Viral Hepatitis Council Meeting- Orlando
MINUTES

Thursday August 27, 2009

Members:	**Guests:**
Michael Amidei	Peggy St. Croix (Pharma Rep)
William Chen	Lori Theisen (Orange CHD)
Susanne Crowe	Steven Duncan
Charles Dennis	Dianna Wood (Pharma Rep)
Donna Dowling	Sterling Whishenhunt (Pharma Rep)
Mike Jolly	Lisa Riggins
Deborah Orr	Tanya Bloker (Pharm Rep)
Phil Reichert	Thesda Manu (Pharma Rep)
Barbara Rush	April Crowley (HQ- Tallahassee)
Enid Santiago-Cruz	Jessi Embleton (HQ- Tallahassee
Pat Simmons	Marc Konecny (Pharma Rep)
Phillip Styne	

Welcome and Intro, opened by Dr. Debbie Orr.

Old and New Business-

Welcome back Mike Jolly!

April Crowley- There were two new nominees, Alice Adams and Cherry Douglas.

Alice Adams, nominated by Thesda Manu**,** is the wife of Dr. David Nguyen, in Pinellas Park, Florida. Dr. Nguyen is a Vietnamese physician who treats more Asian patients than any physician in Central Florida, and has one of the largest hepatitis B practices in the nation. Ms. Adams diligently works alongside her husband and is an intricate part of the success of their practice. She is an advocate for the patients and the Asian community in Central Florida. She has been very successful at developing educational programs on hepatitis for patients on weekends. Patients bring their family members and friends for hepatitis A, B, and C screening. Their clinical practice has been very successful at identifying hepatitis B and hepatitis C patients. Ms. Adams works very closely with the Pinellas County Health Department and Correctional Facilities.

Ms. Adams would be an excellent addition to the Florida Hepatitis Council. Since the council has decided to have a stronger focus on hepatitis B, Alice would be an excellent resource and provide great representation of the hepatitis B community.

Ms. Adams would best provide representation in the Community Member and/or Associations/community based organizations category.

Cherry Douglas, nominated by Dr. Douglas and Judy Henderson, organizes Hepatitis Ready Care, a community based organization geared toward hepatitis. She is infected with hepatitis C and has had a long battle with it. She has spent many hours working in different programs in and outside of church including, but not limited to, a couple of 12 step programs. Ms. Douglas' son was also infected with hepatitis C. Unfortunately, he died a few days after finding out he had the disease.

Ms. Douglas would best provide representation as a Community member and Associations/community based organizations.

Dr. Chen moved to approve the nomination, Pat Simmons seconded. All in favor of Alice Adams joining the Council, none opposed. All in favor of Cherry Douglas joining the Council, none opposed. Both Alice Adams and Cherry Douglas were approved to join the Council.

Before today, August 27, 2009, there were two Community Members on the Council. After the approved nominations, there are four, which is where the group needs to be per the bylaws.

According to the bylaws, there needs to be at least two Clinical Medical Services members and currently, there are three so we are not in need of any members in this category.

According to the bylaws, there needs to be at least four people representing Public Health, and there are currently four.

In the Other Governmental category, there should be at least two members. Currently, two Council Members sit on the Council as Other Governmental so the bylaws standards have been met.

In the Associations and community-based-organization, there should be at least three and there are currently three Council Members representing that field so the bylaws standards have been met.

According to the bylaws, there should be at least two representatives in the Academic/Research/University category and the Council currently has two so again, the bylaws standards have been met.

The Council currently has no empty slots. However, out of the 20 slots, we only have 17 actual members. We need three more members that can represent at least one of the categories.

Mr. Amidei put in a special request to get a VA representative. Mr. Reichert agreed. Mr. Reichert would like to get someone to come and speak at the next meeting and share what is going on with the VA. In the mean time, Phil said if you know someone in the area; contact them about coming to the next meeting. We need someone that would be constructive and useful to fulfill the role.

Ms. Crowley brought up the fact that Cindy McLaughlin, who represents a Community Based Organization (CBO), has only attended one meeting. She has missed three or four in a row, but she did notify us prior to each meeting. She has not made a meeting in two years. Mr. Reichert suggested calling her, telling her she missed four meetings, and give her one more chance. The bylaws state, "In the event that a Council member is absent from two consecutive meetings, that member shall be determined to have resigned from the Council, effective at the end of the second consecutively missed meeting." Mr. Jolly moves that we call her and suggest strongly that she makes the next two meetings and if she does not, we remove her from the Council, Mr. Dennis seconded that motion. All members approved the motion, except Mr. Amidei who disagreed. Ms. Simmons moved to amend that motion and suggest that she call her and let her know that we need representation on the council and find someone else to represent if she cannot. All were in favor, none opposed.

Mr. Amidei moved for approval of minutes from the February 2009 meeting, Ms. Simmons seconded, all were in favor of minutes approval, none opposed.

Funding, Budgets and Program Update

Mr. Reichert talked about vaccines from 2005-2008 and a handout was distributed.

HEPATITIS A VACCINE

	2005	2006	2007	2008
# Vaccines Given	11,182	9873	11,895	12,315
# Diff from Previous Year	-	-1309	+2022	+420
% Diff from Previous Year	-	-11.7%	+20.5%	+3.5%
Cost*	$216,595	$191,240	$230,406	$238,542

HEPATITIS B VACCINE

	2005	2006	2007	2008
# Vaccines Given	20,750	18,552	20,295	18,439
# Diff from Previous Year	-	-2198	+1742	-1856
% Diff from Previous Year	-	-10.6%	+9.4%	-9.1%
Cost*	$500,905	$447,845	$489,921	$445,117

HEPATITIS A/B COMBINATION VACCINE

	2005	2006	2007	2008
# Vaccines Given	1669	2796	4836	10,677
# Diff from Previous Year	-	+1127	+2040	+5841
% Diff from Previous Year	-	+67.5%	+73%	+120.8%
Cost*	$64,490	$108,037	$186,863	$412,559

TOTAL A, B AND A/B VACCINE

	2005	2006	2007	2008
# Vaccines Given	33,601	31,221	37,026	41,431
# Diff from Previous Year	-	-2380	+5805	+4405
% Diff from Previous Year	-	-7.1%	+18.6%	+11.9%
Cost*	$781,990	$747,122	$907,190	$1,096,218

NOTES:
Source: HMS (Health Management System) Data

Vaccine Prices (per dose):	Hepatitis A	Hepatitis B	Hepatitis A/B Combination
	$19.37**	$24.14***	$38.64

*** Rounded to the nearest dollar**
**** Average cost per dose of Glaxo (18.99) and Merck (19.75)**
***** Average cost per dose of Glaxo ($24.90) and Merck ($23.37)**

Mr. Dennis asked about Rapid Testing. Mr. Reichert said he is on a Rapid Testing Work Group and they are meeting today, August 27, 2009, on a conference call. They are saying that Rapid Testing probably will not be available until late 2010 or early 2011. There is no idea yet what the cost will be.

Ms. Manu asked about providing pharmaceutical support on some of the line items to help with budget. State of Florida programs and employees are not allowed to take any form of money, donation, or gifts.

Mr. Reichert stated that in the last three legislative sessions, the budget has steadily gone down. Due to budget cuts, several of the past Legislative Budget Requests (LBR) went nowhere. Mr. Reichert believed the HIV/AIDS Drug Assistant Program (ADAP) got some money from an LBR this fiscal year.

Mr. Reichert showed pictures from World Hepatitis Awareness Day in St. Pete. He said if you go to www.aminumber12.org you could see pictures from all around the world. He also showed pictures from Hepatitis Day at the Capitol.

317 Vaccines; Mr. Reichert gave an update on this and stated that the Hepatitis Prevention Program received $1,097,172 in federal funding to purchase hepatitis B and A/B vaccine in 2009. The Hepatitis Program is in the process of applying for federal funding for 2010.

Hepatitis Consortium

Dr. Orr provided two handouts. *Hepatitis Vaccine Pilot Project Interim Data* and *HepCaN Hepatitis Consortium (Orange County).* According to the handout on *Hepatitis Vaccine Pilot Project Interim Data*:

Program	Total Vaccine Allotment	# doses first vaccine shipment	# doses pending for 2nd order	# doses Used (as of July 31st)	Comments
CFDFL (Orlando)	450	300	150	112/300	
Concept House (Miami)	225	200	25	17/200	
Gateway (Jacksonville)	450	300	150	79/300	
Stewart Marchman-ACT (Daytona)	330	300	110	112/220	
Operation PAR (Clearwater)	900	900	0	885/900	Date as of 8/17/09
DISC Village (Tallahassee)	90	90	0	36/90	
Only methadone and residential program clients. Vaccine utilization rates vary across programs, depending on baseline immunization rates, frequency of new client admissions, staffing availability, etc. Too early to measure adherence to 3 doses of TWINRIX using accelerated dosing schedule, as immunization is on going. One program has virtually completed its allotment of 900 doses (300 clients), with completion rate at dose three of 97%. Dose 4 (booster) is being referred to each county health department					

According to the *HepCaN Hepatitis Consortium (Orange County)* handout, they have "made progress toward actually generating a capacity to provide medical services." They were awarded a grant and since then, "the sole source of hepatitis evaluation and treatment services for the most indigent of the target population closed." …"The consortium is also preparing a white paper for distribution to policy makers, etc. in early October. Its purpose is to describe the local/regional epidemiology (to the degree that collected data can answer questions); to provide a health cost analysis of doing nothing, versus preventing and/or testing HCV in the target population (being prepared by a UCF professor and her students as a special project for the consortium); to direct readers towards clinical standards of care; and to leave the readers with a call to specific actions."

There is a hepatitis awareness event on October 2, 2009. It is "a community-based effort to address key issues of hepatitis C (diagnostic, treatment, and prevention services) in Central Florida." There will be a panel, which includes the medical director of Orange County Health Department (CHD), the medical director for the VA, and a public health speaker. It also includes two consumers who have tried to access treatment. Lunch is included and it is set to be about two or three hours long. Their ultimate goal is to get a practical response and not make people feel guilty. Elected officials and policy makers, philanthropists, health care providers and the medical public health community are invited to attend.

CDC's Program Collaboration and Service Integration (PCSI)

Mr. Reichert said the Hepatitis Prevention Program has been a big component in PCSI because they get the least amount of money. Everyone involved with PCSI got together and came up with a little guidance on where they thought it should go. Their definition, "A mechanism of organizing and blending interrelated health issues, separate activities and services in order to maximize public health impact through new and established linkages between programs to facilitate the delivery of services." The bottom line is, if you walk into Wal-Mart you can get your nails done, your hair done, tire and oil change, eat lunch/dinner, pretty much anything you need, it's a one-stop shop. Former Department of Health Secretary, Dr. John Agwunobi, is working for Wal-Mart and would like to see health care provided in Wal-Mart. If CDC is interested in collaboration and integration, all the different programs would work together and get multiple services at once based on their risk assessments.

PCSI Priorities:

- Integrated SURVEILLANCE
- Integrated TRAINING
- Integrated FUNDING

Funding is the key word. The thing about funding is, for probably twenty years now, CDC has been funding HIV prevention programs in all of the states. The funding continued to go up until about four or five years ago. The Hepatitis Prevention Program may benefit from the money because of this PCSI program telling HIV they can test for hepatitis. They cannot pay for vaccine yet, but should get there in the near future. Rapid hepatitis C testing will be here within a couple of years. It is great to have it, but how are we going to pay for? Hepatitis may get funding to pay for it.

Benefits of PCSI:

- Increased Efficiency
- Reduced Redundancy
- Flexibility to Adapt, Implement and Modify Services
- Increased Control Over Operations

Barriers to implementing PCSI:

- Lack of Guidelines
- Burdensome Administrative Requirements
- No Integrated Data Collection
- Life Support For Cross Training
- Funding

Principles of PCSI:

- Appropriate
- Effective
- Flexible
- Accountable
- Acceptable

CDC is working on a national consensus across all states for surveillance of hepatitis.

Syringe Exchange Programs (SEPs)

Pat Simmons offered to send everyone an electronic copy of the PowerPoint with attached footnotes.

Facts:

- One of the most effective strategies for preventing transmission of viral hepatitis and other blood borne diseases among Injection Drug Users (IDUs)
- IDU remains the largest risk factor for hepatitis C transmission in the United States
- It is estimated that an IDU injects approximately 1,000 times per year
- Syringe exchange programs (SEPs) provide a way for IDUs to safely dispose of used syringes and obtain sterile syringes
- SEPs also provide a range of related prevention and care services that help IDUs reduce their risks of acquiring and transmitting blood borne viruses, including hepatitis

History:

- Syringe exchange programs first emerged in the US in the mid to late 1980s
- Largely underground, activists-initiated efforts based on European models
- The first organized SEPs were set up in Tacoma, Portland, San Francisco, and New York City
- By 2002, there were 184 programs in more then 36 states, Indian Lands, and Puerto Rico, exchanging over 24 million syringes

Legal Issues:

- Early SEPs faced a myriad of legal restrictions on syringe access
- The federal government banned use of federal funding for SEPs in 1988
- The ban has been continued by all administration to date, though there are signs that it may be overturned in the near future
- IDUs share syringes primarily because of legal and regulatory barriers limiting access to sterile syringes and laws making possession of syringes a crime
- 47 states have drug paraphernalia laws
- 8 states and 1 territory have laws that prohibit dispensing or possessing syringes without a valid prescription

Funding Issues:

- Are directly related to policies prohibiting needle exchange programs
- No federal funds, and in some states, no state, or taxpayer funds can be used for SEPs
- Programs must obtain help from city and state governments that support SEPs private foundations, corporations and individuals
- Often, these funding sources are unstable, or are limited, and can be very competitive

Benefits:

- An effective way to link hard-to-reach IDUs with public health services
- A way to help IDUs stop using drugs by entering substance abuse treatment
- SEPs do not encourage drug use among participants or “recruit” first-time drug users
- Studies show reduction in risk behavior as high as 80%

As an option, where SEPs are not available, IDUs should be shown how to clean their syringes if they insist on sharing.

Dr. Orr made a motion that the Viral Hepatitis Council generate a thoughtful position paper in favor of lifting the ban on needle exchange and syringe exchange programs in the state of Florida. The idea is that subsets of people write and sign it. Mr. Jolly seconded this motion, none opposed to generating this policy paper, twelve group members in favor. Mr. Reichert said that as a state employee, he may not be able to sign this position paper. The position paper in favor of lifting the ban on needle exchange and syringe exchange program in the state of Florida was approved. This paper may become a part of the body of information. Dr. Orr thinks it would be helpful if someone from this group would do the legwork and find out which legislators serve on Health Care Committees.

List of volunteers for the Position Papers:

- Mike Jolly (Captain)
- Barbara Rush
- Dr. Phillip Styn

Action Item: The volunteers for the position papers were asked to have them completed in 6 weeks. The idea is to take the current position papers, using the same template and just format it for the Syringe and Needle Exchange ban lift.

HIV/AIDS Prevention Program and Prevention Planning Group Update from Pat Simmons

The Prevention Section in the Bureau of HIV/AIDS is working on writing the Prevention Grant, which is due early October and along with the grant, submitted to CDC, they will also submit the 2010 community comprehensive plan. Mr. Reichert said this is the first time they called it Competitive Continuation Grant. They are currently planning a 2010 Sisters Organizing to Survive (SOS) conference with a theme of "I am my brothers keeper" focusing on black men who have sex with men (MSM). The Targeted Outreach for Pregnant Women Act (TOPWA) has a ten-year anniversary coming up with a planned conference in October. The recent Florida Alcohol and Drug Abuse Association (FADAA) conference was in August 2009. In October 2009, another conference they are involved with is UJIMA Men's Collective, which is a black MSM conference. They have awareness days all year around and they collaborate with World AIDS Day. The next awareness day is the National Gay Men Awareness Day.

Counseling and Testing Update: Ms. Simmons' primary job is rapid HIV testing training. She trains agencies approved to conduct rapid testing and receive supplies. There are some new technologies coming up that are very exciting, but there are a few problems on the programming side. If you are running a rapid test on someone and it is reactive; you draw blood and send it to the lab to get confirmation. The new plan is to do a rapid test and if it comes up positive, you do another rapid test. If that is positive, the client **is** positive. That is how HIV testing is beginning to change. Another way it is changing is using nucleic acid to detect HIV before the antibodies even show up. The reason behind this is to catch it early and begin treatment early. There is a new testing program called "Test Miami." The goal is to test everyone living in Miami.

Update of Current Goals and Objectives

Mr. Reichert spoke on this subject and started with risk assessments. We have 10 sentinel county health departments (CHDs) that do risk assessments for hepatitis B and C. The risk assessments are for the Hepatitis Prevention Program. The forms are tracked and all the information is put into a database. The forms are also taking into account HIV, Syphilis and other related diseases. Hepatitis is currently working with the HIV program to get some data off the 1628 form to compare how many people were tested last year and how many people were at risk, tested, or vaccinated for hepatitis. Once a year, the HIV Surveillance Program matches HIV data with hepatitis C data that they keep in Electronic HIV/AIDS Reporting System (eHARS). Viral hepatitis information services done in the CHDs are entered into the Health Management System (HMS). They

do not collect information the same way but the demographics are there. There is enough information to make matches of HIV cases that are co-infected with hepatitis C.

The second thing he spoke on was performance indicators. To measure how well they are doing, the Hepatitis Prevention Program came up with eighteen items several years ago that they give to CDC in order to measure program success.

Mr. Reichert then went on to talk about performance measures. According to the handout, "The following performance indicators were submitted with Florida's 2008 Cooperative Agreement in 2007 and provided measures of success of the Florida Hepatitis Prevention Program. The numbers represent the six-month reporting period, November 1, 2008 – April 30, 2009."

1) The number of hepatitis A cases reported: **95**
2) The number of hepatitis A cases/100,000 population: **0.52**
3) The number of acute hepatitis B cases reported: **162**
4) The number of acute hepatitis B cases/100,000 population: **0.88**
5) The number of acute hepatitis C cases reported: **18**
6) The number of acute hepatitis C cases/100,000 population: **0.10**
7) The number of chronic hepatitis C cases reported: **10,525**
8) The number of chronic hepatitis C cases/100,000 population: **57.42**

Data for numbers 1-8 is from Merlin. Florida's 2008 mid-year population is 18,328,340 according to US Census Bureau estimates.

9) The number of first doses of hepatitis A vaccine given: **4,487**
10) The number of second doses of hepatitis A vaccine given: **2,066 (46%)**
11) The number of first doses of hepatitis B vaccine given: **5,853**
12) The number of second doses of hepatitis B vaccine given: **3,185 (54.4%)**
13) The number of third doses of hepatitis B vaccine given: **3,164 (54%)**

Data for numbers 9-13 from Florida's Health Management System (HMS) and the quarterly reports of the 15 funded county health departments.

14) The number of hepatitis testing panels performed through the Florida State Lab System: **19,306**

Data for number 14 from HMS.

15) Risk assessments submitted: **1,772**
16) The number of individuals with a hepatitis risk: 1,467 (82.8% of total risk assessments submitted)

Data for numbers 15 and 16 from the risk assessment data collected from the ten sentinel counties.

17) The number of healthcare professionals trained: **131**

Data for number 17 from evaluations submitted after our program presentations.

18) The total number of hepatitis clients referred for other services: 1,991

Data for number 18 from the quarterly reports of the 15 funded counties."

Mr. Reichert then talked about the "Useful Websites" document that was placed in the packets. Dr. Orr suggested sending it out electronically because it is easier to deliver that way, especially when they get calls on certain topics. If you go to www.liver.stanford you can get it in multiple languages.
Action Item: Ms. Crowley said she would e-mail the document to everyone.

Another topic Mr. Reichert spoke on was health care reform. All the senators and congress members have gone back to their districts and are holding town hall meetings. He thinks we all agree that health care needs to be reformed; we just disagree on how it needs to be reformed. In a perfect world, where health care is available to everyone, hepatitis treatment would be included.

State government employees cannot lobby the legislators. All we can do is create awareness with events like Hepatitis Day at the Capitol. The advocacy agencies have all suggested that the perfect national hepatitis program would receive 50 million dollars, but we are currently only getting 18 million. The vaccine is only available because of the immunization program, which is another good example of integration.

Community Concerns

Dr. Orr asked what our group could do in the 6-month period that we are not meeting to get things done. Dr. Phillip Styne suggested getting a lobbyist and being more active. Mr. Reichert interjected and stated that the only thing with being "active" is everyone has his or her restraints. Mr. Amidei suggested approaching drug companies and asking them to fund a summit.

Meeting adjourned at 5 pm.

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Friday August 28, 2009

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Susanne Crowe	Dianna Wood (Pharma Rep)
Charles Dennis	Sterling Whishenhunt (Pharma Rep)
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Discussion on Comprehension Plan

Goal 1: Raise statewide awareness of viral hepatitis.

- Objectives
  A. Schedule at least 6 educational outreach programs to promote community involvement:
  B. Update Website for content and accuracy quarterly. It is updated regularly. If you go to www.flahepatitis.org and click on Viral Hepatitis Council, take a look and let Ms. Crowley know if any information needs updating.
  C. Increase hepatitis education and awareness among licensed healthcare professionals by 5% each year from 2008-2010: Currently looking at the 15 funded counties and seeing what they are

doing locally, and providing any technical assistance they may need. Ms. Crowley is still providing the Hepatitis 101 training, which reaches a number of people.

D. Promote the mission goals of the Florida Hepatitis Prevention Program to at least 4 other organization entities per year: More and more HIV organizations are starting to include hepatitis materials, handouts, and incentives in their outreach efforts.

Goal 2: Develop and distribute educational information.

- Objectives
  A. Conduct 12 Hepatitis 101 trainings by the end of 2010: As more and more people request them, we can add them.
  B. Headquarters will distribute at least 100,000 pieces of educational materials to the public by the end of 2010 (33,333 per year): This includes Hepatitis Health Newsletter, ABC Charts, and other educational materials that we have available.
  C. Update internal educational materials by the end of 2008 (ABC charts, posters): The plan is to update the educational materials, but keep the same information, just have it presented in a new and fresh way.

Ms. Santiago-Cruz stated that the nurses and doctors cannot use a computer long enough to partake in Hep 101. She asked if Ms. Crowley could come down to Seminole County and do a Hep 101 training. Mr. Reichert said if she could get 30-35 people together and if they can get travel approval, then yes. Mr. Whisenhunt suggested tying it into the site visits, set some time aside to educate the staff. Mr. Reichert said, "Yes, we could set something up."

Goal 3: Coordinate and collaborate regarding intervention, prevention and disease control programs.

- Objectives
  A. Create a baseline for testing and vaccination based upon the existing data of the program: Ideally, the program would like to vaccinate and test more people.
  B. Provide hepatitis panel tests to at least 13,500 at-risk adults in county health department clinic settings during calendar year 2008. Increase the number tested by 5% (to 14,175) in 2009, and by 5% (to 14,884) in 2010 (Based on lab data): So far the program has been able to do this. However, prices have gone up so this objective may need to be revised.
  C. Distribute at least 1000 Home Access HCV test kits to CBOs and CHDs as available on an annual basis: This line item in the hepatitis budget was cut from $75k to $50k so the program may not be able to continue to meet this objective. The amount may need to be lowered or deleted completely, it just depends on funding.
  D. Maintain and distribute (via the website) the ***Florida Hepatitis Resource Guide*** and update on a quarterly basis: This is completed county by county, all kinds of info, phone numbers, resources for people where we try to refer them for treatment and things of that nature.
  E. Administer an average of 10,000 doses of HAV vaccine and 19,000 doses of HBV vaccine to at-risk adults on an annual basis: as of August 28, 2009, the program has been keeping up with this objective.

Barbara Rush asked, "Do we want to rewrite Objective E to include the combo vaccine?" Mr. Reichert said he thinks it is in the next goal.

  F. Obtain support on the division level to issue directives regarding the integration of hepatitis services into existing programs: This is in progress. We can ask the Director to issue directives and guidance out to the CHDs. The plan is to do this whenever we have opportunities.
  G. Maintain communication with the Bureau of Epidemiology regarding case reporting: They oversee MERLIN, the system where all hepatitis cases are reported. They also handle out of state reports that are sent to the Hepatitis Prevention Program.

H. Maintain collaboration with internal partners 4 times per year: One of the things Mr. Reichert does for this is attend the HIV Program Coordinators meetings and update them on what is going on in world of hepatitis. Because of travel, they haven't met since November of last year. The first meeting this year is in October.
I. Meet with at least 4 external partners every year: Hepatitis meets regularly with CDC, Department of Corrections, Department of Children and Families, National Alliance of State and Territorial AIDS Directors (NASTAD), NY Hepatitis Technical Assistance Center, Chance Center, and The Center for Drug Free Living. If you can think of any other agencies or organizations, it is open for suggestions.
J. Conduct technical assistance and training site visits in 4-6 counties per year: This objective was not met this year due to travel restrictions.
K. Develop a plan to ensure management of hepatitis information referrals in 2008: There is a database to track information and referrals. It is one of the performance measures.
L. Conduct quality improvement (QI) site visits in 3-6 counties per year: Hepatitis tries to coordinates these with HIV. The idea is to visit some of the 67 health departments throughout the year, but, obviously not all of them. The plan is to attend Quality Improvements (QIs) with HIV whether the CHD is a funded county or a non-funded county.

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

- Objectives
  A. Increase reporting of people who are tested and diagnosed, particularly individuals diagnosed with chronic hepatitis C: Hepatitis is doing a pretty good job of this, reported about 157,000 chronic hepatitis C cases in Florida, out of about 300,000 thought to be out there. The goal is to get as many of those people to know they are infected so something can be done about it.
  B. Compile and report ongoing statistical data on a monthly basis for inclusion in the ***Monthly Surveillance Report:***
  C. Provide an annual report showing trends and accomplishments of the statewide hepatitis program: The Hepaitits Prevention Program released a 5-year Hepatitis Surveillance Report in early 2009. This will be updated.

Goal 5: Conduct research and evaluation.

- Objectives
  A. Compile and analyze data submitted by the sentinel and funded counties to headquarters on a quarterly basis: Doing well on this. The funded counties are required to submit quarterly reports with narratives. There is more of an expectation out of the high funded counties.
  B. Develop and make available viral hepatitis epidemiologic reports on a yearly basis: The Hepatitis Prevention Program plans to update this 5-year report as stated above.

Goal 6: Reduce hepatitis morbidity and mortality.

- Objectives
  A. Offer hepatitis B vaccine to every eligible 25-39 year old adult who walks into an STD clinic for services:
  B. Track hepatitis A & B vaccine completion rates to increase the number of people who complete the series:

Dr. Orr asked if the goals are met ahead of time, doesn't that tell us something about what numbers we should change. Mr. Reichert responded with, the last plan that was 05, 06, and 07 had several things that were completely unreasonable that were not even being tracked. He thinks it is perfectly reasonable to say, "We met all these, let's up the ante a little." If we want to increase numbers, we have to make sure we have the resources.

Dr. Styne thinks one thing changing is the incredible array of drugs for hepatitis B. We started with virtually nothing, and now there is a vast amount. When revising goals and objectives, he suggests keeping that in mind.

Action Item: Send the comprehensive plan to Viral Hepatitis Council Members in January before the February meeting and highlight the areas that need attention.

Mr. Reichert said CDC had a press release in January of 2008. According to the press release, "In the last decade, more then 60,000 patients in the United States were asked to get tested for hepatitis B virus (HBV) and hepatitis C virus (HCV) because health care personnel in settings outside hospitals failed to follow basic infection control practices." "In the United States, transmission of HBV and HVC while receiving health care has been considered uncommon. However, a review of CDC outbreak information revealed a total of 33 identified outbreaks outside of hospitals in 15 states, during the past decade: 12 in outpatient clinics, six in hemodialysis centers, and 15 in long-term care facilities, resulting in 450 people acquiring HBV or HCV infection."

Suggestions for next meeting area:
Tampa
Orlando
Clearwater Beach

We decided on Tampa for the next meeting unless we find some place less expensive.

Meeting Adjourned at 10:53 am.