

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

May is Hepatitis Awareness Month, and May 19 was Hepatitis Testing Day. Adopt CDC's New Adult Hepatitis C Screening Recommendations

May is Hepatitis Awareness Month, and May 19 was Hepatitis Testing Day. To celebrate Hepatitis Awareness Month, you can participate by raising awareness of viral hepatitis, encouraging priority populations to get tested, and offering testing to your community.



The Centers for Disease Control and Prevention (CDC) has [complimentary resources](#), such as posters, buttons, widgets, radio public service announcement scripts, social media graphics, and sample social media posts that can be used throughout the year.

In addition, the CDC released a [Morbidity and Mortality Weekly Report](#) announcing expanded screening recommendations for HCV infection among adults:

- HCV screening at least once in a lifetime for all adults aged ≥ 18 years, except in settings where the prevalence of HCV infection is $<0.1\%$, and
- HCV screening for all pregnant persons during each pregnancy, except in settings where the prevalence of HCV infection is $<0.1\%$

CDC HCV screening recommendations for individuals with risk factors continue to remain in effect. Persons with risk factors should continue being tested for HCV, with periodic testing while risk factors persist. An individual who requests HCV testing should receive it, regardless of disclosure of risk factors.

We encourage you to review the recommendations and consider how best to implement the new screening recommendations within your organization.

For questions related to the new HCV screening recommendations, please contact the MDHHS Viral Hepatitis Unit at MDHHS-Hepatitis@Michigan.gov.



In This Issue:

Hepatitis Awareness Month and CDC's New Adult HCV Screening Recommendations	Page 1
2020 Case Definition Change	Page 2
State of Medicaid Access in MI	Page 3
HCV Emerging Threats	
SUP Release	Page 4
BOL HCV Quantitative Assay	
FDA Approves Pediatric HCV Treatment	
COVID-19 and Liver Disease	Page 5
SSP is an Essential Service	

HCV: State of Medicaid Access in Michigan

The National Viral Hepatitis Roundtable (NVHR) and the Harvard Law School Center for Health Law and Policy Innovation (CHLPI) highlight ongoing challenges and successful expansion of treatment access in state Medicaid programs through the distribution of [Hepatitis C: State of Medicaid Access report cards](#). In October 2019, Michigan's Hepatitis C: State of Medicaid Access report card grade saw an improvement from B+ to A- due to Michigan Medicaid's expansion of direct-acting antiviral treatment to all beneficiaries without liver damage.

There are still prior authorization criteria that must be met in order to apply for treatment of chronic HCV infection. This includes sobriety requirements (documentation of the patient's use of illegal drugs or abuse of alcohol within the past six months) and prescriber requirements (prescription must be written by, or in consultation with, a specialist).

To access the updated Prior Authorization Form, please click [here](#).



Hepatitis C 2020 Case Definition Change

The [Council of State and Territorial Epidemiologists \(CSTE\) position statement](#) for the revision of the case definition for hepatitis C (HCV) was approved and took effect on Jan. 1, 2020. The position statement updates both confirmed and probable acute case definitions as well as the probable chronic case definition for HCV. The aim of improving the case definition is to more accurately capture acute cases in hopes of better understanding the scope of the opioid epidemic.

The main change takes place in the clinical criteria for classification of acute HCV cases. Starting in 2020, symptom information is no longer included in the case definition. Instead, bilirubin levels are added to serve as a proxy for jaundice symptoms. To be considered an acute case, the patient must experience one or more of the following clinical criteria: jaundice **OR** peak elevated total bilirubin levels greater than or equal to 3.0 mg/dL **OR** peak elevated serum alanine aminotransferase (ALT) levels greater than 200 IU/L **AND** the absence of a more likely diagnosis. This can include evidence of liver disease as a result of alcohol exposure, other viral hepatitis, or other causes. In addition, there is new seroconversion criteria. A case of HCV should be considered confirmed, acute if there is a documented negative antibody followed within 12 months by a positive HCV antibody test **OR** a documented negative HCV antibody or negative HCV viral detection test (in someone without a prior HCV diagnosis) followed within 12 months by a positive HCV virus detection test (RNA, genotype).

Laboratory criteria for acute HCV cases has also changed slightly. The confirmed acute case definition remains the same, however, for probable acute cases the case definition explicitly states that laboratory criteria required include a positive antibody lab result **WITHOUT** the report of a hepatitis C virus detection test (RNA, genotype).

The only change with the chronic HCV case definition also involves the chronic, probable status meeting the requirements of a positive antibody lab result without a virus detection test. The MDHHS Viral Hepatitis Unit has updated case classification guidance reflecting the new 2020 case definition. These documents can be found on our [website](#).

If you have any questions regarding case classification, please e-mail the Viral Hepatitis Unit at MDHHS-Hepatitis@Michigan.gov.



Hepatitis C Emerging Threats Project

In 2017, the Viral Hepatitis Unit wrote a Proposal for Change, which supported the allocation of general funds to local health departments for HCV testing, case investigation, linkage to care, and follow-up. The \$4.5 million proposal was supported in the governor's budget and eventually approved by the Michigan legislature at \$1 million.

The goal was to fund each local health jurisdiction, but the reduced budget amount meant we needed to prioritize. We therefore decided to fund the 10 jurisdictions with the highest HCV case burden in 2017. Disbursement of funds and project implementation began on Jan. 1, 2019. The health departments funded are Detroit City, Wayne County, Oakland County, Macomb County, Genesee County, Kent County, Ingham County, St. Clair County, Muskegon County and Kalamazoo County.

Now that a full year of the project has been underway, we are excited to share project outcomes:

HCV Testing: Project dollars went to the Michigan Bureau of Laboratories (BOL) to continue to offer HCV antibody and RNA testing services at no cost to our submitters. Since the start of the project funded health departments submitted 7,027 HCV specimens to BOL.

Case Investigation: Completion rates for fields found in the Michigan Disease Surveillance System (MDSS) have increased. Specifically, demographics (6.0%), clinical info (1.2%), and epidemiological info (11.3%).

Linkage to Care: Since the beginning of the project, funded local health departments have reached out to 1,508 folks to offer linkage to care activities such as, informing cases of their HCV lab result, encouraging confirmatory HCV testing (if needed), provide viral hepatitis education and help refer and navigate cases through the complex process of getting treated (e.g., PCP, HCV treatment providers, insurance). In 2019, of the folks living with hepatitis C and contacted for linkage to care, 62.3 percent were linked to a hepatitis C treatment provider and so far, 165 people have been cured!

SSP Utilization Platform (SUP) Now Live!

In January 2020, the MDHHS Viral Hepatitis Unit launched the SSP Utilization Platform (SUP), a data collection tool for Michigan's syringe services programs (SSP), which is housed within the Michigan Disease Surveillance System (MDSS). The SUP collects client-level utilization and encounter data in real-time based on services offered at the SSP organization. Users of SUP will be able to edit organizational data, register SSP clients, log/edit client intake information, log/edit encounter information, and export data for their organization depending on the user's access level.

To learn more about the SUP and view SUP User Guide and instructional videos, click [here](#). If you are an employee of a SSP and would like to access the SUP database, follow the steps under Registering for Access in the SUP User Guide or follow the instructional video.

There are currently 25 sites across Michigan funded by MDHHS to implement or expand SSPs as well as community-based organizations offering SSP programming. A map of SSPs in Michigan can be found [here](#).

For any SSP-related questions, or concerns, please contact the MDHHS Viral Hepatitis Unit at MDHHS-SyringeAccess@Michigan.gov.

New Bureau of Laboratories Hepatitis C Quantitative Assay

The MDHHS Bureau of Laboratories (BOL) switched from a Qualitative HCV RT-PCR assay to a Quantitative assay (also known as viral load test). The FDA-approved test will be used as an aid in diagnosis of HCV infection as well as an aid in the management of HCV-infected patients who are undergoing antiviral therapy in conjunction with clinical and laboratory markers of infection.

The Quantitative assay requires a minimum volume of 2.5 mL of serum for HCV Antibody and a minimum volume of 1.5 mL of serum for HCV RNA. Individuals collecting only the minimum volume for HCV Antibody and RNA testing may mean that no repeat testing, no GHOST, or other testing such as HIV or syphilis will be performed.

Sites requesting HCV testing for the purpose of treatment monitoring should complete the test requisition form and fill in **treatment monitoring** under “indicate test reason.”

When interpreting results of the Quantitative assay, the lower limit of detection is 15 IU/mL.

- For information on the HCV Antibody Screening Enzyme Immunoassay (EIA) and the HCV Viral Load test, click [here](#).
- For updated Instructions for Collection and Submission of Serum for Hepatitis C, click [here](#).

FDA Approves HCV Treatment for Pediatric Population

In March 2020, the U.S. Food and Drug Administration (FDA) approved Eplclusa (Gilead Sciences, Inc.) for use in pediatric patients ages 6 years and older or weighing at least 37 pounds with any of the six HCV genotypes without cirrhosis or with mild cirrhosis. Eplclusa is labeled to be administered in combination with ribavirin in patients 6 years and older or weighing at least 37 pounds with severe cirrhosis.

Eplclusa is taken orally for 12 weeks for the treatment of HCV genotypes 1-6. The most common adverse reactions observed with treatment with Eplclusa were fatigue and headache.

For more information related to the FDA’s approval of Eplclusa for HCV treatment among pediatric populations, visit their news release [here](#).



COVID-19 and Liver Disease

COVID-19 is an illness caused by the SARS-CoV-2 virus. Certain groups of people may be at higher risk for severe illness from COVID-19, such as older adults or people of any age with serious underlying medical conditions, including individuals with liver disease. Therefore, individuals with chronic liver disease, including hepatitis B and hepatitis C, may have concerns related to their risk.

The best way for people with hepatitis B or hepatitis C to protect themselves is to avoid exposure to the SARS-CoV-2 virus. In addition, people with hepatitis B or hepatitis C should continue to maintain a healthy lifestyle. For individuals with hepatitis B or hepatitis C who are currently being treated, it is important to continue treatment to keep your immune system healthy. In addition, individuals should make sure they have enough medication at home to reduce unnecessary visits to health services or pharmacies. Individuals may also consider participating in telemedicine visits with their provider to limit in-person visits.

For more information on COVID-19 and Liver Disease, please visit the [CDC’s COVID-19 FAQ Page for people who are at higher risk](#).

Michigan Designates Syringe Service Programs as “Essential”!

The current COVID-19 pandemic places people who use drugs (PWUD) at risk for facing an even greater burden of communicable disease and other types of morbidity and mortality. Therefore, Michigan has designated that syringe service programs (SSPs) and naloxone distribution programs are essential services and are legal to travel to/from under the governor’s COVID-19 related executive orders.

Shared and re-used syringes carry with them a risk of COVID-19 transmission, and they are also potential vectors for new HIV and hepatitis infections. Naloxone is a lifesaving medication that immediately reverses opioid overdose.

PWUD are also likely to see an augmentation of other burdens associated with substance use including housing insecurity, medication adherence, and access to mental health treatment. In addition to supplying syringes, other sterile drug use equipment, and naloxone, many SSPs aid people in addressing these additional burdens.

Most SSPs in Michigan remain open and have made necessary adaptations in response to COVID-19. These alterations to services may include:

- [Modifying/adapting days, hours, and work sites](#)
- Modifying or eliminating less essential and non-essential services
- Reducing/modifying usual full-staffing quotient
- Providing more supplies than usual to reduce frequency of participants coming to the program.
- Rotating scheduling of onsite personnel
- Re-assigning immunocompromised staff and other vulnerable personnel to limit exposure

Naloxone may be accessed in Michigan at no cost by mail through [Next Distro](#) or through [pharmacies participating in the statewide standing order](#)

If you have any questions, please do not hesitate to contact: MDHHS-SyringeAccess@Michigan.gov.

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Save the Date

May 2020	Hepatitis Awareness Month
7/28/20	World Hepatitis Day
08/20/20	2020 Michigan Harm Reduction Summit

Helpful Links



www.Michigan.gov/Hepatitis

www.Michigan.gov/SSP

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](#)

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