DEPARTMENT OF HEAL TH & HUMAN SERVICES

Public Health Service

Centers for Disease Control and Prevention (CDC)
Atlanta GA 30333

October 29, 2002

Mr. Patrick J. McConnon, M.P .H. Executive Director
Council of State and Territorial Epidemiologists (CSTE) 2872 Woodcock **Boulevard, Suite 303 Atlanta, Georgia 30341-4015**

Dear Mr. McConnon:

Thank you for your letter forwarding the positions statements, adopted by the Council of State and Territorial Epidemiologists (CSTE}, in 2002.

Enclosed are the Centers for Disease Control and Prevention's (CDC) responses to the CSTE Position Statements sent to the National Center for Infectious Disease (NCID) and the National Immunization Program (NIP).

We **look forward to continued collaboration with CSTE regarding public health issues of mutual concern.**

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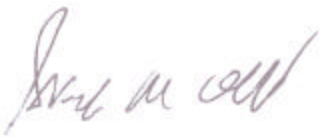
Sincerely,



J ames M. Hughes, M.D .
Assistant Surgeon General Director
National Center for Infectious Diseases

LU~(, ~ Walter A. Orenstein, M.D. Assistant Surgeon General Director
National Immunization Program

Enclosures

COMMENTS PROVIDED BY THE CENTERS FOR DISEASE CONTROL AND **PREVENTION ON THE COUNCIL OF STATE** AND **TERRITORIAL EPIDEMIOLOGISTS' (CSTE)**
2002 POSlnON STATEMENTS -Infectious Diseases/Immunization

02-ID-O5

Committee: Infectious Diseases

~: Securing Hepatitis A **and Hepatitis** B **Vaccine for Adults at High Risk** of Infection **or the Serious Consequences of Infection**

CDC ResDonse:
CDC concurs with CSTE' s recommendation that CDC work in partnership with other federal and state agencies and the private sector to create a mechanism to make Hepatitis A and Hepatitis B vaccine available to adults at high risk for infection or the serious consequences of infection.

Vaccinating high-risk adults against Hepatitis A and B is a critical component of an adult immunization initiative, with two main areas that need attention: (1) vaccine financing, and (2) development of an infrastructure to administer immunizations, particularly in public health care facilities. Vaccinating adults against Hepatitis A and B is a cost effective way public health can reduce the disease burden among adults.

CDC has been exploring several avenues to understand the scope of the challenge and develop potential strategies to address the issue. CDC has been working to promote the need for and importance of implementing hepatitis A and B vaccination programs in state and local STD and HIV prevention programs. This is of particular importance because many of the individuals at high risk of hepatitis A and B infection also lack health insurance and seek care in public health facilities. At CDC's request, the Institute of Medicine is conducting a study on the mechanism of funding pediatric and adult vaccines, including hepatitis A and B vaccines. Their report is due to be released in 2003.

Over the past several years, through the Viral Hepatitis Integrations Projects, CDC has been working with state and local health departments to promote immunizations for adults for whom the vaccine is recommended by the ACIP .CDC and the Substance Abuse and Mental Health Administration (SAMSHA) have also developed a needs assessment to determine the number of individuals who access public Sill, HN and substance abuse treatment and prevention programs and could potentially receive hepatitis A and B vaccine at these facilities. This needs assessment, Vaccines for Adults at Risk for Hepatitis (VF ARB), will also incorporate data on the number of individuals in long term correctional facilities since this population is also at high risk for hepatitis A, B, and C infection. The data are currently being analyzed and will be shared with CSTE when it is available. Finally, CDC has provided approximately $2.1 million to date, in 2002, for the purchase of adult hepatitis A and B vaccines.

In **spite** of these **efforts, many individuals at high risk** of hepatitis A **or** B **infection, or serious consequences of infection, remain unvaccinated. CDC supports CSTE'** s **position statement and remains committed to working with other government and private sector partners to develop strategies to fund and deliver vaccine for adults at high risk** of infection. **We also encourage CSTE and ASTHO to continue to promote the importance of and need for** a **sustained adult hepatitis** A **and** B **vaccination program.**

Dear CSTE Executive Committee and Members:

In June, 2002, the CSTE membership adopted Position Statement # 02-ID-05, stating that "CDC should work in partnership with other federal and state agencies and the private sector to create a mechanism to make hepatitis A and hepatitis B vaccine available to adults at high risk for hepatitis infection or the serious consequences of infection, following the CDC recommendations for adult immunization."

There is still no specific mechanism that makes hepatitis A and hepatitis B vaccine available to states for adults at high risk for infection or serious consequences.

However, some progress has been made, including:

- The National Immunization Program (NIP), CDC, has allowed states to apply for carry-over or supplemental funding for adult hepatitis vaccine purchase, although this funding is short-term and extremely limited.
- VFARH (Vaccine for Adults at Risk for Hepatitis): 4 Centers/Offices (NIP, NCID, CSAT, NCHSTP) requested state data to prepare a needs assessment for adult hepatitis A and adult hepatitis B vaccine (summer 2002). This assessment was coordinated by state immunization programs, and was to include state data on vaccine need in at least STD and HIV/AIDS sites, and potentially other programmatic areas (e.g., hepatitis C positive population, drug treatment). The instructions on this assessment stated that data on corrections would be added at the national level. NIP submitted the draft needs assessment data from state immunization programs to the Institutes of Medicine (IOM) in December, 2002. Corrections and drug treatment data is still in process and was not available for inclusion in the draft data submission; this information may be added in the future.
- A Government Accounting Office (GAO) report on vaccine financing is expected to be published and available soon (Spring 2003).
- The Division of Viral Hepatitis, National Center for Infectious Diseases, CDC, provides funding for 19 Viral Hepatitis Integration Projects (VHIPs), some of which include a limited vaccination component. The Division also provides some limited funding for state hepatitis C coordinators. Work of the coordinators and implementation of "integration" projects will likely increase the need/demand for adult hepatitis vaccine. Evaluation of these projects may highlight importance of hepatitis vaccine for adults at increased risk.
- Although hepatitis vaccine is not included in the HIV/AIDS prevention grant guidance, the draft 2003-4 guidance does allow for hepatitis testing. Use of this program could increase the need/demand for hepatitis A and B vaccines, as clients are appropriately referred for vaccination based on CDC and state guidelines. Also, some states include hepatitis A and B vaccines on their Aids Drug Assistance Program (ADAP) formulary for HIV positive clients.

- In addition, some counties and states have provided limited funding for vaccine purchase, often in the context of time-limited pilot projects.

Substantial and sustainable availability of adult hepatitis A and hepatitis B vaccine has not yet been realized, and the authors await positive actions and sustainable vaccine availability due to this position statement. The authors of this position statement suggest that he CSTE Executive Committee and membership continue to regularly monitor and evaluate actions and outcomes related to creation of a mechanism to make hepatitis A and hepatitis B vaccines available to adults at high risk for hepatitis infection or the serious consequences of infection. Much of the action related to this position statement has been to increase demand, rather than to make the vaccines available.

As public education and awareness of hepatitis A, B and C increases, there will be an increasing need for vaccination and testing services. In addition, as viral hepatitis services are increasingly integrated into existing public health programs and infrastructures, including HIV, STD, family planning, immunization, epidemiology, and refugee clinics, more venues will become available for providing hepatitis client services.

Thank you for this opportunity to provide an update on the status of the availability of hepatitis A and hepatitis B vaccines for adults at high risk. We look forward to continuing work toward full implementation of this position statement.

Sincerely-

Sandy Roush and Kathy Gensheimer