

# **Minutes – Viral Hepatitis Council Meeting Wednesday, February 22, 2006 Westshore Doubletree Hotel Tampa, FL**

## **Members in attendance:**

Michael Amidei  
Debbie Barnes (new member)  
Gina Bispham  
Jennifer Bourgeois (new member)  
William Chen  
Susanne Crowe  
Charles Dennis  
Robert Griffin  
Robert Keane (new member)  
Barbara Rush  
Sybil Stillwell  
Phillip Styne  
Andi Thomas

## **Guests in attendance:**

Shvawn Baker – Idenix  
Nosipho Beaufort – DOH  
April Crowley – DOH  
Andrea Davis – DOH  
David Gammons – GSK  
Juan Luque – Hillsborough CHD  
Karen Muller – Roche  
Phil Reichert - DOH  
Peggy St. Croix – Roche  
Barbara Schael – Chance Center  
Cheryl Urbas – DOH  
Beth Vung – Roche  
Sterling Whisenhunt – GSK  
Wendy Wilson – Roche

## **Council Business (Susanne Crowe and Phil Reichert):**

The minutes for the May 2005 meeting were approved.

Bob Keane, Jennifer Bourgeois, and Debbie Barnes were welcomed as new members to the Viral Hepatitis Council.

There are two vacancies on the council for other governmental agencies.

Dr. Johansen was nominated by Dr. Rehtine and we are currently working through the process of approval by the Secretary of the Department of Corrections.

It was suggested to have a VA representative on the council.

Discussion about plans for the next meeting was delayed to the end of the meeting to evaluate how well the one day meeting goes.

Michael Amidei suggested increased linkage among the Council members so that they stay up to date on issues. Phil suggested options of increased email communications and occasional conference calls. Further conversation was delayed to the end of the meeting to see how the one day meeting format goes.

**Hepatitis Program Overview (Phil Reichert – Powerpoint presentation is located in packets):**

Phil did a brief introduction of himself as the new Program Administrator. Funded counties were chosen through an informal ITN – those that submitted a plan were funded. We will be looking at the funding structure this year and developing a plan for 2006 and 2007.

**ACTION:** Email a copy of the risk assessment to the Council.  
Currently working on a common risk assessment form for the CHDs.

Concern that there is not a standardized Hepatitis risk assessment form across CHDs. Orange CHD does not use the same form because they do not participate in the 09 program. Suggest a separate workgroup to work on issues with the CHDs.

Phil suggested that discussion of a workgroup be delayed to the discussion period of the meeting.

There was concern (Andi) that a single form is not feasible. Charles Dennis currently uses one form for HIV, Hepatitis, and Syphilis.

The new 1628 form is closer to HCV issues as it looks at risks from distant past.

The Bureau of TB and Refugee Health vaccinates people entering the US for Hepatitis A and B.

Because of Hurricane Katrina, Immunization received extra funds and will be buying \$400,000 of vaccine for adults.

There is the possibility of a statewide Hepatitis Education Conference late in 2006.

Suggested that Hepatitis 101 be moved to every other month from quarterly. This is currently under consideration by April.

Concern that a statewide meeting will do little to motivate actual change on the ground level. Would recommend capacity building.

Upcoming train the trainer.

Working with NY which has a CDC grant to do capacity building on integration of hepatitis into STD, HIV, and other programs.

Suggest that there is enough knowledge within the Council that can be used as a resource to provide training rather than going outside.  
Currently looking at integrating hepatitis prevention into the existing HIV prevention programs.

Funders are starting to make hepatitis prevention a requirement to receive hepatitis funding – particularly SAMSA.

Closing the Gap funding (3<sup>rd</sup> cycle) is currently in ITN. HIV/AIDS prevention is a component. Hepatitis may be able to get on the HIV bandwagon.

The Council needs to start looking at treatment of inmates in jail facilities (not DOC).  
There are already existing contracts for treatment of jail inmates.

Is it part of the purview of the council to initiate legislation for hepatitis treatment under Medicaid? In medical practice, works hard to get free/reduced treatment for payment.  
State employees can't lobby but council members can.

There is an existing document from the National Viral Hepatitis Council that can be used to lobby. This should be a "TO DO" list item for the council.

GP aren't interested in treating hep patients – send to specialist. Maybe if specialist helped develop the treatment plan and GPs manage the plan, it could reduce the cost.  
But there are plenty of gastro docs don't want to treat it either.

Recommend Luis Donnerberg? To talk about the New Mexico plan. Have created a network to county health centers with capacity that is networked through the University of New Mexico.

National Coalition of Community Health Centers (NCCHC) – launching pilot sites to emphasize hepatitis care and treatment through community health centers.

Delayed further discussion to the end of the meeting.

### **American Liver Foundation (Jennifer Bourgeois – Executive Director, Gulf Coast Chapter):**

#### **Name of National ALF CEO – Fred Thompson**

ALF is celebrating 30 year anniversary. Rolling out a new marketing program.

Jennifer is new to the ALF, started in December, and is still learning.

Main goal for 2006 is programs. Had feedback that ALF hasn't done enough prevention programs. The goal is to do at least two programs per year. Working with Pinellas and Hillsborough CHD to target the Asian community in those counties by the summer. Going to provide the communities with linkage for testing, treatment and follow up.

Launching another program – Liver Wellness Program. For the general public to teach the ABCs of Liver Wellness.

Fundraisers: May 6 – Salute to Excellence Dinner and Auction.  
September 16 – Walk

How do you convey your message to community members?

Working with local partners and agencies to get the word out. Tweaking the marketing by attending health fairs, linking with CBOs and churches to communicate the mission. Still in the planning process.

Sense that the professional community in Pinellas and Hillsborough have contacts that ALF can use.

**Vaccine Update (Cheryl Urbas – Powerpoint presentation slides in folder):**

Hepatitis program provides vaccine and testing for high risk adults 18+ years old

Do you have a percentage that you can have unaccounted?

Will be discussed later in the presentation.

The objective is that each county will have at least 90% accountability.

Do you have records on who receives the vaccine?

Not at HQ, but the counties have that information and it can be obtained from HCMS.

Recent immigrants and refugees were not listed in high risk groups. Are they considered?

No, not for our purposes. Refugees are tested when they enter the country. But not necessarily for legal or illegal immigrants.

This is an issue that needs to be addressed.

For adolescents do they get it? Yes, through the CHD or refugee program. But not necessarily for adolescents and teenagers who do not enroll in school.

What is the percentage of short dated/spoiled vaccine that is returned?

Don't have the exact numbers, but usually gets transferred to another health dept.

Do the vaccines have to be delivered by CHD professional? Can they be delivered outside of that setting? There is a need to get vaccine out into nontraditional settings and spread beyond the CHDs.

We can look into it but it hasn't been done before. A system of accountability would have to be developed so that an outsider wouldn't have access. It is possible to do so under the auspices of the health dept. Barbara Rush is currently doing a program at Center for Drug Free Living (CDFL) as an authorized volunteer for DOH. There is a system of signing the vaccine in and out. CDFL has applied for funding from SAMSA to buy and distribute vaccine. Each health dept is its own entity; some are more open to collaboration than others and you have to do separate MOA.

Historically, the problem is custody (transportation, temperature, etc) and accountability for the vaccine. Would have to develop policies and procedures for handling and distribution. Also, funding has been a problem.

Problem with testing in jails is the length of the time to get results from confirmatory testing and unwillingness of jails to be responsible for treatment. There is also a need to track the return rates of people who receive the first vaccination in the series for hepatitis.

We need to see who we are vaccinating, their risk factors, how many people get all of their shots, are there populations that we are missing. We also need to look at best practices and evaluate them in terms of the numbers.

### **National Viral Hepatitis Conference Review (Phil Reichert):**

Met with CDC project officers (Hope King). They are considering creating a Hepatitis cooperative agreement separate from the Epi lab capacity (ELC) grant – this is the CDC cooperative agreement with the Bureau of Epidemiology.

Update on activities of other states

Integration and collaboration

There is a bill in the legislature to allow needle exchange in FL – successful existing needle exchange program in New Mexico.

Starting March 1, all infants will be immunized for Hep A by their 1<sup>st</sup> birthday.

Phil will email notes to those who are interested. Abstracts and some of the presentations are available on the CDC website.

Concerns about the characterization of Hep C treatment as being harsh. Treatment has come a long way.

Hepatitis C and HIV are on a similar trajectory, but shouldn't be bunched in together.

Not everyone has the same experience while on treatment – but prepare for the worst and provide support.

### **FCPN Overview (Andrea Davis):**

The Viral Hepatitis Council (VHC) is one of three planning groups under the Bureau of HIV/AIDS. It is included under the umbrella of the Florida Comprehensive Planning Network (FCPN) with the Prevention Planning Group (PPG) and the Patient Care Planning Group (PCPG).

Federal government uses the Baldrige criteria and the state of Florida uses the Sterling criteria. This is to increase accountability.

Miami-Dade has received a Sterling award. They found that it does help in increasing efficiency and accountability.

Is there a website?

Yes, do a search for Florida Sterling council.

### **FL Hep-CARE Update (Dr. David Nelson originally scheduled to present):**

Last minute cancellation by Dr. Nelson. Phil Reichert related some information on the Hep CARE Program and his correspondences with Dr. Nelson.

Dr. Nelson wants to expand the Hep-CARE program statewide, providing testing and treatment.

Looking for federal and other funding for expansion.

Currently the program operates in Alachua, Bay, Liberty, and Calhoun.

### **Update on Medication Availability:**

Debbie Barnes from the Chance Center does a program for uninsured working people to pay for their treatment if they can pay for their labs (Pinellas). Also a monthly payment plan. Jail linkage program to get people in county jails on treatment and continues treatment after release. "Cry, comply and complete" Pinellas, Pasco, Hillsborough and Manatee.

All board members of the Chance Center have had HCV – whether post transplant or cleared the virus through treatment.

All clients must meet the specific criteria to be considered to be considered for treatment under this program. Work on behavior change as well as treatment. This program does not work with people just released from rehab, they need to be at least 6 months out, but can attend support group meetings.

Suggest that information about the treatment program is made available to the community.. CHDs and 211 Hotline know about them. If you are looking for help, you can find it.

VA resource is available on how to start a support group. ALF has a manual as well.

Dr. Agwunobi agreed to meet with members from Hepatitis C Appropriations Partnership re. HCV concerns.

Short term therapy – May be cost effective but may inhibit treatment for slow responders or fast responders. Not sufficient evidence to make a decision after 3 months of treatment.

There is a new medication that will be out soon and add an additional combination therapy.

Some people can't tolerate pegylated interferon and ribovirin. No ribovirin if you have had renal failure. But no other options right now.

There is sampling error with biopsies – false negatives.

Has the community of nonresponders grown? Don't know, but tends to happen with most diseases. New medications will contain less interferon. There isn't a good agreed upon standard of medication for those who are medically underserved.

There is a problem getting insurance companies to pay for treatment and finding physicians who will provide treatment.

Regarding HCV – some individuals *had* high risk activity 20 years ago and are no longer at risk. Some individuals are *currently* high risk. Integration of services works for current risk factors, but not for past risk factors.

## **Hepatitis Program Education and Information (April Crowley)**

April provided a general display of available hepatitis educational materials. Posters, VHC brochures, vibrio vulnificus (for health care providers and consumers), lab interpretations, ABC viral charts, compassionate care programs and support groups.

Jade ribbon – Dr. So in California has a hepatitis B awareness and treatment program for Asian Americans (who have the highest risk of any race/ethnicity for hepatitis B. There is a national hotline offering information and brochures.

Are there materials that advertise vaccine?

- There is a poster that does directly mention. Will email and customize.
- Can also use CDC and Channing Bete materials to promote vaccine.

## **National Hepatitis Issues – The AIDS Institute (Michelle Scavnicky)**

Distributed a handout.

Headquartered in Tampa, with offices in Tallahassee and DC.

Michelle Scavnicky  
Director of Education  
813-258-5929  
[msscavnickytai@aol.com](mailto:msscavnickytai@aol.com)

## **General discussion:**

The next meeting:

Some people had problems arranging their work schedules. How do people feel about the one day format?

- Don't think that one day gives enough time to take care of business, considering that the group only meets twice a year. Was originally against it and is still against it.
- Depends on what we do. Don't have the time to waste on presentations. Meeting time should be used to focus on addressing hepatitis issues rather than being informed. Interested in discussing risk assessment, vaccine, medical standards.
- \*\*\***The council needs to write position statements and make recommendations to the state.** This is a specific recommendation.
- The next meeting should be within 6 months. Would rather see 4 one day meetings than 2 two day meetings. Some business can be handled through email.
- Would like to have presentations sent ahead of time so that people can do something with the information.
- Before the end of the day, would like to see an action list created, come up with a plan, meet in 3-4 months and work from 7:00 AM-6:00 PM and hammer out details.

- Form workgroups to address specific issues and go over the recommendations at the next meeting for the whole council.
- Package support group resources to create a council based resource list.
- Shouldn't there be a statewide policy for what counties do with their vaccine? Example: Seminole and Orange county vaccine situation. Is it appropriate for the state to provide the county with guidelines and directives? Orange gets the vaccine and does whatever they want with it.
  - o We can add hepatitis technical assistance guidelines to the CHD guidebook. The problem is that you have to go through a lengthy process of approval through the CHD directors. May not have to be approved by everybody. Can talk to the Deputy State Health Officer about issuing a directive for participation.
- Some counties may be resistant because they are not funded 09 programs. When people are sent to Orange CHD to be vaccinated, they refuse to vaccinate adults. Claim that they don't have enough vaccine and that they don't have the FTEs. Once referred to headquarters, they agreed to vaccinate some people through Center for Drug-Free Living, but have refused to vaccinate people again.
- Need to create a system of accountability that is respectful of privacy and non stigmatizing.
- Need to set a precedent with Orange County to let them know that they are being monitored. Vaccine is intended for Florida residents. Problem with emphasizing Florida residents is the mission of DOH stating that we serve citizens and visitors.
- Can't ask each county to run every program the same, but you can ask them to be quid pro quo and follow where vaccines are delivered and examine utilization (whether at CHD, health fair, etc.).
- Do have a vaccine allotment sheet by county that can be shared with the council.
- Need to start making serious action on the strategic plan.
- Some goals and objectives in the Strategic Plan are achievable and some are not. -Some have baselines, some don't, and some baselines are of unclear origin. Also the hotline is now gone so references must be updated. May need to divide up the sections of the plan to be examined. Tallahassee staff will offer suggestions for change.
- Take the strategic plan back, take 2-3 weeks and decide if changes need to be made and priorities so that suggestions can be made about priorities, how they can be done and establish work for the next meeting.
- May not have the resources to do some things – so it needs to be revised and need to change some of the due dates.
- April has a "resource inventory," but also needs options for support groups and local resources for people statewide.

**Viral Hepatitis Council Action plan from this February 2006 meeting:**

- Look at developing an integrated risk assessment form (STD/HIV/HEP/TB)
- Look at providing hepatitis vaccine in nontraditional settings: Vaccinations for adult immigrants, in CBOs, in jails and prisons...
- Write a position paper on Medicaid coverage for adult Hep A/B vaccine as a medical benefit
- Look at consistency of vaccine programs and availability at the CHDs



- Create a statewide resource guide for consumers (package community resources for consumers and stakeholders to provide the best up-to-date information).
- Not everyone is equipped to seek out their own information. Sybil is putting together a guide on what to expect when starting treatment.

April and Nosipho will be contacts for the Viral Hepatitis Council.

**Workgroups and Issues for Consideration** (bolded groups were selected to work on their issue between now and the next meeting):

- 1. Vaccination issues – Barbara Rush**
  - a. Administration in nontraditional settings
  - b. Vaccinations for adult immigrants
  - c. Consistency of vaccination within the CHD
2. Medicaid coverage for adult hepatitis vaccine
- 3. Integrated risk assessment forms**
- 4. Resources for consumers and stakeholders**
5. Linkages to medical evaluation as criteria. Define minimum medical evaluation for what should be considered for care (position paper). What information is necessary before you begin treating a patient.

Priorities

#1 and #3. (bolded for conference call preferred day – **Thursday around 4pm**)

**Vaccine Issues Workgroup: Barbara Rush (Chair), Dr. Phillip Styne, Andi Thomas**

**Integrated Risk Assessment Forms Workgroup: Bob Keane, Bob Griffin, Andi Thomas (Chair), Charles, Gina**

**Resources for Consumers and Stakeholders Workgroup: Michael Amidei (Chair), Sybil (Co-chair), Debbie, Jennifer and April**

Does the DOH have the risk assessments as baseline data? Yes, through last May.

Will have position statements/recommendations at the end of the next meeting.

Review the current plan – 3-4 weeks.

- Needs to be tweaked for republication
- Needs to be prioritized
- Delete things that are inappropriate
- Written by Sandy Roush, Jodi Baldy and other Hepatitis Program staff with input from the Viral Hepatitis Council
- Treat plan as an evaluation tool for the purpose of developing a business plan for 2006-2007

(Andi Thomas) Uncomfortable reentering the strategic planning process – feel the council needs to act on the current plan before revising.

Next Viral Hepatitis Council meeting – What do we need to do? Do we need to have presentations and best practices?

- Everyone knows what we do and what resources are available
- Appreciate reports from conferences, but not basic information on hepatitis transmission
- Invite policymakers from related agencies to present on related topics of concern
- Need to have someone from Medicaid to break through with them

Next meeting will be in June or July – Jennifer will check on hotels. A subsequent meeting may be in November.

Andi motioned to change the bylaws to state that the council will have *at least* two meetings per year. Seconded. Discussion was held. The motion was unanimously approved.

The bylaws were also amended to say that elections will be held during the final meeting of the year for officers who will serve the following year

Need to get nominations for two vacancies for other governmental agencies.

Members have been requested to review the bylaws and submit changes.

Meeting adjourned 4:30 PM