



Hepatitis Health

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Orlando Veterans Stand Down

By Lori Theisen, Orange CHD Hepatitis Coordinator

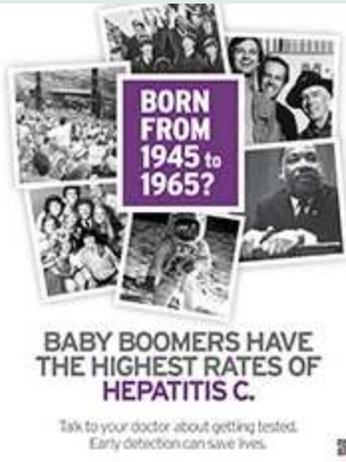
The Veterans Stand Down on Saturday, September 29th, in Orlando was a great event! Aissa Sylla, an intern with the Orange County Health Department (CHD), and I spoke with more than 60 veterans about viral hepatitis and other health concerns. We were able to network with several community partners to make them aware of the Hepatitis Prevention Program at the Orange CHD.

Stand Downs are one component of the efforts made by the Department of Veterans Affairs (VA) to provide services to homeless veterans. Stand Downs are typically one to three-day events which provide services to homeless veterans such as food, shelter, clothing, health screenings, VA and Social Security benefits counseling, and referrals to a variety of other necessary services such as housing, employment and substance abuse treatment.

The first Stand Down was organized in 1988 by a group of Vietnam veterans in San Diego, California. Stand Downs are collaborative events coordinated among local VAs, other government agencies, and community agencies who serve the homeless. For more information, visit the VA website at <http://www.va.gov/homeless/standdown.asp>.



L to R: Aissa Sylla & Lori Theisen



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QUALITY IMPROVEMENT IN PUBLIC HEALTH PROGRAMS

By Phil Reichert, Hepatitis Prevention Manager

During a recent training provided by MBA-trained Clemens Steinbock, an expert on applying quality improvement techniques in public health programs, I was able to garner a few pointers which anyone can use to improve their program. Currently, Steinbock is the Director of Quality Initiatives at the New York State Department of Health AIDS Institute in Albany. He has provided training in quality improvement, management and assurance around the US and in several foreign countries.



Phil Reichert

Although similar concepts, quality *assurance* (QA) and quality *improvement* (QI) are different. QA uses a team approach to focus on *pieces* of a program. QI focuses on the *entire* program looking for statistical outliers that can be improved.

According to the Institute of Medicine, “quality is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes...” So, the idea is to provide the best service we can, which may include screening for STDs, HIV and hepatitis, and increase good health through this process. This evokes the concept of “program collaboration and service integration,” which shows us how to blend several public health services into a client visit which will benefit their continued good health. The quality improvement part involves being consistent with all patients so they all have a positive outcome which we can use to evaluate our efforts and improve quality. In the public health world, “continued good health” might mean the client does not become infected with an STD, with HIV, with viral hepatitis or does not become pregnant until they are ready. It also means that someone who is infected with a communicable disease does not infect another person.

Here are some of Steinbock’s key points: 1) Success, or quality, is achieved by meeting the needs of the individuals we serve, 2) Most problems are found in the process, not in people, 3) We do not need to reinvent the wheel, and we should learn from best practices of others, 4) Learn through incremental changes to achieve improvements (This is the concept of “baby steps”), 5) Figure out your goal, and 6) Using accurate data, look at the actual indicators you want to improve.

Change should always be a good thing. Teamwork is important to the QI process. You should start small and work your way up to a crescendo. Steinbock makes a point of including that you should have fun doing the work.

It is okay to steal great ideas from others (this is about *not* reinventing the wheel), so you should share your QI results so that others might learn from your experience. One item that Steinbock shared about getting started with QI was this: Start by asking yourself, “What can I change or do by next Tuesday?” When Steinbock posed this question to our group, some of the answers were: Peruse client records and documentation; Do a quick survey; Ask questions of the staff providing the services; Interview a supervisor regarding the services; Develop a hypothesis.



Clemens Steinbock

Finally, here are some questions you might ask as the QI leader: What do you think we should do? How would you solve this problem? Using a team approach to solve a problem or improve quality is always better than trying to do it alone. Steinbock says, as a QI leader, “When doing QI, you should ask questions 80% of the time and tell your group what to do 20% of the time.”

“I have no special talents. I am only passionately curious.”
—Albert Einstein

Hepatitis C Testing For Baby Boomers

By Donna Wheeler, Field Services Coordinator

I started working in the Hepatitis Prevention Section of the HIV/AIDS and Hepatitis Program in May of this year. One of the first things I became aware of was the ongoing talk about some new recommendations from the Centers for Disease Control and Prevention (CDC) that were going to be released regarding baby boomers. Even though I am definitely a baby boomer, it never dawned on me to get tested for hepatitis C (HCV). I didn't think I had any risk factors. I never injected drugs and I don't have a tattoo. I did have a blood transfusion in 1982, but just assumed that since I felt good physically (except for having osteoporosis, but that's another story!) and got regular exams and blood-work every year, I was in good health. Also, wouldn't hepatitis C screening be included in my annual physical? I found out HCV testing is not a standard test and that *you have to request it*.

In July, I was visiting my hometown of St. Petersburg, and decided to stop by the Pinellas County Health Department (CHD) and introduce myself to the Hepatitis Prevention Staff. I met with Dr. Dongming Cui and John Chamulak. John offered to show me the process that's involved in screening someone for viral hepatitis. He did a risk assessment on me, and because I had a blood transfusion 30 years ago, he suggested that I get tested. John drew my blood and sent it off to the lab. End of story. Or, so I thought.

Imagine my surprise two weeks later when I got my results back and found out I tested positive for the HCV antibody. I was stunned. Surely that was a mistake. Maybe it's a false-positive? So, now, what do I do? I'm trying not to panic. Co-workers advised me to get re-tested and if the results were positive, a PCR, RIBA or NAT for HCV RNA would be done. What? Even when I found out the definitions, it was still a foreign language to me. PCR stands for polymerase chain reaction, RIBA is a Recombinant Immunoblot Assay and that other one is a Nucleic Acid Test. Oh, yes, that definitely explains and clarifies everything for me! Turns out, RIBA is an antibody test and NAT for HCV RNA is a viral detection test. I'm not even going to attempt to explain a PCR. All I can think of is Polly-Wolly Doodle all the day.

Just to make sure, I had my blood drawn three more times and tested. (Do I sound a little obsessive compulsive?) And, yes, it was confirmed that I definitely have hepatitis C. My next step was to see a specialist. I went to a gastroenterologist who said I am a Genotype 1, which is the hardest type to treat. I may have to do treatment in the future, but for now, my viral load is not at a high level. I also had a liver biopsy (you can read more about that topic on page 7 of this newsletter) which indicates that for now, my liver is in fairly good shape and there is no significant amount of damage. Plus, I started the series for the hepatitis A and B vaccines.

What's ironic is my mother-in-law, Mary Collins Wheeler, is a big supporter of charities for healthcare programs in her community, which includes the Tampa Bay area. She has participated in fundraisers for the Chance Center in St. Petersburg, an education and resource facility for people infected with viral hepatitis. In addition to offering support groups, the Chance Center has helped provide low cost treatment to the uninsured.

Until I found out the cost for treating HCV (which can run up to \$50,000), I took having health insurance for granted. I will not do that in the future. Being diagnosed with HCV has really opened my eyes. Between doctor's visits, lab work, a liver biopsy and the possibility of treatment, I can't imagine facing this disease without health insurance. Now I can really appreciate my mother-in-law's generosity in helping various non-profit organizations that provide services to the uninsured. I have also discovered how important a support group is for people with HCV. Thankfully, there is a group that meets here in Tallahassee once a month.

More on page 4



Donna really got into the spirit of Thanksgiving!

Baby Boomers Continued from page 3

I am so very grateful that John Chamulak suggested I get tested. I want to encourage all baby boomers to do the same. What would have happened if I never got tested? My liver would eventually stop working and then I would need a liver transplant. I can't believe I've had this disease for 30 years and didn't know it. I can't thank John enough. That screening probably saved my life.

The CDC is recommending that all healthcare providers (public and private) offer their patients born between 1945 and 1965 a one-time test for hepatitis C regardless of their risk factors. If that doesn't happen, I'm afraid in a few years we will see hundreds of thousands of baby boomers in liver failure. There won't be enough livers to go around.

Since I have worked in public health for several years, I know that **prevention** is what it's all about. And, you thought the hokey-pokey was what it's all about.



Donna Wheeler

IAC EXPRESS

Special Edition: Ask The Experts
From the Immunization Action Coalition



Q: I still am not clear about the need for testing for hepatitis B if the hepatitis B vaccine series was completed many years ago—can you advise?

A: All healthcare personnel (HCP) with risk of exposure to hepatitis B should be tested 1–2 months after receiving the third dose of hepatitis B vaccine. CDC does not recommend testing healthcare personnel who were not tested within the 1–2 month postvaccination time frame. HCP who are exposed can be tested as part of postexposure management, if indicated. For more information, see [Hepatitis B and Healthcare Personnel](http://www.immunize.org/catg.d/p2109.pdf) at: <http://www.immunize.org/catg.d/p2109.pdf>

How to submit a question to Ask the Experts:

The Immunization Action Coalition (IAC) works with the Centers for Disease Control and Prevention (CDC) to compile new Ask the Experts Q&As for our publications based on commonly asked questions. We also consider the need to provide information about new vaccines and recommendations. Most of the questions are thus a composite of several inquiries.

You can email your question about vaccines or immunization to IAC at admin@immunize.org. You can also email CDC's immunization experts directly at nipinfo@cdc.gov. There is no charge for this service. If you have a question about IAC materials or services, email admininfo@immunize.org.

CDC Makes Important Changes for Vaccine Storage & Handling

<http://www.immunize.org>

The Centers for Disease Control and Prevention (CDC) recently made several important changes to its recommendations for vaccine storage and handling. They are published in the document [Interim Vaccine Storage and Handling Guidance](#). The introduction is reprinted below.

In response to recent scientific studies on equipment used for vaccine storage and a better understanding of best practices for vaccine storage and handling, the CDC is providing interim guidance on appropriate vaccine storage and handling practices. This guidance is intended for use by all public and private sector providers and, while recognizing that cost may be a barrier, we encourage practices to move toward implementing these recommendations as soon as possible. CDC is currently evaluating the most efficient and cost effective method to phase these recommendations in and more guidance is forthcoming.

With the goal of improving the way providers store and handle vaccines nationwide, several important changes have been made to previous recommendations issued by CDC, including:

1. Use of a biosafe glycol-encased probe or a similar temperature buffered probe rather than measurement of ambient air temperatures, and;
2. Use of digital data loggers with detachable probes that record and store temperature information at frequent programmable intervals for 24 hour temperature monitoring rather than non-continuous temperature monitoring, and;
3. Use of stand-alone refrigerator and stand-alone freezer units suitable for vaccine storage rather than combination (refrigerator plus freezer) or other units not designed for storing fragile biologics, such as vaccines, and;
4. Discontinuing use of dorm-style or bar-style refrigerator/freezers for ANY vaccine storage, even temporary storage, and;
5. Weekly review of vaccine expiration dates and rotation of vaccine stock.

World AIDS Day

Saturday, December 1, 2012, was the 24th annual World AIDS Day, a global observance dedicated to bringing awareness about HIV/AIDS, showing support for persons with HIV/AIDS, and remembering those who have lost their lives to this disease.

With a theme of "*Getting to Zero: Zero new HIV infections, Zero discrimination, and Zero AIDS-related deaths,*" communities around the state held events to commemorate World AIDS Day.

In Tallahassee, the Prevention staff in the HIV/AIDS & Hepatitis Program displayed a 20-foot red ribbon in front of the state Capitol building from November 26th to December 3rd. Spotlights highlighted the ribbon each evening from 5:30 P.M. to midnight.



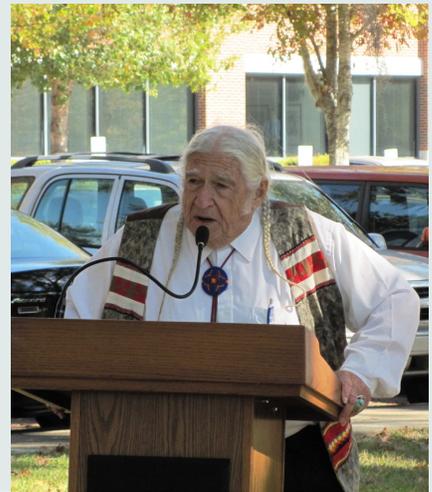
American Indian and Alaska Native Heritage Month

On November 7, 2012, the Florida Department of Health’s (DOH) Office of Minority Health and the American Indian Advisory Council kicked off American Indian and Alaska Native Heritage Month in Tallahassee. Their opening ceremony was held at DOH Headquarters and featured music, drumming and dancing.

A series of events also took place throughout the month to celebrate, educate and inform others of the diverse American Indian and Alaska Native populations, their traditions, knowledge, ways of life, and contributions. This year’s theme was "Share the Spirit: Cultures, Traditions and Contributions."



Drums play an important part in many Native American Indian tribal ceremonies, celebrations and spiritual festivals.



Mekko Jerry Lang, Chair, DOH American Indian Health Advisory Council

According to the CDC, hepatitis A incidence rates have differed historically by race; the highest rate occurs among American Indian/Alaska Natives (AI/AN). However, the incidence rate among AI/AN, which was more than 60 cases per 100,000 population before 1996, has decreased dramatically. During 2001–2007, rates among AI/AN were lower than or similar to those for other races. In 2007, the rate for AI/AN was 0.5 cases per 100,000 population.

Since 2004, the incidence of hepatitis C has plateaued among all racial/ethnic populations except for AI/AN, for whom rates fluctuated. In 2007, the rate was similar across racial/ethnic populations other than AI/AN, for whom the rate was slightly higher, 0.5 cases per 100,000 population.

“When you were born, you cried and the world rejoiced. Live your life so that when you die, the world cries and you rejoice.”---Cherokee Expression



Dr. Melvena Wilson, Acting Assistant Director, Office of Minority Health

EASY C FACTS



by Alan Franciscus

Liver Biopsy

A liver biopsy is the best way to find out if your liver is healthy or damaged. It is also the best way for your doctor to know whether you have other complications, such as other types of hepatitis or liver conditions.

During a liver biopsy, a needle is put into your liver and a small sample of tissue taken. Try not to worry too much

because most people only have mild to moderate pain. *If you are nervous about the test ask your doctor for some medication to help you relax.*

The liver biopsy is done while you are awake. Sometimes, an ultrasound is also performed to take a picture of the liver. This will help to decide exactly where to take out the tiny sample of liver tissue.

Remember.....

- ✦ Most people have mild to moderate pain.
- ✦ Some people will have moderate to severe pain, but this doesn't happen very often.
- ✦ Patients are checked for several hours after a biopsy to make sure serious bleeding or other problems do not occur.
- ✦ Your doctor will advise you what to do before and after the test.
- ✦ A friend or a member of the family will have to take you to and from where you have the biopsy done.

www.hcvadvocate.org



12/2011

QIs and Rock 'N Roll

By April Crowley, Health Education Coordinator

Quality Improvement (QI) visits to county health departments (CHD) are an integral component of public health. I'm always amazed at how much I learn on these important visits.

In Phil Reichert's QI article on page 2, Clemons Steinbock says, "When doing QI, you should ask questions 80% of the time and tell your group what to do 20 percent of the time." It seems like every QI I've been on (the latest one was in **Escambia County**), I ask questions 100 percent of the time. I almost never tell the people I talk to what to do because they're already doing it! All county health departments that offer hepatitis services go beyond the call of duty. They do so much with so little.

Prior to working in public health, I had a career in radio. There is a big difference between interviewing a rock star and a public health employee.

What's tragic is that a lot of those rock stars from my radio days are infected with the hepatitis C virus (HCV), and, they are making the world a better place by not only disclosing their status, but by continuing to raise awareness of this disease. For example, after living with HCV for several years, Phil Lesh, bass player for the Grateful Dead, had a liver transplant in 1998. When he performs these days, Lesh encourages his audiences to become organ donors. He has even signed fans' organ donor cards, used to identify people as donors in lieu of the stickers often affixed to driver's licenses. The cards, available at www.organdonor.gov, are required to be signed by two witnesses, and Lesh has been a witness for hundreds at his shows.

Gregg Allman, Natalie Cole and Jon Secada have joined forces to raise awareness about hepatitis C through a crusade called "Tune In to Hep C." Allman and Cole share their personal experiences of being infected with this disease, while Secada talks about his father, Jose, who passed away in 2011 from cirrhosis of the liver. It was the result of a complication from chronic hepatitis C infection that went untreated. Take a look at their website: <http://www.tuneintohepc.com/>.

Other celebrities also bring this disease to light by sharing their experiences with the rest of the world. She may not be famous, but I do admire my co-worker, Donna Wheeler, for wanting baby boomers to know why it's so important to get tested for hepatitis C. I also have a high regard for the staff in CHDs because they constantly go out in the field, sometimes under not so favorable conditions, to educate their communities about viral hepatitis. These public servants are definitely making the world a better place.



Donna Wheeler with Escambia CHD staff Ken Brown, Beate Bolton and Lydia McCorvey. The sign to the right is on the door to Lydia's office.

Division of Disease Control & Health Protection



HEPATITIS FOUNDATION
INTERNATIONAL

...News / Events

Florida Viral Hepatitis Summit

On November 16, 2012, the Hepatitis Foundational International (HFI) sponsored a one-day education and training summit in Orlando. The audience included health professionals and others working with people who are affected by or infected with viral hepatitis. Topics included liver health, diagnosis and treatment, substance abuse, mental health and other issues. **Phil Reichert** presented an overview of viral hepatitis in Florida and provided an update on the HIV/AIDS and Hepatitis Program.



Left to right: Dr. Gregory Danyluk from Seminole County Health Department, Phil Reichert, Thelma King Thiel, CEO of Hepatitis Foundation International and Jennifer Kwakye with HFI.



Save the date!

Hepatitis Awareness Day

March 20, 2013

Florida Capitol

9:00 AM – Noon

3rd Floor Rotunda



Division of Disease Control & Health Protection

Hepatitis Coordinators Meet in Orlando

By Phil Reichert

The hepatitis coordinators from the 15 CHDs funded to provide enhanced hepatitis prevention services met in Orlando on December 4 and 5. This meeting was the most recent of what are usually annual opportunities for the coordinators to get together and discuss best practices for providing services.

The meeting was also an opportunity to provide updates on policy and procedure issues. Staff from the Tallahassee office provided new information on upcoming therapies for hepatitis C, new testing, surveillance and prevention initiatives and recent funding the state of Florida was able to obtain from the CDC.

Beth Ann Eichler, from the Bureau of Epidemiology in Tallahassee, provided information on the research she and several counties are doing on hepatitis C in young Floridians. Working with Beth Ann demonstrated an excellent example of program collaboration between the Epi bureau and the Bureau of Communicable Diseases.

Each of the participating coordinators had the opportunity to share some of the outreach, education, vaccination, testing and other viral hepatitis activities they perform in their counties. This always inspires discussion among the participants. And, the sharing of best practices advances the process of quality management and assurance.



FRONT ROW: Lori Theisen (Orlando), Terri Davis (Jacksonville), Allen Salton (West Palm Beach), Nadia Kovacevich (Gainesville) & Komona McGriff (Ft. Myers). **MIDDLE ROW:** Greg Danyluk (Sanford), Vanice Rolle (Ft. Lauderdale), Enid Santiago-Cruz (Sanford), Isidra Gomes (Naples) & Tracy Adams (Panama City). **BACK ROW:** Donna Wheeler (Central Office (CO) in Tallahassee), Jean Barber (Key West), Marie Etienne (Miami), Randy Crump (Bartow), Marcia Woodham (Okeechobee), Dr. Dongming Cui (St. Petersburg), Dena Hall (CO in Tallahassee) & Phil Reichert (CO in Tallahassee).

Hepatitis Health is brought to you by the HIV/AIDS and Hepatitis Program, Bureau of Communicable Diseases, at the Florida Department of Health. Submit your articles and photos to: April.Crowley@doh.state.fl.us