

HepTalk listserv Archive

February 2005

Announcements from HepTalk

Welcome to the February 2005 edition of the Listserv. Our focus this month is Hepatitis B. 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.

THANK YOU!

We've finished our baseline site visits. Thanks to all of you for welcoming us and sharing your experience and information. We're now turning our attention to analyzing the data collected and developing training based on what you said would be most useful to you. We'll also provide resources for which clinics expressed a need (through this listserv, phone follow-up, and mailings). We welcome any and all input from you and your staff.

- 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.

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. http://www.cdc.gov/nip/diseases/hepB/pubs_other.htm

CDC's National Immunization Program (NIP) has recently added a web page of perinatal hepatitis B information to its website. The new section features pertinent brochures, flyers, slide sets, and websites for parents, healthcare professionals, and state hepatitis B coordinators (see last item on the HepTalk Listserv for a list of all HepTalk project state coordinators). The new web page also includes a link to 2003 National Immunization Survey (NIS) data, which includes the 2003 birth dose data.

2. <http://www.immunize.org/stories/story9.htm>

The patient's point of view.

The Immunization Action Coalition keeps an on-line file of stories of unprotected people. This story underscores some of the difficulties the patient faced, including the severity of her illness, and the difficulties which followed from confronting her partner. "I was at no risk for ever having hepatitis B!". The letter is written by a 35-year-old woman who contracted hepatitis B virus (HBV) infection. This mother of three children, like at least one third of people who contract hepatitis B, had no known risk factors for HBV infection.

3. Hepatitis B Facts: Testing and Vaccination.

Of special interest, "Hepatitis B lab nomenclature" and "Interpreting the hepatitis B panel" To print this one page pdf file go to:
<http://www.immunize.org/catg.d/p2110.htm>

4. http://archive.mail-list.com/hbv_research/msg06931.html CDC
[HIV/STD/TB](#)

Prevention News Update Monday, July 26, 2004

Erika Samoff, PhD, MPH; Alan Dunn, MD; Nancy VanDevanter, DrPH; Susan Blank, MD, MPH; Isaac Weisfuse, MD, MPH. "Predictors of Acceptance of Hepatitis B Vaccination in an Urban Sexually Transmitted Diseases Clinic". Sexually Transmitted Diseases. (07.04) Vol. 31; No. 7: P. 415-420

Individuals attending STD clinics are at high risk for hepatitis B (HBV). Yet reported HBV vaccination rates in this population are low -despite HBV vaccine being commonly offered to clients. The current study examines HBV vaccine knowledge, beliefs, attitudes and behavior among high-risk populations at an urban STD clinic.

5. <http://clinicaloptions.com/hep/ev/2004-6.asp>

Expert View

Supriya Joshi, MD, FRCP©, Clinical Fellow in Hepatology, E. Jenny Heathcote, MD, MRCP, FRCP©, Professor of Medicine, University of Toronto, Toronto Western Research Institute, Toronto, Ontario, Canada. "Preventing Vertical Transmission of Hepatitis B".

Approximately 350 million people worldwide are chronically infected with hepatitis B virus (HBV), and over 1 million die each year from the major sequelae, cirrhosis and hepatocellular carcinoma.[1] Given the worldwide importance of chronic HBV, it is imperative that vertical transmission, a major route of infection, be halted./ The complete article can be found at

the above website called *Clinical Care Options for Hepatitis*. It may require that you register, but registration is free and simple.

6. <http://www.immunize.org/catg.d/p2120.htm>

A case study from Universal Prenatal Screening for Hepatitis B Deborah Freese, MD, Mayo Clinic (1993).

Though prenatal screening for hepatitis B is now much more the standard of care than it was at the time of this article, the illustration of the potential consequences of missed hepatitis B screening is still a good reminder. Case study excerpt below.

"An Infant with Fulminant Hepatitis B: The medical and economic costs of failing to screen for HBV can be illustrated on a more personal level by the case of a single infant recently cared for in the Twin Cities. This patient was the child of a middle class couple from a farming community in a neighboring state."

"During her initial prenatal visit, the mother gave a history of having had hepatitis of some sort 20 years previously. She was told at that time that she had recovered from the disease and would subsequently be immune to further hepatitis infections. Despite the fact that a previous history of hepatitis would place her in the "high-risk" category, no prenatal HBV screening was done. Pregnancy and delivery were uncomplicated, and the baby did well for the first two months of life."

"At that time, the parents began noting feeding difficulties, irritability, and jaundice. Evaluation revealed severe coagulopathy, markedly elevated liver tests, and hypoglycemia. The infant was eventually referred for liver transplantation with the diagnosis of fulminant hepatitis B. The infant was admitted to the intensive care unit, received very aggressive medical management, and an urgent search for donor was initiated. No suitable donor could be located, the child continued to deteriorate and died after two weeks from hepatic encephalopathy and herniation."

"Hepatitis B screening was then done for the surviving family members. It was found that mother, father, and

the other two young children were all positive for HBV. Mother and one child had significantly elevated liver tests and are undergoing further evaluation. It seems clear that had HBV screening been carried out, none of the children would have been infected and the death of the youngest could have been prevented."

"The economic impact on the health care system from this one family alone is significant. It includes the costs of hospitalizations at two hospitals of the infant who died (approximately \$100,000), the immediate costs of evaluation and possibly therapy for the surviving child with evidence of chronic hepatitis, and the long-term costs of monitoring and observation in both chronically infected children. Had successful liver transplantation been possible for the infant, the costs of that procedure and lifetime immuno-suppression would have further increased the costs."

7. Hepatitis B Coordinator List for all states with HepTalk sites: contact your state coordinator for information about programs in your state. For mailing addresses of Hepatitis B Coordinators, go to the website listed in item #1.

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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.