Hepatitis in Kentucky: Updates on Epidemiology, Testing, and Treatment

Kathy Sanders, RN, MSN
Adult Viral Hepatitis Prevention Program Coordinator
502-564-3261, ext. 4236
KathyJ.Sanders@ky.gov

Amanda Wilburn, MPH
Epidemiologist and
Viral Hepatitis Surveillance Coordinator
Amanda.Wilburn@ky.gov

Deborah Bolton- Plucknett, RN
Perinatal Hepatitis B Prevention Program Coordinator
502-564-4478 ext. 4260
Deb.Bolton-Plucknett@ky.gov

On behalf of the KY DPH AVHPC team, we wish you and your family a wonderful July 4th Holiday!

In this July 2018 edition of **Kentucky Hepatitis Connections,** you will read that Dr. Robert Brawley is no longer the Chief of Infectious Disease at the KY DPH. In addition, you will read information and updates concerning the upcoming 5th Annual Hepatitis Conference, KHAMP, the Hepatitis A Outbreak in Kentucky, a reminder of the changes to the Medicaid Fee for Service Pharmacy Benefits, viral hepatitis, most recent Hepatitis C treatments, and opportunities for viral hepatitis continuing professional education.

As always, feel free to forward, copy, and/or distribute this newsletter to other professionals in your network. We hope you enjoy our July 2018 newsletter!

Kathy Sanders, RN, MSN

Kentucky Public Health

Robert L Brawley, MD, MPH, FSHEA

Robert L Brawley, MD, MPH, FSHEA recently resigned from the Kentucky Department for Public Health (KDPH) where he had been the physician branch manager for the Infectious Disease Branch, Division of Epidemiology and Health Planning for over 12 years

During his tenure at KDPH, he personally wrote grant applications that resulted in new CDC grant funding to establish the Healthcare-Associated Infections Prevention Program and Viral Hepatitis Prevention Program. Original program areas in the Branch were the Immunization Program, Reportable Diseases, Sexually Transmitted Diseases Prevention Program, and the Tuberculosis Prevention and Control Program.

He led the Viral Hepatitis Prevention Program to conduct enhanced surveillance for hepatitis C virus (HCV) infections and to host a popular Annual Viral Hepatitis Conference, with the fifth annual conference in 2018. Kentucky became the first state to require public health reporting of perinatal HCV infections and to require universal screening of pregnant women for HCV infection.

Dr. Brawley attended Ohio State University where he graduated from medical school and completed a pediatric residency, pediatric infectious diseases fellowship, and a graduate degree in pediatrics. He holds specialized graduate degrees in epidemiology and infection control from the University of Virginia and the University of North Carolina at Chapel Hill, including a master's degree in public health. He completed a preventive medicine fellowship at UNC Chapel Hill.

Before coming to Kentucky in 2005, Dr. Brawley retired from active service in the U.S. Navy Medical Corps after serving in a variety of in pediatric and preventive medicine assignments

JULY 28 | WORLD HEPATITIS DAY

FREE Hepatitis C Screenings

WORLD HEPATITIS DAY • JULY 28

TALK, TEST AND TREAT

BE FREE FROM HEP C

Louisville Screening Locations

St. Matthews Mall - 5000 Shelbyville Rd. Louisville, KY 40207
Walgreens - 3980 Dixie hwy Louisville, KY 40216
Walmart - 10445 Dixie Hwy Louisville, KY 40272
Walmart - 500 Taylorsville Rd. Shelbyville, KY 40065
Walgreens - 152 N. Buckman St. Shephardsville, Ky 40165
Walgreens - 4310 Outer Loop Okolona, Ky 40219
Wayside - 432 East Jefferson St. Louisville, KY 40202
CVS - 1002 Spring St. Jeffersonville, IN 47130
CVS - 1950 State St. New Albany, IN 47150
Kroger - 10645 Dixie Hwy Louisville, KY 40272
Walmart - 7100 Raggard Rd. Louisville, Ky 40216
SW YMCA - 2800 Fordhaven Rd. Louisville, Ky 40214
Oldham Co. YMCA-20 Quality Place, Buckner, KY 40010
Kroger - 2710 W Broadway Louisville, KY 40211
CVS - 3229 Poplar Level Louisville, KY 40213
Walmart - 11901 Standiford Plaza Dr. Louisville, KY 40229
St. Stephens Church- 1018 S. 15th St. Louisville, KY 40210
Churchill Downs- Backside

Screenings will be done from 10 a.m. until 6 p.m. Find the most current list of confirmed screening locations or more information at:

In recognition of World Hepatitis Day, KentuckyOne Health, Kentucky Department of Public Health, Louisville Metro Department of Public Health & Wellness, OraSure Technologies, Inc., the University of Kentucky School of Public Health and the University of Louisville are teaming up to provide FREE Hep C screenings throughout Louisville on July 28.

Kentucky has the highest incidence of Hepatitis C – a rate 7x the national average. If left untreated, it can cause cirrhosis, liver cancer, liver failure or death. Making matters worse is most people with Hep C do not know they are infected because the virus often causes no symptoms until advanced liver disease develops.

The only way to be free from Hep C is to first be tested, and testing requires only a simple finger stick similar to checking blood sugar.

Reminder: Kentucky Announces Medicaid Fee-For-Service Pharmacy Benefit Changes

Effective October 27, 2017, the Kentucky Medicaid Fee-for-Service benefit has taken measures to reduce hepatitis treatment barriers, these steps include:

1. Opening access in terms of disease severity (F-score) so that coverage is not predicated on fibrosis score and is now available for F0-F4 and for all ages.
2. Alcohol or substance abuse no longer disqualifies recipients from an initial treatment course.
3. Less restrictive laboratory submissions requirements.
4. Primary Care provider consults with specialists are allowed when necessary.
5. Retreatment requests are handled on a case-by-case basis.
6. Driving collaborative efforts with the managed care plans to develop interventions and programs to improve member access to providers, services, and hepatitis treatment; including health record performance measures, clinical decision support tools, prior authorization guidelines, innovative models of care and delivery systems.
7. Implementing programs and education to address the disproportionate access found among black, urban, and younger enrollees, and to improve screening and treatment of pregnant enrollees.

Reminder: Begins July 1, 2018

Mandatory hepatitis C tests for all pregnant women approved by Kentucky lawmakers

All pregnant women in Kentucky would be tested for the dangerous liver disease hepatitis C under a bill that won final passage in the General Assembly on Thursday.

The legislation – passed amid the state's devastating opioid epidemic – also recommends testing for babies of Hep C-positive moms.

The Kentucky House passed Senate Bill 250 without discussion. The proposal was approved in the Senate about two weeks ago and now goes to Gov. Matt Bevin for his signature.

Dr. Claudia Espinosa, an assistant professor in the department of pediatrics at the University of Louisville, said she supports required testing for Kentucky moms given how rampant hep C has become. While it will cost money to test women and babies, she said preventing advanced liver disease is worth the cost. Hep C tests cost about $240 to $310, while a liver transplant can cost $800,000. Government Medicaid pays for about half of U.S. births.

"If we can save one person from liver transplant and cirrhosis, it will save a lot of money" and prevent a lot of suffering, said Espinosa, a pediatric infectious disease specialist who works with University of Louisville Physicians.

Courier Journal reported that Hep C has skyrocketed among Kentucky births amid the state's raging drug epidemic, but attempts to prevent, track and control the disease have fallen short. That means many kids don't get the care they need.

State statistics obtained through an open-records request show one in 56 Kentucky births from 2014-2016 were to moms with a history of Hep C. The latest national rate, from 2014, was one in 308. As many as 55,000 babies are born in Kentucky each year.

Experts say as many as 46,000 U.S. children are living with Hep C, and research shows Kentucky fares much worse than other states because drug use among young women is so widespread. One federal study showed the disease rose 213 percent in four years among Kentucky women of childbearing age – nearly 10 times the national rise of 22 percent.

Espinosa tracks children at her clinic born to moms who screened positive for the virus. At that clinic alone, she found, the number of affected children rose from 16 in 2012 to 189 in 2016.

“When you see these numbers," she said, "you get worried that more needs to be done."

https://www.courier-journal.com/story/news/2018/03/29/kentucky-general-assembly-mandates-hepatitis-c-tests-pregnant-women/469933002/

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Infants born to HCV-positive mothers should be tested for HCV infection with an HCV RNA test at 2 months of age or older (at a routine well-child visit), or HCV antibody testing can be done at 18 months of age (HCV antibody testing should be delayed until 18 months of age to avoid detecting maternal antibody).

The Kentucky Department for Public Health recommends the use of quantitative HCV RNA tests at 2 months of age or older to assess whether HCV was transmitted to the infant from the HCV-positive mother.

Health care providers are required to report using the EPID 394 Form:

- All HCV-positive pregnant women;
- All infants born to HCV-positive women; and
- All HCV-positive infants and children aged 5 years or less seen in birthing hospitals, medical practices and clinics.

See the attached EPID 394 Form which should be completed and faxed to 502-564-4760.

Should you have questions, please contact Kathy Sanders at the KY AVHPC Program, 502-564-3261 ext. 4236 or email Kathyj.sanders@Ky.gov.

Remember Last Year's Hepatitis A Outbreak? This Year It's So Much Worse.

Cases of the potentially deadly liver disease have nearly doubled as outbreaks spread nationwide.

A severe but localized hepatitis A outbreak in San Diego last fall has morphed into outbreaks across multiple states — the latest arising in Missouri, Kentucky and Indiana — with no signs of the virus slowing down.

Cases of hepatitis A in the United States have nearly doubled since this time last year, even as public health officials have worked to stem the tide of infections through vaccine campaigns and community education. Now, the U.S. Centers for Disease Control and Prevention has issued an emergency alert to local and state public health officials nationwide, warning of the sharp rise in hepatitis A cases and the potential for outbreaks in their jurisdictions.

The CDC reports that 68 percent of the cases over the last year and a half that are linked to the ongoing outbreak are among people who are homeless, use illicit drugs or both. While hepatitis A outbreaks are common in countries without proper sanitation systems and outbreaks among large homeless populations have occurred in other countries, the pattern of this outbreak is unprecedented in the U.S. in recent years. Since the licensing of a hepatitis A vaccine in 1995, the U.S. has typically just seen cases associated with contaminated imported food.

This year's numbers are on track to significantly surpass last year's total of 2,984, with 1,772 cases as of June 2 and seven more months to go. Public health experts fear that hepatitis A outbreaks are now a nationwide problem that will cost local and state health departments millions of dollars to control.

What's particularly tragic is that these outbreaks could have been prevented with vaccines, said Laura Hanen, interim executive director and chief of public affairs for the National Association of County and City Health Officials. "No one should have to get hepatitis A," Hanen said.

On Aug. 25, 2017, the CDC notified all public health departments about its investigation into a cluster of hepatitis A, genotype IB infections in people who are homeless, use injection and/or non-injection drugs, or both, according to Dr. Monique Foster, an epidemiologist in the CDC's viral hepatitis division. Around the same time, San Diego County declared a public health crisis due to a hepatitis A outbreak that has thus far infected 589 people and killed 20 in the county.

Last fall, San Diego County began washing its streets with bleach, handing out sanitation kits and adding public handwashing stations. It began an aggressive vaccination campaign that reached out to the homeless and drug-using populations on the streets. On Jan. 23, the local public health emergency was declared over as the hepatitis A case count had slowed dramatically.

Read More: https://www.huffingtonpost.com/entry/hepatitis-a-outbreak-this-year-much-worse_us_5b204e83e4b09d7a3d7829bd?y19

Kentucky's hepatitis A outbreak is the worst in the nation

The deadly hepatitis A outbreak in Louisville and other parts of Kentucky is now the worst in the nation.

And the crisis hasn't crested.

Statewide, at least 969 people have contracted the liver disease, state health officials confirmed Wednesday.

"It's the worst on record across the nation and in Kentucky," said Dr. Jeff Howard, Kentucky Commissioner of Public Health.

Kentucky's confirmed cases have surpassed those in Michigan, which had 846 reported cases as of June 20, according to data from state health departments and the U.S. Centers for Disease Control and Prevention.

Kentucky's current outbreak already has targeted four times more victims than the state's last epidemic in 1988. Only one died then.

Q & A on hepatitis A: What you should know about hepatitis A and the outbreak in Louisville

The current crisis has killed six. Three of those deaths were in Louisville.

Louisville health officials confirmed 482 cases, said Dave Langdon, spokesman for the Louisville Metro Department of Public Health and Wellness. That's the worst outbreak here in decades, he said. He couldn't confirm if it's the worst outbreak in the city's history.

"Sharing a home, a cigarette, marijuana joint, a drink, or sex with someone who has the virus puts you at high risk," according an advisory on the city's website.

The eight other states that have reported outbreaks include: Indiana, California, Missouri, Ohio, Tennessee, Arkansas, Utah and West Virginia, CDC spokeswoman Donnica Smalls said.

The virus was first detected in Louisville last fall and mostly impacts drug users and adults who are homeless or people who work with them. It can be spread through contact with objects, surfaces, food or drinks contaminated by feces or stool from an infected person.

So why get vaccinated?

About 10 percent of Louisville's victims weren't in a high-risk category.

One example is Angela Glotzbach, a medical sales rep who was among Louisville's earliest victims. She was baffled by her diagnosis. She described missing work for three months due to virus symptoms that felt "1,000 times worse than the flu."

Read More: https://www.courier-journal.com/story/news/local/2018/06/27/deadly-hepatitis-outbreak-worst-kentucky-history/737574002/

Half of hepatitis C patients with private insurance denied life-saving drugs

The number of insurance denials for life-saving hepatitis C drugs among patients with both private and public insurers remains high across the United States, researchers from the Perelman School of Medicine at the University of Pennsylvania reported in a new study published in the journal *Open Forum Infectious Diseases*. Private insurers had the highest denial rates, with 52.4 percent of patients denied coverage, while Medicaid denied 34.5 percent of patients and Medicare denied 14.7 percent.

The data was revealed through a prospective analysis of over 9,000 prescriptions submitted to a national specialty pharmacy between January 2016 and April 2017.

Direct-acting antiviral drugs (DAAs) - once-a-day pills that first became available in the United States in 2014—are highly effective, with a 95 percent cure rate and few side effects for patients with chronic hepatitis C, but expensive. Because they can cost between $40,000 and $100,000, both private and public insurers have restricted access to the medications, approving the drugs only for patients with evidence of advanced liver fibrosis and/or abstinence from alcohol or illicit drug use, for example.

More recently, some of those restrictions had been relaxed because of vocal stakeholders and leaders, class action lawsuits, and greater drug price competition that experts believed would help increase the overall approvals by insurers. However, analysis of the data suggests otherwise.

"Despite the availability of these newer drugs and changes in restrictions in some areas, insurers continue to deny coverage at alarmingly high rates, particularly in the private sector," said study senior author Vincent Lo Re III, MD, MSCE, an associate professor of Infectious Disease and Epidemiology. "It warrants continued attention from a public health standpoint to have more transparency about the criteria for reimbursement of these drugs and fewer restrictions, particularly in private insurance and certainly to continue the push in public insurance, if we want to improve hepatitis C drug access across all states."

Read More: https://medicalxpress.com/news/2018-06-hepatitis-patients-private-denied-life-saving.html

Hepatitis C: The State of Medicaid Access Webinar

Last October, NVHR and the Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) launched Hepatitis C: The State of Medicaid Access. This project includes a report detailing hepatitis C treatment access restrictions (liver damage, sobriety, and prescriber limitations) in all state Medicaid programs, including traditional fee-for-service and managed care. Report cards were also issued, grading each state on its commitment to access. All of these materials can be found at stateofhepc.org.

Register now for the webinar which is scheduled for Thursday, June 28, 2018 from 1:00 pm – 2:00 pm Eastern for Hepatitis C: The State of Medicaid Access Webinar. CHLPI and NVHR will present highlights from the report, including methodology, key findings, and recent updates to state Medicaid policy since the launch of the project. We will discuss the report cards – how we determined grades, how states can change their grade, and how advocates can use them in their efforts. We will also have time for questions and to hear how advocates have used (or plan to use) the materials.

https://register.gotowebinar.com/register/4916673342702297603

Liver Cancer Screening in At-Risk Patients Underused

Liver cancer screening is being underutilized in at-risk patients, researchers said here.

In a study of nearly 14,000 hepatocellular carcinoma (HCC) patients, 59% had not undergone any liver cancer screening over the 10-year period from 2003 to 2013, while 36% had inconsistent screening and 6% had consistent screening, reported Debra Choi, PhD, MPH, of the Michael DeBakey VA Medical Center, in Houston, and colleagues at Digestive Disease Week.

Liver cancer is on the rise in the U.S., and screening is crucial to early detection and treatment of the disease, the authors said in a poster presentation. "HCC is actually not very commonly known; [although] a lot of cancer rates been declining -- [like] colorectal cancer and breast cancer -- HCC is still growing, and rapidly, so I think it's important to bring awareness that screening is important to help people get diagnosed at an early stage," Choi told *MedPage Today*.

Choi's group conducted a retrospective study using SEER-Medicare data, a public database available from the National Cancer Institute. Patients were required to have been enrolled in Medicare parts A and B for at least 3 years prior to their cancer diagnosis, which was identified using the International Classification of Diseases for Oncology (ICD-O) code 8170; those enrolled in Medicare HMOs were excluded.

Read More: https://www.medpagetoday.com/meetingcoverage/ddw/73326

Panel examines evolving strategies for treating, eliminating HCV

The development of direct-acting antiviral agents (DAAs) can safely cure virtually all individuals infected with the hepatitis C virus (HCV) and may have the potential to completely eliminate the disease in the U.S., according to a panel of experts in the AASLD Clinical Symposium *HCV Treatment: Gastroenterologists Role in Eradicating HCV*, on Monday. The symposium featured a panel of experts who discussed strategies and implementation processes that will maximize the number of individuals who are treated for chronic HCV.

Fasiha Kanwal, MD, MSHS, AGAF, professor and section chief of gastroenterology at the Baylor College of Medicine, Houston, TX, opened the symposium with a discussion of the changing epidemiology of HCV, including the challenge of identifying and treating people with undiagnosed HCV.

“With HCV screening and treatment policies in flux, our understanding of the number of patients currently needing treatment is limited,” Dr. Kanwal said. “Besides the treatment demand, the number of HCV patients who remain undiagnosed in the era of oral DAAs is not precisely known; however, recent evidence indicates that HCV incidence is increasing in the U.S.”

Robert S. Brown Jr., MD, MPH, AGAF, clinical chief of the division of gastroenterology and hepatology in the department of medicine at Weill Cornell Medical College, New York, NY, followed with a presentation covering strategies to increase HCV screening and to improve access to care and treatment.

Read More: http://blog.ddw.org/panel-examines-evolving-strategies-for-treating-eliminating-hcv/

Do fatigue and quality of life improve after hepatitis C is cured?

Patient-reported outcomes such as fatigue, vitality and mental health improve substantially in the two years following hepatitis C cure for people with cirrhosis, but people with cirrhosis are less likely than others to experience rapid resolution of severe fatigue after successful hepatitis C treatment, according to two studies from the Center for Outcomes Research in Liver Diseases reported last month at the 2018 International Liver Congress in Paris.

Quality of life can be severely impaired in people with chronic hepatitis C, especially in people with cirrhosis. Fatigue, insomnia, problems in physical functioning, depression, anxiety and mood disorders are reported by a substantial proportion of people with hepatitis C.

'Brain fog' – a lack of concentration and confusion – is often described by patients, but the biological mechanism that leads to this problem is not understood.

More severe quality of life problems are caused by hepatic encephalopathy, which develops when the damaged liver begins to lose its capacity to remove ammonia and other toxins from the blood. Poor concentration, insomnia, anxiety, fatigue, slow movement and depression may be present in people with hepatic encephalopathy.

For people living with hepatitis C, improvement in the quality of life after treatment is an important outcome. To measure improvements in quality of life, 786 people with hepatitis C virus and cirrhosis receiving treatment in 12 clinical trials were enrolled in long-term follow-up after being cured of hepatitis C (sustained virologic response, SVR). The study population consisted of 650 people with compensated cirrhosis and 136 people with decompensated cirrhosis.

Participants in the follow-up study were asked to score their physical and mental health using the SF-36 questionnaire every six months for two years (96 weeks).

Read More: http://www.aidsmap.com/Do-fatigue-and-quality-of-life-improve-after-hepatitis-C-is-cured/page/3266466/

HCV outcomes worse for patients with public insurance, Medicaid

In this exclusive video perspective from Digestive Disease Week 2018, Zobair M. Younossi, MD, chairman of the department of medicine at Inova Fairfax Hospital in Virginia, discusses insurance coverage and mortality in patients with hepatitis C in the U.S.

“Patients with hepatitis C have different demographics ... and certain ethnic groups, as well as those that are uninsured. When you look at the type of insurance patients with hepatitis C have, they were more uninsured and had higher rates of public insurance than private,” Younossi told *Healio Gastroenterology and Liver Disease*.

Specifically, patients with public insurance had an HCV prevalence of 1.74% vs. 0.97% in those with private insurance ($P < .05$), and uninsured patients had even higher prevalence at 2.47% vs. private insurance ($P < .05$).

“The bottom line of this study is that when you run multivariate analysis, you compare public to private insurance with hepatitis C, those patients who have public insurance have independently higher mortality,” he continued. “When you dig deeper, you find those are the patients who have Medicaid.”

After adjusting for confounders, the researchers found that the presence of HCV significantly and independently increased mortality (HR = 2.04; 95% 1.17-3.35), especially among patients with Medicaid (HR = 9.64; 95% CI, 1.66-55.97).

Read More: https://www.healio.com/hepatology/hepatitis-c/news/online/%7B3714098b-f39c-4e99-86d1-e3a7e9bebb5d%7D/hcv-outcomes-worse-for-patients-with-public-insurance-medicaid

Why We Need a Movement for Racial Justice and Health Equity in Order to Eliminate Hepatitis B and Hepatitis C

Recently, some people have questioned why the National Viral Hepatitis Roundtable’s staff and members of its Steering Committee have made statements in words and action standing up for racial justice. We hope this statement provides additional context for why speaking out about the need for racial justice and health equity is critical to the hepatitis B and hepatitis C response.

First, we would like to provide some definitions. Social determinants of health are "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as ‘place’" (Healthy People 2020).

Health disparities are “… a particular type of health difference that is closely linked to economic, social, or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic-status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.” (Healthy People 2020).

Read More: https://www.hepmag.com/blog/need-movement-racial-justice-health-equity-order-eliminate-hepatitis-b-hepatitis-c

NVHR Applauds New AASLD and IDSA Guidelines for Hepatitis C Screening and Treatment for At-Risk Populations

The National Viral Hepatitis Roundtable (NVHR), a national coalition working together to eliminate hepatitis B and C in the United States, today applauded the American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA) for updating their hepatitis C virus (HCV) screening and treatment recommendations to focus on eradicating HCV among key populations. The new guidelines focus on groups most at-risk for HCV, including pregnant women who previously were not regularly screened, people who inject drugs, men who have sex with men and individuals who are incarcerated.
"The emergent opioid crisis, persistent stigma around hepatitis C, and discriminatory treatment restrictions have allowed HCV to go unchecked among vulnerable populations, even as a cure exists," said Tina Broder, Interim Executive Director of NVHR. "AASLD and IDSA are the preeminent organizations guiding clinical practice for HCV screening and treatment and their recommendations send a clear signal that increased screening and access to treatment are critical for eliminating hepatitis C as a public health threat."

At least 3.5 million Americans are infected with hepatitis C, an epidemic that has eclipsed all other infectious diseases in the U.S. Despite HCV medications that are approximately 95 percent effective at curing individuals who are undergoing treatment, many states continue to impose discriminatory restrictions on hepatitis C treatment through sobriety requirements as well as disease severity and specialist requirements. Last year, NVHR and the Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) published "Hepatitis C: The State of Medicaid Access," which illustrated the ways in which treatment restrictions keep Americans from being cured and prevent the elimination of the HCV epidemic.

Read More: http://nvhr.org/content/nvhr-applauds-new-aasld-and-idsa-guidelines-hepatitis-c-screening-and-treatment-risk-populat

Is an HCV cure rate of 100 percent realistic?

David E. Bernstein, MD, FAASLD, wants to break down the barriers preventing access to curative therapies for hepatitis C virus (HCV). Although antiviral therapy has led to a cure rate of more than 90 percent of HCV cases, Dr. Bernstein thinks more can be done to increase the cure rate.

In this *DDW Daily News* video exclusive, he discusses several obstacles preventing patients' access to curative therapies, including cost concerns, public policy issues and insurance variations that have led to different state rules and regulations. Dr. Bernstein also addresses the benefits of HCV therapy and whether it's possible to eradicate HCV and achieve 100 percent cure rate.

"It's the only viral disease that we can actually cure, but from a public policy standpoint a significant portion of our population does not have access to these life-changing and curative therapies for unclear reasons," says Dr. Bernstein, director of the Sandra Atlas Bass Center for Liver Diseases at the Zucker School of Medicine at Hofstra Northwell, East Garden City, NY.

Watch the video: http://blog.ddw.org/is-an-hcv-cure-rate-of-100-percent-realistic/

Gastroenterologists can help combat opioid abuse

Although gastroenterologists rarely initiate opioid therapy for chronic abdominal pain, it's not unusual to inherit patients who have been prescribed opioids. That puts GIs in the position to make an important difference in their patients' lives and the nationwide opioid epidemic, according to Eva Szigethy, MD, PhD, associate professor of psychiatry, pediatrics and medicine, and director of the Visceral Inflammation and Pain Center at the University of Pittsburgh Medical Center, PA.

"Irritable bowel syndrome, alone or in combination with other diagnoses, inflammatory bowel disease and chronic pancreatitis are the three GI populations most often managed with chronic opioid pain management, for which there's little to no evidence," said Dr. Szigethy, who will co-moderate Monday's AGA Clinical Symposium *Impact of America's Opioid Epidemic on the Practice of Gastroenterology*.

While there's little upside to prescribing opioids, the downside is clear, she added. "There's an abundance of evidence about opioid-induced negative effects both in the brain in terms of addiction, narcotic bowel syndrome and overdose, as well as in the GI tract with constipation, gastric reflux, nausea and vomiting," she said.

The good news, Dr. Szigethy said, is a growing body of evidence that supports non-opioid management of chronic pain. These approaches are based on a growing understanding of the neuroscience of brain-gut interactions.

Tricyclic antidepressants, duloxetine and gabapentin can all be effective pharmacologic agents for chronic pain. A variety of procedural interventions can also help, including nerve blocks and stimulation units that act on the peripheral nervous system and the brain itself. Trigger point injections may also be a viable alternative to opioids, as are wearable analgesic medication pumps.

Read More: http://blog.ddw.org/gastroenterologists-can-help-combat-opioid-abuse/

Healthcare Program Obtains 93% of Prior Authorization Approvals for HCV Medications

The Respectful & Equitable Access to Comprehensive Healthcare (REACH) program obtained 93% of prior authorization (PA) approvals for hepatitis C medications, which suggests that experienced patient navigators working in collaboration with a nurse and a specialty pharmacy can be an alternative model for obtaining PA approvals, according to a study published in the *Journal of Managed Care and Specialty Pharmacy*.

Trang M. Vu, MD, from the Division of General Internal Medicine at the Icahn School of Medicine at Mount Sinai in New York City, and colleagues, conducted a review of program databases and medical records of patients for whom DAA hepatitis C medications were ordered between November 1, 2014, and October 31, 2015. Patients were followed for 180 days or until PA approval was obtained. The researchers then examined the relationship between patient clinical characteristics and (a) the number of steps in the PA process and (b) the time to medication approval.

Read More: https://www.clinicaladvisor.com/hepatology-information-center/reach-program-pa-approval-hcv/article/770095/

How Durable Is the Hepatitis B Vaccine?

About 85% of a cohort of Alaskans who received the hepatitis B vaccine at age 6 months or older showed evidence of protection after 35 years, although some may require a booster dose, according to a study presented at the 2017 Liver Meeting.

"No chronic hepatitis B infections were identified in the cohort," according to lead study author Michael Bruce, MD, MPH, an epidemiology team leader in the CDC's Arctic Investigation Program Division of Preparedness and Emerging Infections, in Anchorage.

The study was the longest hepatitis B vaccine follow-up to date, noted Belgian vaccine expert Pierre Van Damme, MD, PhD, who was not involved with the research.

The findings are relevant to many areas of the world that have high rates of hepatitis B virus (HBV) infection. Globally, more than 350 million people are chronically infected, and nearly 1 million deaths occur each year related to complications of HBV infection (*Arch Dis Child* 2017 Dec 1. [Epub ahead of print]).

When the study was initiated in 1981, the prevalence of hepatitis B surface antigen (HBsAg) positivity was 5% to 6% among Alaska Native individuals living in the area where the study was conducted, the Yukon Kuskokwim Delta and Norton Sound regions. Clinicians administered three doses of plasma-derived hepatitis B vaccine to a cohort of 1,578 Alaska Native adults and children 6 months of age or older from 16 villages, and assessed hepatitis B surface antibody (anti-HBs) levels over 35 years.

Read More: https://www.idse.net/Hepatitis/Article/06-18/How-Durable-Is-the-Hepatitis-B-Vaccine-/48739?sub=2CEC4137CB70A71867CE7CE043DCA9A7433ABF39A3F962F17B83EFAE074325&enl=true

Why Egypt Is at the Forefront of Hepatitis C Treatment

Just five years ago, with the best medical therapies available, the odds of curing a person infected with hepatitis C were no better than a coin toss. Eliminating the disease from a whole country was unthinkable.

But today, Egypt is wiping the disease from its population at an unprecedented pace. The effort was made possible by revolutionary new drugs—but no country, including the United States, has come close to deploying them at equivalent scale. Egypt has shown that dramatic improvements in public health are possible when drugs are priced affordably—and a government makes an effort to systematically deploy them. But Egypt is also the exception that proves the rule that while modern society has proven capable of developing transformative medical innovations, it's far less proficient at maximizing their use.

The hepatitis C epidemic in Egypt—the country with the highest prevalence of the disease in the world—started around 50 years ago, when the government was attempting to get rid of one plague and ended up substituting it for another. For millennia the Nile Delta has been an ideal breeding ground for schistosomiasis, a parasite spread to humans by freshwater snails. In the mid-20th century, the Egyptian government conducted multiple mass-treatment campaigns using an injectable emetic—and needles were repeatedly reused. Hepatitis C virus, not yet known but transmitted efficiently by blood, was inadvertently spread to many citizens. By 2008, one in 10 Egyptians had chronic hepatitis C.

Read More: https://www.theatlantic.com/health/archive/2018/05/why-egypt-is-at-the-forefront-of-hepatitis-c-treatment/561305/

Pitt Study Finds Most Babies Born To Mothers With Hep C Aren't Screened For The Virus

Seven out of 10 babies born to mothers with Hepatitis C at Magee-Women's Hospital of UPMC are not screened for the virus, which can cause serious liver damage.

The information comes from a new study from the University of Pittsburgh, published last week in the journal *Pediatrics,* which looked at children who continued to receive pediatric care from UPMC through their second birthday.

Meanwhile, the number of women with the virus delivering at the hospital has increased by 60 percent since 2006. Gynecologist Catherine Chappell, the study's lead author, attributes that rise to the opioid epidemic and the use of IV drugs.

Babies exposed to the virus during pregnancy should be screened for it at 18 months, Chappell said. "We've dropped the ball in the health care system somehow," she said. "It's either that we're not telling moms that this is important, pediatricians are not getting the information that this is important or that this is even an issue in these individual patients. So, the ball is really in our court to fix this."

Of the children who were exposed in utero, 8.4 percent became infected, which is a higher rate of transmission than what has been documented by previous research.

Chappell said that much of the data on the virus is from studies in Egypt. That country has the world's highest prevalence of Hepatitis C due to a 1960s-'80s vaccine campaign, which reused poorly sterilization needles.

"That is a very different scenario of perinatal transmission from one-time exposure," said Chappell, "rather than ongoing IV drug use and repeated exposure to Hepatitis C."

Right now, Chappell said she's also keeping an eye on HIV and Hep-B rates, which at this time are not increasing. But she said that could change.

"It just takes one person in the network…to spread among a number of people who are sharing needles, so it's something that we need to be vigilant about for sure," she said.

Chappell said she's working to put an alert in the medical records of Hep C-exposed infants to make sure pediatricians test for the virus.

http://wesa.fm/post/pitt-study-finds-most-babies-born-mothers-hep-c-arent-screened-virus#stream/0

As opioid crisis grows, babies and moms with hepatitis C fly under the radar

A growing number of infants are born exposed to hepatitis C, but fewer than a third are later screened to monitor and treat the potentially fatal virus, according to a recent study based out of a hospital in Pittsburgh that experts say highlights a trend unfolding across the country.

Between 2006 and 2014, obstetrician-gynecologist Catherine Chappell and her colleagues at Magee-Women's Hospital in Pittsburgh noticed a 60 percent increase in moms-to-be who tested positive for hepatitis C. To improve treatment for these women, Chappell wanted to develop medication that was safe to take during pregnancy. But first, she launched an epidemiological study to see how prevalent hepatitis C was in the hospital system and how staff managed babies born exposed to the virus.

Of the 10,000 infants born each year in her hospital's system, Chappell said more than 300 infants were born to women with test-confirmed cases of hepatitis C, in the study that published Wednesday in the journal Pediatrics.

"One hundred percent should have been screened," but Chappell said only 30 percent of those babies received follow-up care for the virus, her study found. Mothers of the infected infants were more likely to say they were struggling with opioids, the study added.

Hepatitis C, a virus that attacks the liver, is the country's most common bloodborne infection and can be fatal if left untreated, according to the **Centers for Disease Control and Prevention**. An estimated 3.5 million Americans have chronic hepatitis C, and this number has **increased more than two-fold** in recent years, a shadow epidemic following the rise in injection drug use during the opioid crisis. What makes hepatitis C among the more difficult viruses to treat is that as many as 80 percent of people who have an acute strain of the virus show no symptoms.

"I worry this is a silent epidemic we're just not capturing."

Among pregnant women, the hepatitis C infection rate has risen to 3.4 per 1,000 births. If a pregnant woman shares needles or has sex with a person already infected with hepatitis C and contracts the virus, there is a 6 percent chance she will pass the virus onto her newborn. Babies, like adults, initially show no clinical signs of infection. At birth, the mother passes antibodies (the immune system's response to the virus) to the baby, rendering efforts at early detection before hospital discharge virtually useless. While the odds are small that a mother will pass hepatitis C to her infant, there is mounting concern that the medical community isn't doing enough to identify and treat babies who may develop chronic liver disease later in life — and that this trend demonstrates one more largely undetected complication from the opioid epidemic.

Follow-up tests are recommended at least six months after birth to determine if the mother transmitted hepatitis C to the baby. But even during well-child visits after birth, those tests often don't happen, the study suggested.

Read More: https://www.pbs.org/newshour/health/as-opioid-crisis-grows-babies-and-moms-with-hepatitis-c-fly-under-the-radar

Screening for Hepatitis C Climbs in Colorado

- The rate of screening for hepatitis C among Coloradans nearly tripled between 2011 and 2016, a Colorado Health Institute analysis of newly available data shows.

- Baby boomers between ages 55 and 64 saw the largest increase in screening rates during that time; millennials between 25 and 34, had the highest screening rate each year.

- Medical advances, federal and state policy changes and fallout from the opioid epidemic have contributed to the rise in screening.

Each year, more Coloradans are contracting hepatitis C, the infectious liver disease spread by contact with infected blood. The state's hep C death rate is heading higher as well.

But there's an encouraging development. More Coloradans are being screened for this disease, which is potentially deadly but also curable with early diagnosis and treatment. And new medicines, combined with falling prices, are putting that treatment in easier reach.

An analysis by the Colorado Health Institute of newly available information from the state's All Payer Claims Database (APCD) reveals the rate of Coloradans getting screened for the hepatitis C virus nearly tripled between 2011 and 2016.

Screening for hepatitis C has been a focus of public health efforts in recent years. An estimated 3.5 million Americans are living with hepatitis C, but the U.S. Centers for Disease Control and Prevention (CDC) estimates that half of them aren't even aware they have it.

This report analyzes who is getting screened for hepatitis C in Colorado as well as the key policy actions and medical advances that are driving the rise in screening.

Read More: https://www.coloradohealthinstitute.org/research/screening-hepatitis-c-climbs-colorado

10 patients safely receive hepatitis C-infected lungs in new clinical trial

Researchers behind a bold experiment to use hepatitis C-infected lungs for transplant say such organs could help address a critical shortage of donors and make "some good come out" of the increasing number of opioid-related deaths.

Ten patients have received donor lungs from individuals infected with hepatitis C, with eight of the transplant recipients testing negative for the virus following their recovery.

The other two patients have recently started a drug regimen to eliminate the virus. Read More: https://www.ctvnews.ca/health/10-patients-safely-receive-hepatitis-c-infected-lungs-in-new-clinical-trial-1.3972398

HCV Stigma: Tray Tables Up, Hepatitis C on a Plane

We had just wrapped up a three day conference for Help4Hep, and I was wearing a shirt, a shirt I originally wore for a press conference against the BRCA (The awful ACA replacement which was on the senate floor last year.) A form fitting black cotton T-shirt that reads: “Hello, My pre-existing condition is Hepatitis C.” The shirt’s purpose was to bring to people’s attention two things: One that pre-existing conditions aren’t really visible, but they are common, and two, that Hepatitis C is among them, and I have it. Even while being cured of Hep C, in the eyes of the medical world and insurance I will forever be a Hepatitis C patient.

Maybe it was because I was standing alone before we boarded, maybe it’s because I was visible, sitting in the front, but regardless why the next series of events happened, it’s unfortunate that they did.
I was seated in the front row, and I was talking with the lady seated next to me about Hepatitis C.

My shirt was a conversation starter, earlier I’d explained the prevalence and the cure to a few others who’d asked. She was explaining to me that her mother had it and we spoke about the cure, to which she seemed surprised, but often people are unaware of it, so I went into more detail. I explained that there’s a lot of ignorance around the virus, and the cure, largely due to stigma about even talking about.

Read More: https://www.hepmag.com/blog/tray-tables-hepatitis-c-plane

Panel examines evolving strategies for treating, eliminating HCV

The development of direct-acting antiviral agents (DAAs) can safely cure virtually all individuals infected with the hepatitis C virus (HCV) and may have the potential to completely eliminate the disease in the U.S., according to a panel of experts in the AASLD Clinical Symposium *HCV Treatment: Gastroenterologists Role in Eradicating HCV*, on Monday. The symposium featured a panel of experts who discussed strategies and implementation processes that will maximize the number of individuals who are treated for chronic HCV.

Fasiha Kanwal, MD, MSHS, AGAF, professor and section chief of gastroenterology at the Baylor College of Medicine, Houston, TX, opened the symposium with a discussion of the changing epidemiology of HCV, including the challenge of identifying and treating people with undiagnosed HCV.

“With HCV screening and treatment policies in flux, our understanding of the number of patients currently needing treatment is limited,” Dr. Kanwal said. “Besides the treatment demand, the number of HCV patients who remain undiagnosed in the era of oral DAAs is not precisely known; however, recent evidence indicates that HCV incidence is increasing in the U.S.”

Read More: http://blog.ddw.org/panel-examines-evolving-strategies-for-treating-eliminating-hcv/

Do fatigue and quality of life improve after hepatitis C is cured?

Patient-reported outcomes such as fatigue, vitality and mental health improve substantially in the two years following hepatitis C cure for people with cirrhosis, but people with cirrhosis are less likely than others to experience rapid resolution of severe fatigue after successful hepatitis C treatment, according to two studies from the Center for Outcomes Research in Liver Diseases reported last month at the 2018 International Liver Congress in Paris.

Quality of life can be severely impaired in people with chronic hepatitis C, especially in people with cirrhosis. Fatigue, insomnia, problems in physical functioning, depression, anxiety and mood disorders are reported by a substantial proportion of people with hepatitis C.

'Brain fog' – a lack of concentration and confusion – is often described by patients, but the biological mechanism that leads to this problem is not understood.

More severe quality of life problems are caused by hepatic encephalopathy, which develops when the damaged liver begins to lose its capacity to remove ammonia and other toxins from the blood. Poor concentration, insomnia, anxiety, fatigue, slow movement and depression may be present in people with hepatic encephalopathy.

Read More: http://www.aidsmap.com/Do-fatigue-and-quality-of-life-improve-after-hepatitis-C-is-cured/page/3266466/

Enhanced Interferon Signature at Baseline May Increase Likelihood of SVR in DAA-Treated Hepatitis C

Patients infected with hepatitis C virus (HCV) who achieve sustained virologic response (SVR) during treatment with direct-acting antivirals (DAAs) are more likely to have an enhanced interferon signature in their liver and blood at baseline compared with patients who experience a virologic breakthrough, according to results published in *Hepatology*.

These findings suggest that innate immunity may contribute to SVR during DAA therapy for HCV by preventing the emergence of resistance-associated substitutions that can lead to viral breakthrough.

The study included participants with HCV genotype ab in whom a course of peginterferon/ribavirin (n=13) had previously failed. Participants were re-treated with asunaprevir/daclatasvir for 24 weeks. After pretreatment biopsy, participants were randomly assigned to undergo a second biopsy at week 2 or 4 of treatment. The researchers performed microarray and NanoString analyses on paired liver biopsies.

Read More: https://www.infectiousdiseaseadvisor.com/hepatitis-advisor/predicting-likelihood-of-sustained-virologic-remission-in-hepatitis-c/article/770078/

HCV outcomes worse for patients with public insurance, Medicaid

WASHINGTON — In this exclusive video perspective from Digestive Disease Week 2018, Zobair M. Younossi, MD, chairman of the department of medicine at Inova Fairfax Hospital in Virginia, discusses insurance coverage and mortality in patients with hepatitis C in the U.S.

"Patients with hepatitis C have different demographics ... and certain ethnic groups, as well as those that are uninsured. When you look at the type of insurance patients with hepatitis C have, they were more uninsured and had higher rates of public insurance than private," Younossi told *Healio Gastroenterology and Liver Disease*.

Specifically, patients with public insurance had an HCV prevalence of 1.74% vs. 0.97% in those with private insurance ($P < .05$), and uninsured patients had even higher prevalence at 2.47% vs. private insurance ($P < .05$).

"The bottom line of this study is that when you run multivariate analysis, you compare public to private insurance with hepatitis C, those patients who have public insurance have independently higher mortality," he continued. "When you dig deeper, you find those are the patients who have Medicaid."

After adjusting for confounders, the researchers found that the presence of HCV significantly and independently increased mortality (HR = 2.04; 95% 1.17-3.35), especially among patients with Medicaid (HR = 9.64; 95% CI, 1.66-55.97).

Read More: https://www.healio.com/hepatology/hepatitis-c/news/online/%7B3714098b-f39c-4e99-86d1-e3a7e9bebb5d%7D/hcv-outcomes-worse-for-patients-with-public-insurance-medicaid

Does Substance Use Disorder Affect Sustained Virologic Response to DAAs?

Although hepatitis C virus (HCV) treatment adherence is worse in patients with comorbid substance use disorders, sustained virologic response (SVR) to direct-acting antiviral agents (DAAs) is not affected, according to a multicenter study published in the *Journal of Addiction Medicine*.[1]

People who inject drugs are at a high risk for HCV infection developing,[2] and the currently recommended treatment approach for HCV is the use of DAAs.[3] However, little is known about whether any variables are predictors of response to DAAs in people who inject drugs.

Read More: https://www.infectiousdiseaseadvisor.com/hepatitis-advisor/direct-acting-antiviral-efficacy-in-patients-with-chronic-hepatitis-c-and-substance-use-disorder/article/768236/

AASLD online HCV guide update includes key at-risk populations

The American Association for the Study of Liver Diseases and the Infectious Diseases Society of America recently updated their hepatitis guideline website, HCVguidelines.org, to include several new testing and management recommendations for pregnant women, men who have sex with men, people who inject drugs and incarcerated individuals.

According to Marks, the guideline is a combined effort between AASLD and IDSA to help not only hepatology, gastroenterology and infectious disease specialists in treating and managing HCV, but to provide information to all health care providers. "It's a document for really anyone who is interested in hepatitis C and we are trying to reach a wider audience," Marks said. "The website has really been effective with thousands of hits each month."

Healio: What are the new recommendations?

Marks: With each release, we update from what we had, either adding or subtracting information. In this case, all that we did was add to the document. The biggest change was adding universal screening for women. This was added because, with the opioid epidemic, we're seeing greater incidence rates in younger people, so we recommend screening women because they are in that age group. There are essential benefits to them during their pregnancy of knowing their hepatitis C status in terms of care that can be provided to them as well as having the opportunity to test the infant after its born.

Read More: https://www.healio.com/hepatology/hepatitis-c/news/online/%7Bbfe7a551-b3df-45f5-987d-7a21e64afa76%7D/aasld-online-hcv-guide-update-includes-key-at-risk-populations

Hepatitis C infections resulting from medical treatment occur despite clear guidelines

In a 10 year span, more than 130,000 patients were notified of medical errors that may have exposed them to blood-borne illness, including Hepatitis C. However, the majority of these notification events were discovered only after patients became acutely ill rather than through proactive reporting of violations of health safety protocols, according to a review in *The Journal of the American Osteopathic Association*.

Between 2001 and 2011, there were 35 reports of injection safety violations, affecting more than 130,000 patients across 17 states and Washington, DC. Patients who were exposed to Hepatitis C as part of these violations and never became acutely ill may be infected, unaware of it and spread the infection to others or be at risk for long term serious infection side effects, researchers say.

Hepatitis C is a contagious liver disease that is primarily spread through the blood of an infected person or, less commonly, through sexual contact. It can be an acute, short-term illness that occurs within six months of infection or a chronic illness that can last a lifetime existing virtually asymptomatic for years.
Read More: https://medicalxpress.com/news/2018-05-hepatitis-infections-resulting-medical-treatment.html

Nurse accused of using her own drug needles on patients — and exposing them to hepatitis C

A Washington state emergency room nurse has resigned and her license has been suspended after accusations that she exposed patients to hepatitis C by stealing narcotics and using her own needle to administer their medication.

Officials with the State Department of Health said Monday that Cora Weberg's nursing license has been suspended "due to alleged diversion of controlled substances."

Authorities said Weberg, a 31-year-old former nurse at MultiCare Good Samaritan Hospital in Puyallup, has admitted to diverting fentanyl and hydromorphone, narcotic pain medications. Police also said that two patients who were under her care in the emergency department in December 2017 were later admitted to the hospital and tested positive for hepatitis C, according to a statement from the health department.

The state health department and Centers for Disease Control and Prevention determined through genetic tests that the two patients derived the disease from a common source, and "charges say Weberg was the only nurse or physician at the hospital who treated both patients," the statement read.

But Weberg, who was arrested late last week on two counts of second-degree assault, has denied the allegations.

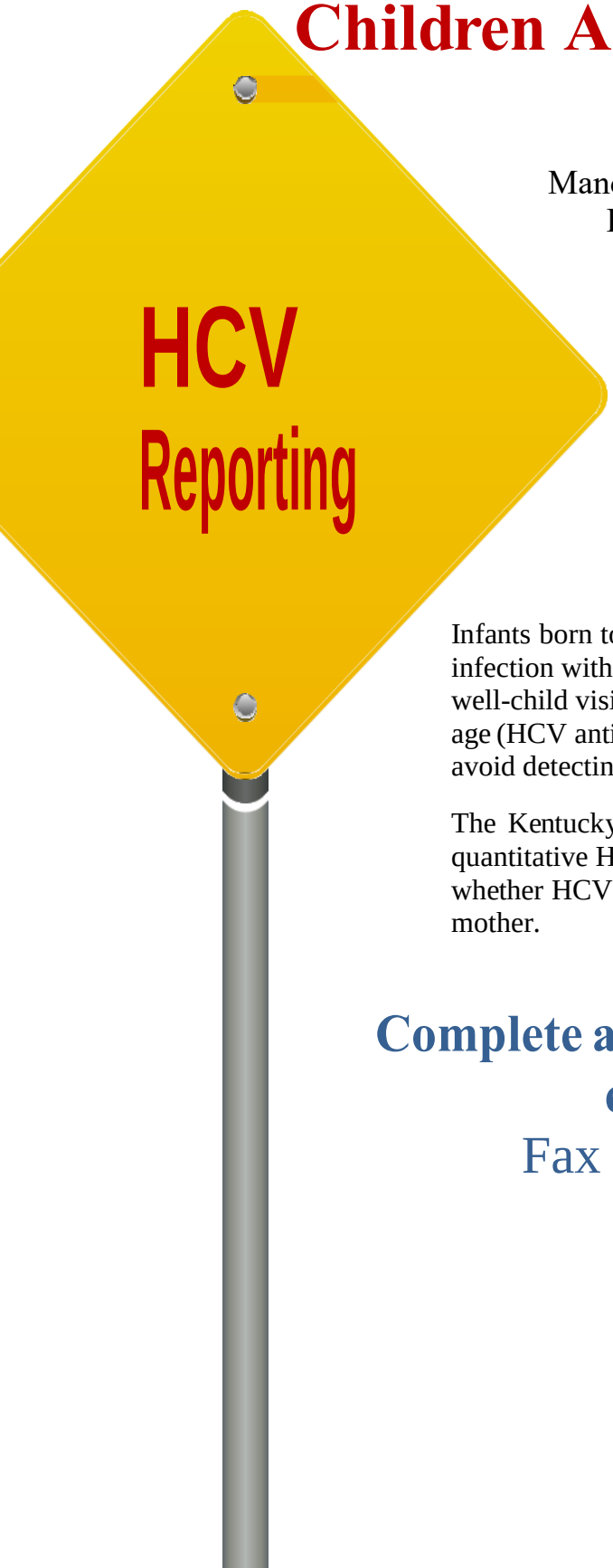
The former nurse said during a news conference Tuesday that she has never "intentionally or unintentionally" used a needle on a patient that she had previously used on herself — saying that "of all the allegations that have been made against me, this is the most awful and it is the allegation that I deny the most."

Regarding hepatitis C, Weberg said she has undergone drug tests and donated blood but has never been diagnosed with the disease, according to KOMO News. She said she was recently tested again and found to have "a very low level of a pathogen in my blood that can constitute hepatitis C but not at the low levels that are found in my blood." She said she does not believe she is a "contagious carrier."

"I have never thought I had hepatitis C," she said. "I have never intentionally exposed anyone to hepatitis C, and it's beyond my comprehension how I would have even unintentionally exposed someone to hepatitis C."

Read More: https://www.washingtonpost.com/news/to-your-health/wp/2018/05/08/nurse-accused-of-using-her-own-drug-needles-on-patients-and-exposing-them-to-hepatitis-c/?noredirect=on&utm_term=.6d2386f5814a

Hepatitis C Testing & Reporting: Perinatal, Newborn Infants, and Children Aged Five Years or Less



Beginning July 1, 2018:
Mandatory hepatitis C tests for all pregnant women.
Healthcare providers are required to report:

- All HCV-positive pregnant women;
- All infants born to HCV-positive women; and
- All HCV-positive infants and children aged 5 years or less seen in birthing hospitals, medical practices and clinics.

Infants born to HCV-positive mothers should be tested for HCV infection with an HCV RNA test at 2 months of age or older (at a routine well-child visit), or HCV antibody testing can be done at 18 months of age (HCV antibody testing should be delayed until 18 months of age to avoid detecting maternal antibody).

The Kentucky Department for Public Health recommends the use of quantitative HCV RNA tests at 2 months of age or older to assess whether HCV was transmitted to the infant from the HCV-positive mother.

Complete and fax the EPID 394 form at the end of this newsletter.

Fax forms to (502) 564-4760

REGISTER NOW!

for the

Kentucky 5th Annual Viral Hepatitis Conference

July 31, 2018

Kentucky Rural Health Association,

in partnership with Kentucky Department for Public Health's Adult Viral Hepatitis Prevention Program and the Kentucky Immunization Program is proud to present:

Kentucky's Hepatitis Epidemic:

The Role of Professionals in Hepatitis Elimination

at the
Griffin Gate Marriott Resort & Spa 1800
Newtown Pike
Lexington, Kentucky

Join us at Kentucky's comprehensive conference on hepatitis!
Experts in Viral Hepatitis will discuss opportunities for professionals and community members to engage in dialogue and share successes and best practices on successful hepatitis prevention, treatment and care strategies.

Register at: http://KRHA.wildapricot.org/event-2847029

Reservations can be made, ask for the KY Hepatitis Conference Discounted Group Rate:
http://www.marriott.com/meeting-event-hotels/group-corporate-travel/groupCorp.mi?resLinkData=KY%20HEPATITIS%20CONFERENCE%5ELEXKY%60KHCKHCA%60134.00%60USD%60false%604%607/30/18%608/1/18%607/6/18&app=resvlink&stop_mobi=yes

For more Information, contact: Kathy Sanders- KathyJ.Sanders@ky.gov or
Deborah Bolton-Plucknett- Deb.Bolton-Plucknett@ky.gov
Phone: (502) 564-4478

Presentations will be available after the conference on line at: www.KYRHA.org

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Kentucky 5th Annual Viral Hepatitis Conference

Griffin Gate Marriott Resort & Spa- Lexington, KY

Ending the Epidemic: The Role of Professionals in Hepatitis Elimination

July 31, 2018

TIME	PRESENTATION	FACULTY
7:30 AM-8:00 AM	Registration – Exhibit Viewing Breakfast (provided)	
8:00 AM-8:15 AM	Welcome and Opening Remarks	Kathy J. Sanders, RN MSN
8:15 AM-9:00 AM	Plenary #1: Ending the Epidemic: U.S. Viral Hepatitis Action Plan	Corinna Dan, RN, MPH
9:00 AM-9:45 AM	Plenary #2: Ending the Epidemic: Increases in Hepatitis Infection related to the Growing Opioid Epidemic	Jon E. Zibbell, PhD
9:45 AM-10:00 AM	Morning Break and Exhibit Hall Viewing	
10:00 AM- 10:30 AM	Plenary #3: Ending the Epidemic: Kentucky's Opioid Response Effort (KORE)	Allen J. Brenzel, MD, MBA
10:30 AM-11:30 AM	Plenary #4: Ending the Epidemic: Best practices for screening, diagnosing, linking to care	Danielle Revert, ARNP Barbra Cave, MSN, ARNP, FNP-BC
11:30 AM-12:45 PM	Working Lunch (Provided) National Perspective: Novel Interventions to Address Hepatitis A Outbreaks in Jurisdictions; Louisville Hepatitis A Outbreak Update	Monique A. Foster, MD, MPH Lori Caloia, MD
12:45 PM-1:45 PM	Plenary #5: Ending the Epidemic: A Focus on HCV, Perinatal Transmission and Infants born to mothers Screening, Testing, and Treatment	Claudia Espinosa, MD, MSc William Balistreri, MD
1:45 PM- 2:00 PM	Afternoon Break and Exhibit Hall Viewing	
2:00 PM-3:00 PM	Plenary #6:Ending the Epidemic: Case Management of Perinatal HBV	John Stutts, MD, MPH
3:00 PM- 4:00 PM	Plenary #7: Ending the Epidemic: Medicaid and Viral Hepatitis Treatment in Kentucky	Samantha McKinley, BS, JD, DC, PharmD
4:00 PM-4:50 PM	Plenary #8: Ending the Epidemic: The Syndemic Involving HIV and Viral Hepatitis – Mobilizing Community Action!	Chris Taylor, BS
4:50 PM-5:00 PM	Questions, Answers & Closing Remarks	

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Kentucky UNBRIDLED SPIRIT

Attention: Physicians, Physician Assistants and APRN's

REGISTER NOW

August 1, 2018

Kentucky Rural Health Association in partnership with the Kentucky Department for Public Health Adult Viral Hepatitis Prevention Program is proud to present the first cycle of:

KHAMP

Kentucky Hepatitis Academic Mentorship Program

HEPATITIS C: KNOW MORE

at the Griffin Gate Marriott Resort & Spa
Lexington, Kentucky

Join us at Kentucky's first KHAMP!

Experts in Viral Hepatitis will discuss HCV management, treatment and standard of care. Our target audience is primary healthcare professionals- Physicians, Physician Assistants, and APRN's. Selected KHAMP Scholars will engage in dialogue and learn successes and best practices on successful hepatitis C prevention, treatment and care strategies.

To register go to: http://krha.wildapricot.org/event-2934787

For informtation, contact: kathyj.sanders@ky.gov or call: (502) 564-3261 ext. 4236

***PLEASE NOTE: THIS IS A SEPARATE EVENT FROM THE VIRAL HEPITITIS CONFERENCE**

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HEPATITIS C: KNOW MORE

KHAMP

Kentucky Hepatitis Academic Mentorship Program

TIME	PRESENTATION	FACULTY
7:30 AM-8:15 AM	Registration – Breakfast (provided)	
8:15 AM-9:15 AM	Welcome & KHAMP Introduction	**Barbra Cave, APRN** University of Louisville
9:15 AM-10:15 AM	KHAMP #1: Screening and Initial Evaluation of HCV Infection	**Lynn Hill, APRN** Three Rivers Gastroenterology
10:15 AM-10:30 AM	Morning Break	
10:30 AM-11:30 AM	KHAMP #2: A Focus on Perinatal Transmission and Infants born to mothers Screening, and Testing	**Claudia Espinosa, MD** University of Louisville
11:30 AM-12:15 AM	KHAMP #3: A Focus on Children: Latest Treatment Updates	**William Balistreri, MD** Cincinnati Children's Hospital
12:15 AM-1:30 PM	Working Lunch (Provided) KHAMP #4: High Risk Groups and HCV	**Jon Zibbell, PhD** Senior Public Health Analyst, Behavioral & Urban Health Program
1:30 PM-2:30 PM	KHAMP #5- Kentucky Medicaid Program- What you need to know!	**Samantha McKinley** Kentucky Dept. for Medicaid Services
2:30 PM-3:15 PM	KHAMP #6: The New Era of Direct-Acting Antivirals Treatments	**Cathy Spencer, PharmD** University of Louisville Hospital
3:15 PM- 3:30 PM	Afternoon Break	
3:30 PM-4:15 PM	KHAMP #7: Staging Liver Disease in HCV Infected Persons	**Ashutosh Barve, MD, PhD** University of Louisville
4:15 PM-4:45 PM	KHAMP #8: KHAMP Tool Kit Review	**Barbra Cave, APRN** University of Louisville **Amanda Wilburn, MPH** KY DPH AVHPC Epidemiologist
4:45 PM-5:00 PM	KHAMP #9: Where do we go from here? Questions, Answers & Closing Remarks	**Barbra Cave, APRN** University of Louisville

KENTUCKY
RURAL HEALTH ASSOCIATION

Viral Hepatitis Prevention Program Staff:

Kathy Sanders, RN, MSN
Adult Viral Hepatitis Prevention Program Coordinator
502-564-3261, ext. 4236
KathyJ.Sanders@ky.gov

Amanda Wilburn, MPH
Epidemiologist and
Viral Hepatitis Surveillance Coordinator
Amanda.Wilburn@ky.gov

Deborah Bolton-Plucknett, RN
Perinatal Hepatitis B Prevention Program Coordinator
502-564-4478, ext. 4260
Deb.Bolton-Plucknett@ky.gov

Kentucky Public Health

EPID 394
Revised Sept 2016

Kentucky Reportable Disease Form

Department for Public Health, Division of Epidemiology and Health Planning
275 East Main St., Mailstop HS2E-A
Frankfort, KY 40621-0001

Hepatitis Infection in Pregnant Women or Child (aged five years or less)

Report HBV electronically in NEDSS or by fax using EPID 394. Report HCV electronically or by fax using EPID 394.

Fax reports to 502-564-4760

Date Report Submitted: Agency Report Submitted by: Agency Contact Phone Number:

NEWBORN INFANT BORN TO MOTHER WITH HBV/HCV or CHILD AGED 5 AND UNDER WITH HBV/HCV

Infant/ Child: Last Name First M.I.	Date of Birth	Gender Male Female	Neonatal Abstinence Syndrome Yes No Not known	HBV vaccination given at birth: Yes No Not known
Address City State Zip County of Residence			Infant/Child lives with: Mother Foster Parent Adopted Other:_____	
Infant/Child Medical Record #	Ethnic Origin Hisp. Non-Hisp.	Race: * W B A AI PI	Birth weight: lbs. oz.	Mother's Current Legal Last Name: First M.I.

PREGNANT/ POST PARTUM MOTHER INFORMATION

Current Legal Last Name: First M.I. Maiden	Is Patient Pregnant? Yes No Expected Date of Delivery: / /	Is Patient Post-Partum? Yes No If yes, date of delivery: / /	Mother's Medical Record #
Address City State Zip	Ethnic Origin: Hisp. Non-Hisp. Race: * W B A AI PI	Social Security #	Name of Physician/ Hospital for Delivery: Address:
County: History of Incarceration: Yes No Not known			

WOMEN/ POST PARTUM OR CHILD LABORATORY INFORMATION

Hepatitis Markers	Results	Date of test	Viral Load (If applicable)	Name of Laboratory
HBsAg	Pos Neg Unknown	/ /		
IgM anti-HBc	Pos Neg Unknown	/ /		
HBeAg	Pos Neg Unknown	/ /		
IgM anti-HAV	Pos Neg Unknown	/ /		
HCV Antibody ** See below	Pos Neg Unknown	/ /		
HCV RNA Confirmation *** See below	Pos Neg Unknown	/ /		

SERUM AMINOTRANSFERASE LEVELS

Mother or Child	Reference	Date of test	Name of Laboratory
AST (SGOT) U/L	U/L	/ /	
ALT (SGPT) U/L	U/L	/ /	

Mother: Hepatitis Risk Factors:

IV Drug Use Yes No Unknown	Intranasal Drug Use Yes No Unknown	Tattoos Yes No Unknown	
STI History Yes No Unknown	HIV Yes No Unknown	Foreign Born? Country: _____	
Multiple Sex Partners Yes No Unknown	HCV Contact Exposure Yes No Unknown		

Child: Hepatitis Risk Factors:

Mother HBV Pos Yes No Unknown	HBV Contact Exposure Yes No Unknown	Foreign Born? Country: _____
Mother HCV Pos Yes No Unknown	HCV Contact Exposure Yes No Unknown	

Mother Or Child Vaccination History:

Hepatitis A vaccination history: Yes No Unknown Refused Date Given: / /
Hepatitis B Vaccination history: Yes No Unknown Refused If yes, how many doses 1 2 3 Dates completed: / /
For Infants born to mothers with HBV, was HBIG given: Yes No Unknown Date Given: / /

* Race: W-White B-Black A-Asian AI- American Indian or Alaska Native PI-Pacific Islander

** HCVAntibody should not be performed at birth, due to presence of maternal antibodies. Wait until at least 18 months of age

*** HCV RNA Confirmation is recommended for infants born to mothers with HCV infection. KY DPH recommends HCV RNA Confirmation at 2 month or 4 month well child visit.

Note: If exhibiting signs and symptoms of HCV, report using the EPID 200

Kentucky UNBRIDLED SPIRIT