

January 2006 HepTalk Listserv

Announcements from HepTalk

Our focus for January 2006 is on the [updated Advisory Committee on Immunization Practices \(ACIP\) of the US Centers for Disease Control and Prevention \(CDC\) comprehensive guidelines for the eradication of hepatitis B virus \(HBV\) in the United States](#). The first report, published in the December 23, 2005, issue of *Morbidity and Mortality Weekly Report, Recommendations and Reports*, focuses on infants, children and adolescents. "Strategies to enhance implementation of the recommendations include implementing vaccination record reviews for children and adolescents aged <19 years who were born in countries with intermediate and high levels of HBV endemicity. " (*MMWR Morb Mortal Wkly Rep.* 2005;54(RR-16):1-31.)

The MCN position paper, released in May 2005 offered specifics on those countries: Parts of Central America and the Caribbean are considered to have intermediate rates of hepatitis B. This includes countries of common origin for migrant workers in the U.S., including Guatemala, Honduras, El Salvador, the Dominican Republic and Haiti. Little data has been gathered on hepatitis B rates in these countries. *Hepatitis Screening, Immunization and Testing for Mobile Populations and Immigrants from Mexico, Central and South America, and the Caribbean, Migrant Clinicians Network, Inc., Position Paper May 2005*

ACIP plans to issue a second set of guidelines concerning adults and Hepatitis B prevention strategies.

The following links and articles are available in the January Listserv:

1. Links to the full text of the ACIP recommendations for infants, adolescents, and children.
2. Dear Colleague Letter about New Recommendations to Prevent Perinatal HBV. Included in this pdf file is information about an Internet conference on the updated recommendations. The conference is scheduled for February 2 from noon to 1PM ET. **TODAY, JANUARY 30, 2006 IS THE LAST DAY TO SIGN UP FOR THE CONFERENCE**
3. Summary of the recommendations from *HEP EXPRESS Viral hepatitis news from the Immunization Action Coalition Issue Number 39, January 6, 2006*
4. The article below "Hepatitis B Vaccine Considered for All Adults" from *American Medical News* on upcoming adult immunizations, **summarizes issues that are central to the HepTalk project clinics and their clients**. The article includes a mention of MCN's recommendations on these issues.

Two Important Notices from the Migrant Clinicians Network

1. MCN Announces the New [MCN Clinical Systems Tool Box](#) for clinical systems materials, your online connection to resources for best clinical practices in migrant and community health centers. MCN has been collecting forms, policies, and protocols from health centers across the United States in an effort to make them available to others working to provide quality health care to the underserved. We have reviewed hundreds of documents and selected these examples for you to use and adapt to your own clinic needs. We have catalogued material in the following major categories:

- Clinical Policies and Procedures
- Clinical Guidelines
- Quality Management
- Human Resources
- Medical Records
- Patient Education Materials

- HIPAA
- Clinic Brochures
- Language and Translation
- Practice Management

Go to <http://www.migrantclinician.org/clearinghouse> to find out more.

2. **From the Immunization Project:** *Pepin* is here! In August and November, we sent letters to all of our HepTalk clinics with information about the *Pepin* comic series. These are culturally and linguistically appropriate educational support materials for Vaccine Information Statements (VIS). The format is a four-color, animated comic book using the character of a boy named *Pepin*. In addition, a movie of the Pepin Series "*The Adventure of Pepin and the Vaccines*" is available in Spanish or English, both in DVD or VHS format.

As a result of collaboration between the staff of the immunization project and HepTalk team, the Hepatitis B comic as well as the movie have been reproduced for distribution to the health centers and health departments participating in HepTalk. It is free of charge, and postage is free as well! We only ask that you order a minimum of 25 comic books at a time. If you have colleagues at other clinics who would be interested in these materials, please help us make them aware of our hero, *Pepin*.

To order, go to http://www.migrantclinician.org/surveys/vacunas_orderform.php Place your orders as soon as possible. While only one of the comics is concerned with hepatitis, and only part of the movie, you may find the other issues useful for your patient population.

We are always on the look out for quality patient and provider education materials. I hope that these will be useful to you. We have already received and shared some wonderful materials from a number of you. If you develop or learn of other materials that would be useful to others, I hope you will forward them to MCN so that we can pass them along, and please pass along information about the Pepin series to other colleagues and clinics.

Please note that the articles and links below do not comprise recommendations from HepTalk, or from the CDC. They are mainly intended to stimulate discussion of issues you may find relevant to your client population.

Check the HepTalk webpage on the Migrant Clinicians Network website at <http://www.migrantclinician.org>. You can get to our page by clicking on "Clinical Excellence" on the Home page, and then clicking on "Hepatitis" on the menu at the left (<http://www.migrantclinician.org/excellence/hepatitis>).

If others at your clinic would like to be on the listserv, or if you have questions about the listserv or resources listed here, or if you would like to add something to the posts, please contact Kathryn Anderson, HepTalk listserv administrator, at dempander@earthlink.net. You can also contact the listserv administrator if you would like to unsubscribe from the list.

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1. **Links:** To access a web-text (HTML) version of the recommendations, go to: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a1.htm>

To access a ready-to-print (PDF) version them, go to: <http://www.cdc.gov/mmwr/PDF/rr/rr5416.pdf>

NOTE: The PDF version includes a free CDC-sponsored education activity that can be submitted electronically or by fax or U.S. mail for CME, CEU, or CNE credit. Simply read the recommendations, answer the questions at the end, and follow instructions for submitting your answers.

To receive a FREE electronic subscription to MMWR (which includes new ACIP statements), go to: <http://www.cdc.gov/mmwr/mmwrsubscribe.html>

2. ***CDC RELEASES DEAR COLLEAGUE LETTER ABOUT NEW RECOMMENDATIONS TO PREVENT PERINATAL HEPATITIS B TRANSMISSION*** (Reprinted from the *IAC Express* #579)

On January 18, CDC released a Dear Colleague letter intended for healthcare and public health professionals who provide care to pregnant women and infants. The letter succinctly summarizes the updated ACIP recommendations for hepatitis B that prenatal care providers, delivery hospitals, newborn care providers, and health departments should follow to prevent perinatal and early childhood hepatitis B virus transmission.

In addition, the letter includes information about an Internet conference on the updated recommendations. The conference is scheduled for February 2 from noon to 1PM ET. TOMORROW, JANUARY 31, 2006 IS THE LAST DAY TO SIGN UP FOR THE CONFERENCE

To access the letter, which was signed by the directors of CDC's Division of Viral Hepatitis and Division of Immunization services, go to: http://www.immunize.org/acip/HBVinfant_dearcolleague.pdf

3. January 6, 2006
NEW: ***ACIP ISSUES HEPATITIS B RECOMMENDATIONS FOR INFANTS, CHILDREN, AND ADOLESCENTS***

[The following is cross posted from the Immunization Action Coalition's "IAC EXPRESS" electronic newsletter, 1/3/06.]

On December 23, 2005, CDC published "A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices (ACIP) Part 1: Immunization of Infants, Children, and Adolescents" in the MMWR Recommendations and Reports. The new recommendations are the first major update of the immunization strategy to eliminate hepatitis B virus in the United States since 1991.

The summary to the recommendations is reprinted below.

This report is the first of a two-part statement from the Advisory Committee on Immunization Practices (ACIP) that updates the strategy to eliminate hepatitis B virus (HBV) transmission in the United States. The report provides updated recommendations to improve prevention of perinatal and early childhood HBV transmission, including implementation of universal infant vaccination beginning at birth, and to increase vaccine coverage among previously unvaccinated children and adolescents. Strategies to enhance implementation of the recommendations include (1) establishing standing orders for administration of hepatitis B vaccination beginning at birth; (2) instituting delivery hospital policies and procedures and case management programs to improve identification of and administration of immunoprophylaxis to infants born to mothers who are hepatitis B surface antigen (HBsAg) positive and to mothers with unknown HBsAg status at the time of delivery; and (3) implementing vaccination record reviews for all children aged 11-12 years and children and adolescents aged [younger than] 19 years who were born in countries with intermediate and

high levels of HBV endemicity, adopting hepatitis B vaccine requirements for school entry, and integrating hepatitis B vaccination services into settings that serve adolescents. The second part of the ACIP statement, which will include updated recommendations and strategies to increase hepatitis B vaccination of adults, will be published separately.

4. AMNews: Sept. 26, 2005. "**Hepatitis B vaccine considered for all adults**" Viral hepatitis remains a health risk, although vaccines are available and effective. How best to use these vaccines remains under discussion.

By Susan J. Landers, AMNews staff. Sept. 26, 2005.

[Reprinted from hbv_research-list-owners@mail-list.com, 9/21/05.

Archive of all messages is at: http://archive.mail-list.com/hbv_research/]

Washington -- Many in the health community believe the time is right to broaden the assault against hepatitis B, and they hope to persuade the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices to recommend its vaccine for all adults. The committee is scheduled to discuss the vaccine during its Oct. 26-27 meeting, but a draft revision of its HBV recommendations, the first revision in 14 years, continues to endorse a risk-based vaccination strategy that targets people in prison, men who have sex with men and people with multiple sex partners.

The committee may also consider lowering the age for administering the hepatitis A vaccine to reflect the arrival on the market of a new vaccine approved for children as young as 1 year old. The vaccine had previously been used only for children age 2 and older.

The prevention of viral hepatitis is still a major public health challenge. Despite effective vaccines for hepatitis A and B, both continue to be among the most commonly reported vaccine-preventable diseases in the nation, according to the CDC.

There have been major gains made in the fight against hepatitis A, thanks to its routine inclusion in the childhood vaccination schedule. Still, hepatitis B cases have not registered as sharp a decline, despite the fact that its vaccination is also recommended for all children. For example, the number of cases of hepatitis A in the nation dropped from 31,000 in 1996, or nearly 12 cases for every 100,000 people, to 7,650 cases in 2003, or 2.6 cases for every 100,000 people.

While the ACIP's draft recommendations are generally considered to be strong, they stop short of supporting an age-based, universal hepatitis B vaccine for adults, a step many in the public health arena would like to see taken.

The change is needed for a number of reasons, said several health groups and physicians who wrote to ACIP in anticipation of next month's meeting. For one thing, the additional time it takes to screen patients for risk factors for hepatitis B is an obstacle in primary care settings, according to a letter to ACIP from the Immunization Action Coalition, an advocacy group based in St. Paul, Minn. "Discussing sensitive lifestyle issues (e.g., Hepatitis A and sexual preferences and practices, needle use B are among and other drug use) and reviewing 10 screening questions with one's patients are not the nation's possible within the time allotted for a visit to most the physician's office," the coalition wrote in a June letter.

"The questions have such baggage attached to them," said Deborah Wexler, MD, executive director of the coalition. "Patients may not want to admit that they had more than one sex partner in the last six months or that they are gay or they are using illegal drugs or have a sexually transmitted disease," she said. "It's really time we start offering this vaccine to everyone. We must explain to people how the disease spreads. All it takes is an exposure to blood."

In addition, taking a sex history can open a Pandora's box of sensitive personal issues that may require special training to help patients sort through, wrote the group. Plus, patients often do not want their risk behaviors recorded in medical records that could be used by insurers. The extra funding for such an endeavor would be needed only for the duration of a catch-up program for those who missed being vaccinated as children and teens, the group added.

The Migrant Clinicians Network, which is comprised of physicians who treat workers in community and migrant health centers and local health departments, also urged ACIP to broaden its recommendation. "Basing the need for hepatitis B vaccination on sexual risk also perpetuates the stigma around hepatitis, rather than promoting the necessity of current vaccinations as routine preventive health care," noted its letter.

Some groups said they would like people up to age 40 or 50 to receive the vaccine while others suggest up to age 25. Recent increases in the incidence of hepatitis B among people ages 20 to 39 and even among those older than 40 would suggest that people up to age 50 should be vaccinated, wrote Jeffrey Davis, MD, Wisconsin's state epidemiologist for communicable diseases.

When the hepatitis B vaccine was introduced, it didn't have the positive impact that was expected, said Jules Dienstag, MD, professor of medicine at Harvard Medical School. One of the reasons was that about a third of people who got hepatitis B were not in any high-risk group, he said.

"It became apparent that if we were to prevent every case of hepatitis B we would have to find a way to vaccinate most all the population," said Dr. Dienstag. "In our society, we have the infrastructure to vaccinate children before they go to school. We don't have the infrastructure to vaccinate adults."

ADDITIONAL INFORMATION:

Adult shots make up for those missed in children. If an adult vaccination track should be developed, as many physicians suggest, the hepatitis B and hepatitis A vaccines could be highlighted, at least until the cohort of adults who missed these as children and teens are immunized.

A move is on to urge the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices to recommend that all adults receive the hepatitis B vaccine. Increasing the number of adults receiving this shot could be a positive step toward stopping the spread of viral hepatitis, several physicians said.

Although there has been a dramatic reduction in hepatitis A cases, which can be spread through contaminated food, there remains a susceptible adult population, noted Jules Dienstag, MD, professor of medicine at Harvard Medical School in a Sept 1 editorial in the *New England Journal of Medicine*. The increase in imported food means that more outbreaks are possible, he added. "Paradoxically," he wrote, "as hepatitis A becomes less common, the

burden of new infection shifts from children to adults, and the frequency of clinically severe acute hepatitis A increases -- an unintended consequence of progress."

Several recent outbreaks, including one last year involving a Pennsylvania restaurant in which three people died and hundreds were sickened, point up the severity of the situation.

"Some would argue that you can't vaccinate everyone; it's too expensive," Dr. Dienstag said. "I would argue that if we are still having adults in the prime of life going to restaurants and getting hepatitis, is that the appropriate response? I don't know."

Deborah Wexler, MD, executive director of the Immunization Action Coalition in St. Paul, Minn., believes that the hepatitis A vaccine is underutilized. The ACIP recommends it for anyone who wants it, she noted.

"It's an excellent vaccine. It's efficacious. And I think we should embrace the opportunity to be protected against this disease which continues to kill people."

HepTalk is a project of the Migrant Clinicians Network and Community Health Education Concepts. HepTalk is funded by the Centers for Disease Control and Prevention. The goal of HepTalk is to help clinicians serving migrants and recent immigrants engage in productive discussions about hepatitis risks with their clients and help them make prevention plans. The HepTalk listserv is a support service for clinics participating in the project. This is a post-only listserv and postings will come from HepTalk staff about once a month. If others at your clinic would like to be on the listserv, or if you have questions about the listserv or resources listed here, or if you would like to add something to the posts, please contact Kathryn Anderson, HepTalk training and education coordinator and listserv administrator, at dempander@earthlink.net. You can also contact the listserv administrator if you would like to unsubscribe from the list. The content of the November 2004 HepTalk listserv was compiled by the guest editors and the HepTalk project staff.