

Hepatitis Headlines

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

www.michigan.gov/hepatitis

Universal HCV Screening?

Since 2012, the CDC has recommended one-time HCV testing for all individuals born between 1945 and 1965, in addition to the long-standing risk-based recommendation. Recently, Johns Hopkins researchers propose expanding HCV testing to all adults ages 18 years and older, based on findings from an 8-week study in their emergency department.

The study was designed to determine the overall burden of HCV infection and evaluate the sensitivity of CDC recommendations. All ED patients who were at least 18 years old and had excess blood specimens were included in the study. Of 4,713 unique patients with excess blood specimens taken as part of routine care, 13.8% were HCV antibody-positive. Nearly one-third of these individuals no previous documentation of HCV infection.

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Michigan Pain Clinic HCV Transmission

Staff from the MDHHS Viral Hepatitis Unit and Ingham County Health Department, recently published the results of a 2015 outbreak investigation in the journal [Pain Medicine](#). The investigation began when Viral Hepatitis Unit staff were notified of an acute case of hepatitis C virus (HCV), genotype 1b. The patient's only risk factor for hepatitis C infection was treatment at an outpatient pain management clinic. Staff initiated an investigation into the patient's hepatitis C acquisition using [CDC's Healthcare Investigation Guide](#), which provides a framework for state and local health departments to investigate possible healthcare-associated viral hepatitis transmission events.

Investigators interviewed pain management clinic staff and observed staff practices in the clinic. The patient was found to be the final case seen in the clinic's operating room for the week. Investigators obtained a clinic patient list and searched the Michigan Disease Surveillance System (MDSS) to determine the hepatitis C status of other clinic patients. This search revealed another acute HCV patient seen immediately before the index patient. The second acute case was preceded by another patient chronically infected with HCV genotype 1b.

Following these findings, 122 clinic patients were recommended to be tested for blood-borne pathogens, including HCV, HIV and hepatitis B. Ninety-two patients presented for testing. No additional transmission events were discovered.

Based on the results of the investigation, health care-associated transmission of HCV likely occurred at the pain management clinic and was possibly the result of multiple patient use of single-dose vials. Because no other cases were discovered we surmise that this represents an isolated occurrence as opposed to a systematic breakdown in infection control standards. Outbreaks such as these

highlight the need for continued vigilance and adherence to [CDC's Minimum Expectations for Safe Care in Outpatient Settings](#).
-Kim Kirkey

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Universal Screening (cont.)

Of those tested nearly half would have been screened based on birth cohort testing, while 26.5% would have been identified based on risk-based testing; however, 25% of cases would have been missed by following CDC guidelines. Among those that would have been missed, researchers found an increased HCV seroprevalence in non-black men and women born between 1979 and 1995.

For the full article visit:
<http://cid.oxfordjournals.org/content/62/9/1059.full>

ALF Liver Life Walks

The Liver Life Walk keeps the mission of the American Liver Foundation (ALF) moving forward both literally and figuratively. The walks provide a wonderful forum for the liver community to congregate, create awareness, and support ALF's mission:

Holland

Saturday, September 24, 2016
Registration: 8:00 am
Walk: 9:00 am
Kollen Park (near the band shell)

Register today at
LiverFoundation.org/WalkHolland For more information, contact Brandon Combs at (312) 377-9030 or bcombs@liverfoundation.org

-Chardé Fisher

Michigan Body Art Rule Promulgation and Fee Schedule

Public Act 375 has been in effect in Michigan since 2007. This law allows for licensure and enforcement of public health standards in body art facilities. Facilities are classified as those where body art procedures or services are provided that consists of tattooing, piercing, branding, permanent makeup and micro-blading. The law was written and passed to protect the public's health and safety for anyone visiting these facilities. Prior to this law, body art facilities were basically an unregulated industry in Michigan.

The protection and assurance for safety to the public is by enforcing this law. The duty of enforcement has been authorized by the state to the local health departments (LHDs) that have jurisdiction wherever facilities are located in their counties. The funding for the process of enforcement and assurance to public health is paid for by a set of state licensing fees included in the law. Licensure reimbursement fees are paid to the LHDs when they conduct an inspection of the facility. The inspection of the body art facility is to assure that that a facility is following a set of minimum standards which were created by a state work committee, as well as the environmental setting. The standards also assure that individuals providing services are themselves provided with documented education/training. The standards contain procedural provisions for LHDs on how to conduct inspections in body art facilities. Directions in enforcing the law in any body art facility deemed to be in violation is also written in the standards.



What has come to pass with the use and subsequent adoption of working standards by the industry and local public health has prompted a move for the standards be rewritten into a statewide accepted set of administrative rules. This new rule set, once approved, will then be adopted as a permanent addition to Michigan's Public Health Code and thereby establishing the body art licensing program as an accepted public health program in Michigan.

It is at this time of year, October 1st to December 1st, that the body art program prepares for license renewals of those facilities that have held a body art facility license for the past year as well as accepting applications for new body art facility licenses. PA 375 sets a basic yearly license fee including a fluctuating Consumer Price Index calculation. The body art facilities can pay for their license renewals or new facility applications through our payment portal found on the MDHHS body art program webpage www.michigan.gov/bodyart.

-Mike Kucab

2015 Viral Hepatitis Annual Surveillance Report

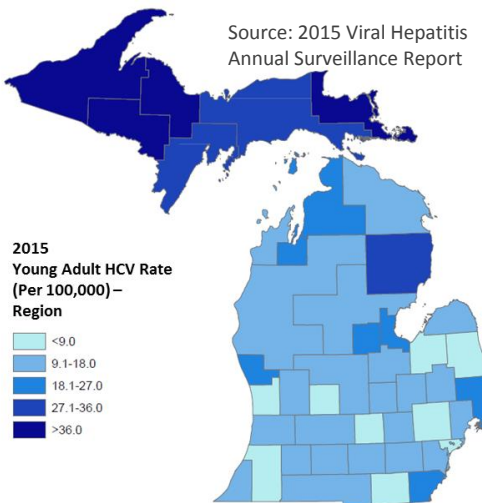
The Viral Hepatitis Unit's 2015 Annual Hepatitis B and C Report was recently posted to our website (www.michigan.gov/hepatitis). The report provides information on a variety of topics related to hepatitis B and C in Michigan. Below is a list of some of the topics covered in the most recent report.

Data Profiles by Condition

- Michigan's rate of acute HBV is lower than that of the United States and both acute and chronic HBV rates continuing to decline
- Michigan's acute HCV rate is higher than that of the U.S. The most commonly reported risk factor among both acute and chronic HCV cases was injection drug use

Special Populations

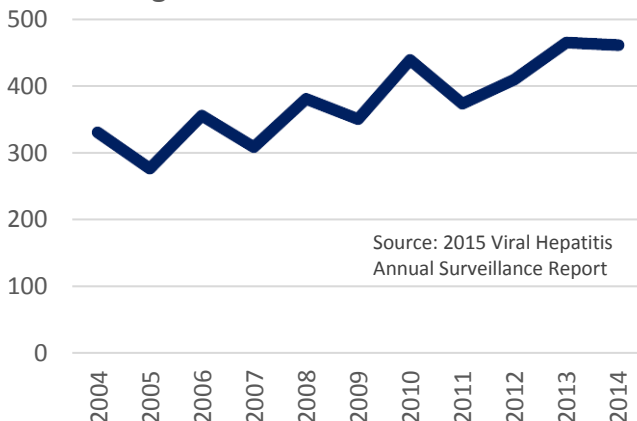
- The number of HCV cases in young adults (18-29 years old) has increased 302% since 2005, with injection drug use being reported in 86.7% of cases. Related to this epidemic, heroin related overdose deaths and substance abuse treatment admissions have increased 484% and 118% respectively since 2000
- The incidence of HBV/HIV and HCV/HIV co-infections continues to decline. However, the prevalence of co-infected individuals continues to increase due to the advances in HIV treatment



Viral Hepatitis Outcomes

- Rates of liver cancer and liver cancer mortality have both increased over 30% since 2004, likely driven by the increasing impact of HCV and HBV
- The number of deaths related to HCV has increased by 62% since 2004

Michigan Annual Liver Cancer Deaths



In addition to figures and tables, most of the above sections also include maps that break the data down by county, local health jurisdiction, and region. Questions regarding any of the data found in the 2015 Annual Hepatitis B and C Report can be emailed to the Viral Hepatitis Unit at MDHHS-Hepatitis@michigan.gov.

-Jenny Gubler



Vertical HCV Transmission

A [recent article published in CDC's MMWR](#), described increases in HCV antibody and RNA positivity among women of childbearing age and children less than two years of age in the U.S. and Kentucky. The authors used testing data from Quest labs for their study.

Between 2011 and 2014 HCV detection in women of childbearing age increased 22%, but in Kentucky the numbers rose by 200% during this same time frame. HCV detection among Kentucky children increased 151% compared to just 14% for the U.S. Kentucky is one of the states hardest hit by the epidemics of prescription opioid and heroin abuse so it is not entirely surprising to see this trend in perinatal HCV.

We previously discussed Michigan data related to perinatal HCV infection [here](#). Michigan has also observed increases in HCV infection among women of childbearing age and their infants. HCV surveillance would greatly benefit from a perinatal HCV case definition and further efforts are needed to increase awareness of HCV testing and diagnosis guidelines for children.

-Joe Coyle

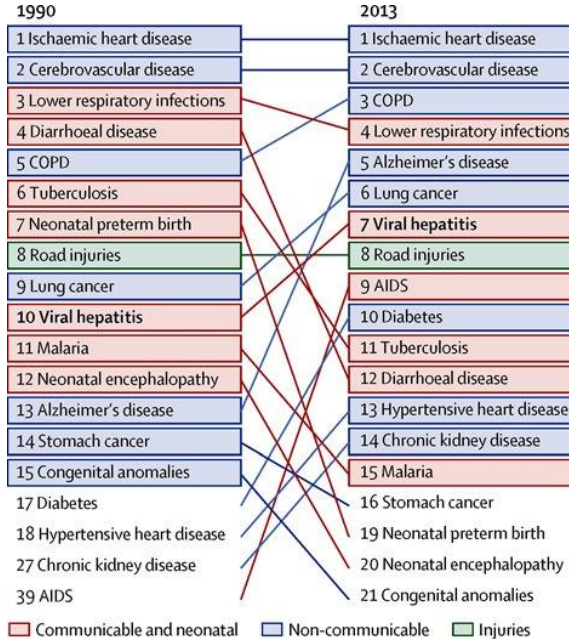
Global Burden of Viral Hepatitis

To better understand the burden of viral hepatitis, researchers sponsored by the Bill and Melinda Gates foundation analyzed data from the Global Burden of Disease Study to **estimate total morbidity and mortality from acute and chronic viral hepatitis from 1990 to 2013.**

This was the first comprehensive longitudinal study looking at the global burden of viral hepatitis. Using advanced modeling techniques, the researchers found a 63% increase in viral hepatitis related mortality from 1990 (890,000 deaths) to 2013 (1.45 million deaths). Years of life lost and years lived with disability were also found to be increasing. The study

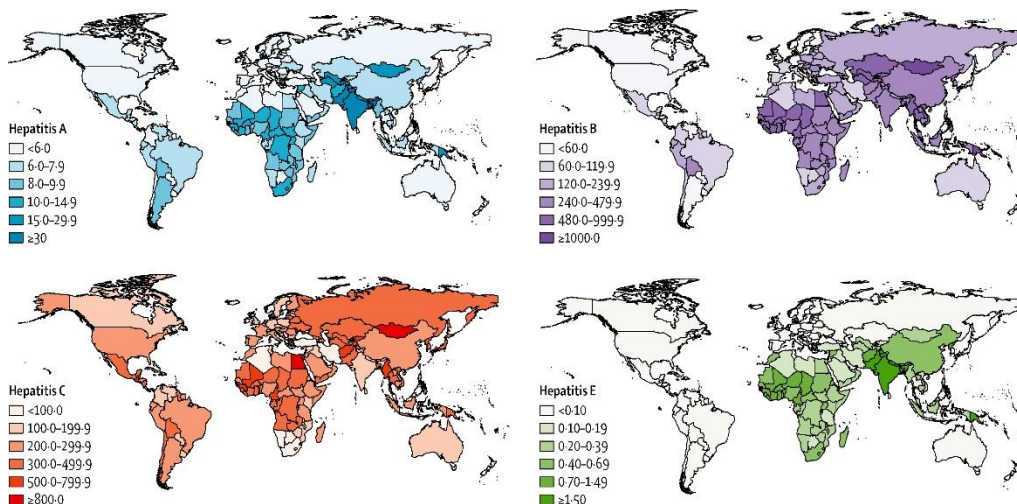
concludes that viral hepatitis morbidity and mortality are increasing in an era where global death and disability resulting from communicable disease is generally declining. Overall, viral hepatitis jumped from the tenth leading cause of death in 1990 to seventh in 2013 (now ahead of tuberculosis and HIV/AIDS). The researchers argue that the enormous global health loss due to viral hepatitis could be avoided with the existing availability of effective vaccines (Hepatitis A, B) and treatments (Hepatitis B, C).

Leading Causes of Mortality Trends 1990 vs. 2013



-Janelle Stokely

Age and disability-adjusted life year rates (per 100,000 per year) attributable to viral hepatitis



Save the Date

- 9/24 – ALF Liver Walk Holland
- 10/6-10/7 – MSIPC Fall Conference
- 10/19-11/2 – APHA Annual Meeting
- 11-3 – MIDS Fall Conference
- 11/11-11/15 – The Liver Meeting
- Fall – MDHHS Immunization Conferences

Helpful Links

- www.michigan.gov/hepatitis
- 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](#)

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