

Hepatitis Headlines

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

www.michigan.gov/hivstd

World Hepatitis Day

Every year on July 28th, the World Health Organization and partners mark World Hepatitis Day to increase awareness and understanding of viral hepatitis and the diseases that it causes.

According to the WHO, although the burden of viral hepatitis is large and growing, it remains largely ignored or unknown to many policymakers, health workers, and the public.

With a global estimate of 1.4 million cases of hepatitis A each year, and 240 million and 150 million people chronically infected with hepatitis B and C respectively, it is clear that these viruses represent a major global health risk.

Though Hepatitis Day has come and gone, you can find out more about it at: www.who.int/campaigns/hepatitis-day/2013 and <http://www.cdc.gov/hepatitis/WorldHepDay.htm>

--Chardé Fisher,
FisherC6@michigan.gov



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Events and Links

Welcome New Viral Hepatitis Staff!

It's been an exciting few months in the Viral Hepatitis Unit, most notably with the hiring of some new staff members that helped diversify and complete our team. We thought this would be a good opportunity to introduce the new folks.

Ladies first! Emily Goerge is the newest addition to the Unit; joining the team in early June. Emily is a registered nurse and has a degree in public health with experience working in both infection control and at a local health department. Her role as the Viral Hepatitis Nurse Consultant is to investigate outbreaks of Hepatitis B and C infections, particularly those related to healthcare. Additionally, Emily is tasked with improving Michigan's viral hepatitis surveillance and follow-up and will be available to provide technical assistance to any viral hepatitis stakeholders. Emily grew up in Redford, Michigan but has lived in the Lansing-area for the last two years. She is currently enjoying her life as a newlywed! Please join me in welcoming Emily! Emily can be reached at GoergeE@michigan.gov.

Last, but not least is Seth Eckel. Seth is a native Michigander from the thumb-area. He has a BS in Biology and will be getting his MPH from Michigan State in August 2013. Seth will be working closely with healthcare providers and local health departments to improve the accuracy of hepatitis data reported to the Michigan Disease Surveillance System. He is an avid fan of all things science and hockey and now lives in East Lansing, Michigan with his wife and two kids. Seth also collects Precious Moments figurines.

The previous sentence is actually untrue. Welcome aboard Seth! Seth can be reached at EckelS1@michigan.gov.

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Update on Injection Safety Surveys in ASCs

As we discussed in our inaugural newsletter, the Viral Hepatitis Unit is conducting Ambulatory Surgical Center surveys to determine injection safety policies, knowledge, and practice. We're pleased to report that the project is moving along nicely.

We opted for a two-tiered survey approach, with the first step being an interview of a facility administrator and the second a survey of the actual healthcare workers (HCW) employed by the facility. The administrator survey focused on injection safety policies and procedures, while the HCW survey examines knowledge and practice with injection safety standards.

To date 57 administrator surveys have been completed along with 178 HCW surveys, with more coming in each day. Preliminary results have shown a high level of understanding with injection safety standards of practice. One area where we have noticed less understanding than others has been in the use of finger stick devices and insulin pens. As such, this may be an area where we focus our trainings.

--Chardé Fisher,

FisherC6@michigan.gov

Viral Hepatitis Outbreak Updates

Hepatitis A Outbreak Linked to Consumption of Frozen Berry Blend Product

A multistate outbreak of hepatitis A, primarily in the southwestern states, has been under investigation since the end of March 2013. By mid-July, according to the CDC, 147 confirmed cases of hepatitis A have been reported in 8 states after individuals ate a frozen berry product that contained pomegranate seeds (<http://www.cdc.gov/hepatitis/Outbreaks/2013/A1b-03-31/>). Illness onset dates range from March 31 to July 1, 2013. Ages range from 1 to 84 years of age, with 57% of the cases occurring in the 40- to 64- year age group. No deaths have been reported, but 43% of ill people have been hospitalized. The major outbreak strain of hepatitis A virus belongs to genotype 1B, which is a strain of the virus that typically circulates in North Africa and the Middle East. Michigan has not had any cases in this outbreak to date.

Pomegranate seeds imported from Turkey have been implicated as the hepatitis A vehicle in this frozen berry product. The product, which has been recalled, was sold at Costco warehouse stores, Harris Teeter stores, and Scenic Fruit Company of Gresham, Oregon, but does not appear to have been distributed in Michigan (<http://www.cdc.gov/hepatitis/Outbreaks/2013/A1b-03-31/advice-consumers.html>).

The Michigan Department of Community Health is working with the CDC to track hepatitis A cases in Michigan and test specimens to determine if any other cases are related to this outbreak.

--Sally Bidol, BidolS@michigan.gov

Hospital Tech to Plead Guilty in Multi-State Hepatitis C Outbreak

David Kwiatkowski, the medical technician who was arrested in July 2012 for allegedly stealing fentanyl syringes at New Hampshire's Exeter Hospital cardiac catheterization lab and re-filling the syringes with saline, reached a plea deal with prosecutors on August 12th 2013. Had Kwiatkowski been convicted on all charges he could have faced a 98-year prison sentence. Reportedly, Kwiatkowski pleaded guilty to 14 federal drug charges in exchange for a prison sentence of 30 to 40 years.

<http://www.cnn.com/2013/08/13/health/hepatitis-infections-case/>

To date, 46 individuals (32 in New Hampshire, seven in Maryland, six in Kansas, and one in Pennsylvania) have tested positive for a strain of the hepatitis C virus that matches Kwiatkowski's. It is estimated that, nationwide, over 11,000 people were notified of their potential exposure to Kwiatkowski.

Kwiatkowski worked for at least 18 healthcare facilities in seven states including seven healthcare facilities in Michigan between 2003 and 2007. Though there have been no confirmed cases in Michigan molecularly linked to the outbreak, MDCH continues to recommend persons potentially exposed to Kwiatkowski be tested for HCV: <http://www.michigan.gov/mdch/0,4612,7-132-8347-283370--,00.html> and <http://www.michigan.gov/mdch/0,4612,7-132-8347-283733--,00.html>.

--Joe Coyle, CoyleJ@michigan.gov

Completion of HCV Case Report Forms in MDSS



A main objective of our Viral Hepatitis Grant has been to improve viral hepatitis case classification and follow-up, including completion of the epidemiology section of viral hepatitis case report forms. We pulled 2012 viral hepatitis data from MDSS to determine what our state-wide baseline case completion rate was and to use that as a benchmark for future grant years.

We started by first extracting only Confirmed and Completed cases from MDSS and analyzed the case completion rate for acute and chronic cases separately. Since there is no 'field' that indicates whether or not the form was complete, we decided to use the 'History of Intravenous Drug Use' question to approximate case completion. Of all the Epidemiology questions it is the field most commonly completed.

For the 75 cases of acute Hepatitis C reported to MDSS in 2012, 59 (79%) of the cases had epidemiological information completed. However, of the 8,146 cases of chronic Hepatitis C reported in 2012 only 2,346 (29%) were considered complete. Individual health department completion rates were highly variable. It makes sense that acute cases are followed more closely by investigators as these are higher-priority infections. It is also important to recognize the effort required to follow-up on 8,000+ chronic cases, especially considering many individuals with HCV infection are difficult to contact and are sometimes unwilling to answer interview questions.

We will continue to monitor the completion of the epidemiology section of the HCV case report forms and use that as a marker to evaluate grant activities. In the near future, MDCH plans to collaboratively partner with LHDs to help improve these rates.

--Emily Goerge, GoergeE@michigan.gov and
Geoff Brousseau, BrousseauG@michigan.gov

Improving HCV Surveillance in the MDSS

As many of you are probably well aware, the MDCH Viral Hepatitis Unit is exploring multiple avenues to improve hepatitis surveillance in Michigan; one of which is making improvements to the Michigan Disease Surveillance System (MDSS) to better handle the load of hepatitis labs and cases. This will not only ensure that we have more reliable data, but will also decrease user workload.

In recent months MDCH staff have met with representatives from Ingham, Washtenaw, Mid-Michigan and Central-Michigan Health Departments to discuss potential MDSS enhancements.

The majority of changes focus on automating reporting and case management in MDSS. For example, attaching all hepatitis tests to a reportable result for a given patient (negative lab results or ALTs attached to a HCV Ab lab) and automatically filling the lab section of the case report form with electronic lab results (to remove the need for redundant data entry) are potential improvements.

MDCH will be working closely with Altarum in the near-term to enhance the MDSS to better meet user needs.

--Joe Coyle,

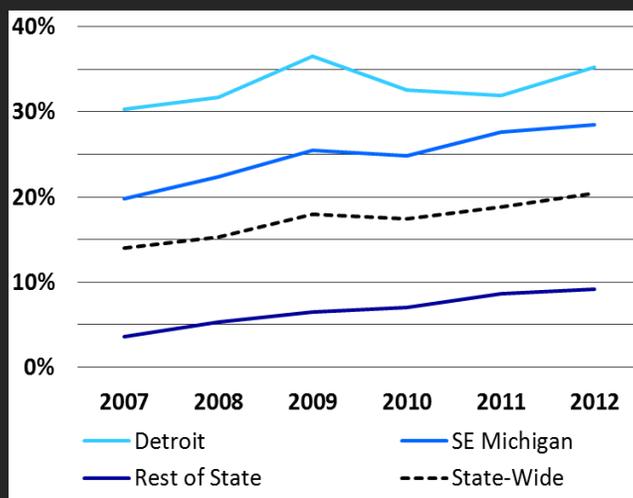
CoyleJ@michigan.gov

FAST FACTS

Proportion of Substance Abuse Treatment Admissions due to Heroin, 2007-2012

The proportion of substance abuse treatment admissions due to heroin has been increasing since 2007 in all areas of the state: Detroit, SE Michigan, and outside of SE MI

Source: [Bureau of Substance Abuse and Addiction Services](#)



*SE MI defined here as the counties of Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Wayne and Washtenaw (excludes Detroit)

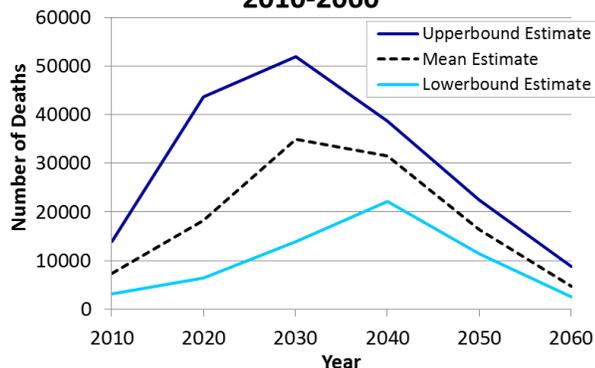
HCV: The Potentially Long Road Ahead

According to [CDC Statistics](#), great strides have been made in preventing new HCV infections, but due to the chronic nature of HCV, the prevalence of the virus remains high. As such, the full impact of HCV in the US has yet to be fully realized. A recent article by [Rein and colleagues in Digestive and Liver Disease](#) shed some light on the future of HCV in the US and the potential role of public health¹.

The authors used published data from the literature to develop a mathematical simulation model to forecast the morbidity and mortality associated with hepatitis C from 2010 to 2060 in the absence of targeted public health interventions to get people tested and treated. Overall, the model estimated that morbidity and mortality associated with HCV would peak between 2030 and 2035. The average, lower, and upper estimates for HCV deaths can be seen in the figure at right. The model predicted a peak of 36,100 HCV-associated deaths in 2030.



Estimated Deaths Attributed to HCV, 2010-2060



The authors argue, without dedicated public health interventions, these estimates could be a reality. Currently, the HCV infected population in the US is largely untreated. About [75% of people with chronic HCV do not know of their infection](#) and of the 25% that are aware, [many cannot afford current treatments](#). The group argues that without significant improvements to the proportion of Americans that know their infection status and subsequently receive treatment, HCV-related health complications and deaths will continue to rise for the foreseeable future. Overall, while interventions have proven successful in limiting new HCV infections, public health continues to have a critical role pertaining to chronic HCV; namely, in diagnosis and linkage to care. So don't turn your back on HCV, it's here to stay.

--Kim Kirkey, KirkeyK@michigan.gov

¹Rein et al. Forecasting the morbidity and mortality associated with prevalent cases of pre-cirrhotic chronic hepatitis C in the United States. *Dig Liver Dis* 2011;43(1):66-72.



Save the Date

9/10-9/13 – ICAAC

10/1-10/13 – ID Week/IDSA

10/23-10/25 – MSIPC
Fundamentals

11/7-11/8 – MSIPC Fall
Conference

Helpful Links

www.michigan.gov/hivstd

www.michigan.gov/cdinfo

www.michigan.gov/hai

[CDC Hepatitis](#)

[Know More Hepatitis Campaign](#)

[CDC Hepatitis Risk Assessment](#)

[Hepatitis A](#)

[Hepatitis B](#)

[Hepatitis C](#)

[Institute of Medicine Report on
Prevention and Control of
Hepatitis in the US](#)

[One and Only Campaign](#)

[Injection Safety Resources](#)

[Hepatitis Occupational
Exposure Guideline](#)

[Blood Glucose Monitoring](#)

[ACIP Hepatitis B Vaccination
Guide](#)

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