



FAREWELL BRIEF FROM THE CHIEF

Michael G. Harmon, MA, Chief, HIV/STD

As my public health career with the Oklahoma State Department of Health (OSDH) comes to an end, I am mindful of the past fifteen years spent in the field of HIV/AIDS. How did it all begin? My good friend and coworker, Jean Short, formally of Omniplex Science Museum, gave me a book as a Christmas gift in 1992. It was *“And the Band Played On”*, written by San Francisco Chronicle journalist, Randy Shilts. This non-fiction work describes the beginning of the AIDS epidemic in the U.S. as “the gay man’s disease”, since there were huge outbreaks of it in San Francisco and other cities that were seen to be homosexual hubs. Jean and I were colleagues at Omniplex. I was Director of Membership and she was Director of Development.

In the spring of 1993, she brought me a clipping from The Sunday Oklahoman advertising for an Executive Director of the Oklahoma City AIDS Coalition. “This would be an excellent job for you”, she said. I applied and was selected, which led to my departure from Omniplex and the beginning of my journey in HIV/AIDS. In early 1994, CarePoint, Inc. was created and I became its founding Executive Director. CarePoint is now known as R.A.I.N. OK. After almost three years at CarePoint, I left non-profit work to join the OSDH HIV/STD Service as a health educator. Many positions later I was fortunate to be named Chief of the HIV/STD Service on World AIDS Day 2004.

Now it is time to pass the torch to new leadership. My retirement is April 1, 2008 with 23 years of government service to the State of Oklahoma, eleven years being in the field of HIV/AIDS care and prevention. What a ride it has been! The past three years as Chief have allowed me the opportunity to implement changes, bridge community partnerships, create new programs, work on increasing funding for AIDS drugs and other health care and support programs, and integrate HIV care and prevention with STD, hepatitis, and HIV/AIDS/STD surveillance. As State AIDS Director and State STD Director, my national work with the National Alliance of State and Territorial AIDS Directors, National Coalition of STD Directors, and board members of Southern AIDS Coalition have given me the opportunity to work with some of the most passionate and dedicated colleagues in the nation. Also, working with the many community leaders and public health professionals, non-profit directors and consumers throughout Oklahoma has been most rewarding to me.

Now it is time to say “good bye”. I hope our paths cross again someday soon. Keep up the good fight! I will miss the work and interaction with each of you. My time to enjoy the fruits of my labor has arrived. Peace to All, Michael

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VIRAL HEPATITIS NURSE RECEIVES AWARD

The Oklahoma Public Health Association's (OPHA) annual conference was held earlier this month in Tulsa. Debbie Purton, MPH, RN, assisted by Jan Fox, MPH, RN, and Kristen Eberly, MPH, received the first place award in the science and research category. Purton stated, "The conference and the poster contest were seen as an opportunity to bring attention to the issues surrounding the Hepatitis C Virus (HCV)."

Purton, as a part of the practicum for her masters in public health, conducted a study to explore the potential burden on Oklahoma's health care system associated with increasing numbers of hospitalization and medical costs generated by HCV diagnosis in Oklahoma. Specific goals were:

- 1) Evaluate morbidity and mortality trends in Hepatitis C and liver cancer in Oklahoma;
- 2) Describe the number of hospitalizations and associated direct medical charges related to HCV disease in Oklahoma during 2005 and 2006; and
- 3) Present results to appropriate audience to support the need for increased funding for HCV prevention and treatment.

HCV infection is the most common chronic blood borne viral infection in the United States and has been referred to as the "silent epidemic" because as many as 40 to 50 percent of persons are unaware of their infection. It is estimated that 44,859 Oklahomans are infected. "HCV receives little, if any, funding both at a national and local level" said Purton. OSDH must continue to educate and advocate for funding and services for those infected with HCV who lack access to care.

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Debbie Purton, MPH, RN, Jan Fox, MPH, RN and Kristen Eberly, MPH won best scientific poster at OPHA

Descriptive Study Of Hepatitis C Morbidity and Mortality in Oklahoma and the Burden on Oklahoma's Healthcare System, 2005-2006

Debbie Purton MPH, RN, Jan Fox MPH, RN Kristen Eberly MPH, HIV/STD Service
Oklahoma State Department of Health

BACKGROUND

Hepatitis C virus (HCV) infection is the most common chronic bloodborne viral infection in the United States (U.S.) and has been referred to as the "Silent Epidemic" because as many as 40% to 50% of persons are unaware of their infection. The national prevalence rate is 1.8% based on a national survey (the third National Health and Nutrition Examination Survey [NHANES III]) of the non-institutionalized, civilian U.S. population, conducted from 1988 to 1994. The survey found that 3.9 million Americans are infected with HCV, 4 times the number infected with HIV. Since chronic infection develops in 75% to 85% of those infected, it is estimated that 2.7 million individuals are chronically infected. Ten to twenty percent of persons with chronic HCV infection develop cirrhosis over a period of 10-30 years and 1% to 5% will develop hepatocellular carcinoma. In the U.S., chronic liver disease is the tenth leading cause of death among adults and chronic liver disease from HCV accounts for 8,000 to 10,000 deaths annually but is expected to double or triple in the next 10-20 years. The Centers for Disease Control and Prevention (CDC) conservatively estimates that costs related to HCV are more than \$600 million dollars annually. (McHutchison, J.G., and Bacon B.R. (2005) *Chronic hepatitis C: an age wave of disease burden. American Journal of Managed Care*, 11, S286-95.)

In Oklahoma, it is estimated that 44,859 persons are infected with HCV. Hepatitis C is a notifiable disease condition in Oklahoma. As of 2006, the Oklahoma State Department of Health (OSDH) has identified 14,750 Oklahomans with past or present HCV infections; demographics, laboratory test results, symptoms, and risk factors are entered into the OSDH viral hepatitis database.

STUDY OBJECTIVES

- The purpose of the study was to explore the potential burden on Oklahoma's health care system associated with increasing numbers of hospitalizations and associated medical costs generated by hepatitis C diagnoses in Oklahoma. Specific goals were to:
 - Evaluate morbidity and mortality trends for hepatitis C and liver cancer in Oklahoma;
 - Describe the number of hospitalizations and associated direct medical charges related to hepatitis C disease in Oklahoma during 2005 and 2006; and
 - Present results to appropriate audience to support the need for increased funding for hepatitis prevention and treatment efforts in Oklahoma.

METHODS

The Oklahoma State Department of Health, Health Care Information Division (HCI) collects data on an ongoing basis from hospital discharge records. A proposal and detailed data request was formulated and submitted to HCI to obtain hospital discharge data including ICD-9 codes, co-morbidity, insurance status, length of stay and average charges. The specific ICD-9 codes utilized were: 070.51 acute hepatitis C without mention of hepatic coma; 070.54 chronic hepatitis C without mention of hepatic coma; 070.70 unspecified hepatitis C without hepatic coma; 070.71 unspecified hepatitis C with hepatic coma; 070.41 acute hepatitis C with hepatic coma; and 070.44 chronic hepatitis C with hepatic coma. These codes ensured that the discharge data was related to hospitalizations and procedures resulting from HCV infection. Summary data was provided for the years 2005 and 2006. These data were then imported into an MS Excel database. Summary statistics from the hospital discharge data were calculated using Excel. Epi Info 3.3.2 was utilized for analysis of surveillance data in the OSDH viral hepatitis database. Mortality and cancer statistics were generated using QK2Share (www.ok.gov/health/Data_and_Statistics).

RESULTS

- Viral hepatitis-related deaths in Oklahoma have shown a marked increase since 1999 (Figure 1).
- Sixty-four deaths were reported in 1999, with an age-adjusted death rate of 1.9 per 100,000 and in 2005, 149 deaths were reported with an age-adjusted death rate of 4.0 per 100,000 (Figure 1).
- One hundred thirteen deaths were attributed to liver cancer in 1999, with an age-adjusted death rate of 3.2 per 100,000, compared to 152 deaths and an age-adjusted rate of 4.1 per 100,000 in 2005.
- Liver cancer rates reflect an increase from 128 diagnosed in 1997 to 191 diagnosed in 2004 with age-adjusted rates of 3.8 per 100,000 and 5.2 per 100,000, respectively (Figure 2).
- The total number of HCV-related hospitalizations during 2005-2006 was 10,755 and days of hospitalization totaled 62,371 with charges totaling \$287,900,022 (Table 1).
- The average length of stay was 5.80 days with average charges of \$26,768.95 per hospitalization.
- Medicare was the largest payer group in 2005 and 2006, followed by Medicaid, commercial insurance, uninsured or self-pay, other, and Veterans Affairs or Military (Chart 1 and Chart 2).
- Total charges for Medicare in 2005 were \$41,991,942 and in 2006 were \$47,381,522.

DATA SUMMARY

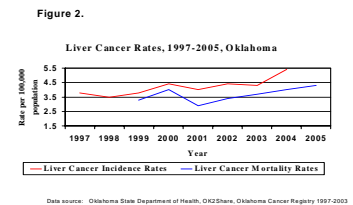
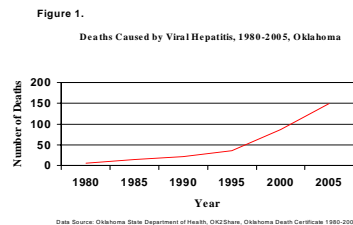
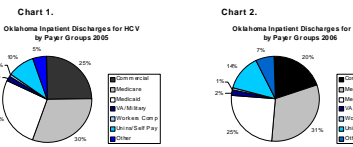


Table 1. Summary of Oklahoma Inpatient Discharge Data for Hepatitis C*, 2005 & 2006

Date Year	Discharges	Total Days	Total Charges	Average length of stay	Average Charges
2005	5,339	30,562	\$140,034,472	5.72	\$26,228.60
2006	5,416	31,809	\$147,865,550	5.87	\$27,301.62
Overall	10,755	62,371	\$287,900,022	5.80	\$26,768.95

*Considered hepatitis C if ICD-9 codes were: 070.51; 070.54; 070.70; 070.71; 070.41; 070.44



RESULTS

- Total Medicaid charges for 2005 were \$38,286,808 and for 2006 were \$37,601,612.
- Hospital discharges by gender reflect the same rates as the infection rates by gender. More men than women are infected with HCV.
- The majority of hospital discharges occurred in the age-group 40 years to 54 years of age.
- By race, 80% of hospital discharges were White, 9% were Black, and 5.5% were Native American.
- In 2005, 162 hospital discharges occurred in the age-group 15 years to 29 years, and in 2006 that number increased to 239 for the same age group. This group of persons is most probably hospitalized due to symptoms and complications related to acute HCV infection.
- Incidence rates are decreasing nationally, yet incidence rates in Oklahoma increased in 2005 and 2006, 0.41 per 100,000 and 0.55 per 100,000 respectively.

CONCLUSION

Hepatitis C virus is a significant cause of disease and medical costs in the state of Oklahoma. Surveillance data from the OSDH reflects a significant number of HCV-infected individuals in the state and OSDH Vital Records data reflects the continued increase in liver cancer incidence and mortality rates, as well as deaths caused by viral hepatitis. With HCV-related mortality expected to increase 2 to 3 times by 2015, that same increase in hospital charges related to HCV could be an overwhelming burden for Oklahoma's healthcare system and funding sources. With the pattern of increases being seen, now is the time for action on the part of the Oklahoma medical provider system and public health. The OSDH Viral Hepatitis Program needs a statewide hepatitis C screening plan so that those individuals who are identified as high risk for HCV infection can be tested and counseled appropriately based on their test results. The OSDH must continue to educate and advocate for funding and services for those infected with HCV who lack access to care. The political environment should be evaluated to establish the appropriate time to propose new policy related to needle exchange programs since the primary risk factor for hepatitis C infection is injectable drug use. One of the limitations of the study was a lack of availability of hospital discharge data for more than 2 years. Trends of increasing HCV-related hospitalizations and costs are suggested, but can not be evaluated based on only 2 years of data. Additional research consisting of at least 5 years of data is needed. Another limitation was that the data was inpatient charges only and hepatitis C can lead to many outpatient procedures. Therefore, this study does not capture all HCV-associated medical costs. The data may have also been limited by the few ICD-9 codes available, variations in coding practice, and codes that reflect symptoms rather than codes that clearly identify hepatitis C.

A special thanks to Benitha Kunnei and LuAnne Sanders, HCI



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APRIL IS NATIONAL STD MONTH

Recent studies show that sexually transmitted diseases (STDs) are affecting more than three million youth nationwide. Historically, adolescents aged 13-24 years have made up approximately two-thirds of sexually transmitted infection (STI) cases in the United States. In general, 1 in every 4 teen girls has at least one STD/STI.

The latest information from the Centers for Disease Control and Prevention (CDC) regarding sexually transmitted diseases among teenage girls is reflective of Oklahoma trends, particularly Chlamydia. In 2006, 42% of all Chlamydia infections reported to the Oklahoma State Department of Health were among girls who were 13-19 years of age. This translates into 3 in every 100 Oklahoma teen girls have had a confirmed Chlamydia infection. African American teenage girls are disproportionately affected by Chlamydia,



accounting for 30% of the reported infections among teens.

In addition, Oklahoma ranks 17th highest in the nation for rates of Chlamydia infections.

The HIV/STD Service of the Oklahoma State Department of Health recommends the following:

- Sexually active women 25 years of age and under should receive an annual Chlamydia screening;
- All girls between the ages of 11 and 18 years of age should be vaccinated against Human Papillomavirus (HPV); and
- Any person with signs and symptoms of a sexually transmitted disease should seek evaluation by their health care provider or the local county health department.

For more information, contact the HIV/STD Service at (405) 271-4636.

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WHERE TO GET HELP FOR PEOPLE LIVING WITH HIV/AIDS

2-1-1

2-1-1 is a FREE 24-hour telephone number that connects Oklahomans with important community services 365 days per year.

918 area code:

Oklahoma State University, Center for Health Sciences, College of Osteopathic Medicine - (OSU-COM) Health Care Center, Tulsa (918) 382-5058

405 and 580 area codes:

University of Oklahoma Health Sciences Center, College of Medicine, Infectious Disease Institute, Oklahoma City (405) 271-6434

DHS (Department of Human Services) has AIDS Care Coordinators who help people with HIV/AIDS:

Tulsa and eastern Oklahoma:

(800) 734-7516 or TTY (918) 581-2146

Oklahoma City, north central, and northwest Oklahoma:

(800) 884-1572 or TTY (405) 271-5816

Case management, applications for medications, and other services are available through Ryan White Part B and other resources.

918 area code:

Tulsa C.A.R.E.S. (918) 834-4194 or (800) 474-4872

405 and 580 area codes:

RAIN, Inc., Oklahoma City (405) 232-2437 or (800) 285-CARE (2273)

RAIN, Inc., Lawton (580) 353-7900

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PREVENTION/TRAINING

The HIV Prevention & Training section of the HIV/STD Service offers training in several HIV/AIDS/STD related topics. Trainings throughout the year include:

[Online HIV 101](#)
[HIV Counseling and Testing](#)
[HIV/STD Risk Reduction Counseling](#)
[Bridging Theory and Practice](#)
[STD 101](#)

For a complete list of course descriptions and dates, contact:

Raymond Dallas, MPH
Coordinator, Prevention, Capacity Building & Training
405.271.9444 ext. 56619 or RaymondD@health.ok.gov

The training staff can also prepare and present HIV/AIDS/STD presentations and trainings based on request and trainer availability. To request a presentation or training, contact:

Sally Bouse-Pittser, MPH, CHES
Manager, HIV Prevention and Training
405.271.9444 ext. 56621 or SallyB@health.ok.gov

For online HIV 101 training, contact:

Raymond Dallas, MPH
Coordinator, Prevention, Capacity Building & Training
405.271.9444 ext. 56619 or RaymondD@health.ok.gov

To join an email list that alerts community partners about HIV/AIDS/STD related trainings, updates and events, contact:

Amani M. Smiley, MHR
HIV/STD Prevention Training Specialist
405.271.9444 ext. 56626 or AmaniL@health.ok.gov



NEWS AT A GLANCE

State Health Department Launches Redesigned Web Site Public Health Information Portal

The Oklahoma State Department of Health (OSDH) has launched a new redesigned web site with a focus on creating a one-stop public health information center for the citizens of Oklahoma. The redesigned web site replaces the agency's old web site using the services of OK.gov, the state's official web portal.

"We are excited about the potential services this new redesigned web site will allow us to provide the citizens of Oklahoma," said Secretary of Health and Commissioner of Health Dr. Mike Crutcher.

The newly designed OSDH Public Health Information Portal, www.health.ok.gov, offers a more professional web presence to the public with many new and improved user-friendly features including the following:

- User-oriented navigation system helping citizens find what they need quickly.
- Improved search engine function through OK.gov's Google search application.
- Print and e-mail buttons on Web pages for quicker processing of information.
- Improved graphics and cleaner layout enhancing readability and promoting a consistent look and feel throughout the site.

Upcoming features of the OSDH Public Health Information Portal will include credit card payment modules, which will allow citizens the ability to pay for many health department services online.

To go directly to the HIV/STD Service section of the OSDH web site, simply type <http://hivstd.health.ok.gov> into your Internet browser.

The HIV/STD Service plans many updates and more information available via the web site. Updates will be announced in future issues of HIV/STD News.

A new HIV/AIDS Fact Sheet is available in the HIV/STD Service section, and can be found by clicking the HIV/STD Statistics toolbar on the left side of the web page.

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INFORMATION CORNER

Free live and archived coverage of events on various subjects, such as [Medicare](#), [Medicaid](#), [prescription drugs](#), [health information technology](#), [HIV/AIDS](#), [minority health](#) and more is available from KaiserNetwork.org HealthCast. Go to <http://www.kaisernetwork.org/>

For information about HIV/AIDS or STDS go to the Centers for Disease Control and Prevention at <http://www.cdc.gov/hiv/>
<http://www.cdc.gov/std/>

A slide set was recently updated by the **CDC**. HIV/AIDS Surveillance in Adolescents and Young Adults (through 2005): <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>

The OSDH, HIV/STD Service offices will be closed May 31 for a state recognized holiday.

HIV/STD Service Staff Changes

New Staff:

- **Verna Meadows**, MPH, Coordinator, Health Insurance Assistance Program
- **Larry Shockley**, MPH, Health Educator
- **Betty Blair**, DIS, Comanche County
- **Shana Cozad**, DIS, Tulsa County

Promotions:

- **Debbie Rogers**, Coordinator, HIV Case Management Services (far left)
- **Terrainia Harris**, MPH, Manager, Prevention Quality Assurance and Data Analysis (middle)
- **Ayesha Lampkins**, MPH, CHES, DIS Front Line Supervisor, Oklahoma County (far right)



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HIV/STD Service Chief

Director, Division of Surveillance and Care Delivery

Director, Division of Prevention and Intervention

Production

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