KY Hepatitis Connections

May is here! Exciting things are happening in Kentucky. Not only is it Derby week but May is Hepatitis Awareness Month! Please see all the things happening in our May issue of *KY Hepatitis Connections*. We hope you are able to get out and enjoy some of the fun Derby festivities and would like to encourage you to plan events using information provided in our May newsletter to create hepatitis awareness.

Our newsletter provides current information about viral hepatitis, opportunities for viral hepatitis continuing professional education and information about educational materials available.

Please feel free to forward and/or copy and distribute to other professionals in your network. Your knowledge and input are greatly valued, as we are committed to keeping you up to date on shared progress in the medical community on viral hepatitis and its impact on our families throughout the Commonwealth.

Follow us on Facebook at KY Viral Hepatitis.

Kathy Sanders, RN MSN

Reminder:

Hepatitis C: Perinatal and Children Aged Five Years or Less

Dear Healthcare Provider,

The Kentucky Department for Public Health (KDPH) is requesting your ongoing assistance to report pregnant women and children aged five years and less who are infected with hepatitis C virus (HCV), and seen in birthing hospitals, medical practices, and clinics throughout the Commonwealth.

Since January 1, 2014, KDPH has asked healthcare providers to voluntarily report: 1) all HCV-positive pregnant women; 2) all infants born to HCV-positive women; and 3) all HCV-positive infants and children aged five years or less seen in birthing hospitals, medical practices, and clinics, in addition to the current hepatitis B virus (HBV) infection reporting requirements in these populations (i.e., perinatal HBV-positive reports).

We most appreciate your excellent cooperation with the voluntary reporting about HCV-positive individuals in the above categories (i.e., perinatal HCV-positive reports). In the first 10 weeks of 2014, the number of perinatal HCV-positive reports has exceeded the total number of perinatal HBV-positive reports received for all of 2013.

Please complete the reporting form at the end of this newsletter and fax to the Kentucky Department for Public Health at: 502-564-4760 to continue to report any HCV-positive individuals in the above categories.

We deeply appreciate your time and effort in assisting us with this active surveillance project for perinatal HCV infections. If you have additional questions or concerns, please call Kathy Sanders, RN, MSN at 502-564-3261, ext. 4236 or Julie Miracle, RN, BSN at 502-564-4478, ext. 4260.

Robert L. Brawley, MD, MPH, FSHEA

Chief, Infectious Disease Branch
Division of Epidemiology and Health Planning
Kentucky Department for Public Health
275 East Main Street, MS: HS2GW-C
Frankfort, KY 40621-0001

Hospital Infection Preventionists: Please distribute to medical providers, nursing staff, and other health-care personnel in Emergence Medicine, Critical Care, Laboratory Medicine, Infectious Diseases, Obstetrics, Newborn Nursery, NICU, Pediatrics, Internal Medicine, Family Medicine, and Primary Care or Ambulatory Care.

LHD staff: Please distribute to community healthcare providers in Infectious Diseases, Obstetrics, Pediatrics, Internal Medicine, Family Medicine, and Primary Care or Ambulatory Care and to FQHCs and RHCs.

Resources for Hepatitis Awareness Month and Hepatitis Testing Day

The month of May is designated as Hepatitis Awareness Month in the United States, and May 19th is National Hepatitis Testing Day. During May, CDC and the KY Adult Viral Hepatitis Prevention and Control Program work to create public awareness on this hidden epidemic of viral hepatitis and to encourage persons in priority high risk populations to get tested.

CDC is offering a variety of resources on its Website to help in this endeavor, including digital tools (quiz widget and buttons, badges, and website banner), a Hepatitis Testing Day event page where organizations can register their events and members of the public can use their ZIP Code to find a testing site, radio PSAs, an online hepatitis risk assessment, posters, and more resources. Visit CDC's Resources for Hepatitis Awareness Month and Hepatitis Testing Day web section to explore these new resources.

See: http://www.immunize.org/express/issue1114.asp#IACX6 and

http://www.cdc.gov/hepatitis/HepPromoResources.htm

Copy the QR code below for smartphone users to take the CDC Hepatitis C Risk Assessment:

Hepatitis Awareness materials and links:

- Hepatitis B handouts for patients and health professionals
- Hepatitis B web section on IAC's website for the public, www.vaccineinformation.org
- Hepatitis A, B, and C: Learn the Differences (one-page table)
- Vaccinations for Adults with Hepatitis C Infection
- Should You Be Tested For Hepatitis C? (screening questionnaire for adults)
- Should You Be Vaccinated Against Hepatitis B? (screening questionnaire for adults)
- Should You Be Vaccinated Against Hepatitis A? (screening questionnaire for adults)

SAVE THE DATE:

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

Hepatitis: The Silent Epidemic in Kentucky

Hyatt Regency in Lexington, KY

July 24, 2014

All day training: Registration begins at 7:30

Target Audience: Family Medicine physicians, Internal Medicine physicians, Pediatricians, Infectious Disease physicians, Nurses, Nurse Practitioners, Physicians Assistants, Infection Preventionists, Employee Health staff, Local Health Department medical providers, Local Health Department Nurses, Regional Epidemiologists, and other health professionals involved in the screening, diagnosis, treatment, management, prevention, and control of hepatitis.

CMEs and CEUs will be offered

Please feel free to print and distribute

Additional information and registration information will follow.

Massachusetts bans opioid despite FDA OK

WASHINGTON — Massachusetts has blocked sales of Zogenix's controversial drug Zohydro, even though the painkiller already has received federal approval.

The drugmaker called it an "unprecedented action" by the state.

Massachusetts' ban "only serves to unfairly restrict patient access," the company said in a statement late Thursday. "Ultimately, the ban on the prescription medication will add to patient suffering in the state."

Gov. Deval Patrick announced the Zohydro ban in a speech on Thursday, formally declaring a public-health emergency stemming from the abuse of opioids in the state.

It is the latest salvo in the battle over Zohydro's launch as the United States grapples with abuse of opioids, a class of drugs that includes not only powerful prescription painkillers but also heroin.

Bradley Galer, chief medical officer of Zogenix, said Massachusetts officials are misguided about Zohydro's potency and dosage, and noted that other painkillers that are not abuse-resistant already are on the U.S. market.

The U.S. Food and Drug Administration approved Zohydro last year over the objections of its advisory panel, which expressed concerns about the potential for abuse.

The drug has come under further scrutiny from members of Congress, dozens of state attorneys general, medical groups and drug-treatment experts seeking to block the drug, as the FDA's top official has defended its action.

While the FDA approves drugs for sale in the United States, it does not guarantee their availability. For example, health-insurance companies can exclude certain medications from their formularies.

Zohydro is an extended-release form of hydrocodone that, unlike rival products such as AbbVie Inc.'s Vicodin or UCB's Lortab, does not contain acetaminophen.

The company has defended the drug as a necessary option for pain patients who cannot tolerate acetaminophen, a non-steroidal anti-inflammatory drug linked to liver damage and stomach bleeding.

But critics worry that with no built-in abuse deterrents, Zohydro will be a draw for addicts looking for an easy fix.

Patrick, in his speech, called Zohydro "a dangerously addictive" painkiller and said it will not be sold in his state "until it is available in an abuse-deterrent form." He called for the FDA to reverse its approval of the drug.

http://www.dispatch.com/content/stories/national_world/2014/03/29/massachusetts-bans-opioid-despite-fda-ok.html

Gilead says has discounted hepatitis C drug for some health plans

(Reuters) - Gilead Sciences Inc, under fire for pricing a new hepatitis C drug at $1,000 a pill, has discount agreements with a number of health insurers, a company executive said in an interview

The medication, Sovaldi, has a list price of $84,000 for a 12-week course of therapy and is seen as a breakthrough in the treatment of the serious liver disease.

It has been shown to raise cure rates and cut treatment time with fewer side effects than older medicines, but critics maintain that a price of $1,000 each is too high for an easy-to-make pill needed by millions of Americans.

Read More: http://hepatitisresearchandnewsupdates.blogspot.com/2014/03/gilead-says-has-discounted-hepatitis-c.html

Gilead pressured to cut hepatitis C drug's price

Express Scripts Holding Co., a pharmacy-benefit manager that handles more than 1 billion prescriptions a year in the U.S., is ratcheting up its effort to force Gilead Sciences to cut the $84,000 price of its new hepatitis C pill Sovaldi.

Express Scripts plans to ask clients, composed of national employers, health insurance plans and government agencies, to join a coalition that would stop using Sovaldi once a rival medicine is approved for the U.S., expected next year, said Steven Miller, chief medical officer of the company. Express Scripts said in December it may block reimbursement for Gilead's pill once other new hepatitis C therapies are on the market.

"What they have done with this particular drug will break the country," Miller said. "It will make pharmacy benefits no longer sustainable. Companies just aren't going to be able to handle paying for this drug."

Read More: http://www.sfgate.com/business/article/Gilead-pressured-to-cut-hepatitis-C-drug-s-price-5386856.php

Gilead Posts Positive Results for All-Oral Sofosbuvir Regimens

Gilead Sciences Inc. announced data from two Phase 2 studies evaluating investigational all-oral regimens containing the nucleotide analog polymerase inhibitor sofosbuvir (SOF) for the treatment of chronic hepatitis C virus (HCV) infection. These data are being presented this week at the 49th Annual Meeting of the European Association for the Study of the Liver in London.

The first study, ELECTRON2, is an ongoing, open-label Phase 2 clinical trial evaluating a once-daily fixed-dose combination of SOF 400 mg and the NS5A inhibitor ledipasvir (LDV) 90 mg, with and without ribavirin (RBV) twice-daily (1,000 or 1,200 mg/day), among HCV-infected patient populations.

In this study, 100% of treatment-naïve genotype 3 patients receiving 12 weeks of LDV/SOF plus RBV and 64% of treatment-naïve genotype 3 patients receiving 12 weeks of LDV/SOF without RBV achieved a sustained virologic response 12 weeks after completing therapy (SVR12). Among genotype 1-infected patients who had failed prior treatment with SOF plus RBV, 100% achieved SVR12 following 12 weeks of LDV/SOF plus RBV. Additionally, 65% of genotype 1-infected patients with decompensated or Child-Turcotte-Pugh Class B cirrhosis receiving 12 weeks of LDV/SOF without RBV achieved SVR12. LDV/SOF with and without RBV was well-tolerated, including among patients with more advanced liver disease.

Read More: http://www.dddmag.com/news/2014/04/gilead-posts-positive-results-all-oral-sofosbuvir-regimens#.U0gx1LYlE7E.facebook

Three-drug AbbVie combination safe and highly effective in treatment of post-transplant hepatitis C recurrence

A three-drug combination of direct-acting antivirals developed by AbbVie cured hepatitis C genotype 1 infection in 96% of transplant recipients with recurrent hepatitis C in a small phase II study reported earlier this month at the 49th annual meeting of the European Association for the Study of the Liver (EASL) in London.

The findings were presented by Dr. Paul Kwo, Professor of Medicine at Indiana University, Indianapolis.

Hepatitis C recurs in almost all people who receive a liver transplant as a result of hepatitis C-related end-stage liver disease and it progresses rapidly in many patients. It has been estimated that around 25 to 30% of transplant patients with hepatitis C will develop cirrhosis again within five years of transplantation. In addition, liver transplant patients with hepatitis C are at high risk of organ rejection, requiring them to undergo liver transplantation again.

Effective treatment for hepatitis C recurrence in liver transplant patients is a high priority. The M12-999 study was designed to evaluate the safety and efficacy of a regimen of three direct-acting antivirals developed by AbbVie. The investigational therapy consisted of the protease inhibitor ABT450 with ritonavir booster (150mg/100mg once daily), the NS5A inhibitor ombitasvir (ABT-267) (250mg once daily) and the non-nucleoside NS5B polymerase inhibitor dasabuvir (ABT-333) (250mg twice daily), and ribavirin.

Read More: http://www.aidsmap.com/AbbVie-transplant/page/2848638/

Daclatasvir and Sofosbuvir cure toughest cases of hepatitis C

The New England Journal of Medicine has just published results on two different Phase II studies of all-oral combination therapies for the treatment hepatitis C. The two studies achieved a high rate of sustained virologic response (SVR) with few side effects.

HCV Therapy: High Rate of Viral Clearance, No Injections

Phase 2, open-label studies evaluating the safety and efficacy of all-oral combination therapies for patients infected with hepatitis C virus (HCV) have shown that high rates of sustained virologic response (SVR) are possible even in the absence of interferon. Results from both studies were published in the January 16 issue of the New England Journal of Medicine.

Patients enrolled in both studies were between 18 and 70 years of age with no evidence of cirrhosis. In the first study, Mark S. Sulkowski, MD, from Johns Hopkins University, Baltimore, Maryland, and colleagues evaluated the efficacy of combination therapy with once-daily, oral antiviral drugs daclatasvir (60 mg daily) and sofosbuvir (400 mg daily) for patients infected with HCV genotypes 1, 2, or 3. Patients were treated for 24 weeks, and use of ribavirin as part of the treatment protocol was optional.

The US Food and Drug Administration recently approved sofosbuvir for the treatment of HCV in combination with ribavirin or ribavirin and interferon, depending on the HCV genotype being treated. Daclatasvir remains an investigational agent. Overall, 211 patients enrolled in the study. Among those with genotype 1 infection, 126 were previously untreated and 41 had failed previous therapy with telaprevir or boceprevir plus peginterferon alfa-ribavirin.

Among patients with HCV genotype 1, researchers found that 164 (98%) previously untreated patients and 40 (98%) patients who had failed traditional therapy demonstrated a SVR (HCV RNA < 25 IU/mL) at week 12 after the end of therapy. High rates of SVR were also noted at week 12 among patients with HCV genotype 2 (92% of 26 patients) and those with HCV genotype 3 (89% of 18 patients).

"Our study shows that the combination of an NS5A inhibitor and an NS5B inhibitor was associated with high cure rates in a range of HCV-infected patients, including patients who had persistent HCV variants conferring resistance to protease inhibitors after unsuccessful treatment with telaprevir or boceprevir," write Dr. Sulkowski and colleagues.

The authors note that response rates were similar between patient groups treated with or without ribavirin; however, patients treated with ribavirin demonstrated a greater decrease in hemoglobin. The second study evaluated an 8-, 12-, and 24-week all-oral, interferon-free treatment regimen among 571 patients with HCV genotype 1 who were previously untreated or who had failed prior therapy. The study, led by Kris V. Kowdley, MD, from the Virginia Mason Medical Center, Seattle, Washington, evaluated various dosage combinations of the NS3/4A protease inhibitor ABT-450 with ritonavir (ABT-450/r), combined with non-nucleoside NS5B polymerase inhibitor ABT-267, ABT-333, or both. All but 1 subgroup also received ribavirin.

The researchers found that SVR ranged from 83% to 100% across all treatment groups. The SVR at 24 weeks among previously untreated patients administered ABT-450/r plus ribavirin was 88% among those treated for 8 weeks and 95% among those treated for 12 weeks. Treatment beyond 12 weeks did not appear to confer any additional benefit

Government Impact of Hepatitis C Drug Price Tag

If Medicare must absorb the bulk of Sovaldi's cost, what long term effect will Hepatitis C treatment have on this federally funded program?

Gilead Sciences Inc. has developed Sovaldi, an FDA-approved, once-daily pill that has dramatically improved the odds of beating Hepatitis C. Although millions of people could likely benefit from Sovaldi, Gilead has priced this medication above and beyond what most would consider to be a reasonable fee. Gilead insists that Sovaldi's cost is justified, but the stress it will put on America's struggling healthcare system is yet to be realized.

Millions of dollars and many years of research and development are spent by pharmaceutical companies to find the best cure for what ails us. When it comes to finding more effective and safer treatments for Hepatitis C, the race has heated up considerably over the past decade. From a business perspective, it seems reasonable to apply the law of supply-and-demand to a valuable product. Unfortunately, this economic principle puts those who must pay for a potentially life-saving medicine at the mercy of the winning pharmaceutical company.

Read More: http://www.hepatitiscentral.com/mt/archives/2014/04/government-impact-of-hep-c-drug-price-tag.html?eml=hepcen208

8,800 Reservists to get Hepatitis B vaccinations

Approximately 8,800 Air Force Reservists will get Hepatitis B vaccinations due to a recent change in Department of Defense immunization rules.

The Defense Department is now requiring all service members be immunized against the Hepatitis B Virus (HBV), which causes a potentially fatal liver disease.

According to the Air Force Reserve Command Surgeon General's office, reservists born prior to 1990 are in the zone for the vaccinations. The Air Force has vaccinated all new accessions against Hepatitis B since 2002, as well as health care workers and most deployers, but there are still several thousand Airmen at risk for this disease.

The Aeromedical Services Information Management System has been updated to comply with this requirement. Medical information records for those requiring the immunization series will have a yellow flag until the series is complete, SG officials said. Reservists have one year to complete the three-shot series.

Read More: http://www.afrc.af.mil/news/story.asp?id=123404997

Lower Price Hill refuses needle exchange program

After a heated discussion, the Lower Price Hill Community Council voted Monday to bar the Cincinnati Exchange, a syringe exchange program, from its streets.

Adam Reilly, a Planned Parenthood HIV program coordinator who works for Cincinnati Exchange, tried to convince residents, saying needle exchanges are part of a three-part solution: Prevention, harm reduction (including the exchange) and treatment.

"We are part of a larger solution," Reilly said. "Meeting people where they are, keeping them safe until they can move onto ... treatment and recovery." But the majority of people weren't having it.
There are 28 voting members of the community council, residents and others involved in the neighborhood, who attend a majority of the meetings.
The members voted 13-4 against the program with five abstaining.

Monday's meeting followed several challenging weeks for Cincinnati Exchange, which was kicked out of Springdale in mid-March.

Officials there initially invited the program to the community on a bi-weekly basis for four hours at a time, exchanging a clean needle for a dirty one, offering free HIV, hepatitis C and pregnancy tests and providing information on treatment and other social services.

The exchange served 51 people for seven weeks before outcry from nearby residents and businesses led Springdale City Council to reverse its support for the program. Program leaders have said the intention has always been to move the mobile center around the region through partnerships with many communities.

But elected officials in other communities, including Sycamore Township, Deer Park and Colerain Township, have voiced their opposition to the program. Multiple reviews have concluded that syringe exchange programs do reduce the spread of HIV in those who inject drugs, according to a report released by the Centers for Disease Control and Prevention in 2010.

That study found that HIV incidence among intravenous drug users declined by approximately 80 percent from 1988-1990 to 2003-2006 in the United States. Many people spoke Monday evening in Lower Price Hill, during a discussion about the needle exchange.

"We are too fragile right now to have a program like this," said resident and voting member Kevin LeBlanc. "We don't need to focus on getting people needles, we need to focus on getting them into treatment programs." Tempers flared during the discussion, which escalated to yelling at times, mostly from voting members of the community toward those in support of the exchange.

"Let's just take a vote, no one is changing anyone's mind here," one woman said.
Cincinnati Exchange leaders have said they are in early talks with groups in Northside, Mount Auburn and other communities in Ohio and Kentucky.

http://www.cincinnati.com/story/news/local/2014/04/07/lower-price-hill-votes-on-needle-exchange-program/7431993/

CLINICAL CARE OPTIONS®
HEPATITIS

2014 Annual Meeting of the European Association for the Study of the Liver*

ION-2: Very High SVR12 Rates Observed With 12-24 Weeks of Sofosbuvir/Ledipasvir FDC With and Without Ribavirin in Treatment-Experienced Patients with Genotype 1 HCV in Phase III Trial
All 4 regimens achieved similar high SVR12 rates and were safe and well tolerated, although cirrhotic patients appeared to achieve higher SVR12 rates with the 24-week regimens.

Read More:
http://www.clinicaloptions.com/Hepatitis/Conference%20Coverage/London%202014/Highlights/Capsules/109.aspx

Sofosbuvir/Ledipasvir 8-Week RBV-Free Regimen Non-inferior to 8-Week RBV-Containing and 12-Week RBV-Free Regimens in Treatment-Naive, Non-cirrhotic Patients With Genotype 1 HCV
SVR12 rates 93% to 95% across treatment arms with fewer adverse events and laboratory abnormalities in RBV-free arms.
Read more:
http://www.clinicaloptions.com/Hepatitis/Conference%20Coverage/London%202014/Highlights/Capsules/56.aspx

SAPPHIRE-I: SVR12 Rate 96% With ABT-450/RTV/Ombitasvir + Dasabuvir and Ribavirin in Treatment-Naive Patients With Genotype 1 HCV
Triple DAA + ribavirin regimen was also well tolerated, with low rate of treatment discontinuation due to adverse events

Read More:
http://www.clinicaloptions.com/Hepatitis/Conference%20Coverage/London%202014/Highlights/Capsules/60.aspx

SAPPHIRE II: ABT-450/RTV/Ombitasvir Plus Dasabuvir and Ribavirin Results in ≥ 95% SVR12 Rates in Treatment-Experienced Genotype 1 Patients in Phase III Trial
Twelve weeks of treatment in non-cirrhotic patients proved to be highly efficacious, yielding very high SVR12 rates regardless of HCV sub-genotype or previous treatment response, including in patients with previous null response to peginterferon/ribavirin

Read More:
http://www.clinicaloptions.com/Hepatitis/Conference%20Coverage/London%202014/Highlights/Capsules/1.aspx

COSMOS Cohort 1: Subgroup Analysis Identifies Factors Predictive of Response to Simeprevir Plus Sofosbuvir With or Without RBV in Previous Null Responders to PegIFN/RBV

Presence of the Q80K variant at baseline in patients with genotype 1a HCV and IL28B TT genotype predicted an inferior response to treatment among previous null responders with genotype 1 HCV and METAVIR F0-F2.

Read More:
http://www.clinicaloptions.com/Hepatitis/Conference%20Coverage/London%202014/Highlights/Capsules/7.aspx

ERADICATE: Sofosbuvir/Ledipasvir Fixed-Dose Combination Results in 100% SVR Rates in HCV Treatment-Naive Patients Co-infected With Genotype 1 HCV and HIV in Phase II Trial

Sofosbuvir/ledipasvir was also well tolerated, with no grade 4 adverse events, 1 grade 3 adverse event, no discontinuations for toxicity, and no effect on HIV-1 RNA or CD4+ cell count

Read More:
http://email.clinicaloptions.com/c.html?ufl=b&rtr=on&s=x9w5nx,8iz8,1v9,bm9k,ccs6,g4c1,ohh

ELECTRON-2: Sofosbuvir/Ledipasvir Fixed-Dose Combination With or Without Ribavirin Effective and Safe in Diverse, Difficult-to-Treat HCV-Infected Populations in Phase II Trial

SVR12 rates ranged from 64% to 100% following treatment with a novel all-oral regimen in patients with genotype 3 HCV, or genotype 1 HCV and decompensated cirrhosis, or genotype 1 HCV and failure on previous sofosbuvir-containing therapy.

Read More:
http://www.clinicaloptions.com/Hepatitis/Conference%20Coverage/London%202014/Highlights/Capsules/6.aspx

For full report and reviews of meeting, read:
http://www.clinicaloptions.com/Hepatitis/Conference%20Coverage/London%202014.aspx

HCV in Corrections

The recently released and soon-to-be released medications that are revolutionizing hepatitis C treatment are putting hepatitis C and corrections in the spotlight.

Should prisoners get expensive hepatitis C drugs?

If used widely, a new generation of antiviral drugs has the potential to wipe out the deadly hepatitis C virus in the United States. But the high price of the drugs might prevent their use in prisons, which house as many as one-third of those who are infected.

The drugs cost anywhere from about $65,000 to $170,000 for a single course of treatment—between three and nine times more than earlier treatments. Ronald Shansky, former medical director of the Illinois prison system and founder of the Society of Correctional Physicians, described that price as "extortionarily high, criminal."

Fair or not, the cost of the new drugs is likely to keep them out of reach for most infected prisoners. To put the price in perspective, the average annual cost for states to house an inmate is $29,141. The minimal cost of treating a single patient with the new hepatitis C drugs is more than double that amount.

Read More: http://www.usatoday.com/story/news/nation/2014/03/25/stateline-prisoners-hepatitis-drugs/6871187/

Little-Known Health Act Fact: Prison Inmates Are Signing Up

In a little-noticed outcome of President Obama's Affordable Care Act, jails and prisons around the country are beginning to sign up inmates for health insurance under the law, taking advantage of the expansion of Medicaid that allows states to extend coverage to single and childless adults — a major part of the prison population.

State and counties are enrolling inmates for two main reasons. Although Medicaid does not cover standard health care for inmates, it can pay for their hospital stays beyond 24 hours — meaning states can transfer millions of dollars of obligations to the federal government.

But the most important benefit of the program, corrections officials say, is that inmates who are enrolled in Medicaid while in jail or prison can have coverage after they get out. People coming out of jail or prison have disproportionately high rates of chronic diseases, especially mental illness and addictive disorders. Few, however, have insurance, and many would qualify for Medicaid under the income test for the program — 138 percent of the poverty line — in the 25 states that have elected to expand their programs.

Read More: http://www.nytimes.com/2014/03/10/us/little-known-health-act-fact-prison-inmates-are-signing-up.html?hp&_r=2

One in 100 Americans has chronic hepatitis C infection

At least one percent of Americans are chronically infected with the hepatitis C virus, which over time can severely damage the liver, according to a new study.

"Hepatitis C has a severe impact on the health and well-being of millions of Americans, especially baby boomers (those born from 1945 through 1965)," Dr. Scott D. Holmberg told Reuters Health in an email. He worked on the study at the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. "The new data from a nationally representative survey of the general United States population (the National Health and Nutrition Examination Survey, or NHANES) found about 2.7 million people have chronic hepatitis C infection," he added.

"This number should be considered a minimum estimate for those infected in the U.S., because some populations known to be at high risk for hepatitis C, such as those who are homeless or incarcerated, are not included in the sample," Holmberg said.

Read More: http://www.reuters.com/article/2014/03/07/us-chronic-hepatitisc-idUSBREA261PJ20140307

Nursing Home Faces Hepatitis C Outbreak

Elder abuse cases have been making headlines around the country. Now, the first hepatitis C outbreak in a nursing home has spawned a lawsuit a rash of diagnoses turned up in North Dakota facility.

So far, two residents are suing for monetary damages, under the claim that Manor Care Health Services didn't protect residents adequately. However, more victims may join the lawsuit shortly, because 44 confirmed cases of hepatitis C have been identified, and all may be linked to the care facility and/or staff's actions (or lack thereof).

Plaintiffs may apply for class-action lawsuit status to streamline the process and help win compensation for those who were affected.

While the health department doesn't want to make any rash statements, it has theorized that the cause of infection was likely from either foot and nail care or blood services. It's not unusual to have plenty of uncertainty in such a case.

Read more: http://www.inquisitr.com/1221794/nursing-home-faces-hepatitis-c-outbreak/#jBaduww7RU3j8gzd.99

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EPID 394(Rev NOV 2013)

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 (under the age of five)
Fax Form to 502-564-4760

DEMOGRAPHIC DATA

Patient's Last Name	First	M.I.	Date of Birth	Age	Gender ☐ M ☐F ☐ Unk

Address	City	State	Zip	County of Residence

Phone Number	Patient ID Number	Ethnic Origin ☐ His. ☐ Non-His.	Race ☐W ☐B ☐A/PI ☐Am.Ind. ☐Other

DISEASE INFORMATION

Describe Clinical Symptoms:	Date of Onset: / /	Jaundice: ☐Yes ☐No	Date of Diagnosis: / /

Is Patient Pregnant? ☐Yes ☐No If yes, # wks_____	Expected Date of Delivery: / /	Name of Hospital for Delivery:

Physician Provider Name: Address: Phone:		

LABORATORY INFORMATION

Hepatitis Markers	Results	Date of test	Viral Load *if applicable	Name of Laboratory
HBsAg	☐ Pos ☐ Neg	/ /		
IgM anti-HBc	☐ Pos ☐ Neg	/ /		
HBeAg	☐ Pos ☐ Neg	/ /		
IgM anti-HAV	☐ Pos ☐ Neg	/ /		
HCV Antibody	☐ Pos ☐ Neg	/ /		
HCV RNA Confirmation	☐ Pos ☐ Neg	/ /		

SERUM AMINOTRANSFERASE LEVELS

Patient	Reference	Date of test	Name of Laboratory
AST (SGOT) U/L	U/L	/ /	
ALT (SGPT) U/L	U/L	/ /	

Mother: Hepatitis Risk Factors
☐IDU ☐Multiple Sexual Partners ☐Tattoos ☐STD
☐HIV ☐Foreign Born/ Country _____
☐Exposure to known HBV/HCV Pos contact

Child: Hepatitis Risk Factors
☐Mother HBV Pos ☐Household member exposure HBV Pos
☐ Mother HCV Pos ☐Household member exposure HCV Pos
☐Foreign Born / Country_____

Mother: Hepatitis A vaccination history: ☐Yes ☐No ☐Refused Dates Given: / /
Hepatitis B Vaccination history: ☐Yes ☐No ☐Refused
If yes, how many doses ☐1 ☐2 ☐3 Year completed: / /
Child: Hepatitis A vaccination history: ☐Yes ☐No ☐Refused Dates Given: / /
Hepatitis B Vaccination history: ☐Yes ☐No ☐Refused Dates Given: / /
Was PEP Infant of Positive HBV mother given at birth? ☐Yes ☐No