Zero to Sixty: Building Hepatitis Surveillance Infrastructure (MI)

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VIRAL HEPATITIS PREVENTION COORDINATOR
DECEMBER 5, 2019

MICHIGAN.GOV/SSP
MICHIGAN.GOV/HEPATITIS
Chief Deputy of Health

- Aging and Adult Services Administration
- Medical Services Administration
- Public Health Administration
- Behavioral Health and Developmental Disabilities Administration
  - Office of Recovery Oriented Systems of Care
  - i.e. Medicaid
Using Data to Inform Expansion of Harm Reduction Efforts
Distribution of New HCV Diagnoses by Year of Birth in Michigan, 2009-2018
Distribution of New HCV Diagnoses by Year of Birth in Michigan, 2009-2018
New HCV Diagnoses per Year Among Persons Aged 18-39

* denotes change in case definition
And it’s not just Hepatitis C!

- Examined 2016-2018 Michigan inpatient hospitalization data for:
  - Persons with an ICD code indicative of substance use, **AND**
  - Code for invasive bacterial or fungal infection

<table>
<thead>
<tr>
<th>Condition</th>
<th>Increase By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin + Soft Tissue Infection</td>
<td>15%</td>
</tr>
<tr>
<td>Endocarditis</td>
<td>31%</td>
</tr>
<tr>
<td>Osteomyelitis</td>
<td>37%</td>
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- Between 2016 and 2018, **1,419** patients expired prior to discharge.
- In 2018 alone, these hospitalizations accounted for **$600 million** in healthcare costs.
Neonatal Abstinence Syndrome (NAS)

Rate of Neonatal Abstinence Syndrome per 100,000 live births, Michigan, 2000-2017

Rate of Neonatal Abstinence Syndrome per 100,000 live births, Michigan, 2014-2016
Perinatal Hepatitis B, Hepatitis C, and HIV Infections, 2012-2019

HIV (n=7)

HBV (n=7)

HCV (n=51)
<table>
<thead>
<tr>
<th>Age (n = 3774)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median</td>
</tr>
<tr>
<td>Mean</td>
</tr>
<tr>
<td>Range</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Sex (n = 3759)</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>1776 (47.2%) 127.36</td>
</tr>
<tr>
<td>Male</td>
<td>1983 (52.8%) 138.40</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Race (n = 2776)</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>2476 (89.2%) 112.79</td>
</tr>
<tr>
<td>Black</td>
<td>228 (8.2%) 48.07</td>
</tr>
<tr>
<td>American Indian</td>
<td>56 (2.0%) 191.07</td>
</tr>
<tr>
<td>Asian</td>
<td>16 (0.6%) 12.01</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Hispanic Ethnicity (n = 2270)</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>97 (4.3%) 55.22</td>
</tr>
<tr>
<td>Not hispanic or Latino</td>
<td>2173 (95.7%) 81.80</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Arab Ethnicity (n = 1387)</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arab Ethnicity</td>
<td>4 (0.3%) Not Available</td>
</tr>
<tr>
<td>Non-Arab</td>
<td>1383 (99.7%) Not Available</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>History of IVDU (n = 1580)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

2018 Adults Under 40 yrs
HCV Rate by County (Per 100,000 18-40 yr old Persons)
Michigan had the 5th most vulnerable counties of all the states in the U.S.
Legality of syringe exchange programs in Michigan

Section 333.7457

PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978

333.7457 Applicability of MCL 333.7451 to 333.7455.

Sec. 7457.

Sections 7451 to 7455 do not apply to any of the following:

(a) An object sold or offered for sale to a person licensed under article 15 or under the occupational code, 1980 PA 299, MCL 339.101 to 339.2721, or any intern, trainee, apprentice, or assistant in a profession licensed under article 15 or under the occupational code, 1980 PA 299, MCL 339.101 to 339.2721, for use in that profession.

(b) An object sold or offered for sale to any hospital, sanitarium, clinical laboratory, or other health care institution including a penal, correctional, or juvenile detention facility for use in that institution.

(c) An object sold or offered for sale to a dealer in medical, dental, surgical, or pharmaceutical supplies.

(d) A blender, bowl, container, spoon, or mixing device not specifically designed for a use described in section 7451.

(e) A hypodermic syringe or needle sold or offered for sale for the purpose of injecting or otherwise treating livestock or other animals.

(f) An object sold, offered for sale, or given away by a state or local governmental agency or by a person specifically authorized by a state or local governmental agency to prevent the transmission of infectious agents.

Popular Name: Act 368
93% of these vulnerable counties don’t have any SSPs.
Specific concerns regarding Kentucky Counties:
1. Dense drug user networks similar to Scott County Indiana
2. Lack of syringe exchange programs

NOTE: CDC stresses that this is a REGION-WIDE problem, not just a county-specific problem.
CDC Determination of Need Request

- In 2016, Michigan applied for a determination of need from the CDC to allow for the redirection of federal funding to support syringe services programs.

- The CDC concluded:

  After careful review of your submission, CDC concurs that Michigan is experiencing an increase in viral hepatitis or HIV infections due to injection drug use. The submitted data provide sufficient evidence to determine a need for SSPs within the jurisdiction. Specifically, the requestor presents statewide data on increases in acute HCV infections and total HCV infections, and that a predominance of new cases are attributed to injection drug use. Epidemiologic trend data in other areas (deaths from heroin and prescription opioids as well as heroin substance abuse treatment admissions) indicate increases in unsafe injection of drugs consistent with risk for a significant increase in viral hepatitis or HIV.
Letter of Support from The Governor’s Prescription Drug and Opioid Abuse Commission

July 12, 2018

Michigan Association for Local Public Health
426 S Walnut St
Lansing, MI 48933

Re: Prescription Drug and Opioid Abuse Epidemic in Michigan

Dear Michigan Association for Local Public Health:

In June of 2016, Governor Snyder signed an Executive Order establishing the Michigan Prescription Drug and Opioid Abuse Commission (“PDOAC”). The PDOAC was created to ensure the implementation and monitoring of the state-wide plan, and to make further recommendations, to combat the severe and complex prescription drug and opioid abuse epidemic that faces our state. Among other things, the PDOAC was charged with developing and proposing policies and an action plan to implement the recommendations in the Report of Findings and Recommendations for Action from the Michigan Prescription Drug and Opioid Task Force; monitor and advise the Governor as to the progress of the action plan; and provide other information and advice to the Governor regarding the state of prescription drug and opioid abuse in Michigan.

I am writing to you on behalf of the PDOAC to inform you that the PDOAC endorsed the expansion of syringe service programs in Michigan. Syringe service programs help reduce the spread of infectious disease including Hepatitis A, Hepatitis B, Hepatitis C, and HIV. In addition to providing sterile syringes, syringe service programs provide vaccinations, referrals to treatment, and testing for infectious diseases.

We believe that the concerted efforts by your members will help to reduce the impact of infectious disease, increase the number of people in treatment, and will save lives. As the Chair for the Prescription Drug and Opioid Abuse Commission, I am requesting that you share this letter with your membership.

Should you have additional questions or concerns about the above request, please feel free to reach out to Weston MacIntosh, Board Analyst, at macintoshw1@michigan.gov.

Sincerely,

Hon. Linda Davis, Chairperson
Michigan Prescription Drug and Opioid Abuse Commission

611 W. OTTAWA • P.O. BOX 30004 • LANSING, MICHIGAN 48909
www.michigan.gov/lara • 517-373-1820
Where to put a new SSP within a jurisdiction?
Multi-Pronged Approach

• Assessed readiness of capacity and community readiness for implementing an SSP among LHDs
• Data-driven approaches to inform prevention
  • Neonatal Abstinence Rate
  • Non-Heroin Opioid and Heroin Drug Poisoning Death Rate
  • HIV Prevalence
  • Hepatitis A Infection Rate
  • HCV Young Adult Hospitalizations
  • Acute & Chronic HCV Rate
  • Acute HBV Rate
  • STI Rate
Michigan HIV/HCV County-Level Vulnerability Results

• Most “vulnerable” counties align with:
  • Highest rates of HCV under 40 years old
  • Highest rates of opioid prescription
  • Predominantly Caucasian, rural counties with less healthcare access (but some urban counties, as well)
  • Counties without long standing harm reduction services

• Provides a tool to aid in informing focus of limited resources
In 2016, only 5 legacy SSPs

Fiscal Year 2018 - current
- Chippewa County Health Department
- District Health Department #2
- District Health Department #10
- Marquette County Health Department

Fiscal Year 2019 - current
- Central Michigan District Health Department
- Community Health Awareness Group (City of Detroit)
- District Health Department #4
- Grand Rapids Red Project (Kent County)
- Grand Traverse County
- Luce-Mackinac-Alger-Schoolcraft District Health Department
- Macomb County
- Northwest Michigan Community Health Agency
- St. Clair County Health Department
- Unified (Washtenaw County)
- Wellness (Genesee County)

Fiscal Year 2020 - current
- Benzie Leelanau District Health Department
- Calhoun County
- COPE Network (Kalispell County)
- Dickinson-Iron District Health Department
- Grand Rapids Red Project (Ingham County)
- Grand Rapids Red Project (Muskogee County)
- Ionia County
- Jackson Harm Reduction (Jackson County)
- Public Health Delta-Mecosta
- Western Michigan District Health Department

Anticipated January 1, 2020
- Arab Community Center for Economic and Social Services (Macomb County)
- Arab Community Center for Economic and Social Services (Wayne County)
- Detroit Recovery Project (City of Detroit)
Find a Syringe Service Program Near You

Marquette County
1. New Points
200 W Spring St | Marquette | 906-335-3900
Monday 3:00pm-7:00pm | www.marquettehealth.org

Chippewa County
2. New Points
301 Explorer St | Sault Ste. Marie | 906-635-3512
Monday 3:00pm-7:00pm | www.chippewahealth.org

3. Syringe Access Program—Bay Mills
Behind the “silver dome” next to AGT | 906-635-3612
Tuesday 9:00am-11:00am | www.chippewahealth.org

4. Syringe Access Program—War Memorial Hospital
500 Osborn Blvd | Sault Ste. Marie | 906-635-3612
Monday 11:00am-3:00pm | 500 Osborn Blvd | Sault Ste. Marie | 906-635-3612

5. Syringe Access Program—Sault Tribe Medical Center
2864 Ashmun St | Sault Ste. Marie | 906-632-5200
Thursday 11:00-3:00pm | 2864 Ashmun St | Sault Ste. Marie | 906-632-5200

6. Syringe Access Program—Kinoos
16523 S Water Tower Dr | Kincheloe | 906-635-3612
Tuesday 12:00pm-3:00pm | 16523 S Water Tower Dr | Kincheloe | 906-635-3612

Eminence County
7. Harm Reduction Michigan
1053 US-51 Main St | Peloskey | 987-231-493-324 | Call 24/7
Monday & Thursday 5:00pm-8:00pm | www.harmreductionmichigan.org

Grand Traverse County
8. Harm Reduction Michigan
301 W Front St | Traverse City | 987-231-493-324 | Call 24/7
Monday - Friday 11:00am-2:00pm | www.harmreductionmichigan.org

Ogemaw County
9. Points of Hope
650 Progress St | West Branch | 989-350-205
Monday through Thursday 8:00am-5:30pm | www.dh2.org

Clare County
10. Exchange Central
815 N Clare Ave Suite B | Harrison | 989-775-5921 ext. 1240
By appointment only | exchangecentral@cmhd.org

Isabella County
11. Exchange Central
208 E Preston | Mount Pleasant | 989-775-5921 ext. 1240
Tuesday & Wednesday 9:00am-12:00pm, 1:00pm-3:00pm
exchangecentral@cmhd.org

For more information, visit Michigan.gov/SSP

Hours and locations are subject to change
Last updated on 10/18/19
Michigan SSP Update
Michigan SSPs

• MDHHS investing ~$1.85 million in harm reduction & SSP in FY2020

• In one year (FY2019), Michigan SSPs:
  • Reached ~8,000 clients
  • Distributed nearly 990,000 syringes
  • Collected over 380,000 used syringes
  • Distributed over 9,000 naloxone kits
    ▪ Reported 779 overdose reversals
  • Engaged 377 clients in substance use treatment
  • Conducted 991 HIV tests
    ▪ 6 positive
  • Conducted 524 HCV tests
    ▪ 103 positive
Syringe Services Program (SSP) Utilization Platform (SUP)

• Working on a web-based, data collection tool housed within the Michigan Disease Surveillance System (MDSS) to capture longitudinal SSP utilization trend data
  • Collects client-level SSP utilization and encounter data from partners in real-time
Syringe Services Program (SSP) Utilization Platform (SUP) Main Landing Page
Encounter Form

Vaccinations Given
- Hepatitis A Vaccine
- Hepatitis B Vaccine
- Other: 

Overdose Prevention and Substance Use Treatment

Naloxone Rescue Kits Dispensed
- Last rescue kit issued was:  
  - Used successfully to reverse an overdose
  - Used in an unsuccessful attempt to reverse an overdose
  - Confiscated by police
  - Lost
  - Stolen
  - Expired
  - Damaged/Destroyed
  - Other: 

Overdoses Reversed with Naloxone since Last Visit

Client referred to substance use treatment? If so, type:  
- Suboxone/Subutex
- Methadone
- Vivitrol
- Impatient
- Outpatient
- Support group (12-step, SMART)
- Other: 

Testing for Communicable Disease

Client tested for HIV:  
- Yes
- No

If yes, HIV Test Result: 
- Positive
- Negative
- Unknown

Client referred to care:  
- Yes
- No

Client tested for Hepatitis B:  
- Yes
- No

If yes, Hepatitis B Test Result: 
- Positive
- Negative
- Unknown

Client referred to care:  
- Yes
- No

Client tested for Hepatitis C: 
- Yes
- No

If yes, Hepatitis C Test Result: 
- Positive
- Negative
- Unknown

Client referred to care:  
- Yes
- No

Client rapid tested for Hepatitis C: 
- Yes
- No

All results reported to public health:  
- Yes
- No

Client referred to care:  
- Yes
- No

Client tested for HCV RNA: 
- Yes
- No

If yes, HCV RNA Test Result: 
- Positive
- Negative
- Unknown

All results reported to public health:  
- Yes
- No

Client referred to care:  
- Yes
- No

Encounter Notes: 

New encounter notes...
SUP Client Intake Form

Client Intake

Client Intake ID:

Organization:

Location:

Client ID:

Name / Nickname / Initials:

Date of Service:

Sex assigned at birth:
- Male
- Female

Gender identity:
- Male
- Female

Client birth date:

Race:
- Black/African American
- White/Caucasian
- Asian
- Middle Eastern

Ethnicity:
- Hispanic

County of Residence:

ZIP Code:

How did you hear about our program?
- Word-of-mouth
- Advertisement:
  - Print (newspaper?)
  - Television
  - Radio
  - Billboard
  - Other

Social Media:
- Facebook
- Twitter
- Snapchat
- Instagram
- Other

Household Income:

Number of dependents:

Health insurance:
- Not insured
- Insured through work or private
- Insured through family member
- Medicaid/Medicare
- Other:

Have you been to a primary care provider?
- Yes
- No

Have you been to the Emergency Room?
- Yes
- No

Housing:
- In own house or
- In someone else
- In transitional living
- In a shelter
- Outside
- Other:
SUP Client Intake Form

Have you ever overdosed?:
- Yes
- No
- Unsure

Have you ever witnessed an overdose?:
- Yes
- No
- Unsure

How often do you use different drugs at the same time?:
- Never
- Hardly ever
- Half the time
- Almost all the time
- All the time

How many times in the last year have you not used for 3 or more days in a row?:
- Never
- A few
- A lot
- Hardly use at all

How often do you inject alone?:
- Never
- Hardly ever
- Half the time
- Almost all the time
- All the time

Do you know how to respond to an overdose with naloxone?:
- Yes
- No
- Unsure

Do you want to receive training on how to respond to an overdose with naloxone?:
- Yes
- No
- Unsure

Are you interested in working with a recovery coach?:
- Yes
- No
- Later

Are you interested in hearing about treatment options?:
- Yes
- No
- Later

Are you interested in being referred to treatment?:
- Yes
- No
- Later

What kind of treatment are you interested in?:
- Suboxone/Subutex
- Methadone
- Vivitrol
- Inpatient
- Outpatient
- Support group (12-step, SMART, etc)

Transportation to visit our sites:
- Public
- Private
- Ride/scooter share
- Walk/bike
Harm Reduction/SSP Media Campaign

Syringe Service Programs In MI - Get Clean Needles Near You
www.michigan.gov/ssp

We support SSPs which offer naloxone to prevent overdose deaths, testing for HIV and hepatitis C, and referrals to substance use treatment. SSPs work... and that’s a fact. To find a Syringe Service Program near you, visit Michigan.gov/SSP
Hepatitis

Viral hepatitis is an infection that affects the liver. While there are at least five different types of hepatitis (A-E), the three most common types in the United States are Hepatitis A, Hepatitis B, and Hepatitis C.

Hepatitis A is an acute infection and people usually improve without treatment. Hepatitis B and hepatitis C can cause chronic, persistent infections, which can lead to chronic liver disease. There are vaccines to prevent hepatitis A and hepatitis B; however, there is no vaccine for hepatitis C.

A
Hepatitis A

B
Hepatitis B

C
Hepatitis C

Perinatal

Syringe Service Programs

Data & Statistics

Contact Us

www.Michigan.gov/Hepatitis

www.Michigan.gov/SSP
Thanks!

Teresa Juridico, MPH
Michigan Department of Health and Human Services
E-mail: MDHHS-Hepatitis@Michigan.gov

Michigan.gov/SSP
Michigan.gov/Hepatitis