Attendees: Please let me know if I missed you, misspelled your name, or got only your partial information!
Holly Moore (Hep B Foundation), Beatrice Zovich (Hep B Foundation), Farma Pene (NYC Department of Health and Mental Hygiene), Alma Chavez (NYC Department of Health and Mental Hygiene), Myra Wamah (Muhlenberg University, Allentown, PA), Amadou Goita (Adilo ONG, Mali), Sunyasemeni Almond Ezra (Jeneso Development Initiative, Nigeria), Ibrahim Usman Yerima (Jeneso Development Initiative, Nigeria), David Irinam (Bekwarra Hepatitis B Support and Advocacy Initiative), Stacie Ko (Asian Health Coalition), Chari Cohen (Hep B Foundation), Peyton Thompson (University of North Carolina, Chapel Hill), Ibrahima Sow (Ohio New African Immigrants Commission)

3:00pm: Welcome and Updates:

- **Tuesday November 21st at 3pm Eastern Time: B Informed! A Virtual Hepatitis B Education Series**
  This session features didactic speaker Ruth Brogden speaking on increasing HBV vaccination rates, getting folks to vaccinated (via screening events, EHR prompts, etc.), and streamlining internal processes for vaccinating.
  Register here: [https://us02web.zoom.us/webinar/register/WN_qbHsKNzNTa6ATenZmyVRzg#/registration](https://us02web.zoom.us/webinar/register/WN_qbHsKNzNTa6ATenZmyVRzg#/registration)

- **Thursday December 7th, 10am Eastern Time: Hepatitis B Advocacy in Africa: Case Examples from Ghana and Nigeria**
  Hepatitis B carries a significant burden across the African continent with over 60 million Africans living with the virus. To improve testing, access to management and treatment, and prevention it takes significant political commitment and advocacy. This webinar will discuss strategies to engage with political leaders within the African context. We hope by the end of this session you will be inspired and encouraged to create similar initiatives in your communities.
  Register here: [https://us02web.zoom.us/webinar/register/WN_i9DZyTShSICD9eS1gkC4NA#/registration](https://us02web.zoom.us/webinar/register/WN_i9DZyTShSICD9eS1gkC4NA#/registration)

- **New translated educational materials (Hausa/Mandingo)**
  Hepatitis B educational resources are available in Hausa and Mandingo. Find these and other translated resources here: [https://www.hepb.org/research-and-programs/chipo/resources/resources-for-educators/](https://www.hepb.org/research-and-programs/chipo/resources/resources-for-educators/)

- **New #justB stories posted!**
  All storyteller videos can be found at [www.hepbstories.org](http://www.hepbstories.org) and there are 7 new stories just posted!
  This includes Monue’s story from Liberia and his story can be found here: [https://www.hepbstories.org/justb/pmfs-story](https://www.hepbstories.org/justb/pmfs-story)
We are working on starting a new national registry of providers who manage people living with hepatitis B and are also culturally competent in serving African communities in the US. We will post what we have soon and share it, but we will be working on expanding it – if you or anyone you know would like to be added, please reach out to Beatrice!

We are also working on finding ways to expand peer mentorship opportunities in the US and Africa – we are working to formalize this for African partners, but if you are in the United States and are interested in providing or receiving mentorship or support from your peers in a particular area of hepatitis B elimination (education, advocacy, screening, vaccination, linkage to care, etc.), please reach out to Beatrice!

3:15pm: HBV Prevalence in Yola, North Adamawa, Nigeria and Key Notes on Data Collection, Analysis and Presentation (Sunyasemeni Almond Ezra – Executive Director of Jeneso Development Initiative)

**Objective:** Determine prevalence rate of HBV in Yola North Local government area and increase hepatitis B awareness, screening, and linkage to care and vaccination where appropriate.

**Methodology:** Educate and screen – conducted outreach activities and education sessions on hepatitis B and the need for screening and offered free screening and linkage to care/vaccination services.

- They used community gatekeepers to engage those within the community.
- HBV surface antigen positive cases were further screened for HIV/AIDS, hepatitis B profiling, liver function tests and viral load count through appropriate medical care linkage.

**Results:** 210 individuals screened

- 16 positives (10 male, 6 female)
- 194 negatives (104 male, 90 female)
- 40 vaccinated (27 male, 13 female)

All positive participants found were between the ages of 18 and 35. Vaccination was also provided for those not previously vaccinated and antigen negative.

**Age distribution of those screened**
Findings: Barriers to screening, treatment, and prevention include vaccine myth and cost, viral load screening (samples are sent outside of the state and can be very costly, and medical care does not counsel without viral load results), lack of drugs for treatment, health providers’ attitude around hepatitis B knowledge, and negative attitude of some stakeholders.

Conclusion: Estimated overall population of 336,648 translates to a 7.62% prevalence rate

Lessons Learned: Screening and treatment will increase significantly with proper awareness and provision of accessible hepatitis B treatment centers.

Data collection and presentation:
- Set clear activity/project goal and objectives.
- Identify data required to achieve the set activity/project objectives.
- Develop or adopt and customize data collection tools relevant to your data requirement and purpose.
- Avoid adding irrelevant questions to your tool.
- Ensure data cleaning is done efficiently.
- Use appropriate and convenient software for data analysis for presentation (ex. Excel).

3:30pm: Questions
Did you experience any pushback or denial from those who tested positive?
- No issues noticed with those positive mostly because they became aware of someone in their family who was positive in the process so that made sense as to why they were positive, and they were successfully linked to care (some were more willing to engage in the testing because they assumed they may be exposed)
- One person refused linkage to care unless medications were provided to him free of charge (noted barrier of issues in medication affordability)

Did you see any evidence of stigma that affected your project?
- Most of the stigma experienced is related to misconceptions that those with HBV cannot share cups of water, etc. so once diagnosed, those living with HBV tend to “keep to themselves” and this can mean that sometimes people would rather not know their status.

How did you overcome issues with vaccine hesitancy in your project?
- Overcoming vaccine hesitancy was more successful because they engaged the participants in groups and improved access to completing the series, which is an identified barrier.

How are you looking to improve providers’ attitude towards hepatitis B knowledge?
- They are looking at now improving provider education on hepatitis B to change attitudes and they are trying to reach out to commissioner of health and MDs in primary health care and trying to partner to develop provider education.

3:50pm: Breakout Rooms and Member Updates
Feel free to send member news and updates you might have to the listserv!

4:00pm: Conclusion
Our next regularly scheduled meeting will be on Monday January 22\textsuperscript{nd}, 2024, at 3pm Eastern Time.

Thanks so much for joining! Please keep us updated about research and programmatic news and let us know if you’d like to present at the next meeting!