STATE OF MARYLAND
DHMH
Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

DEC 2 9 2011

The Honorable Martin O'Malley
Governor
State of Maryland
Annapolis, MD 21401-1991

The Honorable Joan Carter Conway
Chair, Senate Education, Health, and
Environmental Affairs Committee
2 West Miller Senate Building
Annapolis, MD 21401

The Honorable Peter A. Hammen
Chair, House Health and
Government Operations Committee
Room 241 House Office Building
Annapolis, MD 21401

RE: DHMH 2011 Activities Toward Implementing Requirements of Md. Code Ann., Health-General § 18-1001, Hepatitis C Prevention and Control Within Maryland

Dear Governor O'Malley, Chair Carter Conway, and Chair Hammen:

Md. Code Ann., Health - General §18-1002, requires the Department to annually inform the Governor and the General Assembly about its activities relating to the prevention and control of hepatitis C virus ("HCV") infection in Maryland. Attached is the report of the Department's activities in 2011 related to HCV prevention and control in Maryland.

I hope this information is helpful. If you have any questions or comments concerning the report, please contact Ms. Marie Grant, Director, Office of Governmental Affairs at (410) 767-6481.

Sincerely,

Joshua Sharfstein, M.D.
Secretary

Enclosure

cc: Ms. Frances Phillips
Ms. Marie Grant
Ms. Heather Hauck
Ms. Sara T. Albert MSAR# 7894

DHMH 2011 Activities Toward Implementing Requirements of Md. Code Ann. Health-General § 18-1001 Hepatitis C Prevention and Control Within Maryland

Submitted by:
Maryland Department of Health and Mental Hygiene

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DHMH 2011 Activities Toward Implementing Requirements of Md. Code Ann. Health-General § 18-1001
Hepatitis C Prevention and Control Within Maryland

Per Maryland Code Ann., Health-General § 18-1002, this report describes the Maryland Department of Health and Mental Hygiene's (DHMH) activities relating to the prevention and control of hepatitis C virus (HCV) infection in Maryland. DHMH's hepatitis prevention programs are conducted within the Infectious Disease and Environmental Health Administration (IDEHA).

Background

Surveillance data suggests that about 20,000 persons are newly infected with hepatitis C virus (HCV) annually in the United States.[1] HCV is the leading cause of liver transplants in this country. The number of HCV related deaths, which now stands at about 12,000 Americans per year, is expected to rise in the coming decade.[2] Although new cases have dropped sharply, hundreds of thousands of people who were infected decades ago are expected to start experiencing the effects of liver damage.[3] Three-quarters of the people who are infected do not know it, because they are not tested for the virus and because infection can be asymptomatic for years while it stealthily attacks the liver.[4] Because this disease is transmitted by blood, those infected largely are former or current injection drug users – a population that characteristically has little or no health insurance – who may not be the most able to adhere to a lengthy treatment regimen that can have serious side effects. It is estimated that 50% to 90% of human immunodeficiency virus (HIV) positive injection drug users are also infected with HCV.[5]

[1] *Professional Judgment Budget for Comprehensive Viral Hepatitis Prevention and Control in the US as Requested by the U.S. Senate Appropriations Committee*", HHS/CDC, 2010
[2] National Alliance of State and Territorial AIDS Directors (NASTAD) letter to Dr. Howard Koh, Assistant Secretary for Health, DHHS, Washington, DC, August 10, 2010.
[3] National Alliance of State and Territorial AIDS Directors (NASTAD) letter to Dr. Howard Koh, Assistant Secretary for Health, DHHS, Washington, DC, August 10, 2010.
[4] National Alliance of State and Territorial AIDS Directors (NASTAD) letter to Dr. Howard Koh, Assistant Secretary for Health, DHHS, Washington, DC, August 10, 2010.
[5] CDC Fact Sheets on CDC website, "Coinfection with HIV and Hepatitis C Virus", Nov. 2005.

In the U.S., viral hepatitis must be understood and addressed in the context of health disparities. HCV infection is two to three times as prevalent among African Americans as it is whites, and African American rates of HCV are twice the national average.[6]

Maryland

Hepatitis C infection is the most common chronic blood borne-viral infection in Maryland. The primary method of HCV transmission is large or repeated direct exposures through needles that contain contaminated blood and are used to pierce skin. While HCV transmission through blood transfusions and tissue transplants represented a significant proportion of cases 20 years ago, improved screening of the blood supply and transplanted tissue has reduced the risk of transmission through these activities to virtually zero. In contrast, since 1992, the majority of new HCV infections have been linked to the practice of sharing needles among injection drug users.[7] Other sources of HCV infection include sexual exposure, hemodialysis exposure, occupational exposure, and perinatal exposure. Both chronic and acute symptomatic HCV infections are reportable to the local health department by health care providers and medical laboratories operating in Maryland.

According to national estimates, there are between 73,000 to 106,000 people in Maryland who have been infected with HCV during their lifetime.[8] It was recently estimated that in Baltimore City there are currently 60,000 individuals with HCV and in the Baltimore-Washington area there are an estimated 150,000 individuals.[9] Maryland has a disproportionate number of injecting heroin users compared to other states.[10] A study on the transmission rates of HCV among injection drug users demonstrated that injection drug users are at high risk for HCV infection.[11] The study's findings further indicated that HCV infection occurs shortly after

[6] NASTAD, "IOM Report on Hepatitis Implications for Health Department Hepatitis Programs", p.1.
[7] Incidence and risk factors for Hepatitis C among injection drug users in Baltimore MD. By SA VIllano et. al. Journal of Clinical Microbiology 1997:35, pages 3274-7.
[8] The Prevalence of Hepatitis C Virus Infection in the US, 1999 through 2002, Annals of Internal Medicine 2006, May 16: 144 (10), pages 705-714.
[9] Dr. Mark Sulkowski in a presentation at an FQHC Symposium on Hepatitis and TB, February, 2010, Baltimore MD
[10] "Outlook and Outcomes", 2002 Annual Report of the Maryland Alcohol and Drug Abuse Administration. ADAA Publication number 03-2-001
[11] Correlates of Hepatitis C Virus Infections among Injection Drug Users, by DL Thomas et. al, Medicine 1995, July: 74(4), pages 212-20.

individuals initiate injecting illicit drugs.[12] Because HCV often causes no symptoms until late in the disease progression, many Marylanders living with HCV are asymptomatic and unaware of their infection.

2011 National Activities

At the national level, there are a number of new and important hepatitis related developments that have taken place which indicate the need for more resources to be applied to hepatitis prevention. A recent Institute of Medicine (IOM) report *Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C* (2010) found that the public health response to viral hepatitis needs to be significantly increased. According to the report, state health departments and federal agencies must receive adequate funding to effectively prevent and control hepatitis B virus (HBV) and HCV. "The only dedicated federal funding for viral hepatitis is from the Centers for Disease Control and Prevention. States collectively receive $5 million, averaging $90,000. Those funds are primarily used to employ an Adult Viral Hepatitis Prevention Coordinator (AVHPC). This provides for little more than a position in the health department and no core prevention services such as outreach, awareness and education, testing and screening, referral into care, social and peer support, and medical management. Additionally, there is no federal funding for a national chronic hepatitis surveillance system to monitor hepatitis B and C incidence, prevalence and trends. Without surveillance data, public health entities cannot fully describe or assess basic demographic trends and the full epidemiological impact of these diseases."[13]

The IOM report indicates that the following are consequences of the lack of hepatitis funding:

- Individuals do not know how to prevent infection;
- Individuals do not have adequate access to preventive services;
- Chronically infected individuals do not know that they are infected;

[12] Correlates of Hepatitis C Virus Infections among Injection Drug Users, by DL Thomas et. al, Medicine 1995, July: 74(4), pages 212-20.
[13] NASTAD, "IOM Report on Hepatitis: Implications for Health Department Hepatitis Programs", p. 1, 2010

- Chronically infected individuals do not have adequate access to testing, support services and medical management;
- Providers neither test nor screen their patients;
- Providers do not know how to manage infected patients;
- Actual disease burden remains unknown because there is no national chronic surveillance system; and
- There remains insufficient understanding about the extent and seriousness of this public health problem overall.

In addition to the IOM report, an Interagency Working Group on Viral Hepatitis created by the Department of Health and Human Services completed a national action plan for the prevention, care and treatment of viral hepatitis. On May 12, 2011, the Department of Health and Human Services released their national plan entitled "Combating the Silent Epidemic of Viral Hepatitis, Action Plan for the Prevention, Care and Treatment of Viral Hepatitis." It is the intention of DHMH to align the updated Maryland Hepatitis Prevention Plan with the goals, strategies and actions of those identified and outlined in the Department of Health and Human Services' plan, which provides specific timelines for implementation in conjunction with the resources made available through the Affordable Care Act.

2011 Maryland Activities

In 2011, viral hepatitis prevention and control activities conducted by DHMH included: utilizing federally funded staff, coordinating vaccine distribution to high volume vaccination local health department sites, increasing public and provider awareness, coordinating between public and private sector agencies, and applying for funding from public and private sector sources. These activities are described below.

Utilizing Federally Funded Staff

On November 1, 2011, DHMH began the fifth year of a five year Adult Viral Hepatitis Prevention Coordinator Cooperative Agreement from the Centers for Disease Control and Prevention (CDC). This cooperative agreement provides funding that supports a full time Adult

Viral Hepatitis Prevention Coordinator (AVHPC) position. The AVHPC's role is to coordinate activities to prevent all types of viral hepatitis, including HCV, in Maryland. The current AVHPC is a Registered Nurse who has occupied this position since October 6, 2010.

Coordinating Vaccine Distribution

Individuals who are infected with or at risk for contracting HCV should be vaccinated for hepatitis A and B. Hepatitis A or B infection can have significant impact on an individual who is infected with HCV. Beginning in 2008, CDC provided Maryland with an allotment of adult hepatitis B and combined hepatitis A/B vaccine doses. These vaccine doses were made available to local health departments to vaccinate high risk adults.

In September 2010, the CDC announced that it would discontinue funding this initiative. Efforts to find alternative sources of funds for hepatitis A/B and B vaccine have not been successful. However, DHMH allocated 2,050 doses of hepatitis B vaccine to support the continuation of this initiative in local health department areas with high volume vaccination needs and DHMH continues to work with local health departments on alternative programs and funding for accessing the vaccines.

Increasing Public and Provider Awareness

DHMH has pursued a number of opportunities to raise awareness about the importance of viral hepatitis prevention and to provide information about available resources to community members as well as to community providers. On April 29, 2011 over 1,500 people attended a women's conference entitled "Why Women Cry", where viral hepatitis prevention and education messages were provided at a one hour workshop session. Viral hepatitis educational literature was also made available throughout the duration of the conference to all interested attendees.

In May 2011, DHMH conducted and supported multiple activities commemorating "Hepatitis Awareness Month". The first collaborative activity was with the Hepatitis Foundation International, Inc. to support the Baltimore Viral Hepatitis Summit held on May 6, 2011. Multi-discipline educational sessions were held at the Baltimore Viral Hepatitis Summit that provided hepatitis education and prevention messages to health care providers, nurses, health educators,

substance abuse counselors and social workers. More than 100 individuals attended this summit and received continuing education credits for attendance.

DHMH provided a press release along with Facebook and Twitter social networking messaging during "Hepatitis Awareness Month" that outlined viral hepatitis prevention messages and also presented highlights of the initiative of the Maryland Hepatitis Coalition to recognize four "Hepatitis Heroes" from the Baltimore area. These "Hepatitis Heroes" went above and beyond the duties required of their positions to support hepatitis patient services. Additional recognition, from the Maryland Hepatitis Coalition, was given to Delegate Shirley Nathan-Pulliam as a "Hepatitis Hero" who has long been a champion of legislation and other activities in support of individuals infected or affected by viral hepatitis.

Another statewide viral hepatitis educational activity during "Hepatitis Awareness Month" included an AVHPC training on "Viral Hepatitis A, B and C – What you need to know" to each of the five Regional Advisory Committee (RAC) regions to educate members of the public and providers in IDEHA's Regional Advisory Committees (RAC). RAC meetings are held four times per year in each of Maryland's five regions and are used to gather community input and to disseminate information to the community and to care providers. The AVHPC also provided updated hepatitis educational brochures to individuals who attended the RAC meetings and encouraged providers to utilize these materials with the populations they serve. Additionally, viral hepatitis educational brochures and fact sheets about the various types of hepatitis for individuals at-risk and providers have been distributed to local health departments and other sites.

On June 30, 2011, DHMH presented a training entitled "Community Capacity Building Training: Hepatitis" to a group of approximately 30 attendees from Regional Advisory Councils across the state. This training was a comprehensive overview of viral hepatitis that included: a review of national and Maryland hepatitis epidemiology; national and state hepatitis legislative and policy initiatives; the "HHS National Action Plan for the Prevention, Care and Treatment of Viral Hepatitis"; and a focus on how to reduce transmission.

On July 29, 2011, in support of "World Hepatitis Day" an educational event was held at DHMH to provide information on viral hepatitis to community based organization staff, trainers, health educators, DHMH staff, and the general public.

On November 4, 2011, the Maryland Legislative Black Caucus met in Annapolis, Maryland. At this meeting, DHMH supported a full day workshop, sponsored by Delegate Shirley Nathan-Pulliam that focused on hepatitis C and the African American community. Comprehensive information regarding hepatitis C viral infection and its related epidemiology, transmission, treatment and prevention was reviewed. Additionally, information regarding health care disparities was provided to a large group of attendees who turned out from the African American community to attend this event. A special segment on hepatitis C in corrections was also included in this event.

Coordinating Between Public and Private Sector Agencies

A number of activities continue to be conducted to promote integration of hepatitis prevention and treatment services into existing programs and to educate professionals about viral hepatitis. DHMH is represented at a number of collaboration meetings. These include:

- Quarterly collaboration workgroup meetings with personnel from STI, HIV and TB statewide programs and Baltimore City Health Department;
- Monthly Department of Public Safety and Correctional Services infection control meetings;
- Monthly National Alliance of State and Territorial AIDS Directors Viral Hepatitis Work Group technical assistance conference calls;
- The Hepatitis C Corrections symposium;
- Bi-monthly Maryland Hepatitis Coalition meetings; and
- The Hepatitis B Free DC Network meetings.

Applying for Funding from Public and Private Sector Sources

There has been a lack of public and private sector funding opportunities for viral hepatitis prevention activities and technical assistance. DHMH submitted its application to the CDC for the fifth year of the five year cooperative agreement that funds the AVHPC position.

Implementation Status of Recommendations from the Report of the State of Maryland Advisory Council on Hepatitis C

Enabling legislative action entitled, House Bill 386 (HB386, Chapter 149 of the Acts of 2003), created a 16-member State Advisory Council on Hepatitis C to review and recommend changes to the Maryland Hepatitis C Prevention and Control Plan and to solicit funds or grants to implement the plan. In January 2006 a report of the State of Maryland Advisory Council on Hepatitis C was submitted to the Governor and General Assembly. The following information details the implementation status of those recommendations.

Recommendation: Seek funding to develop user-friendly Internet based resources for HCV awareness and education, both for healthcare professionals and for the general public.

Status: DHMH is monitoring potential funding opportunities. No appropriate funding options have been available during this period for the development of additional internet based resources.

However, DHMH has updated the viral hepatitis pages on the DHMH website. Educational materials, resource links, and presentations are included on the Viral Hepatitis web pages. Educational modules and presentations from a variety of sources such as CDC, U.S. Department of Veterans' Affairs National Hepatitis C Program, and the National Digestive Disease Information Clearinghouse are available through their respective links.

Recommendation: Develop recommendations for HCV screening and treatment and assess compliance of all state and local agencies.

Status: A workgroup comprised of representatives from DHMH facilities operated by the Mental Hygiene Administration, the Developmental Disabilities Administration and the

Family Health Administration came together in 2010 to review current practices and facility policies for screening for infectious diseases, including viral hepatitis, HIV, STIs and TB. In 2011, the workgroup developed and disseminated recommendations for uniform policies for screening for these infectious diseases in DHMH facilities.

At local health departments, screening/blood testing protocols vary due to resource constraints and significant barriers for treatment. Additionally, resource constraints at the State laboratory are a limiting factor in expanding screening. Challenges remain in the integration of viral hepatitis screening into existing public health programs serving clients for whom screening is appropriate (e.g. STIs, HIV/AIDS, reproductive health, substance abuse, and mental health clinics.) Hepatitis integration efforts will be coordinated through IDEHA in accordance with the timeline and resources identified and outlined in the 2011 Department of Health and Human Services Action Plan for the Prevention, Care and Treatment of Viral Hepatitis[14] that also incorporates resources made available through the Affordable Care Act.

Recommendation: Support a Maryland-specific needs assessment to identify gaps in public awareness and professional education.

Status: A comprehensive needs assessment has not been conducted and will likely not occur in the near future given the lack of funding.

Recommendation: Review current surveillance and case follow-up methods, and, if needed, seek funding for additional professional and/or clerical resources to ensure complete, accurate and timely case investigation, data entry, and triage of all HCV reports in Maryland and to ensure that all Maryland residents are aware of their status and how to access health care resources.

Status: Regulations governing reporting procedures of communicable diseases, including viral hepatitis, were updated in the Code of Maryland Regulations (COMAR) Reporting Procedures (COMAR 10.06.01.04) in April 2009. More detailed demographic

[14] United States Department of Health and Human Services "Combating the Silent Epidemic of Viral Hepatitis, Action Plan for the Prevention, Care and Treatment of Viral Hepatitis."

information on reports will have a positive impact in case follow-up at the local health department level. Currently, fiscal and staff resources are not adequate to conduct complete case surveillance for HCV. Additionally, there are no resources for follow-up with Maryland residents to ensure that they know their HCV status. Further, there are no public resources to assist Marylanders with HCV in accessing health care for disease treatment and management.

Recommendation: Ensure that a schedule for annual review of the Maryland Hepatitis C Prevention and Control Plan is established and that this review includes comments solicited from HCV positive individuals and providers administering health care to patients living with HCV.

Status: A Maryland Viral Hepatitis Prevention Plan is being drafted by DHMH and includes feedback provided by HCV positive individuals and providers administering health care to patients living with HCV primarily through the Maryland Hepatitis Coalition membership. The plan addresses viral hepatitis types A, B and C. Revisions to the plan reflect the recommendations of the Hepatitis C Advisory Council. Additionally, the plan is expanded to include the goals and strategies of the 2011 Health and Human Services Action Plan for the Prevention, Care and Treatment of Viral Hepatitis[15] in conjunction with services made available through the Affordable Care Act. Full implementation of this plan will be dependent on funds available.

Future Activities

DHMH plans to conduct the following activities related to HCV prevention and control:

- Release of the Maryland Viral Hepatitis Prevention and Control Plan, which addresses viral hepatitis types A, B and C. The Maryland Viral Hepatitis Prevention and Control Plan, in alignment with the 2011 National Health and Human Services Action Plan for the Prevention, Care and Treatment of Viral Hepatitis,[16] will guide viral hepatitis

[15] United States Department of Health and Human Services "Combating the Silent Epidemic of Viral Hepatitis, Action Plan for the Prevention, Care and Treatment of Viral Hepatitis."
[16] United States Department of Health and Human Services "Combating the Silent Epidemic of Viral Hepatitis, Action Plan for the Prevention, Care and Treatment of Viral Hepatitis."

prevention and control activities and will serve as a framework for prioritizing initiatives and projects.

- Develop a resource inventory of available viral hepatitis education and public awareness materials to provide prevention messages to the public and raise awareness among healthcare professionals, the populations at-risk, and the community at large about the public health crisis of viral hepatitis. The resource inventory will be available via the viral hepatitis pages on the DHMH website. To access these resources please follow this link: http://ideha.dhmh.maryland.gov/AVHPP/Default.aspx.
- Identify potential newly funded opportunities through the Affordable Care Act for testing, vaccination and treatment of viral hepatitis.
- Identify additional funding sources, in accordance with the timeline and resources identified and outlined in the 2011 Health and Human Services Action Plan for the Prevention, Care and Treatment of Viral Hepatitis and in addition to those provided through the Affordable Care Act, to enable the development of viral hepatitis prevention, care and treatment activities. Specific activities under consideration, should funds become available, include:
    - Upon completion of updated guidelines and recommendations for viral hepatitis screening and treatment from the Department of Health and Human Services and the Centers for Disease Control and Prevention, provide education of assessment of compliance of all state and local agencies.
    - Review of current surveillance and case follow-up methods, and, if needed, ensure complete, accurate and timely case investigation, data entry, and triage of all viral hepatitis reports in Maryland and ensure that all Maryland residents are aware of their status and how to access healthcare resources.
    - Purchase and distribution of hepatitis A/B and B vaccines to local health departments, federally qualified health centers and community based organizations.
    - Assist local health departments in the integration of screening, testing and counseling of adults at risk for adult viral hepatitis and referral for appropriate services into existing programs.

- Collaborate with other relevant agencies to promote improved surveillance of viral hepatitis.