

There is a silent killer that stalks our community. One out of ten Filipinos have it but may not know it. Most do not exhibit any sign of having it until the virus begins to mutate. Once it does, it may already be too late.

Chronic Hepatitis B is more common among Filipinos—and Asians in general—than is generally recognized. Ninety percent of all liver cancers in the Philippines can be traced to it. And liver cancer is second to lung cancer as the biggest killer cancer among Filipino men, ninth among Filipino women in the Philippines. In California, it is the fifth most common cancer in Filipino males. The first four are prostate, lung, colorectal and lymphoma, in that order.

What is more scary about this insidious virus is that one carries it in the body almost always undetected, and it is like a time bomb ready to explode any time. It doesn't matter how rich you are or how healthy your lifestyle is. It doesn't matter how far you have traveled away from the homeland. Chronic Hepatitis B is the great equalizer in Asian communities.

Unlike the Hepatitis A virus that festers in dirty food and unsanitary surroundings, the Hepatitis B virus (HBV) is not something you get casually. It does not come from sharing food or drinks, or kissing or even breastfeeding. It's more like the HIV virus, transmitted through blood transfusions, sharing of dirty needles such as when getting a tattoo or piercing, or unprotected sex. When one comes in direct contact with the blood of a carrier, through an open wound or sharing a razor or toothbrush, one can get it too because the Hepatitis B virus can live outside the body for up to seven days. But the most serious method of transmission is from mother to infant, at birth. The virus can be passed on through generations without the carriers being aware of it.

Chronic Hepatitis B is usually undetectable especially in a healthy person. It does not even register in normal blood tests for liver function. But it is the precursor for cirrhosis of the liver and/or liver cancer. One in four Hepatitis B carriers dies from either of these two ailments. And they usually strike at the prime of one's life. The onset of liver disease comes between the ages of 30 to 65, according to Dr. Samuel So, a surgeon at the Stanford University Medical Center, who also heads the Asian Liver Center (ALC). When one begins to exhibit symptoms—feeling flu-like, nausea, vomiting, jaundice, general fatigue, loss of appetite—chances are the liver has already



The Asian Liver Center at Stanford University has started the Jade Ribbon Campaign among Asian communities to fight hepatitis B and liver cancer.



# SILENT KILLER

*Chronic Hepatitis B may go undetected for years until it develops into liver cancer. One of ten Filipinos may have it.*

failed and the disease is in its late stages.

## Now the Good News: Hepatitis B is Preventable and Treatable

The Hepatitis B virus can be detected via two \$20 blood tests for the presence of the Hepatitis B surface antigen (HBsAG) and surface antibody (HBsAb). Most health insurance plans cover these. We need these tests only once in our lifetime, but we have to specifically ask our doctor for them because they're not routinely ordered.

Testing for HBsAG is more crucial if a woman is pregnant or intends to be pregnant because if she is positive for HBV, her infant has to be inoculated with the first dose of the three-dose vaccine within 12 hours after birth. Such early inoculation is in fact recommended for all infants, even if the mother does not have HBV, for a lifetime of immunity. The second dose has to be administered within one to two months after birth and the third at six months of age.

The vaccine has been available only in the last 20 years so those who were born before then should assume that they have not been vaccinated.

For those who test negative, the three-dose vaccine is necessary as a protective measure against future infection and liver cancer.

Those who test positive have chronic Hepatitis B and are carriers of the disease.

Treatment has to start promptly even if they feel healthy because the risk of developing liver cancer is high. Treatment involves taking a daily pill and being regularly checked for blood levels that will indicate the extent of liver damage and the onset of liver cancer. If you are more than 30 years old, you'll have to have an ultrasound of your liver yearly. Chronic Hepatitis B carriers also have to be vaccinated against Hepatitis A and avoid alcohol completely. Needless to say, being under the care of a physician is a must.

## The Politics of Hepatitis B

Over 600,000 people die of cirrhosis or liver cancer yearly all over the world, most of them traceable to chronic Hepatitis B. Put another way, Hepatitis B kills one person every 30 seconds and chances are, that person is Asian.

According to the ALC, over 400 million people live with chronic HBV infection worldwide and 75 percent of them live in Asia, particularly China with approximately 130 million people believed to be carriers. There is no data yet on why Asians are more vulnerable to the virus.

Such trend is reflected in the United States where the incidence of Hepatitis B and liver cancer indicate the biggest health disparity between Asians and the general population. Only one in a thousand Caucasians or Latinos get it.

With such alarming statistics that

dwarf even the more renowned HIV, the ALC, the American Cancer Society and other similarly inclined medical associations in Asia including the Philippines, have embarked on a massive information campaign that encompasses all aspects of detection, prevention and treatment.

Dr. So has worked with the Philippine Cancer Society and the Department of Health in spreading the word to Filipinos and facilitating the availability of the vaccine to the general population. So far, because the government budget for health is limited, HBV prevention is slow to take root. In 1992, immunization of Filipino children below eight years of age against Hepatitis B was mandated by Republic Act 7846, but because of the government's limited resources, only 25 percent of the target was met.

"The vaccine was so expensive then [that] we could not afford it," former Health Secretary Manuel Dayrit explained. Prices have dropped significantly in recent years, however. Dr. So reveals that three doses of a generic version of vaccine can now be had for less than \$3 (or P168) —"the price of two pirated DVDs"—in the Philippines, so with the right amount of



**Dr. Samuel So, a surgeon at Stanford University is the primary advocate for Hepatitis B screening and vaccination.**

political will, the government and/or civic-minded private companies should be able to implement a nationwide vaccination campaign.

In the U.S., where more than 1.4 million are believed to be carriers (over 50 percent of whom are Asians), ignorance about HBV is just as pervasive. Unlike HIV, it does not have high-profile advocates, especially in the Asian communities where information is most needed, thus it is often ignored in the quagmire of political priorities.

The ALC and its community partners, however, are working to change the situation with outreach activities involving, among others things, free HBV screenings during public events, a move that has generated a lot of participation and support.

The ALC is also actively supporting the House bill authored by Democratic Congressman Mike Honda of California and Republican Congressman Charles Dent of Philadelphia. The bipartisan measure calls for support to test and immunize more Americans against HBV and to increase federal research funds for improving prevention and treatment. A similar bill in the Senate has been filed by Democratic Senator Dianne Feinstein and Republican Senator Richard Santorum.

But as it is in any democratic society, it is not enough to have these legislators advocate for HBV in Congress. To have these measures pass as law, it needs citizens' support through letters, faxes and phone calls to all the lawmakers, asking them to support these bills.

So, as you hopefully work your way through the HBV tests and immunization, take some time to reach out to your legislator. Dr. So and his fellow liver surgeons will only be too happy to run out of work.—  
*Gemma Nemenzo*

*The Asian Liver Center at Stanford University's website is <http://liver.stanford.edu>.*

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