

## **I. Executive Summary**

---

The Minnesota Department of Health (MDH) has primary responsibility for the prevention and control of hepatitis A, B, and C in Minnesota. Within MDH, multiple sections of the Infectious Disease Epidemiology, Prevention and Control (IDEPC) Division are responsible for functions such as hepatitis surveillance, vaccination programs, monitoring of chronically infected healthcare providers, infectious disease outbreak response, prevention interventions and integration activities. In addition, local public health agencies throughout the state have defined responsibilities for assessment, vaccination, education, and response activities in their jurisdictions. Likewise, Tribal Health agencies serve their communities in specific ways with only limited interaction at either the state or local levels with public health. Public and private primary and specialty care providers perform testing, vaccination, care and treatment for all types of hepatitis, but to very different populations and with differing outcomes.

Until recently, conversations between these necessary partners in hepatitis prevention and control have been infrequent and unsystematic. This needs assessment and plan, describing a set of visions and goals for the state, is an attempt to identify gaps in our current efforts and mechanisms for bringing together these important partners along with forging a renewed commitment to comprehensive and systematic hepatitis prevention and control in Minnesota. With the funding provided by the Council on State and Territorial Epidemiologists (CSTE), the state has taken an important step toward elevating the profile of and response to viral hepatitis in the context of other sexually transmitted diseases (STDs), blood-borne diseases, food-borne outbreaks and vaccine-preventable diseases.