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Hepatitis Headlines

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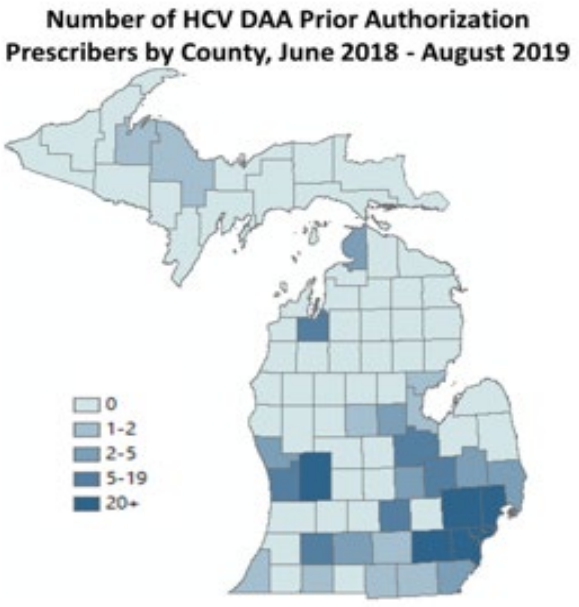
Viral Hepatitis Surveillance and Prevention Unit, Michigan Department of Health and Human Services

Medicaid Fibrosis Score Restrictions Lifted

As of Oct. 1, 2019, Medicaid coverage of direct-acting antivirals (DAAs) was expanded for eligible Medicaid beneficiaries with a Metavir fibrosis score of F0 or above for treatment of chronic hepatitis C infection. This change is the result of a lawsuit settlement between the Michigan Department of Health and Human Services (MDHHS) and a Michigan Medicaid beneficiary.

There are still prior authorization criteria that must be met in order to apply for treatment of chronic HCV infection. This includes documentation of the patient's use of illegal drugs or abuse of alcohol within the past six months. In addition, DAAs must be prescribed by a gastroenterologist, hepatologist, liver transplant or infectious disease physician. If the prescriber is not one of these specialists, the prescriber must submit documentation of consultation with a specialist. The map below depicts the number of HCV DAA prior authorization prescribers by county from June 2018 to August 2019. There are several areas within the state that are experiencing a prescriber desert, where no DAA prior authorization prescribers are found. In fact, there were no prior authorizations submitted from providers in 54 counties (65 percent) and there are only three prior authorization submitters in the Upper Peninsula.

For an updated list of Prior Authorization Criteria and the DAA Approval Form, click here.



In This Issue:

FDA Approves New Pediatric HCV Treatment

The Food and Drug Administration (FDA) has recently approved hepatitis C drugs Harvoni and Sovaldi (Gilead) for patients as young as 3 years of age, marking the youngest pediatric age cohort yet to be approved for treatment. Sovaldi is labeled to be administered with ribavirin for 12 weeks in patients with genotype 2 and for 24 weeks in those with genotype 3. Harvoni is indicated to treat genotype 1, 4, 5 or 6 without cirrhosis or with compensated cirrhosis; in those with genotype 1 with decompensated cirrhosis; and with combination ribavirin in liver transplant recipients with genotype 1 or 4 without cirrhosis or with compensated cirrhosis. This treatment should continue for 12 weeks in most patients and for 24 weeks in treatment-experienced patients with compensated cirrhosis.

Along with adjusting pediatric indications, a new oral pellet formulation has been approved for both drugs. The pellets may be sprinkled on food that is non-acidic (i.e., pudding, chocolate syrup, mashed potato, ice cream) and is at or below room temperature.

New Proposed CDC HCV Screening Recommendations Now Open for Public Comment

At the end of October, the Centers for Disease Control and Prevention (CDC) released new proposed hepatitis C (HCV) infection screening recommendations for adults (including pregnant women) and announced the opening of a public docket to obtain public comment on the new proposed recommendations. **Written comments must be received on or before Dec. 27, 2019.**

The following recommendations are new:

- Hepatitis C screening at least once in a lifetime for all adults aged 18 years and older, except in settings where the prevalence of HCV infection is less than 0.1%, and
- Hepatitis C screening for all pregnant women during each pregnancy, except in settings where the prevalence of HCV infection is less than 0.1%

The new recommendations do not replace previous recommendations for HCV testing based on known risk factors or clinical indications. For current CDC HCV testing recommendations, click here.

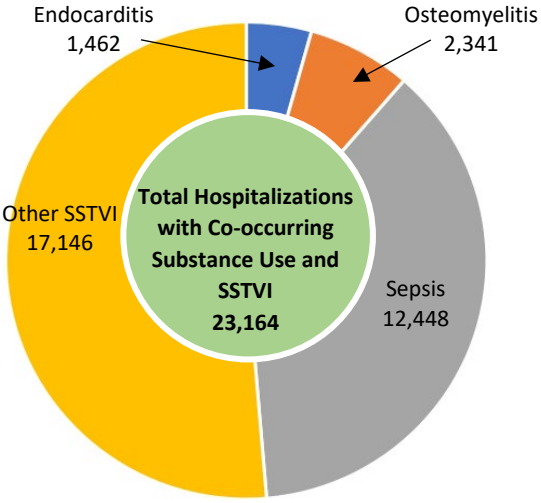
According to the CDC, universal screening for adults and pregnant women should be initiated unless the prevalence of HCV infection (HCV RNA positivity prevalence) in their patients has been documented to be <0.1%. In the absence of existing data for HCV prevalence, providers should initiate universal HCV screening until they establish prevalence of HCV RNA positivity in their population is <0.1%. The CDC recommends consulting with state or local health departments or CDC to determine a reasonable estimate of baseline prevalence in the setting or a methodology for determining how many people need to be screened before confidently establishing the prevalence is below 0.1%

For more information on the CDC's new proposed HCV screening recommendations, please review the primary and supporting documents found on the public docket, or search for Docket ID CDC-2019-0094 on Regulations.gov.

Inpatient Data Trends Associated with Injection Drug Use Sequelae

The Viral Hepatitis Unit has recently completed a study to describe invasive bacterial and fungal infections potentially associated with injection drug use for inpatient visits in MI from 2016-2018. These skin, soft tissue and venous infections (SSTVI), including life-threatening infections like sepsis, endocarditis, and osteomyelitis, were identified in patient records that included an ICD-10 code indicating substance use, withdrawal, dependence, or poisoning. These infections can result in significant morbidity, mortality, and healthcare costs that often go unrecognized by traditional public health surveillance.

Total Inpatient Hospitalizations with Co-occurring Substance Use and SSTVI, 2016-2018



Over a three-year study period, there were over
215,000
hospitalization days across
23,000
hospitalizations resulting in over
1,200 deaths
And totaled
$1.3 billion
in total healthcare costs

Endocarditis, osteomyelitis, sepsis, and other SSTVI hospitalizations increased 33 percent, 35 percent, 24 percent, and 12 percent respectively between 2016 and 2018, while the total cost of hospitalizations increased 19.1 percent between 2016 ($384.2 million) and 2018 ($460.6 million). Over two-thirds of the hospitalizations had a public form of insurance as the primary and/or secondary payor and over 1,200 hospitalizations (5.5 percent) resulted in death or discharge to hospice.

This work describes the staggering amount of morbidity, mortality, and healthcare costs associated with infectious disease consequences of substance use that result in hospitalization. Moreover, these figures are underestimated because outpatient visits could not be accounted for. As we continue to support and expand efforts in harm reduction programs in Michigan, these data may be used to provide a justification for or measure the impact of public health interventions on communicable disease transmission among persons who inject drugs. This study provides a basis for future surveillance and analysis that will be valuable to monitor progress and highlight areas of need.

2020 SSP Funding Updates

Sites across Michigan offering access to sterile syringes will increase over the next year. Ten new sites have been selected to receive funding to implement or expand syringe service programs in the 2019-2020 fiscal year: Western Upper Peninsula District Health Department, Iron-Dickinson District Health Department, Public Health Delta and Menominee, Benzie-Leelanau District Health Department, Calhoun County Health Department, and Ionia County Health Department. Additionally, community-based organizations will be begin offering or expand existing SSP programming in Lansing, Kalamazoo, Muskegon, and Jackson. This is in addition to the 15 programs already receiving funding.

The prioritization of organizations receiving these funds was based on several factors, including rates of hepatitis C among young people, HIV incidence and prevalence, the CDC's Vulnerability Index for Rapid Dissemination of HIV, and the organization's desire and capacity to implement a program.

For a listing of SSP programs, interactive map, and more information, click here.

2019 Viral Hepatitis Stakeholder Forum

The MDHHS Viral Hepatitis Surveillance and Prevention Unit held their Annual Viral Hepatitis Stakeholder Forum at the Michigan Public Health Institute's Interactive Learning Center on July 19, 2019. The meeting aims to convene a diverse group of community stakeholders to network, learn, share ideas, and facilitate engaging discussion. At the meeting, MDHHS staff shared an overview of the 2018 Viral Hepatitis Annual Surveillance Report and invited guest speakers to share their organizational public health response efforts to address viral hepatitis in Michigan. This year the meeting featured keynote speaker Carol Salisbury, a Family Nurse Practitioner at Forest Community Health Center, to discuss the opioid epidemic and its impact on hepatitis C. In addition, the meeting included guest speakers from Henry Ford Hospital (Detroit), Chippewa County Health Department, Detroit Health Department, MDHHS' Cancer Prevention and Control Section and Division of HIV and STD Programs.

Attendees had the option of attending in-person or via webinar. Representatives from state and local health departments, the Michigan Primary Care Association, the State Bureau of Laboratories, community-based organizations, syringe service programs, federally qualified health centers, and universities attended the meeting.

For individuals who were unable to attend, meeting handouts, PowerPoint slides, and a recording of the event are available for viewing at www.Michigan.gov/Hepatitis.

If you are interested in attending the 2020 Viral Hepatitis Stakeholder Forum, please forward your name and e-mail address to MDHHS-Hepatitis@Michigan.gov to be added to the invitation listserv. We hope you can join us next year!

Save the Date

12/11/19	Southeast Michigan Harm Reduction Training
4/2/20	MDHHS Harm Reduction Summit
4/23/20	MDHHS Communicable Disease Conference

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

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

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