

## Background/Rationale for the Viral Hepatitis Strategic Plan: Framework for Hepatitis A

Strategy	Background/Rationale
<b>Focus Area: Prevention</b>	
<b>1.1</b> Promote the use of effective risk reduction interventions and strategies.	Poor hand hygiene, unprotected sex and travel to countries with high rates of hepatitis A increase the risk for hepatitis A transmission. The best way to prevent hepatitis A is by getting vaccinated. However, another proven-effective risk reduction intervention includes proper hand washing with soap and water after the use of the bathroom and changing diapers, and before preparing or eating food.
<b>1.2</b> Ensure access to hepatitis A vaccination for persons and communities at risk.	Hepatitis A vaccine is a safe and effective way to prevent infection. Improving access to hepatitis A vaccine through such efforts as expanded days and hours of operation and promoting the availability of vaccine prevents disease transmission.
<b>1.3</b> Improve vaccination rates among children.	The majority of children with hepatitis A are asymptomatic. They play a role in hepatitis A transmission by serving as a source of infection for others. Routine vaccination of children has reduced hepatitis A incidence in the United States. Hepatitis A vaccination is recommended for all children starting at age 1 year.
<b>1.4</b> Increase the provision of timely referrals for comprehensive sexual health-related services.	For persons at-risk for or infected with hepatitis A through unprotected sexual contact, timely referrals for comprehensive sexual health-related services can assist in preventing cases of other sexually transmitted diseases, including HIV, thereby improving health outcomes.
<b>1.5</b> Integrate hepatitis A counseling, screening, vaccination and referral services into existing service delivery systems.	Because there are overlapping routes of transmission for hepatitis A and other sexually transmitted diseases, integration of services allows for individuals' needs to be met in one location. It prevents missed opportunities, is more convenient for consumers, builds on the existing infrastructure of programs and is more cost-effective.
<b>1.6</b> Emphasize the importance of sanitary conditions and personal hygiene among persons at greater risk.	Hepatitis A is more easily spread due to poor sanitary conditions and poor hand hygiene. Safe drinking water, proper disposal of sewage and good hand hygiene practices reduce the spread of hepatitis A.
<b>Focus Area: Education</b>	
<b>2.1</b> Increase the knowledge of hepatitis A among the general public.	Educating the general public regarding hepatitis A, including how it is transmitted and prevented, will result in more people reducing or eliminating their risk and increase the number of persons getting vaccinated.
<b>2.2</b> Improve and expand the knowledge of hepatitis A among health and human service providers.	Knowledge of hepatitis A among health and human service providers promotes the delivery of vaccine, creates awareness and changes practices and attitudes. Hepatitis A education may be provided via conferences, on-line trainings, webinars, residency training programs and provider-to-provider mentorships.

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<p><b>2.3</b> Ensure access to culturally-sensitive and linguistically appropriate educational messages for persons, populations and communities at-risk.</p>	<p>Culturally and linguistically appropriate educational messages and materials are required to make appropriate hepatitis A information available to New York State’s diverse population. Because people access information in different ways, information must be available in a variety of formats, through traditional and new media and technology.</p>
<p><b>2.4</b> Foster appropriate screening practices for hepatitis A.</p>	<p>Inappropriate screening practices, such as screening asymptomatic persons for hepatitis A virus, can result in misdiagnosis and place undo strain on the resources of both local health departments and providers. Awareness and knowledge of hepatitis A screening guidelines among laboratories and providers will improve screening practices.</p>
<p><b>Focus Area: Surveillance and Research</b></p>	
<p><b>3.1</b> Secure adequate resources for state and local surveillance activities.</p>	<p>Hepatitis A follow-up and case reporting requires state and local efforts. Adequate resources are required for surveillance in order to accurately monitor disease trends, ensure timely responses to disease transmission and implementation of effective interventions and strategies to control the spread of hepatitis A.</p>
<p><b>3.2</b> Improve capacity for complete and accurate disease reporting among laboratories and providers.</p>	<p>Electronic laboratory reporting of positive hepatitis A virus test results is mandatory in New York State. Adequate resources are necessary to establish standardized data formats and to exchange data between laboratories, providers and state and local health departments. Improvement of existing systems and expansion of additional electronic health information data will improve the completeness and accuracy of case reporting.</p>
<p><b>3.3</b> Use surveillance data to better inform recommendations for hepatitis A.</p>	<p>Surveillance data serve many purposes, including assisting with the identification of hepatitis A-infected persons and persons who may be at-risk. Prevention interventions specific to persons, populations and communities can be developed, implemented and evaluated. Aggregate data inform resource allocation and planning for care and prevention.</p>
<p><b>3.4</b> Improve the epidemiologic investigation and response capacity to community outbreaks.</p>	<p>Hepatitis A transmission occurs mainly within communities. Improving the epidemiologic investigation and response capacity for community outbreaks will prevent further spread of the virus.</p>
<p><b>3.5</b> Develop and evaluate evidence-based interventions for hepatitis A prevention.</p>	<p>Evidence-based interventions that demonstrate efficacy in reducing hepatitis A incidence or risk behaviors advance the effectiveness of prevention interventions.</p>
<p><b>3.6</b> Conduct hepatitis A-related research to advance prevention.</p>	<p>Hepatitis A-related research is necessary to inform policy and program development for an effective response to the disease by further advancing hepatitis A prevention.</p>
<p><b>Focus Area: Medical Care and Treatment</b></p>	
<p><b>4.1</b> Ensure provider access to current guidelines, regulations and recommendations for hepatitis A diagnosis and prevention.</p>	<p>Hepatitis A guidelines, regulations and recommendations help ensure appropriate quality of prevention, care and food handling/preparation. This information is available from many sources. Various approaches can be used to provide such information.</p>

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<p><b>4.2</b> Assure timely access to hepatitis A diagnosis, care and post-exposure prophylaxis.</p>	<p>Early identification and diagnosis of people infected will assist with timely access to care and administration of post exposure prophylaxis, thus preventing further transmission to others.</p>
<p><b>4.3</b> Ensure timely access to sexual health-related services.</p>	<p>For persons who contracted hepatitis A through unprotected sexual contact, timely referrals for comprehensive sexual health-related services can assist in preventing cases of other sexually transmitted diseases, including HIV, thereby improving health outcomes.</p>
<p><b>Focus Area: Policy and Planning</b></p>	
<p><b>5.1</b> Maintain an adequate statutory and regulatory environment for hepatitis A prevention.</p>	<p>Federal and state laws and regulations play an important role in creating an environment that provides optimal protection from the transmission and/or acquisition of hepatitis A. Federal and state laws and regulations set forth standards and requirements for proper patient care, food handling/preparation and sanitary conditions. New York State laws and regulations include provisions for proven-effective prevention interventions, such as the administration of hepatitis A vaccine.</p>
<p><b>5.2</b> Base policy development and decisions on credible information.</p>	<p>Hepatitis A research, guidelines and data are readily available and updated on an as-needed basis. Current and accurate information is used for policy decisions and program development.</p>
<p><b>5.3</b> Ensure an inclusive approach to policy development and program planning.</p>	<p>Input from a variety of individuals, agencies and organizations is necessary for development of a comprehensive public health approach to hepatitis A prevention.</p>
<p><b>5.4</b> Provide policy makers with information on the impact of challenges and unmet needs related to hepatitis A.</p>	<p>Hepatitis A-related policies should be based upon an understanding of the challenges and unmet needs associated with hepatitis A.</p>
<p><b>5.5</b> Assure the capacity of statewide systems to support hepatitis A-related goals.</p>	<p>Adequate capacity of systems statewide to provide appropriate hepatitis A prevention services, such as vaccination, is required for a comprehensive statewide program.</p>
<p><b>5.6</b> Reduce hepatitis A-related health disparities and cultural barriers.</p>	<p>Hepatitis A-related health disparities and cultural barriers negatively impact the quality of life for persons living with the disease. Negative consequences include reduced self-esteem, diminished mental health, social isolation and fear of disclosing their hepatitis A status.</p>