

Arkansas Promotes Hepatitis C Testing among Baby Boomers

The Arkansas Department of Health developed innovative strategies to implement CDC's recommendations to test baby boomers for hepatitis C.

The Arkansas Department of Health (ADH) estimates that nearly 38,000 adults in Arkansas have been infected with the hepatitis C virus (HCV). Baby boomers have an especially high burden of disease: while approximately 1.8 percent of adult Arkansans have been infected with HCV, approximately 3.6 percent of baby boomers in the state have been infected.¹ CDC and the United States Preventive Services Task Force recommend that all baby boomers be tested for HCV. (For more information, please see ASTHO's report, "[CDC's Recommendations for One-Time Hepatitis C Virus Testing for Persons Born During 1945-1965: Public Health's Role and Key Elements for Effective Implementation.](#)")

In response to both these recommendations and anticipated insurance coverage increases due to the Affordable Care Act (ACA), ADH began several campaigns to educate providers and the public about HCV testing. One effort includes mobilizing the state's 95 local health units to provide preventive care (disease screening and/or treatment), immunizations, family planning and wellness education.

Steps Taken:

Surveillance & Testing:

- In Arkansas, a lack of funding has historically been a barrier to HCV surveillance. Using CDC national prevalence estimates and the Arkansas Cardiovascular Health Examination Survey (ARCHES), ADH has been able to estimate the prevalence of HCV in Arkansas. In 2012, ADH received a \$15,000 grant from Blue Cross Blue Shield and the state immunology lab to perform HCV assays on the samples collected through ARCHES.
- ADH is leveraging Preventive Services Block Grant funding to increase HCV testing. Pilot projects in local health units will be used to identify and establish HCV testing protocols and screening guidelines. ADH projects that the pilot sites will test an estimated 5,000 baby boomers. ADH plans to operationalize testing and ultimately bill payers like Medicaid.

Partnerships:

- Several partnerships have allowed ADH to address insufficient capacity. ADH partnered with the University of Arkansas for Medical Sciences College of Public Health to find interns to assist with data entry into the National Electronic Disease Surveillance System. The Council of State and Territorial Epidemiologists (CSTE) fellowship program also provided staff support and technical assistance to develop an HCV surveillance system.
- In order to link baby boomers to care, ADH also developed a list of providers who treat HCV and surveyed physicians to identify who accepts referrals.

Educating Providers:

¹ Arkansas Department of Health. "Hepatitis C Epidemiologic Profile 2014." Available at http://www.healthy.arkansas.gov/programsServices/infectiousDisease/hivStdHepatitisC/Documents/HepC/HCVepi_demiologicProfile.pdf. Accessed 11-21-2013.

- ADH communicated with health providers in the state to explain the importance of HCV testing for the baby boomer birth cohort. For example, ADH Director and State Health Officer Nathaniel Smith wrote a [column](#) in *Healthcare Journal of Little Rock* highlighting the HCV testing recommendations and treatment options.
- ADH officials have presented HCV information to the Arkansas Board of Health and the state's county health officers, and are currently offering an accredited continuing medical education course for providers who want to learn more about HCV screening and care.
- In honor of World Hepatitis Month, ADH published a [news release](#) to educate providers and the public about the testing recommendations.

Results:

- ADH is strengthening HCV surveillance and testing while also educating providers about the importance of HCV testing and care for baby boomers.
- ADH has been testing for three months and has tested 658 individuals, of who 56 (8.5%) tested positive.

Lessons Learned:

- According to ARCHES, a high proportion of individuals with HCV do not have health insurance and are low-income. More of these patients will soon be covered by insurance and have better treatment options through ACA, making it imperative to explore issues of linkage to care.
- Increased use of electronic lab reporting and electronic medical records at local health units will decrease the burden of manual data entry and increase efficiency.
- Interns are a helpful resource for data entry, case follow up, and data quality. Additionally, the CSTE fellowship allowed for the flexible use of staff where needed.
- Some clinics located in rural counties do not have the monetary capacity to order HCV testing kits. The ADH local health unit testing pilot can help address this barrier.

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