



KY Hepatitis Connections

Hope you and your family had a wonderful Happy July 4th celebrating our country's independence! Inside this July 2015 edition of the KY Hepatitis Connections you will find information about viral hepatitis, opportunities for viral hepatitis continuing professional education, and information about educational materials available. See all the exciting things happening here in Kentucky!

If you would like to share your favorite Kentucky landscape pictures for readers of our newsletter, send them to me. As always, feel free to forward, copy and/or distribute this newsletter 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. We hope you enjoy the July newsletter.

Kathy Sanders, RN, MSN

KENTUCKY: IN THE NEWS

Louisville begins first needle exchange program in Kentucky

LOUISVILLE, Ky. —As HIV and hepatitis rates explode in some communities, Kentucky's first needle exchange will open Wednesday in Louisville.

The program is designed to reduce the spread of HIV and hepatitis in the community.

The Louisville Metro Department of Health and Wellness has a mobile health unit and it will be parked so that drug users can get free, clean needles.

It's following in the footsteps of neighbors like Austin, Indiana, which has seen an HIV epidemic due to intravenous drug use. If the same epidemic hit Louisville, officials said it could cause 28,000 new cases of HIV in Jefferson County, and that's why they want to make sure drug users have clean needles.

Officials said it's less expensive to prevent the spread of disease than treat infected patients

Read More: <http://www.wlky.com/news/louisville-begins-first-needle-exchange-program-in-kentucky/33483354>

“This is going to be a way to connect them to the healthcare system. So we're not going to be pushing rehab or anything, but we're going to see them weekly and so building that relationship so when they are ready we'll be able to connect them to treatment,” said Dr. Sarah Moyer, Interim Director of LMPHW .



Dr. Kraig Humbaugh, Deputy Commissioner KY DPH and Wayne Crabtree, Louisville Metro Public Health and Wellness stand in front of the Louisville Metro mobile unit.

Hepatitis C Training Workshop

Alan Franciscus (pictured below with Kathy Sanders, the KY Adult Viral Hepatitis Coordinator) Founder and Executive Director of HCSP and HCV Advocate presented the "Hepatitis C Training Workshop" to a full house in Northern Kentucky on June 12th. Healthcare professionals throughout the Commonwealth attended the one day training. You can find additional information and resources at:

<http://hcvadvocate.org/>



Heroin Use Increasing in U.S. Population, Linked to Overdose Deaths, CDC Says

Heroin use has increased among men and women across most age groups and all income levels in recent years, according to the July 7 *Vital Signs* report from the U.S. Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA). The report urges a 3-prong response, including preventing people from starting heroin use, treating heroin addiction, and using naloxone (Narcan) to prevent overdose deaths.

The CDC and FDA analysed data from the National Survey on Drug Use and Health and the National Vital Statistics System reported during 2002-2013. Trends in heroin use among demographic groups were compared for 2-year time periods and a multivariate regression model was used to identify characteristics associated with heroin abuse or dependence.

The data summarized in *Vital Signs* is more fully described in the [July 7 early edition of *Morbidity and Mortality Weekly Report*](#). The report states that the annual average rate of past-year heroin use increased from 1.6 per 1000 persons age 12 and older during 2002-2004 to 2.6 per 1000 during 2011-2013. In 2013 an estimated 517,000 people reported using heroin in the past year -- a nearly 150% increase since 2007.

Rural U.S. Struggles to Combat IV Drug Abuse

Hepatitis C and HIV outbreaks test public-health resources in Midwestern states

A wide swath of middle America, particularly Appalachia and Midwestern communities east of the Mississippi River, is finding itself ill-prepared to cope with a problem that many big cities tackled long ago: injection-drug abuse and the blood-borne infections that accompany it. As drug users with no memory of the AIDS crisis decades ago put themselves in harm's way, public-health officials are bracing for the huge expense of treating a wave of chronic disease.

Abuse of opioid painkillers and heroin in rural areas and small cities is causing hepatitis C and HIV to spread in regions where they were uncommon two decades ago. New hepatitis C infections nationwide rose 150% between 2010 and 2013, with the largest increases in rural areas, according to the Centers for Disease Control and Prevention. Last month, the CDC said new hepatitis C infections in young adults more than quadrupled in four states—Kentucky, Tennessee, Virginia and West Virginia—from 2006 to 2012, with many cases linked to injection-drug use. Infections in Ohio have grown by 50% over the past five years.

An HIV outbreak in March in the small town of Austin, Ind.—the first in the U.S. in years tied to injection of prescription pain pills—brought national attention to the crisis. An estimated 450 people in the economically struggling town of 4,200 are addicted to prescription painkillers. Austin has only one doctor, no drug-treatment facilities and no substance-abuse counselors. So far, 170 in the area have tested positive for HIV.

What worries public officials, given the scope of the drug-abuse problem and the relative scarcity of testing, is that there likely are other HIV pockets out there like Scott County, where Austin is located.

“Nobody should be saying it’s only in Scott County,” says Beth Meyerson, co-director of Indiana University’s Rural Center for AIDS/STD Prevention. “We’re not screening elsewhere. We don’t know.”

Nor does anyone know how high the public-health costs could climb. Left untreated, hepatitis C can lead to cirrhosis or cancer of the liver, and ultimately to the need for a liver transplant. New drugs have high cure rates, but can cost more than \$80,000 per patient. Lifetime treatment of HIV can run as much as \$400,000.

“The cost of this epidemic is spectacular,” says Judith Feinberg, a University of Cincinnati doctor who treats intravenous-drug users for hepatitis and other problems.

The injection of prescription painkillers such as OxyContin and Opana climbed more rapidly in rural areas than in urban ones between 2008 and 2012, the most recent year for which data are available, according to the Substance Abuse and Mental Health Services Administration. Addicts liquefy and inject the pills for a stronger high.

Read More: <http://www.wsj.com/articles/heartland-battles-needle-drug-scourge-1434726103>

First time treatment at James Graham Brown Center giving doctors the cutting edge on liver cancer

LOUISVILLE, Ky. (WDRB) -- Juanita Simpson found out just weeks ago she has liver cancer and she is not a candidate for chemotherapy or surgery.

But the 76-year-old Greensburg, Ky., resident says she still feels like she has won the lottery.

That's because she lives just over an hour from the James Graham Brown Cancer Center, which just became the first in the nation to use a cutting edge treatment. It's giving doctors, for the first time, a clear shot at curing liver cancer without surgery.

The \$4 million machine that does it is called Calypso. "Before this, we just kind of said, 'you know there's not a lot we can do. We can kind of keep things at bay for a period of time, but likely it's going to come back and cause you problems,'" said Dr. Neal Dunlap, a radiation oncologist with U of L Physicians.

So, what's different? Radio frequency markers about the size of a grain of rice are injected into a tumor. They act as a sort of GPS, allowing doctors to keep a constant eye on a tumor's location during radiation treatment.

"The liver moves a lot as the patient breathes," U of L medical physicist Josh James said. "So, it's very important that we know where the tumor is within the liver while we're treating. And, we really couldn't do that before. We had to treat a much larger area, so that as the tumor moved around, we had to make sure it was within the radiation field. Now we can shrink that area that we're treating, because we know exactly where the tumor is at all times."

Two cameras interact with the array portion of the Calypso, and if the tumor ever moves out of the area it needs to be, the radiation beam automatically shuts off.

This new technology in the Calypso allows doctors to use a much stronger dose of radiation, but still spare surrounding tissue -- meaning few, if any, side effects.

"Now we're kind of turning things on its head, and we're talking about, 'Hey we have a curative technology that doesn't involve surgery,'" said Dr. Dunlap.

For Juanita, it means real hope that her liver cancer will soon be gone. So she can go back to enjoying her grandchildren and great grandchildren.

"And I can get out and work my flowers, whatever," She said happily.

Juanita is the second person to undergo the treatment.

The first patient, a man, also saw good results. Doctors will have to wait to see if they removed the entire tumor in both of these cases.

Hopes are to get FDA approval to use this on other diseases, like lung cancer. Treatments in other countries have eliminated lung tumors in 90 percent of patients.

<http://www.wdrb.com/story/29466413/first-time-treatment-at-james-graham-brown-center-giving-doctors-the-cutting-edge-on-liver-cancer>

HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C

Background of the Hepatitis C Guidance

New direct-acting oral agents capable of curing hepatitis C virus (HCV) infection have been approved for use in the United States. The initial direct-acting agents were approved in 2011, and many more oral drugs are expected to be approved in the next few years. As new information is presented at scientific conferences and published in peer-reviewed journals, health care practitioners have expressed a need for a credible source of unbiased guidance on how best to treat their patients with HCV infection. To provide healthcare professionals with timely guidance, the American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA) in collaboration with the International Antiviral Society–USA (IAS–USA) have developed a web-based process for the rapid formulation and dissemination of evidence-based, expert-developed recommendations for hepatitis C management.

New sections will be added, and the recommendations will be updated on a regular basis as new information becomes available. An ongoing summary of "recent changes" will also be available for readers who want to be directed to updates and changes.

About Hepatitis C

An estimated 3 million to 4 million persons in the United States are chronically infected with HCV, and approximately half are unaware of their status. These individuals may ultimately progress to advanced liver disease and/or hepatocellular cancer. However, those outcomes can be prevented by treatment, which is rapidly improving and offers the potential of a cure to more patients than has been previously possible.

Access the Report: <http://www.hcvguidelines.org/full-report-view>



Updated STD Treatment Guidelines Available

The Division of STD Prevention (DSTDP) recently published its updated [*Sexually Transmitted Diseases Treatment Guidelines, 2015*](#). The *Guidelines* are the most widely used and referenced source on STD treatment and management in the United States. They are revised periodically using a scientific, evidence-based process. The 2015 update covers new diagnostic, treatment, and prevention recommendations, including:

- Alternative treatment regimens for *Neisseria gonorrhoeae*
- Alternative treatment options for genital warts
- The role of *Mycoplasma genitalium* in urethritis/cervicitis and treatment-related implications
- Recommendations for diagnostic evaluation of urethritis
- Retesting to detect repeat infections

Physicians and other health-care providers can use these guidelines to assist in the prevention and treatment of STDs. A recorded webinar with an in-depth discussion of the key changes in the Guidelines is available on the [DSTDP Webinars page](#), with continuing education credits available. In addition, an updated [Pocket Guide](#), [Wall Chart](#), and Apple version of the [STD Treatment Guide app](#) can be downloaded (an app for Android devices will be available later this summer).

Study shows low SVR among veterans on Sovaldi-based regimens

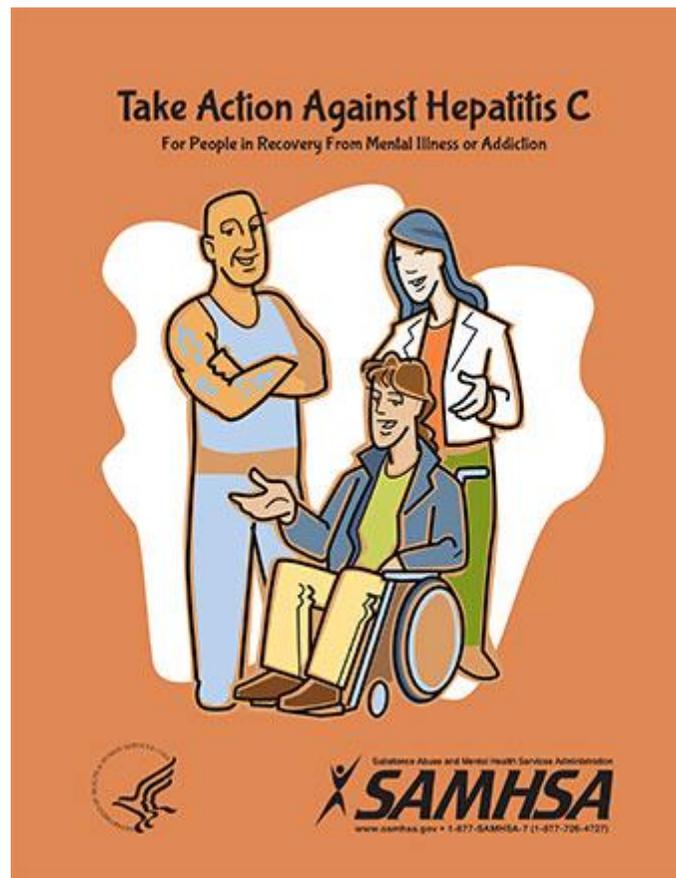
Veterans with hepatitis C virus infection genotype 1 or 2 were found to have lower sustained virologic response rates from Sovaldi-based regimens compared with rates reported from clinical trials of the same regimens, according to study findings

“Monitoring and optimizing uptake, appropriate use and outcomes of HCV antiviral regimens is a priority for the Department of Veterans Affairs,” the researchers wrote. “With the rapid uptake of sofosbuvir-based regimens across healthcare settings, and the under-representation of important populations in clinical trials, we examined the real-world outcomes of the diverse HCV-infected veteran population receiving these regimens.”

Researchers from the Veterans Affairs Palo Alto Health Care System in Palo Alto, California, including **Lisa Backus, MD, PhD**, analyzed data obtained from the VA’s Clinical Case Registry for HCV of 4,026 veterans with HCV genotype 1 (n = 3,203) and 2 (n = 823) on sofosbuvir-based regimens for 12 weeks. The 12-week regimens examined included: Sovaldi (sofosbuvir, Gilead Sciences) plus pegylated interferon; PEG-IFN plus ribavirin; sofosbuvir plus Olysio (simeprevir, Janssen Therapeutics) with or without ribavirin; and sofosbuvir plus ribavirin.

Read More: http://www.healio.com/hepatology/hepatitis-c/news/online/%7Ba024e17c-a849-4cdd-86d2-3efab75cf434%7D/study-shows-low-svr-among-veterans-on-sovaldi-based-regimens?dul%3B&ecp&utm_source=maestro&utm_medium=email&utm_campaign=hepatology+new

FREE: SAMHSA Publications



The *Take Action Against Hepatitis C* from SAMHSA presents basic information about hepatitis C for people with mental illness or substance use disorders and uses plain language and a simple cartoon style to explain what hepatitis C is, how to avoid it, what's involved with screening, and treatment options.

To Order go to: http://store.samhsa.gov/product/Take-Action-Against-Hepatitis-C/SMA14-4853?WT.mc_id=EB_20150507_SMA14-4853

For Additional Hepatitis patient education materials, visit:

<http://www.cdc.gov/hepatitis/hcv/patienteduhcv.htm>

HCV Testing at the Kentucky State Fair:

The KY AVHPC, University of Louisville, and KentuckyOne have partnered and have been able to secure onsite education, screening, testing with HCV antibody and HCV RNA Quantitative confirmation, for high risk individuals. Services will be provided at the KentuckyOne exhibit booth at the Kentucky State Fair. Mark your calendars for August 22nd, 25th, and 28th from 9am- 1pm. Linkage to care and enrollment for insurance will be provided on site as well. Look for additional information in the August newsletter.

REMINDER: HEPATITIS C Reporting:

Hepatitis C: Perinatal and Children Aged Five Years or Less

Health care providers should report, <http://www.lrc.ky.gov/kar/902/002/020.htm>

- all HCV-positive pregnant women;
- all infants born to HCV-positive women; and
- all HCV-positive infants and children aged 5 years old and younger seen in birthing hospitals, medical practices and clinics

Remember: Routine testing for HCV is not recommended for all pregnant women. Pregnant women with a known risk factor for HCV infection should be offered counseling and testing. Data from the CDC states that approximately 6 out of every 100 infants born to HCV infected women become infected. The risk is greater, 2 to 3 times, if the woman is co-infected with HIV. There is currently no HCV treatment approved for pregnant women.

<http://www.cdc.gov/std/treatment/2010/hepc.htm>

Infants born to mothers with HCV

Infants born to HCV-positive mothers should be tested for HCV infection. Children born to HCV-positive mothers can be tested with the **HCV RNA tests 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.

<http://www.cdc.gov/hepatitis/hcv/hcvfaq.htm>

Complete and fax the reporting form at the end of this newsletter.

Fax forms to 502-696-3803

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Hepatitis: Preventing the Silent Epidemic
July 28, 2015
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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 502-696-3803

DEMOGRAPHIC DATA					
Patient's Last Name	First	M.I.	Date of Birth	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk
Address		City	State	Zip	County of Residence
Phone Number	Patient ID Number	Ethnic Origin <input type="checkbox"/> His. <input type="checkbox"/> Non-His.		Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A/PI <input type="checkbox"/> Am.Ind. <input type="checkbox"/> Other	

DISEASE INFORMATION			
Describe Clinical Symptoms:	Date of Onset: / /	Jaundice: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Diagnosis: / /
Is Patient Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Pos <input type="checkbox"/> Neg	/ /		
IgM anti-HBc	<input type="checkbox"/> Pos <input type="checkbox"/> Neg	/ /		
HBeAg	<input type="checkbox"/> Pos <input type="checkbox"/> Neg	/ /		
IgM anti-HAV	<input type="checkbox"/> Pos <input type="checkbox"/> Neg	/ /		
HCV Antibody	<input type="checkbox"/> Pos <input type="checkbox"/> Neg	/ /		
HCV RNA Confirmation	<input type="checkbox"/> Pos <input type="checkbox"/> Neg	/ /		

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

<p>Mother: Hepatitis Risk Factors</p> <input type="checkbox"/> IDU <input type="checkbox"/> Multiple Sexual Partners <input type="checkbox"/> Tattoos <input type="checkbox"/> STD <input type="checkbox"/> HIV <input type="checkbox"/> Foreign Born/ Country _____ <input type="checkbox"/> Exposure to known HBV/HCV Pos contact	<p>Child: Hepatitis Risk Factors</p> <input type="checkbox"/> Mother HBV Pos <input type="checkbox"/> Household member exposure HBV Pos <input type="checkbox"/> Mother HCV Pos <input type="checkbox"/> Household member exposure HCV Pos <input type="checkbox"/> Foreign Born / Country _____
<p>Mother: Hepatitis A vaccination history: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused Dates Given: / /</p> <p>Hepatitis B Vaccination history: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused</p> <p>If yes, how many doses <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Year completed: / /</p> <p>Child: Hepatitis A vaccination history: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused Dates Given: / /</p> <p>Hepatitis B Vaccination history: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused Dates Given: / /</p> <p>Was PEP Infant of Positive HBV mother given at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

