

Hepatitis Headlines

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Viral Hepatitis Surveillance and Prevention Unit, Michigan Department of Community Health
www.michigan.gov/hepatitis



Aloha Seth!

We're sad to announce that Seth Eckel's last day with the Viral Hepatitis Unit will be December 16th. Seth has worked with our unit and the Tuberculosis Unit at MDCH for over a year and a half. His efforts have been invaluable to both programs.

Seth has worked very closely with local health departments on issues surrounding tuberculosis and viral hepatitis reporting, case classification, and investigation. He has helped us refine and develop new processes to improve our surveillance data.

Aloha means goodbye, but it also means hello. Fortunately, Seth is not going too far. He has assumed the Respiratory Disease Epidemiologist position within the SIDE Section's ERIE Unit. So as sad as we are to see him leave, we are equally excited for his new opportunity. We thank Seth for all that he has done for us and wish him all the best in his new role! Congratulations!

-Joe Coyle



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Harvoni: The Newest Weapon Against HCV

On [October 10th the FDA approved Gilead's Harvoni \(ledipasvir/sofosbuvir\) for the treatment of HCV infection](#). This is Gilead's second HCV drug to be approved in the last year, with [Sovaldi \(sofosbuvir\) getting FDA approval in December of 2013](#).

Sovaldi is used in combination with pegylated interferon and/or ribavirin for treatment duration of 12-24 weeks to treat the four common HCV genotypes seen in the US. Harvoni is an all-oral regimen requiring only one tablet to be taken once daily, though it is currently only approved for the treatment of genotype 1 infections. Treatment duration will last 8, 12 or 24 weeks depending upon prior treatment history, presence/severity of cirrhosis and the patient's HCV viral load.

Prior to FDA approval, Harvoni went through three Phase 3 trials, which evaluated treatment duration of 8 weeks, 12 weeks and 24 weeks both with and without the combination of ribavirin. Effectiveness was measured by sustained viral response (SVR) at 12 weeks post-treatment completion. Approximately 94-99% of patients treated with Harvoni alone achieved SVR at 12 weeks post-treatment completion.

The elimination of the need for interferon and ribavirin combined with the high rates of cure and even shorter treatment durations make this another milestone in respect to HCV treatment. However, the cost for Harvoni, at \$1,125 per pill or \$94,500 for a 12 week course, outpaces the cost of Gilead's previous drug Sovaldi (\$1,000 per pill, \$84,000 for 12 weeks).

Anecdotally, insurance companies are covering these HCV medications on a case-by-case basis, though the cost may prohibit all HCV infected persons from being treated immediately. With [additional treatment regimens on the horizon from Abbvie](#) it will be interesting to

see how drug pricing affects the future of the HCV treatment landscape. Visit www.harvoni.com for more info.

--Emily Goerge

Michigan Department
of Community Health



Rick Snyder, Governor
Nick Lyon, Director

MDCH joins forces with the *One and Only* Campaign

We are proud to announce that MDCH has recently become a member of [the One & Only Campaign](#), a public safety campaign to promote safe injection practices in all healthcare settings. By teaming up with the Safe Injection Practices Coalition, we're joining professional groups, healthcare systems, provider groups, private companies and others dedicated to raising awareness of the importance of injection safety.

While patient protection is a priority and injection safety is critical to our work, unsafe injection practices still happen. In fact, more than [150,000 people have been impacted by dozens of preventable outbreaks](#) of hepatitis B, hepatitis C or HIV over the last decade, due to unsafe injection practices. Some of these outbreaks involved healthcare providers reusing syringes, resulting in contamination of medication vials or containers that were used then on subsequent patients.

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Updates from the Perinatal Hepatitis B Prevention Program

New Staff Joins Perinatal Hepatitis B Prevention Program

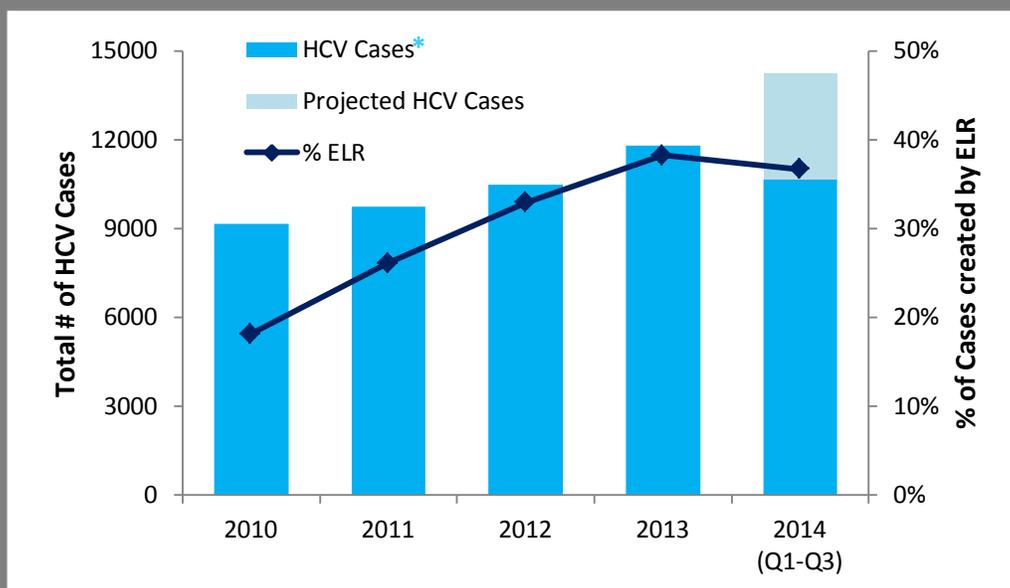
MDCH would like to announce an addition to the [MDCH Perinatal Hepatitis B Prevention Program \(PHBPP\)](#). Aleigha Phillips comes to the program with a wealth of knowledge and a wide variety of skills. Formerly from the WIC program, Aleigha will be a great asset to the PHBPP. Aleigha will be providing case management for southeast Michigan and can be reached at www.phillipsa3@michigan.gov or at 313-456-4432.

New Procedure for Electronic Reporting of Pregnant Women with HBV

To increase the identification of pregnant HBsAg-positive women, the PHBPP has a new procedure. Electronically submitted HBsAg-positive labs for pregnant women are now being reported to the Michigan Disease Surveillance System (MDSS) and entered into the Perinatal section of MDSS. This new system has been implemented with the commercial labs through special coding to indicate that the client is possibly pregnant or that the test was a part of an OB panel. If the LHD finds HBsAg-positive cases in the Perinatal section of MDSS, please contact the PHBPP before the case is moved to the correct category of acute or chronic hepatitis B. The new directions will be in the PHBPP manual at www.michigan.gov/hepatitisB under LHD Reporting.

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Fast Facts: Number of Hepatitis C Virus (HCV) cases reported to MDSS each year and the percent that are created by Electronic Lab Reporting (ELR)



*All HCV reportable conditions, all case statuses

--Geoff Brousseau

Updates from the PHBPP (continued from page 2)

Test and Report all HBsAg-Positive Pregnant Women

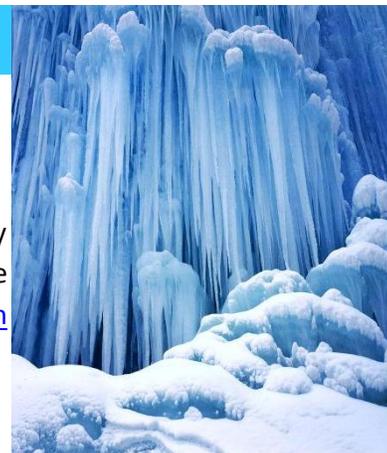
All pregnant women need to be tested for hepatitis B surface antigen (HBsAg) for every pregnancy ([Michigan Public Health Code, section 333.5123](#)) and all HBsAg-positive results should be reported to the LHD ([Michigan Communicable Disease Rules, Section 333.5111](#)), even if the woman is chronically infected.

Hepatitis B Birth Dose Honor Roll

The Immunization Action Coalition (IAC)'s Hepatitis B Birth Dose Honor Roll recognizes birthing facilities for their efforts in protecting babies from the hepatitis B virus (HBV) by getting the hepatitis B (hepB) vaccine prior to hospital discharge. Along with IAC, the PHBPP would like to congratulate and recognize the following hospitals that are currently enrolled in the program: Dickinson Co Healthcare System, Hillsdale Community Health Center, Lakeland Community Hospital/Niles (two years in a row), Mercy Memorial Hospital/Monroe, Oakwood Annapolis (two years in a row), Sinai Grace Hospital, Spectrum Health Grand Rapids Hospital and Spectrum Health Ludington Hospital (two years in a row). Previously enrolled hospitals were Pennock Health Services Family Birthing Center and Sturgis Hospital.

If a birthing facility in your county has achieved hepB birth dose coverage levels of 90% or greater over a 12 month period and have protocols in place to protect all newborns from HBV infection prior to hospital discharge, please have them enroll in the program by going to: www.immunize.org/honor-roll/birthdose/apply.aspx.

For more information, please contact Pat Fineis at 517-335-9443 or fineisp@michigan.gov or Kari Tapley at 313-456-4431 or tapleyk@michigan.gov or visit www.michigan.gov/hepatitisB.



One and Only (continued from page 2)

The One & Only Campaign seeks to eradicate outbreaks from unsafe injection practices by empowering patients and healthcare providers to insist on nothing less than One Needle, One Syringe, Only One Time for every injection. Since 2009, the campaign has developed materials for providers – including a [clinician toolkit](#), [checklist](#), [infographic](#), and [video](#) – and has participated in national and state meetings and conferences to raise awareness of the CDC guidelines for safe injection practices.

MDCH looks forward to collaborating with you all on making healthcare safer for residents of the State of Michigan as we spearhead initiatives to promote injection safety! Click [here](#) to learn more about the campaign and to download free materials.

--Charde' Fisher

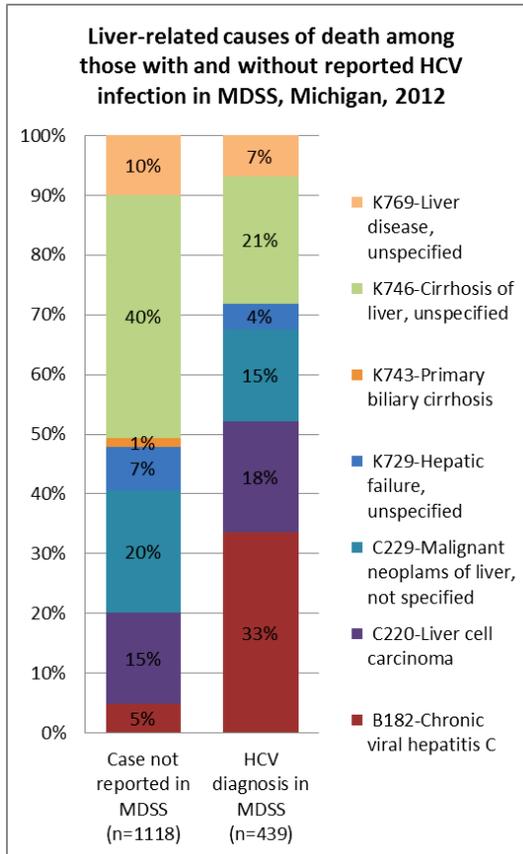


Viral Hepatitis Injection Safety booth at the MDCH Immunization Conference in East Lansing on November 21st

Hepatitis C and Association with Liver-related Mortality

The [MDCH Vital Records and Health Statistics Section](#) collects information on the underlying cause of death on all deaths that occur in Michigan. Data on underlying causes of death is listed on death certificates using the Tenth Revision of the International Classification of Diseases (ICD-10) classification. In order to better understand hepatitis C mortality in Michigan we performed a data cross-match between confirmed and probable hepatitis C cases in MDSS and Michigan deaths with liver disease-related underlying causes of death. We wanted to ensure that all decedents who had HCV as an underlying cause of death were reported to MDSS and examine the proportion of liver-related causes of death that could be attributed to HCV.

In 2012, there were 1557 deaths in Michigan that listed a liver disease-related cause of death on their death certificate (see figure ICD-10 codes). Of the 1557 deaths, 201 listed HCV as an underlying cause of death, but 54 (27%) such cases were not reported to MDSS. Possible reasons for this include: general under-reporting of hepatitis C cases, an HCV diagnosis before the advent of MDSS, physician receipt of hepatitis C-positive test results after the death of the patient, or the case was reported to MDSS but did not meet the case definition.



As the figure above shows, those with an HCV diagnosis in MDSS, were more likely to have HCV as the underlying cause of death than those not reported to MDSS. Decedents not reported to MDSS were more likely to die from unspecified cirrhosis of the liver perhaps as a result of non-infectious hepatitis causes (e.g. excess alcohol consumption, autoimmune disease). Future projects may look at the epidemiological factors associated with these decedents and ensuring all confirmed HCV cases are reported to MDSS. --Kim Kirkey



Save the Date

3/27 – MI Epi Conference

4/2 – World TB Day Conference
(Details coming soon!)

5/14 – MDCH CD Conference

6/14-6/18 – CSTE Conference

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](#)

[Blood Glucose Monitoring](#)

[ACIP Hepatitis B Vaccination Guide](#)

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