

HepTalk Listserv

1. Announcements from HepTalk

- Welcome! This is the December 2004 edition of the Listserv. The two sections below focus on [hepatitis awareness](#) (in Part 2) and on [screening tools for assessing risk factors and candidates for vaccination](#) (in Part 3).
- **Thank you!** We've now visited 19 clinics. Thanks for welcoming us and sharing your experience and information. We'll complete the rest of the baseline visits by early spring 2005.
- We're working on finding some up-to-date funding sources for screening and adult vaccination and will let you know if we make any progress.
- Check the HepTalk webpage on the Migrant Clinicians Network website at 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.
- For an **Annotated List of Key Hepatitis Websites**, check the archives of the listserv for the November edition.

2. Hepatitis Awareness

- *Viral Hepatitis: What Every Teenager Needs to Know* CDC's Division of Viral Hepatitis has developed a three-part slide set for high school students, designed to give adolescents [basic information and raise awareness](#) about HAV, HBV, and HCV. This is a really good overview of A, B, and C. Each part details basic epidemiology, modes of transmission, prevention measures, and available treatment. It's designed as a skill-based learning tool, with quizzes, but individual slides can be printed out for [great low-literacy tools](#), either for use in the exam room, or to have available as handouts for clients. To view or download this resource, go to:
http://www.cdc.gov/ncidod/diseases/hepatitis/resource/training/hs_slideset.htm
- *"Survey Suggests Lack of Awareness Heightens Risk for Sexually Transmitted Diseases* Source: American Social Health Association
<http://www.infectioncontrolday.com/hotnews/44h675751.html> One of the interesting findings in this recent survey is this: "[It] showed some contrary findings when it comes to what people think they know about STDs. From a list of common conditions including heart disease, diabetes and depression, Americans said they felt the most knowledgeable about STDs. Interestingly, they said they felt the least knowledgeable about viral hepatitis, suggesting that Americans dissociate viral hepatitis from STDs, with the two at opposite

ends of the awareness scale. In fact, a large number failed to recognize that hepatitis A and hepatitis B can be sexually transmitted.”

- *Among STDs, Hepatitis B Remains 'Prominent'* by John C. Martin, 03-10-04. From the website “Hepatitis Neighborhood” A service of Priority Healthcare Corporation.
http://www.hepatitisneighborhood.com/content/in_the_news/archive_1640.aspx
Because you have to “join” to access this website (though it is free), we’ve included the entire article, with the Hep B section highlighted in blue.

The first, extensive national estimate of the incidence of sexually transmitted diseases in the U.S. has been released, and it shows STDs are fairly prevalent among young people. And hepatitis B played a prominent role in the report.

STD Symptoms Are Rarely Obvious

Researchers at the Centers for Disease Control and Prevention (CDC) found that of the nearly 19 million new cases of eight STDs prevalent in the U.S. in 2000, 9.1 million were between the ages of 15 and 24. The most common were human papillomavirus (HPV), a source of genital warts; trichomoniasis, an STD caused by a parasite; and chlamydia, which is caused by a bacterium. Each of these comprised 88% of the new cases among young people.

"Accurately monitoring the incidence and prevalence of STDs among the population, and particularly among young people, is important in measuring the effects of disease control and prevention efforts," wrote the authors, led by Hillard Weinstock, M.D., of the CDC. "However, a major obstacle to the diagnosis, treatment and surveillance of STDs is that many of these infections—including chlamydia, genital herpes, trichomoniasis and human papillomavirus infection—have few, if any, recognizable symptoms."

If these diseases are not detected because no symptoms make themselves known, the infections cannot be accurately tracked, Weinstock and his colleagues stressed. But as a result of expanded screening programs and improved detection tests, the ability to monitor the occurrence of STDs has improved in the last 8 years, they wrote.

The researchers used case reports of nationally notifiable diseases, national surveys, searches of the medical literature and World Health Organization (WHO) data in compiling their report.

The Impact of Hepatitis B

HBV, they found, remains a "prominent" STD in the U.S., despite the availability of a preventive vaccine for more than 20 years. After taking incidents of underreporting and cases of infection with no obvious symptoms, the scientists estimated that 81,000 new infections of hepatitis B occurred in the U.S. in 2000, of which 15,000 cases occurred in the 15-24 age group.

"Approximately half of these cases were among individuals who reported high-risk sexual activity," they reported. Therefore, the estimated incidence of sexually acquired HBV was approximately 7,500 that year.

The researchers also noted that young people bear an even larger proportion of the burden of chronic HBV infection. Of the estimated 5,000 new chronic infections in the U.S. in 2000, about one-fourth (approximately 1,200) occurred among 15-24 year olds, they estimate.

"Individuals with chronic infection not only remain infectious for most or all of their lives, but also have an approximately 25% lifetime risk of developing cirrhosis or liver cancer," wrote Weinstock and his research team.

Other STDs included in the report were gonorrhea, syphilis and genital herpes.

The Cost of STDs

In a second report published in the same journal,² a separate CDC team estimated the lifetime medical costs per case of eight major STDs, including hepatitis B. They then estimated the total disease burden by multiplying those cost-per-case estimates by the approximate number of new cases of STDs acquired by those in the 15-24 age group.

"The total estimated burden of the 9 million new cases of these STDs that occurred among 15-24 year olds in 2000 was \$6.5 billion," they estimated.

Viral STDs accounted for 94% of the total burden while non-viral STDs accounted for the remaining burden.

Ninety percent of the total burden was due to cases of HIV and HPV, the researchers noted, in terms of total direct medical costs.

"The overall cost burden of STDs is so great that even small reductions in incidence could lead to considerable reductions in treatment costs," the researchers stressed.

1. Weinstock H, Berman S, Cates W Jr. Sexually transmitted diseases among American youth: Incidence and prevalence estimates, 2000. *Perspect Sex Reprod Health* 2004 Jan-Feb;36(1):6-10.
2. Chesson HW et al. The estimated direct medical cost of sexually transmitted diseases among American youth, 2000. *Perspect Sex Reprod Health* 2004 Jan-Feb;36(1):11-9.

John Martin is a long-time health journalist and an editor for Priority Healthcare. His credits include coverage of health news for the website of Fox Television's The Health Network, and articles for the New York Post and other consumer and trade publications.

2. Screening Tools

- From the Immunization Action Coalition listserv Hep Express, November 22, 2004, NEW: CDC ISSUES ADULT IMMUNIZATION SCHEDULE FOR OCTOBER 2004-SEPTEMBER 2005 CDC published "Recommended Adult Immunization Schedule--United States, October 2004-September 2005" as an MMWR QuickGuide in the November 19 issue of MMWR. CDC's Advisory Committee on Immunization Practices (ACIP) annually reviews the recommended Adult Immunization Schedule to ensure that the schedule reflects current recommendations for the use of licensed vaccines. In June 2004, ACIP approved the Adult Immunization Schedule for October 2004-September 2005. This schedule has also been approved by the American Academy of Family Physicians and the American College of Obstetricians and Gynecologists.

You can find this information at National Immunization Program webpage <http://www.cdc.gov/nip/recs/adult-schedule.htm>. It includes a number of useful items which can be downloaded. Adult vaccination screening forms in English for clinic use and for the general public could also be used as risk factor screening tools. Spanish versions will be available in January 2005. Also included on this webpage is access to the Adult Immunization Recommendations and Adult Vaccination Schedules, both in printable form.

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 HepTalk listserv is compiled by HepTalk project staff.