

COMMUNICABLE DISEASE NEWSLETTER

A Health Newsletter from the Barry-Eaton District Health Department

Barry-Eaton District Health Department Communicable Disease

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MAY IS HEPATITIS AWARENESS MONTH

HELP ELIMINATE HEPATITIS C IN MEDICAID & HEALTHY MICHIGAN PLAN POPULATIONS

More than 100,000 Michiganders are known to be infected with hepatitis C virus (HCV). National estimates indicate that only 50% of persons impacted by the virus have been tested and are aware of their infection, suggesting that the prevalence of HCV in Michigan could be upwards of 200,000. All-oral HCV treatment regimens, called direct-acting antivirals, can cure HCV infection in 8-12 weeks; however, few persons diagnosed with HCV have had access to these life-saving medications.

On April 1, 2021, the Michigan Department of Health and Human Services (MDHHS) launched [Michigan's State Plan on Eliminating Hepatitis C](#) and the [We Treat Hep C Initiative](#), a statewide initiative that aims to eliminate hepatitis C among Michigan Medicaid and Healthy Michigan Plan beneficiaries by removing barriers to curing hepatitis C.

What changes have been implemented?

As part of the We Treat Hep C Initiative:

- Prescribing Mavyret® no longer requires prior authorization and submission of prescriber specialty, fibrosis score, or substance use.
- Prescribing non-preferred hepatitis C direct-acting antivirals (DAAs) no longer requires submission of prescriber specialty, fibrosis score, or substance use.
- Prior authorization is still required when prescribing non-preferred DAAs; however, the [standard clinical prior authorization form](#) has been streamlined.



Any prescriber with prescriptive authority can cure hepatitis C

Historically, hepatitis C treatment has been limited to specialists; however, there is a need for non-specialty clinicians, such as primary care and advanced practice providers, to cure hepatitis C. MDHHS has gathered resources such as free clinical consultation programs and simplified treatment guidelines to guide clinicians to becoming more comfortable and confident with curing hepatitis C. These can be accessed on the [MDHHS We Treat Hep C - Resources for Michigan Providers website](#).

Adult Universal Hep C Testing Recommendations

CDC recommends hepatitis C testing for:

- Every person age 18+.
- All pregnant people during every pregnancy.
- Every person with [risk factors](#) (at least once and periodically if risk factors are ongoing).
- Any person who requests it, regardless of disclosure of risk.

HELP ELIMINATE HEPATITIS C IN MEDICAID & HEALTHY MICHIGAN PLAN POPULATIONS (*CONTINUED*)

CDC Recommends Single-Visit Sample Collection to Avoid Incomplete Hepatitis C Testing

A two-step testing sequence (HCV antibody, followed by an HCV RNA test) is recommended for diagnosing hepatitis C infection. However, when an HCV antibody test is reactive and an HCV RNA test is not performed, testing is considered incomplete. Historically, one third of patients have incomplete testing.

The new guidance supports strategies that collect samples at a single visit, and automatic HCV RNA testing on all HCV antibody reactive samples. By performing automatic HCV RNA testing on all samples reactive for HCV antibodies, the percentage of patients with current HCV infection who are linked to care and receive curative antiviral treatment will increase.

For more information, please review the Morbidity and Mortality weekly report from July 14, 2023: [Updated Operational Guidance for Implementing CDC's Recommendations on Testing for Hepatitis C Virus Infection.](#)

Additional Hepatitis C Testing Resources

- [Recommended Testing Sequence for Identifying Current Hepatitis C Virus Infection](#)
- [Interpretation of Results of Tests for Hepatitis C Virus Infection and Further Actions](#)

UPDATED MPOX ONE-PAGER FOR SEXUAL HEALTH & HIV CLINICAL PROVIDERS

MDHHS recently updated its health care provider guidance document on Mpox Vaccination, Testing and Treatment to better reflect the current mpox status in Michigan. The guidance document provides helpful resources on issues related to mpox that include:

- Subcutaneous & intradermal vaccine administration
- How to properly swab for mpox testing
- Submitting test samples to the Michigan Bureau of Laboratories
- Tecovirimat (or TPOXX) treatment and the STOMP trial
- Other supportive care and pain control treatment options

Health care providers that offer HIV care, HIV/STI prevention, and any other sexual health services across different clinical settings are encouraged to use this guidance document as a reference in responding to the needs of patients as they relate to mpox.

[Download a copy of the updated guidance document by clicking here.](#)

CLINICAL RECOMMENDATIONS REGARDING HIGHLY PATHOGENIC AVIAN INFLUENZA A(H5N1) VIRUS

On April 24th, this Michigan Health Alert Network was released: No human cases of HPAI A(H5N1) have been identified in Michigan at this time. However, clinicians should be aware that this illness is circulating in bovine and poultry species in the state, and they should consider the possibility of HPAI A(H5N1) virus infection in persons showing signs or symptoms of conjunctivitis and/or respiratory illness, and ask your patients if they have a history of exposure to poultry or cattle.

The Michigan Department of Agriculture and Rural Development (MDARD) has identified commercial dairy and poultry farms that have recently tested positive for HPAI in Allegan, **Barry**, Clinton, Gratiot, Ionia, Isabella, Montcalm, Newaygo, and Ottawa counties. Identification of impacted farms is ongoing and risk should not be considered limited to those geographies.

CLINICAL RECOMMENDATIONS REGARDING HIGHLY PATHOGENIC AVIAN INFLUENZA A(H5N1) VIRUS (CONTINUED)

MDHHS encourages healthcare providers to be vigilant for patients presenting with conjunctivitis and/or respiratory symptoms, especially those who report exposure to cattle or poultry, or who have consumed raw milk. Patients that present with these symptoms and exposures should be tested for novel influenza infection at the MDHHS Bureau of Laboratories (BOL). While there is no vaccine available for HPAI, the seasonal influenza vaccine can protect populations at risk of exposure to HPAI by reducing the risk of co-infection between seasonal and avian strains. Antiviral drugs, such as Tamiflu and Relenza, can be effective in treating novel influenza infection. Early treatment works best and may be especially important for people with a high-risk condition.

Clinicians should consider the possibility of HPAI A(H5N1) virus infection in people showing signs or symptoms of acute respiratory illness or conjunctivitis and who have relevant exposure history outlined in [Highly Pathogenic Avian Influenza A\(H5N1\) Virus in Animals: Interim Recommendations for Prevention, Monitoring, and Public Health Investigations](#).

Examples of symptoms include but are not limited to:

- Mild illness: (e.g., cough, sore throat, eye redness or discharge such as conjunctivitis, fever, headache, rhinorrhea, and fatigue)
- Moderate to severe illness: (e.g., shortness of breath or difficulty breathing, altered mental status, and seizures)
- Complications: (e.g., pneumonia, respiratory failure, acute respiratory distress syndrome, multi-organ failure, sepsis, and meningoencephalitis)

If signs and symptoms compatible with avian influenza A(H5N1) virus infection are present:

1. **Isolate patient and follow infection control recommendations, including using PPE.**
2. **Initiate empiric antiviral treatment as soon as possible.** Do not delay treatment while awaiting laboratory results.
3. **Notify state and local health department to arrange testing for influenza A(H5N1) virus.**
 - MDHHS Communicable Disease Division: (517) 335-8165
 - BEDHD Communicable Disease Division: (517) 541-2641
4. **Collect respiratory specimens from the patient to test for influenza A(H5N1) virus** at the state health department. If the exposed person has conjunctivitis, with or without respiratory symptoms, both a conjunctival swab and a nasopharyngeal swab should be collected for testing.
5. **Encourage patients to isolate at home away from their household members** and not go to work or school until it is determined they do not have avian influenza A(H5N1) virus infection.

Starting empiric antiviral treatment with oral or enterically administered oseltamivir (twice daily for five days) is recommended regardless of time since onset of symptoms. [Antiviral treatment](#) should not be delayed while waiting for laboratory test results.

MDHHS Measles SOP Updated

The MDHHS Measles SOP has been updated and can be found here: [Michigan State and Local Public Health Measles Standard Operating Procedures](#).

Summary of changes:

- Added suggestion to test IgG serum, removed nasal swab language (not a preferred specimen type).
- Added: Transmission and Exposure Definitions, Discordant Lab Results, Alternate Testing, Communications.
- Added: on-call can approve testing for after-hour requests.