

Hep C in Pierce County

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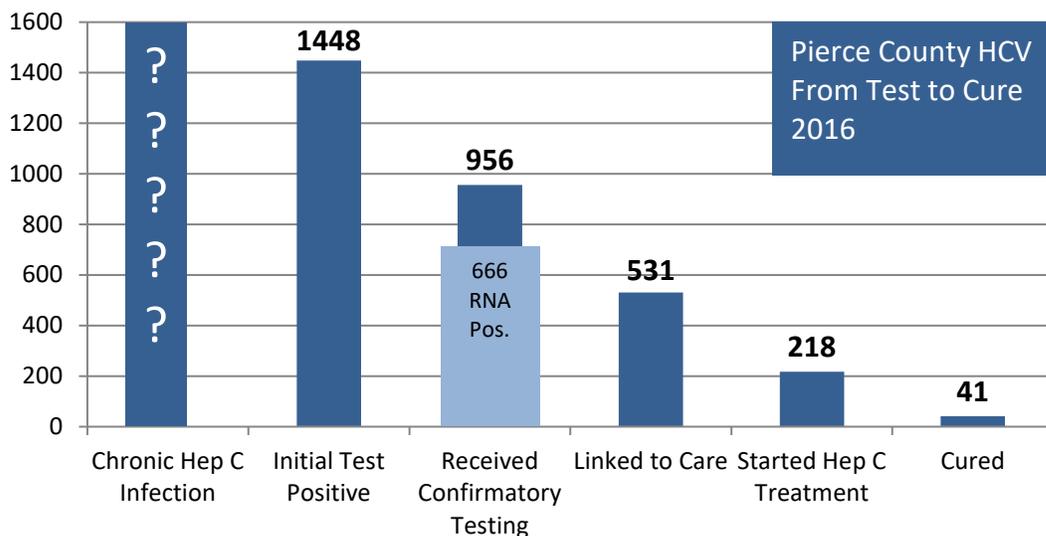
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Direct acting antiviral treatment has dramatically improved care for hepatitis C with cure rates now better than 90%. The medication is well tolerated and recommended for everyone. The graph below displays Pierce County's Continuum of Care—the testing and treatment status of people with hepatitis C. With your help, we can significantly improve the quality of care for people living with hepatitis C in Pierce. Like you, we want to see more people cured of this disease.

Visit our website at www.tpchd.org or the following sites for additional hepatitis C resources:

- CDC testing algorithm www.cdc.gov/hepatitis/HCV/PDFs/hcv_flow.pdf
- Management and treatment www.hcvguidelines.org
- Continuing Education www.hepatitisc.uw.edu/go/treatment-infection/monitoring/core-concept/all

October 2017 Tacoma-Pierce County Health Department Hepatitis Database



Source for CoC: Tacoma-Pierce County Health Database – calculated in February 2016, based on data from 2010-2015.

Undiagnosed Chronic Hep C infection: The CDC estimates that half of the people living with hepatitis C in the United States do not know their status. At this point, we don't have an estimate of the total number of people in Pierce County with hepatitis C (diagnosed and undiagnosed).

Initial Test Positive: The patient's HCV antibody test was positive, typically indicating exposure to hepatitis C.

Confirmatory (RNA) Testing: The patient had a PCR test, regardless of result; 15-25% of people exposed to HCV will resolve the disease on their own, without treatment.

Hep C Confirmed: The patient's RNA (PCR) test was positive, indicating viremia.

Linked to Care: Presence of the following: a quantified viral load, genotyping, disease staging test, or appointment with a GI specialist.

Hep C Treatment: We have verified the start of treatment. If this can't be verified, then we will use a negative RNA after a confirmed (RNA+) diagnosis as a proxy.

Cure/Sustained Virologic Response: Patient has two negative RNAs at least six months apart after a confirmed (RNA+) diagnosis.