



DVH CDC-RFA-PS21-2103: Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

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Overview

- Welcome
- Introduction of CDC Staff
- Purpose & Long-Term Outcomes
- Eligibility & Funding
- Component 1: Surveillance & Outbreak Response
- Component 2: Prevention
- Component 3: Special Projects (Optional)
- Important Dates
- Questions and Answers

PS21-2103: General Information

- The application deadline is December 1, 2020 at 11:59 PM, EST
- All jurisdictions are encouraged to apply
- Applicants should focus their efforts on developing their Work Plans and respond to the evaluation criteria

PS21-2103

- **Purpose**

- Support integrated viral hepatitis surveillance and prevention programs in states and large cities in the United States

- **Advantages of combining prevention and surveillance**

- Promote integration of prevention & surveillance activities
- Streamline application, reporting requirements, project management
- Establish Viral Hepatitis (VH) surveillance capacity nationally
- Provide a mechanism to enhance activities across all jurisdictions

PS21-2103

■ Long-term outcomes

- Establishment of comprehensive national viral hepatitis surveillance
- Reduced new viral hepatitis infections
- Increased access to care for persons with viral hepatitis
- Improved health outcomes for people with viral hepatitis
- Reduced deaths among people with viral hepatitis
- Reduced viral hepatitis-related health disparities
- Decreased overdose deaths among PWID
- Decreased infections from drug use

PS21-2103

■ Eligibility

- Open competition
- Additional information on eligibility
 - Statutory authority to conduct disease surveillance (Section 318 of PHS Act)
 - Have responsibility, authority, and ability to enforce laws, rules, or regulations pertaining to collecting and reporting viral hepatitis surveillance data

PS21-2103: Funding

- Component 1 (Required): Viral hepatitis outbreak response & surveillance
 - ~ \$200,000 per jurisdiction / year (~ 58 jurisdictions)
 - All 3 elements required (1.1, 1.2, 1.3), but 1.3 contingent on funding
- Component 2 (Required): Viral hepatitis prevention
 - ~ \$115,000 per jurisdiction / year (~ 58 jurisdictions)
 - All 3 elements required (2.1, 2.2, 2.3), but 2.2 & 2.3 contingent on funding
- Component 3 (Optional): Special projects related to the infectious disease consequences of drug use
 - ~ \$300,000 per jurisdiction / year 1 (up to 10 jurisdictions)
 - Both elements optional, 3.1 contingent on funding, 3.2 will not be funded in grant year 1

Component 1 (Required) – VH Outbreak Response & Surveillance

- Anticipated award: ~ \$200,000 / year
- ~ 58 awards

Component 1: Core Viral Hepatitis Outbreak Response and Surveillance Activities

- 3 required elements, including one contingent on funding
 - 1.1 Develop, implement and maintain a plan to rapidly detect and respond to outbreaks of hepatitis A, hepatitis B, and hepatitis C
 - 1.2 Systematically collect, analyze, interpret, and disseminate data to characterize trends and implement public health interventions for:
 - Hepatitis A, acute hepatitis B, and acute and chronic hepatitis C
 - 1.3 (contingent on funding) Systematically collect, analyze, interpret, and disseminate data to characterize
 - Chronic hepatitis B and perinatal hepatitis C

Component 1: Logic Model

1. Core Viral Hepatitis Outbreak Response and Surveillance Activities

1.1 Develop, implement, and maintain plan to rapidly detect and respond to outbreaks of:

Hepatitis A, Hepatitis B, Hepatitis C

1.2 Systematically collect, analyze, interpret, and disseminate data to characterize trends and implement public health interventions for:

Hepatitis A

Acute hepatitis B

Acute and chronic hepatitis C

Short-term Outcomes:

Established jurisdictional framework for outbreak detection and response

Earlier detection and response to viral hepatitis outbreaks

Intermediate Outcomes:

Reduced new cases of viral hepatitis.

Short-term Outcomes:

Increased public health reporting of chronic and perinatal HCV and chronic HBV infection, and undetectable HCV RNA and HBV DNA laboratory results

Improved monitoring of burden of disease and trends in hepatitis A, acute hepatitis B, and acute hepatitis C

Improved monitoring of burden of disease and outcomes in chronic hepatitis C

Intermediate Outcomes:

Improved monitoring of hepatitis C continuum of cure (CoC)

Improved development and utilization of viral hepatitis surveillance data reports.

Component 1: Logic Model (cont'd)

1. Core Viral Hepatitis Outbreak Response and Surveillance Activities

1.3 Systematically collect, analyze, interpret, and disseminate data to characterize trends and implement public health interventions for:

Chronic hepatitis B

Perinatal hepatitis C

Short-term Outcomes:

Improved monitoring of burden of disease and trends in perinatal hepatitis C.

Intermediate Outcomes:

Improved monitoring of burden of disease and outcomes in chronic hepatitis B.

Improved monitoring of hepatitis B continuum of care (CoC).

Component 2 (Required) – Viral Hepatitis Prevention

- Anticipated award = ~ \$115,000 / year
- ~ 58 sites

Component 2: Core Viral Hepatitis Prevention Activities

- 3 required elements, including two contingent on funding
 - 2.1 Support viral hepatitis elimination planning and surveillance, and maximize access to testing, treatment, and prevention
 - 2.2 (contingent on funding) Increase access to HCV and HBV testing and referral to care in high-impact settings
 - 2.3 (contingent on funding) Improve access to services preventing viral hepatitis and other bloodborne infections among PWID

Component 2: Logic Model

2. Core Viral Hepatitis Prevention Activities

2.1 Support viral hepatitis elimination planning and surveillance, and maximize access to testing, treatment, and prevention

Increase routine HCV and HBV testing in high volume laboratories and health systems

Expand provider capacity to treat hepatitis C and/or hepatitis B

Disseminate materials regarding evidence-based best practices for access to HCV treatment and viral hepatitis prevention

Short-term Outcomes:

Increased state engagement with key stakeholders in viral hepatitis elimination planning

Increased commercial and hospital-based laboratories conducting HCV RNA reflex testing

Increased HCV and/or HBV testing in health care systems

Intermediate Outcomes:

Increased healthcare providers trained in prescribing hepatitis C and/or hepatitis B treatment

Increased access to HCV treatment

Increased access to SSPs for PWID

Collaboration

- **Collaboration is a vital part of this NOFO**
- **Identification and engagement of appropriate partners and key stakeholders is critical for successful elimination planning and implementation**
 - Applicants encouraged to submit letters of support, MOUs / MOAs
 - Recipients to engage with state and/or local health departments, specialists, people with lived experience (viral hepatitis, substance use disorder) etc. as part of the stakeholder group (see “Collaborations” section in the NOFO)

Component 2: Logic Model (cont'd)

2. Core Viral Hepatitis Prevention Activities

2.2 Increase access to HCV and HBV testing and referral to care in high-impact settings

Increase routine HCV and HBV testing in high-impact settings

Provide post-test counseling and referral to treatment or prevention

Short-term Outcomes:

Increased access to HCV RNA reflex and/or HBV testing among persons receiving services in high-impact settings

Increased awareness of infection status among people diagnosed with chronic hepatitis C and/or hepatitis B

Increased referral to treatment for people living with hepatitis C and/or hepatitis B

Increased referral to treatment and prevention services for persons who inject drugs (PWID)

Intermediate Outcomes:

Increased cure of hepatitis C

High-Impact Settings

- High-impact settings are venues serving persons with a high prevalence of injection drug use or hepatitis B, hepatitis C or HIV (e.g. syringe services programs, substance use disorder treatment facilities, correctional facilities, emergency departments, and sexually transmitted disease clinics)
- Recipients must focus activities in one or more high-impact settings working in collaboration with relevant organizations to provide viral hepatitis testing and referral to care

Component 2: Logic Model (cont'd)

2. Core Viral Hepatitis Prevention Activities

2.3 Improve access to services preventing viral hepatitis and other bloodborne infections among PWID

Support SSPs

Establish hepatitis A and B vaccine delivery teams

Short-term Outcomes:

Increased utilization of SSPs among PWID

Increased referral of PWID to SUD treatment

Increased receipt of hepatitis A and hepatitis B vaccination among clients in high-impact settings

Component 3 (Optional) – Special Projects

- Anticipated award = ~ \$300,000
- Up to 10 sites

Component 3: Special Projects to Prevent, Diagnose and Treat Infectious Consequences Related to Drug Use

- 2 optional elements, both are contingent on funding
 - 3.1 (contingent on funding) Improve access to services for PWID in settings disproportionately affected by drug use
 - 3.2 (not funded in grant year 1) Implement prevention services and interventions to address emerging issues related to drug use

Component 3: Logic Model

3. Special Projects: Prevention, diagnosis, and treatment related to the infectious disease consequences of drug use

3.1 Improve access to services for PWID in settings disproportionately affected by drug use:

Develop and implement PWID service bundle in settings that serve PWID (e.g., SSPs, MAT providers, hospital settings, correctional facilities)

3.2 Implement prevention services and interventions to address emerging issues related to drug use

Education and training to address emerging issues

Short-term Outcomes:

Increased access to high-coverage needle-syringe exchange among PWID

Increased linkage to SUD treatment (including MAT among PWID with OUD)

Increased HCV, HIV, and HBV testing among PWID

Increased linkage to treatment services among people with infectious complications (viral hepatitis, HIV, bacterial, fungal) of SUD

Increased receipt of hepatitis B and A vaccination among PWID

Increased dissemination of evidence-based interventions and guidance to reduce bacterial and fungal complications among PWID

Intermediate Outcomes:

Decreased new viral hepatitis, HIV and other infections (e.g., bacterial, fungal) among PWID

Increased hepatitis C cures among PWID with hepatitis C

Decreased unsafe injection practices

Component 3: Definitions

- **Persons who inject drugs (PWID) service bundle:**
 - Sufficient sterile injection equipment to cover all injections
 - Disposal of used injection paraphernalia
 - Assessment for opioid use disorder (OUD) and linkage to medication assisted treatment (MAT)
 - Naloxone provision and training
 - Testing for HCV, HBV, and HIV
 - Vaccination for hepatitis A and B
 - Treatment for infectious diseases (viral, bacterial and fungal)
 - HIV pre-exposure prophylaxis (PrEP)

Component 3: Definitions (cont'd)

- **Settings serving PWID:**

- SSPs
- SUD treatment programs
- Hospital-based programs (emergency department visits or hospital admissions among PWID)
- Correctional settings
- Other settings with demonstrably high prevalence of PWID

Component 3: Additional considerations

■ Target settings

- Jurisdiction-wide or in a smaller community (examples in NOFO)
- Specialized experience and capacity for reaching PWID
- Ability to deliver PWID service bundle
- Systems to track baseline data on access to services and improvement in service delivery during the intervention

■ Organizational capacity

- Ability to do rapid assessment and develop/implement a plan
- Development service delivery model (service integration and/or patient navigation)

■ Collaboration

- Letters of support or MOUs/MOAs encouraged

PS21-2103: Review & Selection Criteria

- **Each component will be reviewed and scored separately for a possible of 100 points per component**
 - Approach (40 points)
 - Evaluation and performance measurement (35 points)
 - Organizational capacity to implement the approach (25 points)
- **Scores for components 1 & 2 will combined (up to 200 points); the combined score will be used to determine funding for components 1 & 2**
- **Component 3 will be scored separately, and that overall score will be used to determine funding for component**

PS21-2103: Budget Preparation

- **A separate budget is required for each component. Budgets for each component must be identical to the budget(s) reflected on the SF424A.**
- **Clearly mark expenses for strategies in each component's budget**
 - Component 1 budget
 - Strategies 1.1 and 1.2 – required and funded
 - Strategy 1.3 – required and contingent on funding
 - Component 2 budget
 - Strategy 2.1 – required and funded
 - Strategies 2.2 and 2.3 – required and contingent on funding
 - Component 3 budget
 - Strategy 3.1 – optional and contingent on funding
 - Strategy 3.2 – optional and not funded in year 1

PS21-2103: Attachments

■ Acceptable attachments

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

■ Required Attachments

- Organizational charts
- Indirect Cost Rate, if applicable
- Local health department applicants are required to submit a letter of agreement / MOU between the appropriate state and local health department delegating authority for surveillance to the local health department and detailing how surveillance data will be reported to CDC

■ Optional attachments / strongly encouraged

- Letters of Support
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)

PS21-2103: Important Dates

▪ Informational Call # 2

- Oct. 14, 2020 at 1:00 PM (U.S. Eastern Standard Time)
 - (646 828 7666), Meeting ID: 161 965 8254, Passcode: 41992456
 - (Please submit questions by September 30, 2020 to DVH_FOA@cdc.gov.)

▪ Application Deadline

- December 1, 2020 by 11:59pm (U.S. Eastern Standard Time) at www.grants.gov

▪ Award Date

- May 1, 2021

PS21-2103: Questions (I)

- **Will all current 17-1702 and 17-1703 recipients be funded under PS21-2103?**
 - All current 17-1702 and 17-1703 recipients are eligible to apply for funding under PS21-2103.
- **Under PS21-2103, what components / elements are required as part of the application?**
 - To be eligible, PS21-2103 applicants must apply for *all* elements of Components 1 & 2 (1.1, 1.2, 1.3, 2.1, 2.2, and 2.3).
- **Will all elements of Components 1 & 2 be funded?**
 - Not necessarily. Elements 1.3, 2.2, and 2.3 are contingent on funding.

PS21-2103: Questions (II)

- **Do PS21-2103 applicants have to apply for Component 3?**
 - No. Component 3 is optional.
- **Do Component 3 applicants have to apply for both 3.1 and 3.2?**
 - No. Only 3.1 will be funded in grant year 1. Applicants do not need to apply for 3.2 in grant year 1.
- **Do Component 3 applicants have to apply for Components 1 & 2?**
 - Yes. Components 1 & 2 are required. Component 3 is optional.
- **Is it possible for an applicant to be awarded funding for Component 3 and not be awarded funding for Components 1 & 2?**
 - It is conceivable that an applicant could be funded for Component 3 while not being funded for Components 1 & 2.

PS21-2103: Questions (III)

- **Why has DVH changed the way funds are awarded for viral hepatitis surveillance?**
 - CDC recognizes the important role disease surveillance plays in outbreak detection and response, characterizing disease burden, and monitoring progress in achieving public health goals. This funding mechanism provides an opportunity to establish comprehensive national viral hepatitis surveillance.

PS21-2103: Questions (IV)

- **What if perinatal HCV is not reportable in my state?**
 - You will not be required to notify CDC of hepatitises that are not reportable in your state. However, if you receive reports of any hepatitises that are not reportable in your state, you are welcome to notify CDC of those reports.
 - Your application should indicate the following information for your jurisdiction: which hepatitises are currently reportable, hepatitises that are being considered to place on the list of reportable diseases, and whether negative laboratory results for HBV DNA and HCV RNA are reportable.

PS21-2103: Questions (V)

- **What is the importance of collaborations for this NOFO (all components)?**
 - The purpose of the collaborations should include improved efficiency of policy surveillance and policy recommendations for the jurisdiction; improved surveillance and access to data and information; and improved engagement, communication and cross-collaboration among disparate agencies and providers who care for persons who inject drugs and members of other target populations identified by the jurisdiction.

PS21-2103: Questions (VI)

- **How flexible are the funds for Component 2 in this NOFO?**
 - Funds can be used to purchase hepatitis testing kits, laboratory equipment. Funds can be used to support SSPs consistent with guidance in the NOFO that a Determination of Need (DON) is in place for the jurisdiction.

- **What are the funding restrictions?**
 - Funds cannot be used to purchase drugs and/or vaccines. Awardees may not use funds to purchase sterile injection needles for illegal drug use.

PS21-2103: Questions (VII)

- **Who is eligible for Component 3 funding?**
 - Like Components 1 and 2, this funding opportunity limits competition to state, county and city or township governments and their bona fide agents. These entities have the statutory authority to conduct viral hepatitis surveillance activities and to design, implement, and evaluate prevention programs and policies that impact communities.

For more information or questions, please direct your inquiries to
DVH_FOA@cdc.gov.

CDC-RFA-PS21-2103 website:

<https://www.cdc.gov/hepatitis/policy/FO-CDC-RFA-PS21-2103.htm>

Thank you.

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

