

Hepatitis Headlines

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

Liver Cancer Awareness Month

October is Liver Cancer Awareness Month! Unfortunately, new liver cancer cases and deaths are on the rise in the United States. The number of deaths associated with liver cancer has increased faster than for any other type of cancer. In the United States, lifelong infections with hepatitis B and hepatitis C are shown to be major risk factors for liver cancer.

Fortunately, hepatitis B can be prevented with a vaccine. Additionally, for persons currently infected, medications are available that can reduce their risk of liver cancer by 50%–80%. In addition, new treatments, with few side effects, are available that can cure over 95% of persons infected with hepatitis C. Cures of hepatitis C infection are associated with a 75% reduction in risk of liver cancer.

This October let us remember to test individuals at risk for hepatitis B and hepatitis C. Knowing their status can save their livers and save their lives.



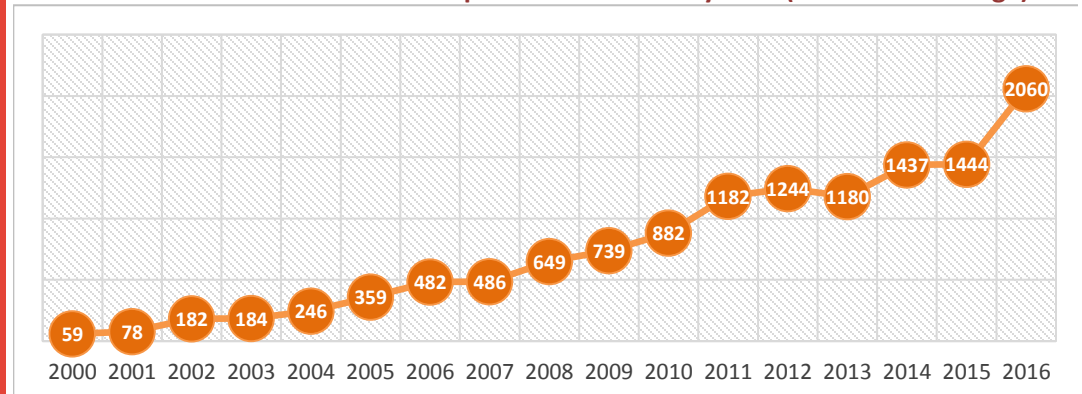
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2016 Viral Hepatitis Annual Surveillance Report

The [2016 Viral Hepatitis Surveillance Report](#) has been recently published. This year's 77-page report contains information on the epidemiology of hepatitis B and C in Michigan including infection rates and trends by age, sex, and race. The report provides a breakdown of risk factors associated with viral hepatitis acquisition and maps of infection by county, health department, and preparedness region. Data presented in the outcomes section of the report shows that viral hepatitis-related hospitalizations, liver cancer incidence, liver transplants, and viral hepatitis deaths have all increased over the last decade. The report also offers data analysis of viral hepatitis and HIV co-infection, perinatal infection and HCV in young adults. The relationship between the opioid epidemic and new HCV infections remains a major focus area

Number of Chronic HCV Cases Reported to MDHHS by Year (18-29 Years of Age)



To introduce the 2016 Viral Hepatitis Annual Report, the Viral Hepatitis Unit convened a stakeholder meeting on July 21, 2017. The meeting brought together staff from local health departments, health care providers and the State of Michigan to discuss viral hepatitis epidemiology, surveillance and prevention in Michigan. Presentations from the meeting can be found on our [website](#). Please contact us with any data requests at MDHHS-Hepatitis@michigan.gov.



Perinatal HCV Reporting Update

As mentioned in the previous [issue](#), the Perinatal Hepatitis C case definition proposal was passed at the CSTE National Conference in June. The new condition will be effective January 1, 2018. In order to be classified as a perinatal HCV infection, the case must be between 2-36 months of age and have a positive HCV RNA, genotype, or antigen test. If the infant or child is older than 36 months of age, the existing 2015 acute and chronic HCV case definitions, which remain the same, will be used for case classification. A new condition and case report form will be created in MDSS for Perinatal HCV surveillance.

As this is a new condition and a relatively new public health concern, the MDHHS Viral Hepatitis Unit is working to create a Perinatal Hepatitis C Surveillance Tool Kit that will provide resources to local health departments and other officials for classifying, reporting, and investigation and follow-up of perinatal Hepatitis C cases.

This tool kit will be made available at www.mi.gov/hepatitis by the implementation of the perinatal HCV case definition in January 2018.



Perinatal Hepatitis B Prevention Program (PHBPP) Updates

The PHBPP would like to welcome one of our newest members to the Immunization Division/PHBPP. Tina Scott (scottT1@michigan.gov) is the Assessment and Local Support section manager. Tina comes from the Medicaid program and brings a large array of technical knowledge that will benefit our division and especially the PHBPP. We are very excited about this new addition to our program.

Reporting Guidance, New Recommendation and Updated Materials

Laboratories/Ordering Physicians:

The [2017 reportable diseases in Michigan](#) list dictates all pregnant women should be tested for hepatitis B surface antigen (HBsAg) for every pregnancy, even if they were previously vaccinated or tested. All laboratories should be sending positive HBsAg results directly to the Michigan Disease Surveillance System (MDSS) with the appropriate coding to indicate **pregnancy and/or prenatal testing**. Additionally, positive, negative and indeterminate HBsAg and hepatitis B surface antibody (anti-HBs) test results should be reported to the MDSS for all **children 5 years of age and younger**.

Birth Facilities:

It is extremely important that all pregnant women are tested in their first trimester for HBsAg for every pregnancy. **If a pregnant woman is HBsAg-negative, but is at-risk of infection** (she has an STI during pregnancy, has a new or multiple sex partners, injects drugs or is a partner of someone who injects drugs, has a household or sexual partner who has the hepatitis B virus and/or has a sex partner who has other sex partners), **she should be retested in the third trimester or at delivery**. In conjunction with HIV and Syphilis, the PHBPP has recently sent a survey to all [birthing hospitals](#) and [prenatal care providers](#) to ask them if they have policies/standing orders in place to test all pregnant women prenatally or at delivery for HIV, HBV and Syphilis. Facilities should have policies/standing orders to **retest** all negative, at-risk, pregnant women. Please verify that your birthing facility or prenatal care provider office has these policies/standing orders in place and that they completed the survey. Since Michigan does not identify all of the pregnant women who test positive for HBsAg, it is extremely important to make sure we are protecting all babies by providing the appropriate prophylaxis starting at birth.

New Recommendation:

Give monovalent (single-antigen) hepatitis B vaccine **within 24 hours of birth** to medically stable infants weighing ≥ 2000 grams born to hepatitis B surface antigen (HBsAg)-negative mothers instead of “before hospital discharge” as previously recommended. This will help to ensure more babies get the HBV vaccine at birth. Recommendations for babies under 2000 grams or born to HBsAg-positive women have not changed.

Materials:

PHBPP manual: www.michigan.gov/hepatitisb

To view/order materials: www.healthymichigan.com or call the PHBPP at 517-335-9443.



Quarterly HCV Data Quality and Surveillance Reports

We have recently published HCV Data Quality Reports and HCV Surveillance Reports to the MDHHS Viral Hepatitis Webpage [here](#). These reports are designed to assist local health departments (LHDs) with data quality initiatives and to identify clusters/outbreaks of HCV among young adult populations.

HCV Surveillance Report

The HCV surveillance report is designed to inform LHDs of HCV cases reported to the Michigan Disease Surveillance System (MDSS) that may be related to injection drug use. Data within the report includes statewide counts and case rates for all acute and chronic HCV cases among persons aged 18 to 29, along with Michigan Syndromic Surveillance System (MSSS) data highlighting the number of ED admissions related to injection drug use. Data specific to each county are included. The purpose of the report is to highlight areas where transmission of HCV may be occurring among people who inject drugs, with the goal of prompting more timely and effective public health intervention when warranted. Our methodology is discussed in the accompanying [Technical Notes document](#).

HCV Data Quality Report

The Chronic HCV Data Quality Report acts as a comprehensive assessment for data reported within the MDSS chronic HCV case report form. Rates of completion for selected data fields within the demographic, clinical information, laboratory results and epidemiologic information are calculated and aggregated to rank each LHD from highest to lowest total completion rate. Statewide median values are also highlighted for comparison. This report is not intended to be punitive in nature, but holds value as a tool to assess current case follow-up procedures and make practical improvements, if necessary. The overarching goal of the data quality report is to facilitate data quality improvement, and to serve as a possible tool to highlight program success or for LHDs to advocate for additional resources. LHDs are randomly assigned a code such that their "rank" is anonymous. Please contact Adam Hart at HartA6@michigan.gov to obtain your jurisdictions code and/or to provide us feedback on the report.

Each report will be distributed on a quarterly basis, and released online through www.mi.gov/hepatitis. Alerts plan to be sent through Gov Delivery and internal listservs when a new report becomes available online.



Updated Hepatitis Resource Guide

We are pleased to announce that an updated [Viral Hepatitis Resource Guide and Directory](#) has recently been published to www.mi.gov/hepatitis. The updated version includes a few new viral hepatitis service locations.

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. Please complete [this form](#) and send it to us at MDHHS-Hepatitis@michigan.gov.

Hepatitis C Testing and Linkage to Care Toolkit

There remains a significant proportion of the U.S. population that are infected with HCV, yet most have never been tested.

Recently, the viral hepatitis unit has developed a web-based resource page for medical providers and health centers interested in increasing their HCV testing capacity. The page includes resources for identifying whom to test, billing and coding, reporting positive results and access to treatment. The [HCV Testing and Linkage to Care Toolkit](#) can be accessed by visiting www.mi.gov/hepatitis.

Hepatitis A Update

MDHHS has developed a new website to house information related to the ongoing outbreak of Hepatitis A in southeast Michigan (www.mi.gov/HepatitisAOutbreak). The website provides a brief summary of the outbreak, an overview of hepatitis A, the public health response (such as vaccination clinics and contact information for local health departments of the affected jurisdictions), and helpful resources for health professionals and the public (like educational brochures, vaccine statements, press releases, and letters to providers). Case counts, hospitalizations, and deaths will be updated every Friday at 4PM EST.

As of October 12th, there have been 397 outbreak-related cases, with 320 hospitalizations (85.6%), and 15 deaths (4.0%). The outbreak, which started in August of 2016, continues to effect communities in Southeast Michigan particularly homeless, transient, and injection drug using populations. Cases have been detected in the City of Detroit, Macomb, Monroe, Oakland, St. Clair, and Wayne counties. MDHHS and local health departments continue to urge those at risk to be vaccinated against hepatitis A virus. For more information on where to be vaccinated contact your local health department or visit the MDHHS Division of Immunization website: http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2976_82305_82311---,00.html



MDSS Updates

New MDSS upgrades are currently being tested and are being readied for implementation. MDSS 4.6 includes various enhancements to report forms, case export functions, aggregate cases, and other miscellaneous items. Among these updates includes a new reporting form for Perinatal HCV (which will become live on January 1, 2018), as well as the implementation of the new Perinatal Hepatitis C reportable condition in MDSS. In addition, there will be a new field in the case detail form for chronic HCV cases that auto-populates the last HCV RNA result. This enhancement will help to more seamlessly identify individuals who may have cured or cleared their HCV infection.

The new update of MDSS should be released in mid to late October. As always, if you need technical assistance or have any questions on hepatitis reporting in MDSS, please contact us by either phone or e-mail.

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Save the Date

Fall – 2017 Immunization Conferences

11/2 – MIDS/MDHHS Fall Scientific 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](#)