Protecting Communities from Hepatitis C

Protecting Washington communities from the threats of communicable disease is one of our state’s Foundational Public Health Services (FPHS).

Governor Jay Inslee recently signed a directive ordering Washington State agencies to work with local public health, tribal governments and other partners to create a statewide hepatitis C elimination plan. The goal is to eradicate hepatitis C by 2030.

Hepatitis C infections have been on the rise in recent years. One factor contributing to that rise is the current opioid epidemic.

About hepatitis C

Hepatitis C is a virus (HCV) that attacks the liver. Untreated, it can cause serious health problems, like cirrhosis (liver scarring) or liver cancer. It’s curable if detected in time.

It spreads when blood containing the virus gets inside another person. The spread of HCV from one person to another in healthcare settings is rare but can occur, primarily through contaminated needles, syringes, or other sharp instruments. When it strikes in healthcare settings, quick detection and intervention are important to stop the spread of this extremely infectious disease. That’s where public health comes in.

An investigation in Pierce County

In January 2018, Tacoma-Pierce County Health Department saw a case of acute HCV identified through the state’s notifiable conditions reporting system. The only risk factor for the person was recent medical treatment received at a Pierce County hospital.

The Health Department’s Communicable Disease program requested assistance from the Washington State Department of Health’s Infection Control Assessment and Response (ICAR) project.
FPHS supports the health of our state

The healthcare system relies on public health to track, investigate and ensure treatment for communicable diseases such as HCV. It’s a unique role that health providers—including hospitals and nursing homes—do not perform.

Public health’s work is essential to the success of our overall health system.

Some communicable disease investigations—such as the one in Pierce County—are large, complex and expensive. Public health does this work—as well as the routine disease investigations like measles, pertussis and tuberculosis—every day.

Without adequate funding, public health can’t keep up with these growing demands.

HCV is a good example. From 2012 through 2017, nearly 40,000 HCV cases were newly reported in our state. As reflected in the story out of Pierce County, the opioid crisis, which affects people from all walks of life, causes HCV cases to climb.

As communicable disease threats like HCV continue to rise, funding FPHS is a critical investment in the health and safety of our communities.

Story continued...

Because HCV primarily spreads through contaminated needles, state and local public health disease investigators focused on injection safety practices at the hospital. The ICAR assessment revealed drug diversion as a potential infection source, so investigators reviewed opioid access records for hospital staff. Investigators identified two nurses with higher than normal opioid access.

Then a second HCV case came through the notifiable conditions system. It showed the infected person had also received treatment at the same hospital, at about the same time. The disease investigators determined one nurse had treated both patients.

From there, the disease investigation went into high gear. Tacoma-Pierce County Health Department worked with the hospital, the Washington State Department of Health, and the Centers for Disease Control and Prevention to identify people with potential exposure.

Results

The investigation resulted in a large patient notification to 2,800 people, 13 cases of genetically linked HCV, and the nurse admitting to opioid theft. The Washington State Department of Health suspended the nurse’s license, and the hospital offered free testing to all patients who were potentially exposed and, when necessary, free treatment.

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