The Silent Epidemic – Viral Hepatitis
From the desk of James Phillips, MD – Medical Director

Over 4 million Americans are living with viral hepatitis and over 280,000 people are unaware they are actually infected, meaning that they are not receiving proper care and treatment. The rate of liver cancer is rapidly increasing in the US, mostly attributable to chronic Hepatitis C. In the absence of treatment, about 20% of persons living with hepatitis will develop cirrhosis of the liver. Viral hepatitis is the leading cause of liver transplantation in the United States.

The Institute of Medicine issued a report in 2010 on Hepatitis and Liver Cancer. As a result of the IOM recommendations, the US Department of Health and Human Services convened experts and just released (May 2011) a report entitled Combating the Silent Epidemic of Viral Hepatitis: An Action Plan for the Prevention, Care and Treatment of Viral Hepatitis. The action plan detailed recommendations in five areas:

- Educating providers and communities
- Improving testing, care and treatment
- Strengthening surveillance
- Eliminating transmission of vaccine preventable hepatitis
- Reducing viral hepatitis caused by drug use behavior
- Protection of patients and health care workers from acquired viral hepatitis

Currently vaccines are available against Hepatitis A and Hepatitis B viruses. Use of these vaccines has dramatically reduced the incidence of these infections. Nevertheless 38,000 new cases of Hepatitis B were reported in 2008, mostly in high risk adults without vaccination. Newborns infected with Hepatitis B from their mothers generally develop chronic infection and 1 in 4 die from it.

Hepatitis C, like Hepatitis B is primarily spread through contact with blood via injection drug use and needle sticks in the hospital, but may also occur from mother to child at birth, and by sexual contact. No licensed vaccines for Hepatitis C are available, but vaccine development is a high priority. Recently developed antiviral

(cont. on page 2)
Public Health Dental Clinic
Hours Have Expanded

The Branch-Hillsdale-St. Joseph Community Health Agency dental clinics have expanded their hours of operation.

The Three Rivers Public Health Clinic Office, located at 721 Sixth Avenue, Three Rivers, is currently open from:

Monday through Friday: 8:00 am to 4:30 pm

The Hillsdale Public Health Dental Clinic, located on the lower level of the health department at 20 Care Drive, Suite D, Hillsdale, is currently open from:

Monday, Wednesday, Thursday & Friday: 8:00 am to 4:30 pm
Tuesday: 8:00 am to 5:00 pm

Both of the offices are operated by the Michigan Community Dental Clinics, Inc. and are staffed by licensed dentists and dental health professionals. These clinics are designed to serve Medicaid patients or patients that lack dental insurance and have incomes at or below 200% of the poverty threshold. Clients who are on WIC or food stamps automatically qualify as patients. Visit www.bhsj.org for more information about the clinics and to see what other services they provide for our community.

In Hillsdale, appointments can be scheduled by calling:

Local: 517-437-2654
Toll free: 866-883-5449

In Three Rivers, appointments can be scheduled by calling:

Local: 269-273-3247
Toll free: 877-283-8889

The Silent Epidemic – Viral Hepatitis (cont.)

combination treatments for Hepatitis C can now eradicate the infection. In May of this year, the FDA approved the drug boceprevir (Victrelis) which, in combination with the standard drugs peginterferon and ribavirin, cleared the virus in 67% of cases. Unfortunately the drugs have undesirable side effects. Physicians applaud this as a major breakthrough in Hepatitis C care. A new rapid HCV diagnostic test is also available for “point of care” testing.

Hopefully with the advent of health care reform legislation with an emphasis on prevention, access to care and information technology, this viral hepatitis action plan can be effectively implemented. Physicians need up-to-date treatment algorithms. Priority populations need to be given accurate information and be directed for testing and proper treatment and care. Many at risk for viral hepatitis (IDU, MSM, HIV-infected persons, baby boomers not vaccinated, African Americans, Asian-Pacific Islanders, and pregnant women) could potentially be reached by public health web-based tools and social networking. This “silent epidemic” is an economic issue as well. In 2006, $1.3 billion was spent on care of Hepatitis B patients. Managed care Hepatitis C infected enrollees cost $21,000 per year – diabetic enrollees, by contrast cost $10,000 per year. Because chronic viral hepatitis is often asymptomatic and generally progresses slowly, it has often been “under the radar screen.” But regardless, viral hepatitis is definitely a major health issue which is especially significant given the fact that viral hepatitis is often preventable and now can be treated effectively.

The health department, through its communicable disease program, offers pediatric and adult Hepatitis A & B vaccines to adolescents and adults, regardless of insurance status, who meet one of the following criteria:

- A household and/or sexual contact of Hepatitis A or B virus infected person
- A person with more than one sex partner in the last six months
- A male who has sex with other males
- A person seeking evaluation or treatment for a sexually transmitted disease (STD)
- An injecting drug user, or a non-injecting methamphetamine user
- A person with acute or chronic liver disease
- A person with HIV infection
- Persons susceptible to the Hepatitis B Virus (HBV) infection who are foreign-born from countries with high HBV endemicity

To learn more about BHSJ CHA communicable disease program, go to www.bhsj.org and click on Clinic Services.
Seasonal Flu Recommendations for 2011-12

The Advisory Committee on Immunization Practices (ACIP) has met and has submitted its updated recommendations for this year’s influenza vaccines. Its recommendations are as follows:

- No changes have been made to the flu strains contained in this year’s vaccines when compared to last year’s vaccine. Like in 2010-11, the Trivalent Inactivated Influenza Vaccine (TIV) is being offered and it protects against influenza A/H3N2, influenza B and A/H1N1 influenza. The A/H1N1 virus continues to be derived from the 2009 pandemic influenza virus.

- ACIP continues to recommend routine influenza vaccination for all persons six months of age and older. Support for this recommendation is based upon the evidence that an annual influenza vaccination is an effective preventive action. It is also based upon concerns that the 2009 influenza A (H1N1)–like viruses will continue to circulate during the 2011-12 flu season.

- The 2011-12 ACIP continues to recommend that all children aged 6 months to 8 years who received a seasonal influenza vaccine for the first time or for whom dosage cannot be confirmed should receive two doses of this year’s flu vaccine. Doses should be spaced four weeks apart. However, because the vaccine strains of 2010-11 and 2011-12 are the same, children who received only one dose of a seasonal influenza vaccine last year do not need two doses this year.

- A newly approved Fluzone Intradermal was approved in May 2011. This can be used with patients 18 years to 64 years. This dosage contains fewer antigens and is administered over the deltoid muscle. Vaccine reactions appear to occur more often with this preparation, but tend to subside in 3 to 7 days. Reactions include: rash, swelling, pain and itchiness at the injection site. Both the flu mist (for non-pregnant healthy individuals between ages 2 and 49 years) and Fluzone High dose (for those ages 65 and older) are still available.

- People who have known egg allergies have been cautioned in the past not to receive the flu vaccination. ACIP has reconsidered this guidance and now recommends:
  - If a patient can eat a likely cooked egg (e.g., scrambled) without reaction, the patient can receive the vaccine, administered as per usual protocol.
  - If a patient develops only hives after eating eggs or food which contains eggs, the patient can receive trivalent inactivated vaccine (TIV) but observed for a reaction for at least 30 minutes after vaccination. (cont. on page 4)

BHSJ Flu Clinic Schedule

<table>
<thead>
<tr>
<th>Branch County</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date/Time</strong></td>
<td><strong>Date</strong></td>
</tr>
<tr>
<td>Tuesday</td>
<td>Oct. 11</td>
</tr>
<tr>
<td>9 am to 12 pm</td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td>Oct. 28</td>
</tr>
<tr>
<td>8:30 am to 3 pm</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hillsdale County</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date/Time</strong></td>
<td><strong>Date</strong></td>
</tr>
<tr>
<td>Saturday</td>
<td>Oct. 15</td>
</tr>
<tr>
<td>9 am to 12 pm</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td>Nov. 1</td>
</tr>
<tr>
<td>10 am to 6 pm</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>St. Joseph County</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date/Time</strong></td>
<td><strong>Date</strong></td>
</tr>
<tr>
<td>Wednesday</td>
<td>Oct. 5</td>
</tr>
<tr>
<td>10 am to 1 pm</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td>Oct. 11</td>
</tr>
<tr>
<td>9 am to 1 pm</td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td>Oct. 19</td>
</tr>
<tr>
<td>10 am to 1 pm</td>
<td></td>
</tr>
</tbody>
</table>

BHSJ CHA accepts: Medicare Part B, Medicaid, Blue Cross/Blue Shield Medicare Advantage (first three characters XYO) and Railroad Carriers. For all others, the cost is $30.00 (cash or check) due at the clinic appointment.

A Branch-Hillsdale-St. Joseph Community Health Agency Publication

Find us on the web at http://www.bhsj.org
If a patient has a more serious reaction to ingesting eggs, such as hypotension, respiratory distress, gastrointestinal reactions or any reaction requiring either epinephrine or immediate emergency medical attention, the patient should be referred to an allergy specialist for additional risk assessments.

The Branch-Hillsdale-St. Joseph Community Health Agency offers flu immunizations to residents through its community flu events and by appointment at its county offices (see side panel on page 3 for list of dates and times). The health department accepts Medicare Part B, Medicaid, Blue Cross/Blue Shield Medicare Advantage (first three characters are XYO) and Railroad Carriers. Free shots are available for children 19 years and younger who do not have health insurance vaccine coverage through the Vaccine For Children’s Program. For all others, the cost is $30.00 (cash or check) which is due at the clinic appointment.

According to Jo Ann Wilczynski, Prevention Services Director at the tri-county health department, “Due to a funding reduction, the health department will not be able to provide free vaccine as we had last year. As a result, we are depending on other local providers and pharmacies to immunize the general population, allowing us to focus mainly on seniors. Community members interested in obtaining a list of area flu providers can contact their local health department county office to find who is providing shots locally. Instead, we have chosen to limit our efforts to the senior citizen population – spending our prevention resources where they can do the most good.”

Since seniors are more likely to develop pneumonia, be hospitalized and/or die from the flu when compared with young, healthy adults, the health department has intentionally targeted the 65 and older age group for this year’s seasonal flu campaign. Each year about nine out of 10 seasonal flu–related deaths and more than six out of 10 seasonal flu related hospital stays in the United States occur in people 65 years and older. This is because the body’s ability to fight illness decreases with age. For more information about upcoming flu clinics, the dangers of flu and the benefits of the flu vaccine, visit the Branch-Hillsdale-St. Joseph Community Health Agency website at: www.bhsj.org.