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Hepatitis Headlines

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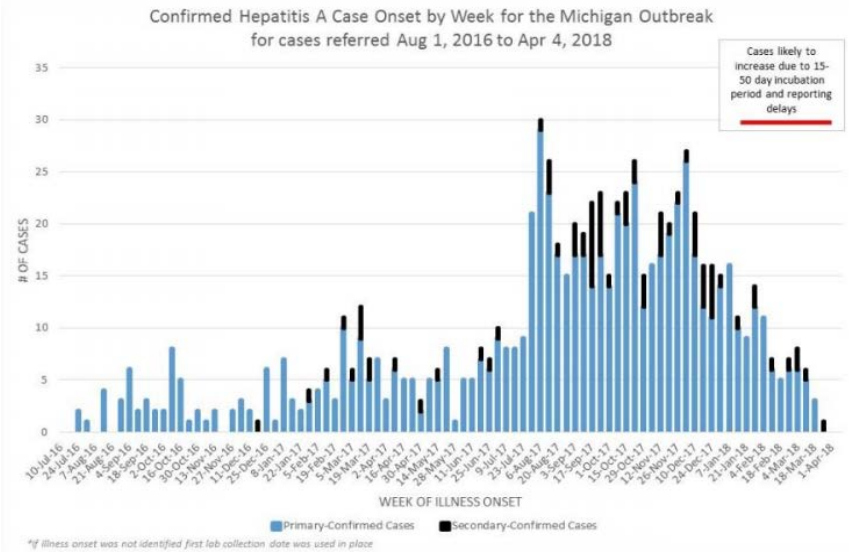
Viral Hepatitis Surveillance and Prevention Unit, Michigan Department of Health and Human Services

Hepatitis A Update

MDHHS and local public health officials are continuing to see an elevated number of hepatitis A cases in the state. As of **April 4, 2018,** there have been **802** confirmed cases of hepatitis A in Michigan. Of the **802** confirmed cases, there have been **644 hospitalizations (80.4 percent)** and **25 deaths (3.1 percent).** Groups who are at high-risk for acquiring hepatitis A or at increased risk of having poor outcomes are persons in homeless or transient living situations, recently incarcerated populations, people who use injection and non-injection drugs, people who work with the previously mentioned high-risk populations, men who have sex with men, persons who have close contact, care for, or live with someone who has hepatitis A, persons who have sexual activities with someone who has hepatitis A, travelers to endemic countries, persons with chronic liver disease (such as cirrhosis, hepatitis B, or hepatitis C), and persons with clotting factor disorders.

Affected outbreak jurisdictions include Macomb county, the city of Detroit, Wayne, Oakland, St. Clair, Washtenaw, Ingham, Monroe, Genesee, Isabella, Calhoun, Lapeer, Livingston, Sanilac, Shiawassee, Eaton, Grand Traverse, Clinton, Saginaw, Gratiot, and Mecosta counties. MDHHS continues to urge hepatitis A vaccination among the highest risk groups. The hepatitis A vaccine is available at local health departments, local pharmacies, and through healthcare providers. For resources and the latest information on the Hepatitis A outbreak, visit: **www.michigan.gov/hepatitisAoutbreak**.



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MIDAP Formulary

The Michigan Drug Assistance Program (MIDAP) assists eligible clients with prescription copay/coinsurance coverage and health insurance premiums, and covers HIV-specific and related medicines and vaccines. As of March 1, 2018, four hepatitis C medications have been added to the MIDAP Formulary for eligible individuals co-infected with HIV and hepatitis C.

The medications are Epclusa®(sofosbuvir/velpatasvir), Harvoni® (ledipasvir/sofosbuvir), Mavyret™ (glecaprevir/pibrentasvir), and Zepatier® (elbasvir and grazoprevir).

To access the prior authorization form, patient consent form, and prior authorization approval and denial criteria, visit **ScriptGuideRx's website** and find the Client Specific Forms section.

We're excited to work with the HIV Care Team to eliminate HCV among their Ryan White recipients!

For more information on MIDAP eligibility requirements, visit the MIDAP **homepage**.

Hepatitis A Public Response Strategy

Homeless Memorial Event in Southeast Michigan

The Michigan Primary Care Association (MPCA)'s February 6 edition of their MPCA eUpdate highlighted successful health center efforts to tackle the hepatitis A outbreak. In December 2017, Advantage Health Centers in Detroit hosted a Homeless Memorial Event, inviting organizations including the Detroit Health Department, Blue Cross Blue Shield of Michigan, Dorsey Culinary Academy, Capuchin Soup Kitchen, the Michigan Veterans Foundation, and Wayne State University Medical School volunteers.

The Detroit Health Department provided hepatitis A vaccinations to attendees who were homeless or in transient living situations. Attendees opting to receive the hepatitis A vaccine from the Detroit Health Department received a hygiene kit with warming items (such as hats or socks) from Blue Cross Blue Shield of Michigan. Additional incentives included lunch provided by the Dorsey Culinary Academy and the opportunity to schedule dental appointments with Waller Dental. As a result of the event, fifty-five people were vaccinated for hepatitis A. The event's success demonstrates the need for continued collaboration between organizations dedicated to improving population health.

Hepatitis A Mobile Vaccination Clinics among MSM in Southeast Michigan

To help combat Michigan's hepatitis A outbreak, MDHHS' HIV/STD Surveillance and Epidemiology Section coordinated six mobile vaccination clinics throughout the month of February at bars and nightclubs popular with men who have sex with men (MSM). As of **March 7, 2018, 71 cases (14.6 percent) of the 802 confirmed cases identified as MSM.** At the mobile vaccination clinics, hepatitis A vaccine is available at no cost to patrons 19 years and older. Events at two venues had to be rescheduled, resulting in four hepatitis A mobile vaccination clinics throughout February. From the four mobile vaccination clinics, a total of 37 patrons were vaccinated for hepatitis A. The mobile vaccination clinics yielded a positive response from the community, with venue owners open to more events in March and April. Mobile vaccination clinics have been extended through March, with locations expanding to include Affirmations and Ruth Ellis community centers. For mobile vaccination clinic locations, days, and hours of operation, visit the MDHHS' hepatitis A outbreak **website** for more information.

MDHHS Releases Hepatitis A Vaccine Clinic Calendar

In response to the hepatitis A outbreak in Michigan, MDHHS released a **Hepatitis A Clinic Calendar**. The Hepatitis A Clinic Calendar is an informative resource for identifying local immunization clinics where hepatitis A vaccination is available. The calendar provides information including immunization clinic location, days and hours of operation, and contact information.

Perinatal HCV: Birth Record Match

The vertical transmission of the Hepatitis C virus (HCV) from mother to child has become an increasing concern as the incidence and prevalence of HCV in women of child-bearing age has increased. To obtain a better estimate of perinatal HCV infection in the state of Michigan, the Viral Hepatitis Unit matched birth records from 2012-2016 to MDSS records for women ever reported with HCV. This match yielded 3,926 births to women who have been reported for HCV in Michigan. Transmission of the HCV occurs in approximately 5%-15% of newborns that are born to HCV-infected mothers. Extrapolating this proportion to our match, we would estimate the number of HCV viremic infants born during this time frame to be between 196-589. However, in this same time period there were only 26 infants reported to MDSS that meet the currently established criteria for perinatal HCV infection. This suggests that 87%-96% of perinatal HCV cases are **not** being tested and diagnosed. Greater clinical awareness of perinatal HCV with regards to guidelines for testing infants can improve the percentage of infants who are identified as having HCV. We have created a **toolkit for Perinatal HCV in Michigan** to provide clinical management and testing guidance as recommended by AASLD as well as reporting and classification guidance for local health departments.

During the match we also obtained epidemiological data from the birth record on the mother including demographic, risk factor, and socioeconomic characteristics. Of the mothers listed on the birth record, the majority were between the ages of 20 and 29 at birth (63.9%) and Caucasian (82.2%). Risk factor information was also collected, as seen in the table below. Although all mothers included in the match were women who had been reported in MDSS for HCV, only 29.8% of birth records listed the mother as self-reporting to be HCV positive. Looking at socioeconomic characteristics of mothers infected with HCV who gave birth, over half (63.6%) had a high school education or lower and 77.4% of these women were Medicaid beneficiaries. Further analysis of the data will look into comparing the data from these mothers with the Michigan population as a whole.

Epi Information	Yes	No	Unknown
Smoking	67.0%	32.0%	1.0%
Drinking	2.8%	96.3%	1.0%
Married at Birth/ Conception	22.7%	77.1%	0.2%
HCV	29.8%	68.5%	1.7%
HBV	1.3%	97.0%	1.7%
Gonorrhea	0.6%	97.7%	1.7%
Chlamydia	3.0%	98.2%	1.7%
Syphilis	0.1%	98.2%	1.7%
Herpes Simplex Virus (HSV)	4.5%	93.8%	1.7%
Group B Strep	16.1%	82.1%	1.7%
Tested for HIV	81.8%	10.6%	7.6%

Hepatitis Policy

The Governor's FY19 **budget proposal** included $4.8 million in general fund to boost support for local public health departments to better address threats to the public health, including hepatitis C. Though several other legislative steps must occur before we know the whether this will make through appropriations, we're encouraged of the possibility of State funding to combat HCV!

Numerous reports have been published pertaining to settlement in a class-action lawsuit between the State of Michigan and an Oakland County resident over Medicaid restrictions on hepatitis C treatment. Reports suggest that all Medicaid beneficiaries will be eligible for HCV treatment, in the near future. Details of the agreement haven't been publicly disclosed, but updates are anticipated. For information discussing the issue, please reference articles from **ABC News** and **WNEM**.

Classifying HCV/HAV Co-Infections

As you may be aware, healthcare providers appear to be ordering hepatitis panels with greater frequency in response to the Hepatitis A outbreak, especially among patients presenting with symptoms consistent with viral hepatitis. Many of these patients have tested positive for Hepatitis A IgM and in some instances these hepatitis panels represent the first ever positive Hepatitis B surface antigen and/or first ever positive Hepatitis C antibody for the patient. Given the common behavioral factors associated with risk of transmission of these viruses, this isn't necessarily a surprise.

In any event, there are several dozen instances where Hepatitis A and HBV and/or HCV diagnoses are being made concurrently, with symptoms of acute viral hepatitis and elevated liver enzymes. Because the patients are being diagnosed with these viruses at the same time, it is impossible to know for sure which is the cause of the patient's symptoms.

For consistency of reporting across Michigan health jurisdictions, we are recommending that any case with a positive lab result, symptoms of viral hepatitis, and elevated ALTs be classified using the acute case definition (unless the patient is explicitly known to be chronically infected with viral hepatitis). You will note that a diagnosis of hepatitis A does not preclude a person from being classified as an acute HBV or HCV case per the current CDC/CSTE surveillance definitions:

Hepatitis B Acute Case Definition **Hepatitis C Acute Case Definition**

There is no national guidance or recommendation regarding the temporal relationship required between viral hepatitis signs/symptoms, ALT elevation, and lab results. Because signs and symptoms of acute HCV may occur 2 weeks to 3 months after exposure to the virus, we are suggesting that any patient with clinical characteristics consistent with acute viral hepatitis that occur within 3 months (before or after) a positive HCV test be classified as acute HCV.

Save the Date

3/23 - MPHA Epidemiology Conference

4/24 - MDHHS Communicable Disease Conference

Helpful Links

www.michigan.gov/hepatitis
www.mi.gov/HepatitisAOutbreak
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

Credits: Iconography created by The Noun Project: Jeevan Kumar, Jugulbandi

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