PUBLIC HEALTH DIVISION
Center for Public Health Practice
Kate Brown, Governor

Oregon Health Authority

800 NE Oregon St, Suite 730
Portland, OR 97232
Phone: 971-673-0232
Fax: 971-67OHA-PH-16-183-0994
TTY: 971-673-0372

Date February 23, 2017

TO: The Honorable Senator Elizabeth Steiner Hayward, Co-Chair
The Honorable Representative Dan Rayfield, Co-Chair
Sub-Committee on Human Services
Joint Committee on Ways and Means

FROM: Ann Thomas, Public Health Physician
Center for Public Health Practice
Public Health Division
Oregon Health Authority

SUBJECT: Request to Apply Federal Funding Opportunity: Strengthening Surveillance in Jurisdictions with High Incidence of Hepatitis C virus and Hepatitis B virus (OHA-PH-16-18)

Chairs Steiner Hayward and Rayfield and members of the committee; I am Dr. Ann Thomas, public health physician within the Oregon Health Authority's Public Health Division. I am here today to request permission to apply for federal funding to improve surveillance for Hepatitis C virus (HCV) in Oregon. Funding is up to $200,000 a year for 4 years, beginning in May 2017 and ending April 2021, for a total of up to $800,000.

Communicable disease control is a priority of Oregon's State Health Improvement Plan (SHIP) and HCV is the 2nd most commonly reported disease, after chlamydia. Accurate surveillance is critical to prevent and control the spread and manage the long term impact of infection. We initiated laboratory reporting in 2005 and between then and 2015, 59,645 cases of chronic HCV infection were reported. The annual number of liver cancer cases in Oregon doubled between 2000 and 2012, with 47% of liver cancer cases related to HCV in 2012. Oregon had nearly 800 HCV related hospitalizations a year from 2008-2012, with 70% in persons aged 50-64 years and average annual charges of $21 million. Deaths from HCV in Oregon have risen steadily over the last decade, averaging more than 400 a year from 2009-2013. The HCV mortality rate was six times higher than that

of HIV in Oregon in the past 5 years, and in 2013, was nearly twice the national average. Oregonians aged 45-64 years of age accounted for 80% of HCV deaths. We've also identified important racial disparities: Asians are 40 times more likely to be impacted by chronic HBV than Whites in Oregon, while American Indians, Alaska Natives, and Blacks are twice as likely to be diagnosed with chronic HCV and to die from complications of HCV as Whites.

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. With resources to improve case finding and completeness of data collection for new cases of HBV and HCV, we can develop a better understanding of current trends in transmission, identify communities that are at highest risk for outbreaks, and develop timely interventions, including screening. The epidemics of viral hepatitis, HIV, opioid misuse and injection drug use are closely intertwined, and we plan to work closely with our colleagues in the Injury and Violence Prevention and the HIV/STD/TB Programs to provide data to communities that can be used to improve outreach to populations at risk, such as persons who inject drugs. We will also focus on reducing new infections in groups identified in our state profile at high risk, such as African Americans, American Indians, and persons who inject drugs.

Another emphasis will be on tracking the long-term complications of viral hepatitis. By using additional data sources such as hospital discharge data, Oregon's cancer registry, and vital records to track hospitalizations from cirrhosis, liver cancer related to HBV and HCV, and deaths from HBV and HCV, we can measure how well we are responding to the needs of Oregonians identified with chronic viral hepatitis. These data will help support and evaluate 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. The second existing position is an Epidemiologist 2 (100% FTE, currently vacant); this position will serve as epidemiologist

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

for the project; evaluate current epidemiology of HBV and HCV in Oregon through review of public health surveillance data and additional existing OHA datasets; 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. 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.

Thank you for this opportunity to testify and for your ongoing work on behalf of health in Oregon. I'd be happy to try to answer any questions.