

Viral Hepatitis Council Meeting – Tampa MINUTES

Thursday, February 19, 2009

Members:

Dr. Frank Johanson
Phil Reichert
Susanne Crowe
Pat Simmons
Charles Dennis
Dr. William Chen
Enid Santiago-Cruz
Michael Amidei
Debbie Orr

Guests:

Dante Ross (Pinellas CHD)
Michelle Scavnicky (The AIDS Institute)
Sterling Whisenhunt (Pharma Rep)
Dr. Dongming Cui (Pinellas CHD)
Lori Theisen (Orange CHD)
Thesda Manu (Pharma Rep)
April Crowley (HQ-Tallahassee)
Nosipho Beaufort (HQ-Tallahassee)
Jessi Embleton (HQ-Tallahassee)
Gordon Licata (The Chance Center)
Guttenberg Pierre
Peggy St. Croix (Pharma Rep)
Sean Budacz (Pharma Rep)
Debbie Barnes (The Chance Center)
Rebecca Beaman (Volusia CHD)
Dr. David Thomas (DOC)
Marc Konecny (Pharma Rep)
Diana Wood (Pharma Rep)

Debbie Orr opened and everyone introduced themselves.

Old and New Business

April informed us that Dr. Johanson has nominated Donna Dowling as a member. She would fall into the category “Clinical Medical Services” and would provide greater geographical coverage by Viral Hepatitis Council (VHC) membership. Debbie Orr seconded the nomination. The motion to include Donna Dowling on the VHC passed.

Debbie Orr informed us that Barbara Rush was invited back as discussed previously; however, she had a death in the family so she was unable to attend February’s meeting.

Mike Jolly was removed from the council due to non-attendance as stated in the by-laws and lack of contact. Debbie wished him the best of luck and, “may he flourish in his future efforts.”

Funding, Budgets, and Program Update

Phil said that after budget cuts and the new stimulus that just went out, it does look like Hepatitis would benefit from some of it. He does not know how much just yet but is looking at \$300 million for the U.S. for vaccines (which includes flu vaccines and adult 317 vaccines).

Debbie asked how the money would help with jobs. Phil stated that no matter what is purchased, it is going to help the vendor. It may not be much but it is something. The vaccines would probably help

keep the work flow going as well. One of Phil's concerns is now that the state has cut back on travel that is going to hurt the economy because the airlines, hotels, car rental, and other companies aren't getting that business.

Phil distributed a General Revenue FY 2008-2009 Budget sheet and said the State is now looking at cutting another 4 or 5 billion. They may not actually cut the money, they may just raise taxes. One thing the legislature is considering is raising the price of a pack of cigarettes by a one-dollar fee.

The statewide hepatitis conference has been canceled for 2009. There was one planned for 2008 but it never got approved by deputy secretary's office. The 2009 conference was planned for piggy backing with the Florida Public Health Association meeting, but that ended up not approved.

There has not been a Hepatitis Coordinators Meeting since April of last year due to budget cuts. If another 300-400k is cut from this budget, it is going to come from lab, vaccines, and probably some of the 15 counties that are funded.

AIDS Education and Training Centers (AETC) conferences will continue as far as Phil knows. The University of South Florida hosts this through a grant they receive from the federal government. Typically, the Bureau of HIV/AIDS provides money from Ryan White and the Prevention Program to pay the registration fees for 100-200 people to attend from around the state.

Regarding the Hepatitis Prevention Program funding, as Phil understands, a 4% reduction took place in 2008 on a portion of the \$3.1 million in funding. A couple of the bigger counties which receive the most money have left positions vacant in preparation of possibly losing some of their funding. However, no one has been laid off as of yet.

Institute of Medicine is going to come up with recommendations on what a hepatitis prevention program should look like. They want to cover strategies, surveillance, morbidity and mortality. Surveillance is important because not all states chronic report hepatitis C. Florida does report this in Merlin and has reported about half of the cases reported in the US.

Phil handed out a document on vaccines and budget. This came from Health Management Systems (HMS) but he felt Florida SHOTS is more accurate and said that Nosipho is actually looking and comparing the two.

Minutes from the last meeting; Dr. Johanson moves to approve minutes, seconded, all approved, none opposed. Minutes approved

Vaccines and Vaccine Accountability

Nosipho Beaufort did a presentation, passed out handouts on vaccine accountability, and needed information in order to process the request for vaccine.

Collaborative effort

Dr Johanson is the Deputy Assistant Secretary of Health Services for Department of Corrections. Currently there are 3500 HIV positive people in their facilities. Most of the inmates do not have a primary physician, so when they leave the system and return to the community, they are referred to their local county health department (CHD). The inmate also takes a transfer sheet with them. The transfer sheet has a few problems so when he was seeing a patient he would try to write a little side note of extra medical problems not listed on the transfer sheet. They have launched a pilot program with Alachua CHD where they provide the primary care. They have some type of system where the CHD submits their info. The data is being entered into Alachua's system and Dr. Johanson's system. The point of this is when the inmate leaves the prison system and returns to the CHD, they will have access to this information. In addition, if arrested again, they are able to access that information so they do not have to start over with testing. It will also eliminate a lot of repetition in laboratory. For the people that are in this program, the CHD will be purchasing the medication. The money saved from corrections at the end of the year will then reimburse CHD.

AIDS Institute

Michelle Scavnicky informed us that their executive director, Dr. Gene Capello, passed away last year, and they are still dealing with that. They are doing as much as they can to keep moving forward and continuing to put out the work. She distributed a handout that explains about what The AIDS Institute does and its plans for the future.

Hepatitis in Corrections Settings

Dr. David Thomas spoke and presented with a PowerPoint on a review of the research behind the accelerated dosing schedule. Places where it is used and approved, why or why not was discussed. There was also a discussion on TWINRIX versus HBV vaccine in correctional settings, the cost, and the expected risks.

Council Suggestions

Mr. Amidei suggested that if the jail return rate is as high as it is, maybe we should start doing more outreaches and educational services to ex-offenders to try and help lower this rate.

Mr. Dennis would like to see accelerated dosing in the jails because they lose so many people after the first shot. Some people do follow up at the CHD, but most do not.

Mrs. Santiago would like there to be mandatory vaccination and testing. She said she has to do a presentation in the jails before they can even decide whether or not they want it.

Dr. Thomas recommended vaccinating as many people as possible to help prevent it and keep it at such a low rate that there is nobody to transmit.

Dr. Chen suggested making testing and vaccination mandatory, period.

Phil said that would require us to change the law and that would take too long. Additionally, testing and vaccinating every inmate would be cost-prohibitive, and some younger ones have been adequately vaccinated for hep B.

HIV Prevention and Testing and Patient Care

Pat Simmons informed us that the Prevention Section of the Bureau of HIV/AIDS does a lot of HIV rapid test training. There is so much of it that there are 3 state trainers. The travel issues have not affected them because they are “mission critical trainers.” Over this past year, the Hepatitis Prevention Program and HIV Prevention section collaborated with other Division of Disease Control bureaus and provided a health fair at Lowell Correctional Institute in Marion County. It turned out really well because the inmates were, “hungry for the information and took it all in.” During the past year as well, Sister’s Organizing to Survive (SOS), a prevention effort for minority females, was put together and turned out to be a big hit. More SOS conferences and meetings are being offered around the state. A lot of people are basking in the information that they are allowed to get. She has also been putting together social networking grants and it has been working very well. The bureau is looking at all kinds of ways to utilize social networking such as on Facebook and MySpace. Bureau staff are working to get targeted prevention messages everywhere and anywhere they can.

The Bureau Behavior Evaluation Consortium completed their heterosexual component on their study and the results are on the website at www.FloridaAIDS.org. Statistics are updated on a monthly basis. On the testing side in 2008, there were approximately 375,000 HIV tests administered in Florida. Of that, about 335,000 were rapid tests. Florida has reduced the number of HIV transmitted through

heterosexual contact based on testing. The bureau published a booklet of current and past studies and downloaded off the website.

The next Ryan White meeting is April 29-30 in Orlando.

The bureau has launched their CareWare database and e-HARS (the switch to electronic case reporting).

The case management manual has been finalized.

The HIV/AIDS 101 video is being finalized and reviewed. This will be a strictly HIV information video. Reviewers felt that if they mentioned hepatitis in it, they would have to put TB and other STDs in the video as well. This would make the video too long and unfocused.

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Brainstorming Session and Continued Updates and Discussions

Phil stated that a national advocacy group came up with a list of items that they would like to see President Obama do to advance hepatitis prevention within his first 100 days in office. The group mentioned several issues that have been discussed and written about for years. They include: core public health services such as surveillance for addressing hepatitis outbreaks, education, hepatitis A and B vaccine, development of a vaccine for hepatitis C, medical care for low income individuals and addressing health disparities. The paper is four pages long and concise (included as a hand-out for the group).

By 2008, CDC said they wanted a written plan and wanted details as to where we wanted to put it and when. This is when we started collaborating with the jails and working real close with immunization as a partner with various other vendors.

In an MMWR that came out last year, there were suggestions the CDC came up with and one of them is they add several populations they would have tested. New populations include: MSM, injecting drug users, countries where more than 2% of the population is infected with hepatitis B, and individuals receiving immunosuppressant therapy. Phil distributed a synopsis of this document.

Racquel Stevenson from Seminole CHD did a project that looked at funded counties, non funded counties regarding their vaccine and testing. She has presented on this topic using spread sheets, graphs and such. She has even presented on a statewide conference call with epidemiologists and she is planning to try to publish it somewhere.

We have our 2008-2010 comprehensive plan and want to look at how we can improve hepatitis services in Florida if we do not get any money, or if we do get additional funding. If you have any ideas, e-mail Phil or Nosipho. Charles Dennis thinks we should focus on how we can bridge the linkage gap because there are many patients that slip through the cracks and do not receive services. One goal is to get clients to their follow up appointments and next doses of vaccines. If funding becomes available, CDC wants to have an active surveillance program, enhance testing and vaccine, and they want to be able to treat hepatitis A, B, and C. We will e-mail the comprehensive plan when we get back to the office.

Enid asked, for those who are hepatitis C positive, can CHDs do further blood tests for the patients to know what stage of the disease they are in. Question: Can we have a doctor that will go around and look at the people and monitor their blood? She wants to know if that is a possible long term, futuristic plan. Phil is hoping eventually it would, but it would be really far down the road. He said that we would be more likely to get all the vaccine we want and all the testing we want before something like that was to happen.

During the upcoming legislative session, Phil said legislators will address the possibility of the Agency for Health Care Administration (AHCA) moving back into DOH. When we were the “Dept of Health and Rehabilitative Services,” what are currently DOH, AHCA and the Dept of Children and Families were all part of that same agency.

Phil wants you to look at the current unmet needs and e-mail suggestions for updating the comprehensive plan.

Position Papers

We are going to scan them, put them on the website, and have them available to pull up at meetings and such where they may come in handy. Dr. Orr asked, once the position papers leave here, other than putting the paper on the website, how do we promote them? Phil said we can send to Medicaid, we just need to find the appropriate person to send them to. Members were asked, IF YOU HAVE ANY IDEAS, LET US KNOW! Susanne Crowe suggested Florida Public Health Association (FPHA). Phil said it was a good idea and we were supposed to have a statewide hepatitis conference in August. Despite not being able to, we are still supposed to have a hepatitis break out session at FPHA. In what other venues, if any, can we proactively promote these position papers? April suggested sending them to the legislature. Hepatitis can't send it but is asking if Debbie Orr can. Dr. Orr said these are things to figure out so we can get more outcome and exposure. Mrs. Wood suggested the Florida Medical Association. Sterling suggested medical schools.

Membership on the VHC

The group discussed the recruitment of additional members. Sterling thinks the Department of Elder Affairs would seem like a great group to be in collaboration with. He says that they would seem like a better group of people to get with, to get more information from as opposed to just the community members. Phil would like to look for another person from Medicaid. Debbie Orr said we should generate a list of questions and find someone that can answer all of them. Phil asked to have all questions e-mailed.

Side note: It was suggested to have someone talk about Medicaid from that program in AHCA at the next meeting.

By-Laws

The group had a discussion of a topic that came up at the August 2008 VHC meeting. We discussed having representatives from pharmaceutical companies as voting members. On page two of the by-laws, we decided we would leave them as they are written. The group stated they have no problem with guests advising or offering suggestions during discussions. We welcome guests or anyone being involved in the planning and decision-making process. Sterling Whisenhunt doesn't think specific pharmaceutical representatives should be on the council because he doesn't feel like they should be involved as voting members. They should help out the council and make suggestions offer advice from their perspective.

The updates from the few changes that we made at the last meeting are on the by-laws distributed at this meeting. Everything seems to be working for everyone.

Regarding current membership, if we count Donna Dowling (who we voted to add to the VHC at this meeting) we have 14 members. By-laws state we need at least four community members and we only have two. You can nominate yourself and anyone else. April will e-mail the nomination form to everyone. You do not have to be a council member to nominate someone for the VHC. We don't need a public health representative.

Travel and Next Meeting

Dr. Orr stated that in Orlando there is a VA clinic, a medical school, and a children's hospital. Her suggestion is to possibly have the next meeting in Orlando, where we may be able to get important guests to come and speak.

Phil said travel would stay the same amount whether we had the VHC Meeting in Miami or Orlando.

The group thinks we should move around the state from meeting to meeting.

By the next meeting we need a VA represent to speak and possibly become a member of the group. Sterling recommends getting someone from Tampa and possibly getting his or her hepatitis C coordinator to attend the meeting.

Mr. Dennis thinks we should put more emphasis on, put pressure on someone, lobby someone about getting inmates treated and tested. We go out, we do pre test counseling but it is frustrating to go out, test them, come back, they are positive for hepatitis C, but there is nothing else we can do. However, that is the problem everywhere. This is why people don't want to test because they can't treat it. People need to know!

Phil reminds us that this group is here to advise the state, write, and update the comprehensive plan. He wanted to let everyone know how valuable the VHC is to the department. This plan has come in handy because he gets people asking how we do it in Florida and he just sends them the document. This is also on the website. You can go to www.flahepatitis.org to get directly to the website instead of going through HIV/AIDS.

Dr. Orr suggested we discuss liver wellness at the next meeting.

The meeting was adjourned at 11:30.