

Hepatitis Headlines

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

www.michigan.gov/hepatitis

Staffing Shuffle

You may notice that this iteration of the newsletter is a little shorter than normal. Well, we're both sad and excited to announce some staffing changes within the Viral Hepatitis Unit. Two of our epidemiologists, Janelle Stokely and Jenny Gubler, both recently accepted new positions. Janelle is going to be an epidemiologist helping with clinical research at the Ann Arbor VA and Jenny is now an infection preventionist at DMC's Harper-Hutzel Hospital. We appreciate all the time and effort Jenny and Janelle put into viral hepatitis surveillance and epidemiology and we're excited that they are continuing to advance their careers. We wish Janelle and Jenny all the best and continued success in their new roles.

In other news, Joe Coyle is transitioning into a new role as the Healthcare-Associated Infection, Viral Hepatitis, and Tuberculosis Section Manager. Though Joe will be working with several MDHHS programs, he will continue to be involved in viral hepatitis-related activities especially until additional staffing support is in place. We'll be sure to keep you informed of any additional staffing changes in future newsletters!



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Michigan Medicaid HCV Coverage Criteria

For the past year, Michigan Medicaid has provided coverage for direct acting antivirals to treat hepatitis C virus. Recently, the prior authorization criteria has been expanded to include eligible beneficiaries with a F2 level of fibrosis. Previously, prior authorization was being restricted to those only with F3/F4 Metavir score. Clinicians can obtain prior authorization by submitting a [Prior Authorization Form](#). The expectation remains that the form is completed by or in consultation with a clinician specializing in gastroenterology, hepatology, or infectious disease. Additionally, HCV testing, a liver function workup, a history of alcohol and intravenous drug abuse, and co-morbidities remain among the criteria used to prioritize treatment approvals. However, Individuals with F2 level liver fibrosis who may not have received prior authorized under the old criteria may now be eligible for coverage. A list of Michigan Medicaid's preferred drugs to treat HCV can be found [here](#).

May is Hepatitis Awareness Month

The month of May is designated as Hepatitis Awareness Month in the United States, and **May 19th is Hepatitis Testing Day**. During May, CDC and its public health partners work to shed light on this hidden epidemic by raising awareness of viral hepatitis and encouraging priority populations to get tested.

To spread awareness in your organization you can:

- [Download and share Digital Tools](#)
- [Order and display Posters](#)
- [Print and distribute Factsheets](#)
- Promote CDC's [Know More](#) and [Know Hepatitis B](#) Campaigns

If you have any events planned that you would like us to highlight please feel free to let us know!

-Chardé



MDSS Version 4.5

MDSS 4.5 is rolling out onto production in February. It's a small update, but we have a couple of changes that we hope make users' lives a little easier. Firstly, we made a tweak to the Acute and Chronic HCV case definition rules. The rules will only be applied when a user is trying to complete an HCV case with a referral date of 1/1/2016 and forward. The case definition rules follow 2016 CDC/CSTE case definition criteria. This created issues for some users when trying to close out pre-2016 HCV cases according to the case definitions used at the time.

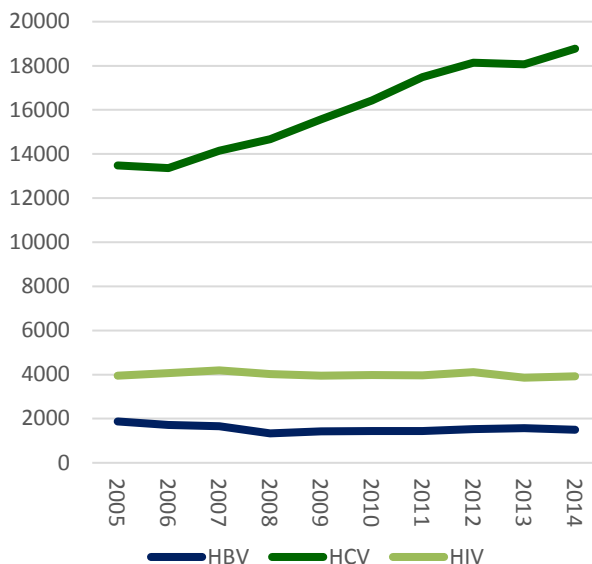
02/01/2017 09:13:29 PM ST JOHN HOSP AND MED CTR Statewide LAB Completed Auto-match Lab added for this Case

An additional enhancement continues our plan to continue to automate patient and case de-duplication within the MDSS, especially for known chronic HCV cases. MDSS receives close to 40,000 HCV lab results each year, and over 75% of those are for persons that have been previously reported with HCV. The traditional two-step manual review and adjudication of duplicate patients and duplicate conditions is burdensome on users. This latest enhancement will automatically attach an HCV electronic lab report (ELR) to an existing HCV case if the existing case was previously closed out as a completed probable or confirmed chronic HCV case. Incoming HCV ELRs will also automatically roll into existing open HCV cases (New, Active, or Completed-Follow up status). So these labs will not require any manual intervention for de-duplication. A note in the audit trail (see picture above) will indicate that a lab was "auto-matched". We hope that this update will save users some time and help streamline the investigation of new cases.

A full list of all of the changes in MDSS 4.5 can be found [here](#).

Quick Stats – Michigan HBV, HCV, and HIV Hospitalizations

The Michigan Hospital Association collects discharge data from health systems and MDHHS Vital Records tabulates this data for Michigan residents. It can be a useful tool for measuring burden of disease. Here we look at the crude number of annual hospitalizations for Hepatitis B, Hepatitis C, and HIV. We hope to further expound on this analysis in our Annual Surveillance Report. Clearly though, it depicts the large and still growing morbidity associated with HCV infection.



Save the Date

3/20 – [MDHHS TB Conference](#)

3/31 – [Michigan Epi Conference](#)

5/4 – MDHHS CD Conference

6/4-6/8 – [CSTE Annual Conference](#)

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](#)

[Blood Glucose Monitoring](#)

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