

VII. Appendices

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Appendix A

Hepatitis Planning Team Work Plan

Hepatitis Planning Team Work Plan

| Activity | When |
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| <ol style="list-style-type: none"> 1. Develop job description and interview questions for student worker 2. Identify and hire student worker | March 2002 |
| Collate existing needs assessment findings <ol style="list-style-type: none"> 1. Identify DOC, MCDFL, DHS participants, and schedule key informant meetings. 2. Schedule meetings with key MDH informants 3. Design needs assessment report 4. Prepare draft needs assessment plan | April 2002 |
| Expanded Division Team Meeting <ol style="list-style-type: none"> 1. Review needs assessment data 2. Approve needs assessment plan | April 30, 2002 |
| Implement needs assessment activities <ol style="list-style-type: none"> 1. Design survey tools 2. Implement surveys 3. Collate data 4. Draw conclusions 5. Develop report and planning recommendations | May – Sept, 2002 |
| Division Team Meeting | Aug 13, 2002 |
| Prepare retreat activities Begin planning stakeholder feedback activities | September 2002 |
| Expanded Division Team Meeting (Retreat) <ol style="list-style-type: none"> 1. Review report and recommendations 2. Identify priorities 3. Develop statewide goals, objectives, activities 4. Evaluate planning retreat | Oct 8, 2002 |
| Implement stakeholder meetings <ol style="list-style-type: none"> 1. MDH 2. DP&C leadership team 3. Other state agencies 4. Hep C coalition 5. Community advisory group 6. STD ad hoc committee 7. Youth Council Evaluate meetings | Oct 8 – Dec 30, 2002 |
| Incorporate stakeholder feedback into draft plan | Dec 30- Jan 10, 2003 |
| Expanded Division Team Meeting <ol style="list-style-type: none"> 1. Review and refine draft plan 2. Evaluate quality of plan | January 14, 2003 |
| Finalize plan and meet with Division Leadership to discuss implementation, priorities and responsibilities | Feb 15, 2003 |
| Develop evaluation report and submit plan to CSTE | Feb 28, 2003 |
| CSTE Viral Hepatitis Steering Committee Meeting | April 2003 |
| CSTE Annual Meeting | June 2003 |

Appendix B

Hepatitis Planning Team Members

Hepatitis Planning Team Members

Lynn Bahta, ITIH Section

Kathy Brothen, Coordinated School Health, Department of Education

Elaine Collison, Assistant Division Director, IDEPC

Rich Danila, ADIC Section

Kris Ehresmann, ITIH Section

Debra Ehret, STD and HIV Section

Felicia Fong, ITIH Section

Harry Hull, Division Director, IDECP

Cynthia Kenyon/Shelly Feaver, ITIH Section

Lynne Mercedes, ITIH Section

Claudia Miller, ITIH Section

Japhet Nyakundi, STD and HIV Section

Peggy O'Halloran, STD and HIV Section

Roberta Olson, STD and HIV Section

Margo Roddy, ITIH Section

Dave Rompa, DHS

Nan Schroeder, DOC

Lucy Slater, STD and HIV Section

Sue Turner, ITIH Section

*Staff of the ITIH Section, the ADIC, and the STD and HIV Section are part of the Infectious Disease Epidemiology, Prevention and Control Division of the MDH.

Appendix C
CHS Survey Results

Community Health Service (CHS) Survey Questions and Results

The following written survey was sent to all 50 CHS agencies in the state of Minnesota. The N=42 reports with one agency reporting two counties separately. Response rate was 82%. Frequency and narrative responses are detailed below.

Please indicate which of the following activities your CHS agency implements for viral hepatitis by checking each appropriate box and describing how activities are implemented in the space provided.

| Disease Surveillance/Data Collection | | | | |
|--|--------------------|--------------------|--------------------|---|
| Activity | Hepatitis A | Hepatitis B | Hepatitis C | How is this activity implemented? (Specify differences for hepatitis A, B, and C) |
| Assess health needs of at-risk populations living in the CHS jurisdiction. | 20 | 24 | 17 | All refugees screened for Hep B and via the perinatal Hep B nurse role. For all, in CHS plan, for B-high risk youth in public clinics. Refugees, STD walk-ins as needed. Review statistical reports (2). Prenatal assessment form asks about infections including hepatitis. Upon jail admission. Hispanic translator (Spanish-speaking interpreter)/nurse on staff. Pregnant moms with Hep B. |

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| | | | | <p>CHS assessment plan and MCH nurses.</p> <p>Info to travelers/vaccine for A, offer B vaccine to employees, emergency response volunteers and clients of SEMCAC, college students, at risk perinatal Hep B follow-up, at public immunization clinics.</p> <p>Done via CHS planning in a very general sense, but doesn't explicitly identify factors such as sexual preference or substance abuse in the context of hepatitis risk.</p> <p>Hep A-nursing homes, day care, school staff. Hep B incorporated as STD planning, pregnant women are assessed at primary provider. For C, provide information to adolescents when appropriate using "Are you at risk for Hep C quiz."</p> <p>As part of our C&TC program, school Hep B immunization program and public clinics, and employee infection control.</p> <p>Targeting kids who get tattoos or may be participating in risky behaviors. Education component to general public is something that could be increased. We do not have clinics on site that would be seeing known HIV/AIDS cases (i.e. co-infected with HCV).</p> <p>Hep B immunization of jail and sheriff department staff.</p> <p>We screen at risk persons as appropriate for Hep B,C in refugee health, jail, STD clinics and juvenile treatment/detention center clinics.</p> |
| <p>Assess immunization levels in public health clinics and encourage/support private clinic assessment using tools such</p> | <p>7</p> | <p>40</p> | <p>N/A</p> | <p>IPI activities with local medical clinics.</p> <p>Local providers do their assessment internally and do not want assistance. We recently assessed public health clients</p> |

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| <p>as CASA and registries.</p> | | | | <p>want assistance. We recently assessed public health clients. Students in schools, staff at employment (PH and jail), staff meetings. Regional registry in place. CASA audits (multiple). Vaccinate all children and young adults; offer to others in our clinic only. Perinatal Hep B PHN role. Immunization clinics, refugee health and CTC clinics. CCC immunization. Use statewide registry (4). Refugees, TB patients, some STD patients. Implemented registry and encourage clinics and schools to participate. Ensure compliance with state law for school-aged children. Hep A: education and referral to MD. Will monitor in 2003 when registry is fully operational. Done through SWMIIC and retrospective study and annual daycare and school reports. Staff meets with clinic staff to discuss immunization registry.</p> |
| <p>Review and distribute state and local immunization reports to schools, policy makers, providers, and others.</p> | <p>10</p> | <p>34</p> | <p>N/A</p> | <p>Disease reports summary reviewed at school nurse, county board and public health advisory committee, and immunization team meetings.</p> |

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| | | | | <p>Share with advisory group. Letter and mailings, board meeting. Annual report to board of health. Annually when receive funds from MDH. Immunization task force meetings involve public and private providers. School nurses given data also. Clinic assessments. Retrospective kindergarten survey results shared. Not distributing; we review it. Will distribute 2002 retrospective data to school nurses and advisory groups. Present vaccine-preventable disease data, school/childcare immunization level reports and kindergarten survey data to CHS advisory board, schools, United Way and others. School stats regarding HBV. School PHN shares data with schools. Director shares data with boards and staff. All reports reviewed internally and shared as appropriate. Done annually with local advisory committee, medical providers and schools.</p> |
| <p>Assess adherence to immunization practice standards and provide consultation as needed.</p> | <p>14</p> | <p>40</p> | <p>N/A</p> | <p>IPI visits to medical clinics (multiple responses). Immunization coordinator at staff in-services. Perinatal Hep B PHN role.</p> |

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| | | | <p>Surveyed three clinics in county. Very time consuming, will funds be provided? Give shots; assure schools give Hep B. Work closely with schools/clinics. Staff in-services, IPI visits to private providers in past year. Epidemiology (department?) All who present for immunization have records reviewed. If clinic denies shots, we call clinic to discuss vaccine schedule. Immunotrack registry. Provide consult to school and clinic; no formal protocol currently. Distribute latest protocols to clinics/schools as needed. Most do not stock Hep A vaccine, assist schools and providers if needed with Hep B. Utilize standards from clinics. Through school records and Immunotrack for Hep B. Annual discussion with private clinics.</p> |
| <p>Identify local staff responsible for viral hepatitis reporting.</p> | <p>26</p> | <p>27</p> | <p>25</p> <p>DAC nurse responsible for clinic visits and reporting. Lab person in our clinic. Perinatal Hep B nurse role. Do not test; encourage reports to MDH. Local staff assigned to provide outreach after diagnosis as</p> |

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| | | | | <p>needed. Providers report most times directly to the state. DP&C specialist/coordinator. Work in conjunction w/ clinic and hospital. Reports go directly to MDH, local not notified. Health planning and policy section. Immunization officer responsible. Supervisor or Immunization Coordination Directors. SEMCAC, MDs. Local public health nurses identified. Info on reporting given to clinics during IPI visits. Established a partnership with private clinics in the county called the “clinic partnership” Meet quarterly to discuss various issues including reporting. Lab or professional staff at private clinics/hospitals are assigned primary responsibility for reporting.</p> |
| <p>Maintain current lists of all providers within jurisdiction.</p> | <p>32</p> | <p>36</p> | <p>26</p> | <p>Current provider list maintained for C&TC outreach and includes all providers in county. Perinatal Hep B nurse role. Standard mailings to all MDs with results of infectious disease reports when received from MDH. Lead PH nurse clinic liaison’s responsibility. List updated every six to 12 months.</p> |

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| | | | | <p>Clinic lists and contacts updated quarterly at visits.</p> <p>Current lists are maintained for C&TC program and updated two times a year.</p> |
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Please indicate which of the following activities your CHS agency implements for viral hepatitis by checking each appropriate box and describing how activities are implemented in the space provided.

| <i>Disease Surveillance/Data Collection</i> | | | | |
|--|--------------------|--------------------|--------------------|--|
| Activity | Hepatitis A | Hepatitis B | Hepatitis C | How is this activity implemented? (Specify differences for hepatitis A, B, and C) |
| Assure reporting rules, report cards and MDH toll free reporting phone numbers are available to all medical clinics and laboratories, and hospitals. | 33 | 33 | 33 | <p>IPI clinic visit, review report card.</p> <p>Share with two medical clinics.</p> <p>Mailings and meetings.</p> <p>Annual visit to clinics.</p> <p>Review at yearly meeting.</p> <p>DP& C section handles all items in this section.</p> <p>Send information to providers in county.</p> <p>PH medical consultant is our liaison to clinics, MDs report directly to MDH.</p> <p>We have supplied these to clinics. Usually infection control (hospital) or MD calls us. District Epi supplied forms.</p> <p>Quarterly meetings with PHN liaison, clinic and school</p> |

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| | | | | <p>nurses.</p> <p>Infection control officer handles.</p> <p>Infection control staff meet with local staff at least quarterly.</p> <p>As made available by MDH, materials are distributed to local providers via PHN contacts.</p> <p>We do this as part of our DPC common activities framework responsibilities. We meet annually one on one with identified persons to provide education on what, where and when to report and ensure copies of the rule and report forms.</p> |
| Respond to inquiries from reporting sources and forward any reports of viral hepatitis cases or suspect cases to MDH. | 33 | 35 | 32 | <p>IPI clinic visit, review report card.</p> <p>In clinic and for perinatal Hep B nurse.</p> <p>At medical providers meeting.</p> <p>As requested/needed.</p> <p>Report directly, not through local ph.</p> <p>Information is directly reported to MDH.</p> <p>We are available on a case-by-case basis and medical providers do call us with inquiries.</p> <p>PHN Director or supervisors respond to inquiries and send reports to MDH.</p> |
| Review hepatitis surveillance data with staff and non reporting providers at least twice per year. | 15 | 16 | 14 | <p>PH adv. Committee, staff and county board meetings.</p> <p>Perinatal Hep B nurse.</p> <p>Route info to all staff.</p> |

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| | | | | <p>Annually with data from MDH.</p> <p>Done at staff meeting where we get regional reports.</p> <p>Staff meetings, annual CHS report.</p> <p>Mail reporting card to clinic biannually.</p> <p>Surveillance data provided by MDH is shared at provider meetings and during CHS planning.</p> <p>Copies of surveillance data from MDH distributed every six months to all medical providers in community at their request. Data also presented at a medical staff meeting in the past year.</p> |
| Review any local barriers to the reporting process. | 16 | 16 | 15 | <p>At annual visit.</p> <p>Try to clarify reporting process two times year.</p> <p>Agency staff consults with clinics annually; educate public to report to MDH.</p> <p>Health Alert (network) has really kept providers more aware of reporting process.</p> <p>1-800 numbers are provided to clinic contacts and reporting process reviewed.</p> <p>Work in progress. We have identified some barriers and removed them, but underreporting continues.</p> |
| Use surveillance data to assess CHS program effectiveness. | 18 | 20 | 17 | <p>Perinatal Hep B nurse role.</p> <p>Our numbers are extremely small and do not lend to evaluation of effectiveness.</p> |

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| | | | | <p>Data in annual reports and in two-year updates.</p> <p>Identify at-risk groups if need for education (i.e. foreign born).</p> <p>Review of past six months at staff meetings and in CHS planning.</p> <p>Director/Supervisors.</p> <p>Data is reviewed and input from local providers taken into account.</p> <p>During CHS plan evaluation and planning process - data is assessed.</p> |
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Please indicate which of the following activities your CHS agency implements for viral hepatitis by checking each appropriate box and describing how activities are implemented in the space provided.

| <i>Disease Prevention</i> | | | | |
|--|--------------------|--------------------|--------------------|--|
| Activity | Hepatitis A | Hepatitis B | Hepatitis C | How is this activity implemented? (Specify differences for hepatitis A, B, and C) |
| Develop and implement plans and policies using MDH and CDC communicable disease recommendations/ guidelines to assure capacity to respond to cases of hepatitis. | 19 | 25 | 19 | Perinatal Hep B nurse role. Have held two Hep A outbreak response clinics. We respond with direction from MDH. Epi section. Epidemiology follow-up done by district office staff (MDH). DP&C nurse completes MDH forms. Would follow state protocol. List of reportable diseases and person to call for A, B, C. Follow DP&C common activities framework. Handled by Epi. Unit. We have no policies and would rely on MDH for technical support. |
| Disseminate guidelines to local providers (e.g., vaccine schedules and recommendations, hepatitis prevention) | 22 | 35 | 16 | IPI visits (2), clinic visits. Done annually during face-to-face visit with medical provider. We also review perinatal guidelines related to |

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| <p>testing and treatment).</p> | | | | <p>provider. We also review perinatal guidelines related to Hep B prevention. Physicians are not doing universal HBV infant immunization. Have disseminated information on testing recommendations post-exposure to providers. No provider education done related to recommended screening for risk of Hep A, B or C.</p> <p>Coordinate satellite conference immunization updates with local clinic staff and school nurses.</p> <p>As requested; did provider education when Hep B vaccine first available.</p> <p>Perinatal Hep B nurse role.</p> <p>Annual mailing and as requested.</p> <p>Gave guidelines to local providers and visited one provider who sees many refugees.</p> <p>With the state’s help in an outbreak.</p> <p>With help of district epidemiologist.</p> <p>Reinforce guidelines 2x year to clinics.</p> <p>Local DP&C newsletter, IPI visits, during disease investigation.</p> <p>Use the “Got your Shots” manual.</p> |
| <p>Develop and implement screening and referral strategies for groups at high risk for viral hepatitis.</p> | <p>8</p> | <p>15</p> | <p>5</p> | <p>Perinatal Hep B nurse role.</p> <p>For refugees, std patients and inmates in Corrections.</p> <p>Currently through MCH & immunizations.</p> <p>Providers have complete MN initial refugee health</p> |

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| | | | | <p>assessment forms.</p> <p>Not done with adults. Encouraged but cost can be prohibitive to those at risk.</p> <p>Cannot work in food service until cleared by MDH (for Hep A).</p> <p>Perinatal HBV yes, otherwise no.</p> <p>MDH referral follow up, employee health infection control education and incident follow up.</p> <p>Regularly include strategies in our operations and CHS planning.</p> |
| <p>Establish and manage public immunization clinics, as needed, based on population-based assessment data.</p> | <p>9</p> | <p>36</p> | <p>N/A</p> | <p>Held regularly each month.</p> <p>Do school clinics.</p> <p>Offer Hep A &B at our public clinics.</p> <p>Weekly public clinics held.</p> <p>Immunization program.</p> <p>OHSA, schools.</p> <p>Ongoing for Hep B; we do not provide Hep A vaccinations.</p> <p>Regularly scheduled immunization clinics that include Hep B vaccine.</p> <p>Open doors.</p> <p>Five immunization clinics per month.</p> <p>Schools and private companies or businesses that request Hep B vaccinations.</p> |

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| | | | | <p>MN VFC for schools and children who qualify. Hep B for employer groups.</p> <p>Hep B is encouraged for those at high-risk but clients would need to privately pay (pay using private resources).</p> <p>Offer in-school Hep B clinics. Vaccinations @ early childhood screening and upon request.</p> <p>HBV only as part of MN VFC (vaccines for children).</p> <p>Four times a month plus appointments. At health department.</p> <p>Public clinics two locations each month, Hep B offered in school clinics and immunization registry is managed.</p> |
| <p>Maintain and provide consumer education information based on community needs to the public.</p> | <p>29</p> | <p>37</p> | <p>29</p> | <p>Provide as requested (e.g. jails, sheriff).</p> <p>Perinatal Hep B nurse role.</p> <p>Newspaper, brochures, posters, talks.</p> <p>Have info available upon request.</p> <p>Pamphlets/Brochures.</p> <p>Rely mainly on Internet sites with most up-to-date information (rather than pamphlets).</p> <p>Presentations upon request.</p> <p>Upon request or when there is risk factor.</p> <p>Information provided to daycare centers and schools.</p> <p>Available mainly in our school contacts and emergency personnel.</p> |

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| | | | | Maintain current info or access info from MDH website and provide as needed. |
| Develop local community education programs. | 9 | 19 | 9 | <p>Perinatal Hep B nurse role.</p> <p>Upon request.</p> <p>Blood borne pathogen education is provided at request of industry with day care providers and CPR classes.</p> <p>Education for kindergarten and 6th grade parents when school immunization law changed. Upon request from employer groups or community education.</p> <p>SEMCAC provides community Education.</p> <p>Infection control education for sheriff's department.</p> <p>Reporting requirements of restaurants, public health to teach about Hep A to daycare providers.</p> <p>Information available at county fairs, health fairs and newspaper articles.</p> <p>We have periodically done Hep B education for target populations (e.g. jail, refugees).</p> |

Please indicate which of the following activities your CHS agency implements for viral hepatitis by checking each appropriate box and describing how activities are implemented in the space provided.

| <i>Disease Control</i> | | | | |
|---|--------------------|--------------------|--------------------|---|
| Activity | Hepatitis A | Hepatitis B | Hepatitis C | How is this activity implemented? (Specify differences for hepatitis A, B, and C) |
| Assist and/or conduct investigations on communicable diseases in collaboration with the MDH and/or refer information related to cases and suspect cases to the MDH. | 30 | 33 | 28 | <p>Perinatal Hep B nurse role.</p> <p>As needed; haven't had to yet.</p> <p>DP&C nurse completed.</p> <p>Partner with MDH on investigations.</p> <p>Call district epi staff when case reported or suspected.</p> <p>PHN assists with determining who the contacts are of HBV positive person. EH Staff assist with investigations of Hep A cases/outbreaks.</p> <p>Would work in conjunction with Environmental health.</p> <p>Follow up is provided by PHN for reports from MDH.</p> <p>We investigate in consultation with MDH or refer to MDH.</p> |
| Implement local disease control programs, as indicated, from local surveillance data and trends. | 10 | 15 | 10 | <p>Perinatal Hep B nurse role.</p> <p>Have provided day care and business with ECPs and self-education modules.</p> <p>Would follow up to offer Hep B immunization to household members or employees exposed.</p> <p>Offer B to those "at risk" and school education programs. Little for A, C.</p> <p>PHN provides HBV vaccinations to contacts of reported</p> |

| | | | | cases. |
|---|--------------------|--------------------|--------------------|--|
| <i>Other activities (list any other viral hepatitis activities being conducted by your CHS agency that are not listed above)</i> | | | | |
| Activity | Hepatitis A | Hepatitis B | Hepatitis C | How is this activity implemented? (Specify differences for hepatitis A, B, and C) |
| Other, please describe: | 0 | 3 | 0 | <p>Perinatal Hep B/Postpartum and Immunization follow-up (had one in ten years).</p> <p>We now participate fully in the perinatal Hep B prevention program.</p> <p>Immunization improvement, teen pregnancy prevention and STD transmission, ongoing program evaluation.</p> |

If you had more resources available for viral hepatitis surveillance, prevention and control activities, what would you do? (Please describe)

Provide full vaccination services in the school setting regardless of pay source.

Viral hepatitis is not something that's huge on our radar screen at this time.

We would consider working with providers to increase "screening" activities that get at potential risk of hepatitis. This would require having standards developed like we have around immunization practices and then sharing this information with appropriate providers. We would also develop community education activities around the issue of viral hepatitis.

Incorporate Hep B into overall vaccine management program. Don't make us see providers more than one time per year.

***Note:** *The low number of responses to this question may be due to its placement on the bottom of the last page of the survey where many respondents may have missed it.*

Appendix D

Minnesota Primary Care Practitioners Survey and Results

The Minnesota Primary Care Practitioner's Survey on Viral Hepatitis:

Background and Methods

In 2002, the Minnesota Department of Health (MDH) conducted an assessment of hepatitis prevention activities in the state that highlighted the need for more information about the hepatitis prevention and control practices of primary care providers in Minnesota. To address this need, the MDH conducted a mailed survey with 1800 Minnesota primary care providers, including physicians, nurses, and physician's assistants in the fall of 2002. The survey included questions about physician and clinic characteristics, screening and risk assessment practices for hepatitis A, B, and C, use of national guidelines for hepatitis prevention and control, hepatitis reporting procedures, scope of hepatitis C practice and expertise, partner services, and training needs for hepatitis.

MDH obtained a list of physicians' assistants from the State of Minnesota Mailing List and lists of nurses and physicians practicing in Minnesota from the Minnesota Board of Nursing and the Minnesota Medical Foundation, respectively. We randomly selected 600 physicians, 600 nurses, and 600 physicians' assistants from these lists. Both the nurse list and physician list included information about specialty, so we selected nurses and physicians from the subset indicating a primary care specialty. Specialty information was not available in the physician's assistant list. Providers who did not return their survey received a reminder postcard one week after the initial mailing, and a second copy of the survey three weeks after the initial mailing.

The overall survey response rate was 39%, including 177 physicians (36% response), 221 nurses (44% response), and 153 physician assistants (36% response). Providers who practiced in another state, were retired or no longer involved in providing primary health care, or practiced in an unrelated specialty, such as dermatology or surgical specialties, were not included in the analysis.

Provider characteristics: Primary specialty and work setting

Table 1 provides a description of the primary specialty of survey respondents. Of the 551 respondents, the majority reported that their primary specialty was Family Practice (n=320, 58.1%), followed Internal Medicine (n=77, 14.0%), and Obstetrics and Gynecology (n=68, 12.3%). Slightly more physicians reported working in Internal Medicine when compared with nurses and physicians' assistants, and more nurses reported Obstetrics and Gynecology as their primary specialty compared to the other two provider groups (data not shown).

Table 1: Primary specialty of survey respondents (n=551)

| Primary Specialty | n (%) respondents |
|-----------------------------|-------------------|
| Family Practice | 320 (58.1) |
| Internal Medicine | 77 (14.0) |
| Obstetrics and Gynecology | 68 (12.3) |
| General Practice | 33 (6.0) |
| Gynecology | 24 (4.4) |
| Infectious Diseases | 12 (2.2) |
| Adolescent Medicine | 6 (1.1) |
| General Preventive Medicine | 6 (1.1) |
| Other | 5 (0.9) |

Most respondents reported working in private practice (n=242; 43.9%). Twenty-four percent worked in community clinics (n=132), 13.1% worked for Managed Care Organizations (n=72), 6.7% worked in hospitals (n=37) and 3.1% (n=17) worked in academic medical centers or college health services. Other work settings reported by survey respondents included corrections, long-term care facilities, rural health, VA medical centers, and tribal health/Indian Health Services.

Screening, vaccination, and risk assessment practices for hepatitis A, B, and C

It was more common for providers to report having standard protocols for performing risk assessments, and for testing, vaccination and treatment for hepatitis B compared to hepatitis A and C (Table 2). Only 8.5% of providers surveyed reported having a standard protocol for when to perform a risk assessment for hepatitis A, 35.9% for hepatitis B, and 18.5% for hepatitis C. Compared to standard protocols for risk assessment for hepatitis, more providers reported having a standard protocol regarding testing, vaccination, and treatment for these diseases: 23.8% for hepatitis A, 50.5% for hepatitis B, and 23.0% for hepatitis C. Between 15 and 25 percent of providers were unsure whether or not their practice had protocols in either of these areas.

Table 2: Standard hepatitis procedures at medical practices of respondents

| | Hepatitis A (n=551) n (%) respondents | Hepatitis B (n=544)* n (%) respondents | Hepatitis C (n=547)** n (%) respondents |
|--|--|---|--|
| Standard protocol for risk assessment | 47 (8.5) | 195 (35.9) | 101 (18.5) |
| Standard protocol for testing, vaccination (HAV, HBV), and treatment | 131 (23.8) | 275 (50.5) | 126 (23.0) |

*7 respondents missed these questions

**4 respondents missed these questions

Survey respondents answered a series of questions about hepatitis risk factor questions collected from patients during medical history taking (Table 3). Most providers indicated that they ask patients about their occupation, past illicit drug use, history of sexually transmitted diseases, history of chronic liver disease, patient sexual orientation/sexuality, and sexual activity with more than one partner in the previous six months. Fewer providers indicated that medical histories include questions about the following hepatitis risk factors: information about clotting factor disorders, past hemodialysis, and travel to sites with high rates of viral hepatitis infection.

Table 3: Hepatitis risk factor information collected from patients during medical history taking

| Hepatitis risk factor | n (%) respondents |
|---|-------------------|
| Patient's occupational history | 508 (92.5) |
| Past illicit drug use | 494 (90.0) |
| History of sexually transmitted diseases | 459 (83.8) |
| History of chronic liver disease | 425 (79.0) |
| Patient sexual orientation/sexuality | 383 (69.6) |
| >1 sex partner in past 6 months | 362 (65.8) |
| History of clotting factor disorder | 315 (57.4) |
| History of hemodialysis | 256 (46.7) |
| Travel to or work at sites with high rates of viral hepatitis | 228 (41.7) |

A total of 84.5% (n=465) of respondents indicated that they take patient medical histories themselves, 40.4% (n=222) respondents said that other staff take medical histories, and 46.7% (n=257) reported that patients complete medical history forms. For 51.2% of respondents, more than one person (the provider, other staff, and/or patients) completes medical history taking. Providers reported collecting medical history information from patients annually (n=339; 62.0%), at a patient's first visit (n=267; 48.5%), at each patient visit (n=72; 13.2%), as indicated depending on the patient's chief complaint (n=63; 11.5%), or at every complete physical exam

The Minnesota Primary Care Practitioner's Survey on Viral Hepatitis: Results

(n=38; 6.9%). Thirty-nine percent (n=214) indicated taking medical histories at more than one of these times.

Patient Vaccine and Testing Needs

Table 4 summarizes respondents' estimates of the proportion of their patients that need hepatitis A and B vaccine and hepatitis C testing. Among survey respondents, approximately 1-2% indicated that none of their patients need hepatitis A and B vaccine and hepatitis C testing. About 80% of respondents estimated the need among patients to be between 1-25% for both hepatitis A vaccine and hepatitis C testing. It was more common for respondents to estimate a higher proportion of need for hepatitis B vaccine among patients relative to hepatitis A vaccine or hepatitis C tests; however, less than half of respondents estimated the proportion of patients needing hepatitis B vaccine to be greater than 25%.

Table 4: Provider estimate of patient need for Hepatitis A and B vaccine and Hepatitis C testing

| Estimated proportion of patients in need | Hepatitis A vaccine (n=514)* n (%) respondents | Hepatitis B vaccine (n=456)** n (%) respondents | Hepatitis C testing (n=491)*** n (%) respondents |
|--|---|--|---|
| 0% | 10 (1.9) | 4 (0.9) | 11 (2.2) |
| 1-25% | 417 (81.1) | 259 (56.8) | 381 (77.6) |
| 26-50% | 54 (10.5) | 100 (21.9) | 76 (15.5) |
| >50% | 33 (6.4) | 93 (20.4) | 23 (4.7) |

* 37 respondents missed this question

** 95 respondents missed this question

*** 60 respondents missed this question

Respondents also estimated the proportion of their patients that do not have access to hepatitis A and B vaccine and hepatitis C testing, either because the patient or the clinic cannot pay for these services. Respondents estimated that similar proportions of patients do not have access to hepatitis A vaccine, hepatitis B vaccine and hepatitis C testing. About 40% of providers surveyed estimated that none of their patients are without access to these services, and approximately half reported that between 1 and 25% of their patients do not have access. Only 10% of respondents estimated that more than 25% of their patients are without access to hepatitis A and B vaccine and hepatitis C testing.

Hepatitis C Caseload

About a third of all respondents reported that they had not diagnosed HCV infection in patients in the previous three months, and half indicated they were not currently treating any patients for the disease (Table 5). About 55% of providers surveyed diagnosed between one and nine patients with hepatitis C in the three months prior to receiving the survey. Fewer, 42.2%, reported that they were currently treating between one and nine patients for hepatitis C infection. Less than 10% of respondents had diagnosed ten or more patients or were currently treating ten or more patients for hepatitis C infection. It was more common for physicians to report having diagnosed and treated patients with hepatitis C than it was for nurses and physician's assistants (data not shown).

Table 5: Provider estimate of the number of patients recently diagnosed or under treatment for Hepatitis C (HCV) infection

| Number of patients | Hepatitis C diagnosis (n=548)* n (%) respondents | Hepatitis C treatment (n=548)* n (%) respondents |
|--------------------|---|---|
| None | 197 (36.0) | 280 (51.1) |
| 1-9 | 297 (54.2) | 231 (42.2) |
| 10-25 | 47 (8.6) | 26 (4.7) |
| 26-49 | 5 (0.9) | 9 (1.6) |
| 50 or more | 2 (0.4) | 2 (0.4) |

* 3 respondents missed this question

Hepatitis B and C Pretest Counseling

Table 6 describes who at the respondents' practice provides pretest counseling for hepatitis B and C. Eighty percent of respondents indicated they provide this service to patients tested for hepatitis B (n=429) and 74.9% (n=402) for hepatitis C themselves. Respondents indicated it is less common for someone other than him/herself, such as a nurse or health educator, to provide pretest counseling to patients for both hepatitis B and C. A total of 13.4% (n=72) of respondents indicated that pretest counseling is not provided to patients at their practice for hepatitis B and 19.9% (n=107) for hepatitis C. Most providers indicated that just one person at their practice is responsible for hepatitis B and C pretest counseling for patients, however, for 24.1% (n=129) and 18.1% (n=97) of respondents, more than one type of provider counsels patients for hepatitis B and C, respectively.

The Minnesota Primary Care Practitioner's Survey on Viral Hepatitis: Results

Table 6: Who provides hepatitis B and C pre-test counseling to patients?

| | Hepatitis B (n=536)* n (%) respondents | Hepatitis C (n=537)** n (%) respondents |
|---------------------------------|---|--|
| Pretest Counseling not provided | 72 (13.4) | 107 (19.9) |
| Survey Respondent | 429 (80.0) | 402 (74.9) |
| Nurse | 130 (24.3) | 84 (15.6) |
| Health Educator | 37 (6.9) | 29 (5.4) |
| More than one provider | 129 (24.1) | 97 (18.1) |

*15 respondents missed this question

**14 respondents missed this question

Table 7 summarizes topics covered during hepatitis B and C pretest counseling sessions. Respondents reported that pre-test counseling sessions for hepatitis B most frequently cover information about hepatitis B risk factors and modes of transmission, hepatitis A and B vaccinations and the test and meaning of test results. Two thirds of respondents indicated that hepatitis B counseling sessions include information about methods to reduce transmission of hepatitis. Fewer respondents reported covering information about testing sexual partners and household contacts for hepatitis, and health maintenance strategies during pre-test counseling sessions for hepatitis B. Results for topics covered during pre-test counseling for hepatitis C are similar.

Eleven percent (n=52) of respondents did not indicate which topics they cover in hepatitis B pre-test counseling, and 14.7% (n=63) did not indicate the topics covered during hepatitis C pretest counseling sessions. Most respondents cover more than one topic (n=355; 76.5%) during pretest counseling for hepatitis B, and 34.5% (n=160) of respondents cover all of the topics listed in Table 7 during these sessions. For hepatitis C, 83.7% (n=360) cover more than one topic, and 35.1% (n=151) cover all of the topics listed in Table 7 during these sessions.

Table 7: Topics covered during pre-test counseling for Hepatitis B and C

| | Hepatitis B (n=464*) n (%) respondents | Hepatitis C (n=430)** n (%) respondents |
|---|---|--|
| Risk factors | 402 (86.6) | 358 (83.3) |
| Modes of transmission | 395 (85.1) | 353 (82.1) |
| Hepatitis A and B vaccinations | 330 (71.1) | 266 (61.9) |
| The test and meaning of test results | 322 (69.4) | 298 (69.3) |
| Methods to reduce hepatitis transmission | 308 (66.4) | 272 (63.3) |
| Testing of sexual partners and household contacts | 257 (55.4) | 220 (51.2) |
| Health maintenance strategies if the result if positive | 200 (43.1) | 204 (47.4) |
| All topics | 160 (34.5) | 151 (35.1) |
| Unsure | 14 (3.0) | 12 (2.8) |

*Excludes 15 respondents that missed Q24 and 72 respondents that reported that no counseling is done at their practice

**Excludes 14 respondents that missed Q24 and 107 respondents that reported that no counseling is done at their practice

Partner Notification practices for hepatitis B and C positive patients

Approximately 80% of providers surveyed instruct patients diagnosed with hepatitis B or C to inform their sexual or needle-sharing partner of the need for testing and/or treatment for HBV or HCV infections. Only 3-5% of respondents indicated that staff at their practice contact the partners of hepatitis B or C positive patients either by phone or mail, and about 13% indicated that partner notification is not practiced at all (5% of those specified this is because they do not see any hepatitis B or C positive patients). Another 5% of respondents reported that they rely on the Department of Health to contact partners, and 5% were not sure how or if partner notification is practiced at their practice. Thirty-three respondents missed this question.

Provider hepatitis information and training needs

About a third of respondents reported that their practice has copies of national prevention guidelines from the Centers for Disease Control and Prevention for hepatitis A, B, and C. Fewer reported having the *National Institutes of Health Consensus Development Statement for the Management of Hepatitis C* (n=92; 16.8%). A large number of providers were not sure if their practices had copies of the CDC recommendations for hepatitis A (n=281; 51.1%), B (n=274; 50.2%), and C (303; 55.8%), or the NIH recommendations for hepatitis C (n=351; 64.2%).

Over half of all respondents felt that they had adequate and current training in issues related to hepatitis A (n=284, 52.5%) and hepatitis B (n=311, 57.4%). Fewer respondents (n=217; 40.0%) reported that they had adequate and current training in issues concerning HCV infections.

A total of 65.9% of respondents indicated an interest in receiving information, training, or technical assistance about treatment for hepatitis B and C, and about half of all respondents reported an interest in risk assessment for viral hepatitis and diagnosis (Table 8). Fewer respondents expressed an interest in receiving information, training, or technical assistance in counseling, hepatitis A and B vaccines and sexual history taking. A total of 22.1 percent of respondents (n=122) indicated interest in all of the topics in Table 8, and 20.1% of respondents (n=111) did not indicate interest in any of the viral hepatitis topics listed. In general, fewer physicians expressed interest in receiving viral hepatitis information, technical assistance, and

The Minnesota Primary Care Practitioner’s Survey on Viral Hepatitis: Results

training compared to nurses and physician’s assistants (data not shown). Nurses and physician’s assistants indicated about the same level of interest for each of the viral hepatitis topics listed.

Table 8: Provider interest in receiving viral hepatitis information, training, or technical assistance

| Training, technical assistance topics | n (%) respondents |
|---------------------------------------|-------------------|
| Treatment (HBV, HCV) | 362 (65.9) |
| Risk assessment | 278 (50.6) |
| Diagnosis | 272 (49.5) |
| Counseling | 243 (44.3) |
| Vaccines (HAV, HBV) | 227 (41.4) |
| Taking sexual history | 182 (33.2) |
| All topics | 122 (22.1) |
| None | 111 (20.1) |

Summary

In summary, this survey provided the MDH with a snapshot of current viral hepatitis prevention, control and treatment practices of providers in the state. Overall, the survey highlighted that Minnesota primary care providers conduct some degree of risk assessment for hepatitis through medical history taking, many provide services such as pretest counseling for patients receiving hepatitis B and C tests and talk to hepatitis B and C positive patients about contacting their sexual or needle sharing partners about their risk for hepatitis infection. This is a positive finding in light of the fact that the providers surveyed estimated that a fairly low proportion of their patients need hepatitis screening or vaccination, especially for hepatitis A and C and few diagnose or treat many patients for hepatitis C. Despite a low prevalence of disease in their practices, primary care providers are addressing hepatitis issues in some capacity.

The survey also highlighted areas for improvement and some simple actions that the health department can take to help primary care providers improve their awareness of viral hepatitis prevention, control and treatment issues. For example, although many providers indicated that they include questions about hepatitis risk factors when taking patient medical histories, the majority reported that they do not have standard protocols for risk assessment or for testing, vaccination and treatment for viral hepatitis. One action the health department could take is to share examples of protocols with primary care providers, and provide technical assistance regarding how to implement these protocols. Another simple action the health department could take is to use existing MDH communications like the Disease Control Newsletter to remind

The Minnesota Primary Care Practitioner's Survey on Viral Hepatitis: Results

providers about internet links to national prevention and control guidelines: two thirds or more of providers reported that they were not sure if their practice had copies of these national guidelines. Finally, only half of providers who responded to the survey indicated that they had adequate and current training in hepatitis A, B, and C issues and many expressed interest in receiving information, training or technical assistance in specific hepatitis topics. To respond to this need, the MDH could conduct a one or two day hepatitis workshop for primary care providers in the state, similar to a successful workshop held in Wisconsin in 2003.

Label

*Minnesota Primary Care Practitioners Survey
Viral Hepatitis*

Number and percent responding included after each response option: n(%)

1. During a typical week, do you provide patient care for at least 20 hours a week? (*Patient care includes seeing patients and performing surgery and related work such as record keeping, travel time, on-call, and telephone time. It excludes time spent in training, teaching, research, or travel between home and work.*)

1 Yes 520 (94.6)

2 No 30 (5.5)

missing = 1

2. What is your primary specialty? (Check one.)

1 Adolescent Medicine 6 (1.1)

2 Family Practice 320 (58.1)

3 General Practice 33 (6.0)

4 General Preventive Medicine 6 (1.1)

5 Infectious Diseases 12 (2.2)

6 Internal Medicine 77 (14.0)

7 Gynecology 24 (4.4)

8 Obstetrics and Gynecology 68 (12.3)

9 Other, please specify: 5 (0.9)

missing = 0

3. Which of the following best describes your work setting? (Check one.)

1 Private Practice 242 (43.9)

2 Community Clinic 132 (24.0)

3 Managed Care Organization 72 (13.1)

4 Hospital 37 (6.7)

5 City/County/State Health Department 8 (1.5)

6 Other, please specify: 66 (12.0)

missing = 0

Risk Assessment

4. Who in your practice completes medical history form information from patients? (Check all that apply.)

1 I do 465 (84.5)

1 A nurse or other staff member completes the medical history 222 (40.4)

1 Patients complete the medical history 257 (46.7)

1 Other, please specify: 2 (0.4)

missing = 1

At your practice, does medical history taking include questions about the following? (Check one box for each row.)

| | Yes | No | Unsure |
|--|------------|------------|----------|
| 5. Traveling to or working in countries that have high rates of viral hepatitis infection?..... missing = 4 | 228 (41.7) | 306 (55.9) | 13 (2.4) |
| 6. Patient sexual orientation/sexuality?..... missing = 1 | 383 (69.6) | 159 (28.9) | 8 (1.5) |
| 7. Illegal drug use, including injecting and non-injecting illegal drugs?..... missing = 2 | 494 (90.0) | 48 (8.7) | 7 (1.3) |
| 8. Patient Occupation?..... missing = 2 | 508 (92.5) | 40 (7.3) | 1 (0.2) |
| 9. History of clotting factor disorder?..... missing = 2 | 315 (57.4) | 212 (38.6) | 22 (4.0) |
| 10. History of chronic liver disease?..... missing = 13 | 425 (79.0) | 91 (16.9) | 22 (4.2) |
| 11. History of hemodialysis?..... missing = 3 | 256 (46.7) | 262 (47.8) | 30 (5.5) |
| 12. History of sexually transmitted disease?..... missing = 3 | 459 (83.8) | 77 (14.1) | 12 (2.2) |
| 13. History of sexual activity with more than one partner in the previous 6 months?..... missing = 1 | 362 (65.8) | 171 (31.1) | 17 (3.1) |

14. How often is the above medical history information collected from patients in your practice? (Check all that apply.)

- 1 During a patient's first visit to the practice 267 (48.5)
 - 1 On a yearly basis 339 (62.0)
 - 1 At every visit 72 (13.2)
 - 1 Other, please specify: depending on chief complaint 63 (11.5), at every complete physical 38 (6.9), other not specified 18 (3.3)
- missing = 4

Hepatitis A

15. Does your practice have a standard protocol regarding when to perform a risk assessment for hepatitis A?

- 1 Yes 47 (8.5)
 - 2 No 408 (74.1)
 - 3 Unsure 96 (17.4)
- missing = 0

16. Does your practice have a standard protocol regarding testing, vaccination, and treatment for hepatitis A?

- 1 Yes 131 (23.8)
 - 2 No 334 (60.6)
 - 3 Unsure 86 (15.6)
- missing = 0

17. Does your practice have a copy of the Centers for Disease Control and Prevention's *Prevention of Hepatitis A Through Active or Passive Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)*?

- 1 Yes 165 (30.0)
 - 2 No 104 (18.9)
 - 3 Unsure 281 (51.1)
- missing = 1

18. Based upon risk for the disease, estimate the percent of patients in your practice in need of hepatitis A vaccine. (Please provide your best guess estimate.)

| Percent in need | n | % |
|-----------------|-----|-------|
| 0 | 10 | 1.9% |
| 1 to 25 | 417 | 81.1% |
| 26 to 50 | 54 | 10.5% |
| > 50 | 33 | 6.4% |

missing = 37

19. Please provide your best guess for the percent of patients in your practice who are in need of hepatitis A vaccine but do not have access to vaccine through existing funding structures (i.e. either patient and/or clinic are unable to pay for it).

| Percent without access | n | % |
|------------------------|-----|-------|
| 0 | 194 | 40.6% |
| 1 to 25 | 238 | 49.8% |
| 26 to 50 | 23 | 4.8% |
| > 50 | 23 | 4.8% |

missing = 73

20. Who in your practice reports cases of hepatitis A to the Minnesota Department of Health (MDH)? (Check one.)

- 1 Laboratory 159 (29.5)
 - 2 Clinic staff 151 (28.0)
 - 3 Both 145 (26.9)
 - 4 Unsure 84 (15.6)
- missing = 12

Hepatitis B

21. Does your practice have a standard protocol regarding when to perform a risk assessment for hepatitis B?

- 1 Yes 195 (35.9)
 - 2 No 249 (45.8)
 - 3 Unsure 100 (18.4)
- missing = 7

22. Does your practice have a standard protocol regarding testing, vaccination, and treatment for hepatitis B?

- 1 Yes 275 (50.5)
 - 2 No 182 (33.4)
 - 3 Unsure 88 (16.2)
- missing = 6

23. Does your practice have a copy of the Center for Disease Control and Prevention's *Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination: Recommendations of the Immunization Practices Advisory Committee (ACIP)*?

- 1 Yes 193 (35.4)
 - 2 No 79 (14.5)
 - 3 Unsure 274 (50.2)
- missing = 5

24. Who in your practice provides pre-test counseling to patients at risk for hepatitis B? (Check all that apply.)

- 1 I do 429 (80.0)
 - 1 Nurse 130 (24.3)
 - 1 Health educator 37 (6.9)
 - 1 Other, please specify: 17 (3.2)
 - 1 Nobody 72 (13.4)
- missing = 15

24a. What information is covered during pre-test counseling? (Check all that apply.)

- 1 Modes of transmission for hepatitis B 395 (85.1)
- 1 Risk factors for hepatitis B 402 (86.6)
- 1 The test and meaning of test results 322 (69.4)
- 1 Hepatitis A & B vaccinations 330 (71.1)
- 1 Health maintenance strategies if the result is positive 200 (43.1)
- 1 Methods to reduce hepatitis transmission 308 (66.4)
- 1 Testing of sexual partners and household contacts 257 (55.4)
- 1 Other, please describe: 16 (3.4)
- 1 Unsure 14 (3.0)

25. Based upon risk for the disease, estimate the percent of patients in your practice in need of hepatitis B vaccine. (Please provide your best guess estimate.)

| percent in need | n | percent |
|-----------------|-----|---------|
| 0 | 4 | 0.9% |
| 1 to 25 | 259 | 56.8% |
| 26 to 50 | 100 | 21.9% |
| > 50 | 93 | 20.4% |

missing = 95

26. Please provide your best guess for the percent of patients in your practice who are in need of hepatitis B vaccine but do not have access to vaccine through existing funding structures (i.e. either patient and/or clinic are unable to pay for it).

| percent in need | n | percent |
|-----------------|-----|---------|
| 0 | 192 | 38.6% |
| 1 to 25 | 255 | 51.3% |
| 26 to 50 | 35 | 7.0% |
| > 50 | 15 | 3.0% |

missing = 54

27. Who in your practice reports cases of hepatitis B to the Minnesota Department of Health (MDH)? (Check one.)

- 1 Laboratory 152 (28.2)
 - 2 Clinic staff 156 (28.9)
 - 3 Both 158 (29.3)
 - 4 Unsure 74 (13.7)
- missing = 11

Hepatitis C

28. Does your practice have a standard protocol regarding when to perform a risk assessment for hepatitis C?

- 1 Yes 101 (18.5)
 - 2 No 308 (56.3)
 - 3 Unsure 138 (25.2)
- missing = 4

29. Does your practice have a standard protocol regarding testing and treatment for hepatitis C?

- 1 Yes 126 (23.0)
 - 2 No 293 (53.6)
 - 3 Unsure 128 (23.4)
- missing = 4

30. Who in your practice provides pre-test counseling to patients at risk for hepatitis C? (Check all that apply.)

- 1 I do 402 (74.9)
 - 1 Nurse 84 (15.6)
 - 1 Health educator 29 (5.4)
 - 1 Other, please specify: 25 (4.7)
 - 1 Nobody 107 (19.9)
- missing = 14

30a. What information is covered during pre-test counseling? (Check all that apply.)

- 1 Modes of transmission for hepatitis C 353 (82.1)
- 1 Risk factors for hepatitis C 358 (83.3)
- 1 The test and meaning of test results 298 (69.3)
- 1 Hepatitis A & B vaccinations 266 (61.9)
- 1 Health maintenance strategies if the result is positive 204 (47.4)
- 1 Methods to reduce hepatitis transmission 272 (63.3)
- 1 Testing of sexual partners and household contacts 220 (51.2)
- 1 Other, please describe: 12 (2.8)
- 1 Unsure 12 (2.8)

31. Based upon risk for the disease, estimate the percent of patients in your practice in need of hepatitis C testing. (Please provide your best guess estimate.)

| percent in need | n | percent |
|-----------------|-----|---------|
| 0 | 11 | 2.2% |
| 1 to 25 | 381 | 77.6% |
| 26 to 50 | 76 | 15.5% |
| > 50 | 23 | 4.7% |

missing = 60

32. Please provide your best guess for the percent of patients in your practice who are in need of hepatitis C testing but do not have access to testing through existing funding structures (i.e. either patient and/or clinic are unable to pay for it).

| percent in need | n | percent |
|-----------------|-----|---------|
| 0 | 189 | 39.8% |
| 1 to 25 | 238 | 50.1% |
| 26 to 50 | 29 | 6.1% |
| > 50 | 19 | 4.0% |

missing = 76

33. Does your practice have a copy of the Centers for Disease Control and Prevention's *Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease*?
- 1 Yes 153 (28.2)
 2 No 87 (16.0)
 3 Unsure 303 (55.8)
 missing = 8
34. Does your practice have a copy of the *National Institutes of Health Consensus Development Statement for the Management of Hepatitis C*?
- 1 Yes 92 (16.8)
 2 No 104 (19.0)
 3 Unsure 351 (64.2)
 missing = 4
35. Who in your practice reports cases of hepatitis C to the Minnesota Department of Health (MDH)? (Check one.)
- 1 Laboratory 148 (27.3)
 2 Clinic staff 154 (28.4)
 3 Both 153 (28.2)
 4 Unsure 88 (16.2)
 missing = 8
36. Indicate the approximate number of hepatitis C infected patients you have diagnosed in the past 3 years. (Check one.)
- 1 None 197 (36.0)
 2 1 - 9 297 (54.2)
 3 10 - 25 47 (8.6)
 4 26 - 49 5 (0.9)
 5 50 or more 2 (0.4)
 missing = 3
37. Indicate the approximate number of hepatitis C infected patients you are currently monitoring and/or treating. (Check one.)
- 1 None 280 (51.1)
 2 1 - 9 231 (42.2)
 3 10 - 25 26 (4.7)
 4 26 - 49 9(1.6)
 5 50 or more 2(0.4)
 missing = 3

Partner notification

38. When you diagnose a patient with hepatitis B or C, how does the clinic USUALLY notify sexual or needle sharing partners of the need for testing and/or treatment? (Check all that apply.)

| missing = 33 | Hepatitis B | Hepatitis C |
|--|-------------|-------------|
| a. Patient instructed to inform partners(s)..... | 418 (80.7) | 403 (77.8) |
| b. Staff contacts partners by telephone..... | 27 (5.2) | 26 (5.0) |
| c. Staff contacts partners by mail..... | 19 (3.7) | 17 (3.3) |
| d. No partner notification..... | 41 (7.9) | 39 (7.5) |
| e. Other, please describe: _____ | 50 (9.7) | 47 (9.1) |

Training

39. Do you feel you have adequate and current training in issues concerning:

- | | | | | | |
|-----------------|--------------------------------|------------|-------------------------------|------------|--------------|
| a. Hepatitis A? | 1 <input type="checkbox"/> Yes | 284 (52.5) | 2 <input type="checkbox"/> No | 257 (47.5) | missing = 10 |
| b. Hepatitis B? | 1 <input type="checkbox"/> Yes | 311 (52.4) | 2 <input type="checkbox"/> No | 231 (42.6) | missing = 9 |
| c. Hepatitis C? | 1 <input type="checkbox"/> Yes | 217 (40.0) | 2 <input type="checkbox"/> No | 326 (60.0) | missing = 8 |

40. In which of the following areas would you be interested in receiving information, training, or technical assistance on viral hepatitis? (Check all that apply.)

- 1 Diagnosis 272 (49.4)
- 1 Risk assessment 278 (50.5)
- 1 Sexual history taking 182 (33.0)
- 1 Vaccines (hepatitis A, B) 227 (41.2)
- 1 Treatment (hepatitis B, C) 362 (65.7)
- 1 Counseling 243 (44.1)
- 1 Other, please specify: 18 (3.3)
- none = 113 (20.5)

Thank you for taking the time to answer these questions! Please return your completed survey in the enclosed stamped envelope.

Minnesota Department of Health
Attn: Peggy O'Halloran
STD & HIV Section
717 SE Delaware Street, Box 9441
Minneapolis, MN 55440-9441

Minnesota Primary Care Practitioners Survey
Viral Hepatitis

1. During a typical week, do you provide patient care for at least 20 hours a week? (*Patient care includes seeing patients and performing surgery and related work such as record keeping, travel time, on-call, and telephone time. It excludes time spent in training, teaching, research, or travel between home and work.*)
- 1 Yes
2 No

If you have more than one practice, please think of the practice in which you spend the most hours when answering the following questions.

2. What is your primary specialty? (Check one.)
- 1 Adolescent Medicine
2 Family Practice
3 General Practice
4 General Preventive Medicine
5 Infectious Diseases
6 Internal Medicine
7 Gynecology
8 Obstetrics and Gynecology
9 Other, please specify: _____

3. Which of the following best describes your work setting? (Check one.)
- 1 Private Practice
2 Community Clinic
3 Managed Care Organization
4 Hospital
5 City/County/State Health Department
6 Other, please specify: _____

Risk Assessment

4. Who in your practice completes medical history form information from patients? (Check all that apply.)
- 1 I do
1 A nurse or other staff member completes the medical history
1 Patients complete the medical history
1 Other, please specify: _____

At your practice, does medical history taking include questions about the following? (Check one box for each row.)

- | | Yes | No | Unsure |
|---|----------------------------|----------------------------|----------------------------|
| 5. Traveling to or working in countries that have high rates of viral hepatitis infection?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 6. Patient sexual orientation/sexuality?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 7. Illegal drug use, including injecting and non-injecting illegal drugs?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 8. Patient Occupation?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 9. History of clotting factor disorder?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 10. History of chronic liver disease?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 11. History of hemodialysis?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 12. History of sexually transmitted disease?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 13. History of sexual activity with more than one partner in the previous 6 months?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

14. How often is the above medical history information collected from patients in your practice? (Check all that apply.)

- 1 During a patient's first visit to the practice
- 1 On a yearly basis
- 1 At every visit
- 1 Other, please specify: _____

Hepatitis A

15. Does your practice have a standard protocol regarding when to perform a risk assessment for hepatitis A?

- 1 Yes
- 2 No
- 3 Unsure

16. Does your practice have a standard protocol regarding testing, vaccination, and treatment for hepatitis A?

- 1 Yes
- 2 No
- 3 Unsure

17. Does your practice have a copy of the Centers for Disease Control and Prevention's *Prevention of Hepatitis A Through Active or Passive Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)*?

- 1 Yes
- 2 No
- 3 Unsure

18. Based upon risk for the disease, estimate the percent of patients in your practice in need of hepatitis A vaccine. (Please provide your best guess estimate.) _____ %
19. Please provide your best guess for the percent of patients in your practice who are in need of hepatitis A vaccine but do **not** have access to vaccine through existing funding structures (i.e. either patient and/or clinic are unable to pay for it). _____ %
20. Who in your practice reports cases of hepatitis A to the Minnesota Department of Health (MDH)? (Check one.)
- 1 Laboratory
 - 2 Clinic staff
 - 3 Both
 - 4 Unsure

Hepatitis B

21. Does your practice have a standard protocol regarding when to perform a risk assessment for hepatitis B?
- 1 Yes
 - 2 No
 - 3 Unsure
22. Does your practice have a standard protocol regarding testing, vaccination, and treatment for hepatitis B?
- 1 Yes
 - 2 No
 - 3 Unsure
23. Does your practice have a copy of the Center for Disease Control and Prevention's *Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination: Recommendations of the Immunization Practices Advisory Committee (ACIP)*?
- 1 Yes
 - 2 No
 - 3 Unsure
24. Who in your practice provides pre-test counseling to patients at risk for hepatitis B? (Check all that apply.)

- 1 I do
- 1 Nurse
- 1 Health educator
- 1 Other, please specify: _____
- 1 Nobody

24a. What information is covered during pre-test counseling? (Check all that apply.)

- 1 Modes of transmission for hepatitis B
- 1 Risk factors for hepatitis B
- 1 The test and meaning of test results
- 1 Hepatitis A & B vaccinations
- 1 Health maintenance strategies if the result is positive
- 1 Methods to reduce hepatitis transmission
- 1 Testing of sexual partners and household contacts
- 1 Other, please describe: _____
- 1 Unsure

25. Based upon risk for the disease, estimate the percent of patients in your practice in need of hepatitis B vaccine. (Please provide your best guess estimate.) _____ %

26. Please provide your best guess for the percent of patients in your practice who are in need of hepatitis B vaccine but do **not** have access to vaccine through existing funding structures (i.e. either patient and/or clinic are unable to pay for it). _____ %

27. Who in your practice reports cases of hepatitis B to the Minnesota Department of Health (MDH)? (Check one.)

- 1 Laboratory
- 2 Clinic staff
- 3 Both
- 4 Unsure

Hepatitis C

28. Does your practice have a standard protocol regarding when to perform a risk assessment for hepatitis C?

- 1 Yes
- 2 No
- 3 Unsure

29. Does your practice have a standard protocol regarding testing and treatment for hepatitis C?

- 1 Yes
- 2 No
- 3 Unsure

30. Who in your practice provides pre-test counseling to patients at risk for hepatitis C? (Check all that apply.)

- 1 I do
- 1 Nurse
- 1 Health educator
- 1 Other, please specify: _____
- 1 Nobody

30a. What information is covered during pre-test counseling? (Check all that apply.)

- 1 Modes of transmission for hepatitis C
- 1 Risk factors for hepatitis C
- 1 The test and meaning of test results
- 1 Hepatitis A & B vaccinations
- 1 Health maintenance strategies if the result is positive
- 1 Methods to reduce hepatitis transmission
- 1 Testing of sexual partners and household contacts
- 1 Other, please describe: _____
- 1 Unsure

31. Based upon risk for the disease, estimate the percent of patients in your practice in need of hepatitis C testing. (Please provide your best guess estimate.) _____ %

32. Please provide your best guess for the percent of patients in your practice who are in need of hepatitis C testing but do **not** have access to testing through existing funding structures (i.e. either patient and/or clinic are unable to pay for it). _____ %

33. Does your practice have a copy of the Centers for Disease Control and Prevention's *Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease*?

- 1 Yes
- 2 No
- 3 Unsure

34. Does your practice have a copy of the *National Institutes of Health Consensus Development Statement for the Management of Hepatitis C*?

- 1 Yes
- 2 No
- 3 Unsure

35. Who in your practice reports cases of hepatitis C to the Minnesota Department of Health (MDH)? (Check one.)

- 1 Laboratory
- 2 Clinic staff
- 3 Both
- 4 Unsure

36. Indicate the approximate number of hepatitis C infected patients you have diagnosed in the past 3 years. (Check one.)

- 1 None
- 2 1 - 9
- 3 10 - 25
- 4 26 - 49
- 5 50 or more

37. Indicate the approximate number of hepatitis C infected patients you are currently monitoring and/or treating. (Check one.)

- 1 None
- 2 1 - 9
- 3 10 - 25
- 4 26 - 49
- 5 50 or more

Partner notification

38. When you diagnose a patient with hepatitis B or C, how does the clinic USUALLY notify sexual or needle sharing partners of the need for testing and/or treatment? (Check all that apply.)

| | Hepatitis B | Hepatitis C |
|--|----------------------------|----------------------------|
| a. Patient instructed to inform partners(s)..... | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| b. Staff contacts partners by telephone..... | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| c. Staff contacts partners by mail..... | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| d. No partner notification..... | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| e. Other, please describe: _____ | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |

Training

39. Do you feel you have adequate and current training in issues concerning:

- a. Hepatitis A? 1 Yes 2 No
- b. Hepatitis B? 1 Yes 2 No
- c. Hepatitis C? 1 Yes 2 No

40. In which of the following areas would you be interested in receiving information, training, or technical assistance on viral hepatitis? (Check all that apply.)

- 1 Diagnosis
- 1 Risk assessment
- 1 Sexual history taking
- 1 Vaccines (hepatitis A, B)
- 1 Treatment (hepatitis B, C)
- 1 Counseling
- 1 Other, please specify: _____

Thank you for taking the time to answer these questions! Please return your completed survey in the enclosed stamped envelope.

*Minnesota Department of Health
Attn: Peggy O'Halloran
STD & HIV Section
717 SE Delaware Street, Box 9441
Minneapolis, MN 55440-9441*

Appendix E

Viral Hepatitis Community Clinic Services Assessment and Results

Viral Hepatitis Community Clinic Services Assessment: Data Summary

Overview

One of the goals of the Viral Hepatitis Integration Project (VHIP) of the Minnesota Department of Health is to improve access for injecting drug users to hepatitis testing, prevention counseling, vaccination and disease management. As a first step in addressing that goal, in July and August of 2002, VHIP staff conducted an assessment of community clinics in the Minneapolis/St. Paul metro area and in Duluth. Clinics included in the assessment were selected based on the knowledge that community organizations refer individuals who inject drugs to seek care at these clinics. Of 19 clinics contacted, 16 agreed to complete a questionnaire that assessed training needs; availability of hepatitis A, B, and C services; knowledge and skill level of staff for providing viral hepatitis services including counseling, risk assessment, diagnosis and treatment, and making referrals; comfort level of staff with sexual history taking, substance use history taking, and providing care for high risk groups; barriers to integrating viral hepatitis services into current programs; and interest in attending viral hepatitis training. During a follow-up visit to each clinic, VHIP staff reviewed the questionnaire with the clinic manager and discussed viral hepatitis services and training needs in more detail.

Results

Clinic characteristics

The 16 clinics participating in the assessment included 2 family planning clinics, 9 community health clinics, 2 opiate addiction treatment programs/centers, 1 primary care clinic for the uninsured, 1 family practice residency program, and a project providing healthcare for the homeless. The total number of clinic visits for 2001 ranged from 3,000 to 121,600, and the number of individuals seen in clinics in 2001 ranged from 300 to 12,000. An average of 43% of patients visiting these 16 clinics paid for services out of pocket, ranging from 0% to 100%. Most respondents did not know the percent of hepatitis C positive patients (63%), patients who inject drugs (63%), or patients who exchange sex for drugs or money (75%). The estimates for percent of HIV positive patients ranged from 0 percent to 10 percent.

Viral Hepatitis Services and Funding

All of the clinics surveyed provide some hepatitis services, and many offer hepatitis A and B testing and vaccination and hepatitis C testing (Figure 1). It was less common for clinics to provide community

education for viral hepatitis and treatment for chronic hepatitis B or C infection than it was for them to provide other services. Funding sources for hepatitis A and B vaccine and for hepatitis C testing varied (Figure 2).

A majority of clinics offer viral hepatitis services if a patient requests it (75%), if a risk factor is known or symptoms observed (88%), or if a patient discloses a risk factor (81%). Clinics are less likely to offer services if the patient had a history of a sexually transmitted disease in the past year (56%).

Knowledge and Skill of Clinic Staff

Overall, clinic managers reported that clinical staff had a high level of knowledge and skill for providing viral hepatitis services (Table 1). The knowledge and skill level of counseling staff was more varied (Table 2), although only 7 of the 16 clinics reported having counseling staff. Clinic managers also reported a high level of comfort for their staff with sexual and substance abuse history taking, as well as providing care for patients from groups at high risk for viral hepatitis infection (Table 3).

Barriers

Lack of appropriate educational materials, inadequate patient tracking, lack of a policy for providing viral hepatitis services, language and cultural issues, limited time and funding were common barriers to integrating viral hepatitis services for clinics (Table 4).

Training Needs

Clinic managers reported a wide range of viral hepatitis training needs. Of the clinics surveyed 81% felt that training in managing chronic hepatitis B and C infection would be useful. Over half of the clinics surveyed also mentioned viral hepatitis prevention, transmission, counseling, testing, medical referrals, vaccines and co-infection with HIV as training needs. Training in sexual history and substance abuse history taking was of interest to 31% and 38% of clinics respectively.

The most significant barrier to participating in training for clinics was lack of funding (63%), followed by scheduling difficulties (50%) and lack of time (38%). Nineteen percent of the clinics also felt that training was not available or that they had limited time to attend training.

All of the clinics surveyed expressed interest in attending a viral hepatitis training sponsored by VHIP.

Summary

Community clinics provide a number of viral hepatitis services in the St. Paul/Minneapolis metro area and in Duluth. Although clinics provide these services, and it was reported that overall staff have a high level of knowledge and skill in this area, clinics still have a variety of viral hepatitis training needs and encounter a number of barriers to effectively integrating viral hepatitis services with other services provided.

Figure 1: Hepatitis Services

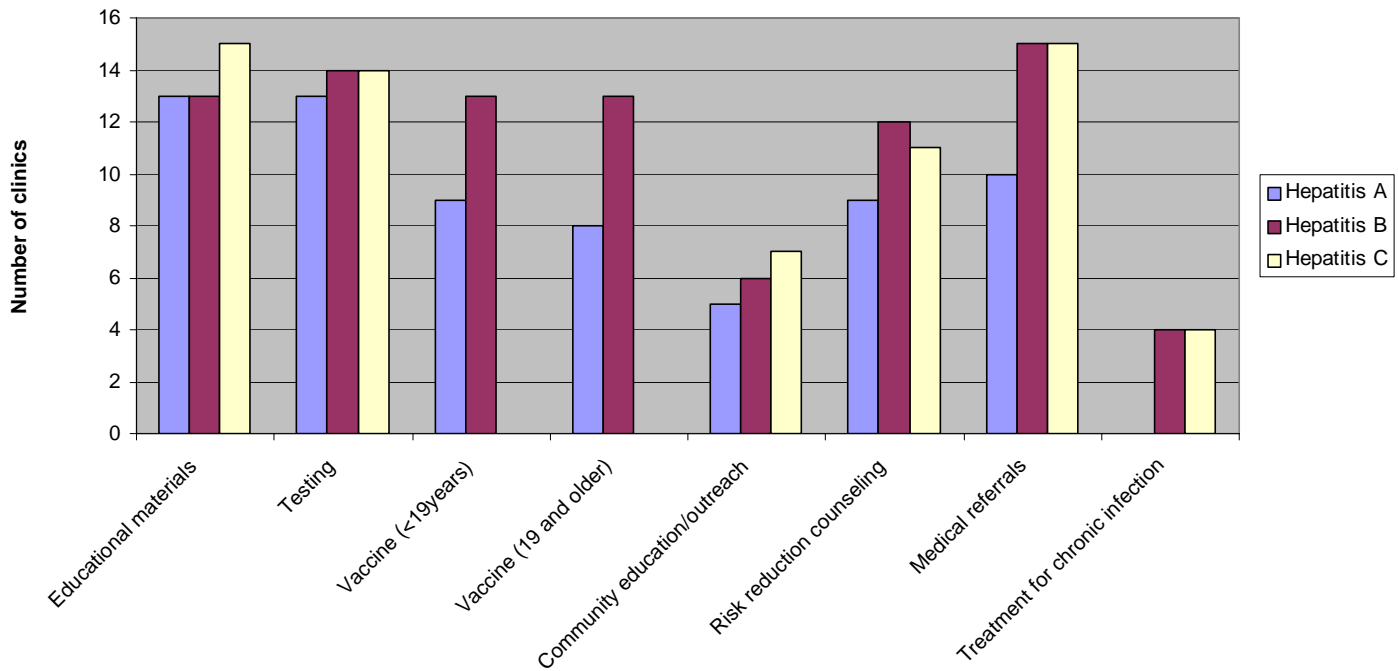


Figure 2: Funding sources Hepatitis A and B vaccine, Hepatitis C testing

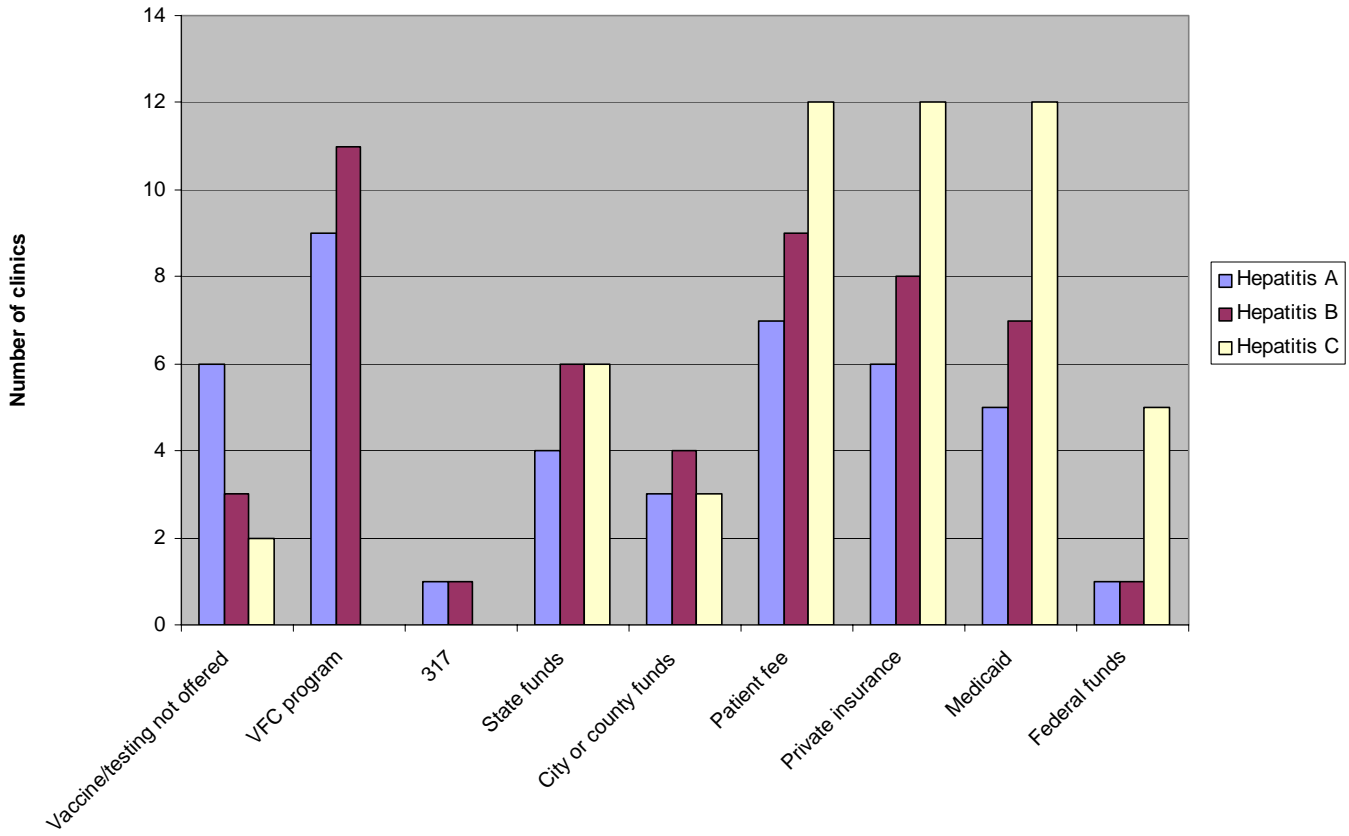


Table 1: Knowledge/skill level of clinical staff

| N=16 | | <i>Little knowledge/skill</i> | | | <i>High knowledge/skill</i> | |
|--|------|-------------------------------|----------|----------|-----------------------------|----------|
| | | <i>1</i> | <i>2</i> | <i>3</i> | <i>4</i> | <i>5</i> |
| VH counseling and testing | n | 1 | 0 | 3 | 7 | 5 |
| | freq | 6% | 0% | 19% | 44% | 31% |
| VH risk assessment: Sexual history | n | 0 | 2 | 1 | 8 | 5 |
| | freq | 0% | 13% | 6% | 50% | 31% |
| VH risk assessment: Substance abuse history | n | 0 | 1 | 2 | 7 | 6 |
| | freq | 0% | 6% | 13% | 44% | 38% |
| VH prevention counseling: Adolescents | n | 2 | 1 | 1 | 8 | 4 |
| | freq | 13% | 6% | 6% | 50% | 25% |
| VH prevention counseling: Women | n | 1 | 0 | 2 | 9 | 4 |
| | freq | 6% | 0% | 13% | 56% | 25% |
| VH prevention counseling: Commercial Sex Workers | n | 1 | 0 | 5 | 7 | 3 |
| | freq | 6% | 0% | 31% | 44% | 19% |
| VH prevention counseling: IDU | n | 0 | 2 | 2 | 7 | 5 |
| | freq | 0% | 13% | 13% | 44% | 31% |
| VH prevention counseling: MSM | n | 1 | 0 | 3 | 8 | 4 |
| | freq | 6% | 0% | 19% | 50% | 25% |
| Facilitation decisions about VH vaccination | n | 1 | 1 | 2 | 6 | 6 |
| | freq | 6% | 6% | 13% | 38% | 38% |
| VH diagnosis and treatment | n | 0 | 2 | 2 | 6 | 6 |
| | freq | 0% | 13% | 13% | 38% | 38% |
| Making VH related referrals | n | 0 | 2 | 1 | 8 | 5 |
| | freq | 0% | 13% | 6% | 50% | 31% |

Table 2 Knowledge/skill level of counseling staff

| N=7 | | <i>Little knowledge/skill</i> | | | <i>High knowledge/skill</i> | |
|--|------|-------------------------------|----------|----------|-----------------------------|----------|
| | | <i>1</i> | <i>2</i> | <i>3</i> | <i>4</i> | <i>5</i> |
| | n | 2 | 0 | 1 | 2 | 2 |
| VH counseling and testing | freq | 13% | 0% | 6% | 13% | 13% |
| | n | 1 | 0 | 2 | 2 | 2 |
| VH risk assessment: Sexual history | freq | 6% | 0% | 13% | 13% | 13% |
| | n | 1 | 0 | 1 | 2 | 3 |
| VH risk assessment: Substance abuse history | freq | 6% | 0% | 6% | 13% | 19% |
| | n | 2 | 0 | 2 | 1 | 2 |
| VH prevention counseling: Adolescents | freq | 13% | 0% | 13% | 6% | 13% |
| | n | 1 | 0 | 2 | 2 | 2 |
| VH prevention counseling: Women | freq | 6% | 0% | 13% | 13% | 13% |
| | n | 2 | 0 | 2 | 1 | 2 |
| VH prevention counseling: Commercial Sex Workers | freq | 13% | 0% | 13% | 6% | 13% |
| | n | 2 | 0 | 0 | 2 | 3 |
| VH prevention counseling: IDU | freq | 13% | 0% | 0% | 13% | 19% |
| | n | 1 | 1 | 1 | 2 | 2 |
| VH prevention counseling: MSM | freq | 6% | 6% | 6% | 13% | 13% |
| | n | 3 | 0 | 0 | 2 | 2 |
| Facilitation decisions about VH vaccination | freq | 19% | 0% | 0% | 13% | 13% |
| | n | 2 | 1 | 0 | 1 | 3 |
| VH diagnosis and treatment | freq | 13% | 6% | 0% | 6% | 19% |
| | n | 2 | 1 | 0 | 1 | 3 |
| Making VH related referrals | freq | 13% | 6% | 0% | 6% | 19% |

Table 3: Comfort level of staff

| N=16 | | <i>Low level of comfort</i> | | | <i>High level of comfort</i> | |
|------------------------------------|------|-----------------------------|----------|----------|------------------------------|----------|
| | | <i>1</i> | <i>2</i> | <i>3</i> | <i>4</i> | <i>5</i> |
| Sexual history taking | n | 1 | 0 | 1 | 4 | 10 |
| | freq | 6% | 0% | 6% | 25% | 63% |
| Substance abuse history taking | n | 0 | 0 | 1 | 6 | 9 |
| | freq | 0% | 0% | 6% | 38% | 56% |
| <i>Providing care for:</i> | | | | | | |
| Commercial sex workers | n | 1 | 1 | 2 | 7 | 5 |
| | freq | 6% | 6% | 13% | 44% | 31% |
| Gay or bisexual men | n | 1 | 0 | 2 | 3 | 10 |
| | freq | 6% | 0% | 13% | 19% | 63% |
| Lesbian or bisexual women | n | 1 | 0 | 0 | 5 | 10 |
| | freq | 6% | 0% | 0% | 31% | 63% |
| Persons with chronic VH | n | 2 | 0 | 2 | 3 | 8 |
| | freq | 13% | 0% | 13% | 19% | 50% |
| Persons of minority race/ethnicity | n | 1 | 0 | 0 | 1 | 14 |
| | freq | 6% | 0% | 0% | 6% | 88% |
| Persons who do not speak English | n | 1 | 0 | 3 | 2 | 10 |
| | freq | 6% | 0% | 19% | 13% | 63% |
| Men who were incarcerated | n | 1 | 0 | 1 | 3 | 11 |
| | freq | 6% | 0% | 6% | 19% | 69% |
| Women who were incarcerated | n | 1 | 0 | 1 | 3 | 11 |
| | freq | 6% | 0% | 6% | 19% | 69% |
| Injecting drug users | n | 1 | 0 | 2 | 4 | 9 |
| | freq | 6% | 0% | 13% | 25% | 56% |
| Other substance abusers | n | 1 | 0 | 1 | 6 | 8 |
| | freq | 6% | 0% | 6% | 38% | 50% |
| Victims of sexual assault | n | 1 | 0 | 1 | 5 | 9 |
| | freq | 6% | 0% | 6% | 31% | 56% |
| Victims of child sexual abuse | n | 1 | 0 | 1 | 6 | 8 |
| | freq | 6% | 0% | 6% | 38% | 50% |

Table 4: Barriers to integrating VH services

| | n | freq |
|--|---|------|
| Language issues | 8 | 50% |
| Funding | 8 | 50% |
| Lack of appropriate educational materials | 7 | 44% |
| Patient tracking inadequate | 7 | 44% |
| Limited time available with patient | 7 | 44% |
| No policy in place for providing VH services | 6 | 38% |
| Cultural issues | 6 | 38% |
| Vaccine for HepA not available | 4 | 25% |
| No provider referrals in place | 4 | 25% |
| Lack of staff knowledge about VH | 3 | 19% |
| Vaccine for HepB not available | 2 | 13% |
| Not a priority within agency | 2 | 13% |
| Testing for VH not available | 1 | 6% |
| Lack of public demand | 0 | 0% |



Viral Hepatitis Services Assessment

Clinic name:

Address:

Your Name:

Position:

Email:

Phone:

1. Please check the category that best describes your clinic.

- Family planning
- Community health clinic
- STD clinic
- Other, specify: _____

2. What was the total number of clinic visits in 2001? _____ clinic visits

3. How many individuals were seen in your clinic in 2001? _____ individuals

4. Which of the following hepatitis A services does your clinic currently provide? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Educational materials | <input type="checkbox"/> Community education/outreach |
| <input type="checkbox"/> Hepatitis A testing | <input type="checkbox"/> Hepatitis A risk reduction counseling |
| <input type="checkbox"/> Hepatitis A vaccine to children under 19 years only | <input type="checkbox"/> Hepatitis A medical referrals |
| <input type="checkbox"/> Hepatitis A vaccine to adults age 19 or older | <input type="checkbox"/> Other, specify: _____ |

5. What funding sources are used to purchase hepatitis A vaccine for your clinic? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Hepatitis A vaccine is not offered at this clinic | <input type="checkbox"/> City or county funds |
| <input type="checkbox"/> Vaccines for Children (VFC) program | <input type="checkbox"/> Patient fee |
| <input type="checkbox"/> 317 (federally funded vaccine grant) | <input type="checkbox"/> Private insurance |
| <input type="checkbox"/> State funds | <input type="checkbox"/> Medicaid |

6. Which of the following hepatitis B services does your clinic currently provide? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Educational materials | <input type="checkbox"/> Treatment for chronic hepatitis B infection |
| <input type="checkbox"/> Hepatitis B testing | <input type="checkbox"/> Hepatitis B medical referrals |
| <input type="checkbox"/> Hepatitis B vaccine to children under 19 years only | <input type="checkbox"/> Community education/outreach |
| <input type="checkbox"/> Hepatitis B vaccine to adults age 19 or older | <input type="checkbox"/> Other, specify: _____ |
| <input type="checkbox"/> Hepatitis B risk reduction counseling | |

7. What funding sources are used to purchase hepatitis B vaccine for your clinic? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Hepatitis B vaccine is not offered at this clinic | <input type="checkbox"/> City or county funds |
|--|---|

- Vaccines for Children (VFC) program
- 317 (federally funded vaccine grant)
- State funds

- Patient fee
- Private insurance
- Medicaid

8. Which of the following hepatitis C services does your clinic currently provide? Check all that apply.

- Educational materials
- Hepatitis C testing
- Community education/outreach
- Hepatitis C risk reduction counseling
- Treatment for chronic hepatitis C infection
- Hepatitis C medical referrals
- Other, specify: _____

9. What funding sources are used to pay for hepatitis C testing in your clinic? Check all that apply.

- Hepatitis C testing is not offered at this clinic
- Federal funds
- State funds
- City or county funds
- Patient fee
- Private insurance
- Medicaid

10. Under what circumstances are viral hepatitis services offered to a patient at your clinic? Check all that apply.

- Hepatitis services are not offered at this clinic
- If the patient requests service
- If risk factor or symptoms are known/observed
- If the patient discloses a risk factor
- If history of STD in past year

11. Which of the following payment options do you accept for services provided at your clinic? Check all that apply.

- Co-pay or deductible for testing
- Co-pay or deductible for vaccine
- Sliding fee scale
- Other, specify: _____

12. Approximately what percent of the patients you serve pay for services out of pocket?

____ %

- Don't know

13. Approximately what percent of the patients you serve are HIV positive?

____ %

Don't know

14. Approximately what percent of the patients you serve are hepatitis C (HCV) positive?

____ %

Don't know

15. Approximately what percent of the patients you serve are injecting drug users (IDUs)?

____ %

Don't know

16. Approximately what percent of the patients you serve have a history of exchanging sex for drugs or money (commercial sex worker)?

____ %

Don't know

17. Please rate the knowledge/skill level of your clinical staff for the following viral hepatitis related areas, with 1 indicating little knowledge/skill, and 5 indicating a high level of knowledge/skill. Check one box for each row.

| | Little knowledge/skill | | | | High level of knowledge/skill |
|---|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|
| a. Viral hepatitis counseling and testing..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. Viral hepatitis risk assessment through sexual history..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. Viral hepatitis risk assessment through substance abuse history..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| d. Viral hepatitis prevention counseling for adolescents..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| e. Viral hepatitis prevention counseling for women at risk..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| f. Viral hepatitis prevention counseling for commercial sex workers..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| g. Viral hepatitis prevention counseling for injection drug users..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| h. Viral hepatitis prevention counseling for men who have sex with men..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

- i. Facilitating decisions about viral hepatitis vaccinations (A ,B)..... 1 2 3 4 5
- j. Viral hepatitis diagnosis and treatment... 1 2 3 4 5
- k. Making viral hepatitis related referrals... 1 2 3 4 5

18. Please rate the knowledge/skill level of your counseling staff for the following viral hepatitis related areas, with 1 indicating little knowledge/skill, and 5 indicating a high level of knowledge/skill. Check one box for each row. *If you don't have counseling staff, skip to Q19.*****

- | | Little
knowledge/skill | | | | High level of
knowledge/skill |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------------|
| a. Viral hepatitis counseling and testing.... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. Viral hepatitis risk assessment through sexual history..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. Viral hepatitis risk assessment through substance abuse history..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| d. Viral hepatitis prevention counseling for adolescents..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| e. Viral hepatitis prevention counseling for women at risk..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| f. Viral hepatitis prevention counseling for commercial sex workers..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| g. Viral hepatitis prevention counseling for injection drug users..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| h. Viral hepatitis prevention counseling for men who have sex with men..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| i. Facilitating decisions about viral hepatitis vaccinations (A ,B)..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| j. Viral hepatitis diagnosis and treatment..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| k. Making viral hepatitis related referrals... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

19. What areas of training would you consider to be most useful in order for your staff to provide viral hepatitis services to patients? Check all that apply.

- Prevention of viral hepatitis
- Transmission of viral hepatitis
- Counseling for viral hepatitis
- Testing and test results
- Medical referrals
- Vaccines (hepatitis A, B)
- Sexual history-taking
- Managing chronic infection (hepatitis B, C)
- Substance abuse history taking
- Co-infection with hepatitis and HIV
- Other, please specify: _____

20. Has lack of knowledge in any of the above areas (from Q19) ever kept staff from addressing viral hepatitis issues with a patient?

- 1 Yes →
- 2 No
- 3 Not sure

If yes, please indicate which areas:

21. Please rate the comfort level of your staff for each of the following with 1 indicating a low level of comfort and 5 indicating a high level of comfort:

| | Low level of comfort | | | | High level of comfort |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Sexual history taking..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. Substance abuse history taking..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| <i>Providing care for:</i> | | | | | |
| c. Commercial sex workers..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| d. Gay or bisexual men..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| e. Lesbian or bisexual women..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| f. Persons with chronic viral hepatitis..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| g. Persons of minority race/ethnicity..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| h. Persons who do not speak English as their first language..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| i. Men who were incarcerated..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| j. Women who were incarcerated..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| k. Injecting drug users..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| k. Other substance abusers..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| l. Victims of sexual assault (current or | | | | | |

| | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| past)..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| m. Victims of child sexual abuse (past)..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

22. What barriers exist to integrating viral hepatitis services into your current program? Check all that apply.

- Testing for viral hepatitis is not available
- Vaccine for hepatitis A is not available
- Vaccine for hepatitis B is not available
- Lack of appropriate educational materials for patients
- Lack of staff knowledge about viral hepatitis
- Patient tracking for viral hepatitis is inadequate
- No policy in place for providing viral hepatitis services
- Language issues
- Cultural issues
- Limited time available with patient
- Lack of public demand
- No provider referrals in place
- Not a priority within agency
- Funding
- Other, please specify: _____

23. Of the barriers you checked in Q22, which do you consider to be *the most significant barrier* to integrating viral hepatitis services into your current program? Write in the most significant barrier from Q22 in the space below.

24. What barriers exist in your organization for participating in educational offerings/training on viral hepatitis? Check all that apply.

- Lack of time
- Lack of funding
- Staffing/scheduling difficulties
- Training not available
- Low priority
- Other, please specify: _____

25. Approximately how many staff from your clinic would be interested in attending a viral hepatitis clinical overview and counseling training?

____ staff

26. Please write any comments or questions in the space below.
