



# Hepatitis Update

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## Hepatitis Awareness in Seminole County

By Enid Santiago-Cruz, Health Educator

In honor of May being Hepatitis Awareness Month, the Florida Department of Health (DOH) in Seminole County got the word out in several different ways. Weekly emails were distributed with messages like the one below. As you can see, we didn't have to "reinvent the wheel" because we used logos and web links from the CDC. We also used this as an opportunity to place an emphasis on Baby Boomers. See our flyer on page 2.



Enid

May is Hepatitis Awareness Month

Patients can call (407) 665-3019 for more information

The more we know and are aware the more we can be the leaders in prevention.

Take this quick assessment for yourself, then tell our patients to do the same. You could save a life.

<http://www.cdc.gov/hepatitis/riskassessment/>



On the sign at the entrance to the health department, we alternated these two messages: "Hepatitis Awareness Month" and "Free Hepatitis Test Here."



World Hepatitis Day is July 28th

*Hepatitis Update* is brought to you by the Division of Disease Control and Health Protection, Bureau of Communicable Diseases, HIV/AIDS and Hepatitis Section at the Florida Department of Health.

If you have a news item or photo you would like to submit, email the editor at:

April.Crowley@flhealth.gov

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# HEPATITIS C:

## Why people born 1945-1965 should get tested



People born from 1945-1965 are 5x more likely to have Hepatitis C.

While anyone can get Hepatitis C, more than 75% of people with Hepatitis C were born between these years. That's why CDC recommends that anyone born from 1945-1965 get tested for Hepatitis C.



Up to 75% of people with Hepatitis C don't know they are infected.

Millions of Americans have Hepatitis C, but most don't know it. People with Hepatitis C often have no symptoms and can live with an infection for decades without feeling sick.



Hepatitis C can cause liver damage and liver failure.

Over time, chronic Hepatitis C can cause serious health problems including liver damage, cirrhosis, liver cancer and even death. In fact, Hepatitis C is a leading cause of liver cancer and the #1 cause of liver transplants.



Many people can get lifesaving care and treatment.

Knowing you have Hepatitis C can help you make important decisions about your health. Successful treatments can eliminate the virus from the body and prevent liver damage, cirrhosis, and even liver cancer.

**FREE Testing**  
**Call Today! (407) 665-3019**



## Florida Community Planning Network (FCPN)

By Phil Reichert

The Florida Community Planning Network is made up of three important public health planning groups: The HIV Prevention Planning Group (PPG), the HIV Patient Care Planning Group (PCPG) and the Viral Hepatitis Council (VHC). Each group meets independently at least once a year to discuss current topics and activities related to providing associated services. Each group is made up of Department of Health employees and non-governmental members from local communities around the state. Once a year, the leaders of the three groups come together to discuss overlapping issues, such as: co-infection with HIV and hepatitis C, testing and providing medical services for eligible Floridians.

The FCPN met in Tampa on April 2, and was sandwiched between regular PPG and PCPG meetings. I was able to present information on the current activities and initiatives of the Hepatitis Prevention Program and the VHC to members and guests of the PPG and the PCPG on April 1 and 3.

The biggest issues that provided for lively discussion were two bills pending in the 2014 Florida Legislature. One would allow for a pilot syringe exchange program in Miami-Dade County. The other would require doctors in specific health care settings to offer hepatitis C testing to any of their patients born from 1945 to 1965. The latter was based on CDC recommendations published in August 2012, and on a similar bill that passed and was signed into law in the state of New York. The syringe exchange bill was based on several decades of data gathered from similar programs in other states showing the success of syringe exchange in reducing the incidence of HIV and viral hepatitis.

Neither bill passed this year, but many expect that both will be topics of discussion in the 2015 Legislature. Both will certainly continue to be topics of discussion for the members of the PPG, the PCPG and the VHC.

For more information about the Viral Hepatitis Council, please contact April Crowley at (850) 245-4444 ext. 2580. Or, you may email her at: [april.crowley@flhealth.gov](mailto:april.crowley@flhealth.gov). You may also go to the [www.flahepatitis.org](http://www.flahepatitis.org) website.

For more information about the HIV Patient Care Planning Group, contact Meghan Daily at [meghan.daily@flhealth.gov](mailto:meghan.daily@flhealth.gov). And, for information about the HIV Prevention Planning Group, you may contact April Hogan at [april.hogan@flhealth.gov](mailto:april.hogan@flhealth.gov).



Members and guests of the April 2014 Florida Community Planning Network meeting in Tampa

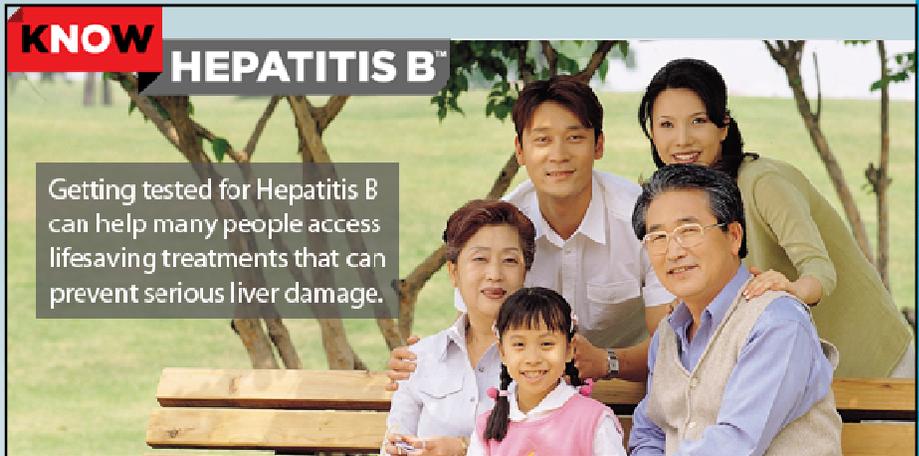
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# Multi-lingual *Know Hepatitis B* Campaign Launched

From: <http://www.immunize.org/express/>

On May 1, 2014, in observance of Asian American and Pacific Islander Heritage Month, the U.S. Department of Health and Human Services (HHS) released a statement that includes information about hepatitis B infection and the importance of testing and vaccination. A portion of the HHS statement is reprinted below.

*... more Asian Americans, Native Hawaiians, and Pacific Islanders now have access to important preventive services and vaccinations at no out-of-pocket cost. This is particularly important with hepatitis B, as nearly 2 out of 3 people carrying the disease don't know they are infected and liver cancer caused by the hepatitis B virus is a leading cause of cancer among Asian Americans.*



*To combat this silent epidemic, the Centers for Disease Control and Prevention has launched the multi-lingual *Know Hepatitis B* campaign, (<http://www.cdc.gov/KnowHepatitisB/>) with community organizations across the country to raise awareness among Asian American and Pacific Islanders about the importance of hepatitis B testing and vaccination.*

## Women's Well-Being Health Fair

By April Crowley

Joining in the celebration of National Women's Health Week, Jessi Embleton, Office Manager of the Hepatitis Prevention Program, and I participated in the Women's Well-Being Health Fair in Railroad Square Art Park in Tallahassee. This community event



**April Crowley**



was held on Saturday, May 17, and was dedicated to educating, encouraging and motivating women to live healthy, long and fulfilling lifestyles.

We set up our program display and provided educational materials on viral hepatitis. With National Hepatitis Testing Day right around the corner (May 19), we also discussed risk factors and stressed the importance of adults, especially Baby Boomers, getting screened for hepatitis C.

Lillian Orsini checks out the Hepatitis Prevention Program display.

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# Muscogee Rendezvous

By Karen L. Simons, Health Education Coordinator  
HIV/AIDS and Hepatitis Section, Prevention Program

On Saturday, May 17, **Dr. Anna Likos**, DOH Division of Disease Control and Health Protection Director, met with several tribal leaders during the first annual Muscogee Rendezvous held in Marianna. Several tribal communities came together to educate the public about their historical past and present. Dr. Likos and I attended this event where the Shawl Circle was presented. We were joined by **Rick Vitale, Eric Moncada and Sherrie Serpas** from the Department of Health in Bay County.



Dr. Anna Likos

The Shawl Circle was developed by the HIV Prevention Program, in collaboration with the Breast and Cervical Cancer Early Detection Program. This initiative focuses on educating and training American Indian women to be health advocates within their own communities. All women completing this program are presented with a specially designed shawl that signifies their commitment to themselves and their communities for better health outcomes. This project is now being implemented in other states, such as Oklahoma, and has the distinction of being included in the Indian Health Services database of approved educational programs. The DOH-Bay County staff offered free HIV testing and hepatitis vaccines as well as education.

Dr. Likos sat down with members of the DOH American Indian Advisory Council to discuss the unique health challenges this population faces and how the department can continue to help these very vulnerable communities.



Above: **Billy Whitefox**, a flutist who serves on the Governor's Council on Human Relations.



To the right is a demonstration of "Stomp" dancing. The public was invited to join in after a brief introduction to the dance.

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## NASTAD Meeting on HIV, Hepatitis & Overdose in Drug Users

By Phil Reichert

The National Alliance of State and Territorial AIDS Directors hosted a workshop titled: *HIV, Hepatitis and Overdose Among Drug Users: The Health Department Role in an Effective Response*. The meeting took place in Washington, DC on April 22 and 23, and was attended by Marlene LaLota, Administrator of the HIV/AIDS and Hepatitis Section, and by me. Along with several public health HIV/AIDS and viral hepatitis program leaders from around the country, the meeting goal was, “to provide a venue for health department HIV and viral hepatitis staff to...reduce HIV and HCV transmission and overdose among persons who inject drugs...”



Phil Reichert

Julie Scofield, Executive Director of NASTAD, and NASTAD’s Associate Director for Viral Hepatitis, Chris Taylor, described the framework on which the meeting would build. Several experts defined the drug use and overdose problem that exists in the United States.

Daniel Raymond, Policy Director for the Harm Reduction Coalition, stated that the use of prescription opioids in the US has quadrupled in the past decade. Heroin use is up in recent years also. Raymond said that law enforcement deals with drug overdose issues in the US, but state and local health departments are not addressing the issue. If public health focused more on preventing drug overdoses, HIV and hepatitis C rates would decline.

Alessandra Ross, from the California Department of Public Health, suggested that health departments write policies and develop better expertise in addressing drug problems. Through advocacy, we could define the problem and develop a course of action, identify key stakeholders to help with the prevention effort and address any barriers.

The state of Washington has had syringe exchange programs in place for several years as an HIV and viral hepatitis prevention method, and in fact, had the first syringe exchange program in the US. David Kern, Washington’s Infectious Disease Prevention Manager, said political support for such programs is mandatory, and his state provides that support. Kern suggested we all address general health issues among drug users, work closely with advocates and develop and nurture partnerships with other entities.

Christine Kourtides, from the White House Office of National Drug Control Policy (ONDCP), said that her office wants to de-stigmatize drug use, and that drug use should be discussed in mainstream health care venues. She stated that drug use should be treated like any other disease where we talk about prevention and treatment. Kourtides said the ONDCP worked with the Department of Health and Human Services on the viral hepatitis action plan and is working with several other countries to reduce their export of drugs to the US.

The term “overdose prevention” was discussed in this meeting. Public health people are familiar with the term “drug prevention,” but preventing overdoses in people who use drugs is an important means of saving lives. People who use drugs and people who inject drugs (PWID), in particular, need to understand the interest of public health in keeping their overall health in good shape. For many years we have told injecting drug users that if they cannot stop their drug use, then they should not share needles. And, if they must share needles, then be sure to clean them properly with bleach and water before they are shared. This message is an attempt to prevent infection with HIV and viral hepatitis. Now, we need to go an additional step and prevent their death through overdose prevention methods.

The Harm Reduction Coalition advocates the use of Naloxone, a drug often administered by emergency medical technicians, to save the life of someone who overdoses on drugs.

*Continued on page 7*

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***NASTAD Meeting continued from page 6***

The take-home message from this meeting was that participants would return to their states and initiate workgroups to determine several relevant issues. In Florida, Marlene and I proposed to convene a small group to look into: 1) Contacting other public health programs that might already be involved in overdose prevention (such as the Department of Children and Families, Alcohol, Drug Abuse and Mental Health Program and the Department of Health’s Injury Prevention Program), 2) discuss common goals and objectives, 3) discuss any duplicative efforts, 4) develop a list of key collaborators, and 5) develop guidance for overdose prevention and drug use prevention in people at risk for HIV and viral hepatitis.



Blooming cherry blossoms in front of the Capitol

**Homeless Connection Fair**

By Enid Santiago-Cruz

On Friday, June 6, New Directions Community Outreach hosted the annual Seminole County Homeless Connection Fair in Casselberry. The purpose of this event was to offer individuals and families who are less fortunate opportunities for medical, dental and other services.

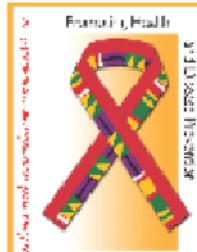
The DOH in Seminole County joined in this fair and provided lots of information about viral hepatitis to the community. Two guests in attendance created quite a bit of excitement when they walked in. **Nick Anderson** and **Bo Outlaw** are former basketball players for the Orlando Magic. Both of these gentlemen were part of the Magic’s original team.



Enid Santiago Cruz & Sarah Connolly, CDC Public Health Associate, talk to Nick Anderson about viral hepatitis.



Left to right: Enid Santiago Cruz, Sarah Connolly, Bo Outlaw & Marianela Smyth, Health Service Representative for STD/HIV at the DOH in Seminole County.



## National Black Leadership Commission on AIDS, Inc.

C. Virginia Fields, MSW - President and CEO Rev. Dr. W. James Favorite - Board Chair

Co-Founders: National Black Leadership Commission on AIDS, Inc, Coalition On Positive Health Empowerment & Harm Reduction Coalition

Supported by funding from the NYS Department of Health AIDS Institute, New York City Council Faith Based HIV/AIDS Initiative, Uptown Health Link & Office of Minority Health

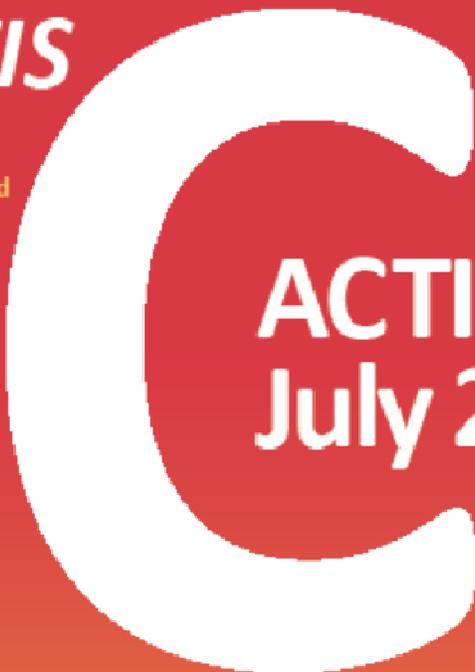
# NATIONAL AFRICAN AMERICAN HEPATITIS



African Americans are twice as likely to have ever been infected with the Hepatitis C virus.

African American mortality related to the Hepatitis C virus is almost double the rates for non-Hispanic white Americans.

More than 75% of adults with Hepatitis C are Baby Boomers. Baby Boomers are five times more likely to be infected with Hepatitis C and most of them don't know they are infected.



## ACTION DAY July 25, 2014

July 25, 2014 marks the second annual national observance of African American Hepatitis C Action Day, a commemoration designed to heighten public awareness about the devastating impact of the Hepatitis C epidemic on communities of African descent.

### GET TESTED!



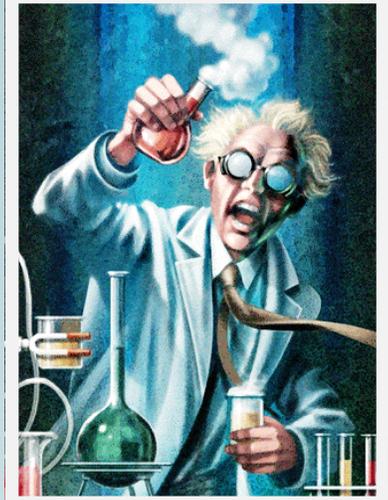
For information on the activities taking place on July 25, 2014 visit [www.nblca.org](http://www.nblca.org) or 212-614-0023 or [info@nblca.org](mailto:info@nblca.org)

## Hepatitis Lab Interpretations

The Hepatitis Prevention Program (HPP) recently updated its *Viral Hepatitis Test Results and Interpretations* chart. This one-page, two-sided diagram features results for hepatitis A (HAV), hepatitis B (HBV) and hepatitis C (HCV). Below is a reduced version of one side of the chart. Special thanks to **Susanne Crowe** at the state lab in Jacksonville, **Beth Ann Eichler** in the Bureau of Epidemiology, **Kathy Franklin-Smith** in the DOH Communications Office and the rest of the HPP staff for their help and expertise in updating these materials.

If you want to download a copy, go to our website at: [www.Flahepatitis.org](http://www.Flahepatitis.org).

To order lab interpretation sheets, email our office manager, Jessi Embleton, at [Jessi.Embleton@flhealth.gov](mailto:Jessi.Embleton@flhealth.gov).



### Viral Hepatitis Test Results and Interpretations\*

Exposure Type or Risk Factors	Approximate Time from Exposure	Hepatitis C (anti-HCV)	Interpretation
Hepatitis C Risk Factor Or Blood Donor Or Abnormal ALT Or Acute Hepatitis	>6 months	anti-HCV Negative	Indicates immunocompetent patient without acute infection or possible immunosuppressed patient with acute infection.
	2-26 weeks	anti-HCV Negative or Indeterminate	Possible incubation stage. Retest 6 months after exposure.
	>6 months	anti-HCV Positive S/CO <8.0**	Supplemental testing recommended. (Automatic supplemental testing by the BPHL—results forwarded when available.)
	>6 months	anti-HCV Positive; S/CO ≥8.0	Indicates past or present infection. High s/co ratios usually confirm positive (≥95%) when supplemental testing is performed. Routine supplemental testing is not recommended for these samples. (Supplemental NAT for HCV RNA testing performed by the BPHL ONLY on a case by case basis at the written request of provider).
	>6 months	Anti-HCV Positive NAT for HCV RNA Positive	Indicates past or present HCV infection. The detection of HCV RNA may be desired in evaluating patients for treatment and/or monitoring antiviral therapy.
— ACRONYMS — Anti-HCV: Antibody to HCV NAT: Nucleic Acid Testing S/CO: Signal To Cut-Off Ratio RNA: Ribonucleic Acid ALT: Alanine Aminotransferase BPHL: Bureau of Public Health Laboratories	>6 months	Anti-HCV Positive NAT for HCV RNA Negative	Indicates past or present HCV infection. NAT for HCV RNA is not detectable during all stages of infection.  Antibody to HCV detected but not confirmed by a more specific assay. Possible false positive or virus at undetectable limit. Repeat in 6 months.
	>6 months	Anti-HCV Positive NAT for HCV RNA Negative	Indicates past or present HCV infection. NAT for HCV RNA is not detectable during all stages of infection.  Antibody to HCV detected but not confirmed by a more specific assay. Possible false positive or virus at undetectable limit. Repeat in 6 months.
Exposure Type or Risk Factors	Approximate Time from Exposure	Hepatitis A (anti-HAV) Antibody	Interpretation
Hepatitis A Known Exposure OR Risk Factors	2-9 weeks	IgM Positive Total Antibody Positive	Early acute hepatitis A infection. Patient potentially infectious.
	3-6 months	IgM Positive Total Antibody Positive	Acute hepatitis A infection. No need for vaccine.
	Months to Years	Total Antibody Positive	Recovery state. Patient immune to hepatitis A. No need for vaccine.
Vaccine	Months to Years	Total Antibody Positive	Antibody to hepatitis A detected. Patient immune. Post-vaccination testing usually not recommended.

\*Note: These results and interpretations are for serum tests for viral hepatitis, as performed by the State Lab. This chart was developed by Florida Department of Health, Bureau of Public Health Laboratories and the Hepatitis Prevention Program.

\*\*Different assays have different ratios that correspond to a >95% chance that results will confirm positive. BPHL currently uses an assay with a predictive positive S/CO of 8.0.

## Hepatitis C: Ways to Fight Back

By Lucinda K. Porter, RN

As I write this, a friend with hepatitis C is dying. By the time you read this, she will be gone. She is not the first friend I've lost to hepatitis C, but I hope she is the last. I feel powerless and sad about her death, but I am not standing by helplessly. Pain is a call to action. I put a check in the mail to one of my favorite hepatitis C organizations, and began writing this article.

May was Hepatitis Awareness Month. The more we do, the better our chances are to save lives and prevent further spread of hepatitis C. Anybody can help, even those with little time, money, energy and health. By anybody, I mean you.

We need everyone's help—not just hepatitis C patients. Michael Ninburg of the Hepatitis Education Project in Seattle points out, "Chances are you know someone with hepatitis C... your mother, your uncle, your sibling, you? And chances are they don't know they have it. One in 30 Americans born between 1945-1965 is living with hepatitis C. Many younger Americans are also at risk. Get tested, get treated, get cured!"

What can we do to make a difference? I asked this question to some of the top hepatitis C advocates in the U.S. I'll begin with Alan Franciscus, founder of the Hepatitis C Support Project and editor-in-chief of the *HCV Advocate*. "There are too few people who understand hepatitis C. I challenge people to commit to telling 10 people about hepatitis C and ask those they tell to tell 10 others." Math tells me this can make a huge difference.

Telling others about hepatitis C doesn't take much effort. For example, anyone with email can include an automatic signature with a hepatitis C advocacy message. Michael Ninburg's message about people being touched by hepatitis C rings true, and "get tested, get treated, get cured" is a wonderful tag line. Perhaps you are brave enough to take this a step further. Alan urges, "We need to put a face to hepatitis C—the only way we can do this is by more people disclosing their hepatitis C status."

Even hepatitis C patients with advanced liver disease or limited time and energy can make a difference. Heather Lusk, Director of Hep Free Hawaii and the CHOW Project in Honolulu, suggests; "Tell your story. Write it down, record and put it on YouTube or otherwise capture your experience." The *HCV Advocate* ([www.hcvadvocate.org](http://www.hcvadvocate.org)) and *Hepatitis Magazine* ([www.hepmag.com](http://www.hepmag.com)) welcome stories.

We don't tell our stories for our sake—we tell them for the sake of others. Chris Taylor, Associate Director of Viral Hepatitis at the National Alliance of State & Territorial AIDS Directors (NASTAD) writes, "One of the most powerful things individuals can do is to talk with others about their experience living with hepatitis C. Sharing your experience reduces stigma and personalizes the epidemic. In addition to helping others feel less isolated, it can raise awareness of the needs related to hepatitis C prevention, testing, care, treatment and research."

Ryan Clary, Executive Director of the National Viral Hepatitis Roundtable (NVHR) echoes this point. "The only way to make sure that elected officials, the media and the general public are aware of hepatitis C is for everyone to tell their story and show the face of those affected by the epidemic. Members of Congress need to know that their constituents are affected. The public needs to know that their family, friends and neighbors are affected. The media needs to see the diversity and broad range of affected individuals. By telling our story, we can change the story."

I was right about one thing—my friend would be dead by the time you read this, because she passed away before I finished this. She and 40 other people died from hepatitis C today. Tomorrow there will be another 41 hepatitis C-related deaths. These are conservative numbers, but they are far too high. You can do something about this. You can change the end of this story, if you get involved.

**Note:** This is an excerpt from a recent article in the *HCV Advocate*, to which Lucinda K. Porter, RN, is a long-time contributor. She is also author of *Free from Hepatitis C* and *Hepatitis C One Step at a Time*. Her blog can be found at: [www.LucindaPorterRN.com](http://www.LucindaPorterRN.com)



Lucinda K. Porter

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## Data and Progress Reports to CDC

By Phil Reichert

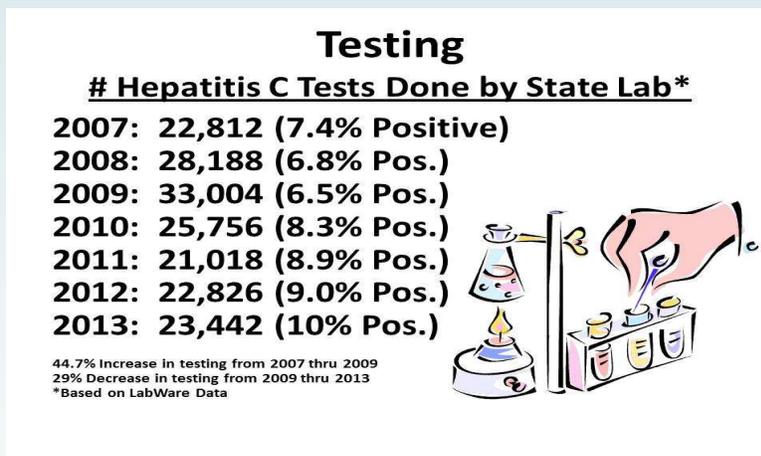
The Hepatitis Prevention Program (HPP) receives funding from the Centers for Disease Control and Prevention to do prevention and surveillance activities in Florida. The surveillance part of the grant is managed by the Bureau of Epidemiology. The prevention part pays the salary, fringe, travel and expenses of Florida's viral hepatitis prevention coordinator (VHPC), yours truly. In each state that receives this funding, the VHPC generally oversees the viral hepatitis program in that jurisdiction. Each VHPC is required to write and submit an interim and annual progress report.

The current grant is in the second year of a three-year cycle (2012-2015). The budget years run from November 1 to October 31. I am currently working on the Interim Project Report, due to CDC in August, and covering November 1, 2013-April 30, 2014, the first six months of this grant year. After each budget year ends, the Annual Progress Report is due to CDC for the previous twelve months of activities.

I wanted to share some of the six-month data that we report to CDC covering the November 2013-April 2014 period.

Thanks to April Crowley, our health education coordinator, there were four Hepatitis 101 one-hour webinars presented during this six-month period. Participation averaged 26 listeners per event, with a total of 103 people trained. Additionally, April provided a national Hepatitis 101 webinar which was sponsored by The AIDS Institute. There were 110 participants on that call.

From November 2013 through April 2014, the state lab performed 11,352 hepatitis C antibody tests on bloods drawn on behalf of the Hepatitis 09 Program in the county health departments. Of those, 1,214 (10.7%) were positive. The diagram below shows a seven-year comparison of the number of hepatitis C tests performed by the state lab for those full years.



There were 11,355 hepatitis B surface antigen (HBsAg) tests done, with 96 (.85%) positives. These positive tests indicate an acute infection (less than six months). Also, during the same six-month period, there were 10,853 hepatitis A tests run, with 3,432 (31.6%) positives.

The HPP distributed 18,545 pieces of educational material during this period (including: A-B-C Charts, Hepatitis Lab Interpretation Charts, hepatitis A, B and C posters, and hepatitis B & C informational palm cards).

Lastly, the program bought and distributed 480 Home Access hepatitis C test kits.

We track several other performance measures, but I'll stop here for now, and cover other data in a future issue of *Hepatitis Update*. To order educational and other informational items, please contact Jessi Embleton at (850) 245-4139 or [jessi.embleton@flhealth.gov](mailto:jessi.embleton@flhealth.gov). You can also access ordering information at the [www.flahepatitis.org](http://www.flahepatitis.org) website.