CLHO-CD: Hepatitis A Prevention Logistics

Meeting Minutes for 06/10/2019

**Purpose:** To provide feedback to the state regarding strategies to prevent and control hepatitis A outbreaks among homeless persons

**Roll Call**

* Counties: Benton, Clackamas, Douglas, Jackson, Lane, Marion, Multnomah, Polk
* Public Health Division (PHD): Mimi Luther, Paul Cieslak, Cecile Town, Steve Rekant, Zints Beldavs, Angela Phan, Melissa Powell, Andrew Epstein

**Current Situation:** A sizable outbreak of Hep. A among homeless population. Oregon has 3 cases in Deschutes and possible 1 connected case from Klamath.

* Most adults in Oregon are suspected to be susceptible due to childhood vaccination
* Concern: Susceptible for potential outbreak among vulnerable population
* Prevention: Vaccinations, distribution of information to key external partners that directly works with affective communities, effective communications between public health and affective communities
* Questions:
  + How can vaccination among the homeless population be increased?
    - Access Hep. A adult vaccines
      * Some limitations in supply but not a huge concern for prevention
      * If special project funds and elements can be use there is no concern regarding insurance
        + Would still need to document all ALERT IIS

**What PHD can provide and help counties with:**

* More coordination between state and counties
  + State taking the lead in communications and providing more resources
* Have Hepatitis A prevention efforts to be an agenda item for the big CLHO-CD meeting
* State would emphasis the importance of early Hepatitis A prevention work to counties and other key partners
  + Communicate through Health Alert Network (HAN)

**Strategies and logistics counties have shared:**

* Benton County: Charlie Fautin
  + Currently model for increasing Hep. A awareness is continuing to utilize Benton County's Harm Reduction workers through outreach work in the camps, and in addition taking vaccinations to high risk communities
    - Mostly used our Harm Reduction workers for both projects because they are such an experienced & knowledgeable street-level outreach team – and because IDUs hare also a huge part of the populations catching Hep-A in outbreaks throughout the US
  + It was important getting the communication out there early to vulnerable populations
    - Materials directed with the effected population early
    - Jess Horowitz, hired with limited-duration Modernization funding was sent out to camps, shelters, and services for unsheltered people were provided early on outbreak occurs
      * Went out early and provide basic sanitation suppliesand well-prepared information about hepatitis-A risks to promote vaccination, and would later return to the same area with the health professionals and emergency response partners (nurse or medical professional) to provide vaccinations and other preventative measures
        + Establishing trust in the beginning with vulnerable populations is key
      * Involve Local Health Department (LHD) and community groups that provide services for unsheltered people personnel in the beginning
      * Consistent communications of materials with local providers
        + Emphasize it as a local effort and have communities’ allies come together
      * Encouraging providers and emergency providers to use ALERT IIS
      * Leverage existing partnerships within the communities to increase
        + Critical to have exiting trust
    - Concerns: How to increase vaccination rate among populations in jail?
      * Benton Co chose single-valence Hep-A vaccine (Havrix or equivalent) to provide maximum effectiveness with 1st dose since recall / follow-up is challenging for the target populations Most important to aim would be to administer the 1st does in the series
* Clackamas County: Anna Summer
  + Use Modernization Funding to forward efforts in Hep. A prevention
  + Partnered with:
    - Local fire district and paramedic personnel (Clackamas Fire District 1 with Amy Jo Cook)
    - Key needle exchange groups (Outside In), and other groups that work heavily with homeless population (Clackamas Service Center)
  + While working with key partners, was able to vaccinate 50-60 individuals
  + Challenges:
    - Difficulty to complete the series
    - Difficultly in collecting data in that individuals often go by an alias and/or do not have an address; small-scale operation, would like to have a larger group of individuals to depend on for vaccination campaigns; need stronger community partnerships in communities to call upon for prevention and response efforts
  + Working with internal Data Informatics Coordinator to better understand Clackamas’ risk factors, vaccination coverage, and prevalence of Hep A in Clackamas County.
  + Would appreciate more regional data sharing to inform our understanding of this disease and associated risk factors.
* Douglas County: Bob Dannenhoffer
  + Current model for increasing Hep. A awareness and outreach work can easily be replicated
  + Community workers within Douglas Public Health (PH) was to travel to shelters and vulnerable populations with high susceptibility of Hep. A
  + Portable refrigerators from Oregon Immunization Program's (OIP) Vaccine for Children (VFC) program was helpful
  + Possible tactic: Would approach emergency departments with hospitalization rates related to Hep. A to bring awareness of situation to hospital administrators
* Multnomah County: Lisa Ferguson
  + Work to incorporate Hep. A vaccination at shelters
  + County and state personnel would set up pop-up clinics to provide vaccines
  + Vaccines for Hep. A are also being distributed to local harm reduction groups
    - Around 100 vaccinations have been administered
  + Next steps with left over funds, provide basic medical care and working with local partners
  + Strategizing to work more with other key groups to have community engagement