Building Provider Capacity for HCV Prevention Program Integration

Vaccination



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Introductions

- Caring Ambassadors Program
- Jill Wolf, LCSW Hepatitis C Program Director
- Co-created with Chicago Recovery Alliance (CRA) and adapted from a training conducted in October 2019

We are grateful to Abbvie and Gilead for their support of this training and education program. We are also thankful to the Chicago Department of Public Health by way of the Centers for Disease Control for supporting us with seed money that contributed to the initial curriculum development.







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In honor of Dan Bigg

- Executive Director of Chicago Recovery Alliance for 25 years
- Created system for Syringe Service
 Program access and Naloxone Distribution
- Awarded The Norman E. Zinberg Award for Achievement in the Field of Medicine
- Fierce HCV Elimination Advocate
- Awarded 2017 Chicagoan of the Year
- Known as the 'Godfather of Naloxone'



Photo Credit: Nigel Brunsdon





Overall Project Goal

To build the capacity, confidence, and knowledge to integrate responsive hepatitis C (HCV) screening, testing, linkage-to-care/cure, and support programs into existing infrastructures.





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<u>Modules</u>

Module 1 - Prevention & Education



Module 2 - Screening & Testing



Module 3 - Vaccination



Module 4 - Staging



Module 5 - Treatment



Module 6 - Cure

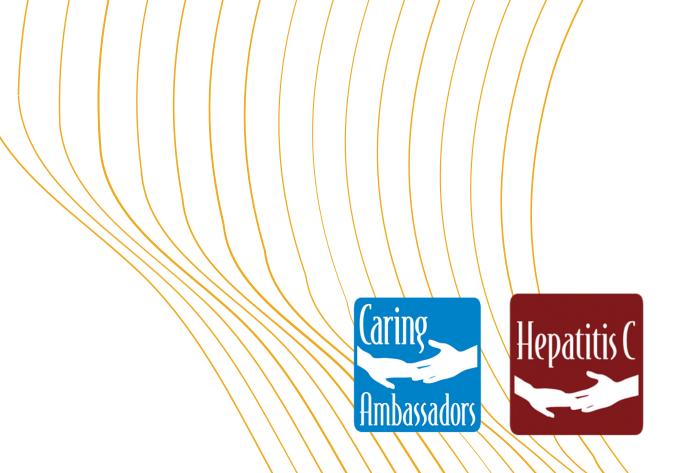


Module 7 - Wellness & Support



Vaccination

The purpose of this module is to orient participants to the role of hepatitis A and B vaccination practices in the care of people living with HCV.





Vaccination Objectives

Participants will be able to:

- Utilize the tools they receive to monitor a vaccination program as a part of services for people living with HCV or at risk for HAV or HBV
- Integrate the supplemental resources for ongoing support

Vaccination - Formalities

Consult Immunization Action Coalition (IAC) for comprehensive vaccine support, information, handouts, and tools.

- Physician Standing Orders (PSO)
 - A PSO enables other healthcare professionals (RN, MA, etc.) within the medical team to function at their fullest capacity through conducting approved, and often uncomplicated clinical services.
 - Necessary PSOs for Vaccination Programs include:
 - Administering hepatitis A & B Vaccine
 - Managing adverse reactions
- Vaccination Toolkit includes information on:
 - Storage
 - Supplies
 - Physician Standing Orders
 - Schedule
 - Storage & Quality Assurance
 - Administering Vaccines





<u>Vaccination - Formalities</u>

Consult Immunization Action Coalition (IAC) for comprehensive vaccine support, information, schedule, handouts, and tools.

Vaccination Options

| Vaccine | Abbreviation | Trade Name |
|-----------------|--------------|--|
| Hepatitis A | HepA | Havrix Vaqta |
| Hepatitis A & B | HepA-HepB | Twinrix |
| Hepatitis B | HepB | Engerix-B Recombivax HB Heplisav-B |





<u>Vaccination - Determining Immunity</u>

- Does the patient need the HAV and HBV vaccine?
 - Our Have they been previously exposed?
 - Oo they have active infection?
 - Have they already been vaccinated?
- Tests to distinguish immunity
 - Hepatitis A
 - Total Hep A Antibody (IGG/IGM) Determines Exposure
 - If negative, provide HAV vaccine
 - Hepatitis B
 - <u>Hep B Surface Antigen</u> Determines chronic infection
 - If positive, patient likely HBV+
 - Hep B Surface Antibody Determines exposure
 - If positive, patient has either been vaccinated OR exposed likely clearing virus
 - If negative, provide patient with HBV vaccine





<u>Vaccination - Program Considerations</u>

- Access and follow-up for people who use drugs
- Who within the program is able to inoculate the patients?
- How will you obtain vaccines?
- How will you follow-up with patients to ensure completion of FULL vaccine schedule?
- What is the best vaccine scheduling option for your clients and program?
- Reimbursement options
- Cost of testing to determine need for vaccination





<u>Vaccination - Program Considerations</u>

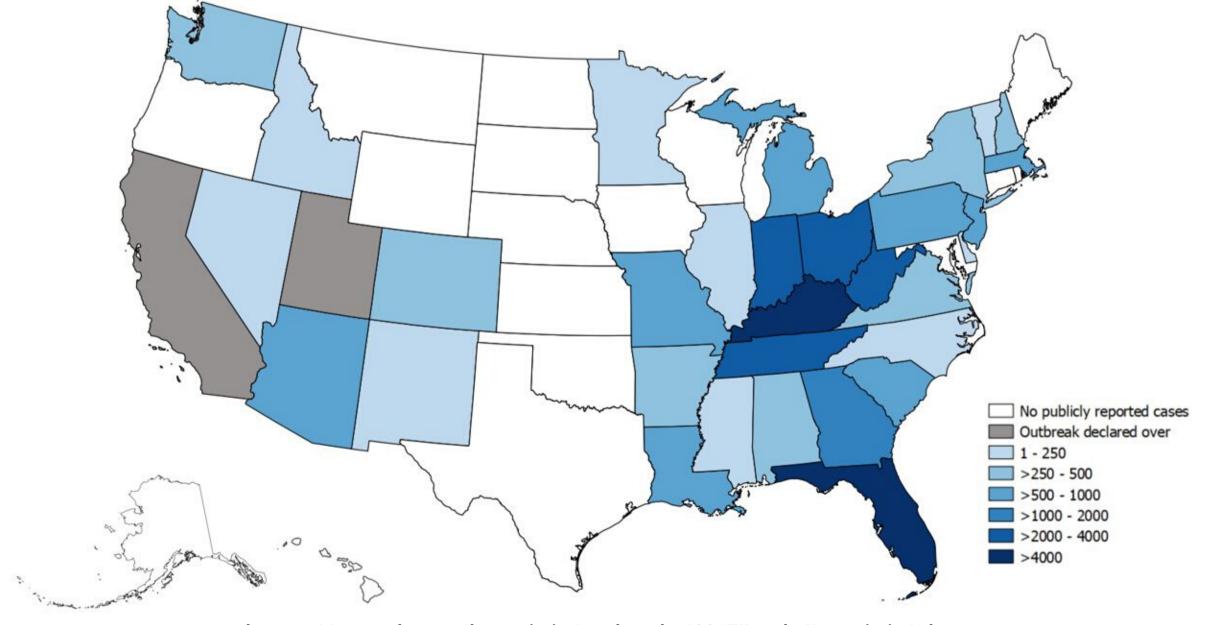
- HBV Schedule
 - 3 Dose Schedule*
 - 1st at any time newborns w/in 24 hours
 - 2nd At least 28 days after 1st
 - 3rd At least 16 weeks after 1st (or at least 2 months after 2nd)
 - 2 Dose Schedule (U.S. Only)
 - 1st shot at any time
 - 2nd <u>at least</u> 28 days after 1st
 - 4 Dose Schedule
 - the accelerated schedule is generally not recommended for individuals who do not need the vaccine within a certain time period. If you must complete an accelerated schedule, four doses of the vaccine are required in order to achieve full, long-term immunity.
 - 1st at any time
 - 2nd 7 days after 1st
 - 3rd between 21 and 30 days after 1st
 - 4th 1 year after 1st





<u>Vaccination - What's Changed</u>

- Liver cancer increases from undx HCV and HBV
- State-Reported Hepatitis A Outbreak Cases as of May 9, 2020







Vaccination - Tools & Resources

- Hep B Foundation https://www.hepb.org/
- Immunization Action Coalition https://www.immunize.org/







In conclusion...

What's Next?

- Next Module is:Staging
- About 1 hour/1 CEU
- The purpose of the next module is to illustrate the process and timeline associated with staging people living with HCV.

Obtaining CEU's & Attendance Certificates

Don't forget to take
 the pre and post-test
 surveys to receive
 CEU's or Certificates
 of Completion!

Access to Tools

Access to tools, resources, slides, and activities can all be found at https://hepcchallenge.org/bigg/

Questions?

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