

This limited eligibility is due to the requirement that viral hepatitis services be integrated with existing state or local public health programs.

State or local health departments are encouraged to partner with academic institutions in developing proposals for this announcement.

**Note:** Title 2 of the United States Code section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant or loan.

## D. Funding

### *Availability of Funds*

Approximately \$2,900,000 is available in FY 2004 to fund approximately seven awards. It is expected that the average award will be \$400,000 ranging from \$300,000 to \$500,000. It is expected that the awards will begin on or about January, 1, 2004, and will be made for a 12-month budget period with a project period of up to five years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

### *Use of Funds*

Cooperative agreement funds may be used to support personnel, purchase supplies, services, and travel directly related to program activities and consistent with the scope of the cooperative agreement. Funds under this program announcement may not be used to provide direct patient treatment services. Supplies may include, but are not limited to those for laboratory testing and hepatitis A and B vaccine for adults (any adolescents included in the projects may be eligible for free vaccine under the Vaccines for Children program), although other sources of funding for these essential supplies need to be sought. Computers and related technologic needs should be requested under supplies, not equipment, if less than \$25,000. Consultants and sub-contracts (e.g., with academic or other institutions) may be requested as appropriate. Federal funds awarded under this program announcement may not be used to supplant State or local funds.

### *Recipient Financial Participation*

Matching Funds are not required for this program.

### *Funding Preferences*

Preference will be given to programs that currently deliver viral hepatitis

prevention services (e.g., hepatitis A and or hepatitis B vaccination services, hepatitis C counseling, testing, medical referral or case management for HCV positive persons) through an existing program serving adults (may also serve adolescents) at high risk for infection with hepatitis viruses, and are seeking to evaluate or improve these services. Such existing programs include, but are not limited to STD Clinics, HIV/AIDS counseling/testing sites, correctional health care settings, substance abuse treatment programs accessing and providing services to injection drug users (IDUs), and primary care health settings that are known to serve high risk populations.

Preference will be given to programs that are able to determine the proportion of clients in their selected health/prevention delivery service setting who have known risk factors for infection with HBV, HCV, HAV or HIV (e.g., percent of clients served who are IDUs), and the proportion of clients who accept and receive recommended disease-specific prevention services (e.g., percent of IDUs who receive 1st, 2nd, and 3rd doses of hepatitis B vaccine or are tested for HCV infection, receive results, and, if HCV positive, undergo medical evaluation or other recommended services such as drug treatment if appropriate).

Preference will be given to ensure a diversity of settings for delivery and evaluation of integrated prevention services. Applicants should specify one specific type of setting in which to concentrate efforts to improve and evaluate delivery of recommended services.

## E. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities listed under 1. Recipient Activities, and CDC will be responsible for the activities listed under 2. CDC Activities.

### 1. Recipient Activities:

a. Develop and implement a plan to improve the delivery of recommended viral hepatitis prevention services in an existing public health or primary care setting that serves known high risk adults and/or adolescent populations, as appropriate for the particular setting proposed. References for current recommendations and integration experiences are included in Appendix II (as posted with this announcement on the CDC website). Core viral hepatitis prevention services should include:

- (1) Assessment of risk factors for viral hepatitis among all clients.
- (2) Performing appropriate testing of persons for HCV and HBV infection and

appropriate pre-vaccination testing for immunity to HBV and/or HAV infection.

(3) Client-centered viral hepatitis prevention counseling.

(4) Hepatitis B vaccine for persons in appropriate risk groups (e.g., persons at risk of sexual transmission, including STD clients and men who have sex with men [MSM]; incarcerated persons; IDUs; and sex and household contacts of persons with chronic HBV infection).

(5) Hepatitis A vaccine to persons in appropriate risk groups (e.g. MSM, illegal drug users).

(6) Delivery of primary prevention services for anti-HCV positive and HBsAg-positive persons, including: (a) Counseling on how to prevent transmission to others, (b) identification of partners (sex and/or needle-sharing) for counseling and referral services, if appropriate, and (c) providing hepatitis B vaccine for at-risk (sex or needle-sharing) partners and household contacts of HBsAg-positive persons.

(7) Either directly or by referral, provide appropriate follow-up services to persons found to be anti-HCV or Hepatitis B Surface Antigen (HBsAg) positive, including: (a) Alcohol and drug counseling and/or treatment, and (b) medical evaluation for chronic liver disease and possible treatment, including assistance in accessing medical care.

b. Monitor and evaluate prevention activities and intervention strategies, including:

(1) Develop and provide a written plan to assess the success of strategies to improve hepatitis prevention service delivery (measuring both process and outcome components).

(2) Implement the evaluation plan, including appropriate data collection and analysis, interpretation, and cost-effectiveness analyses. Of particular interest is to determine rates (at baseline and following intervention efforts) for services offered and accepted among clients, including:

(a) HIV and HCV testing among clients recommended for testing.

(b) Receipt of test results (STD, HIV, hepatitis).

(c) HIV positives identified, HCV positives identified, co-infections identified (or persons confirmed negative for one disease or both);

(d) New and chronic infections with other STDs (e.g., syphilis, herpes) identified.

(e) Follow up (which may be provided directly or by referral) for persons infected with HIV or HCV (e.g., appropriate evaluation and treatment for HIV disease, medical evaluation in HCV-positive persons, substance abuse