

2012 National Summit

ON HIV AND VIRAL HEPATITIS DIAGNOSIS, PREVENTION AND ACCESS TO CARE

The Mayflower Renaissance
Washington, DC Hotel
1127 Connecticut Avenue NW
Washington, DC 20036
November 26-28, 2012

2012 NATIONAL SUMMIT ON HIV AND VIRAL HEPATITIS DIAGNOSIS, PREVENTION AND ACCESS TO CARE

November 26-28 2012

CALL FOR ABSTRACTS

The 2012 National Summit on HIV and Viral Hepatitis Diagnosis, Prevention and Access to Care, chaired by Dr. John G. Bartlett, Dr. Kenneth H. Mayer, and Dr. Veronica Miller will be held November 26-28, 2012 at The Mayflower Renaissance Hotel Washington, DC.

Deadline for Abstract Submission: August 31, 2012

The mission of the 2012 National Summit is to support improvement in viral hepatitis and HIV testing, prevention, and engagement in care in the United States. The nation's public health scientific and community leadership will meet to discuss state-of-the-art mechanisms to support the President's "National HIV/AIDS Strategy" (NHAS) and the HHS "Action Plan for the Prevention, Care and Treatment of Viral Hepatitis" (VHAP).

Our goal is to assemble new and relevant information about the implementation of routine or expanded testing activities furthering prevention and access, linkage and retention in care in the U.S.

Abstracts should enhance sharing of information and experiences in different settings, encourage collaboration, and support the scale-up of services. We welcome original abstracts as well as abstracts presented within the past year.

All accepted abstracts will be published in the Forum's online journal, *Annals of the Forum for Collaborative HIV Research*, and presented as posters. A select number of abstracts will be chosen for oral presentations. Priority registration will be available to accepted abstract presenters.

We solicit abstracts in the areas of viral hepatitis and HIV, fitting one of the following four categories.

- A. Routine and Expanded Testing
- B. Prevention Models
- C. Outcomes and Impact Evaluation
- D. Access, Linkage and Retention in Care

The link to online abstract submission will be available on the [2012 HIV Summit](http://www.hivforum.org/2012Summit) webpage (<http://www.hivforum.org/2012Summit>)

A. Routine and Expanded Testing

Activities designed to increase viral hepatitis and/or HIV testing in various clinical and other settings and address challenges and opportunities for routine/expanded testing access (including policy, legal, and financial issues, training, systems development, buy-in, capacity and resources, federal harmonization, and health care reform)

Suggested topics include:

- Implementation models for routine and expanded testing
 - To highlight the state of the art in implementation of viral hepatitis and/or HIV testing in various clinical and non-clinical settings
 - To examine how cohort based HCV testing is being implemented in a variety of settings
 - To highlight innovation, best practices and lessons learned from non-traditional settings that have implemented viral hepatitis and HIV testing
- Policies for routine and expanded testing
 - To examine how current policies may facilitate or impede the implementation of testing, steps needed to change policy to improve diagnosis and linkage to care, and best practices for expanding testing under existing policies.
- Financing for routine and expanded testing
 - To identify needed resources to improve viral hepatitis and HIV testing
 - To examine ways in which opportunities under the Affordable Care Act will affect testing for viral hepatitis and HIV
- Technology and Testing Algorithms
 - To identify how the latest developments in diagnostic testing technologies can support the goals of the VHAP and NHAS
 - To review how the new CDC HIV testing algorithm will be implemented across the US
 - To examine how the proposed revised CDC guidelines for HCV testing will promote testing in a variety of settings
 - To examine the role of HCV point of care (POC) tests and their impact on testing uptake
 - To examine implementation of routine HBV testing for pregnant women

B. Prevention Models

Prevention models and services associated with viral hepatitis and/or HIV testing

Suggested topics include:

- Implementation models for prevention
 - To examine best practices for HIV prevention efforts in clinical and non-clinical settings
 - To highlight the ways in which individual, group, and community-level prevention activities can increase the uptake of testing and improve access to care services.
 - To examine the impact of measures to reduce occupational exposure and transmission of viral hepatitis
 - To examine the impact of viral hepatitis prevention services within HIV prevention programs with a special focus on IDUs
- Policies for prevention models

- To identify policy and legislative successes and impediments to the support of prevention activities delivered in the context of viral hepatitis and HIV testing programs
 - To identify policy impediments for HBV vaccination in non-US born children
 - Financing for prevention models
 - To examine ways in which opportunities under the Affordable Care Act affect prevention efforts and services associated with viral hepatitis and HIV testing services
 - PrEP and PEP
 - To describe demonstration projects or programs for the delivery of Pre- and Post-exposure Prophylaxis for HIV prevention
 - Vaccine-preventable viral hepatitis
 - To identify programmatic measures required to ensure that all HBV-infected mothers are identified and linked to care, their newborns receive PEP, and their families followed up for testing and care
 - To identify programmatic measures that will improve HBV vaccination for all at-risk individuals
 - Treatment as Prevention
 - To describe efforts aimed at preventing HIV transmission through increased testing and linkage to care and early initiation of ART

C. Outcomes and Impact Evaluation

Recommended practices to measure the success of testing, prevention and linkage and engagement in care programs with an emphasis on modeling, evaluation, and cost-effectiveness analyses

Suggested topics include:

- Modeling outcomes and impacts
 - To measure the burden of viral hepatitis, the impact of viral hepatitis detection, linkage to care and treatment on the sequelae of liver disease and cancer
 - To examine the implementation of performance measures and quality improvement through use of electronic medical records (EMR) and other tools
 - To evaluate the impact and progress in achieving the goals the VHAP and the NHAS
 - To model HIV prevention efforts including routine HIV testing, PrEP, Treatment as Prevention, etc.
 - To measure and reduce health disparities and stigma
 - To improve collection of viral hepatitis-related information in health surveys and other data gathering tools to help monitor health disparities in various settings and populations
- Surveillance
 - To identify and validate measures that strengthen the capacity of state and local health departments to collect a core set of viral hepatitis data
 - To identify and validate measures that assess and improve linkage and retention in HIV care
- Cost-effectiveness
 - To assess the impact of screening for acute and chronic HCV and HBV infection in different populations

- To assess the impact of routine HIV screening, Treatment as Prevention, PrEP, and early linkage to care
- To assess the impact of routine viral hepatitis screening, treatment and prevention in HIV co-infected individuals

D. Access, Linkage and Retention in Care

Models for linking individuals to viral hepatitis and/or HIV care; engaging persons who are aware of their status but not currently in care; strategies for retaining individuals in care and optimizing use of available therapies; and addressing the adequacy of the viral hepatitis and HIV care workforce and clinic capacity

Suggested topics include:

- Implementation models
 - To identify ways in which persons identified through testing can be more effectively linked to and engaged in care
 - To identify ways to maximize health outcomes and retention for patients currently engaged in care
 - To identify the role of community clinics in managing persons identified with viral hepatitis
- Policies for improving access, linkage and retention in care
 - To identify strategies at the federal, state and local levels that will improve access to services
 - To assess the impact of the VHAP and NHAS on efforts to improve linkage and retention in care
- Financing access, linkage and retention in care
 - To identify needed resources to improve linkage and retention in care
 - To examine opportunities under the Affordable Care Act for improving access, linkage and retention in care
- Workforce capacity
 - To identify efforts to recruit, educate and motivate new providers
 - To identify mechanisms to overcome the challenges inherent in providing care, including addressing clinic capacity and workforce issues
 - To describe successful strategies for building provider capacity and improving treatment outcomes, such as telemedicine and other approaches
- Cascade of diagnosis, linkage, treatment and viral suppression
 - To describe local distributions of persons diagnosed with HIV, linked to care, retained in care, and achieving viral suppression
 - To describe local distributions of persons diagnosed with viral hepatitis, or HIV co-infection who are linked and retained in care, and achieving favorable virological outcomes

ABSTRACT SUBMISSION

The format for abstracts is as follows.

ABSTRACT SUBMISSION FORMAT

(Abstracts must be broken down into Objectives, Methods Results, and Conclusions, and there is an overall limit of 400 words for these 4 sections)

TITLE: Use a Short and Concise Title that Indicates the Content of the Abstract

OBJECTIVE: Describe the purpose of the program, project or study.

METHODS: Briefly describe the methods or strategies used in the program, project or study.

RESULTS: Describe the objective outcomes of the program, project or study. Include data, if available.

CONCLUSIONS: State the conclusions reached as a result of the program.

Authors will be contacted by email of abstracts acceptance and authors of accepted abstracts will receive the Summit registration information. All accepted abstracts will be presented as poster presentations. In addition, selected abstracts will be chosen for oral presentations.

Registration Information

Registration will open September 21, 2012 and more information will be available on the [2012 HIV Summit](#) webpage.

Individuals from academic institutions or not-for-profit organizations:

- Full registration: \$750.00 (includes 2 nights hotel, all meals during conference and access to all sessions)
- Commuter registration: \$250.00 (includes all meals during conference and access to all sessions)

Individuals from Industry:

- Full registration: \$1500.00 (includes 2 nights hotel, all meals during conference and access to all sessions)
- Commuter registration: \$750.00 (includes all meals during conference and access to all sessions)

Registration fees increase November 5th.

Late or On-site registration

Individuals from academic institutions or not-for-profit organizations:

- Full registration: \$900.00 (includes 2 nights hotel, all meals during conference and access to all sessions)
- Commuter registration: \$350.00 (includes all meals during conference and access to all sessions)

Individuals from Industry:

- Full registration: \$2000.00 (includes 2 nights hotel, all meals during conference and access to all sessions)
- Commuter registration: \$1000.00 (includes all meals during conference and access to all sessions)

We will make every effort to provide scholarships for those that require assistance to attend the meeting. Information about scholarships will be available on the webpage when registration begins.

For additional questions, please email summitinfo@hivforum.org.