

Hepatitis Headlines

Issue 20
September 2018

Viral Hepatitis Surveillance and Prevention Unit, Michigan Department of Health and Human Services

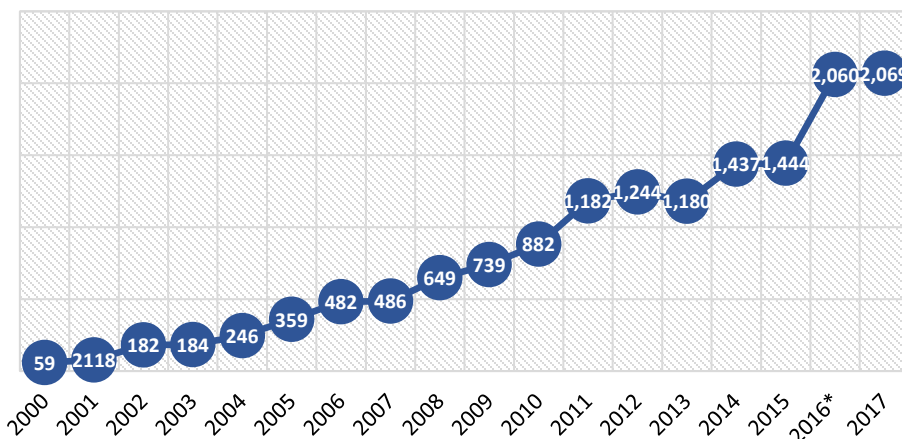
The 2017 Annual Report is Here!

The [2017 Viral Hepatitis Surveillance Annual Report](#) is now published and on our website! This year's report contains information on the epidemiology of hepatitis B and C in Michigan including demographic information such as infection rates and trends by age, sex, and race. It also includes testing and treatment data for HCV as well as outcomes of chronic viral hepatitis infections. New sections of the report include data on Neonatal Abstinence Syndrome (NAS) in light of the opioid epidemic, hepatitis A infection, and the expansion of the perinatal HCV section.

In 2017, there were 64 cases of acute HBV and 1,237 cases of chronic HBV. Cases of acute HBV increased from 2016, while cases of chronic HBV decreased slightly. In addition, there were 234 cases of acute HCV and 12,062 cases of chronic HCV, both an increase from the previous year's case counts.

The annual report also illustrates data relating to special populations, such as individuals co-infected with hepatitis and HIV, perinatal infections, and HCV virus in young adults as it relates to drug use. As in previous years, HCV infections associated with the opioid epidemic are of paramount concern. In 2017 there were 2,069 HCV cases among young adults (ages 18-29 years old), a slight increase from 2016 case counts. There has been a general increase in both heroin substance abuse treatment admissions and deaths in the past five years, a trend that mimics the number of HCV cases amongst the young adult population in this same time period.

Number of Chronic Hepatitis C Cases Reported to MDHHS by year, 18-29 years of age, 2000-2017



In This Issue:

Page 1

2017 Annual Report

Page 2

**VA HCV Elimination
Harm Reduction
Training**

Page 3

**HCV Screening in
Pregnant Women**

**Endorsement of Harm
Reduction Expansion**

Page 4

**2018 Viral Hepatitis
Stakeholder Forum**

Harm Reduction Training

Four health jurisdictions in northern Michigan received funding from the MDHHS HIV Prevention Unit to implement a syringe services program (SSP) based on the CDC's county-level vulnerability assessment for rapid dissemination of HIV and HCV among persons who inject drugs (PWID). SSPs are community-based public health programs that provide comprehensive harm reduction services to reduce overdose deaths, needlestick injuries, and bloodborne transmission and infections. The four funded pilot SSPs are District Health Department #2, Central Michigan District Health Department, Marquette County Health Department, and Chippewa County Health Department. Staff from these sites attended a full-day training in Grayling in May with the HIV Prevention Unit and Grand Rapids Red Project. Topics included harm reduction practices, safer injection demonstration, facilitated overdose training, naloxone distribution, treatment options, stigma, syringe access as a human right, and discussing health issues affecting people who use drugs.



Pictured: Brandon Hool from Grand Rapids Red Project training pilot SSP staff on harm reduction.

VA's Efforts to Eliminate Hepatitis C Virus

The U.S. Department of Veterans Affairs (VA) is the nation's largest care provider for hepatitis C virus (HCV)–infected patients and is uniquely suited to inform national efforts to eliminate HCV. In October 2014, the VA had over 146,000 veterans living with HCV under its care, a number that's expected to drop to just 20,000 by October thanks to the agency's commitment to providing HCV treatment. [Officials from the VA have announced that the agency is on track to eliminate HCV in all veterans that are willing and able to be treated by the end of 2018.](#)

HCV-infected veterans in VA care are eligible for treatment. Veterans with HCV are generally referred by their primary care provider to the local VA HCV clinic for evaluation and treatment. At many VAs, the local HCV clinic is conducting active outreach to Veterans known to have HCV to schedule appointments for evaluation. To qualify for medical evaluation for treatment, a Veteran has to be enrolled in VA health care and be diagnosed with HCV.

The VA implemented key actions for identifying and treating as many veterans with chronic HCV infection as possible. Specific strategies for increasing testing and improving access to care include:

- Electronic point-of-care clinician reminders to conduct HCV risk assessment and testing
- Automated letters to veterans recommending HCV testing which can be used as lab orders at VA laboratories
- Expanded use of telemedicine
- Expanding HCV care beyond specialty providers to include primary care and other types of providers
- Integrating mental health and substance use disorder treatment with HCV care
- Creative strategies for financing HCV care

Since the availability of all oral HCV antivirals in 2014 the VA treated 106,184 patients and an average number of 357 Veterans are started on treatment every week, with a cure rate of 95% through March 2018. The VA has taken several steps to minimize barriers to HCV treatment:

- Prescribing HCV anti-virals based on clinical considerations, not cost
 - All FDA-approved HCV anti-virals have been added the VA National Formulary
- Eliminating requirement for liver biopsy prior to treatment
- Eliminating minimum length of abstinence from alcohol or substance use prior to treatment

Thanks to the VA's commitment as well as the innovation on the part the manufacturers, a major health issue for our veterans will be eliminated.

New Recommendations for HCV Screening of Pregnant Women

Historically, routine testing of pregnant women for the hepatitis C virus has not been recommended. Instead, pregnant women were tested if they reported risk factors for HCV infection. Common risk factors include intravenous drug use, infection with HIV, prior incarceration, and being born between 1945-1965. However, recently the American Association for the Study of Liver Diseases (AASLD) has begun to recommend [universal testing of pregnant women for current HCV infection](#). Screening and testing of pregnant women should follow existing CDC recommendations, where RNA testing is completed if the mother tests positive for the HCV antibody. Although there are no known ways to reduce the risk of perinatal transmission from mother to child during birth, universal screening of pregnant women can certainly be beneficial.

Ideally, pregnant women would be screened for HCV at the initiation of prenatal care. This can help to maximize the opportunity for referral and education, as well as testing for the infant after birth. Treatment for HCV infection during pregnancy is not recommended as there is a lack of safety and efficacy data, however identifying infection at the initiation of prenatal care can help to facilitate linkage to care for treatment after delivery. These pregnant women who are infected are able to receive education regarding transmission of the virus, liver disease, and



treatment options. In addition, prenatal HCV diagnosis is needed to warrant screening and testing of children and infants who may have been exposed to the virus in utero or during childbirth. Hepatitis C testing for infants remains the same as recommended by the American Academy of

Pediatrics (AAP) and the AASLD, with antibody testing being done only after the infant is 18 months of age or older and RNA testing being completed as early as 2 months of age. Kentucky lawmakers [mandated](#) hepatitis C testing for all pregnant women in the state, a policy that may become more common in the future following this new recommendation. The Viral Hepatitis Unit Staff has updated the [Perinatal Hepatitis C Surveillance Tool Kit](#) based on these new screening recommendations provided by the AASLD.



Governor's Opioid Commission Endorses Harm Reduction Expansion

At the [June 26th meeting of Governor Snyder's Prescription Drug and Opioid Abuse Commission](#), MDHHS Chief Medical Executive Dr. Eden Wells gave a presentation titled "Addressing Infectious Diseases Related to Substance Use".

At the subsequent Commission meeting on July 12th the Commission formally expressed their support for increasing harm reduction services in Michigan:

"the PDOAC endorsed the expansion of syringe service programs in Michigan. Syringe service programs help reduce the spread of infectious disease including Hepatitis A, Hepatitis B, Hepatitis C, and HIV. In addition to providing sterile syringes, syringe service programs provide vaccinations, referrals to treatment, and testing for infectious diseases."

A letter signed by Commission Chair Judge Linda Davis was then shared with local communities. This is an important step in recognizing the importance of SSPs in preventing communicable disease transmission among persons who inject drugs.

Community Organizations Convene for the 2018 Stakeholder Forum

On Friday, July 20th, the MDHHS Viral Hepatitis Surveillance and Prevention Unit convened a diverse group of community stakeholders for the 2018 Viral Hepatitis Stakeholder Forum to network, learn, share ideas, and facilitate engaging discussion. The event was held at the Michigan Public Health Institute's Interactive Learning Center. Staff from state and local health departments, the MDHHS Bureau of Labs, community-based organizations, syringe services programs, federally qualified health centers, and community health centers attended in-person and via webinar. Topics included a summary on the Hepatitis A outbreak in Michigan, Michigan Medicaid and Hepatitis C treatment, Hepatitis testing at the MDHHS Bureau of Labs, viral hepatitis elimination strategies, integrating Hepatitis C treatment into primary care, perspective of living with HCV and treatment, and perspective of guiding clients through recovery.

For those who were unable to attend, meeting handouts, PowerPoint slides, and a recording of the event are available [here](#) and through www.mi.gov/hepatitis. If you are interested in attending the 2019 Viral Hepatitis Stakeholder Forum, please forward your name and e-mail address to MDHHS-Hepatitis@michigan.gov to be added to the invitation list. We hope you can join us next year!



Pictured: Stakeholders convene at the Michigan Public Health Institute in Okemos for the 2018 Viral Hepatitis Stakeholder Forum

Viral Hepatitis Unit
Communicable Disease Division
Michigan Department of Health and Human Services

333 South Grand Avenue
Lansing, MI 48933

Phone: 517-335-8165

Fax: 517-335-8263

E-mail: MDHHS-Hepatitis@michigan.gov



Save the Date

Fall- 2018 Immunization Conferences

11/15- MIDS/MDHHS Annual Fall Scientific Conference

Helpful Links



www.michigan.gov/hepatitis

www.mi.gov/HepatitisAOutbreak

www.michigan.gov/injectionsafety

www.michigan.gov/hepatitisb

www.michigan.gov/cdinfo

www.michigan.gov/hai

[CDC Hepatitis](#)

[CSTE HCV Subcommittee](#)

[Know More Hepatitis Campaign](#)

[Know Hepatitis B Campaign](#)

[CDC Hepatitis Risk Assessment](#)

[Hepatitis A](#)

[Hepatitis B](#)

[Hepatitis C](#)

[USPSTF](#)

[AASLD](#)

[Institute of Medicine Report](#)

[One and Only Campaign](#)

[Injection Safety Resources](#)

[Hepatitis Occupational Exposure Guideline](#)

[Blood Glucose Monitoring](#)

Credits: Iconography created by The Noun Project:
Jeevan Kumar, Jugulbandi