

***Hepatitis B Virus
Impact and Opportunities in
AA & NHPI Communities***

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Presentation Objectives

- Hepatitis B virus overview
- Hepatitis Advocacy Opportunities

Viral Hepatitis - Overview

Type of Hepatitis

	A	B	C
Source of virus	feces	blood/ blood-derived body fluids	blood/ blood-derived body fluids
Route of transmission	fecal-oral	percutaneous permucosal	percutaneous permucosal
Chronic infection	no	yes	yes
Prevention	pre/post- exposure immunization	pre/post- exposure immunization	blood donor screening; risk behavior modification

Hepatitis B Virus

Modes of Transmission

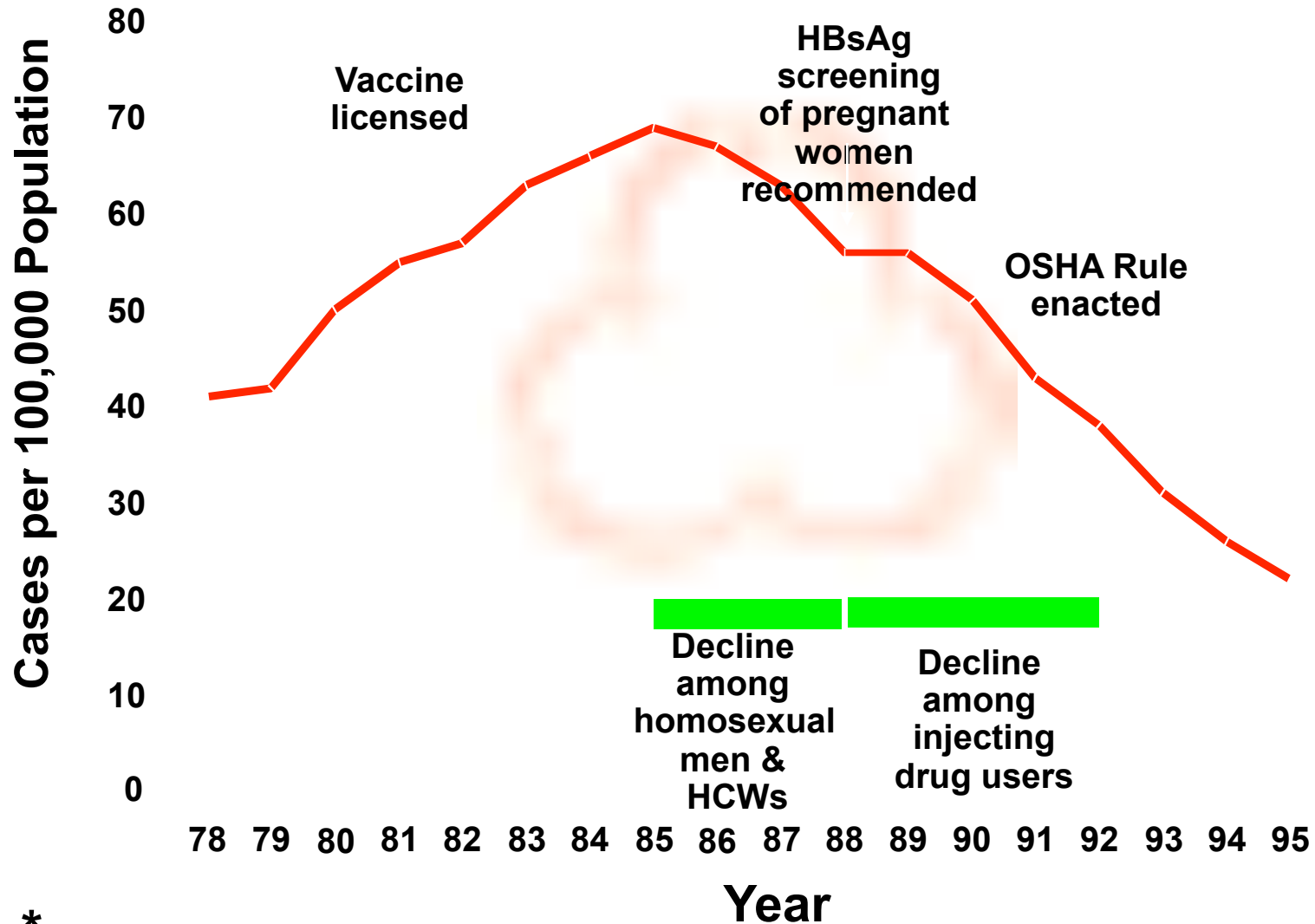
- Sexual
- Parenteral
- Perinatal

Hepatitis B is very efficiently transmitted by all modes of transmission.

Hepatitis- Clinical Symptoms

- **Most people with chronic HBV do not have symptoms**
- **Symptoms of acute hepatitis (if present) are the same, regardless of cause (e.g., viruses, toxins, chemicals):**
 - Nausea, abdominal pain, vomiting
 - Loss of appetite, malaise
 - Fever
 - Light (clay) colored stools, dark urine
 - Pruritis (itching)
 - Jaundice (yellowing of the eyes, skin)

Estimated Incidence of Acute Hepatitis B United States, 1978-1995



* Provisional date



Hepatitis B Statistics

World

- 2 billion infected
(1 out of 3)
- 350 million chronically infected
- 10-30 million new infections annually
- 1 million die annually

US

- 12 million infected
(1 out of 20)
- 1-2 million chronically infected
- 43,000 new infections (2007)
- 5,000 die annually

Hepatitis B Virus (HBV)

- Commonly known as the “silent killer”
- One of the most prevalent infectious diseases both nationally and abroad
- Leads to cirrhosis (scarring of the liver), liver failure, and liver cancer
- Acute HBV:
 - 9 out of every 10 adults will get rid of the virus from their bodies after a few months.
- Chronic HBV:
 - 9 out of every 10 infants will never get rid of the virus, and
 - 1 out of every 10 adults will never get rid of the virus from their bodies. They are chronically infected.

HBV & Asian Americans

- Account for more than half of the chronic hepatitis B cases and half of deaths.
- In the US=0.5% chronic HBV infection rate
- In the Asian community = 7% (range 3-15%) chronic HBV infection rate
- Asian Americans have the highest rates of liver cancer
 - 13 x higher in Vietnamese Americans
 - 8 x higher in Korean Americans
 - 6 x higher in Chinese Americans

CDC Viral Hepatitis Testing Recommendations

HBV Testing:

- **Populations with > 2% prevalence**
- **Foreign born- (e.g. Asia, Africa)**
- **Pregnant women**
- **Children born to HBV + women**
- **MSM, IDU**
- **Immunosuppressive therapy**
- **HIV +**
- **Household & sexual contacts**
- **Potential blood exposures**
- **Evidence of liver disease**

Elimination of Hepatitis B Virus Transmission United States

Institute of Medicine Report 2010

- **Surveillance:**
 - CDC should conduct targeted active surveillance, including serologic testing, to monitor incidence and prevalence of hepatitis B virus and infections in populations not fully captured by core surveillance
- **Knowledge and Awareness about Chronic Hepatitis B**
 - CDC should work with key stakeholders to develop hepatitis B educational programs
 - health-care and social-service providers
 - at-risk populations and to increase awareness in the general population
- **Immunization**
 - Infants born to chronically infected women should receive HBV vaccine and HBV immune globulin at birth
 - All states should mandate that the hepatitis B vaccine series be completed or in progress as a requirement for school attendance.
 - Federal and state resources should be used to vaccinate adults at risk

Chronic Hepatitis B Virus Services

Institute of Medicine Report 2010

- **Viral Hepatitis Services**
 - Federal agencies and state agencies, should provide resources for the expansion of community based programs that provide hepatitis B screening, testing, and vaccination services that target foreign born populations.
 - CDC should provide additional resources and guidance to perinatal hepatitis B prevention program coordinators to expand and enhance the capacity to identify chronically infected pregnant women and provide case-management services, including referral for appropriate medical management.
 - The Health Resources and Services Administration (HRSA) should provide adequate resources to federally funded community health facilities for provision of comprehensive viral hepatitis services.

Legislative Challenges

- Dearth of data
- Little community action/voice
- Lack of uniform guidelines on care and treatment

Current Legislative Initiatives

- Authorizing legislation:
 - Historically: Separate HBV and HCV Bills
 - 2009: HR 3974 Viral Hepatitis & Liver Cancer Control and Prevention Act
- Appropriations:
 - CDC, DVH:
 - Decrease in funding from 25 m ('01) to 18 m ('10)
 - 2011 19.3 m (not final)
 - No funding for testing, care or treatment

Hepatitis Advocacy

- Increase Congressional support
 - Respond to action alerts
 - Make in-district visits- educate your legislator
 - Talk about HR 3974 and funding
 - Tell your story AND
 - Make the ask
- 2010/2011 asks:
 - Cosponsor HR 3974
 - \$50 million for CDC Division of Viral Hepatitis

Timing Is Important...

- We now have an Administration open to our issues, e.g., Executive Order, Dr. Howard Koh's HHS Workgroup
- We now have advocates working together, join NVHR

NOW IS THE TIME!

*We can eliminate HBV
transmission in the US
if we increase community
participation!*

Questions?

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