



Developing a Registry to Coordinate Hepatitis C Screening and Linkage to Care in the Los Angeles County Jail System

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Outline

- How is the Hepatitis C registry being developed?
- What are the challenges to creating and using the registry?
- How can the registry be used to improve care coordination?



Registry Development





Registry Objectives

- Track status of essential steps in care cascade
- Track essential results needed to plan treatment
- Track information necessary for care coordination



Registry Data Sources

- Electronic laboratory reporting
 - ~90 labs in LA County reporting results electronically
 - Antibody, PCR, and genotype positive test results
 - Negative PCR results
- Electronic medical records
- Sheriff's booking system
- California Immunization Registry (CAIR)



Registry Structure

- Incident level data
 - Each new positive test result creates new incident report
 - Includes test type, test result, date specimen collected, name, date of birth, age, and sex
- Person level data
 - Relates all incidents to a person
 - Allows for classification of disease status



Registry Structure: Incident Level

Person ID	Test Type	Test Date	Test Result
1	Ab	1/1/2018	Reactive
2	Ab	2/1/2018	Reactive
2	PCR	2/1/2018	2378923
2	Genotype	2/1/2018	1A
2	PCR	4/1/2018	<15
3	Ab	5/1/2018	Reactive
3	PCR	5/1/2018	65482



Registry Structure: Person Level

Person ID	First Ab Result	First Ab Date	First PCR Result	First PCR Date	Last PCR Result	Last PCR Date
1	Reactive	1/1/2018				
2	Reactive	2/1/2018	2378923	2/1/2018	<15	4/1/2018
3	Reactive	5/1/2018	65482	5/1/2018	65482	5/1/2018

Also includes:

- Genotype test result and test date
- Name
- Booking number
- Age
- Sex
- Case classification



Classification of Cases

- Complicated for persons tested outside jail without PCR results
- Can confirm if someone has evidence of infection
- Can determine if a subset have resolved infection:
 - Certain labs send negative results
 - Those that go from a high viral load to <15
 - Those tested at jail or other facilities that always reflex antibody tests to PCR
- Many cases undifferentiated between chronic and resolved



Challenges and Future Plans





Hepatitis C Jail Registry Challenges

- Deduplication of cases and results
- Incomplete/missing patient information
- Classification of cases tested outside jail
- Lack of negative PCR reporting across all labs
- Relevant data in different systems
- Data sharing



Registry Future Plans: Data

- Create data sharing process with jail for two-way information exchange
- Incorporate additional data into registry:
 - Anticipated discharge date
 - Clinical information (LFTs, APRI score, etc.)
 - Hepatitis A and B vaccination status
 - Negative PCR results



Registry Future Plans: Care Coordination

- Identify:
 - Persons known to have HCV currently in the jail
 - Persons eligible for treatment while incarcerated
 - Persons who should be linked to provider after release
- Generate summary information to be transmitted to:
 - State prison
 - Provider in the community



Questions

- Is your state using surveillance data to track HCV outcomes in correctional settings?
- Does your state share data between correctional and public health departments?
- Does your state have a registry for persons with HIV in correctional facilities? Are there lessons from HIV that can be applied to HCV?