SB
96

3/14 3766 called Sackett for backup

3/21 PASSED OUT

POSITION PAPER

SENATE BILL NO. 96

"An Act making a special appropriation to the Department of Health and Social Services for innoculations for hepatitis B; and providing for an effective date."

Sponsor: Sackett

This bill appropriates $250,000 SGF to the Department of Health and Social Services for innoculations for hepatitis B and provides for an immediate effective date.

Background

A. The Disease

Hepatitis B is a disease caused by a virus. Disease severity can range from inapparent infection to a fulminating process leading quickly to death. There is currently no specific treatment against the virus.

Once infected, individuals may become chronic carriers of the virus, i.e., continue to be infected and to be able to spread infection to others. Moreover, chronic carriers of hepatitis B virus (HBV) are subject to complications including primary liver cancer with a nearly 100% mortality rate unless detected early or polyarteritis nodosa, a serious inflammatory disease of arteries with a 30% mortality rate. It is estimated that 20-25% of chronic HBV carriers will develop chronic active hepatitis with cirrhosis.

B. Prevalence

Both the rates of infection and the rates of chronic HBV carriers are known to be very high in certain Native groups in Alaska, particularly the Yupik-speaking groups in the Bethel area. In some villages which have been surveyed, the infection rate has been found to be as high as 73.1%.

Less is known about prevalence in other Native groups but there are reasons to suggest that rates are probably higher than among non-natives.

Other groups at high risk of HBV infection include: health and hospital care providers; hemodialysis patients; recipients of blood products, laboratory workers; dentists and allied dentist personnel; homosexuals; illicit users of injecter drugs; staff and residents in institutions for the mentally retarded; sexual and household contacts of HBV carriers; newborn infants whose mothers are HBV carriers; and immigrants from geographic areas with a high incidence of HBV such as Southeast Asian refugees.

C. Vaccine

In November, 1981 a vaccine against hepatitis B was licensed for use in individuals 3 months of age or older. Vaccine is administered to high risk groups in three doses over a six month period. The vaccine is estimated to be 80-95% effective in protecting susceptible individuals. Duration of protection, and consequently the need for booster doses, is not known.

The vaccine is expensive (current cost is $95.55 for sufficient vaccine for the three-dose course for one individual). Because of the high vaccine cost and because the vaccine is of no value to individuals already infected, pre-vaccination blood testing of potential recipients is recommended. Cost of blood testing is estimated at $10-15 per test. To these costs must be added cost of vaccine distribution and administration plus data processing.

D. Existing programs

In the current fiscal year, DHSS undertook screening and vaccination of high risk groups in state institutions including Harborview Developmental Center, The Alaska Psychiatric Institute and State Correctional Centers.

The Alaska Native Health Service (ANHS) in cooperation with the federal Center for Disease Control has undertaken a vaccination program in the Bethel area villages where prevalence studies have been conducted. They have also used federal fiscal year-end monies ($500,000 for FFY 1982) to purchase additional vaccine.

Proposed program

The proposed activities during FY 83 involve close correlation with the Alaska Native Health Service hepatitis B program. Emphasis will be placed on screening of the highest risk population who will not be reached by the ANHS. Susceptibles will receive vaccine.

Position

The Department is strongly supportive of funding in FY 83 which would permit intensification of the program in the current fiscal year. However, the Governor's Office is submitting a delete-add supplemental for $250.0 utilizing funds already appropriated for Permanent Fund Hold Harmless. Thus, costs of HBV program activities in FY 83 could be absorbed without additional appropriation.

Recommended by: E.S. Rabeau, M.D./DB
E. S. Rabeau, M.D., Director
Division of Public Health

Date: Feb 3, 1982.

Approved by: Robert London Smith
Robert London Smith, Ph.D.
Commissioner
Department of Health and Social Services

Date: 2/7/83

COMMITTEE REPORT

SENATE

FURTHER: FINANCE

1/31/83

Date: 2/7/83

Mr. President:

The Committee on HESS has had SENATE BILL NO. 96

Special appropriation to the Department of Health and Social Services for inoculations for hepatitis B; eff. date.

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[/] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Carl Soppler.
V. Fischer
Carl Fischer.

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Rick Halford No Rec.

Carl Soppler.
CHAIRMAN

S 60 (Rev. 12/78)

Alaska State Legislature

SENATOR
John C. Sackett
CO-CHAIRMAN
SENATE FINANCE COMMITTEE
MEMBER
COMMUNITY & REGIONAL AFFAIRS COMMITTEE
LABOR & COMMERCE COMMITTEE
BUDGET & AUDIT COMMITTEE
REGULATION REVIEW COMMITTEE

Senate

HOME ADDRESS
P.O. BOX 11
RUBY, ALASKA 99768

WHILE IN JUNEAU
POUCH V
JUNEAU, ALASKA 99811
TELEPHONE 465-3753

March 4, 1983

The Honorable Ted Stevens
United States Senate
147 Russel Office Building
Washington, D.C. 20510

Dear Senator Stevens:

As you are aware Alaska faces a very serious problem because of the increasing numbers of people who either have or are susceptible to hepatitis. The State Department of Health and Social Services in conjunction with the Alaska Native Health Service has outlined a detection, surveillance and control program which will be administered by the State over the next four-five years. The program includes inoculation for those determined to have a high risk of contracting the disease. By 1987 the State Department of Health experts to have the problem under control and will continue monitoring the population as part of their regular programming.

The joint venture will cost an estimated $5.75 million over the life of the program. The State anticipates providing $2.75 million in funds and the Alaska Native Health Service will request federal funds of $2 million through FY84 and FY85, in addition to $500,000 which has already been received through ANHS, and another $500,000 of FY82 year-end ANHS funds which were used to purchase vaccine for the inoculation program.

This letter is to call your attention to the fact it appears only $500,000 has been proposed in the federal FY84 budget. (See attachment). It is important every effort be made to secure the full $1 million in funds to augment state funding so the detection and inoculation program may continue on schedule.

Funding of $250,000 from the state is in the process of being authorized by the State Legislature and the Governor for FY83, and an additional $500,000 is expected to be approved for FY84. State health officials note it is vitally important that the program be kept on schedule so the "chain of infection" will be broken reducing the high-risk factor that faces so many Alaskans, particularly Native Alaskans.

Your help in securing the needed funds from the federal government for the coming fiscal year would be greatly appreciated. Please feel free to contact me, or my assistant, Max Gifford, if more information is needed. We can be reached in Juneau at: 465-3753.

Thank you very much for your attention to this important matter.

Very Sincerely,

JOHN C. SACKETT
State Senator

JCS/mg
enclosures
cc: The Honorable Frank Murkowski
The Honorable Don Young

also: Governor
Roberts
Banks
[illegible]
KUAC

Alaska State Legislature

Senate

Committee on Finance

Official Business

Pouch V
State Capitol
Juneau, Alaska 99811

February 17, 1983

Gene Dusek, Associate Director
Office of Management and Budget
Office of the Governor

Dear Gene:

Attached is a copy of the proposed committee substitute for SB 96, reducing the Permanent Fund hold-harmless appropriation by $250,000 and reappropriating those funds to the Department of Health and Social Services to fund the hepatitis B inoculations program.

Senator Sackett, the original sponsor of the legislation, would very much appreciate a letter from you or the appropriate spokesperson in the Governor's office acknowledging that this approach for funding the inoculation program meets with the Governor's approval.

Use of the committee substitute for SB 96, as opposed to introducing new legislation, should expedite the bill through the legislative process so that it can be transmitted to the Governor quickly.

Although no date for hearing the substitute in committee has been set your participation at the hearing would be appreciated.

Thanks for your help. Please call me if you have any questions.

Sincerely,

Max Gifford
Administrative Aide

attachment: CSSB 96 (Finance)

FEB 23 1983

BILL SHEFFIELD
GOVERNOR

STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

February 24, 1983

The Honorable John C. Sackett
Senator
Alaska State Legislature
Pouch V
Juneau, AK 99811

Dear Senator Sackett:

The proposed approach for funding the hepatitis B inoculations program contained in CSSB 96 should expedite approval of the funding for this important program. Accordingly, we will delete this item from the FY 83 appropriations transfer bill the Administration is preparing.

The identification of the funding sources for appropriation bills is a vital element in our State government's demonstration of fiscal responsibility. Thank you for your help.

Sincerely,

Bill Sheffield
Governor

From The

SENATE FINANCE COMMITTEE

TO: House HESS

Subject: CSSB-96, hepatitis inoculation, $250.0 for FY83.

Here is the back-up material assembled by Senate Finance.

If you need more information or need points of clarification, please call Max Gifford, A.A., to Senator Sackett.

Thank you,

MG

x3753

John Meaney

Preliminary FY 84 Budget

Line 100 Personnel Costs

A.	1 Medical Officer (project coordinator) Base 4885.00 mo. + benefits at 27% = 6203.95 mo. x 12 mo.	74,447.40
B.	1 PHN Base 2838.00 mo. + benefits at 27% = 3604.26 x 12 mo.	43,251.12
C.	1 Microbiologist 2 Base 2838. mo + benefits at 27% x 12 mo.	43,251.12
D.	1 Programmer Base 2838. mo + benefits at 27% x 12 mo.	43,251.12
E.	1 Lab Technician Base 1673. mo + 27% benefits x 12 mo.	25,496.52
F.	1 Publications Specialist II-Base 2463. mo + benefits x 12 mo.	37,536.12
	Total Line 100	$267,233.40

(All salaries based on current salary schedule in effect on 12/30/82)

Line 200 TRAVEL AND PER DIEM

Screening

Assume 50 Urban/Rural Communities
Average cost of Round trip ticket $400.00
# of days per visit (2)
per diem- $90.00 per nite x 1.5 nights x 2 nurses

Travel $400.00 per trip x 2 PHN's x 50 communities x 1 trip	40,000.00
Per diem $90.00 x 1.5 x 2 nurses x 50 communities	13,500.00
Travel for Training 10 trips @ 400.00 round trip ticket + 3 days per diem per trip @ 80.00 per day	6,400.00
Screeni	59,900.00

Vaccination

50 Urban/Rural Communities @ 400.00 ticket cost 1 Nurse
3 trips to administer vaccine for each patient (3 doses)
1 night per diem at each community

50 communities x $400.00 x 1 nurse x 3 trips	60,000.00
Per diem 1 nurse x 90.00 night x 1.5 nights x 150 villages x 3 trips to administer 3 doses	20,250.00
VACCINATION	80,250.00
TOTAL LINE 200	140,150.00

Line 300 Contractual

Telephone		6,250.00
Data Hardware leasing costs		12,000.00
Printing Costs (Brochures, pamphlets, letters, etc.)		10,000.00
Shipping for supplies		
$50.00 each shipment x 150 villages x 3 shipments of vaccine and 1 shipment of testing equipment	$30,000.00	
Less supplies that could be hand carried by nurses on their trips	20,000.00	10,000.00
Postage		5,000.00
Advertising (radio, newspaper)		12,500.00

Hepatitis Laboratory equipment leasing costs $600.00 mo x 12 mo.	7,200.00
1 Contract Public Health Nurse	40,000.00
TOTAL LINE 300	102,950.00

Line 400 Commodities

Supplies	
Initial Screening	
$10.00 per test for supplies x 10,000 patients, ~~x 3~~ tests per person	100,000 ~~$300,000.00~~
Vaccine $90.00 per person x 9,000 persons	810,000.00
Blood Drawing Supplies $2.50 per person x 10,000 persons	25,000.00
Office Supplies	2,600.00
TOTAL LINE 400	$1,137,600.00

LINE 500 Equipment

1 Freezer for storing serum	4,000.00
2 refrigerators for storing vaccine	4,000.00
3 Centrifuges	1,500.00
1 IBM selectric typewriter	1,000.00
Total Line 500	10,500.00

TOTAL ESTIMATED COST--ALL LINES -FY 84	$1,458,433.40

(e) Hepatitis B Screening and Immunization Program (Alaska)

(Dollars in thousands)

	Actual Obligations 1982 Amount	Amount Available 1983 Amount	Estimate 1984 Amount	Increase (+) Decrease (-) Amount
Direct Appropriation..	$ ---	$500	$500	$---
Reimbursements..	---	---	---	---
Total	$ ---	$500	$500	$---

The funding in FY 1983 for the Hepatitis B Screening and Immunization Program will allow partial completion of a three year program to deliver comprehensive hepatitis B control services in Alaska. Funds will allow staff to deliver services to the Alaska Natives at risk or suffering from hepatitis. Supplies will include the blood drawing and testing kits necessary for screening patients and supplies for administering hepatitis B vaccine.

The program will collect approximately 20,000 blood samples for hepatitis B screening and epidemiological studies and immunize approximately 3,000 people in 1983. People primarily targeted for this program, in order of priority, include: newborns whose mothers are hepatitis B surface antigen (HBsAg) positive or who will be living in villages where the prevalence of HBsAg is 5% or greater; new Alaska Area Native Health Service and Native Corporation employees who are both susceptible to hepatitis and providing direct health care services; household members where another member is HBsAg positive; and residents of communities where the prevalence of HBsAg is 5% or greater.

The epidemiological studies will provide a better understanding of the risk of sequelae of hepatitis B and to better determine where at-risk populations reside so future vaccination programs can be efficiently targeted.

The proposed funding of $500,000 in FY 1984 will allow a continuation of the program efforts started in FY 1983. Approximately 25,000 blood samples for hepatitis B screening will be collected and approximately 4,000 people will be vaccinated. The screening and epidemiological studies will be continued.

From Indian Health Service

Administration FY 84 Budget Document

Hepatitis B Virus (HBV)

HBV infection is becoming a significant health problem in Alaska, especially in the highly susceptible Alaska Native community and, in particular, the Yupik Eskimo.

Hepatitis B infection is usually caused by prolonged close and intimate contact with a carrier and/or infected blood or blood products or serous discharges.

Complications of HBV infection can be many e.g. polyarteritis nodosa (serious inflamatory condition of the arteries) with a 30% mortality rate; primary hepatocellular carcinoma (PHC), has the highest incidence in the U.S.A. Estimated 10% of HBV chronic carriers will develop PHC; chronic active hepatitis with cirrhosis (CAH) will develop in 20 to 25% of chronic HBV carriers.

People at high risk include:

Yupik Eskimos and to a lesser variable extent
other Alaskan Natives
Health and hospital care providers
Hemodialysis patients
Recipients of blood products
Laboratory workers
Dentists and allied dental personnel
Gay communities
Illicit injectable drug users
Staff and patients of mentally retarded institutions
Sexual and household contacts of known carriers
Newborn infants of mothers who are HBV carriers
Southeast Asian groups

In late November 1981 a request for a supplemental appropriation of about 800,000 dollars to initiate a HBV program was sent to the Governor's Office. It never reached the legislature.

Normally the State provides and totally runs immunization programs for all State residents. Due to shortage of funds, high cost of HBV program and availability of some funds to ANHS in their budget ANHS (Alaska Native Health Service) and the State (Division of Public Health) are coordinating a joint effort. A Memorandum of Understanding has been jointly developed by both agencies covering many issues e.g.

(a) Public Health Nurses will assist ANHS personnel where possible in screening initial vaccination and particularly follow-up vaccination.

(b) If ANHS cannot hire people because of locale of fund allocation of last $500,000, they will contract with us to provide all the necessary program people and activities.

(c) In predominantly Native communities their screening teams will screen all citizens. We will be responsible for the lab testing of non-natives and will make arrangements for vaccination or replacement of vaccine if they do it.

(d) ANHS and the State will use common forms e.g. info sheet, indications for blood-testing, vaccination, refusal-for-vaccination form. These forms are being edited for both parties.

The attached report gives necessary funding for a control program.

Because of the economics, a control program rather than an eradication program is proposed at this time. The purpose of such a program is to identify foci of infection and wall it off (break the chain of infection) by vaccinating the appropriate susceptibles.

Enclosed also is a document in which the population for an urban non-military, non-native program will go hand in glove with the rural predominantly native program.

We cannot estimate the cost of vaccine down the road but guess it will drop fairly precipitously within five years.

REPORT ON HEPATITIS B

The following action program outline is of two parts; an HBV program to control non-native population, one to coordinate a joint ANHS/State program and a total for a State-wide program conducted by the State.

Personnel required to handle project for the non-native, non-military Alaska population:

Project supervisor	21A	41.7
Clerk IV	9B	19.5
Microbiologist II	16A	34.0
2 Nurse Practitioners or equiv.	18A (34 x 2)	68.0
		163.2
Computer Programmer		32.0
		195.2

4 Months Program (March thru June, 83) FY 84 Program

Personnel	48.8	195.2
PCIS	25.0	10.0
Lab	50.0	90.0
Travel	38.0	91.0
Vaccine	80.0	112.0
Equipment, Misc.	8.2	1.8
	250.0	500.0

Much of the vaccinations would be handled by PHN's, health centers and by staffs of institutions. Screening i.e. blood collection, likewise would be done by health care facilities and private practitioners to a great extent. Much of the non-native possible high risk populations may be clustered around the various cities.

These program logistics are in addition to the program proposed by the ANHS. They anticipate expenditure of one million dollars a year for three years.

The total cost of a State-wide program is about 5 3/4 million dollars through June, 1987. It is based on State funding of $250.0 balance of present fiscal year, $500.0 FY 84, $600.0 FY 85, $700.0 FY 86, $700.0 FY 87 along with the ANHS expenditure of 3 1/4 million over first three years of above activity. It is anticipated that these dollars would be turned over to the State through contract to get Alaskan Natives to a maintenance level. If, for any reason, the Federal monies were not appropriated, it would require additional State funding. ANHS received $500,000 FY 82 year end monies and they purchased vaccine sufficient for the first year of the program. They received $500.0 in their FY 83 appropriation which is $265.0 less than their indicated program need. They envision 60,000 patients screened and 19,000 vaccine recipients over the three years. They plan for a staff of 10 persons - we would reduce this to 8 persons if we do (hopefully) the program.

- ANHS.

The following table summarizes their proposed Hepatitis B Detection Surveillance and Control Program for Alaska Natives.

3 Year Proposed Budget

Item	Year One	Year Two	Year Three	Total
Personnel	385.0	300.0	316.0	901.0
Travel	294.0	147.0	294.0	735.0
Supplies	172.0	172.0	172.0	516.0
Equipment	15.0	-0-	-0-	15.0
Vaccine	-0- already bought (with year-end FY 82 monies)	405.0	518.0	923.0
Total	766.0	1024.0	1300.0	3090.0

Population at High Risk for HBV
(excludes Military and Native Populations)

The assumptions are made that the Native population, as well as the military, will be handled by the ANHS (Alaska Native Health Service) and the military health system respectively.

Various population groups are at high risk; they may be so for a variety of reasons, ranging from geographic location, occupation, sexual practices to life style.

The following chart illustrates the types, numbers and rationales. This is followed by summary tables elaborating on numbers to be screened and numbers for potential vaccination. (numbers rounded off to nearest twenty-five for ease)

1)	EMS workers (non-native, non-military)	1500
2)	Health Care Workers (long term care)	1400
3)	Hospital staff (exc. Federal Hospitals)	3500
4)	Harborview, already screened, vacc. on 1/26/83	0
5)	Developmentally disabled (500 staff, 200 clients)	700
6)	Hemodialysis and hemophiliacs (patients & family)	200
7)	Gay community, est. 9600 (Anch., Fairbanks, Juneau)	7800
8)	Illicit injectable drug users (600-700)	650
9)	Household and sexual contacts of known carriers 2000-3000 (allowing for double reporting)	2500
10)	Corrections inmates (first study shows not at high risk)	0
11)	To identify newborn infants of mothers who are carriers	8000

EMT's	1500 x 90% =	1350
L.T. Care Workers	1400 x 90% =	1250
Hospital Workers	3500 x 90% =	3150
Dev. disabled staff & patients	700 x 80% =	550
Hemodialysis, hemophiliacs & staff	200 x 90% =	175
Gay community est. 9600 (Anch., Fairbanks, Juneau)	7800 x 20% =	1550
Illicit injectable drug users	650 x 20% =	125
Household and sexual contacts, carriers	2500 x 85% =	2125
Correction inmates	0	
Newborns of carriers	8000 x 0.3% =	25
	26,250	10,300

(rounded-off figures)

INDIAN Health Service

26,250 estimated to be screened (exclusive of IHS program). This will not include other people not included above who will ask for test.

39% (est. 8.700) susceptibles to be vaccinated.

The above needs to be done within the next 16 months, (FY 1984, plus last 4 months of FY 83).

APPENDIX I

Methodologies Used

1) EMS population figures from Section of EMS, DPH, reduced by eliminating Natives.

   Health care workers population (long term care) taken from State Health Plan Data Appendix.

2) Hospital staffs (exclusive ANHS and Military) taken from State Health Plan Data Appendix.

3) Developmentally disabled patients and staff members given by Division of Mental Health.

   Harborview staff and clientele already done by Division of Public Health.

4) Hemodialysis patients and staff, hemophiliacs numbers supplied by Section of Family Health, DPH.

5) Gay community numbers arrived at by figuring male population (non-native and non-military) between ages of 15 and 65; taking 10% of that number. Number used was calculating numbers for Anchorage, Fairbanks and Juneau. 1980 census for numbers of sex, racial and age characteristics was used.

6) Numbers of illicit injectable drug users was furnished by Office of Alcoholism and Drug Abuse.

7) Contacts of household and sexual contacts was estimated trying to eliminate double reporting of ones that would be counted under any of the above categories.

8) Numbers of corrections' inmates is counted as zero because study we did shows them not to be at high risk at this time. We screened over 350 long term males. Many of new ones will have been screened under one of the aforementioned programs.

9) There are about 10,000 births in the State annually; 2000 of them are Native and can be excluded from this listing.

Assumptions are many --

a) It is difficult to accurately predict numbers that will accept screening and/or vaccination. Probably the screening numbers may be as much as 10-20% under our figures.

b) For vaccination the percentages used were to allow for varying numbers of susceptibles and also refusal to accept vaccine.

c) The percentage used for calculating male homosexual population was received from homosexual physician in Anchorage plus articles in medical journals.

d) This program is considerably different than any other immunization program. The cost of the test and the exorbitant cost of the vaccine makes it necessary to screen rather than to vaccinate carte blanche.

e) In addition, it is necessary to test to identify carriers (HBV surface antigen bearers) in order that testing for liver cancer can be done.

MEMORANDUM OF UNDERSTANDING

I. Statement of Introduction

The State of Alaska, Department of Health and Social Services, Division of Public Health and the United States Public Health Service, Indian Health Service, Alaska Area Native Health Service intend to enter into a memorandum of understanding to cooperatively develop and deliver a preventive program of Hepatitis B Virus infection control in Alaska.

Hepatitis B Virus (HBV) infection is a significant health problem in Alaska, especially in the highly susceptible Alaska Native Community. The recently available hepatitis B vaccine is an effective tool to control this important infection and to prevent the HBV related complications of liver cirrhosis, primary hepatic cancer and vasculitis.

A Hepatitis B Immunization and Control Program is a complicated one, and multifaceted activities are required at all organizational levels by several agencies to make it successful. Therefore, it is the desire of the Alaska Native Health Service and the Division of Public Health to coordinate available financial resources, personnel, laboratory services and professional expertise for implementation of a quality Hepatitis B Immunization and Control Program in an expeditious and cost-effective manner and to designate major administrative priority to the Program.

Implementation and accomplishment of the Heptatitis B Control Program depends upon the availability of continued State of Alaska funding and USPHS funding. Lack of funding would invalidate or necessitate modification of this understanding.

II. Areas of Agreement

A. Needs

1. At risk individuals need to be identified through expert analysis of appropriately obtained blood sera.

   a. adequate laboratory facilities and technical capabilities are necessary to perform a large number of serologic determinations.

   b. specialized personnel are necessary to obtain blood specimens from all individuals in entire rural Alaska Communities and who can separate serum, accurately identify specimens and ensure arrival at the laboratory expeditiously and intact.

2. Data systems need to be accessible and able to provide:

   a. census data

   b. demographic identification of all specimens

   c. integration of individual serological and immunization data into the medical record.

d. lists of susceptible individuals

e. lists of susceptible individuals by risk category

f. lists of individuals who are HBs Ag carriers.

g. the established data system would provide the above data on an ongoing basis.

3. As much as possible, the immunization phase of the Hepatitis B Immunnization and Control Program needs to be integrated into existing vaccine delivery programs.

a. Initially, the immunization phase needs coordinated efforts from public health nurses, specifically employed supplemental personnel, Community Health Aides and Alaska Native Health and Native Health Corporation health care providers.

b. Specialized care provided to newborns and infants of HBs Ag positive mothers needs to be provided in the hospitals at the time of delivery and the times when routine care coincides with established hepatitis B immunization protocols.

4. Sera aliquots from specimens needed by CDC need to be provided with demogrephic and serologic data to the CDC, Alaska Investigations Division.

a. to establish a sera bank

b. to provide cancer screening with alpha-fetoprotein determinations on all HBs Ag positive individuals.

E. Risk Priorities

1. Infants born to HBs Ag positive carriers.

2. Household contacts of HBs Ag carriers.

3. Rural Alaska communities with a HBs Ag carrier rate of 5 percent or greater.

4. Individuals and staff in institutions for the mentally retarded.

5. Renal hemodialysis patients and hemophiliacs.

6. Active male homosexuals.

7. Health care providers having frequent blood contact.

8. Identified high risk prison groups.

9. Illicit injectable drug users.

1. To meet the high risk needs in the Alaska Native Community, the Alaska Native Health Service intends to enter into a contract with the State of Alaska.

   a. to develop and maintain a Hepatitis B Control Program in cooperation with the AANHS Project Officer and the C C-AID Director.

   b. to identify and vaccinate high risk Alaska Natives.

      (1) household contacts of known HBs Ag+ carriers
      (2) village residents of known villages with 5 percent or greater HBs Ag+ carriers.
      (3) high risk villages in Western Alaska with first priority to the Yukon-Kuskokwim Delta Area.

   c. the contract will be written immediately and implementation start as soon as possible.

2. Coordination of the Hepatitis B Immunization and Control Program will be cooperatively directed by the Chief, Communicable Disease Control Section and the Chief, Community Health Services.

   a. Monthly meetings involving key persons will occur

   b. Records of discussion and decision made in the monthly meetings will be appropriately distributed.

   c. A periodic information circulation will be published.

3. Free access and exchange of Hepatitis B epidemiologic information will be shared between the State of Alaska, Alaska Native Health Service and the Centers for Disease Control.

D. Specific Responsibilities

1. The State of Alaska Division of Public Health will be responsible for the administration of Hepatitis B vaccine. The vaccine will be administered by public health nurses, supplemental personnel, and other health care providers as needed.

2. Initial hepatitis preventive care and care that coincides with routine preventive care of newborns and infants will be provided by the Alaska Native Service or contract physicians.

3. Sera aliquots with demographic and serologic data will be sent to CDC, Alaska Investigation division by the State Laboratory.

4. Alpha Fetoprotein determinations will be performed by the CDC, Alaska Investigations Division.

5. Serologic determinations for the clinical needs of the Alaska Native Health Service and for the prenatal screening of Alaska Native Service beneficiaries will be provided by the Clinical Laboratory of the ANMC.

6. In consultation with appropriate experienced CDC persons, the Laboratory Section, Division of Public Health, State of Alaska will develop the capability and quality assurances to assume responsibility for all the serologic screening necessary to conduct the Hepatitis B Immunization and Control Program.

7. In consultation with the appropriate CDC and PCIS persons the State of Alaska will develop an accessible and acceptable computer service to conduct the Hepatitis B Immunization and Control Program in the State Northern Regional Laboratory in Fairbanks.

8. The administration of the Hepatitis B Infection and Control Program will be the responsibility of the State of Alaska.

9. Evaluation of the impact of the Hepatitis B Infection and Control Program on the beneficiaries of the Alaska Native Health Service will be a responsibility of appropriate Alaska Native Health Service personnel. The State of Alaska Division of Public Health will evaluate the effect of the Program on the overall state population.

III. Renewal/Modification Clause

This Memorandum of Understanding is in effect for three (3) years unless modification or termination is issued with thirty (30) days advance notice by the offices of the original signers.

IV. Conclusion

Although the need to begin Hepatitis B Infection prevention and control is urgent, actions in program development and delivery must hold to the following principles;

1. Cooperation and trust

2. Open communication

3. Quality assurance

4. Rational planning.

Signatures:

S. A. Foley January 27, 1983
Director, Alaska Area Native Health Services

E. S. Rubenstein Jan. 28, 1983
Director, Division of Public Health, State of Alaska

Robert London Smith January 28, 1983
Commissioner, State of Alaska Department of Health & Social Services

IMPORTANT INFORMATION
ABOUT HEPATITIS B AND HEPATITIS B VACCINE

Please read this carefully

WHAT IS HEPATITIS B?

Although Hepatitis B is an unpredictable disease with a variety of presentations and outcomes, most patients recover. Persistence of viral infection (the chronic carrier state) occurs in 5 to 10% of persons who become infected with hepatitis B virus. Acute Hepatitis B infection may be symptomatic and can incapacitate a person for weeks to months or lead to complications or chronic sequelae. However, 50 to 60% of all Hepatitis B infections are subclinical, asymptomatic, and usually undetected. These cases have a greater risk of progression to chronic sequelae. Chronic sequelae of Hepatitis B infection include:

Chronic carrier state - develops in 6-10% of adult patients who have Hepatitis B.
Chronic persistent hepatitis - generally benign.
Chronic active hepatitis - major late complication; occurs in 3-5% of cases; often progresses to cirrhosis.
Cirrhosis - an estimated 11% of deaths due to cirrhosis are associated with Hepatitis B. (4000/year)
Liver Cancer - the relative risk for carriers is 273 times greater than for non-carriers (800 die/year from Hepatitis B related liver cancer)

There is no specific treatment and no known cure for Hepatitis B. The new vaccine can help prevent Hepatitis B.

HEPATITIS B VACCINE

The Immunization Practices Advisory Committee (ACIP) USPHS, has identified certain populations at risk of HBV infection and has recommended vaccination for appropriate members of the following groups:

ACIP recommendations for vaccination against Hepatitis B infection	
.health-care workers	.classroom contacts of deinstitutionalized mentally retarded HBV carriers who behave aggressively.
.hospital staff	.special high-risk populations from areas where Hepatitis B is highly endemic
.clients and staff of institutions for the mentally retarded	Indochinese and Haitian refugees
.hemodialysis patients	Alaskan Eskimos
.homosexually active males	.inmates of long-term correctional facilities
.illicit injectable drug users	
.recipients of certain blood products	
.household and sexual contacts of HBV carriers	

Persons at substantial risk of Hepatitis B infection who are demonstrated or judged likely to be susceptible should be vaccinated.

Division of Public Health
State of Alaska

VACCINATION: Vaccination consists of 3 intramuscular doses of vaccine. The second and third doses should be given 1 and 6 months, respectively, after the first. Vaccine doses administered at longer intervals than those stipulated provide equally satisfactory protection, but optimal protection is not conferred until after the third dose. The duration of protection and the need for booster doses have not yet been determined.

Vaccination of individuals who possess antibodies against HBV from a previous infection is not necessary but will not cause adverse effects. The vaccine produces neither therapeutic nor adverse effects in Hepatitis virus carriers.

POSSIBLE SIDE EFFECTS FROM THE VACCINES:

Adverse Reactions: Hepatitis B vaccine is generally well tolerated. No serious adverse reactions attributable to vaccination have been reported during the course of clinical trials involving administration of Hepatitis B vaccine to over 6,000 individuals. Approximately half of all reported reactions were injection-site soreness. Other less common local reactions have included erythema, swelling, warmth, or induration. These signs and symptoms of local inflammation are generally well tolerated and usually subside within 2 days of vaccination.

Low-grade fever (less than 101°F) occurs occasionally and is usually confined to the 48-hour period following vaccination. Although uncommon, fever over 102°F has been reported. Systemic complaints, including malaise, fatigue, headache, nausea, dizziness, myalgia, and arthralgia, are infrequent and have been limited to the first few days following vaccination. Rash has been reported rarely.

As with any vaccine, there is the possibility that broad use of the vaccine could reveal rare adverse reactions not observed in clinical trials.

WARNING - SOME PERSONS SHOULD NOT TAKE THIS VACCINE WITHOUT CHECKING WITH A DOCTOR:

.Hepatitis B vaccine is not known to cause special problems for pregnant women or their unbor babies. However, doctors usually avoid giving any drugs or vaccines to pregnant women unless there is a specific need. Pregnant women should check with a doctor before taking Hepatitis B vaccine.

.Those who are sick right now with something more serious with a cold.

QUESTIONS: If you have any questions about Hepatitis B vaccination, please ask us now or call your doctor or health department before taking the vaccine.

REACTIONS: Anyone receiving vaccine who gets sick and seeks medical help in the 4 weeks after vaccination should report this to the facility which provided the vaccine.

Division of Public Health
State of Alaska
January 7, 1983

STANDING ORDERS
Hepatitis B Vaccine

Type of Vaccine	Age	Dosage
Hepatitis B	3 months through life	3 doses i.m.; given on days 0, 1 month later and 6 months after 1st dose.

	Initial	1 mo.	6 mo.
3 months to 10 yrs.	0.5ml	0.5ml	0.5ml
> - 10 yrs.	1.0ml	1.0ml	1.0ml
Dialysis and Immuno-compromised	2.0ml*	2.0ml*	2.0ml*

* Two 1.0 ml doses given at different sites, i.m.

1. Store vials at 2-8°C. (35.6 - 46.4°F)
2. Shake well before using.
3. DO NOT FREEZE
4. Provide Hepatitis B Vaccine information sheet to each person before vaccination.

Contraindications: Hypersensitivity to any component of the vaccine.

Precautions:
1. Not recommended for use in pregnant women. Ask if woman is pregnant. If answer is no, vaccine may be administered.
2. Not recommended at present for use in children below the age of 3 months.

Indications:
1. Indicated for immunization against infection caused by all known subtypes of Hepatitis B virus.
2. Vaccination is recommended in persons 3 months of age or older who are at substantial risk of infection with Hepatitis B virus.
3. Groups and individuals to be vaccinated are designated by the Medical Epidemiologist, Division of Public Health or his designee..

Division of Public Health
State of Alaska
January, 1983

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH
SECTION OF COMMUNICABLE DISEASE CONTROL

ROOM 222, MACKAY BUILDING
338 DENALI STREET - ANCHORAGE 99501

January, 1983

HEPATITIS B AND HEPATITIS B VACCINE

I certify that I have been provided information about Hepatitis B. I am aware that I may be at increased risk of contracting Hepatitis B infection because of my work or my residence. I have had an opportunity to ask questions about Hepatitis B and to discuss Hepatitis B with staff at this facility. I understand that I can have my blood tested free of charge to see if I have been infected with Hepatitis B in the past or whether I could become infected with Hepatitis B in the future. I understand that I can also be vaccinated against Hepatitis B free of charge and that vaccination can protect me from becoming infected with Hepatitis B in the future. I understand that this program is entirely voluntary but that the Division of Public Health strongly recommends that I have my blood tested and, if I have not been infected with Hepatitis B in the past, that I receive Hepatitis B vaccine.

☐ I do not wish to have my blood tested for Hepatitis B.

☐ I do not wish to be vaccinated against Hepatitis B.

_____
(Signature)

_____
(Date)

_____
(Witness)

EPIDEMIOLOGY & COMMUNICABLE DISEASE BULLETIN

DIVISION OF PUBLIC HEALTH
STATE OF ALASKA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
EPIDEMIOLOGY OFFICE
3601 - C Street
Anchorage, Alaska 99502-0333
(907) 561-4406

Bill Fuller

BULLETIN NUMBER 7 WEEK ENDING APRIL 8, 1983

HEPATITIS B SEROSURVEY RESULTS

Since November 1982, the Division of Public Health systematically has been testing certain populations suspected to be at increased risk of hepatitis B virus infection. The preliminary results presented here provide overall prevalence data of hepatitis B infection for the groups listed. More detailed analyses to derive age, sex, and race specific attack rates will not be possible unless computer data processing becomes available.

Group Tested	HbsAg	(%)	HbcAb	(%)	Total Tested
State Public Health Nurses	0	(0)	7	(10.3)	68
State Laboratory Employees	0	(0)	4	(14.3)	28
Harborview Developmental Center, Valdez					
Staff	4	(2.5)	20	(12.7)	158
Patients	21	(24.4)	77	(89.5)	86
Alaska Psychiatric Institute Patients	0	(0)	16	(16.5)	97
Corrections - Long-term Inmates	3	(0.8)	80	(22.5)	356
Seward Hospital Staff and Wesleyan Nursing Home	1	(1.0)	9	(9.2)	98
Wrangell Hospital Staff	0	(0)	3	(7.3)	41
Nuiqsut (young adults only)	0	(0)	2	(3.2)	62

Group Tested	HbsAg	(%)	HbsAb	(%)	HbcAb	(%)	Positive For Any Marker	(%)	Total Tested
Rural School Teachers (637 person-years exposure)	0	(0)	4	(4)	4	(4)	6	(6)	100
Stony River	9	(12.7)	6	(8.5)	14	(19.7)	18	(25.4)	71
Sheldon's Point	16	(15.5)	39	(37.9)	59	(57.3)	61	(59.2)	103
Russian Mission	21	(11.6)	67	(37.0)	86	(47.5)	89	(49.2)	181
Marshall	24	(10.1)	55	(23.1)	85	(35.7)	88	(37.0)	238

As expected from previous epidemiological studies, the prevalence of hepatitis B virus infection varied widely among these high risk populations. Because of the sporadic distribution of hepatitis B virus infection, it is impossible to predict accurately the prevalence of hepatitis B infection in any population or in population subgroups.

Results of serosurveys can provide accurate information on the prevalence of infection among many subpopulations within high risk groups. Individuals can then make an informed choice about whether or not to receive hepatitis B vaccine based on their community, occupation, and lifestyle, taking into account the documented prevalence of infection in their group.

(Reported by Gerard Lowder, M.D., South Baltimore General Hospital, Epidemiology Office, and Don Ritter, Northern Regional Laboratory, Section of Laboratories, State of Alaska.)