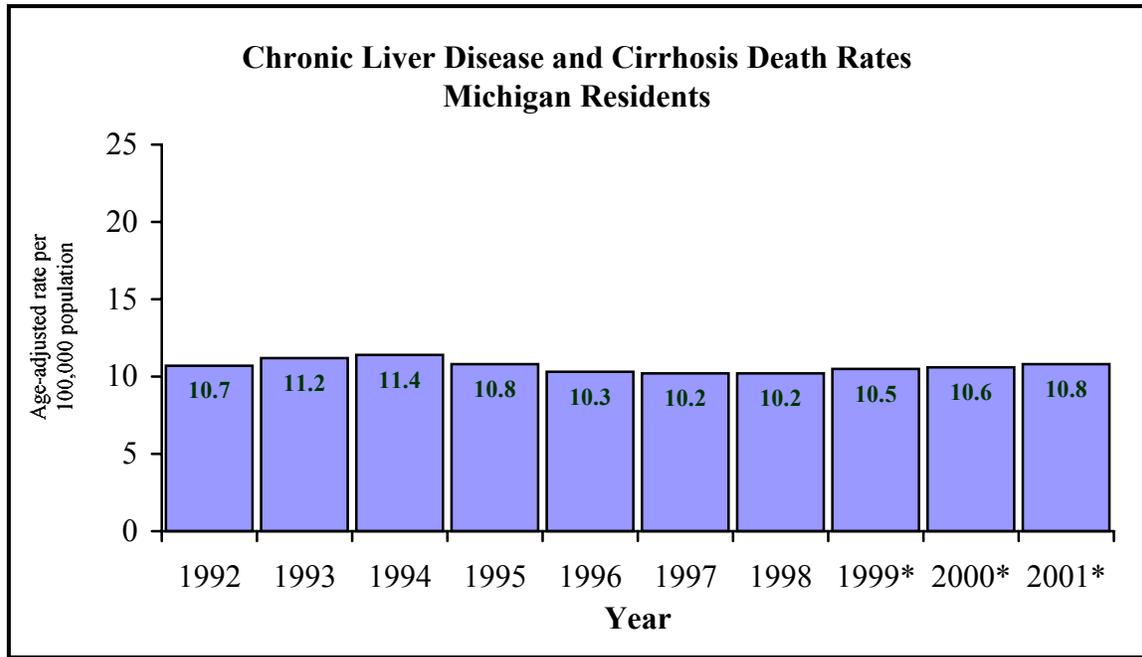


Vital Statistics Indicators

Chronic Liver Disease and Cirrhosis Deaths



* Death data based on ICD-10 coding. See *Technical Notes* for detailed explanation on ICD coding changes.
Source: Division for Vital Records and Health Statistics, MDCH

How are we doing?

Chronic liver disease and cirrhosis are the eighth leading cause of Years of Potential Life Lost (YPLL) for people below the age of 75 in Michigan and the ninth leading cause of death in Michigan during 2001.

The most common cause of liver disease is excessive consumption of alcohol. Alcohol-related disorders, which include alcoholic hepatitis and cirrhosis, outnumber all other types of liver disorders by at least five to one.

In 2001, there were 1,054 deaths due to chronic liver disease and cirrhosis in Michigan. The age-adjusted chronic liver disease and cirrhosis death rate was 10.8 per 100,000 population. The rate of Chronic Liver Disease and Cirrhosis Deaths has improved over the past ten years.

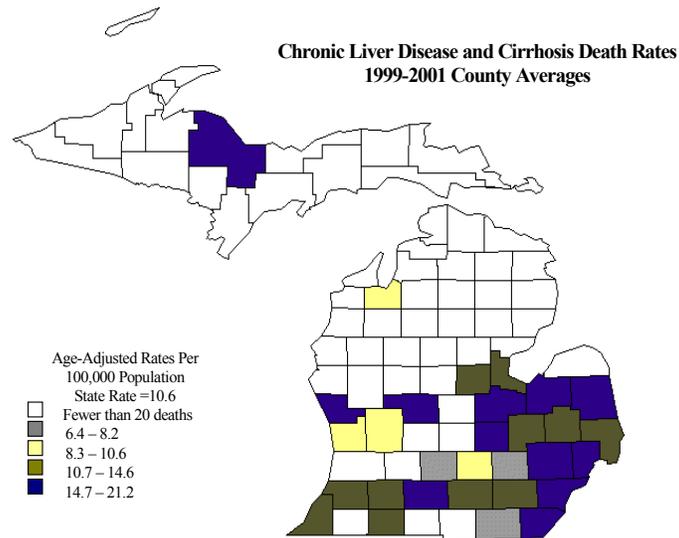
How does Michigan compare with the U.S.?

The chronic liver disease and cirrhosis death rate has historically been higher in Michigan than in the U.S., but the difference is narrowing. Michigan's 2000 age-adjusted rate of 10.6 was similar to the U.S. preliminary rate of 9.6. Chronic liver disease and cirrhosis was the twelfth leading cause of all deaths and of YPLL in the U.S.

How are different populations affected?

Men are more than twice as likely to die of chronic liver disease and cirrhosis as women. The Michigan age-adjusted death rate was 14.8 for men and 7.3 for women during 2001.

In the same year, chronic liver disease and cirrhosis death rates for African-Americans are 36 percent greater than for whites. The age-adjusted rate for African-Americans in Michigan was 14.1 compared to 10.4 for whites.



For more state and local data on chronic liver disease and cirrhosis deaths, visit the Michigan Department of Community Health website at www.michigan.gov/mdch.

What other information is important to know?

Eliminating alcohol abuse could prevent an estimated 75 to 80 percent of cirrhosis cases. In addition, pregnant women infected with hepatitis B could transmit the virus to their babies. Newborn vaccinations will prevent infants from becoming carriers and reduce their risk of liver disease. Apart from alcohol and virus induced liver disease, the liver may also be affected by congenital defects, bacterial and parasitic infection, poisoning, and autoimmune processes.

What is the Department of Community Health doing to affect this indicator?

The department is actively working to reduce the prevalence and impact of chronic liver disease and cirrhosis. The department provides testing for and diagnosis of viral hepatitis (hepatitis B and hepatitis C), which are significant contributors to liver disease. Hepatitis B vaccinations are also provided through many local health departments with vaccine purchased by the department. Hepatitis B vaccine is also provided free of charge to every birthing hospital in the state so that all newborns can be vaccinated against hepatitis B before they leave the hospital, in accordance with national recommendations by the Centers for Disease Control and the American Academy of Pediatrics.

In addition, the department supports programming that focuses on changing community norms around alcohol use and reducing underage drinking. The Michigan Coalition to Reduce Underage Drinking (MCRUD) is a coalition of prevention partners that focuses on underage drinking issues through grant awards and support of local groups. The department also supports a campus-mentoring

program and advertising campaign that emphasizes an alcohol and drug-free approach to college life. Substance use prevention activities are intended to have a long-term effect on this indicator.

Last Updated: May 2003.