

**Meeting Minutes**  
**Florida Viral Hepatitis Council (FVHC) Meeting**  
**August 26, 2008**

**Members:**

Deborah Orr  
Phil Styne  
Susanne Crowe  
Pat Simmons  
Charles Dennis  
William Chen  
Enid Santiago-Cruz  
Andi Thomas  
Michael Amidei

**Guests:**

Dante Ross, Pinellas CHD  
Lynn Simons, Polk CHD  
Michelle Scavnicky, The AIDS Institute  
Sterling Whisenhunt, Glaxo-Smith Kline  
Dongming Cui, Pinellas CHD  
Lory Maddox, HQ Tallahassee  
Thesda Manu, Bristol Myers Squibb  
April Crowley, Hepatitis Prevent Program  
Phil Reichert, HPP  
Jessi Embleton, HPP  
Guttenberg Pierre, Tampa Action Plan  
Lloyd Wright, Operation Par  
Peggy St. Croix, Roche  
Sean Budacz, Glaxo-Smith Kline  
Debbie Barnes, The Chance Center  
Mark Konecny, Three Rivers Pharmacy

**Good morning and Welcome-** Phil Reichert

**Introductions**

**Old Business-** Debbie Barnes and Bob Keane have resigned from the council. Motion to accept minutes from the February 18, 2008 meeting, motion accepted.

**New Business-** Phil made some changes to the By Laws and wanted everyone to look at them, do some research, and come up with some suggested changes that would include as much of the community as possible. Article 1 Section 1 he added DOH after Department of Health. The Florida Statute of reference was off by one zero so he added that. There was a motion to table any changes to Article 4 Section 3 until after break and possibly lunch so Andi Thomas could have time to research and come up with a proposal.

Phil stated that the council needs a community co-chair. Motion to make Deborah Orr co-chair, motion passed. Deborah accepted and also mentioned that Barbara Rush with Department of Corrections is interested in being a member of the Council again.

**Video Promoting Hepatitis Vaccines-** Dante Ross created a PowerPoint presentation to play in all the waiting rooms in the Pinellas County Health Department. He stated that this was an inexpensive way to get the word out. It is also a good way of teaching while entertaining. This particular PowerPoint is related to Hepatitis and is titled, "Just Ask..." The second PowerPoint he presented was in response to an out in the open report for

Black MSM's (men who have sex with men). Dante came up with his own program called SOS (saving our selves). This is a presentation on his intervention called, "In Harm's Way."

**Funding, Budgets, and Program Update-** Phil Reichert gave an update stating that the Hepatitis 09 Program Manual gives guidance to county health departments (CHD's) on testing and vaccinating for hepatitis. This manual went out in April or May from Dr. Russell Eggert, the director of the Division of Disease Control at the Florida Department of Health (DOH). Since it went out, there has been a lot of conversation with the different counties. One of the objectives was to try and make things a little more consistent. That has been partly accomplished. It was suggested that the information be updated and distributed once a year. Even though we do not have the money for treatment, there are multiple things that can be done to assist.

At the last Hepatitis Program Coordinator's Meeting, 13 of the 15 coordinators attended. Phil would like to have 2 a year, but was only able to have 1 last year. He stated that it looks like there will be 2 this year. The next one is scheduled for November.

The main purpose of Hepatitis Day at the Capital is to bring people on board and inform them about the Hepatitis Prevention Program (HPP), the fact that there is a Viral Hepatitis Council and create general awareness about hepatitis. Hepatitis A and B vaccines were offered by the Leon CHD at no cost. It was planned for this to be held during the legislative session due to the amount of traffic. They always try to get the Surgeon General to speak, but she is usually very busy and hard to pin down. Deputy Secretary Jean Kline spoke on her behalf at the press conference. Next year's Hep Day is scheduled for March 17, 2009.

April 10<sup>th</sup> the legislature will still be in session, so it probably will be the new yearly date for Public Health Awareness Day at the Capital. HPP also participated this year.

The AIDS Institute has had two meetings now, the first in Orlando and the second in Miami. Phil feels these have been very successful. They are more of an open forum where people can just ask questions. He is looking to seek support in continuing this.

World Hepatitis Day was a success on May 19<sup>th</sup> at the Florida Capitol. There were multiple displays from DOH and community partners like the Chance Center, the Tallahassee Fire Department and other CBO's. This will be an annual event. Phil stated that he would like to go some place different next year. There is plenty of time to talk about the location, but he would like to go to one of our funded counties. There was a lot of local media coverage. Maybe if we change the location we can get some statewide coverage.

There are 2 *Hepatitis Health* newsletters in the packets that should help keep everyone updated on current issues and events. The purpose of the newsletter is to provide as much information as possible about what is going on nationally and statewide.

Of the 3.1 million dollars that the Hepatitis Program receives, 2.1 million of it goes to the funded counties. It gets put on Schedule C and it goes out in May or June. The 15 funded counties receive anywhere from 50K to 330K. Hepatitis has budgeted for the Statewide Conference, Hepatitis Coordinator's Meetings, and the Viral Hepatitis Council meetings.

The HPP generally buys 700K to 900K in vaccines each year. For 2008, with the 317 money from the CDC, they made an agreement with the 9 county jails to provide hepatitis B vaccines to them. Some vaccines (Hep A and B) also go to community based organizations (CBO) and other jails that the HPP has memos of agreements with. The 200K allotted is never enough to do what needs to be done.

The legislature actually puts 3.4 million in for hepatitis. The HPP is still purchasing and distributing Home Access Test Kits with a 75K budget. Most of the test kits get distributed to the CHDs and CBOs. Hepatitis paid the Laboratory 200K last year but they are in the red about that much because over the last several years they have put a lot more work and paid for a lot more things than what HPP has been paying for. They are trying to make up some of that by billing Medicare, but it isn't working out so well. One of the things that has happened lately is the legislature has said that every state program that is funded by the state is going to get a 4% cut. That is 1% every quarter so some of the above projections are subject to change. Hepatitis has gone from a 72 billion dollar budget that was created in the legislative session in 07 to about 65 billion this year.

The vaccine that is sent to the jails around the state may not all get used; however, the HPP will make be sure it gets used before it expires. The only way to eliminate hepatitis B around the country is to go into every CHD, jail, and CBO and provide vaccines. B is a real problem in the jails. It is all about public health resources. If we had enough money, we could do all the venues. We don't have that kind of money so we have to do the research and find out where it is needed the most. Phil stated that there is a pilot program trying to start in Volusia County and one or two more may be piloted.

**HIV/AIDS & HCV Co-Infection-** Lorene Maddox did a PowerPoint presentation on this to show statistics on co-infection. The PowerPoint it self was printed out and placed in the individual packets handed out at the VHC Meeting. For the abbreviations: MSM= Men who sleep with Men, NIR= Non-Identified Risks, HARS= HIV/AIDS Reporting System, IDU= Injection Drug Use. All of her data did include Department of Corrections (DC) data.

**Goals & Objectives-** Phil spoke on this stating that one of the things he was trying to accomplish was to make things even through the departments. The website is currently being worked on by the new webmaster in HIV and he is trying to keep the information up-to-date. There are several things that are already met and have been exceeded but some things are still a work in progress.

**Prevention Care Planning-** Pat Simmons spoke on this topic stating that there is a rule set by DOA (Department of Agriculture) and the United States Humane Society that all

people who volunteer to help during disasters are required to get vaccinated for hepatitis A and B.

The Early Intervention and Prevention sections of the Bureau of HIV/AIDS/Hepatitis have merged into one big group. Early Intervention is more about data collecting and one thing that the Prevention Program Administrator noticed was that all the information collected was never analyzed. Pat is going to be analyzing it.

One of the big highlights for Prevention has been the SOS (Sisters Organizing to Survive) Conference. This conference was mainly aimed at women of color to energize them to become aware of and participate in their own health care. The community planning meeting will be held this Thursday and will focus on Black Women with HIV and estimation of new HIV Incidence Report. The representative from NASTAD will be presenting on Community Service Assessment.

The next Prevention Program Update will be November 20-21, 2008. Also, Prevention is working on bringing up more test sites on line. Pat was in charge of acute testing; now she is moving to rapid testing. She will be looking at each site to find out how many tests are being done and how many positives are being found. There was a study that was shut down which looked for antibodies before the disease showed up. It ran from May of 2006 to February 2007. They only found 17 people with acute infection, and 4 of them were false positives. CDC (Centers for Disease Control & Prevention) is working on completing all of their data that was collected from this study. Giving the frequency that it was found, it was cost effective, but once it left the laboratory, it was no longer cost effective or doable. It was a good study and had great ramifications in certain areas, just not in the State of Florida.

**Patient Care Planning-** Phil presented the update on this stating that Ryan White can treat people who are co-infected with HIV and HCV. Not everyone will get treated, but they need to get in and get tested. Patient Care has been awarded a 200K grant. April met with Henry Betsey in the AIDS Drug Assistance Program (ADAP) and they came up with ideas for awareness such as big posters and tangible items (hand sanitizers, band-aids, etc) with the message: “HCV-HIV Co-Infected? Free treatment is available through ADAP at (toll-free number).” The goal would be to roll out the campaign on World Aids Day. A big issue is people not knowing, not understanding, some not willing to accept it, and not willing to change their ways. Here are some of the suggestions that were made to get the word out:

- Case Managers work real close with Henry and get that part of it done.
- Awareness & education to consumers such as April’s ideas as listed above.
- Awareness & education to doctors and let them know what they need to do.

Phil thinks we can go forward with some of these ideas and get out there slowly. Andi is suggesting doing a survey on the consumers and see how they feel. They may be scared and hear horrible things about it that are preventing them from getting tested. It was brought up however, that some people probably do know that these problems are out

there and that there is assistance, but they are afraid of losing possible work time and money. Now the question is what do we do? How do we get them in to get tested and treated and still keep them in the same position financially? Transportation seems to be an issue in other areas as well. These are several ideas to look at over the next few months.

There will be a Case Management and Eligibility Training in Gainesville on September 10-11 and in Miami on October 15-16. The Ryan White Program Annual Meeting is scheduled for April 29-30 2009 in Orlando.

**Blue Foundation and Hep C Consortium-** Deborah Orr said the goal is to pull together the ones that are already providing resources and help those that are already insured or even uninsured to get care. What they have done so far is pulled together a steering committee. They have a location where they are having meetings to identify things. Within the next 6-12 months, they will have created a clinic of care much like the Chance Center. Plus, they will create a consortium for those that are seeing people outside the center. Their money is very small and the coordinator has to work with it. She will keep us updated.

**By-Laws Update-** Andi came back with her update stating that there should be a maximum number of seats including public members. Any individual can represent any group as listed. The hepatitis community is very small and there are not enough people to populate up to 20 or one in each category. Her suggestion would be to make the categories as such:

- **Governmental** which would include DOH, other state and federal agencies, Hepatitis and HIV Divisions, STD (Sexually Transmitted Disease), BOI (Bureau of Immunizations), Minority Health, Chronic Disease, Perinatal Health, Corrections, APHA (American Public Health Association) and FPHA (Florida Public Health Association) representative, EPI (Epidemiology), and Drug Court.
- **Non Governmental** which would include Faith based groups, profit associations such as AMA/AGA, Nursing, Case Managers, Blood Banks, and Infection Control.
- **Private Industries** which would include Vaccine Companies, Pharmaceutical Companies, Specialty Pharmacy, Payors/MCO's, Risk Managers, Drug Treatment Centers such as Methadone Clinics and BUP, Private Testing Labs, and Correctional Health. (A discussion occurred on whether pharmaceutical companies should serve on the council. Is it ethical? One possibility is that pharms could be non-voting members.)

Bureau of Private Care, Community Health Centers, Federally Funded, and look-alikes would fall under governmental and non governmental agencies.

She then felt the maximum number of people should be changed from 20 to 21 to try and accommodate everyone. Andi made a motion to consider revising the structure of the council to move away from specifically named members to the above categories and to self-monitor private industries at arms length, Michael Amidei seconded, all approved with William Chen abstaining from this vote. Phil is going to take the proposal back to his boss, have a couple of meetings to discuss whether pharmaceutical companies can serve on the council, write something up, and send it to the members for approval via e-mail.

Andi then proceeded to nominate Phil as a member and public health co-chair of the council. Phil Styne seconded, all approved and passed.

**Goals and Objectives-** Phil talked about this stating that this one was more the actual Goal part. Goal 6, if there was an Objective D, would it say, “Reduce Hep C?” Theoretically, we are reporting people that are out there. Maybe the goal needs to be that we need to increase that activity.

A letter went out from Dr. Eggert that was written along with EPI that relaxed what the health departments have to do in order to report a hepatitis case. First, they had to report the case and then they had to do a follow up to confirm if it was indeed a hepatitis case. That was difficult to do due to the lack of manpower. The reason our State Epidemiologist said that was ok was because around 98% of the cases out there were chronic cases. Most of the acute cases were getting followed up on. The idea was to get them into the system so the next time they came in, they were in the system and they were reported. Per suggestions that the goal should be to reduce the base line of reporting and reducing the time it takes to inject the information into the system. Hepatitis Program is for 18 and older, but this report is for all ages.

Phil Styne stated that one of the ways to prevent Hepatitis B or C is to treat them. He feels that this should be a part of the objectives. There are drugs, but there is no public health funding. Phil Styne suggested the rewording of Goal 4 Objective A to say “Increase the number of people reported who have been tested and diagnosed...”

On Goal 1 Objective E, Michael Amidei wants to make a suggestion on change but is going to e-mail it to Phil. Deborah Orr then volunteered to make the suggested changes. She will then e-mail it out to everyone for approval and any needed extra alterations. There was no objection to this.

**AIDS Institute-** Michele Scavnicky reported on this stating that the last HIV/HCV forum was held in March. They are trying to seek support on multiple things and access resources on other treatment. They are looking for additional support. Due to budge cuts, everything is slowing down. They are also seeking hepatitis articles for action links. Their monthly and bimonthly newsletters are always looking for updates.

In August, they submitted for Viral Hepatitis agreement and networking training for funds. There are four different categories. The one the applied for is called category D

and is for educational courses and training. They sent a letter of support through DOH. She thinks that changing the link to all the health departments would be a great venue to send it down. AIDS Institute is an active national partner and they are involved with a series of events. They did an analysis of the CDC compendiums. They found a lot of information. The final thing is the AIDS Institute is launching a new National Institute on Aging. It will be rolled out at USCA (United State Conference on Aids) to highlight the complex issues. This is not only for the individual living with the disease but is also extended to caregivers. September 18<sup>th</sup> is going to be the annual date.

**Position Papers-** Phil spoke on this and started by naming the titles;

1. "Hepatitis Education for Health Care Professionals"
2. "Consistency and Uniformity by Medicaid in the Approval of Use of Food and Drug Administration (FDA)-Approved Medications"
3. "Medicaid Coverage of Hepatitis A and B Vaccine for Adults"
4. "Funding for the Hepatitis C Diagnosis and Treatment"

Phil wants everyone to go back and read them all the way through. He said that he feels they have been tweaked as much as possible, but he wants to make sure. He would also like them to think about future positions papers.

It was decided that "Health Education for Health Care Professionals" should be sent to MQA, FMA, FNA, CHD, and AETC. ITNS is an institute that deals with transplants and they may need one. Debbie Orr made a few suggested changes on this document. She wants to add, "Can require 42 weeks or more of therapy." There is a date of June 2008, however, when Debbie takes them, makes the changes, and sends them back, they will change that date.

"Consistency and Uniformity by Medicaid in the Approval of Use of Food and Drug Administration (FDA)-Approved Medications" should be sent to ACHA.

"Medicaid Coverage of Hepatitis A and B Vaccine for Adults" should be sent to Medicaid. Debbie suggested taking out the word "injecting" and replacing it with "street drugs." Debbie also suggested making sure the reference to the information is mentioned.

"Funding for Hepatitis C Diagnosis and Treatment" should be changed to "Funding for Hepatitis C Diagnosis, Medical Evaluation and Medical Care."

Andi suggested getting with the DOH Communications Office about a press release once the position papers are completed.

**Travel-** Jessi Embleton handed out the Travel Voucher forms and explained what the council members needed to do in order to get reimbursed.

Andi then added in about a website called "Safe in the City," that just came out to help with advertisement and getting out information.

**(END, Day One)**

**Meeting Minutes, Day Two**  
**Florida Viral Hepatitis Council (FVHC) Meeting**  
**August 27, 2008**

**Women and Hepatitis-** Michael Amidei stated that he did a presentation on hepatitis at the Florida Coalition against Domestic Violence Conference and he found out that there is a generalized lack of knowledge about liver disease unless they have been diagnosed. There is also a lack of resource and information in rural areas as well as where to go and what to do. There is an absolute need to get awareness out.

Domestic violence is treated by an isolated community of professionals that deal only with that issue, and they rarely step out of their circle to deal with other problems. He told them that they need to get their problems out there and known so it can be handled.

There is also a lack of understanding with the Ryan White system and how it works. They are trying to capture funding and attention of HIV people. The funding that is supporting various programs is funded on a fee for services bases and often times there is left over money. It is then up to the Care Council to determine where the money goes. In St. Pete, when he talks about hepatitis he feels he is just a voice in the wilderness. He wants more support.

This conference he attended was held in Marion, Florida, with about 350 people in attendance. This particular conference roams all over Florida. One of the points about the community is that it is so large and well funded that doing the things they do, they forget about the need to connect to a broader group such as substance abuse and mental health. There are two organizations that are the key, Prevention Planning Group and Ryan White. If you are not a part of either group, you will not get the full understanding of it. The money is allocated locally based upon the criteria if HRSA. One of the things we can do to help ourselves is get connected. It isn't just what you do in your little area, it is getting at everyone's table to get information and funding. Money that is available right now is Substance Abuse and Mental Health.

**Upcoming Conferences-** Phil informed us that USC is September 18-21. The Infectious Disease Summit will take place in Orlando on December 3-5. South West Viral Hepatitis Summit is held in Las Vegas on November 13-14. Vaccine 2<sup>nd</sup> Congress is on December 7-9 in Boston. Management of Hepatitis B is in Washington DC on October 20-22.

The 1<sup>st</sup> Florida Hepatitis Education Conference was in June of last year. This year's conference didn't go through because of budget cuts. The Health Departments had to cut positions. They couldn't justify asking people to attend our conference, especially if they are being let go. It was suggested to hook up with AETC and have a hepatitis track as a part of that conference or having it a day and a half as it was done last year. There was a lot of work done on this with a community already formed and people committed to attending. Phil feels he could put together a day and a half pretty easily. He also talked with Marlene Lalota, they haven't had a HIV Prevention Program in several years and



they are talking about having one in 2009. He thought about getting a hepatitis track in on that. He stated that 200-300 people would be invited, but the HPP will not be able to pay for travel. He really would like to get in on AETC. AETC is May 1-2 so this would be April 29-30 and that would keep it within this fiscal year. One of the issues would be a problem with overlap but he doesn't think that would be a big problem. Phil is going to run this by his boss and get some ideas from there. Basically we want something in 2009 that talks about hepatitis. There is plenty of time, so we can discuss more details later.

**Next Meeting-** Next meeting is possibly February 19, 2009. An attempt for a one day meeting will be made. If it doesn't work, the meetings will revert back to a day and a half.

Meeting Adjourned at 11:15 AM.