



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 – John M. Colmers, Secretary

JAN 04 2010

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

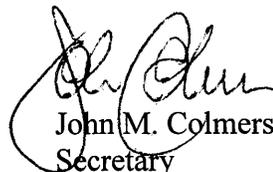
RE: HB 342/Ch. 457 and SB 336/Ch. 249 (2006) as Amended by
HB 76/ Ch. 125 (2009) - Hepatitis C Virus – Health – General § 18-1002

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

Md. Code Ann., Health - General § 18-1002, requires the Department to annually inform 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 2009 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. Wynee Hawk, Director, Office of Governmental Affairs at (410) 767-6481.

Sincerely,



John M. Colmers
Secretary

Enclosure

cc: Ms. Frances Phillips
Ms. Wynee Hawk
Ms. Heather Hauck
Ms. Sarah T. Albert, MSAR# 7894





**DHMH 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**

December 2009

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DHMH Activities toward Implementing Requirements of Md. Code Ann., Health-General § 18-1001, Hepatitis C Prevention and Control within Maryland

Per Md. 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. As of July 23, 2009, the Secretary of Health and Mental Hygiene integrated the AIDS Administration and the Community Health Administration into a new administration called the Infectious Disease and Environmental Health Administration (IDEHA). IDEHA addresses core public health matters relating to food safety and inspection, HIV/AIDS, sexually transmitted diseases, hepatitis, immunizations, zoonotic and vector borne diseases, environmental health, and infectious disease surveillance and outbreak response. Maryland's hepatitis programs are located within IDEHA.

Background

HCV infection is the most common chronic blood borne viral infection in Maryland. The primary method of HCV transmission is large or repeated direct percutaneousⁱ exposures to blood. While HCV transmission through blood transfusions and tissue transplants represented a significant proportion of cases 15 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 has been linked to the practice of sharing needles among injection drug users.ⁱⁱ It is estimated that injection drug related activity accounts for 60% of HCV transmission in the United States. Other sources of HCV infection include sexual exposure, hemodialysis exposure, occupational exposure, and perinatal exposure.

Chronic HCV is characterized by long duration and often remains asymptomatic until more than a decade has passed. Acute symptomatic HCV is characterized by a rapid onset and a short but severe course, and then it becomes chronic. Both types of HCV infection are reportable to the local health department (LHD) by health care providers and medical laboratories doing business in Maryland.

HCV Infections in Maryland

According to national estimates,ⁱⁱⁱ there are between 73,000 to 106,000 people in Maryland who have been infected with HCV during their lifetime. The national estimate is likely an underestimation of the epidemic, as Maryland has a disproportionate number of injecting heroin users.^{iv} A Johns Hopkins study on the transmission rates of HCV among injection drug users showed injection drug users are at high risk for HCV infection. Findings further indicated that HCV infection occurs quickly after the initiation of injecting illicit drugs (78% of Baltimore City study participants were anti-HCV positive after two (2) years of injecting).^v Because HCV often causes no symptoms until late in disease progression, many Marylanders living with HCV are asymptomatic and unaware of their infection.

2009 Activities

In 2009, key viral hepatitis prevention and control activities included: distribution of Hepatitis A and B vaccines, increasing public awareness about the impact of hepatitis infection, coordination between public and private sector agencies, and applying for funding from the public and private sectors.

Distribution of Vaccines: In January 2009, Maryland was awarded \$163,480 by the Centers for Disease Control and Prevention (CDC) for the purchase of adult hepatitis B and A/B vaccines. It is important that people who are infected with or at risk for contracting HCV be vaccinated for hepatitis A and B. A co-occurring infection with hepatitis A or B can have significant impact on an individual who is infected with HCV. The 2009 calendar year represents the second year of the initiative. Vaccines are made available to LHDs to vaccinate high risk adults. From January to June 2009, more than 6,000 doses of vaccine were administered. The application for funding for vaccine supplies during calendar year 2010 has been submitted to CDC. Maryland has requested at least 15,000 doses (with a market value of \$572,082) to continue this initiative. While free vaccine doses were provided to the State through this federal initiative, CDC has been unable to ensure fiscal support for capacity resources, i.e., personnel, to administer vaccine.

Increasing Public Awareness: DHMH has pursued a number of opportunities to raise awareness about the importance of HCV prevention and to provide information about available resources to providers, partners, and community members.

1. DHMH supported Hepatitis Awareness Month by:
 - Participating in a press conference promoting hepatitis prevention partnerships with the Baltimore City Health Department and the Maryland Hepatitis Coalition;
 - Providing free hepatitis A and B immunizations to clients of the Baltimore City Health Department needle exchange mobile van;
 - Securing a proclamation acknowledging Maryland Hepatitis Awareness Month from Governor O'Malley; and
 - Providing information about the Statewide Hepatitis Prevention program at a Veterans Administration Medical Center event.
2. DHMH distributed brochures promoting HCV prevention at a variety of community events.
3. DHMH provided information and updates to the Maryland Congressional delegation's staff regarding viral hepatitis issues and needs in Maryland.
4. DHMH presented *Hepatitis C – Opportunities for Collaboration* to the HIV Community Planning Group to demonstrate the intersection between outreach and prevention in the populations served.
5. DHMH developed viral hepatitis information packets for legislative stakeholders. The packet included information about hepatitis prevention, hepatitis A and B vaccination, HCV testing, and the hepatitis epidemic in Maryland.
6. DHMH conducted hepatitis training for health care workers and professional staff throughout Maryland.

Coordination with public and private sector agencies: DHMH collaborated with government agencies, private firms, and non-profit and community based organizations. The collaborations sought to increase technical capacity, identify funding programs, and identify referral services for community members.

1. The US Department of Health and Human Services, Health Resources and Services Administration (HRSA) selected Baltimore City as a site for a tuberculosis (TB) and HCV health disparities elimination project. The project's focus was African Americans and other targeted minorities in HRSA funded community health centers. The project sought to improve health outcomes for both TB and HCV prevention and treatment strategies at the local level using a systems approach to coordinate care. DHMH collaborated with the Mid Atlantic Community Health Center Association to provide training to federally qualified health center (FQHC) staff in Baltimore City.
2. DHMH assisted a Johns Hopkins School of Public Health physician intern in a pilot program by developing materials, testing algorithms, and creating hepatitis disease history and immunization forms and a patient questionnaire. The purpose of this project, conducted at the Harford County Health Department, was to develop and evaluate an integrated communicable disease prevention package consisting of screening/testing for HIV, hepatitis B/C, syphilis, gonorrhea, and chlamydia; risk reduction counseling; and hepatitis A/B vaccinations. This project demonstrated that communicable disease prevention services could be successfully incorporated into services for adults at risk in LHDs.
3. DHMH is partnering with an FQHC in Baltimore City to conduct a HCV testing project. The testing project is funded by a \$35,000 CDC grant. The primary goals of this project are to: measure the burden of disease in the population served, decrease the number of individuals living with HCV who are unaware of their status, and improve health outcomes for individuals living with HCV.
4. DHMH coordinated the Integration of Viral Hepatitis into Existing Programs webinar for LHD health officers and staff.
5. DHMH partnered with community based organizations and the Baltimore City and Harford County health departments to conduct an HCV testing project from July to October 2009. The project was focused on individuals who disclosed engaging in behaviors that put them at risk for HCV.

Apply for Funding from Public and Private Sector Sources: During the fiscal downturn which occurred during 2009, there has been a paucity of funding opportunities for HCV prevention or technical assistance.

DHMH submitted the application and progress report for the third year of the five year cooperative agreement that funds the Adult Viral Hepatitis Coordinator position.

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

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

Status: DHMH is monitoring potential opportunities. No appropriate funding options have been available during this period.

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

Status: While national recommendations for screening/blood testing and treatment have been published, screening/blood testing protocols at LHDs vary and significant barriers for treatment continue. Resource constraints at the State laboratory are a limiting factor in expanding testing. Challenges remain in the development of a policy aimed at integrating viral hepatitis into existing public health programs serving clients for whom screening is appropriate (e.g., sexually transmitted infections, HIV/AIDS, reproductive health, substance abuse, and mental health clinics). Hepatitis integration efforts will be coordinated through IDEHA.

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 given the lack of funding; however, plans are underway for a stakeholder analysis of needs through the Maryland Viral Hepatitis Coalition.

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 healthcare resources.

Status: Regulations governing reporting procedures of communicable diseases, including viral hepatitis, were updated in the Code of Maryland Regulations (COMAR) 10.06.01.04 Reporting Procedures. More detailed demographic information on reports will have a positive impact in case follow-up at the LHD level. Currently fiscal and staff resources are not adequate to conduct complete case surveillance for HCV. In addition, there are no resources for follow up to Maryland residents to ensure that they know their HCV status, and there are no public resources to assist Marylanders with HCV with 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 cases and providers administering health care to patients living with HCV.

Status: A draft Maryland Viral Hepatitis Prevention Plan for 2010-2013 is being developed for review by internal and external stakeholders. The plan will address all types of hepatitis. Revisions to the plan will reflect recommendations of the Advisory Council. DHMH anticipates completion of the revised plan by October 2010.

Resource Needs for Hepatitis C Prevention

Funding for HCV prevention and control activities during 2009 was level with the prior year. Since September 2007, funding from the CDC supports one public health professional to address the issues related to all viral hepatitis types, particularly HCV, using a strategy of integrating HCV prevention and control activities into existing State and local programs. However, given the national fiscal crisis, funding is not available to move forward with the Advisory Council's recommendations.

To the extent possible, DHMH and other State agencies will continue to provide in-kind support for the administrative, educational and epidemiological needs related to HCV prevention and treatment activities by assigning additional duties to existing staff for specific project assistance. However, the following are some specific areas where additional resources are currently needed on an annual basis:

1. Increase staffing resources to improve HCV surveillance;
2. Provide support to the State laboratory to increase HCV screening at LHDs;
3. Conduct statewide needs assessment; and
4. Support distribution of free hepatitis A and B vaccines by LHDs for adults at risk, including HCV infected individuals.

ⁱ Percutaneous means passed through the skin.

ⁱⁱ Villano SA, Vlahov D, Nelson KE, Lyles CM, Cohn S, Thomas DL. Incidence and risk factors for hepatitis C among injection drug users in Baltimore, Maryland. *J Clin Microbiol* 1997;35:3274-7; Garfein RS, Doherty MC, Monterroso ER, Thomas DL, Nelson KE, Vlahov D. Prevalence and incidence of hepatitis C virus infection among young adult injection drug users. *J Acquir Immune Defic Syndr Hum Retrovirol* 1998;18(suppl 1):S11-9.

ⁱⁱⁱ Armstrong GL, Wasley A, Simard EP, McQuilan GM, Kuhnet WL and Alter MJ. The Prevalence of Hepatitis C Virus Infection in the United States, 1999 through 2002. *Annals of Internal Medicine* 2006 May 16;144(10):705-714.

^{iv} Maryland Alcohol & Drug Abuse Administration, Department of Health & Mental Hygiene, Outlook and Outcomes 2002 Annual Report. ADAA Publication No. 03-2-001.

^v Thomas DL, Vlahov D, Solomon L, Cohn S, Taylor E, Garfein R, Nelson KE. Division of Infectious Diseases, Johns Hopkins School of Medicine, Baltimore, MD. Correlates of hepatitis C virus infections among injection drug users. *Medicine* 1995 July;74(4):212-20.