

# Hepatitis B Vaccine Saves Lives

## Spares Suffering Among Asian Americans and Pacific Islanders

By Jane A. Zanca

Closing the Gap, Adult Immunizations Save Lives • November 1998

United States Representative Joe Moakley of South Boston, Mass., knows first-hand the devastating effects of hepatitis B infection. Desperately ill with the infection, which he contracted in 1995, the then 69-year-old congressman was just months from death. A liver transplant saved his life. Moakley was fortunate. He lived to tell his story.

Each year, between 4,000 and 5,000 deaths are related to hepatitis B, a viral infection that attacks the liver and causes liver failure, cirrhosis (scarring), and liver cancer. Most, if not all, of these deaths and an enormous amount of suffering—often lifelong—might be spared by just three injections of hepatitis B vaccine, before infection is acquired.

That's a message that the Hepatitis B Task Force, a group of professionals from the public health community, is working hard to spread. But they're racing against a disease that Task Force director Moon Chen, PhD, MPH, says is "100 times more infectious than HIV or AIDS." It spreads easily, even to infants and children—a population that many mistakenly believe to be safe from infection. If a family member becomes infected, the remainder of the family, including children, are at high risk of infection.

These factors have health implications for immigrant families, which is why public health professionals from around the nation have joined together to promote hepatitis B vaccinations among Asian American and Pacific Islander (AAPI) populations. Among the 70 public health volunteers are Dr. Chen, professor of Public Health at Ohio State University; Gary Euler, DrPH, chief of hepatitis activity in the Adult Vaccine Preventable Diseases Branch of the Centers for Disease Control and Prevention (CDC); and Chris Jenkins, MPH, director of a Vietnamese community project in San Francisco.

The CDC estimates that overall, 1 to 1.25 million Americans are chronically infected with the virus and can pass it to others. Many have no symptoms and don't appear to be ill. Indeed, individuals infected in the first five years of life may not have any com-

plaints until their fourth or fifth decade, when they present with a devastating diagnosis of liver failure, cirrhosis, or liver cancer. "Then they have a short clinical course and die," said Dr. Euler.

The risk of hepatitis B infection to children may be greatly underappreciated. In the U.S., more than one-third of those who are chronically infected with hepatitis B acquired the virus during childhood or adolescence. Before 1991, the year the vaccine was recommended for all infants in the U.S., approximately 30,000 infants became infected with hepatitis B each year.

In the AAPI population, toddlers acquire the virus at birth from the infected mother, or through inadvertent and often, indirect, exposure to body fluids or substances of an infected family member.

Infection in childhood inflicts a greater disadvantage than on those who are infected later in life. People infected at birth suffer a 70 percent to 90 percent risk of developing chronic hepatitis B virus infection, versus 30 percent risk for those infected at 6 years or younger, and 5 percent to 10 percent risk for those infected in adulthood. Persons with

chronic infection are at substantially increased risk of the devastating complications of the infection.

Consequently, early vaccination is a vital intervention. "Hepatitis B vaccine has been recommended for children of Asian descent in the United States since 1982," said Dr. Euler. "Coverage of other infants began in 1991."

Unfortunately, the lapse of time between implementation of these recommendations left out a group of children who are now age 5 to 15. These children comprise the "catch-up group," the ones the Task Force wants to reach.

"Survey results in 1997 showed that 90 percent of Asian children age 2 to 3 are vaccinated," Dr. Euler noted. "Among those over age 5 in surveyed areas—Philadelphia, San Diego, and Honolulu—only 2 to 30 percent are vaccinated. We have a million [AAPI] children who need to be vaccinated."

According to Dr. Chen, "the goal is to increase to 90 percent the percentage of all AAPI children in the United States vaccinated against hepatitis B virus by the end of the year 2000. We know this can be done," he said. "We can reach this goal."

### Are you at risk for Hepatitis B?

One in 20 people in the U.S. will get hepatitis B some time during their lives. Your risk is higher if you:

- have sex with a person who is infected with hepatitis B virus;
- have sex with more than one partner;
- are a man and have sex with a man;
- live in the same house with someone who has lifelong hepatitis B infection;
- have a job that involves contact with human blood;
- shoot drugs;
- are a patient or work in a home for the developmentally disabled;
- have hemophilia; or
- travel to areas where hepatitis B is common.



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Among the challenges before the Task Force is increasing awareness in the AAPI population. "The Task Force's knowledge, attitudes, and beliefs surveys say these communities are not aware of new recommendations," said Dr. Euler. "Knowledge in general about hepatitis B and the Vaccines for Children program is low," he said. "Parents and even providers on the front line are not fully aware of recommendations, the availability of vaccine, and the need to vaccinate."

How do you reach the community with potentially lifesaving information? Chris Jenkins has taken this question to Texas, which has the second largest population of Vietnamese in the nation. Jenkins is leading a controlled trial, initiated in October 1997, of two interventions in Dallas and Houston, where all Vietnamese-Americans are first-generation immigrants.

"The parents are all foreign-born, and English is not their native language," Jenkins said. Between the two cities, 35 to 48 percent have less than high-school education, 26 to 28 percent have no health insurance, and 25 to 34 percent live below the poverty line.

Any change in immunization level after the interventions in the two Texas groups will be compared with levels in a population in the Washington, DC, metropolitan area, matched by education, health insurance status, and income, but receiving no intervention.

The intervention at the East Dallas Counseling Center involves a coalition of churches, pagodas, physicians, police, news-

paper editors, and any other concerned group that might get the word out. "The mission of the coalition is to mobilize the community and tell them there's an epidemic and children are going to die needlessly," said Jenkins.

In Houston, the intervention is a media campaign. Articles about hepatitis B and advertisements are published in Vietnamese newspapers, billboards are posted, commercials are broadcast on Vietnamese-language radio, and a brochure in Vietnamese is being distributed. Jenkins is most excited about the apparent popularity of a calendar reminding people to take their children to get shots. "We hope this will be an enduring educational tool," he said.

Jenkins, who speaks Vietnamese, has both friends and family in the Vietnamese community. His stakes in the studies are personal as well as scientific. "It's estimated that 15 percent of Vietnamese adults are chronically infected with hepatitis B virus," he said. "Vietnamese men have the highest rate of liver cancer in the U.S. Chances [of developing liver cancer] are 200 times greater than if you don't carry the virus."

The Task Force has worked closely with the CDC's Advisory Committee on Immunization Practices (ACIP), and was instrumental in ACIP's decision to change the recommended age groups for hepatitis B vaccination. Recommending universal childhood vaccination, beginning with infants, was done for a number of reasons. As the ACIP noted in its 1991 recommendations, the strategy of selectively vaccinating only those with known risk factors had not lowered the inci-

### Cities with highest number of AAPIs in residence (in descending order)

- Los Angeles-Long Beach, CA
- New York City, NY
- Honolulu, HI
- San Francisco, CA
- Oakland, CA
- San Jose, CA
- Anaheim-Santa Ana, CA
- Chicago, IL
- Washington DC-MD-VA
- San Diego, CA
- Seattle, WA
- Houston, TX
- Sacramento, CA
- Philadelphia, PA
- Riverside-San Bernardino, CA

dence of hepatitis B. Also, 5 percent to 10 percent of individuals with hepatitis B have no known risk factors, and 30 percent of individuals diagnosed with the infection don't acknowledge their risk factors.

The Task Force also works with various AAPI organizations, such as the Vietnamese Medical Association in the United States. With the Vaccines for Children program, the Task Force is developing a mailing list of all providers in high-risk areas, to be used for future efforts.

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