



Virginia Moyer, MD, MPH  
Chair  
U.S. Preventive Services Task Force  
540 Gaither Road  
Rockville, MD 20850

March 10, 2014

RE: USPSTF Draft Recommendation Statement - Screening for Hepatitis B Virus Infection in Nonpregnant Adolescents and Adults

Dear Dr. Moyer:

On behalf of the Association of Asian Pacific Community Health Organizations (AAPCHO) and its undersigned 33 member community health organizations, we would like to thank the U.S. Preventive Services Task Force (USPSTF) for the “B” grade granted for hepatitis B virus (HBV) screening in high-risk populations. We would also like to thank the Task Force for highlighting high-risk groups as populations that should be screened for HBV. The USPSTF draft recommendation is a significant step forward in identifying people living with chronic HBV, increasing HBV testing and vaccination, and improving access and linkages to care and treatment for individuals with a positive diagnosis.

Our community health centers serve a number of medically underserved and underinsured Asian American, Native Hawaiian, and other Pacific Islander (AA&NHOPI) communities, some of whom are affected by hepatitis B. We support this recommendation, that includes a strong recommendation for the routine testing and follow-up of persons at high risk for infection, including persons born in regions of intermediate and high HBV endemicity (HBsAg prevalence  $\geq 2\%$ ), those that are HIV-positive, intravenous drug users, household contacts of those who are HBV-positive, men who have sex with men, and individuals who are immunosuppressed or undergoing hemodialysis. Among these high-risk groups, we would like individuals co-infected with the hepatitis C virus (HCV) to be included. Additionally, we would like to see that community health centers are included in the list of settings where a large number of high-risk individuals are treated.

The following are our comments to help strengthen and further clarify the draft USPSTF HBV screening recommendations:

First, we recommend that testing for high-risk groups is included in the title “Screening for Hepatitis B Virus Infection in Nonpregnant Adolescents and Adults: U.S. Preventive Services Task Force Recommendation Statement”, to avoid confusion. In addition, we have specific comments for the following sections:

*Section entitled, “Rationale: Importance,”*

- The prevalence estimates noted are underestimates. In comparison to the current CDC estimates of persons living with chronic HBV (CHB) in the U.S., a number of reports and studies estimate the total prevalence of CHB in the U.S. to be as high as 2.2 million.<sup>1,2,3,4</sup> In addition, compared to the CDC estimate of 375,000-975,000 foreign-born persons with CHB, a prominent 2012 study

estimated a total of 1.32 million foreign-born persons living with hepatitis B in the U.S. have methodological challenges that would lead to a potential underestimation of disease.<sup>5</sup> Studies have also shown estimates for institutionalized and homeless persons living with CHB vary widely and therefore the total estimates may be even higher.<sup>6</sup>

*Section entitled, “Rationale: Benefits of Detection and Early Intervention,”*

- In the statement, “The USPSTF found adequate evidence that HBV vaccination is effective at decreasing disease acquisition,” the phrase “in high-risk groups” should be included.

*Section entitled, “Clinical Considerations: Patient Population Under Consideration,”*

- The patient population under consideration should also include those in high-risk groups who were vaccinated but not tested for HBV prior to vaccination.

*Section entitled, “Clinical Considerations: Assessment of Risk,”*

- There needs to be a distinction between those at high-risk of acquiring HBV as adults compared with those at high-risk of having chronic HBV because of transference of the virus in infancy/childhood.
- We encourage the USPSTF to simplify the guidance provided to test the foreign-born. The language used in Table 1 of the draft recommendations as compared with the list provided below Table 1 taken from the Kowdley et al. article is confusing.<sup>7</sup> In the 2008 MMWR report by Weinbaum et al, Table 3 provides a classification system that may be easier for primary care providers to use that may prevent confusion about whom to test.<sup>8</sup>

**TABLE 3. Geographic regions\* with hepatitis B surface antigen (HBsAg) prevalence of  $\geq 2\%$ †**

Region*	HBsAg prevalence $\geq 2\%$
Africa	All countries
Asia§	All countries
Australia and South Pacific	All countries except Australia and New Zealand
Middle East	All countries except Cyprus and Israel
Eastern Europe	All countries except Hungary
Western Europe	Malta, Spain, and indigenous populations in Greenland
North America	Alaska Natives and indigenous populations in Northern Canada
Mexico and Central America	Guatemala and Honduras
South America	Ecuador, Guyana, Suriname, Venezuela, and Amazonian areas of Bolivia, Brazil, Columbia, and Peru
Caribbean	Antigua-Barbuda, Dominica, Grenada, Haiti, Jamaica, St. Kitts-Nevis, St. Lucia, and Turks and Caicos Islands

\* A complete list of countries in each region is available at <http://www.cdc.gov/travel/destinationList.htm>.

† Estimates of prevalence of HBsAg, a marker of chronic hepatitis B virus infection, are based on limited data and might not reflect current prevalence in countries that have implemented childhood hepatitis B vaccination. In addition, HBsAg prevalence might vary within countries by subpopulation and locality.

§ Asia includes three regions: Southeast Asia, East Asia, and Northern Asia.

- High-risk groups for HBV screening denoted by the USPSTF should also include those individuals who are co-infected with HCV. Studies indicate that among HCV-infected cohorts, exposure to HBV infection can reach up to 35% and 3.5%-5.6% can be actively co-infected (with or without HIV).<sup>9,10</sup> Co-infection with HBV and HCV can significantly increase and speed up the risk of serious liver disease, including liver cancer.<sup>11,12</sup>
- As mentioned earlier, the statement, “...screening is probably appropriate in settings that treat a large proportion of individuals at increased risk, such as sexually transmitted infection clinics,

HIV testing and treatment centers, health care settings that provide services for injection drug users or men who have sex with men, and correctional facilities” should include “facilities that serve a large proportion of immigrant populations, including community health centers” within the list of settings.

- In the statement, “[t]he prevalence of HBV infection is low in the general U.S. population, and most infected individuals do not develop complications,” we advise the USPSTF to use other wording instead of “most,” as up to 25-45% of chronically infected individuals will die prematurely from cirrhosis or HCC depending on gender.<sup>13</sup> In addition, the word “most” diminishes the seriousness of the consequences of a chronic HBV infection.

*Section entitled, “Other Considerations: Research Needs and Gaps,”*

- A distinction and explanation between acute HBV acquired through high-risk behavior (susceptibility), as opposed to acquiring HBV as an infant/child in a moderate/high endemic country and then immigrating to the U.S. (high-risk) could be very helpful for primary care providers.

*Section entitled, “Discussion: Burden of Disease,”*

We ask that the USPSTF differentiates the differences between the declining incidence of acute HBV infection in the U.S. and the high prevalence of chronic HBV infection in risk groups, the latter of which is the basis for this recommendation and should be highlighted.

In reference to the first paragraph, about acute HBV infection:

- The 2,890 cases reported in the text refer to the reported cases of acute (incident) HBV infection in 2011. This is the actual number of cases meeting the CDC case definition, reported by health professionals to health departments, which in turn reported these numbers to CDC. Including adjustments for under-diagnosis and underreporting, CDC notes that the estimated number of acute HBV cases in 2011 is 6.5 times that figure (i.e., about 19,000 cases). In 2007, the estimated number of acute HBV cases was about 40,000. The CDC did not intend to include cases of chronic HBV infection among foreign-born persons who entered the U.S. during that year in question with chronic disease to be part of incidence calculations.
- Incidence rates for reported cases of acute HBV infection were highest for black, non-Hispanic persons (race/ethnicity), higher for men than for women, and were highest for those aged 30-39.<sup>14</sup>

In reference to the second paragraph, about chronic HBV infection:

- Prevalence of chronic HBV has been estimated as high as 2.2 million.<sup>15</sup> It was estimated that from 2004-2008, 53,800 cases of chronic HBV were from immigrants coming to the U.S., and 3,800 new U.S. acquired cases in each year, totaling 57,600 cases per year.<sup>16</sup> Mitchell et al. also note in their study that 25% of these cases (14,000 individuals), will develop fatal complications from HBV infection if not provided with proper clinical management. The study also states that the majority of deaths (95% or 13,110 cases) due to complications would be in immigrants with chronic HBV infection.

*Section entitled, “Discussion: Effectiveness of Early Detection and Treatment,”*



- In reference to the statement showing that “no trials examined the effectiveness of education or behavior change counseling...” Studies exist which show that culturally and linguistically appropriate education and counseling increase screening and vaccination behaviors in AAPIs.<sup>17,18</sup>

*Section entitled, “How Does Evidence Fit With Biological Understanding?”*

- We recommend that the USPSTF change this language to reflect the fact that the risk of chronic infection is inversely proportional to the age of acquisition.<sup>19</sup>

On behalf of the 33 community health centers that we represent, the Association of Asian Pacific Community Health Organizations thanks the USPSTF for recognizing the importance of addressing HBV and raising the profile of HBV as a public health priority in the U.S. We commend the USPSTF for issuing a “B” grade in HBV screening for the high-risk populations listed. If these recommendations are finalized, we have a great opportunity to prevent the progression of disease due to HBV, by identifying individuals with HBV and linking them to care.

We look forward to the finalization of these recommendations. We encourage the USPSTF to issue its final recommendation prior to national Hepatitis Testing Day on May 19, 2014 so that we can celebrate the progress that these recommendations represent.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jeffrey B. Caballero".

Jeffrey B. Caballero, MPH  
Executive Director  
Association of Asian Pacific Community Health Organizations

Association of Asian Pacific Community Health Organizations  
AlohaCare  
Asian Americans for Community Involvement  
Asian Health Services  
Asian Human Services  
Asian Pacific Health Care Venture  
Asian Services in Action, Inc.  
Bay Clinic, Inc.  
Center for Pan Asian Community Services, Inc.  
Charles B. Wang Community Health Center  
Chinatown Service Center Community Health Center  
Community-University Health Care Center  
Family Health Center of Worcester  
HOPE Clinic  
International Community Health Services



AAPCHO

Kalihi-Palama Health Center  
Ko'olauloa Community Health & Wellness Center  
Kokua Kalihi Valley Comprehensive Family Services  
Kwajalein Atoll Community Health Center  
Lanai Community Health Center  
Lowell Community Health Center  
MQVN Community Development Corporation  
National Alliance to Nurture the Aged and the Youth  
Neighborcare Health  
North East Medical Services  
Operation Samahan Health Clinic  
Pacific Islands Primary Care Association  
Papa Ola Lokahi  
PTSO of Washington  
South Cove Community Health Center  
Waianae Coast Comprehensive Health Center  
Waikiki Health Center  
Waimanalo Health Center  
West Hawaii Community Health Center

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<sup>1</sup> Levi J, Pastorfield C, Segal LM, Cimon M. HBV & HCV: America's Hidden Epidemics. Trust for America's Health. Washington, D.C. September 2010: 1-42.

<sup>2</sup> Gish RG, Gadano AC. Chronic hepatitis B: Current epidemiology in the Americas and implications for management. *J Viral Hepat* 2006; 13: 787-98.

<sup>3</sup> Kowdley KV, Wang CC, Welch S, Roberts H, Brosgart CL. Prevalence of chronic hepatitis B among foreign-born persons living in the United States by country of origin. *Hepatology* 2012; 56: 422-433.

<sup>4</sup> Weinbaum CM, Williams I, Mast EE, Wang SA, Finelli L, Wasley A, Neitzel SM, Ward JW; Centers for Disease Control and Prevention (CDC). Recommendations for identification and public health management of persons with chronic hepatitis B virus infection. *MMWR Recomm Rep*. 2008 Sep 19; 57(RR-8): 1-20.

<sup>5</sup> Kowdley KV, Wang CC, Welch S, Roberts H, Brosgart CL. Prevalence of chronic hepatitis B among foreign-born persons living in the United States by country of origin. *Hepatology* 2012. 56(2): 422-433.

<sup>6</sup> Solomon L, Flynn C, Muck K, Vertefeuille J. Prevalence of HIV, syphilis, hepatitis B, and hepatitis C among entrants to Maryland correctional facilities. *J Urban Health*. 2004; 81: 25-37.

<sup>7</sup> Kowdley KV, Wang CC, Welch S, Roberts H, Brosgart CL. Prevalence of chronic hepatitis B among foreign-born persons living in the United States by country of origin. *Hepatology* 2012. 56(2): 422-433.

<sup>8</sup> Weinbaum CM, Williams I, Mast EE, Wang SA, et al. Recommendations for Identification and Public Health Management of Persons with Chronic Hepatitis B Infection. *MMWR* 2008; 57 (RR08): 1-20.

<sup>9</sup> Tyson GL<sup>1</sup>, Kramer JR, Duan Z, Davila JA, Richardson PA, El-Serag HB. Prevalence and predictors of hepatitis B virus coinfection in a United States cohort of hepatitis C virus-infected patients. *Hepatology*. 2013 Aug; 58(2): 538-45. <http://www.ncbi.nlm.nih.gov/pubmed/23505059>

<sup>10</sup> Hepatitis-B virus infection predicts mortality of HIV and hepatitis C virus coinfecting patients. Teira R; VACH Study Group. *AIDS*. 2013 Mar 13; 27(5): 845-8.

<sup>11</sup> Perumalswami PV, Bini EJ. Epidemiology, natural history, and treatment of hepatitis B virus and hepatitis C virus coinfection. *Minerva Gastroenterol Dietol*. 2006 Jun; 52(2): 145-55.

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- <sup>12</sup> Cho LY, Yang JJ, Ko KP, Park B, Shin A, Lim MK, Oh JK, Park S, Kim YJ, Shin HR, Yoo KY, Park SK. Coinfection of hepatitis B and C viruses and risk of hepatocellular carcinoma: systematic review and meta-analysis. *Int J Cancer*. 2011 Jan 1. 28(1): 176-84.
- <sup>13</sup> Lok, A. S., & McMahon, B. J. (2001). Chronic hepatitis B. *Hepatology*, 34(6), 1225-1241.
- <sup>14</sup> Centers for Disease Control, National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention, Division of Viral Hepatitis. *Viral Hepatitis Surveillance: United States, 2011*.
- <sup>15</sup> Kowdley KV, Wang CC, Welch S, Roberts H, Brosgart CL. Prevalence of chronic hepatitis B among foreign-born persons living in the United States by country of origin. *Hepatology* 2012. 56(2): 422-433.
- <sup>16</sup> Mitchell T, Armstrong GL, Hu DJ, Wasley A, Painter JA. The Increasing Burden of Imported Chronic Hepatitis B---United States, 1974-2008. *PLoS ONE* 6(12): e27717. doi: 10.1371/journal.pone.0027717.
- <sup>17</sup> Lee S, Yoon H, Chen L, Juon HS. Culturally appropriate photonovel development and process evaluation for hepatitis B prevention in Chinese, Korean, and Vietnamese American communities. *Health Educ Behav*. 2013 Dec;40(6):694-703.
- <sup>18</sup> Chen MS Jr, Fang DM, Stewart SL, Ly MY, Lee S, Dang JH, Nguyen TT, Maxwell AE, Bowlus CL, Bastani R, Nguyen TT. Increasing hepatitis B screening for Hmong adults: results from a randomized controlled community-based study. *Cancer Epidemiol Biomarkers Prev*. 2013 May;22(5):782-91.
- <sup>19</sup> Weinbaum CM, Williams I, Mast EE, Wang SA, Finelli L, Wasley A, Neitzel SM, Ward JW; Centers for Disease Control and Prevention (CDC). Recommendations for identification and public health management of persons with chronic hepatitis B virus infection. *MMWR Recomm Rep*. 2008 Sep 19; 57(RR-8): 1-20.