FLORIDA HEPATITIS RESOURCE GUIDE

General Resources

Introduction

The Florida Hepatitis Resource Guide is meant to serve as a comprehensive guide to information and resources available to persons living with hepatitis and healthcare professionals. This document provides general information websites, outlines patient assistance programs, SHINE and ACCESS services, and summarizes important facts on hepatitis A, B and C.

The documents that succeed this introduction are arranged by county, and include contact information on: county health departments, Medicaid, Social Security, and related services, community health clinics and/or centers, support groups and clinical trials, and substance abuse treatment centers. These documents are arranged as follows:

Alachua County—Broward County

Calhoun County—Duval County

Escambia County— Holmes County

Indian River County—Liberty County

Madison County— Nassau County

Okaloosa County— Putnam County

Santa Rosa— Washington County

For further information, contact the Hepatitis Prevention Program at the Florida Department of Health at 850-245-4303 or HSD.Hepatitis@flhealth.gov.

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Hepatitis General Information Resources

Health Well Foundation

1-800-675-8416
www.healthwellfoundation.org

Hep C Connection & HepAssist+

1-800-522-4372
www.hepc-connection.org

Hepatitis C CareLine

1-800-532-5274
hepc.pafcareline.org

National Hepatitis C Hotline (The Support Partnership)

877-435-7443
www.help4hep.org
info@help4hep.org

HCV Advocate

hcvadvocate.org

Hep C Connection & HepAssist+

1-800-522-4372
www.hepc-connection.org

Hepatitis General Information Resources

First Steps with Hepatitis C for the Newly Diagnosed

www.hcvadvocate.org/newly-diagnosed/

Hep Magazine

hepmag.com

Centers for Disease Control and Prevention (CDC)

www.cdc.gov/hepatitis/index.htm

Hepatitis Prevention Program, Florida Department of Health

850-245-4303
www.flahepatitis.org
HSD.Hepatitis@flhealth.gov

Patient Assistance Services

Florida 2-1-1

Call 211
www.gethelpflorida.org/211resources

Florida Department of Financial Services, Office of Insurance Regulation

1-800-342-2762

Florida Discount Drug Program

floridadiscountdrugcard.com

Florida Office of Disability Determinations

1-800-334-7813

Veterans Administration Regional Office

1-800-827-1000

Partnership for Prescription Assistance

1-888-477-2669
www.pparxfl.org

Prescription Hope, Inc.

1-877-296-4673
www.prescriptionhope.com

Patient Assistance Services

Tampa Family Pharmacy:
Specialty Medication/Co-Pay Assistance

813-871-5161 or 866-871-5670
tfpspecialty.com

Hepatitis B and C Co-Pay Relief Funds

866-512-3861
copays.org/diseases/hepatitis-b
copays.org/diseases/hepatitis-c

Clinical Trials

Orlando Clinical Research Center- 407-240-7878

Clinical Research Center, Florida Hospital – 407-303-1700

Miami Research Associates 305-598-3125

University of Florida Center for Clinical Trials- 352-273-7279

University of Miami Center for Clinical Trials-
305-243-5787 or 305-575-3172

Infectious Disease Research Institute Inc. in Tampa,
813-875-4374, ext. 1

Patient Assistance Programs

Product Name	Hepatitis Type
Olysio (Simeprevir)	HCV
Ribasphere Riba Pack	HCV
Zepatier	HCV
Victrelis (Boceprevir)	HCV
Roferon A	HCV
Pegasys	HCV
Pegasys/Copegus	HCV
Epivir HBV	HBV, HDV
Viread	HBV
Hepsera	HBV

Patient Assistance Programs

Parent Company	Contact Information
Janssen	1-855-565-9747 olysio.com/hcp/experience
Kadmon	1-800-364-4767 kadmon.com
Merck	1-866-251-6013 merckaccessprogram-zepatier.com
Merck	1-866-363-6379 merck.com/merckhelps/
Genentech	1-877-757-6243, option 4
Genentech	PegAssist: 1-877-734-2797, option 3
Genentech	1-888-941-3331 pegasysaccesssolutions.com
GlaxoSmithKline	GlaxoSmithKline Patient Assistance: 1-800-722-9294
Gilead	1-877-627-0415 viread.com
Gilead	1-800-226-2056

Patient Assistance Programs

Product Name	Hepatitis Type
Sovaldi (Sofosbuvir)	HCV
Harvoni	HCV
Baraclude	HBV
Viekira Pak	HCV

Patient Assistance Programs

Parent Company	Contact Information
Gilead	1-855-769-7284 MySupportPath.com
Gilead	1-855-769-7284 harvoni.com/support
Bristol-Myers Squibb	1-888-281-8981 baraclude.com
AbbVie	1-800-255-5162 viekirahcp.com

SHINE

SHINE, which stands for *Serving Health Insurance Needs of Elders*, is a free program offered by the Florida Department of Elder Affairs and local Area Agencies on Aging. Trained volunteers assist with questions on Medicare, Medicaid, and other health insurance and provide one-on-one counseling and information. SHINE services are free, unbiased, and confidential.

SHINE services are an option to learn more about how your health insurance may cover the cost of hepatitis treatment. To find your local SHINE counseling site, go to:

www.floridashine.org/Counseling-Sites.aspx

ACCESS

The Florida Department of Children and Families offers ACCESS, or *Automated Community Connection to Economic Self Sufficiency*, services. This program helps to promote strong and economically self-sufficient communities by determining eligibility for food, cash, and medical assistance for individuals and families on the road to economic recovery.

The Medicaid program offered through ACCESS provides medical assistance to individuals and families to cover or assist in the cost of services that are medically necessary; this may be an option for hepatitis treatment.

You may apply for assistance at:

www.myflorida.com/accessflorida

or at a community partner site. You can also complete a paper application that can be mailed, faxed, or returned to your local Customer Service Center. Find your local service center here:

www.dcf.state.fl.us/programs/access/map.shtml

For more information, call toll free at 866-762-2237.

Hepatitis 101: Hepatitis A

Overview

Hepatitis A is a contagious liver disease that results from infection with the hepatitis A virus (HAV). It can range in severity from a mild illness lasting a few weeks to a severe illness lasting several months. Hepatitis A is usually spread when a person ingests fecal matter—even in microscopic amounts—from contact with objects, food, or drinks contaminated by the feces, or stool, of an infected person.

Who is at risk for HAV?

Although anyone can get hepatitis A in the United States, certain groups of people are at higher risk, such as those who:

- Travel to or live in countries where hepatitis A is common
- Are men who have sex with men
- Use illegal drugs, whether injected or not
- Have clotting-factor disorders, such as hemophilia
- Live with someone who has hepatitis A
- Have oral-anal sexual contact with someone who has hepatitis

Once you recover from hepatitis A, you develop antibodies that protect you from the virus for life. An antibody is a substance found in the blood that the body produces in response to a virus. Antibodies protect the body from disease by attaching to the virus and destroying it.

Modes of Transmission

The hepatitis A virus (HAV) is usually spread via the oral-fecal route. People can get hepatitis A through:

Person-to-Person Contact

- When an infected person does not wash his or her hands properly after going to the bathroom and touches other objects or food
- When a parent or caregiver does not properly wash his or her hands after changing diapers or cleaning up the stool of an infected person
- When someone has sexual contact with an infected person (not just limited to anal-oral contact)

Contaminated Food or Water

- Eating food or drinking water that is contaminated with the hepatitis A virus
- Consuming contaminated raw shellfish

In the United States, chlorination of water kills the hepatitis A virus that enters the water supply.

Symptoms

The incubation period for hepatitis A is 15 to 50 days, with an average of 28 days. While children who contract hepatitis A typically have no symptoms, adults can become very ill and display the common hepatitis symptoms:

- Fever
- Fatigue
- Loss of appetite
- Nausea
- Vomiting

Symptoms, Continued

- Abdominal pain
- Dark urine
- Joint pain
- Jaundice (yellowing of the skin or eyes)

Vaccination and Prophylaxis

The hepatitis A vaccine is highly effective in preventing hepatitis A virus infection. Protection begins approximately two to four weeks after the first injection. A second injection, given six months later, results in long-term protection. The vaccine also comes in a combination form, containing both hepatitis A and hepatitis B vaccine, that can be given to persons 18 years of age and older. This form is given as three shots, over a period of six months.

No serious side effects have resulted from the hepatitis A vaccine. Soreness at the injection site is the most common side effect reported. As with any medicine, there are very small risks that a serious problem could occur after someone gets the vaccine. However, the potential risks associated with hepatitis A are much greater than the potential risks associated with the hepatitis A vaccine. Before the vaccine became available in the United States, more than 250,000 people were infected with the virus each year. Since the licensure of the first hepatitis A vaccine in 1995, millions of doses of hepatitis A vaccine have been given in the United States and worldwide.

Hepatitis A vaccination is recommended for:

- All children at age one year
- Travelers to countries that have high rates of hepatitis A

Hepatitis 101: Hepatitis A

- Men who have sex with men
- Users of injection and non-injection illegal drugs
- People with chronic (lifelong) liver diseases, such as hepatitis B or hepatitis C
- People who are treated with clotting-factor concentrates
- People who work with hepatitis A-infected animals or in a hepatitis A research laboratory

There are two types of products available for prophylaxis and prevention of hepatitis A infection:

1. Hepatitis A vaccine provides active immunity against the hepatitis A virus through a series of two injections, with the second given at six to 12 months after the first. The vaccine can provide protection as soon as four weeks after the first injection.
2. Immune Globulin (IG) provides protection against hepatitis A through the passive transfer of an antibody. IG provides temporary immunity to the virus for two to three months, if administered prior to exposure or within two weeks after exposure.

Treatment

There is no specific treatment for hepatitis A, only the management of symptoms. The infection will clear up within a couple of months, and the patient will be immune to the virus.

Hepatitis 101: Hepatitis B

Overview

Hepatitis B is a liver infection caused by the hepatitis B virus (HBV). Hepatitis B is transmitted when blood, semen or other body fluids from an infected person enters the body of someone who is not infected. This can happen through sexual contact; sharing needles, syringes, or other drug-injection equipment; or from mother to baby at birth. For some people, hepatitis B is an acute, or short-term, illness but for others, it can become a long-term, chronic infection. Risk for chronic infection is related to age at infection: approximately 90 percent of infected infants become chronically infected, compared with two to six percent of adults. Chronic hepatitis B can lead to serious health issues, like cirrhosis or liver cancer.

The rates of acute hepatitis B in the United States have declined by approximately 82 percent since 1991. At that time, routine hepatitis B vaccination of children was implemented and has dramatically decreased the rates of the disease in the United States, particularly among children. In the United States, the CDC estimates that 850,000-2.2 million persons have chronic hepatitis B.

Hepatitis B in Florida

In 2016, Florida reported 5, 681 cases of hepatitis B. Six percent of acute, or new infections, hepatitis B are in individuals under age 30 that should have been vaccinated. Similarly, 14 percent of chronic hepatitis B cases are in individuals aged under 30 years that should have been vaccinated.

Who should be tested for HBV?

- Sexually active persons with multiple sex partners
- Persons using street drugs
- Household contact with a HBV-positive person

- Persons with HCV, HIV/AIDS, or other chronic diseases
- All pregnant women

Modes of Transmission

The hepatitis B virus (HBV) is found in blood/body fluids, and can be spread by:

- Sharing injection drug or tattooing equipment
- Unprotected anal, vaginal or oral sex
- Infected mother to her infant during delivery
- Household contact of an infected person
- Occupational exposure through needle stick

Symptoms

The incubation period for hepatitis B is six to 24 weeks, with an average of eight to 12 weeks.

Acute Hepatitis B

Most children and many adults who contract hepatitis B usually have no symptoms, however, if present, symptoms are similar to the symptoms of hepatitis A:

- Yellow skin or eyes (jaundice)
- Feeling very tired
- Abdominal pain
- Loss of appetite
- Nausea
- Diarrhea

Symptoms, Continued

Chronic Hepatitis B

Chronic hepatitis B refers to an infection where the body is not able to eliminate the virus. About 90 percent of those infected by hepatitis B as children and 10 percent of those infected as adults will develop chronic hepatitis B, which may lead to cirrhosis and cancer of the liver.

Vaccination

The best way to prevent hepatitis B is by getting vaccinated. The hepatitis B vaccine is typically given as a series of three shots over a period of six months. The entire series is needed for long-term protection.

- Persons having unprotected sex—especially with multiple partners
- Inmates in long-term correctional facilities
- Persons with hepatitis C (HCV), HIV/AIDS, diabetes or other chronic diseases
- All infants (in effect since 1992; in 1998 it became a requirement for admission into kindergarten)
- All 7th grade students (in effect since 1997)

Treatment

There is no medication available to treat acute hepatitis B. During this short-term infection, doctors usually recommend rest, adequate nutrition and fluids. Some people may need to be hospitalized.

People with chronic hepatitis B virus infection should seek the care or of a doctor who specializes in treating hepatitis B.

Hepatitis 101: Hepatitis B

Patients should be monitored regularly for signs of liver disease and evaluated for possible treatment. Several medications have been approved for hepatitis B treatment, and new drugs are in development. However, not every person with chronic hepatitis B needs to be on medication, and the drugs may cause side effects in some patients.

Perinatal Hepatitis B

The Florida Perinatal Hepatitis B Prevention Program (PHBPP) is committed to the prevention of perinatal HBV infection.

For more information, visit:

http://www.floridahealth.gov/diseases-and-conditions/perinatal-hepatitis-b/index.html

Hepatitis 101: Hepatitis C

Overview

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV) that typically produces no symptoms. Over decades, it can lead to severe liver disease, including cirrhosis and liver cancer. Most of those infected are unaware that they have the disease. HCV is the most common chronic blood-borne infection in the United States, with an estimated 4.1 million Americans (1.8 percent of the population) being infected. The virus is transmitted via blood, most commonly by injection drug use, and, before 1992, by blood transfusion. No vaccine is available and no medications have proven effective in preventing infection after exposure.

Hepatitis C can be acute or chronic. Most people (70–85 percent) develop chronic infections. The disease progresses very slowly; within 20 to 30 years after infection, 10 to 20 percent of those with chronic disease will develop cirrhosis, and 1 to 5 percent liver cancer.

The infection is diagnosed by detection of HCV virus antibodies in blood. Since screening procedures for blood donors were instituted in the early 1980s, the predominant mode of HCV transmission in the U.S. has been injection drug use, which accounts for an estimated 60 percent of new cases.

Although the prevalence of HCV infection is higher among persons with multiple sexual partners, the risk of transmission between long-term steady partners is low. The risk of transmission from mother to child during birth is 5 to 6 percent. Rates of HCV infection in health care workers are the same as, or lower than, rates in the general population, although unintentional needle stick injury still poses a risk.

The treatment for hepatitis C has evolved substantially since the introduction of highly effective therapies in 2011. Since that time, new drugs with different mechanisms of action have become, and continue to become, available. For a complete list of currently FDA-approved therapies to treat hepatitis C, visit: www.hepatitisc.uw.edu/page/treatment/drugs.

Hepatitis C in Florida

Hepatitis C was made a notifiable disease in Florida in July 1999. Prior to that time, all hepatitis C cases were classified as "hepatitis non-A/non-B."

In 2016, Florida reported 29, 757 cases of hepatitis C. Forty-seven percent of chronic hepatitis C are in individuals aged over 50 years, whereas 19 percent of chronic hepatitis C are in individuals aged under 30 years. However, 37 percent of acute, or newly infected, hepatitis C cases are in individual under 30 years in age; this is due in part to increasing rates of injection drug use related to the opioid epidemic.

Who should be tested for HCV?

- All Baby Boomers born from 1945–1965
- Anyone who had a blood transfusion or organ transplant before July 1992
- Persons who were ever on long-term hemodialysis
- People who injected drugs, even once many years ago
- Persons with hepatitis B or HIV/AIDS

Modes of Transmission

The hepatitis C virus is found in blood, and can be spread by:

- Sharing injection drug equipment
- Blood transfusion or organ transplant before 1992
- Receiving clotting factor concentrates before 1987
- An infected mother to her infant during delivery
- Occupational exposure through needle stick
- Sexual contact

Symptoms

The incubation period can vary from 2 to 26 weeks, with an average between 6 to 9 weeks.

Acute Hepatitis C

People who are infected with hepatitis C are usually asymptomatic. However, if a patient has acute hepatitis C, symptoms may include:

- Jaundice
- Dark urine
- Diarrhea
- Nausea
- Fatigue
- Stomach pain

Hepatitis 101: Hepatitis C

Chronic Hepatitis C

Chronic hepatitis C refers to an infection where the body is not able to eliminate the virus. Most of those infected are asymptomatic and it may take 10 to 30 years from the original time of infection to recognize chronic hepatitis C.

Vaccination and Prophylaxis

There is no vaccine currently available for the hepatitis C virus.

Treatment

Treatment options for hepatitis C are determined by blood test, liver biopsy results and other factors, and are not based solely on the presence of symptoms, since the disease is typically asymptomatic. Current medications are available that can eliminate the hepatitis C virus from the body. These medications have minimal side effects and successful within weeks of starting a treatment regimen.

Hepatitis 101: References

1. Sexually Transmitted Diseases Treatment Guidelines 2015, MMWR 2015;64(3); (includes a chapter on Hepatitis A)
2. Updated Hepatitis A Post exposure Prophylaxis and Travel Vaccination Recommendations (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5641a3.htm) MMWR 2007;56 (41):1080–4
3. Prevention of Hepatitis A Through Active or Passive Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP) (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm) MMWR 2006;55(RR-7)
4. Centers for Disease Control and Prevention website: www.cdc.gov/hepatitis
5. Sexually Transmitted Diseases Treatment Guidelines 2015: MMWR 2015:64(No3)
6. Immunization Action Coalition: http://www.immunize.org
7. Centers for Disease Control and Prevention (CDC). Recommendations for prevention and control of hepatitis C virus infection and HCV-related chronic disease. MMWR 1998;47 (No. RR-19)
8. CDC. Testing for HCV infection: An update of guidance for clinicians and laboratorians. MMWR 2013; Vol. 62
9. CDC. MMWR Recommendations for the Identification of Chronic Hepatitis C Infection Among Persons Born During 1945–1965 August 17, 2012 / 61(RR04);1-18
10. Florida CHARTS