

Hepatitis Headlines

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Viral Hepatitis Surveillance and Prevention Unit, Michigan Department of Community Health

www.michigan.gov/hepatitis

New Viral Hepatitis Deduplication Flowcharts

An individual that is chronically infected with Hepatitis B or C may be repeatedly tested throughout their lifetime but should only be counted as a case once, according to the current [CDC case definitions](#). A substantial number of previously reported cases were identified in 2013 that highlighted the necessity for routine data cleaning efforts. In total, 908 redundant cases of chronic Hepatitis B and C required manual deduplication.

As a result, the VH Unit has created new flowcharts for merging and de-duplicating chronic viral hepatitis cases. The [flowchart for Hepatitis B](#) and the [flowchart for Hepatitis C](#) were designed for easy use. Both files can be found on [CDInfo](#) and the [Hepatitis webpage](#). Our goal is to improve surveillance by reducing the number of previously reported cases completed in the MDSS. If you have any questions or feedback on the topic or these documents, please [let us know](#).

-Seth Eckel



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Hepatitis C Birth Cohort Screening Radio Public Service Announcement

In August 2012, the [Centers for Disease Control and Prevention released recommendations](#) that:

- adults born during 1945–1965 (Baby Boomers) should receive one-time testing for Hepatitis C antibody without prior ascertainment of HCV risk and
- all persons identified with HCV infection should receive a brief alcohol screening and intervention as clinically indicated, followed by referral to appropriate care and treatment services for HCV infection and related conditions.

These recommendations were intended to augment the [1998 HCV testing guidelines](#) that recommended persons at high risk for HCV transmission be tested. Limited success with risk-based testing, high prevalence of the disease and increasing HCV-associated morbidity and mortality among persons aged 45 to 64 and the benefits of care and treatment on health outcomes for persons with HCV infection were all part of the rationale for augmenting the HCV testing recommendations.

[CDC statistics estimated that 'Baby Boomers' were five times more likely to be HCV positive than the general population and that up to 75% are unaware of their infection.](#) Modeling studies indicated that expansion of the testing recommendations to include birth cohort screening would result in an additional 45 million HCV antibody tests being ordered, which would identify over 800,000 previously undiagnosed HCV infected persons and save more than 120,000 lives with standard care and treatment.

This fall our unit will be sponsoring a radio public service announcement through the [Michigan Association of Broadcasters](#) that will highlight the CDC's recommendation that people born from 1945 through 1965 get tested for HCV. The PSA will air across the state of Michigan from September through October. A recording of the PSA can be found [here](#).

-Chardé Fisher

Michigan Department
of Community Health



Rick Snyder, Governor
Nick Lyon, Director

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Evaluating CDC's HCV Birth Cohort Screening Recommendation

In August of 2012 the [CDC recommended all persons born between 1945 and 1965 receive one-time test for HCV antibody](#). Chardé explains the rationale behind CDC's recommendation on page 1 of the newsletter. In winter of 2013 the Viral Hepatitis Unit sought out a mechanism of evaluating the impact of this CDC recommendation. Has it resulted in more Baby Boomers being tested for HCV?

To answer this question the Viral Hepatitis Unit worked with private insurance companies including Blue Cross Blue Shield, Blue Care Network, Priority Health, and Health Plus to examine trends in medical claims for HCV antibody in persons born between 1945 and 1965 before and after the CDC testing recommendation. Currently we estimate that our study population represents ~50% of Michigan Baby Boomers. We hope to eventually include Medicaid data in our analysis as well.

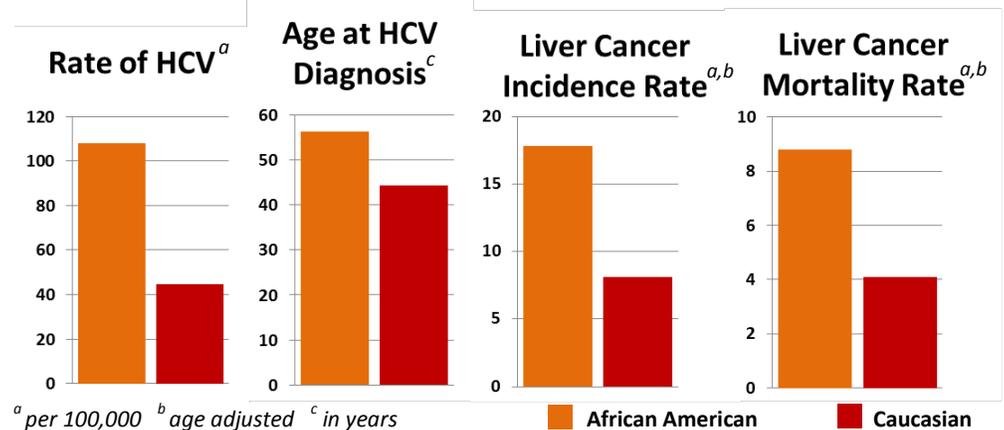
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2013 Viral Hepatitis Annual Surveillance Report

The [2013 Viral Hepatitis Annual Report](#) has been departmentally approved for distribution and can now be found on the MDCH viral hepatitis homepage www.michigan.gov/hepatitis. This comprehensive State-wide surveillance report covers hepatitis B and C infections for the year 2013 and examines cases by age, race, gender, and risk behavior. New to the report this year are viral hepatitis related health outcomes (liver cancer and mortality statistics) provided to us by the [MDCH Vital Records Department](#).

In the report, we looked at rates of invasive cancers of the liver and intrahepatic bile ducts in the Michigan population. Though these cancers are not always exclusively a result of viral hepatitis, chronic infection with hepatitis B and hepatitis C is a leading cause of these types of cancer. The data showed that African American men have a two times higher incidence of liver and intrahepatic bile duct cancer than that of Caucasian men (adjusting for age). The rate of these cancers increased 21% from 2003 to 2011 in African American men. Additionally, we found that liver and intrahepatic bile duct cancer mortality rates were also two times higher in African American men compared to Caucasian men over the same period.



In the [2012 Annual Report](#) we made a couple of other observations that may, at least partially, explain this phenomenon. For one, the rate of chronic hepatitis C in African Americans was 108 compared to 45 per 100,000 in Caucasians. Further, we noted that on average African Americans received their hepatitis C diagnosis at age 56, while Caucasians received their diagnosis at an average age of 44. The difference in age at diagnosis might exist due to Caucasians acquiring HCV earlier in their lifetime; however, perhaps the more logical explanation is that the two groups acquire HCV at roughly the same time, but African Americans go undiagnosed with the disease longer due to disparities in access to care and diagnostic services. As a result, the hepatitis C virus has an additional 12 years to cause liver damage in these clients, during which time the infected person has not received any treatment or preventative services thus predisposing them to poor health outcomes (increase rate of liver disease and mortality). It would not be surprising to learn that these elements are related - increased prevalence plus delays in diagnosis lead to a greater likelihood of liver cancer and death.

-Geoff Brousseau

HCV Epidemic in Young Adults

In the past, we have frequently [reported on the epidemic of Hepatitis C in young adults in Michigan](#). MDCH worked on a multi-state young adult HCV study coordinated by CDC, the results of which have recently been published online in the journal of [Clinical Infectious Disease](#). Michigan-specific data has been released by the MDCH Hepatitis Unit in a [summary report](#) and [fact sheet](#).

Five states (Florida, Massachusetts, Michigan, Minnesota and Wisconsin) and one city (Philadelphia) investigated newly reported cases of HCV infection in young persons (aged ≤ 30 years) to obtain behavioral and risk characteristics related to HCV infection, including incarceration history, exposure to drug or alcohol rehabilitation, risk behaviors related to injection drug use and recreational patterns of drug use. The table to the right shows how Michigan responses compared to those from all study sites.

Overall, the study found that young people with HCV were

predominantly white, non-urban and 76% had injected drugs, with 61% having used heroin and 54% having used both heroin and prescription opioids. On average, prescription opioid use preceded heroin use by 2.4 years. The authors conclude that the increases in HCV incidence in young people is largely due to sharing of injection equipment, in which early prescription opioid abuse and addiction is followed by the initiation to IDU and heroin abuse. A multifaceted approach to address the hepatitis C epidemic will be necessary including increased HCV testing and treatment as well as increasing awareness and prevention of opioid and heroin abuse.

-Kim Kirkey

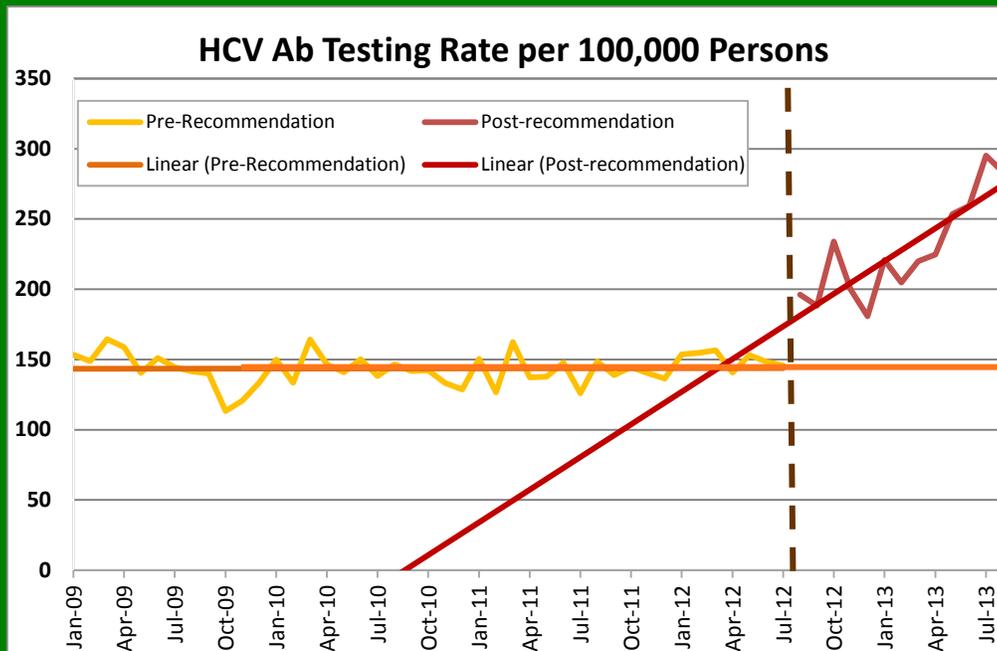
Patient Factor	Michigan n/N (%)	All Sites n/N (%)
Male	43/68 (63)	571/1199 (48)
White Race	65/68 (95)	878/1030 (85)
Ever Injected Drugs	64/68 (94)	367/477 (77)
Incarcerated in last year	31/68 (46)	96/283 (34)
Shared Needles/Syringes	14/19 (74)	76/133 (57)
Shared Drug Prep Equipment	16/19 (84)	117/142 (82)
Ever used Rx Opioid	53/65 (82)	345/456 (76)
Ever Used Heroin	60/65 (92)	280/456 (61)



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With IRB approval, and through multiple Data Use Agreements, MDCH received de-identified, HIPAA-compliant datasets from the health insurers. MDCH combined the data sets and calculated a monthly HCV testing rate (per 100,000 persons) dividing the number of HCV antibody tests by the number of persons covered under the insurance plans. The monthly HCV antibody testing rates are graphed on the left. Prior to the CDC recommendation the HCV antibody testing rate was 145 per 100,000 persons per month with a flat trend line. After August of 2012, when CDC recommended all Baby Boomers be tested for HCV, the testing rate went up to 217 and was trending up. This suggests that the CDC recommendation did result in Michiganders born between 1945 and 1965 to pursue HCV screening.

-Joe Coyle



Guidelines for When and in Whom to Initiate HCV Therapy

New medications for the treatment of hepatitis C virus (HCV) have been on the market since last year and more are anticipated to be available by the end of this year. The goal of any HCV therapy is to achieve sustained virologic response (SVR), which these medications have shown to be quite successful in achieving. SVR is defined as the continued absence of HCV for at least 12 weeks after completing treatment and is often used as an indicator of being cured of HCV infection. Successful treatment (i.e., achieving SVR) reduces all-cause mortality and adverse liver-related health outcomes in individuals infected with HCV.

However, access to these medications has been restricted (largely due to cost and insurance coverage barriers). Recently, the American Association for the Study of Liver Diseases (AASLD) and the Infectious Disease Society of America (IDSA) released recommendations for 'when and in whom to initiate HCV therapy'. These recommendations are included in the AASLD and IDSA guidance, *Recommendations for Testing, Managing and Treating Hepatitis C*, which can be found at www.hcvguidelines.org.

When access to medication is limited, the recommendation is that therapy be initiated in those that will benefit the most from treatment and in those who will have the greatest impact on reducing HCV transmission (See Table below).

These recommendations were given a rating that is based on the strength and level of evidence related to the benefits of treatment in these groups. These ratings, and additional detailed information on each group, can be found in Recommendations for Testing, Managing and Treating Hepatitis C on the hcvguidelines.org website.

Individuals for whom therapy is deferred should continue to be monitored for liver disease, especially for the progression of liver fibrosis. Monitoring the progression of liver fibrosis over time will serve as an indicator of when antiviral therapy may become necessary or urgent. It will be interesting to see how new medications coming this Fall and Winter will impact the HCV landscape, particularly in relation to cost and availability of therapy.

-Emily Goerge

Highest Priority	High Priority	Priority (high transmission risk)
Advanced Liver Fibrosis	Severe HCV extra-hepatic manifestations	Men who have sex with men with high risk sexual practices
Compensated Cirrhosis	High risk of liver-related complications (type 2 diabetes, HIV co-infection)	Active injection drug users
Liver Transplant Recipients		Incarcerated
		Long-term hemodialysis



Save the Date

Oct / Nov – Fall MDCH Immunization Conferences

10/8 – CIC Review Course

10/9-10/10 – MSIPC / APIC GL Fall Conference

10/29-10/31 – MSIPC Fundamentals

11/13 – MIDS Conference

11/19 – Hurley Infectious Disease Symposium

Helpful Links

www.michigan.gov/hepatitis

www.michigan.gov/hepatitisb

www.michigan.gov/cdinfo

www.michigan.gov/hai

CDC Hepatitis

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

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