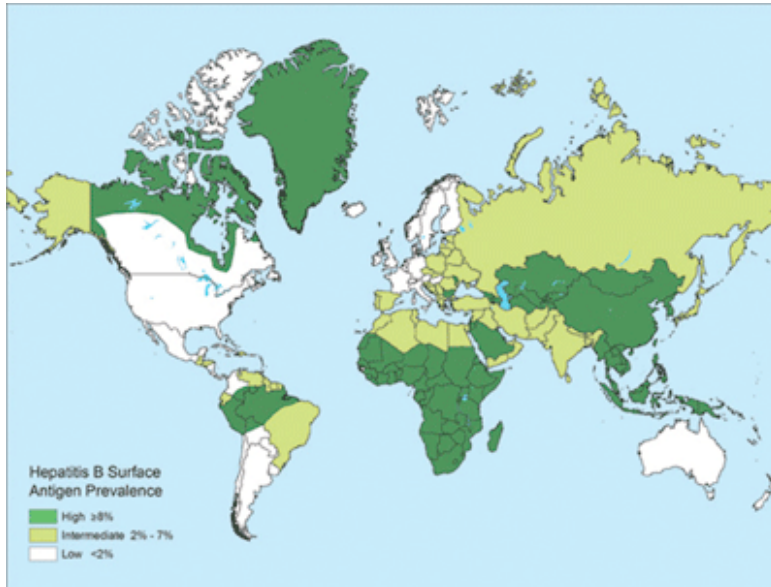


Global Hepatitis B Initiative Launched in San Francisco

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By: Bill Picture



Since 1992, the World Health Organization has urged governments to add hepatitis B to the list of diseases for which infants are routinely immunized.

But official recommendations have hardly addressed other proven preventive measures, including universal screening and vaccination of newborns, adolescents and adults. Treatment also has not

been promoted as a solution to soaring hepatitis-B-related liver disease and liver cancer rates.

The Asian Liver Center at Stanford University and the Centers for Disease Control and Prevention (CDC) are currently working with the World Health Organization to close these gaps by launching the first global hepatitis B initiative, called the Asia and Pacific Alliance to Eliminate Viral Hepatitis (APAVH). Details will be announced at the American Association for the Study of Liver Diseases conference in San Francisco on Nov. 2.

Alena Groopman, global community health coordinator at the Asian Liver Center, says that San Francisco was selected as the site of the initiative's official launch largely due to the recent success of the San Francisco Hep B Free campaign.

San Francisco Hep B Free represents a citywide effort to screen and vaccinate all Asian and Pacific Islander American (API) residents, who are disproportionately affected by the disease. One out of every ten APIs is infected with chronic hepatitis B. Since its launch in April of 2007, the SF Hep B Free campaign has screened over 4,000 people for hepatitis B.

"San Francisco Hep B Free is a great model," Groopman says. "And it's one that we are confident we can expand on, regionally and globally."

While the rate of infection in the United States is startling, it pales in comparison to figures in other parts of the world. Asia and Africa, in particular, account for more than

three-quarters of the 350 million cases of chronic hepatitis B infection worldwide. Less than three percent of chronically infected individuals reside in the United States.

The challenges facing the global implementation of a program similar to San Francisco's are partly financial, according to Dr. Samuel So, founder of the Asian Liver Center and a steering committee member of San Francisco Hep B Free.

The countries hardest hit by hepatitis B are developing nations, so an alliance of governments, international health agencies, philanthropic organizations and pharmaceutical companies is being formed to provide funding to resource-challenged countries for hepatitis-B-related programs.

Dr. John W. Ward, director of the CDC's Division of Viral Hepatitis, believes that cultural obstacles also need to be overcome.

For instance, mothers in rural areas of China often give birth to children at home. If vaccinating newborns at birth is to become a routine practice, a special effort will need to be made to educate and train midwives.

Vaccinating at birth, which involves administering single doses of hepatitis B vaccine and HBIG (hepatitis B immuno globulum), prevents 80 percent of mother-to-child transmission of the virus.

Though data such as this clearly support the initiative's case for expanded vaccination, screening and treatment, Dr. So says that enlisting the active support of foreign governments requires a very diplomatic and culturally sensitive approach.

"We're outsiders, and we have to be sensitive to that," So explains. "What we envision is a partnership. We want them to feel some ownership in the program."

"We want to encourage them to act," adds Dr. Ward. "That's the purpose of the guidelines, to be a stimulus for action. If we work together, we can improve everyone's chances of living a long and healthy life."