



Chinese American Medical Society

## CAMS Hepatitis B Position Statement

### **Introduction**

Chronic infection with hepatitis B virus (HBV) is a significant problem in the Chinese population. An estimated 130 million Chinese individuals, or one in 10, have chronic hepatitis B<sup>1</sup>. An estimated 350 to 400 million individuals worldwide are living with chronic hepatitis B (CHB)<sup>2</sup>:

Recent estimates show that the number of individuals in the United States with CHB could be as high as 3 million, with the number of Asians with CHB ranging from 520,000 to 1.2 million.<sup>3</sup> Hepatitis B is highly contagious, and it is transmitted through blood or sexual contact with an infected individual. Many Asians acquire hepatitis B early in childhood, and many from an infected mother. For the majority of these individuals, the infection will persist throughout their lifetime. An estimated 1 out of 4 adult individuals with hepatitis B will die of cirrhosis or liver cancer.

As Chinese physicians who provide care to this high risk population, we recognize the burden of this disease on our population and support a comprehensive strategy to prevent the transmission of hepatitis B and reduce the morbidity and mortality associated with the disease.

### **Position Statement**

#### **Screening and Vaccination**

1. All individuals of Chinese descent should be screened for hepatitis B infection, regardless of vaccination history.
2. All individuals of Chinese descent who are not immune to hepatitis B should receive the hepatitis B vaccination series to protect them from getting the infection.

#### **Management of Individuals with Hepatitis B Infection**

1. All individuals who test positive for hepatitis B infection (HBsAg+) should receive regular medical evaluation for their hepatitis B disease.

- a. This includes all hepatitis B positive individuals, regardless of whether they are carriers or have active disease, whether they have any symptoms, or whether they are taking antiviral medication.
  - b. Monitoring should at a minimum include laboratory testing of hepatitis HBV DNA viral load and liver function tests. Additional tests may include HBeAg, anti-HBe, and other indicators of liver disease.
  - c. Hepatocellular cancer risk should be assessed and screened by serum alpha fetoprotein (AFP) levels and liver imaging, such as ultrasound.
  - d. Frequency of laboratory testing and cancer screening should follow accepted clinical guidelines, such as those outlined by the American Association of Liver Diseases<sup>4</sup>.
  - e. HBV antiviral therapy should be initiated if clinically indicated, following guidelines as well.
  - f. Monitoring and treatment of the disease may be done by a gastroenterologist, infectious disease specialist physician, or a primary care physician who has experience with hepatitis B.
2. Individuals with hepatitis B should be educated on measures to avoid transmitting the virus to others. They should be educated to:
    - a. Notify household contacts and sexual partners to get screened for the hepatitis B virus, have immunity documented, or be vaccinated if susceptible.
    - b. Refrain from sharing toothbrushes and razors.
    - c. Use condoms or practice abstinence if their sexual partners have not been screened or do not have documented immunity.
    - d. Cover cuts and open lesions, and clean blood spills with bleach.
    - e. Notify health care professionals of their status. They will not be eligible to donate blood or organs.
  3. Individuals with hepatitis B should be educated on ways to avoid further liver damage. These include:
    - a. Avoiding alcohol consumption
    - b. Obtaining hepatitis A vaccines if not immune
    - c. Notifying their physician if they are taking herbal supplements

### **Pregnant Women and Infants**

1. All pregnant women should be screened for hepatitis B.
  - a. Women who are susceptible should be vaccinated.
  - b. Women who test positive should be referred by their obstetrician to a physician who is able to evaluate and monitor their hepatitis B disease during their pregnancy (a gastroenterologist, infectious disease specialist physician, or primary care physician with experience with hepatitis B disease).
2. All infants should receive the hepatitis B vaccination series.
  - a. Infants of mothers with CHB should:

- i. Receive both the hepatitis B vaccine and the hepatitis B immune globulin within 12 hours of birth.
    - ii. Complete the 3-shot vaccine series.
    - iii. Undergo follow-up serology testing (after 9 months of age) to document immunity.
  - b. Children without documented hepatitis B vaccination should be screened and vaccinated if susceptible.
3. Hospitals should have mechanisms in place to identify hepatitis B positive women when they deliver and to provide the HBIG and HBV vaccines within 12 hours of birth to their newborns.

### **Public Knowledge and Awareness about Hepatitis B**

1. More community education is needed to teach the public about HBV, encourage screening and evaluation, and destigmatize the disease. Messages should include:
  - a. All Asians should know their HBV status (whether they have immunity, have the disease, or need vaccination).
  - b. All individuals who are not immune should complete the 3 shot hepatitis B vaccine to protect them from getting hepatitis B.
  - c. Hepatitis B is not spread by casual touching, sharing eating utensils or drinking glasses, ingesting food or water, kissing, hugging, coughing, or breastfeeding.
  - d. Individuals with hepatitis B infection should not be excluded from work, school, play, child care, or other settings and should be not be discriminated for having hepatitis B.
  - e. The need for lifelong care for hepatitis B positive individuals should be emphasized. HBV disease can become severe without any symptoms.
  - f. There are effective antiviral medications for hepatitis B that can control the amount of virus in the blood.
  - g. Families should be encouraged to openly share their hepatitis B status and avoid blame. Knowledge of liver cancer, cirrhosis, or HBV antiviral therapy for HBV in a family member can help other family members to be more vigilant. HBV should be seen as a burden to be shared, not just one individual's problem.
2. More education is needed for health care providers in both outpatient and inpatient settings. Education should include:

- a. Information on populations at risk that should be screened and vaccinated
- b. Methods of testing and interpretation of results
- c. Information on HBV vaccination
- d. Information about established clinical guidelines for medical management of HBV patients and when to refer to a specialist
- e. Reminders to adhere to standard precautions to prevent transmission of bloodborne infections in health care settings
- f. Availability of Chinese language materials in print and on the Web for patients

## Policy and Advocacy

### A. CAMS supports and bases many of its recommendations on:

**Institute of Medicine’s Report released January 2010: “Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C.”** <http://www.iom.edu/Reports/2010/Hepatitis-and-Liver-Cancer-A-National-Strategy-for-Prevention-and-Control-of-Hepatitis-B-and-C.aspx>

**Recommendations for Identification and Public Health Management of Persons with Chronic Hepatitis B Virus Infection.** MMWR 2008;57(RR-8), <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm>

AS Lok and BJ McMahon. **Chronic hepatitis B: update 2009.** *Hepatology* 50(3): 661-662. September 2009. [http://www.aasld.org/practiceguidelines/Documents/Bookmarked%20Practice%20Guidelines/Chronic\\_Hep\\_B\\_Update\\_2009%208\\_24\\_2009.pdf](http://www.aasld.org/practiceguidelines/Documents/Bookmarked%20Practice%20Guidelines/Chronic_Hep_B_Update_2009%208_24_2009.pdf)

**B. CAMS supports the “Viral Hepatitis and Liver Cancer Control and Prevention Act of 2009 (H.R.3974)” and encourages the U.S. House Representatives to support the bill.** <http://thomas.loc.gov/cgi-bin/query/z?c111:H.R.3974.IH;>

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<sup>1</sup> <http://www.who.int/mediacentre/factsheets/fs204/en/index.html>

<sup>2</sup> NIH consensus development statement on management of hepatitis B. NIH Consens State Sci Statements. 2008 Oct 22-24;25:1-29.

<sup>3</sup> Chiang B, et al. Estimated prevalence of chronic hepatitis B (CHB) in foreign-born (FB) persons living in the United States (U.S.) by country/region of origin. Poster 853 presented at the 59th Annual Meeting of the AASLD; October 21-November 4, 2008; San Francisco, CA

<sup>4</sup> AS Lok and BJ McMahon. **Chronic hepatitis B: update 2009.** *Hepatology* 50(3): 661-662. September 2009. [http://www.aasld.org/practiceguidelines/Documents/Bookmarked%20Practice%20Guidelines/Chronic\\_Hep\\_B\\_Update\\_2009%208\\_24\\_2009.pdf](http://www.aasld.org/practiceguidelines/Documents/Bookmarked%20Practice%20Guidelines/Chronic_Hep_B_Update_2009%208_24_2009.pdf)

This Position Statement is Endorsed By The Following Organizations:



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