The Health Care System and Communicable Disease Control in Alaska

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Fragmented Health Care System in Alaska

• Types of Systems
  – Private Practice Fee for Service
  – Alaska Native Tribal Health Care Statewide System
  – Veterans Administration Program (VA)
  – Health care for persons without coverage
    • Neighborhood Health Clinic
    • Hospitals cannot turn away sick patients without coverage
Types of Coverage

• Private Insurance
• Medicare: Variable coverage for 65 years and over and disabled persons
• Medicaid and Denali Kid Care:
  – Coverage for poor and very low income
• Alaska Native Tribal Health Care System
• VA: Cares for military veterans with illnesses acquired while in military
• No coverage: >100,000 persons
Alaska Native Tribal Health Care System

• Management:
  – Regional Tribal Hospitals and Clinics
  – Alaska Native Medical Center

• Health Care System
  – Village clinics staffed by Community Health Aide/Practitioners (CHAP) and/or mid-levels
  – Regional Hospitals
  – Tertiary Care Hospital: ANMC
Patient Care in Alaska
Alaska
Tribal
Health System

THE ALASKA TRIBAL HEALTH SYSTEM REFERRAL PATTERN
Same Scale Comparison - Alaska Area to Lower 48 States
From the Village Clinic....

Kiana Community Clinic

J. Leston
...to the Regional Health Center...

Maniilaq Health Center, Kotzebue
...to the Tertiary Care Hospital

Alaska Native Medical Center, Anchorage
Communicable Disease in Alaska

• State of Alaska is responsible for Disease Surveillance and Immunization Coordination
  – Provides vaccines at no cost to children and some adults including hepatitis A and B
  – State Public Health Nurses
  – State Epidemiology
    – Tracks reportable Diseases
    – Viral hepatitis: Required reporting
      » Acute Hepatitis A
      » Acute Hepatitis B
      » Hepatitis C: Acute and Chronic
      » Chronic Hepatitis B not required to report
Alaska Hepatitis Surveillance

• Hepatitis A, B and C are reportable by law to Section of Epidemiology (SOE) by laboratories and health care providers
• SOE receives reports by electronic lab reporting (ELR), fax, and phone.
• There is no federal funding for hep B/C surveillance
• Only acute cases of hepatitis A and B are investigated for contacts and exposures.
Chronic Hep B database

- Historically no hepatitis B database
- Began limited ELR reporting in 2011
- No enhanced surveillance for chronic hepatitis B cases
- Perinatal hep B program expanded in 2011
Current data on hep C positives

- Limitations of database
  - All reports (EIA, RIBA, RNA, genotype) in one database: Currently 14,000 cases identified
  - No differentiation of acute / chronic cases
  - No enhanced surveillance for exposures, risk factors etc. No cluster / outbreak investigations.

- Information is limited to lab report
  - Age / sex reported
  - No race information
  - No risk factors
Alaska State Virology Lab

- Offers hepatitis A / B panels
  - Runs ~ 11,000 hepatitis B tests / year
- Offers hepatitis C EIA antibody testing.
  - Runs ~ 8000 hepatitis C tests / year
  - PCR RNA testing discontinued in 2011 due to budget cuts
  - 371 RNA positives in fy 2009-2010
High risk hep B program

- SOE received CDC funding from 2007-2010 for the 317 Adult Hepatitis B Vaccine Initiative.
- By Jan 2012, ~5000 doses have been administered to high-risk adults at 55 venues in 27 locations statewide.
- A collaborative project immunized clients of the Anchorage Syringe Exchange Program offering hep C antibody testing as an incentive.
- All adult vaccinations discontinued in 2012
Alaska perinatal hepatitis B prevention program

Alaska has recently implemented a perinatal hepatitis B case management program designed to identify, track, educate, and continue to further prevent HBV infection. The primary objectives of the perinatal program are:

- All pregnant women are tested for hepatitis B surface antigen (HBsAg) as recommended by the American College of Obstetricians & Gynecologists and the CDC.
- Medical providers and delivery facilities are informed of the mother's HBsAg status. HBsAg-positive women are contacted before delivery and educated about HBV infection.
- Infants born to HBsAg-positive women receive hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth; complete the hepatitis B series at recommended intervals.
- Infants born to HBsAg-positive mothers receive post-vaccination testing in a timely manner to ensure protection against HBV infection.
- A tracking system is used to ensure the infant receives appropriate post-exposure prophylaxis.
- Household and sexual contacts of HBsAg-positive women receive pre-vaccination testing, HBIG (if necessary) and hepatitis B vaccine at recommended intervals.

**Alaska Children 19-35 Months of Age**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Rate</th>
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<tbody>
<tr>
<td>Hep B birth dose</td>
<td>71.2 (± 6.0)</td>
</tr>
<tr>
<td>3 + hep B</td>
<td>91.8 (± 3.4)</td>
</tr>
<tr>
<td>2 + hep A</td>
<td>44.7 (± 6.8)</td>
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Additional funding would allow

- Enhanced surveillance for
  - Race data
  - Exposures / risk factors
  - Clusters / outbreak investigation

- Multicultural education trainings / materials
- On site HCV testing (OraQuick 20 min test)
- Reinstate HCV RNA testing at ASVL
- Adult HBV immunization
- Access to care for un/under insured
Arctic Investigations Program
Centers for Disease Control

• Branch of National Center for Emerging and Zoonotic Infectious Diseases
  – Located on Campus of ANMC

• Conducts Arctic surveillance in certain infectious diseases in Alaska and in collaboration with other Circumpolar Nations
  – Strep Pneumonia
  – H Influenza
AIP/CDC Continued

- Involved in antimicrobial resistance in Alaska Native populations and hospitals
- Conducts epidemiologic research in other infectious diseases
- Works in collaboration in viral hepatitis research and programs with ANTHC and Division of Viral Hepatitis, CDC, Atlanta
Medical Education in Alaska

1. University of Alaska WWAMI Medical Program
2. Part of Regional State medical school system (Washington, Wyoming, Alaska, Montana and Idaho)
3. 1st year of medical school taken in Alaska
4. 2nd year in Seattle at University of Washington
5. 3rd and 4th year in any WWAMI state
Medical Education in Alaska
Continued

• Only one Residency: Family Medicine, located in Alaska
  – Residents from other specialties rotate up from University of Washington, Seattle
• Nursing school at UAA
• Physician Assistant training program at UAA
• Nurse Practitioner training program at UAA
• Training centers for Village Health Practitioners in Anchorage, Bethel, Nome and Sitka
  – Four 4 week training sessions followed by exam
  – Certified by the State of Alaska
Conclusions on Hepatitis Surveillance

- Data on acute hepatitis A and B in Alaska is moderately accurate
- Large number of patients with HCV have been identified but most have not had RNA testing and data is incomplete
- Chronic HBV data just starting to be collected
- Information not used for public health
- Alaska Native Registries for HBV and HCV are more complete and used for patient management and public health programs
Arctic Viral Hepatitis Working Group

• Has met yearly since 2004
  – At site of International Congress on Circumpolar Health every 3 years
  – In Copenhagen on years in between

• Purpose is to:
  – Exchange information on research and public health programs in Polar respective countries
  – Conduct collaborative research and public health projects

• Participants thus far:
  – Alaska, Canada, Greenland, Denmark, Russia and Japan
  – Other polar countries are encouraged to attend
2012 Arctic Viral Hepatitis Working Group Meeting

August 3, 2012

Anchorage, Alaska

Alaska Native Tribal Health Consortium

For More Information Please Contact Brenna Simons or Brian McMahon

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