

VHC Meeting
Tampa, FL
August 21, 2014

Members	Guests
Dr. Philip Styne	Michelle Scavnicky- TAI
Phil Reichert	Jimmy Minton- GSK
Enid Santiago-Cruz	Kim Saiswick- Holy Cross Hospital
Mike Jolly	Adrian Cooksey- HQ STD
Donna Dowling	Jesse Fry- TAI
Gordon Licata	Donte Ross- DOH at Pinellas
Karen Muller	Shelly Taylor-Donahue- DOH at Pinellas
Dr. William Chen	Jessi Embleton- HQ Staff
John-Mark Schacht	April Crowley- HQ Staff
Charles Dennis	Thesda Mosely-Manu- Bristol-Myers Squibb
Susanne Crowe	Rebecca O'Hara- Gilead Science
Brian Anderson	Jaleesa Moore- HQ Epidemiology
	Tony Cacciapuoti- AbbVie
	Terry Steffes- AbbVie
	Pierre Guttenburgh- CBO
	Luz Myriam Alfonso- AbbVie
	Donna Sabatino- Janssen
	Caroline Adams- AbbVie
	Henry Sims III- GSK
	Peggy St.Croix- Roche
	Debbie Gill- Roche
	Elizabeth Lacey- HepatitisMain
	Dr. Bob Wallace- DOH at Pinellas
	Ngan Lam – DOH at Hillsborough
	Holly Brady – DOH at Hillsborough
	Mara Hammer-McBee- Merck
	Rebecca O'Hara- Gilead
	Ashlee Nelson – DOH at Hillsborough

Welcome, Introductions and Icebreaker-Phil Reichert

- State your name, tell us who you are with and what you do. Also, if you could travel anywhere in the world, where would you go and if you won the Lotto, what would you buy with the money?

Old and New Council Business- April Crowley

-Minutes from last meeting were approved

-Introduce New Members; Brian Anderson with TAI, Charles Dennis is back on the council from Pinellas County, Gordon Licata with HepatitisMain, Kim Saiswick with Holy Cross Hospital and Pat Simmons is no longer with the council so John-Mark Schacht has taken her position from the HIV/AIDS Prevention Section

-Look at the member information sheet provided in your packet and give any updates or changes that need to be made.

-Review By-Laws

-April recommends changing the by-laws guidelines on memberships. Article IV, Section I states, "All membership terms begin January 1 of the calendar year following election through December 31." April thinks it should change to say something about starting at the next meeting instead because of the late travel restrictions and the inability to meet as frequently as in the past. Mike Jolly motioned to change, Phil Reichert seconded the motion, and all were in favor.

-April said based off the by-laws, the council is still in need of two more community members affected or infected by hepatitis C (HCV) and she would like to see representation from South Florida. At this time, all other requirements stated in the by-laws are covered.

-April also mentioned that in Article III, Section I, the by-laws state, "In the event that a Council member is absent from two consecutive meetings, that member shall be determined to have resigned from the Council, effective at the end of the second consecutively missed meeting. The Council may make exceptions in the event of extraordinary circumstances." April said that Cindy McLaughlin has not been able to come to the last two meetings and thinks, based off the guidelines; she may need to be replaced. Council members suggested talking to her about it so April said she would call her and then a vote could be held via e-mail if needed.

-There are three members whose terms are ending December 31 of this year; Dr. Philip Styne, Donna Dowling and Dr. Frank Johanson. The council members would like them to stay on if they wish, so they need to contact April and let her know.

Funding, Budgets and Program Update- Phil Reichert

-Phil did a PowerPoint presentation. He said that there are fifteen county health departments funded to have a viral hepatitis prevention program but all sixty-seven counties can vaccinate and test adults at no cost for vaccine or tests through the 09 program and there is guidance for this on the intranet. The Hepatitis 09 Program is an adult program (18+ years old). Anyone under the age of 18 can be vaccinated through the Immunization Program.

-The Hepatitis Prevention Program has moved from HIV/AIDS. It is now a part of STD. It's under the Division of Disease Control and Health Protection, Bureau of Communicable Disease and is now the STD & Viral Hepatitis Section.

-Hepatitis C testing has dropped and increased since 2007 because of budget cuts. In 2007, 22,812 tests were done by the State Lab but January-June of 2014, only 11,891 tests were completed. There was a 44.7% increase in testing from 2007-2009 but a 29% decrease from 2009-2013.

-There was an average of over 22,500 chronic hepatitis C cases per year as reported from 2003-2013. There was an average of about 48 acute cases of hepatitis C reported for the same time period. About one-third of the states do not report chronic hepatitis C and there is an estimated 310,000 cases of hepatitis C in Florida and 25%-50% are unaware they are infected. The U.S. numbers are around 4 million or 3.2-5 million, depending on what you read and about 65%-75% of those are unaware they are infected.

-In August of 2012, the CDC introduced the *Baby Boomer Cohort* which recommended testing everyone born from 1945-1965. They determined 75% of chronic hepatitis C patients in the US are within this age group.

-In 2013 Phil was invited to the Florida Public Health Association and did a presentation based off this recommendation.

-According to CDC, approximately 25% of HIV patients are also infected with hepatitis C, 50%-90% of injecting drug users (IDU) with HIV also have hepatitis C and in the first five years of IDU behavior, up to 80% will become infected with hepatitis C.

-There has been a steady decrease in vaccinations since 2009. In 2009, 40,535 hepatitis A, B and combination A/B vaccinations were used, but, in 2011 only 11,459. The reasoning behind this is because of less funding, competing priorities like nurses getting called to give flu vaccines instead, revised guidance such as the temporary suspension of buying hepatitis A vaccine and testing before you vaccinate.

-In the fiscal year (FY) 2013-2014 and 2014-2015 the total state funding for the hepatitis program is \$1,413,745. \$1,083,685 of that goes to the fifteen funded county health departments to run their hepatitis programs. \$131,651 is used for vaccine, labs, test kits, supplies and anything else needed to vaccine, test and run a program. The other \$190,409 is for three full-time equivalent (FTE) positions with the hepatitis program at central office. From FY 2002-2003 through FY 2008-2009 the state funding was \$3,120,000 per year. The difference from FY 2008-2009 to FY 2012-2013 is \$1,706,255. That's a 54.7% decrease in funding in four years.

-The way HPP has been able to continue providing their level of service is by the generosity of various other programs. The HIV Prevention Program was able to give \$121,000 for testing at the state lab, HIV Patient Care Program gave \$150,000 for hepatitis A and B vaccines and most recently, HIV Surveillance Program gave \$5,000 to help cover supplies. In the past the Immunization Program and the Bureau of Epidemiology have helped pay for vaccines.

-The most recent funding the hepatitis program received was \$528,414 a year for a period of three years (October 2012-September 2015) through the CDC Surveillance Grant. This grant covered three positions at central office, one position for Palm Beach, Orange and Hillsborough counties and focused on chronic HCV and hepatitis C in people under the age of thirty.

-Another grant that the Hepatitis Program received was the CDC Vaccine Grant. This grant was geared towards hepatitis B and provided \$212,169 plus 13,420 doses of hepatitis B vaccine from October 2012-September 2014. An additional 4,500 doses were added due to low usage rate in other states. Six county health departments were able to participate and receive the vaccine until 2014 when a seventh one was added. A no-cost extension has been requested to extend the grant for one more year.

-There are some new hepatitis C medications on the market now. Simeprvir from Olysio-Johnson and Johnson was approved by the FDA in November 2013 and Sofosbuvir from Sovaldi-Gilead was approved in December 2013. Both drugs generally used with standard of care had about a 90% cure rate in twelve weeks instead of 48 weeks. It's about \$96,000 for a twelve week regimen.

-In 2014 legislature, there was a house bill and a senate bill called "Hepatitis C Testing Act." It stated that hepatitis C testing shall be offered to those born from 1945-1965 unless a patient is being treated for a life-threatening emergency, has already been offered or is incapable of providing consent to test. This bill did not pass the legislature, but there is hope for next year.

HepatitisMain- Gordon Licata/Elizabeth Lacey/Dr. Bob

-Gordon was diagnosed with hepatitis C in 2004. He was looking at all of his options when he met and partnered with Debbie Barnes at The Chance Center. He and Debbie ran The Chance Center for eight years until it lost funding and had to close on April 30, 2013. Gordon has been able to start over new with HepatitisMain. He encourages everyone, "If you can't get tested in your county, come get tested with HepatitisMain".

-Gordon turns the floor over to Elizabeth Lacey

-Elizabeth said she was diagnosed with hepatitis C in 2009 and had nowhere to go. She too found The Chance Center and has since partnered with Gordon Licata to help run HepatitisMain. She said they may not have a lot of funding, but they will never turn anyone away. "We are willing to and will do whatever we can to help anyone that needs help." HepatitisMain is working on a partnership with lovethgoldenrule.com which is founded by Dr. Bob. Dr. Bob is a physician and has been in the Pinellas area for 32 years. He was the first HIV physician in town and he started Love The Golden Rule Inc.

Currently HepatitisMain does not have a PayPal account for donating because they don't have their 501c3 status. Once they partner with Dr. Bob, they will have that opportunity.

-Elizabeth turns the floor over to Dr. Bob

- Dr. Bob said he offers treatment to those that don't have insurance and his goal is to treat hepatitis C patients and obesity to begin with. Majority of their clients are between the ages of 18-30. One of the wonderful things that Gordon does is he provides patient assistance. He may not have all the funding but he has resources and he knows how to get the help people need. Dr. Bob purchased a building with his own money to help HepatitisMain. The building is in the worst neighborhood possible, but chosen for a reason. The golden rule is "Be Happy, Help Others" and it is based off the biblical golden rule "Do unto others as you would have them do unto you"

Youth Survey & Hepatitis Surveillance- Jaleesa Moore

-Jaleesa did a PowerPoint presentation. She said in 2012, the Florida Department of Health was one of seven state health departments to receive CDC grant funding for enhanced viral hepatitis surveillance of chronic hepatitis C in young adults. This project has two main goals; collect information on common risk factors for hepatitis C within this population and identify cases of acute hepatitis C that may have been misclassified as chronic cases. This grant provided funds for four county health departments, Hillsborough, Miami Dade, Palm Beach and Pinellas to conduct this project. Four other counties (Sarasota, Seminole, Polk and Alachua) volunteered to participate in this project.

-Some of the results are:

-58% female	-24% employed full-time	-59% have health insurance
-82% white	-44% unemployed	-18% have a HCV provider
-87% non-hispanic	-27% still live with parents	-4% received HCV treatment
-36% were high school graduates	-19% rent/own	-23% received HAV vaccine
-36% received some college	-11% in temporary treatment facility	-51% received HBV vaccine

-Some of the risk factor results are:

-45% reported contact with HCV infected person	-74% had a tattoo
-26% contact with someone else's blood	-53% had body piercing
-30% dental work or oral surgery in past 2 years	-25% previously had an STD
-18% other surgery in past 2 years	-79% used street drugs

-The most common drug was Opioids of some sort, which was used by 86% of those surveyed and 47% injected it. 47% reported injecting prescription drugs while only 2% reported injecting crack cocaine. 89% said they re-used their own needles while 61% admitted to using a needle someone else used. When asked why they inject drugs, 52% said it was because they were addicted while 10% said to bond with partners/friends. The conclusion of this project was that the Florida Department of Health increased identification of acute HCV infections by over 300%.

-Dr. Styne said he would like to see statistics on young women having sex with an injecting drug user (IDU). Jaleesa responded to Dr. Styne and said she does ask that question during the interview but a lot of times they don't know. There's only a 2% chance of transmitting HCV during sex anyway. Dr. Styne said acute HCV is easier to transmit through sex than chronic HCV.

-Kim Saiswick suggested adding steroid use to the interview as it's very prevalent in gyms.

-Dr. Styne said education at the primary school level as to what the risks are is needed but everyone agreed that will never happen.

Recent & Upcoming Hepatitis Awareness Events, Educational Materials & Trainings- April Crowley

- The ABC Chart is in the process of being updated. After listening to the discussion about HCV and sex, April was wondering if we should we change the HCV transmission from “Can be passed during sex, but this is not common” to something that works with Dr. Styne’s statement. Phil Reichert recommended doing more research and find out what the CDC says and then discuss it later.
- The Viral Hepatitis Test Results and Interpretations chart was updated.
- We now have hepatitis B and C palm cards
- You can contact either Jessi Embleton or April Crowley to order any of these.
- Hepatitis Update Newsletter; Enid sends stuff for the newsletter and we would like to see more people get involved and submit items too. If you are doing any kind of outreach or activity, just take pictures and send a paragraph and you too can be featured.
- Enid is also involved in her community with “Cafe Latino.”

TAI/Planning Groups Update- Michelle Scavnicky

- Michelle and Brian both used a PowerPoint presentation. Michelle started off with saying TAI had developed a quarterly e-learning series addressing “trends and topics in viral hepatitis.” Their most recent webinar/e-learning series included Hepatitis 101, Deconstructing HCV Treatment and HCV Testing Coverage.
- TAI has also developed a quarterly e-newsletter called HepLink. HepLink consists of hepatitis information and resources, e-learning follow-up, HCV treatment, Florida hepatitis updates, national hepatitis updates, hepatitis events and national observances and upcoming learning or training opportunities.
- One of the other things TAI is working on is their website HepInfoNow.org. It is a web portal with relevant content such as hepatitis education and training materials, useful hepatitis links and resources, news archives and media and additional hepatitis-related information.
- TAI has worked with the Florida Department of Health, HIV/AIDS and Hepatitis to assist with coordination of the statewide planning contracts for more than 13 years. Traditionally, the Florida Comprehensive Planning Network (FCPN) was the umbrella that consisted of the leadership that was made up of Patient Care Planning Group (PCPG), Prevention Planning Group (PPG) & Florida Viral Hepatitis Council (FVHC), and other advisory groups. However, due to funding constraints over the past couple of years, TAI was only contracted to support the PCPG and PPG meetings. Now, meetings are held twice a year with monthly conference calls of the leadership (co-chairs) and committee and workgroup calls frequently held.

Report on County Health Department Site Visits- Brian Anderson

- TAI’s plan is to create an initial set of key recommendations for ultimately developing a base of standardization of best practices for budding **and** experienced viral hepatitis programs.
- The purpose of the survey and health departments site visits was to connect with individuals, gain an understanding of each program and create recommendations that will enhance the program or maybe even develop new ones.
- The twenty-two question survey was sent out to fifteen local county health departments with 100% responding.
- Seven county health departments (Broward, Miami-Dade, Orange, Palm Beach, Pinellas, Polk, Seminole) were visited between February and April, 2014.
- After the survey and the site visits were completed, the following seven recommendations were made:
 - Develop a more centralized way of using data
 - Standardize use of the PCR test
 - Reduce eligibility for HCV testing by restricting the risk factor criteria

- Create one standardized protocol addressing viral hepatitis testing, vaccination, counseling and continuity of care
 - Use electronic media to make HBV and HCV testing availability clear on both local health department sites, as well as the state health department site
 - Design and offer Viral Hepatitis testing curriculum for health counselors
 - Design and offer training during yearly statewide meetings
- Other ideas to consider are doing rapid testing instead of serological, track positive cases after they leave the health department and offer results via text.

Look at “Action Plan” tonight- Phil Reichert

-Members have homework. Take a look at the Action Plan tonight so we can talk about it tomorrow. Earlier this year, Dr. Styne, Susanne Crowe, Pat Simmons, April Crowley, Jessi Embleton and Phil Reichert spent a day going over the goals, objectives and action steps one by one and re-wrote the whole thing. Look at this tonight so we can go ahead, do one last version of it, and begin the approval process in Tallahassee and get it on our website. We can divide it up and have you look at just a portion or everyone can just look at the whole thing. Dr. Chen thinks everyone should look at it individually. He said for the veterans on the council, it’s not completely new, just revised. As for the new members, you can pick and choose some of the areas you would like to focus on. Phil then said the goals and action steps didn’t change exactly, we just tried to make them easier to read and straight to the point. Phil said he’s completely open if someone wants to add something, take something away or even completely change something. Dr. Chen suggests that if you don’t have time to read the whole thing, at least focus on the goals and objectives.

CDC Initiatives, NASTD, Grants- Phil Reichert

- There is a Town Hall meeting on September 16 in Jacksonville. The invitation to attend came from a community based organization (CBO) called the Balm In Gilead which is faith based. Pernessia Seele is the executive director and the organization helps provide services with HIV/AIDS and she wants to branch out to viral hepatitis, specifically HCV. She’s doing these Town Hall meetings around the country. The church in Jacksonville has the ability to hold 3,000 people. They invited Representative Mia Jones whom introduced the hepatitis testing bill in the last legislative session. Donna Wheeler from HQ was invited. She is going to tell her HCV positive story at the meeting. It’s going to be strongly geared towards Baby Boomers and the purpose is to raise awareness of hepatitis C in the community.
- There is a NASTAD meeting in Washington in October. They’ve had a hepatitis component for going on 14 years and they provide a lot of services to the states. This meeting is usually only held once every two years because they pay for each state hepatitis program administrator from the around the country to attend.
- CDC wants to do several forums around the country. They did one in California last November. They will also be conducting the forums in Massachusetts, Philadelphia and Florida. Florida has tentatively decided on December 10 in Tampa. This will be an invitation only meeting because it’s going to be a small group, maybe 30-35 people. The goal for attendees is to get together those that work with infected hepatitis C patients. What we think is going to happen is a white paper will be created with recommendations. Some of you may be getting a call or email to invite you to come to this, so be prepared just in case.
- The 15 funded CHDs try to get together once a year for the Hepatitis Coordinators Meeting. This year the goal is to try to have it right after the CDC forum and include some of the people from that group. CDC is trying to figure out, based off the Baby Boomer Cohort, what to do with them when they find out they’re positive.

-The Prevention Grant started out as a Hepatitis C Prevention Grant around 2001 or 2002. It was associated with a grant the CHD's got from CDC that had to do with EPI and Lab Initiative. Six years ago they branched out and gave us a five year cycle of hepatitis money specifically to have a hepatitis program in all the states. That five year cycle ended and there were a lot of debates on whether or not it was going to continue. CDC pulled the plug on it, but advocates came to the fore front to keep the program. The second cycle is for three years to allow more time to figure out what to do.

-All 50 states had been getting HIV/Prevention money which started in 1986 or 1987. The money went up steadily until 2008 when the recession hit. CDC decided to look at taking that same amount of money and redistributing it differently. Florida would then receive more funding because there is a higher morbidity rate here. They looked at twenty years worth of money and data to help make the decision. In the grand scheme of things, Florida would have benefited from having the money redistributed, however, that would have meant other states not having support for a program. The October meeting in Washington will probably cover this issue. Overall, Florida should be fine no matter what the outcome is.

-The legislation put \$200,000 into DOH for HCV testing. Unfortunately they put it in Pharmacy but no one knows why. Pharmacy doesn't test anybody so it should be put it in State Lab to do more testing.

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New items, CDC consult, rapid testing, testing guidelines and FPFA- Phil

-Going back to the CDC forum in December, one big question is, what do we do with a patient once they receive a positive test?

-Phil asked Susanne Crowe, "If someone is tested in a CHD, the specimen is sent to the lab, but what happens once it gets there? Susanne said the lab is currently not doing the PCR on every test, they just wait to see if the county wants to order it. The lab is still reporting out the signal to cut off even though the new CDC guidelines don't have that anymore. CDC recommends PCR, but it's expensive. Phil then asked what the state cost is on PCR testing. Susanne said she does not know right now because the lab just changed vendors but a standard panel test is \$22. The reason for the new vendor is in hopes of consolidating testing and reducing costs. Brian Anderson said he has read that the cost of doing a PCR test is within a range of \$300-\$500.

-Phil asked the group, "When people get tested, have a positive result and are a candidate for treatment, who do we choose to treat? We can't afford to treat everyone so who are the best logical candidates to treat?" Mike Jolly said he treats everyone in his practice. The people who are worried about taking care of the patients are driven by personal gain. The US is the only industrialized country in the world that doesn't have universal health care. It would cost Florida 40 billion to screen and treat everyone in the state.

HIV/AIDS Prevention Section Update- John-Mark Schacht

-Epidemic in Florida; all figures are from 2013 unless otherwise stated.

-Newly diagnosed HIV infections in Florida were at 4,860, second in the nation as of 2011. Newly diagnosed AIDS cases in Florida were at 2,532, third in nation as of 2011. Persons diagnosed and living with HIV as of 2012 stood at 105,627, third in nation as of 2010. HIV prevalence estimate in Florida as of 2012 is at 125,000 which makes up 11.4% of the US as of 2010. The difference is a 1 in 6 awareness rate which is the biggest success in the US under National HIV/AIDS strategy. From a philosophical standpoint there should be a mandate that money needs to follow the epidemic, it would put more funding in areas with the highest prevalence and incident.

-Year in review for high impact prevention (HIP)

-Required components: Traditional counseling and testing, condom distribution, policy development and analysis, prevention planning and capacity building. Optional components: Prevention for high-risk negatives, social marketing, media and mobilization.

-HIP Funding

-Currently at approximately 32.7 million for Prevention. The funds are directed towards areas most heavily impacted: Miami-Dade had 104% increase and Broward 88%. However, due to the recession and sequestration, the funding was reduced by nearly 2 million in 2013.

-Contracted money

-Total funding is 12.5 million with 85 contracts total including HIP.

-Testing Initiative

-Category A: Contracts including HIP, MSM/Transgender, Broward RFA, TOPWA, CDC directly funded and CHD testing. Category B: Expanded Testing Initiative (ETI), contracts with healthcare and non-healthcare providers and CHD testing.

-HIV Testing

-In 2012, 408,119 people were tested and in 2013, 428,203. Of this total, a little over 2,700 were newly diagnosed and 76% were linked to medical care. A little over 1,600 were previously

diagnosed and 86% were re-engaged in medical care. 63% performed in health care settings, 37% performed in non-health care settings. The positivity rate is not where we would like it to be. CDC would like it to be at 2% and we are currently hovering at .09 and a little over 1%.

-New programs

-Peer Program or Peer Navigation Programs. It is used in a variety of context for other chronic conditions. It is designed to help those newly diagnosed and help pair them with a peer that is positive already. The goal is to help the newly diagnosed peer navigate the care continuum. Being told that you're HIV positive can be overwhelming so these navigators' serves as a source of positive modeling of behaviors and emotional support. This program provides funding to Duval, Orange, Alachua and Palm Beach CHDs. Currently; the total enrollment is at 891. Of this, 83% were linked to care and 92% received education on prevention and medical adherence.

-Prison pre-release program. The Department of Correction (DOC) mandated to test all inmates for HIV within 60 days of their release date. There are currently 5 DOC pre-release planners.

-Jail linkage. This program provides funding in 16 counties. 28,000 inmates have been tested with 144 new positives identified. The overall positive rate is 0.51%. A total of 706 inmates were linked to care and 80% of those 706 kept their initial medical appointment.

-Targeted outreach for Pregnant Women Act (TOPWA). TOPWA defines women of child bearing age or those at "risk for pregnancy" and currently has 2,000 women enrolled. 3,400 HIV tests and 3,500 pregnancy tests have been conducted. In addition there have been 232 HIV positive women found and enrolled into the program. TOPWA is the most successful program to date. As a result, there were no positive babies born in 2013 to those women enrolled in the program.

-Syringe exchange program. IDEA would have funded it at no cost to the state but it was denied. This was the second year it was put before legislature and it made it further in committee then it did last year. The session is so short so unfortunately it died on the calendar. It passed the house and bounced over to senate but they ran out of time to vote on it.

Discussion on updating of "Hepatitis Prevention Action Plan"- Members

-Phil said one main edit will be changing everything from HIV/AIDS & Hepatitis Section to STD & Viral Hepatitis Section

-Susanne asked if Sherry Riley's name should be changed to reflect how everything is currently set up by replacing it with Adrian Cooksey's name. Phil said yes.

-Dr. Chen said in the "Background Statement," page 5, line 3, where it says "can be infected with hepatitis C for decades..." it should be "viral hepatitis," not just hepatitis C.

-Brian suggested revamping the wording on goals 1-6 because the "goals are to take us to a new place." Phil said the goal is meant to be a very general statement; the objective is where it gets more specific. We are trying to be as broad spectrum as we can in the goals.

-Charles Dennis suggested adding more details on Goal 2, Objective A: Conduct 30 Hepatitis 101 trainings by the end of 2018. How are these done? Phil said they are being done via webinar but didn't want to get too specific within the Action Plan because it was originally a conference call. Phil said it should stay as is in case the technology changes and April may give it to a live audience as well.

-Susanne said in Goal 1, Objective B, Action 3: Have an annual face-to-face technical assistance and training meeting, it should qualify who that is with because Action 2 states, "with the fifteen funded county hepatitis coordinators. In Action 1, 2 and 4 it says who it's with but not Action 3. Phil said he will make a note and think about it because ideally we would like to have a meeting and invite anyone that wants to come. However, there hasn't been a meeting sine 2007 due to restrictions but we want to try to do something like that again. Susanne then recommended changing it to read "county health departments and other interested parties."

- Susanne recommended changing Objective C: Maintain and update the website at least monthly to “on an as needed basis.” Phil said we do make changes to the website as needed but wanted to make sure it is done at least monthly.

-Dr. Chen thinks Objective B, Action 4: Discuss best practices and barriers to service provision with CHD hepatitis coordinators should be “Identify,” not just “Discuss.”

-Susanne stated for Goal 2, Objective B, Action 2: Procure culturally appropriate and population-specific materials, when available, from vendors. Maybe we should change the word “vendors” to source.

-Mike Jolly thinks on Goal 2, Objective A: Conduct 30 Hepatitis 101 trainings by the end of 2018 that if it goes out to the public, it should be clear.

-Brian Anderson thinks that on Objective A there should be a target audience listed. Phil said the limit is set at a maximum of 50 people to register. Phil said usually half of those registered actually participate. Brian thinks that data should be included.

-Dr. Chen thinks for Goal 2, Objective C: Maintain accuracy and relevance of internal educational materials (ABC charts, posters, palm cards, etc.) the term “internal” should be clarified. Phil’s recommendation was to put “Department of Health.”

-Susanne Crowe said “Action 1” is underlined in Goal 3, Objective D and it shouldn’t be.

-Brian Anderson asked what “standardized programs” means on Goal 3, Objective A. Phil said we have a Risk Assessment form used consistently from CHD to CHD, there were certain things we thought could be standardized so we tried to do that. Brian said it seems like that could be an objective or even a whole goal. Phil said we’ll re write and send out again before we send it for approval.

Phil said you can always email further suggestions before it is finalized.

-Brian asked for Goal 3, Objective E, Action 2: Order Vaccine, isn’t it evident that vaccines are going to be ordered? Phil said it’s part of the process which is what the Action’s cover but do we need it? Donna Dowling suggested combining Action 2 and 3. Brian’s recommendation is change it to coordinate annual purchase and delivery of hepatitis A and B vaccine.

-Susanne said someone needs to go through and check all the formatting.

-Susanne asked for Goal 3, Objective I if the HIV/AIDS Program should change? Phil said yes, but we may just take that out because right now, STD isn’t doing QI visits, only TA as needed.

-Susanne asked if Goal 4, Objective B, Action 2 is accurate. Does the data still get sent to HIV/AIDS Surveillance? Phil said yes, the Surveillance program compiles data for TB, STD and HIV.

-Dr. Chen said that Goal 4, Objective B, Action 3 should not be bolded.

-Susanne said for Goal 6, Objective C, Action 6 should read more like Objective D, Action 6.

-Brian suggested for Goal 6 the baseline objective isn’t explained in Objective A. Phil said FLshots can be added to it.

-Phil asked if there is any Definition of Selected Terms & Acronyms that needs to be updated.

-Brian Anderson and Susanne Crowe both said for HbeAg it should be a big B instead of little B.

-Brian and Susanne also recommended adding TMA- Transcription Mediated Amplification.

-Phil said if you think of something else email or call.

-Susanne said ELISA is not specific to HIV, it can be serological to antibodies or a bacteria for virus and recommends changing to a general screening for serological test of antibodies.

-Brian asked about the LFT and whether or not it’s still being used. Mike Jolly said it’s outdated but still a functional term.

-Phil said we will update the group picture and members names. April will send out a revised copy one last time before it gets submitted for approval. Once it is approved, it will get posted on our internet/intranet site.

Unfinished Business- Members

-Nothing

Next Meeting

-Phil said it is easier and cheaper to have this meeting in Orlando or Tampa so we can take a vote to see what the majority wants. It was voted by show of hands and Tampa was the majority. Phil said even though we do the Tampa area, we can do St. Petersburg or Clearwater if you want a different venue. Jesse Fry recommended the Hyatt Grand. Phil also suggested Sheraton Sand Key on Clearwater. Phil said he would like to try to tentatively plan the next meeting for March or April next year. Henry Sims suggested the later part of April due to Spring Break and pricing increase. Some other places that were suggested were St. Pete beach and Tradewinds.

Meeting adjourned!