

REPORT TO THE TWENTY-THIRD LEGISLATURE
STATE OF HAWAII
2006

SENATE CONCURRENT RESOLUTION 109 SD1

REQUESTING THE DEPARTMENT OF HEALTH TO SUBMIT TO THE LEGISLATURE A REPORT ON THE IMPLEMENTATION OF SCR 109 SD1 WHICH REQUESTS THE DEPARTMENT OF HEALTH TO MAKE EDUCATIONAL MATERIALS AVAILABLE, IN WRITTEN AND ELECTRONIC FORM, ON THE PREVENTION, DIAGNOSIS, AND TREATMENT OF HEPATITIS C TO PHYSICIANS, OTHER HEALTH CARE PROVIDERS, AND OTHER PERSONS AT HIGH RISK FOR HEPATITIS C.

PREPARED BY:

STATE OF HAWAII
DEPARTMENT OF HEALTH
STD/AIDS PREVENTION BRANCH
DECEMBER 2005

REPORT TO THE TWENTY-THIRD STATE LEGISLATURE

IN COMPLIANCE WITH SENATE CONCURRENT RESOLUTION (SCR) 109 SD 1

SCR 109 SD 1 requests the Department of Health (DOH) to make educational materials available, in written and electronic form, on the prevention, diagnosis, and treatment of hepatitis C to physicians, other health care providers, veterans, and other persons at high risk for hepatitis C. SCR 109 SD 1 requests the Department of Health to submit a report on the status of the implementation of the resolutions to the Twenty-Fourth Legislature. A copy of SCR 109 SD 1 is attached as Appendix 1.

BACKGROUND ON HEPATITIS C

According to the Centers for Disease Control and Prevention (CDC), hepatitis C is the most common, chronic blood-borne disease in the U.S. The following persons are at risk for acquiring hepatitis C. An individual who:

- has ever injected drugs, even if it was once many years ago;
- received a blood or blood product transfusion or solid organ transplant before July 1992;
- was a recipient of clotting factors made before 1987;
- has ever been on long-term kidney dialysis;
- has evidence of liver disease such as, for example, abnormal liver enzyme levels;
- is a health care worker who has been exposed to hepatitis C-positive blood on the job by, for example, needle sticks or splashes to the eye;
- is a child born to a woman testing positive for hepatitis C; and
- other persons such as sexual partners of HCV+ persons, non-injection drug users, persons with non-professional tattoos, and persons sharing household items (razors, clippers) with HCV+ persons are of low and/or uncertain risk.

In Hawai'i, over 12,000 cases of hepatitis C were reported to the Department of Health from January 1998 through December 2004 (Disease Outbreak Control Division, Hawaii Hepatitis C Surveillance Summary, 03/07/2005). Using the national rate of 1.8% prevalence of hepatitis C in the general population, Hawai'i has over 21,000 residents living with hepatitis C.

REPORT ON THE STATUS OF PROVISIONS OF SCR 109 SD1

SCR 109 SD 1 requests the Department of Health to report on the status of implementation of the resolution in the following areas:

- 1. Request the Department of Health to make educational materials available, in written and electronic forms, on the diagnosis, treatment, and prevention of hepatitis C to physicians, other healthcare providers, veterans, and other persons at high risk for hepatitis C.**

In August, 2005 the Viral Hepatitis Education Prevention (VHEP) Program web page of the STD/AIDS Prevention Branch website (<http://www.state.hi.us/health/healthy-lifestyles/std-aids/viral-hepatitis/index.html>) was launched to provide information about hepatitis A, B and C and to link healthcare providers and people at-risk for and living with hepatitis C to local and national resources. Basic hepatitis C information is available for download, as well as hepatitis C diagnosis and treatment guidelines for healthcare professionals. This website will be updated as new information and educational materials become available.

Hepatitis C educational materials have been distributed by DOH through a variety of settings in 2005 including: Hepatitis Awareness Month table at Kinau Hale in May, Pacific Global Health Conference in June, the American Liver Foundation Liver Update in July, and the upcoming Hawai'i Medical Association Conference in October, among others. Hepatitis C educational materials have been distributed to all community based agencies contracted with STD/AIDS Prevention Branch, community health centers, substance abuse treatment providers and other community-based organizations serving populations at-risk. A list of sources for free and low-cost hepatitis C educational materials is also distributed to support agencies to expand their supply of materials and can be found in Appendix 2.

Several hepatitis C trainings and presentations have occurred in 2005 to support healthcare and social service providers to enhance knowledge and skill in providing hepatitis C information to people at-risk for and living with hepatitis C. These presentations were provided to the staff of five HIV/AIDS service organizations: Drug Abuse Services of Hawai'i and other drug treatment programs, Drug Court, National Association of Social Workers Hawai'i Chapter, and Aloha United Way 211.

Educational materials are also provided through information requests to the Hepatitis C Coordinator situated in the STD/AIDS Prevention Branch. The Hepatitis C Coordinator's phone number is listed with Aloha United Way 211 and the VHEP website. Visitors to the website may also request information via email.

- 2. Hepatitis C educational materials should include information and recommendations of the Department of Health and Human Services, Centers for Disease Control and Prevention, and other entities having expertise in hepatitis C, including the American Liver Foundation and the Department of Veteran Affairs.**

The DOH Viral Hepatitis Education and Prevention (VHEP) Program web page located on the STD/AIDS Prevention Branch website includes fact sheets from the Centers for Disease Control and Prevention (CDC) and links to information from the American Liver Foundation (ALF), Department of Health and Human Services and the Department of Veterans Affairs (DVA). Several CDC publications, including the Morbidity and Mortality Weekly Report (MMWR) are available for download on the VHEP program website. Printed educational materials distributed to healthcare providers and people at-risk for and living with hepatitis C include those produced by CDC, ALF, DVA, the Hepatitis C Support Project, Hepatitis Foundation International and other nationally recognized organizations.

The DOH ensures access to hepatitis C information from CDC, DVA, and ALF through regular communication and collaboration. The CDC-funded Hepatitis C Coordinator had a site visit from CDC in June (see letter Appendix 3) and receives regular educational updates. The DOH Hepatitis C Coordinator works closely with the newly formed Hawai'i Chapter of the American Liver Foundation (ALF) and is the chair of ALF's Public Education Committee and is on the Chapter's Board of Directors. This close collaboration ensures that the DOH is involved in all of ALF's educational activities such as providing hepatitis C information at community and cultural events, educating physicians, and participating in ALF's annual Liver Update. Representatives from DVA have attended hepatitis C educational events and have received information about the Hepatitis C Education Work Group.

3. The Department of Health is requested to coordinate a Hepatitis C Education Work Group charged with implementation of the educational goals and objectives of the Hawai'i Hepatitis C Strategic Plan to raise the awareness and the knowledge of health care providers, those at-risk, and the general population regarding hepatitis C.

The Hepatitis C Education Work Group is comprised of over 30 members with diverse experience and has met three times as of October 2005. Representatives from several Divisions and Branches within the Department of Health have participated including STD/AIDS Prevention Branch, the Immunization Branch, Alcohol and Drug Abuse Division, and the Disease Investigation Branch. Community representation includes providers from HIV/AIDS programs, faith-based organizations, drug and alcohol programs, Tripler Army Medical Center, Native Hawaiian health care organizations, and Aloha United Way. Other members represent pharmaceutical companies, specialty pharmacies, and the Medical Director for the Department of Public Safety. DOH requested representation from DVA and organizations that represent healthcare providers and while attendance did not occur due to scheduling conflicts, the staff received meeting presentations and minutes. A list of the Hepatitis C Education Work Group participants can be found in Appendix 4.

The purpose of the work group is to support implementation of SCR 109 SD 1 and to create and implement viral hepatitis education goals in Hawai'i. The work group also serves as an advisory group to DOH to determine priorities for hepatitis C educational activities and to identify key stakeholders and collaborators to support implementation of the viral hepatitis education goals. The work group will continue to meet to refine the plan and add concrete objectives for 2006. A copy of the viral hepatitis education goals can be found in Appendix 5.

The Hepatitis C Education Work Group has developed and prioritized recommendations for stakeholders and funders to support hepatitis C education in Hawai'i. These prioritized recommendations are in the Hepatitis C Education Work Group's October 19, 2005 Meeting Minutes at Appendix 6.

THE SENATE
TWENTY-THIRD LEGISLATURE,
2005

S.C.R. NO. 109
S.D. 1

STATE OF HAWAII

SENATE CONCURRENT RESOLUTION

REQUESTING THE DEPARTMENT OF HEALTH TO make educational materials available, in written and electronic form, on the prevention, diagnosis, and treatment of hepatitis C to physicians, other health care providers, veterans, and other persons at high risk for hepatitis C.

WHEREAS, hepatitis C is a disease of the liver caused by the hepatitis C virus and is spread by contact with the blood of an infected person; and

WHEREAS, at risk for hepatitis C is any person who:

- (1) Received blood from a donor who later tested positive for hepatitis C;
- (2) Has ever injected illegal drugs, even if it was many years ago;
- (3) Received a blood transfusion or solid organ transplant before July 1992;
- (4) Was a recipient of clotting factors made before 1987;

(5) Has ever been on long-term kidney dialysis;

(6) Has evidence of liver disease such as, for example, abnormal liver enzyme levels;

(7) Is a health care worker who has been exposed to hepatitis C-positive blood on the job by, for example, needle sticks or splashes to the eye; and

(8) Is a child born to a woman testing positive for hepatitis C; and

WHEREAS, of every one hundred persons infected with the hepatitis C virus, about:

(1) Fifty-five to eighty-five persons might develop long-term infection;

(2) Seventy persons might develop chronic liver disease;

(3) Five to twenty persons might develop cirrhosis over a period of twenty to thirty years; and

(4) One to five persons might die from the consequences of long-term infection, for example, liver cancer or cirrhosis; and

WHEREAS, health care workers should always follow routine barrier precautions and safely handle needles and other sharp objects in addition to getting vaccinated against hepatitis B; and

WHEREAS, this information may not be generally known or widely circulated, even among health care workers; now, therefore,

BE IT RESOLVED by the Senate of the Twenty-third Legislature of the State of Hawaii, Regular Session of 2005, the House of Representatives concurring, that the Department of Health is requested to make educational materials available, in written and electronic form, on the prevention, diagnosis, and treatment of hepatitis C to physicians, other health care providers, veterans, and other persons at high risk for hepatitis C; and

BE IT FURTHER RESOLVED that the materials include information and recommendations of the Department of Health and Human Services, Centers for Disease Control and Prevention, and other entities having expertise in hepatitis C, including the American Liver Foundation and the Department of Veteran Affairs; and

BE IT FURTHER RESOLVED that the Department of Health is requested to coordinate a Hepatitis C Education Work Group charged with implementation of the educational goals and objectives of the Hawai'i Hepatitis C Strategic Plan to raise the awareness and the knowledge of health care providers, those at-risk, and the general population regarding hepatitis C; and

BE IT FURTHER RESOLVED that the Hepatitis C Education Work Group include:

(1) Representatives of organizations that represent physicians, nurses, and other health care providers;

(2) Representatives from the Department of Veterans Affairs;

(3) Participants from the media;

(4) Representatives from the Alcohol and Drug Abuse Division, Adult Mental Health Division, Family Health Services Division, Communicable Disease Division and Disease Outbreak, and Control Division of the Department of Health; and

(5) Community stakeholders including people living with hepatitis C and the American Liver Foundation; and

BE IT FURTHER RESOLVED that the Department of Health is requested to submit a report on the status of the implementation of this measure to the Legislature no later than twenty days prior to the convening of the Regular Session of 2006; and

BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Director of Health, the Director of the Centers for Disease Control and Prevention, and the Chair of the Board of Directors of the American Liver Foundation.

Report Title:

Hepatitis C; DOH educational materials; Veterans and Others

Appendix 2

Viral Hepatitis Educational Materials

Many organizations offer free and/or low-cost educational materials that you can order and have delivered to your agency. Some websites also have free downloadable materials if you have web access. Please email any additional sources of free materials you identify to Lusk@lava.net or call 808-733-9116.

Free Materials:

Centers for Disease Control and Prevention
<http://www.cdc.gov/ncidod/diseases/hepatitis/resource/>
Order on-line or fax in order form to 404-371-5488

Hepatitis C Support Project
http://www.hcvadvocate.org/hepatitis/order_form.pdf
Fax in order form to 877-203-3580

National Institutes of Health – National Digestive Diseases Information Clearinghouse
<http://digestive.niddk.nih.gov/ddiseases/pubs/hepatitis/index.htm>
Order on-line

Low-Cost Materials and Sites with Free Downloads:

American Liver Foundation: <http://www.liverfoundation.org/db-home/articles>
Hawai'i Chapter – 808-737-0400

Hepatitis B Foundation: <http://www.hepb.org/resources/index.htm>

Hepatitis C Harm Reduction Project (project of Harm Reduction Coalition):
http://hepcproject.typepad.com/hep_c_project/Publications-publications.htm

Hepatitis Foundation International:
http://www.hepfi.org/education/estore_brochures.html

Immunization Action Coalition: <http://www.immunize.org/catg.d/free.htm>

National AIDS Treatment Advocacy Project: www.natap.org

Veterans Affairs – Centers for Excellence in Hepatitis C Research and Education:
<http://hepatitis.va.gov/>

Appendix 3



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention

July 11, 2005

Ms. Heather Lusk
Hepatitis C Coordinator
Hawaii State Department of Health
STD/HIV Prevention Branch
3627 Kilauea Avenue
Honolulu, HI 96816

Dear Ms. Lusk,

Thank you for taking time out of your busy schedule to provide me with a detailed orientation of hepatitis prevention activities in Hawaii. Because my site visit extended from Monday June 6th through Thursday, June 9th, I was able to meet with several of your prevention partners who informed me of your activities to integrate hepatitis into prevention programs targeting high risk adults. I have summarized highlights of my site visit below.

On Monday, June 6th, we attended the Hawaii HIV Prevention Community Planning Group (CPG) Meeting. Your presence at these meetings has given you the opportunity to establish a positive rapport with members and leadership of the CPG. I learned that later this summer you will be giving a presentation to the group on strategies for how viral hepatitis prevention can be integrated into existing HIV prevention activities targeting high risk adults. The CPG has three co-chairs Troye Levin, Community Representative from Life Foundation and HIV community based organization (CBO), Nancy Kern, Department of Health Representative, and Joni Choi, a healthcare provider also from Life Foundation. The CPG has recently combined with the Ryan White Consortia and has approximately 30 members including representation from all the islands and communities at risk for HIV. Topics of discussion included the AIDS Drug Assistance Program (ADAP) which currently has 95 medications on its formulary and does not currently include HCV medications. Hawaii currently provides HIV prevention funding to four community based organizations (CBO). Agencies receiving HIV prevention funds in the future will be required to provide hepatitis prevention activities to clients.

After lunch, we met at your office where you provided me with an overview of past and current hepatitis C (HCV) prevention activities in Hawaii. We reviewed a recent press release you wrote in recognition of National Viral Hepatitis Awareness Month in May. We also discussed your plans to reconvene the Hepatitis C Strategic Planning Group to update the state's current HCV Strategic Plan, which was released in 2003, to reflect changes in current goals and objectives, and to incorporate programmatic updates. The HCV Strategic Planning Group can also provide additional support and recognition for your integration efforts. You also showed me a hepatitis informational brochure that you developed which includes a list of available hepatitis information and resources. This informational brochure is distributed to healthcare providers throughout Hawaii. A similar brochure lists resources for people living with HCV



and is available to clients living on O`ahu. You are currently gathering island specific resource information for those living with HCV on neighboring islands. You also shared with me a list of hepatitis prevention services, such as screening and vaccination that are available at public health clinics on O`ahu, Maui, Kaua`I and the Big Island, Hawaii. This list is distributed to physicians on those islands. In addition, you showed me a protocol you developed for hepatitis A and B vaccination and hepatitis C counseling and testing which was distributed to the four state public health clinics in Hawaii. Hawaii has no county, city, or regional public health clinics. Vaccinations for high risk adults (primarily mono valiant) are provided at these clinics and are subject to available funding. You also teach a variety of Viral Hepatitis workshops at no charge to health and social service providers including topics such as hepatitis 101 and current HCV/HIV/AIDS surveillance information for Hawaii.

In the afternoon, we met with the Correctional Health Officer for the state, Dr. Kay Bauman, M.D., MPH. Hawaii has four island prisons, 4 jails, and 4 contracted prisons on the mainland. All prisons provide vaccination for hepatitis B (HBV) and Hepatitis A (HAV) to HCV positive inmates. Inmates who are in the jails for longer than 6 months are given HAV/HBV vaccination. According to Dr. Bauman there is not much HAV in the prisons. HCV screening is not routine; however inmates will be screened in the following situations: 1) if an inmate has chronic hepatitis B, 2) before prescribing medications that can adversely affect the liver; 3) if there is a history of substance abuse, 4) if an inmate has elevated liver enzymes; and 5) if the inmate requests the test. Inmates have to consent to HCV testing and they must have a "clean" urine test before they can receive treatment for HCV. Dr. Bauman shared with me a hepatitis C treatment protocol that she produced. This protocol is in use in all correctional settings in Hawaii. She also noted that there is no treatment for inmates with chronic HBV. According to Dr. Bauman there is a 4 % rate of HIV, and a 25% rate of HCV among prison inmates and she emphasized the need for funding of HCV treatment in prisons, more vaccinations, and the ability to offer HCV screening to all inmates. Dr. Bauman also noted that in Hawaii, crystal methamphetamine has been the drug of choice for about 20 years, and that it is usually snorted not injected; however, in a recent study of drug use in Hawaii it was found that about 25% of syringes tested from a syringe exchange site contained crystal methamphetamine. Dr. Pam Lichty will present on this study at the HIV/STD Hepatitis C and Crystal Methamphetamine Conference in Salt Lake this summer.

On Tuesday, June 7th, we visited the Diamond Head Public Health Clinic. Prior to our visit you explained that Hawaii has four state managed public health clinics and that there are no regional, county, or city health departments. The Diamond Head Public Health Clinic is primarily an HIV/STD Clinic and is located in the vicinity of the state health department. Barbara Brouillet, the Program Manger gave me with an over view of clinical services which are provided at no charge to uninsured clients including HIV/HCV counseling and testing, HAV/HBV vaccination (with a limited supply of Twinrix), case management for HIV positive clients, and HIV/HCV outreach at the syringe exchange. The clinic's staff includes four clinicians, one social worker, and three disease investigators. The deputy director signed a standing order for clinicians to provide hepatitis vaccinations. Patients receive follow-up reminders for subsequent doses of vaccine. Hepatitis prevention brochures are readily available to all patients. According to HIV prevention counseling and testing (C&T) counselors, Karen Howell and Tricia Wehman, the clinic has drawn eight HCV tests, with three positive results, since HCV testing started in



December 2004. Patients with positive HCV test results are referred to their healthcare provider for follow-up. Patients with substance abuse problems are referred to Drug Assistance Services Hawaii (DASH). DASH is a methadone treatment center and does not provide C&T for HCV or vaccination for HAV/HBV.

Next, we visited with Suzette Smetka, Director of the Community Health Outreach Work Project (CHOW) and Penny Hirakawa, Program Coordinator. CHOW provides syringe exchange services from two mobile units that rotate weekly through various communities in Honolulu. Prior to this visit you provided me with a copy of the most recent program evaluation of CHOW conducted by The Baron Edmond de Rothchild Chemical Dependency Institute, Beth Israel Medical Center, in the city of New York. In this report I learned that CHOW has been operating since 1989 when it began by training peer educators to provide HIV risk reduction education to substance abuse users. In 1990, Hawaii began funding its first syringe exchange program (SEP) as a two year pilot in O'ahu. Initial reports showed that the program could be operated successfully and safely for preventing HIV, HBV and HCV, and so the Hawaii legislature authorized continued funding for the DOH to fund a SEP with CHOW. Since CHOW was selected as the state's first SEP it continues to be the state's only syringe exchange provider. The program is evaluated each year by the Baron Edmond de Rothchild Chemical Dependency Institute, and their reports are presented to the Hawaiian legislature. The CHOW project also provides services on the islands of Maui, Hawaii, (the Big Island) and Kaua'I. According to Ms. Smetka, the SEP has encountered community barriers to locating a fixed syringe exchange site. Despite these barriers, you and Ms. Smetka are currently collaborating on ways to provide HCV C&T to SEP clients. A recent survey shows that clients would be receptive to HCV testing services in Oahu and Maui.

During lunch we met with Ms. Mary Santa Maria and Mr. Brian White, who are counseling and testing trainers for the DOH. Mr. White is also the Coordinator for the Prevention for Positives Program. HCV information and risk reduction information is provided in all HIV C&T trainings. Both Ms. Santa Maria and Mr. White hope to participate in the HIV prevention Safety Counts training in the near future.

In the afternoon we visited with Ms. Janice M. Nillias, Executive Director of the Hawaii American Liver Foundation (ALF), and Mr. Ken Akinakaand. Their mission is to increase awareness of liver disease. Although this chapter has existed for only six months, they are already planning for their first fund-raising event to establish a liver transplant fund. The chapter provides referral services, including a patient mentor program for patients recently diagnosed with hepatitis. As a member of the Board you have developed some collaborative partnerships for distributing information and promoting awareness of liver disease and hepatitis prevention. Dr. Linda Wong, Hawaii's only liver transplant physician, is a member of the chapter's statewide Medical Advisory Committee. The committee has a membership of about 16 doctors and meets quarterly to discuss treatment issues for patients with hepatitis. The chapter is establishing collaborative networks with the state Veteran's Administration Hepatitis Program and national hepatitis agencies such as the Latino Organization of Liver Association (NOLA) and Hepatitis Foundation International.



On Wednesday morning we met with Nancy Kern, Hawaii HIV Prevention Manager, Tim McCormick, "H" Programs Coordinator (HIV/AIDS Drug Assistance, HIV COBRA for federal health insurance, and HIV Sero- Positivity Program for Medical Monitoring, HSPAMM), Ray Higa Branch Planner, Paul Davis, CPG Coordinator, and Nighat Quandri, Health Educator. I began this meeting with an orientation of the Viral Hepatitis Prevention Branch organizational structure and an overview of recent Branch activities including the recent release of a brochure designed to provide CPG members with information about hepatitis, and recent collaboration efforts with programming partners from HIV and STD such as conducting joint site visits and sharing site visit letters. Some highlights of this meeting are listed below:

- Although medications for HCV are not included on the state's ADAP, treatment options for co-infection of HIV and hepatitis C are considered on a case by case basis. HAV/HBV vaccinations are available
- Newly funded AIDS Service Organizations (ASOs) and HIV prevention community based organizations (CBOs) will be required to integrate hepatitis prevention information into existing prevention interventions such as counseling, testing and referral for services including vaccination for hepatitis A and B, hepatitis C testing and treatment.
- Hawaii has four ASOs that primarily provide HIV/STD services including case management. Case managers will soon receive training on hepatitis. Life Foundations, an ASO in Honolulu, provides case management for people living with HIV and Hepatitis C.
- Collaboration between the ASOs and their local health department is encouraged by the state health department
- HIV prevention provides quarterly meetings for ASO and CBO outreach workers where you and Mr. McCormick provide hepatitis prevention trainings to attendees
- Integration of hepatitis prevention activities is included in Hawaii's state HIV prevention plan. MSM/IDU is prioritized in the Plan as the second target population for HIV prevention –IDU is the fourth
- Hawaii has a sero-positive medical management program for HIV/AIDS clients. Currently there are approximately 875 clients enrolled in the program. Testing for hepatitis A/B/C is provided to all clients during intake into the program, however screening for HCV is not ongoing. Future contracts will include requirements for qualitative and quantitative HCV viral load testing capabilities.

This meeting was very informative and I especially enjoyed meeting your colleagues and learning how hepatitis was being integrated in HIV and AIDS programs.

Next, we met on conference call with Peter Whitar, the STD/AIDS Prevention Branch Chief. During this call I provided Mr. Whitar with an overview of collaborative activities taking place at CDC, and included an overview of hepatitis prevention program priorities. I pointed out that the National Viral Hepatitis Conference was being held in Washington D.C. on December 5th through the 9th and encouraged him to attend. Before ending our call, Mr. Whitar reaffirmed the Branch's commitment for integration of hepatitis prevention activities into STD and HIV prevention programs.



After lunch, we met with Charles Yin Ph.D. who provided me with an overview of the state's HCV surveillance system. According to Dr. Yin, Hawaii receives data from the labs on all positive hepatitis test results. Hawaii has historically been collecting data on acute cases, but in August 2004, they have started collecting data for chronic HCV. Completing the hepatitis case report can be time consuming since it often requires follow-up with a patient's physician's to collect additional information that is required for the National Electronic Disease Surveillance System (NEDSS). Dr. Yin pointed out that most of the surveillance staff is currently undergoing training for NEDSS. During a month's time, Dr. Yin receives approximately 400-800 positive HCV test results from the lab. About 200 of these reports are new cases requiring case reporting on NEDSS.

After meeting with Dr. Yin, we met briefly with Dr. Alan Tice M.D. from the University of Hawaii, John A. Burns School of Medicine. Dr. Tice specializes in infectious disease and is a hepatitis C treatment provider on O'ahu. He has developed several collaborative networks with agencies that provide services to high risk adults including DASH to facilitate the integration of hepatitis prevention services into existing. In addition, Dr. Tice also serves as a member of the board for the local chapter of the ALF.

Next, we met with Kate Cui, Hawaii's state HBV coordinator and Malama Markowitz, Chief of the Immunization Program. Ms. Markowitz provided us with an overview of the vaccination program for children. Hepatitis vaccination is a school requirement for all children and is available to uninsured or underinsured youth at public health immunization clinics. Funding resources are not always available for HAV/HBV vaccination of high risk adults; however through your collaborative efforts with the immunization program, hepatitis vaccination is available on a limited basis to uninsured high risk adults at state public health STD clinics.

On Thursday, June 9th, we met on conference call with Lynn Leifest, a Department of Health HIV Counselor on Hilo. Ms. Leifest has been working with the health department on Hilo for over 12 years and is very knowledgeable of the services available to high risk adults on the island. The highlights of our conference call are described below:

- HCV testing has been available to high risk adults on the island for two years
- Out of 100 recently tested for HCV in the local jail, 30% were positive. Treatment is available on a case by case basis depending on length of incarceration.
- HCV testing is automatic in the prison system
- CHOW provides syringe exchange on the island. Ms. Leifest works with the syringe exchange outreach workers to identify high risk adults for hepatitis prevention services such as vaccination and testing.
- Ms. Leifest works with other Hilo program partners including DASH and the Bay Clinic to provide vaccination and health services to at risk adults. The Bay Clinic is a full service public health clinic on Hilo. Clients with substance abuse behaviors are referred to DASH, and those who test positive for HCV are referred to the Bay Clinic.
- DASH has recently been providing HAV/HBV vaccination to clients



- Ms. Leifest has attempted to establish an HCV support group, but so far turnout has been small. She will continue her efforts and possibly partner with Catholic Charities who provides services to the homeless.
- Many of the residents of Hilo live in rural areas and are qualified for Quest insurance which is Hawaii's state program for uninsured or underinsured citizens.

After the conference call with Ms. Leifest, we discussed possibilities for overcoming some challenges you've experienced while attempting to collaborate with potential partners. Some possibilities we discussed include providing hepatitis related trainings to potential partners, and offering technical assistance to facilitate the availability of hepatitis prevention services such as vaccination and/or testing for high risk adults. In addition to the above, we talked about overcoming barriers to providing hepatitis screening services at syringe exchange sites. Since syringe exchange in Hawaii is currently provided at mobile sites, HCV screening may be delayed until syringe exchange services are available at fixed sites. In the meantime you will continue to provide hepatitis prevention training and educational materials to CHOW staff and clients.

Next, we discussed potential funding opportunities from federal agencies such as CDC, the VA and SAMHSA, for integration of hepatitis prevention activities into existing programs. You also described your efforts to seek state funding for producing hepatitis prevention and treatment related materials by writing and submitting a proposal to the state legislature. Although the proposal was not funded, it is recognized as an unfunded mandate by the legislature.

Lastly, we discussed your future programming efforts including your plans to update the state's hepatitis strategic prevention plan. These updates and your continued collaborations will provide direction and guidance to future hepatitis programming efforts in Hawaii. We reviewed my observations and comments from the most recent ELC Progress Report, many of which are described in this letter. Before ending our meeting, you gave me copies of the following documents that you have used in your programming efforts:

- Hepatitis A and B Immunization Protocol
- Resources on O'ahu for People Living with Hepatitis C
- A copy of the Senate Concurrent Resolution requesting availability of educational materials for hepatitis prevention, diagnosis and treatment
- Hepatitis C in Hawaii; A Strategic Plan
- A press release in recognition of National Hepatitis Awareness Month, May 2005
- Viral Hepatitis Information and Resources

In conclusion I would like to make a few recommendations that I believe will contribute to your programming efforts:



DEPARTMENT OF HEALTH & HUMAN SERVICES

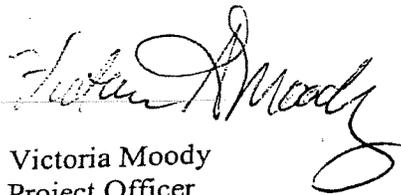
Public Health Service

Centers for Disease Control
and Prevention

- 1) Seek opportunities to collaborate with the hepatitis program at the Veteran's Administration Medical Center. They often have many resources that may enhance your efforts.
- 2) Continue working with community and professional organizations that provide services to high risk adults such as substance abuse agencies.

Although you have only been in this position for a short time you are to be commended on your efforts to establish productive collaborations with public health and community partners. You have made substantial accomplishments integrating hepatitis prevention activities into existing programs and in promoting awareness of hepatitis prevention in Hawaii.

Again I would like to thank you for meeting with me, and for providing me with an overview of hepatitis prevention in Hawaii. I encourage you to visit the Centers for Disease Control (CDC) website at: www.cdc.gov/hepatitis for additional information and resources. And, if I can be of any assistance to you, please do not hesitate to call me at (404) 371-5208, email me at: vcm9@cdc.gov



Victoria Moody
Project Officer

Cc:
Kevin Oconnor, Deputy Branch Chief, Prevention Branch, Division of Viral Hepatitis
Victoria Rayle, HIV Prevention Project Officer
Thom Cyler, STD Program Consultant
Sherry Orloff, ELC Program Consultant
Gabriel Anaya, Immunization Project Officer
Todette Bryant, Administrator, Prevention Branch, Division of Viral Hepatitis

Appendix 4

Hepatitis C Education Working Group Participants August 4th, 2005

<u>Name</u>	<u>Agency</u>	<u>Address</u>	<u>Phone</u>	<u>E-mail</u>	<u>4-Aug</u>	<u>9-Sep</u>	<u>19-Oct</u>
Akinaka, Ken	Hep. Network of HI					x	x
Alana, Catherine	Ke Ola Mamo				x	x	
Alejo, Raymond	Life Foundation				x		x
Boice, Nicole	Aloha United Way 211				x		
Brown, Chris	DOH - ADAD				x		x
Bauman, Kay	Dept. of Public Safety					x	x
Douglas, Margaret	Waikiki Health Center				x	x	
Drier, Kunane	Life Foundation					x	
Gordon, Jaimie K.	Ke Ola Mamo				x		
Hirakawa, Penny	CHOW Project				x		
Howell, Karen	SAPB/Diamond Head Health Center				x	x	x
Hyde, Rachelle	Schering Plough				x		x
Kern, Nancy	DOH - STD/AIDS				x		
Lee, Venie	DOH - STD/AIDS				x		x
Levin, Troye	Life Foundation						
Mau, Jason	Kulia Na Mamo				x		x
Michaels, Stan	Immunization Branch						
Nillias, Janice	ALF-Hawaii Chapter				x	x	x
Ohira, Stacia	Ke Ola Mamo				x		
Purdy, Willie	Ke Ola Mamo					x	
Quadri, Nighat	SAPB				x	x	
Robinson, Christie	CVS Procure				x		x
Saiki, Kara	CHOW Project						x
Strait-Jones, Judy	DOH - Immunization Program				x		
Taniguchi, Edwin	Tripler AMC				x		x
Thomas, Ken	Roche				x		
Taimasa, Tumua	Life Foundation					x	
Vail, Eileen					x	x	
VanCulin, Tom					x	x	
Whiticar, Peter	DOH - STD/AIDS				x		x
Yamaguchi, Yasy	Ke Ola Mamo					x	
Yin, Charles	DOH - Disease Investigation				x	x	x

REMOVED TO ENSURE CONFIDENTIALITY

Appendix 5

Viral Hepatitis Education in Hawai`i -DRAFT-

According to the St. Francis Liver Center in Honolulu, Hawai`i has one of the highest rates of chronic hepatitis and liver cancer in the United States. According to the Centers for Disease Control and Prevention (CDC), most people living with chronic hepatitis B and/or C don't know they are infected since many don't have symptoms for years and people may not be aware of the epidemic of viral hepatitis in Hawai`i. It is essential that a coordinated, statewide viral hepatitis educational campaign raise awareness about viral hepatitis and the importance of testing, immunizations and accessing care and treatment for those living with and at-risk for viral hepatitis. This educational campaign, developed with input from the Hawai`i Hepatitis C Education Working Group, will serve as a template to support all viral hepatitis educational activities in Hawai`i.

The Overall Mission of the Hawai`i Viral Hepatitis Education Campaign

To increase awareness and knowledge of viral hepatitis (with an emphasis on hepatitis C) in the general population with a focus on people at-risk for and living with viral hepatitis and those providing services to these populations.

Target Population for Viral Hepatitis Education

Viral hepatitis education will be targeted towards individuals and communities at high-risk for acquiring hepatitis A, B and C. For hepatitis A and B, the focus will be on populations identified by CDC for hepatitis A and B immunizations as well as immigrants from hepatitis B endemic countries such as Asia and the Pacific Islands.

Target for hepatitis A vaccination:

- Injection and non-injection drug users
- Men who have sex with men
- Persons with chronic liver disease (including hepatitis B or C)
- Persons living with HIV
-

Target for hepatitis B vaccination:

- Injection drug users and their needle sharing or sex partners
- Men who have sex with men
- Persons living with chronic hepatitis C
- Persons living with HIV
- Sexually active adults (w/ recent STD or multiple partners)
- Sex and household contacts of people with chronic HBV

Target populations for hepatitis C education will follow CDC's recommendations and focus on persons that:

- Have ever injected drugs, even if it was once many years ago;
- Received a blood or blood product transfusion or solid organ transplant before July 1992;
- Was a recipient of clotting factors made before 1987;
- Has ever been on long-term kidney dialysis;

- Has evidence of liver disease such as, for example, abnormal liver enzyme levels;
- Is a health care worker who has been exposed to hepatitis C-positive blood on the job by, for example, needle sticks or splashes to the eye;
- Is a child born to a woman testing positive for hepatitis C; and
- Other persons such as sexual partners of HCV+ persons, non-injection drug users, persons with non-professional tattoos, and persons sharing household

Goals of the Hawai'i Viral Hepatitis Education Campaign

Goal #1

Increase the accurate information on viral hepatitis for people at-risk for and living with viral hepatitis in Hawai'i that includes, but is not limited to:

- Prevalence of viral hepatitis in Hawai'i
- Definitions of "at-risk" communities
- Definitions and differences among hepatitis A, B and C including transmission information and prevention methods
- Hepatitis services that are available in Hawai'i and how to access them
- Ways to live healthier with chronic viral hepatitis

Goal #2

Integrate viral hepatitis education into existing systems that serve people at-risk for and living with viral hepatitis that includes, but is not limited to:

- HIV/STD programs,
- Drug and alcohol programs,
- Community Health Centers
- Correctional settings
- Programs that serve the homeless
- Schools and other educational settings
- Churches and other faith-based settings
- Native Hawaiian and other cultural programs
- Programs that serve immigrants from Asia and Pacific Islands
- Complementary and traditional medical settings

Goal # 3

Increase the educational opportunities available to physicians, nurses and other public and private healthcare professionals. Education will target providers who already address viral hepatitis through assessment, immunizations, testing and drug-based therapies as well as providers who want to expand the integration of viral hepatitis into their practice that includes, but is not limited to:

- Epidemiology of viral hepatitis
- Transmission and prevention of viral hepatitis
- Diagnosis and treatment of viral hepatitis
- Importance and process of viral hepatitis disease reporting to the Department of Health

Goal # 4

Increase the amount of viral hepatitis educational materials and presentations that are targeted towards specific communities at-risk for and living with viral hepatitis as indicated by the epidemiology in Hawai'i. This includes providing culturally appropriate educational materials, in appropriate languages and in appropriate settings, such as community-specific health fairs and other cultural events.

Goal # 5

Increase awareness and knowledge of viral hepatitis in the general public through a multimedia campaign that includes but is not limited to:

- Radio and TV Public Service Announcements
- Newspaper advertisements
- Bus and other community-based advertisements

Appendix 6

Hepatitis C Working Group Meeting October 19, 2005

Agenda

1. Welcome and Overview
2. Brief Review of Last Meeting
3. Review and Feedback on the Goals and Objectives of Hepatitis C Educational Campaign
4. Prioritizing the Recommendations to Department of Health
5. Report to the Legislature on SCR 109/HCR 233
6. Next Steps and Next Meeting

1. Welcome and Overview

Purpose of meeting is to give feedback on the draft Goals and Objectives of Hepatitis C Educational Campaign developed from content shared by work group members at September's meeting.

2. Brief Review of First Meeting on Sept. 9th, 2005

Review of minutes from meeting on Sept. 9th, 2005. No corrections were made by working group.

3. Review and Feedback on the draft Goals and Objectives of the Hepatitis C Educational Campaign

Working group members went through draft line by line and gave feedback on language, format and information to be included in second draft. The original goals based on the September 9th meeting can be found in draft #1 in appendix 1. The revised goals based on feedback from working group members on October 19th can be found in draft #2 in appendix 2.

4. Prioritizing Recommendations to the Department of Health, funders and key stakeholders:

At the September 9th meeting, working group members brainstormed the following recommendations to the Department of Health, funders and key stakeholders regarding hepatitis education:

- Provide funding to implement hepatitis C strategic plan and for viral hepatitis services: testing, immunizations, case managers
- Include hepatitis education (and perhaps services) into contracts with DOH funded drug and alcohol treatment providers
- Create a group sanctioned by the Governor for viral hepatitis
- Create a DOH working group on viral hepatitis with staff from every DOH program that works with people at risk for and living with hepatitis to discuss and coordinate hepatitis programs and strategies
- Create priority for people living with chronic hepatitis to access DOH services such as drug treatment, housing, mental health services, veteran services etc (they way it is with HIV)

- Dept. of Education should provide information on viral hepatitis in all school health curricula
- Have an on-going hepatitis advisory group
- Increase access to hepatitis A and B vaccines for at-risk adults
- Have a mobile van for delivering hepatitis services (testing, vaccination, case management) at special events, health fairs and community events

During the October 19th meeting, the working group re-worded and prioritized the recommendations to the Department of Health, funders and key stakeholders:

1. Obtain new and sufficient funding to implement the Hepatitis C Strategic Plan and provide viral hepatitis services: testing, immunizations, case managers, peer treatment advocates and surveillance coordination. The Hawai'i Hepatitis C Strategic Plan will be updated in early 2006 by the Hepatitis Strategic Planning Group and will include a proposed budget that would be required for implementation.
2. Recommend that the Department of Health, Alcohol and Drug Abuse Division, and STD/AIDS Prevention Branch integrate viral hepatitis education, testing and immunizations into contracts with provider agencies.
3. Create a statewide task force on viral hepatitis sanctioned by the Governors office that includes participation from the Department of Health (STD/AIDS Prevention Branch, Alcohol and Drug Abuse Division, Disease Outbreak and Control Division), the Department of Education and the Department of Public Safety, as well as key community stakeholders to make statewide viral hepatitis recommendations.
4. Recommend that the Department of Education integrate viral hepatitis information into school health curricula and provide viral hepatitis education to teachers and school health clinic staff.
5. Prioritize people living with chronic hepatitis B and C for Department of Health funded services such as drug and alcohol treatment, mental health services, housing, etc.
6. Increase the amount of hepatitis A and B vaccines available without cost for at-risk adults from the Department of Health.
7. Fund a mobile van on Oahu to provide delivery of viral hepatitis services (testing, vaccination, and case management) at special events, health fairs and community events.
8. Request that the Department of Health submit annual update reports on the status of hepatitis C activities to the Hawaii State Legislature.

5. Report to the Legislature on SCR 109

A copy of the report to the Twenty-Third Legislature based on the recommendations of the Hepatitis C Education Work Group is attached. The report also includes progress by the Department of Health on the implementation of SCR 109.

6. Next Steps and Next Meeting

The next meeting of the Hepatitis C Education Working Group will be after the report to the legislature is submitted to follow-up on concrete action steps to implement plan. Work group meeting time and date to be announced.

Hepatitis C Working Group Meeting September 9, 2005

Agenda

1. Welcome, Overview and Purpose of Working Group
2. Brief Review of First Meeting
3. Creating Goals and Objectives of Hepatitis C Educational Campaign
4. Recommendations to Department of Health from Working Group
5. Additional Ideas for Educational Activities
6. Next Steps and Next Meeting

1. Purpose of Working Group

- Support implementation of educational goals and objectives of the strategic plan and SCR 109
- Serve as advisory board to DOH for hepatitis C educational activities
- Create statewide hepatitis C education and awareness campaign
- Identify priority populations for educational materials and educational events
- Support the integration of hepatitis C education in your area of expertise
- Identify and encourage other key stakeholders to participate in group
- Timeline: 3-5 meetings with core group integrating into strategic planning group

2. Brief Review of First Meeting on August 4th, 2005

A quick review was conducted of SCR 109/HCR 233, the Hepatitis C Strategic Plan, DOH hepatitis activities and ideas from working group on direction of hepatitis C educational campaign. Please see the meeting minutes from 8/4/05 for more information.

3. Creating Goals and Objectives of Hepatitis C Educational Campaign

Participants brainstormed topics that are important to include in the goal and objectives of the educational campaign. A rough draft of these will be sent out prior to the next meeting in October. Topics include:

Type of information

- What is hepatitis, how do you get it and how to prevent it, differentiate between hep A, B, C
- Increase awareness of risk by defining who is "at-risk" and what to do about it
- What hep services are available and how to access
- Information on disease reporting for healthcare providers
- Information about drinking and liver damage
- Increase rates of hepatitis A/B vaccinations and hep C testing

Ways to get information out

- TV/Media/Public Service Announcements
- Educate healthcare professionals
- Patient advocacy
- Anti-stigma campaign
- Info in different languages and is culturally appropriate
- Collaborate with existing systems (see # 5 below)

4. Recommendations to the Department of Health from Working Group

Participants brainstormed potential hepatitis-related recommendations from the working group to the Department of Health. A rough draft of these will be sent out prior to the next meeting in October.

- Provide funding to implement hepatitis C strategic plan and for viral hepatitis services: testing, immunizations, case managers
- Include hepatitis education (and perhaps services) into contracts with DOH funded drug and alcohol treatment providers
- Create a group sanctioned by the Governor for viral hepatitis

- Create a DOH working group on viral hepatitis with staff from every DOH program that works with people at risk for and living with hepatitis to discuss and coordinate hepatitis programs and strategies
- Create priority for people living with chronic hepatitis to access DOH services such as drug treatment, housing, mental health services, veteran services etc (they way it is with HIV)
- Dept. of Education should provide information on viral hepatitis in all school health curricula
- Have an on-going hepatitis advisory group
- Increase access to hepatitis A and B vaccines for at-risk adults
- Have a mobile van for delivering hepatitis services (testing, vaccination, case management) at special events, health fairs and community events

5. Additional Ideas for Educational Activities

Several ideas came from participants of the working group to enhance hepatitis education and services in Hawai'i:

- We do not have a good epidemiological profile of hepatitis C in Hawai'i. One main reason is that healthcare professionals do not have the time and staff available to properly fill out the Viral Hepatitis case report forms that gives DOH information about people living with hepatitis in Hawaii. One idea that emerged to address this issue (in addition to including education about disease reporting in presentations and trainings) is to see if someone from the school of Social Work may take this on as a research project and help clinicians do chart reviews and fill out forms for DOH.
- While staff in corrections have regular updates on all blood borne pathogens including hepatitis C, the inmates may not be getting the information and should be targeted for hepatitis workshops while incarcerated. One idea was integrating this into the drug treatment programs in jails/prisons.
- Conduct presentations on viral hepatitis to high school students and integrate into school health curriculum
- Encourage additional research on non-IDU transmission of hepatitis C, sexual transmission of hepatitis C and seroprevalence of hepatitis C in Hawai'i.
- Integrate hepatitis education into existing health fairs, community events etc.
- Negotiate cheaper price for hepatitis C tests (and get state lab to do it instead of sending to mainland)
- Explore the role of faith-based agencies, churches and other organizations in providing hepatitis education
- Many systems already exist that should be able to integrate viral hepatitis education into existing frameworks. Some of the systems brainstormed by the group:

• STD/HIV Programs	• Hawaiian Health System	• Public Safety
• First Responders	• Parole/Probation	• Drug Treatment
• Community Health Centers	• AA/NA	• Churches/faith-based
• Healthcare Professional Organizations	• Nursing/Medical Schools	• DOE/Schools
• Alternate/Complementary Medicine	• Frontline outreach workers, social workers, PHN etc.	• Homeless Programs

6. Next Steps and Next Meeting

Prior to the next meeting, draft goals and objectives and recommendations to the Health Department for the educational campaign will be sent out for your feedback and discussion at the next meeting.

Next meeting is at from 1:00 – 3:00 pm on October 19th at the AIDS Education Project in the 18th Floor conference room at 1441 Kapiolani (at Keamouku) in Honolulu. Park at Ala Moana Shopping Center.

Hepatitis C Working Group Meeting August 4, 2005

Agenda

1. Welcome and Overview, Purpose of Working Group
2. Overview of SCR 109/HCR 233 and Hawai'i Hepatitis C Strategic Plan
3. Review of STD/AIDS Prevention Branch Hepatitis C Educational Activities
4. Hepatitis C Education Campaign:
 - a. physicians, nurses and other health care providers
 - b. people at-risk for and/or living with hepatitis C
5. Other issues, Next Steps and Next Meeting

1. Purpose of Working Group

- Support implementation of educational goals and objectives of the strategic plan and SCR 109
- Serve as advisory board to DOH for hepatitis C educational activities
- Create statewide hepatitis C education and awareness campaign
- Identify priority populations for educational materials and educational events
- Support the integration of hepatitis C education in your area of expertise
- Identify and encourage other key stakeholders to participate in group
- Timeline: 3-5 meetings with core group integrating into strategic planning group

2. Overview of SCR 109/HCR 233 and Hawai'i Hepatitis C Strategic Plan

Senate Concurrent Resolution 109 and Health Concurrent Resolution 233 requests the Department of Health make educational materials available, in written and electronic form, on the prevention, diagnosis and treatment of hepatitis C to physicians, other health care providers, veterans and other persons at risk for hepatitis C (no funding attached to resolution). SCR 109/HCR 233 also:

- Requires DOH to convene Hepatitis C Education Work Group
- Work Group to be comprised of staff from across DOH, healthcare providers, people living with hep C and other community stakeholders
- Requires DOH to submit report on status of resolution to legislature before 2006 session

The Hawai'i Hepatitis C Strategic Plan was created in 2003 with community participation and had four main components: surveillance, education, prevention and care, treatment and support. Plan will be updated in 2006 to reflect current priorities and to add goals and objectives for hepatitis A and B. The educational section included the following goals and objectives:

- Goal #1: To increase information about hepatitis C provided to public and private health providers who offer services to persons at-risk for hepatitis C or to those who have been diagnosed with hepatitis C.
 - Objective #1: By June 2004, develop statewide partnerships to establish local capacity to provide public and private health care professionals with education on the epidemiology, prevention, diagnosis, and treatment of hepatitis C.
- Goal #2: Increase accurate information distributed to at-risk populations regarding hepatitis C.
 - Objective #2: By June 2004, develop and/or distribute educational information that is appropriate for addressing the educational needs of clients within agencies that provide prevention services for at-risk populations (i.e. substance abuse programs, syringe exchange programs, HIV prevention programs).
- Goal #3: Increase awareness and knowledge of hepatitis C in the general public.
 - Objective #3: By June 2005, plan, develop, implement, and evaluate a statewide education campaign for hepatitis C that is grounded in scientifically based information.

3. STD/AIDS Prevention Branch Educational Activities

- Disseminate educational materials to individuals and organizations
- Conduct workshops, trainings and presentations on viral hepatitis
- Present on viral hepatitis at related meetings and events
- Collaborate with other DOH partners and agencies
- Integrating Viral Hepatitis into Client-Centered Counseling training pilot in January 2005 with 24 providers
- Hepatitis C Support Project trainings in March 2005 reached over 90 providers
- Viral hepatitis integrated into 4-day Fundamentals of HIV Prevention Counseling training of new HIV counselors
- Collaborate with American Liver Foundation on educational event in July, 2005 with 115 participants
- Hepatitis table at Kinau Hale and press release for "Hepatitis Awareness Month" in May
- Hepatitis table and immunizations at Pride festival in June
- Hepatitis presentations for HIV Community Planning Group, Aloha United Way 211, Drug Court and more...
- "Hepatitis A-B-C's" brochure from DOH created and distributed to agencies
- Viral hepatitis information and resources list created and disseminated
- Brochures collected from HCSP, ALF, CDC, NATAP, HRC, OASIS, HepFI and more...
- Hepatitis C materials binders made for DOH HIV/STD/Hep counselors and testers
- Information requests filled weekly

Upcoming educational activities in 2005/2006

- Create DOH viral hepatitis website with local resources, national links and materials available to download
- Start "Hep Update Hawai'i" email list
- Work with Aloha United Way 211 to offer hepatitis info to community
- Viral hepatitis resource guide
- Neighbor Island education and community forum

4. Hepatitis Education Campaign

Several important questions were posed to the working group for consideration to guide the educational campaign. They included:

- a. Educational campaign to focus on viral hepatitis or just hepatitis C? (strategic plan and SCR 109 focus on hepatitis C only)
- b. Separate working groups for healthcare professionals and community education?
- c. Comprehensive campaign or realistic given fiscal limitations?

A. Focus of educational campaign – viral hepatitis or only hepatitis C?

The majority of the group felt the campaign should be inclusive of viral hepatitis (especially since vaccines are available to prevent hepatitis A and B) to support a comprehensive viral hepatitis educational campaign. However, several members felt strongly to not lose or dilute the focus from hepatitis C by adding viral hepatitis. A balance needs to be created to include viral hepatitis yet focus on hepatitis C in the educational campaign. One option is to keep the title focused on hepatitis C but to always include information about hepatitis A and B.

B. Separate working group for healthcare professionals?

Many members felt that it is important to have a separate meeting to inform the healthcare professionals' portion of the hepatitis C education campaign. Discussion also indicated that most educational events separate healthcare professionals and community as the knowledge level, language and objectives may be different for each group. Other options include having a half-day devoted to one group and also having

concurrent sessions that target separate audiences. The group decided to have one working group meeting just to focus on the educational needs of healthcare providers which will occur in October, 2005.

C. Comprehensive campaign or realistic given fiscal limitations?

Given that DOH has no money for any hepatitis C services, there is currently no funding for a campaign. Should this be taken into consideration or should a comprehensive campaign (regardless of cost) be developed and then only implemented where feasible? The group agreed to create a statewide campaign and to implement as funding becomes available. It was also noted that when a plan is developed, if funding is ever available, there is already some structure to apply for it.

5. Other issues, next steps, next meeting

Several other ideas were proposed by working group members for consideration at future meetings which include:

- Hepatitis education in all correctional settings for all correctional personnel
- Hepatitis presentations to all Community Health Centers for CHC staff
- Putting a “face” on hepatitis C
- Work with insurers (HMSA etc) and insurance commissioner to promote adequate coverage of hepatitis services (testing, vaccination, treatment)
- Work with faith-based organizations and churches to raise awareness
- Educate healthcare professionals such as dentists, dermatologists etc who won’t be assessing or treating hepatitis but do serve people living with hepatitis to decrease stigma and discrimination against people living with hepatitis C
- Most healthcare professionals want to learn from other healthcare professionals – or maybe partner with someone who can help “translate” information

Next meeting is at 1:00pm on September 9th, 2005 in room 418 of Diamond Head Health Center