Hepatitis Headlines

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Viral Hepatitis Surveillance and Prevention Unit, Michigan Department of Health and Human Services
www.michigan.gov/hepatitis

In this issue

Welcome Jenny!

The MDHHS Viral Hepatitis Unit is pleased to welcome our newest member, Jenny Gubler! Many of you may already know Jenny from her experience working with Detroit CD and STD programs and the Macomb County Health Department. Jenny has a BS and MS in Biology from Central Michigan University and has a diverse background which includes teaching courses in biology, studying molecular phylogenetics and wildlife disease transmission, and working as a veterinary technician. Her wealth of experience in local CD surveillance and epidemiology will greatly benefit our program and our collaborations with local public health. Jenny will be assisting in our efforts to improve viral hepatitis surveillance, detection and response to outbreaks, and development of data-driven surveillance projects that interface with state and local viral hepatitis prevention activities. Please join us in welcoming Jenny!

Update on Medicaid Coverage of HCV Drugs

On Tuesday March 1st, the Michigan Department of Health and Human Services (MDHHS) announced that Michigan Medicaid would provide coverage for new medications to treat hepatitis C virus (HCV) and cystic fibrosis for patients that meet pre-approval criteria. The approval of coverage for new HCV direct acting antivirals comes on the heels of the Pharmacy and Therapeutics Committee's December recommendation to cover the medications. MDHHS's preferred drug list was updated on March 1st to include Daklinza, Harvoni, Sovaldi, Technivie, and Viekira Pak. The prescriptions will be available through Medicaid prior authorization to all eligible beneficiaries enrolled in Michigan Medicaid, Healthy Michigan Plan, Children's Special Health Care Services and other waiver programs. Clinicians can obtain prior authorization by submitting a Prior Authorization Request. The expectation is that the form is completed by or in consultation with a clinician specializing in gastroenterology, hepatology, or infectious disease. HCV testing, a liver function work-up, a history of alcohol and intravenous drug abuse, and co-morbidities such as HIV infection and renal impairment are among the criteria on the form that may be used to prioritize treatment approvals.

Michigan Senate and House Appropriations subcommittees in January authorized spending transfers needed to cover the medications. Gov. Rick Snyder's executive budget recommendations for fiscal years 2016 and 2017 include additional funds to pay those costs. The governor's budget assumed a full-year cost of $91.5 million in general fund to treat approximately 7,000 persons. An additional $17.3 million in general fund was proposed to treat 340 prisoners.

While the importance of treatment cannot be understated, we should be reminded that many persons with HCV remain unaware of their infection. Resources and programs are still needed to test, diagnose, and link persons with HCV to care. Only then can the full health benefit of HCV treatment be realized. **-Chardé Fisher**

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Introducing the Hepatitis Spotlight

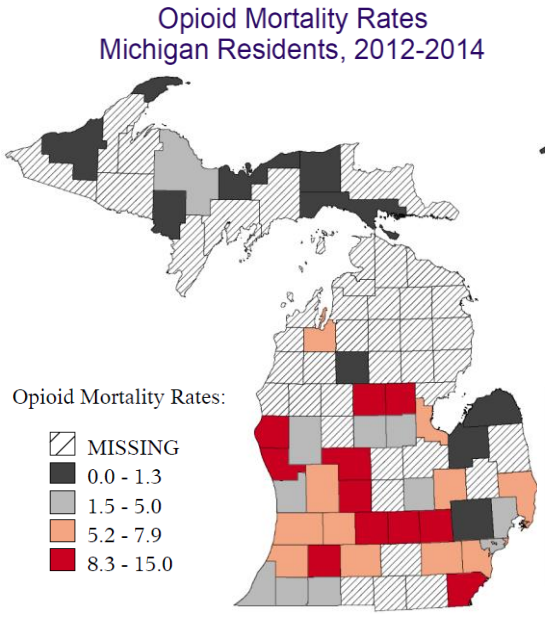
In coming additions we'd like to feature a "Spotlight" section in our newsletter. This section is intended to highlight the efforts of individuals or organizations addressing hepatitis in their area. Topics could include things like extraordinary providers testing and treating patients for HCV, improved case investigation, increased vaccination rates for HAV and HBV, education on transmission and prevention, grants to address hepatitis within your organization or jurisdiction, collaborations between organizations, and more whether they be at the local, state, or national level. Basically, we are looking to create a place to share ideas that others can adapt to help reduce hepatitis rates. If you have any suggestions of people, organizations, or projects that you would like to see featured in this section in the future please email us at MDHHS-Hepatitis@michigan.gov.

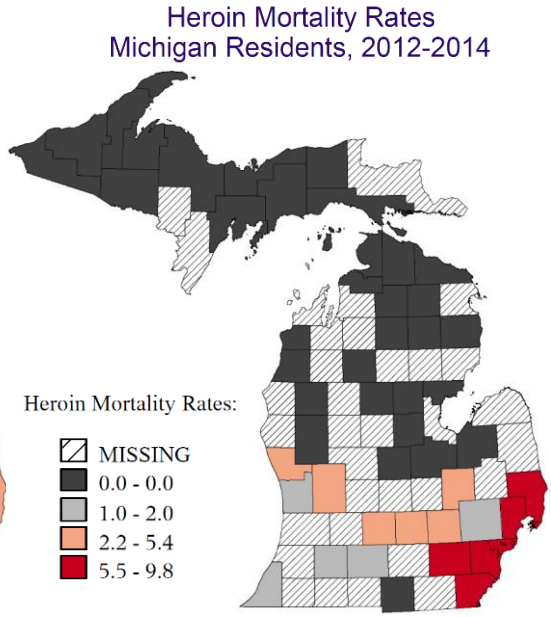
-Jenny Gubler

Update on Drug Overdoses in Michigan

In March, the Michigan Department of Health and Human Services (MDHHS) released new data showing the number of drug overdose deaths in Michigan rose by 14 percent from 2013 to 2014. We have previously reported on the association between opioid abuse, heroin use, and HCV infections. Drug overdose deaths represent the number one cause of injury-related deaths in Michigan.

According to the 2014 data men (21.4 deaths per 100,000) died at a higher rate than women (14.1 deaths per 100,000) from opioid and heroin use and the highest rate of overdose death occurred in the 25-34 year old age group. Geographic trends in heroin and prescription opioid overdoses showed some interesting observations.





Communications with local, state, and federal partners indicate that heroin reaches Detroit from Mexico via Chicago. It makes some sense then to see the highest rate of heroin overdose deaths in Detroit and the surrounding communities where heroin may be in greatest supply. In general, heroin overdose death rates seem to lessen with distance from Detroit. Naturally, prescription opioids are more readily available across all geographic regions. Overdose deaths rates due to non-heroin opioids are highest outside of the city of Detroit, such as in Western and Mid-Michigan. Previous studies have suggested that prescription opioid abuse often precedes initiation of heroin, which is often cheaper. But in communities were heroin supply is low, it stands to reason that prescription opioids are the substance of choice (the effect on the brain is essentially the same). Nevertheless, these data may impact the way we think about the opioid, heroin, and even HCV epidemics and our public health prevention strategies.

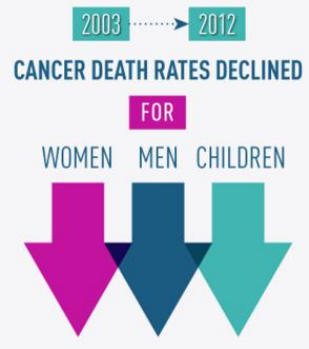
The new data comes as MDHHS continues efforts to address opioid and heroin use in the State. In October, the Michigan Prescription Drug and Opioid Abuse Task Force released several findings and recommendations related to the abuse of these drugs in Michigan and strategies to curb them. See the Michigan Prescription Drug and Opioid Abuse Task Force report for more information about its findings and recommendations.

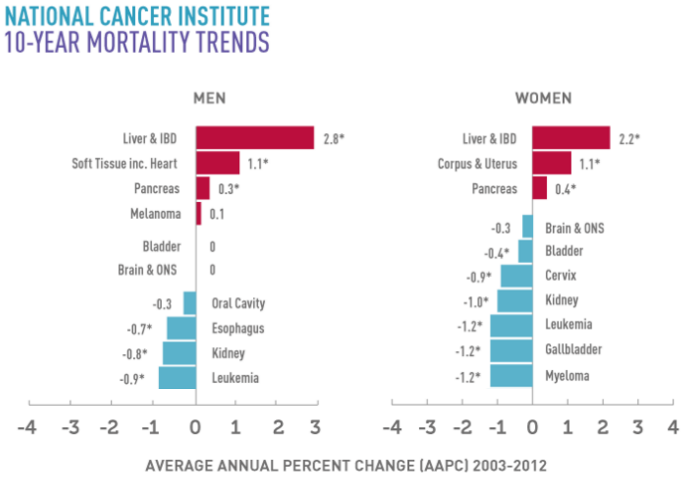
-Kim Kirkey

Annual Report to the Nation on the Status of Cancer

The Annual Report to the Nation on the Status of Cancer, 1975-2012, is an update on the rate of new cancer cases and deaths as well as trends in the most common cancers in the United States. The collaborative report co-authored by researchers at the American Cancer Society (ACS) the Center for Disease Control (CDC), the National Cancer Institute (NCI), and the North American Association of Central Cancer Registries (NAACCR) was released on March 9th and has a special section that focuses on liver cancer.

The good news is that between 2003 and 2012 both cancer incidence and cancer mortality have decreased. However, there are nuances in these trends when particular cancer sites are examined on their own. Cancers of the liver an intrahepatic bile duct are both increasing in incidence and mortality faster than any other common cancers. Liver cancer diagnoses increased 72% between 2003 and 2012 and mortality increased 56% over the same time frame.

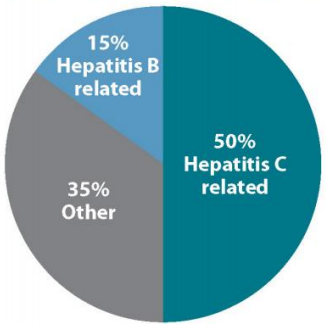




The authors point out that a large proportion of liver cancers are related to viral hepatitis infections (60% related to HCV and 15% related to HBV). More than 75% of persons affected with liver cancer are in the Baby-Boomer birth cohort. It seems, therefore, that a large part of combatting the increase in liver cancer is combatting the HBV and HCV epidemics. That means, improving vaccination, testing, and clinical management of those infected with HBV and better screening, linkage to care, and treatment of persons with HCV infection. Still, as many as 50% of persons with HCV are unaware of their infection. If diagnosed, new HCV direct acting antivirals could cure HCV infection thus greatly reducing the risk of liver cancer and liver cancer mortality.

Finally, the report also discusses racial disparities in liver cancer. American Indians/Alaska Natives had the highest rate of liver cancer incidence followed by Asian/Pacific Islanders, who are disproportionately infected with HBV. The data also show that African-Americans had a liver cancer incidence rate over 60% higher than that of Caucasians. A fact sheet recently published by the Viral Hepatitis Unit also linked disparities in HCV incidence, diagnosis, and treatment between African-Americans and Caucasians to rates of liver cancer incidence and mortality.

Factors Contributing to Liver Cancer Incidence in the U.S.



-Janelle Stokely

Viral Hepatitis Resource Guide Update

In our January issue we shared that the MDHHS Viral Hepatitis Prevention Workgroup created a comprehensive Viral Hepatitis Resource Guide and Directory for the public, providers, and local health officials throughout Michigan. We are pleased to announce that an updated Viral Hepatitis Resource Guide and Directory has recently been published to our website www.mi.gov/heaptitis. The updated version includes sections on living with viral hepatitis and viral hepatitis services in nearby states in addition to an expansion of sections covered in the original guide.

We continue to ask for your assistance in reaching our goal to make the guide as comprehensive as possible. Therefore, if you are aware of viral hepatitis resources not included in the directory, please let us know. The fourth page of the resource guide contains a fillable update form, which can be completed electronically and e-mailed to us at MDHHS-Hepatitis@michigan.gov. We'll be sure to include new info in the next update!

-Chardé Fisher

MDSS 4.3 Release

Michigan Disease Surveillance System (MDSS) version 4.3 is slated to be released on Saturday April 16th. This is the first update to MDSS since April of 2015 and includes a lot of new updates, enhancements, and bug fixes. We encourage you to check out the release notes for a full list of changes. We would like to focus on a few new changes that we're most excited about from a viral hepatitis surveillance and reporting perspective:

Batch Exports

When a user requests a large export (1,000+ lines of data), the user will no longer receive the warning message, "You cannot export more than 1000 cases." An export report will be generated to run during non-peak hours. The user will then receive an auto-generated e-mail letting them know that they can login to MDSS and download their export file. This function will be particularly useful for high volume conditions like the STDs and HCV.

MDOC ID Field

Cases from the Michigan Department of Corrections (MDOC) end up in local health jurisdiction queues and the vast majority of these are HCV cases. In the next MDSS update we hope to have a separate MDOC jurisdiction. As an intermediate step, we have created a separate field for the MDOC prisoner ID.

Automated Patient Merging

With the influx of electronic lab reports (ELR) we are receiving more lab reports in MDSS each year. As a chronic condition, HCV cases are only counted once even though a person may have multiple reportable lab results due to their clinical care and treatment evaluation. In fact, the number of duplicate reports outpaces those representing new HCV diagnoses. All duplicate reports go through a manual patient and condition de-duplication process. In this new enhancement a 100% match on several patient factors will result in automatic patient deduplication. Deduplication of the condition will still be a manual process. In future MDSS versions we hope to improve upon and refine the matching criteria to continue to help automate this historically manual process.

Auto-population of HCV Lab Tests in Case Report Form

The only hepatitis lab results that are transmitted to CDC for reporting are those in the diagnostic test section of the MDSS case report form (CRF). In previous versions of MDSS local health investigators would have to manually copy the lab results from the MDSS lab tab into the CRF. This new enhancement will automatically populate the HCV CRF with laboratory information eliminating the need for investigators to do this manually. The auto-population of the CRF will occur with any lab result that comes in via ELR or if the drop menus are used to manually report a lab test and coded lab result.

-Joe Coyle

Save the Date

May – Hepatitis Awareness Month!

5/18 – MDHHS CD Conference

5/26 – Liver Symposium

6/19-6/23 – CSTE Conference

6/29 – MPA Point-of-Care Testing Training

8/30-8/31 – MI HIV and STD Conference

10/6-10/7 – Fall MSIPC

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

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