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February 6, 2012

John Ward, MD
Director
Division of Viral Hepatitis
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Atlanta, GA 30333

Dear Dr. Ward,

On behalf of the National Alliance of State and Territorial AIDS Directors (NASTAD), the organization who represents the public health officials that administer state and territorial HIV/AIDS and adult viral hepatitis prevention and care programs nationwide, I am writing regarding the Division's plans for implementing a national viral hepatitis testing initiative with the \$10 million increase in FY2012 appropriations.

As you know, health department viral hepatitis programs are the foundation of the nation's public health response to the viral hepatitis epidemics in the United States. As such, our members play an essential role in providing expertise regarding the needs of impacted communities, in identifying resource needs to support a public health response to viral hepatitis and in maximizing the use of limited resources. In the spirit of partnership and with acknowledgement of the important role our members play, we want to ensure early engagement with health departments as the Division begins the process of developing a testing initiative and funding mechanism.

As outlined in Institute of Medicine (IOM) report *Hepatitis and Liver Cancer: A National Strategy for Control of Hepatitis B and C* and the Department of Health and Human Services (HHS) *Combatting the Silent Epidemic of Viral Hepatitis: Action Plan for the Prevention, Care and Treatment of Viral Hepatitis*, increasing the number of people aware of their viral hepatitis status is critically important. We applaud your commitment to ensure that the new federal funds are directed to testing initiatives as is the Congressional intent.

Given the current economic climate, the uncertainty of this level of funding in coming years, as well as the need to demonstrate effectiveness, NASTAD offers the following recommendations for the development of a national testing initiative and funding mechanism:

- **Eligibility** – All states and territories should be eligible for funding. Due to the lack of strong surveillance data for viral hepatitis, it would be impossible to adequately determine which jurisdictions have the highest incidence or prevalence of viral hepatitis. Similarly, due to the uncertainty about continued funding for this initiative, the Division should approach this initiative as demonstration or pilot projects. In addition, with the need to build an evidence base of effectiveness, the initiative should include outcomes that inform the field and that can be replicated in various jurisdictions with varying amounts of funding.

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We encourage the Division to adopt a model that funds high, medium and low population jurisdictions equitably.

- **Category A:** We recommend that each jurisdiction be eligible for base funding in the amount of \$75,000 which would be used to provide hepatitis B (HBV) and/or hepatitis C (HCV) testing based on current (and forthcoming) CDC testing recommendations.
- **Category B:** In addition, another category of funding should be available for at least 12 demonstration projects in high, medium and low population jurisdictions. We recommend an award ceiling of \$600,000 for high population jurisdictions, \$400,000 for medium population jurisdictions and \$300,000 for low population jurisdictions. While the demonstration projects would be awarded competitively, the FOA should indicate the number of awards that will be made in each tier. The demonstration projects would focus on specific populations, testing recommendations or venues.

Two projects in the amount of \$200,000 each would provide support and technical assistance to jurisdictions. Finally, the remainder of funds would be for internal capacity within the Division.

- **Testing** – Demonstration project applicants should have the option to provide hepatitis B testing, hepatitis C testing or both. As jurisdictions may already have funds to support HBV and/or HCV testing, they should be given the opportunity to determine what testing is most appropriate to provide within their jurisdiction. We encourage the Division to require grantees to utilize the funds to provide not only a screening test, but confirmation testing as well. Jurisdictions should have the flexibility to utilize traditional laboratory testing and/or other commercially available devices (e.g., Home Access kit, OraSure Rapid HCV test). Testing should be targeted towards populations bearing disproportionate burden of infection. Given the limited research and guidelines on testing, jurisdictions should outline in applications which populations will be targeted and why.
- **Integration-** As populations at risk for viral hepatitis infection may also be at increased risk for HIV and STD infection, we recommend where appropriate that jurisdictions integrate viral hepatitis testing into existing public health infrastructure. In addition, persons at risk for HCV infection may have a history of drug use, so offering testing in behavioral health settings is recommended.
- **Funding Mechanism/Budget Period** – Funds for both category A and category B should be awarded through a supplemental grant process for currently funded Adult Viral Hepatitis Prevention Coordinators (AVHPC) and/or HIV or STD prevention grant. Many jurisdictions currently do not have a viral hepatitis testing program in place. As such, we recommend the budget period for this initiative be no less than 18 months to ensure enough time to implement the testing initiative. This time would allow for a grant process at the state level and time to provide capacity building and technical assistance to grantees. In addition to funds for testing, grantees should be able to utilize funding for personnel, travel, supplies, training, policy and protocol development, etc.

The supplemental funding announcement should also include language that would support the funding of additional jurisdictions in category B should additional funding be allocated.

- **Data Collection** – Good public health requires the proper monitoring and evaluation of programs. We support the Division requiring grantees to collect, maintain and report an appropriate amount of data. Since the Division does not provide adequate funding for surveillance activities, this data collection needs to be balanced with the amount of funding provided. Data collected should directly inform jurisdictions and CDC on populations with increased incidence. Health departments should be consulted on data collection variables.
- **Linkage to Care** – We recommend including a component in the initiative that grantees outline how they will link infected individuals to care, or how jurisdictions will work to identify pathways to care. At the same time, capacity building and technical assistance must be available through CDC and/or other organizations to support this.
- **Education** – Guidance should be provided to grantees regarding ongoing education and awareness activities that the Division is implementing and how this will support local testing efforts. Grantees should also receive guidance on implementing existing and forthcoming viral hepatitis testing recommendations developed by CDC. The Division should allow the use of grant funds to support local education and awareness activities to encourage testing among targeted populations. This should be done in conjunction with existing and planned CDC education efforts.
- **Lessons Learned** – We encourage the Division to consider lessons learned from the 317 Adult Hepatitis B Vaccination Initiative as you develop this project. Jurisdictions experienced challenges in implementing the 317 initiative due to the fact that no funds were provided for infrastructure, staff, training or travel. Similarly, the uncertainty of continued funding for the 317 Initiative was a barrier to implementing programs as contractors and providers were cautious about initiating programs if there was not going to be continued funding. These issues should be considered as you develop the testing initiative and outline what the objectives and expectations are of grantees.

Thank you for your consideration of these recommendations. We look forward to learning more about the process for input and timeline the Division has in place to develop this exciting new effort. If you have questions, please do not hesitate to contact me at (202) 434-8090 or by email at jscofield@nastad.org.

Sincerely,



Julie M. Scofield
Executive Director

cc: Ron Valdiserri
Kevin Fenton
Jeff Efird
Geoff Beckett
Gilberto Ramirez