



National Task Force on Hepatitis B

www.hepbtaskforce.org

Meeting Notes

Date: Wednesday, April 5, 2023 (every 1st Wednesday of the month)

Time: 3PM ET / 2PM CT / 1PM MT / 12PM PT / 9 AM Hawaii

Email: administrator@hepbtaskforce.org

Zoom Meeting registration link: <https://us02web.zoom.us/j/81055483671?pwd=YjdPN2RybE03eGpwdVJCZWpSWFJ5Zz09>

Attendance (at or after 3:05PM) are as follows:

Executive Board Members (Officers):

- Co-Chair: Carol Brosgart, MD (San Francisco, CA)
- Co-Chair: Richard So, MPH, Executive Director, SF Hep B Free – Bay Area (San Francisco, CA)
- Secretary: Catherine Freeland, MPH, Public Health Program Director, Hepatitis B Foundation (Doylestown, PA)
- Administrator (and notetaker): Amy Trang, PhD, MEd, Founder and CEO, Social Capital Solutions (Northern VA)

Regional Directors:

- Northeast Regional Director: Dr. Ponni Perumalswami, MD, Associate Professor, University of Michigan and Director of the Liver Clinic VA Ann Arbor Healthcare System (Ann Arbor, MI)
- Southeast Regional Director: Vacant
- North Central Regional Director: Vacant
- South Central Regional Director: Tzu-Hao “Howard” Lee, MD, Assistant Professor, Baylor College of Medicine (Houston, TX)
- Western Regional Director: Thaddeus Pham, Viral Hepatitis Prevention Coordinator, Hawaii State Department of Health (Honolulu, HI)

Student Representation

- APAMSA students

Board Advisors:

- Richard Andrews, MD, MPH, Board Advisor (Houston, TX)
- Moon Chen, PHD, MPH, Board Advisor; one of the original founders of the Task Force in 1997 (UC Davis; Sacramento, CA)
- Chari Cohen, DrPH, MPH, Board Advisor (Hep B Foundation; Doylestown, PA)
- Robert Gish, MD, Board Advisor (Robert G. Gish Consultants; San Diego, CA)
- Lu-yu Hwang, MD, Board Advisory (Department of Epidemiology, University of Texas HSC; Houston, TX)
- Karen Jobu, Board Advisor (Asian American Community Services; Columbus, OH)
- Amy Tang, MD, Board Advisor (North East Medical Services; San Francisco, CA)

General Members (open to all on listserv; please excuse any typos): Total Number of attendees: 20

- ✓ Jacki Chen, Ph.D. (New Jersey)
- ✓ Jane Park, APAMSA (Southern, CA)
- ✓ Christopher Doan, APAMSA (Houston, TX)
- ✓ Julia Freimund, University of Washington School of Medicine (Seattle, WA)
- ✓ Irene Ma, Health Program Coordinator, MAHA (Chicago, IL)
- ✓ Priyanka Kundu, Health Planning Specialist and Hepatitis B Coordinator, Santa Clara County Health Department (CA)
- ✓ Binh Tran, PharmD, APHF and Hep B Free LA (Los Angeles, CA)
- ✓ George Do, PharmD, APHF (San Diego, CA)
- ✓ Winnie Gong, APHF (San Diego, CA)
- ✓ Rene St. Vrain, Perinatal Hepatitis B Nurse Manager, City of St. Louis Department of Health (St. Louis, MO)
- ✓ Umaima Khatun, NYC DOHMH (New York, NY)
- ✓ Stephanie Campbell, Medical Affairs, Dynavax
- ✓ Dung Hua, VACF (Fountain Valley, CA)
- ✓ Sandra Ashford, Deputy Executive Director, HBI (Washington, DC)

- ✓ AC (someone logged in as AC, but didn't introduce themselves).

Note: There may be some members missing from this list of attendees; please excuse any omission.

Agenda:

- 1) Welcome Task Force members
- 2) Note any changes to previous meeting's notes
- 3) Project updates:
 - a. HBV universal vaccination guidance promotion among providers
 - b. HBV ECHO program
 - c. HBV workforce development projects
 - d. HBV elimination plan best practices among state Viral Hepatitis Coordinators
 - e. HBV work group on updating screening guidance
 - f. Upcoming trainings or resources
- 4) Strategic Planning Discussion (2024 – 2030 towards Elimination!)
- 5) Regional Updates (all Regional Directors)
 - a. Nominations for Officers and Regional Directors
- 6) Other items (all members)

Meeting format:

- strategic discussions and resource sharing to assist members with their local work
- Note: majority of those on the call for this meeting was engaged in the collaborative discussions, so not everyone's name was specifically mentioned in the notes. Discussion highlights were noted below.

Notes:

- 1) Welcome: Introduction / Roll Call of Officers and Regional Directors (Amy Trang)
 - a) Opening remarks made by Catherine Freeland
 - b) Recognize any new members on the call: see list of attendees above
- 2) Note any changes to previous meeting's notes: None
- 3) Project Updates
 - a) HBV universal vaccination guidance promotion among providers: see discussion in section g.
 - b) HBV ECHO program: no new updates
 - c) HBV workforce development project: no new updates
 - d) HBV elimination plan best practices among state Viral Hepatitis Coordinators (Amy Trang and others)
 - i) Resource to [HepElimiNation](#) to get the current report cards for each state; no new updates for hepatitis B. There were new updates for hepatitis C and Medicaid (per last month's discussion).
 - ii) As it relates to the discussion on the White House's plan to eliminate hepatitis C, below, some members shared / clarified that at the state level, many Task Force members have also been advocating for hepatitis B be included in the statewide viral hepatitis elimination plan. Some states still only include hepatitis C.
 - iii) Just to name a few, states that are including hepatitis B in their viral hepatitis elimination plan: Alaska, Hawaii, Minnesota, Illinois, Pennsylvania, New Jersey, Washington, DC. Virginia and Maryland are including it in their

updated plan, which is a change from a hepatitis C only strategic plan; this has required participation and advocacy in those state's viral hepatitis coalition meetings. New York still has a focus on hepatitis C elimination plan, but New York City has its own plan that includes hepatitis B. Also, cities in California, i.e., Sacramento, San Francisco, and San Diego have hepatitis B. HHS has been tracking elimination plans that can be viewed at: [Mapping Hepatitis Elimination in Action | HHS.gov](#); many of the recorded efforts are by Hep B Task Force and Hep B United members.

(1) Advocating at the state level does work; let your voices be heard!

iv) Why do some states focus just on hepatitis C and not B?

(1) There's no absolute answer for this as the reasoning by each state is different.

(2) Some reasons may include:

(a) Resources and data may show more hepatitis C cases in their states.

(b) Hepatitis C has a cure and B doesn't so some feel that an elimination plan with a cure is more attainable.

(c) Data not being collected because its not a priority area.

e) HBV work group on updating screening guidance (Catherine Freeland)

i) Universal screening guidelines by CDC were published in March in the MMWR. The main thing here is to promote hepatitis B screening and testing among adults at least one time in their life.

ii) On a related note, Dr. Francis Collins, MD, PhD (Special Projects Advisor to President Joe Biden) has been leading an effort put forth a proposal for a national Hepatitis C elimination program; he presented at AASLD's groundbreaking 2023 North American Viral Hepatitis Elimination Summit on March 24 – 25, 2023 in Los Angeles, CA. As a follow-up there was a "sign-on" email circulating to generate support for the White House's plan to eliminate hepatitis C.

(1) Some members of the Task Force as well as Hep B United National Advisory Committee would like to see that hepatitis B included in a more comprehensive elimination strategy for viral hepatitis (not just C). To be clear, we are not against the current plan that is being proposed, we just want to have some language added in there to include hepatitis B. Many members have already signed-on, representing their respective organizations.

(2) Thaddeus shared in the chatbox: "They are circulating a sign-on letter to Congressional leadership urging them to develop and pass authorizing legislation to eliminate hepatitis C based on the White House plan. Please complete this form by April 14 if your organization would like to sign-on. They are only accepting organizational sign-ons. <https://docs.google.com/forms/d/e/1FAIpQLSfrOwlbmiYGiSIS-Y5x9pgM1RYbUdru-nwxbJLQPN4CTsVaag/viewform>"

(3) Thaddeus shared two other links to documents for Task Force members to review:

(a) HHS Plan: <https://www.hhs.gov/hepatitis/viral-hepatitis-national-strategic-plan/index.html>

(b) NASEM Plan: <https://www.nationalacademies.org/our-work/a-national-strategy-for-the-elimination-of-hepatitis-b-and-c>

(c) Catherine clarified that all these are separate initiatives, but everyone should be aware of them.

(4) Hep B United is coordinating its national Virtual Advocacy Day on the Hill on Wednesday, April 26th. Everyone is encouraged to participate to meet with their Congressional Representatives. This is another way to advocate for budget allocations for hepatitis B work.

f) Upcoming trainings or resources

i) Look out for all of our partners' upcoming events in May for Viral Hepatitis Awareness Month.

ii) April 30th is National Adult Hepatitis B Vaccination Awareness Day

iii) May 19th is National Viral Hepatitis Screening Day

iv) [Hepatitis Awareness Month | CDC](#) social media Toolkit

g) Strategic Planning Discussion (2024 – 2030 towards Elimination!)

- i) In addition to the discussion shared in the other sections, members discussed convening an in-person meeting (dinner) at the Hep B United Summit (July 24 – 26) to discuss the Task Force’s strategic structure and activities moving forward (2024 – 2030) for supporting Task Force members in addressing viral hepatitis in their area by 2030.
 - ii) There are still populations that are at high-risk that we still need to target, such as African immigrants, Asians, Native Hawaiians, and Pacific Islanders; targeted marketing and resources may still be of value.
 - iii) Leverage the HIV programs to raise awareness for hepatitis B screening and testing, especially among the special populations, i.e., PWID/PWUD, LGBTQIA, Opioid users, co-infections, etc.
 - iv) Promote liver cancer prevention.
- 4) Positions still available for nominations:
- a) Regional Directors:
 - i) North Central Region (formerly the North Midwest Region; it’s “Central” now based on time zone): still available for nominations.
 - ii) Mid-Atlantic Region + Southeast Region (combined position): still available for nominations.
 - b) Please continue to nominate and self-nominate to fill these positions.
 - i) Submit a short bio and headshot photo to share
 - ii) Email: administrator@hepbtaskforce.org
 - iii) More information about the roles and responsibilities of these volunteer positions can be found: <https://hepbtaskforce.org/our-coalition/governing-structure>
 - c) It’s a great opportunity for anyone looking for larger networking and support for their local programs / project initiatives on hepatitis B; the Task Force helps you connect to resources
- 5) Regional Updates
- a) Student Representative (Jane Park and Christopher Doan):
 - i) APAMSA is currently planning for their National Hepatitis Conference for medical students around November 11th (exact date TBD) in Boston, MA during AASLD Liver Meeting to leverage resources among potential speakers. Any Task Force member who is a provider and interested in being a speaker / mentor is welcome to connect.
 - b) Western Region (Thaddeus Pham):
 - i) In Hawaii, Amy and Thaddeus and still planning for the viral hepatitis summit in Hawaii after AASLD. Still exploring funding opportunities and resources.
 - c) North Central Region (vacant): no updates
 - d) South Central Region (Dr. Howard Lee - absent):
 - i) Dr. Richard Andrews shared that the Houston Viral Hepatitis Task Force is having its annual symposium in May; here’s the link to register: https://scaetc.unm.edu/scaetc/event/?ER_ID=6391. Dr. Andrews has also been hired by a medical education company to go to 3 state level annual meetings of the local AAFP chapters to engage in hepatitis B screening and management by primary care providers, which would include West Virginia, North Carolina, and Georgia. The registrations are specific to providers in those states.
 - ii) In St. Louis, Rene is developing some PowerPoints to give to nursing students in the OB classes for perinatal hepatitis and help raise their awareness for hepatitis B, especially universal adult screening and vaccination; this has evolved since 1991 when only targeted women were required or recommended to have hepatitis B testing.

- e) Northeast Region (Dr. Ponni Perumalswami):
 - i) The viral hepatitis program is going well in Michigan. They have developed site specific dashboards, 2021 hepatitis B testing and monitoring dashboards for top reporting hospitals and health centers. The dashboards are generated by all the labs that are reported to their surveillance systems; those get emailed out to their contacts. The hope is that this process will help the facilities improve their testing and treatment rates and get it on somebody's radar for policy change. Michigan still focuses on hepatitis C elimination, but not yet B. However, they are aware of the need to include B.
 - ii) Philadelphia is continuing with screening and outreach initiatives; there are a couple of screenings a month coming up. They will also have an elimination summit meeting on May 19th for Hepatitis Testing Day and working with the city and state to finalize and promote and advocate for funding to support the elimination plans at both levels. The ECHO program is also going well each month. The next session will be on hepatitis Delta.

- f) Southeast Region (vacant):
 - i) HBI is still raising funds for the mobile clinic; the upcoming fundraising dinner is Saturday, April 15th.

Meeting adjourned at 4:00PM Eastern Time.

6) Other items: (not discussed in the meeting)

- Next Hep B Task Force Zoom meeting date: **Wednesday, May3, 2023 at 3PM Eastern Time /2PM Central/ 1PM Mountain/ 12PM Pacific / 9 AM Hawaii (1st Wednesday of each month).**
 - Other dates in 2023: September 6, October 4, and December 6
 - No meetings in June, July, August, and November; activities will continue to be shared via email

- Suggestions for the next agenda:
 - Continue planning strategically for universal vaccination and screening campaign.
 - Projects and resource updates and discussions:
 - Focus on members' projects, provider education resources, and funding opportunities to share
 - Hep Delta provider education updates by Dr. Robert Gish
 - Review nominations for 2 vacant Regional Director positions for the next 2-years (if any)

- The National Task Force on Hepatitis B is a volunteer-based national coalition and is independent from the state and local Task Forces or coalitions. Everyone is welcome to join the National Task Force on Hepatitis B by registering through our website. [Newsletter - The National Task Force on Hepatitis B \(hepbtaskforce.org\)](https://www.hepbtaskforce.org). Promotion of the National Task Force on Hepatitis B is primarily through "word-of-mouth" and personal communication.

Upcoming HBV ECHO sessions: Free CME

Gulf Coast (Texas Heart Institute with Baylor St. Luke Medical Center): [Project ECHO Interest Form \(bcm.edu\)](https://bcm.edu)

- Every 2nd and 4th Monday of the month
- 12:00PM to 1:00PM Central Time
- To register: [Project ECHO Interest Form \(bcm.edu\)](https://bcm.edu)

East Coast (Hep B United Philadelphia): Hepatitis B ECHO Meeting [Registration - Zoom](https://zoom.us)

- Every 4th Thursday of the month
- 12:00PM – 1:00PM Eastern Time
- To register: [Meeting Registration - Zoom](https://zoom.us)

Other ECHO programs with HBV:

- The University of Washington Project ECHO Viral Hepatitis meets every Tuesday, 12 – 1:30 PM Pacific Time.
- To discuss if this ECHO program would be a good fit or if other training or consult options would better suit your interests/schedules, please email Pam Landinez, landinez@uw.edu.
- The sessions are geared towards individuals in the state of Washington and focus on hepatitis B or C is driven by the program participants.

Upcoming international HBV conferences:

- The European Association for the Study of the Liver (EASL) 2023
 - Vienna, Austria
 - June 21 – 24, 2023
 - Registration link: [EASL Congress 2023 | 21-24 June 2023 | Vienna, Austria](#)
- American Association for the Study of Liver Diseases (AASLD) Liver Meeting 2023
 - Boston, MA
 - November 10 – 14, 2023
 - No Registration link yet

Items shared via email:

1) Email shared by Dr. Robert Gish:

Dear Colleagues,

We are collecting comments on the 5x5x5 proposal below.

I would appreciate your comments and also have a look at the new Chinese guidelines attached.

Thank you

ROBERT G Gish MD

1 858 229 9865

The 5 x 5 x 5 Message

Reasons to treat HBV - 5 pillars:

1. Stigma/Discrimination
2. QOL/extrahepatic diseases
3. Infectivity
4. CLD Cirrhosis Prevention
5. HCC prevention

How to manage HBV - Follow the 5-Line Guideline

1. Test all for HBV with the HBV triple panel
2. Vaccinate all for HBV who are triple panel negative
3. Link all HBsAg+ patient to HBV DNA NAT testing and Delta Antibody screening
4. All HBV DNA + patients are stated on Nuc therapy
5. Stage all patients and decide on HBV surveillance

5 key messages about HBV

1. HBV therapy is not lifelong, there are many new therapies in the pipeline that can lead to functional cure, HBsAg loss and HBV DNA(-)
2. There are no “healthy” carriers, treatment results in improvement in the components of the 5 pillars
3. We always need more “research”, but we have the research data now to take action now to implement the 5-line guideline
4. Delta testing should be provided to all HBV + patients, D is for Deadly
5. The only way forward to HBV elimination is to follow the 5-line guidelines, the current guidelines are too complex and lead to non-testing, non-treatment and non-vaccinations

5 Final Comments

1. Hepatitis B elimination will only occur when the human rights of all people with hepatitis B are respected.
2. Testing and diagnosis must be to the sole benefit of the person being tested.
3. Testing is to be only done by authorized health services.
4. Every person with hepatitis B needs to receive accurate and accessible information about their diagnosis.
5. Every diagnosis needs to be accompanied by a referral to treatment services, testing of family members and vaccination when required