



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

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SSB 5039 (HEP C): DOH BILL IMPLEMENTATION JUNE 2003

HEPATITIS C: AN EMERGENT PUBLIC HEALTH ISSUE

The CDC estimates that 3.9 million Americans are infected with the hepatitis C virus (HCV) and 2.7 million are chronically infected. There are 8,000 to 10,000 deaths from chronic HCV disease each year in the US and it is now the leading reason for liver transplantation. It is estimated that the average lifetime cost per patient not requiring a liver transplant is \$100,000.

Approximately 100,000 Washingtonians are infected with hepatitis C and it is estimated that at least 60,000 will develop chronic infection. Of these, 15,000 may develop cirrhosis within 20 years and 1,000 may develop liver cancer within 20 years. 250 deaths each year result from hepatitis C infection.

WHAT IS WASHINGTON STATE DEPARTMENT OF HEALTH CURRENTLY DOING ABOUT HEPATITIS C?

A hepatitis C coordinator is working on developing a comprehensive statewide plan.

Key activities include:

- Improving our surveillance and analysis of chronic hepatitis to better plan target interventions and responses. Since December 2000, over 8,000 cases of chronic hepatitis have been reported to the Department of Health's Infectious Disease and Reproductive Health Assessment Unit.
- Developing a tool to assess the needs and gaps in prevention, education, and treatment services.
- Increasing our consultation and technical assistance for the public, local health, and community programs.

Additionally, the department provides public information and resource referral through our STD/HIV hotlines.

WHAT WILL PASSAGE OF SSB 5039 MEAN?

The Secretary of Health must design a state plan for education efforts, including the prevention and management of hepatitis C by January 1, 2004. In developing the plan, the secretary shall consult with patient groups, relevant state agencies, providers and suppliers of services to persons with hepatitis C, relevant health care associations and others.

The state plan must include implementation recommendations in the areas of: hepatitis C virus prevention and treatment strategies for groups at risk; education programs to promote awareness about hepatitis C; education curricula for health care providers; training courses for hepatitis C counselors; capacity for voluntary testing programs; a comprehensive model for an evidence-based process for the prevention and management of hepatitis C that is applicable to other diseases; and sources of funding.

Health care professionals who contract hepatitis C in the course of their employment and are not able to continue working are deemed to be dislocated workers for the purpose of receiving training benefits. Also, hepatitis C is included in Washington's law against discrimination. Employment decisions may not be based on whether or not an individual is infected with hepatitis C.

Funding for either developing or implementing the state plan may not come from state sources. The Secretary of Health must develop the state plan using only federal or private funds.

IMPACTS TO LOCAL PUBLIC HEALTH

Components of the implementation plan may eventually require that public health clinic staff receive training and voluntary testing programs be established at existing HIV testing sites. DOH expects to work closely with local health jurisdictions in the development of the final plan.

CONTACT

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