

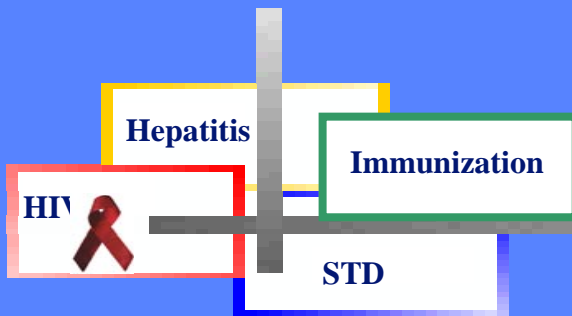
Leveraging Resources for Hepatitis – How We Did It *Iowa's Experience*

**National Viral Hepatitis Technical Assistance Meeting
September 29 – October 1, 2008**

Randy Mayer
HIV/AIDS/Hepatitis Program Manager
Iowa Department of Public Health



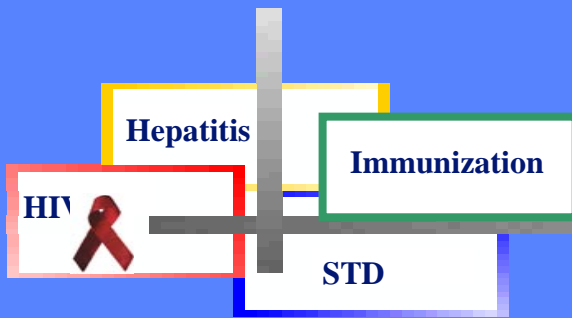
Iowa



- Population: 2,982,085
- 5,964 IDU (0.2% - past 18 months)
- 2nd Most Meth Labs in the Nation; 1,500 in 2004
- 53,678 estimated cases of HCV
- 10,630 cases reported (2007)



Iowa Statistics - 2007

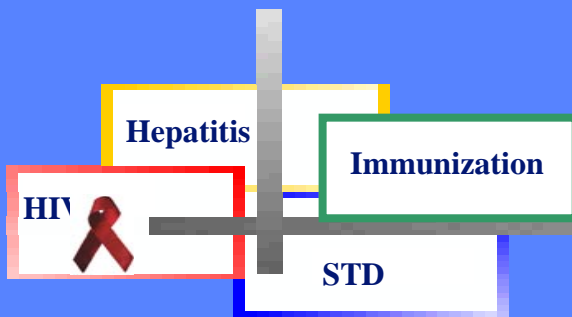


HCV EIA Testing	Tested		Positive	
	#	#	%	
Total – 11 Sites	1,345	124	9%	

Immunizations – 11 Sites	1 Dose	2 Doses	3 Doses	Total
Hepatitis A – monovalent	592	68	--	660
Hepatitis B – monovalent	568	225	54	847
Twinrix – bivalent	1,481	531	136	2,148
Any vaccination				3,655

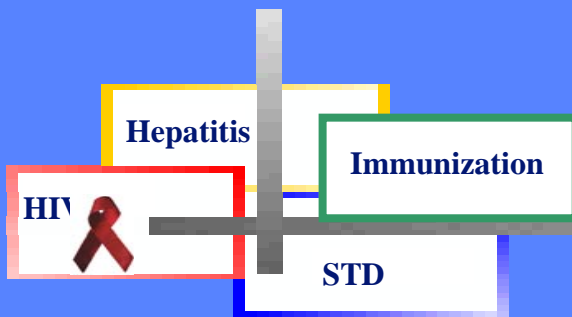


History



- 2001 Immunization Program joins Bureau of Disease Prevention (HIV, STD, and TB)
- 2002 First Hepatitis C Coordinator hired by IDPH, housed in Center for Acute Disease Epidemiology
Viral Hepatitis Task Force formed
- 2003 Hepatitis C Coordinator moved to the Bureau of Disease Prevention and Immunization

History - 2003

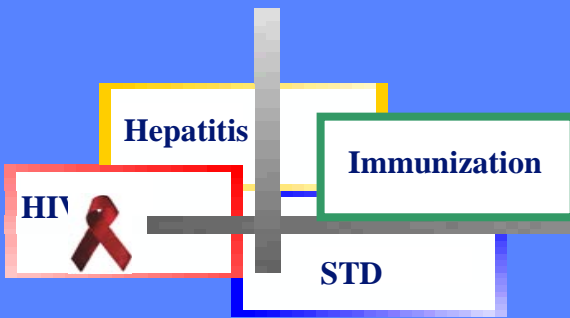


Hepatitis C Coordinator interacts with HIV CPG

ELC carry-forward funds used to initiate pilot project – Hep C testing, Hep A and B immunizations at one county HIV CTR site. IDU HERR provider made referrals to CTR site. Program expanded to 6 CTR sites.

Immunization Program devotes \$65,000 for Hep A and B vaccine administration and infrastructure needs at 6 CTR sites. Vaccine also provided.

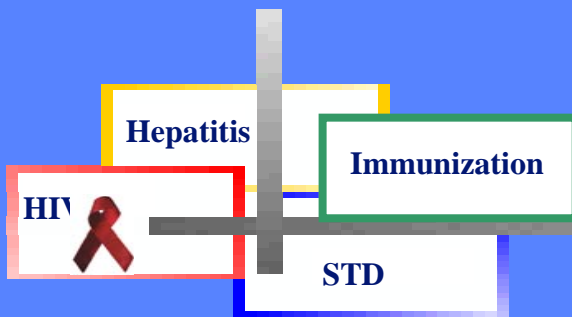
Viral Hepatitis Budget - 2003



Contractor	Source of Funds		
	HIV	Hep C/ ELC	Immunization
6 HIV/STD CTR Sites (4 testing and vaccine, 2 vaccine only)	----	\$3,000 One-Time Carryover	\$65,000 317 Funds
Laboratory Support	----	\$13,000	

- Included in HIV & Immunization Contracts





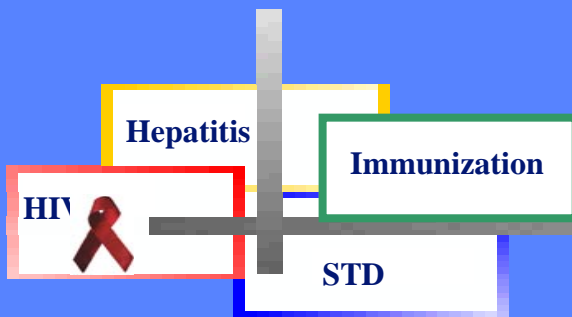
History - 2003

New Cooperative Agreement Cycle for HIV Prevention
(2004 to 2008 – now extended to 2009)

Explicitly mentions HCV in grant guidance and recommends integration activities:

“Hepatitis prevention programs – Support local efforts to integrate viral hepatitis services into existing public health programs...”

“When possible, HIV prevention services should include screening for hepatitis viruses (e.g., hepatitis A and B in MSM and hepatitis B and C in IDU) and provide or link those needing immunizations for hepatitis A and B to such services. *HIV funds may be used for hepatitis testing, but not immunizations against hepatitis A or B.* CPGs must be involved in this decision, e.g., indicate in the HIV comprehensive prevention plan the need to provide such services.”



History - 2004

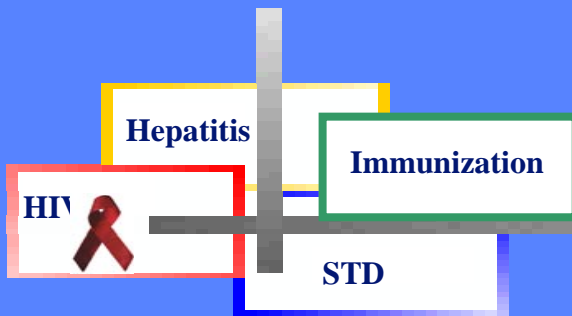
Hepatitis C Coordinator applies for and receives funding from CSTE to draft a statewide viral hepatitis plan. Task Force revitalized. HIV Program Manager and CPG Members join Iowa Viral Hepatitis Task Force.

CPG endorses use of HIV funds for HCV testing in HIV Prevention Cooperative Agreement:

- Funding for HCV Testing
 - Laboratory Support
 - HIV/STD CTR Site Support

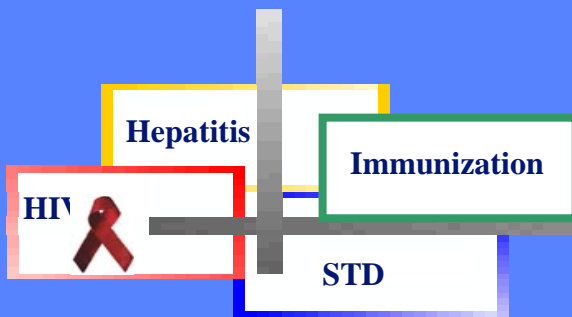


Viral Hepatitis Budget - 2004



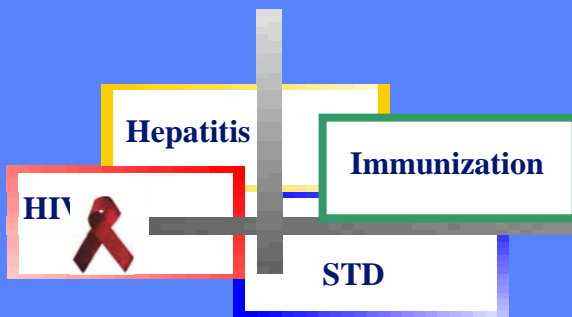
Contractors	HIV Funds	Hepatitis C	Immunization
8 HIV/STD CTR Sites – testing & immunization	\$8,000 (\$1,000 each)	----	\$65,000 317 Funds
Laboratory Support - HCV	\$12,000		

History - 2004



2004 In April, the Hepatitis Task Force works with Iowa State Legislature to introduce and pass House Resolution 145 and Senate Resolution 139, which recognized May 2004 as hepatitis C awareness and education month and called for IDPH to provide policy and program recommendations related to HCV to the General Assembly by December 31, 2004.

History - 2004



Viral Hepatitis Plan

1. Legislative and Policy Development

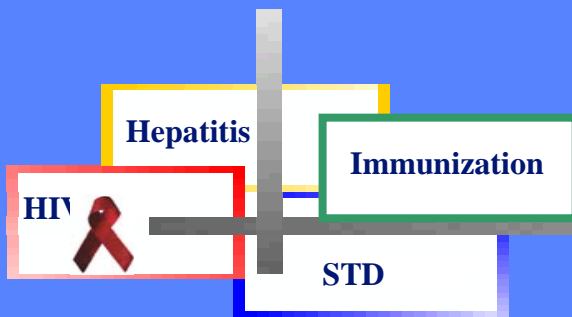
Goal 1: Identify effective, accessible, and affordable case management and treatment services to prevent or limit the progression and complications of HCV infection and improve the affected individuals' quality of life in Iowa

Objective 1: Establish HCV as a legislative priority.

Activities:

1. Increase legislative awareness and knowledge of the disease's prevalence, natural history, treatment options and outcomes, as well as its financial, human, and medical burden across many demographic groups in Iowa.
2. Raise awareness of necessity to address funding for increasing provider capacity.

History - 2005

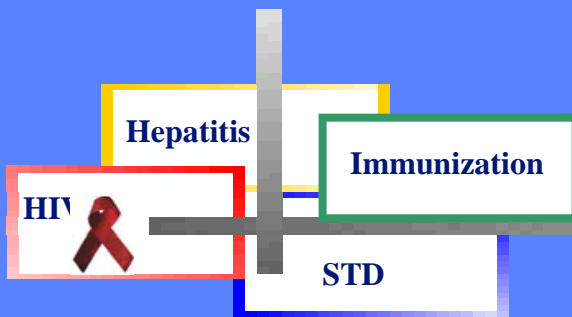


House File 374 is introduced and passed, largely without departmental interaction. Called for Hepatitis C Awareness Program for Veterans in larger bill.

“ The department shall establish and administer a hepatitis C awareness program. The goal of the program shall be to distribute information to veterans regarding the higher incidence of hepatitis C exposure and infection among veterans, the dangers presented by the disease, and contacts for additional information and referrals.”

\$20,000 annually

History - 2005



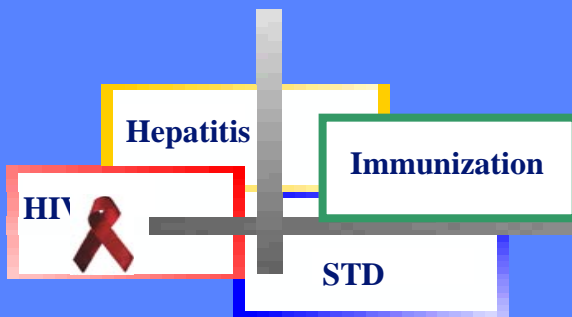
Meeting with industry reps and health department follows passage of Veterans' bill.

- Agreement to improve communication and coordination.

Task Force prepares for next legislative session with prioritization of “asks.” Works with industry partners.

Industry partners take lead on identifying champion, drafting legislation, and overseeing introduction of study bill. Testing and immunization identified as areas of priority.

History - 2006



Jan 1 – Hepatitis coordinator joins HIV/AIDS Program.

Feb 1 - House Study Bill 618 introduced - Establishes Viral Hepatitis Program, provides funds for HCV testing and Hep A & B vaccine. (Originally included 1 FTE for surveillance).

Feb 22 – House Study Bill becomes House File 2493 after approval by Human Resources Committee.

Feb 22 – The Iowa Viral Hepatitis Task Force organizes the 1st annual Hepatitis Awareness “Day on the Hill.” Followed model of HIV Day on the Hill in 2005, which resulted in a \$375,000 allocation for ADAP.

Morning training on Advocacy and how to “ask.”

Lunch buffet line for Legislators and the public, with Hepatitis Fact Sheets and lots of “advocates” ready to talk.

Instructions for follow up with legislators.

Debrief after the event.

Day on the Hill

Hepatitis

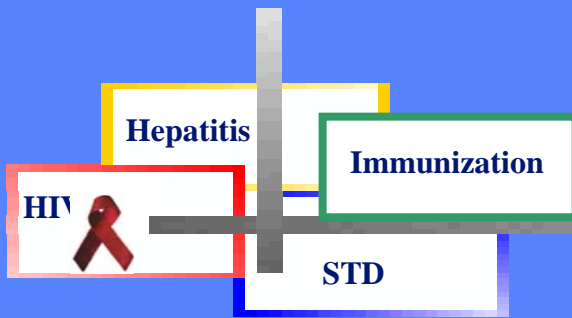
Immunization

HIV



STD





History - 2006

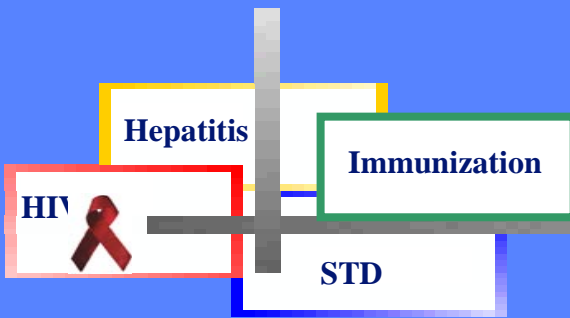
**April – House File 2493 approved and signed by Governor.
\$158,000 for HCV testing and Immunizations. No FTEs.**

Laboratory support	\$25,000
CTR contractors – HCV testing	\$82,500
Vaccine – to Immuniz. Prog.	\$50,000
Other	\$500
Total	\$158,000

**Section 317 funds continue - \$65,000 to CTR sites for
vaccine administration and infrastructure.**



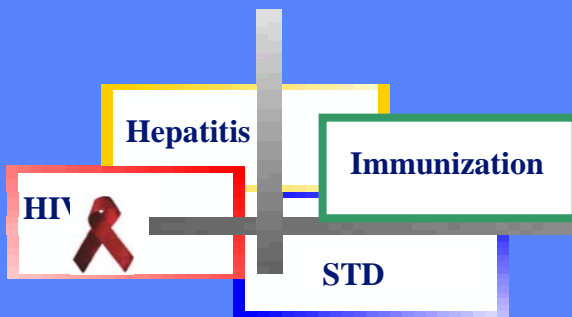
History - 2006



Chris leaves for NASTAD!



History - 2006



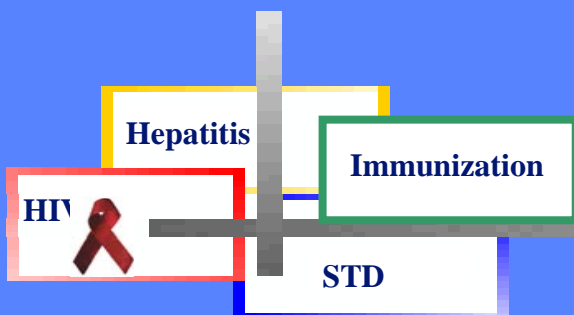
May - Advocacy training in Des Moines – sponsored by Pfizer and the CPG.

Decision to combine HIV and hepatitis advocacy efforts and form an independent organization to lead these efforts.

CHAIN – Community HIV/AIDS & Hepatitis Advocates in Iowa Network

- **Takes over Hill Day activities**
- **Takes lead on Advocacy training across state**
- **Drafts legislation and grooms champions**

History - 2006



Community HIV & Hepatitis Advocates of Iowa Network

CHAIN

**Thursday
February 7, 2008**

Advocacy Training
9:00 to 11:00 AM
Elm Christian Fellowship
525 E 9th Street

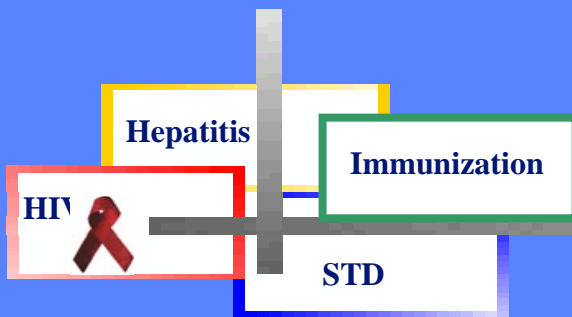
Legislative Luncheon
11:30 AM to 1:30 PM
Iowa State Capitol
Room 116

Don't miss this opportunity to
educate your legislators about
health issues that are important
to you!

Please RSVP by Jan 25
to Caitlin McSweeney:
214-293-3015 / 515-401-9243 or
caitbrady@yahoo.com



**Scholarships for lodging
and transportation
available.**

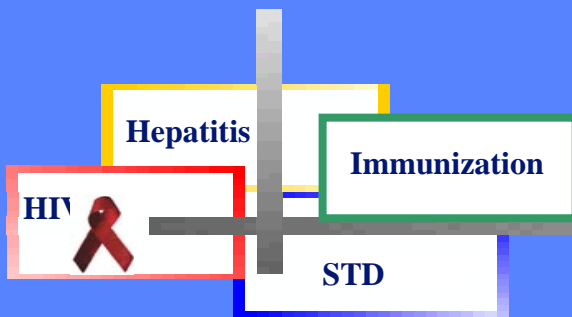


History - 2007

2007 – 2009 RFP for HIV CTR Sites: All funded HIV CTR sites required to deliver HCV testing and Hepatitis A and B immunizations. Expand to 11 sites.

“Because individuals at high risk for HIV are also at risk for viral hepatitis, CTR programs are required to provide the following to high-risk individuals:

- Education on viral hepatitis;**
- Hepatitis C counseling and testing for high-risk individuals, as defined below;**
- Hepatitis A and B immunizations for high-risk individuals, as defined below.”**

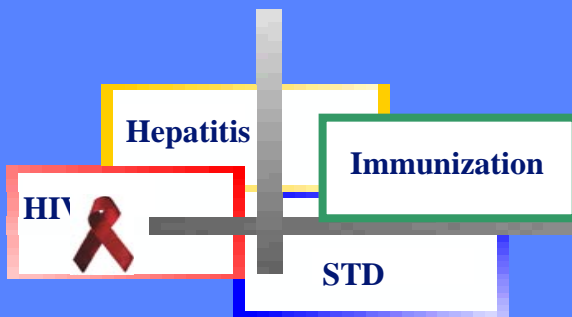


Hepatitis Services

- **HCV Counseling & Testing – State funds**
 - IDU or history of IDU
 - Received blood, blood products, transplants prior to 1992
 - Long-term hemodialysis
- **Hepatitis A/B Vaccination – State and Section 317 funds**
 - Any substance use
 - MSM
 - HIV+ or HCV+
 - Current STD diagnosis
 - Sex partner of HIV-, HAV-, or HBV-infected person



History - 2007



2007 – 2009 RFP for HIV Health Education and Risk Reduction Projects:

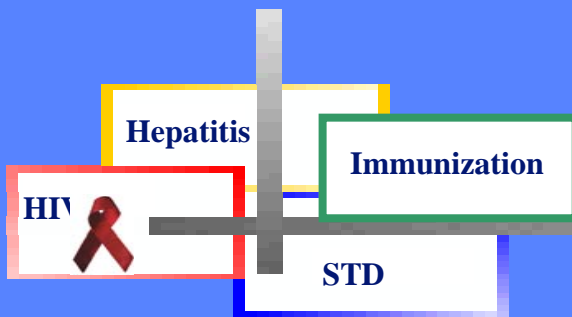
ELIGIBLE APPLICANTS - Successful applicants must demonstrate the capacity to meet the following criteria:

Provide community-based HIV health education/risk reduction activities and referrals to HIV testing, hepatitis C counseling and testing, STD testing, and hepatitis A & B immunization.

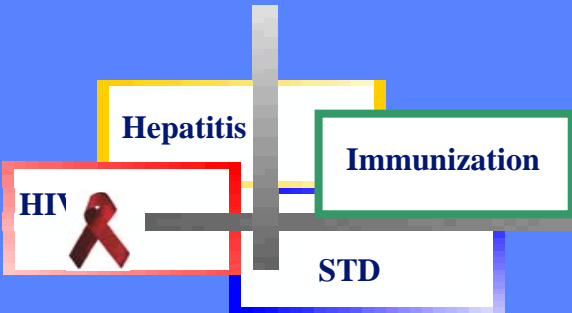
General Requirements

Provide health education/risk reduction activities that promote knowledge of HIV, viral hepatitis, and STD infection to any of the following high-risk, under-served groups (priority populations):

2007 and 2008



- **Failed to result in legislative action**
- **2007 – Advocacy priorities – Hepatitis surveillance and HIV prevention – no legislation introduced**
- **2008 – Legislation introduced – did not address priorities – HIV prevention ask repackaged as racial and ethnic health disparities**
- **2009 – Focus on departmental endorsement and draft of legislation.**



For More Information...

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