TBA
2. **Capacity Building** – Reduce deaths and improve the health of people living with viral hepatitis – **Workgroup Leader** – TBA
3. **Health Equity/Disparity** – Reduce viral hepatitis health disparities – **Workgroup Leader** - TBA
4. **Project Implementation** – Coordinate, monitor and report on implementation of viral hepatitis activities – **Workgroup Leader** – Nakia Jones & Jill Wolf

We're seeking more leaders - are you interested in getting more involved in leading a workgroup as we continue our efforts in 2019? Email Nakia.Jones@CityofChicago.org or Jill@CaringAmbassadors.org for more information.

GRASSROOTS PARTNER CORNER:

[FOCUS](#) supports HIV, HCV, and HBV screening and linkage to the first medical appointment after diagnosis; FOCUS funding does not support any activities beyond the first medical appointment and is agnostic to how FOCUS partners handle subsequent patient care and treatment.

Here's a list of FOCUS-funded projects in Chicago where HCV testing is offered:

ACCESS Community Health Network

American Liver Foundation, Brothers Health Collective & MADE

Caritas Inc.

CORE Center

Chicago Recovery Alliance

Haymarket Center

Northwestern University Medical Center

Rush University Medical Center

Sinai Health Systems

Franciscan Alliance

University of Chicago

University of Illinois

Hepatitis C Provider Reporting Form - Chicago Department of Public Health

2160 W Ogden Ave, Chicago, IL 60612 | 312.746.6388 (fax)

Hepatitis C is a reportable condition under the Control of Communicable Disease Code of Illinois, Title 77, Chapter I, Subpart C, Section 690.200 and Subpart D, Section 690.452. Disease reports can be faxed to 312.746.6388 or submitted electronically using the Illinois National Electronic Disease Surveillance System (INDESS) through the Illinois Department of Public Health (IDPH) web portal (<http://portalhome.dph.illinois.gov/>).

The health department requires additional information for the individual listed below. Please complete this form and return it to our office no later than 7 days from when this was received.

If you have any questions please contact: _____ at (312) _____

PATIENT INFORMATION

Patient's name: _____
first *last*

Parent's name (if patient is a child): _____
first *last*

Address: _____
street *apt*

_____ *city* _____ *state* _____ *zip code*

Telephone 1: _____ Telephone 2: _____
 home cell work home cell work

DEMOGRAPHICS

Date of birth: ____/____/____

Status (check one):

- Alive
 Deceased → date: ____/____/____
 Unknown

Sex/gender (check one):

- Male
 Female → is patient pregnant? Yes No
 Transgender

Race (check all that apply):

- American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White
 Unknown

Ethnicity (check one):

- Hispanic
 Non-Hispanic
 Unknown

REPORTING FACILITY

Facility name: _____

Today's date: ____/____/____

Provider name: _____

Phone number: _____

Reporter name: _____

Fax number: _____

TRANSMISSION RISK HISTORY *(Check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Ever inject drugs
<input type="checkbox"/> Heroin
<input type="checkbox"/> Prescription (e.g. OxyContin, Methadone)
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ever had a tattoo
Most recent venue: _____
<input type="checkbox"/> Ever had a body part pierced
Most recent venue: _____
<input type="checkbox"/> Ever incarcerated longer than 6 months
Year of most recent incarceration: _____
<input type="checkbox"/> Ever on long-term hemodialysis
Most recent location: _____
<input type="checkbox"/> Ever employed in a medical or dental field involving direct contact with human blood | <input type="checkbox"/> Ever a contact of a person who had Hepatitis C
<input type="checkbox"/> Sexual
<input type="checkbox"/> Household (non-sexual)
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ever treated for a sexually transmitted infection (STI)

____ # of life-time sex partners

Sexual preference <i>(check one)</i> :
<input type="checkbox"/> Heterosexual
<input type="checkbox"/> Homosexual
<input type="checkbox"/> Bisexual
<input type="checkbox"/> Unknown |
|--|---|

PATIENT HISTORY *(Check all that apply)*

Symptoms:

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Jaundice | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Malaise | <input type="checkbox"/> Abdominal pain |
| <input type="checkbox"/> Anorexia | |

Symptoms onset date: ____/____/____

Hepatitis C care:

-
- Is the patient currently under your care for Hepatitis C?
-
-
- If no, was a referral for Hepatitis C care made?
-
- Where: _____
-
-
- Has the patient ever received medication for Hepatitis C?
-
- Specify: _____
-
- Year: _____

LABORATORY RESULTS

-
- Did the patient have a previously (unreported) diagnosis for Hepatitis C?
-
- Year: _____

Test type	Test result	Test method	Reference Range	Specimen collection date
Antibody (anti-HCV)	<input type="checkbox"/> Positive <input type="checkbox"/> Negative			____/____/____
RNA	<input type="checkbox"/> Positive <input type="checkbox"/> Negative			____/____/____
Quantitative PCR				____/____/____
ALT		IU/L		____/____/____
AST		IU/L		____/____/____
Genotype	<input type="checkbox"/> 1 <input type="checkbox"/> 3 & <input type="checkbox"/> A <input type="checkbox"/> 2 <input type="checkbox"/> 4 & <input type="checkbox"/> B			____/____/____
Signal to cut-off ratio				____/____/____
Surface antigen	<input type="checkbox"/> Positive <input type="checkbox"/> Negative			____/____/____