# The Florida Hepatitis Prevention Action Plan 2016-2020

**Developed and Written by the**
**Florida Viral Hepatitis Planning Group**
**and the**
**Florida Hepatitis Prevention Program**


**Florida Department of Health** **June 2016**

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# DEDICATION

**This Hepatitis Prevention Action Plan is dedicated to the individuals infected with and affected by viral hepatitis and to those who work hard to provide services for them.**

# ACKNOWLEDGEMENTS

**The members of Florida's Viral Planning Group (VHPG—formerly the Viral Hepatitis Council) conceived, wrote, reviewed and approved this plan based on the framework the VHPG Writing Team developed. This team included:**

**Susanne Crowe, Dr. Philip Styne, Pat Simmons, Philip Reichert, April Crowley, Jessica Embleton and Cynthia Kruty**

# EXECUTIVE SUMMARY

This Florida Hepatitis Prevention Action Plan covers the years 2016–2020 inclusive, and was written and approved by the Florida Viral Hepatitis Planning Group (VHPG) and the Florida Hepatitis Prevention Program (HPP). The VHPG is a union of governmental and non-governmental representatives from throughout Florida. This plan was presented to the full group via email for review and approval. The members were surveyed and asked to provide information about gaps in hepatitis services, barriers to service provision and unmet needs. The group agreed that most of the gaps, barriers and needs that were part of the 2011–2015 plan should be carried forward to this plan, since funding for public health hepatitis prevention activities decreased from 2008 to 2015. This plan was written based on a review of past hepatitis prevention activities in Florida, and on activities the HPP can track and evaluate during the upcoming five-year period. Final edits were made before being approved for distribution by the Hepatitis Prevention Program Manager and VHPG Co-Chairs, the administrator of the STD and Viral Hepatitis Section, the chief of the Bureau of Communicable Diseases and by the director of the Division of Disease Control and Health Protection.

All goals, objectives and action statements from the 2011–2015 plan were reviewed and either rewritten or updated. The goals were aligned to reflect the goals of the Centers for Disease Control and Prevention (CDC), the recommendations of the 2010 Institute of Medicine's *National Strategy for the Prevention and Control of Hepatitis B and C* and the 2011 federal Department of Health and Human Services' *Combatting the Silent Epidemic of Viral Hepatitis: Action Plan for the Prevention, Care and Treatment of Viral Hepatitis* (which was updated in 2014). Florida's goals and objectives are based on the HPP and VHPG **vision** to eliminate viral hepatitis in Florida and the **mission** to prevent the transmission of the virus.

The goals stated in this plan are as follows:

1) Raise statewide awareness of viral hepatitis
2) Develop and distribute educational information
3) Coordinate and collaborate with other programs and entities regarding prevention and intervention efforts
4) Track the burden of disease through viral hepatitis case surveillance and reporting
5) Conduct research and evaluation
6) Reduce viral hepatitis morbidity and mortality

# BACKGROUND STATEMENT

Viral hepatitis is a public health problem that causes significant morbidity and mortality in the state of Florida, in the United States and in many countries around the world. It is largely a "silent epidemic" because an individual can be infected with hepatitis C for decades before it causes cirrhosis (scarring) of the liver, liver cancer or death. An estimated 321,600 Floridians are infected with chronic hepatitis C, and 120,600 with chronic hepatitis B. According to the 2010 Institute of Medicine report, *Hepatitis and Liver Cancer: A National Strategy for the Prevention and Control of Hepatitis B and* C, up to 5.3 million Americans, or about two percent of the population, are living with chronic hepatitis B or C infections.[1]

Approximately 22,500 cases of **chronic** hepatitis C are reported in Florida each year.[2] About 80 percent of all injecting drug users are infected with hepatitis C.[3] And, approximately 25–30 percent of HIV-infected individuals are also infected with hepatitis C.[4] People at risk for chlamydia, gonorrhea, syphilis and HIV may also be at risk for hepatitis A, B and C. This provides a powerful argument for integrating viral hepatitis services into sexually transmitted disease and HIV/AIDS programs.

In 2007, CDC created an office dedicated to program collaboration and service integration (PCSI) within the National Center of HIV, Hepatitis, STD and TB Prevention, because individuals who access viral hepatitis services are often at risk for HIV and other sexually transmitted diseases.[5] The HPP includes PCSI in its activities by collaborating with several program partners such as: HIV/AIDS, STD, Immunization, Epidemiology and Family Health Services. The HPP also partners with other agencies and entities regarding initiatives and

activities. Examples of these partners include (but are not limited to): Department of Corrections, local jails, substance abuse treatment facilities, universities, national community-based non-profit organizations, CDC, the National Alliance of State and Territorial AIDS Directors (which has a viral hepatitis component), The AIDS Institute (which also includes a viral hepatitis initiative), Hepatitis Foundation International, the Hepatitis B Foundation, Hepatitis C Advocate, the National Viral Hepatitis Roundtable, the New York Hepatitis Technical Assistance Center and local Florida community-based hepatitis services organizations.

In August 2012, CDC released its first recommendations on testing for hepatitis C since 1998. The highlight of this document, titled *Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born During 1945–1965*, involve testing "baby boomers" born from 1945–1965 one time for hepatitis C. According to CDC, boomers account for 27 percent of the population of the US, yet they represent about three-fourths of the chronic hepatitis C cases.[10]

In 2006, the CDC issued two MMWR (Morbidity and Mortality Weekly Report) guidance documents outlining, 1) the elimination of hepatitis B in infants, children and adolescents, and 2) the elimination of hepatitis B in adults. Because of the wide use of hepatitis B vaccine in infants and children, there was a downward trend of reported hepatitis B cases during the past two decades.[2] CDC stated that since hepatitis B vaccine was provided to virtually all infants and children from 1992 through the present, this protected most younger Americans from the disease. To protect older adults, CDC suggested venue-based hepatitis B vaccine delivery in: clinics where STD and HIV services are provided, jails and prisons and in substance abuse treatment centers. They stated that if every individual at risk is vaccinated in these venues, hepatitis B may be eliminated in a short time.[6] In Florida, there were 511 acute hepatitis B cases reported in 2004, and 313 cases in 2014, for a decrease of 38.7 percent.[7]

Based on CDC recommendations, providing hepatitis A vaccine to all children between 12 and 23 months old will have the same effect that providing hepatitis B vaccine to infants and children has had on the population since 1992.[8,9] Although hepatitis A outbreaks continue in specific populations and venues each year, such as in infants and children in daycare centers and in men-who-have-sex-with-men, the number of new cases reported in Florida has dropped from 895 in 2002 to 112 in 2014.[7] This is a decrease of 87.5 percent.

# THE FLORIDA VIRAL HEPATITIS PLANNING GROUP

Under the umbrella of the Florida Comprehensive Planning Network, there are three planning groups: the HIV Patient Care Planning Group, the HIV Prevention Planning Group and the Florida Viral Hepatitis Planning Group (VHPG). The VHPG was created as the Florida Viral Hepatitis Council in January 2004 to be an advisory and planning group. The name was revised in early 2015 to reflect the purpose of the group. Its members include both Department of Health staff and individuals from community-based and other non-governmental organizations. They operate from by-laws created by the charter members. The group usually meets face-to-face once each year. There are up to 20 members that include statewide representation by: a minimum of four community members (including individuals infected with viral hepatitis), two clinical or medical members, at least four public health members, two members from governmental agencies other than the Department of Health, three community-based non-profit organization members and up to two members with an academic or research background. A single member may represent up to two of the above disciplines or entities. The group is chaired by an elected community co-chair and an appointed Department of Health co-chair. The main purpose of the group is to write a comprehensive hepatitis prevention plan (the Action Plan) for Florida that includes (but is not limited to): goals, objectives, actions, a list of gaps in services, a list of barriers to providing services and two specific lists of unmet needs. A secondary purpose of the VHPG is to provide a forum for representatives from around the state to meet and discuss viral hepatitis issues and activities of the Hepatitis Prevention Program. The group may produce position statements related to hepatitis issues, and it often functions as an advisory group to the HPP.

This comprehensive hepatitis prevention action plan is the culmination of work by the VHPG Writing Committee, the greater membership of the VHPG and the HPP.

# THE FLORIDA HEPATITIS PREVENTION PROGRAM (HPP)

The **VISION** of the Hepatitis Prevention Program is: Eliminate viral hepatitis in Florida.

The **MISSION** of the Hepatitis Prevention Program is: Prevent the transmission of viral hepatitis.

The Florida Legislature initially funded the HPP (formerly known as the Florida Viral Hepatitis and Liver Failure Prevention and Control Program) during the1999 legislative session. The Legislature provided $2.5 million to create a comprehensive program that included the provision of hepatitis testing, hepatitis A and B vaccine delivery to at-risk adults (18 years and older), information and education activities and infrastructure development. The legislature continued HPP funding at a level of $3.1 million each **fiscal** year (July 1–June 30) through 2007. In the 2010–2011 budget, the funding decreased to $2.8 million. Subsequent decreases in funding brought the HPP funding to $1.3 million for the 2016–2017 fiscal year. The Centers for Disease Control and Prevention (CDC) provides approximately $108,000 per **calendar** year for a Viral Hepatitis Prevention Coordinator and the expenses that accompany that position. Each of the 67 local health offices (LHO) in each county provide hepatitis A, B and C testing, and hepatitis A and B vaccine at no cost to the LHO through the Hepatitis 09 Program. The Hepatitis 09 Program includes guidance for assessing the risk of individuals who access services at LHOs and whether they might be a candidate for hepatitis services.

The $1.3 million is currently broken down into the following general areas: There is $1.1 million allotted to fund 15 LHOs to have dedicated hepatitis prevention programs. These LHOs are: Miami-Dade, Monroe, Broward, Polk, Collier, Pinellas, Escambia, Lee, Seminole, Alachua, Okeechobee, Palm Beach, Bay, Duval and Orange. Approximately $200,000 funds laboratory testing, hepatitis A and B vaccine, and the expenses and salaries for three full-time positions in Tallahassee in the HPP.

Major Hepatitis Prevention Program initiatives and activities include the following (key words are **bolded**):

-Raising **awareness** of viral hepatitis statewide
-Developing and distributing educational and informational **materials**
-Coordinating activities in LHOs that provide direct intervention services, including **testing and vaccine** delivery
-Maintaining **planning** activities through the Viral Hepatitis Planning Group
-Maintaining **integration** of hepatitis services into sexually transmitted disease (STD), HIV/AIDS and other public health programs
-**Managing** hepatitis A and B vaccine usage
-**Tracking and analyzing** the burden of the disease in Florida
-Conducting **research**
-**Collaborating and partnering** with other programs, agencies and entities
-Providing **technical assistance and training**
-Assuring and improving **quality**
-Coordinating regular **collaboration** among the hepatitis coordinators from the 15 funded counties
-Assessing future **needs** and analyzing **gaps** in services
-Providing **leadership and policy development**
-Promoting **referrals** for treatment and community-based patient care services
-Maintaining a list of **resources** for individuals in need of services the HPP cannot provide directly
-Supporting prevention **intervention initiatives and activities** at the local and state levels
-**Budgeting** resources to provide the most effective programs and services in the most efficient manner

The HPP is organizationally located within the STD and Viral Hepatitis Section, which is a part of the Bureau of Communicable Diseases, which is under the Division of Disease Control and Health Protection. The Hepatitis Prevention Program moved from the Bureau of Epidemiology to the Bureau of HIV/AIDS (as it was known at that time) on July 2, 2001. On August 1, 2014, the HPP became part of the STD program. This move was made to enhance the collaboration and integration of hepatitis services into the activities of the STD Program.

It is the aim of the HPP to use the following program goals, objectives and action steps as guidance for all program activities. In addition to goals and objectives, this document includes sections on "Gaps in Services," "Barriers to Providing Services," "Unmet Needs" and "Definitions of Related Terms."

Long term focuses of the HPP are: the elimination of hepatitis B and C in Florida, and the diagnosis and referral for services of individuals with hepatitis C.

# GOALS AND OBJECTIVES
# Florida Hepatitis Prevention Program (HPP), 2016–2020

## Goal 1: Raise statewide awareness of viral hepatitis.

**Objective A**: Schedule, coordinate or participate in at least five educational awareness programs a year to promote community involvement.

**Action 1**: Identify opportunities to provide awareness programs.

**Action 2**: Provide educational awareness programs to target populations.

**Objective B**: Promote and encourage the local health offices (LHO) to conduct regular educational awareness programs.

**Action 1**: Provide educational materials to the LHOs.

**Action 2:** Conduct a quarterly conference call with the 15 funded county hepatitis coordinators.

**Action 3:** Hold an annual face-to-face technical assistance and training meeting.

**Action 4:** Discuss best practices and barriers to service provision with LHO hepatitis coordinators.

**Action 5:** Conduct a quarterly conference call with the 52 non-funded LHOs to update on issues and guidance.

**Objective C**: Maintain and update the website at least monthly.

**Action 1:** Review the HPP website for changes.

**Action 2**: Contact the website liaison to make the changes.

**Objective D:** Increase viral hepatitis education and awareness for licensed health care professionals by five percent each year from 2016–2020 (use 2014 data as a baseline).

**Action 1**: Promote external and internal opportunities for viral hepatitis information and education for medical care personnel.

**Action 2:** Coordinate and collaborate to provide at least two statewide viral hepatitis educational opportunities by 2020.

**Action 3**: Analyze quarterly reports from the funded counties.

**Objective E**: Promote the mission and goals of the HPP to three-to-five other programs (HIV Prevention and Patient Care, STD, Immunization, etc.) and organizations per year.

**Action 1**: Identify events and organizations at which viral hepatitis program services might be promoted (such as: meetings of the Florida Public Health Association, the Florida Alcohol and Drug Abuse Association, the Florida Department of Corrections, the Department of Children and Families, the HIV/AIDS Program Coordinators, STD Program Area Managers, etc.).

**Action 2**: Develop, update and maintain educational materials that promote program services and responsibilities.

**Objective F:** Promote opportunities to screen and educate individuals specifically at risk for hepatitis C (especially, individuals born from 1945–1965 and young people 18–30 years old who inject drugs and share needles).

**Action 1:** Offer hepatitis C testing to LHO clients who access sexually transmitted disease (STD) and HIV/AIDS services who are in those age ranges and report those behaviors.

**Action 2:** Track and evaluate those individuals tested through the available database(s).
**Action 3:** Link all eligible clients who test positive to appropriate follow-up services.

## Goal 2: Develop and distribute educational information.

**Objective A**: Conduct 30 Hepatitis 101 trainings by the end of 2020.
**Action 1**: Schedule at least six Hepatitis 101 trainings each year.
**Action 2**: Provide the trainings, and evaluate the results of the pre- and post-tests.
**Action 3**: Modify future trainings based on evaluation responses.
**Action 4**: Regularly review the slides and update as appropriate.
**Action 5**: Provide continuing education and certificates of completion to training participants.
**Action 6**: Monitor and evaluate individuals who elect to do self-study, online class.

**Objective B**: The HPP will distribute educational materials to the public based on budgetary resources.
**Action 1**: Produce and electronically distribute the *Hepatitis Update* newsletter at least four times each year, with each issue containing at least six pages.
**Action 2**: Procure culturally appropriate and population-specific materials, when available, from vendors (which might include the CDC National Prevention Information Network or others).
**Action 3**: Distribute materials through the LHOs, community-based non-profit service organizations (CBO) and other outlets.

**Objective C**: Maintain accuracy and relevance of internal educational materials (ABC charts, posters, palm cards, etc.).
**Action 1**: Review internally produced materials for accuracy and relevance for use in the HPP at least annually.
**Action 2:** Update internally produced materials as needed.
**Action 3**: Produce culturally appropriate and population-specific posters, brochures and other educational materials.
**Action 4**: Route internally produced materials for appropriate review before production and distribution.
**Action 5**: Distribute and track materials.

**Objective D:** Develop and maintain opportunities for online, self-paced training for viral hepatitis education.
**Action 1:** Maintain a version of the Hepatitis 101 one-hour training that is accessed on an as-needed basis by interested participants.
**Action 2:** Develop and maintain other opportunities for viral hepatitis training online.

## Goal 3: Coordinate and collaborate with other programs and entities regarding prevention and intervention efforts.

**Objective A**: Promote standardized and efficient methods of service delivery in the area of viral hepatitis prevention in the LHO and in other venues.
**Action 1**: Standardize programs in LHOs regarding all individuals at risk for viral hepatitis.
**Action 2**: Align standards of services offered through LHOs.
**Action 3**: Standardize policies and procedures for referrals and linkages to other services.
**Action 4**: Through analysis of vaccination data, adjust policies as needed to promote the aim of standardization.

**Objective B:** Increase use of rapid hepatitis C testing by LHOs and other entities by three percent per year (2015 data to provide baseline).
**Action 1:** Review data semi-annually.
**Action 2:** Promote testing in LHOs.

**Action 3:** Promote testing in sites other than LHOs (such as county jails, prisons and CBOs).

**Objective C**: Review and analyze emerging technologies regularly regarding viral hepatitis testing and maximize the department's capacity to purchase and disseminate new tests.

**Action 1**: Study the literature and remain current on new testing technologies.
**Action 2:** Disseminate pertinent information as appropriate.
**Action 3:** Coordinate training for the use of new testing technology as resources are available.
**Action 4:** Partner to make new testing technologies available to LHOs and other entities.
**Action 5:** Review and update information about recommended testing algorithms.

**Objective D**: Maintain and distribute (via the website) the *Florida Hepatitis Resource Guide*, and send out an update request quarterly.

**Action 1**: Notify the 67 LHOs to review their county information in the *Florida Hepatitis Resource Guide* every quarter of each year.
**Action 2**: Update resource guide information as it becomes available.
**Action 3**: Promote and electronically distribute the *Florida Hepatitis Resource Guide* to LHOs and other entities.

**Objective E**: Each year, coordinate the purchase and delivery of hepatitis A and B vaccine for at-risk adults 30 years and older.

**Action 1**: Review and update hepatitis A and B vaccine allotments to counties annually.
**Action 2**: Order vaccine.
**Action 3**: Track vaccine delivery and usage through the Florida State Health Online Tracking System (SHOTS) database.
**Action 4**: Make available monthly report of vaccine usage through the Hepatitis 09 Program as requested.
**Action 5**: Analyze vaccine usage data for trends and modify vaccine allotments accordingly based on available resources.

**Objective F**: Maintain support at the division and bureau levels regarding the integration of viral hepatitis services into existing programs.

**Action 1**: Meet with the chief of the Bureau of Communicable Diseases regularly to review the integration of viral hepatitis services into existing programs.
**Action 2**: Identify venues at which viral hepatitis integration information and training may be offered.
**Action 3**: Provide viral hepatitis integration training.

**Objective G**: Maintain communication with the Bureau of Epidemiology regarding case reporting.

**Action 1**: Meet regularly with Bureau of Epidemiology staff to exchange ideas and information.
**Action 2**: Provide updates and feedback to the LHOs as needed.

**Objective H**: Maintain collaboration with internal partners four times per year, including, but not limited to: HIV (Prevention, Patient Care, Surveillance), STD, Immunization, Epidemiology, Environmental Health, Laboratory, Pharmacy, TB and Family Health Services.

**Action 1**: Discuss common issues.
**Action 2**: Resolve problem issues and promote best practices.

**Objective I**: Meet via face-to-face meetings or conference calls with at least four external partners each year, including, but not limited to: Centers for Disease Control and Prevention (CDC), National Alliance of State and Territorial AIDS Directors (NASTAD), New York Hepatitis Technical Assistance Center, Hepatitis Foundation International (HFI), Department of Corrections, Department of Children and Families, substance abuse treatment facilities and CBOs.

**Action 1**: Discuss common issues.
**Action 2**: Resolve problem issues and promote best practices.

**Objective J**: Conduct technical assistance and training site visits in four to six counties per year.

**Action 1**: Meet with staff of LHOs to provide technical assistance and guidance.

**Action 2**: Discuss and document viral hepatitis issues and follow up as needed.

**Action 3**: Respond to technical assistance and training requests from LHOs, CBOs or other partners within one work day, and resolve issues quickly and efficiently.

**Objective K**: Increase the role of LHOs in managing requests from the community for information on viral hepatitis.

**Action 1**: Track the source and the number of requests for information.

**Action 2**: Provide feedback, technical assistance and training to the LHOs.

**Objective L:** Seek opportunities to collaborate with non-public health entities for the purpose of linking health department and other clients who test positive for viral hepatitis to medical, health care and treatment services.

**Action 1:** Work with local community-based service-provider organizations and agencies to link clients to services.

**Action 2:** Work with local private medical providers (doctors, physician assistants, advanced registered nurse practitioners, nurses, medical students, etc.) to provide services to positive clients.

**Action 3:** Develop partnerships and collaborative efforts with the Veteran's Administration hospitals and clinics as appropriate.

**Action 4:** Develop partnerships and collaborations with local jails, and with state and federal prisons for the provision of follow-up services to clients who test positive for viral hepatitis.

**Action 5:** Develop partnerships with other entities and agencies as appropriate for linking positive clients with follow-up services.

## Goal 4: Track the burden of disease through viral hepatitis case surveillance and reporting.

**Objective A**: Increase reporting of people who test positive for viral hepatitis C (2014 data to provide baseline).

**Action 1**: Monitor the progress of electronic lab reporting to the Department of Health.

**Action 2**: Monitor the progress of traditional methods of lab reporting (phone, fax, paper).

**Action 3:** Analyze for missing data, and work with data and database administrators to improve completeness of the reported data.

**Action 4:** Meet with the database administrators at least six times a year to discuss completeness of reporting.

**Objective B**: Compile and report ongoing statistical data on a monthly basis for inclusion in the *Monthly Surveillance Report* (by the 15th of each month following the reporting month).

**Action 1**: Gather data from current database on reported acute hepatitis A and B cases and acute and chronic hepatitis C.

**Action 2**: Forward monthly viral hepatitis data to the appropriate coordinator for inclusion in the *Monthly Surveillance Report.*

**Action 3:** Explore adding chronic hepatitis B to the *Monthly Surveillance Report.*

**Objective C**: Provide a report showing surveillance trends of viral hepatitis by March 15 each year.

**Action 1**: Gather data for charts and graphs showing viral hepatitis reporting trends in Florida through the previous calendar year.

**Action 2**: Produce surveillance report.

**Action 3**: Disseminate report at appropriate venues.

**Action 4**: Post information at www.flahepatitis.org program website.

## Goal 5: Conduct research and evaluation.

**Objective A**: Compile and analyze data from the funded counties quarterly (NOTE: Funded counties as of December 2015 are: Escambia, Bay, Pinellas, Lee, Collier, Monroe, Miami-Dade, Broward, Palm Beach, Okeechobee, Polk, Orange, Seminole, Alachua and Duval).

**Action 1**: Identify and report the number of individuals **tested** for hepatitis A, B and C.
**Action 2**: Identify and report the number of individuals **vaccinated** for hepatitis A and/or B.
**Action 3**: Identify and report other related surveillance data.
**Action 4**: Review the risk assessment data collection form and update as needed.

**Objective B**: Develop and make available viral hepatitis epidemiologic reports on an as needed basis.

**Action 1**: Provide data as requested.
**Action 2**: Maintain updated epidemiologic trend charts on website (for example: 10-year trend slides).

**Objective C:** Conduct research as needed or requested.

**Action 1:** Use available data, policy review and national recommendations to support the activities of the HPP.
**Action 2:** Use available data and information to provide support for external entities.

**Objective D:** Conduct meetings and engage in discussions on emerging issues.

**Action 1:** Use data and research on emerging issues to plan for future activities.
**Action 2:** Identify opportunities to evaluate activities associated with emerging issues.

## Goal 6: Reduce viral hepatitis morbidity and mortality.

**Objective A**: Offer hepatitis B vaccine to every eligible adult born before 1982 who seeks STD services from a LHO.

**Action 1:** Provide technical assistance and training to LHO staff through emails, conference calls, site visits, webinars and other means.
**Action 2:** Write and update guidance and recommendations as needed.

**Objective B**: Increase the completion rates of hepatitis A and hepatitis B vaccine by two percent each year by 2020 (Baseline determined by 2014 completion rates in Florida SHOTS database).

**Action 1**: Provide technical assistance and training to LHO staff through emails, conference calls, site visits, webinars and other means regarding vaccine completion rates and documentation.
**Action 2**: Track hepatitis A and B vaccine completion rates for the purpose of increasing the number of people who complete the series.
**Action 3**: Provide education and information to populations at risk.

**Objective C**: Reduce the number of adult hepatitis A cases by two percent per year (Baseline from 2014 data).

**Action 1**: Increase the delivery of hepatitis A vaccine, as available, in high-risk populations.
**Action 2**: Provide educational materials and group level interventions to those at risk of hepatitis A infection.
**Action 3**: Provide education to medical care providers on the risk assessment, vaccination and care of clients.
**Action 4**: Ensure hepatitis A information is integrated into updates provided to staff that provide HIV and STD services in the public and private sectors.
**Action 5**: Provide messages promoting proper and frequent hand washing techniques to individuals at risk of hepatitis A.

**Objective D**: Reduce the number of adult hepatitis B cases by two percent per year (Baseline from 2014 data).

**Action 1**: Increase the delivery of hepatitis B vaccine, as available, in high-risk populations.
**Action 2**: Provide educational materials and group level interventions to populations at risk for hepatitis B.
**Action 3**: Provide education to medical care providers on the risk assessment, vaccination and care of clients.
**Action 4**: Expand prevention intervention services by integrating with HIV, STD and other programs.
**Action 5**: Identify opportunities for expansion of adult vaccine coverage.
**Action 6**: Promote testing in high-risk populations.

**NOTE: The accomplishment of all goals and objectives is contingent upon the availability of resources.**

# GAPS IN SERVICES (Unranked)

-Medical evaluation and treatment services for uninsured and underinsured clients

-Education, innovation and empowerment for local health office (LHO) staff regarding available resources

-Vaccination services for all eligible at-risk individuals

-Availability of viral load and genotyping (and further testing availability) for people who are hepatitis C antibody positive

-Public health laboratories budget for hepatitis evaluation and treatment

-Continuum of care (case management and adherence)

-Routine provision of LHO referrals statewide

-Specific hepatitis information for the LHO *Technical Assistance Guide*

-Provider training (for doctors, nurses, etc.) beyond the Hepatitis 101 class

-Number and availability of public health hepatitis testing locations

-Qualified providers

-Consistency and uniformity of hepatitis programs in every LHO around Florida

-Infrastructure

# BARRIERS TO SERVICE PROVISION (Unranked)

-Limited resources (case managers and hepatitis coordinators are already overworked)

-Costs (dwindling resources)

-Lack of knowledge about viral hepatitis (medical professionals and the general public)

-Testing (availability, training regarding rapid hepatitis C testing and interpretation of lab results)

-People infected who are unaware of their status

-Wait time (in clinic setting and for test results)

-Clients returning for second and third doses of hepatitis B vaccine and second dose of hepatitis A

-Training issues for new health care workers

-Access issues (day care for moms, transportation, wait time, money for co-payments, language, culture, location of clinic, hours of operation, etc.)

-Shifting priorities

-Condoms and needle use

-Emerging issues regarding young people in rural areas with hepatitis C

-Limited resources for follow-up and link to medical services

## UNMET NEEDS—Quality Improvement without the Need for Additional Funding (Unranked)

-Continue to collect information on the burden of chronic hepatitis C.

-Educate staff regarding the following two levels:

1) Educate local public health and CBO staff to be comfortable identifying and educating at-risk individuals, and;
2) Train health educators.

-Educate health care workers, who are often unfamiliar with viral hepatitis signs and symptoms.

-Identify individuals at risk for viral hepatitis.

-Provide intervention services for individuals at risk for viral hepatitis.

-Update and create new materials.

-Provide training and technical assistance as needed (CBOs, public health, training-of-trainers, identify opportunities for improvement).

-Identify and share best practices among all service providers.

-Build capacity to provide better services.

-Provide viral hepatitis counseling, testing and referrals in non-health office settings (such as: CBOs, jails, prisons, substance abuse facilities, etc.).

## UNMET NEEDS—Requiring Additional Funding (Ranked)

1) Increase the supply of vaccine, and expand the capacity to deliver it to individuals at risk (see NOTE #1).

2) Fund additional counties to have specific hepatitis prevention programs (see NOTES # 2 and #3).

3) Increase funding in the current funded counties and develop model programs and best practices, and ensure that each funded LHO receives enough money for at least one FTE (see NOTE #4).

4) Enhance lab capability (viral loads, liver function and genotyping—see NOTE #5).

5) Provide for the medical evaluation, treatment and other medical services for hepatitis B and C (see NOTE #6).

6) Enhance the infrastructure of the Hepatitis Prevention Program.

7) Plan and execute an annual educational conference (invite doctors, nurses, other care givers, people at risk of hepatitis, hepatitis advocates, public health professionals, etc.).

**In the notes below, "currently" refers to the year, 2016**

**NOTE #1: Currently, the Hepatitis Prevention Program budget contains a line item for hepatitis A and B vaccine totaling $1,000. The program usually provides over $300,000 worth of vaccine each year. This is paid for with unspent funds from the previous year, the HIV/AIDS Patient Care Program, Florida's Immunization Program, CDC's 317 immunization funds or by some other means. To fully fund Florida's adult hepatitis A and B vaccine needs (to a level equal to what the HPP was able to provide before 2009), an additional $700,000 is required.**

**NOTE #2: To continue to fund the currently-funded 15 counties at their present rate, the cost is $1,083,685. Until 2007, this amount was $2,149,999.**

**NOTE #3: To add five funded counties at the minimum level of funding ($75,000 each) would cost $375,000.**

**NOTE #4: Each funded county should have a minimum of $75,000 in funding to be able to establish a position and cover minimal expenses for providing hepatitis prevention services. To bring the current counties with funding levels under $75,000 up to that level, an additional $327,433 is required.**

**NOTE #5: At approximately $5,000 per patient, a full complement of laboratory testing for 100 individuals with hepatitis C would cost $500,000.**

**NOTE #6: To provide the recommended standard of care and treatment for hepatitis C to 100 uninsured infected individuals, the cost would range from approximately $8,300,000 to $13,000,000, or about $83,000 to $130,000 per individual. This cost includes medications, doctor visits and tests.**

# DEFINITIONS of SELECTED TERMS and ACRONYMS
## (Common for individuals who work in viral hepatitis prevention)

| | |
|---|---|
| AHCA | Agency for Health Care Administration |
| ACIP | Advisory Committee on Immunization Practices |
| AETC | AIDS Education and Training Centers Network |
| ALF | American Liver Foundation |
| ALT | Alanine aminotransferase, a liver enzyme that plays a role in protein metabolism. Elevated serum levels of ALT are a sign of liver damage from disease or drugs. |
| Anti-HBc | Antibody to hepatitis B core antigen |
| Anti-HBe | Antibody to hepatitis B e (envelop) antigen |
| Anti-HBs | Antibody to hepatitis B surface antigen |
| AST | Aspartate aminotransferase, a liver enzyme that plays a role in protein metabolism. Elevated serum levels of AST are a sign of liver damage from disease or drugs. |
| BRFSS | Behavioral Risk Factor Surveillance System. Developed by the CDC, the BRFSS, the world's largest telephone survey, tracks health risks in the US. Information from the survey is used to improve the health of individuals. |
| CBO | Community-Based Organization |
| CDC | Centers for Disease Control and Prevention |
| CHARTS | Community Health Assessment Resource Tool Set |
| CHD | County Health Department |
| CSTE | Council of State and Territorial Epidemiologists |
| CTS | Counseling and Testing Services |
| DCF | Department of Children and Families |
| DOC | Department of Corrections (also, DC) |
| DOH | Florida Department of Health |
| EBI | Evidence-based interventions |
| EHARS | Electronic HIV/AIDS Reporting System |
| EIA | Enzyme-linked immunoassay test |
| EIC | Early Intervention Consultant |
| ELISA | Enzyme-linked immunosorbent assay; a general screening, serologic test for the detection of antibodies to the HIV virus. |
| ETI | Enhanced testing initiative, a CDC-funded activity in the HIV/AIDS Program that can include hepatitis antibody testing |
| FAC | Florida Administrative Code |
| Florida SHOTS | Florida State Health Online Tracking System, a database for recording vaccine provision to clients |
| GI | Gastrointestinal; pertaining to the stomach and intestine |
| HAV | Hepatitis A virus |
| HBcAg | Hepatitis B core antigen |
| HbeAg | Hepatitis B e (envelop) antigen |
| HBIG | Hepatitis B Immune Globulin |
| HbsAg | Hepatitis B surface antigen |
| HBV | Hepatitis B Virus |
| HCV | Hepatitis C Virus |
| HFI | Hepatitis Foundation International |
| HHS | U.S. Department of Health and Human Services |
| HITS | HIV Testing Survey; The purpose of HITS is to assess knowledge, attitudes, and HIV-testing behavior among three at-risk populations identified by the CDC: high risk heterosexuals, men who have sex with men and injecting drug users. |
| HPP | Hepatitis Prevention Program |

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| HP 2020 | Healthy People 2020 objectives, to promote health and prevent disease |
| IAC | Immunization Action Committee |
| IDU | Injecting drug users |
| IG | Immune Globulin, a specific protein substance that is produced by plasma cells to aid in fighting infection |
| IgM | Immunoglobulin M |
| IOM | Institute of Medicine, of the National Academies |
| LBR | Legislative Budget Request |
| LFT | Liver function test; a test that measures the blood serum level of several enzymes produced by the liver. An elevated liver function test is a sign of possible liver damage. |
| MERLIN | DOH disease morbidity database system |
| MMWR | Morbidity and Mortality Weekly Report, prepared by the CDC |
| MSM | Men who have sex with men |
| MSR | Monthly Surveillance Report of the Florida Department of Health, Division of Disease Control (includes data on hepatitis, HIV, AIDS, STD and TB) |
| NACCHO | National Association of County and City Health Officials |
| NASTAD | National Alliance of State and Territorial AIDS Directors |
| NCHHSTP | The CDC National Center for HIV, Hepatitis, STD and TB Prevention |
| NETSS | National Electronic Telecommunications System for Surveillance |
| NHANES | National Health and Nutrition Examination Study, a program of studies designed to assess the health and nutritional status of individuals in the US |
| NNDSS | National Notifiable Diseases Surveillance System |
| NIH | National Institutes of Health |
| OPS | Other Personnel Services |
| PCSI | Program collaboration and service integration, a CDC initiative to unite services among two or more public health programs |
| PCP | Primary Care Provider |
| PCR | Polymerase Chain Reaction assay, a gene amplification technique that can be used to detect HCV RNA and therefore diagnose HCV infection. Rarely, detection of HCV RNA may be the only evidence of HCV infection. |
| Public Sector Sites | These include STD and HIV/AIDS counseling and testing clinics, local health offices, drug treatment programs, correctional health programs, family planning clinics and community health centers (owned or related to a government entity). |
| QA | Quality Assurance |
| QI | Quality Improvement |
| RIBA | Recombinant Immunoblot Assay; a more specific test than the anti-HCV EIA antibody test, which helps confirm a diagnosis of hepatitis C virus infection |
| STD | Sexually Transmitted Disease(s) |
| STI | Sexually Transmitted Infection(s) |
| TA | Technical assistance |
| VA | Veterans Administration |
| VFC | Vaccines for Children Program |
| VFARH | Vaccines For Adults At Risk for Hepatitis |
| VHC | Viral Hepatitis Council (changed to Viral Hepatitis Planning Group in 2015) |
| VHPG | Viral Hepatitis Planning Group |

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**The Florida Viral Hepatitis Planning Group**
**Tampa – August 2014**
**Kneeling: Brian Anderson & Phil Reichert**
**Standing: William Chen, Gordon Licata, Mike Jolly, Charles Dennis, Donna Dowling, Kim Saiswick, Enid Santiago-Cruz, Susanne Crowe, John-Mark Schacht & Karen Muller (Missing from the photo: Philip Styne, Cindy McLaughlin & Frank Johanson)**

## 2016 MEMBERS of the FLORIDA VIRAL HEPATITIS PLANNING GROUP

| | |
|---|---|
| **William Chen, PhD** | **University of Florida – Gainesville** |
| **Susanne Crowe** | **State Laboratory – Jacksonville** |
| **Charles Dennis** | **Pinellas/Pasco Jail Project – St. Petersburg** |
| **Donna Dowling** | **NaphCare – Panama City** |
| **Frank Johanson, MD** | **Department of Health in Jefferson County – Monticello** |
| **Mike Jolly, ARNP** | **Central Florida Gastroenterology – Orlando** |
| **Pam Langford** | **HEALS of the South – Tallahassee** |
| **Gordon Licata** | **HepatitisMain – St. Petersburg** |
| **Cindy McLaughlin, MPA** | **Lake View Center – Pensacola** |
| **Philip E. Reichert, MPH** | **Department Co-Chair – Tallahassee** |
| **Kim Saiswick, RN** | **Holy Cross Hospital – Ft. Lauderdale** |
| **Enid Santiago-Cruz** | **Department of Health in Seminole County – Sanford** |
| **Michelle Scavnicky** | **The AIDS Institute – Tampa** |
| **John-Mark Schacht** | **HIV/AIDS Prevention Program – Tallahassee** |
| **Elizabeth M. Simoes** | **Bay Pines VA Medical Center – Bay Pines** |
| **Philip Styne, MD** | **Florida Hospital Transplant Institute – Orlando** |
| **Robert Wallace, MD** | **Love the Golden Rule, Inc. – St. Petersburg** |

# DEPARTMENT of HEALTH
# HEPATITIS PREVENTION PROGRAM STAFF - 2016

| | | |
|---|---|---|
| **April Crowley** | **Health Education Coordinator** | **(850) 245-4444 x2580** |
| **Jessi Embleton** | **Office Manager** | **(850) 245-4139** |
| **Donna Wheeler** | **Field Services Coordinator** | **(850) 245-4444 x2430** |
| **Elizabeth Stewart** | **Young Adult Survey Coordinator** | **(850) 245-4444 x2361** |
| **Maura Comer** | **Surveillance Support (STD & Viral Hepatitis)** | **(850) 245-4444 x2343** |
| **Philip E. Reichert** | **Program Manager** | **(850) 245-4426** |

**www.FlaHepatitis.org/ViralHepatitisPlanningGroup**