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Feds Roll Out Viral Hepatitis Action Plan

By Phil Reichert

The US Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention released their national viral hepatitis action plan in Washington, DC on May 12. Dr. Howard Koh, Deputy Secretary of HHS, announced that there are twenty goals, that the plan builds on the Affordable Care Act and it includes these priorities: enhanced education, disease surveillance, adult vaccination, testing, and care. Representative Mike Honda and Senator John Kerry offered their support of the action plan.

The CDC National Center for HIV, Viral Hepatitis, STD and TB Prevention, directed by Dr. David Fenton, worked with partners from several federal government agencies and programs on how viral hepatitis prevention might be integrated into each of those agencies and programs. This plan is a pathway toward diminishing the burden of viral hepatitis in the United States.

The full name of the plan is *Combating the Silent Epidemic of Viral Hepatitis: Action Plan for the Prevention, Care & Treatment of Viral Hepatitis*. The intent of the plan is to increase the proportion of people who are aware of their hepatitis B and C infection. Up to 75 percent of Americans infected with hepatitis C are unaware of their infection. Many, in their 40s and 50s, became infected due to injecting drugs twenty or more years ago. Others became infected with hepatitis C because of contact with infected blood.

The hepatitis action plan also clears a path toward eliminating mother-to-child transmission of hepatitis B and reducing the number of hepatitis C cases by 25%.

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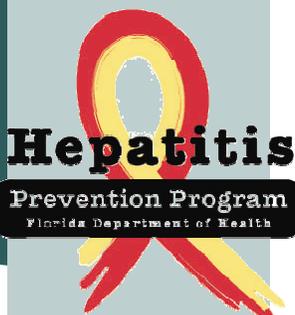
Viral Hepatitis Serology Workshop

The Florida Hepatitis Prevention Program will present an intermediate course in laboratory testing, results and interpretations on January 19, 2012. The Viral Hepatitis Serology Workshop is a two hour webinar which offers continuing education credit of two contact hours for all licensed nurses in the state of Florida.

All participants should have a working knowledge of immunology and serology prior to taking this course. To register, complete the form found on the following link:

<http://www.flahepatitis.org/>

Additional workshops will be offered in 2012.



Feds Roll Out Hep Plan Continued from page 1



Dr. Howard Koh

Goals of the plan revolve around:

- 1) educating health care providers and communities about viral hepatitis.
- 2) improving services for the testing, care and treatment of viral hepatitis.
- 3) enhancing surveillance and making it more consistent across the US.
- 4) stopping the transmission of hepatitis A and B, both of which are vaccine preventable.
- 5) addressing injecting and other

illegal drug use.

- 6) reducing health care-associated viral hepatitis transmission.

Each goal is based on the 2010 recommendations set forth by the Institute of Medicine's *Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C*. And, each of these goals should drive local viral hepatitis prevention programs.

For the full text of the 76-page viral hepatitis action plan, go to www.cdc.gov/hepatitis.

National Latino AIDS Awareness Day

By Enid Santiago-Cruz, Seminole County Health Department

On Saturday October 15, Cafe Latino of Central Florida Coalition sponsored *Wake Up & Get Tested for HIV*. As part of National Latino AIDS Awareness Day, this event was held at Walgreens Pharmacy in Kissimmee and offered free HIV testing along with free hepatitis vaccines. Local radio station KQ 103 FM was also on hand and provided great music.

The purpose of Café Latino is to bring HIV/AIDS awareness to the Latino/Hispanic community. Members are from various locations, including the Orange, Osceola and Seminole County Health Departments, as well as several community based organizations.



Rear L to R: Tiffany Winston, Tai Johnson, Ely Estrada, Millie Cooper, Trevor Hedberg, Claudia Casey, Patria Alguila, Enid Santiago-Cruz, Luz Reyes, Nelly Smyth & Ana Roman. In front: Rudy Chacin & a local consumer.

CDC's Dr. John Ward Releases Letter about Viral Hepatitis Activities

By Phil Reichert



Dr. Ward

Dr. John Ward, Director of the Division of Viral Hepatitis at the Centers for Disease Control and Prevention (CDC) published a "Dear Colleague" letter on September 30, 2011, on how his division is working to "improve outcomes for persons living with [viral hepatitis] in the United States." He describes the actions CDC is taking in spite of "extraordinary resource constraints for public health."

As guidance, Ward cites the January 2010 Institute of Medicine report titled, *Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C*, and the May 2011 hepatitis action plan issued by the Department of Health and Human Services titled, *Combating the Silent Epidemic of Viral Hepatitis: Action Plan for the Prevention, Care and Treatment of Viral Hepatitis*. Both documents offer recommendations and objectives about the best practices for operating a public health hepatitis program.

According to Ward, CDC is improving viral hepatitis surveillance by providing funds to several states for the purpose of recording hepatitis B and C cases through electronic lab reporting (ELR). Some of the states that do not have ELR capacity may gain it through this funding opportunity.

A national hepatitis C educational campaign will target the general public to raise awareness of the disease, referred to as a "hidden epidemic" by Dr. Ward. This

campaign will also encourage people at risk to be tested. As part of this education component, CDC will develop a curriculum to train health care workers to be "better prepared to prevent and diagnose viral hepatitis."

CDC is in the process of developing new hepatitis C screening guidelines. The previous guidance was issued in 1998. A consultation of hepatitis experts was convened in Atlanta in August to assist in the development of this guidance. Viral hepatitis counseling and testing guidelines are also being developed.

Dr. Ward states that changes in the way health care is delivered, as prescribed in the Affordable Care Act passed by Congress, will present opportunities to support hepatitis C testing. This should lead to a more favorable atmosphere for treatment, something that is currently almost nonexistent for individuals with little or no health insurance.

Many people infected with hepatitis B and C are unaware of their infection, since there are seldom noticeable symptoms before severe liver damage occurs. About 40,000 people infected with hepatitis B immigrate to the United States every year. CDC hopes to screen these immigrants and link them to care and treatment services.

Finally, CDC hopes to test those most at risk for viral hepatitis: men who have sex with men, injecting drug users and high-risk heterosexuals.

Natalie Cole Talks about Hepatitis C

By Phil Reichert

Nine-time Grammy winner, singer, songwriter and author Natalie Cole spoke to the Capital Press Corps in Washington, DC on October 19th, then she dropped by the National Viral Hepatitis Roundtable (NVHR) meeting and talked about her experience with hepatitis C infection and treatment. Cole, 61, gave a twenty-minute speech to the members of the NVHR, as well as several of the CDC-funded adult viral hepatitis prevention coordinators, regarding her bout with heroin addiction in the 1960s, and how using "dirty needles" was probably the source of her hepatitis C infection.

Cole was diagnosed with hepatitis C in 2008. She underwent 48 weeks of treatment with interferon and ribavirin in 2009, and had a sustained viral response (aka: successful treatment). She claims she lost a lot of weight going through the treatment. During that year of medical therapy, she performed several times from a wheel chair, since the treatment made her so weak. She says her singing helped her through the treatment.

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Phil Reichert

CDC Sponsors Single Topic Conference of the American Association for the Study of Liver Diseases

By Phil Reichert

The Centers for Disease Control and Prevention (CDC) hosted a single-topic conference of the American Association for the Study of Liver Diseases (AASLD) titled *Chronic Viral Hepatitis: Strategies to Improve Effectiveness of Screening and Treatment* in Atlanta on June 4-5, 2011. Dr. John Ward, Director of the CDC Division of Viral Hepatitis, introduced the conference and Dr. Harold Jaffe of CDC.

Dr. Jaffe is CDC's Associate Director for Science and is an internationally recognized public health leader. He said that 66%-75% of people infected with chronic viral hepatitis in the US are unaware of their infection. According to Jaffe, CDC's priorities for viral hepatitis include: 1) educating communities about the disease, 2) training health care workers, 3) enhancing viral hepatitis surveillance, 4) preventing future infections, 5) linking infected individuals to care, and 6) eliminating mother-to-child transmission. He noted that there are many parallels between the viral hepatitis epidemic and the HIV epidemic. There is an urgent need to test and treat for hepatitis.

Dr. Ray Kim, of the Mayo Clinic in Rochester, Minnesota, stated, there is a "relatively low prevalence of hepatitis B and C in the general population, but the prevalence is higher in some subpopulations." For instance, about 1.6% of the US population is infected with hepatitis C, in the incarcerated population the prevalence is about 15%. And, nearly 13% of those individuals infected with HIV are also infected with hepatitis C. Prevalence of chronic hepatitis C among the homeless may be as high as 40%, according to Dr. Kim.

Dr. John Wong, from Tufts Medical Center in Boston, talked about the economic burden of viral hepatitis. The standard-of-care (SOC) for hepatitis C, pegylated interferon and ribavirin, costs \$41,000-\$61,000 per patient. The cost varies depending on the patient's weight and dose requirements. The new protease inhibitors, boceprevir and telaprevir, are used with the SOC, and add \$13,200 and \$49,000, respectively, to that hepatitis C treatment cost. In 2010, healthcare costs in the US were 17% of the gross domestic product. And, there were \$1.1 billion in direct viral hepatitis medical costs.

According to Dr. Samuel So, the head of the Asian Liver Center at Sanford University in California, said

that health care providers and individuals at risk need more education about viral hepatitis. One in twelve Asian-Americans are infected with hepatitis B and most are not aware of their infection. Dr. So said that of all Asian-Americans, 23.3% are from Chinese origin, 22.3% are South Asian, 18% are Filipino, 10.8% are Vietnamese, 9.7% are Korean and 5.6% are Japanese.

From the University of Maryland in Baltimore, Dr. Charles Howell spoke about reaching priority populations. He said blacks represent 12-13% of the US population, yet 23% of the hepatitis C cases reported are in blacks. Information he collected showed that hospital discharge and death rates due to hepatitis B are two to five times higher in blacks than in whites. Barriers for blacks being tested and treated for viral hepatitis in this country are due to lack of insurance and ability to pay.

According to Dr. Alain Litwin, of the Albert Einstein College of Medicine in New York, 95% of all veterans who access services through VA hospitals are screened for viral hepatitis. And, 90% of those found to be at risk are tested. In the VA methadone clinics, 65% of the clients are positive for viral hepatitis.

Janet Durfee, a registered nurse for the Department of Veteran's Affairs in Washington, DC, said there are more than 700 facilities and 171 VA hospitals in the US. The VA provided services to 5.8 million veteran patients in 2010, of which 165,000 had hepatitis C. More information on the VA may be obtained from www.hepatitisva.gov.

Dr. Karen Kim, from the University of Chicago, stated that of 1.26 million people in the US with chronic hepatitis B, only about 81,000 are in treatment. Since most of the people in the US infected with hepatitis B are of Asian origin, major barriers to screening include the lack of cultural competency of the health care worker and inability to communicate due to language differences. She said that the second most commonly spoken language in the US is Chinese, and not Spanish as many people surmise. Her solutions to barriers are: using technology and media to educate medical students, health care workers and the general public; advocating for the people at risk; expanding research; and, linking those in need to care. Regarding co-infection, Dr. Kim said,

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AASLD Continued



“Now we have kept people with HIV alive long enough to die from viral hepatitis.”

Dan Church, the Adult Viral Hepatitis Prevention Coordinator from Massachusetts, remarked that viral hepatitis screening needs to take place in most public health settings. He also suggested that integrating hepatitis C services into HIV and STD services might positively impact those activities. These public health activities should encompass “full integration and [hepatitis should] not just be an add-on” service.

Both Dr. Jeff Levi, of the Trust for America’s Health in Washington, DC, and Dr. Dave Thomas, of Johns Hopkins Medical Institution, averred that the Affordable Care Act would help our public health efforts regarding viral hepatitis prevention and care.

Dr. Ron Valdiserri, Deputy Assistant Secretary for Health at the Department of Health and Human Services in

Washington, DC, talked extensively about the multi-agency action plan released by HHS in May, 2011, and its relation to the Institute of Medicine recommendations published in early 2010. Both documents state that an effective national hepatitis program should include surveillance, vaccine delivery, testing and counseling, services for injecting drug users and education for health care workers and the general public. The HHS action plan offers models of care for chronic hepatitis.

To access the full text of the HHS hepatitis action plan, visit: www.hhs.gov/ash/initiatives/hepatitis/actionplan_viralhepatitis2011.pdf. For an overview of the IOM report on hepatitis, go to: www.nastad.org/Docs/Public/Resource/2010429_IOM, or www.iom.edu.



World Hepatitis Day

By April Crowley

On July 28, 2011, the Florida Department of Health (DOH) joined the world in asking "Am I Number 12" to increase awareness of the amazing statistic that one in 12 people in the world is living with hepatitis B (HBV) or hepatitis C (HCV). "This is hepatitis..." was chosen as the theme for this year's World Hepatitis Day (WHD) to focus on the many different aspects of viral hepatitis and its human impact.

The Hepatitis Prevention Program collaborated with the Broward County Health Department (CHD) to hold a state-wide event in Fort Lauderdale. A press conference took place in the morning featuring Broward CHD Director Dr. Paula Thaqi and Communicable Disease Director Dr. Dwayne Turner. In the afternoon, an educational session was held featuring Dushyantha Jayaweera, M.D., Professor in Clinical Medicine at the University of Miami Miller School of Medicine. Dr. Jayaweera presented on the management and treatment of HCV/HIV co-infection.

Activities for WHD were also held in other counties throughout Florida including Miami-Dade, Orange and Pinellas.



Dr. Turner & Dr. Thaqi



Press Conference Audience Members



Dr. Jayaweera

Division of Disease Control

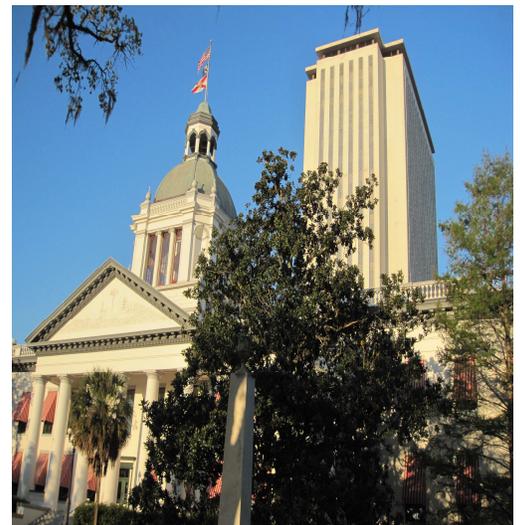
Don't Be Guilty of These **Errors** in Vaccine Storage and Handling From the Immunization Action Coalition

- Error #1: Designating only one person, rather than two, to be responsible for storage and handling of vaccines
- Error #2: Refrigerating vaccine in a manner that could jeopardize its quality
- Error #3: Storing food and drinks in the vaccine refrigerator
- Error #4: Inadvertently leaving the refrigerator or freezer door open or having inadequate seals
- Error #5: Storing vaccine in a dorm-style refrigerator
- Error #6: Recording temperatures only once per day
- Error #7: Recording temperatures for only the refrigerator or freezer, rather than both
- Error #8: Documenting out-of-range temperatures on vaccine temperature logs but not taking action
- Error #9: Discarding temperature logs at the end of every month
- Error #10: Discarding multi-dose vials 30 days after they are opened
- Error #11: Not having emergency plans for a power outage or natural disaster



Note: The Immunization Action Coalition (IAC) provides vaccine information for the public and health professionals. This is a condensed version of their fact sheet on vaccine errors. To view the document in its entirety, and for more information, visit: www.immunize.org or www.vaccineinformation.org.

Save the Date!
Hepatitis Awareness Day
Thursday, February 15, 2012
9:00 AM – Noon
3rd Floor Rotunda
Florida Capitol



Division of Disease Control

Natalie Cole Continued From Page 3

Cole encouraged the audience to visit the website, www.tuneintohepc.com, an initiative she is promoting along with Allman Brothers lead singer and keyboardist, Gregg Allman. His treatment for hepatitis C was not successful, so Allman underwent a liver transplant last year due to a severely scarred liver (cirrhosis).

According to CDC estimates, there are about 3.1 million people in the US with chronic hepatitis C. And, up to 75% of them do not know they are infected, because they haven't experienced any symptoms. Hepatitis C is transmitted through blood-to-blood contact, usually through contaminated needles. People can become infected via contaminated tattoo or body-piercing needles, or due to a blood transfusion before 1992 (when donated blood was first tested for hepatitis C). On rare occasions, hepatitis C may be transmitted through sexual contact (usually where blood is present).

For more information on hepatitis C, and to access Allman's and Cole's stories, check out the "Tune In to Hep C" campaign. Regarding the hepatitis C epidemic in the United States, as Natalie Cole says, "Doing nothing is not an option, talk to your doctor."

To access a video of Natalie Cole's Capital Press Corps speech, go to: <http://www.cspanvideo.org/program/CAwa>.



Natalie Cole

Notes from Hepatitis Technical Assistance Meeting in Washington

By Phil Reichert

The National Alliance of State and Territorial AIDS Directors (NASTAD) and the Centers for Disease Control and Prevention (CDC) sponsored a viral hepatitis technical assistance meeting in Washington, DC, October 17-20, 2011. As the Adult Viral Hepatitis Prevention Coordinator (AVHPC) for Florida, I was invited to join my colleagues from the other funded states and cities to discuss hepatitis activities and issues. Here are a few highlights from the meeting.

Because both the senate and President Obama have increased funding in the CDC Division of Viral Hepatitis budget for the 2012 fiscal year, Dr. John Ward, Director of the division in Atlanta, wants to strengthen the role of the AVHPCs in each state and city. He spoke about identifying the core viral hepatitis services that should be provided in every jurisdiction. He also talked about creating several "centers of excellence" regarding hepatitis activities in key jurisdictions around the United States. Dr. Ward also mentioned the new upcoming screening guidelines for hepatitis C. He said, "Americans born from 1945 to 1965 should be offered testing for hepatitis C because the prevalence of hepatitis C in this group is 3.29% compared to less than .05% in other age groups." He added that we seem to be seeing more young people with hepatitis C in some areas.

Recently, CDC provided funding assistance to five states for surveillance activities. California, Michigan, Ohio, Wisconsin and Florida were awarded grants to "update backlogs of chronic hepatitis C cases, enter them into the reporting databases and do de-duplication" of cases, according to Dr. Ward.

At the technical assistance meeting, Mary Beth Harty, an attorney from George Washington University, spoke about the Affordable Care Act (ACA). She stated that health exchanges and Medicaid reform will provide health care services to people who are currently uninsured or under-insured. About sixteen million uninsured Americans will become Medicaid eligible in 2014. Starting in 2014, individuals with pre-existing conditions cannot be denied health care coverage. There will be caps on out-of-pocket spending. Health plans will cover preventive services, including vaccines, without any cost to the patient. Also, ACA coverage will include lab services. This should assist state and city hepatitis prevention programs, each of which will be able to provide hepatitis vaccine and testing.

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Hepatitis Technical Assistance Meeting continued from page 7

Health insurance exchanges are intended to create a more organized and competitive market...by offering a choice of plans, establishing common rules regarding the offering and pricing of insurance, and providing information to help consumers better understand the options available to them, according to the Kaiser Family Foundation website.

Dr. Howard Koh, the Assistant Secretary for Health at the Department of Health and Human Services (HHS), talked about the recent hepatitis action plan he commissioned that creates a collaboration among all HHS programs and centers. He said, this “epidemic has caused far too much preventable suffering.” The plan provides a road map of activities that each entity can implement to provide basic information about viral hepatitis prevention.



Above is a photo by Phil Reichert of The Capitol in Washington, DC

Several round-table discussions were part of the agenda during this meeting, along with presentations on best-practices for viral hepatitis prevention. Members of the National Viral Hepatitis Roundtable (NVHR), a non-profit organization made up of community activists, leaders and public health professionals, were present to fuel discussions. The most discussed topics were future funding and what we can do with the resources we currently have. One best practice that was presented was from Kathleen Koechlin in Ohio. She said her state received some one-time funding to provide testing in targeted at-risk populations. In 2003, Ohio provided hepatitis C testing in the general population. They found positivity rates that ranged from 5.8% to 9.1%. From 2008-2011, Ohio targeted specific at-risk populations and found positivity rates of 19% to 24%.

Finally, Dr. Ron Valdiserri, Deputy Assistant Secretary at HHS, stated that he hopes to collaborate with non-HHS departments regarding the hepatitis action plan. He has already brought the Department of Veteran’s Affairs and the Bureau of Prisons into the fold.

There were several other speakers and topics at the technical assistance meeting, including singer and songwriter Natalie Cole (see related article on page 3 in this issue of *Hepatitis Health*). For more information about what’s new in viral hepatitis prevention, go to www.cdc.gov/hepatitis.

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