



“The Liver Works”
 News of the Viral Hepatitis Integration Projects
 And Hepatitis C Coordinators
 Volume VI January 2003

**News From the “Front”
 VHIP Updates**

San Diego

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Highlights:

1. February 2002: Established STD Hep e-news electronic mail system to facilitate timely distribution of important information to health practitioners and service agencies. Since inception, the mail list has grown to 573 unique e-mail addresses and 8 updates have been distributed. If VHIP partners would like to receive these updates they should e-mail STDHep.hhsa@sdcounty.ca.gov and write “subscribe” in the subject line.
2. July 2002: Article, “Hepatitis B Vaccination Among High-Risk Adolescents and Adults – San Diego, California, 1998-2001” published in July 19, 2002 Morbidity and Mortality Weekly Report (Vol. 51/No. 28). This article reported on the San Diego effort to improve vaccination rates of at-risk adults and older adolescents throughout the community from 1998-2001. With the collaboration of community agencies, nearly 18,000 at-risk persons began the hepatitis B vaccine series and more than 45,000 doses of vaccine were administered. The article is available in PDF format at: www.cdc.gov/mmwr
3. September 2002: Second annual hepatitis professional education conference, “Hepatitis & STDs: What Substance Abuse & HIV Service Providers Need to

Know – Integrating Prevention Services”. The conference was attended by 244 persons, representing more than 40 unique health and social service agencies throughout the community.

Services Delivered 10/01 through 9/02:

TABLE 1: Number of clients accepting a first hepatitis B vaccine dose by program site

SITE:	DOSE 1
STD Clinics	3,218
HIV C & T Sites	920
DrugCourt/Probat.In Recovery	525
Lesbian and Gay Center	125
County Jails	682
Job Corps	428
Wound Care Mobile Clinic	128
Drop-in (IDU) Center	95
TOTAL:	6,121

Table 2: Number of clients accepting a first hepatitis A vaccine dose by program site

SITE:	DOSE 1
STD Clinics	952
HIV C & T Sites	355
DrugCourt/Probationers.In Recovery	128
Lesbian and Gay Center	273
Drop-in (IDU) Center	43
TOTAL:	1,751

Table 3: HBV and HCV Screening by Program Site

SITE	HBV Tested	Anti-HBc+	HBsAg+	HCV Tested	HCV+
STD Clinic	1422	312	33	1009	232
Drop In Center	100	24	0	102	51
Mobile Homeless					
Wound Care	39	17	0	39	23
Teen Outreach	6	3	1	6	2
Drug Court & Probation	91	10	0	91	14
HIV C and T sites	1103	196	5	1097	97
TOTAL	2761	562	39	2341	419

Colorado

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Colorado's Viral Hepatitis Program has continued to expand activities on many levels. In 2002, Wendy Griffin was hired as Nurse Consultant and Cara Silva Huff as Perinatal Hepatitis B Case Manager. These two additions bring the Program to full staff.

Training: The curriculum "Integrating Hepatitis C into HIV/STD Prevention Counseling and Partner Elicitation" developed by the Texas Department of Health was adapted for Colorado. Trainers from the Colorado and Texas Departments of Health collaborated in training for VHIP staff. Viral hepatitis prevention was also integrated into the course "STDs for Non-Clinicians."

The Program also assisted in the development of a Train-the-Trainer program for public safety workers and first responders. This project, in coordination with the HIV/STD Section will include curriculum and materials development, along with actual training. This project will

provide current recommendations on medical management of exposures to hepatitis A, B, and C.

Partner Notification: A small partner notification pilot project was conducted on the Western Slope of Colorado from October 2001 through March 2002. Integration of hepatitis prevention, counseling, and referral messages into the pre- and post-test counseling of these patients added approximately 25 minutes to the traditional HIV/STD pre- and post-test counseling sessions. Partner notification in the Denver Metro area began in April 2002. The initial target for services concentrated on needle-sharing and sexual partners of newly identified HIV/HCV co-infected individuals as identified by the Surveillance Program. Hepatitis C partner notification services will be offered to needle sharing and sex partners of recently identified HCV/HIV co-infected individuals by the STD/HIV Client Based Prevention Services Program.

Testing: A pilot program of hepatitis C testing for persons who are not also at risk for HIV, was initiated at the Denver Metro Health Clinic. However, mandated cuts in state funding reduced the amount of available funds for this program and it will not be continued. Other projects included screening of selected populations at four sites of the "9Health Fair".

Colorado was able to implement the CDC recommendations for HCV testing of asymptomatic persons. Developments in determining criteria for confirmatory testing have made the possibility of initiating this testing much more feasible. The state laboratory has begun to report HCV EIA results using the signal to cut-off ratio. The algorithm recommends confirming EIA positive hepatitis C tests with the RIBA only for EIA positive tests that have a signal to cut-off ratio < 3.8, thereby reducing the number of confirmatory tests required.

Systems to document and evaluate HCV screening are in place in the three primary Denver Health sites (STD clinic, CTS site, and Denver County Jail Public Health Screening Program). Systems include tracking of numbers tested, results, and receipt of results by HCV status. Since initiation of HCV screening of high-risk persons in the three facilities in early 2000, over 3,930 persons have been tested, with an overall prevalence of 19% and overall receipt of results of 75%. In the CTS, more detailed risk information is available for those choosing to be tested, and of 567 persons tested there to date, HCV risks include IDU in 64%, blood transfusion before 1992 in 17.4%, having a HCV+ sex partner in 7%, and other risks (including occupational exposure or using possibly contaminated personal articles of known infected persons) in 11%.

Data Gathering and Referral: Denver has recently implemented a new tool designed to gather information about those persons entering the clinics that have been previously tested HCV+. The tool is designed to measure the level of knowledge that HCV+ persons have about their infection, and offer them vaccination and medical follow up services as indicated.

A referral guide for the STD and CTS clinicians to distribute to newly diagnosed HCV+ persons has been completed. This document outlines paths of referral to Denver Health Medical Center, University Hospital, and insurance carriers, for indigent and low-income populations. The document gives step-by-step instruction on how to access care and what requirements must be met before obtaining appointments in the available clinics. Project staff is available to help patients access care and provide referrals and enrollment assistance in the Denver Health medical system.

Immunization: Beginning in 1999 in the STD clinic, clinicians discussed HBV immunization with targeted high-risk clients (men who have sex with men [MSM], persons with a history of intravenous drug use, and clients with multiple sex partners or current or past STD, clients < 20 years of age). As of January 2002, HBV vaccine was

offered to all persons registering for care in the STD clinic. For those clients who accept, the HBV vaccine is available free of charge.

At the Denver County Jail, all persons presenting for STD screening have been offered both HAV and HBV vaccine since 2001, with high acceptance rates. Of the more than 780 inmates seen since immunizations began being offered, 81% have accepted HAV vaccine and 80% HBV vaccine.

Strategic Planning: The CDPHE Viral Hepatitis Program is continuing strategic planning to develop a state plan for the Program and participating stakeholders. The process began with an internal team (including members from all programs conducting hepatitis prevention and surveillance activities) identifying key issues, projects underway, and funding available. It continued with development of an *integrated* plan that addresses hepatitis A, B and C. The Hepatitis C Coordinator and the Hepatitis Immunization Coordinator direct this project jointly. Viral Hepatitis Program staff met with internal and external stakeholders to address existing systems and resources, and gaps in services for hepatitis B and C during the strategic planning process. This activity is nearing completion and has been supported by a grant from the Council of State and Territorial Epidemiologists.

Seattle & King County

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During the Fall of 2002, S/KC VHIP revised their Protocol for Viral Hepatitis A/B/C Screening, Testing, and Immunization, to simplify and clarify issues related to viral hepatitis services for the disease intervention specialists who provide HIV counseling and testing, STD screening, and the viral

hepatitis services. This activity was carried out to ensure a better understanding of the standard of care for clients. The encounter form (which collects data on hepatitis services received) was also modified, to enhance data collection on vaccine use.

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During May 2000 – May 2002, a total of 3,482 VHIP clients were seen in Seattle and King County. The high risk groups were comprised of men who have sex with men (MSM) (1,291), injection drug users (IDU) (414), and MSM – IDU (111). Among MSM and IDU clients seen, over 50% and nearly 30% reported having a personal doctor, and insurance coverage, respectively.

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In late October, the newly hired Washington State Hepatitis C Coordinator, met with key VHIP staff to discuss successes and challenges associated with integration of hepatitis services into existing HIV/AIDS counseling and testing services in Seattle & King County.

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In early December 2002, S/KC was one of three VHIPs to participate in the workshop, “Integrating Viral Hepatitis Prevention Into Harm Reduction Programs”, at the Harm Reduction Conference, Seattle, WA (December 1 – 4, 2002).

San Francisco

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Ten Recent Program Accomplishments:

1. Revised, inserviced, and implemented the *HCV Testing Protocol for San Francisco Jails*
2. Created, inserviced, and implemented the *HBV Standardized Procedure for S.F. Jails*
3. Expanded services to County Jail #1

4. Expanded services to County Jail #8
5. Completed the matrices and began the draft for the *Local Guidelines and Recommendations for the Prevention of HCV in S.F.*
6. Revised and began using the *Multi-Infection Prevention Client Information Form* for counseling in S.F. jails
7. Revised the request brochure and distribution method for S.F. jails so that inmates distribute brochures and VHIP staff time is devoted to other activities
8. Strategized and documented evaluation processes
9. Created and gave a multi-infection counseling presentation
10. Created a more comprehensive web site that allows access to our completed documents and products (soon to be posted at: www.medepi.org/hepatitis)

Recent Barriers and Solutions:

Barrier: Lack of staff to provide counseling to inmates testing for HCV. This resulted not only in not providing counseling to all who requested it, but also in not providing testing to all who requested it.

Solution: (1) we are working to hire a counselor to provide counseling for inmates requesting HCV testing, (2) we revised the *HCV Testing Protocol*, eliminating the requirement for pre-test counseling, (3) the Forensic AIDS Project temporarily assigned a part-time, in-kind counselor to provide counseling for inmates tested for HCV.

Barrier: Difficulty accessing data collected and stored in the electronic jail system.

Solution: (1) we worked with the lab to provide us with HCV test data (2) we began a system of tabulating data from the paper trail.

Massachusetts

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The MDPH Hepatitis C Program has recently reached several important milestones. The first, as part of the Viral Hepatitis Prevention Program (VHPP), the Bureau of Communicable Disease Control (in which the Hepatitis C Program resides) is working jointly with the HIV/AIDS Bureau to procure integrated HIV/viral hepatitis counseling, testing and immunization services. While these services had already been initiated as pilot programs at five sites, this recent Request for Response (RFR) will procure viral hepatitis services at all clinic-based HIV counseling and testing sites that target injection drug users (up to ten sites may receive this funding). This procurement, in addition to a separate RFR for HIV Prevention and Education services, will make education on and referrals for viral hepatitis services mandatory for all agencies funded. While many agencies are currently providing health education and medical referrals, based on the need of the populations that they are serving, this RFR requirement will allow MDPH to provide additional training and technical assistance to those sites, as well as monitor and document the progress that is made.

In order to best utilize the patient education video that was developed in 2001, a booklet was developed which summarizes the information in the video and provides guidelines on how patients can talk to their health care provider about their hepatitis C infection. It is going to print shortly and will be disseminated with the videotapes once it is available.

The MDPH Hepatitis C Program is in the process of revising the hepatitis C surveillance system to better meet program planning needs of the state. Currently, hepatitis C infection (both acute and

chronic) is legally reportable by health care professionals to the state and local health departments in Massachusetts. Laboratory indicators of these diseases are mandated by state regulation to be reported by laboratories. The state health department coordinates and/or facilitates case investigation with the local health departments in Massachusetts. However, there are over 300 local health departments in Massachusetts, and most of them do not have the infrastructure to follow-up each case that is identified. The proposed surveillance system for hepatitis C reporting is modeled on what several other states have implemented. The system will move from a local health department response to a medical provider response. MDPH is working on the final details of this system and on how to implement it.

The Hepatitis C Coordinators' Bulletin Board



“Welcome to New Coordinators”

Welcome to Steve Hurwitz, Julie Schuitema, Richard Zimmerman, Cheryl Percy, Kathryn White, Doug Banghart, Chantal Kayitesi, Mary Asomni-Nyarko, Melanie Wallentine, Christopher Mulvaney, Darren Layman, Cecile Town, Sherry Johnson, and Libby Greene, new hepatitis C coordinators since the Liver Works V newsletter. There are now 50 Hepatitis C Coordinator positions funded, and 41 in place.

Hepatitis C Coordinators

<u>State</u>	<u>Coordinator</u>
Alabama	TBD
Alaska	Louisia Castrodale
Arizona	Steve Hurwitz

Arkansas	TBD
California	Lori Fries
Chicago, IL	Corinna Dan
Colorado	Mauricio Palacio
Connecticut	Andrea Poirot
Delaware	TBD
Florida	Sandy Roush
Georgia	Julie Schuitema
Hawaii	Karla Hays
Idaho	Kathy Cohen
Illinois	Richard Zimmerman
Indiana	Cheryl Percy
Iowa	Hal Chase
Kansas	Kristine Brunton
Louisiana	Theresa Sokol
Maine	Mary Kate Appicelli
Maryland	TBD
Massachusetts	Daniel Church
Michigan	Kim Kirkey
Minnesota	Felicia Fong
Mississippi	TBD
Missouri	Thomas Ray
Montana	TBD
Nebraska	Kathryn White
Nevada	Doug Banghart
New Hampshire	Chantal Kayitesi
New Jersey	TBD
New Mexico	Karen Gonzales
New York City	Karen Schlanger
New York State	Colleen Flanigan
North Carolina	TBD
Ohio	Mary Asomni-Nyarko
Oklahoma	Angela Horning
Philadelphia, PA	Carolyn Johnson
Rhode Island	Lorraine Moynihan
S. Carolina	Robert Ball /Libby Greene
Tennessee	Meleisha Edwards
Texas	Gary Heseltine
Utah	Melanie Wallentine
Vermont	Christopher Mulvaney
Washington	Darren Layman
Washington DC	TBD
W. Virginia	Thein Shwe
Wisconsin	Marjorie Hurie
Wyoming	Randal Wolfe
Baltimore	Sherry Johnson-PHPS
New Mexico	Cecile Town- IHS

Florida

***Program Contact:** Sandra W. Roush,
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The Growth of Florida's Chronic Hepatitis B and C Testing Program

From 2000 until 2002, only 6 of 67 counties in Florida received funding for comprehensive hepatitis programs (e.g., counseling, testing, outreach, education, vaccination). Since March 2001, the State Hepatitis Program has made hepatitis B and C testing available to the other 61 counties, at no cost. However, there was no funding for personnel, infrastructure, follow-up, etc. Any hepatitis activities undertaken by these counties represent integration of those hepatitis activities into their current infrastructure, including HIV, STD, family planning, epidemiology, immunization, and other programs.

There has been significant growth in the Florida Department of Health's Chronic Hepatitis B and C Testing Program since its statewide availability began in March 2001. This testing program is currently available at no charge to all Florida counties not receiving funding for comprehensive services. Overall, the 61 eligible counties used 2,664 laboratory panels for chronic infection in the first 5-month period of the program (March-July 2001), compared to 4,165 panels in the most recent 5-month period with complete data (January-June 2002), an increase of 61 percent.

The growth of the hepatitis testing program in the unfunded counties represents a strong commitment to good public health, and is an example of the extraordinary benefit that can be achieved by making a basic resource (e.g., laboratory test) available, the use of which is then integrated into the current infrastructure. These counties and others participating in the laboratory and/or vaccine programs, serve as a model for others trying to integrate hepatitis services using existing resources.

Indiana

***Program Contact:** Cheryl Percy,
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Status of Hepatitis C In Indiana

The current focus of the hepatitis C program has been the development of recommendations that local health departments can use in the management of hepatitis C reports. Local health departments are independent entities in Indiana and therefore are not directly accountable to the Indiana State Department of Health. However, they do use disease management guidelines and recommendations provided by the state.

A major component of the new guidelines will be the recommendation to follow up with physicians on all hepatitis C positive reports for individuals under the age of 40. Use of this recommendation will lead to tighter surveillance of acute cases.

Laboratories were required to report all positive hepatitis C reports to the Indiana State Department of Health in October 2000. This reporting requirement will lead to the creation of a hepatitis C surveillance system. Improvements to this system should occur early in 2003 with the implementation of telescan forms and the use of the new recommendations.

Hepatitis C integration into existing STD/HIV programs is being pursued with the development of a pilot project in the Fort Wayne, Indiana STD clinic and their HIV counseling and testing sites. Results from this project combined with the upcoming CDC recommendation for laboratories to use the signal to cutoff ratio of the EIA to determine whether a RIBA is needed should allow for the integration of HCV testing into the remaining STD/HIV programs at an accelerated pace.

Hawaii

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Coordination of hepatitis C integration activities:

1. Collaboration with the Hepatitis Surveillance Section & the CHOW (Community Health Outreach Worker) Program, a state-wide syringe exchange program to deliver basic hepatitis

education, A & B vaccine, and hepatitis C Home Access testing to clients served by the CHOW program at Hilo, Hawaii (Home Access kits were acquired by the hepatitis section earlier this summer). About 12 clients came to the "party" and it was deemed a successful starting step to provide needed services to this high-risk group.

2. Training Epidemiological Specialist III personnel in vaccine administration to be able to offer point of service hepatitis A & B vaccines to clients presenting for HIV/STD testing who meet criteria for vaccine. We are starting with the Epi IIIs working in the STD clinic on the island of Oahu and the Epi IIIs (HIV Counselor/Testers) on the neighbor islands of Hawaii, Maui & Kauai. We're in the beginning stages of this program, working out logistical issues such as database monitoring, forms/documentation. A training program is being planned for the last stage of the project. We hope to launch this by spring 2003.

3. Through a public health grant with Roche Pharmaceutical Company, the Executive Director from the Hepatitis C Support Project in San Francisco, CA will be coming to Hawaii January 13 & 14 to conduct a train-the-trainer workshop and patient forum on the island of Oahu. Currently, 45 department of health, contract and community clinic personnel are registered for this workshop. The workshop will certify them as Basic Hepatitis C Educators for one year and has evaluation components built into the program. The Hepatitis C coordinator will also be working with the State HIV Education Coordinator to integrate hepatitis into the HIV curriculum.

4. State Hepatitis C Strategic Plan-- reconvening a group on January 8 to look at current trends in hepatitis C and identify gaps/barriers in the system. It is planned that the group will refine the mission/vision

and break into smaller groups to identify action steps, timelines and evaluation components around the areas of surveillance, prevention and care management.

New York State

***Program Contact:** Colleen Flanigan,
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Hepatitis Integration Workshops

Five workshops on viral hepatitis integration were held across New York State. Over 300 people attended the workshops. The audience included staff from county health departments (communicable disease, HIV, STD and perinatal HBV), the state health department, correctional facilities, county jails, drug treatment programs and hospitals. Presentations included: Hepatitis A Outbreaks, Hepatitis B Vaccinations for High Risk Adults, Hepatitis C Integration, Hepatitis and the MSM population, and Integration of Services at STD Clinics. Each participant received a binder of information on viral hepatitis and hepatitis integration.

A full-day conference, *Hepatitis C: The Emerging Giant Among Us*, was held at two sites in the state (NYC and Albany). The Coordinator worked with members of the AIDS Institute and the Wadsworth Center Laboratory on planning this conference. Presentation topics included the epidemiology of hepatitis C, clinical perspective of HCV, treatment issues, integration, and nosocomial outbreaks of hepatitis C. A representative from CDC also presented on the proposed revisions to the HCV testing algorithm. There were three afternoon breakout sessions: education and counseling, case management of those infected with HCV, and case management of those co-infected with HCV and HIV. The audience included physicians, public health, drug treatment programs, HIV prevention specialists, and laboratory staff.

Hepatitis C Strategic Plan

The Council of State and Territorial Epidemiologist (CSTE) informed the New York State Department of Health in November that it would be one of two additional states to receive

funding to develop a Hepatitis C Strategic Plan. We will be working with the Strategic Consulting and Organization Performance Enhancement (SCOPE) department at the State Health Department to assist in facilitating the meetings throughout the plan development process. Core areas to be addressed in the strategic plan include, but are not limited to, prevention education and training, surveillance, medical management, and case management.

Nebraska

***Program Contact:** Kathryn White,
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Kathryn L. White was hired as the HCV Coordinator the end of August. Kathy comes with a back round in both Medical Technology and Nursing.

In November a one-day focus group to explore HCV in Nebraska was held. Representatives from the State Correctional and Public Education departments, the State Ryan White Program, County Health departments, STD clinics, HIV testing/counseling clinics, substance abuse rehabilitation centers, homeless shelters, Veterans Affairs medical facilities, Occupational Health nursing, a national pharmaceutical company, a national laboratory corporation, and impacted persons were in attendance. The group reviewed the CDC National Prevention Strategy and Guidelines for Surveillance and Case Management and discussed what they viewed as Nebraska's needs. It was agreed that funding for HCV testing was needed. Other needs identified included increasing public awareness about HCV, risk factors, and prevalence.

Possible ways to address the identified needs included 1) Pursuing grant funding for HCV testing, 2) Creating a web page with both public and professional information and links, 3) Seeking humanitarian funding

from pharmaceutical agencies for low income clients, 4) Setting up information booths at the annual state conventions for physicians, nurses, and physician assistants.

At the conclusion of the day, a group e-mail network was set up so future communications could occur quickly and without pulling health care professionals out of the clinical setting.

Nebraska has been involved with a recent HCV outbreak in an Oncology clinic. While it is unfortunate that so many people were infected in a health care environment, this outbreak has increased public awareness about HCV. It has also caused some people to re-think their preconceived ideas about HCV. Even in the 21st century there are still people who think that blood borne diseases like HCV only happen to drug addicts, runaways, prostitutes, or MSM. These people were none of the above, but rather were grandmas and grandpas from a small town in the mid-west. On the table for early 2003 is piloting a train the trainer session integrating HCV and HIV. Nebraska will be using the recently released "HIT'M" (Hepatitis Integration Training Manual) program from the American Liver Foundation. The goal of this project will be for those trained to go back to their facilities/communities and train the front line counselors, nurses, social workers, etc...throughout the state.

Iowa

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The Hepatitis C program is alive and well in Iowa. In February of this year, a planning committee was formed with four goals: develop and implement prevention and educational programming throughout Iowa; integrate viral hepatitis screening and counseling into other related programs in public health with emphasis on including health care agencies and professionals in the private sector; develop a training program on viral hepatitis for health care professionals; and develop and implement a surveillance program and infrastructure for

investigative follow-up and referral by both public and private health care professionals.

Iowa is well on the way to completing these objectives. It has been a challenge to start this program from scratch, but we have been successful because everyone has been very supportive. Although it has taken 8 months to get here, we now have a surveillance program with implementation scheduled for January 2, 2003. We expect to be successful because we have the support of most of the local county health departments to partner in this project. We have developed a training program that is modeled after the Texas and California training programs. We have begun identifying PAs, NPs, and physicians who are interested in medically evaluating and possibly treating patients who are HCV positive. The most exciting news is that we have been able to integrate viral hepatitis into other programs that serve the same high-risk patients. Our success is demonstrated by incorporating HCV counseling and testing into selective STD/HIV test sites throughout Iowa. We have also begun screening and counseling for HCV with high-risk youth at the State Training School for Boys and the Iowa Juvenile Home. All of these residents will receive HAV and HBV immunizations. We are working on educational curricula for junior and senior high school students with several Iowa school systems. We have initiated a pilot study with AIDS of Central Iowa to offer viral hepatitis screening and immunization to clients they see and counsel. We are also having our first HCV conference in January, 2003. Registration for this conference has over 100 health care professionals attending and the number is growing.

The success of this program is due in large part to those within public health and in the private sector who have embraced the need to bring viral hepatitis, specifically HBV and HCV, to the forefront of medical care in Iowa. I also would like to mention that other

HCV coordinators throughout the country have responded to my inquiries and have helped so much in putting this program together.

Division of Viral Hepatitis Updates

- **George Schmid, MD** has been named the new Prevention Branch Chief. He will join DVH in March, after wrapping up work with WHO in Geneva. He is formerly with the Division of Sexually Transmitted Diseases at CDC.
- Publication of an MMWR on the use of the signal-to-cutoff ratio to limit the number of confirmatory tests needed for anti-HCV EIA reactive test is scheduled for February, and
- The long awaited MMWR on hepatitis prevention and control in correctional populations is due to be published late January.
- Welcome to partners in four new VHIPs funded by DVH targeting high risk adolescents: San Diego County, University of Miami, the Rhode Island Department of Health and the Connecticut Department of Public Health.

Biennial Hepatitis Coordinators' Meeting, San Antonio, TX January 26-30, 2003

Remember that on Monday, January 27th there will be a special VHIP session entitled **Secrets of My Success** from 3:30 to 5:00. Please plan to attend and hear updates from your colleagues (Seattle, San Diego, Houston, Montana and New Mexico)!

Two sessions targeting C Coordinators are scheduled. The first one, Workshop 5, on January 27 at 10:30-12:30 will deal with administrative issues and barriers coordinators face in their mission to integrate hepatitis prevention and control into other prevention programs. The second workshop, **Can I have Your Recipe?**

Lessons Learned from the Hepatitis C Coordinators is scheduled January 29 at 2:00-4:00 and will highlight four (4) state and city integration programs.

We have also secured Tom Chapel and staff from Research Triangle Institute (RTI) to host an evaluation session on Thursday January 30th from 1:00pm to 4:30 (ish). This session will be an opportunity to hear about CDC's VHIP evaluation effort in collaboration with RTI. Please plan to have at least one staff member attend this important session.

Viral Hepatitis Education and Training Projects

If you're interested in knowing what the Viral Hepatitis Education and training partners are doing, check out the VHET special session—**Conceive It, achieve It, Believe It! VHETs: Lessons Learned**--on Wednesday January 29th from 2:00 to 4:00. Also check out our website to get an update from all the VHETs from their newsletter **In the Loop**. (<http://www.cdc.gov/ncidod/diseases/hepatitis/partners/index.htm>)

Also, look for the full conference agenda on our website.



We Love Liver!