

**VHPG Meeting
Tampa, FL
Thursday, August 27, 2015, 8:30am – 5:00pm**

Members	Guests
Phil Reichert – Department Co-Chair	Jimmy Minton - GSK
Enid Santiago-Cruz	Anthony DeMeis - AbbVie
Mike Jolly – Community Co-Chair	Bratic Sasa
Robert Wallace	Jesse Fry- TAI
Gordon Licata	Dion D. Smith
Michelle Scavnicky	Andrea Leapley - Pinellas CHD
Elizabeth Simoes	Maura Comer – HQ-Bureau of Comm Diseases
John-Mark Schacht	April Crowley - HQ Staff
Charles Dennis	Ben Bowse – TFP Specialty
Susanne Crowe	Olga Gramatica – TFP Specialty
Pam Langford	Lisa Weaver – TFP Specialty
	Carina Blackmore – HQ-Division of Disease Control & Health Protection
	Terry Steffes - AbbVie
	Henry Sims III - GSK

Welcome, Introductions and Icebreaker-Phil Reichert

The Icebreaker was a “People Hunt,” which was a good way for everyone to get to know fun facts about their colleagues and guests.

Old and New Council Business- April Crowley

- Minutes from last meeting were approved
- Introduce New Members; Michelle Scavnicky with The AIDS Institute (TAI), Pam Langford with H.E.A.L.S of the South, Elizabeth Simoes from C.W. Young Veterans Affairs Medical Center and Robert “Dr. Bob” Wallace from Love the Golden Rule, Inc.
- Review By-Laws
 - The Viral Hepatitis Planning Group (VHPG) currently has 17 members and could use one more community member.
 - The group has a new name: The Viral Hepatitis Planning Group (formerly the Viral Hepatitis Council). Since this is a work group that was not statutorily created and has no policy making authority, it cannot be called a “council” per the Florida Department of Health (DOH).

Funding, Budgets and Program Update- Phil Reichert

- Phil presented with a PowerPoint about the Hepatitis Prevention Program (HPP).
- The HPP received \$200,000 from the Florida Legislature last year for the Pharmacy. It is being used for hepatitis C (HCV) rapid testing. If the test is positive, a blood draw is required to do a confirmatory test. All county health departments (CHDs) have CLIA (Clinical Laboratory Improvement Amendments) Waivers, which enables them to test outside of a licensed laboratory, e.g., at health fairs and other outreach events. An upcoming meeting will be held regarding providing HCV rapid tests to community-based organizations (CBOs)

General Discussion-Members

Mike Jolly brought up that the Centers for Disease Control and Prevention (CDC) states 3.2 million people in the United States are currently infected with HCV. He thinks this is a conservative estimate because certain populations, like incarcerated and homeless, are not counted. The number is at least 5.4 million.

Maura Comer stated that the case definition for hepatitis B (HBV) will be changing next year.

There was also a lot of discussion on the treatment of HCV. This included the cost of the new medicines and the lack of public health funding for treatment.

Robert “Dr. Bob” Wallace-Love the Golden Rule, Inc. and Gordon Licata-HepatitisMain

-Dr. Bob finished his residency in 1982. In 1983, he saw his first AIDS patient in St. Petersburg.

-He actually met Dr. Baruch Blumberg, who identified the hepatitis B virus and later developed its diagnostic test and vaccine.

-Dr. Bob met Gordon Licata, and in October of 2014, Love the Golden Rule and HepatitisMain opened its doors. Since March of 2015, they have gotten 113 viral loads done. Their clients include the homeless, people in recovery, former inmates and others. Over 50 clients have completed treatment. Their biggest hurdle is getting genotypes and viral loads done.

-**Gordon** stated that his focus is on education. For the past 11 years, he has talked to thousands of people about viral hepatitis. He’s trying to get into schools, especially at the elementary level. Children need to be educated and more awareness needs to be raised.

Dr. Bob is seeing lots of patients in their 30s and 40s who are heroin addicts. Most of them started smoking pot at age 13, which led to other drugs. A young brain is not capable of handling mind-altering drugs. Prevention education has to get out there. Tattoo parties are popular right now. He hopes to go into schools with HIV and HCV education, especially geared toward teenagers. Since the opening of Love the Golden Rule, Dr. Bob has seen 650 patients.

Charles Dennis (who works in the Pinellas County Jail via the Florida Department of Health) said when he sees HCV positive inmates, he does a 13-page interview. Most of the injecting drug users (IDU) are shooting up Dilaudid.

Break for lunch

Recent & Upcoming Hepatitis Awareness Events, Educational Materials & Trainings- April Crowley

-The Florida Department of Health’s Communications Office issued two hepatitis-related press releases this year. On June 19, 2015, “Cutting-Edge Hepatitis Surveillance Tools Enhance Reporting in Florida,” and on July 28, 2015, “World Hepatitis Day to Focus on Prevention.”

-A big thank you to group member **Pam Langford** and H.E.A.L.S. of the South for organizing an awareness event at Lake Ella in Tallahassee on World Hepatitis Day. Staff from DOH attended and handed out educational materials.

-There are samples of the following educational materials in your folder:

- Hepatitis ABC Chart in English and Spanish
- Hepatitis B palm cards
- Hepatitis C palm cards

- Information sheet “Viral Hepatitis Test Results and Interpretations.” Thank you to group member Susanne Crowe for helping develop this. Nurses in county health departments utilize these all the time when looking at lab results.
- Colorful lanyards with the message: “Born 1945-1965? Get tested for hepatitis C. www.FlaHepatitis.org”

-Be watching your email next week for the latest edition of our newsletter, *Hepatitis Update*.

-The Hepatitis 101 webinar is now in TRAIN, the Florida Department of Health's Official Learning Management System at: <https://fl.train.org/desktopshell.aspx>. It is also offered live via webinar (and in person) several times a year. Nurses receive one CEU.

-Back by popular demand, is the “Viral Hepatitis Serology Workshop.” This is an intermediate course in laboratory testing, results, and interpretations. It will be available soon in TRAIN. Nurses receive one CEU.

Young Adult Survey & Hepatitis Surveillance-Maura Comer

-Ten counties are in the study. Seeing a rise in the hepatitis C epidemic in IDUs in the 15-35 year-old range. Florida is not alone—it's all over the nation. The Council of State and Territorial Epidemiologists' (CSTE) case definition says they have to have symptoms.

-Due to a high signal to cut-off (s/co) ratio, many did not know they were infected. It's hard to get in touch with a case. Phone numbers are wrong or not available. After trying to contact a case three times, it's classified as “non-response.” Trying to cross-reference with other databases, e.g., law enforcement.

-Tattoo parties are very popular. As a result, more people are getting infected by sharing tattoo needles and ink.

-There has been a 183 percent increase in acute HCV cases in Florida since 2011.

-Florida Administrative Code 64.D has changed. All providers are now required to report positive and negative hepatitis tests and liver function tests.

-The Chronic Hepatitis C Study in 18-30 year olds is now in the third year of the grant cycle. Florida receives 420,000 liver function tests a year.

-**Jesse Fry** suggested the Hepatitis Prevention Program work with the Communications Office on this information and release it to the media.

The AIDS Institute/Hepatitis C Stakeholders Forum/Planning Groups- Michelle Scavnicky

Statewide Planning Groups

-The Florida Comprehensive Planning Network (FCPN) consists of:

- Patient Care Planning Group (PCPG)
- Prevention Planning Group (PPG)
- Florida Viral Hepatitis Planning Group (VHPG)

Florida Hepatitis C Forum

-The Centers for Disease Control and Prevention sponsored a forum of experts to discuss hepatitis C testing and treatment in Tampa on February 27, 2015. After a similar gathering in California in November of 2013, CDC proposed holding similar meetings in Pennsylvania, Massachusetts and Florida. The AIDS Institute (TAI), which has offices in Tampa and Washington, DC, and includes a viral hepatitis prevention component in their goals, put the meeting together along with the staff of the Hepatitis Prevention Program in Tallahassee. Michael Ruppel, Executive Director of TAI facilitated the day's activities, which included topical presentations and discussions of relevant issues.

-The stated objective of the meeting was, “Advance adoption and implementation of the hepatitis C birth cohort testing guidelines at the state level by engaging a cross-section of stakeholders.” This meeting pulled together representatives from public health, other government, the Veteran’s Administration, academia, health care delivery and the testing and treatment industry.

-The outcome of the meeting (as well as those that occurred later in Pennsylvania and Massachusetts) is a written document that will provide recommendations based on the discussions at each meeting. For a look at the presentation slides from the Florida meeting, go to <http://www.hepflorida.org/#!/c3qn> (under the title, “Hepatitis C Testing Stakeholders Forum”).

The AIDS Institute/Report on National Viral Hepatitis Issues and Updates-Jesse Fry

-The President’s budget for fiscal year 2016 increases funding for HCV.

-Florida Medicaid has the highest numbers for HCV drug pricing and treatment, e.g., Sovaldi.

-The Florida Legislature is meeting early next year. It starts the second Monday in January and ends the first week in March 2016.

-DOH is looking into treating hepatitis C positive persons who are incarcerated.

-There needs to be more focus on education.

Summit on Stopping HCV Transmission in Young Persons Who Inject Drugs-Phil Reichert

-The CDC and the Viral Hepatitis Action Coalition sponsored a summit to discuss halting new hepatitis C infections in young people who inject drugs (PWID) in Atlanta on July 20 and 21, 2015. This meeting was a direct response to an outbreak of hepatitis C, HIV and injecting drug use by young people in southeastern Indiana and several surrounding areas in Kentucky, Ohio and other proximate areas earlier this year.

-Pam Pontones, the State Epidemiologist for the Indiana Department of Health, said there were 172 new cases of hepatitis C through June of this year in Austin, Indiana, a rural town with a population of about 4,200. In addition, there were over 80 new cases of HIV. A doctor in Austin stated on a news program that young people have rediscovered heroin and other opioids, and they are injecting them and sharing their needles.

-According to Scott Holmberg, a physician epidemiologist for CDC’s Division of Viral Hepatitis, there is a significant increase in acute hepatitis C in the US, most likely due to an increase in the sharing of needles and syringes for heroin and other opioids. Specifically, there was a 200% increase in acute hepatitis C in 30 states from 2006 to 2012. Most of this increase is in rural and suburban areas in people under 30 years old.

-CDC epidemiologists were able to link most of the hepatitis C cases in Austin into three clusters by genetically testing the virus in individuals, said Yury Khudyakov, a medical epidemiologist from CDC.

-In Indiana, the governor temporarily lifted a ban on needle and syringe exchange programs for Scott County (where Austin is located) in hopes this would slow the problem of rising HIV and hepatitis C cases. As several speakers mentioned, syringe exchange sights are also places where PWIDs might be educated to stop using drugs through substance abuse treatment.

-Discussions at the summit included ideas for stemming the tide of new infections due to shooting up drugs and sharing needles. Certainly education and information about not sharing needles, in the absence of the unavailability of clean ones, is one answer. As proponents of HIV prevention have been

teaching for decades, one level of prevention is to offer cleaning kits that include bleach and water. Ideally, substance abuse treatment is the best answer.

Maura Comer brought up a street drug called flakka, one of the newer chemicals in the category of synthetic or designer drugs. Flakka can be snorted, smoked, injected or swallowed. The drug got its start in south Florida and quickly spread to other states. There has been a growing number of cases of bizarre and uncontrollable behavior, including seizures, linked to flakka. The main issue is that the user just doesn't know what they're taking or the strength of what they're taking.

Look at "Action Plan" tonight- Phil Reichert

-A copy of the plan is in your folder. We will discuss tomorrow morning.

Meeting adjourned at 5:00 pm.

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Tampa, FL
Friday, August 28, 2015, 8:30am – 11:30am

Members

Phil Reichert
Enid Santiago-Cruz
Mike Jolly
Robert Wallace
Gordon Licata
Michelle Scavnicky
Elizabeth Simoes
John-Mark Schacht
Charles Dennis
Susanne Crowe
Pam Langford

Guests

Dianne Carden Glenn
Scott Brock
Larrie Lepard
Jesse Fry- TAI
Andrea Leapley - Pinellas CHD
Maura Comer – HQ-Bureau Comm Diseases
April Crowley - HQ Staff
Lisa Weaver – TFP Specialty
Carina Blackmore – HQ-DDCHP

New items, CDC consult, rapid testing, testing guidelines and FPFA- Phil Reichert

-Phil sends out via email “Google Alerts,” which provide interesting articles pertaining to HCV. Topics include substance abuse and IDU in rural areas.

-**Elizabeth Simoes:** Substance abuse program is available at VA facilities.

-Intensive out-patient therapy

-The VA treats HCV, however, vets need to be 30 days sober to participate.

-There is a big focus on homeless vets.

-**Gordon Licata:** IDUs are very leery of needle-exchange programs. They feel like they’re being targeted.

-**Phil Reichert:** Needle-exchange is referred to as “harm reduction.” Similar to the ABCs of HIV:

- A. Abstinence from sex and drugs
- B. Be with one partner
- C. Condoms

-**Michelle Scavnicky:** Education and awareness is critical.

-**Dr. Bob:** There are still messages that people aren’t getting. One example is tattooing. People say, “We use new needles.” Dr. Bob: “But, you’re reusing the ink.”

-**Phil Reichert:** Treatment for HCV in India is only about \$21.00 per pill compared to \$1,00.00 per pill in the U.S. We’ll see more and more people going there for treatment.

-**Gordon Licata:** One hit of heroin is \$5.00. As a result, we’re seeing more drug use, overdose deaths and cases of HCV.

-**Mike Jolly:** Talked about a regression of fibrosis study that showed there is a benefit in treating decompensated cirrhosis.

-**Phil Reichert:** Surveillance drives the program in public health. We have to show *proof*, not estimates, of the disease. Need numbers to apply for a grant.

Phil Reichert: *Hepatitis Magazine* has good articles and results of studies. It's also available online. HCV Advocate is a great website at hcvadvocate.org. It features fact sheets, articles, etc. It's constantly being updated so it's very current.

HIV/AIDS Prevention Section Update- John-Mark Schacht

-There have been some personnel changes. Sherry Riley retired, and Marlene LaLota is now the HIV/AIDS Section administrator. Mara Michniewicz is the Prevention Program manager. The lion share of HIV/AIDS prevention funding comes from the CDC, less from the state legislature.

-**Expanded Test Initiative (ETI):** This targets men who have sex with men (MSM), especially blacks and Hispanics.

-**High Impact Prevention (HIP):** This puts the dollars where the problem is. Funds 82 contracts—mostly targets minorities. So far, they've had 12 town hall meetings.

-**PREP:** Pre-exposure prophylaxis is a hot topic now with the drug Truvada. Also, post-exposure prophylaxis. Their goal is to put together a strategic plan for three years on PREP.

-**Trail Mix Packs** (or party packs) includes Viagra, Truvada and crystal meth or Molly. (Molly is a dangerous synthetic drug that causes feelings of euphoria.) This is being used by men who have sex with men (MSM) and others at-risk for HIV/AIDS.

-First responders can now use NARCAN on patients who have overdosed.

-**Infectious Disease Elimination Act (IDEA):** Trying to get it passed. The pilot project in Miami failed. This was the legislative bill to pilot a needle/syringe exchange project.

Discussion on updating of "Hepatitis Prevention Action Plan"- Members

-**Phil Reichert:** There are six goals. We want to make sure the objectives are realistic and achievable.

-**Dr. Blackmore:** Prioritize. What is the biggest bang for the buck? Who do we need to educate? Test?

-**Phil Reichert:** We do informal surveys with other states, via NASTAD, on their state surveillance systems. Don't have active surveillance on hepatitis compared to HIV.

-**Dr. Blackmore:** Objective E, under Goal 3. "Each year, coordinate the purchase and delivery of hepatitis A and B vaccine for at-risk adults 30 years and older." Why over age 30?

-**Phil Reichert:** We are going under the assumption that everyone under age 35 has been vaccinated for hepatitis B. We will eventually do away with hepatitis A and B, and concentrate on hepatitis C, especially in young people.

-**Phil Reichert:** Let us know if you notice any changes that need to be made in the Action Plan. We want to release it by December 31 of this year.

Unfinished Business- Members

-**Mike Jolly** stated that he offers a course on hepatitis B and C entitled “Simply Hepatitis.” It provides 1 CME or CEU for doctors, nurses and pharmacists through an instructional grant from Gilead. It is updated three times a year. He can do it live at the next HIV PPG or Patient Care meeting.

Meeting adjourned at 11:25 am.