

ENDURING MATERIAL DIRECTIONS

Hepatitis B & C with HIV Co-infection: A Diagnostic & Treatment Update Videotape, DVD or Archived Webcast of the April 29, 2009 Live Broadcast

Every item in this packet must be completed and mailed to the contact below by **June 30, 2009** in order for continuing education credits to be granted. **The estimated time for completion of this activity is 1.75 hours.** There is no fee for continuing education credits.

IMPORTANT: Please read these instructions BEFORE proceeding.

Directions:

1. You will need a VCR, DVD player or you can view the archived webcast at www.amc.edu/hivconference in order to complete this activity.
2. If desired, copies of the slides which accompany each presentation may be obtained from www.amc.edu/hivconference
3. Read the CME Activity Data Sheet in this packet.
4. Watch the videotape, DVD or archived webcast.
5. Complete the attendance record form in its entirety including your signature.
6. Fill out the program evaluation.
7. Take the self-assessment test.
8. Complete the HRSA participant information form in **black pen**.
9. Fax your paperwork to the attention of Jim Ybarra at 518.262.8460 (items 5, 6, 7 and 8 above) or mail using the return envelope addressed to:
Jim Ybarra, Albany Medical College, 47 New Scotland Avenue, Mail Code 158, Albany, NY 12208.
10. If you have any questions, please contact Jim Ybarra at (518) 262-4674 or ybarraj@mail.amc.edu.

If you are conducting a group viewing of this resource, please photocopy this packet so it is **collated** in this exact order for each trainee.

Thank you for your interest in this program!



Albany Medical College

Attendance Record

Hepatitis B & C with HIV Co-infection: A Diagnostic & Treatment Update

Videotape, DVD or Archived Webcast of the April 29, 2009 Live Broadcast

Discipline (Please bubble one):

MD PA NP RN LPN Other _____ (specify)

First & Last Name (Print): _____

Employer: _____ E-mail: _____

Full Mailing Address: _____
(City) (State) (ZIP)

Birth Month _____ (i.e. 04) Day of Birth _____ (i.e. 15) Last four Digits of Social Security Number _____ (i.e. 8187)
(*Required for attendance tracking)

I attended the above program and am claiming _____ hour(s) of credit (number of hours you actually participated, excluding breaks). If you participated in the entire program, please write 1.75 hours in the space provided

Signature: _____

Check the TOP FIVE HIV topics that you would like the next event to address (please limit to 5).

- Adherence**
- Basic Science**
- Clinic Management**
 - Chronic Care Model
 - Care Coordination & Referrals
 - Connecting to & Retaining in Care
 - Confidentiality
 - Consumers/Peers/Community Advisory Boards
 - Cultural Competency
 - Language Interpretation Services
 - Quality Assurance/CQI
- Clinical Trials/Research**
- Clinical Manifestations**
 - Acute HIV Infection
 - Dermatologic Manifestations
 - Immune Reconstitution Syndrome
 - Malignancies
 - Medication Side-Effects
 - Metabolic Complications
 - Neurological Complications
 - Pulmonary Complications
- Co-Morbidities**
 - Bacterial Infections
 - Cardiovascular Disease
 - Endocrine Disorders
 - Gastrointestinal Disorders/Pancreatitis
 - Hematologic Disorders
 - Hepatitis B/C
 - TB
 - STDs
- Complementary & Alternative Therapies**
- Conference Updates**
- HIV Testing**
 - Names Reporting & Partner Notification
 - Rapid Testing
 - Routine Testing Implementation
- HIV Treatment**
 - Advanced HIV Disease
 - Antiretroviral Therapies
 - Diagnostic Tests
 - Drug-Drug Interactions
 - Emerging Treatment Options
 - Prophylaxis & Health Maintenance
 - Newly Diagnosed Patients
 - Resistance Testing
 - Salvage Therapy
 - Treatment Sequencing
- International Issues**
- Legal/Ethical/Policy Issues**
- Mental Health**
 - Mental Health Screening
 - Triply-Diagnosed
- Nutrition**
- Opportunistic Infections**
- Oral Health**
 - Dental Treatment
 - Identification/Management of Oral Lesions
- Pain Management**
- Palliative & End of Life Care**
- Pharmacology**
- Populations**
 - Adolescents
 - Children
 - Families
 - Gay/Bisexual/MSM
- Homeless
- Incarcerated/Parolees
- Lesbian/Bisexual/WS
- Local Epidemiology
- People with Mental Illness
- Older Adults
- Racial/Ethnic Minorities
- Recent Immigrants
- Rural
- Transgender
- Women
- Post-Exposure Prophylaxis**
 - Occupational Exposure
 - Non-Occupational Exposure
- Prevention Strategies**
 - Harm Reduction
 - Prevention with Positives
- Psychosocial Issues**
 - Domestic Violence
 - Health Literacy
 - Medical Case Management
 - Motivational Interviewing
- Reproductive Health**
 - Perinatal Transmission
- Sexuality Issues**
 - Taking a Sexual History
- Substance Use**
 - Addiction Treatment
 - Buprenorphine
 - Crystal Meth
 - Smoking Cessation
- Other:** _____

Albany Medical College

Program Evaluation

Hepatitis B & C with HIV-Co-infection: A Diagnostic & Treatment Update

Videotape, DVD or Archived Webcast of the April 29, 2009 Live Broadcast

Evaluation results will be shared with speakers as composite data only.

Please complete this evaluation form by completely filling in the circles with black pen or pencil and return it to the site coordinator.

STRONGLY
AGREE

AGREE

DISAGREE

STRONGLY
DISAGREE

- | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. The program met the following goal: To update the practitioner with clinical and diagnostic information related to hepatitis B and C in the co-infected patient. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. The knowledge and/or skills gained through this course are applicable to my profession. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Overall, I was satisfied with this program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**As a result of attending this learning activity,
I am able to achieve the following objectives:**

- | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a) Describe how to interpret hepatitis B serologies. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Describe the prevalence of hepatitis B and hepatitis C in co-infected patients. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Discuss modes of transmission of hepatitis B and hepatitis C. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) Discuss the most recent treatment advances of hepatitis B and hepatitis C. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I feel comfortable applying the information I learned during the broadcast related to Hepatitis B & C with HIV Co-infection. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. The objectives of this learning activity were relevant to the overall program goal. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Peter F. Ells, MD was an effective teacher. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Mark S. Sulkowski, MD was an effective teacher. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Participant material (handouts, etc.) were useful during the course. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. There was no commercial bias in this learning activity. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. FDA approved drugs or devices were discussed within the approved use (no off-label use discussed). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. A two-hour self-study is convenient for my schedule. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. I viewed the videoconference via: <input type="radio"/> Webcast <input type="radio"/> DVD <input type="radio"/> VHS Tape | | | | |

13. Time required to complete activity: _____ Hours _____ Minutes

Comments:

SELF ASSESSMENT TEST

Hepatitis B & C with HIV Co-infection: A Diagnostic & Treatment Update Videotape, DVD or Archived Webcast of the April 29, 2009 Live Broadcast

Directions: Please select the BEST answer and circle your response directly on the self-assessment test. To obtain education credit, a minimum of 80% of the questions must be answered correctly (5 questions out of 6). To assure your receipt of education credit, please complete all items outlined on the first page of this stapled packet.

This activity is eligible for continuing medical education credit until **June 30, 2009**. Individuals who mail the required documentation noted above after this date will be ineligible for credit. The estimated time for completion of this activity is 2.0 hours. There is no fee for education credit.

1. Antibody to the hepatitis B core (anti HBc) can be seen in all of the following scenarios EXCEPT:
 - a) Acute hepatitis B.
 - b) Chronic hepatitis B.
 - c) Recovery from acute hepatitis B.
 - d) After successful immunization for hepatitis B.

2. Compared to infection with hepatitis B alone, co-infection with HIV/hepatitis B is associated with:
 - a) A lower rate of chronic infection.
 - b) A lower hepatitis B DNA level.
 - c) Fewer episodes of reactivation.
 - d) More rapid progression to cirrhosis.
 - e) A lower rate of liver-related death.

3. According to the DHHS Guidelines which of the following is contraindicated for initiating ART?
 - a) History of AIDS-defining illness.
 - b) CD4 count of <350 cells/mm³.
 - c) Pregnant women.
 - d) HIV-associated nephropathy.
 - e) hepatitis B co-infection.

4. Liver Disease is a leading cause of death in HIV-infected patients.
 - a) True
 - b) False

5. Which of the following is a goal of HCV therapy?
 - a) Achieve viral eradication.
 - b) Undetectable HCV RNA level 6 months after the end of treatment.
 - c) Manage ART-associated liver injury.
 - d) Prevent liver disease progression.
 - e) All of the above.

6. HIV/HCV-infected patients are more likely to have significant medical and psychiatric co-morbidities, when compared to patients infected with HIV alone.
 - a) True
 - b) False

PIF

HRSA AIDS Education and Training Centers PARTICIPANT INFORMATION FORM

Please completely fill in the circles (●) when answering the questions.

1. To create your unique ID number, use the month of your birth, the day of your birth, and the last four digits of your SSN. For example, May 29, 123-45- 6789 has the ID number 05296789.

M	M	D	D	#	#	#	#
Birth				Last 4 SSN			
Unique ID Number							

2. Date of Training (mm/dd/yy)

0	4	/	2	9	/	0	9
mm			dd			yy	

3. Your Primary Professional Discipline (Select one)

- Dentist
- Other Dental Professional
- Nurse Practitioner
- Other Advanced Practice Nurse
- Nurse
- Pharmacist
- Physician
- Physician Assistant
- Clergy/Faith Based Professional
- Dietitian/Nutritionist
- Health Educator
- Mental Health Professional
- Public Health Professional
- Social Worker
- Substance Abuse Professional
- Other (specify) _____

4. Your Primary Function Role (Select one)

- Administrator
- Agency Board Member
- Care Provider/Clinician
- Case Manager
- Client/Patient Educator
- Intern/Resident
- Researcher/Evaluator
- Student/Graduate Student
- Teacher/Faculty
- Other (specify) _____

5. Your Principal Employment Setting (Select one)

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>Clinic</u></p> <ul style="list-style-type: none"> <input type="radio"/> Academic Health Center <input type="radio"/> Community Health Center <input type="radio"/> Family Planning <input type="radio"/> HIV Clinic <input type="radio"/> Hospital-Based Clinic <input type="radio"/> Indian Health Services/Tribal <input type="radio"/> Infectious Disease <input type="radio"/> Maternal/Child Health <input type="radio"/> Mental Health <input type="radio"/> Rural Health <input type="radio"/> Sexually Transmitted Disease <input type="radio"/> Substance Abuse | <p><u>Other Settings</u></p> <ul style="list-style-type: none"> <input type="radio"/> College/University <input type="radio"/> Community-Based Organization <input type="radio"/> Correctional Facility <input type="radio"/> HMO/Managed Care Organization <input type="radio"/> Hospital/ER <input type="radio"/> Military/VA <input type="radio"/> Private Practice <input type="radio"/> State/Local Health Department <input type="radio"/> Non-Health <input type="radio"/> Other Primary Care <input type="radio"/> Not Working (skip to item 9) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

6. Primary Employment Setting/Zip code

- a. Rural Suburban Urban

b.

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Zip Code

7. Is the employment setting a faith-based organization?

- Yes No Don't Know

8. Does the employment setting receive Ryan White Program Funding?

- Yes No Don't Know

If you don't know, please write the full name of your employer:

9. Are you of Hispanic, Latino/a or Spanish origin

- Yes No

10. Your Racial Background (Select all that Apply)

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White

11. Your Gender

- Female Male Transgender

12. Do you provide services directly to clients/patients?

- Yes No [Stop here. You are done with this form.]

13. Do you provide services directly to HIV-infected clients/patients?

- Yes No/ Don't Know [Stop here. You are done with this form.]

14. How many years have you been providing services directly to HIV infected clients/patients? [Round up to the nearest whole year.]

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15. Estimate the NUMBER of HIV-Infected clients/patients to whom you provide direct services in an average MONTH.

- None [Stop here. You are done with this form.]
- 1-9 10-19 20-49 50+

For questions 16-18, estimate the PERCENTAGE of your HIV infected clients/patients in the past YEAR who were:

16. Racial or Ethnic Minorities

- None 1-24% 25-49% 50-74% > 75%

17. On Antiretroviral Therapy

- None 1-24% 25-49% 50-74% > 75%

18. Women

- None 1-24% 25-49% 50-74% > 75%

For Office Use Only	July 2008	1	0	0	1					2	6	4			0	6	Ryan White Program
	AETC	Subsite	Program Number				Agency				<input type="radio"/> Yes <input checked="" type="radio"/> No						



Title: Hepatitis B & C with HIV Co-infection: A Diagnostic & Treatment Update (Segment of Management of HIV/AIDS in the Correctional & Community Setting: A Live Videoconference & Webcast Series)

Date: April 29, 2009 Location: National Videoconference (Originating out of Albany, New York)

Presenting Faculty: Drs. Douglas G. Fish, Lester N. Wright, Peter F. Ells & Mark S. Sulkowski

Department/Division: Medicine/Division of HIV Medicine

Phone #: 518.262.4674

Contact Person: Jim Ybarra

Learning Objectives: At the conclusion of this activity, the participant should be able to:

1. Describe how to interpret hepatitis B serologies.
2. Describe the prevalence of hepatitis B and hepatitis C in co-infected patients.
3. Discuss modes of transmission of hepatitis B and hepatitis C.
4. Discuss the most recent treatment advances of hepatitis B and hepatitis C.

Faculty/Planning Committee Disclosure

Albany Medical College endorses the standards of the Accreditation Council for Continuing Medical Education (ACCME) and the guidelines of the Association of American Medical Colleges (AAMC) that the sponsors of continuing medical education activities, speakers and **planning committee members** of these activities disclose significant relationships with commercial companies. Significant relationships include receiving from a commercial company research grants, consultancies, honoraria and travel, or other benefits or have a self-managed equity interest in a company.

Disclosure of a relationship is not intended to suggest or condone bias in any presentation, but is made to provide participants with information that might be of potential importance to their evaluation of a presentation.

Relationships exist with the following companies/organizations:

FACULTY	COMPANY & RELATIONSHIP
Peter F. Ells, MD	Speaker's Bureau: Roche
Mark S. Sulkowski, MD	Consultant & Research Support: Boehringer Ingelheim Pharmaceuticals, Inc., Gilead, Human Genome Sciences, Merck, Roche, Schering, Tibotec & Vertex
Douglas G. Fish, MD	Consultant: Merck & Co., Inc. Research Support: Roche Laboratories Inc. Speaker's Bureau: Boehringer Ingelheim Pharmaceuticals, Inc., Merck & Co., Inc., & Roche Laboratories Inc.
Abigail Gallucci	Speaker's Bureau: Gilead Sciences, Inc.

The following Faculty or Planning Committee Members have no financial relationships to disclose: **Lester N. Wright, Jennifer Price, Sarah H. Schoof, and Sarah J. Walker**

The information being presented will be scientifically valid. The content of the presentations will promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest. All presentations will give a balanced view of therapeutic options. **X Yes** No

Will off-label investigational use of a product be discussed? **X Yes** No

If yes, please list: **Cited in curricula**

Who will be responsible for monitoring this? Name: **Douglas G. Fish, MD**

Commercial Support

This activity has not received commercial support.

X This activity has received commercial support from the following:

Bristol-Myers Squibb

Merck & Co., Inc.

Roche Laboratories, Inc.

These companies reflect corporate commitments at the time of the website posting. An updated version will be posted on the broadcast graphics.

Albany Medical College is accredited by the Accreditation Council of Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Albany Medical College designates this educational activity for a maximum of 1.75 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit that is commensurate with the extent of their participation in the activity.

Last Updated 02/28/2006