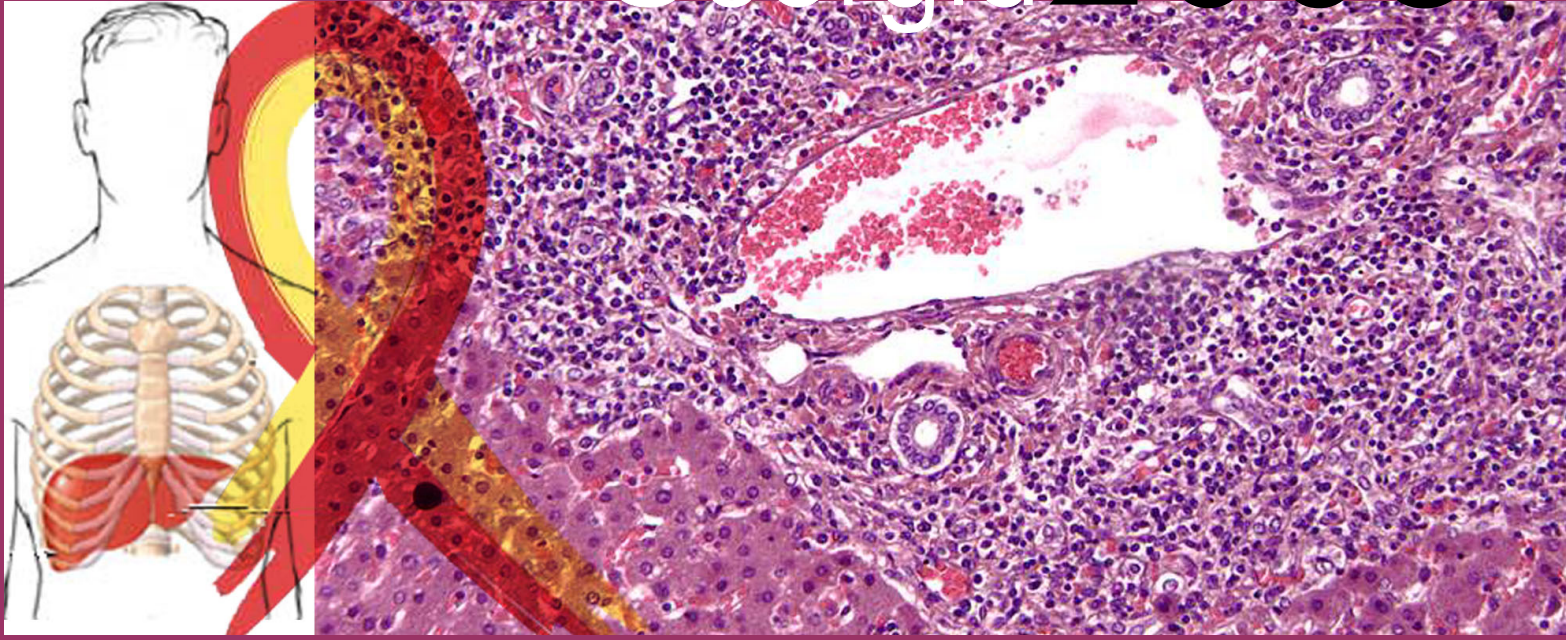


Georgia 2005



Viral Hepatitis Strategic Plan



Division of Public Health
Epidemiology Branch

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Dear Colleague:

We are pleased to present the 2005 Georgia Viral Hepatitis Strategic Plan. This document is the result of many hours of hard work. The development of the Strategic Plan was a collaborative effort by groups and individuals, including public and private health care and service providers, from around the state.

The Strategic Plan is intended to be a “road map” for developing and implementing strategies to prevent and control viral hepatitis in Georgia. The priorities outlined in the Strategic Plan will assist the state in allocating existing resources and seeking out additional resources to implement the plan.

In recent years, Georgia’s rates of acute hepatitis A and acute hepatitis B have exceeded national rates. Rates for hepatitis C have been more difficult to determine due to a number of factors, including incomplete surveillance data. While the Strategic Plan includes strategies for hepatitis A, B, and C, the plan draws attention to the growing problem of hepatitis C and prioritizes where resources should be devoted to address this problem.

While many Georgians are potentially at risk for viral hepatitis, certain individuals and population groups are at high risk of infection. The Strategic Plan not only includes strategies that focus on individuals at risk of infection, but also specific strategies that target high risk populations.

Even the most well developed plan has little value if it is never implemented. The challenge that now lies ahead is implementing the strategies and measuring the outcomes. The Georgia Division of Public Health is committed to being a key partner in the implementation of this plan. We encourage the participation of other public and private groups and individuals, as well as other State agencies, in this effort. Together we can work to prevent and control viral hepatitis in Georgia.

Sincerely,

Stuart Brown, MD
Acting Director
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Acknowledgements

The Georgia Viral Hepatitis Strategic Plan was made possible by a grant from the Council of State and Territorial Epidemiologists (CSTE).

Many groups and individuals contributed to the development of this plan. Participants contributed a wide range of experience and expertise during the strategic planning process. Areas of expertise included: infection control, drug treatment, outreach, education and training, immunization, epidemiology, public health, sexually transmitted diseases (STDs), HIV/AIDS, laboratory, support groups, hepatitis, clinical medicine, mental health, corrections, pharmaceuticals, and media/communications (see Participant List on pages 6-10).

Helen S. Whitlock of Mosaic Management Consulting, Inc. facilitated the strategic planning process.

The Georgia Viral Hepatitis Strategic Planning Group would like to thank the following states that have already developed a statewide strategic plan: California, Colorado, Hawaii, Louisiana, Maryland, Massachusetts, New Mexico, Ohio, Texas, Washington, and Wisconsin. Plans from these states were used as reference documents throughout our strategic planning process.

Strategic Planning Process

In January, 2004, the Georgia Division of Public Health (GDPH) was notified by the Council of State and Territorial Epidemiologists (CSTE) that Georgia was one of six states to be awarded funding to develop a statewide strategic plan to address viral hepatitis. During February and March, Advisory Committee members were identified, contacted, and recruited to participate in the strategic planning process. Other interested groups and individuals from around the state were invited to participate as Working Group members. While the Advisory Committee was limited in size, Working Groups were open to anyone who was interested.

In April, internal partners within GDPH met with the facilitator to finalize plans for the Kick-Off Meeting. On April 23, an all-day Kick-Off Meeting was held south of Atlanta. At the meeting, background information about viral hepatitis in Georgia was presented by GDPH. Information included current rates of viral hepatitis, hepatitis services provided by GDPH, hepatitis services offered by other groups and organizations, and gaps in viral hepatitis services (see Background Section on page 13-21).

At the Kick-Off Meeting, participants finalized vision and mission statements and chose four key focus areas for the Strategic Plan. The four areas are: Education, Primary & Secondary Prevention, Clinical Management, and Surveillance & Related Research. Working groups for each area were created and leaders were chosen for each group. The scope for each Working Group was finalized.

During the summer, each Working Group met for approximately 16-20 hours to develop objectives and strategies for their focus area. As a part of the process, participants reviewed Strategic Plans from other states. Working Group members also conducted additional interviews and research, as needed.

Once objectives and strategies were developed, each Working Group prioritized the strategies using standardized criteria. The prioritization criteria included two components: length of implementation and impact on target audience (see Prioritization Criteria Section on page 12). Each strategy was then placed into a prioritization matrix. The highlighted sections of the matrix designate high-priority strategies to be included in the first phase of implementation. Evaluation measures were developed for strategies that fell into the highlighted sections of the matrix.

The Recommendations Meeting was held on August 13, bringing all four Working Groups together again. Each Working Group presented the objectives, strategies, and evaluation measures they developed for their topic area. By the end of the meeting, consensus was achieved for the items presented.

After the Recommendations Meeting, Advisory Committee members reviewed the draft plan and gave additional feedback. Recommendations from the Advisory Committee were incorporated into the final Strategic Plan.

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Mission, Vision, and Key Focus Areas

Mission Statement

To protect, promote, and improve the health of Georgia's population by preventing transmission of viral hepatitis and limiting the complications of viral hepatitis-related liver disease.

Vision Statement

The vision for viral hepatitis prevention and control is a coordinated local and statewide effort supported by public and private partnerships providing comprehensive, science-based viral hepatitis services that assures:

- ◆ Reduction of new viral hepatitis infections and the related morbidity and mortality.
- ◆ Provision of affordable, accessible, and appropriate services and information.
- ◆ Implementation of National guidelines/recommendations regarding prevention, diagnosis and care.
- ◆ Accurate identification and diagnosis of acute and chronic viral hepatitis.
- ◆ Implementation of a coordinated system for reporting, surveillance, analysis and dissemination of data.
- ◆ Provision of evidence-based information to patients, providers, policy-makers, and the public.
- ◆ Support of viral hepatitis research.

Key Focus Areas

- ◆ Education
- ◆ Primary & Secondary Prevention
- ◆ Clinical Management
- ◆ Surveillance & Related Research

Prioritization Criteria

Each Working Group used the following criteria to prioritize each strategy that was developed. Prioritization was a necessary (but difficult) step in the process. Since not every strategy can be implemented, it was necessary to prioritize those of greatest importance.

Length of Implementation

- **Short-Term:** Up to 1 year
- **Medium-Term:** 1-2 years
- **Long-Term:** 3-5 years

Length of implementation refers to the length of time it will take to put a strategy into place, rather than how long a strategy will last.

Impact on Target Audience

- **Critical:** Essential for preventing the primary transmission of viral hepatitis
 - What absolutely has to happen
- **Important:** Useful for preventing the secondary transmission of viral hepatitis and limiting the complications of viral hepatitis liver disease
- **Nice To Have:** Would enhance efforts to prevent the transmission of viral hepatitis and limit the complications of viral hepatitis liver disease
 - “Icing on the cake”

Goals/Evaluation Measures

Measures that evaluate whether the organization is successful in achieving its desired future state.

- **Project Management Function** – One-time measurement to fully implement each work plan.
 - Process measure
- **Quality Management Function** – On-going measurement to determine if each objective/strategy is delivering the target results.
 - Outcome measure
- **Performance Management Function** – On-going measurement to evaluate individual contribution.
 - People measure

The plan focuses on Quality Management targets and outcomes. Future Work Plans will include Project Management targets.

Background – Hepatitis

Hepatitis means inflammation of the liver. Viral hepatitis is an inflammation of the liver that is caused by a virus. Hepatitis A, hepatitis B, and hepatitis C are three forms of viral hepatitis caused by different viruses.

Common symptoms of viral hepatitis include: fever, fatigue, malaise, loss of appetite, nausea, abdominal pain, dark urine, and jaundice (yellowing of the skin and eyeballs). Adults generally have more severe symptoms, while children often are asymptomatic.

The primary mode of transmission of **hepatitis A** is by the fecal-oral route. The average incubation period is 28-30 days and the range is 15-50 days. There is no chronic form of hepatitis A infection.

Groups at risk of hepatitis A include: household or sexual contacts of an infected person, persons living in areas with high rates of hepatitis A, children in daycare, persons traveling to developing countries, persons engaging in anal/oral sex, men who have sex with men, and illegal drug users.

Two vaccines are available to protect against infection with hepatitis A. The vaccine is currently not licensed for children under 2 years of age.

Hepatitis B is usually transmitted by contact with the blood, semen, or vaginal secretions of an infected person. Transmission can also occur through transfusion of infected blood or blood products, needle sharing, hemodialysis, and needlesticks. The average incubation period for hepatitis B is 60-90 days and the range is 45-180 days.

Those at risk of hepatitis B infection include: infants born to infected mothers, household contacts of chronically infected persons, sexual contacts of infected persons, prisoners, injection drug users, health care workers and emergency responders, men who have sex with men, children of immigrants from areas with high rates of HBV infection, and hemodialysis patients.

A three-dose vaccine is available for infants, adolescents, and adults. Vaccination is recommended for all infants as a part of the routine childhood immunization schedule.

Hepatitis C, formerly known as non-A, non-B hepatitis, is spread primarily by exposure to blood from an infected person. The average incubation period is 6 to 9 weeks, with a range of 2 weeks to 6 months. Of those infected, up to 85% develop chronic infection and may develop cirrhosis. There is no vaccine available to prevent hepatitis C infection.

Those at greatest risk of infection are injection drug users (IDUs). Others at risk of infection may include: persons who received blood or blood products before 1992, hemodialysis patients, health care workers, sexual contacts of infected persons, persons with multiple sex partners, and infants born to infected women.

Background – Hepatitis in Georgia

To understand the strengths and weaknesses of the situation in Georgia, the following information was presented at the Kick-Off Meeting in April. This information represents the current “state of hepatitis” in Georgia and was used during the strategic planning process to identify gaps or areas where services and programs could be strengthened.

Viral Hepatitis in Georgia

Hepatitis A

- Georgia now considered a “high-incidence” state
 - 2001: 11.4 cases per 100,000 persons
 - 2002: 6.0 cases per 100,000 persons
 - 2003: 9.1 cases per 100,000 persons
- National rates
 - 2001: 3.8 cases per 100,000 persons
 - 2002: 3.0 cases per 100,000 persons
 - 2003: 2.7 cases per 100,000 persons
- Ongoing outbreak among men who have sex with men (MSMs)
 - Rate increased in mid-90’s and fluctuates up and down in this population
- Foodborne outbreak in the fall of 2003
 - Approximately 348 cases
 - Attributed to contaminated green onions from Mexico distributed to several Georgia restaurants

Hepatitis B

- Georgia incidence rate for acute HBV infection
 - 2001: 5.2 cases per 100,000 persons
 - 2002: 5.9 cases per 100,000 persons
 - 2003: 7.7 cases per 100,000 persons
- National incidence rate for acute HBV infection
 - 2001: 2.7 cases per 100,000 persons
 - 2002: 2.9 cases per 100,000 persons
 - 2003: 2.6 cases per 100,000 persons

Hepatitis C

- Estimated number of chronic HCV infections in Georgia
 - 2001: 151,302 estimated cases (1.8% of the population)
 - 2002: 153,114 estimated cases (1.8% of the population)
 - 2003: 156,324 estimated cases (1.8% of the population)

Serologic Testing

- The following serologic tests are performed by the Georgia Public Health Laboratory (GPHL):
 - Hepatitis A (IgM and total anti-HAV)
 - Hepatitis B (HBsAg, anti-HBs, and anti-HBc total antibody)
- Hepatitis C testing is not currently available through GPHL

Hepatitis A Immunization Campaign for High-Risk Individuals

- HAV immunization offered to MSMs, bisexual males and female partners of bisexual males
 - Administered through metro-Atlanta publicly funded HIV/STD clinics and the Fulton County mobile van

Pediatric HAV Immunization Campaign

- Immunization of 2-18 year olds in high-rate communities
 - Fulton and DeKalb counties
- Universal hepatitis A vaccination for Georgia children is not recommended now

Hepatitis A Immunization

- State-supplied vaccine is available in all public health clinics for:
 - Men who have sex with men (MSM)
 - Illegal drug users
 - HIV infected persons, or persons seeking HIV clinic services
 - American Indians / Alaska natives
 - Persons with chronic liver disease
 - Persons with clotting factor disorders

Hepatitis A Post Exposure Prophylaxis (Immune Globulin)

- Provided for:
 - Sexual and household contacts of acute HAV cases
 - Day care staff and attendees as recommended by the District and State public health staff
 - Coworkers of acutely infected foodhandlers
 - Restaurant/food exposures as defined by public health staff

Hepatitis B Immunization

- State-supplied vaccine is available in all public health clinics for:
 - Men who have sex with men (MSM)
 - Illegal drug users
 - Individuals with multiple sex partners
 - Persons seeking STD/HIV services
 - Homeless adults
 - Persons seeking family planning services
 - Sexual partners of persons with acute or chronic hepatitis B
 - Household contacts of persons with acute and chronic HBV infection
 - Hemodialysis and transplant patients

Perinatal Hepatitis B Program

- State coordinated program for the identification and follow up of HBsAg + pregnant women and their infants. Multiple activities include, but are not limited to:
 - Site visits to prenatal care providers, birthing hospitals and labs to evaluate recording and reporting procedures
 - Assure completeness of HBsAg screening of pregnant women and treatment of perinatally-exposed newborns
 - Assure that providers complete the vaccination series of infants exposed perinatally to hepatitis B

Hepatitis B Post Exposure Prophylaxis (HBIG)

- Available for:
 - Sexual partners of persons acutely infected with HBV
 - Percutaneous or mucous membrane exposure of household contacts of HBV infected persons
 - Perinatal exposure as recommended by CDC and Georgia Perinatal Hepatitis B Program

Public Health Personnel Involved in Viral Hepatitis Prevention

- State level:
 - 2 epidemiologists (medical epidemiologist and Hepatitis C Coordinator)
 - Immunization Program staff
- District / Local level:
 - Immunization Coordinators
 - District Epidemiologists and Communicable Disease Coordinators
 - Nurses in PH clinics

Special Public Health Projects Targeting High-Risk Groups

Hepatitis A and B Immunization Campaign for MSM

Fulton County Department of Health and Wellness

- Vaccines are provided at low cost for men who have sex with men (MSM) at the following venues:
 - Bars
 - Gyms
 - Ansley Mall
 - Annual Gay Pride Festivals
 - Gay Bookstores

GDPH “Protection from HBV Among U.S. Born Children of Asian Families” Study

- Objective:
 - Assess effectiveness of HBV prevention programs among first generation southeast Asian immigrants and refugees in Georgia
- Preliminary results:
 - HBV transmission appears to be ongoing among first generation Vietnamese
 - Prevalence of chronic HBV infection greatly reduced among first generation southeast Asians

Hepatitis B in Prisons

- HBV infection common among prisoners before and during incarceration
 - GDPH receives approximately 50 reports per year
- CDC investigations evaluate methods of HBV transmission in the prison setting
- Department of Corrections (DOC) vaccine campaign in 2003-2004
 - Limited number of doses of HBV vaccine provided to DOC for inmate immunizations

Examples of Other Viral Hepatitis Programs and Services in Georgia

Education & Support Groups

- American Liver Foundation (ALF)
- HEALS of North Georgia (Hepatitis Education, Awareness, and Liver Support)
- Hepatitis social worker employed at a gastroenterologist's office in Athens

Outreach Services

- Risk reduction programs (for injection drug users)
 - Atlanta Harm Reduction Center
- Services for prisoners and their families
 - Southern Center for Human Rights

Hepatitis Screening: “Special Populations”

- Department of Corrections (DOC)
 - Developed and implemented new hepatitis screening, evaluation, and treatment guidelines for inmates
- State-funded Substance Abuse programs
 - Some programs/facilities provide hepatitis screening to their clients

Hepatitis Screening for Low Income/Uninsured Populations

- Center for Hepatitis C at Atlanta Medical Center
- Sheffield HealthCare Center, Atlanta

Treatment Options

- Patients with Insurance/Medicare/Medicaid
 - Private Providers
 - Center for Hepatitis C at Atlanta Medical Center
- Patients without Insurance/Medicare/Medicaid
 - Hepatitis C Clinic at Grady Hospital
 - Grady Infectious Disease Program (HCV/HIV co-infected patients)
 - Sheffield Health Care Clinic, Atlanta

Treatment & Research

- Clinical trials for hepatitis treatment, when available
- Emory University Mind-Body Program
 - Studies looking at the effects of interferon-alpha treatment for patients with hepatitis C

Pharmaceutical Programs

- Patient Assistance Programs
 - Available for patients unable to afford hepatitis C treatment
- Hope-C Program (Hepatitis C Outcomes through Patient Education & Care)
 - Targeted to African Americans
 - Using a medical and case management model, identify people with HCV and provide coordinated services
 - Provide HCV education, training, and counseling for medical providers, project enrollees, and their families

Other

- Hepatitis C Working Group
 - Monthly meetings
 - Diverse membership
 - Networking
 - Developing a Hepatitis C Resource Directory

Gaps & Weaknesses in Viral Hepatitis Prevention/Services in Georgia

Viral Hepatitis Case Follow-Up

- Performed by local public health staff
 - Resources variable among Georgia's 19 Health Districts
 - In some jurisdictions follow-up is comprehensive, in others resources may preclude some of these activities
- In general, acute cases of HAV and HBV are prioritized

Surveillance for Viral Hepatitis

- Better for acute HAV and acute and chronic HBV because of direct reporting by laboratories
- Poor reporting for HCV
 - Confusion among health care providers regarding HCV reporting
 - Limited clinical information
- Quality of risk factor data variable

Testing

- Public Health Clinics
 - Acute HBV testing is not available
 - Hepatitis B testing is not routinely provided in STD clinics
 - Not all pregnant women are screened for HBV
 - Hepatitis C testing is not routinely available
- Other
 - Limited options for free/low-cost testing for low-income and uninsured patients
 - Many private providers do not conduct risk-based testing

Immunizations

- Many “missed opportunities” to provide hepatitis immunizations to high-risk clients
- Many babies born to HBsAg+ women are not given HBIG and 1st dose of hepatitis B vaccine within 12 hours after birth
- Many infants do not receive 2nd and 3rd doses of hepatitis B vaccine
- Populations not covered by state-funded hepatitis vaccine
 - Refugees
 - Inmates
 - Public safety workers
 - Health care workers
 - Food handlers (hepatitis A)

Treatment

- Limited options for low-income and uninsured patients
 - Public Health is not able to provide treatment
- Patient Assistance Programs are usually limited to patients who have access to a medical provider
- Information about clinical trials changes frequently
 - Many clinical trials are located at National Institutes of Health (NIH)
- Limited options available for inmates whose parole/release is scheduled before treatment can be completed

Hepatitis Awareness

- Lack of hepatitis awareness among many medical providers
 - Risk Factors
 - Signs, symptoms of illness
 - Appropriate testing and interpretation
 - Knowledge of treatment options

Policies

- No statewide policy for hepatitis screening for mental health and substance abuse clients
- Jails and detention centers are not included in Department of Corrections' policies

Other Gaps

- Not enough hepatitis support groups throughout the state, particularly in areas outside metro-Atlanta
- Lack of knowledge of existing hepatitis resources, services, programs in Georgia
- Lack of coordination of services among providers (medical and non-medical)
- Insufficient/limited prevention efforts among high-risk populations
 - IV drug users
 - Men who have sex with men
 - Multiple sex partners
- Limited hepatitis information and resources available on GPDH website

Strategic Planning Areas

Education
Primary & Secondary Prevention
Clinical Management
Surveillance & Related Research

Education

Scope of Education

Control and prevention of viral hepatitis infection requires not only well-educated health care professionals but also a well-informed public.

Prioritization Matrix

Length of Implementation

	Short-Term	Medium-Term	Long-Term
Critical	E3, E4, E5, E25, E38	E9, E16, E17, E20, E48, E49	E51
Important	E1, E10, E13, E15, E22, E23, E24, E26, E28, E36, E37, E43, E54	E6, E11, E18, E19, E29, E30, E31, E32, E33, E35, E53	E7, E50
Nice To Have	E21, E27, E39	E40, E41, E47, E52	E2, E8, E12, E34, E42, E44, E45, E46, E55

**Impact on
Target
Audience**

Health Care Professionals Objective

Provide viral hepatitis education and training for health care professionals. Increase viral hepatitis knowledge and recognition by targeting general practitioners, obstetricians, pediatricians, internists, nurses, family nurse practitioners, physician assistants, dentists, oral surgeons, and pharmacists. Stress the importance of medical providers becoming more educated and educating others (train-the-trainer). Stress importance of pharmaceutical companies targeting not only specialists, but also general practitioners, with information about treatment options for hepatitis B and hepatitis C. Utilize available resources, including materials from the Centers for Disease Control and Prevention, where appropriate.

Health Care Professionals Strategies

- ◆ **E1:** Obtain contact information for all physicians in Georgia and use information to develop a reliable list of physicians to invite to viral hepatitis conferences, seminars, and other educational sessions.

Priority: Short-Term / Important

Evaluation Method: List of licensed physicians in Georgia from the Georgia Composite State Board of Medical Examiners

Baseline: Unknown

Target: Accurate information for at least 90% of licensed physicians in Georgia

- ◆ **E2:** Design, produce, and distribute viral hepatitis educational videos for clinics and doctors' offices.

Priority: Long-Term / Nice To Have

- ◆ **E3:** Develop and provide educational materials to health care providers on viral hepatitis risk factors, clinical signs, symptoms, and appropriate tests to diagnose viral hepatitis:

⇒ Design a checklist;

⇒ Design a convenient pocket reference insert; and

⇒ Design a poster for physician office use.

Priority: Short-Term / Critical

Evaluation Method: Survey health care providers

Baseline: Does not exist

Target: 50% of health care providers use the materials to assist with diagnosis of viral hepatitis

Health Care Professionals Strategies (continued)

- ◆ **E4:** Educate health care providers on how to report potential and confirmed cases of viral hepatitis to local health departments and/or the Georgia Division of Public Health (GDPH).
Priority: Short-Term / Critical

Evaluation Method: Survey health departments and GDPH to assess if there is an increase in reporting

Baseline: Does not exist

Target: At least 90% of health care providers report potential and confirmed cases of viral hepatitis to local health departments and/or GDPH

- ◆ **E5:** Educate health care providers regarding treatment, referrals, and essential services for persons already diagnosed with viral hepatitis:
 - ⇒ Design a checklist;
 - ⇒ Design a convenient pocket reference insert; and
 - ⇒ Design a poster for physician office use.

Priority: Short-Term / Critical

Evaluation Method: Survey health care providers

Baseline: Unknown

Target: 50% of health care providers use checklist, pocket reference insert, and poster

- ◆ **E6:** Develop, maintain, and publicize a Georgia website for viral hepatitis information:
 - ⇒ Provide continuously updated viral hepatitis information;
 - ⇒ Provide up-to-date educational and informational resources;
 - ⇒ Advertise use of website as an educational tool; and
 - ⇒ Provide downloading capability of information to computers/Palm Pilots.

Priority: Medium-Term / Important

Evaluation Method: Survey health care providers; observe the number of hits to the website and monitor over time

Baseline: Does not exist

Target: 50% of health care providers in Georgia use viral hepatitis website

Health Care Professionals Strategies (continued)

- ◆ **E7:** Design, develop, and administer on-line viral hepatitis training courses:
 - ⇒ Provide access to the on-line training courses via the Georgia “Hepline” website;
 - ⇒ Offer continuing education credits for successful completion of the on-line training courses; and
 - ⇒ Consider partnering with an organization to administer on-line training on a regular and ongoing basis.

Priority: Long-Term / Important

- ◆ **E8:** Collect and provide patient feedback from those who have gone through viral hepatitis treatment. Feedback will address emotional issues, psychological issues, long-term issues, and quality of life during and after treatment.
 - ⇒ Include this information in seminars and conferences; and
 - ⇒ Provide on website.

Priority: Long-Term / Nice To Have

- ◆ **E9:** Design and implement viral hepatitis curriculum taught in nursing schools, medical schools, and resident trainings.

Priority: Medium-Term / Critical

Evaluation Method: Survey all nursing, medical schools, and resident programs in Georgia

Baseline: Very little time spent on teaching viral hepatitis in nursing, medical schools and resident programs

Target: 100% of all Georgia nursing, medical schools and resident programs will have a comprehensive viral hepatitis curriculum in their program

- ◆ **E10:** Develop a viral hepatitis speaker series:
 - ⇒ Find/hire viral hepatitis “subject matter experts”; and
 - ⇒ Provide speakers for educational sessions and physician conferences.

Priority: Short-Term / Important

Evaluation Method: Evaluation form completed by physicians at end of session

Baseline: Unknown

Target: 25 physicians attend each session when offered

Evaluation Method: Evaluation form completed by physicians at end of session

Baseline: Unknown

Target: 80% of attending physicians rate the session worthwhile

Health Care Professionals Strategies (continued)

- ◆ **E11:** Provide continuing education credits (CEUs/CMEs) on viral hepatitis topics at conferences:
 - ⇒ Host a Georgia viral hepatitis consensus conference annually;
 - ⇒ Provide medical seminars more often in major cities in Georgia;
 - ⇒ Sponsor lunch/dinner educational sessions (“lunch and learn”); and
 - ⇒ Consider partnering with an organization to offer viral hepatitis training on a regular and ongoing basis.

Priority: Medium-Term / Important

Evaluation Method: CEU/CME records from Georgia Composite State Board of Medical Examiners

Baseline: Unknown

Target: 50% of physicians have 2 CMEs focusing on viral hepatitis biannually

Evaluation Method: Count number of trainings provided, number of health care professionals that attend

Baseline: Unknown

Target: Provide quarterly viral hepatitis trainings for health care professionals

- ◆ **E12:** Use seed grants to encourage interest in viral hepatitis research by medical students and researchers.

Priority: Long-Term / Nice To Have

- ◆ **E13:** Educate health care providers to test for viral hepatitis as part of immigration and refugee physicals.

Priority: Short-Term / Important

Evaluation Method: Survey appropriate immigration and refugee agencies

Baseline: Unknown

Target: 90% of health care providers test all immigrants and refugees for viral hepatitis as part of the physical

- ◆ **E14:** Educate health care providers to test for viral hepatitis for high-risk patients, especially kidney dialysis patients and hemophiliacs.

Priority: Short-Term / Important

Evaluation Method: Survey health care providers, and dialysis centers

Baseline: Unknown

Target: 80% of health providers and dialysis centers test high-risk patients for viral hepatitis

Health Care Professionals Strategies (continued)

- ◆ **E15:** Educate health care providers to test pregnant women for hepatitis B
Priority: Short-Term / Important

Evaluation Method: Survey health care providers

Baseline: Unknown

Target: 80% of health care providers test pregnant women for hepatitis B

- ◆ **E16:** Collaborate with the Georgia Pharmacy Association and/or Georgia Society of Health System Pharmacists to develop educational materials and a course offering continuing education units (CEU) regarding viral hepatitis medications:

- ⇒ Educate pharmacists on the treatment of viral hepatitis so they can identify treatment errors; and

- ⇒ Educate pharmacists on the importance of timely treatment for viral hepatitis.

Priority: Medium-Term / Critical

Evaluation Method: Document the number of licensed pharmacists who have completed a CEU course on viral hepatitis medications

Baseline: Unknown

Target: 80% of licensed pharmacists in Georgia will successfully complete the CEU course and utilize the educational materials appropriately.

Policymakers Objective

Increase awareness among Georgia policymakers regarding viral hepatitis issues and enlist their help in leading, supporting and funding viral hepatitis prevention, diagnosis, treatment and education.

Note: State employees will not participate in lobbying or advocacy activities. State funds will not be used for lobbying or advocacy activities.

Policymakers Strategies

- ◆ **E17:** “Match” each Member of the Health and Human Services Committees of the Georgia General Assembly (in both the House of Representatives and Senate) with a local constituent who is personally affected by viral hepatitis and encourage that constituent to develop a relationship with the Member:
 - ⇒ Identify Chair and Members of the Health and Human Services Committees of the Georgia General Assembly;
 - ⇒ Identify local constituents who have interest in and will support our goals;
 - ⇒ Draft and provide letter of introduction and educational materials for constituents to mail to Members to lay groundwork for need;
 - ⇒ Send periodic updates to Members to establish communication lines, particularly success stories; and
 - ⇒ Contact Members when critical legislation is being considered or to submit idea for needed legislation.

Priority: Medium-Term / Critical

Evaluation Method: Advocate reports

Baseline: Does not exist

Target: 90% of Health and Human Services Committee members matched with liver advocates

Evaluation Method: Voting records on pertinent legislation

Baseline: Does not exist

Target: 50% of matches develop a working relationship; new viral hepatitis legislation passed

- ◆ **E18:** Identify methods and language used in other states that have been successful in attaining viral hepatitis funding from the state legislature.

Priority: Short-Term / Important

Evaluation Method: Assess amount of funding that becomes available for viral hepatitis

Baseline: To be determined

Target: Contact 50% of states with funding for viral hepatitis and identify methods and language utilized

Policymakers Strategies (continued)

- ◆ **E19:** Prepare and submit verbiage outlining additional educational opportunities for inclusion into future House Resolutions.

Priority: Medium-Term / Important

Evaluation Method: Pertinent verbiage included in legislation; Resolutions/bills passed

Baseline: Unknown

Target: Contact 90% of Health and Human Services Committee members

- ◆ **E20:** Develop a centralized method of conducting legislative letter campaigns to address issues faced by people affected by viral hepatitis.

Priority: Medium-Term / Critical

Evaluation Method: Legislative correspondence records

Baseline: Unknown

Target: 15% of people diagnosed with viral hepatitis participate in letter campaigns

- ◆ **E21:** Identify public demonstration guidelines for specific public buildings and locations.

Priority: Short-Term / Nice To Have

- ◆ **E22:** Determine nomination procedure for identifying poster children/adults and establish viral hepatitis poster program.

Priority: Short-Term / Important

Evaluation Method: Assess number of media releases using spokesperson(s)

Baseline: Previous spokesperson(s) effectiveness

Target: Viral hepatitis spokesperson(s) pictured in 10 media releases each year

- ◆ **E23:** Determine procedure for and establish a Viral Hepatitis Day in Georgia.

Priority: Short-Term / Important

Evaluation Method: List of participants (number of ribbons and/or T-shirts handed out)

Baseline: Does not exist

Target: 5000 participants attend Viral Hepatitis Day

- ◆ **E24:** Meet with AIDS organizations to gain insight into their lobbying methods.

Priority: Short-Term / Important

Evaluation Method: Survey programs/people that are interacting to find out if successful

Baseline: Unknown

Target: Meet with 50% of AIDS activist organizations in Georgia

Policymakers Strategies (continued)

- ◆ **E25:** Identify methods to finance additional HAV and HBV vaccinations.
Priority: Short-Term / Critical

Evaluation Method: Monitor state and local funding for viral hepatitis

Baseline: Current level of viral hepatitis funding to be determined

Target: 10% increase in funding for HAV and HBV vaccinations

- ◆ **E26:** Provide reciprocal contact information for Georgia General Assembly members and pertinent viral hepatitis organizations for regular communication, i.e. newsletters.
Priority: Short-Term / Important

Evaluation Method: Survey to find out how many General Assembly members/organizations are aware of newsletters/websites/etc.

Baseline: Existing newsletters/websites/etc.

Target: 75% of Georgia General Assembly members/organizations are aware of newsletters/websites/etc.

- ◆ **E27:** Invite members of the Georgia General Assembly to pertinent viral hepatitis events and programs.
Priority: Short-Term / Nice To Have

- ◆ **E28:** Challenge all Georgia General Assembly members to be tested for viral hepatitis and encourage any members testing positive to become public spokespersons.
Priority: Short-Term / Important

Evaluation Method: Survey General Assembly members to find out how many were tested and if willing to become spokesperson(s)

Baseline: Unknown

Target: 50% of Georgia General Assembly members tested for viral hepatitis

High-risk Populations Objective

Note: This section was moved to Primary & Secondary Prevention.

Patient and Family Objective

Determine informational needs for people diagnosed with viral hepatitis; informational needs for people undergoing treatment; and post-treatment informational needs. Determine the informational needs of families so that they can better support a member who is chronically ill with viral hepatitis through treatment. Prepare educational materials including pamphlets, brochures, fact sheets, resource guides, and articles. Distribute educational materials to patients via doctors' offices, public health departments, hospitals, university health centers, support groups, health fairs, seminars, libraries, and websites.

Patient and Family Strategies

Diagnosis and Pre-Treatment

- ◆ **E29:** Develop and distribute educational materials that define what a biopsy is, who needs one, and how to interpret the results.

Priority: Medium-Term / Important

Evaluation Method: Survey physicians; include survey postcard in the educational materials sent to general practitioners

Baseline: Does not exist

Target: 50% of general practitioners use the educational materials sent to them

Evaluation Method: Seminar sign-in sheets and evaluations

Baseline: Does not exist

Target: 100 patients per year will attend Hepatitis Seminar. Seminars will be offered quarterly in different parts of the state

Evaluation Method: Count the number of webpage hits; online survey for webpage visitors

Baseline: Does not exist

Target: 1000 webpage hits per year

Patient and Family Strategies (continued)

Diagnosis and Pre-Treatment (continued)

- ◆ **E30:** Educate patients about genotypes and response rates for each genotype.
Priority: Medium-Term / Important

Evaluation Method: Seminar sign-in sheets and evaluations

Baseline: Does not exist

Target: 100 patients per year will attend Hepatitis Seminar. Seminars will be offered quarterly in different parts of the state

Evaluation Method: Count the number of webpage hits; online survey for webpage visitors

Baseline: Does not exist

Target: 1000 webpage hits per year

- ◆ **E31:** Outline points for patients to consider when deciding whether or not they begin treatment for hepatitis B or hepatitis C.
⇒ Provide lifestyle information that will help the patient prepare for treatment.
Priority: Medium-Term / Important

Evaluation Method: Seminar sign-in sheets and evaluations

Baseline: Does not exist

Target: 100 patients per year will attend Hepatitis Seminar. Seminars will be offered quarterly in different parts of the state

Evaluation Method: Count the number of webpage hits; online survey for webpage visitors

Baseline: Does not exist

Target: 1000 webpage hits per year

Patient and Family Strategies (continued)

Diagnosis and Pre-Treatment (continued)

- ◆ **E32:** Develop educational materials for patients on how to find a doctor and put together a health care team:
 - ⇒ Include sample questions that the patient should ask their doctor about their condition; and
 - ⇒ Discuss who should get psychological evaluations before starting treatment, and who might benefit from having a mental health provider as part of their team.

Priority: Medium-Term / Important

Evaluation Method: Seminar sign-in sheets and evaluations

Baseline: Does not exist

Target: 100 patients per year will attend Hepatitis Seminar. Seminars will be offered quarterly in different parts of the state

Evaluation Method: Count the number of webpage hits; online survey for webpage visitors

Baseline: Does not exist

Target: 1000 webpage hits per year

- ◆ **E33:** Develop educational materials for patients regarding viral hepatitis medications:
 - ⇒ Help patients understand the importance of taking the medication and staying on a schedule; and
 - ⇒ Discuss patient side-effects and possible effects post-treatment.

Priority: Medium-Term / Important

Evaluation Method: Seminar sign-in sheets and evaluations

Baseline: Does not exist

Target: 100 patients per year will attend Hepatitis Seminar. Seminars will be offered quarterly in different parts of the state

Evaluation Method: Count the number of webpage hits; online survey for webpage visitors

Baseline: Does not exist

Target: 1000 webpage hits per year

Patient and Family Strategies (continued)

Diagnosis and Pre-Treatment (continued)

- ◆ **E34:** Develop a legal resource guide for patients that will address their employment rights, address whether or not they can be held legally responsible for giving the disease to someone, and list class action lawsuits or any kind of compensation program for viral hepatitis patients. Utilize HIV information as a model.

Priority: Long-Term / Nice To Have

- ◆ **E35:** Develop an insurance/finance resource guide to help viral hepatitis patients and their families understand the intricacies of obtaining and using insurance and financing their treatment.

⇒ Include programs by pharmaceutical companies and listings of trials that patients can join;

⇒ Coordinate with the Georgia Partnership for Caring Foundation for referrals to physicians and/or pharmacies for low-income patients; and

⇒ Provide educational materials regarding Social Security Disability Insurance (SSDI) and COBRA.

Priority: Medium-Term / Important

Evaluation Method: Seminar sign-in sheets and evaluations

Baseline: Does not exist

Target: 100 patients per year will attend Hepatitis Seminar. Seminars will be offered quarterly in different parts of the state

Evaluation Method: Count the number of webpage hits; online survey for webpage visitors

Baseline: Does not exist

Target: 1000 webpage hits per year

Patient and Family Strategies (continued)

Diagnosis and Pre-Treatment (continued)

- ◆ **E36:** Develop and update educational materials to identify currently available treatments, briefly describe them, and provide data regarding their effectiveness and response rates.
Priority: Short-Term / Important

Evaluation Method: Seminar sign-in sheets and evaluations

Baseline: Does not exist

Target: 100 patients per year will attend Hepatitis Seminar to be offered quarterly in different parts of the state

Evaluation Method: Count the number of webpage hits; online survey for webpage visitors

Baseline: Does not exist

Target: 1000 webpage hits per year

- ◆ **E37:** Develop and distribute materials that discuss alternative treatments and identify scam treatments.
Priority: Short-Term / Important

Evaluation Method: Seminar sign-in sheets and evaluations

Baseline: Does not exist

Target: 100 patients per year will attend Hepatitis Seminar to be offered quarterly in different parts of the state

Evaluation Method: Count the number of webpage hits; online survey for webpage visitors

Baseline: Does not exist

Target: 1000 webpage hits per year

Patient and Family Strategies (continued)

Diagnosis and Pre-Treatment (continued)

- ◆ **E38:** Identify and provide support groups for viral hepatitis patients and for their family members.

Priority: Short-Term / Critical

Evaluation Method: Survey newly diagnosed patients and count number of first-time attendees

Baseline: Unknown

Target: 50% of newly diagnosed patients aware of a support group in their area

Evaluation Method: American Liver Foundation list of new and/or current support groups

Baseline: 9-11 support groups currently known in Georgia

Target: Network of support groups established 100 miles apart throughout Georgia

- ◆ **E39:** Develop patient and family seminars to provide viral hepatitis education on relevant topics and answer frequently asked questions for newly diagnosed patients and for patients finishing treatment.

Priority: Short-Term / Nice To Have

During Treatment

- ◆ **E40:** Identify community resources and food delivery sources where patients who are homebound or without a caregiver can get temporary and emergency support.

Priority: Medium-Term / Nice To Have

- ◆ **E41:** Select and provide viral hepatitis articles that discuss relevant issues, research studies, and clinical trials.

Priority: Medium-Term / Nice To Have

- ◆ **E42:** Develop a program to “recycle” unused viral hepatitis medications. (Current laws prohibit individuals from offering medication dispensed from them to anyone else for use. Current laws also prohibit taking medication that is prescribed, dispensed, and received back into a pharmacy for reuse).

Priority: Long-Term / Nice To Have

Patient and Family Strategies (continued)

During Treatment (continued)

- ◆ **E43:** Educate non-responders of other treatment options, such as re-treatment, alternative medicine, and clinical trials.
Priority: Short-Term / Important

Evaluation Method: Seminar sign-in sheets and evaluations

Baseline: Does not exist

Target: 100 patients per year will attend Hepatitis Seminar. Seminars will be offered quarterly in different parts of the state

Evaluation Method: Count the number of webpage hits; online survey for webpage visitors

Baseline: Does not exist

Target: 1000 webpage hits per year

Post-Treatment

- ◆ **E44:** Encourage research among post-treatment patients to determine long-term effects and length of recovery.
Priority: Long-Term / Nice To Have
- ◆ **E45:** Provide information to viral hepatitis patients regarding what to expect after treatment.
 - ⇒ Collect and share personal stories of patients and their caregivers or family members and how they cope with chronic illness and treatment to document emotional and psychological repercussion; and
 - ⇒ Provide lifestyle guidelines to protect the liver following treatment.**Priority:** Long-Term / Nice To Have

Patient and Family Strategies (continued)

Families

- ◆ **E46:** Develop viral hepatitis educational materials on relevant family issues, such as:
 - ⇒ Help family members to realize that they need to be prepared for some difficulties;
 - ⇒ Inform family members and household contacts about the need for vaccination, as recommended by ACIP (Advisory Committee on Immunization Practices) and CDC guidelines;
 - ⇒ Identify how some children may react to a parent on treatment or with a chronic illness;
 - ⇒ Inform families of side-effects of viral hepatitis and how it affects attitude and depression;
 - ⇒ Inform of high divorce rate for patients on treatment;
 - ⇒ Inform families how they can help their family member stick to their medication routine, help support them in lifestyle changes, and help them through treatment; and
 - ⇒ Counsel families to whatever degree possible about where they may need to draw the line, don't let the sick person take advantage of them, and help them realize what they reasonably can and cannot do.

Priority: Long-Term / Nice To Have

- ◆ **E47:** Identify community programs to relieve caregivers and provide marriage and/or family counseling.

Priority: Medium-Term / Nice To Have

General Public Objective

Provide education, training, and promote awareness of viral hepatitis for the general public.

General Public Strategies

- ◆ **E48:** Implement a viral hepatitis media campaign, including statistics to compare viral hepatitis to other diseases (e.g., put viral hepatitis into perspective with West Nile virus and HIV). Personalize information to make it pertinent to the individual (e.g., the many faces of viral hepatitis). Venues to distribute the media campaign may include:
 - ⇒ TV commercials/public service announcements;
 - ⇒ Radio ads;
 - ⇒ Newspaper ads;
 - ⇒ Magazine ads;
 - ⇒ Billboards;
 - ⇒ Public transportation;
 - ⇒ Internet ads and pop-ups;
 - ⇒ Newsletters;
 - ⇒ Mass mailings; and
 - ⇒ Movie theatre preview ads.

Priority: Medium-Term / Critical

Evaluation Method: Rates of hepatitis infection

Baseline: TBD rates of acute hepatitis A, B, and C

Target: Reduce rates of acute hepatitis A, B, and C by 50%

Evaluation Method: Pre and post-survey 1000 Georgia residents regarding knowledge of viral hepatitis

Baseline: Unknown

Target: Increase number of Georgia residents knowledgeable about viral hepatitis by 50%

General Public Strategies (continued)

- ◆ **E49:** Provide literature and information to the general population through the media and print that includes:
 - ⇒ Information about the liver
 - ⇒ Information about vaccines
 - ⇒ Information about the differences between hepatitis A, B, and C
 - ⇒ Information about perinatal transmission
 - ⇒ Information about viral hepatitis prevention
 - ⇒ Risks associated with illegal drug use and viral hepatitis
 - ⇒ Risks associated with hepatitis A (hand washing, etc.)
 - ⇒ Risks associated with hepatitis B (sexual transmission, etc.)
 - ⇒ All hepatitis C risk factors (intravenous drug use, etc.)

Priority: Medium-Term / Critical

Evaluation Method: Pre and post-survey 1000 Georgia residents regarding knowledge of viral hepatitis

Baseline: Unknown

Target: Increase number of Georgia residents knowledgeable of viral hepatitis by 50%

- ◆ **E50:** Prepare and produce a full-length feature or series suitable for TV (e.g., Frontline) or video explaining the complete viral hepatitis story.

Priority: Long-Term / Important

General Public Strategies (continued)

- ◆ **E51:** Develop a comprehensive viral hepatitis education plan for targeting youth:
 - ⇒ Submit ads in high school/college playbills and sports programs;
 - ⇒ Develop lesson plans for health teachers and social workers and require inclusion in curriculum and in the juvenile justice system;
 - ⇒ Stress the message of responsibility to protect yourself and others; and
 - ⇒ Respect the sophistication of today's youth by relating to them on a mature level.

Priority: Long-Term / Critical

Evaluation Method: Pre and post-survey 1000 Georgia high school and college students regarding knowledge of viral hepatitis

Baseline: Unknown

Target: Increase number of Georgia high school and college students knowledgeable about viral hepatitis by 50%

Evaluation Method: Monitor public high school curriculum by State Board of Education to include one 6-week unit of hepatitis education

Baseline: Does not exist

Target: One 1 week unit of hepatitis education required in all public high schools

Evaluation Method: Monitor rates of hepatitis infection among youth (ages 12-25)

Baseline: TBD

Target: Reduce rates of hepatitis infection among youth by 50%

- ◆ **E52:** Create a PowerPoint presentation about viral hepatitis available for downloading from the Georgia Division of Public Health website.
 - ⇒ Include links to other viral hepatitis resources.

Priority: Medium-Term / Nice To Have

General Public Strategies (continued)

- ◆ **E53:** Provide free viral hepatitis educational classes to the general public through local health departments and other pertinent organizations.

Priority: Medium-Term / Important

Evaluation Method: Georgia Division of Public Health will have lists and schedules of all viral hepatitis educational classes available in the state

Baseline: Unknown (TBD)

Target: Viral hepatitis classes will be available within a 100-mile radius of all Georgians on a quarterly basis

Evaluation Method: Registration data

Baseline: Unknown (TBD)

Target: 5% of the population of the state of Georgia by district

- ◆ **E54:** Obtain the Governor's proclamation for Viral Hepatitis Awareness Month (May) and publicize it via media outlets and events.

Priority: Short-Term / Important

Evaluation Method: Monitor state legislation to determine when bill is passed

Baseline: Bill does not exist

Target: Bill proclaiming May as Hepatitis Awareness Month is passed and recognized

Evaluation Method: List of participants (number of ribbons and/or T-shirts handed out)

Baseline: Does not exist

Target: 5000 participants attend activities during Viral Hepatitis Awareness Month

- ◆ **E55:** Prepare a viral hepatitis celebrity plan, actively seek out a spokesperson, and implement the plan.

Priority: Long-Term / Nice To Have

EDUCATION OBJECTIVES - Summary

Short-Term Critical

- ◆ **E3:** Develop and provide educational materials to health care providers on viral hepatitis risk factors, clinical signs, symptoms, and appropriate tests to diagnose viral hepatitis.
- ◆ **E4:** Educate health care providers on how to report potential and confirmed cases of viral hepatitis to local health departments and/or the Georgia Division of Public Health (GDPH).
- ◆ **E5:** Educate health care providers regarding treatment, referrals, and essential services for persons already diagnosed with viral hepatitis.
- ◆ **E25:** Identify methods to finance additional HAV and HBV vaccinations.
- ◆ **E38:** Identify and provide support groups for viral hepatitis patients and for their family members.

Medium-Term Critical

- ◆ **E9:** Design and implement viral hepatitis curriculum taught in nursing schools, medical schools, and resident trainings.
- ◆ **E16:** Develop educational materials for pharmacies that help them communicate better with the patient regarding viral hepatitis medications.
- ◆ **E17:** “Match” each Member of the Health and Human Services Committees of the Georgia General Assembly (in both the House of Representatives and Senate) with a local constituent who is personally affected by viral hepatitis and encourage that constituent to develop a relationship with the Member.
- ◆ **E20:** Develop a centralized method of conducting legislative letter campaigns to address issues faced by people affected by viral hepatitis.
- ◆ **E48:** Implement a viral hepatitis media campaign, including statistics to compare viral hepatitis to other diseases (e.g., put viral hepatitis into perspective with West Nile virus and HIV). Personalize information to make it pertinent to the individual (e.g., the many faces of viral hepatitis).
- ◆ **E49:** Provide literature and information to the general population through the media and print.

Long-Term Critical

- ◆ **E51:** Develop a comprehensive viral hepatitis education plan for targeting youth.

Short-Term Important

- ◆ **E1:** Obtain contact information for all physicians in Georgia and use information to develop a reliable list of physicians to invite to viral hepatitis conferences, seminars, and other educational sessions.
- ◆ **E10:** Develop a viral hepatitis speaker series.

Short-Term Important, continued

- ◆ **E13:** Educate health care providers to test for viral hepatitis as part of immigration and refugee physicals.
- ◆ **E15:** Educate health care providers to test pregnant women for hepatitis B.
- ◆ **E22:** Determine nomination procedure for identifying poster children/adults and establish viral hepatitis poster program.
- ◆ **E23:** Determine procedure for and establish a Viral Hepatitis Day in Georgia.
- ◆ **E24:** Meet with AIDS organizations to gain insight into their lobbying methods.
- ◆ **E26:** Provide reciprocal contact information for Georgia General Assembly members and pertinent viral hepatitis organizations for regular communication, i.e. newsletters.
- ◆ **E28:** Challenge all Georgia General Assembly members to be tested for viral hepatitis and encourage any members testing positive to become public spokespersons.
- ◆ **E36:** Develop and update educational materials to identify currently available treatments, briefly describe them, and provide data regarding their effectiveness and response rates.
- ◆ **E37:** Develop and distribute materials that discuss alternative treatments and identify scam treatments.
- ◆ **E43:** Educate non-responders of other treatment options, such as re-treatment, alternative medicine, and clinical trials.
- ◆ **E54:** Obtain the Governor's proclamation for Viral Hepatitis Awareness Month (May) and publicize it via media outlets and events.

Medium-Term Important

- ◆ **E6:** Develop, maintain, and publicize a Georgia website for viral hepatitis information
- ◆ **E11:** Provide continuing education credits (CEUs/CMEs) on viral hepatitis topics at conferences.
- ◆ **E18:** Identify methods and language used in other states that have been successful in attaining viral hepatitis funding from the state legislature.
- ◆ **E19:** Prepare and submit verbiage outlining additional educational opportunities for inclusion into future House Resolutions.
- ◆ **E31:** Outline points for patients to consider when deciding whether or not they begin treatment for hepatitis B or hepatitis C.
- ◆ **E32:** Develop educational materials for patients on how to find a doctor and put together a health care team.
- ◆ **E33:** Develop educational materials for patients regarding viral hepatitis medications.

- ◆ **E35:** Develop an insurance/finance resource guide to help viral hepatitis patients and their families understand the intricacies of obtaining and using insurance and financing their treatment.
- ◆ **E53:** Provide free viral hepatitis educational classes to the general public through local health departments and other pertinent organizations.

Primary & Secondary Prevention

Scope of Primary Prevention

Primary prevention activities aim to reduce risks for contracting viral hepatitis infection. These activities focus on reducing or eliminating potential risk behaviors for transmission from an infected person to an uninfected person.

Scope of Secondary Prevention

Secondary prevention focuses on persons already infected with viral hepatitis. These activities aim to reduce risks for liver complications and other diseases and also prevent further transmission of viral hepatitis.

Prioritization Matrix

Length of Implementation

	Short-Term	Medium-Term	Long-Term
Impact on Target Audience Critical	P1, P11, P24	P5, P6, P7, P9, P10, P12, P13, P14, P25, P30, P33, P34	P26, P27, P32
Important	P2, P8, P18, P19	P4, P16, P17, P22, P31	P15
Nice To Have	P20	P3, P21, P23	P28, P29

High-Risk Populations Objective

Provide education and training on viral hepatitis for high-risk populations. High-risk populations include Asians, Hispanics, and African Americans; as well as, the following:

- ◆ Injection drug users, past or present
- ◆ Intranasal drug users, past or present
- ◆ Recipients of any blood product prior to 1992
- ◆ Veterans
- ◆ Infants born to HBsAg+ women
- ◆ Men having sex with men (MSM)
- ◆ Family members of infected persons
- ◆ Persons with piercings/tattoos
- ◆ Hemophiliacs
- ◆ Dialysis patients
- ◆ Health care providers
- ◆ Inmates of correctional systems
- ◆ Immigrants/refugees
- ◆ Community outreach workers and half-way house residents
- ◆ Emergency personnel and first responders (firemen, police, and emergency medical technicians, etc.)
- ◆ Homeless individuals
- ◆ College students living in dorms
- ◆ Morticians

High-Risk Populations Strategies

- ◆ **P1:** Develop viral hepatitis educational materials targeting high-risk populations:
 - ⇒ Provide a script for word-of-mouth communication;
 - ⇒ Emphasize high-risk behavior(s)/past behaviors – even once with IV drugs; and
 - ⇒ Make the message important/personal.

Priority: Short-Term / Critical

Evaluation Method: Count the types of materials and the number of each distributed

Baseline: Unknown

Target: High-risk individuals receive educational messages and materials and are aware of the risk factors of viral hepatitis

- 10% of injection drug users
- 10% of men having sex with men
- 50% of HbsAg positive pregnant women

- ◆ **P2:** Develop viral hepatitis educational materials for people working with high-risk populations:
 - ⇒ Street out-reach workers;
 - ⇒ Speakers visiting inmates;
 - ⇒ Substance abuse and methadone clinic personnel;
 - ⇒ Community peer educators; and
 - ⇒ Forums where food is provided.

Priority: Short-Term / Important

Evaluation Method: Survey people working with high-risk populations in Georgia

Baseline: Unknown

Target: 50% of people working with high-risk populations use the viral hepatitis educational material

- ◆ **P3:** Develop viral hepatitis educational materials for use at Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Cocaine Anonymous (CA) meetings, websites, and clubhouses.

Priority: Medium-Term / Nice To Have

Prevention Integration Objective

Add and/or integrate viral hepatitis prevention messages, education, testing, and referrals into existing, relevant programs that serve high-risk populations. Such programs may include private and public providers, community based organizations (CBOs), substance abuse treatment, and community corrections. High-risk populations include African Americans, Asians, Hispanics, veterans, injection drug users and their sexual partners, men having sex with men, persons with non-sterile piercings/tattoos, intranasal drug users, STD/HIV clinic clients, incarcerated persons, parolees, probationers, homeless persons, college students, persons in half-way/recovery houses, immigrants/refugees, infants born to HBsAg positive women, transfusion recipients before 1992, and dialysis patients.

Prevention Integration Strategies

- ◆ **P4:** Provide public and private medical providers with web-based, CD-ROM, or other training on how to counsel and educate their patients on viral hepatitis prevention.

Priority: Medium-Term / Important

Evaluation Method: Completed evaluation forms at end of training to obtain a baseline measure and then periodically survey medical providers to assess ongoing counseling and educating patients about viral hepatitis

Baseline: Unknown

Target: 30% of medical providers in Georgia have completed training (free continuing education credits provided) and 100% of participating medical providers complete an evaluation

Prevention Integration Strategies (continued)

- ◆ **P5:** Assist STD, HIV and AIDS service organizations in integrating hepatitis prevention messages into existing prevention activities using web-based, CD-ROM, or other training. Prevention messages should target high-risk populations and include information about co-infection (Provide free continuing education credits)
Priority: Medium-Term / Critical

Evaluation Method: Completed evaluation forms at end of activities to obtain a baseline measure and then periodically survey program staff to assess ongoing integration of prevention messages

Baseline: Unknown

Target: 30% of STD, HIV and AIDS service organizations in Georgia have completed training and 100% of participating program staff complete an evaluation

Evaluation Method: Monitor number of viral hepatitis educational programs implemented with each STD/HIV organization in Georgia

Baseline: Unknown

Target: 50% of STD, HIV, and AIDS service organizations in Georgia provide clients with information about co-infection

- ◆ **P6:** Integrate viral hepatitis prevention messages and services into publicly funded STD/HIV, family planning, and teen clinics.
Priority: Medium-Term / Critical

Evaluation Method: Client surveys

Baseline: Unknown

Target: 25% of all clients receive viral hepatitis prevention messages and 50% of the appropriate clients are offered viral hepatitis services

Evaluation Method: Medical chart reviews

Baseline: Unknown

Target: 25% of all clients receive viral hepatitis prevention messages and 50% of the appropriate clients are offered viral hepatitis services

Evaluation Method: Count the number of doses of hepatitis A and hepatitis B vaccine distributed by the State Immunization Program to publicly funded health centers. Use GRITS to evaluate the number of doses administered.

Baseline: 2002 and 2003 vaccine distribution. Baseline administration rates to be established through GRITS.

Target: 25% increase in the number of viral hepatitis immunizations distributed to publicly funded health centers. After administration baseline is established, 25% increase in doses administered each year until 90% immunization rate is achieved.

Prevention Integration Strategies (continued)

- ◆ **P7:** Train staff in publicly funded STD/HIV and family planning clinics to include screening for possible viral hepatitis infection according to standards of care and/or nurse protocols.
Priority: Medium-Term / Critical

Evaluation Method: Medical chart reviews

Baseline: Unknown

Target: 90% of the appropriate clients are screened for viral hepatitis

- ◆ **P8:** Collaborate with the State Board of Pardons and Paroles, the Georgia Department of Corrections, and community probation to provide health education seminars on viral hepatitis, HIV, and STDs to parolees and probationers.
Priority: Short-Term / Important

Evaluation Method: Pre-test to determine baseline knowledge and post-test to determine improvement of knowledge of parolees and probationers

Baseline: Unknown

Target: 20% increase in knowledge of viral hepatitis, HIV, and STDs

- ◆ **P9:** Develop a pilot project with health departments, parole, and probation to vaccinate their clients for viral hepatitis.
Priority: Medium-Term / Critical

Evaluation Method: Medical chart reviews

Baseline: Unknown

Target: 30% of the appropriate clients are immunized against hepatitis A and hepatitis B

- ◆ **P10:** Provide comprehensive, state-wide training for mental health counselors, substance abuse treatment and methadone providers on how to counsel, educate, and refer their clients on viral hepatitis. (Provide free continuing education credits through organizations such as NAADAC, The Association for Addiction Professionals)
Priority: Medium-Term / Critical

Evaluation Method: Completed evaluation forms at end of activities to obtain a baseline measure and then periodically survey program staff to assess ongoing integration of prevention messages

Baseline: Unknown

Target: 30% of substance abuse treatment and methadone providers in Georgia have completed training and 100% of participating program staff completed an evaluation

Evaluation Method: Continuing Education Unit (CEU) records from state licensure board

Baseline: Unknown

Target: 50% of substance abuse and mental health counselors in Georgia have 2 CEUs focusing on viral hepatitis per year

Prevention Integration Strategies (continued)

- ◆ **P11:** Provide substance abuse treatment centers with written and audio visual viral hepatitis educational materials.

Priority: Short-Term / Critical

Evaluation Method: Survey substance abuse treatment center staff

Baseline: Unknown

Target: 50% of publicly funded treatment centers make viral hepatitis educational materials available to their clients

- ◆ **P12:** Pilot viral hepatitis vaccinations and testing in substance abuse treatment programs and methadone clinics.

Priority: Medium-Term / Critical

Evaluation Method: Medical chart reviews

Baseline: Unknown

Target: 10% of the appropriate clients are tested for viral hepatitis and/or immunized against hepatitis A and hepatitis B

- ◆ **P13:** Encourage birthing hospitals to provide the first dose of hepatitis B vaccine to all newborn infants prior to discharge.

Priority: Medium Term / Critical

Evaluation Method: Number and percent of birthing hospitals routinely administering the first dose of hepatitis B vaccine to newborn infants in the hospital as measured by a hospital policy survey

Baseline: In a 2003 survey, 66 of 100 birthing hospitals routinely provided the birth dose of hepatitis B vaccine

Target: 95% of birthing hospitals will routinely provide the birth dose of hepatitis B vaccine

Prevention Integration Strategies (continued)

- ◆ **P14:** Ensure completeness of HBsAg screening of pregnant women and treatment of perinatally-exposed infants.
Priority: Medium Term / Critical

Evaluation Method: Assess appropriate records and conduct case management activities in order to ensure timely administration of HBIG and hepatitis B vaccine in the hospital, completion of the three-dose hepatitis B vaccine series and post-vaccination serologic testing of infants born to women with positive HBsAg results.

Baseline: From July through December 2003, 138 infants born to HBsAg-positive women were identified. Of these, 100 percent received HBIG and one dose of hepatitis B vaccine within 12 hours of birth; 70 percent (96 of 138) received the second dose of hepatitis B vaccine; 37 percent (51 of 138) received the third dose of hepatitis B vaccine; and 17 percent (23 of 138) received post-vaccination testing.

Target: At least 90% of all infants born to HBsAg-positive and unknown status mothers receive HBIG and hepatitis B vaccine in the hospital within 12 hours of birth and receive three doses of hepatitis B vaccine by 12 months of age. At least 80% of these infants receive serologic testing.

Evaluation Method: Conduct sample surveys of hospital delivery records to assess completeness of HBsAg screening of pregnant women, documentation of maternal status and timely administration of HBIG and hepatitis B vaccine in the hospital to infants born to women with positive or unknown HBsAg results

Baseline: Unknown

Target: At least 90% of pregnant women have documented HBsAg status in maternal records. At least 90% of all infants born to HBsAg-positive and unknown status mothers receive HBIG and hepatitis B vaccine in the hospital within 12 hours of birth

- ◆ **P15:** Pilot a chronic hepatitis B and hepatitis C treatment program in substance abuse treatment programs and methadone clinics.
Priority: Long-Term / Important

- ◆ **P16:** Distribute viral hepatitis educational materials, web-based materials, and videos that can be used by community based organizations, parole, and probation.
Priority: Medium-Term / Important

Evaluation Method: Survey community based organizations, parole, and probation staff

Baseline: Unknown

Target: 15% of community based organizations, parole, and probation centers make viral hepatitis educational materials available to their clients

Prevention Integration Strategies (continued)

- ◆ **P17:** Distribute viral hepatitis educational materials to public and private medical providers to give to patients.

Priority: Medium-Term / Important

Evaluation Method: Survey medical providers and staff

Baseline: Unknown

Target: 30% of medical providers and staff make viral hepatitis educational materials available to their patients

Referral System Objective

Develop a referral system for use by client providers serving high-risk individuals and/or those infected with viral hepatitis. Providers may include methadone clinics, abstinence-based treatment programs, drug/mental health help lines, emergency rooms, public health providers, community-based organizations, law enforcement, infection control practitioners, and private medical providers.

Referral System Strategies

- ◆ **P18:** Distribute HCV Resource Directory to community based organizations, public health educators, infection control practitioners, substance abuse treatment providers, methadone clinics, parole, probation, prisons, and jails.
Priority: Short-Term / Important

Evaluation Method: Count the number of directories requested

Baseline: Unknown

Target: 20% additional directories requested

- ◆ **P19:** Make HCV Resource Directory web-based.
Priority: Short-Term / Important

Evaluation Method: Count the number of web site hits and directory downloads

Baseline: Unknown

Target: 20% additional web site hits and directory downloads

- ◆ **P20** Develop and distribute “Dear Provider” letter with HCV Resource Directory.
Priority: Short-Term / Nice To Have
- ◆ **P21:** Develop a referral algorithm and distribute with HCV Resource Directory.
Priority: Medium-Term / Nice To Have

Referral System Strategies (continued)

- ◆ **P22:** Create HAV and HBV referral materials for private providers to use with their clients, including pregnant women. Utilize public health liaisons to help disseminate materials and provide training.

Priority: Medium-Term / Important

Evaluation Method: Survey providers to assess whether they refer eligible patients to public health for hepatitis immunizations

Baseline: Unknown

Target: 30% of providers refer eligible patients to public health for hepatitis immunizations when it is not possible for patients to receive their immunization(s) at the provider's office

- ◆ **P23:** Collaborate with and train law enforcement and other first responders on how to use the referral network.

Priority: Medium-Term / Nice To Have

- ◆ **P24:** Foster memoranda of understanding among providers working with populations at high-risk for viral hepatitis in order to provide for continuity of care.

Priority: Short-Term / Critical

Evaluation Method: Count the number of memoranda of understanding

Baseline: Unknown

Target: 10 new memorandums of understanding

Existing Policy Objective

Advocate for the modification of policies/regulations and address gaps in existing services that limit or restrict the prevention of viral hepatitis. Policies and service gaps that may be addressed include laws and regulations restricting access to and possession of sterile injection equipment, limited viral hepatitis prevention education curriculum for students, and school board policies restricting classroom discussion of science-based prevention strategies, such as condom use.

Existing Policy Strategies

- ◆ **P25:** Collaborate with Nurse Protocol Committee and QA/QI team to develop strategies and tools to improve screening, vaccination, and education for viral hepatitis by public health nurses.

Priority: Medium-Term / Critical

Evaluation Method: Minutes of Nurse Protocol Committee and QA/QI team meetings

Baseline: Unknown

Target: Strategies and tools are developed and incorporated into nursing practice standards and 90% of public health nurses follow the viral hepatitis protocols

- ◆ **P26:** Collaborate with Georgia State Board of Pharmacy and Georgia Pharmacy Association and other relevant state medical associations to modify state laws and regulations that restrict access to and possession of sterile injection equipment.

Priority: Long-Term / Critical

Evaluation Method: Legislation amended

Baseline: Illegal to sell or distribute non-prescription sterile injection equipment for illicit purposes

Target: Legal to sell or distribute non-prescription sterile injection equipment

- ◆ **P27:** Collaborate with city and/or state governmental officials and other organizations to develop mechanisms to allow syringe exchange programs to legally operate state-wide.

Priority: Long-Term / Critical

Evaluation Method: Legislation amended

Baseline: Paraphernalia law currently includes syringes

Target: Paraphernalia law excludes syringes

- ◆ **P28:** Collaborate with the state and local boards of education to develop and implement standardized, science-based viral hepatitis educational curriculum.

Priority: Long-Term / Nice To Have

New Policy Objective

Advocate for the creation of new policies, regulations, and fiscal resource allocation that promote the prevention of viral hepatitis. New policies and regulations may include legal access to and possession of sterile injection equipment and expanded access to drug treatment, viral hepatitis testing, and vaccinations.

New Policy Strategies

- ◆ **P29:** Collaborate with methadone clinics and abstinence based programs to develop viral hepatitis referral protocols for clients who were released from programs as a result of drug use or face challenges abstaining from street drugs.
Priority: Long-Term / Nice To Have
- ◆ **P30:** Lobby for allocation of state funds to vaccinate high-risk and incarcerated populations against viral hepatitis.
Priority: Medium-Term / Critical

Evaluation Method: Review state legislative budget

Baseline: None

Target: State funds allocated for viral hepatitis vaccinations for high-risk and incarcerated populations

Evaluation Method: Immunization program records / private provider records (number of doses distributed and administered)

Baseline: Unknown

Target: 10% increase in the number of viral hepatitis vaccines distributed to adult populations

- ◆ **P31:** Collaborate with hospitals, public health clinics, and community based organizations to develop and implement a protocol for referrals to viral hepatitis prevention services and care.
Priority: Medium-Term / Important

Evaluation Method: Medical chart review

Baseline: Unknown

Target: 25% of staff utilizes the referral protocols

New Policy Strategies (continued)

- ◆ **P32:** Collaborate with Georgia State Board of Pharmacy and Georgia Pharmacy Association and other relevant state medical associations to develop and implement new state laws and regulations permitting legal access to and possession of sterile injection equipment.

Priority: Long-Term / Critical

Evaluation Method: New legislation passed

Baseline: Illegal to sell or distribute non-prescription sterile injection equipment for illicit purposes

Target: Legal to sell or distribute non-prescription sterile injection equipment

Community Outreach Objective

Reach high-risk individuals in their communities through culturally appropriate viral hepatitis interventions including health fairs, screenings, faith-based outreach, street outreach, individual and group level interventions, health presentations, and media campaigns.

Community Outreach Strategies

- ◆ **P33:** Encourage the incorporation of research-based or CDC recommended viral hepatitis interventions by community outreach programs when working with high-risk populations.

Priority: Medium-Term / Critical

Evaluation Method: Survey organizations providing community outreach

Baseline: Unknown

Target: 10% increase in number of organizations using research-based or CDC recommended interventions

- ◆ **P34:** Collaborate with community based and public health HIV/STD programs to increase the number of culturally appropriate programs to decrease the risk of viral hepatitis infection among high-risk populations.

Priority: Medium-Term / Critical

Evaluation Method: Survey program participants about pre-program risk perception and post-program risk knowledge

Baseline: Unknown

Target: 10% decrease in number of program participants who participate in high-risk behaviors

PRIMARY & SECONDARY PREVENTION OBJECTIVES – Summary

Short-Term Critical

- ◆ **P1:** Develop viral hepatitis educational materials targeting high-risk populations.
- ◆ **P11:** Provide substance abuse treatment centers with written and audio-visual viral hepatitis educational materials.
- ◆ **P24:** Foster memoranda of understanding among providers working with populations at high-risk for viral hepatitis in order to provide for continuity of care.

Medium-Term Critical

- ◆ **P5:** Assist STD, HIV and AIDS service organizations in integrating hepatitis prevention messages into existing prevention activities using web-based, CD-ROM, or other training. Prevention messages should target high-risk populations and include information about co-infection (Provide free continuing education credits).
- ◆ **P6:** Integrate viral hepatitis prevention messages and services into publicly funded STD/HIV, family planning, and teen clinics.
- ◆ **P7:** Train staff in publicly funded STD/HIV and family planning clinics to include screening for possible viral hepatitis infection in patient care protocols.
- ◆ **P9:** Develop a pilot project with health departments, parole, and probation to vaccinate their clients for viral hepatitis.
- ◆ **P10:** Provide comprehensive, state-wide training for mental health counselors, substance abuse treatment and methadone providers on how to counsel, educate, and refer their clients on viral hepatitis. (Provide free continuing education credits through organizations such as NAADAC, The Association for Addiction Professionals).
- ◆ **P12:** Pilot viral hepatitis vaccinations and testing in substance abuse treatment programs and methadone clinics.
- ◆ **P13:** Encourage birthing hospitals to provide the first dose of hepatitis B vaccine to all newborn infants prior to discharge.
- ◆ **P14:** Ensure completeness of HBsAg screening of pregnant women and treatment of perinatally-exposed infants.
- ◆ **P25:** Expand protocols for public health nurses to include screening, vaccinations, and education for viral hepatitis.
- ◆ **P30:** Lobby for allocation of state funds to vaccinate high-risk and incarcerated populations against viral hepatitis.
- ◆ **P33:** Encourage the incorporation of research-based or CDC recommended viral hepatitis interventions by community outreach programs when working with high-risk populations.
- ◆ **P34:** Collaborate with community based and public health HIV/STD programs to increase the number of culturally appropriate programs to decrease the risk of viral hepatitis infection among high-risk populations.

Long-Term Critical

- ◆ **P26:** Collaborate with Georgia State Board of Pharmacy and Georgia Pharmacy Association and other relevant state medical associations to modify state laws and regulations that restrict access to and possession of sterile injection equipment.
- ◆ **P27:** Collaborate with city and/or state governmental officials and other organizations to develop mechanisms to allow syringe exchange programs to legally operate state-wide.

Short-Term Important

- ◆ **P2:** Develop viral hepatitis educational materials for people working with high risk populations.
- ◆ **P8:** Collaborate with the State Board of Pardons and Paroles, the Georgia Department of Corrections, and community probation to provide health education seminars on viral hepatitis, HIV, and STDs to parolees and probationers.
- ◆ **P18:** Distribute HCV Resource Directory to community based organizations, public health educators, infection control practitioners, substance abuse treatment providers, methadone clinics, parole, probation, prisons, and jails.
- ◆ **P19:** Make HCV Resource Directory web-based.

Medium-Term Important

- ◆ **P4:** Provide public and private medical providers with web-based, CD-ROM, or other training on how to counsel and educate their patients on viral hepatitis prevention.
- ◆ **P16:** Distribute viral hepatitis educational materials, web-based materials, and videos that can be used by community based organizations, parole, and probation.
- ◆ **P17:** Distribute viral hepatitis educational materials to public and private medical providers to give to patients.
- ◆ **P22:** Create HAV and HBV referral materials for private providers to use with their clients, including pregnant women. Utilize public health liaisons to help disseminate materials and provide training.
- ◆ **P31:** Collaborate with hospitals, public health clinics, and community based organizations to develop and implement a protocol for referrals to viral hepatitis prevention services and care.

Clinical Management

Scope of Clinical Management

Clinical management is a system in which a professional works with a client or patient to assure the receipt of diagnosis, treatment, support services, monitoring, and referral, as needed.

Prioritization Matrix

Length of Implementation

	Short-Term	Medium-Term	Long-Term
Critical	C1	C2	C4, C7, C16
Important	C15	C3, C6, C8, C12, C13, C19	C9, C17, C18, C20
Nice To Have		C10, C14	C11, C21

Diagnosis Objective

Implement appropriate, accessible, and affordable testing for viral hepatitis diagnosis. Diagnosis should include laboratory testing and clinical information.

Diagnosis Strategies

- ◆ **C1:** Inform high-risk individuals about the advantages and disadvantages of HCV screening by providing educational materials at substance abuse treatment facilities. (Note: Long-term plan will include targeting other at-risk/high-risk groups.)

Priority: Short-Term / Critical

Evaluation Method: Types of educational materials distributed, number of educational materials of each type, number of substance abuse treatment facilities existing and reached

Baseline: Unknown

Target: Reach 50% of the substance abuse treatment facilities; distribute at least 1000 copies of each type of educational material available

- ◆ **C2:** Integrate HBV and HCV services – education, counseling, testing, HAV and HBV vaccinations (as recommended by ACIP and CDC), and referrals – into existing relevant programs (in public or private facilities).

Priority: Medium-Term / Critical

Evaluation Method: Conduct chart reviews and staff interviews at top 10 publicly funded STD clinics to assess the number of tests vs. number of clients seen

Baseline: Unknown

Target: 10% increase in number of clients who receive appropriate education and/or counseling about viral hepatitis

Evaluation Method: Conduct chart reviews at top 10 publicly funded STD clinics to assess the immunization rates of clients

Baseline: Unknown

Target: 10% increase in adult hepatitis A and hepatitis B immunization rates

- ◆ **C3:** Promote HCV testing among providers who serve at-risk individuals in public and private health care settings.

Priority: Medium-Term / Important

Evaluation Method: Compare number of HCV test results from year to year

Baseline: Unknown

Target: 25% increase in HCV testing for at-risk individuals

Diagnosis Strategies (continued)

- ◆ **C4:** Make HCV screening (and confirmatory testing) in public health settings financially accessible to individuals at-risk.

Priority: Long-Term / Critical

Evaluation Method: Count number of HCV EIA antibody tests performed by Georgia Public Health Laboratory

Baseline: Low-cost testing not available on a routine basis

Target: 500 low-cost HCV EIA antibody tests performed each year (by GPHL)

- ◆ **C5:** Increase accurate diagnosis of HCV through completion of RIBA or PCR (confirmatory) testing when HCV EIA antibody tests are positive:

⇒ Establish a policy requiring physicians/labs confirmatory testing for a positive HCV antibody test

Priority: Long-Term / Important

- ◆ **C6:** Increase the number of people who are aware that they are infected with viral hepatitis (acute and chronic) by increasing testing, accurate diagnosis, and patient return rate:

⇒ Individuals need to know; and

⇒ Testing needs to be affordable and available.

Priority: Medium-Term / Important

Evaluation Method: Assess the number of viral hepatitis tests ordered by medical staff at the top 10 publicly funded STD clinics (largest volume or highest incidence rates)

Baseline: Unknown

Target: 10% increase in the number of viral hepatitis tests ordered

Evaluation Method: Assess the number of clients who received viral hepatitis test results at the top 10 publicly funded STD clinics (largest volume or highest incidence rates)

Baseline: Unknown

Target: 10% increase in the number of clients who receive viral hepatitis test results and counseling

Diagnosis Strategies (continued)

- ◆ **C7:** Encourage prenatal care providers to maintain and use a written protocol for testing, documenting, and informing birthing hospitals of the HBsAg status of pregnant women during each pregnancy.

Priority: Long Term / Critical

Evaluation Method: Number and percent of prenatal care providers with written protocols for HBsAg testing, documenting and informing birthing hospitals as measured through a survey of OB-GYN practices

Baseline: Unknown

Target: 75% of prenatal care providers maintain and use written protocols for HBsAg testing, documenting and informing birthing hospitals

- ◆ **C8:** Increase the number of laboratories that follow CDC guidelines for HCV testing (i.e. using signal to cut-off ratios) and reporting.

Priority: Medium-Term / Important

Evaluation Method: Survey laboratories and hospitals to find out if signal to cut-off ratios are used and reported

Baseline: 2002 and 2003 laboratory reports

Target: 25% increase in labs that use and report signal to cut-off ratios for HCV antibody testing

Case Management Objective

Establish and implement a comprehensive care structure for the management of viral hepatitis. This structure should include disease management, patient education, and referrals.

Case Management Strategies

Note: Collaborate with the following groups during implementation: Georgia Division of Public Health (GDPH), American Association for the Study of Liver Diseases (AASLD), American Psychiatric Association (APA) and other professional organizations.

- ◆ **C9:** Advocate for changes to the ACIP and CDC guidelines to include recommendations for HBV vaccine for persons infected with HCV.
Priority: Long-Term / Important

- ◆ **C10:** Develop a multidisciplinary, team approach to care:
 - ⇒ Examples: Kaiser Permanente Hepatitis C Clinic, Dr. Smith in Athens, Dr. Pearlman at the Sheffield Clinic;
 - ⇒ Improves overall quality of care for the patient;
 - ⇒ Continuous monitoring of patient throughout care; and
 - ⇒ Frees up doctor's time to concentrate on what the doctor does best (medical management).**Priority:** Medium-Term / Nice To Have

- ◆ **C11:** Advocate expanding Medicare policy to include viral hepatitis treatment and prescription drug costs.
Priority: Long-Term / Nice To Have

- ◆ **C12:** Establish a statewide telephone "800 helpline (Hepline)" and/or webpage for patients and providers. These resources would provide access to viral hepatitis disease information and referrals to appropriate resources.
Priority: Medium-Term / Important

Evaluation Method: Count hits to webpage; online survey of webpage users

Baseline: No webpage currently exists

Target: 1000 webpage hits per year

Case Management Strategies (continued)

- ◆ **C13:** Develop a viral hepatitis referral system for use at local drug treatment and needle exchange programs, HIV/AIDS/STD programs, local health departments, correctional settings, veteran services, community mental health centers, and other relevant agencies.
Priority: Medium-Term / Important

Evaluation Method: Survey 10 health districts to determine if staff are utilizing the referral system

Baseline: No formal referral system exists

Target: Establishment of a formal referral system in 10 of the 19 health districts

- ◆ **C14:** Incorporate psychiatric evaluations, as indicated, for HBV and HCV patients. (Note: There is an increased incidence of depression associated with medical illness and interferon treatment.)
Priority: Medium-Term / Nice To Have

- ◆ **C15:** Increase knowledge of and utilization of state-funded hepatitis vaccine currently available at health centers.
Priority: Short-Term / Important

Evaluation Method: Count the number of doses distributed by the State Immunization Program to publicly funded health centers. Evaluate doses administered through GRITS.

Baseline: 2002 and 2003 vaccine distribution rates. Baseline administration rates to be established through GRITS.

Target: Increase number of doses administered by 25%. After the administration baseline is established, increase the number of doses administered by 25% each year until 90% immunization rate is achieved.

- ◆ **C16:** Increase the number of HCV+ individuals who receive HAV and HBV vaccinations, as recommended by ACIP and CDC guidelines.
Priority: Long-Term / Critical

Evaluation Method: Count the number of doses provided

Baseline: 2002 and 2003 vaccine utilization rates

Target: Increase number of doses by 10%

- ◆ **C17:** Increase the number of chronic HBV+ individuals who receive HAV vaccinations.
Priority: Long-Term / Important

Treatment Services Objective

Ensure appropriate, accessible, and affordable treatment options for patients with HBV and HCV.

Treatment Services Strategies

- ◆ **C18:** Advocate for changes to the psychiatric exclusion criteria for HCV treatment as recommended by the American Association for the Study of Liver Diseases (AASLD) (e.g., change recommendations so that Bipolar disorder, irritability, and history of violence are not considered exclusion criteria)

Priority: Long-Term / Important

- ◆ **C19:** Standardize medical and psychosocial intake assessments to maximize access to quality care.

Priority: Medium-Term / Important

Evaluation Method: Survey all physician offices in HCV resource directory

Baseline: No standardized system exists within Georgia

Target: Develop written guidelines and disseminate to all physicians offices listed in HCV resource directory

- ◆ **C20:** Increase access to affordable HCV treatment, including liver biopsies, genotype testing, viral load testing, medical care, medications, and case management services.

Priority: Long-Term / Important

- ◆ **C21:** Obtain state and/or federal funding to ensure comprehensive continuity of care for uninsured and underinsured HCV+ individuals:

⇒ Similar to Ryan White Title II funding.

Priority: Long-Term / Nice To Have

CLINICAL MANAGEMENT OBJECTIVES – Summary

Short-Term Critical

- ◆ **C1:** Inform high-risk individuals about the advantages and disadvantages of HCV screening by providing educational materials at substance abuse treatment facilities. (Note: Long-term plan will include targeting other at-risk/high-risk groups.)

Medium-Term Critical

- ◆ **C2:** Integrate HBV and HCV services – education, counseling, testing, HAV and HBV vaccinations (as recommended by ACIP and CDC), and referrals – into existing relevant programs (in public or private facilities).

Long-Term Critical

- ◆ **C4:** Make HCV screening (and confirmatory testing) in public health settings financially accessible to individuals at-risk.
- ◆ **C7:** Encourage prenatal care providers to maintain and use a written protocol for testing, documenting, and informing birthing hospitals of the HBsAg status of pregnant women during each pregnancy.
- ◆ **C16:** Increase the number of HCV+ individuals who receive HAV and HBV vaccinations, as recommended by ACIP and CDC guidelines.

Short-Term Important

- ◆ **C15:** Increase knowledge of and utilization of state-funded hepatitis vaccine currently available at health centers.

Medium-Term Important

- ◆ **C3:** Promote HCV testing among providers who serve at risk individuals in public and private health care settings.
- ◆ **C6:** Increase the number of people who are aware that they are infected with viral hepatitis (acute and chronic) by increasing testing, accurate diagnosis, and patient return rate:
- ◆ **C8:** Increase the number of laboratories that follow CDC guidelines for HCV testing (i.e. using signal to cut-off ratios) and reporting.
- ◆ **C12:** Establish a statewide telephone “800 helpline (Hepline)” and/or webpage for patients and providers. These resources would provide access to viral hepatitis disease information and referrals to appropriate resources.

- ◆ **C13:** Develop a viral hepatitis referral system for use at local drug treatment and needle exchange programs, HIV/AIDS/STD programs, local health departments, correctional settings, veteran services, community mental health centers, and other relevant agencies.
- ◆ **C19:** Standardize medical and psychosocial intake assessments to maximize access to quality care.

Surveillance & Related Research

Scope of Surveillance & Related Research

Surveillance and related research are procedures used by public health and the health care community to monitor disease incidence, prevalence and trends, and to target and assess the effectiveness of prevention strategies.

Prioritization Matrix

Length of Implementation

Impact on Target Audience	Length of Implementation			
	Short-Term	Medium-Term	Long-Term	
	Critical	S1, S7	S8, S9	
	Important	S5, S6	S2	S4
Nice To Have		S3		

Provider Awareness and Timely Reporting Objective

Increase knowledge and awareness among health professionals on reporting requirements for viral hepatitis. Reporting requirements include: what to report, how to report, when to report, and why to report. Health professionals may include: doctors, nurses, laboratory personnel, infection control practitioners, employee health professionals, occupational health professionals, blood banks, tissue banks, and correctional facilities.

Provider Awareness and Timely Reporting Strategies

District level public health will:

- ◆ **S1:** Compile and distribute current viral hepatitis reporting materials to all health care providers and laboratory staff and review submission procedures. Materials may include:
 - ⇒ Georgia Notifiable Disease poster;
 - ⇒ CDC case definitions and state reporting criteria;
 - ⇒ CDC testing guidelines; and
 - ⇒ District and county contact information.

Priority: Short-Term / Critical

Evaluation Method: Analysis of confirmed HCV cases in SENDSS (State Electronic Notifiable Disease Surveillance System)

Baseline: To be determined from SENDSS

Target: 10% increase state-wide in the number of HCV positive antibody tests with a confirmatory test

Evaluation Method: Analysis of confirmed viral hepatitis cases in SENDSS

Baseline: To be determined from SENDSS

Target: 10% decrease state-wide in the number of viral hepatitis cases reported that are not notifiable by case definition

Provider Awareness and Timely Reporting Strategies (continued)

- ◆ **S2:** Create and distribute materials (e.g., algorithms and worksheets) to assist health care providers with viral hepatitis diagnosis including:

- ⇒ What tests to order; and

- ⇒ How to interpret tests.

Priority: Medium-Term / Important

Evaluation Method: Analysis of confirmed HCV cases in SENDSS

Baseline: To be determined from SENDSS

Target: 10% increase state-wide in the number of HCV positive antibody tests with a confirmatory test

Evaluation Method: Analysis of confirmed viral hepatitis cases in SENDSS

Baseline: To be determined from SENDSS

Target: 10% decrease state-wide in the number of viral hepatitis cases reported that are not notifiable by case definition

SENDSS/Data Feedback Objective

Utilize and expand SENDSS (State Electronic Notifiable Disease Surveillance System) to capture viral hepatitis data to be used for analysis. Routinely disseminate appropriate viral hepatitis information to public health partners, the health care community, and the general public in order to increase awareness of viral hepatitis.

SENDSS/Data Feedback Strategies

- ◆ **S3:** Continue development, implementation, and utilization of the electronic viral hepatitis case report form in SENDSS. Note: Add immunization history.
Priority: Medium-Term / Nice To Have
- ◆ **S4:** Merge viral hepatitis registries with SENDSS.
Priority: Long-Term / Important
- ◆ **S5:** Collaborate with the SENDSS programmers to implement alerts (pop-up boxes) when incomplete or inaccurate data is entered.
Priority: Short-Term / Important

Evaluation Method: Incomplete patient information

Baseline: To be determined from SENDSS

Target: 10% increase in the number of reports that contain complete patient information, including pregnancy status of women ages 15-45

Evaluation Method: Incomplete or missing laboratory, reporter, and/or physician/provider information

Baseline: To be determined from SENDSS

Target: 10% increase in the number of reports that contain complete laboratory, reporter, and/or physician/provider information

Evaluation Method: Analysis of viral hepatitis cases in SENDSS

Baseline: To be determined from SENDSS

Target: 10% decrease state-wide in the number of viral hepatitis cases reported that are not notifiable by case definition

SENDSS/Data Feedback Strategies (continued)

- ◆ **S6:** Provide training to SENDSS users (primarily in the private sector) on entering hepatitis reports including:
 - ⇒ Develop a data entry checklist/job aide to help reduce data entry errors
 - ⇒ Provide feedback to users on quality of data entry
 - ⇒ Establish mandatory data fields**Priority:** Short-Term / Important

Evaluation Method: SENDSS query of number of new private providers

Baseline: Current number of private providers signed-up for SENDSS

Target: 10% increase in the number of private provider offices using SENDSS to report notifiable diseases

Evaluation Method: Call log

Baseline: Unknown

Target: 10% decrease in number of public health follow-up phone calls to notifiable disease reporters

- ◆ **S7:** Analyze and disseminate viral hepatitis statistical data through a variety of media to reach target audiences. Some examples include:
 - ⇒ Article in Georgia Epidemiology Report (GER)
 - ⇒ Quarterly viral hepatitis newsletter prepared by the Georgia Division of Public Health**Priority:** Short-Term / Important

Evaluation Method: Survey GER subscribers regarding viral hepatitis awareness

Baseline: Does not exist

Target: 10% increase of viral hepatitis awareness by GER subscribers

Follow-Up Objective

Assure the appropriate and timely follow-up of newly reported viral hepatitis cases. Follow-up is defined as a comprehensive plan to evaluate individual risk factors and other necessary clinical information so that disease control and prevention activities can be implemented.

Follow-Up Strategies

- ◆ **S8:** Develop a procedures manual to standardize the investigation of viral hepatitis cases across public health districts. Components of the manual will include, but not be limited to, the following:
 - ⇒ Conducting timely case investigation on all suspect or confirmed reports of acute viral hepatitis based on priority list and available resources;
 - ⇒ Ensuring timely SENDSS data entry for acute viral hepatitis cases;
 - ⇒ Communicating with health care providers to request additional testing, if needed, as recommended in the CDC testing guidelines for viral hepatitis;
 - ⇒ Completing standardized forms for each investigation and submit to the state either on paper or electronically through SENDSS;
 - ⇒ Documenting cases that are lost to follow-up;
 - ⇒ Providing appropriate prophylaxis to susceptible contacts of acute hepatitis A and B cases based on district policies and resources; and
 - ⇒ Notifying the state office immediately of suspected case clusters of acute hepatitis A in order to facilitate the possible identification of an outbreak.

Priority: Medium-Term / Critical

Evaluation Method: Survey district public health notifiable disease staff to determine manual utilization

Baseline: Unknown

Target: 100% of public health notifiable disease staff utilize the manual

Evaluation Method: Assess number of CDC viral hepatitis case report forms submitted to the state office

Baseline: Current number of CDC viral hepatitis case report forms submitted to the state office

Target: 100% of viral hepatitis cases have CDC viral hepatitis case report forms submitted to the state office

Evaluation Method: Assess new form with checkbox to determine whether or not appropriate prophylaxis was offered

Baseline: Unknown

Target: 100% of susceptible contacts to acute hepatitis A and B cases are offered appropriate prophylaxis based on district policies and resources

Follow-Up Strategies (continued)

- ◆ **S9:** Ensure that all local health departments perform case investigations on all HBsAg positive pregnant women reported to their jurisdiction according to Georgia Immunization Program Perinatal Hepatitis B Prevention Program Guidelines.

Priority: Medium-Term / Critical

Evaluation Method: Survey district public health staff to determine utilization of guidelines.

Baseline: Unknown.

Target: 100% of HBsAg positive pregnant women are followed up according to Perinatal Hepatitis B Prevention Program Guidelines.

SURVEILLANCE & RELATED RESEARCH OBJECTIVES – Summary

Short-Term Critical

District level public health will:

- ◆ **S1:** Compile and distribute current viral hepatitis reporting materials to all health care providers and laboratory staff and review submission procedures.
- ◆ **S7:** Analyze and disseminate viral hepatitis statistical data through a variety of media to reach target audiences.

Medium-Term Critical

- ◆ **S8:** Develop a procedures manual to standardize the investigation of viral hepatitis cases across public health districts.
- ◆ **S9:** Ensure that all local health departments perform case investigations on all HBsAg positive pregnant women reported to their jurisdiction according to Georgia Immunization Program Perinatal Hepatitis B Prevention Program Guidelines.

Long-Term Critical

None listed

Short-Term Important

- ◆ **S5:** Collaborate with the SENDSS programmers to implement alerts (pop-up boxes) when incomplete or inaccurate data is entered.
- ◆ **S6:** Provide training to SENDSS users (primarily in the private sector) on entering hepatitis reports including:

Medium-Term Important

- ◆ **S2:** Create and distribute materials (e.g., algorithms and worksheets) to assist health care providers with viral hepatitis diagnosis.

Glossary

Commonly used terms and acronyms

AASLD: American Association for the Study of Liver Diseases

ACIP: Advisory Committee on Immunization Practices – A committee of 15 experts in fields associated with immunization who have been selected by the Secretary of the U.S. Department of Health and Human Services to provide advice and guidance to the Secretary, the Assistant Secretary for Health, and the Centers for Disease Control and Prevention on the most effective means to prevent vaccine-preventable diseases.

AIDS: Acquired Immune Deficiency Syndrome

ALF: American Liver Foundation

APA: American Psychological Association

ASO: AIDS Service Organization

CBO: community-based organization

CDC: Centers for Disease Control & Prevention

CEU: Continuing Education Unit

CME: Continuing Medical Education

COBRA: Consolidated Omnibus Budget Reconciliation Act - Gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances.

CSTE: Council of State and Territorial Epidemiologists – An organization for state-based and other epidemiologists that promotes the effective use of epidemiologic data to guide public health practice and improve health.

DOC: Georgia Department of Corrections

GDPH: Georgia Division of Public Health - the lead agency entrusted by the people of the State of Georgia with the ultimate responsibility for the health of communities and the entire population. At the state level, GDPH is divided into numerous branches, sections, programs and offices, and at the local level, GDPH functions via 19 health districts and 159 county health departments. GDPH is part of a larger state agency, the Georgia Department of Human Resources (DHR).

GER: Georgia Epidemiology Report – a monthly publication of the Epidemiology Branch, Georgia Division of Public Health. The GER is distributed monthly to over 22,000 physicians, nurses, laboratories, and public health officials throughout the State of Georgia. The GER's focus is on public health issues in Georgia, but it may also report on national health issues.

GPHL: Georgia Public Health Laboratory - The mission of the Georgia Public Health Laboratory is to provide screening, diagnostic and reference laboratory services to citizens of the Georgia through county health departments, public health clinics, physicians, hospitals and state agencies.

EIA: enzyme immunoassay – An antibody/screening test for HCV

HAV: hepatitis A virus

HBIG: hepatitis B immune globulin

HBsAg+: hepatitis B surface antigen positive

HBV: hepatitis B virus

HCV: hepatitis C virus

HEALS: Hepatitis Education and Liver Support – a non-profit group in Georgia that seeks to expand awareness about liver health through educational programs, literature, and public speaking

HIPAA: Health Insurance Portability and Accountability Act - Title I of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects health insurance coverage for workers and their families when they change or lose their jobs. The Administrative Simplification provisions (Title II) require the Department of Health and Human Services to establish national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. It also addresses the security and privacy of health data.

HIV: human immunodeficiency virus

IDU: injection drug user

ICP: infection control practitioner

Incidence: The number of new cases of infection that occur in a given population over a period of time.

IV: intravenous (drug use)

Medicaid: a Federal/State program that pays for medical assistance for certain individuals and families with low incomes and resources. Medicaid is the largest source of funding for medical and health-related services for people with limited income

Medicare: the national health insurance program for: 1) People age 65 or older; 2) Some people under age 65 with disabilities; 3) People with End-Stage Renal Disease (ESRD), a permanent kidney failure requiring dialysis or a kidney transplant

MSM: men who have sex with men

NIH: National Institutes of Health

PCR: Polymerase Chain Reaction – A common method of creating copies of specific fragments of DNA. A type of laboratory test used to confirm HCV infection

Perinatal: The time just before, during and immediately after birth (e.g., 5 months before and 1 month after).

Prevalence: The number of infected individuals in a population at a given point in time

RIBA: Recombinant Immunoblot Assay – a laboratory test used to confirm HCV infection.

Ryan White Title CARE Act: The Ryan White CARE (Comprehensive AIDS Resource Emergency) Act is a federal program designed to improve the quality and availability of care for persons with HIV/AIDS and their families. Grants are given to states for health care and support services for persons with HIV/AIDS. Allocation decisions are by states.

Ryan White Title II funding: Major services funded under Title II are 1) Home and community-based health care and support services; 2) Pharmacy support through ADAP (AIDS Drug Assistance Program); 3) Local consortia to assess needs and organize a regional plan for delivery of HIV/AIDS services; 4) Medical care and support services

SENDSS: State Electronic Notifiable Disease Surveillance System

SSI: Supplemental Security Income – A program financed through general tax revenues. SSI disability benefits are payable to adults or children who are disabled or blind, who have limited income and resources, who meet the living arrangement requirements, and are otherwise eligible.

SSDI: Social Security Disability Insurance – A program financed with Social Security taxes paid by workers, employers and self-employed persons. In order to be eligible for a Social Security benefit, the worker must earn sufficient credits based on taxable work. Disability benefits are payable to disabled workers, disabled widow(er)'s or adults disabled since childhood, who are otherwise eligible.

STD: sexually transmitted disease

TBD: to be determined

VFC: Vaccines for Children Program - provides free vaccines to doctors who serve eligible children. States and eligible U.S. projects enroll physicians who serve eligible patients up to and including age 18 years, providing routine immunizations with little to no out-of-pocket costs.

Appendices



Georgia General Assembly

04 LC 25 3515S

The House Committee on Health & Human Services offers the following substitute to HR 701:

A RESOLUTION

Recognizing Hepatitis C Awareness and Education Month and urging the Division of Public Health of the Department of Human Resources to undertake certain related studies; and for other purposes.

WHEREAS, Hepatitis C is a "silent epidemic" and is the most common chronic bloodborne viral infection in the United States; and

WHEREAS, Hepatitis C virus infection is a life-threatening disease that the Centers of Disease Control and Prevention conservatively estimate affects 4,000,000 persons in the United States; and

WHEREAS, there are approximately 41,000 newly infected Hepatitis C patients per year as of 2002; and

WHEREAS, Hepatitis C infections accounted for approximately 25,000 deaths per year in 2002 and is predicted to cause 30,000 annual deaths within ten years; and

WHEREAS, Hepatitis C infection is three to four times more prevalent in the United States than HIV/AIDS, and approximately one third of all HIV infected persons are coinfecting with HCV; and

WHEREAS, 85 percent of Hepatitis C virus-infected persons are chronically infected; and

WHEREAS, infected individuals serve as a source of transmission to others; and

WHEREAS, very few of those infected with Hepatitis C virus are aware that they are infected,

since symptoms often do not develop until ten to 20 years after the infection is contracted; and

WHEREAS, infected individuals who are unaware that they are infected are unlikely to take precautions to prevent the spread or exacerbation of their infection; and

WHEREAS, no vaccine is available for Hepatitis C virus; and

WHEREAS, Hepatitis C is now a leading cause of liver disease, placing infected individuals at elevated risk for chronic liver disease, liver cancer, and other Hepatitis C virus related illnesses; and

WHEREAS, Hepatitis C affects rural populations disproportionately and Georgia has 117 counties which are medically underserved; and

WHEREAS, detection is possible through blood screenings and treatment is effective in 10 to 40 percent of infected persons; and

WHEREAS, Hepatitis C should be treated as the public health crisis it has become, and government should take a proactive role in prevention education and making treatment available for those already infected with Hepatitis C; and

WHEREAS, the House of Representatives is concerned with preserving and protecting the health of the citizens of Georgia.

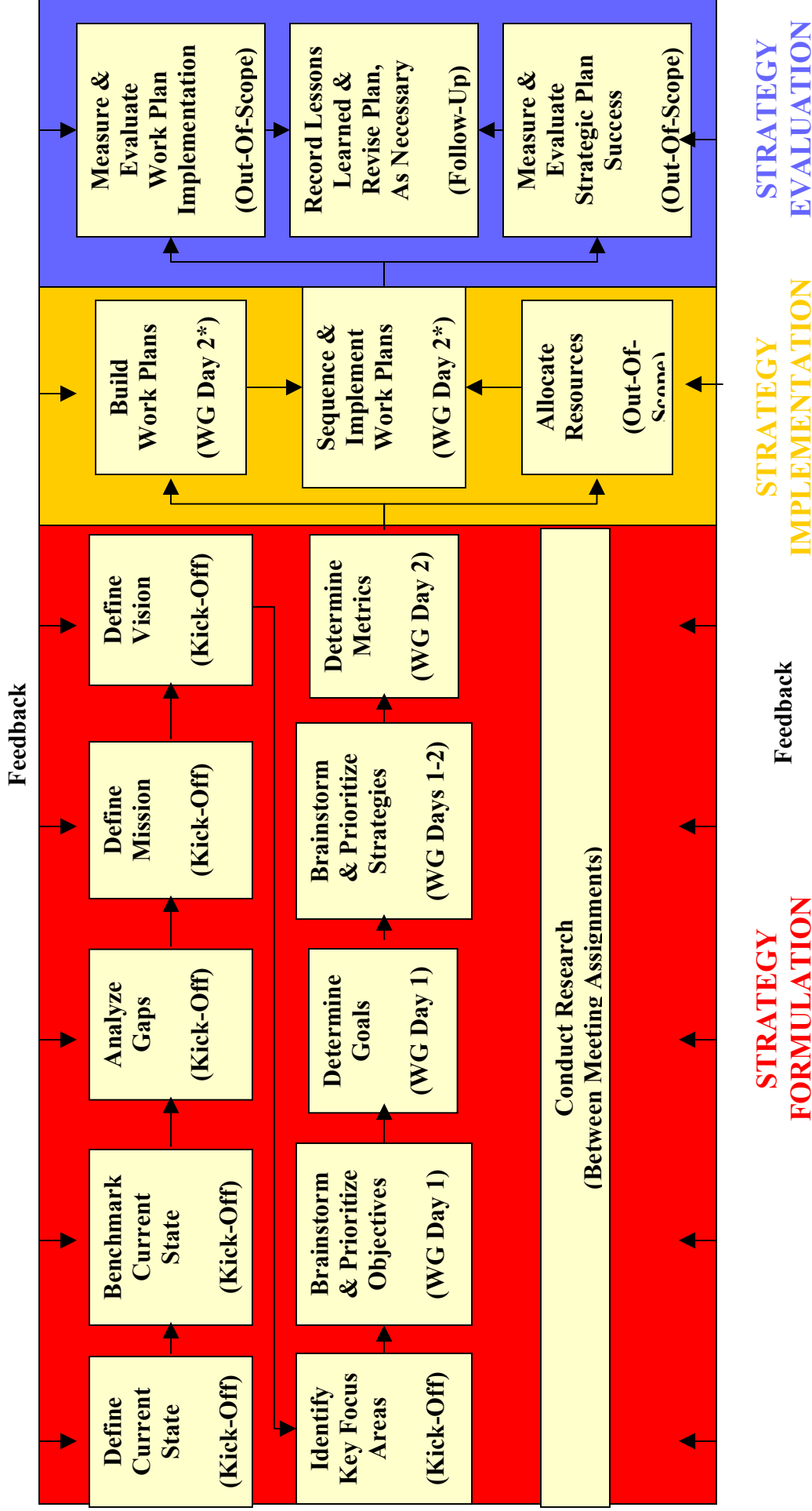
NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES that the members of this body recognize the month of October as Hepatitis C Awareness and Education Month.

BE IT FURTHER RESOLVED that the Division of Public Health of the Department of Human Resources is urged to undertake a study of the public health impact of Hepatitis C in the State of Georgia and the need for programs or policies to enhance education, awareness, detection, and prevention of the disease in the general population.

BE IT FURTHER RESOLVED that the Division of Public Health of the Department of Human Resources is urged to undertake a study of the conditions, needs, issues, and problems mentioned above or related thereto and recommend any actions or legislation as necessary or appropriate.

BE IT FURTHER RESOLVED that the Clerk of the House of Representatives is authorized and directed to transmit an appropriate copy of this resolution to the Division of Public Health of the Department of Human Resources.

Strategic Planning Model



For more information or additional copies of this report, contact:

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