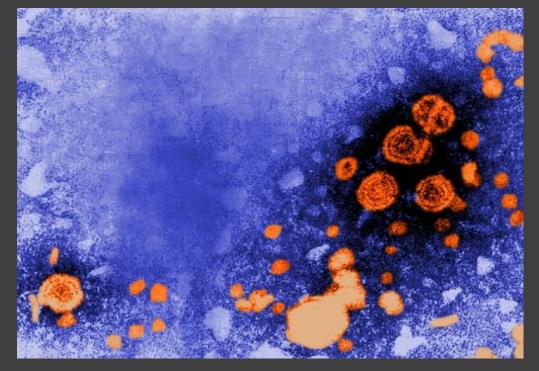
# Hepatitis B Virus Surveillance and Epidemiology in Michigan



Oct 8<sup>th</sup>, 2015





#### www.michigan.gov/hepatitis

Joe Coyle, MPH – Viral Hepatitis Unit Manager



- Michigan Communicable Disease Rules
- Michigan Disease Surveillance System
- Hepatitis B Surveillance Framework
- Hepatitis B Epidemiology
- □ Summary

## MI Communicable Disease Rules

#### Communicable Disease Rules

- Communicable disease reporting is required by Michigan law:
  - Michigan Public Health Act No. 368 Communicable Disease Rules: R 325.171-3, 333.51113
- Hepatitis B is one of the more than 90 diseases required to be reported in Michigan
- Cases are reported to the Michigan Disease Surveillance System (MDSS)
- Report contents:
  - Demographic info name, date of birth, sex, race
  - Contact info address, phone number
  - Disease details lab results, disease-specific questions

#### To be reported by healthcare providers and laboratories

# To local health department or MDSS

Hepatitis B virus, (HBsAg, HBeAg, anti-HBc IgM, HBV DNA Nucleic Acid Tests (PCR), HBV genotype), *especially in pregnant women* 

 Upon diagnosis, culture, serology, examination, histopathology, or molecular technique

#### 2015: REPORTABLE DISEASES IN MICHIGAN - BY PATHOGEN

#### A Guide for Physicians, Health Care Providers and Laboratories

Report the following conditions to the Michigan Disease Surveillance System (MDSS) or local health department (see reverse) within 24 hours (unless otherwise noted) if the agent is identified by clinical diagnosis, direct examination, culture, serology, molecular techniques or histopathology.

Report the unusual occurrence, outbreak or epidemic of any disease or condition, including healthcare-associated infections.

Anaplasma phagocytophilum (Anaplasmosis) Arboviral encephalitides, neuro- and non-neuroinvasive: California serogroup, Chikungunya, Eastern Equine, Powassan, St. Louis, Western Equine, West Nile Babesia microti (Babesiosis) Bacillus anthracis (Anthrax) Blastomyces dermatitidis (Blastomycosis) Bordetella pertussis (Pertussis) Borrelia burgdorferi (Lyme Disease) Brucella species (Brucellosis) Burkholderia mallei (Glanders) Burkholderia pseudomallei (Melioidosis) Campylobacter species (Campylobacteriosis) Chlamydia trachomatis (Trachoma, Genital infections, LGV) (3) Chlamydophila psittaci (Psittacosis) Clostridium botulinum (Botulism) Clostridium tetani (Tetanus) Coccidioides immitis (Coccidioidomycosis) Coronavirus (SARS, MERS-COv) Corynebacterium diphtheriae (Diphtheria) Coxiella burnetii (Q Fever) Cryptosporidium species (Cryptosporidiosis) Cyclospora species (Cyclosporiasis) Dengue virus Ehrlichia species (Ehrlichiosis) Encephalitis, viral or unspecified Entamoeba histolytica (Amebiasis) Escherichia coli, O157:H7 and all other shiga toxin positive serotypes (4) Francisella tularensis (Tularemia) Giardia species (Giardiasis) Guillain-Barre Syndrome (1) Haemophilus ducrevi (Chancroid) Haemophilus influenzae, sterile sites only; submit isolates for serotyping for patients <15 years of age Hantavirus Hemolytic Uremic Syndrome (HUS) Hepatitis, viral: Hepatitis A virus, (Anti-HAV IgM) Hepatitis B virus, (HBsAg, HBeAg, anti-HBc IgM, HBV DNA Nucleic Acid Tests (PCR), HBV genotype), especially in pregnant women Hepatitis C virus, (Anti-HCV, HCV RNA Nucleic Acid Tests (PCR), HCV genotype) Hepatitis D virus, (HDsAg, anti-HDV IgM) Hepatitis E virus, (Anti-HEV IgM) Histoplasma capsulatum (Histoplasmosis) HIV, (Tests indicative of HIV infection including reactive immunoassays (e.g. WB, EIA, IA), detection tests (e.g. VL, NAAT, p24), CD4 counts/percents, genotypes, and all tests related to perinatal exposures) (2) Influenza virus (Weekly aggregate counts) Pediatric mortality, report individual cases

Novel Influenza viruses, report individual cases

Kawasaki Disease (1) Legionella species (Legionellosis) Leptospira species (Leptospirosis) Listeria monocytogenes (Listeriosis) Measles virus (Measles/Rubeola) Meningitis: bacterial, viral, fungal, and parasitic Mumps virus Mycobacterium leprae (Leprosy or Hansen's Disease) Mycobacterium tuberculosis complex (Tuberculosis) (5) Neisseria gonorrhoeae (Gonorrhea) (3) Neisseria meningitidis, sterile sites (Meningococcal Disease) Orthopox viruses (including: Smallpox, Monkeypox) Plasmodium species (Malaria) Poliovirus Prion disease (Including: CJD) Rabies virus Rheumatic fever (1) Rickettsia species (Spotted Fever and Typhus Group) Rubella virus Salmonella species (Salmonellosis) Salmonella typhi (Typhoid Fever) Shigella species (Shigellosis) Staphylococcus aureus, (MRSA), outbreaks only Staphylococcus aureus, vancomycin intermediate/ resistant (VISA/VRSA) Streptococcus pneumoniae, sterile sites Streptococcus pyogenes, group A, sterile sites, including Streptococcal Toxic Shock Syndrome (STSS) Toxic Shock Syndrome (non-Streptococcal) (1) Treponema pallidum (Syphilis) Trichinella spiralis (Trichinellosis) Varicella virus (Chickenpox) Vibrio cholera (Cholera) Vibriosis (Non-Cholera species) Viral Hemorrhagic Fever Yellow fever virus Yersinia enterocolitica (Yersiniosis) Yersinia pestis (Plague)

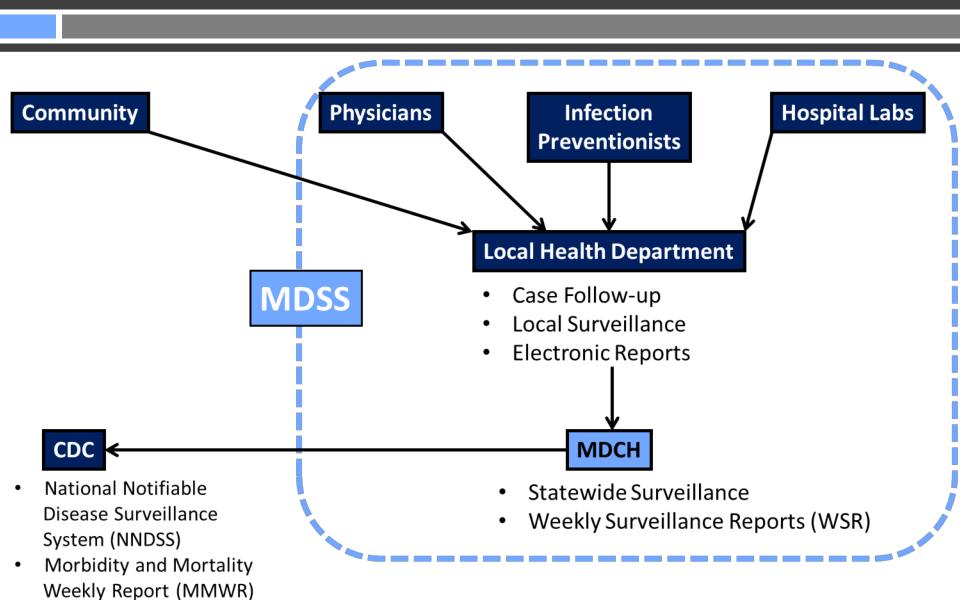
#### LEGEND

 Reporting within 3 days is required.
 Reporting within 7 days is required.
 Resually transmitted infections for which expedited partner therapy is authorized. See www.michigan.gov/hivstd for details.
 An isolate, if available, or the non-culture positive broth and/or stool specimen must be submitted to MDHHS laboratory
 All preliminary tuberculosis test results are to be reported to appropriate local health department and isolates submitted to MDHHS laboratory.

Blue Bold Text = An isolate, diagnostic specimen, or serum sample, where appropriate, must be submitted to MDHHS or other laboratory designated by MDHHS.

#### Michigan Disease Surveillance System

#### MDSS Reporting Framework



#### MDSS Case Entry

MDCH	Department of	Community Health			👘 🔕 mic
Case In	vestigation	Administration	Message	<u>s</u>	Reports
<u>ases</u> ew Case	Investigation Inform	ation			
ew Aggregate lises earches	Reportable Condition*: - SELECT -	•	Detail	Case Status*: - SELECT -	•
ew Search	Patient Information				
ew Aggregate earch	Patient Status*: - SE	LECT- 🗸	Patient Status Date* (mr	n/dd/yyyy): 08/31/	2015
sease Specific earch	First* :	Last* :		Middle :	
<u>arch Field</u> cords	Street :				
<u>se Definitions</u> ert Rules	City :	County :	State :	•	Zip :
<u>pplay</u> pplemental rms	Home Phone (### ### # Ext		Other Phone (### ### Ex		
<u>er Profile</u> er Directory	Onset Date (mm/dd/yyyy	/):	Referral Date (mm/dd/y)	/yy):	<b>!!!</b>
	Diagnosis Date (mm/dd/y	vyyy):			
	*indicates required item	S			
		Continue	Cancel Help		

 Michigan.gov Home
 Site Map
 State Web Sites
 Contact Michigan
 FAQ

 Privacy Policy
 Link Policy
 Accessibility Policy
 Security Policy
 MDSS Support
 HIV Security and Training Info

 v 4.2.1
 Last update: 6/17/2015 1:44 pm EDT
 Logged in: JOSEPH R COYLE

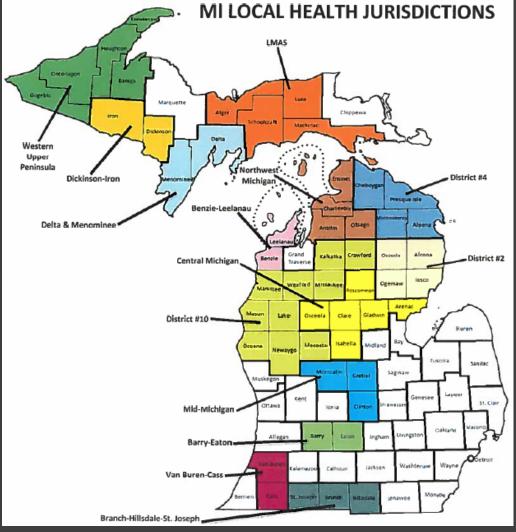
 Copyright © 2001-2003 State of Michigan

#### MDSS Case Detail Form

	Viral Hepatitis Case Report									
Chronic Hepatitis B										
	Patient Information									
Patient ID	First		Last				Middle			
Street Address										
City		County		S	tate		•	Zip		
Home Phone ### ### ####	Ext	t.		Other Ph ### ###			]	Ext.		
Parent/Guardian (required if	under 18)									
First		Last				Mide	lle			
Demographics										
Sex Male Female Un			Age		Age Units © Days	◯ Months ◯ Years				
Race (Check all that apply)										

# Home Rule State

□ The primary role of **MDHHS** in communicable disease control is to provide expert consultation, reference level diagnostic laboratory services and support as needed to Michigan's LHJs



Local health departments function as administratively autonomous units, separate from the MDHHS. As such, they set their own priorities for how they allocate the resources available to them

### CDC/CSTE Case Definitions

A case definition is set of uniform criteria used to define a disease for public health surveillance

 Case definitions enable public health to classify and count cases consistently across reporting jurisdictions (not clinical definitions)

 Case information is collected using standardized forms from CDC: <u>www.cdc.gov/hepatitis/pdfs/hepatitiscrf-</u> <u>20130508.pdf</u>



### Viral Hepatitis Surveillance

Acute, Chronic, and Perinatal HBV are nationally notifiable

- Current surveillance operates under an incident disease paradigm:
  - Tracking new diagnoses
  - Not necessarily tracking clinical progression/outcomes
- Chronic cases are de-duplicated to reduce redundant reporting
- MDHHS reports cases which meet CDC/CSTE case definitions and utilizes the latest CDC data collection forms

## Hepatitis B Epidemiology

### Michigan Population

#### As of the 2010 Census Michigan was the 8<sup>th</sup> most populous state in the nation with nearly 10 million residents

	2000 Census		2010	Census	Years 2000-2010		
	Population Count	Percent of Total	Population Count	Percent of Total	Change	Percent Change	
White Alone	7,806,691	78.60%	7,569,939	76.60%	-236,752	-3.00%	
Black Alone	1,402,047	14.10%	1,383,756	14.00%	-18,291	-1.30%	
Hispanic	323,877	3.30%	436,358	4.40%	112,481	34.70%	
Asian Alone	175,311	1.80%	236,490	2.40%	61,179	34.90%	
Multiracial	163,487	1.60%	190,396	1.90%	26,909	16.50%	
Native American Alone	53,421	0.50%	54,665	0.60%	1,244	2.30%	
Other Race Alone	11,465	0.10%	9,866	0.10%	-1,599	-13.90%	
Pacific Islander Alone	2,145	0.00%	2,170	0.00%	25	1.20%	
Total Population	9,938,444	100.00%	9,883,640	100.00%	-54,804	-0.60%	

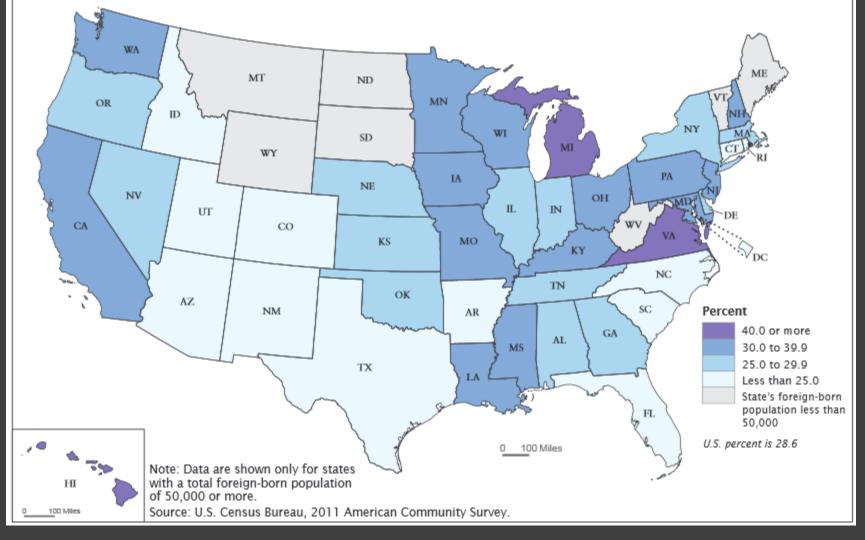
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#### Figure 2. Foreign Born From Asia as a Percentage of State's Foreign-Born Population: 2011

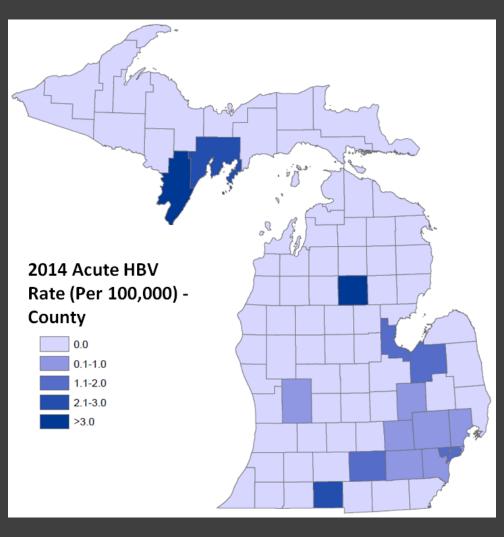


### Acute Hepatitis B

#### Acute Hepatitis B

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Michigan Cases	238	168	141	115	144	133	114	97	81	56	50
Michigan (Rate per 100,000)	2.39	1.69	1.42	1.16	1.45	1.34	1.15	0.98	0.82	0.57	0.51
U.S. (Rate per 100,000)	2.21	1.95	1.69	1.61	1.43	1.20	1.09	0.94	0.90	1.00	N/A
1.60 - 1.40 - 1.20 - 1.20 - 1.00 - 0.80 - 0.80 - 0.60 - 0.40 - 0.20 - 0.20 - 0.00 - 0.20 - 0.20 -			per 100 (Rate pe 2010			012	2013	2014	7		

#### Acute Hepatitis B, 2014



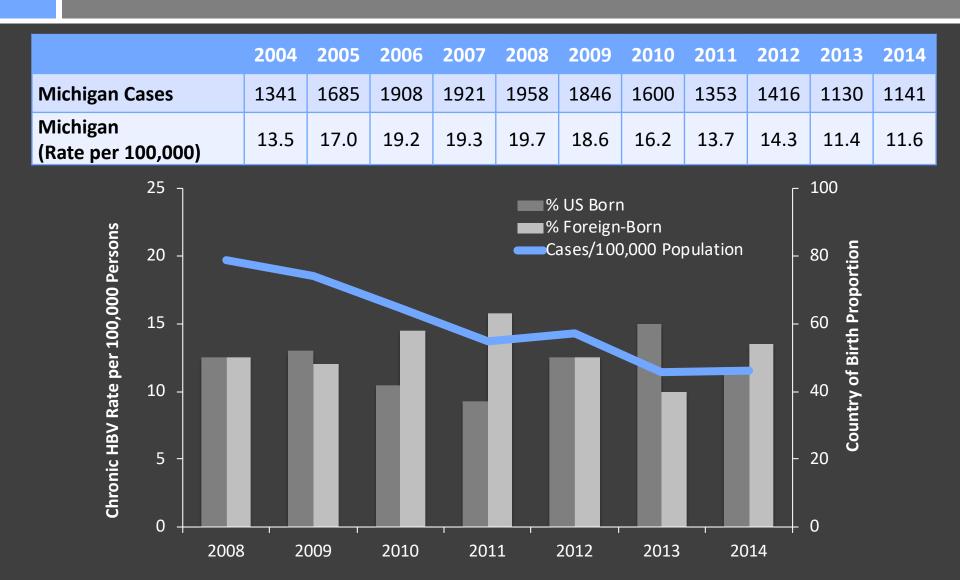
Age (n=50)								
Mean		46 years						
Median		46 years						
Range	2	28 - 71 years						
Sex (n=50	)	Rate per 100,000						
Male	25 (50%)	0.52						
Female	25 (50%) 0.50							
Race (n=49	€)	Rate per 100,000						
Caucasian	31 (63%)	0.40						
African American	16 (33%)	1.08						
Asian	1 (2%) 0.42							
American Indian	1 (2%)	1.83						

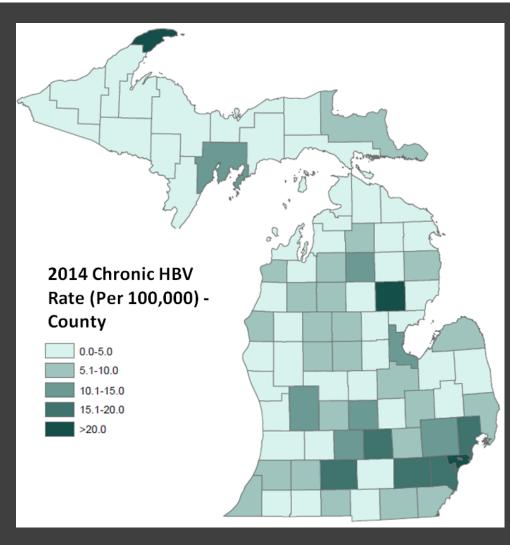
### Acute Hepatitis B, 2014

#### In the 6 weeks to 6 months prior to onset of symptoms did the patient ever....

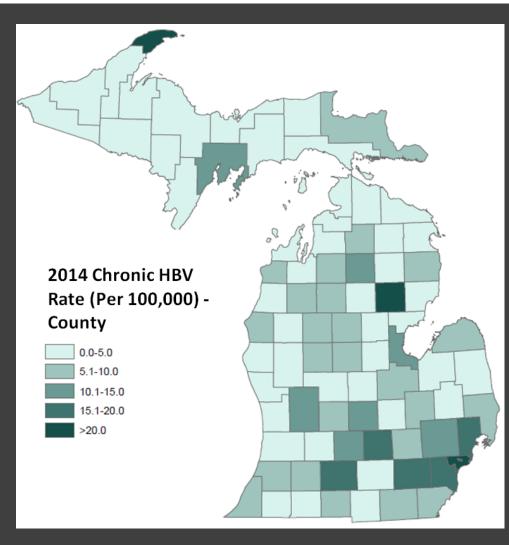
Risk Behavior	Yes	Νο
Injection Drug User	5/39 (13%)	34/39 (87%)
Used Street Drugs	6/36 (17%)	30/36 (83%)
Hemodialysis	0/41 (0%)	41/41 (100%)
Received Blood Products	5/40 (13%)	35/40 (87%)
Received a Tattoo	13/38 (34%)	25/38 (66%)
Accidental Needle Stick	0/37 (0%)	37/37 (100%)
Contact of Person with Hepatitis B	3/20 (15%)	17/20 (85%)
Other Surgery	10/38 (26%)	28/38 (74%)
Oral Surgery or Dental Work	12/37 (32%)	25/37 (68%)
Employed in Medical Field	3/41 (7%)	38/41 (93%)
Employed as Public Safety Officer	1/40 (3%)	39/40 (97%)
Incarceration Longer than 6 Months	3/39 (8%)	36/39 (92%)
Any Part of Body Pierced (other than ear)	5/38 (13%)	33/38 (87%)

- Country of birth: USA 36, Other (Germany, Vietnam, Yugoslavia, Israel) 4, Unknown 10
- 36/40 (90%) patients hospitalized; 1 death
- 32/33 (97%) of patients without full vaccine coverage





Age (n=1141)									
Mean	46 ye	ars							
Median	46 ye	ars							
Range	2 - 93 y	/ears							
Sex (n=1	Rate per 100,000								
Male	645 (56.6%)	13.3							
Female	495 (43.4%)	9.8							
Race (n=	757)	Rate per 100,000							
Caucasian	285 (37.6%)	3.8							
African American	208 (27.5%)	15.2							
Asian	259 (34.2%)	110.4							
American Indian	5 (0.7%)	11.0							



Age (n=1141)									
Mean	46 ye	ears							
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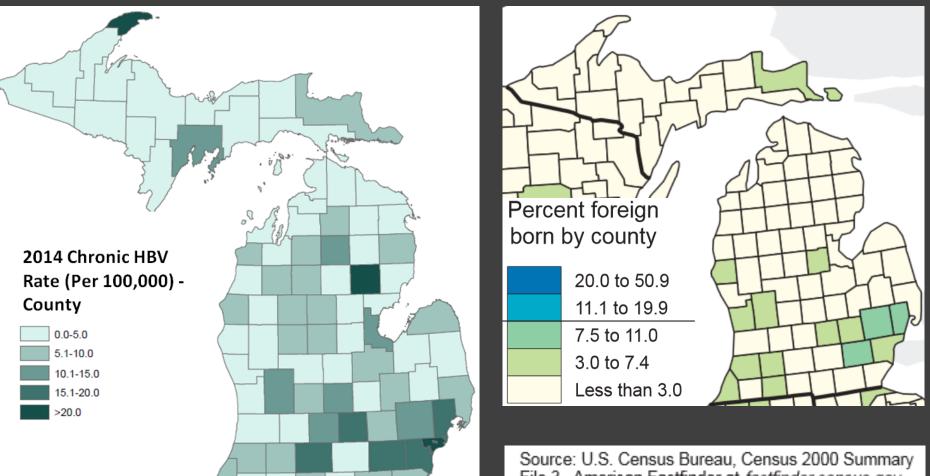
#### Has the patient ever....

Risk Behavior	Yes	No
Clotting factor before 1987	6/372 (2%)	366/372 (98%)
Hemodialysis	21/437 (5%)	416/437 (95%)
Injection Drug User	51/390 (13%)	339/390 (87%)
Contact of Person with Hepatitis B	95/250 (38%)	155/250 (62%)
Employed in Medical Field	33/393 (8%)	360/393 (92%)
Incarceration Longer than 6 Months	75/368 (20%)	293/368 (80%)
Treated for a STD	61/329 (19%)	268/329 (81%)
Patient receiving medication	50/426 (12%)	376/426 (88%)

- 98/799 (12.3%) patients hospitalized; 2 deaths
- 257/564 (46%) US born
- 307/564 (54%) foreign born

- Most common foreign born countries:
  China 55
  Vietnam 28
  Burma/Myanmar 27
  - Albania 11
  - □ By Race:
    - □ Caucasian 38/154 (25%) foreign born
    - African-American 31/135 (23%) foreign born
    - Asian 170/178 (95%) foreign born

#### Chronic HBV vs Foreign-born population



Source: U.S. Census Bureau, Census 2000 Summary File 3. American Factfinder at *factfinder.census.gov* provides census data and mapping tools.

### Perinatal Hepatitis B

#### Perinatal Hepatitis B

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Michigan Cases	1	3	3	2	2	0	0	1	2	1	2

□ Total of 17 cases since 2004:

- 12/15 (80%) mothers of Asian race
- 10/11 (91%) mothers born outside of US
- □ 17/17 (100%) mothers confirmed HBsAg+ prior to birth
- □ 17/17 (100%) infants received HBV vaccination
- 15/16 (94%) infants received HBIG

Did have one infant die from fulminant HBV at 3 months of age

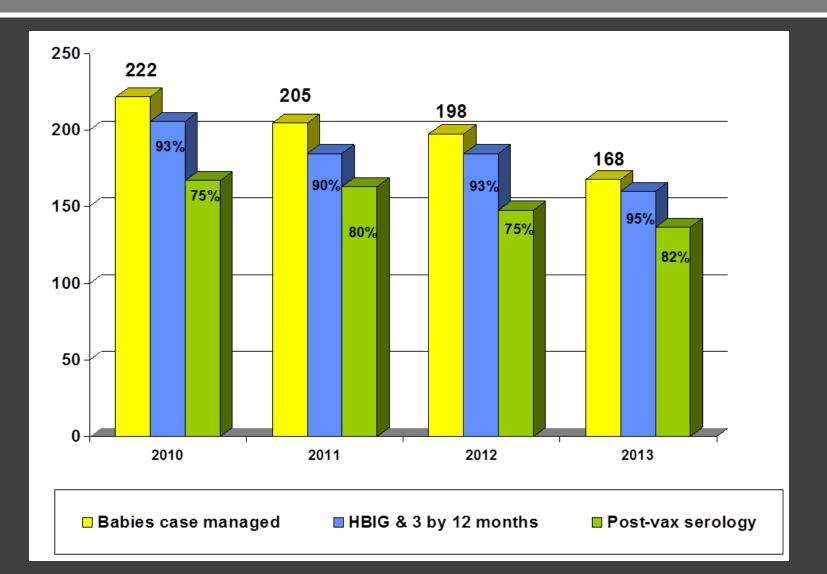
#### **Preventing Perinatal HBV**

- LHJs should verify pregnancy status on all women of childbearing age (10-60 years old) reported to be HBV+
- If pregnancy is confirmed case is referred to MDHHS Perinatal Hepatitis B Prevention Program
- CDC estimates that there are 348-547 births to HBV+ women in Michigan per year
   MDHHS identifies about <u>60%</u> of the lower estimate of HBV+ births per year

#### **Preventing Perinatal HBV**

- Michigan law requires all pregnant women to be tested for HBsAg
- Every HBsAg+ result should be reported within 24 hours to LHJ and/or MDSS
- Case should be referred to Perinatal Hepatitis B Prevention Program for follow-up with client, delivering hospital, and physician
- Ensure that infant gets HBV vaccine and HBIG within 12 hours of birth

#### Preventing Perinatal HBV



### Challenges and Summary

### Challenges

- Incident disease surveillance paradigm makes it difficult to measure clinical outcomes and monitor individuals over time (women of childbearing age)
- Limited LHJ resources for follow-up and investigation of large volume of cases
- Don't know what you don't know cases not being reported
- Language barriers encountered by disease investigators (<u>www.voicesforhealth.com</u>)

#### Summary

 Acute HBV cases have been trending down similar to national statistics

- New Chronic HBV diagnoses have been trending down:
  - Majority of new diagnoses occurring in foreign-born population
  - Rate of infection in Asians dwarfs that of other racial groups

Perinatal HBV cases remain sporadic:
 Many HBV+ births are being missed
 Those that are captured are receiving proper care

#### Resources

- MDHHS Viral Hepatitis Annual Report: <u>www.mi.gov/documents/mdch/2014 Hepatitis B</u> and C Annual Report 499557 7.pdf
- □ Viral Hepatitis <u>www.mi.gov/hepatitis</u>
- Perinatal Hepatitis B <u>www.mi.gov/hepatitisb</u>
- Communicable Disease <u>www.mi.gov/cdinfo</u>

#### Thanks!

Joe Coyle, MDHHS Viral Hepatitis Unit Manger www.michigan.gov/hepatitis MDCH-Hepatitis@michigan.gov CoyleJ@michigan.gov

517-335-8165