



# **Colorado Department of Public Health and Environment's Viral Hepatitis Strategic Plan**

A Systematic Approach to the Prevention of  
Infections and Disease Progression

2003 – 2006

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Colorado Department  
of Public Health  
and Environment

July 22, 2003

Dear Friends of Public Health:

On behalf of the Colorado Department of Public Health and Environment (CDPHE), I am pleased to present to you the CDPHE's Viral Hepatitis Strategic Plan: "*A Systematic Approach to the Prevention of Infections and Disease Progression.*" This document is designed to highlight key issues, strategies, and principles that reflect the Department's approach to providing information and services about Viral Hepatitis to our citizens.

The strategic planning process was lead by the Viral Hepatitis Program, which brought together representatives from several CDPHE programs: Communicable Disease Epidemiology, STD/HIV Technical Assistance and Training, STD/HIV Surveillance, STD/HIV Client Based Prevention, Immunization, and the Office of Local Liaison. In addition, CDPHE convened a group of subject experts and community partners to uncover and analyze critical factors in preventing and controlling viral hepatitis infection and disease progression. The process consisted of a series of internal and external meetings and interviews to identify activities, issues and opportunities related to viral hepatitis that resulted in the body of this plan.

Through "*Colorado's Systematic Approach to the Prevention of Infections and Disease Progression,*" CDPHE has prepared a plan that is designed to:

- Provide historical and current information about viral hepatitis programs in Colorado;
- Offer a "road map" for viral hepatitis service delivery in Colorado;
- Provide a framework for collaboration and integration with our partners;
- Assist state and local agencies with identifying, adopting, and implementing specific goals and objectives stated in the plan.

Please take time to review this plan and feel free to contact CDPHE with comments.

Sincerely,

Ned Calonge, MD, MPH  
Chief Medical Officer

## EXECUTIVE SUMMARY

Viral hepatitis describes those infections that can cause swelling of the liver, are infectious, and are caused by viruses. Each year 6,659 acute and chronic cases of hepatitis A, hepatitis B, and hepatitis C are reported to the Colorado Department of Public Health and Environment (CDPHE).<sup>1</sup> Chronic hepatitis B affects one in every 500 Colorado residents and hepatitis C affects one in every 50. Given that all forms of viral hepatitis can be asymptomatic, reported cases only describe a portion of the disease burden in Colorado.

In June 2001, the Viral Hepatitis Program (VHP) in the Disease Control and Environmental Epidemiology Division at the CDPHE initiated a focused strategic planning process. The planning goal was to set a course for the Viral Hepatitis Program over the next three years. The process also served to identify stakeholders within and outside of the CDPHE and to define activities that cross programs and organizations.

Funding for the development of a strategic plan came from several sources. Initially, the CDPHE used funds from a U.S. Centers for Disease Control and Prevention (CDC) Public Health Conference Support grant. When that grant expired, funding was secured from the Council of State and Territorial Epidemiologists (CSTE) to complete the planning process.

The strategic planning process was led by the VHP, which used an existing hepatitis crosscutting team to form a steering committee. Operating since 2000, the hepatitis crosscutting team brought together representatives from the following CDPHE programs: Communicable Disease Epidemiology, STD/HIV Technical Assistance and Training, STD/HIV Surveillance, STD/HIV Client Based Prevention, Immunization, and the Office of Local Liaison. The team had the technical, institutional, and community expertise to serve as the steering committee for the viral hepatitis strategic planning process.

In addition to the crosscutting team, the CDPHE convened a group of subject experts and community partners to uncover and analyze critical factors that act as determinants in acquiring or preventing viral hepatitis infection and in controlling disease progression. The process was open to anyone. It consisted of a series of internal and external meetings and interviews to: a) gather data from a variety of key stakeholders, b) evaluate strengths, weaknesses, opportunities, and threats (SWOT) related to viral hepatitis programs for specific target groups, and c) guide strategic planning efforts. From these meetings, The VHP identified the activities, issues, and opportunities that resulted in the body of this plan.

The Strategic Plan is designed to:

- Provide historical and current information about viral hepatitis programs in Colorado;
- Offer a “road map” for viral hepatitis service delivery in Colorado;
- Assist state and local agencies with identifying, adopting, and implementing specific goals and objectives stated in the plan.

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<sup>1</sup> Based on a five-year average of cases reported to CDPHE 1997-2001.

Viral Hepatitis comprises several different diseases with specific routes of transmission, prevention tactics, and intervention techniques related to each type. For the purposes of this plan, the CDPHE focused on hepatitis A, hepatitis B and hepatitis C, and developed strategies to coordinate efforts with other stakeholders in order to maximize resources and minimize duplication.

The mission of the Viral Hepatitis Program is to:

- Improve the capacity for a comprehensive, culturally appropriate and systematic approach that will prevent the spread of viral hepatitis in Colorado,
- Limit the progression and complications of viral hepatitis related liver disease, and
- Advocate for comprehensive and effective viral hepatitis policies and resources.

The primary vision for the VHP is prevention and control of viral hepatitis through a coordinated local and statewide effort that is supported by public and private partnerships and that assures:

- Comprehensive, science-based viral hepatitis services;
- Affordable and accessible viral hepatitis counseling, screening, education, treatment, harm reduction,<sup>2</sup> and prevention efforts are available to all persons in need;
- Education of patient, providers, policymakers, and the public about viral hepatitis;
- Collection and analysis of viral hepatitis data and the dissemination of findings to stakeholders;
- Support for viral hepatitis related research;
- Reduction in the number of new viral hepatitis infections and viral hepatitis-related deaths;
- Balanced scientific concepts with community interventions.

To achieve this vision, programs supported by the CDPHE for the next three years will be placed into the following programmatic and management goal areas:

## **Programmatic Goals**

### Surveillance

*Compile accurate, comprehensive, and useful data on hepatitis A, hepatitis B and hepatitis C that will direct and support prevention, education and training, and long-term medical management and rehabilitation.*

### Non-Clinical Behavioral Interventions

*Improve the capacity for a comprehensive, culturally appropriate, and systematic approach that will prevent the spread of viral hepatitis in Colorado.*

### Clinical Services

*Increase access and utilization of clinical services by individuals at risk of contracting viral hepatitis or who are already infected. This includes developing appropriate*

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<sup>2</sup>Harm reduction is a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use, to abstinence. Harm reduction strategies meet drug users “where they’re at,” addressing conditions of use along with the use itself. <http://www.harmreduction.org>.

*referral mechanisms for individuals infected or those at risk, and ensuring access to testing and immunization.*

**Outbreak Response**

Improve the capacity of health care and service providers to respond to hepatitis A, hepatitis B, and hepatitis C exposures and outbreaks.

**Management Goals**

**Administrative**

*To develop and maintain a well-funded, statewide viral hepatitis program supported by public and private partnerships.*

**Evaluation**

*Evaluate the effectiveness of viral hepatitis activities set forth in the strategic plan.*

## PURPOSE OF THE PLAN

“*Colorado Department of Public Health and Environment’s Viral Hepatitis Strategic Plan,*” provides the CDPHE Viral Hepatitis Program and its partners a guide for program planning and implementation. As a state agency with a comprehensive viral hepatitis program, the CDPHE is in a unique position to develop strategies for the prevention and management of hepatitis A, hepatitis B, and hepatitis C infections throughout Colorado. The CDPHE will continue to seek partnerships to fulfill the goals and objectives outlined in this document.

The Strategic Plan is designed to:

- Provide historical and current information about viral hepatitis programs in Colorado;
- Offer a “road map” for CDPHE to coordinate viral hepatitis service delivery in Colorado;
- Provide a framework for collaboration and integration with our partners;
- Assist state and local agencies with identifying, adopting, and implementing specific goals and objectives stated in the plan.

The sections of the strategic plan were developed based on months of input provided by state and local organizations. The CDPHE utilized the internal crosscutting team (members of complementing programs at the department) as a steering committee to help guide the planning process and to develop the plan itself. The contributors consisted mainly of community-based health organizations, local health departments, university programs, Department of Corrections programs, substance abuse treatment organizations, private and public medical providers, and various community leaders. Through their collaboration, the CDPHE developed a set of critical issues affecting viral hepatitis and corresponding strategies as solutions.

This document provides a three-year systematic approach to achieve the purpose of the plan through activities guided by the program’s mission and vision.

## MISSION, VISION, AND GUIDING PRINCIPLES

### **Mission Statement**

The VHP's mission is to improve the capacity for a comprehensive, culturally appropriate, and systematic approach that will prevent the spread of viral hepatitis in Colorado, limit the progression and complications of viral hepatitis related liver disease, and advocate for viral hepatitis policies and resources.

### **Vision Statement**

The vision for viral hepatitis prevention and control is a coordinated local and statewide effort supported by public and private partnerships that assures:

- Comprehensive, science-based viral hepatitis services;
- Affordable and accessible viral hepatitis counseling, screening, education, treatment, harm reduction, and prevention efforts are available to all persons in need;
- Education of patient, providers, policymakers, and the public about viral hepatitis;
- Collection and analysis of viral hepatitis data and the dissemination of findings to stakeholders;
- Support for viral hepatitis related research;
- Reduction in the number of new viral hepatitis infections and viral hepatitis-related deaths.
- Balanced scientific concepts with community interventions.

### **Guiding Principles**

The internal and external partners created principles to guide all decision-making and goal development. These guiding principles call for:

- Consistent partnerships between state and local organizations;
- Continual review and appropriate application of the valuable lessons garnered from other programs such as immunization programs, HIV/AIDS programs, and communicable disease investigations;
- Building of collaborative programs that are in progress and effective;
- Input from affected target populations regarding the effectiveness of intended programs.

## ORGANIZATIONAL HISTORY

The VHP was established in September 2000 to coordinate viral hepatitis activities among a variety of programs and projects within the CDPHE, and to provide the institutional focus and support needed to address viral hepatitis disease prevention in Colorado. The program began with the hepatitis activities previously in the Immunization Program and newly funded hepatitis C activities (See appendix 1). The goals of the program are to promote the prevention of viral hepatitis by increasing disease awareness and prevention options; disseminating educational materials about services; communicating strategies for detection and treatment; designing screening protocols; and providing information and referral services. Staff consists of the program manager, the hepatitis C coordinator, the hepatitis immunization coordinator, two perinatal hepatitis B case managers, the office manager and the nurse consultant (See appendix 2). Funding for the program is described in Appendix 3.

Compiling epidemiologic data through laboratory and provider reports of communicable diseases is an important first step to better understanding a condition. Hepatitis A, hepatitis B, and hepatitis C are reportable conditions in Colorado. The Communicable Disease Epidemiology Program at the CDPHE works with local health officials to investigate and implement appropriate disease control for acute cases of hepatitis A, to investigate true outbreaks of viral hepatitis, and to analyze hepatitis A surveillance data.

The STD/HIV Technical Assistance and Training Program develops, implements, and supports prevention education projects which include: risk reduction programs for men who have sex with men (MSM), intravenous drug users (IDUs), youth and heterosexuals at highest risk; training, consulting, and other forms of capacity building for prevention providers; administration of over 20 contracts with local health departments and community-based organizations.

The STD/HIV Surveillance Program monitors reported cases of AIDS, HIV, chlamydia, gonorrhea, and syphilis. The program analyzes case report information and writes quarterly and yearly reports for widespread dissemination. The program also performs special studies such as HIV seroprevalence surveys to enhance disease monitoring.

The STD/HIV Client Based Prevention Program provides statewide services including follow-up to ensure that untreated STD-infected and uncounseled HIV-infected persons receive test results, counseling, and treatment; prevention case management; partner counseling and referral services (for persons with HIV, syphilis, gonorrhea, chlamydia, and persons co-infected with Hepatitis C and HIV); social network testing; differential screening and identification of needed medical and support services; referral to contracted, community, and other CDPHE services; service of public health orders; coordination of the chlamydia project to provide testing, counseling and treatment of high-risk persons in STD and Title X family planning clinics and outreach settings; group level interventions in detention and corrections settings; and public information.

The mission of the Immunization Program is to assure the prevention of vaccine-preventable diseases in Colorado by increasing and maintaining access to immunization services. The Immunization Program provides training, clinical expertise, and technical assistance to local health departments, school districts, county nursing services, community health centers, managed

care organizations, and private providers about best practices in immunization. The program also operates the federally funded Vaccines for Children (VFC) Program that provides vaccines to immunize children in Colorado eligible for publicly funded services from birth to 18 years of age, and provides information and referral to the public.

The Office of Local Liaison (OLL) fosters the CDPHE's partnerships with local public health agencies and governments. OLL also facilitates cooperative efforts between state and local health agencies to maintain the foundation for, and enhance the capacity of, public health and environmental services statewide.

### ***Hepatitis A***

The Hepatitis A vaccine was licensed in 1996. At that time, the Advisory Council on Immunization Practices (ACIP) of the U.S. Public Health Service recommended hepatitis A vaccine for "persons who are at increased risk for infection and for any person wishing to obtain immunity." This included:

- All susceptible persons traveling to or working in countries that have high or intermediate hepatitis A virus (HAV) endemicity.
- Children living in communities that have high rates of hepatitis beginning at greater than or equal to two years of age. In addition, to effectively prevent epidemics of hepatitis A in these communities, vaccination of previously unvaccinated older children within five years of initiation of routine childhood vaccination programs.
- Sexually active men who have sex with men (MSM), both adolescents and adults.
- Injecting and non-injecting illegal-drug users if local epidemiologic and surveillance data indicate current or past outbreaks among persons with such risk behaviors.
- Persons who work with HAV-infected primates or with HAV in a research laboratory setting should be vaccinated.
- Susceptible persons who have chronic liver disease, including persons who are either awaiting or have received liver transplants.
- Persons who have clotting-factor disorders.

Colorado is an intermediate risk state, and the ACIP recommendations stated,

*"Because experience when using hepatitis A vaccine to control hepatitis A in communities that have intermediate rates of hepatitis A is limited, evaluation of the effectiveness of vaccination should be an essential element of programs in these settings."*

In 1998, the CDPHE made the hepatitis A vaccine available through the Vaccines for Children (VFC) program to children in counties that CDC defined as having intermediate prevalence of hepatitis A. ACIP updated the hepatitis A immunization recommendations in 1999, and the CDPHE responded by making VFC vaccine available statewide. In 2001, the Hispanic Taskforce for Hepatitis A attempted to add a school entry requirement for hepatitis A vaccine. The Board of Health did not approve that proposal and efforts by the CDPHE to increase the use of that vaccine continue.

### ***Hepatitis B***

Since 1990, the CDPHE has conducted follow-up on all reported cases of a hepatitis B positive pregnant woman between the ages of 15 and 45 years of age to prevent hepatitis B transmission from a mother to her infant at birth. Hepatitis B screening is a standard of care for all pregnant women, and physicians are asked to report whether or not the mother was screened on the infant's birth certificate.<sup>3</sup> Follow up of these reports requires substantial case management and the screening and immunization of household and sexual contacts. It is funded annually by the immunization grant from the CDC.

In 1991, the ACIP recommended universal vaccination of all infants with the hepatitis B vaccine. The award of funds for this activity in 1992 led to the transfer of hepatitis B prevention activities to the Immunization Program, and the implementation of a pilot program for universal infant hepatitis B immunization in selected high-incidence counties. Two years later in 1994, the CDC provided sufficient additional immunization funds to implement universal infant immunization statewide.

The next area of hepatitis B prevention activities undertaken by the CDPHE addressed the adolescent cohort. Beginning in 1995, the hepatitis B vaccine was made available to all public clinics for voluntary immunization. In 1996, the Colorado Board of Health approved a hepatitis B school entrance requirement for kindergarten and seventh grade, starting in 1997. The school entrance requirement for hepatitis B vaccine was challenged in the Colorado legislature in the 2000 session. A coalition of interested individuals and organizations successfully united in defense of maintaining the requirement. As of the 2003 – 2004 school year, all school children in Colorado will be required to have proof of hepatitis B immunization or present a signed medical, religious, or personal exemption.<sup>4</sup>

### ***Adult Hepatitis Immunization***

Adult hepatitis B prevention activities have been limited by a lack of resources. As vaccine becomes available, the CDPHE distributes hepatitis vaccines to those providers that serve high-risk adults. The Communicable Disease Epidemiology Program provides hepatitis A vaccine to counties to immunize contacts to a hepatitis A case. The CDC and state funds have provided monies to purchase vaccine to immunize inmates in state prisons and inmates in the Denver County Jail. These funds also supported immunization of clients in the Denver and El Paso County STD clinics and immunization of MSM in non-traditional venues.<sup>5</sup> Adult immunization programs are project specific and have not been consistently supported.

### ***Hepatitis C***

Hepatitis C activities began in 1999 with the passage of HB 99-1118 (the Hepatitis C Prevention Act), which authorized implementation of a public health program to address hepatitis C infection. The Act provided \$200,000,<sup>6</sup> but no staffing positions at the CDPHE for implementation. The passage of that bill, and the award of state General Fund dollars, brought

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<sup>3</sup> This requirement was added to the Colorado Birth Certificate in 1989.

<sup>4</sup> This includes children from daycare through grade 12

<sup>5</sup> This includes gay bars, gay movie nights, and the Gay Lesbian, Bisexual, and Transgender Center of Colorado

<sup>6</sup> The appropriation was reduced to \$187,500 due to budget cuts in the 2002 session of the General Assembly.

about a contract with the “Team Hep C”<sup>7</sup> to carry out some of the activities mandated by the statute. These include public information, education, and referral. Contracted Counseling and Testing Sites throughout the state conduct screening for hepatitis C virus (HCV).

Recently, the STD/HIV staff at the CDPHE has reported hepatitis C cases in certain high-risk groups. Specifically, users of illegal, injectable drugs have been identified as individuals at extremely high risk of hepatitis C transmission. Collaborating with the STD/HIV Section and its community service providers, the Viral Hepatitis Program has outlined several initiatives to support the prevention and limit the progression of hepatitis C in IDUs. Additionally, the STD/HIV and Viral Hepatitis Programs are working together to maximize lessons learned during the years of STD/HIV prevention and to prevent duplication of efforts.

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<sup>7</sup> “Team Hep C” is a consortium of hepatitis C service providers and organizations that includes: Alcohol and Drug Abuse Division, Centennial Area Health Education Center, Colorado Department of Public Health and Environment, Denver Public Health, Harm Reduction Project, Hep C Connection, Jefferson County Department of Health & Environment, 9Health Fair, Roche Pharmaceuticals, Schering Oncology Biotech and the Tri-County Health Department.

## CRITICAL ISSUES

To define all of the related issues, individual meetings were held with partners from other CDPHE programs and projects and with external stakeholders (See appendix 4). Community meetings were conducted with hepatitis C prevention and care providers, Colorado Department of Corrections staff, IDU, and HIV/STD service providers, representatives of the Asian and Pacific Islander communities, various groups of MSM, pharmaceutical companies, local health departments, and support groups. At each of these meetings, participants had the opportunity to identify strengths, weaknesses, opportunities and threats in relation to viral hepatitis in Colorado.

Recognizing that all stakeholders could not attend meetings or may not feel comfortable expressing their views in a meeting, the VHP either reviewed existing data from previous studies, or coordinated new data collection efforts through surveys, focus groups, and interviews of affected parties. These included a needs assessment of local health departments (Appendix 5), focus group discussions of IDU (Appendix 6), focus group discussion with providers serving MSM (Appendix 7), and interviews with interested individuals.

Providing comprehensive, coordinated viral hepatitis programs is a complex task. During the strategic planning sessions, groups of individuals identified barriers and problems specific to preventing and limiting the clinical progression of viral hepatitis. Widespread issues that affect viral hepatitis include:

- The significant lack of funding for programs,
- Colorado has been an outbreak-oriented community for hepatitis A,
- Need for low cost vaccine,
- Physician and insurance provider participation,
- A call for high-level advocacy,
- Access to testing programs,
- Insufficient data collection/management,
- Lack of provider education about viral hepatitis, and
- The high need for effective, culturally appropriate behavioral interventions.

The following table describes the most commonly reported items for each category.

<b>STRENGTHS</b>	<b>WEAKNESSES</b>
<ul style="list-style-type: none"> <li>▪ Testing is available at many Local Health Departments.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Insufficient means for data collection and surveillance.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Lessons can be learned from HIV/STD epidemic.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of provider and client education regarding hepatitis.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Vaccines for HAV and hepatitis B virus (HBV) are available.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Insufficient funding for viral hepatitis programs throughout Colorado.</li> </ul>
<ul style="list-style-type: none"> <li>▪ The State Legislature supports viral hepatitis programming.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of high-level leadership advocating for programs.</li> </ul>

<b>OPPORTUNITIES</b>	<b>THREATS</b>
<ul style="list-style-type: none"> <li>▪ Great opportunity to integrate with HIV/STD programs.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of funding can stop programs and efforts.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Hepatitis A, B, and C programs are coordinated and systematic.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Collaborative efforts with insurance programs are needed.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Service providers work together to increase referral, testing, and treatment.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Level of distrust among certain populations to some prevention messages (i.e., needles/bleach).</li> </ul>
<ul style="list-style-type: none"> <li>▪ Adequate means to prevent HAV and HBV; Adequate means to treat HBV and HCV.</li> </ul>	<ul style="list-style-type: none"> <li>▪ HIV, STD, and Hepatitis programs have been segregated and not integrated.</li> </ul>

Outlined in the following *Program Goals and Objectives* section, is a description of the goals, objectives, and action plans to assist Colorado in achieving the mission of this program.

## PROGRAM GOALS AND OBJECTIVES

A variety of primary strategies and key collaborations will be required to address the complex viral hepatitis issues in Colorado. For the next three years, the CDPHE proposes to implement the objectives listed in this section and bring the State of Colorado closer to its vision regarding hepatitis A, hepatitis B, and hepatitis C prevention and management.

The strategic plan is focused on building both short-term and long-term capacity of the CDPHE and its partners to provide comprehensive, culturally appropriate, and systematic services that will prevent the spread of viral hepatitis in Colorado, limit the progression and complications of viral hepatitis related liver diseases, and advocate for viral hepatitis policies and resources. The following strategies have been categorized by either program or management goal areas.

### Program Goal Areas

#### Surveillance Program Component

**Goal:** *Compile accurate, comprehensive, and effective data on hepatitis A,<sup>8</sup> hepatitis B, and hepatitis C that will direct and support prevention, education, and training as well as long-term medical management and rehabilitation.*

Objective I: Improve current surveillance mechanisms including: provider reporting, data management, and sites where cases may be identified such that 90 percent of the expected cases are identified.

**Action Plan:**

- Identify which counties are currently doing surveillance for viral hepatitis.
- Measure potential motives for providers to act as test sites.
- Improve the reporting of ethnicity and risk behavior on laboratory slips.
- Secure sufficient funding to improve and sustain data management at the CDPHE.
- Conduct a research project in which a high-priority subset is sampled regarding their risk for hepatitis C (e.g., young un-infected IDU) and then vaccinated for hepatitis A and hepatitis B. Upon completion of the project, conduct a pilot educational intervention and provide access/referral to treatment.
- Collaborate with Medicaid to secure data for hepatitis A services billed, to determine demographics, volume, and scope of services provided.
- Coordinate with national public education efforts related to the identification and notification of recipients of blood from hepatitis C virus positive donors.

Objective II: Improve the use of existing viral hepatitis epidemiological data by the CDPHE programs and local public health agencies.

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<sup>8</sup> Conduct hepatitis A surveillance in cooperation with the Communicable Disease Epidemiology Program that has primary responsibility for this activity.

***Action Plan:***

- Provide technical assistance to local public health agencies on the use of viral hepatitis epidemiological data.
- Publish and distribute epidemiologic profiles for hepatitis A, hepatitis B, and hepatitis C using existing and enhanced data sources.
- Assist agencies with viral hepatitis data requests as necessary.
- Conduct presentations on viral hepatitis epidemiology at conferences, trainings, and other community-based events.

**Non-Clinical and Behavioral Interventions Program Component**

***Goal:*** *Decrease the number of new viral hepatitis infections in Colorado through the implementation of non-clinical and behavioral interventions such as education, outreach, case management, and public information programs.*

Objective I: Design and implement non-clinical and behavioral interventions for hepatitis A, hepatitis B, and hepatitis C.

***Action Plan:***

- Investigate ways to increase awareness among IDUs regarding their risk for hepatitis C (i.e., design a fact sheet that answers the question, “*If 90 percent of IDUs are infected, why should I care about sharing?*”).
- Coordinate with the Rocky Mountain Center for Health Promotion and the Colorado Department of Education to discuss distributing school-based information about hepatitis C or including information about hepatitis C into existing materials.
- Collaborate with HIV/STD programs to increase the number of outreach programs working to decrease the risk of infection among IDUs.
- Integrate with STD/HIV/substance abuse activities to determine more effective ways to prevent transmission through needles. Develop a standardized public health message regarding needle sharing and HIV/hepatitis C.
- Develop culturally appropriate public information strategies via the print media, radio, television, video, and the Internet.
- Develop a series of culturally appropriate public information packets for specific high-risk target populations and create a distribution plan. Topics to be included are: drug interactions, co-morbidity, injecting drugs and hepatitis, high-risk sexual activities for MSM and hepatitis, protecting loved ones, etc.
- Discuss and promote alternatives to needle sharing for hepatitis C prevention.
- Collaborate with HIV/STD prevention to increase the distribution of single use kits for the IDUs in Colorado.

Objective II: Improve the knowledge and skills of providers to deliver hepatitis A, hepatitis B, and hepatitis C non-clinical and behavioral interventions to clients.

**Action Plan:**

- Act as a hepatitis A, hepatitis B, and hepatitis C clearinghouse of educational materials and information collected from various associations and national programs. Coordinate and distribute population-based educational materials throughout the State of Colorado. Design a document of *Frequently Asked Questions* for providers to use regarding viral hepatitis.
- Develop an extensive, annual education plan to keep the service provider community updated about hepatitis A, hepatitis B, and hepatitis C. Coordinate this effort with local providers such as Team Hep C, AIDS Education and Training Center (AETC), and pharmaceutical companies.
- Collaborate with professional education organizations about additional school-based efforts.
- Conduct extensive training for medical and community-based service providers in behavioral counseling for hepatitis A, hepatitis B, and hepatitis C. Utilize lessons learned from the HIV/AIDS movement and incorporate into trainings and programs.
- Conduct trainings with STD/HIV and substance abuse treatment providers to: a) assess for HCV risk, 2) provide counseling, 3) conduct testing, and 4) refer to care services.
- Develop the capacity of non-governmental organizations to provide effective support and prevention services to persons with HCV and those individuals at increased risk.
- Develop a PowerPoint presentation about viral hepatitis targeted to local public health agencies that can be downloaded from the program's web site. Include links to other hepatitis resources.
- Educate users of the Colorado Electronic Disease Reporting System (CEDRS) about the uses of the data that can be used to educate the greater community.
- Identify health care provider, public health, and behavioral health meetings throughout Colorado that are important venues for viral hepatitis to be recognized and present state-of-the-art information to increase provider/community knowledge and awareness.
- Develop a hepatitis A, hepatitis B, and hepatitis C fact folder for distribution to the public and to providers.
- Coordinate with Occupational Safety and Health Administration (OSHA) to identify non-traditional exposure routes such as tattoos, trades that utilize sharp tools, etc., and insure that appropriate materials are being sent to such businesses.
- Coordinate with Alcohol and Drug Abuse Division (ADAD) to increase access to substance abuse treatment for hepatitis C positive IDUs.

Objective III: Improve coordination with providers that serve populations at highest risk of hepatitis A, hepatitis B, and hepatitis C.

**Action Plan:**

- Increase collaboration between the VHP and the Department of Corrections.

- Attend annual meetings and conferences of non-health specific groups that serve high-risk populations (e.g., the Sheriff’s Association).
- Collaborate with the Department of Correction’s Collaborative Peer Health Promotion program for inmates.

### **Clinical Services Program Component**

***Goal:** Increase access and utilization of clinical services by individuals at risk of contracting viral hepatitis or who are already infected. This includes developing appropriate referral mechanisms for individuals infected or those at risk, and ensuring access to testing and immunization.*

Objective I: Measure and evaluate the level of access and barriers to medical care and treatment for viral hepatitis.

***Action Plan:***

- Identify and publish a directory of physicians that provide medical care and treatment.
- Identify and publish a directory of providers that offer medical services for the indigent and uninsured.
- Coordinate with the Colorado Clinical Guidelines-Collaborative to evaluate protocols for adult hepatitis A, hepatitis B, and hepatitis C that includes: 1) blood/risk screening, 2) immunizations, and 3) behavioral counseling.
- Develop an occupational exposure education program for hepatitis A, hepatitis B, and hepatitis C in coordination with nursing and medical schools throughout Colorado.
- Coordinate with ADAD to increase the availability of hepatitis B vaccination at all methadone clinics in Colorado.
- Coordinate with insurance companies and workman’s compensation programs to increase the availability of hepatitis A and hepatitis B immunizations for those who are susceptible and in an at-risk group.
- Facilitate the availability of testing/vaccination resources for high-risk populations such as MSM and IDUs.
- Increase the availability of free/low-cost hepatitis vaccinations in locations easily accessed by high-risk populations.
- Increase communication and coordination with migrant health services regarding viral hepatitis.
- Identify and coordinate with migrant health outreach programs to prevent the spread of hepatitis A, hepatitis B, and hepatitis C and limit the progression of the diseases for individuals that are already infected. Begin collaborative discussions with providers and develop detailed, culturally appropriate implementation plans.
- Increase the availability of advocates or case managers for persons infected with hepatitis B and/or hepatitis C.
- Support external partners in acquiring funds to hire a case manager/patient advocate.

- Work with the CDPHE administration and legislative liaisons to identify funds for advocates.
- Develop referral protocols for persons infected with hepatitis C seeking care.
- Assure appropriate referral for persons who qualify for Medicaid and community health center services.

Objective II: Improve clinical services by providing better individual assessment. Ensure that all physicians in Colorado have access to a tool to assess an individual's risk of viral hepatitis.

***Action Plan:***

- Identify models/reference sources utilized by physicians to develop existing criteria for the medical history/risk portion of patients' charts.
- Develop informational materials encouraging the inclusion of viral hepatitis risk assessments and develop a communication strategy to publicize them to physicians throughout the State.
- Outreach to the schools of medicine and advocate for the importance of viral hepatitis risk assessments.

Objective III: Assess access and immunization coverage rates for hepatitis A and hepatitis B vaccines for high-risk adults.

***Action Plan:***

- Coordinate with childhood immunization programs to place a higher priority on adult hepatitis A and hepatitis B.
- Coordinate with managed care, insurance, and pharmaceutical providers regarding the availability of vaccinations in health care plans.
- Continue to coordinate vaccination efforts statewide.
- Conduct targeted immunization outreach within specific at-risk communities.
- Develop immunization protocols and provide training for administering vaccine.
- Encourage and assist advocacy for additional vaccine funding.
- Integrate vaccinations within other programs such as STD/HIV clinical services, methadone clinics, flu clinics, registries, etc.
- Increase immunization rates for household and sexual contacts of HBsAg+ pregnant women.
- Increase the access to hepatitis A and hepatitis B vaccines for those HCV infected or with chronic liver disease.
- Identify and publish a directory of physicians that provide immunizations.
- Identify which insurance companies are covering hepatitis A and hepatitis B vaccinations and under what conditions. Encourage the provision of vaccination services among private insurance carriers.
- Develop a communication strategy to publicize immunization resources to the public.
- Develop a distribution plan to strategically stock low cost vaccines at convenient locations for individuals at most risk and those most capable of transmission.

- Coordinate with hospitals and insurance companies to ensure that infants born to HBsAg+ women receive hepatitis B vaccine and hepatitis B immune globulin (HBIG) prior to hospital discharge.

Objective IV: Assess and increase access to hepatitis B and hepatitis C testing for populations at risk.

***Action Plan:***

- Research effective national models for hepatitis B testing programs and determine which programs are most suitable for Colorado's at risk populations.
- Develop a hepatitis B testing protocol and educate providers regarding the protocol.
- Determine which venues are most accessible for at-risk populations and market the availability of testing services to those populations.
- Encourage service provider participation with hepatitis B testing programs.
- Delineate prevalence within certain populations. If over 30 percent of population has current or previous infection, it is worth screening before vaccinating (hepatitis B only).
- Research ways to improve testing for hepatitis C in the private sector.
- Coordinate and encourage testing for hepatitis C by private physicians.
- Investigate non-traditional testing sites for hepatitis C (i.e., street-based, etc.).
- Fully integrate hepatitis C testing at all HIV counseling and testing sites.

Objective VI: Improve quality of life and survival rate of HIV/HCV co-infected individuals.

***Action Plan:***

- Conduct grand rounds sessions at medical schools on co-infection.
- Design a co-infection fact sheet and distribute to all health care providers.
- Develop a “train the trainer” speaker's bureau for nurses, doctors, and corrections guards in conjunction with AETC and grand rounds.
- Enhance the HIV Health Workbook to include information about co-infection.
- Coordinate with Team Hep C to develop in-services for all AIDS service organizations.
- Assure that appropriate services are provided or referred to in the public sector.
- Increase coordination and collaboration between health care providers (i.e., infectious disease doctors, gastroenterologists/hepatologists) treating HCV-HIV co-infected individuals to improve clinical management and better balance the severity of both infections.

**Outbreak Response Program Component**

***Goal:*** *To accurately identify and diagnose potential cases of hepatitis A, B, and C, and to efficiently investigate and determine disease etiology and halt potential risks to the community.*

We will define an outbreak as the occurrence of more cases of disease than expected in a given area or among a specific group of people during a particular period of time. Due to the differences in etiology of Hepatitis A as compared to Hepatitis B and C the potential risk factors and hence likelihood of a true outbreak of these diseases will differ. The literature describes true outbreaks of each of these diseases.

Objective I: Improve the capacity of health care and service providers to suspect, diagnose, and report possible hepatitis A infections.

***Action Plan:***

- Educate health care and service providers on risk factors, clinical signs and symptoms and appropriate tests for the diagnosis of hepatitis A.
- Educate health care and service providers on how to report potential/confirmed cases of hepatitis A to local county health departments and/or the Colorado Department of Public Health and Environment.
- Educate health care and service providers on the importance of their role being the first point of contact of a potential outbreak and that information on the potential case's employment, travel history, and food history are of utmost importance.

Objective II: Improve the capacity of health care and service providers to suspect, diagnose, and report possible hepatitis B and C infections.

***Action Plan:***

- Educate health care and service providers on risk factors, clinical signs and symptoms and appropriate tests for the diagnosis of hepatitis B and C.
- Educate health care and service providers on how to report potential/confirmed cases of hepatitis B and C to local county health departments and/or the Colorado Department of Public Health and Environment.
- Promote training of existing occupation/blood-borne pathogen guidelines and regulations.
- Specifically coordinate education and training with infection control practitioners and the Association of Practitioners of Infection Control (APIC).

Objective III: Improve the continuity of follow-up response to individual cases and potential outbreaks of hepatitis A by local and state public health.

***Action Plan:***

- Update and revise, "Public Health Handbook for Management of Acute Hepatitis A".
- Disseminate and train appropriate local and state staff.

Due to the differences in transmission, the identification and scope of a true Hepatitis B or Hepatitis C outbreak is very different in its public health implications than a true Hepatitis A outbreak. Hence, a different infrastructure for outbreak identification and investigation is

needed. Understanding the endemic rates of disease for various stratifications (age, race, IVDUs and MSMs) is necessary.

Objective IV: Improve the infrastructure for the identification of potential increases in Hepatitis B and C infections that could point to defined outbreaks.

***Action Plan:***

- Identify current sources of data (e.g. surveillance data) that can be used to model average rates.
- Identify and monitor rates in high-risk populations.
- Educate health care and service providers on the risk factors, clinical signs and symptoms and appropriate tests for the diagnosis of hepatitis B and C.
- Educate health care and service providers on recognizing trends and clusters of disease and on the importance of their knowledge of community illness dynamics.

**Management Program Component**

***Goal:*** *To develop and maintain a well-funded, statewide viral hepatitis program supported by public and private partnerships.*

Objective I: Enhance and maintain supportive leadership for viral hepatitis efforts.

***Action Plan:***

- Train leaders.
- Develop a network of individuals and organizations that support viral hepatitis prevention.
- Distribute the Strategic Plan to local public health officials and leaders to encourage feedback and responses to the plan to ensure their support for vision and activities outlined in the plan (e.g., Public Health Nurses Association of Colorado, Colorado Association of Public Health Leaders, Colorado Health Officers Association).
- Distribute the Strategic Plan to physicians in leadership positions of professional academies (e.g., American Academy of Pediatrics, American Academy of Family Physicians) and encourage feedback and responses to the plan to ensure their support for vision and activities outlined in the plan.
- Develop and present summarized information about the Strategic Plan at major health related conferences in Colorado (e.g., public health, infectious disease, and pediatric conferences).
- Identify primary affected communities for the viral hepatitis (i.e., geographical, at-risk populations) and conduct focus groups about the Strategic Plan to further develop action steps for each population.
- Meet with primary community partners to identify roles of each agency in addressing activities in their populations.
- Conduct meetings in multiple communities to synthesize feedback from parties identified above and identify their roles within the CDPHE coordinated statewide response.

Objective II: Enhance and maintain statewide public/private communication on viral hepatitis efforts.

***Action Plan:***

- Enhance communication tools, to ensure easy rapid contact with stakeholders.
- Develop communication methodology to disseminate information about viral hepatitis issues and seek stakeholder input on key decisions.

Objective III: Ensure adequate funding and resources for Viral Hepatitis Program activities.

***Action Plan:***

- Attract and retain qualified, competent permanent and temporary staff to carryout the goals of the Viral Hepatitis Program, and to manage its programs and projects efficiently.<sup>9</sup>
- Use data to target efforts and better manage scarce resources.
- Collaborate with other agencies to stretch resources.
- Prioritize potential activities for possible funding.
- Use a targeted approach to request state funds in coordination with the CDPHE management.
- Identify appropriate funding opportunities by monitoring information sources from potential funding agencies.
- Develop and implement mechanism for timely development of applications for appropriate grants.
- Conduct informational meetings with primary insurance providers to develop strong relationships with insurers.

Objective IV: Enhance and maintain efforts to integrate viral hepatitis activities and information into existing communicable disease, immunization, and STD/HIV programs.

***Action Plan:***

- Identify key concentration areas for viral hepatitis integration.
- Coordinate activities and information with the CDPHE programs through the crosscutting team.
- Coordinate activities and information with community partners through attendance at existing forums (e.g., Colorado Children’s Immunization Coalition, “Team Hep C,” etc.).
- Identify grant opportunities that support integration and collaboration.

**Administrative Program Component**

***Goal:*** *To develop and maintain a well-funded, statewide viral hepatitis program supported by public and private partnerships.*

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<sup>9</sup> The VHP anticipates a staff of seven with one temporary employee in the next three years to fully staff the program and its projects, as outlined in the organizational chart attached to this plan.

Objective I: Increase effective communication and collaboration between the CDPHE programs related to Viral Hepatitis.

***Action Plan:***

- Continue current key collaborations by facilitating/organizing the Hepatitis crosscutting team. This team consists of CDPHE staff from the Immunization Program, various STD/HIV programs, the Communicable Disease Epidemiology Program, and the Office of Local Liaison. The team meets monthly to discuss programmatic issues and coordinate hepatitis related activities across state programs.
- Coordinate with executive director, division directors, and chief medical officer to clearly define roles and programmatic responsibilities.
- Design a viral hepatitis roles clarification document that is based on a variety of collaboration scenarios.
- Continue to improve collaboration with HIV/STD programs to integrate viral hepatitis prevention messages into existing HIV/STD programs. Collaborate with community-based agencies to develop culturally appropriate, effective programs for high-risk populations.
- Seek additional funding to expand the CDPHE Immunization Manual with an adult module.

Objective II: Increase the level of support for key institutions for hepatitis A, hepatitis B, and hepatitis C programs.

***Action Plan:***

- Develop a list of key supporters from high-level governmental and non-governmental leaders. Create collaborative relationships with identified individuals.
- Design a communication method to keep key stakeholders informed and up-to-date regarding viral hepatitis programs and need.
- Design, develop, and distribute a viral hepatitis white paper. The document should include the following: role of external partners, role of high-level leadership, strategic plan components, future outlook of hepatitis, national perspectives, and insurance issues.
- Provide leadership to the public health community regarding viral hepatitis and high-risk populations.
- Continue collaborative, consensus-building processes with the community regarding hepatitis A, hepatitis B, and hepatitis C programs.
- Develop an educational program for local foundations informing them of the viral hepatitis problem in Colorado.
- Conduct legislative breakfasts for Colorado Legislators regarding viral hepatitis programs in coordination with legislative directions of the CDPHE and community partners.
- Secure or identify a designated staff person to follow up CEDRS reporting with local health departments, the medical community, and laboratories.

- Change regulations as needed to require laboratories and physicians to report additional risk factor data.
- Collaborate with ADAD to improve partnerships between substance abuse programs and the VHP.

Objective III: Increase the funding levels for hepatitis A, hepatitis B, and hepatitis C programs.

***Action Plan:***

- Inform division directors and senior staff about strategic plan components to justify funding and generate state-based funds.
- Coordinate with external community-based partners to seek funding for the implementation of various strategic plan components.
- Coordinate using the viral hepatitis Strategic Plan with the *Turning Point* initiative regarding their mission of eliminating health disparities.
- Insure that budgetary roles are defined between programs, and that reporting and tracking measures are identified and maintained.

Objective IV: Improve collaboration and coordination between internal and external (to the CDPHE) programs that focus on hepatitis A, hepatitis B, and hepatitis C.

***Action Plan:***

- Conduct regularly scheduled collaboration meetings with various organizations for coordination and communication purposes.
- Enlist the assistance of key internal and external partners for specific tasks and actions.
- Develop systems for generation of input from external stakeholders to direct programs.

**Evaluation Program Component**

**Goal:** Evaluate the effectiveness of specific viral hepatitis activities set forth by the strategic plan.

***Action Plan:***

- Conduct outcome monitoring to determine the effectiveness of behavior change programs and activities.
- Conduct formative and process evaluation to assess the availability of and populations served by viral hepatitis programs and activities.

## Appendix 1

Viral Hepatitis Program  
Colorado Department of Public Health and Environment  
4300 Cherry Creek Dr., So. (DCEED-HEP-A3)  
Denver, Colorado 80246-1530  
Fax: (303) 691-7753

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### Viral Hepatitis Program

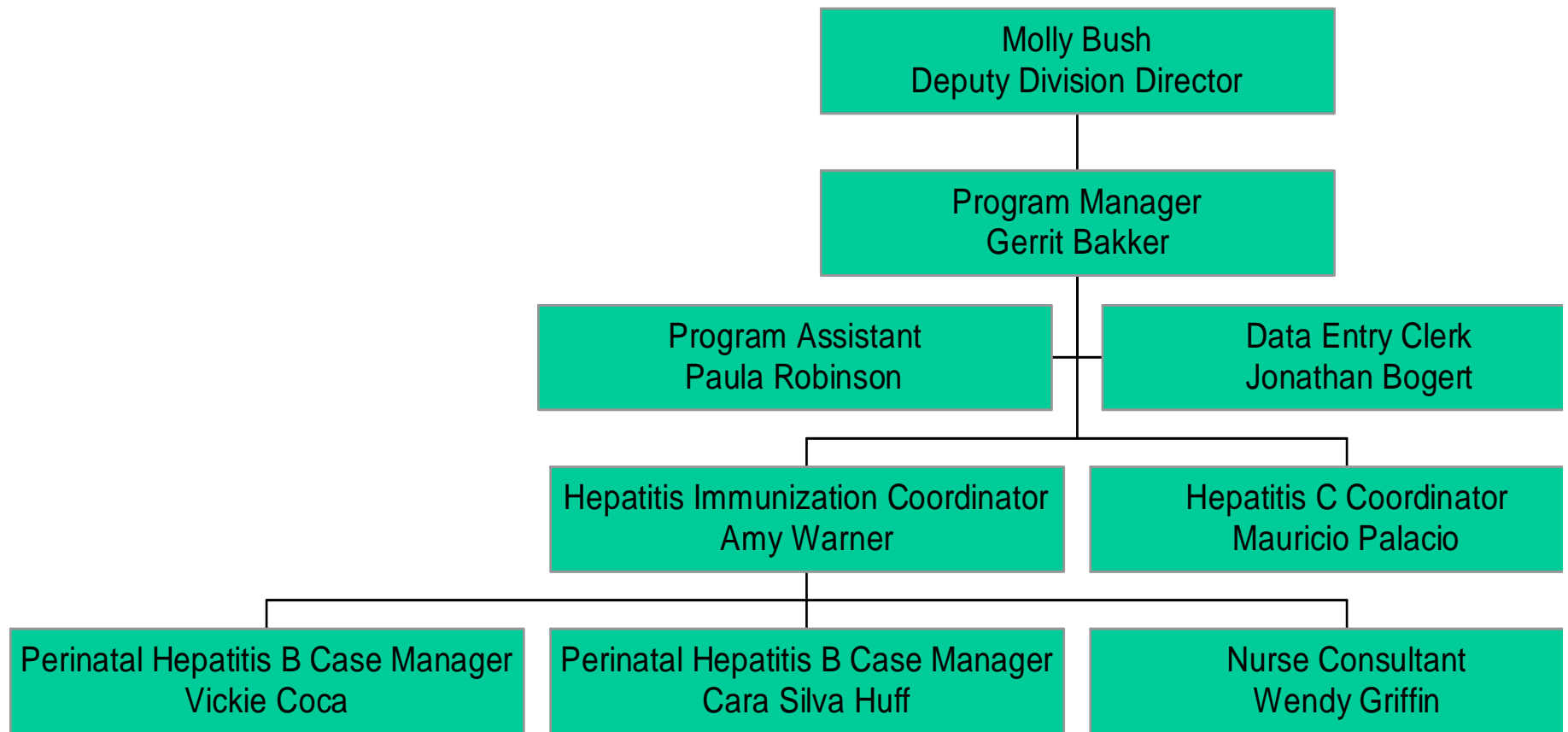
The Viral Hepatitis Program was established in September 2000 to centralize hepatitis prevention activities in the Disease Control and Environmental Epidemiology Division. The Program includes the hepatitis activities previously in the Immunization Program, and newly funded hepatitis C activities. The Program seeks to promote the prevention of viral hepatitis by increasing disease awareness and prevention options; disseminating educational materials about services; communicating strategies for detection and treatment; designing screening protocols and providing information and referral services.

Activities currently underway within the program are Perinatal hepatitis B case management and prevention, Hepatitis immunization outreach to at-risk populations, Hepatitis C prevention awareness and promotion. The program is also working on collaborative projects with Denver Health, the Asian/Pacific Development Center, the University of Colorado-Denver, the Stout Street Clinic and the Hep C Connection. These projects are designed to integrate hepatitis prevention messages into existing services in the STD/HIV clinics and correctional facilities; and to provide information and services to those who are at-risk or infected. Additionally the Program is directing activities toward creation of a statewide strategic plan for the prevention of Viral Hepatitis. Many new projects will begin in the future and the program will expand its capacity to analyze hepatitis morbidity data. For more information, contact the Program staff:

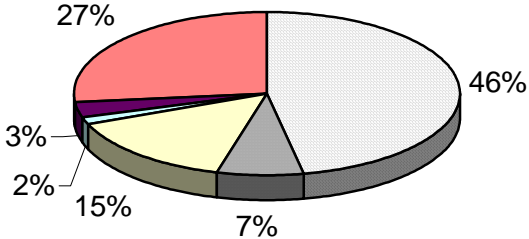
Name	Position	Phone	E-mail address
Gerrit Bakker	Program Manager	(303) 692-2668	<a href="mailto:gerrit.bakker@state.co.us">gerrit.bakker@state.co.us</a>
Vickie Coca	Perinatal Case Manager	(303) 692-2715	<a href="mailto:vickie.coca@state.co.us">vickie.coca@state.co.us</a>
Wendy Griffin	Nurse Consultant	(303) 692-2610	<a href="mailto:wendy.griffin@state.co.us">wendy.griffin@state.co.us</a>
Paula Robinson	Program Assistant	(303) 692-2780	<a href="mailto:paula.robinson@state.co.us">paula.robinson@state.co.us</a>
Mauricio Palacio	Hepatitis C Coordinator	(303) 692-2674	<a href="mailto:mauricio.palacio@state.co.us">mauricio.palacio@state.co.us</a>
Cara Silva Huff	Perinatal Case Manager	(303) 692-2761	<a href="mailto:cara.silva@state.co.us">cara.silva@state.co.us</a>
Amy Warner	Hepatitis Immunization Coordinator	(303) 692-2673	<a href="mailto:amy.warner@state.co.us">amy.warner@state.co.us</a>
Jonathan Bogert	Data Entry Clerk	(303) 692-2744	<a href="mailto:Jonathan.bogert@state.co.us">Jonathan.bogert@state.co.us</a>

# Disease Control and Environmental Epidemiology Division Viral Hepatitis Program, 2003

Appendix 2



## Viral Hepatitis Program Funding Colorado 2003



- Immunization
- Epidemiologic Laboratory Capacity (ELC)
- General Fund
- Council of State and Territorial Epidemiologists
- Statistical Distribution
- Viral Hepatitis Integration Program (VHIP)

**Use of Funds:**

Immunization: Personnel, Supplies, Travel, Contracts, Other.

ELC: Personnel, Supplies, Travel, Other

Council of State and Territorial Epidemiologists: Travel, Contracts, Other

Statistical Distribution: Personnel

VHIP: Personnel, Supplies, Travel, Contracts, Other

General Fund: Contracts

Amount of Awards:						
Total	Immunization	Epidemiologic Laboratory Capacity (ELC)	General Fund	Council of State and Territorial Epidemiologists	Statistical Distribution	Viral Hepatitis Integration Program
\$ 1,276,796	\$ 597,635	\$ 93,855	\$ 187,500	\$ 20,000	\$ 36,245	\$ 341,561

## Strategic Planning Process

The strategic planning process was a five-phased project consisting of several external and internal meetings with key players. Actual results of this process can be found in the Critical Issues Section of the strategic plan.

### Phase I: Initial Internal Meetings, SWOT Analysis.

In early 2001, the CDPHE Cross-Cutting team organized to investigate current strengths, weaknesses, opportunities and threats to the viral hepatitis situation in Colorado. The results of this were analyzed into categories to be presented as a foundation to community members at the first external meeting in Phase II. An un-biased strategic planning facilitator was hired at this point to take the Cross-Cutting team through the remaining phases in an organized manner.

### Phase II: External Meetings, SWOT Analysis

In June 2001, approximately 65 service providers working with individuals at high risk for hepatitis A, B and C collectively reviewed the SWOT information developed by CDPHE. Additional strengths, weaknesses, opportunities and threats were discussed in relation to the perspective of their clients and the populations represented. This meeting gave service providers the opportunity to identify prospective goal areas and general ideas in relation to the strategic plan.

### Phase III: Internal Meetings, Strategic Plan Development

Data generated at the June 2001 meeting was presented to the Cross-Cutting Team, which served as the initial framework for the first strategic planning meeting. After several months in which members met to discuss SWOT results, a strategic plan was produced with goals, objectives, and detailed action plans.

### Phase IV: External Meetings, Strategic Plan Review

Once the strategic plan was developed, CDPHE hosted a daylong meeting to garner feedback and further insight into the plan. Representatives that work with populations at highest risk of contracting hepatitis A, B, and C, were invited to the review. This review included providers from the Department of Corrections, the HIV/STD community, and substance abuse treatment programs. Information gathered during the meeting was integrated into the plan to increase potential effectiveness of activities generated by the plan.

### Phase V: Focused Community Meetings, Strategic Plan Enhancements

In August and September 2002, CDPHE conducted two focused community meetings with service providers that work with men who have sex with men (MSM) and injecting drug users (IDU). The purpose of these sessions was to accrue specific information that will assist program development once the plan is in place. Additional meetings will be conducted with clients and individuals at risk of contracting/transmitting Hepatitis A, B and/or C.

**VIRAL HEPATITIS AND ADULT IMMUNIZATION  
NEEDS ASSESSMENT  
SUMMARY OF A STATEWIDE SURVEY**

**Prepared for:  
Viral Hepatitis Program  
Disease Control and Environmental Epidemiology Section  
Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South  
Denver, Colorado 80246-1530**

**Prepared by:  
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Denver, Colorado 80203  
(303) 860-1705**

**August 28, 2002**

## **VIRAL HEPATITIS AND ADULT IMMUNIZATION NEEDS ASSESSMENT SUMMARY OF A STATEWIDE SURVEY**

### **BACKGROUND**

The mission of the Viral Hepatitis Program, as created in September 2000 within the Colorado Department of Public Health and Environment (CDPHE), is to work to prevent viral hepatitis through such means as public awareness, education, detection strategies, screening protocols and information and referral services.

As part of a strategic planning initiative now being undertaken by the Viral Hepatitis Program staff, a statewide survey was conducted in the winter of 2001-02. The purpose of this survey was:

- 1) To determine the scope of hepatitis A and B immunizations being made available in individual Colorado counties
- 2) To inventory the types of services related to hepatitis A, B and C offered and
- 3) To assess issues related to vaccine supply, accessibility and funding.

### **SURVEY DESIGN AND DISTRIBUTION**

A two-page survey was designed to address these issues. The survey included a combination of close- and open-ended questions and was formatted for ease of completion. Prior to its distribution, representatives from several local health departments reviewed the survey to ensure that the questions being asked were clear, easy to understand and presented in a format that health department representatives could answer.

The survey was faxed by CDPHE staff to local public health departments and nursing services in 61 of Colorado's counties. A total of 110 surveys were distributed, with an average of 1.7 per county. (Several local public health districts in Colorado's more rural areas serve more than one county.)

Following the first survey distribution, a second survey was sent. To ensure that responses were received from every Colorado county, follow-up phone calls were made to encourage further response.

In all, a total of 51 surveys were returned representing responses from 45 counties. When considered by individual respondents, the response rate was 46%. At the county level, however, responses were received from 74% of the counties to which surveys were sent. The nine counties from which surveys were not returned were: Broomfield, Crowley, Eagle, Moffat, Pueblo, Rio Blanco, Routt, San Juan and Teller.

### **SURVEY RESULTS**

The tables that follow summarize the results from the surveys. These findings are organized according to the survey questions that were asked. Key findings are as follows:

**A VARIETY OF IMMUNIZATION AND OTHER RELATED VIRAL HEPATITIS SERVICES ARE BEING MADE AVAILABLE THROUGHOUT COLORADO.**

- Immunization services are provided to adults and children in nearly all of Colorado's counties, with the range of doses provided per year varying from county to county.
- A wide range of services related to viral hepatitis is available within individual counties. Over half of the responding counties offer *education* related to hepatitis A, B and C, and nearly half provide *case contact investigation* for hepatitis A and B. *Risk reduction and outreach services* for hepatitis A, B and C are available in over a third of the counties, as are *referral* and *interview and counseling services*. Fewer counties offer *screening and testing services* for hepatitis A and B, although nearly a third screen for hepatitis C.
- Representatives from most counties (78%) believe they have purchased an adequate supply of vaccines to meet the current demand among patients.

**FUNDING IS A MAJOR CONCERN**

- Nearly two-thirds (61%) would like to develop outreach programs to increase the numbers of adults and children receiving immunizations for viral hepatitis, but do not have the financial resources to do so.
- Nearly all of the respondents believe that free or low cost viral hepatitis vaccines should be made available to persons at risk for hepatitis and suggested a variety of funding sources which should support such programs including the Federal and state governments, insurance companies and self-payment by clients who could afford to pay.

**VIRAL HEPATITIS RESOURCES VARY BY COUNTY.**

- Through the survey results, an inventory of viral hepatitis resources was created for individual Colorado counties, with a listing of program names and contact information. This preliminary listing reflects the information provided by the survey respondents and should be refined and updated over time.
- Survey respondents also described the types of outreach programs underway in specific Colorado communities.

Discussion Group: Public Health Agencies Serving Injection Drug Users  
Date: August 27, 2002  
Participants: Amy Robillard (*Jefferson County Department of Health & Environment*); Toby Leroux (*Denver Public Health*); Thelma Craig (*Colorado Department of Public Health & Environment*); Kathy Jensen (*Hep C Connection*); Megan Marx (*Colorado Alcohol and Drug Abuse Division*); Pat Archer (*Genesis Treatment*); Deb Harrington (*Comprehensive Addiction Treatment Services*); Jane S. Porter-Cox (*North Denver Behavioral Health*); Wendy Wolff (*Essential Strategies*).

### Meeting Results

The viral hepatitis strategic plan was presented to the IDU collaboration. This is a collaborative network of service providers that work together to offer a comprehensive set of prevention messages.

#### *Ideas Generated*

- Prevention messages should be targeted to younger, newer users since almost 90% of the IDU population is supposedly already infected with Hepatitis C.
- Substance abuse treatment programs can assist as liaisons to helping individuals get into treatment for Hepatitis C.
- Increase outreach for Hepatitis and include messages as part of a comprehensive HIV/STD/Hepatitis program.
- Conduct a discussion group with newer users and determine what they know about hepatitis.
- Clients seem to be "cleaning up" because of hepatitis C. It has been said that not dying from HCV is more important than using heroin.
- Funding is needed to test IDUs for Hepatitis. Methadone clinics are in need of testing. Outreach workers on the 16<sup>th</sup> Street Mall have been asked repeatedly to test for Hepatitis C.
- Increase access to testing. Use tattoo parlors and methadone clinics.
- Learn from HIV and thus bring the tests to where the people are. Don't wait for them to come in for testing.
- Conduct a campaign specifically about Hepatitis C and the new injection drug user.
- Market the facts about Hepatitis C and bleach. Fund distribution of one-hit kits in collaboration with HIV/STD.
- Increase access and funding for Hepatitis C treatment.
- Increase partner notification services for Hepatitis C.
- Increase education about vaccinations for hepatitis B.
- Increase mandatory reporting for acute hepatitis C cases.
- Fund a community level intervention aimed at changing norms and attitudes of social networks regarding hepatitis C.
- Conduct educational programs and immunization clinics at methadone clinics after hours.

Discussion Group: Public Health Agencies Serving Men Who Have Sex with Men (MSM)  
Date: September 5, 2002  
Participants: Patrick Piper (*Denver Public Health*); Terry Stewart (*Denver Public Health*); Robb Taylor (*Colorado AIDS Project*); Jim Profirio-Bond (*Gay, Lesbian, Bisexual, Transgendered Community Services Center of Colorado*); Amy Warner (*Colorado Department of Public Health & Environment*); Wendy Wolff (*Essential Strategies*).

### Meeting Results

The viral hepatitis strategic plan was presented to the service providers. Service providers discussed the most critical issues affecting MSM in the metro area. Due to technical problems, service providers in the southern region were not able to participate. Their input will be solicited at a later date.

### *Ideas Generated*

- Vaccinations are a critical issue for MSM. Hepatitis A & B vaccination campaigns should be repeated periodically. This should include cost of immunization, and service locations.
- Community-based organizations such as the Gay, Lesbian, Bisexual, Transgendered Community Services Center of Colorado are increasing the numbers of vaccinated individuals through the implementation of stringent outreach programs and convenient immunization clinics.
- There is a sentiment that MSM are still unaware of where to go to get immunized. Cost is an issue. Low-cost/free vaccine should be made available and widely marketed throughout the community.
- Educate the community by writing a Hepatitis 101 article and publish it in all gay publications. CDPHE should have a monthly advertisement in the gay publications about hepatitis prevention.
- Follow-up vaccinations have been problematic, as people are not returning for repeat doses.
- There are two different populations that need to be accessed: the "upper crust" and those who frequent bathhouses. If work is just done in the bathhouses, then we'll miss a segment of the population.
- There are various subsets of the MSM population: men of color, MSM who inject drugs, men who don't identify as gay, young MSM, etc. These populations will respond differently to interventions and should not be grouped into one MSM category. Administering vaccines to various cultural groups may be a trust issue. This should be further investigated.
- Collaborate with the medical providers in the Denver Health system to increase vaccinations given to MSM.
- Collaborate with the upcoming Latino storefront to provide vaccinations to Latino MSM.
- Work with local health clubs to provide vaccinations on a regular basis.
- Collaborate with HIV/STD outreach workers to insert hepatitis messages into all prevention materials. Taking the primary focus off of HIV and onto hepatitis, may assist prevention efforts for both diseases.
- Provide free or extremely low cost vaccines along with education about why immunizations are important to all MSM support groups. Attend all peer networker meetings and train the volunteers in hepatitis prevention.
- Conduct a public information campaign with all bartenders so that they can talk about why vaccinations are important. One idea was to make tee shirts that say "ask me about my shots".

