

# Hepatitis Prevention and Control Plan for the State of Nevada

## Evaluation

May 2008

This plan is scheduled for updating before the end of 2008 for implementation by January 2009 for the next four-year period, 2009-2012.

The State's Hepatitis Prevention and Control Plan was the product of work by many individuals and partners throughout the State of Nevada. They represent a cross section of public health, local and state government, and the private sector. The state plan was completed in September 2004 and implemented the following January 2005. The plan was to guide hepatitis activities statewide for the ensuing four years (2005-2008).

The plan includes seven goals under the broad headings of Surveillance, Prevention, Intervention and Control, and Collaboration with time ended objectives and activities under each goal. The progress or status on meeting the goals and objectives in this plan is provided in the following pages so interested persons may comment on the continuation of goals and objectives that were not met or only partly achieved, or for persons who want to suggest new goals and objectives for an updated State Hepatitis Prevention and Control Plan. The Nevada State Hepatitis Advisory Committee will be working with the Hepatitis C Task Force to update the current plan so it can be implemented by January 2009.

Comments on the plan, the evaluation, or new goals and objectives can be sent to the Nevada State Health Division, Adult Viral Hepatitis Prevention Program, Bob Salcido, MPH, (775) 684-5930, at [bsalcido@health.nv.gov](mailto:bsalcido@health.nv.gov). Comments and suggestions will be shared with the State Hepatitis Advisory Committee and the Hepatitis C Task Force. Please include your contact information, in case any clarification of your comments or suggestions is sought. You will also receive a copy of the updated State Hepatitis Prevention and Control Plan when it is completed.

You may want to actively participate in the process of updating the current plan. The State Hepatitis Advisory Committee holds quarterly meetings that are open to the public. The next Advisory Committee meeting is scheduled for June 2008 and the date, place and time will be posted on the Health Division website or you may call Bob Salcido at the above telephone or e-mail for this information. The meetings are usually held at the State Health Division, 4150 Technology Way in Carson City, but persons may access the meeting by telephone with a special conference telephone number and access code.

## GOALS AND OBJECTIVES

### SURVEILLANCE

The following goals and objectives are high priorities in developing an effective surveillance system for hepatitis.

#### **Goal 1: Improve current surveillance mechanisms.**

*Objective 1.1:* Identify all laboratory sources of hepatitis data statewide.

Status: Met

Discussion: There are three primary clinical laboratories in Nevada; LabCorp, Quest and Clinical Pathology Laboratory. The Nevada State Public Health Laboratory has locations in Reno and Las Vegas. In addition to these laboratories, every hospital in Nevada has laboratory capabilities, but most send out hepatitis screening requests, viral loads, and genotype identification to the above stated laboratories.

The Centers for Disease Control and Prevention (CDC) provides reference laboratory support for advanced hepatitis testing. Quest provides laboratory reporting through electronic reports (ELR) and LabCorp provides their reports through a secured fax. The State Laboratory is developing ELR that may be implemented in 2009.

*Objective 1.2:* Maintain a consistent, centralized hepatitis data repository.

Status: Partially Met

Discussion: The State Health Division implemented a communicable disease reporting system in 2004 (NEDSS, National Electronic Disease reporting Surveillance System), but the Southern Nevada Health District chose to continue to use the DOS-based NETSS (National Electronic Transmission Surveillance System) that is no longer supported by the CDC. NEDSS provides a central repository for acute and chronic cases of hepatitis and provides data reports to analyze disease trends. Disease reporting requirements can be found at the State Health Division website [Health.nv.gov](http://Health.nv.gov) under the Communicable Disease section and a standard disease reporting form can be printed or downloaded for reporting purposes. Provider seminars with instructions on what needs to be reported and how were never implemented, which was an activity under objective 1.2. The State and County Health newsletters that are sent to most health care providers and facilities in the state cover disease reporting at least annually.

*Objective 1.3:* Improve utilization of viral hepatitis data for evidence-based decision making.

Status: Met

Discussion: Hepatitis information is routinely collated and analyzed by the State and County Epidemiology Programs and by the State Health Division Hepatitis Prevention Program. These reports are often requested for decision-making purposes, but these reports should be published routinely. As the State Health Division develops more hepatitis disease reports that cover disease incidence/prevalence trends, risk factors, and other hepatitis information, we will place these reports on the State Hepatitis web pages.

**Goal 2: Improve identification of hepatitis cases.**

*Objective 2.1:* Offer hepatitis education to 100 percent of the state’s licensed health care providers.

Status: Partially Met

Discussion: A goal that requires 100% adherence is usually never achieved. The state and other agencies provide Hepatitis conferences that target health care professionals at least annually. Pharmaceutical companies and vaccine vendors also provide educational opportunities for providers at webinars and teleconferences and after-work educational forums. CEUs are often offered for these conferences and forums. Southern Nevada AHEC has developed a Hepatitis C educational training for providers and offers training throughout the year. In addition to these local educational opportunities, other state and national hepatitis programs offer training that focuses on training providers that are open to all persons. Both State and National Hepatitis websites often offer on-line training. Since providers do not have to report these trainings to the state, the exact percentage of providers who take advantage of these educational opportunities is unknown.

PREVENTION

Prevention is the process of providing information and education services to healthy populations to allow them to make decisions that will reduce their risk and protect them from contracting the disease. Prevention also includes immunizing at-risk populations. The following goals, objectives, and activities are priorities for the development of an effective prevention program.

**Goal 3: Prevent infection.**

*Objective 3.1:* Educate members of the public concerning interventions and effective strategies to prevent infection.

Status: Met

Discussion: As with health care providers, there are abundant educational opportunities to provide interventions and effective strategies to prevent infection. Health education that targets those at risk are available by state and county hepatitis, epidemiology, and health education programs. National hepatitis advocacy groups provide information to the public on prevention, and pharmaceutical and vaccine manufacturers provide brochures and information that covers hepatitis prevention. Developing specific messages to high-risk groups at the right literacy level is always a challenge and could be improved locally and nationwide.

*Objective 3.2:* Educate health care providers about interventions and effective strategies to prevent infection.

Status: Partially Met; See Objective 2.1

Discussion: Although hepatitis education and awareness programs have been offered regularly to providers and Health Care Workers (HCWs) in Nevada in the past four years, the hepatitis C outbreak in Las Vegas indicates that we could improve interventions that should include infection control practices in out-patient health care settings.

*Objective 3.3:* Analyze current laws and practices to determine whether changes should be made that would enhance prevention efforts in the state.

Status: Partially Met

Discussion: Since the implementation of the State Hepatitis Prevention and Control Plan, school regulations requiring the vaccination of new school enterers against hepatitis A and B was passed. No similar laws that would require Injecting Drug Users (IDUs) to be vaccinated have been proposed, but hepatitis A and B vaccination is routinely offered to this at risk group at STD, and immunization clinics, by HIV early intervention clinics, and by many substance abuse facilities.

#### **Goal 4: Improve hepatitis A and hepatitis B immunization rates.**

*Objective 4.1:* Immunize people in sensitive occupations, high-risk adults, and incarcerated populations.

Status: Partially Met

Discussion: Clark County requires that food handlers be vaccinated against hepatitis A and other Nevada counties are considering adopting this practice. Many day care centers require both day care workers and children attending these day cares (e.g., Head Start) to be vaccinated against hepatitis A. Federal law (OSHA Bloodborne Pathogen Standard) requires that all HCWs potentially exposed to infectious blood or body fluids be vaccinated against hepatitis B at their employer's expense.

The childhood immunization coverage for hepatitis A/B has improved each year since these vaccines have been required or offered to susceptible children. The coverage level for adolescents and adults is more difficult to assess as there is no routine age where a coverage assessment could accurately determine how effective vaccine efforts have been for this group.

## INTERVENTION AND CONTROL

Intervention and control of hepatitis is the process of identifying as many hepatitis infected persons as possible and offering effective and accessible services to prevent or limit the progression and complications of hepatitis infection.

### **Goal 5: Prevent disease.**

*Objective 5.1:* Offer post exposure prophylaxis (PEP) to all persons exposed to HBV or HAV infection, as appropriate. There is no PEP for HCV.

Status: Partially Met

Discussion: Most PEP is practiced in acute care settings after being exposed or potentially exposed to infectious blood or body fluids. This information is not routinely reported to the State Health Division, but documentation is required by the OSHA Bloodborne Pathogen Standard in the Exposure Control Plan. Hospitals, health care agencies, first responders (Fire, Police, EMS, etc.) and private providers are required to adhere to this Standard and provide PEP for employees after an exposure to potentially infectious blood or body fluids.

PEP is recommended for persons exposed to HIV and Hepatitis B and although there is no prophylaxis for Hepatitis C, standard follow-up testing is recommended after exposure to determine if infection has occurred.

*Objective 5.2:* Offer appropriate vaccination to susceptible persons with chronic hepatitis infection.

Status: Partially Met

Discussion: Nevada's Hepatitis Prevention Program has been working towards this effort since receiving federal funds in 2001 to improve hepatitis services to adults at risk. Several public and private agencies routinely provide hepatitis A/B vaccination to persons with chronic hepatitis C or who are at risk for contracting hepatitis (IDUs). STD, immunization, HIV programs, substance abuse centers, and the incarcerated are currently targeted for vaccination. Expanding these efforts to private providers and to increase the number of sites where vaccination can be provided to adults at risk is an objective that has not been fully achieved. Providing hepatitis A/B vaccination to person with chronic Hepatitis C is a medical standard of care.

**Goal 6: Improve the availability of comprehensive services to those clients infected with viral hepatitis.**

*Objective 6.1:* By 2006, identify barriers and improve access to medical care and treatment for viral hepatitis.

Status: Partially Met

Discussion: Nevada's Adult Viral Hepatitis Prevention Program would like to improve progress in providing access to medical care and treatment for those with chronic hepatitis. The largest barrier is funding as medical care and treatment of chronic hepatitis is often expensive. Hepatitis treatment can be ineffective and relapse is common. Not everyone can receive treatment and treatment is often not well tolerated because of treatment side effects. New and better treatments with reduced side effects are on the horizon. The lack of treatment options for those with chronic hepatitis is a barrier. Pegylated interferon with Ribavirin is the only approved treatment for chronic hepatitis that is provided for various treatment periods based on hepatitis genotypes and host response to treatment.

*Objective 6.2:* Ensure availability of counseling, case management, referral, and treatment for persons found to be infected with viral hepatitis.

Status: Not Met

Discussion: A case management program funded by the State Adult Viral Hepatitis Prevention Program (AVHPP) for those with chronic hepatitis will be implemented in Clark County by the Southern Nevada Health District to follow-up persons who have tested positive for hepatitis C or who are at risk for contracting hepatitis. Hepatitis screening, counseling, vaccination, medical evaluation and treatment, and mental health and substance abuse services are needed for persons with chronic hepatitis.

*Objective 6.3:* Enhance the knowledge and skills of health care professionals to deliver comprehensive hepatitis services.

Status: Partially Met, See objectives 2.1 and 3.2

Discussion: Educational opportunities are made available each year to providers to discuss the various aspects of chronic hepatitis that includes case management. The State AVHP Program will try to improve the education that providers receive that covers comprehensive hepatitis services. Several state hepatitis partners are developing educational programs for providers and improving comprehensive services to those with chronic hepatitis is a goal of the AVHP Program.

## COLLABORATION

The implementation of the objectives and activities described in this plan require the collaboration of state and local partners. The following items are priorities for the progression of hepatitis prevention and control activities in Nevada.

### **Goal 7: Ensure sustainability of the statewide hepatitis plan.**

*Objective 7.1:* Improve collaboration and coordination between state and local public health and community-based organizations.

Status: Met

Discussion: The Nevada Hepatitis Prevention and Control Plan was created from a cross-section of public health, local and state government, and the private sector by many individuals and partners throughout the State. Since this time a 501.3c organization, the Hepatitis C Task Force has been instrumental in advocating for persons with chronic hepatitis and has implemented hepatitis awareness campaigns throughout Nevada. The Task Force has also created hepatitis education programs that target the community. A State Hepatitis Advisory Committee was convened by the Health Division to implement the goals and objectives of the state plan. Several diverse agencies, CBOs, and individuals interested in hepatitis serve on the committee that meets quarterly.. It is the Advisory Committee and Hepatitis C Task Force that will review the current State Hepatitis Prevention and Control Plan and update those portions of the plan that have been achieved, to continue some goals and objectives, and to create new goals and objectives that are currently not in the plan. The review and updating of the State plan is on schedule and a new plan will be approved and updated for implementation in January 2009 to guide hepatitis services in Nevada for the next four years (2009-2012).

*Objective 7.2:* Provide information and education about hepatitis to policymakers and key stakeholders.

Status: Met

Discussion: The Hepatitis C Task Force provided hepatitis information to key policy makers at the 2007 Legislative Biennium and has tried to solicit additional funding for hepatitis services in Nevada. The State Hepatitis Advisory Committee cannot lobby, but hepatitis information is provided to Advisory Committee members routinely so that this information can be used to influence policy members. Two hepatitis C bills were passed during the last biennium that dealt with first responders and nurses who contract hepatitis C on the job and their rights to health coverage.