



Connecticut Department of Public Health

Viral Hepatitis Integration Prevention

In the Adolescent Population

Public Health Primary Prevention Initiatives

- **Viral Hepatitis A, B, C Education**

- Targeting main stream and high risk youth
- (e.g., public and private school students, youth offenders in corrections, STD clinics, AIDS CTS, alternative schools, teachers, school nurses, providers, girl scouts, gay and lesbian youth,)

- **Hepatitis B vaccination**

Vaccinate Before You Graduate Campaign

- Targeting unvaccinated student cohorts, Youth correctional and rehab, methadone maintenance, STD clinics

Adolescents in the United States

- 70.5 million adolescents
- 17% are uninsured
- 720,000 - 1 million runaway at any point in time
 - ~25% homeless
- 1.3 - 2 million street youth
- Every year, > 870,000 adolescents become pregnant
- About 3 million get infected with an STD
- 2.5 million arrested/year
 - 1.8 million to court
 - 327,000 detained/year
 - 126,000 currently incarcerated

Who are "High Risk" Youths

- 5.1 million or 7% of the 70.5 million persons ages 11 through 21

Characteristic	Estimated Prevalence
Homeless	2.8 million
Runaway	1 million (at any point in time)
Street Youth	1.3 to 2 million
Incarcerated	126,000 (on any given day, 12% or 14,500 are housed in adult facilities)
Arrested	2.5 million per year

Who Serves "High Risk" Youths

- 5.1 million or 7% of the 70.5 million persons ages 11 through 21

Sites	Youths Served Annually
Alternative High Schools	280,000
Community family planning or OB/GYN clinics: Pregnant teens	1 million per year (10% of the 15-17 year olds)
Community STD clinics: Sexually Transmitted Disease	3 million
Community Programs Serving Uninsured	12 million (17% of all adolescents)
Migrant Farm Worker Clinics	1 million (many living as emancipated adults)

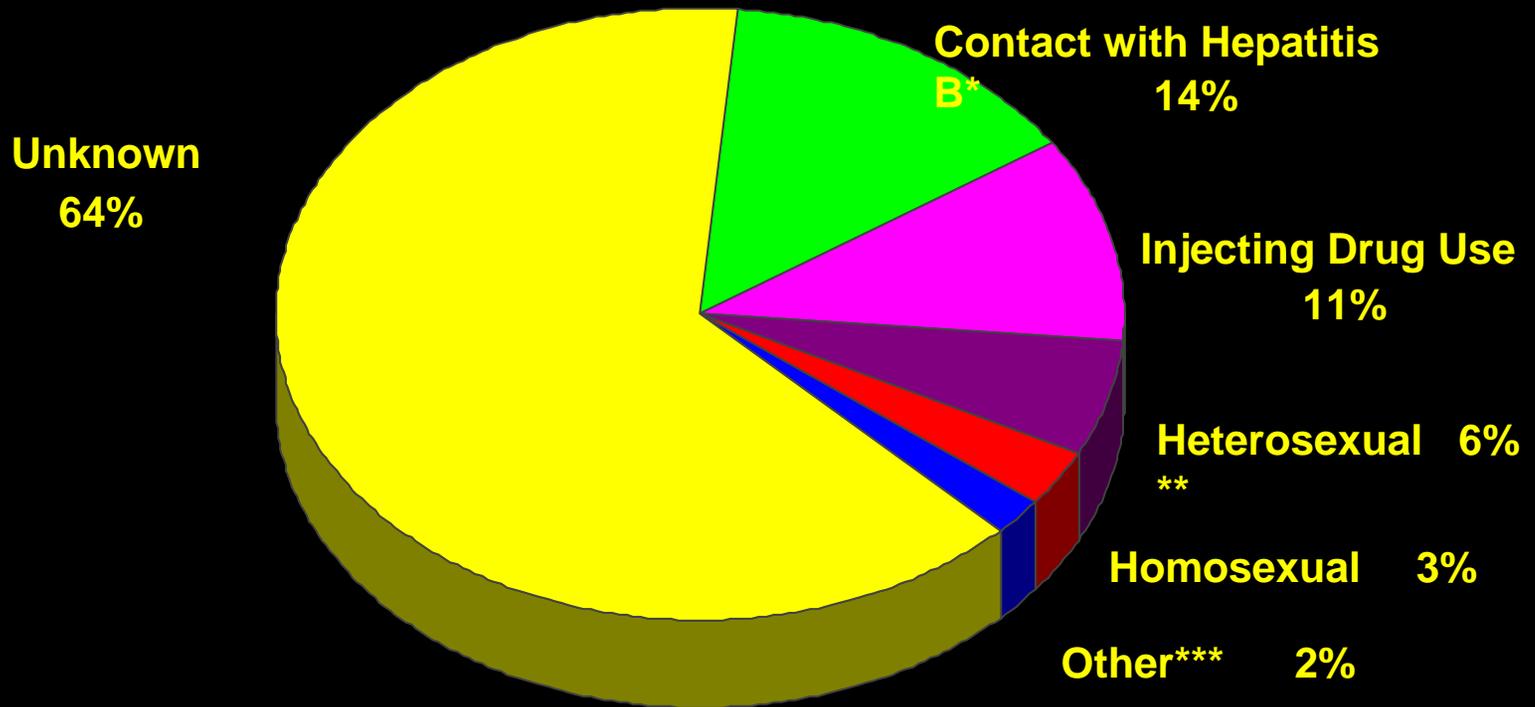
HBV Seroprevalence in kids-at-risk

- Homeless adolescents: 1.5% - 4.2%
- Incarcerated juveniles: 0% - 6%
- High risk and HIV positive: 19%

HCV in at-risk adolescents

- **Homeless adolescents: 4% - 5%**
 - Incidence: 0% - 11% per year
- **Incarcerated juveniles: 2% - 3.5%**
 - Females: 3% - 7%
 - Males: 2% - 3%

Risk Factors Associated with Acute Hepatitis B in Adolescents, 1996



*Includes household or other contact with acute or chronic case

**Includes sexual contact with acute or chronic case

***Dialysis, health care employment, transfusion

Source: Viral Hepatitis Surveillance Program

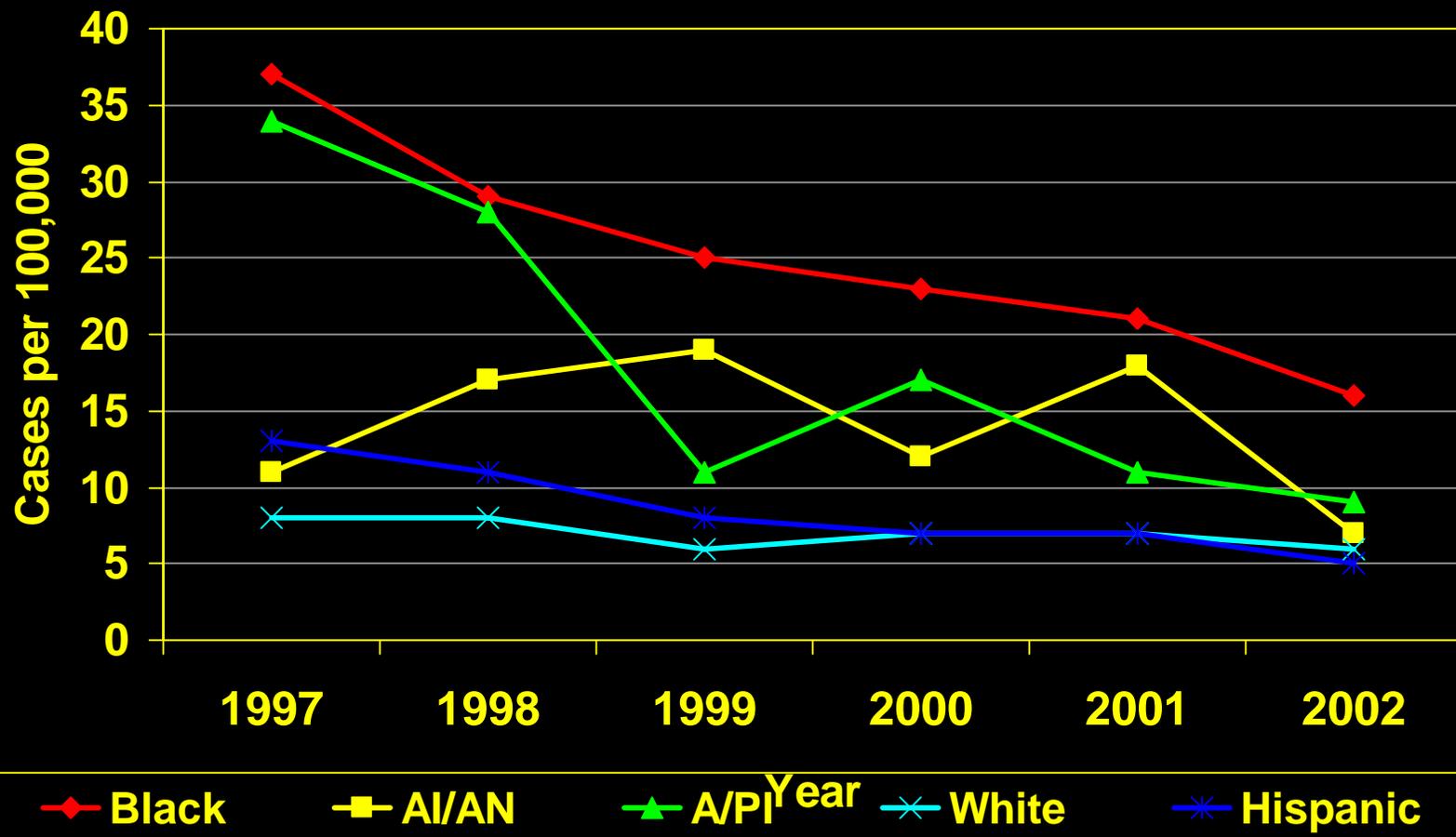
HP 14.3 Reduce or eliminate hepatitis B among children 2-18 years

Number of Reported Cases



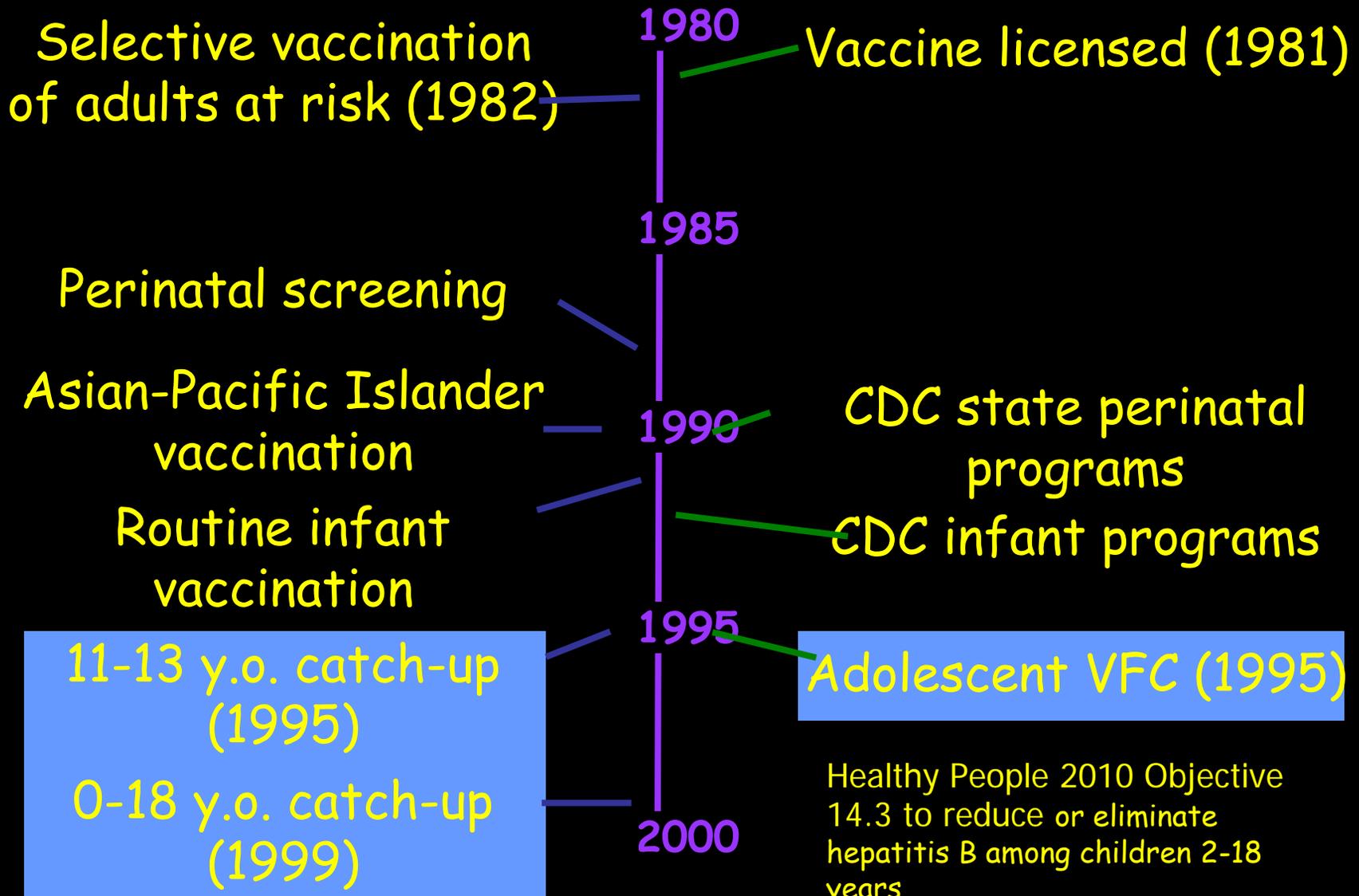
Year

Estimated Hepatitis B Incidence by Race, Ages 19-24 Years, 1997-2002



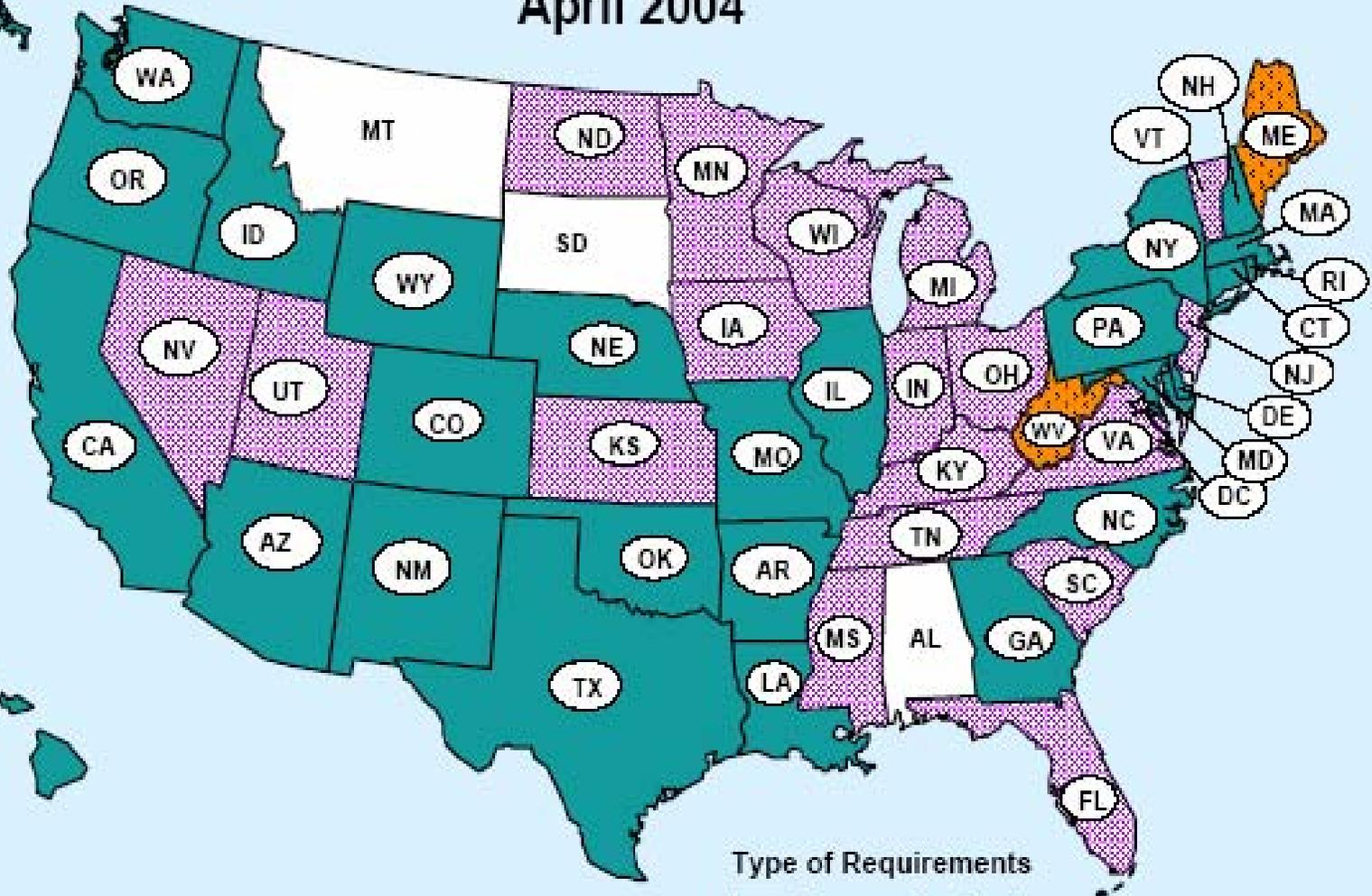
Source: National Notifiable Diseases Surveillance System (NNDSS)

Hepatitis B Immunization Recommendations and Programs



Hepatitis B Prevention Mandates for Children in Day Care and Schools

April 2004



Type of Requirements

Day care & school

School only

Day care only

Connecticut

- Universal Vaccine State, VFC
- 2000, Hep B 7th & 8th grade entry,
- STD no consent needed for hep B vax
- SBHC
- Some school nurses vax on site or through local health depts
- CHCs
- Good Collaborations

Barriers to delivering hep B vaccinations to youths

- **Documentation/Recordkeeping**
- **Unvaccinated cohorts not mandated**
- **Staff time, student time**
- **Transportation to and from health care provider**
- **Determining who needs vaccine**
- **Three dose series, need to come back**
- **Consent**
- **SBHC do not keep immunization records in chart**
- **Could only use SBHC if enrolled**
- **Some school nurses do not vaccinate**
- **Funding if series start after 19 years of age**

Barriers to Prevention & Hep B vaccinations to youths?

- Low Priority for Hepatitis Prevention
 - Especially immunizations are low or, no priority
 - Staff are unaware of recommendations
 - High risk clients are not aware/informed and/or motivated
 - Youths may have fears about the "system"
 - Youths often do not seek health care

Barriers to delivering hepatitis prevention to youths?

- **Competing Priorities of youths and schools:**
 - Educational requirements
 - Entertainment Needs
 - Immortality, delayed consequences
 - Few signs or symptoms, long latent period
 - Staff and funding issues
 - Parents unaware

Behaviors and Conditions that drive "High Risk" youths to seek health care

- Gang membership consequences
- Unsafe sexual practices
- Teen unintended Pregnancy
- Alcohol use
- Experimenting with illicit substances
- Emotional problems
- Addictions
- Physical problems
- HIV/AIDS
- TB
- HAV, HBV, HCV
- Sexually transmitted diseases
- Skin problems
- Chronic diseases
- Gambling

Challenges to Adolescent Immunization

- **No established system to deliver vaccine**
- **Adolescents have few health care visits**
- **Must vaccinate prior to onset of high risk behavior**
- **Adolescent vaccination should not supplant perinatal and infant vaccination**

Challenges...

Education and Vaccine Delivery to Youths

- **Must educate and vaccinate prior to onset of high risk behavior(s)**
- **Little hepatitis in school health curriculum**
- **Few health care visits, access to RN, MD**
- **No established system to deliver vaccines**
- **Should not replace existing perinatal and/or infant vaccination services**
- **Competing Priorities**

Where and How
do we access at-risk
adolescents?

What to do?

Assessment/Evaluation data

- **Focus Groups**
 - Listen, Listen, Discuss
 - Brain storm, group think tank with informatics specialists
- **YRBS Participation**
 - Work with DOE, DPH,
 - Establish presence
 - Risk factor questions

3 Dose Hepatitis B Vaccine Delivery Models Targeting Adolescents <19 yo

- **Juvenile Correctional System Vaccination Initiatives**
 - DPH and the Connecticut Department of Corrections (CDOC)
 - Policy and tracking changes
- **Public and Private High Schools, including Alternate Schools**
 - Vaccinate Before You Graduate Campaign
 - Stop HEP Mobile Theater
 - Survey, DPH Assistance with Records, Stickies to identify three doses, School Nurse Education Programs
 - DOE, School Administrators, Nurse Supervisors, Immunizations
 - School Nurses, School Nurse Presentation
- **HIV, STD and methadone maintenance clinics**
 - DPH, Public Schools, STD clinics and HIV Counseling and Testing Sites (CTS)
 - Integrated into counseling and testing
 - No consent needed in treatment of STD

Educational Initiatives

- Poster Development
- Brochure Development
 - CD case, scratch off, complemented other pieces
- Stop HEP Mobile Theater Development
- Curriculum Enrichment, STD Toolkit
- Professional Development, Resource packets, health fairs

School Nurses

- Vaccinate Before You Graduate Campaign
- SBHC
- Surveys/Evaluation Data
- DPH Support Packet
- Record Review
- Provider Education
- Letters of Recognition/Share Results

STOP Hepatitis Mobile Theatre

STOP HEPATITIS MOBILE THEATRE is a touring theatrical performance that uses humor, drama, audience interaction, improvisation, and high-impact graphics to inform and educate young audiences about Hepatitis A, B, and C.

All performances are customized for the age range and cultural background of the audience. This allows the intervention program to effectively deliver factual and up-to-date health information in a sensitive, non-threatening manner.



STOP Hepatitis Mobile Theatre

This unique intervention program is produced and directed by Interactive Educational Theatre (IET), a non-profit theatrical ensemble who have been specializing in social issues since 1993.

STOP Hepatitis Mobile Theatre is an innovative program that follows the highly-successful format of the Stop AIDS Mobile Theatre. Stop AIDS has been performed hundreds of times reaching more than 150,000 people. Both programs are offered free to schools and community-based organizations across Connecticut.

For more information about STOP Hepatitis Mobile Theatre or to read what past participants have had to say about the program, please visit the IET website at <http://www.interactiveedtheatre.org>, or contact Magda Skomal by phone at 203 333-8009 to schedule



Magda Skomal, BAS
Project Director

Founder and Director of IET, Maggie received her BAS in education and theater from Salve Regina University and continued her acting studies at the Stella Adler Conservatory in NYC. She is a certified HIV/AIDS instructor and the proud recipient of the State of Connecticut Commissioner's AIDS Leadership Award. She is project director for the Stop AIDS Mobile Theatre, and theater director for several student performing groups across Connecticut. Recently, Maggie authored and directed 'Out Of The Closet', a cabaret celebrating diversity. ●



Daniel John Kelly, BAS
Associate Director

Dan Kelly has been performing with, and developing content for, IET since its inception in 1993. He has appeared professionally in NYC at Square One Theatre, Pulse Theatre, and Miranda Theatre, and regionally at the Long Wharf Theater, Westport Country Playhouse, Shakespeare on the Sound, and CT Repertory Theatre. A magna cum laude graduate of the University of Bridgeport with a concentration in theater, math, and education, Kelly teaches acting and Shakespeare and directs productions at the Curtain Call Theatre



Anthony Scire
Actor

Anthony Scire has been actively involved with IET since 2003. He has performed with various improvisation troupes in NYC, including Endangered Improv, Grown-Up's Playground, and Tom Soter's Sunday Night Improv. He trained with Chicago City Limits and Second City, and studied the Michael Chekhov technique in Manhattan where his stage credits include Nick in "Who's Afraid Of Virginia Woolf" and George in "Mulberry Street". Anthony is currently performing as part of a professional comedy troupe. He holds a BS degree from San Diego State University. ●



Tracy Locke
Actor

Tracy Locke studied improvisation with Second City, Chicago City Limits, Tom Soter, Bill McLaughlin, Curtain Call Theater and The American Comedy Institute. She has performed with The NYC Improv All-Stars and other troupes in such venues as Caroline's, The New York Comedy Club, The Producer's Club and the Big Apple Improv festival. When not performing, Tracy is artist-in-residence at the Curtain Call Theater, where she also teaches improv/theater and corporate creativity seminars. She received her BA degree from Albright College. ●



Connecticut Department of Public Health – Bureau of Community Health, Infectious Disease Division

M. Jodi Rell, Governor

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Funded by the Centers for Disease Control (CDC) cooperative agreement #02086, "Prevention of Viral Hepatitis among High-risk Youth through integrating Prevention Services into Existing Programs".

CCFH

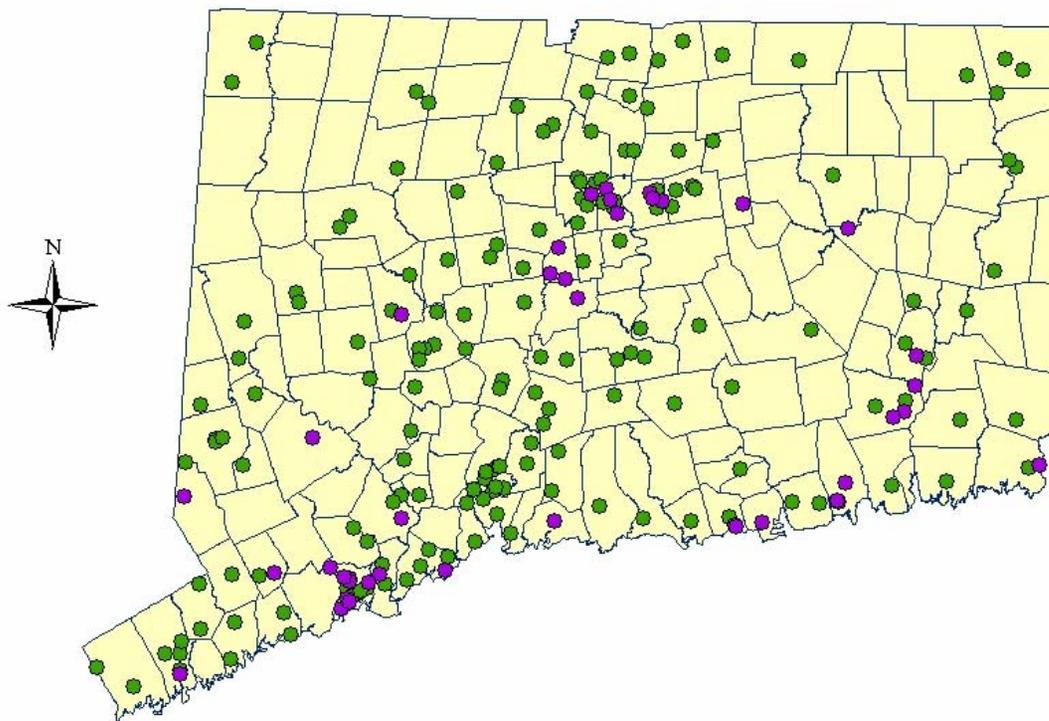
Produced by Concerned Citizens for Humanity, Ltd. (CCFH)

Design: CCFH
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STOP HEPATITIS MOBILE THEATRE is a joint effort of Interactive Educational Theatre and Concerned Citizens for Humanity, Ltd.

Connecticut Viral Hepatitis Adolescent Programs October 2003- September 2005



*Total number of high schools that participated in the "Vaccinate Before You Graduate Campaign": 184
Total number of "Stop Hepatitis" theater shows performed: 42*

Programs

- Stop Hepatitis Mobile Theatre
- Vaccinate Before You Graduate Campaign

11/30/2005

Outcomes

- 54% of public and private HS participated in VBYG Campaign
- 11% increase in hep B series completion in 2 year cohort of 11th and 12th grade students
- 32 HS reached 100% 3-dose completion rates in 11th and 12th grade students
- Policy change in youth detention with no minimum sentence for Hep B vax, better tracking mechanism leading to nearly 100% 3-dose completion rates
- National award for poster

Outcomes

- 41 Stop HEP Mobile Theater Performances
- Four professional ed programs for school nurses, over 280 attended
- Questions concerning risk factor behaviors for hepatitis B and C included in YRBS
- Hep A/B vaccination in methadone maintenance clinic targeting IDU. 2,433 doses adm with series completion rates as high as 96-100% in 2003/04 compared to 13% in 2002.
- Invited to participate in STD Toolbox collaboration

Outcomes

- Law passed for hepatitis B education for all college freshmen
- New version of Poster; 8 $\frac{1}{2}$ by 11, Spanish/English
- Scratch off added to brochures
- DVD of Stop HEP Mobile Theater in production

Key Elements to Success!

Juvenile Correctional System Vaccination Initiatives

- Policy changes
- Tracking system to capture recidivism and complete three dose series

• Schools

- School Nurses, Supervisor and Admin support
- Interactive Theater, poster and brochure
- DPH available resource, meet superintendents, principals, nurses,
- Keep survey simple, lower requests and increase support, Vax Clinics
- Evening Education Programs
- YRBS participation
- Collaboration and partnerships with Informatics specialists, AIDS, STD

• HIV/ STD clinics

- Expand services based on previous successes
- Eliminate consent issues
- Maintain staff to increase client trust and confidence
- Change Misconception that public clinics should only deliver "curative" services

Lessons Learned:

Listen to focus group recommendations

Integrate prevention into existing services

School Nurses where our champion and key
to success

Youths need the tools to make good choices
and healthy lifestyles

Establish interagency collaboration

Conclusions

- **Successful Vaccination Delivery Models are available that can be replicated**
- **Dedicated staff and tracking systems are key elements to vaccination delivery programs**
- **Other key elements include integration with existing services and interagency collaboration**
- **Funding dollars available are used efficiently and effectively; however, are inadequate for comprehensive prevention services and vaccination delivery programs**

