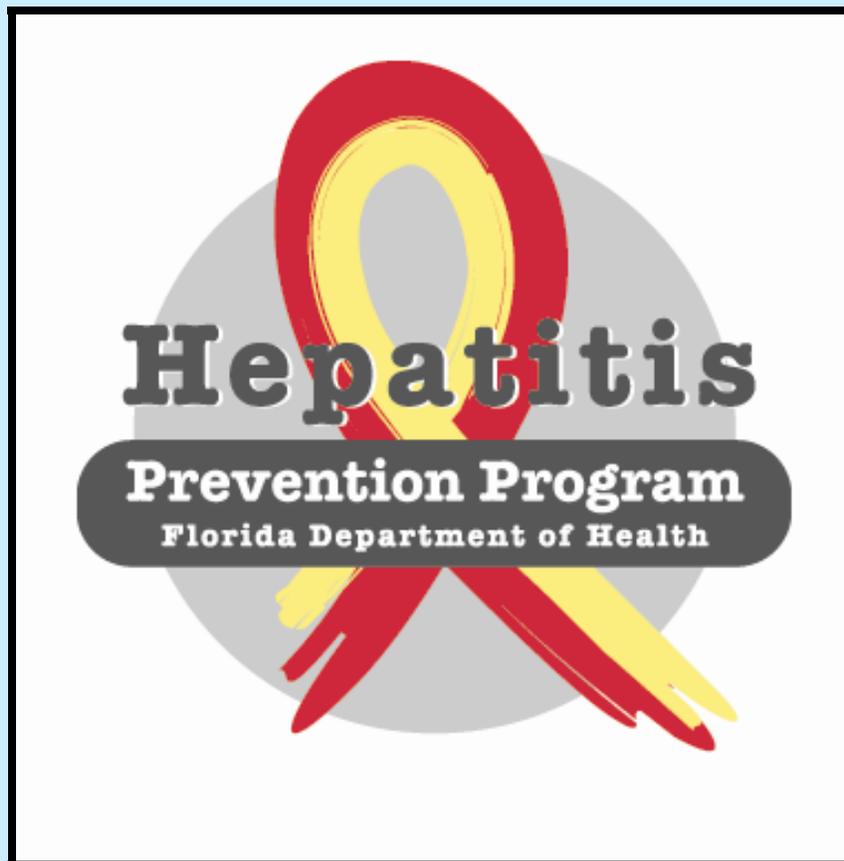


# The Florida Hepatitis Prevention Comprehensive Plan 2011 – 2015

Developed and Written by the  
Florida Viral Hepatitis Council  
and the  
Florida Hepatitis Prevention Program



Florida Department of Health

April 2011

# Blank Page

# TABLE OF CONTENTS

<b>Dedication &amp; Acknowledgements</b>	<b>4</b>
<b>Executive Summary</b>	<b>5</b>
<b>Background Statement</b>	<b>5</b>
<b>The Florida Viral Hepatitis Council</b>	<b>6</b>
<b>The Florida Hepatitis Prevention Program</b>	<b>7</b>
<b>2000-2010 Highlights of the Hepatitis Prevention Program</b>	<b>9</b>
<b><u>Goals &amp; Objectives</u> of the Florida Hepatitis Prevention Program 2011 - 2015</b>	<b>11</b>
<b>Gaps in Services</b>	<b>15</b>
<b>Barriers to Service Provision</b>	<b>16</b>
<b>Unmet Needs—Quality Improvement without the Need for Additional Funding (Unranked)</b>	<b>17</b>
<b>Unmet Needs—Requiring Additional Funding (Ranked)</b>	<b>18</b>
<b>Definitions of Related Terms &amp; Acronyms</b>	<b>19</b>
<b>References</b>	<b>21</b>
<b>2011 Florida Viral Hepatitis Council Members</b>	<b>22</b>

## DEDICATION

This Hepatitis Prevention Comprehensive Plan is dedicated to the individuals who work hard to provide services for people with viral hepatitis and to those individuals who are infected and affected by this disease.



## ACKNOWLEDGEMENTS

The members of Florida's Viral Hepatitis Council (VHC) conceived, wrote, reviewed and approved this plan based on the framework the VHC Writing Team developed. This team included:

**Deborah Orr, Philip Reichert, Pat Simmons, April Crowley, Cyndena Hall & Jessica Embleton**



# EXECUTIVE SUMMARY

This Florida Hepatitis Prevention Comprehensive Plan covers the years 2011–2015 inclusive, and was written and approved by the Florida Viral Hepatitis Council (VHC) and the Florida Hepatitis Prevention Program (HPP). The VHC is a collaboration between governmental and non-governmental representatives from throughout Florida. This plan was presented to the full group via e-mail for review and approval. The members were surveyed and asked to provide information about gaps in hepatitis services, barriers to service provision and unmet needs. The group agreed that most of the gaps, barriers and needs that were part of the 2008—2010 plan should be carried forward to this plan, since funding for public health hepatitis prevention activities decreased from 2008 to 2011. This plan was written based on a review of past hepatitis prevention activities in Florida, and on activities the HPP can track and evaluate during the upcoming five year period. Final edits were made before being approved for distribution by the Philip E. Reichert, Hepatitis Prevention Program Administrator, Thomas M. Liberti, Chief of the Bureau of HIV/AIDS, and Dr. Julia Gill, Director of the Division of Disease Control,.

All goals, objectives and action statements from the 2008—2010 plan were reviewed and either rewritten or updated. The goals were aligned to reflect the goals of the Centers for Disease Control and Prevention (CDC) and the recommendations of the 2010 Institute of Medicine's *National Strategy for the Prevention and Control of Hepatitis B and C*. Florida's goals and objectives are based on the HPP and VHC *vision* to eliminate viral hepatitis in Florida and the *mission* to prevent the transmission of the virus through hepatitis prevention intervention activities.

The goals stated in this plan are as follows:

- 1) Track viral hepatitis case surveillance and reporting
- 2) Coordinate and collaborate with communicable disease control programs regarding prevention and intervention efforts
- 3) Reduce viral hepatitis morbidity and mortality
- 4) Conduct data analysis and evaluation
- 5) Raise statewide awareness of viral hepatitis
- 6) Develop and distribute educational information

## BACKGROUND STATEMENT

Viral hepatitis is a public health problem that causes significant morbidity and mortality in the state of Florida, in the United States and in many countries around the world. It is largely a "silent epidemic," because an individual can be infected with hepatitis C for decades before it causes cirrhosis (scarring) of the liver, liver cancer or death. An estimated 300,000 Floridians are infected with hepatitis C, and 75,000 with hepatitis B. According to the 2010 Institute of Medicine report, *Hepatitis and Liver Cancer: A National Strategy for the Prevention and Control of Hepatitis B and C*, up to 5.3 million Americans, or 2% of the population, are living with chronic hepatitis B or C infections (1).

Approximately 20,000 cases of *chronic* hepatitis C are reported in Florida each year (2). About 50% to 90% of all injecting drug users are infected with hepatitis C (3). And, approximately 25% - 30% of HIV infected individuals are also infected with hepatitis C (4). People at risk for Chlamydia, gonorrhea, syphilis and HIV may also be at risk for hepatitis A, B and C. This provides a powerful argument for integrating hepatitis services into sexually transmitted disease and HIV/AIDS programs.

In 2007, the Centers for Disease Control and Prevention (CDC) developed the concept of Program Collaboration and Service Integration (PCSI) because individuals who access viral hepatitis services are often at risk for HIV and other sexually transmitted diseases (5). Florida's Hepatitis Prevention Program (HPP) includes PCSI in its activities by collaborating with several program partners such as: HIV/AIDS, STD, Immunization, Epidemiology and Family Health Services. The HPP also partners with other agencies and entities regarding initiatives and activities. Examples of these include (but are not limited to): Department of Corrections, local jails, substance abuse treatment facilities, universities, community-based non-profit organizations, CDC, the National Alliance of State and Territorial AIDS Directors (which has a hepatitis component), The AIDS Institute, Hepatitis Foundation International, the Hepatitis B Foundation, Hepatitis C Advocate, the National Viral Hepatitis Roundtable and the New York Hepatitis Technical Assistance Center.

In 2006, the CDC issued two MMWRs (Morbidity and Mortality Weekly Report) guidance documents outlining, 1) the elimination of hepatitis B in infants, children, and adolescents, and 2) the elimination of hepatitis B in adults. Because of the wide use of hepatitis B vaccine used in infants and children, there was a downward trend of reported hepatitis B cases during the past two decades (2). CDC states that since hepatitis B vaccine was provided to virtually all infants and children from 1992 to the present, this has protected most Americans under the age of 25 from the disease. To protect adults, 25-49 years of age, CDC suggests venue-based hepatitis B vaccine delivery in: clinics where STD and HIV services are provided, jails and prisons, and in substance abuse treatment centers. They suggest that if every individual at risk is vaccinated in these venues, hepatitis B may be eliminated in a short time (6). In Florida, there were 511 acute hepatitis B cases reported in 2004, and 289 cases in 2009, for a decrease of 43.4% (7).

Based on CDC recommendations, providing hepatitis A vaccine to all children between 12 and 23 months old will have the same effect that providing hepatitis B vaccine to infants and children has had on the population since 1992 (8) (9). Although hepatitis A outbreaks continue in specific populations and venues each year, such as in infants and children in daycare centers and in men-who-have-sex-with-men, the number of new cases reported in Florida has dropped from 796 in 1999 to 171 in 2009 (7). This is a decrease of 78.5%.

## **THE FLORIDA VIRAL HEPATITIS COUNCIL**

Under the umbrella of the Florida Comprehensive Planning Network, there are three planning groups: the HIV Patient Care Planning Group, the HIV Prevention Planning Group, and the Florida Viral Hepatitis Council (VHC). The VHC was created in January 2004 as an advisory and planning group. Its members include both Department of Health personnel and individuals from community-based and other non-governmental organizations. They operate from by-laws created by the charter members and usually meet twice each year. There are up to twenty members that include statewide representation by: A minimum of four community members, two clinical or medical members, at least four public health members, two members from governmental agencies other than the Department of Health, three community-based non-profit organization members and up to two members with an academic or research background. A single member may represent up to two of the above disciplines or entities. The group is chaired by an elected community co-chair and an appointed Department of Health co-chair. It should be noted that several members represent consumers, or individuals who have been diagnosed with and undergone treatment for hepatitis C. The main purpose of the group is to write a comprehensive hepatitis prevention plan for Florida that includes

(but is not limited to): Goals, objectives, actions, an analysis of gaps in services, and two specific lists of unmet needs.

The basic tenet of the VHC is to provide a forum for representatives from around the state to meet and discuss viral hepatitis issues. The group may produce position statements related to hepatitis issues, and it functions as an advisory group to the Florida Hepatitis Prevention Program, which is housed organizationally within the Florida Department of Health Bureau of HIV/AIDS.

This comprehensive hepatitis prevention plan is the culmination of work by the VHC Writing Committee, the greater membership of the VHC and the Florida Hepatitis Prevention Program.

## THE FLORIDA HEPATITIS PREVENTION PROGRAM

The **VISION** of the Hepatitis Prevention Program is: Eliminate viral hepatitis in Florida.

The **MISSION** of the Hepatitis Prevention Program is: Prevent the transmission of viral hepatitis between individuals.

The Florida state legislature initially funded the Florida Hepatitis Prevention Program (HPP—formerly known as the Florida Viral Hepatitis and Liver Failure Prevention and Control Program) following the 1999 legislative session. The legislature provided \$2.5 million to create a comprehensive program that included the provision of hepatitis testing, hepatitis A and B vaccine delivery to adults (18 years and older) at risk, information and education activities, and infrastructure development. The legislature continued HPP funding at a level of \$3.1 million per *fiscal* year through 2007. By the time the 2010-2011 budget was prepared, the funding decreased to \$2.8 million. The Centers for Disease Control and Prevention (CDC) provides approximately \$86,000 per *calendar* year for a “Hepatitis Prevention Coordinator,” and the expenses that accompany that position. Each of the sixty-seven county health departments (CHD) provide hepatitis A, B, and C testing, and hepatitis A and B vaccine at no cost to the CHD through the Hepatitis 09 Program. The Hepatitis 09 Program includes guidance for assessing the risk of individuals who access services at CHDs and whether they might be a candidate for hepatitis services (See highlights of the first ten years of the Hepatitis Prevention Program on pages 8 and 9).

The \$2.8 million is currently broken down into the following general areas: There is \$2.1 million available to fund fifteen CHDs to have dedicated hepatitis prevention programs. The counties initially funded in 2000 were: Miami-Dade, Monroe, Broward, Polk, Collier, and Pinellas. Three additional counties were added in 2001: Escambia, Lee, and Seminole. In 2005, four counties were added: Alachua, Okeechobee, Palm Beach, and Bay. And, two counties were added in 2007: Duval and Orange. Most of the remainder of the \$2.8 million pays for laboratory testing, hepatitis A and B vaccine, and expenses and salaries for five full-time positions in Tallahassee in the HPP.

Major Hepatitis Prevention Program initiatives and activities include the following (Key words are underlined):

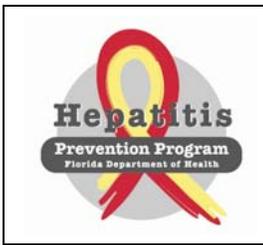
- 1) Raising awareness of viral hepatitis statewide
- 2) Developing and distributing educational and informational materials
- 3) Coordinating activities in CHDs and non-profit community-based organizations that provide direct intervention services, including testing and vaccine delivery
- 4) Maintaining planning activities through the Viral Hepatitis Council

- 5) Maintaining integration of hepatitis services into sexually transmitted disease (STD), HIV/AIDS, and other CHD programs
- 6) Tracking hepatitis A and B vaccine usage
- 7) Tracking and analyzing the burden of the disease in Florida
- 8) Conducting research
- 9) Collaborating and partnering with other programs, agencies and entities
- 10) Providing technical assistance and training
- 11) Assuring quality
- 12) Coordinating regular collaboration among the hepatitis coordinators from the fifteen funded counties
- 13) Assessing future needs and analyzing gaps in services
- 14) Providing leadership and policy development
- 15) Promoting referrals for treatment and community-based patient care services
- 16) Maintaining a list of resources for individuals in need of services the HPP cannot provide directly
- 17) Supporting prevention intervention initiatives and activities at the local and state levels
- 18) Budgeting resources to provide the most effective programs and services in the most efficient manner

The HPP is organizationally located within the Bureau of HIV/AIDS, which is a part of the Division of Disease Control. The move from the Bureau of Epidemiology to the Bureau of HIV/AIDS occurred on July 2, 2001. This move was made to enhance the collaboration and integration of hepatitis services into HIV counseling and testing, prevention and patient care programs.

It is the aim of the Florida HPP to use the following program goals, objectives and activities as guidance for all program activities. In addition to goals and objectives, this document includes sections on, "Gaps in Services," "Barriers to Providing Services," "Unmet Needs" and "Definitions of Related Terms."

Long term focuses of the HPP will be: the elimination of hepatitis B in Florida, the diagnosis and referral for services of individuals with hepatitis C, and addressing the issue of reporting chronic hepatitis C into the Merlin reporting system. Whether to continue reporting chronic hepatitis C in Florida, after ten years of doing so, was a topic of discussion in 2010.



# 2000-2010 Timeline

## SELECTED HIGHLIGHTS of the FIRST TEN YEARS of the FLORIDA HEPATITIS PREVENTION PROGRAM

---

- January 2000:** The “Florida Hepatitis and Liver Failure Prevention and Control Program” was established in the Bureau of Epidemiology, Division of Disease Control, Department of Health (The name was changed to the *Hepatitis Prevention Program* in December 2005).
- January 2000:** The first six “big-funded” county health departments (CHD) were funded to have dedicated hepatitis prevention programs (Pinellas, Monroe, Collier, Dade, Polk and Broward).
- Fall 2000:** There was a statewide hepatitis A, B and C awareness campaign that included billboards, placards and posters.
- September 2000:** The first Program Administrator was installed.
- October 2000:** Florida’s hepatitis program contracted with an external partner to create a hepatitis hotline and provide hepatitis C home test kits.
- October 2000:** The first implementation meeting with the six funded CHDs took place in Naples (Collier County).
- January 2001:** A pilot program at seventeen additional CHDs began providing hepatitis A and B vaccine to at-risk adults.
- March 2001:** The remaining forty-four CHDs began offering hepatitis A and B vaccines to at-risk adults.
- July 2001:** The hepatitis program was moved organizationally from the Bureau of Epidemiology to the Bureau of HIV/AIDS to enhance and integrate hepatitis prevention services into HIV counseling and testing, prevention and patient care services.
- December 2001:** During 2001, the HPP provided 11,782 adult hepatitis A and B vaccines and did 6588 hepatitis tests through the county health departments. Cumulative chronic hepatitis C cases reported in Florida through December 31, 2001: 3183 (NOTE: Chronic hepatitis C reporting in Florida began in 2000).
- October 2002:** The Escambia, Lee and Seminole CHDs received funding to create dedicated hepatitis prevention programs. These CHDs have remained level-funded through the 2009-2010 fiscal year.
- April 2003:** A meeting to establish the statewide Viral Hepatitis Council was convened in Orlando.
- November 2003:** The HPP held its first statewide Hepatitis 101 conference call training that provided continuing education for nurses.
- December 2003:** With funding from the Centers for Disease Control and Prevention (CDC) the HPP contracted with the University of Central Arkansas to evaluate the Florida Hepatitis Program.
- During 2003, the HPP provided 44,247 hepatitis A and B vaccines and did 10,620 hepatitis tests through the county health departments. Cumulative chronic hepatitis C cases reported in Florida as of December 31, 2003: 36,875.
- March 2004:** The HPP held the first Viral Hepatitis Council meeting in Tampa.
- July 2004:** The first issue of the *Hepatitis Health* newsletter was published and distributed statewide.
- October 2004:** The 2005-2007 Florida Viral Hepatitis Strategic Plan was drafted.

- July 2005:** The Alachua, Palm Beach, Bay and Okeechobee CHDs received funding at \$50,000 each to create hepatitis prevention programs. Palm Beach was increased to \$90,000 in 2006. All four CHDs were reduced by four percent for the 2007-2008 fiscal year.
- December 2005:** During 2005, the HPP provided 33,601 hepatitis A and B vaccines and 13,647 hepatitis tests through the county health departments. Cumulative chronic hepatitis C cases reported in Florida as of December 31, 2005: 81,174.
- February 2006:** The 20-year “Florida Hepatitis Surveillance Report: 1985 – 2004” was published and distributed.
- October 2006:** The Orange and Duval CHDs received funding at \$75,000 each to create dedicated hepatitis prevention programs. These CHDs remain funded at this level through the 2009-2010 fiscal year.
- June 2007:** The first statewide “Hepatitis Educational Conference” was held in Orlando, offering continuing education to over 225 doctors, nurses and other public health professionals.
- November 2007:** Initial grant from the CDC for the Adult Viral Hepatitis Prevention Coordinator (previous to this, this position had been a “Hepatitis C Coordinator” that was part of the Bureau of Epidemiology’s “Epidemiology and Laboratory Capacity” grant).
- November 2007:** The HPP submitted the first plan to CDC to receive adult hepatitis B vaccine through the “317 Vaccine Initiative” in the amount of \$785,823 (vaccine only, no infrastructure). This covered activities in 2008. The amount of vaccine awarded for 2009 was \$1,097,172, and the amount awarded for 2010 was \$1,097,889.
- December 2007:** The 2008-2010 Florida Hepatitis Prevention Comprehensive Plan was published.
- During 2007, the HPP provided 37,026 hepatitis A and B vaccines and did 24,842 hepatitis tests through the county health departments. Cumulative chronic hepatitis C cases reported in Florida as of December 31, 2007: 124,718.
- May 19, 2008:** The HPP planned and participated in Florida’s first observance of World Hepatitis Day. An event at the Capitol included a press conference, displays by the program and several partners and a proclamation recognizing World Hepatitis Day by the mayor of Tallahassee.
- January 2009:** The five-year “Florida Hepatitis Surveillance Report: 2002-2006” was published and distributed.
- April 2009:** The HPP administrator presented on the success of Florida’s hepatitis adult vaccination program at the 43<sup>rd</sup> National Immunization Conference in Dallas, Texas.
- December 2009:** During 2009, the HPP provided 35,429 hepatitis A and B vaccines and did 35,515 tests through the county health departments. Cumulative chronic hepatitis C cases reported in Florida as of December 31, 2009: 168,262.
- January 2010:** The Institute of Medicine report on hepatitis B and C prevention in the US is released (for which Florida’s HPP acted as an editor).

# GOALS AND OBJECTIVES

## Florida Hepatitis Prevention Program (HPP)

### 2011 - 2015

#### Goal 1: Track viral hepatitis case surveillance and reporting.

**Objective A:** Increase reporting of people who test positive for viral hepatitis, particularly individuals who test positive with chronic hepatitis C (2010 data to provide baseline).

**Action 1:** Monitor the progress of electronic lab reporting to the Bureau of Epidemiology.

**Action 2:** Monitor the progress of traditional methods of lab reporting (phone, fax, paper).

**Action 3:** Analyze for missing data and work with Bureau of Epidemiology to improve completeness of the reported data.

**Objective B:** Compile and report ongoing statistical data on a monthly basis for inclusion in the *Monthly Surveillance Report* (by the 15<sup>th</sup> of the month following the reporting month).

**Action 1:** Gather data from Merlin (the state disease reporting system) on reported acute hepatitis A and B cases and acute and chronic hepatitis C.

**Action 2:** Forward monthly viral hepatitis data to the Bureau of HIV/AIDS Surveillance Section for inclusion in the *Monthly Surveillance Report*.

**Objective C:** Examine resources and processes for the reporting of chronic hepatitis B by December 31, 2011.

**Action 1:** Review data in Merlin and work with the Bureau of Epidemiology.

**Objective D:** Provide an annual report showing surveillance trends of viral hepatitis.

**Action 1:** Gather data for charts and graphs showing viral hepatitis reporting trends in Florida.

**Action 2:** Produce surveillance report.

**Action 3:** Disseminate report at appropriate venues.

**Action 4:** Post information at [www.flahepatitis.org](http://www.flahepatitis.org) program website.

#### Goal 2: Coordinate and collaborate with communicable disease control programs regarding prevention and intervention efforts.

**Objective A:** Promote standardized and efficient methods of service delivery in the area of viral hepatitis prevention in the county health departments (CHD) and in other venues.

**Action 1:** Standardize programs in CHDs regarding all individuals at risk for viral hepatitis.

**Action 2:** Align standard of services offered through CHDs.

**Action 3:** Standardize policies and procedures for referrals and linkages to other services.

**Action 4:** Promote efficiencies during meetings, on conference calls and via e-mails.

**Objective B:** Increase utilization of state laboratory testing by CHDs and other entities by three percent per year (2010 data to provide baseline).

**Action 1:** Review Health Management System (HMS) data monthly for adult tests performed at the state lab.

**Action 2:** Review LabWare data semi-annually.

**Action 2:** Increase the number of non-traditional sites that provide testing.

**Objective C:** Review and analyze emerging technologies for viral hepatitis testing and maximize the department's capacity to purchase and disseminate them.

**Action 1:** Study the literature and stay current on new testing technologies.

**Action 2:** Disseminate pertinent information as appropriate.

**Action 3:** Coordinate training for the use of new testing technology as resources are available.

**Action 4:** Partner to make new testing technologies available to CHDs and other entities.

**Objective D:** Maintain and distribute (via the website) the *Florida Hepatitis Resource Guide*, and update on a monthly basis.

**Action 1:** Expand information included in the *Florida Hepatitis Resource Guide* to include additional resources and referral sources by county.

**Action 2:** Market and electronically distribute the *Florida Hepatitis Resource Guide* to CHDs and other providers.

**Objective E:** Each year, coordinate the purchase and delivery of an average of 5000 doses of HAV vaccine and 12,500 doses of HBV vaccine to at-risk adults 18 years and older.

**Action 1:** Review and update hepatitis A and B vaccine allotments to counties annually.

**Action 2:** Order vaccine.

**Action 3:** Track vaccine delivery and usage through the Health Management System and Florida SHOTS databases.

**Action 4:** Make available monthly report of vaccine usage through the Hepatitis 09 Program as requested.

**Action 5:** Analyze vaccine usage data for trends and modify vaccine allotments accordingly.

**Objective F:** Maintain support on the division level regarding the integration of viral hepatitis services into existing programs (ongoing).

**Action 1:** Meet with the Director of the Division of Disease Control regularly to review the integration of viral hepatitis services into existing programs.

**Action 2:** Identify venues at which viral hepatitis integration information and training may be offered.

**Action 3:** Provide viral hepatitis integration training with appropriate entities.

**Objective G:** Maintain communication with the Bureau of Epidemiology regarding case reporting.

**Action 1:** Distribute updates to the CHDs on an as needed basis.

**Objective H:** Maintain collaboration with internal partners four times per year, including (but not limited to):

HIV (Prevention, Patient Care, Surveillance), STD, Immunization, Epidemiology, Refugee Health, Family Health Services

**Action 1:** Discuss common issues.

**Action 2:** Develop a plan to resolve problem issues and promote best practices.

**Objective I:** Meet (via face-to-face meetings or conference calls) with at least four external partners each year, including (but not limited to):

Centers for Disease Control and Prevention, National Alliance of State and Territorial AIDS Directors, Hepatitis Foundation International, Department of Corrections, Department of Children and Families, substance abuse treatment facilities and CBOs (community-based organizations)

**Action 1:** Discuss common issues.

**Action 2:** Develop a plan to resolve problem issues and promote best practices.

**Objective J:** Conduct technical assistance and training site visits in three to five counties per year.

**Action 1:** Meet with staff of CHDs to provide technical assistance and guidance.

**Action 2:** Discuss and record viral hepatitis issues and follow up as needed.

**Action 3:** Respond to technical assistance requests from CHDs, CBOs or other partners within one work day, and resolve issues as quickly and efficiently as resources allow.

**Objective K:** Increase the role of CHDs in managing requests from the community for information on viral hepatitis.

**Action 1:** Track the number of requests for information, the source of the request and whether the local CHD was contacted before the HPP in Tallahassee was contacted.

**Action 2:** Provide feedback, technical assistance and training to the CHDs.

**Objective L:** Conduct quality improvement (QI) activities in three to six county health departments per year.

**Action 1:** Quality improvement activities will be scheduled in conjunction with those of the Bureau of HIV/AIDS.

**Action 2:** Review data from a county scheduled for QI analysis at least one month in advance of the assessment.

**Action 3:** Provide technical assistance, training, guidance and recommendations on best practices as needed based on data review and the QI assessment results.

**Action 4:** Provide a six-month follow up to each QI activity.

### **Goal 3: Reduce viral hepatitis morbidity and mortality.**

**Objective A:** Offer hepatitis B vaccine to every eligible adult 18 and older who seeks STD services from a CHD.

(Increase vaccination rate by 3 percent per year, based on 2010 baseline data.)

**Action 1:** Provide technical assistance and training to CHD staff through e-mails, site visits and other means regarding this initiative.

**Action 2:** Develop a partnership with at least two community-based non-profit organizations, county jails, substance abuse agencies or other appropriate entities per year (2011-2015) and allow them to order and administer vaccine through a memorandum of agreement with the state or CHD.

**Objective B:** Increase the completion rates of hepatitis A and hepatitis B vaccine by 3% each year by 2015.

(Baseline determined by 2009 completion rates in Florida SHOTS database).

**Action 1:** Provide technical assistance and training to CHD staff through e-mails, site visits and other means regarding vaccine completion rates and documentation.

**Action 2:** Track hepatitis A & B vaccine completion rates for the purpose of increasing the number of people who complete the series

**Objective C:** Reduce the number of adult HAV cases by 2% per year (Baseline: 2009 data).

**Action 1:** Increase the delivery of hepatitis A vaccine in high risk populations.

**Action 2:** Provide educational materials and group level interventions to those at risk of hepatitis A infection.

**Action 3:** Provide education to medical care providers on the risk assessment, vaccination and care of clients.

**Action 4:** Ensure hepatitis A information is integrated into updates provided to staff that provide HIV and STD services in the public and private sectors.

**Action 5:** Provide messages promoting proper and frequent hand washing techniques to individuals at risk of hepatitis A.

**Objective D:** Reduce the number of adult HBV cases by 2% per year (Baseline: 2009 data).

**Action 1:** Increase the delivery of hepatitis B vaccine in high risk populations.

**Action 2:** Provide educational materials and group level interventions to populations at risk for hepatitis B.

**Action 3:** Provide education to medical care providers on risk assessment, vaccination, and care of clients.

**Action 4:** Expand prevention intervention services by integrating with HIV, STD and other programs.

**Action 5:** Identify opportunities for expansion of adult vaccine coverage.

## **Goal 4: Conduct data analysis and evaluation.**

**Objective A:** Compile and analyze data submitted by the sentinel and funded counties to headquarters on a quarterly basis.

**NOTE #1:** Funded counties as of December 2010 are: Escambia, Bay, Pinellas, Lee, Collier, Monroe, Miami-Dade, Broward, Palm Beach, Okeechobee, Polk, Orange, Seminole, Alachua and Duval.

**NOTE #2:** Sentinel counties as of December 2010 are: Okeechobee, Jackson, Walton, Alachua, Bay, Escambia, Lee, Seminole, Duval and Hillsborough.

**Action 1:** Identify and disseminate the number of individuals *tested* for hepatitis A, B and C.

**Action 2:** Identify and disseminate the number of individuals *vaccinated* for hepatitis A and/or B.

**Action 3:** Identify and disseminate other related surveillance data.

**Action 4:** Review the risk assessment data collection form and update as needed.

**Objective B:** Develop and make available viral hepatitis epidemiologic reports on an as needed basis.

**Action 1:** Disseminate data as requested.

## **Goal 5: Raise statewide awareness of viral hepatitis.**

**Objective A:** Schedule or participate in at least three educational outreach programs a year to promote community involvement.

**Action 1:** Identify opportunities to provide outreach programs.

**Action 2:** Provide educational outreach programs to target populations.

**Objective B:** Promote and encourage the CHDs to conduct regular educational outreach programs.

**Action 1:** Provide educational materials to the CHDs.

**Action 2:** Have a face to face or virtual meeting with the fifteen funded county hepatitis coordinators.

**Action 3:** Discuss best practices about educational programs on regular conference calls and other methods with the funded counties.

**Objective C:** Maintain the accuracy of the website on monthly basis.

**Action 1:** Review the Department of Health Hepatitis Prevention Program website for changes.

**Action 2:** Contact the Hepatitis Prevention Program web liaison to make the changes.

**Objective D:** Increase viral hepatitis education and awareness among licensed healthcare professionals by 5% each year from 2011-2015.

**Action 1:** Promote external and internal (within the Department of Health) opportunities for viral hepatitis information and education for medical care personnel.

**Action 2:** Coordinate and collaborate to provide at least two statewide educational conferences by 2015.

**Action 3:** Analyze quarterly reports from the funded counties.

**Objective E:** Promote the mission and goals of the Florida Hepatitis Prevention Program for three to five other organizational entities per year.

**Action 1:** Identify events at which viral hepatitis program services might be promoted (Such as, but not limited to: meetings of the Florida Public Health Association, the Florida Alcohol & Drug Abuse Association, the Florida Department of Corrections, the Department of Children and Families, the HIV/AIDS Program Coordinators).

**Action 2:** Develop and update materials for the promotion of program services and responsibilities.

## Goal 6: Develop and distribute educational information.

**Objective A:** Conduct 25 Hepatitis 101 trainings by the end of 2015.

**Action 1:** Schedule at least five Hepatitis 101 trainings each year.

**Action 2:** Provide the trainings, and evaluate the results of the pre- and post-tests.

**Action 3:** Modify future trainings based on evaluation responses.

**Action 4:** Regularly review the slides and update as appropriate.

**Objective B:** The Hepatitis Prevention Program will distribute at least 375,000 pieces of educational materials to the public by the end of 2015. (75,000 per year).

**Action 1:** Produce and electronically distribute the *Hepatitis Health* newsletter at least four times each year.

**Action 2:** Procure culturally appropriate and population-specific materials, when available, from vendors (vendors might include the CDC National Prevention Information Network, or others).

**Action 3:** Distribute materials through the CHDs, community-based non-profit service organizations and other appropriate outlets.

**Objective C:** Maintain accuracy of internal educational materials. (ABC charts, posters, etc).

**Action 1:** Review internally produced materials for accuracy, freshness and appropriateness of use in the Hepatitis Prevention Program at least annually.

**Action 2:** Update internally produced material as needed.

**Action 3:** Produce culturally appropriate and population-specific posters, brochures and other educational materials.

**Action 4:** Disseminate internally produced materials for appropriate review before production and distribution.

**Action 5:** Distribute and track materials.

**NOTE: The accomplishment of all goals and objectives is contingent upon the availability of resources.**

## GAPS IN SERVICES (Unranked)

Medical evaluation and treatment services for uninsured and underinsured clients

Education, innovation and empowerment for county health department (CHD) staff regarding available resources

Continuum of care (case management and adherence)

Availability of PCR viral load (and further testing availability) for people who are hepatitis C antibody positive

Lab budget for hepatitis evaluation and treatment

Routine provision of CHD referrals statewide

Specific hepatitis information for the CHD Technical Assistance Guide

Expert training (for doctors, nurses, etc)

Number and availability of hepatitis testing locations

Qualified providers

Consistency and uniformity of hepatitis programs in every CHD around Florida

Infrastructure

## **BARRIERS TO SERVICE PROVISION (Unranked)**

Limited resources (case managers and hepatitis coordinators are already overworked)

Costs (dwindling resources)

Lack of knowledge about hepatitis (medical professionals and the general public)

Testing (blood draw vs. finger-stick, one-to-two week return vs. rapid testing)

Lack of the correct tools

Wait time (In clinic setting and for test results)

Length of time between vaccine doses

Staff turnover

Training issues for new health care workers

No forum where funded county health departments can share best practices with non-funded counties

Access issues (day care for moms, transportation, wait time, money for co-payments, language, culture, location of clinic, hours of operation, staff competence...)

Shifting priorities

Condoms and needle use

Minimal referral resources

## **UNMET NEEDS—Quality Improvement *without* the Need for Additional Funding (Unranked)**

Continue to collect information on the burden of chronic hepatitis C.

Educate staff (two tiers: 1. educate health department and CBO staff to be comfortable identifying and educating at-risk individuals, and 2. train trainers).

Educate health care workers, who are often unfamiliar with viral hepatitis signs and symptoms.

Identify individuals at risk for viral hepatitis.

Provide intervention services for individuals at risk for viral hepatitis.

Update and create fresh materials.

Plan and execute an annual educational conference (invite doctors, nurses, other care givers, people at risk of hepatitis, hepatitis advocates, public health professionals, etc).

Provide training and technical assistance as needed (CBOs, public health, training-of-trainers, identify opportunities for improvement).

Identify and share best practices among all service providers.

Build capacity for providing better services.

Provide viral hepatitis counseling, testing and referrals in non-traditional settings (CBOs, jails, prisons, substance abuse facilities, etc).

## **UNMET NEEDS—Requiring *Additional* Funding (Ranked)**

- 1) Increase the supply of vaccine, and expand the capacity to deliver it to individuals at risk (see NOTE #1).
- 2) Fund additional counties to have specific hepatitis prevention programs (see NOTES # 2 and #3).
- 3) Increase funding in the current-funded funded counties and develop model programs and best practice guidelines (see NOTE #4).
- 4) Enhance lab capability (PCRs, liver biopsies, and so CBOs and jails might use state lab services at CHD prices—see NOTE # 5).
- 5) Provide for the medical evaluation, treatment and other medical services for hepatitis C (see NOTE #6).
- 6) Enhance the infrastructure of the Hepatitis Prevention Program.

**In the notes below, the word “currently” refers to the year 2011**

**NOTE #1:** Currently, the Hepatitis Prevention Program budget contains a line item for hepatitis A and B vaccine totaling \$106,000. The program usually buys \$500,000 to \$750,000 worth of vaccine each year. This is paid for with unspent funds from the previous year, Florida’s Immunization Program 317 funds or by some other means. To fully fund Florida’s adult hepatitis A and B vaccine needs, an additional \$600,000 is required.

**NOTE #2:** To continue to fund the currently funded fifteen counties at their present rate, the cost is \$2,063,604. Until 2007, this amount was \$2,149,999.

**NOTE #3:** To add five funded counties at the minimum level of funding would cost \$375,000 (\$75,000 each).

**NOTE #4:** Each funded county should have a minimum of \$75,000 in funding to be able to establish a position and cover minimal expenses for providing hepatitis prevention services. To bring the current counties with funding levels under \$75,000 up to that level, an additional \$88,635 is required.

**NOTE #5:** At approximately \$5000 per patient, a full complement of laboratory testing for 100 individuals with hepatitis C would cost \$500,000.

**NOTE #6:** To provide the standard recommended treatment for hepatitis C to 100 uninsured infected individuals, the cost would be approximately \$3,000,000, or about \$30,000 per individual. With the addition of direct-acting antiretrovirals (DAA), this cost could increase significantly.

# SELECT DEFINITIONS OF RELATED TERMS & ACRONYMS (Common to the Hepatitis Prevention Program)

AHCA	Agency for Health Care Administration
ACIP	Advisory Committee on Immunization Practices
AETC	AIDS Education and Training Centers Network
ALF	American Liver Foundation
ALT	Alanine aminotransferase, a liver enzyme that plays a role in protein metabolism. Elevated serum levels of ALT are a sign of liver damage from disease or drugs.
Anti-HBc	Antibody to hepatitis B core antigen
Anti-HBe	Antibody to hepatitis B e (envelop) antigen
Anti-HBs	Antibody to hepatitis B surface antigen
AST	Aspartate aminotransferase, a liver enzyme that plays a role in protein metabolism. Elevated serum levels of AST are a sign of liver damage from disease or drugs.
BRFSS	Behavioral Risk Factor Surveillance System. Developed by the CDC, the BRFSS, the world's largest telephone survey, tracks health risks in the US. Information from the survey is used to improve the health of individuals.
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
CHARTS	Community Health Assessment Resource Tool Set
CHD	County Health Department
CSTE	Council of State and Territorial Epidemiologists
CTS	Counseling and Testing Services
DCF	Department of Children and Families
DOC	Department of Corrections (also, DC)
DOH	Florida Department of Health
EBI	Evidence-based interventions
EHARS	Electronic HIV/AIDS Reporting System
EIA	Enzyme-linked immunoassay test.
EIC	Early Intervention Consultant
ELISA	Enzyme-linked immunosorbent assay; a general screening, serologic test for the detection of antibodies to the HIV virus.
ETI	Enhanced testing initiative, a CDC-funded activity in the HIV/AIDS Program that can include hepatitis antibody testing
FAC	Florida Administrative Code
Florida SHOTS	Florida State Health Online Tracking System, a database for recording vaccine provision to clients
GI	Gastrointestinal; pertaining to the stomach and intestine.
HAV	Hepatitis A virus
HBcAg	Hepatitis B core antigen
HbeAg	Hepatitis B e (envelop) antigen
HBIG	Hepatitis B Immune Globulin
HbsAg	Hepatitis B surface antigen
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HFI	Hepatitis Foundation International
HHS	U.S. Department of Health and Human Services
HITS	HIV Testing Survey. The purpose of HITS is to assess knowledge, attitudes,

	and HIV-testing behavior among three at-risk populations identified by the CDC: high risk heterosexuals, men who have sex with men and IDUs.
HPP	Hepatitis Prevention Program
HP 2020	Healthy People 2020 objectives, to promote health and prevent disease
IAC	Immunization Action Committee
IDU	Injecting drug users
IG	Immune Globulin, a specific protein substance that is produced by plasma cells to aid in fighting infection.
IgM	Immunoglobulin M
IOM	Institute of Medicine, of the National Academies
LBR	Legislative Budget Request
LFT	Liver function test; a test that measures the blood serum level of several enzymes produced by the liver. An elevated liver function test is a sign of possible liver damage.
MERLIN	DOH disease morbidity database system
MMWR	Morbidity and Mortality Weekly Report, prepared by the CDC.
MSM	Men who have sex with men
MSR	Monthly Surveillance Report of the Florida Department of Health, Division of Disease Control (Includes data on hepatitis, HIV, AIDS, STD and TB)
NACCHO	National Association of County and City Health Officials
NASTAD	National Alliance of State and Territorial AIDS Directors
NCHHSTP	The CDC National Center for HIV, Hepatitis, STD and TB Prevention
NETSS	National Electronic Telecommunications System for Surveillance
NHANES	National Health and Nutrition Examination Study, a program of studies designed to assess the health and nutritional status of individuals in the US
NNDSS	National Notifiable Diseases Surveillance System
NIH	National Institutes of Health
OPS	Other Personnel Services
PCSI	Program collaboration and service integration, a CDC initiative to unite services among two or more public health programs.
PCP	Primary Care Provider
PCR	Polymerase Chain Reaction assay, a gene amplification technique that can be used to detect HCV RNA and therefore diagnose HCV infection. Rarely, detection of HCV RNA may be the only evidence of HCV infection.
Public Sector Sites	These include STD and HIV/AIDS counseling and testing clinics, CHDs, drug treatment programs, correctional health programs, family planning clinics and community health centers (owned or related to a government entity).
QA	Quality Assurance
QI	Quality Improvement
RIBA	Recombinant Immunoblot Assay; a more specific test than the anti-HCV EIA antibody test, which helps confirm a diagnosis of hepatitis C virus infection.
STD	Sexually Transmitted Disease(s)
STI	Sexually Transmitted Infection(s)
TA	Technical assistance
VA	Veterans Administration
VFC	Vaccines for Children Program
VFARH	Vaccines For Adults At Risk for Hepatitis
VHC	Viral Hepatitis Council

## REFERENCES

1. Institute of Medicine. 2010. *Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C*. Washington, DC: The National Academies Press.
2. Merlin Surveillance Database, Florida Department of Health, Division of Disease Control, Bureau of Epidemiology.
3. CDC (US). Coinfection with HIV and hepatitis C virus. Fact sheet; Nov 2005. Revised Mar 8, 2007.
4. Franciscus, A. [www.hcvadvocate.org](http://www.hcvadvocate.org). A guide to HIV and hep C coinfection, Mar 2010.
5. CDC (US). Program collaboration and service integration: enhancing the control of HIV/AIDS, viral hepatitis, sexually transmitted diseases, and tuberculosis in the United States, 2009. White paper. Found at [www.cdc.gov](http://www.cdc.gov).
6. CDC (US). A comprehensive immunization strategy to eliminate transmission of hepatitis B virus infection in the United States: recommendations of the Advisory Committee on Immunization Practices (ACIP) part II: immunization of adults, 2006. *MMWR Recommendations and Reports*, Dec 8, 2006; 55 (RR-16):2.
7. The Florida Division of Disease Control Surveillance Report. Florida Department of Health, Jan 2010.
8. CDC (US). Prevention of hepatitis A through active or passive immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2006. *MMWR Recommendations and Reports*, May 19, 2006; 55 (RR-07):8-9.
9. CDC (US). *Epidemiology and prevention of vaccine-preventable diseases*, May 2009; Vol 11:91-92.



**The Florida Viral Hepatitis Council  
Orlando – August 2009**

**Front left to right: Phil Reichert, Pat Simmons, Enid Santiago-Cruz, Barbara Rush,  
Deborah Orr & Susanne Crowe**

**Rear: Mike Jolly, William Chin, Charles Dennis, Michael Amidei, Phillip Styne & Donna Dowling**

**2011 MEMBERS of the  
FLORIDA VIRAL HEPATITIS COUNCIL**

**Alice Adams  
Michael Amidei  
William Chen, PhD  
Susanne Crowe  
Charles Dennis  
Donna Dowling  
Frank Johanson, MD  
Mike Jolly, ARNP  
Cindy McLaughlin, MPA  
Deborah Orr, PhD  
Philip E. Reichert, MPH  
Barbara Rush  
Enid Santiago-Cruz  
Pat Simmons  
Phillip Styne, MD  
Andi Thomas**

**Office of Dr. Nguyen – Pinellas Park  
Community Member – St. Petersburg  
University of Florida – Gainesville  
State Laboratory – Jacksonville  
Pinellas/Pasco Jail Project – St. Petersburg  
Department of Corrections -- Chipley  
Department of Corrections – Chattahoochee  
Central Florida Gastroenterology – Orlando  
Baptist Health Care – Pensacola  
Community Co-Chair – Orlando  
Department Co-Chair – Tallahassee  
Armor Health Care – Cocoa Beach  
Seminole County Health Dept. – Sanford  
Bureau of HIV/AIDS-Prevention -- Tallahassee  
Florida Hospital – Orlando  
Director, Alert Health, Inc – Miami**

# DEPARTMENT of HEALTH HEPATITIS PREVENTION PROGRAM STAFF - 2011

April Crowley	Health Education Coordinator	(850) 245-4444 x2580
Carl McKissick	Data Manager	(850) 245-4444 x2513
Dena Hall	Surveillance & Research Coordinator	(850) 245-4444 x2589
Jessi Embleton	Office Manager	(850) 245-4139
Jim Cobb	Field Services Coordinator	(850) 245-4444 x2430
Philip E. Reichert	Program Administrator	(850) 245-4426

