

The Florida Hepatitis Prevention Comprehensive Plan

2008 – 2010

Developed and Written by the
**Florida Viral Hepatitis Council
and the
Florida Hepatitis Prevention Program**



**Florida Department of Health
December 2007**

TABLE OF CONTENTS

Dedication & Acknowledgements	2
Executive Summary	3
Background Statement	4
The Florida Viral Hepatitis Council	5
The Florida Hepatitis Prevention Program	6
Goals & Objectives of the Florida Hepatitis Prevention Program 2008 - 2010	8
Gaps in Services	17
Barriers to Service Provision	18
Unmet Needs—Quality Improvement without the Need for Additional Funding (Unranked)	19
Unmet Needs—Requiring Additional Funding (Ranked)	20
Definitions of Related Terms & Acronyms	21



Naples Beach

DEDICATION

This Hepatitis Prevention Comprehensive Plan is dedicated to the individuals who work hard to provide services for people with hepatitis and to those individuals who are infected and affected by this disease.

ACKNOWLEDGEMENTS

The members of Florida's Viral Hepatitis Council (VHC) conceived, wrote, reviewed and approved this plan based on the framework the VHC Writing Committee developed. This committee includes:

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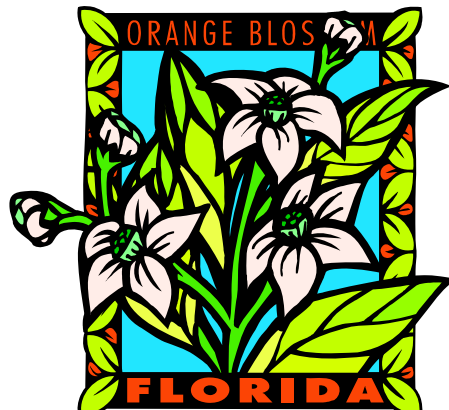
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EXECUTIVE SUMMARY

This Florida Hepatitis Prevention Comprehensive Plan covers the years 2008 – 2010 inclusive, and was written and approved by the Florida Viral Hepatitis Council (VHC), then read and approved by the Florida Department of Health. Through collaboration between governmental and non-governmental representatives from throughout Florida, the VHC appointed the Writing Committee to develop a draft of this plan. It was presented to the full group at the January 25 & 26, 2007 VHC meeting in Tampa. The full VHC group was given the opportunity to read the draft copy, and a discussion regarding gaps in hepatitis services and unmet needs in Florida ensued. Sections on “gaps in services,” “barriers,” and “unmet needs” were added to the plan. The plan was updated and edited, then discussed at the July 17 & 18, 2007 meeting in Tampa. Final edits were made before being approved for distribution by the Hepatitis Prevention Program Administrator, Philip E. Reichert and the Chief of the Bureau of HIV/AIDS, Thomas M. Liberti.

Several of the goals were carried over from the previous plan, which covered activities from 2005 through 2007. Objectives were written based on the goals, and activities were added by the full group at the January 2007 and July 2007 meetings. Current goals are based on the vision to eliminate hepatitis in Florida and the mission to prevent the transmission of the virus through hepatitis prevention intervention activities.

The goals of this plan are:

- 1) Raise statewide awareness of viral hepatitis
- 2) Develop and distribute educational information
- 3) Coordinate and collaborate regarding intervention, prevention, and disease control programs
- 4) Track the burden of disease through hepatitis case surveillance and reporting
- 5) Conduct research and evaluation
- 6) Reduce hepatitis morbidity and mortality



South Beach

BACKGROUND STATEMENT

Viral hepatitis is a public health problem that causes significant morbidity and mortality in the state of Florida. There may be as many as 330,000 Floridians infected with hepatitis C. Known as the “silent epidemic,” hepatitis C often exhibits no symptoms in infected individuals for years or decades. An injecting drug user who shared needles twenty years ago and became infected at that time may have no symptoms until they develop liver failure due to cirrhosis or liver cancer. Approximately 20,000 cases of *chronic* hepatitis C are reported in Florida each year. From 1999 to 2005, the number of *acute* hepatitis C cases per 100,000 population in Florida has decreased from .35 to .008. About 60% to 90% of all injecting drug users are infected with hepatitis C. And, approximately 25% - 30% of HIV infected individuals are also infected with hepatitis C. Since people at risk for Chlamydia, gonorrhea, syphilis and HIV may also be at risk for hepatitis A, B and C, this provides a powerful argument for integrating hepatitis services into sexually transmitted disease and HIV/AIDS programs.

In 2006, the Centers for Disease Control and Prevention issued two MMWR (Morbidity and Mortality Weekly Reports) guidance documents outlining, 1) the elimination of hepatitis B in infants, children, and adolescents and 2) the elimination of hepatitis B in adults. Although there is a downward trend, reported hepatitis B cases remained relatively stable from 1999 to 2005, going from 528 to 452. This represents 3.37 cases per 100,000 in 1999, and 2.53 cases per 100,000 in 2005. CDC states that since hepatitis B vaccine was provided to virtually all infants and children from 1992 to the present, this has protected most Americans under the age of 25 from the disease. In order to protect adults, 25-49 years of age, CDC suggests venue-based hepatitis B vaccine delivery in: clinics where STD and HIV services are provided, jails and prisons, and in substance abuse treatment centers. They suggest that if every individual at risk is vaccinated in these venues, hepatitis B may be eliminated in a short time.

In 2006, providing hepatitis A vaccine to all children between 12 and 23 months old according to CDC recommendations will have the same effect that providing hepatitis B vaccine to infants and children has had on the population since 1992. Although hepatitis A outbreaks continue in specific populations and venues each year, the number of reported new cases has dropped from 796 (5.08/100,000 population) in 1999 to 270 (1.51/100,000 population) in 2005.

THE FLORIDA VIRAL HEPATITIS COUNCIL

Under the umbrella of the Florida Comprehensive Planning Network, there are three planning groups: the HIV Patient Care Planning Group, the HIV Prevention Planning Group, and the Florida Viral Hepatitis Council (VHC). The VHC was created in January 2004 as an advisory and planning group. Its members include both Department of Health personnel and individuals from community-based and other non-governmental organizations. They operate from by-laws created by the charter members and meet at least twice a year. There are twenty members that include statewide representation by: A minimum of four community members, two clinical or medical members, at least four public health members, two members from governmental agencies other than the Department of Health, three community-based non-profit organization members and up to two members with an academic or research background. A single member may represent up to two of the above disciplines or entities. The group is chaired by an elected community co-chair and an appointed Department of Health co-chair. It should be noted that several members represent consumers, or individuals who have been diagnosed and undergone treatment for hepatitis C. The main purpose of the group is to write a comprehensive hepatitis prevention plan for Florida that includes (but is not limited to): Goals, objectives, actions, an analysis of gaps in services, and two specific lists of unmet needs.

The basic tenet of the VHC is to provide a forum for representatives from around the state to meet and discuss hepatitis issues. The group may produce position statements related to hepatitis issues, and it functions as an advisory group to the Florida Hepatitis Prevention Program, which is housed organizationally within the Florida Department of Health Bureau of HIV/AIDS.

This comprehensive hepatitis prevention plan is the culmination of the work of the VHC Writing Committee, the greater membership of the Viral Hepatitis Council and the Florida Hepatitis Prevention Program.



Miami

THE FLORIDA HEPATITIS PREVENTION PROGRAM

The **VISION** of the Hepatitis Prevention Program is: Eliminate viral hepatitis in Florida.

The **MISSION** of the Hepatitis Prevention Program is: Prevent the transmission of viral hepatitis between individuals.

The Florida state legislature initially funded the Florida Hepatitis Prevention Program (HPP—formerly known as the Florida Viral Hepatitis and Liver Failure Prevention and Control Program) following the 1999 legislative session. The legislature provided \$2.5 million to create a comprehensive program that included the provision of hepatitis testing, hepatitis A and B vaccine delivery to adults (18 years and older) at risk, information and education activities, and infrastructure development. The legislature has continued HPP funding at a level of \$3.1 million per *fiscal* year through 2007. The Centers for Disease Control and Prevention (CDC) provides approximately \$70,000 per *calendar* year for a “Hepatitis Prevention Coordinator.” Each of the sixty-seven CHDs may provide hepatitis A, B, and C testing; and hepatitis A and B vaccine at no cost to the CHD through the Hepatitis 09 Program. This program includes guidelines for assessing the risk of individuals who access services at CHDs and whether they might be a candidate for these direct hepatitis services.

The \$3.1 million is currently broken down into the following general areas: There is \$2.15 million available to fund fifteen county health departments (CHD) to have dedicated hepatitis prevention programs. The counties initially funded in 2000 were: Miami-Dade, Monroe, Broward, Polk, Collier, and Pinellas. Three additional counties were added in 2001: Escambia, Lee, and Seminole. In 2005, four counties were added: Alachua, Okeechobee, Palm Beach, and Bay. And, two counties were added in 2007: Duval and Orange. The remainder of the \$3.1 million pays for laboratory testing, hepatitis A and B vaccine, and expenses and salaries for five full-time positions in Tallahassee in the HPP.

Major Hepatitis Prevention Program initiatives and activities include the following:

- 1) Raising awareness of viral hepatitis statewide
- 2) Developing and distributing educational and informational materials
- 3) Coordinating activities in CHDs and non-profit community-based organizations that provide direct intervention services including testing and vaccine delivery
- 4) Maintaining planning activities through the Viral Hepatitis Council
- 5) Maintaining integration of hepatitis services into sexually transmitted disease (STD), HIV and other CHD programs
- 6) Tracking hepatitis A and B vaccine usage
- 7) Tracking the burden of the disease in Florida
- 8) Conducting research

- 9) Collaborating and partnering with other programs, agencies, and entities
- 10) Providing technical assistance and training
- 11) Assuring quality
- 12) Ensuring regular meetings and collaboration of the hepatitis coordinators from the fifteen funded counties
- 13) Assessing future needs and analyzing gaps in services
- 14) Providing leadership and policy development
- 15) Promoting treatment and community-based patient care services (including treatment through the ADAP—AIDS Drug Assistance Program—for individuals coinfecting with hepatitis and HIV)
- 16) Maintaining a list of resources for individuals in need of services the HPP cannot provide directly
- 17) Supporting prevention intervention initiatives and activities at the local and state levels
- 18) Budgeting resources to provide the most efficient programs and services available

The Hepatitis Prevention Program is organizationally located under the Bureau of HIV/AIDS, which is a part of the Division of Disease Control. The move from the Bureau of Epidemiology to the Bureau of HIV/AIDS occurred on July 2, 2001. This move was made to enhance the collaboration and integration of hepatitis services into HIV counseling and testing, prevention, and patient care programs.

It is the aim of the Florida Hepatitis Prevention Program to include the overall program goals, objectives and activities that appear on the pages that follow. Also included in this document are sections on, “Gaps in Services,” “Barriers to Providing Services,” “Unmet Needs,” and “Definitions of Related Terms.”

Long term focuses of the Hepatitis Prevention Program will be: the elimination of hepatitis B in Florida, the diagnosis and referral for services of individuals with hepatitis C, and addressing the issue of reporting chronic hepatitis C into the Merlin reporting system.



Lake Bradford, Tallahassee

GOALS AND OBJECTIVES of the FLORIDA HEPATITIS PREVENTION PROGRAM 2008-2010

Goal 1: Raise statewide awareness of viral hepatitis.

Objective A: Schedule at least 6 educational outreach programs to promote community involvement.

Action 1: Identify opportunities to provide outreach programs

Action 2: Deliver the six programs to appropriate audiences.

Action 3: Evaluate the programs.

Objective B: Update website for content and accuracy quarterly.

Action 1: Identify an appropriate person to browse the Department of Health Hepatitis Prevention Program website.

Action 2: Contact the Bureau of HIV/AIDS Webmaster to make the changes.

Objective C: Increase hepatitis education and awareness among licensed healthcare professionals by 5% each year from 2008-2010 (tracking will be based on attendance at group-level interventions such as: the statewide educational conference and through CEU and CME offerings for nurses and doctors).

Action 1: Promote external and internal (within the Department of Health) opportunities for hepatitis information and education for medical care personnel.

Action 2: Analyze quarterly reports from the funded counties.

Objective D: Promote the mission and goals of the Florida Hepatitis Prevention Program to a least 4 other organizational entities per year.

Action 1: Identify events at which hepatitis program services might be promoted (Such as, but not limited to: meetings of the Florida Public Health Association, the Florida Alcohol & Drug Abuse

Association, the Florida Department of Corrections, the Department of Children and Families).

Action 2: Develop and update materials for the promotion of program services and responsibilities.

Goal 2: Develop and distribute educational information.

Objective A: Conduct 12 Hepatitis 101 trainings by the end of 2010.

Action 1: Schedule at least four Hepatitis 101 trainings each year.

Action 2: Provide the trainings, evaluate the results and modify future training based on evaluation responses.

Action 3: Regularly review the slides and update as appropriate.

Objective B: Headquarters will distribute at least 100,000 pieces of educational materials to the public by the end of 2010 (33,333 per year).

Action 1: Produce and electronically distribute the *Hepatitis Health* newsletter at least four times each year.

Action 2: Procure culturally appropriate and population-specific materials from vendors (vendors might include any materials available from the CDC National Prevention Information Network or private vendors).

Action 3: Distribute materials through the county health departments, community-based non-profit service organizations and other appropriate outlets.

Objective C: Update internal educational materials by the end of 2008 (ABC charts, poster).

Action 1: Regularly review internally produced materials for accuracy, freshness and appropriateness of use in the Hepatitis Prevention Program.

Action 2: Work with the Office of Communications graphic design team to produce culturally appropriate and population-specific posters, brochures and other educational materials.

Action 3: Send internally produced materials for appropriate review before production and distribution (eg: The Viral Hepatitis Council may be used for the review of educational materials).

Action 4: Distribute and track materials.

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

Objective A: Create a baseline for testing and vaccination based upon the existing data of the program.

Action 1: Analyze testing and vaccine provision data.

Action 2: Standardize hepatitis testing and vaccine services statewide at public health venues.

Objective 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 2110 (Based on lab data).

Action 1: Standardize programs in CHDs regarding all individuals at risk for viral hepatitis.

Action 2: Align standard of services offered through CHDs.

Action 3: Standardize policies and procedures for referrals and linkages to other services.

Objective C: Distribute at least 1000 Home Access HCV test kits to CBOs and CHDs as available on an annual basis.

Action: Purchase Home Access HCV test kits and make them available for outreach at CHDs and CBOs.

Objective D: Maintain and distribute (via the website) the *Florida Hepatitis Resource Guide* and update on a quarterly basis.

Action 1: Expand information included in the Hepatitis Resource guide to include additional resources (eg: private doctors who specialize in liver disease).

Action 2: Market the *Hepatitis Resource Guide* so that the county health department contacts are aware of it.

Action 3: Market and electronically distribute the *Hepatitis Resource Guide* to public and private health care providers.

Objective E: Administer an average of 10,000 of doses of HAV vaccine and 19,000 of doses of HBV vaccine to at-risk adults on an annual basis.

Action 1: Review and update hepatitis A and B vaccine allotments to counties.

Action 2: Order vaccine.

Action 3: Track vaccine delivery and usage through the Health Management System database.

Action 4: Make available monthly report of vaccine usage through the Hepatitis 09 Program.

Action 5: Analyze vaccine usage data for trends.

Objective F: Obtain support on the division level to issue directives regarding the integration of hepatitis services into existing programs (ongoing).

Action 1: Meet with the Director of the Division of Disease Control to discuss drafting a guidance letter to the CHD Directors and Administrators encouraging the integration of hepatitis services into other public health programs.

Action 2: Identify venues at which hepatitis integration information and training may be offered (eg: Early Intervention Consultant meetings, STD training workshops, HIV/AIDS Program Coordinator meetings, etc).

Action 3: Provide hepatitis integration training to appropriate audiences.

Action 4: The Hepatitis Program Administrator will promote hepatitis integration information to appropriate audiences.

Objective G: Maintain communication with the Bureau of Epidemiology regarding case reporting.

Action: Distribute updates to the county health departments on a quarterly basis.

Objective H: Maintain collaboration with internal partners 4 times per year, including (but not limited to):

HIV (Prevention, Early Intervention, Patient Care, Surveillance),
STD, Immunization, Epidemiology, Refugee Health

Action 1: Discuss common issues.

Action 2: Develop a plan to resolve problem issues and promote best practices.

Objective I: Meet with at least 4 external partners once per year, including (but not limited to):

Gulf Coast Chapter (Florida) of the American Liver Foundation, CDC, Dept of Corrections, Dept of Children and Families (Substance Abuse, etc), substance abuse CBOs, Hep-CARE, Hep-C Alert, the Chance Center, HEALS, the Center for Drug-Free Living

Action 1: Discuss common issues.

Action 2: Develop a plan to resolve problem issues and promote best practices.

Objective J: Conduct technical assistance and training site visits in 4-6 counties per year.

Action 1: Meet with staff of county health departments to provide technical assistance and guidance.

Action 2: Discuss and record hepatitis issues and follow up as required.

Action 3: Respond to technical assistance requests from CHDs, CBOs or other partners within one work day.

Objective K: Develop a plan to ensure management of hepatitis information referrals in 2008.

Action 1: Survey CHD staff to find out how calls requesting information on hepatitis are handled.

Action 2: Meet with contract manager who oversees HIV/AIDS Hotline and discuss adding information on hepatitis for callers.

Objective L: Conduct quality improvement site visits in 3-6 counties per year.

Action 1: Quality Improvement (QI) visits to CHDs will be scheduled in conjunction with official Bureau of HIV/AIDS QI visits.

Action 2: Review data from county which is scheduled to receive a QI visit at least one month in advance of the QI site visit.

Action 3: Provide technical assistance, training and guidance as needed based on data review and face-to-face interviews.

Action 4: Make recommendations on best practices as appropriate.

Action 5: Provide a six-month follow up to each visit.

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

Objective A: Increase reporting of people who are tested and diagnosed, particularly individuals diagnosed with chronic hepatitis C.

Action 1: Develop an annual letter to the CHD directors and administrators from the director of the Division of Disease Control describing the importance of reporting chronic hepatitis C cases into Merlin.

Action 2: Develop and distribute a letter to the private medical community (including public and private hospitals and clinics) from the Director of the Division of Disease Control describing the importance of reporting viral hepatitis cases.

Objective B: Compile and report ongoing statistical data on a monthly basis for inclusion in the *Monthly Surveillance Report*.

Action 1: Gather data from Merlin (the state disease reporting system) on reported acute hepatitis A and B cases and acute and chronic hepatitis C.

Action 2: Forward monthly hepatitis data to the Bureau of HIV/AIDS Surveillance Section for inclusion in the *Monthly Surveillance Report*.

Objective C: Provide an annual report showing trends and accomplishments of the statewide hepatitis program.

Action 1: Gather data for charts and graphs showing viral hepatitis reporting trends in Florida.

Action 2: Produce report.

Action 3: Print and distribute report at appropriate venues.

Goal 5: Conduct research and evaluation.

Objective A: Compile and analyze data submitted by the sentinel and funded counties to headquarters on a quarterly basis.

NOTE #1: Funded counties as of August 2007 are: Escambia, Bay, Pinellas, Lee, Collier, Monroe, Miami-Dade, Broward, Palm Beach, Okeechobee, Polk, Orange, Seminole, Alachua and Duval.

NOTE #2: Sentinel counties as of August 2007 are: Okeechobee, Jackson, Walton, Alachua, Bay, Escambia, Lee, Seminole, Duval and Hillsborough.

Action 1: Identify and disseminate the number of individuals tested for hepatitis A, B and C.

Action 2: Identify and disseminate the number of individuals vaccinated for hepatitis A and B through the funded counties.

Action 3: Identify and disseminate specific surveillance data each quarter not a part of Actions 1 and 2 as needed.

Action 4: Develop and implement a single standardized risk assessment instrument throughout Florida.

Objective B: Develop and make available viral hepatitis epidemiologic reports on a yearly basis.

Action 1: Identify recipients of this data.

Action 2: Create a user-friendly database for access by program staff and other researchers.

Goal 6: Reduce hepatitis morbidity and mortality.

Objective A: Offer hepatitis B vaccine to every eligible 25-39 year old adult who walks into an STD clinic for services.

(Spend the first year determining a baseline and will increase the baseline by 5% in year 2 & 3)

Action 1: Educate staff periodically through e-mails, site visits and other means regarding this initiative.

Action 2: Adopt shorter hepatitis B vaccine protocol as appropriate (recommended for the first time in 2007—Individuals at risk are given doses at day zero, day seven and day 21, then given a booster at one year).

Action 3: Develop a partnership with at least two community-based non-profit organizations, county jails, substance abuse agencies or other appropriate entities per year (2008-2010) and allow them to order and administer vaccine through a memorandum of agreement with the state or county health department.

Objective B: Track hepatitis A & B vaccine completion rates to increase the number of people who complete the series (Baseline will be determined by analyzing quarterly data as recorded in HMS for the ten sentinel counties).

Action 1: Educate staff periodically through e-mails, site visits and other means regarding vaccine completion rates and documentation.

Action 2: Track completion rates during 2008 to obtain a baseline.

Action 3: Increase the completion rates of hepatitis A and B vaccines by at least 5% during 2009, and another 5% in 2010.

Objective C: Reduce the number of adult HAV cases by 2% per year (Baseline: 2006 data).

Action 1: Increase the delivery of hepatitis A vaccine in high risk populations such as, men-who-have-sex-with-men (MSM).

Action 2: Meet with Bureau of Immunization in 2008 to discuss the feasibility of having hepatitis A vaccine as part of routine childhood immunizations.

Action 3: Provide educational materials and group level interventions to those at risk of hepatitis A infection.

Action 4: Provide education to medical care providers on the risk assessment, vaccination and care of clients.

Action 5: Ensure hepatitis A information is integrated into updates provided to staff that provide HIV and STD services in the public and private sectors.

Action 6: Provide messages promoting proper and frequent hand washing techniques to individuals at risk of hepatitis A.

Objective D: Reduce the number of adult HBV cases by 2% per year (Baseline: 2006 data).

Action 1: Increase the delivery of hepatitis B vaccine in high risk populations such as: Asian-Americans, MSM, injection drug users (IDU), sexually active adults over the age of 25 years.

Action 2: Provide educational materials and group level interventions to populations at risk for hepatitis B.

Action 3: Provide education to medical care providers on risk assessment, vaccination and care of clients.

Action 4: Expand prevention intervention services by integrating with HIV, STD and other programs.

Action 5: Identify opportunities for expansion of adult vaccine coverage such as through: Medicaid, Department of Corrections, county jails, substance abuse treatment centers and community-based non-profit organizations.



Fernandina Beach

GAPS IN SERVICES (Unranked)

There are gaps in:

Availability of updated educational materials

Medical evaluation and treatment services for uninsured and underinsured clients

Education, innovation and empowerment for county health department (CHD) staff regarding available resources

Continuum of care (case management and adherence)

Absence of standardized protocols for CHDs

Availability of PCR viral load (and further testing availability) for people who are hepatitis C antibody positive

Lab budget for hepatitis (initial treatment and labs)

Routine provision of CHD referrals statewide

Specific hepatitis information for the CHD Technical Assistance Guide

Expert training (for doctors, nurses, etc)

Number and availability of hepatitis testing locations

Qualified providers

Consistency and uniformity of hepatitis programs in every CHD around Florida

Infrastructure



BARRIERS TO SERVICE PROVISION (Unranked)

Limited resources (case managers are already overworked)

Cost

Lack of knowledge about hepatitis

Testing (needle sticks vs. oral fluid)

Lack of the correct tools

Wait time

Staff turnover

Counties that receive funding not being evaluated in order to share best practices with non-funded counties

Opportunities for improvement not being widely shared on a regular basis

Access issues (day care for moms, transportation, wait time, money for co-payments, language, culture, location of clinic, hours of operation, staff competence...)

Shifting priorities

Condoms and needle use



Key West

UNMET NEEDS—Quality Improvement *without* the Need for Additional Funding (Unranked)

Create a better referral system (be consistent statewide).

Add a hepatitis component to the Technical Assistance Guide at CHDs (standardized protocols, when and how to use the test panel, risk assessment, etc—the Viral Hepatitis Council may write a position paper recommending the writing of a TAG item—also, may be able to add this into update of the Hepatitis 09 Program guidance manual).

Educate staff (two tiers: 1. educate health department and CBO staff to be comfortable identifying and educating at-risk individuals, and 2. train trainers).

Update and create fresh materials.

Plan and execute an annual educational conference (invite doctors, nurses, other care givers, people at risk of hepatitis, hepatitis advocates, public health professionals, etc).

Provide training and technical assistance as needed (CBOs, STD and HIV people, best practices, training-of-trainers, identify opportunities for improvement).

Build capacity for providing better services.

Provide counseling, testing and referrals in non-traditional settings (CBOs, jails, substance abuse facilities, etc).



Downtown Miami

UNMET NEEDS—Requiring *Additional* Funding (Ranked)

- 1) Increase the supply of vaccine, and expand the capacity to deliver it to individuals at risk (see NOTE #1).
- 2) Fund additional counties to have specific hepatitis prevention programs (see NOTES # 2 and #3).
- 3) Increase funding in the funded counties and develop model programs and best practice guidelines (see NOTE #4).
- 4) Enhance lab capability (PCRs, liver biopsies, and so CBOs and jails might use state lab services at CHD prices—see NOTE # 5).
- 5) Provide for the medical evaluation, treatment and other medical services for hepatitis C (see NOTE #6).
- 6) Enhance the infrastructure of the Hepatitis Prevention Program.

In the notes below, the word “currently” refers to the year 2007

NOTE #1: Currently, the Hepatitis Prevention Program budget contains a line item for hepatitis A and B vaccine totaling \$250,000. The program usually buys approximately \$750,000 worth of vaccine per year. This is paid for with carry-over funds from the previous year, Immunization Program 317 funds or some other means. In order to fully fund Florida’s hepatitis A and B vaccine needs, an additional \$500,000 is required.

NOTE #2: To continue to fund the currently funded fifteen counties at their present rate, the cost is \$2,149,999.

NOTE #3: To add five funded counties at the minimum level of funding (\$75,000 each) would cost \$375,000.

NOTE #4: Each funded county should have a minimum of \$75,000 in funding in order to be able to establish a position dedicated to providing hepatitis prevention services. To bring the current *minimum* funded counties up to that level, the additional cost is \$75,000 (\$25,000 X 3).

NOTE #5: At approximately \$3000 per patient, a full complement of laboratory testing for 100 individuals with hepatitis C would cost \$300,000.

NOTE #6: In order to provide the standard recommended treatment for hepatitis C to 100 uninsured infected individuals, the cost would be approximately \$2,500,000, or about \$25,000 per individual.

DEFINITIONS OF RELATED TERMS & ACRONYMS (Common to the Hepatitis Prevention Program)

AHCA	Agency for Health Care Administration
ACIP	Advisory Committee on Immunization Practices
AETC	AIDS Education and Training Centers Network
ALT	Alanine aminotransferase; a liver enzyme that plays a role in protein metabolism. Elevated serum levels of ALT are a sign of liver damage from disease or drugs.
Anti-HBc	Antibody to hepatitis B core antigen
Anti-HBe	Antibody to hepatitis B e antigen
Anti-HBs	Antibody to hepatitis B surface antigen
AST	Aspartate aminotransferase; a liver enzyme that plays a role in protein metabolism. Elevated serum levels of AST are a sign of liver damage from disease or drugs.
BRFSS	Behavioral Risk Factor Surveillance System. Developed by the CDC, the BRFSS, the world's largest telephone survey, tracks health risks in the U.S. Information from the survey is used to improve the health of the American people.
CASA	Clinic Assessment Software Application -a menu-driven relational database developed by the National Immunization Program, Centers for Disease Control and Prevention, as an assessment tool for immunization clinics and providers.
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
CHARTS	Community Health Assessment Resource Tool Set
CHD	County Health Department
CSTE	Council of State and Territorial Epidemiologists
CTS	Counseling and Testing Services
DCF	Department of Children and Families
DMI	Disease Management Initiative. The Agency for Health Care Administration has contracted with disease management organizations to provide disease management services to Medicaid recipients enrolled in the Primary Care Case Management Program (MediPass) who have been diagnosed with diabetes, HIV/AIDS, asthma, or hemophilia.
DOC	Department of Corrections
DOH	Department of Health (also DOH, Florida DOH)
EIA	Enzyme immunoassay; the general term for an expanding technical arsenal of testing that allows a full range of quantitative analyses for both antigen and antibodies. These tests use color-changed products of enzyme-substrate interaction (or inhibition) to measure the antigen-antibody reaction.

EIC	Early Intervention Consultant
ELISA	Enzyme-linked immunosorbent assay; a general screening, serologic test for the detection of antibodies to the HIV virus.
FAC	Florida Administrative Code
FVHC	Florida Viral Hepatitis Council
GI	Gastrointestinal; pertaining to the stomach and intestine.
HAV	Hepatitis A virus
HBcAg	Hepatitis B core Antigen
HBsAg	Hepatitis B e Antigen
HBIG	Hepatitis B Immune Globulin
HBsAg	Hepatitis B Surface Antigen
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HITS	HIV Testing Survey. The purpose of HITS is to assess knowledge, attitudes, and HIV-testing behavior among the three populations identified by the CDC: high risk heterosexuals, men who have sex with men and injection drug users.
HPP	Hepatitis Prevention Program
HP 2010	Healthy People 2010 Objectives
IG	Immune Globulin; a specific protein substance that is produced by plasma cells to aid in fighting infection.
IgM	Immunoglobulin M
LBR	Legislative Budget Request
LFT	Liver function test; a test that measures the blood serum level of several enzymes produced by the liver. An elevated liver function test is a sign of possible liver damage.
MERLIN	DOH disease morbidity data base system
MMWR	Morbidity and Mortality Weekly Report, prepared by the CDC.
MSM	Men who have Sex with Men
NASTAD	National Alliance of State and Territorial AIDS Directors
NETSS	National Electronic Telecommunications System for Surveillance
NNDSS	National Notifiable Diseases Surveillance System
NIH	National Institutes of Health
OPS	Other Personnel Services
PCP	Primary Care Provider
PHIDS	Public Health Indicators Data System; developed by the Florida Department of Health to track public health indicators.
Public Sector Sites	These include STD and HIV/AIDS counseling and testing clinics, CHDs, drug treatment programs, correctional health programs, family planning clinics, and community health centers (owned or related to a government entity).
QA	Quality Assurance

QI	Quality Improvement
RIBA	Recombinant Immunoblot Assay; a more specific test than the anti-HCV EIA antibody test, which helps confirm a diagnosis of hepatitis C virus infection.
RT-PCR	Reverse Transcriptase Polymerase Chain Reaction assay; a gene amplification technique that can be used to detect HCV RNA and therefore diagnose HCV infection. Rarely, detection of HCV RNA may be the only evidence of HCV infection.
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
USDHHS	U.S. Department of Health and Human Services
VA	Veterans Administration
VCF	Vaccines for Children Program
VFARH	Vaccines For Adults At Risk for Hepatitis
VHC	Viral Hepatitis Council
VHIP	Viral Hepatitis Integration Projects; CDC-sponsored projects. The integration of viral hepatitis services into existing prevention systems (STD clinics, HIV counseling and testing sites, etc.) provides optimal prevention/intervention services to clients with multiple risk factors.



Flagler Beach



**The Florida Viral Hepatitis Council (and Guests)
Tampa - July 2006**



**The Florida Viral Hepatitis Council
Tampa – July 2007**

2007 MEMBERS OF THE FLORIDA VIRAL HEPATITIS COUNCIL

Michael Amidei	Community Member – St. Petersburg
Debbie Barnes	Community Co-Chair – Gulfport
Gina Bispham, RN	Miami-Dade County Health Department – Miami
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William Chen, PhD	University of Florida – Gainesville
Susanne Crowe	State Laboratory – Jacksonville
Charles Dennis	Pinellas/Pasco Jail Project – St. Petersburg
Michael Gilbert	Firefighter – Merritt Island
Chester Grabowski, ARNP	LifeLink Healthcare – Tampa
Frank Johanson, MD	Department of Corrections – Chattahoochee
Mike Jolly, ARNP	Central Florida Gastroenterology – Orlando
Robert Keane, LPN	Pinellas County Health Dept. –St. Petersburg
Cindy McLaughlin, MPA	Baptist Health Care –Pensacola
Maureen Merckle	Bay County Health Department – Panama City
Deborah Orr, PhD	Center for Drug Free Living – Orlando
Nick Rao, PA	GI Consultants of North Broward – Plantation
Phillip Styne, MD	Florida Hospital – Orlando
Andi Thomas	Director, HepC Alert – Miami

DEPARTMENT OF HEALTH HEPATITIS PREVENTION PROGRAM STAFF

Jodi Baldy	Special Projects Coordinator
Nosipho Beaufort	Field Services Coordinator (beginning August 2007)
April Crowley	Health Education Coordinator
Carl McKissick	Data Manager
Cheryl Urbas	Field Services Coordinator (through July 2007)
Philip E. Reichert	Program Administrator



Daytona Beach