

## Guidelines for Viral Hepatitis CTR Services

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During the 2007 North Dakota Legislative Assembly, legislation that called for the creation of a viral hepatitis program was introduced and approved. The North Dakota Department of Health viral hepatitis program coordinates the following activities: 1) HCV testing of individuals at high risk; 2) purchase and/or print educational materials for the general public and for health-care providers; 3) organize and host an HIV/Hepatitis symposium for health-care providers; 4) develop and implement a state-wide media campaign to increase awareness of viral hepatitis; and 5) contract with local public health units to provide the above-mentioned viral hepatitis services.

### **Testing and Counseling**

Hepatitis C testing provided at the CTR sites, funded through contracts with the North Dakota Department of Health, is available free of charge to people considered to be at high risk. People at high risk include those who:

- Currently inject drugs or have shared needles, syringes, straws and other equipment to inject drugs
- Injected drugs in the past, even if it was once or many years ago
- Recipients of blood clotting factors before 1987
- Have HIV or AIDS
- Having sex with an HIV-infected individual
- Have undiagnosed liver problems
- Received donated blood or organs before 1992
- Have been exposed to blood on the job through a needlestick or injury with a sharp object
- Are getting long term hemodialysis

### *Other testing considerations*

Several studies have revealed that the rate of the sexual transmission of hepatitis C increases with the number of sex partners among heterosexual persons and men who have sex with men (MSM), especially if those partners are co-infected with HIV. In HIV infected men, the hepatitis C virus can be detected in semen and spread through unprotected sexual activity. Patients recognized as having other risk factors of hepatitis C such as multiple sex partners, rough sex, having sex with an HCV-infected steady partner or having received a tattoo, piercing or other body art in a non-sterile environment may be tested upon request or at the counselor's discretion. (CDC. Sexually Transmitted Diseases Treatment Guidelines, 2010. MMWR 2010; 59 (No. RR-12): 85-87.)

Standard form SFN 58942, *Sexually Transmitted Infection/Human Immunodeficiency Virus/Hepatitis Risk Assessment and Reduction Plan* is used to assess at-risk clients within the CTR site. (See Section 2: Forms, page 2.1) After assessing client risk, CTR staff should offer the hepatitis C antibody test, along with appropriate pre- and post-test counseling. The hepatitis C antibody test (concurrent with an HIV test) will be offered to the client free of charge.

The North Dakota Department of Health, Division of Laboratory Services will charge the HCV CTR \$25.00 per test, for which the HCV CTR will then request reimbursement from the Division of Disease Control using the *State Viral Hepatitis Expenditure Report* included. A single blood specimen (one tube) will be collected for both HIV and hepatitis C testing, and the specimen must be submitted to the Division of Laboratory Services using the most current HIV Serology Form. The form must be filled out completely to include all client demographics and risk behavior information. To ensure that the specimen is tested for both HIV and HCV, CTR staff must write “HCV antibody test” on the top of the form, in a manner in which the Lab will clearly see the request. If the HCV blood test is a single test and does not include HIV, then the CTR staff should use the general lab test request form and indicate HCV antibody test on the form. HCV antibody tests are run one time per week on Wednesdays. Confirmed positive results are available within approximately two weeks of specimen collection. Therefore, to ensure that results—specifically positive results—are available, post-test counseling sessions should be scheduled approximately two weeks from specimen collection.

### **Hepatitis A and B Vaccination**

Clients to whom the HCV antibody test is offered should also be screened for history of hepatitis A and hepatitis B vaccination and/or previous documented infection. If the client has no prior history of HAV/HBV vaccination, vaccination with Twinrix or single antigen HBV will be offered to the client free of charge. All clients receiving vaccine provided at the CTR sites must be entered in the North Dakota Immunization Information System (THOR) along with documentation of the appropriate vaccine lot number and other information required by the NDDoH Immunization Program. Hepatitis vaccines are provided to CTR sites through the federally funded Adult Hepatitis B 317 Initiative grant applied for by the NDDoH each year. CTR sites will pre-book vaccine as needed from the NDDoH Immunization Program using the Viral Hepatitis Program Pre-Book For Vaccine/ Materials form included. Each year, CTR staff will be notified by the NDDoH of when Pre-Book Vaccine forms are due based on the CDC Adult Hepatitis B Initiative notice of funding opportunity announcement and given a deadline to submit quantities of vaccine needed at each CTR site. The NDDoH will provide the CTR sites with free vaccine (Twinrix and/or single antigen HBV) based on the award received each grant cycle. CTR sites will be reimbursed \$13.90 for each dose of vaccine administered as indicated in the *State Viral Hepatitis Expenditure Report*.

### **Reimbursement**

CTR sites must submit the *State Viral Hepatitis Expenditure Report* to the Viral Hepatitis Program no later than 15 days after the end of each month. Reports may be emailed to the Viral Hepatitis Program Manager. Allowable expenses include: (1) **HCV CTR** – \$5 for specimen collection, \$25 for hepatitis C virus antibody test and \$10 each for pre- and post-test counseling, (2) **vaccine administration** – \$13.90 for each dose of hepatitis A and/or B vaccine administered.

Since the legislation for this program appropriates funding for a limited number of HCV tests and HAV/HBV vaccinations, the number of tests and doses of vaccine utilized by the CTRs will be monitored. The Viral Hepatitis Program provides quarterly *Viral Hepatitis CTR*

*Reports* including HCV testing and vaccine usage data. These reports may be used to monitor positivity rates and productivity of screening programs at CTRs.

## Contact Information for the Viral Hepatitis Program

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## Disclosure of Hepatitis B and Hepatitis C Status of an Inmate

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The duty of the counselor is to disclose the hepatitis B (HBV) or hepatitis C (HCV) status of an inmate to medical personnel providing direct care to the individual, the administrator of the correctional facility or as otherwise authorized by law. There should not be any disclosure beyond that, and to the extent there is, disclosure should only be made based on “legitimate penological purposes,” or as stated in the HIPAA privacy rule. Within the correctional facility, further disclosure is up to the policies of the administrator and should be on a strictly “need to know basis”.

*Except as otherwise provided by NDCC 23-07.5, the results of a serological indicating a hepatitis B or C infection may be disclosed only as follows:*

*To a correctional institution having lawful custody of an inmate, if the correctional institution represents that such protected health information is necessary for: (a) the provision of health care to the individual; (b) the health and safety of such individual or other inmates; or (c) the health and safety of the officers or employees of or others at the correctional institution. 45 CFR 164.512(k)(5).*

To reduce the transmission of HBV and HCV, the correctional facility staff should be trained in universal precautions.