



Office of the Director

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February 8, 2017

The Honorable Senator Richard Devlin, Co-Chair
The Honorable Representative Nancy Nathanson, Co-Chair
Joint Committee on Ways and Means
900 Court Street NE
H-178 State Capitol
Salem, OR 97301-4048

Re: Retroactive Request to Apply – Competitive Grant – Strengthening Surveillance in Jurisdictions with High Incidence of Hepatitis C Virus (HCV) and Hepatitis B Virus (HBV) Infections (OHA-PH-16-18)

Dear Co-Chairpersons:

Nature of the Request

The Oregon Health Authority (OHA) Public Health Division requests permission to apply for a federal grant: “Strengthening Surveillance in Jurisdictions with High Incidence of Hepatitis C Virus (HCV) and Hepatitis B Virus (HBV) Infections.” We will seek retroactive approval from the Joint Committee on Ways and Means to apply for the federal funds of up to \$800,000 for 4 years beginning May 1, 2017 and ending April 30, 2021.

The funding is available through the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. The request for application was received November 29, 2016, and the application was submitted on January 31, 2017. This grant requires no state matching funds or maintenance of effort.

Agency Action

The purpose of this FOA is to improve Oregon’s capacity to conduct surveillance for acute and chronic HBV and HCV and implement surveillance for perinatal HCV. Improved data will help us better understand local factors in disease transmission, the burden of disease in different regions of the state, and guide planning and policy efforts to improve screening, treatment, and prevention strategies.

In Oregon, 59,645 cases of chronic HCV infection were reported between 2005 (when all laboratory reports of HCV became reportable in the state) and 2015. The annual number of liver cancer cases in Oregon doubled between 2000 and 2012; 47% of liver cancer cases were related to HCV in 2012. Nearly 800 hospitalizations each year related to HCV occurred in the period 2008-2012; 70% were in persons aged 50-64 years, and the average charges per hospitalization were \$26,961. Lastly, deaths from HCV in Oregon have risen steadily over the last decade, averaging more than 400 deaths annually in Oregon during the period 2009-2013. The HCV mortality rate was six times higher than that of HIV in Oregon in the past 5 years, and in 2011, was nearly twice the national average. Oregonians aged 45-64 years of age accounted for 80% of deaths.

The data cited above were published in an OHA publication, “Viral Hepatitis in Oregon,”¹ the product of a one-time grant from the Association of State and Territorial Health Officials in 2014. Currently, however, the Public Health Division has no funding nor FTE devoted to viral hepatitis surveillance. We propose to use this funding opportunity to improve surveillance for acute and chronic HBV and HCV and develop surveillance for perinatal HCV. In addition to improving case finding and completeness of data collection, we will: 1) use additional data sources such as hospital discharge data, Oregon’s cancer registry, and the Behavioral Risk Factor Surveillance System (BRFSS) to monitor risk factors and the burden of chronic viral hepatitis; 2) improve our capacity to respond to outbreaks of HBV and HCV; and 3) utilize these data to support implementation of testing, treatment and prevention services at the local and state level.

Proposed staffing will include funding for two existing positions. The first position is a Public Health Physician 2 (3% FTE) who oversees hepatitis surveillance efforts in the state and will serve as principal investigator, develop protocols to improve surveillance methods and conduct epidemiologic studies, and supervise work of ACDP staff participating in the project. The second existing position is an Epidemiologist 2 (100% FTE, currently vacant); this position will serve as epidemiologist for the project; evaluate current epidemiology of HBV and HCV in Oregon through review of public health surveillance data and additional existing OHA datasets (such as BRFSS, hospital discharge, cancer registry, and vital records); provide technical assistance to Local Health Departments for investigation of cases of viral hepatitis and implementation of control measures; and improve estimates of the burden of disease and risk factors for transmission, prepare summary reports and disseminate to stakeholders.

¹ Available at:
https://public.health.oregon.gov/DiseasesConditions/HIVSTDViralHepatitis/AdultViralHepatitis/Documents/Viral_Hepatitis_Epi_Profile.pdf. Accessed 12/20/2016.

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Additionally we plan to contract with the Multnomah County Health Department for a part-time epidemiologist (40% FTE) to investigate cases of viral hepatitis through patient interview, chart review, and queries to clinics and hospitals.

This funding opportunity does not require any maintenance of effort by the state and there is no expectation that the state will fund these activities or the positions at the end of the grant period.

Action Requested

The OHA Public Health Division requests retroactive permission to apply for funding up to \$800,000 available through the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. The grant period is for 48 months, beginning May 1, 2017 and ending April 30, 2021.

If awarded, the OHA Public Health Division will evaluate the need for additional expenditure limitation or position authority at a future Joint Committee on Ways and Means.

Legislation Affected

None.

If you have any questions, please call Dr. Katrina Hedberg, State Health Officer at 971-673-1050 or Lillian Shirley, Director of the Public Health Division, at 971-673-1229.

Sincerely,



Lynne Saxton
Director

CC: Linda Ames, Legislative Fiscal Office
Tom MacDonald, Department of Administrative Services
George Naughton, Department of Administrative Services
Ken Rocco, Legislative Fiscal Office