

A Guidebook for Preventing Hepatitis B in Asian American Communities



educate-empower-eradicate

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I. Foreword

Letter from Founders of HBI-DC

Dear Colleagues,

Faith-based institutions can play an important role in protecting congregation members from hepatitis B, a preventable disease that primarily affects Asian Americans and Pacific Islanders. Hepatitis B is caused by a virus that attacks your liver. It can cause lifelong infection, cirrhosis of the liver, liver cancer or liver failure, and ultimately death.

We witnessed so many tragedies that hepatitis B causes. You can have hepatitis B and not know it. When Leslie was only a freshman in college, her sixteen year old brother woke up one morning with severe pain in this abdomen. The doctors discovered he had liver cancer caused by hepatitis B and that her mother also had hepatitis B. After a year of chemotherapy treatments and a liver transplant, her brother, John who always told her "don't worry, be happy, it's up to God" died from liver cancer attacking his new liver. Not more than a week after his death, her mother was also diagnosed with liver cancer. Leslie lost her mother the following year. She was a junior in college. Thomas has friends who know they have hepatitis B, but believe there is nothing that can be done. They live in "silence", not warning their loved ones about how to protect themselves from hepatitis B and not knowing that there are ways to prevent liver cancer or treat hepatitis B. We have heard stories about doctors who will not provide their Asian American patients hepatitis B screenings or vaccines because they do not think they are at risk. And husbands that don't tell their wives prior to getting married that they have hepatitis B, therefore losing an opportunity to protect her and his children from hepatitis B.

The good news is that there is a vaccine that protects you for life from hepatitis B. To prevent tragedies like Leslie's from happening to other Asian American families, we decided to expand The Hepatitis B Initiative, a program Leslie founded in Boston, to the DC metro area, specifically to mobilize faith-based communities to raise awareness about hepatitis B. We began a pilot program at Christ Central Presbyterian Church and Korean Central Presbyterian Church. The success of the Christ Central Presbyterian Church and Korean Central Presbyterian Church pilot program demonstrates the tremendous impact faith-based communities can make towards stopping the spread of this devastating disease. Pastors and church leaders are in a unique position to educate congregation members about protecting themselves from hepatitis B and ensure early detection and treatment for those who have hepatitis B. In addition, pastors, church leaders, and congregation members have also expressed an interest in raising awareness about hepatitis B to those outside of their congregation.

We hope this guidebook will help you to save lives and prevent unnecessary illness.



Leslie and Thomas Oh
Founders, The Hepatitis B Initiative of Washington, D.C.



II. Introduction

Hepatitis B is a silent epidemic that can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. Although Asian Americans and Pacific Islanders (AAPIs) represent 4 percent of the population, they account for over half of the 1.3 million chronic hepatitis B cases and half of the 5,000 deaths resulting from chronic hepatitis B infection in the United States.¹ According to current research, the Korean, Chinese and Vietnamese American communities are identified as the three ethnic communities at greatest risk for developing hepatitis B. In the Washington, D.C. area, these groups are among the top 4 ethnicities comprising the metropolitan area's 8% AAPI population.²

AAPIs are 3 to 13 times more likely to die from liver cancer than Caucasians, with Chinese Americans at 6 times higher risk, Korean Americans at 8 times, and Vietnamese Americans at 13 times. This health disparity can be easily prevented by administering a vaccine series to the at-risk population. The vaccine is considered to be the first anti-cancer vaccine because it prevents liver cancer and chronic liver disease.³ A 3-dose series is 95%-99% effective. Since early detection of hepatitis B is easily missed due to its silent transmission and progression, increased screening and vaccination programs are necessary to link those diagnosed to appropriate care.

The Hepatitis B Initiative of Washington, D.C. (HBI-DC)

The Hepatitis B Initiative (HBI) is a grassroots organization created to raise awareness about hepatitis B among AAPIs. Originally founded 10 years ago, in the Boston area, HBI established a Washington, D.C. affiliate in 2002. The mission of the Hepatitis B Initiative of Washington D.C (HBI-DC) is to mobilize communities to prevent hepatitis B and its consequences among at-risk groups, particularly Asian Americans and Pacific Islanders in the metropolitan Washington, D.C. area. HBI-DC supports communities by:

- developing culturally and linguistically appropriate outreach materials on hepatitis B
- collaborating with existing community resources to launch educational campaigns and set up screening and vaccination events
- providing technical assistance to key stakeholders and community leaders

HBI-DC's goal is to ensure that hepatitis B education, screening, vaccine and treatment options are made accessible to the public, in a culturally sensitive and linguistically appropriate manner. The core values essential to all of HBI-DC's efforts are to:

¹ Euler, GL. The Epidemiology of Hepatitis B Vaccination Catch-up Among AAPI Children in the United States. *Asian American and Pacific Islander Journal of Health*. 2001 Summer-Fall;9(2):154-61.

² US Census Bureau, 2000 and 2005 census figures.

³ Moritsugu K. Tsu JB. Chen MS. Dear Colleague Letter. June 10, 2002. Available at <http://www.surgeongeneral.gov/topics/hepatitisb/hepbletter.htm>.



educate communities about the hepatitis B virus, **empower** communities to make a difference and **eradicate** hepatitis B from communities.

The Development of the Guidebook

As a grassroots organization, HBI-DC's focus is to encourage communities to take ownership and develop health prevention programs, specifically tailored for their respective communities. HBI-DC worked closely with the Christ Central Presbyterian Church (CCPC) and Korean Central Presbyterian Church (KCPC), located in Virginia, to develop a culturally appropriate hepatitis B program.

The pilot program helped HBI-DC assess the efficacy of providing education, screening, and vaccination events at primary gathering places. CCPC set precedence by forming a hepatitis B ministry in the church, thereby defining a new outreach strategy based in the congregation. The faith-based program provided education, screenings, and vaccinations. Extensive evaluation and participatory learning development provided important lessons which were integral to the Guidebook's development.³⁴

Hearing about the successes of this program, AAPI community leaders and other Korean churches began to approach HBI-DC for ideas and technical assistance in starting hepatitis B programs. Chinese Christian Church of Virginia, First United Methodist Church, HOPE Chapel, McLean Korean Presbyterian Church, Open Door Presbyterian Church, Pilgrim Korean Community Baptist Church and Seoul Presbyterian Church were the first churches to implement HBI-DC's faith-based hepatitis B program. HBI-DC also provided extensive technical assistance to local community leaders, such as the Asian American Physician Alliance in Maryland and the INOVA Community Health Partnership.

HBI-DC's other major accomplishments include:

- **2004** Merck, Inc. and GlaxoSmithKline corporations recognized HBI-DC's success by generously donating 6,000 free vaccines for its community outreach.
- **2005** Several Korean churches in Maryland and Virginia implemented HBI-DC's hepatitis B model using drafts of the Guidebook. HBI-DC's prevention program was pilot-tested in a Chinese American congregation with successful results.
- **2006** HBI-DC's faith-based hepatitis B model was shared with Korean American pastors from around the nation, convening for an annual conference in Washington, D.C.
- **2007** In partnership with the Office of Minority Health, Association of Asian Pacific Community Health Organizations and the Asian Pacific Islander Health Forum, HBI-DC created a toolkit for faith-based organizations to raise awareness about hepatitis B.

⁴ Rudd RE, Comings JP. Learner developed materials: An empowering product. *Health Education Quarterly*. 1994; 21(3):282-292.



- **2008** HBI-DC publishes “Public Health Model for Prevention of Liver Cancer Among Asian Americans” in the *Journal of Community Health*.

HBI-DC developed a successful public health model for hepatitis B prevention. The model is a 3-tier program addressing: i) community education, ii) screening and vaccination events and iii) evaluation. To further assist communities in implementing the model, HBI-DC began developing **A Guidebook for Preventing Hepatitis B in Faith-Based Korean Communities** with support from the Alliance.

The Alliance partnership formed to develop and to disseminate the Guidebook to communities nationally. Members of the Alliance are the U.S. Department of Health and Human Services Office of Minority Health, the Association of Asian Pacific Community Health Organizations and the Asian Pacific Islander Health Forum. In addition, pastors from around the nation, hepatitis B experts and the National Taskforce on Hepatitis B: Focus on Asians & Pacific Islanders assisted in finalizing the contents of **A Guidebook for Preventing Hepatitis B in Faith-Based Korean Communities**.

A Guidebook for Preventing Hepatitis B in Asian American Communities is an adaptation of **A Guidebook for Preventing Hepatitis B in Faith-Based Korean Communities**.

The primary goals of **A Guidebook for Preventing Hepatitis B in Asian American Communities** are to:

- provide leaders and outreach workers with talking points related to hepatitis B and its disparities among AAPIs
- assist organizers in setting up hepatitis B education, screening, and/or vaccination events in their communities.

This Guidebook is a step-by-step resource designed for leaders and outreach workers to address hepatitis B prevention in their communities. It provides education tools and forms that leaders can use in their campaigns.



III. How to Use This Guidebook

The Guidebook is organized based on the steps that you may consider when starting a hepatitis B campaign.⁴ The purpose of your campaign is to raise awareness about the risks of hepatitis B and the means to stop the spread of the virus.

There are 3 levels of prevention that your event can provide (listed in order from the least to the most expensive option). Next to each level is the corresponding section in the Guidebook to help you prepare:

- I. Education Events only (pg. 10-27)**
- II. Education and Screening Events (pg. 10-47)**
- III. Education, Screening and Vaccination Events (pg. 10-47)**

Step 1- Getting Started

- This step provides strategies on the most effective times to hold education or screening/vaccination services and the types of volunteers you will need to recruit.
- In this section, you will find talking points and sample timelines, which are tools that will help you generate interest and organize activities for your event.

Step 2- Hepatitis B Education & Awareness

- This step provides suggestions on *how to educate and raise awareness* about hepatitis B.
- In this section, you will find **Hepatitis B: 12 Myths vs. Reality**. A **sample bilingual booklet and PowerPoint presentation** are also available.

Step 3- Volunteer Training for Screening & Vaccination Events

- This step provides suggestions on *how to train your volunteers* for a screening and/or vaccination event
- In this section, you will find **Volunteer Registration Form, Sample Volunteer Feedback Form, Screening & Vaccination Events: Layout Design** and **Sample Instruction Sheets**.

⁴ For the purposes of this guidebook, the word “church” will be used to reference all potential places of worship, such as churches, temples, mosques, etc. The model is applicable for use in other faith-based institutions and community based organizations, but it has been tested only in the church-based setting.



Step 4- Screening Events & Vaccination Events

- This step provides suggestions on *how to organize screening and vaccination events*
- In this section, you will find **Donor Talking Points, Sample Screening Result Letters, Supply List for Screening/Vaccination Events, Sample Forms for Screening/Vaccination Events**, and instructions on the **Storage of Vaccines**.

Keep in mind, it is more cost effective to schedule the screenings at a time prior to the vaccinations. After a screening event, it is crucial for a physician to follow up on positive screening test results. Copies of the **Programs for the Uninsured** sheet should be made available during the screening event to all participants for continued care.

HBI-DC believes the best approach to prevention is to provide individuals with a complete understanding of the options for potential health care. Test results can save a life, as well as provide links to health care providers for treatment. Therefore, we strongly encourage that organizations do not offer vaccinations without screenings. At your screening event, whether or not vaccination services will be provided, you should provide a list of local treatment centers/providers that offer vaccinations or treatment.



IV. Step 1: Getting Started

In this section, you will learn about the basic issues to consider before starting a hepatitis B campaign in your community. The main purpose of this step is to start identifying the resources you will need to initiate hepatitis B education, screening, and/or vaccination services in your community.

For this step, you will need the following materials:

- Memorandum of Understanding (pg. 49-50)
- HBI-DC Checklist of Forms (pg. 51-52)
- Sample Timeline for Hepatitis B Screening & Vaccination Events (pg. 53-54)
- Hepatitis B Talking Points (pg. 13-14)

A. Issues of Confidentiality

HBI-DC acknowledges that an individual's health status is a private matter, especially among AAPI communities. As leaders in the community, it is important to recognize the sensitive nature of a hepatitis B virus diagnosis in your community before starting your hepatitis B campaign.

Protecting the confidentiality of an individual's health records and health status should be a priority. People who do not know the facts about hepatitis B may react in fear to those infected with the virus. Individuals with a positive status may feel ashamed, isolated or even stigmatized. Unless a person is open about his/her hepatitis B status, it is imperative that you do not discuss his/her condition with others.

B. Starting Your Hepatitis B Campaign

- 1) One of the first steps in starting your campaign is to help us help you! HBI-DC has provided a **Memorandum of Understanding** (pg. 49-50) which is an agreement that enables HBI-DC to provide technical assistance in implementing our model. Also, the MOU outlines how HBI-DC will work with organizations to evaluate their screening and vaccination events. The MOU will help HBI-DC to better serve you and improve its hepatitis B prevention programs.

Please complete and send in the MOU to the following address:

The Hepatitis B Initiative of Washington, D.C.
PO Box 53447
Washington, D.C. 20009-3447

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www.hepbinitiative.org



2) Next, you must decide what type of services you would like to provide for your community:

- I. Education Event(s) only
- II. Education and Screening Event(s)
- III. Education, Screening and Vaccination Events

This will vary for each community. Each option requires a certain amount of commitment. You need to gauge your level of resources and your organization's level of readiness. Some organizations may decide that they may not have a strong volunteer base and commit to only raising hepatitis B awareness in their community. Other organizations may have more resources to dedicate to starting a hepatitis B campaign. Choose the type of services that is most appropriate for your organization.

3) Conduct preliminary research to seek out interest in your community, and to help you make the decision on which services to provide. Here are some examples on various ways to start your outreach:

- Review materials in this Guidebook to see if you can adapt any of these for your community.
- Share **A Guidebook for Preventing Hepatitis B Asian American Communities** with your organization.
- Familiarize yourself with the **Hepatitis B Talking Points** in this section (pg. 13-14) and use them in your conversations with others.
- If appropriate, start a prayer group or support group with others in your community who are interested in a hepatitis B campaign.
- Organize regular (at least once a month) group meetings. Providing refreshments is suggested.
- Identify potential volunteers that can help raise awareness about hepatitis B in the community. Recruit physicians, nurses, lawyers, public health professionals, graphic designers, and anyone from your community who has been affected by hepatitis B.
- If you intend to provide screenings and/or vaccinations at your events, then:

*You will want to recruit two key volunteers: Clinical Coordinator and Administrative Coordinator (see Step 3: Volunteer Training on pages 28-30 for more information).

*The Administrative Coordinator will have to arrange for screening tests and the vaccines prior to launching an educational campaign (see Step 4:



Screening and Vaccination events on pages 31-45 for more information).

C. Creating a Timeline

A simple timeline consists of a list of tasks with responsibilities assigned to members of your hepatitis B campaign. See **Sample Timeline** and **HBI-DC Checklist of Forms** (pg. 51-54). These handouts will help you plan your outreach activities.

The timeline for an educational campaign can vary. It depends on the commitment of your volunteers and community leaders. Any timeline can work as long as your volunteers are committed and organized.

If you have chosen to launch screening and vaccination events, HBI-DC recommends allowing approximately 9-11 months for completing an effective hepatitis B prevention campaign.



Hepatitis B Talking Points

- The message of health, healing and restoration is repeated time and time again in the scriptures. The activities you provide play a very important role in raising awareness about hepatitis B.
- Hepatitis B is caused by a virus (hepatitis B virus) that gets into your body through blood and body fluids and attacks your liver.
- Hepatitis B can cause liver damage (cirrhosis), liver cancer and liver failure.
- Chinese Americans are at **6 times greater risk** for hepatitis B; Korean Americans are at **8 times greater risk** and Vietnamese Americans are at **13 times greater risk** compared to white Americans.
- Although Asian Americans represent 4% of the population, they account for **over half of the 1.3-1.5 million chronic hepatitis B cases** and **half of the 5,000 deaths each year** in the United States.
- As many as **1 out of 10** Asian Americans is chronically infected with hepatitis B.
- **400 million people worldwide** are chronically infected with hepatitis B. 275 million (67%) reside in Asia and the Pacific Islands in comparison with 170 million people with chronic hepatitis B and 47 million people with HIV/AIDS in the world.
- Carried in the blood and other bodily fluids, the hepatitis B virus is **50-100 times more** contagious than HIV, the virus that causes AIDS.
- Hepatitis B is a **SILENT** disease. Many people, who are chronically infected with hepatitis B, do not present symptoms. Often, typical symptoms (such as fever, fatigue, joint or muscle pain, loss of appetite, nausea and vomiting) are mistaken for influenza.
- People who are exposed to hepatitis B have 95% chance of becoming immune on their own. If their body does not fight it off, they become chronically infected with the virus.
- **1 out of 4** people with chronic hepatitis B virus infection, who became chronically infected during childhood, will die of hepatitis B virus-related liver cancer or cirrhosis (as early as 30 years of age).



- Vaccine immunization is the most effective means of preventing hepatitis B infection and its consequences, especially during infancy and early childhood.
- Since 80% of liver cancer is hepatitis B virus related, the vaccine is considered the first "anti-cancer vaccine."⁵
- Since 1991, all infants born in the United States should receive the hepatitis B vaccine. However, there are reports of infants who did not receive the vaccine. Remember to check the medical records. Infants born to chronically infected mothers can be protected from hepatitis B if given the vaccine within 12 hours of birth and at 2 months and 6 months.
- Ask your doctor for hepatitis B screenings and vaccines.
- (*Only if you are able to provide free screenings and vaccines*) Usually, the cost of screenings and vaccines and doctor visits total to around \$400. People can save approximately \$400 by coming to the screening/vaccination events.

V. Step 2: Hepatitis B Education & Awareness

⁵ Moritsugu K. Tsu JB. Chen MS. Dear Colleague Letter from Surgeon General's Office. June 10, 2002.
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In this section, you will learn to use hepatitis B information tools and techniques that will help educate your community. The main purpose of Step 2 is to raise the level of awareness about hepatitis B in your community.

For this step, you will need the following materials:

- HBI-DC Checklist of Forms (pg. 56-57)
- Hepatitis B Talking Points (pg. 58-59)
- Test Your Knowledge of Hepatitis B quiz (pg. 61)
- Answers to Test Your Knowledge of Hepatitis B quiz (pg. 62)
- Testimonials (pg. 62-66)
- Hepatitis B Information for Asian and Pacific Islander Americans (pg. 18-20)
- Hepatitis B FAQ Sheet (pg. 21-25)
- Hepatitis B: 12 Myths vs. Reality (pg. 26-27)
- HBI-DC DVDs, bilingual booklets and PowerPoint presentation (available from HBI-DC)

A. Raising Awareness in Your Community

Many people have never heard of hepatitis B and do not know that they are at risk for contracting the virus. People who know they have hepatitis B may believe there is nothing that can be done. HBI-DC heard many stories about people who never told their spouse or children that they had hepatitis B, resulting in generations of their family being exposed to this virus.

Before beginning your educational campaign, consult the **HBI-DC Checklist of Forms** (pg. 56-57) to make sure you have all your tools. Set aside at least three months for education and outreach. Make use of the volunteers that you identified in section IV: Step 1.

If you are eventually planning to move forward to Step 4: Hepatitis B Screening & Vaccination Events, then education will be instrumental in motivating community members to get screened or vaccinated. One educational tool might not be enough, which is why we have provided you with several in this section. For example, leaders who passed out education booklets only found that people threw them away. Many did not think they were at risk or mistakenly believed that they were vaccinated already.

HBI-DC recommends using a combination of outreach opportunities to educate your community. Detailed below are 3 primary strategies: engage community leadership to join your campaign, target your efforts to reach the larger community, and look for



supporting local partners to get your message out.

B. Engage Other Community Leaders

- 1) Share HBI-DC's **Hepatitis B Talking Points** (pg. 58-59). This is a summary of current hepatitis B statistics.
- 2) Share newsletter articles. They can be an effective tool for raising awareness and generating interest.
- 3) Share HBI-DC's **Bilingual Booklet**.

C. Engaging Religious Congregations

- 1) **Share** HBI-DC's **DVD for congregation** during church services to recruit members to your hepatitis B ministry. Notify the congregation of any educational and/or screening/vaccination events you are organizing.
- 2) Plan a workshop or information session to provide congregation with hepatitis B education and an opportunity to ask questions. For a basic hepatitis B presentation, the American Liver Foundation AAPI-focused Think B campaign provides free online community educator slides, also available on CD-Rom. More information is available at:
http://thinkb.org/pdf/ALF_HepB_EducationManual.pdf.
- 3) Invite guest speakers to present their stories at a workshop or play the DVD from HBI-DC to see how hepatitis B affected one Asian American family. Share the education handouts provided in this section.
- 4) Develop ways to integrate hepatitis B education into your existing ministries. For example, the Christ Central Presbyterian Church included their hepatitis B ministry with volunteer fairs, small group meetings and newsletters. Pastors and other ministry leaders made announcements at various church meetings.

D. Engaging Potential Community Partners

- 1) Contact local health departments, hospitals, businesses, and organizations to raise awareness, gain partners for service delivery, and receive in-kind donations or funding.
- 2) Schedule guest speakers to make a 5 minute speech, a month prior to and on the day of your screening/vaccination event. Choose someone who has been impacted by hepatitis B. This will capture community members' attention about the importance of the screening/vaccination event.

E. Hepatitis B Materials



- 1) Share the **Testimonials** (pg. 62-66) with the community and potential partners. These are personal accounts of those lives affected by hepatitis B.
- 2) Share the **Hepatitis B Information for Asian and Pacific Islander Americans** handout and the **Hepatitis B FAQ Sheet** provided in this section. These handouts provide the basic knowledge of hepatitis B. They can also be found at the Immunization Action Coalition website www.immunize.org.
- 3) Share the **Hepatitis B: 12 Myths vs. Reality** handout found in this section. These 12 myths are common misconceptions about the virus. HBI-DC put together this list from numerous personal stories, in which families could have been spared from hepatitis B had they known the truth about prevention. Please help break these myths by talking about them during your hepatitis B events.

F. Advocacy in the Community

- 1) **Join the Liver Cancer Free campaign.** This campaign aims at mobilizing the community to write to their Congressional Representatives to request increased funding for hepatitis B programs.
- 2) **Visit your legislators during the congressional recess in August.** Find out who your Senators and Representatives are at www.congress.org, and make an appointment to meet with them.
- 3) **Organize write-in/call-in campaigns.** Pay attention to what legislation is in Congress regarding hepatitis B. For example, Viral Hepatitis and Liver Cancer Control and Prevention Act of 2009 (HR 3974) was introduced in the House of Representatives by Representative Mike Honda (D-CA). Make a phone call (1-202-224-3121) or send an email (<http://writerep.house.gov>) in support of hepatitis B legislation.
- 4) **Plan activities or join activities on World Hepatitis B Day.** World Hepatitis B Day is observed internationally on May 19th. Visit www.worldhepatitisday.org for upcoming events in your community and around the world.



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others.

- About one 1 of 3 people had never been infected and need hepatitis B vaccine to be protected.

How can you prevent HBV infection?

Hepatitis B vaccination is the best protection. The vaccine can be given safely to infants, children, and adults and is usually given as three doses over about 6 months. Other flexible schedules are available. Pregnant women can be given this vaccine as well. Hepatitis B vaccine is very safe, and side effects are rare. This vaccine is the first vaccine that prevents cancer; it prevents liver cancer caused by HBV infection.

Is hepatitis B vaccine safe?

More than one billion doses of hepatitis B vaccine have been given worldwide. In the United States, more than 30 million adults and 40 million infants and children have received this vaccine. The vaccination sometimes causes a sore arm, but serious reactions are very rare.

Who should get hepatitis B vaccine?

The following people should be protected with hepatitis B vaccine:

- All babies, starting in the hospital at birth. Babies should receive the first dose of vaccine in the hospital. If the mother is infected with HBV, her newborn infant **must** get the first dose of hepatitis B vaccine within 12 hours of birth, along with another injection called hepatitis B immune globulin (HBIG). This will protect almost all newborns from getting infected with HBV. All infants will need another dose of hepatitis B vaccine at 1–2 months of age and will complete the vaccination series at age 6 months (24 weeks) or later. All babies should receive a total of 3 or 4 doses of hepatitis B vaccine (depending on which vaccine your healthcare professional uses). If a mother is infected with HBV, her baby's blood should be tested for HBsAg and anti-HBs after completion of at least 3 doses of a licensed hepatitis B vaccine series, at age 9–18 months (generally at the next well child visit) to make sure that the vaccine worked.
- All children ages 0–18 years who have not been vaccinated. This is especially important for AAPI children because of the high rates of HBV infection in the various AAPI communities. Foreign-born AAPI children should have their blood tested to find out if they've been infected.
- Any adults who want to be protected from HBV infection should be vaccinated as well.
- People of any age whose behavior or job puts them at increased risk for HBV infection such as people who
 - have sex with more than one partner
 - have sex with someone infected with HBV
 - shoot drugs
- are men who have sex with men
- are HIV-infected
- live in the same house with someone who has chronic HBV infection
- have a job that involves contact with human blood
- are clients in a home for the developmentally disabled
- have hemophilia
- travel to areas where hepatitis B is common

Where can you go to receive hepatitis B vaccination?

First, check with your healthcare professional or clinic. Children's health insurance plans usually cover the cost of this vaccine since it is recommended routinely for all U.S. children. If your child is uninsured, ask your healthcare professional or local health department for assistance. For adults, contact your clinic to find out how much the vaccine will cost or if the vaccine is covered under your health plan. If you are uninsured, call your local health department for advice. When you go to any medical appointment, it is important to bring your vaccination records with you.

How can you take care of yourself if you have chronic HBV infection?

Every six months, you should see a healthcare professional who has experience in care of patients with liver disease. The doctor will do blood tests to check the health of your liver as well as test for signs of liver cancer. It is best for you to avoid alcohol because alcohol can injure your liver. Additionally, your doctor should know about all the medicines you are taking, even over-the-counter medicines, because some medicines can hurt your liver. If the results of any liver tests are abnormal, make an appointment with a liver specialist to find out if you need further tests or treatment. There are several medicines to treat chronic hepatitis B that might help reduce your risk for liver failure and liver cancer.

If you are infected, what can you do to protect others?

All the people you live with and your sex partner(s) should get tested for HBV infection and vaccinated if they have not already been infected. (Hepatitis B vaccination will not harm a person who has already been HBV-infected.) People with HBV infection might feel healthy, but they can still infect others. It is also important to protect others from contact with your infected blood and other infectious body fluids, including semen and vaginal fluids. Sweat, tears, urine, and mucus or saliva from sneezing, coughing, or drooling do not contain HBV. Human bites from infected persons have transmitted HBV.

(continued on page 3)





QUESTIONS FREQUENTLY ASKED ABOUT HEPATITIS B

What is hepatitis B?

Hepatitis B is a serious public health problem that affects people of all ages in the U.S. and around the world. In 2006, an estimated 46,000 people contracted hepatitis B virus (HBV) infection in the U.S. Hepatitis B is caused by a highly infectious virus that attacks the liver and can lead to severe illness, liver damage, and in some cases, death.

The best way to be protected from hepatitis B is to be vaccinated with hepatitis B vaccine, a vaccine used in the U.S. for more than two decades and proved safe and effective.

Who is at risk for HBV infection?

About 5% of people in the U.S. will get infected with HBV sometime during their lives if they are not vaccinated. You might be infected with HBV and not even know it. If you engage in certain activities, your risk might be much higher. You might be at risk if you

- have a job that exposes you to human blood
- share a household with someone who has chronic (lifelong) HBV infection
- inject drugs
- have sex with a person infected with HBV
- are sexually active but not in a long-term, mutually monogamous relationship
- are a man who has sex with men
- received a blood transfusion before 1975, when excellent blood testing became available
- are a person who was born, or who has a parent born, in Asia, Africa, the Amazon River Basin in South America, the Pacific Islands, Eastern Europe, or the Middle East

- were adopted from Asia, Africa, the Amazon River Basin in South America, the Pacific Islands, Eastern Europe, or the Middle East
- have hemophilia
- are a patient or worker in an institution for developmentally challenged people
- are an inmate of a correctional facility
- travel internationally to areas with moderate or high rates of HBV infection

How is HBV spread?

HBV is found in the blood of people infected with the virus and certain of their body fluids, such as serum, semen, and vaginal secretions. HBV is not found in sweat, tears, urine, or respiratory secretions. Contact with microscopic amounts of infected blood can cause infection.

Hepatitis B virus can be spread by

- unprotected sex
- injection drug use
- an HBV-infected mother to her child during birth
- contact with blood or open sores of an HBV-infected person
- human bites from an HBV-infected person
- sharing a household with a person with chronic (lifelong) HBV infection
- sharing items such as razors, toothbrushes, or washcloths
- pre-chewing food for babies or sharing chewing gum
- using unsterilized needles in ear- or body-piercing, tattooing, or acupuncture
- using the same immunization needle on more than one person

Hepatitis B virus IS NOT spread by

- casual contact, like holding hands
- eating food prepared by an infected person
- kissing or hugging
- sharing silverware, plates, or cups
- visiting an infected person's home
- sneezing or coughing
- breastfeeding

What are the symptoms of hepatitis B?

Most babies and young children who get HBV infection don't look or feel sick at all. About half of adults who get infected don't have any symptoms or signs of the disease. If people do have signs or symptoms, they might experience any or all of the following:

- loss of appetite
- nausea, vomiting
- fever
- weakness, fatigue, inability to work for weeks or months
- abdominal pain
- yellowing of skin and eyes (jaundice)
- joint pain
- cola-colored urine
- clay-colored stools

I'm not in a risk group. How did I get HBV infection?

Many people don't know when or how they got the infection. When they get the results of a blood test indicating they've been infected with HBV, they are taken by surprise. Studies have demonstrated that about 15% of people who acquire hepatitis B are unable to identify a risk factor that explains why they have the disease.

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Do people usually recover from HBV infection?

About 95% of adults recover after several months. They clear the infection from their bodies and become immune. This means they won't get infected with HBV again. They are no longer contagious and cannot pass HBV to others.

Unfortunately, about 5% of adults and up to 90% of children under age 5 years are unable to clear the infection from their bodies and develop chronic HBV infection.

How do I know if I have or have had HBV infection?

The only way to know if you are currently infected with HBV, have recovered, are chronically infected, or could become infected, is by having blood tests. The three standard blood tests are the following:

HBsAg (hepatitis B surface antigen): when this is "positive" or "reactive," it means the person is currently infected with HBV and is able to pass the infection on to others.

Anti-HBs [sometimes written as HBs-Ab] (antibody to hepatitis B surface antigen): when this is "positive" or "reactive," it means the person is immune to HBV infection, either from vaccination or from past infection. (This test is not done routinely by most blood banks on donated blood.)

Anti-HBc [sometimes written as HBc-Ab] (antibody to hepatitis B core antigen): when this is "positive" or "reactive," it might mean the person has had contact with HBV. This is a very complicated test to explain because the "anti-HBc" can possibly be a "false-positive" test result. Blood banks routinely run an "anti-HBc" on donated blood. The interpretation of this test result, if it is positive, depends on the results of the other two blood tests previously described.

A fourth blood test that is sometimes done is **IgM anti-HBc (IgM class antibody to hepatitis B core antigen)**. When this is positive or "reactive," it means that the person has had HBV infection in the past six months, indicating acute (recently acquired) HBV infection.

Interpretation of the hepatitis B blood test results

| Tests | Results | Interpretation | Vaccination Needed |
|---|--|---------------------------------|---|
| HBsAg anti-HBc anti-HBs | negative negative negative | susceptible | Yes, for all people who want protection |
| HBsAg anti-HBc anti-HBs | negative negative positive with $\geq 10\text{mIU/mL}^*$ | immune due to vaccination | no |
| HBsAg anti-HBc anti-HBs | negative positive positive | immune due to natural infection | no |
| HBsAg anti-HBc IgM anti-HBc anti-HBs | positive positive positive negative | newly infected | no |
| HBsAg anti-HBc IgM anti-HBc anti-HBs | positive positive negative negative | chronically infected | no (may need treatment) |
| HBsAg anti-HBc anti-HBs | negative positive negative | four interpretations possible† | possibly† |

*Postvaccination blood testing, when it is recommended, should be done 1–2 months after the final vaccine dose.

- †1. May be recovering from acute HBV infection.
2. May be distantly immune, and the test is not sensitive enough to detect a very low level of anti-HBs in serum.
3. May be susceptible with a "false positive" anti-HBc.
4. May be chronically infected and have an undetectable level of HBsAg present in the serum.

What does it mean if my blood bank said I tested positive for hepatitis B and can no longer donate blood?

If the blood bank told you your test was "positive," it is important to find out which test was positive. If the "HBsAg" was positive, this means that you are either chronically infected with HBV or were recently infected. If only the "anti-HBc" was positive, it is most likely that you either had a "false-positive" test or are immune to HBV infection (had HBV infection sometime in the past). It

is important that you understand the full meaning of your test results. If you are not sure how to interpret these test results, call your blood bank for an explanation or have the blood bank send the test results to your healthcare provider. You may need to provide written permission for the blood bank to release these results to your healthcare provider. Your healthcare provider may want to repeat the blood tests or perform additional tests such as an "anti-HBs." Bring this information sheet along with you on your visit to your healthcare provider. The blood bank does not usually test for anti-HBs or IgM anti-HBc.

And remember, you cannot get HBV from donating blood because the equipment used during blood donation is sterile.

CHRONIC HEPATITIS B VIRUS INFECTION

What does it mean to be chronically infected with HBV?

People who do not recover from HBV infection are chronically infected, usually for life. There are over one million chronically infected people in the U.S. today. A chronically infected person is someone who has had HBV in her/his blood for more than 6 months. While approximately 5% of adults who acquire HBV infection become chronically infected, children younger than age 5 years have a greater risk (up to 90%). The younger the child is at the time of infection, the greater the risk that the child will develop chronic infection. Many babies born to chronically infected mothers will also become chronically infected with HBV unless the babies are given two shots in the hospital immediately after birth—the first dose of hepatitis B vaccine and a dose of hepatitis B immune globulin (HBIG)—and at least two doses of hepatitis B vaccine during the 6 months after

(continued on next page.)



birth to protect them from the infection. The final dose should not be given before 24 weeks of age.

A chronically infected person might have no signs or symptoms of HBV infection but usually remains infected for years or for a lifetime and is capable of passing HBV on to others. Sometimes chronically infected people will spontaneously clear the infection from their bodies, but most will not. Although most chronically infected people have no serious problems with hepatitis B and lead normal, healthy lives, some develop liver problems later. Chronically infected people are at significantly higher risk than the general population for liver failure or liver cancer.

How can I take care of myself if I am chronically infected with HBV?

A person with HBV infection should see a physician knowledgeable about the management of liver disease every 6–12 months. The physician will do blood tests to check the health of the liver, as well as test for evidence of liver cancer. It is best for chronically infected people to avoid alcohol because alcohol can injure the liver. Additionally, your physician should know about all the medicines you are taking, even over-the-counter drugs, because some medicines can hurt the liver. If the result of any liver test is abnormal, it's important that you consult a liver specialist.

If your liver disease has progressed...

If your physician tells you your liver disease has progressed, read the following for some extra precautions you should take.

- Avoid alcohol and medicine that has not been prescribed by your doctor—even over-the-counter medicines.
- Get vaccinated against hepatitis A. Hepatitis A virus infection can further damage your liver.
- Get a yearly influenza (flu) vaccination. Patients with severe liver disease (cirrhosis) should also receive pneumococcal vaccine.

- Don't eat raw oysters. They may carry the bacteria *Vibrio vulnificus*, which can cause serious blood infections in people with liver disease. Approximately 50% of people with this blood infection die from it.

What can I do to protect others from HBV infection?

People with HBV infection might feel healthy but are still capable of passing the infection on to other people. To protect others from getting HBV infection, it is important to protect them from contact with your infected blood and other infectious body fluids, including semen and vaginal secretions. Sweat, tears, urine, and respiratory secretions do not contain HBV. Transmission of HBV by saliva has only been documented through biting.

Important DOs and DON'Ts for people with chronic HBV infection

DO:

- Cover all cuts and open sores with a bandage.
- Discard used items such as band-aids and menstrual pads carefully so no one is accidentally exposed to your blood.
- Wash your hands well after touching your blood or infectious body fluids.
- Clean up blood spills. Then reclean the area with a bleach solution (one part household chlorine bleach to 10 parts water).
- Tell your sex partner(s) you have hepatitis B so they can be tested and vaccinated (if not already infected). Sex partners should be tested for anti-HBs 1–2 months after the three doses are completed to be sure the vaccine worked.
- Use condoms (rubbers) during sex unless your sex partner has had hepatitis B or has been vaccinated and has had the anti-HBs blood test demonstrating immunity. (Condoms may also protect you from other sexually transmitted diseases.)

- Tell household members to see their healthcare providers for testing and vaccination for hepatitis B.
- Tell your healthcare providers that you are chronically infected with HBV.
- See your healthcare provider every 6–12 months to check the health of your liver with blood tests and liver scanning.
- If you are pregnant, tell your healthcare provider that you have HBV infection. It is critical that your baby is started on the hepatitis B shots (both vaccine and HBIG) within 12 hours of birth.

DON'T:

- Don't share chewing gum, toothbrushes, razors, washcloths, needles for ear or body piercing, or anything that might have come in contact with your blood or infectious body fluids
- Don't pre-chew food for babies.
- Don't share syringes and needles.
- Don't donate blood, plasma, body organs, tissue, or sperm.
- Don't take any medicines not prescribed by your doctor, even over-the-counter medicines.

What are the long-term effects of HBV infection?

Each year, approximately 3,000–5,000 people in the U.S. die of HBV-related chronic liver disease. HBV infection is the most common cause of liver cancer worldwide and ranks second only to tobacco as the world's leading cause of cancer.

Is there a cure for hepatitis B?

As of this writing, there are several drugs used for the treatment of people with chronic hepatitis B. These drugs usually don't get rid of the virus completely, but may reduce your risk for serious liver disease such as cirrhosis and liver cancer. Check with your doctor to find out if treatment with medication is the right choice for you. Researchers continue to find additional treatments and look for cures for hepatitis B.

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Why is hepatitis B so serious in pregnant women?

Pregnant women who are infected with HBV can transmit the disease to their babies. If babies aren't protected with vaccinations, many of them develop life-long HBV infections, and up to 25% of those who become infected will develop liver failure or liver cancer later in life. All pregnant women should be tested early in every pregnancy to determine if they are infected with HBV. If the blood test is positive, the baby should be vaccinated within 12 hours of birth with two shots, one of HBIG and the other the first dose of hepatitis B vaccine. The infant will need at least two more doses of hepatitis B vaccine by age 6 months. The final dose should not be given before age 24 weeks.

How can hepatitis B be prevented?

Hepatitis B vaccine can provide protection in 90%–95% of healthy young adults. The vaccine can safely be given to infants, children, and adults, including pregnant women. Usually, three doses of vaccine are given over a 6-month period. Hepatitis B vaccine is very safe, and side effects are rare. Since 1982, more than 100 million children, teens, and adults in the U.S. have been vaccinated. Hepatitis B vaccine is our first vaccine that prevents cancer—liver cancer.

At what age are hepatitis B vaccines given routinely?

The hepatitis B vaccine series can begin at any age. For newborns, it's recommended that the first dose be given in the hospital at birth. Hepatitis B vaccine is recommended routinely for all children age 0–18 years living in the U.S. Older children and teens should be vaccinated at the earliest opportunity. Any adult who is at risk for HBV infection or who simply wants to be protected from HBV infection should start the vaccine series right away.

Where can I get hepatitis B vaccine?

Check with your healthcare provider's office first. Children's health insurance usually covers the cost of this vaccine since it is routinely recommended for all children in the U.S. If your child is uninsured, ask your local health department for assistance. The federal Vaccines For Children (VFC) program helps families by providing free vaccines to healthcare providers who serve eligible children. VFC is administered at the national level by the Centers for Disease Control and Prevention (CDC), which contracts with vaccine manufacturers to buy vaccines at reduced rates. For adults, contact your healthcare provider to find out if the vaccine is available and how much it costs. If you are uninsured or don't have a healthcare provider, call your local health department for advice.

How many doses of vaccine are needed?

Three doses are needed usually for the best protection against HBV infection, but protection is sometimes provided from receiving as little as one dose. Hepatitis B vaccine is usually given on a schedule of 0, 1, and 6 months, but there is flexibility in the timing of these injections. As with all other vaccines, if you fall behind on the schedule, you just continue from where you left off. Hepatitis B vaccine will not help or cure a person who is already infected with HBV.

What should I do if I'm in a risk group and am not infected with HBV?

If you are in a risk group for hepatitis B, be sure to get vaccinated! All people in risk groups (risk groups are listed in the second question on this question-and-answer series) should protect themselves from HBV infection. You don't have to "admit" that you have a risk factor to be vaccinated. You simply need to ask to be

vaccinated. Every day you delay getting vaccinated increases your chances of being in contact with this highly contagious liver disease. The problems caused by hepatitis B—liver cancer and liver failure—are too great to take a chance. See your healthcare provider or visit your health department.

How does hepatitis B differ from hepatitis A and C?

Hepatitis A, B, and C are all different viruses that attack and injure the liver, and all can cause similar symptoms. Usually, people get hepatitis A virus (HAV) infection from household or sexual contact with a person who has the infection. Hepatitis C is caused by the hepatitis C virus (HCV) and is spread through HCV-infected blood. Both HCV- and HBV- infections are spread by blood through some of the same activities (e.g., injection drug use). Both HBV- and HCV- infections can cause lifelong liver problems. HAV infection does not. Vaccines to prevent HAV infection are also available. Hepatitis A vaccine won't protect you from HBV or HCV infection, nor will hepatitis B vaccine protect you from HAV or HCV infection. There is no vaccine yet for hepatitis C. If you've been infected with HAV or HCV in the past, it is still possible to get infected with HBV.

Where can I receive more information about hepatitis B?

Contact your local and state health departments for more information. You can also contact the following organizations:

**Immunization Action Coalition
Hepatitis B Coalition**
(651) 647-9009
www.immunize.org
www.vaccineinformation.org
www.hepprograms.org

American Liver Foundation
(212) 668-1000
www.liverfoundation.org

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Asian Liver Center
(888) 311-3331
<http://liver.stanford.edu>

Centers for Disease Control and Prevention
(800) 232-4636 (800) CDC-INFO
www.cdc.gov/hepatitis
www.cdc.gov/vaccines

Hepatitis B Foundation
(215) 489-4900
www.hepb.org

Hepatitis Foundation International
(800) 891-0707
www.hepfi.org

Parents of Kids with Infectious Diseases (PKIDS)
(877) 557-5437
www.pkids.org

What is the Immunization Action Coalition (IAC)?

The Immunization Action Coalition is a nonprofit organization that works to prevent hepatitis B and all other vaccine-preventable diseases in people of all ages. IAC promotes hepatitis B vaccination, screening for all pregnant women, testing and vaccination for risk groups, and education and treatment for people with chronic HBV infection.

IAC relies on financial support from the CDC, corporations, foundations, health-care providers, and individuals to maintain its activities. Financial contributions are always needed, greatly appreciated, and tax-deductible. You can send your check to IAC at the address below or donate online at www.immunize.org/support.

Immunization Action Coalition
1573 Selby Ave., Suite 234
St. Paul, MN 55104
(651) 647-9009
admin@immunize.org
www.immunize.org
www.vaccineinformation.org
www.hepprograms.org



Hepatitis B: 12 Myths vs. Reality

Myth#1: *Anyone who has hepatitis B knows that they have this virus.*

Reality: Hepatitis B is a silent, deadly disease. There are usually no symptoms for the majority of people who are infected with hepatitis B. They may unknowingly transmit the virus to their friends and family members through blood and bodily fluids.

Myth#2: *I can share my toothbrush and not worry about getting infected with the hepatitis B virus.*

Reality: If one has an open sore in their mouth, transmission of the virus can occur if a toothbrush is shared. Remember, hepatitis B is spread through infection of blood and bodily fluids.

Myth#3: *I will get hepatitis B if I share chopsticks or a dinner plate with my friend or family member.*

Reality: Though the risk of getting infections is very small, it is unlikely that sharing chopsticks will lead to the hepatitis B infection.

Myth#4: *If I am diagnosed with hepatitis B, there is nothing I can do so I will not tell my family or friends that I have hepatitis B.*

Reality: Every 6 months, those chronically infected with the hepatitis B virus should get screened to test for ALT(alanine aminotransferase) and AFP(alpha fetoprotein) levels in their liver. These blood tests will make sure the liver is healthy and functioning properly. Once a year, they should get an ultrasound. Early detection and treatment is critical. In addition, family and friends should be informed so that they can get screened and vaccinated for hepatitis B.

Myth#5: *Getting the hepatitis B vaccine cures me from hepatitis B.*

Reality: The vaccine for hepatitis B prevents people from contracting the virus if they have not been exposed previously; the vaccine is NOT a cure. Currently, there is no cure for hepatitis B, but there are many promising drugs on the market which help hepatitis B carriers live healthy lives.

Myth#6: *I will be protected from hepatitis B if I receive one or two of the three hepatitis B vaccines.*

Reality: In order for the vaccine to be at least 90% effective, one must get 3 shots over a 6-month period. The first hepatitis B vaccine shot provides 30%-50% protection. The second hepatitis B vaccine shot (usually provided one month after the first) provides 50%-70% protection. The third hepatitis B vaccine shot (usually provided 6 months after the first) provides 95%-99% protection.



Myth#7: *If I am exposed to hepatitis B, I am automatically chronically infected with hepatitis B.*

Reality: 9 out of 10 adults will get rid of the virus from their bodies after a few months. They have acute hepatitis B. 1 out of 10 adults will never get rid of the virus from their bodies. They are chronically infected with hepatitis B.

Myth#8: *If either parent is chronically infected with hepatitis B, my unborn child will automatically get hepatitis B.*

Reality: Up to 9 out of 10 babies born to infected mothers will end up being chronically infected with hepatitis B, if they do not get the hepatitis B vaccine at birth. If a baby gets all 3 shots, plus a shot called H-BIG, he/she will have a 95% chance of being safe from hepatitis B for life.

Myth#9: *If I am chronically infected with hepatitis B, I cannot breastfeed my baby.*

Reality: If a baby receives a shot called H-BIG and a shot of hepatitis B vaccine within 12 hours of birth, it is okay to start breast-feeding your baby right away. Be sure to take good care of the nipple areas to prevent cracking and bleeding.

Myth#10: *Hepatitis B is genetic and there is nothing I can do about it.*

Reality: Hepatitis B is a virus, it is not genetic. There is a safe and effective vaccine available to protect you from the virus.

Myth#11: *I must be safe from hepatitis B because it's a school thing and so I probably got the shot already.*

Reality: Since 1991, infants should receive the hepatitis B vaccine at birth. Some states do have hepatitis B mandates for daycare or school (see <http://www.immunize.org/laws/hepb.htm>), but there are also stories about infants and children not getting the vaccine when they should have. It is always important to get screened if you are unsure if you have received the hepatitis B vaccine.



VI. Step 3: Volunteer Training for Screening & Vaccination Events

In this section, you will learn techniques to help you train your volunteers for screening and vaccination events. The main purpose of step 3 is to develop a core group of trained, dedicated volunteers that you can rely upon for these events.

For this step, you will need the following materials:

- HBI-DC Checklist of Forms (pg. 68-69)
- Volunteer Registration Form (pg. 70)
- Test Your Knowledge of Hepatitis B Quiz (pg. 71)
- Answers to Test Your Knowledge of Hepatitis B Quiz (pg. 72)
- Sample Waivers and Liability Form for Screening/Vaccination Volunteers (pg. 73)
- Screening & Vaccination Events: Layout Design (pg. 74)
- Sample Instruction Sheets for Screening & Vaccination Days (pg. 75-80)
- Sample Volunteer Feedback Form (pg. 81)

A. Steps to Organizing a Volunteer Training

Volunteers are the most crucial component to the success of your hepatitis B screening and vaccination events. Without properly trained volunteers, you will not be able to run a quality service. It is important to make sure that volunteers are not giving out misinformation.

- 1) Before beginning your training sessions, consult the **HBI-DC Checklist of Forms** (pg. 68-69) to make sure you have all your tools.
- 2) Recruit 2 primary volunteers. These 2 volunteers will help you organize the volunteer training, as well as be responsible for the logistics of the hepatitis B campaign.
 - The 1st volunteer, the **Clinical Coordinator**, should be a physician who will be able to receive the screening results from the labs and the vaccines from the vaccine source. Alternatively, you could appoint a nurse as the Clinical Coordinator who will oversee medical aspects of the events and work with a physician who receives the screening test results and vaccines.
 - The 2nd volunteer, the **Administrative Coordinator**, can be a member of the organization who is willing to coordinate all activities associated with the paperwork of all participants. The skills for this position include strong organizational skills, attention to detail and the ability to coordinate with different groups and/or organizations.



- 3) HBI-DC recommends that the volunteers are offered a “Volunteer Orientation Event” at least 1 month before the screening/vaccination event. Additionally, offer a “Volunteer Training Event” two hours before the actual screening event to go over last minute questions and information. Consider offering one training for physicians and nurses and another for non-medically trained volunteers. HBI-DC’s community partners have found it helpful to offer different trainings due to the difference in medical knowledge. The training for medically trained volunteers will focus more on information about how the event will be run.
- 4) Offer several educational training sessions and publicize using community newsletters, flyers, and announcements during meetings. Emphasize the need for bilingual volunteers during your recruitment phase. This will be helpful when you engage the non-English speaking members of the community.

B. Tips for Training Sessions

1) *Training Session Agenda & Materials:*

The training session should review the basic facts about hepatitis B and the essential components of the screening/vaccination day. Ideally, the instructor is the Clinical Coordinator, the Administrative Coordinator or another health professional familiar with hepatitis B and HBI-DC’s prevention model.

- During the volunteer training sessions, you can use any of the educational materials found in section V: Step 2. Be sure to use the quiz and PowerPoint for non-medical volunteers so that they will know and understand basic information on hepatitis B.
- Explain the basic layout and stations for screening and vaccination events. Give volunteers the **Screening & Vaccination Events: Layout Design** (pg. 74).
- Use the **Sample Instruction Sheets** (pg. 75-80) to explain the different station duties. Each volunteer should be assigned to a station and trained on the tasks associated with each station. Bilingual volunteers are needed at all of the stations, especially registration and counseling.
- Train registration volunteers on the common problems with registration forms. For example, HBI-DC recommends that the best way to prevent duplication of file folders is to use the participant’s last name used on the driver’s license. Ask participants to provide their driver’s license for their files and to look up their files.
- At the end of each training session, use the evaluation forms described in section C below.

2) *Presentation:* Review the materials and practice 1 week beforehand.

3) *Set-up:* Arrive early and be prepared with handouts before the training. Consider having refreshments for the volunteers.

4) *Time:* Allow enough time to speak (about 30 minutes) and time for questions and



answers (10-15 minutes). Most training sessions are completed in 45 minutes to 1 hour.

- 5) *Audience*: Target your trainings for different groups. As mentioned above, consider offering two separate trainings for physicians and nurses and another for non-medically trained volunteers. The information you share with non-medically trained volunteers may spend more time explaining hepatitis B and its consequences.
- 6) *Advertise*: Give the screening and vaccination dates, if available, and have a sign-up form ready. This will give volunteers the opportunity to make the necessary schedule arrangements.

C. Evaluation

Evaluation is an important part of a prevention campaign. It is a great learning opportunity to get feedback on the training process and the volunteer experience. With the information gathered, you will be better prepared for future volunteer events.

1) *Volunteer Training Session*:

Once you have finished a volunteer training educational session, you may want to write down some notes on what you would do differently next time, while it is still fresh in your mind. This will help if you are offering several training sessions.

At the beginning and end of each training session, all volunteers should successfully complete the **Test Your Knowledge of Hepatitis B** quiz (pg. 71). For non-medical volunteers, part of the evaluation is having them complete the quiz to ensure they are comfortable with hepatitis B information.

After the training sessions, please send HBI-DC a copy of your results. Providing these results to HBI-DC will help us improve our educational materials and better serve the at-risk population.

2) *Volunteer Experience*:

At the end of each event, you may want to gather more information from your volunteers about their experience. This will give you ideas and help you adapt the volunteer process for future events. We encourage you to develop a form specific for your organization's needs. You may have certain questions that you want to ask about the convenience of the time, refreshments or the place. Some common questions to ask are: What worked well? What did not work well? How did you solve problems, if any occurred? For an example, review the **Sample Volunteer Feedback Form** (pg. 81).



VII. Step 4: Hepatitis B Screening & Vaccination Events

In this section, you will learn the basic steps to planning and implementing screening and/or vaccination events in your community. The main purpose of step 4 is to identify and link individuals to protection from hepatitis B and to chronic hepatitis B treatment.

For this step, you will need the following materials:

- Memorandum of Understanding (pg. 83-84)
- Donor Talking Points (pg. 41)
- Storage of Vaccines (pg. 42)
- Administration of Energix-B article (pg. 43-45)
- List of Labs/Contacts for Vaccine Companies (pg. 85-87)
- AAPCHO's Member Center (pg. 88-92)
- HBI-DC Checklist of Forms (pg. 93-94)
- Sample Timeline for Hepatitis B Screening & Vaccination Events (pg. 95-96)
- Supply List for Screening/Vaccination Events (pg. 97)
- Sample Forms for Participants on Screening/Vaccination Day (pg. 98-104)
- Sample Forms for Volunteers on Screening/Vaccination Day (pg. 105-111)
- Sample Results Letters (pg. 112-116)
- Understanding the Screening Results (pg. 117-118)
- Programs for the Uninsured (pg. 119-122)
- More Information on Hepatitis B Services (pg. 123)

A. Preparing for Screening & Vaccination Events

The most effective hepatitis B prevention campaign includes providing screenings and vaccines. By this step, you should have completed steps 1 (pg number), 2 (pg number) and 3 (pg number), which includes raising awareness about the upcoming hepatitis B screening and/or vaccination events.

HBI-DC believes the best approach to hepatitis B prevention is to provide individuals with a complete understanding of options for potential health care. Test results, as well as links to health care providers and treatment, can save a life. Therefore, we strongly encourage **not** to offer vaccinations without offering screenings. Whether or not vaccination services are offered, provide a list of local treatment centers/providers that offer vaccinations or treatment.

Remember, it is critical to identify 2 key volunteers who will be responsible for coordinating the screening/vaccination event: a **Clinical Coordinator** and



an **Administrative Coordinator**. One of these volunteers should be a physician who will receive the screening test results and call participants with HbsAg positive and HbsAb negative results, or positive results. The other volunteer should have strong organizational skills to coordinate the paperwork and volunteers. Both coordinators will work closely with the lab companies to coordinate screening and vaccination responsibilities.

Below are some critical issues to consider when organizing screening and/or vaccination events:

1) *Engaging Potential Donors for Low Cost Screenings/Vaccines*

If you plan to organize screening and/or vaccination events in your community, you have to arrange for screening tests and/or vaccines. Preferably, all screenings, vaccines and uninsured treatment options for participants will be identified before launching the educational campaign in Step 2.

- At a minimum, HBI-DC recommends offering the following blood tests: hepatitis B surface antigen (HbsAg) and hepatitis B surface antibody (HbsAb).
- Research local doctors or hospitals that could provide screenings, vaccines and treatment. Also, this will help you compile a list of health care provider referrals for insured/uninsured participants.
- Use the **List of Labs** (pg. 85-87) provided to start the search for local lab companies you can work with to provide screenings and/or vaccinations for your hepatitis B campaign.
- Review **AAPCHO's Member Center** and **More Information on Hepatitis B Services** (pg. 88-92) to seek out potential partners. For example, in Boston, HBI was able to partner with Southcove Community Health Center. They provide free screenings and vaccines from 9 a.m. - 1 p.m., every 1st and 3rd Saturday of the month.
- Review the **Donor Talking Points** (pg. 41) for tips on how to contact lab companies, health care centers, hospitals, etc. in your area and arrange for free or low cost screenings.

2) *Scheduling Screening & Vaccination Events*

Once you have arranged for the screening tests and/or vaccines, you must schedule the dates for your events. It is more cost effective to conduct the screenings at a time prior to the vaccinations.

Schedule your screening/vaccination events according to the type of vaccine being offered and the age of participant. See below, **Table 1: Recommended dosages**



and schedules of hepatitis B vaccines.

Table 1: Recommended dosages and schedules of hepatitis B vaccines

| Vaccine | Age group | Dose | Volume | # Doses | Schedule* |
|--|------------------|------|--------|---------|---|
| Engerix-B (Glaxo-SmithKline) | 0–19 years | 10µg | 0.5 ml | 3 | Infants: birth, 1–4, 6–18 mos. of age Alternative for older children: 0, 1–2, 4 mos. |
| | 20 years & older | 20µg | 1.0 ml | 3 | 0, 1, 6 mos. |
| Recombivax HB (Merck & Co.) | 0–19 years | 5µg | 0.5 ml | 3 | Infants: birth, 1–4, 6–18 mos. of age Alternative for older children: 0, 1–2, 4 mos. |
| | 11 thru 15 yrs. | 10µg | 1.0 ml | 2 | 0, 4–6 mos. |
| | 20 years & older | 10µg | 1.0 ml | 3 | 0, 1, 6 mos. |

* The schedule for hepatitis B vaccination is flexible and varies. Consult the Advisory Committee on Immunization Practices (ACIP) statement on hepatitis B (11/91), the AAP's *2003 Red Book*, or the package insert for details.

Note: For adult dialysis patients, the Engerix-B dose required is 40µg/2.0ml (use the adult 20µg/ml formulation) on a schedule of 0, 1, 2, and 6 months. For Recombivax HB, a special formulation for dialysis patients is available. The dose is 40µg/1.0ml and it is given on a schedule of 0, 1, and 6 months.

For example, suggested scheduling for participants aged 20 and older is the following:

- *Screening only event;
- *One month after screening event, schedule 1st vaccination event;
- *One month after 1st vaccination event, schedule 2nd vaccination event;
- *Six months after 1st vaccination event, schedule 3rd vaccination event.

Hepatitis B screening and vaccination events are challenging because the participants will need to come back 3 times, for a total of 3 vaccination shots. *It is not a 1 shot vaccination.* You may have participants who began vaccinations with another source and want to complete their vaccination series with your program. Such participants do not need to restart the series and may continue the series from their last recorded vaccination. Use the **Sample Timeline** to help plan “missed shots” opportunities (pg. 95-96).



Other suggestions include:

- Decide if participants will come to events by pre-registration or on a first-come-first-served basis.
- Have refreshments for volunteers at the screening and vaccination events.
- If an event is being held at a church, schedule screening and vaccination events right after church service(s). Holidays like Easter or Christmas or Mother's Day or Father's Day are ideal dates to hold events.

3) *Storage of Vaccines*

Proper handling and storage of vaccines is extremely important. It will be the clinical coordinator's responsibility to find the proper storage space for vaccines. Appropriate storage arrangements must be made before receiving the vaccines.

Vaccines work only if they are uncontaminated and potent. In order to keep your vaccines in "good" and "potent" condition prior to your vaccination events, you must keep them stored in the proper conditions.

Review **Storage of Vaccines** in this section (pg. 42) for the vaccine storage guidelines.

4) *Documentation*

Documentation is a crucial part of a hepatitis B prevention campaign. If you have not done so already, please sign a **Memorandum of Understanding** (pg. 83-84) with HBI-DC. The MOU helps HBI-DC to better serve you, by providing technical assistance and data analysis. HBI-DC will use the information gathered for research purposes (i.e., provide statistics on the effectiveness of community-based initiatives on a national level to increase funding for these types of activities and to improve the program model).

Before all events, remember to compile a **Programs for the Uninsured** sheet with a list of local providers for continued care in your area. See pages 119 to 122 in section IX.D for a sample listing. Copies should be made available to all participants during the screening and the vaccination events.

The Administrative Coordinator must identify a place to store participant files in between events and after the campaign. Files must be stored in a secure, locked place to ensure participant confidentiality.

Later in this section, you will learn about the different forms needed for the day of the screening and vaccination events. Included among this list of forms are the: **Registration, Release and Waiver Form, CDC Vaccine Information**



Statement. Pay close attention to the directions on these forms, many of which are required information for the participants' files.

B. Screening Events

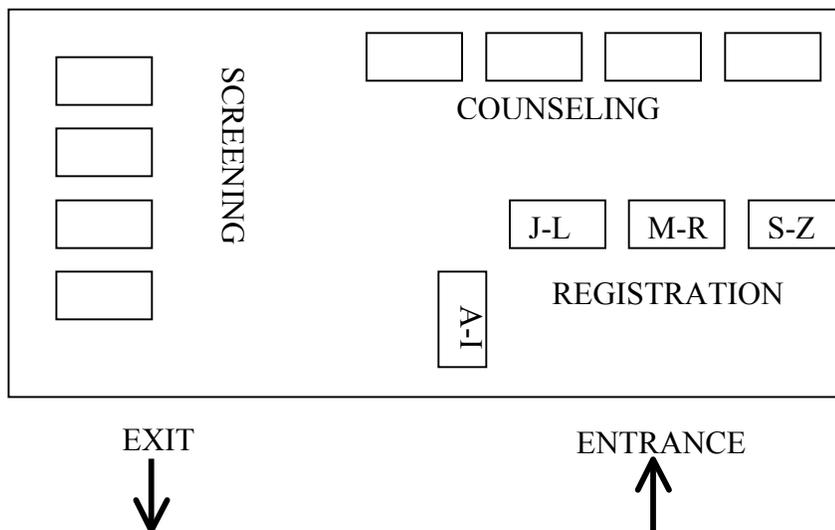
Before beginning your screening events, consult the **HBI-DC Checklist of Forms** (pg. 93-94) to make sure you have the necessary tools. Pay particular attention to the following prior to the event(s):

- 1) HBI-DC recommends hiring trained phlebotomists to draw the blood from participants and a lab which can process the blood samples. Research local laboratories, hospitals and State Departments of Health for assistance.
- 2) Prepare a **Programs for the Uninsured** sheet (see pg. 119-122 for a sample).
- 3) Review the **Supply List** (pg. 97).
- 4) Prepare 3 types of form letters for participants, informing them of their screening test results. **Sample Results Letters** are provided (pg. 112-116). Forms explaining test results are available in various languages, including Korean. Please refer to the Hepatitis B Foundation for more languages at: www.hepb.org.
- 5) Prepare a **Volunteer Feedback Form** if you choose to evaluate your program (pg. 81).
- 6) Identify enough bilingual volunteers to staff each of the stations.
- 7) Make photocopies of all the necessary handouts, forms and instruction sheets.
- 8) Ask phlebotomists to sign the **Waiver Form for Screening/Vaccination Volunteers** (pg. 73) before the event.
- 9) Reserve space and prepare supplies for screening event. Use **Figure One** (pg. 36) in this section as a guide to setting up your event.



Figure One: Screening Event Layout

For Screening Events:



During the screening events, the following 3 stations are set up: registration, counseling and screening. Participants must visit each station in order, as listed below. Be sure to assign volunteers to guide participants from registration to counseling to screening areas to avoid confusion and facilitate flow control.

REGISTRATION STATION:

For this station, you will need 4 tables staffed by 2 or more volunteers. It is essential to have at least one bilingual volunteer. HBI-DC suggests labeling the tables according to the last name with the following categories: A-I, J-L, M-R and S-Z.

All participants are *required* to fill out a **Registration Form** (pg. 98) and a **Waiver Form for Participants** (pg. 99-100). The Registration Form collects basic demographic information, including health insurance and primary language. Volunteers should check registration forms for completeness and then assign a number to each participant for tracking of their records as well as traffic flow during the screening event. To keep an organized flow, call participants by number to the screening station. Waiver forms are provided to release the organizers and HBI-DC from any liability.



COUNSELING STATION:

Bilingual physicians staff this station to answer any questions that participants may have prior to getting tested. If participants do not have insurance, volunteers should distribute the **Programs for the Uninsured** (pg. 119-122) handout.

Volunteers at this station will explain myths about hepatitis B. Many immigrants believe in myths they learned in their home country. For example, some believe that the disease is transmitted through food and water. Another myth is that children inherit hepatitis B from their mothers. Neither of these statements is true. The hepatitis B virus is transmitted through blood and sexual fluids only. Moreover, children have a 95 percent chance of developing immunity to hepatitis B through vaccination at birth.

SCREENING STATION:

A local laboratory, a hospital or a State Department of Health handles the screening station. Therefore, it is important to have bilingual volunteers available for assistance at this station.

For this station, 2-4 trained phlebotomists will draw blood from the participants and test for HbsAg and HbsAb. The results will be sent to the Clinical Coordinator. Participants who do not test positive for the disease will receive the results by their preferred method of contact identified on the registration form. See **Sample Results Letters** provided on pages 112-116. The Clinical or Administrative Coordinator will be responsible for contacting the participants. Letters may be picked up by the participant at the organization, as long as patient confidentiality is ensured.

Direct contact by a physician will be made with those participants identified as HbsAg positive and HbsAb negative (positive result). Insured participants are referred to hepatologists, whereas uninsured participants are provided with state resources.

C. Vaccination Events

Before beginning your vaccination events, consult the **HBI-DC Checklist of Forms** (pg. 93-94) to make sure you have the necessary tools. Pay particular attention to the following prior to the event(s):

- 1) Find out who qualifies for free vaccines in your area. Some schools and clinics provide vaccines for certain age groups or high risk groups. The vaccine should be given only to individuals that have not been exposed to hepatitis B. All babies born in the United States since 1991 should have received the vaccine. Children under 18 qualify for *free vaccines* from the

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www.hepbinitiative.org



Centers for Disease Control and Prevention (CDC). For more information, visit: <http://www.cdc.gov/nip/vfc/Default.htm>.

- 2) Store your vaccines properly. The Clinical Coordinator will be responsible for properly storing all vaccines. See **Storage of Vaccines** in this section (pg. 42).
- 3) Review the **Supply List** (pg. 97).
- 4) Prepare a **Volunteer Feedback Form**, if you choose to evaluate your program (pg. 81).
- 5) Identify enough bilingual volunteers to staff each of the stations.
- 6) Make photocopies of all the necessary handouts, forms and instruction sheets.
- 7) Ask volunteers to sign the **Waiver Form for Screening/Vaccination Volunteers** (pg. 73) before the event.
- 8) Collaborate with HBI-DC staff on data management and data analysis. Use the **HBI-DC Partners: Data Collection** form (pg. 47). The Administrative Coordinator will be responsible for storing and organizing all participant folders.
- 9) Plan options for participants who miss vaccination events.

Missed Vaccination Shots: The coordinators must establish a protocol for the options available to those who have missed their 1st, 2nd or 3rd hepatitis B vaccination shots. Some questions to consider are:

- Will additional vaccination days be offered?
- Who will be responsible for contacting participants who miss scheduled vaccination dates? The Clinical or Administrative Coordinator?
- To whom will participants be referred if we are unable to offer additional vaccination days?

Missed vaccination shots are common among participants. Invariably, not all participants who attended the 1st vaccination will make the 2nd vaccination event. Reasons due to illness, travel, or work will frustrate both the organizers and participants.

Establish a standard “missed vaccination shots” protocol before the day of the event. All of the organizers and volunteers should become familiar with the protocol. Some of HBI-DC’s past partners had a dedicated Clinical Coordinator administer many of the vaccines at his/her discretion. This option will depend on the Clinical Coordinator’s personal schedule and availability. If it is not feasible to provide missed shots, then remember to link these individuals to local health care providers.

According to studies on vaccine intervals (see **Administration of Energix-B** by GlaxoSmithKline article on pg. 43-45), “vaccines given longer than recommended intervals between doses does not reduce final antibody concentrations, and that

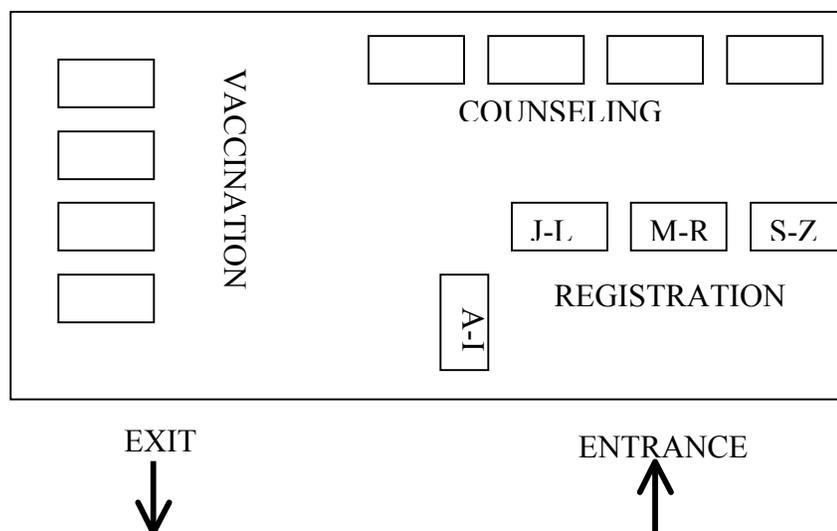


there is no need to restart a vaccination series or give additional doses.”

The Advisory Committee on Immunization Practices (ACIP) and the American Academy of Family Physicians (AAFP) recommend the following: *“If the vaccination series is interrupted after the first does, the second dose should be administered as soon as possible. The second and third doses should be separated by an interval of at least 2 months. If only the third dose is delayed it should be administered when convenient. With regard to dosing intervals, the recommended interval between the first and second dose is 1 to 4 months and between the second and third dose is 2 to 17 months. For infants, the third dose should not be given before six months of age.”*

- 10) Reserve space and prepare supplies for the vaccination event. Use **Figure Two** in this section as a guide to setting up your event.

Figure Two: Layout for Vaccination Events



During vaccination events, the following 3 stations are set up: registration, counseling, and vaccination. Participants must visit each station in order, as listed below. Be sure to assign volunteers to guide participants from registration to counseling to screening areas to avoid confusion and facilitate flow control.



REGISTRATION STATION:

For this station, you will need 4 tables staffed by 2 or more volunteers, with at least one bilingual volunteer. HBI-DC suggests labeling the tables with the following categories: A-I, J-L, M-R and S-Z. Group the files from the screening event according to the participant's last name following the above categories. Assign each participant a number after registration to keep an organized flow, and call participants by number to the vaccination station.

Each participant folder should include the **Vaccine Administration Records for Adults** (pg. 101), which tracks participants through the screening and vaccination process. Volunteers will need to check participants' folders to make sure they have completed all the information on the forms. In addition, volunteers should confirm the participants' screening and vaccination dates (at the bottom of the registration form) are accurately documented.

COUNSELING STATION:

Bilingual physicians staff this station to answer any questions that participants may have prior to getting vaccinated. Physicians are expected to fill out the **Pre-Vaccination Questions Form** (pg. 104), which documents participants' risk factors.

VACCINATION STATION:

Physician and nurse volunteers should staff this station. Health care professionals vaccinate participants, provide Centers for Disease Control and Prevention's **Vaccine Information Statements** (pg. 102-103) and fill out a **Vaccine Administration Records for Adults** (pg. 101) for each participant. Participants may keep the Vaccine Administration Record after completing the 3-dose series.

CDC's Vaccine Information Statements (VIS) are required by federal law. VIS are available in various languages, including Korean. Please refer to the Immunization Action Coalition for more languages at: www.immunize.org.

NOTE to Medical Volunteers: Vaccines should be administered in the Vastus lateralis for infants (& toddlers lacking adequate deltoid mass) and deltoid for toddlers, children & adults. The recommended needle size is 22– 25g, 1–2".

NOTE to Administrative Coordinators providing screenings and vaccinations: In order to better negotiate resources and support your efforts, please share your data with HBI-DC for evaluation purposes. Complete and mail HBI-DC the **HBI-DC Partners: Data Collection** form (pg. 47).



Donor Talking Points: Low Cost HBV Screenings/Vaccines

Finding a Point of Contact:

Many health care companies and labs have separate divisions which deal with community outreach and philanthropic gifts. Ask for the contact person in these departments. If no department exists, try to speak with the division or regional manager. The key is to develop a relationship with someone at the companies.

Your Goal/Strategy:

Emphasize that your program is based exclusively on VOLUNTEERS and your main objective is to prevent the spread of the hepatitis B virus. Explain there is no monetary gain from the event and it is a public health service which you are trying to provide. Generally, companies respond positively to programs spearheaded by volunteers dedicated to saving lives.

Typical Donor Questions:

What will our company get in exchange for these services?

- Good public relations/marketing opportunity
- Tax free donation
- Access to a predominately uninsured or hard to reach population
- Possibility of charging for services, screenings, or vaccines

Who are you targeting?

- Uninsured individuals
- Asian Americans and Pacific Islanders who are at high risk for hepatitis B
- People who are not accessing services through usual means (As much as 60% of HBI-DC's participants have never been exposed to hepatitis B, and were able to be protected for life with free vaccines.)

Why is your model effective?

- The faith-based and community-based public health approach has proven very successful in reaching the Asian American and Pacific Islander communities.
- HBI-DC's three shot completion rate was as high as 78%
- Evaluation is a priority in refining HBI-DC materials

What do you need?

- Free or low cost screening and vaccines
- Free or low cost screening/vaccines supplies (i.e., needles, bandages, etc.)
- Funding to support and promote our community and faith-based efforts to educate and mobilize AAPI communities at risk for and living with hepatitis B.
- Funding for the uninsured in need of hepatitis B treatment



Storage of Vaccines

Where to Put Your Vaccines:

Most hepatitis B vaccines are stored in temperatures similar to a refrigerator (35 to 46 °F or 2 to 8 °C). There is only an 11-degree Fahrenheit temperature window for vaccines to be stored. On a periodic basis, the Clinical Coordinator needs to check the gasket seals on the refrigerator unit to ensure proper sealing.

The Immunization Action Coalition (www.immunize.org and www.vaccineinformation.org) recommends that vaccines should always be stored in trays in the middle of the refrigerator; never in the doors. The door is frequently exposed to warm temperatures since it is often opened and closed.

Older vaccines should be kept at the front of the shelf so that these get used first. The newer vaccines should be placed behind the older vaccines (check expiration dates) so they will be cycled accordingly. Vaccines with the expiration 12/2007 indicates the vaccine can be used until the last day of December 2007; not the first.

Refrigerator Power Failure:

Invariably, power failures occur and so it is crucial to get vaccines into a functioning refrigerator as soon as possible. The 3 critical steps are:

- 1) Mark those vaccine vials which you feel might have been out of the temperature range as "nonviable" with a permanent black marker.
- 2) Record how long you believe the vaccines were out of temperature range.
- 3) Contact the source of your shipment (e.g., manufacturer, distributor or state health department). These sources also will be able to tell you where to send the vaccines if they are no longer viable.

Transporting Vaccines:

During the transport of vaccines to your vaccination site, the cold chain must be maintained. You will need at least one insulated container with a thermometer to place near the vaccine. Make sure the cold chain is maintained throughout the entire transport.



RE: STABILITY FOLLOWING EXPOSURE TO NON-RECOMMENDED
TEMPERATURES DURING THE STORAGE OF ENCERTY.R®

Overall, 98% of all vaccinated individuals seroconverted (not defined). At month seven, the anti-HBs GMTs were not significantly different for the control and heated vaccine groups (2,054

VIII. Evaluation of HBI-DC's Model

A. Overall Program Evaluation

Please help us to strengthen our program by giving us your feedback! We are continually trying to improve our education tools and enhance our services. We value your opinions and rely upon them as we continue to fulfill our mission of mobilizing communities to prevent hepatitis B in at-risk populations.

Complete and send in the questionnaire to the following address:

**The Hepatitis B Initiative of Washington, D.C.
PO Box 53447
Washington, D.C. 20009-3447**

Thank you for your participation!

Please answer the following questions:

Rate your level of satisfaction with the program on a scale of 1 to 5, 1=poor and 5=excellent.

| | Poor | | | Excellent | |
|---------------------------------------|------|---|---|-----------|---|
| 1. Overall, HBI-DC's model | 1 | 2 | 3 | 4 | 5 |
| 2. The Guidebook | 1 | 2 | 3 | 4 | 5 |
| 3. Step 1: Getting Started | 1 | 2 | 3 | 4 | 5 |
| 4. Step 2: Education and Awareness | 1 | 2 | 3 | 4 | 5 |
| 5. Step 3: Volunteer Training | 1 | 2 | 3 | 4 | 5 |
| 6. Step 4: Screening and Vaccination | 1 | 2 | 3 | 4 | 5 |
| 7. Sample forms and handouts | 1 | 2 | 3 | 4 | 5 |
| 8. DVD, PowerPoint, bilingual booklet | 1 | 2 | 3 | 4 | 5 |
| 9. HBI-DC's technical assistance | 1 | 2 | 3 | 4 | 5 |

10. What would you *change* about the Guidebook?

11. What would you *keep the same* in the Guidebook?

12. Other comments you would like to share, please write below:



B. HBI-DC Partners: Data Collection

Please help HBI-DC continue the fight to prevent the spread of hepatitis B virus. By providing the following information to HBI-DC we can advocate for increased support for your program, as well as continue to improve this hepatitis B prevention model for our communities.

Complete and send in the questionnaire to the following address:
The Hepatitis B Initiative of Washington, D.C.
PO Box 53447
Washington, D.C. 20009-3447

| Organization Information | | |
|---|---|---|
| Name of Organization: | Date(s) of Education Event(s): | |
| Address: | Date(s) of Volunteer Training(s): | |
| Contact Name: | Date(s) of Screening Event(s): | |
| Contact Phone Number and Email: | Date(s) of Vaccination Event(s): | |
| Participant Data | | |
| Please enter the number of participants for each category. | | |
| Education Event: | HBsAg positive and HBsAb negative results: | Completed 1 st dose vaccination: |
| Screening Event: | HBsAg negative and HBsAb negative results: | Completed 2 nd dose vaccination: |



| | | |
|--------------------|---|--|
| Vaccination Event: | HBsAg negative and HBsAb positive results: | Completed entire 3-dose series vaccination: |
|--------------------|---|--|

IX.A Forms and Materials for Step 1: Getting Started

Below you will find the **Memorandum of Understanding, HBI-DC Checklist of Forms, and Sample Timeline for Hepatitis B Screening & Vaccination Events.**

Please complete and send in the Memorandum of Understanding to the following address:

**The Hepatitis B Initiative of Washington, D.C.
PO Box 53447
Washington, D.C. 20009-3447**



**MEMORANDUM OF UNDERSTANDING
BETWEEN
HEPATITIS B INITIATIVE OF WASHINGTON, D.C. (HBI-DC)
AND**

The Hepatitis B Initiative of Washington, D.C., hereinafter referred to as HBI-DC, is a community service organization, and _____ is a _____ organization that also provides various services to the Asian American and Pacific Islander (AAPI) communities, hereby agree to the following:

PURPOSE

The purpose of this Memorandum of Understanding (MOU) between HBI-DC and _____ is three-fold: 1) to elucidate the roles and responsibilities of each party under the Areas of Cooperation; 2) to provide informed consent to both parties on the restrictions of participant confidentiality; and 3) to release and waive liability from HBI-DC any claims, suits, losses or causes of action arising from or associated with hepatitis B screening and vaccination.

AREA OF COOPERATION

1. HBI-DC agrees to provide to _____ a copy of **A Guidebook for Preventing Hepatitis B in Asian American Communities**. This guidebook is a step-by-step guide to model a hepatitis B awareness campaign in their respective communities.
2. In exchange for technical assistance and the Guidebook, _____ agrees to provide with HBI-DC non-personal data and information collected from participants who completed the Registration Form. Participants are persons who have submitted to the organizers a registration form, and who are willing to take part in the Hepatitis B screening testing and vaccination events.

The organizers agree to provide HBI-DC with the following:

- o A copy of the executed Waiver of Liability form from each of the screening and vaccination participants
 - o Name of organization
 - o Address of organization
 - o Contact information
 - o Dates of education, screening and vaccination events
 - o Total number of participants educated, screened and vaccinated.
 - o Total number of participants with HbsAg positive and HbsAb negative results
 - o Total number of participants with HbsAg negative and HbsAb negative results
 - o Total number of participants with HbsAg negative and HbsAb positive results
 - o Number of participants that completed their 1st series, 2nd series, and 3rd series vaccinations.
3. Participants' information will remain with the organization unless otherwise agreed. HBI-DC will provide technical assistance to the organization regarding data analysis and program evaluation. HBI-DC will have access to this information for research purposes (i.e., provide statistics on the effectiveness of faith-based initiatives on a national level to increase funding for these types of activities and to improve the model).

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4. _____ has the responsibility to publicize the training and screening/vaccinations, and to collect the information of participants using the registration form.
5. Both parties will determine the number, the frequency, and all other specifics relating to the trainings and screening/vaccinations at a mutually agreeable time, date, location, and other specific details on a case-by-case basis.

CONFIDENTIALITY

Both parties to this MOU acknowledge that both will observe confidentiality of information collected from each participant, and both parties will not allow anyone connected to this MOU to disclose any personal information pertaining to each participant. Both parties will not willingly violate Federal and State laws and regulations governing the confidentiality of personal information.

RELEASE AND WAIVER OF LIABILITY

Both Parties agree to release, waive and hold harmless to each other and to its supporting organizations, agents, employees, volunteers, and members, screening and vaccinating physicians and all other health care personnel involved in the screening and vaccination process from any and all claims, suits, losses or causes of action arising from or associated with this Hepatitis B screening and vaccination, including but not limited to, performance of the screening, evaluation and communication of screening results and effectiveness and administration of vaccinations.

VALIDITY, AMENDMENTS, EXTENSION AND TERMINATION

This MOU shall become effective upon signature of both Parties. This MOU shall be in effect for one (1) year, from the effective date of this MOU. It may be amended or extended by mutual written agreement of both Parties. This MOU shall remain in effect until terminated by either Party, which the terminating party must give a 60 (sixty) day written notification to the other Party prior to the termination of this MOU.

**FOR THE HEPATITIS B
INITIATIVE OF WASHINGTON, DC**

FOR THE ORGANIZATION

(NAME, TITLE & DATE)

(Name, TITLE & DATE)



HBI-DC Checklist of Forms

The following checklist details the recommended forms and materials for your volunteers and participants during the education sessions, the volunteer training sessions and the screening & vaccination events:

Education Event(s):

- ✓ Hepatitis B Talking Points
- ✓ HBI-DC DVDs & Bilingual Booklets
- ✓ Hepatitis B Information for Asian and Pacific Islander Americans
- ✓ Hepatitis B FAQ sheet
- ✓ Hepatitis B: 12 Myths vs. Reality
- ✓ PowerPoint Presentation
- ✓ Test Your Knowledge of Hepatitis B quiz and answers

Volunteer Training Day(s):

- ✓ Education Materials (*from above*)
- ✓ Screening & Vaccination Events: Layout Design
- ✓ Sample Instruction Sheets
- ✓ Sample Volunteer Feedback Form
- ✓ Test Your Knowledge of Hepatitis B quiz
(*2 copies/volunteer; Give 1 copy out before; 1 copy after the volunteer training session and give ALL copies to HBI-DC*)
- ✓ Answers to Test Your Knowledge of Hepatitis B quiz

Screening Event(s):



- ✓ Supply List for Screening/Vaccination Events
- ✓ Registration Form
- ✓ Release & Waiver Form for Participants
- ✓ Waiver & Liability for Screening/Vaccination Volunteers
(All volunteers on clinical side should sign)
- ✓ Vaccine Administration Record for Adults (www.immunize.org)
- ✓ Results Letters
(prepare form letters for each outcome)
- ✓ Understanding Hepatitis B Results
- ✓ Instruction Sheet for Registrars on Screening Day
- ✓ Instruction Sheet for Counselors on Screening Day
- ✓ Instruction Sheet for Phlebotomists on Screening Day
- ✓ CDC VIS forms
(www.cdc.gov/hepatitis)
- ✓ Programs for the Uninsured

Vaccination Event(s):

- ✓ Supply List for Screening/Vaccination Events
- ✓ Registration Form
- ✓ Release & Waiver Form for Participants
- ✓ Waiver & Liability for Screening/Vaccination Volunteers
(All volunteers on clinical side should sign)
- ✓ Pre-Vaccination Questions
- ✓ Vaccine Administration Record for Adults (www.immunize.org)
- ✓ Instruction Sheet for Registrars on Vaccination Day
- ✓ Instructions Sheet for Counselors on Vaccination Day
- ✓ Instructions Sheet for Vaccinators
- ✓ CDC VIS forms
(www.cdc.gov/hepatitis)
- ✓ Programs for the Uninsured



Sample Timeline for Hepatitis B Screening & Vaccination Events

HBI-DC recommends allowing approximately 9-11 months for launching an effective hepatitis B prevention campaign. HBI-DC screened over a thousand individuals in the metropolitan Washington, D.C. area and found the following timeline to be particularly effective for faith-based communities:

June-August: Raise awareness and educate community members about hepatitis B, either through guest speaker workshops or writing articles in your church or community newsletter. Pass out **HBI-DC's bilingual booklet** (see sample included). It is best to offer 3-4 sessions where community and church members learn the basic facts of hepatitis B. Use **HBI-DC's DVD** (see sample included) to engage community leaders and the congregation during Sunday services.

September: Screening event for community and church members held at this time of the year (when school starts) seems to be most effective. Another good time is Easter weekend. HBI-DC suggests that hepatitis B surface antigen (HbsAg) and hepatitis B surface antibody (HbsAb) screenings are provided. A physician volunteer will be responsible for accepting the lab results of the screenings and personally calling those who are diagnosed as positive for HbsAg and negative for HbsAb. Appropriate counseling and/or referrals should be readily available, especially for those participants that test positive for hepatitis B. The administrative coordinator volunteer will be responsible for collecting all paperwork and coordinating volunteer activities.

September-October: Screening result letters need to be mailed or be available for pick up at church. Those who received HbsAg negative and HbsAb negative results need to be informed about when they can receive their first vaccination. *Vaccination #1 is scheduled soon after the screening results have been distributed to the participants.* Announcements should be made during church or community meetings/services to remind members that vaccination #1 is available and vaccination #2 is only one month later.

November: *Vaccination #2* is offered at least one month after the first vaccination date. It is the church or community participant's responsibility to remember to plan and attend the second vaccination event. Each participant will be reminded to return in five months for the third and final vaccination.

December-March: During church meetings/services, announcements should be made to remind members to get their third vaccination at least six months after the first vaccination event.

April-May: The final vaccination event, vaccination #3, is offered at least six months after the first vaccination event. Those church or community participants who have had all three vaccinations will be given a copy of their vaccination record.



May: Share your results with HBI-DC online by visiting www.hepbinitiative.org. See **Memorandum of Understanding** for specific results requested. HBI-DC will use this information for research purposes (i.e., provide statistics on the effectiveness of faith-based initiatives on a national level to increase funding for these types of activities and to improve the model).

Note: This is only a suggested timeline and timeframe to offer screenings and vaccinations. HBI-DC has found, however, that during the summer months, many participants are not able to come back for their second immunization. Sometimes participants just can't make the scheduled event. **The important thing to remember is that the 2nd vaccine must follow at least one month after the 1st vaccine and the 3rd vaccine must follow at least six months after the 1st vaccine. Participants do not need to restart the series if they missed a dose.** The Clinical Coordinator, who is a physician or nurse, will find other opportunities to vaccinate those who missed scheduled events.

IX.B Forms and Materials for Step 2: Hepatitis B Education & Awareness

Below you will find **HBI-DC Checklist of Forms**, Hepatitis B Talking Points, Test Your Knowledge of Hepatitis B quiz and answers and Testimonials.

HBI-DC Checklist of Forms

The following checklist details the recommended forms and materials for your volunteers and participants during the education sessions, the volunteer training sessions and the screening & vaccination events:



Education Event(s):

- ✓ Hepatitis B Talking Points
- ✓ HBI-DC DVDs & Bilingual Booklets
- ✓ Hepatitis B Information for Asian and Pacific Islander Americans
- ✓ Hepatitis B FAQ sheet
- ✓ Hepatitis B: 12 Myths vs. Reality
- ✓ PowerPoint Presentation
- ✓ Test Your Knowledge of Hepatitis B quiz and answers

Volunteer Training Day(s):

- ✓ Education Materials (*from above*)
- ✓ Screening & Vaccination Events: Layout Design
- ✓ Sample Instruction Sheets
- ✓ Sample Volunteer Feedback Form
- ✓ Test Your Knowledge of Hepatitis B quiz
(*2 copies/volunteer; Give 1 copy out before; 1 copy after the volunteer training session and give ALL copies to HBI-DC*)
- ✓ Answers to Test Your Knowledge of Hepatitis B quiz

Screening Event(s):



- ✓ Supply List for Screening/Vaccination Events
- ✓ Registration Form
- ✓ Release & Waiver Form for Participants
- ✓ Waiver & Liability for Screening/Vaccination Volunteers
(All volunteers on clinical side should sign)
- ✓ Vaccine Administration Record for Adults (www.immunize.org)
- ✓ Results Letters
(prepare form letters for each outcome)
- ✓ Understanding Hepatitis B Results
- ✓ Instruction Sheet for Registrars on Screening Day
- ✓ Instruction Sheet for Counselors on Screening Day
- ✓ Instruction Sheet for Phlebotomists on Screening Day
- ✓ CDC VIS forms
(www.cdc.gov/hepatitis)
- ✓ Programs for the Uninsured

Vaccination Event(s):

- ✓ Supply List for Screening/Vaccination Events
- ✓ Registration Form
- ✓ Release & Waiver Form for Participants
- ✓ Waiver & Liability for Screening/Vaccination Volunteers
(All volunteers on clinical side should sign)
- ✓ Pre-Vaccination Questions
- ✓ Vaccine Administration Record for Adults (www.immunize.org)
- ✓ Instruction Sheet for Registrars on Vaccination Day
- ✓ Instructions Sheet for Counselors on Vaccination Day
- ✓ Instructions Sheet for Vaccinators
- ✓ CDC VIS forms
(www.cdc.gov/hepatitis)
- ✓ Programs for the Uninsured



Hepatitis B Talking Points

- The message of health, healing and restoration is repeated time and time again in the scriptures. The activities you provide play a very important role in raising awareness about hepatitis B.
- Hepatitis B is caused by a virus (hepatitis B virus) that gets into your body through blood and body fluids and attacks your liver.
- Hepatitis B can cause liver damage (cirrhosis), liver cancer and liver failure.
- Chinese Americans are at **6 times greater risk** for hepatitis B; Korean Americans are at **8 times greater risk** and Vietnamese Americans are at **13 times greater risk** compared to white Americans.
- Although Asian Americans represent 4% of the population, they account for **over half of the 1.3-1.5 million chronic hepatitis B cases** and **half of the 5,000 deaths each year** in the United States.
- As many as **1 out of 10** Asian Americans is chronically infected with hepatitis B.
- **400 million people worldwide** are chronically infected with hepatitis B. 275 million (67%) reside in Asia and the Pacific Islands in comparison with 170 million people with chronic hepatitis B and 47 million people with HIV/AIDS in the world.
- Carried in the blood and other bodily fluids, the hepatitis B virus is **50-100 times more** contagious than HIV, the virus that causes AIDS.
- Hepatitis B is a **SILENT** disease. Many people, who are chronically infected with hepatitis B, do not present symptoms. Often, typical symptoms (such as fever, fatigue, joint or muscle pain, loss of appetite, nausea and vomiting) are mistaken for influenza.
- People who are exposed to hepatitis B have 95% chance of becoming immune on their own. If their body does not fight it off, they become chronically infected with the virus.
- **1 out of 4** people with chronic hepatitis B virus infection, who became chronically infected during childhood, will die of hepatitis B virus-related liver cancer or cirrhosis (as early as 30 years of age).



- Vaccine immunization is the most effective means of preventing hepatitis B infection and its consequences, especially during infancy and early childhood.
- Since 80% of liver cancer is hepatitis B virus related, the vaccine is considered the first “anti-cancer vaccine.”⁶
- Since 1991, all infants born in the United States should receive the hepatitis B vaccine. However, there are reports of infants who did not receive the vaccine. Remember to check the medical records. Infants born to chronically infected mothers can be protected from hepatitis B if given the vaccine within 12 hours of birth and at 2 months and 6 months.
- Ask your doctor for hepatitis B screenings and vaccines.
- (*Only if you are able to provide free screenings and vaccines*) Usually, the cost of screenings and vaccines and doctor visits total to around \$400. People can save approximately \$400 by coming to the screening/vaccination events.

⁶ Moritsugu K. Tsu JB. Chen MS. Dear Colleague Letter from Surgeon General’s Office. June 10, 2002.
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Test your knowledge of Hepatitis B

1. Check off activities that can potentially expose a person to hepatitis B:

- a. sharing eating utensils, beverage glasses
- b. having unprotected sex
- c. hugging someone with hepatitis B
- d. being bitten by a person
- e. chewing food for your child
- f. sharing chewing gum
- g. getting a tattoo, ear or body piercing
- h. giving birth to your child
- i. sharing needles, cotton, spoons for injecting drugs
- j. sharing razors, toothbrushes, washcloths, nail clippers, other personal care items
- k. touching blood or body fluids in skin cuts, open sores or rashes
- l. from food

2. A person can have hepatitis B and not know it. True False

3. Hepatitis B is genetic and there's nothing I can do about it. True False

4. I will be protected from hepatitis B infection and disease if I receive one or one or two of the standard three doses of hepatitis B vaccines. True False

5. Getting the Hepatitis B vaccine cures me from Hepatitis B. True False

6. Hepatitis B can lead to liver cancer. True False

7. Liver cancer is the 3rd most common cancer in Asian Americans. True False

8. If I am not sure whether I have hepatitis B, what can I do? (please check off the correct answer)

Get screened for hepatitis B Get vaccinated for hepatitis B

9. 1 of 7 people tested is infected and can infect others. True False

10. 1 of 2 people tested had been infected at one time but have cleared the infection from their bodies and won't get infected again. They cannot spread the hepatitis B infection to others. True False

11. About 1 in 3 people has never been infected and need the hepatitis vaccine to be protected. True False

12. If I am a hepatitis B carrier I should (please check off all correct answers):

- Get vaccinated for hepatitis A
- Get vaccinated for hepatitis B
- Get vaccinated for hepatitis C
- Visit my doctor every 6 months for ALT and AFP tests
- Visit my doctor once a year for ultrasound test

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- Avoid drinking alcohol and maintain regular sleep
- Be careful about medicine intake
- Make sure my family is screened for hepatitis B

Answers to Test your knowledge of Hepatitis B
(correct answers are in **bold**)

1. Check off activities that can potentially expose a person to hepatitis B:

| | |
|---|--|
| a. <input type="checkbox"/> sharing eating utensils, beverage glasses | b. <input checked="" type="checkbox"/> having unprotected sex |
| c. <input type="checkbox"/> hugging someone with hepatitis B | d. <input type="checkbox"/> being bitten by a person |
| e. <input checked="" type="checkbox"/> chewing food for your child | f. <input type="checkbox"/> sharing chewing gum |
| g. <input checked="" type="checkbox"/> getting a tattoo, ear or body piercing | h. <input type="checkbox"/> giving birth to your child |
| i. <input type="checkbox"/> sharing needles, cotton, spoons for injecting drugs | |
| j. <input type="checkbox"/> sharing razors, toothbrushes, washcloths, nail clippers, other personal care items | |
| k. <input type="checkbox"/> touching blood or body fluids in skin cuts, open sores or rashes | |
| l. <input type="checkbox"/> from food | |

2. A person can have hepatitis B and not know it. True False

3. Hepatitis B is genetic and there's nothing I can do about it. True False

4. I will be protected from hepatitis B infection and disease if I receive one or one or two of the standard three doses of hepatitis B vaccines. True False

5. Getting the Hepatitis B vaccine cures me from Hepatitis B. True False

6. Hepatitis B can lead to liver cancer. True False

7. Liver cancer is the 3rd most
common cancer in Asian Americans. True False

8. If I am not sure whether I have hepatitis B, what can I do? (please check off the correct answer)
 Get screened for hepatitis B Get vaccinated for hepatitis B

9. 1 of 7 people tested for hepatitis B is infected and can infect others. True False

10. 1 of 2 people tested had been infected at one time but have cleared the
infection from their bodies and won't get infected again. They cannot spread the hepatitis B infection to others. True False

11. 1 in 3 people have never been infected and need the hepatitis vaccine to be
protected. True False

12. If I have chronic hepatitis B, I should (please check off all correct answers):

 Get vaccinated for hepatitis A
 Get vaccinated for hepatitis B



- ___ Get vaccinated for hepatitis C
- ___ **Visit my doctor every 6 months for ALT and AFP tests**
- ___ **Visit my doctor once a year for ultrasound test**
- ___ **Avoid drinking alcohol and maintain regular sleep**
- ___ **Be careful about medicine intake**
- ___ **Make sure my family is screened for hepatitis**



Testimonial by Pastor Samuel Lee

Hello! My name is Samuel Lee and I serve as a one of the pastors at the Korean Central Presbyterian Church, located in a Washington, DC suburb.

The way I became aware of hepatitis was when I donated blood my college freshman year, back in 1983. The American Red Cross sent me a post card that said *"You have hepatitis. Please go and consult your doctor and do not donate blood."* So I went to see my doctor and my doctor told me, *"...Just eat well and exercise and it will naturally go away. Your body will develop immunity."* And I thought that would be it.

I didn't think much about hepatitis B until I got married. After 8 months, my wife became pregnant and we went for prenatal care. I told my wife's doctor that I was a hepatitis B carrier. The doctor asked me if my wife had been vaccinated, and when I said no, he panicked.

But before we got married, my wife served for 2 years as a missionary in Africa and she was given many different vaccinations before she went to the field. That's how she was protected [from hepatitis B]. My ignorance almost inflicted my wife with this deadly virus... Even after 20 years, my body did not develop immunity to the virus — instead I had developed chronic hepatitis B.

One of my colleagues at church [who also has chronic hepatitis B] developed liver failure and had a liver transplant. His wife and my wife were close friends and my wife panicked. She pressed me to seek medical consultation. My doctor examined me and suggested a detailed liver analysis and a liver profile. Certain enzyme levels were higher than normal. He then referred me to a liver specialist who suggested that I have a liver biopsy. My first liver biopsy results were normal and he said to monitor levels and to maintain a healthy lifestyle- no alcohol, no tobacco.

After two years of stressful work, I began to feel more tired [than normal] and went to see my liver specialist. He ran a biopsy again ...and my test measured the amount of hepatitis B virus [in my system] at about 6 million units. After just 5 to 6 months of medication, the amount of hepatitis B in my blood was down below 100 units. And now, I feel healthy. Until science comes up with a better treatment for hepatitis B, I will continue taking medication. It provides hope for those of us who suffer from this virus that you can take medication and stay healthy.

I want as many people, especially in the Asian American community, to seek screening and find out where they can go for vaccination. Even if the screening is positive for the virus [chronic hepatitis B], there is medical treatment available and they can prevent this virus from further developing into liver cancer.



Testimonial by Leslie Hsu Oh

"I realize how generous God has been to me. He has saved my life twice: once when I was born and now from this horrible cancer. During my illness, I dreamed of falling and as I was falling there were many colorful blankets breaking my falls. I really believe that God has put those blankets under me, so when I do fall, he could catch me in the air and set me gently on the ground. He also kept my very supportive family together during these hard times."

years old

~John C. Hsu, 17

I recently found the courage to read a book my mother wrote a few months after my brother, John, died from liver cancer. *A Whale of a Boy* was never published in English, although she originally wrote it in English. This quote is from a letter my brother wrote right after he received a liver transplant, not knowing that a few months later, cancer would metastasize to this liver. Reading *A Whale of A Boy* is a ceremony like a wedding or baptism which I intend to celebrate only once in my lifetime. It reminds me of the tremendous faith that has always broken my falls.

But it also reminds me of the silent power of hepatitis B. Absent in *A Whale of A Boy* is any mention of hepatitis B, even though my mother was diagnosed with liver cancer caused by hepatitis B a week after my brother died. Did she do this on purpose so hepatitis B would not rule her life? By not writing about it was she robbing hepatitis B of its power? Or was she inadvertently perpetuating the silent nature of this disease? Am I supposed to point out her omission, proclaim on top of a mountain so the whole world can hear that hepatitis B and liver cancer is easily preventable if we all just talk about it? Or am I simply a victim of hepatitis B, still: watching helplessly as it claimed MaMa and John's life, allowing it to silently seep into all facets of my life - the future, the past and the precious remains of happy memories.

The happy memories are more than can be told in this testimony. My story begins with Auxilia and John, my parents, who came to the United States to pursue their graduate studies. My mother was a talented artist and journalist. Named by a missionary, my mother was an amazing woman who always put others before her needs. Everybody thought of her as their "mother" since she was so loving, generous, and fun to be with. She had a way of making life seem like an adventure. My father was an engineer. He was baptized the same day I was, since he promised the Lord that he would when my mother became pregnant. They had prayed six long years for a child.

My parents made many sacrifices to provide my brother and I the best education, health care, and loving home. Perhaps they were so protective, because we nearly lost my brother when he was born two years after me. My mother had to find a gravesite for him twice during the first two years of his life on the respirator. She often told me this story, to illustrate how God heard her prayers. The doctors called him a "miracle" baby. Although he had asthma, he was otherwise a happy healthy child who loved to take care of this sister and tease her. I remember waking up in the morning with a note pinned to my pillow from my brother telling me what the weather was going to be like for the day, so I would know what to wear. My best memories occurred on our summer road trips to national parks. It was there in the wilderness as we hiked, and went horseback riding and water rafting, that mother taught us how to appreciate nature, fulfill our dreams, and love the Lord. Our parents took us to almost fifty of the national parks in the United States and Canada.

One day without warning, my brother, John, experienced severe abdominal pain. He was sixteen and I was a freshman in college. We were told he had liver cancer, and that both he and my mother had hepatitis B. A year later after chemotherapy treatments, and a liver transplant, he died of a brain hemorrhage. A week after his death, my mother was diagnosed with the same disease. Although we



fought her cancer with alternative therapies, I lost her the following year. I was a junior in college. In three short years, I lost everything because of hepatitis B. Both of them fought their illness with tremendous courage and faith.

I was angry knowing that all of this suffering and guilt could have been avoided had we known about the vaccine or received it at birth. My mother thought it was her fault, that she had caused my brother's death. And, my brother spent the last year and a half of his life with no hair, and a tube hanging out of his heart. Throughout his illness, he kept saying to all of us "don't worry, be happy, it's up to God." His last request was to be frozen until a cure could be found. My father got remarried shortly after my mother's death and had another child. His way of grieving was to forget everything that reminded him of my mom and brother. So I felt like I lost him too.

It was a dark time in my life, when I felt abandoned by everyone, even God. Two years after mom passed away, I ended up in Boston where I began studying public health. Public health made sense to me since it was all about prevention.

Three months after I began school, I co-founded the Hepatitis B Initiative (HBI). Channeling my grief into this program, I found a way to justify mom and John's death by saving other lives. HBI provides free screenings and vaccinations through a culturally appropriate mass media campaign. Those two years in Boston were very busy for me. I hardly slept working part time, running the HBI program, and completing a degree in Health Communications. I kept myself busy in order to distract myself from dwelling upon my losses. Somehow in this time of chaos, the Lord found me again. I began attending the Christian Medical Dental Society, which met in my dormitory once a week. I joined a prayer group. I played my piano in a praise group a few times and found myself sharing testimonies at retreats. Sermons like the one about Job and counseling with pastors helped me to sort out my relationship with God. All of this was a new experience for me as I was raised Catholic. I couldn't believe how much I thirsted for a "family" and how much I needed the Lord.

In 1999, I left Boston and began working for the U.S. Department of Health and Human Services in Washington, D.C. I was still searching for a church "home" when I met Thomas Oh in 2000. He and I bonded over our faith and hepatitis B prevention. Thomas was born in Arlington, Virginia and his parents helped found the Korean Central Presbyterian Church (KCPC). He also has family and friends who have been impacted by hepatitis B for generations, mainly due to the misperception that nothing can be done about hepatitis B. We ended up finding our church "home" in Christ Central Presbyterian Church (CCPC), English ministry of KCPC.

In October 2001, Thomas and I visited Alaska, a place where I refused to go since mom and John never had a chance to travel there. My mother's last request to my father was for us to complete visiting the seven remaining parks in Alaska. Thomas proposed to me in Denali.

Shortly after we were engaged, Thomas and I began talking to Pastor Hank about a calling we felt every time we attended church: to raise awareness about hepatitis B. We'd hear the stereo system blaring on the walls against the brackets that Thomas attached as a teenager, eat lunch on the lawns that he used to run around as a child and feel a tremendous responsibility to protect the members of this church from hepatitis B. So many of his peers who played basketball with him while his parents were in service, who became Sunday school teachers and went on missions, have hepatitis B that could've been prevented. Pastor Hank advised that we wait until after we married in June 2002, before sharing our desire with other members of CCPC.

We began to meet with several church leaders from CCPC to brainstorm what we could do about hepatitis B. It was very important for us to form a Hepatitis B Ministry with a foundation on rock. So we started every meeting with: "Therefore everyone who hears these words of mine and puts them

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into practice is like a wise man who built his house on the rock. The rain came down, the streams rose, and the winds blew and beat against that house; yet it did not fall, because it had its foundation on the rock. But everyone who hears these words of mine and does not put them into practice is like a foolish man who built his house on sand. The rain came down, the streams rose, and the winds blew and beat against that house, and it fell with a great crash." (Matthew 7:24-27)

The ministry has blossomed in more ways than we ever imagined, even providing technical assistance to groups all around the Nation. We are so grateful to everyone who has contributed to the Hepatitis B Initiative and continue to pray for this ministry.

Excerpt adapted from "Between the Lines" by Leslie Hsu Oh:
If the house burned down and I could rescue only one thing, I would save this: a 6 1/2 x 8 1/2 piece of lined notebook paper pressed between two sheets of glass. Cherry wood, straight on the vertical sides and curved on the horizontal, frames the glass like reversed quotation marks. One edge of the paper frayed, tiny holes broken, torn from a ringed notebook. The other edges water stained, blue lines bleeding around a pencil sketch. Each stroke - a strand of hair, a shadow around the eye - by itself is nothing, but together the lines form an image of me with a textbook in my lap, a highlighter in my left hand. The artist, my mother, pays close attention to the details that interest her: my long black hair tenderly tucked away in a French braid, a barrette with a Navajo rug pattern clasped the uneven ends. Her carefree cursive handwriting flows near my right elbow: "I Pray to God that I will have many more chances to sketch you." And beneath the hard edge of the textbook cover, she continues:

To My sweet, smart
and darling daughter.
Thanks for coming to Japan
with me.

Love,
Mom
May 9, 1994
Maki Hospital

On the opposite side of the frayed notebook paper is an image of my mother resting upon a pillow. Most of the pencil lines are mine, concentrated upon my mother's short hair, her eyebrows, a pair of glasses, her nose, the pouty lips characteristic of my mother's lineage, and her eyes large, swirling with shadows. Mingled with my lines are my mother's corrections, the tightening of lines around her nose which she always felt was too large, the various shades ranging from light to dark that my mother added to pop the eyes off the page into three dimension. I sign the sketch, like my mother does when she is finished with her paintings, my first initial followed by my last name. Underneath, I write:

1:30pm
Maki Hospital
5/9/94

Then, in the empty space of her abdomen area enclosed only by the outlines of a shirt, I title the sketch, "Mother's worried."



I was surprised to find that in a few quick strokes she preserved an image of me studying. Both MaMa and Jon-Jon insisted I continue my studies despite their illness. It was a necessity for them to see at least one member of the family unaffected by cancer or hepatitis B.

MaMa left behind more journals and photo albums than sketches. The sketches are usually portraits, quickly rendered on scraps of paper, now scattered among my files. I never looked closely at her portraits before, maybe because she was so speedy with them. She often told us to “freeze” so she could grab a piece of paper and sketch us. In a few seconds, she would produce an image, which we would forget about soon after. Recently, I came across an 8 x 11 sheet of lined paper, torn on the edges and browning with age, where my mother captured in color markers an image of my brother not more than ten years of age. His left arm wrapped by hospital tape to a board, an IV trailing from his fingertips. A flowered hospital gown draped across his body. His eyes closed, face deep in thought. I can see each relaxed, yet deliberate stroke where the marker or pencil touched the page. And I see that in those few seconds, my mother captured a tender feeling she has for someone she loves that she can’t adequately express through words or photographs.

Upon closer inspection of the cherry wood frame, I discover something new. The sketch is not drawn on one sheet of paper, but two. Although both are water stained, only my mother’s sketch of me has blue words bled through from another sheet of paper that was in the notebook. I can make out the word “cancer” hovering as if it is still haunting me. I hunt for the notebook I used in Maki hospital, for the specific page the word originated and found some answers to all my questions. Scrawled on several pages between responses to readings, I gushed angry words against cancer. It was a foul smelling, bloody, pussy monster I hacked with a sword. But the more I sliced at cancer, the more limbs it grew back. It crackled at me maliciously and said:

“And you thought you could kill me, you little pathetic human. I feed off of you, didn’t you know that? I only get stronger. But I don’t want you. I want your mother. Yes, you love her very much don’t you? Maybe, I’ll take her faster than your brother, eh? Or slower, yes, how would you like that?”

Resting in bed after returning from a simple day operation where a growing hamartoma that I’ve ignored for several years was removed, I clutch the notebook tightly to my chest and sink into my pillow. The tension, from several months of phone conversations with all the mothers in my life, my best friend, and my husband where I argued with them about not having the operation, spills onto the mattress along with guilt for not having done anything to help MaMa and John. I relish in the idea that I did fight cancer. And for the rest of my life, a two-inch scar on my right breast will remind me that it is better to face the unknown, no matter how scary it is.

I framed these two sketches rendered at Maki Hospital, not realizing the significance of what I preserved. A mother knowing that this might be the only way to remind her daughter how much she loved her when words could no longer be used. An artist knowing this might be the last time she could express her feelings in this way. And a code for breaking the silence.



IX.C Forms and Materials for

Step 3: Volunteer Training for Screening & Vaccination Events

Below you will find **HBI-DC Checklist of Forms, Volunteer Registration Form, Test Your Knowledge of Hepatitis B quiz, Answers to Test Your Knowledge of Hepatitis B quiz Screening and Vaccination Day Layout Design, Sample Instruction Sheets and Volunteer Feedback Form.**



HBI-DC Checklist of Forms

The following checklist details the recommended forms and materials for your volunteers and participants during the education sessions, the volunteer training sessions and the screening & vaccination events:

Education Event(s):

- ✓ Hepatitis B Talking Points
- ✓ HBI-DC DVDs & Bilingual Booklets
- ✓ Hepatitis B Information for Asian and Pacific Islander Americans
- ✓ Hepatitis B FAQ sheet
- ✓ Hepatitis B: 12 Myths vs. Reality
- ✓ PowerPoint Presentation
- ✓ Test Your Knowledge of Hepatitis B quiz and answers

Volunteer Training Day(s):

- ✓ Education Materials (*from above*)
- ✓ Screening & Vaccination Events: Layout Design
- ✓ Sample Instruction Sheets
- ✓ Sample Volunteer Feedback Form
- ✓ Test Your Knowledge of Hepatitis B quiz
(*2 copies/volunteer; Give 1 copy out before; 1 copy after the volunteer training session and give ALL copies to HBI-DC*)
- ✓ Answers to Test Your Knowledge of Hepatitis B quiz



Screening Event(s):

- ✓ Supply List for Screening/Vaccination Events
- ✓ Registration Form
- ✓ Release & Waiver Form for Participants
- ✓ Waiver & Liability for Screening/Vaccination Volunteers
(All volunteers on clinical side should sign)
- ✓ Vaccine Administration Record for Adults (www.immunize.org)
- ✓ Results Letters
(prepare form letters for each outcome)
- ✓ Understanding Hepatitis B Results
- ✓ Instruction Sheet for Registrars on Screening Day
- ✓ Instruction Sheet for Counselors on Screening Day
- ✓ Instruction Sheet for Phlebotomists on Screening Day
- ✓ CDC VIS forms
(www.cdc.gov/hepatitis)
- ✓ Programs for the Uninsured

Vaccination Event(s):

- ✓ Supply List for Screening/Vaccination Events
- ✓ Registration Form
- ✓ Release & Waiver Form for Participants
- ✓ Waiver & Liability for Screening/Vaccination Volunteers
(All volunteers on clinical side should sign)
- ✓ Pre-Vaccination Questions
- ✓ Vaccine Administration Record for Adults (www.immunize.org)
- ✓ Instruction Sheet for Registrars on Vaccination Day
- ✓ Instructions Sheet for Counselors on Vaccination Day
- ✓ Instructions Sheet for Vaccinators
- ✓ CDC VIS forms
(www.cdc.gov/hepatitis)
- ✓ Programs for the Uninsured



VOLUNTEER REGISTRATION FORM

PLEASE TYPE OR PRINT NEATLY.

Name (First, Middle, Last): _____

Birthday (month/day/year): _____

Gender (circle): Male | Female

Address: _____ City, Zip: _____

Phone Number: _____

E-mail: _____

Emergency Contact (name, phone number, relationship): _____

What language(s) do you read (circle)? English | Other (list): _____

Which organization do you belong to?: _____

How did you hear about today's event?: Flyer | Newsletter | Family/Friend | Pastor | Other: _____

Please indicate your volunteer interests (we'll try to accommodate requests as much as possible):

- Greeter Volunteer: Greeters are asked to welcome participants and direct them to the event area.
- Registration Volunteer: Volunteers typically assist with filling out forms and ensuring form completion.
- Flow Control Volunteer: Volunteers ensure the smooth flow of people from the registration to counseling to screening/vaccination stations. Volunteers are also asked to keep the phlebotomists stocked with supplies.
- Data Entry Volunteer: Volunteers assist with data entry into a computer or data compilation on paper.
- Any

RELEASE and WAIVER of LIABILITY

I have been advised to work carefully as not to cause any harm to myself and/or others in this event. I have been provided with adequate supplies and training to be able to perform the volunteer duties safely.

In the event of any injury or blood and/or body fluid exposures, I hereby release, waiver and hold harmless _____ (organization), HBI-DC and AAPCHO, APIAHF, U.S. Department of Health and Human Services, its agents, employees, members and any and all health care personnel involved in this event from any and all claims, suits, losses or causes of action arising from or associated with this event.

I have read the foregoing carefully and agree to the terms herein.

Signature

Date

Print Name

Witness Signature

Date



Test your knowledge of Hepatitis B

1. Check off activities that can potentially expose a person to hepatitis B:

- | | |
|--|--|
| a. <input type="checkbox"/> sharing eating utensils, beverage glasses | b. <input type="checkbox"/> having unprotected sex |
| c. <input type="checkbox"/> hugging someone with hepatitis B | d. <input type="checkbox"/> being bitten by a person |
| e. <input type="checkbox"/> chewing food for your child | f. <input type="checkbox"/> sharing chewing gum |
| g. <input type="checkbox"/> getting a tattoo, ear or body piercing | h. <input type="checkbox"/> giving birth to your child |
| i. <input type="checkbox"/> sharing needles, cotton, spoons for injecting drugs | |
| j. <input type="checkbox"/> sharing razors, toothbrushes, washcloths, nail clippers, other personal care items | |
| k. <input type="checkbox"/> touching blood or body fluids in skin cuts, open sores or rashes | |
| l. <input type="checkbox"/> from food | |

9. A person can have hepatitis B and not know it. True False

10. Hepatitis B is genetic and there's nothing I can do about it. True False

11. I will be protected from hepatitis B infection and disease if I receive one or one or two of the standard three doses of hepatitis B vaccines. True False

12. Getting the Hepatitis B vaccine cures me from Hepatitis B. True False

13. Hepatitis B can lead to liver cancer. True False

14. Liver cancer is the 3rd most common cancer in Asian Americans. True False

15. If I am not sure whether I have hepatitis B, what can I do? (please check off the correct answer)

Get screened for hepatitis B Get vaccinated for hepatitis B

12. 1 of 7 people tested is infected and can infect others. True False

13. 1 of 2 people tested had been infected at one time but have cleared the infection from their bodies and won't get infected again. They cannot spread the hepatitis B infection to others. True False

14. About 1 in 3 people has never been infected and need the hepatitis vaccine to be protected. True False

12. If I am a hepatitis B carrier I should (please check off all correct answers):

- Get vaccinated for hepatitis A
- Get vaccinated for hepatitis B
- Get vaccinated for hepatitis C
- Visit my doctor every 6 months for ALT and AFP tests

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- ___ Visit my doctor once a year for ultrasound test
- ___ Avoid drinking alcohol and maintain regular sleep
- ___ Be careful about medicine intake
- ___ Make sure my family is screened for hepatitis B



Answers to Test your knowledge of Hepatitis B
(correct answers are in **bold**)

1. Check off activities that can potentially expose a person to hepatitis B:
- | | |
|---|--|
| a. <input type="checkbox"/> sharing eating utensils, beverage glasses | b. <input checked="" type="checkbox"/> having unprotected sex |
| c. <input type="checkbox"/> hugging someone with hepatitis B | d. <input type="checkbox"/> being bitten by a person |
| e. <input checked="" type="checkbox"/> chewing food for your child | f. <input type="checkbox"/> sharing chewing gum |
| g. <input checked="" type="checkbox"/> getting a tattoo, ear or body piercing | h. <input type="checkbox"/> giving birth to your child |
| i. <input type="checkbox"/> sharing needles, cotton, spoons for injecting drugs | |
| j. <input type="checkbox"/> sharing razors, toothbrushes, washcloths, nail clippers, other personal care items | |
| k. <input type="checkbox"/> touching blood or body fluids in skin cuts, open sores or rashes | |
| l. <input type="checkbox"/> from food | |
9. A person can have hepatitis B and not know it. **True** False
10. Hepatitis B is genetic and there's nothing I can do about it. True **False**
11. I will be protected from hepatitis B infection and disease if I receive one or one or two of the standard three doses of hepatitis B vaccines. True **False**
12. Getting the Hepatitis B vaccine cures me from Hepatitis B. True **False**
13. Hepatitis B can lead to liver cancer. **True** False
14. Liver cancer is the 3rd most
common cancer in Asian Americans. **True** False
15. If I am not sure whether I have hepatitis B, what can I do? (please check off the correct answer)
 Get screened for hepatitis B Get vaccinated for hepatitis B
12. 1 of 7 people tested for hepatitis B is infected and can infect others. **True** False
13. 1 of 2 people tested had been infected at one time but have cleared the infection from their bodies and won't get infected again. They cannot spread the hepatitis B infection to others. **True** False
14. 1 in 3 people have never been infected and need the hepatitis vaccine to be protected. **True** False
12. If I have chronic hepatitis B, I should (please check off all correct answers):
- Get vaccinated for hepatitis A**
 - Get vaccinated for hepatitis B
 - Get vaccinated for hepatitis C
 - Visit my doctor every 6 months for ALT and AFP tests**
 - Visit my doctor once a year for ultrasound test**



- ___ **Avoid drinking alcohol and maintain regular sleep**
- ___ **Be careful about medicine intake**
- ___ **Make sure my family is screened for hepatitis**



**SAMPLE Waiver and Liability Form
for Screening/Vaccination Volunteers**

I have been advised to work carefully as not to cause any harm to myself and/or others in this event. I have been provided with adequate supplies and gloves to be able to perform venipunctures safely.

In the event of any blood and/or body fluid exposures, I hereby release, waiver and hold harmless _____ (organization), HBI-DC and AAPCHO, APIAHF, U.S. Department of Health and Human Services, its agents, employees, members and any and all health care personnel involved in this event from any and all claims, suits, losses or causes of action arising from or associated with this event.

I have read the foregoing carefully and agree to the terms herein.

Signature

Date

Print Name

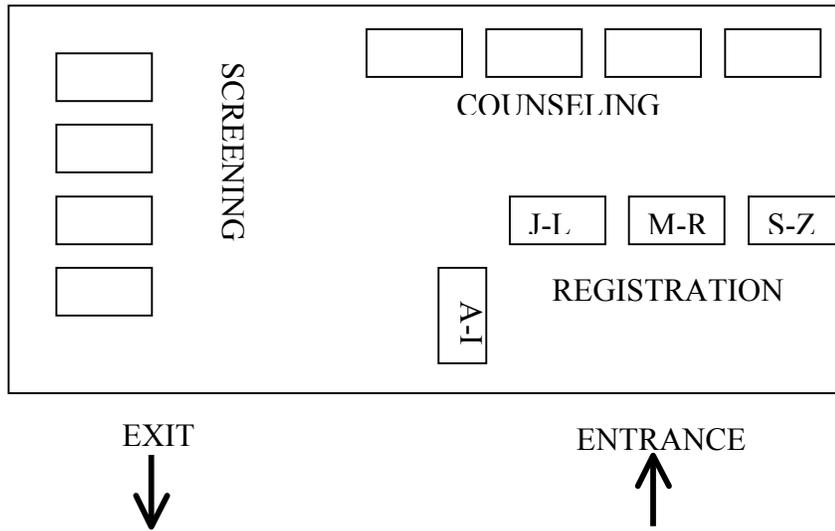
Witness Signature

Date

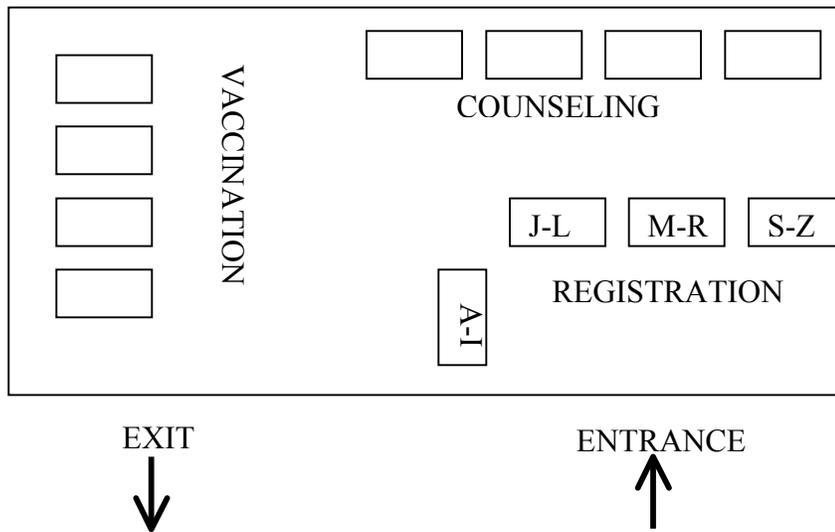


Screening & Vaccination Events: Layout Design

For Screening Events:



For Vaccination Events:



Instruction Sheet for Registrars on Screening Day

Step One: Review Survey

- 1) Make sure every question is answered. Ask the question and fill out the registration form for participants (especially if English is not their first language).
- 2) Make sure every person who is getting screened has a registration form completed. Each member of the family needs an individual form.

Step Two: Sign Waiver Form

- 1) Every participant must sign the waiver form.
- 2) Children under 18 years old need parents to sign the form.

Step Three: Direct Participant to Counseling Station

- 1) Direct participants to counseling station.
- 2) Participant carries their folder to the next station, but must turn in the file prior to leaving the event.



Instruction Sheet for Counselors on Screening Day

Step One: Explain What We are Doing

- 1) Our goal is to raise awareness, educate, screen, and vaccinate for hepatitis B.
- 2) Remind all participants: The hepatitis B vaccine needs 3 doses to be effective—1st dose only gives you 30-50% protection; 2nd dose gives you 50%-75% protection. Only all 3 doses give you 95-99% protection. The schedule is 2nd vaccine after 1 month and 3rd vaccine after 6 months from 1st vaccine. It is okay to be late on your shots but not okay to do them earlier than scheduled time. See, if participant can confirm dates on the "Vaccination Administration Record for Adults" sheet.
- 3) If uninsured, please give participants "Programs for the Uninsured" Handout.

Step Two: Check the File and Registration Form

- 1) Check files to make sure all questions on registration forms have been answered.
- 2) Answer questions about hepatitis B.

Step Three: Ask If Participant Wants to Be Screened Today

- 1) Fill out the laboratory form and attach to folder. Keep the folder, and give the participant a copy of the laboratory form to give to the phlebotomist.
- 2) Direct the participant to the screening station.



Instruction Sheet for Phlebotomists on Screening Day

Step One: Check the File

- 1) Before drawing blood, check the participant's file to make sure all the questions have been answered on the registration form and lab form.

Step Two: Record Keeping

- 1) Make sure you correctly label the tubes with the participant information and date.
- 2) Keep a record of how many screenings you provided that day and give that number to the Clinical Coordinator.

NOTE to CLINICAL COORDINATOR: Before each screening make sure the phlebotomist signs the release and waiver of liability form (pg. 73). This form should be kept on file by the Clinical Coordinator.



Instruction Sheet for Registrars on Vaccination Day

Step One: Review Survey

- 1) Make sure each participant has the following forms in their folder: registration, vaccine record and waiver form.
- 2) Make sure every question is answered. Ask the question and fill out registration form for participants (especially if English is not their first language).
- 3) Give participant his/her folder and direct him/her to the Counseling Station.



Instruction Sheet for Counselors on Vaccination Day

Step One: Explain What We are Doing

- 1) Our goal is to raise awareness, educate, screen, and vaccinate for hepatitis B.
- 2) Remind all participants: The hepatitis B vaccine needs 3 doses to be effective—1st dose only gives you 30-50% protection; 2nd dose gives you 50%-75% protection. Only all 3 doses give you 95-99% protection. The schedule is 2nd vaccine after 1 month and 3rd vaccine after 6 months from 1st vaccine. It is okay to be late on your shots but not okay to do them earlier than scheduled time. See, if participant can confirm dates on the "Vaccination Administration Record for Adults" sheet.
- 3) If uninsured, please give participants "Programs for the Uninsured" Handout.

Step Two: Check the File and Registration Form

- 1) Check files to make sure all questions on registration forms have been answered.
- 2) Answer questions about hepatitis B.

Step Three: Ask If Participant Wants to Be Vaccinated Today?

- 1) Fill out the "Pre-Vaccination Questions" Form and attach to folder.
- 2) Do not provide vaccine if answer to any of these questions are "Yes"
- 3) Make sure you circle whether the participant can receive the vaccine or cannot receive the vaccine today.
- 4) Include the "Pre-Vaccination Questions" Form in folder and direct participant to the Vaccination Station.



Instruction Sheet for Vaccinators on Vaccination Day

Step One: Checking File

- 2) Before providing vaccine, check the participant's file to make sure all the questions have been answered on the registration form and vaccine form.

Step Two: Assess Adverse Reactions

- 1) Ask if the participant has had any adverse "bad" reactions to previous shot(s).

Step Three: Record Keeping

- 3) Make sure you record the date of the vaccination on the "Vaccination Administration Record for Adults" sheet. **THE MOST IMPORTANT STEP!**
- 2) Write down on the inside left side of the folder all the information on the "Vaccination Administration Record for Adults" sheet---all dates of vaccines.
- 3) Give them their "Vaccination Administration Record for Adults" sheet once they have completed the 3-dose vaccine series.
- 4) Vaccinator keeps the participant file.
- 5) Provide participant with Vaccine Information Sheet (VIS) required by law from the CDC.
- 6) Keep a record of how many vaccines you provided that day and give that number to the Clinical Coordinator.

NOTE to CLINICAL COORDINATOR: Before each vaccination event, make sure the vaccinator signs the release and waiver of liability form (pg. 73). This form should be kept on file by the Clinical Coordinator.



SAMPLE VOLUNTEER FEEDBACK FORM

Date and Type of Event: _____

Your Information

1. Age Group (circle): under 18 18-29__ 30-49 50-65 65+_
2. Gender (circle): Male Female
3. How did you hear about today's event (circle)?
Bulletin Family/Friend Newsletter Pastor
Other: _____

Questions

13. What worked *well* at today's event?
14. What did *not work well* at today's event?
15. What would you *change* about the hepatitis B campaign?
16. What would you *keep the same* in the hepatitis B campaign?
17. Would you consider volunteering again? If no, why not?
18. Other comments you would like to share, please write below:

Thank you!



IX.D Forms and Materials for Step 4: Screening and Vaccination Events

Below you will find **Memorandum of Understanding, List of Labs/Contacts for Vaccine Companies, AAPCHO's Member Center, HBI-DC Checklist of Forms, Sample Timeline for Hepatitis B Screening/Vaccination Events, Supply List for Screening/Vaccination Events, Sample Forms for Screening/Vaccination Events, Participant Handouts, Sample Results Letters, and More Information on Hepatitis B Services.**



**MEMORANDUM OF UNDERSTANDING
BETWEEN
HEPATITIS B INITIATIVE OF WASHINGTON, D.C. (HBI-DC)
AND**

The Hepatitis B Initiative of Washington, D.C., hereinafter referred to as HBI-DC, is a community service organization, and _____ is a _____ organization that also provides various services to the Asian American and Pacific Islander (AAPI) communities, hereby agree to the following:

PURPOSE

The purpose of this Memorandum of Understanding (MOU) between HBI-DC and _____ is three-fold: 1) to elucidate the roles and responsibilities of each party under the Areas of Cooperation; 2) to provide informed consent to both parties on the restrictions of participant confidentiality; and 3) to release and waive liability from HBI-DC any claims, suits, losses or causes of action arising from or associated with hepatitis B screening and vaccination.

AREA OF COOPERATION

6. HBI-DC agrees to provide to _____ a copy of **A Guidebook for Preventing Hepatitis B in Asian American Communities**. This guidebook is a step-by-step guide to model a hepatitis B awareness campaign in their respective communities.
7. In exchange for technical assistance and the Guidebook, _____ agrees to provide with HBI-DC non-personal data and information collected from participants who completed the Registration Form. Participants are persons who have submitted to the organizers a registration form, and who are willing to take part in the Hepatitis B screening testing and vaccination events.

The organizers agree to provide HBI-DC with the following:

- o A copy of the executed Waiver of Liability form from each of the screening and vaccination participants
 - o Name of organization
 - o Address of organization
 - o Contact information
 - o Dates of education, screening and vaccination events
 - o Total number of participants educated, screened and vaccinated.
 - o Total number of participants with HbsAg positive and HbsAb negative results
 - o Total number of participants with HbsAg negative and HbsAb negative results
 - o Total number of participants with HbsAg negative and HbsAb positive results
 - o Number of participants that completed their 1st series, 2nd series, and 3rd series vaccinations.
8. Participants' information will remain with the organization unless otherwise agreed. HBI-DC will provide technical assistance to the organization regarding data analysis and program evaluation. HBI-DC will have access to this information for research purposes (i.e., provide statistics on the effectiveness of faith-based initiatives on a national level to increase funding for these types of activities and to improve the model).

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www.hepbinitiative.org



9. _____ has the responsibility to publicize the training and screening/vaccinations, and to collect the information of participants using the registration form.
10. Both parties will determine the number, the frequency, and all other specifics relating to the trainings and screening/vaccinations at a mutually agreeable time, date, location, and other specific details on a case-by-case basis.

CONFIDENTIALITY

Both parties to this MOU acknowledge that both will observe confidentiality of information collected from each participant, and both parties will not allow anyone connected to this MOU to disclose any personal information pertaining to each participant. Both parties will not willingly violate Federal and State laws and regulations governing the confidentiality of personal information.

RELEASE AND WAIVER OF LIABILITY

Both Parties agree to release, waive and hold harmless to each other and to its supporting organizations, agents, employees, volunteers, and members, screening and vaccinating physicians and all other health care personnel involved in the screening and vaccination process from any and all claims, suits, losses or causes of action arising from or associated with this Hepatitis B screening and vaccination, including but not limited to, performance of the screening, evaluation and communication of screening results and effectiveness and administration of vaccinations.

VALIDITY, AMENDMENTS, EXTENSION AND TERMINATION

This MOU shall become effective upon signature of both Parties. This MOU shall be in effect for one (1) year, from the effective date of this MOU. It may be amended or extended by mutual written agreement of both Parties. This MOU shall remain in effect until terminated by either Party, which the terminating party must give a 60 (sixty) day written notification to the other Party prior to the termination of this MOU.

**FOR THE HEPATITIS B
INITIATIVE OF WASHINGTON, DC**

FOR THE ORGANIZATION

(NAME, TITLE & DATE)

(Name, TITLE & DATE)



LIST OF LABORATORIES AND HEPATITIS B TEST/SCREENING/VACCINE MANUFACTURERS

| | |
|--|---|
| <p>Laboratory Corporation of America 1447 York Court Burlington, NC 27215 Local Telephone 336-584-5171 State Toll-free Telephone 800-331-2843 Regional/National Toll-free Telephones: 800-334-5161 800-222-7566 (Automated) Direct Customer Service Telephone: 800-762-4344 Website: www.labcorp.com</p> | <p>Quest Diagnostics, Inc. Corporate Headquarters 1290 Wall Street West Lyndhurst, NJ 07071 800-222-0446 Website: www.questdiagnostics.com</p> |
| <p>Abbott Laboratories 100 Abbott Park Rd. Abbott Park, Illinois 60064-3500 Tel: 847-937-6100</p> | <p>American Red Cross National Testing and Reference Laboratories Area Headquarters 13504 South Point Boulevard Suite M Charlotte, NC 28273 Tel: 704-583-6900 http://www.redcross.org/services/biomed/0,1082,0_494_00.html</p> |
| <p>Puget Sound Blood Center 921 Terry Avenue Seattle, WA 98104 Tel: 206-292-6500 Website: www.psbcc.org</p> | <p>Memorial Blood Centers 5115 Burning Tree Rd. Duluth, MN 55811 Tel: 888- 448-3253 Website: www.memorialbloodcenters.org</p> |
| <p>Affiliated Medical Services Laboratories (AMS) 2916 E. Central Wichita, Kansas 67214 Tel: 316-265-4533 Tel: 800-876-0243 Fax: 316-265-2553 Website: www.amsreferencelab.com</p> | <p>Specialty Laboratories 27027 Tourney Road Valencia, CA 91355 Tel: 661-799-6543 800-421-7110 Fax: 661.799.6634 Email: specialty@specialtylabs.com Website: www.specialtylabs.com</p> |



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| <p>ViaCor Laboratories 1210 NE Windsor Drive Lee's Summit, MO 64086 (800) 305-5198 Fax: 816 – 347-0143 Email: info@viacor.com Website: www.viacor.com</p> | <p>Clongen Laboratories, LLC Middlebrook Tech Park 12321 Middlebrook Road, Suite 120 Germantown, MD 20874 Tel: 301-916-0173 Fax: 301-916-0175 Toll Free Tel: 877-CLONGEN Website: www.clongen.com</p> |
| <p>Bio-Rad Laboratories <i>Clinical Diagnostics Group</i> 4000 Alfred Nobel Drive Hercules, CA 94547 Tel: 1-(510)-724-7000 toll free: 1-(800) 2 BIORAD toll free: 1-(800) 224 6723 Fax: 1-(510) 741-6373 e-mail: diagcs@bio-rad.com Website: www.bio-rad.com</p> | <p>Binax, Inc. 10 Southgate Road Scarborough, ME 04074 USA Tel: 207.730.5700 Domestic Toll Free: 1.800.323.3199 Fax: 207.730.5710 Website: www.binax.com</p> |
| <p>Ortho Clinical Diagnostics Johnson & Johnson Company 100 Indigo Creek Drive Rochester, NY 14626 Tel: 800-828-6316 Fax: 585) 453-3660 www.orthoclinical.com</p> | <p>Acon Laboratories, Inc. 4108 Sorrento Valley Boulevard, San Diego, CA 92121 Tel: 858-875-8000 Fax: 858-535-2035 E-mail: info@aconlabs.com Website: www.aconlabs.com</p> |
| <p>Akers Laboratories Akers Biosciences, Inc. 201 Grove Road Thorofare, NJ 08086 Tel: 856-848-8698 Fax: 856-848-0269 info@akersbiosciences.com www.akerslaboratories.com</p> | <p>AmeriTek, Inc. 125 130th St. SE, Ste. #200 Everett, WA 98208 USA Tel. (425) 379-2580 Fax: (425) 379-2624 E-mail: info@ameritek.org Website: www.ameritek.org</p> |



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| <p>International Immuno-Diagnostics 1155 Chess Drive, #121 Foster City, CA 94404 Tel: 650-345-9518 Fax: 650-578-1810 contact@intlimmunodiagnosics.com www.intlimmunodiagnosics.com</p> | <p>Mega Diagnostics, Inc. 2716 N. Main Street Los Angeles, CA 90031 Phone: (323) 221-8088 Fax: (323) 221-8188 Email: mega8dx@aol.com Website: www.mega-dx.com</p> |
| <p>Princeton BioMeditech Corporation P.O. Box 7139 Princeton, NJ 08543-7139 Website: www.pbmc.com</p> | <p>Gilead Sciences Pharmaceuticals 333 Lakeside Drive Foster City, CA 94404 Tel: 650-574-3000 Fax: 650-578-9264 1-800-GILEAD-5 Website: www.gilead.com</p> |
| <p>Bristol-Myers Squibb 345 Park Avenue New York, NY 10154-0037 Tel: 212-546-4000 Website: www.bms.com</p> | <p>Roche Pharmaceuticals Hoffman-LaRoche, Inc. 340 Kingsland Street Nutley, NJ 07110 Tel: 973-235-5000 Website: www.rocheusa.com</p> |
| <p>Glaxo Smith Kline Global Community Partnerships One Franklin Plaza P.O. Box 7929 Philadelphia, PA 19101</p> | <p>Shering-Plough 2000 Galloping Hill Road Kenilworth, NJ 07033-0530 Tel: 908-298-4000 Website: www.schering-plough.com</p> |



AAPCHO MEMBER CENTERS

| | |
|---|---|
| Asian Health Services (AHS) | www.ahschc.org |
| 818 Webster Street Oakland, CA 94607 | (510) 986-6830 (Main) (510) 986-6890 (Main Fax) (510) 986-6892 (Admin. Fax) |
| <ul style="list-style-type: none"> ○ Screens all patients for HBV ○ Screening tests are sent to off site laboratories depending on patient insurance status ○ Treatment referred out depending on patient insurance status | |

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|---|--|
| Asian Human Services (AHS) | www.ahschicago.org |
| 4753 North Broadway, Suite 700 Chicago, IL 60640 | (773) 728-2235 (773) 728-4751 fax |
| | |

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| Asian Pacific Health Care Venture (APHCV) | www.aphcv.org |
| 1530 Hillhurst Avenue, Suite 200 Los Angeles, CA 90027 | (323) 644-3880 (Main) (323) 644-3892 (Fax) |
| <ul style="list-style-type: none"> ○ Screens all patients for HBV ○ Screening tests are sent to off site laboratories depending on patient insurance status ○ Treatment referred out depending on patient insurance status ○ Case management support for HBV patients and their families | |

| | |
|--|---|
| Bay Clinic, Inc. (BC) | |
| 311 Kalanianaʻole Avenue Hilo, HI 96720 | (808) 969-1427 (Main) (808) 961-4795 (Fax) |
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| Charles B. Wang Community Health Center (CBWCHC) | www.cbwchc.org |
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| <u>Mailing/Clinic address:</u> 268 Canal St. New York, NY 10013 | (212) 379-6988 (Admin.) (212) 379-6936 (Admin. Fax) |
| <u>Clinic address:</u> 125 Walker Street, 2 nd Floor New York, NY 10013 | (212) 226-8866 (Clinic) (212) 226-2289 (Clinic Fax) |
| <u>Clinic address:</u> 136-26 37 th Avenue Flushing, NY 11354 | (718) 886-1212 (Clinic) (718) 886-2568 (Clinic Fax) |
| <ul style="list-style-type: none"> ○ Screens all patients for HBV ○ Screening tests are sent to off site laboratories depending on patient insurance status ○ Treatment conducted onsite, unless referred out depending on patient insurance status ○ Case management support for HBV patients and their families ○ HBV tracking system ○ Healthcare provider education on HBV | |

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| Community-University Health Care Center (CUHCC) | www.ahc.umn.edu/cuhcc |
| 2001 Bloomington Avenue. South Minneapolis, MN 55404 | (612) 638-0700 (Main) (612) 627-4205 (Fax) |
| | |

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| Family Health Center (FHC) Formerly "Family Health and Social Service Health Center" | www.fhcw.org |
| 26 Queen Street Worcester, MA 01610 | (508) 860-7700 (Main) (508) 860-7990 (Main Fax) (508) 866-7975 (Admin.) |
| | |



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| International Community Health Services (ICHS) | |
| <u>Mailing address:</u> P.O. Box 3007 Seattle, WA 98114 | (206) 461-3617 (Main/Programs) (206) 788-3650 (Admin & Clinic) (206) 490-4011 (Admin. Fax) |
| <u>Clinic address:</u> 720 8 th Avenue, South Suite 100 Seattle, WA 98104 | (206) 788-3700 (Clinic) (206) 788-3706 (Clinic Fax) |
| | |

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| Kalihi-Palama Health Center (KPHC) | www.healthhawaii.org |
| <u>Mailing address:</u> 938-E Austin Lane Honolulu, HI 96817 | (808) 848-1438 (Main) (808) 845-8578 (Admin.) (808) 841-1265 (Admin. Fax) |
| <u>Clinic address:</u> 915 North King Street Honolulu, HI 96817 | |
| <ul style="list-style-type: none"> ○ Screens all patients for HBV ○ Provides advice to chronic hepatitis b patients ○ Monitors laboratory tests and treatment of patients | |

| | |
|--|---|
| Ko'olauloa Community Health and Wellness Center (KCHWC) | |
| P.O. Box 395 Kahuku, HI 96731 | (808) 293-9614 (Main) (808) 293-1171 (Fax) |
| | |

| | |
|---|---|
| Kokua Kalihi Valley Health Center (KKVHC) | www.kkv.net |
| 2239 North School Street Honolulu, Hawaii 96819 | (808) 848-0976 (Main) (808) 848-0979 (Fax) |
| <ul style="list-style-type: none"> ○ Screens all patients for HBV ○ Screening tests are sent to off site laboratories | |



| | |
|--|---|
| Kwajalein Atoll Community Health Center (KACHC) | |
| P.O. Box 5219 Ebeye, MH 96970 | (692) 329-8030 (Main) (692) 329-3385 (Fax) |
| | |

| | |
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| Lowell Community Health Center | www.lchealth.org |
| 585-597 Merrimack Street Lowell, MA 01854 | (978) 937-9700 (Main) (978) 970-0359 (Fax) |
| | |

| | |
|--|--------------------------------------|
| NANAY | www.nanay.com |
| 659 NE 125th Street North Miami, FL 33161 | (305) 981-3232 (305) 981-3231 fax |
| | |

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| North East Medical Services (NEMS) | www.nems.org |
| 1520 Stockton Street San Francisco, CA 94133 | (415) 391-9686 (Main) (415) 433-4726 (Fax) |
| <ul style="list-style-type: none"> ○ Screens patients for HBV ○ On-site laboratory to process patient tests ○ Hepatitis serology tests are sent off site ○ Administers HBV vaccine to all patients who do not have the immunity or are at risk. | |

| | |
|---|---|
| Operation Samahan Health Clinic (OSHC) | www.operationsamahan.org |
| 2743 Highland Avenue National City, CA 91950 | (619) 474-2284 (Main) (619) 477-4451 (Admin) (619) 474-3919 (Fax) |
| | |



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| Papa Ola Lokahi (POL) | www.papaolalokahi.org |
| 894 Queen Street Honolulu, HI 96813 | (808) 597-6550 (808) 597-6551 (1 st Floor fax) (808) 597-6552 (2 nd Floor fax) |
| o Not a direct service provider. | |

| | |
|--|---|
| South Cove Community Health Center (SCCHC) | www.scchc.org |
| Mailing address: 145 South Street Boston, MA 02111 | (617) 521-6700 (Main) (617) 521-6713 (Admin.) (617) 521-6799 (Admin. Fax) |
| Clinic address: 885 Washington Street Boston, MA 02111 | (617) 482-7555 (Clinic) (617) 482-2930 (Clinic fax) |
| Clinic address: 275 Hancock Street Quincy, MA 02171 | (617) 745-0280 (Clinic) (617) 745-0288 (Clinic Fax) |

| | |
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| Waianae Coast Comprehensive Health Center (WCCHC) | www.wcchc.com |
| 86-260 Farrington Highway Waianae, HI 96792-3188 | (808) 696-7081 (Main) (808) 696-1457 (Admin.) (808) 696-7093 (Admin. Fax) |

| | |
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| Waimanalo Health Center (WHC) | www.waimanalohc.org |
| 41-1347 Kalaniana'ole Highway Waimanalo, HI 96795 | (808) 259-7948 (Main) (808) 259-6449 (Main Fax) (808) 259-7447 (Clinic Fax) |



HBI-DC Checklist of Forms

The following checklist details the recommended forms and materials for your volunteers and participants during the education sessions, the volunteer training sessions and the screening & vaccination events:

Education Event(s):

- ✓ Hepatitis B Talking Points
- ✓ HBI-DC DVDs & Bilingual Booklets
- ✓ Hepatitis B Information for Asian and Pacific Islander Americans
- ✓ Hepatitis B FAQ sheet
- ✓ Hepatitis B: 12 Myths vs. Reality
- ✓ PowerPoint Presentation
- ✓ Test Your Knowledge of Hepatitis B quiz

Volunteer Training Day(s):

- ✓ Education Materials (*from above*)
- ✓ Screening & Vaccination Events: Layout Design
- ✓ Sample Instruction Sheets
- ✓ Sample Volunteer Feedback Form
- ✓ Test Your Knowledge of Hepatitis B quiz
(*2 copies/volunteer; Give 1 copy out before; 1 copy after the volunteer training session and give ALL copies to HBI-DC*)
- ✓ Answers to Test Your Knowledge of Hepatitis B quiz

Screening Event(s):



- ✓ Supply List for Screening/Vaccination Events
- ✓ Registration Form
- ✓ Release & Waiver Form for Participants
- ✓ Waiver & Liability for Screening/Vaccination Volunteers
(All volunteers on clinical side should sign)
- ✓ Vaccine Administration Record for Adults (www.immunize.org)
- ✓ Results Letters
(prepare form letters for each outcome)
- ✓ Understanding Hepatitis B Results
- ✓ Instruction Sheet for Registrars on Screening Day
- ✓ Instruction Sheet for Counselors on Screening Day
- ✓ Instruction Sheet for Vaccinators/Phlebotomists
- ✓ CDC VIS forms (www.cdc.gov/hepatitis)
- ✓ Programs for the Uninsured

Vaccination Event(s):

- ✓ Supply List for Screening/Vaccination Events
- ✓ Registration Form
- ✓ Release & Waiver Form for Participants
- ✓ Waiver & Liability for Screening/Vaccination Volunteers
(All volunteers on clinical side should sign)
- ✓ Pre-Vaccination Questions
- ✓ Vaccine Administration Record for Adults (www.immunize.org)
- ✓ Instruction Sheet for Registrars on Vaccination Day
- ✓ Instructions Sheet for Counselors on Vaccination Day
- ✓ Instructions Sheet for Vaccinators/Phlebotomists
- ✓ CDC VIS forms (www.cdc.gov/hepatitis)
[English & Korean versions]



Sample Timeline for Hepatitis B Screening & Vaccination Events

HBI-DC recommends allowing approximately 9-11 months for launching an effective hepatitis B prevention campaign. HBI-DC screened over a thousand individuals in the metropolitan Washington, D.C. area and found the following timeline to be particularly effective for faith-based communities:

June-August: Raise awareness and educate community members about hepatitis B, either through guest speaker workshops or writing articles in your church or community newsletter. Pass out **HBI-DC's bilingual booklet** (see sample included). It is best to offer 3-4 sessions where community and church members learn the basic facts of hepatitis B. Use **HBI-DC's DVD** (see sample included) to engage community leaders and the congregation during Sunday services.

September: Screening event for community and church members held at this time of the year (when school starts) seems to be most effective. Another good time is Easter weekend. HBI-DC suggests that hepatitis B surface antigen (HbsAg) and hepatitis B surface antibody (HbsAb) screenings are provided. A physician volunteer will be responsible for accepting the lab results of the screenings and personally calling those who are diagnosed as positive for HbsAg and negative for HbsAb. Appropriate counseling and/or referrals should be readily available, especially for those participants that test positive for hepatitis B. The administrative coordinator volunteer will be responsible for collecting all paperwork and coordinating volunteer activities.

September-October: Screening result letters need to be mailed or be available for pick up at church. Those who received HbsAg negative and HbsAb negative results need to be informed about when they can receive their first vaccination. *Vaccination #1 is scheduled soon after the screening results have been distributed to the participants.* Announcements should be made during church or community meetings/services to remind members that vaccination #1 is available and vaccination #2 is only one month later.

November: *Vaccination #2* is offered at least one month after the first vaccination date. It is the church or community participant's responsibility to remember to plan and attend the second vaccination event. Each participant will be reminded to return in five months for the third and final vaccination.

December-March: During church meetings/services, announcements should be made to remind members to get their third vaccination at least six months after the first vaccination event.

April-May: The final vaccination event, vaccination #3, is offered at least six months after the first vaccination event. Those church or community participants who have had all three vaccinations will be given a copy of their vaccination record.



May: Share your results with HBI-DC online by visiting www.hepbinitiative.org. See **Memorandum of Understanding** for specific results requested. HBI-DC will use this information for research purposes (i.e., provide statistics on the effectiveness of faith-based initiatives on a national level to increase funding for these types of activities and to improve the model).

Note: This is only a suggested timeline and timeframe to offer screenings and vaccinations. HBI-DC has found, however, that during the summer months, many participants are not able to come back for their second immunization. Sometimes participants just can't make the scheduled event. **The important thing to remember is that the 2nd vaccine must follow at least one month after the 1st vaccine and the 3rd vaccine must follow at least six months after the 1st vaccine. Participants do not need to restart the series if they missed a dose.** The Clinical Coordinator, who is a physician or nurse, will find other opportunities to vaccinate those who missed scheduled events.



Supply List for Screening/Vaccination Events

Mark **X** if accounted for:

- | | | |
|--|-------|---|
| 1. Sharps Box | _____ | * |
| 2. Syringes (1 inch, 23 gauge for adults and 5/8 inch, 25 gauge for smaller adults or pediatrics—this is if the vaccines are NOT pre-filled) | _____ | * |
| 3. Alcohol Pads (1 extra box) | _____ | * |
| 4. Band-aids | _____ | * |
| 5. Tubes (need 200 or more) | _____ | * |
| 6. 2x2 gauze or cotton squares(need 200 or more) | _____ | * |
| 7. Tourniquets | _____ | * |
| 8. Lab Sheets (need 200 or more) | _____ | * |
| 9. Needle holders (need 200 or more) | _____ | * |
| 10. Gloves | _____ | * |
| 11. Epinephrine (for potential allergic reactions) | _____ | |
| 12. Waivers for Vaccination Volunteers | _____ | |
| 13. Instructions for LAB sheets | _____ | |
| 14. Pens | _____ | |
| 15. Water bottles and food | _____ | |
| 16. Tables for Registration station (need 4) | _____ | |
| 17. Tables for Counseling station (need 4) | _____ | |
| 18. Tables for Screening/Vaccination station (need 4) | _____ | |
| 19. Signage (marking entrance, exit, stations) | _____ | |
| 20. File boxes with file folders presorted in alphabetical order by last name of participant (need 4) | _____ | |
| 21. Extra file folders | _____ | |
| 22. Name tags for volunteers | _____ | |
| 23. Registration forms | _____ | |
| 24. Waiver forms | _____ | |
| 25. Vaccine Question forms | _____ | |
| 26. Programs for Uninsured | _____ | |
| 27. Bilingual Booklets | _____ | |
| 28. Instructions for Volunteers | _____ | |

* The screening lab should provide these supplies. Confirm with your contact at the screening lab.



REGISTRATION FORM

PLEASE TYPE OR PRINT NEATLY.

PERSONAL INFORMATION

Name (First, Middle, Last): _____

Birthday (month/day/year): _____ Country of Birth: _____

Primary Language (circle): English Korean Chinese Vietnamese Other (list): _____

Gender (circle): Male | Female

Do you have health insurance (circle)? Yes | No Do you have a primary care physician? Yes | No

CONTACT INFORMATION

Address: _____ City, Zip: _____

Phone Number: _____ E-mail: _____

Confirm phone number and email by registrar: _____

Test result will be sent by email unless otherwise instructed by you: _____

OTHER INFORMATION

How did you hear about today's event?: Flyer Newsletter Family/Friend Pastor Other: _____

Do you have any questions? Or suggestions on how to raise public awareness on hepatitis B?



OFFICE USE ONLY

| | | | |
|-----------------|------------|---------------|-----------------|
| Screening Date: | Result: | Not screened: | |
| Vaccine 1: | Vaccine 2: | Vaccine 3: | Not vaccinated: |

**Hepatitis B Screening/Vaccination Release and
Waiver of Liability for Participants**

Purpose

You are invited to take part in a screening for the hepatitis B surface antigen (HBsAg) and hepatitis B surface antibody (HbsAb). This diagnostic test determines whether or not you are infected with the hepatitis B virus as well as whether you are already immune through vaccination or natural infection. You also have the option of participating in our vaccination process. Before you decide to be a part of this screening and vaccination process, you need to understand the risks and benefits. This consent form provides information about the screening and vaccinations. Staff will be available to answer your questions and provide further explanations. If you agree to take part in the screening and vaccinations, you will be asked to sign this release and waiver of liability form. Your decision to take part in this screening and any vaccinations is voluntary. You are free to choose whether or not you will take part in this screening and subsequent vaccination.

Hepatitis B Surface Antigen and Surface Antibody Screening

The presence of the **HBsAg** indicates either acute or chronic Hepatitis B Virus ("HBV"). Generally, a negative result indicates that you have not been exposed to HBV or have developed antibodies to HBV; however, in rare cases, the screening may indicate a negative result when HBV is present. **Hepatitis B surface antibody (HBsAb) or Antibody to hepatitis B surface antigen (anti-HBsAg)** is a marker of immunity. If you receive a "positive" result, it indicates an immune response to Hepatitis B Virus infection, an immune response to vaccination, or the presence of passively acquired antibodies.

Hepatitis B Vaccinations

There is a vaccine produced by GlaxoSmithKline (Engerix-B) or Merck & Co. Inc. (Recombivax HB) which is intended to protect you from hepatitis B. The vaccine is given in the form of three shots over a period of six months (0, 1-2, and 4-6 months). The vaccine only works if you have not been infected with hepatitis B. All babies born in the United States since 1991 should have received the vaccine. Many states also have school entry laws that require hepatitis B vaccinations. However, it is recommended that anyone who is unsure of their HBV status get screened before being vaccinated.

Acknowledgements

By participating in this Hepatitis B Screening, I acknowledge that this is a screening procedure which will require the drawing of a 50 ml sample of blood (about 4 tablespoons). The blood sample will be taken by a trained medical professional. I understand that the drawing of blood during this procedure may result in bruising, swelling, discomfort, or pain. I also acknowledge



that this examination is not a full panel blood test and understand that this screening will only test for Hepatitis B Surface Antigen and Surface Antibody.

By participating in this Hepatitis B vaccination, I acknowledge that this is a vaccination procedure which will require a series of injections of the Hepatitis B vaccine given over a period of six months. The vaccination will be given by a trained medical professional. I understand that this procedure may result in bruising, swelling, discomfort, or pain. If I believe that I have had a possible reaction or adverse health effect from the vaccine, I should report it to my health care provider.

Release and Waiver of Liability

I hereby release, waive and hold harmless The Hepatitis B Initiative of Washington, D.C., the Association of Asian Pacific Community Health Organizations, Asian Pacific Islander Health Forum, the U.S. Department of Health and Human Services, Office of Minority Health _____, its agents, employees and members, screening and vaccinating physicians and all other health care personnel involved in the screening and vaccination process from any and all claims, suits, losses or causes of action arising from or associated with this Hepatitis B screening and vaccination, including but not limited to, performance of the screening, evaluation and communication of screening results and effectiveness and administration of vaccinations.

Participation of Minors

I hereby consent to my minor child's/children's participation in this Hepatitis B screening and vaccinations, if applicable, and agree to be bound by the release and waiver of liability provision set forth herein for any claims arising from my minor child's/children's participation in this screening and vaccinations, if applicable.

I have read the foregoing carefully and agree to the terms herein.

Signature

Print Name

Names of Minor Children Participating in the Screening (if applicable):





Vaccine Administration Record for Adults

Patient name: _____

Birthdate: _____

Chart number: _____

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks and benefits of the vaccine(s). Update the patient's personal record card or provide a new one whenever you administer vaccine.

| Vaccine | Type of Vaccine ¹ (generic abbreviation) | Date given (mo/day/yr) | Source (F,S,P) ² | Site ³ | Vaccine | | Vaccine Information Statement | | Signature/ initials of vaccinator |
|--|--|---------------------------|--------------------------------|-------------------|---------|------|-------------------------------|-------------------------|---|
| | | | | | Lot # | Mfr. | Date on VIS ⁴ | Date given ⁴ | |
| Tetanus, Diphtheria, Pertussis (e.g., Td, Tdap) Give IM. | | | | | | | | | |
| Hepatitis A⁵ (e.g., HepA, HepA-HepB) Give IM. | | | | | | | | | |
| Hepatitis B⁵ (e.g., HepB, HepA-HepB) Give IM. | | | | | | | | | |
| Human papillomavirus (HPV) Give IM. | | | | | | | | | |
| Measles, Mumps, Rubella (MMR) Give SC. | | | | | | | | | |
| Varicella (Var) Give SC. | | | | | | | | | |
| Pneumococcal, polysaccharide (PPV) Give SC or IM. | | | | | | | | | |
| Meningococcal (e.g., MCV4, conjugate; MPSV4, polysaccharide) Give MCV4 IM. Give MPSV4 SC. | | | | | | | | | |
| Zoster (Zos) Give SC. | | | | | | | | | |
| Influenza (e.g., TIV, inactivated; LAIV, live, attenuated) Give TIV IM. Give LAIV IN. | | | | | | | | | |
| Other | | | | | | | | | |
| Other | | | | | | | | | |

1. Record the generic abbreviation for the type of vaccine given (e.g., PPV, HepA-HepB), *not* the trade name.
2. Record the source of the vaccine given as either F (Federally-supported), S (State-supported), or P (supported by Private insurance or other Private funds).
3. Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal).
4. Record the publication date of each VIS as well as the date it is given to the patient.
5. For combination vaccines, fill in a row for each separate antigen in the combination.

Technical content reviewed by the Centers for Disease Control and Prevention, February 2008.

www.immunize.org/catg.d/p2023.pdf • Item #P2023 (2/08)

Distributed by the Immunization Action Coalition • (651) 647-9009 • www.immunize.org • www.vaccineinformation.org



HEPATITIS B VACCINE

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/lis.

1 What is hepatitis B?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus (HBV). HBV can cause:

Acute (short-term) illness. This can lead to:

- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

Acute illness is more common among adults. Children who become infected usually do not have acute illness.

Chronic (long-term) infection. Some people go on to develop chronic HBV infection. This can be very serious, and often leads to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronic infection is more common among infants and children than among adults. People who are infected can spread HBV to others, even if they don't appear sick.

- In 2005, about 51,000 people became infected with hepatitis B.
- About 1.25 million people in the United States have chronic HBV infection.
- Each year about 3,000 to 5,000 people die from cirrhosis or liver cancer caused by HBV.

Hepatitis B virus is spread through contact with the blood or other body fluids of an infected person. A person can become infected by:

- contact with a mother's blood and body fluids at the time of birth;
- contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
- contact with objects that could have blood or body fluids on them such as toothbrushes or razors;
- having unprotected sex with an infected person;
- sharing needles when injecting drugs;
- being stuck with a used needle on the job.

2 Hepatitis B vaccine: Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of HBV infection, including liver cancer and cirrhosis.

Routine hepatitis B vaccination of U.S. children began in 1991. Since then, the reported incidence of acute hepatitis B among children and adolescents has dropped by more than 95% – and by 75% in all age groups.

Hepatitis B vaccine is made from a part of the hepatitis B virus. It cannot cause HBV infection.

Hepatitis B vaccine is usually given as a **series of 3 or 4 shots**. This vaccine series gives long-term protection from HBV infection, possibly lifelong.

3 Who should get hepatitis B vaccine and when?

Children and Adolescents

- All children should get their first dose of hepatitis B vaccine **at birth** and should have completed the vaccine series by 6-18 months of age.
- Children and adolescents through 18 years of age who did not get the vaccine when they were younger should also be vaccinated.

Adults

- All unvaccinated adults **at risk for HBV infection** should be vaccinated. This includes:
 - sex partners of people infected with HBV,
 - men who have sex with men,
 - people who inject street drugs,
 - people with more than one sex partner,
 - people with chronic liver or kidney disease,
 - people with jobs that expose them to human blood,
 - household contacts of people infected with HBV,
 - residents and staff in institutions for the developmentally disabled,
 - kidney dialysis patients,



- people who travel to countries where hepatitis B is common,
- people with HIV infection.

- Anyone else who wants to be protected from HBV infection may be vaccinated.

4 Who should NOT get hepatitis B vaccine?

- Anyone with a life-threatening allergy to **baker's yeast**, or to **any other component of the vaccine**, should not get hepatitis B vaccine. Tell your provider if you have any severe allergies.
- Anyone who has had a life-threatening allergic reaction to a **previous dose of hepatitis B vaccine** should not get another dose.
- Anyone who is **moderately or severely ill** when a dose of vaccine is scheduled should probably wait until they recover before getting the vaccine.

Your provider can give you more information about these precautions.

Pregnant women who need protection from HBV infection may be vaccinated.

5 Hepatitis B vaccine risks

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.

The following **mild problems** have been reported:

- Soreness where the shot was given (up to about 1 person in 4).
- Temperature of 99.9°F or higher (up to about 1 person in 15).

Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses.

A vaccine, like any medicine, *could* cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people have gotten hepatitis B vaccine in the United States.

6 What if there is a moderate or severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic

reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at www.hrsa.gov/vaccinecompensation.

8 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)**
 - Visit CDC websites at:
 - www.cdc.gov/ncidod/diseases/hepatitis
 - www.cdc.gov/vaccines
 - www.cdc.gov/travel



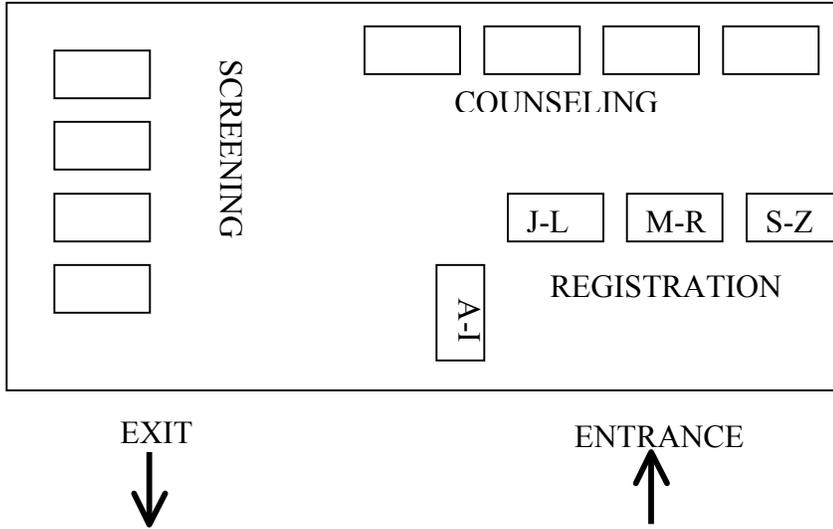
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Vaccine Information Statement (Interim)
Hepatitis B (7/18/07) 42 U.S.C. § 300aa-26

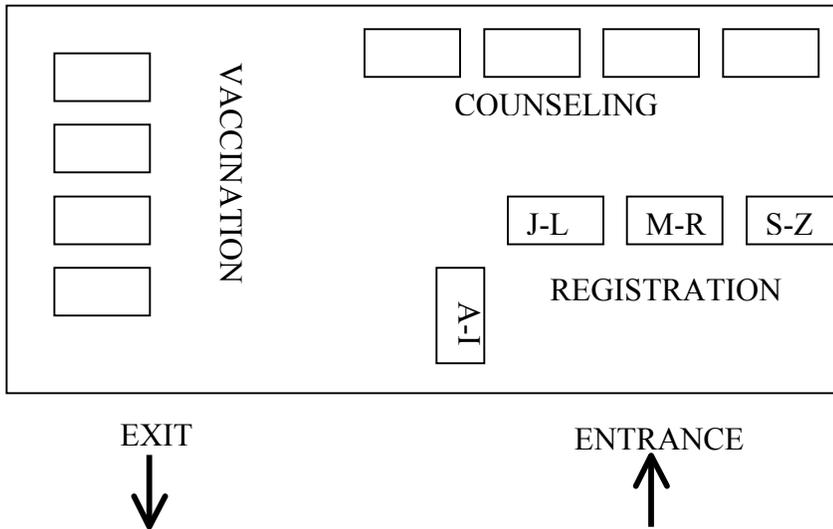


Screening & Vaccination Events: Layout Design

For Screening Events:



For Vaccination Events:



Instruction Sheet for Registrars on Screening Day

Step One: Review Survey

- 3) Make sure every question is answered. Ask the question and fill out the registration form for participants (especially if English is not their first language).
- 4) Make sure every person who is getting screened has a registration form completed. Each member of the family needs an individual form.

Step Two: Sign Waiver Form

- 3) Every participant must sign the waiver form.
- 4) Children under 18 years old need parents to sign the form.

Step Three: Direct Participant to Counseling Station

- 3) Direct participants to counseling station.
- 4) Participant carries their folder to the next station, but must turn in the file prior to leaving the event.



Instruction Sheet for Counselors on Screening Day

Step One: Explain What We are Doing

- 4) Our goal is to raise awareness, educate, screen, and vaccinate for hepatitis B.
- 5) Remind all participants: The hepatitis B vaccine needs 3 doses to be effective—1st dose only gives you 30-50% protection; 2nd dose gives you 50%-75% protection. Only all 3 doses give you 95-99% protection. The schedule is 2nd vaccine after 1 month and 3rd vaccine after 6 months from 1st vaccine. It is okay to be late on your shots but not okay to do them earlier than scheduled time. See, if participant can confirm dates on the "Vaccination Administration Record for Adults" sheet.
- 6) If uninsured, please give participants "Programs for the Uninsured" Handout.

Step Two: Check the File and Registration Form

- 3) Check files to make sure all questions on registration forms have been answered.
- 4) Answer questions about hepatitis B.

Step Three: Ask If Participant Wants to Be Screened Today

- 3) Fill out the laboratory form and attach to folder. Keep the folder, and give the participant a copy of the laboratory form to give to the phlebotomist.
- 4) Direct the participant to the screening station.



Instruction Sheet for Phlebotomists on Screening Day

Step One: Check the File

- 3) Before drawing blood, check the participant's file to make sure all the questions have been answered on the registration form and lab form.

Step Two: Record Keeping

- 4) Make sure you correctly label the tubes with the participant information and date.
- 5) Keep a record of how many screenings you provided that day and give that number to the Clinical Coordinator.

NOTE to CLINICAL COORDINATOR: Before each screening make sure the phlebotomist signs the release and waiver of liability form (pg. 73). This form should be kept on file by the Clinical Coordinator.



Instruction Sheet for Registrars on Vaccination Day

Step One: Review Survey

- 4) Make sure each participant has the following forms in their folder: registration, vaccine record and waiver form.
- 5) Make sure every question is answered. Ask the question and fill out registration form for participants (especially if English is not their first language).
- 6) Give participant his/her folder and direct him/her to the Counseling Station.



Instruction Sheet for Counselors on Vaccination Day

Step One: Explain What We are Doing

- 4) Our goal is to raise awareness, educate, screen, and vaccinate for hepatitis B.
- 5) Remind all participants: The hepatitis B vaccine needs 3 doses to be effective—1st dose only gives you 30-50% protection; 2nd dose gives you 50%-75% protection. Only all 3 doses give you 95-99% protection. The schedule is 2nd vaccine after 1 month and 3rd vaccine after 6 months from 1st vaccine. It is okay to be late on your shots but not okay to do them earlier than scheduled time. See, if participant can confirm dates on the "Vaccination Administration Record for Adults" sheet.
- 6) If uninsured, please give participants "Programs for the Uninsured" Handout.

Step Two: Check the File and Registration Form

- 3) Check files to make sure all questions on registration forms have been answered.
- 4) Answer questions about hepatitis B.

Step Three: Ask If Participant Wants to Be Vaccinated Today?

- 5) Fill out the "Pre-Vaccination Questions" Form and attach to folder.
- 6) Do not provide vaccine if answer to any of these questions are "Yes"
- 7) Make sure you circle whether the participant can receive the vaccine or cannot receive the vaccine today.
- 8) Include the "Pre-Vaccination Questions" Form in folder and direct participant to the Vaccination Station.



Instruction Sheet for Vaccinators on Vaccination Day

Step One: Checking File

- 4) Before providing vaccine, check the participant's file to make sure all the questions have been answered on the registration form and vaccine form.

Step Two: Assess Adverse Reactions

- 7) Ask if the participant has had any adverse "bad" reactions to previous shot(s).

Step Three: Record Keeping

- 6) Make sure you record the date of the vaccination on the "Vaccination Administration Record for Adults" sheet. **THE MOST IMPORTANT STEP!**
- 8) Write down on the inside left side of the folder all the information on the "Vaccination Administration Record for Adults" sheet---all dates of vaccines.
- 9) Give them their "Vaccination Administration Record for Adults" sheet once they have completed the 3-dose vaccine series.
- 10) Vaccinator keeps the participant file.
- 11) Provide participant with Vaccine Information Sheet (VIS) required by law from the CDC.
- 12) Keep a record of how many vaccines you provided that day and give that number to the Clinical Coordinator.

NOTE to CLINICAL COORDINATOR: Before each vaccination event, make sure the vaccinator signs the release and waiver of liability form (pg. 73). This form should be kept on file by the Clinical Coordinator.



SAMPLE LETTER FOR HbsAg (-), HbsAb (-)

Dear Participant,

Your results from getting screened at NAME OF ORGANIZATION indicate that you were screened for the hepatitis B surface antigen (HBsAg) and hepatitis B surface antibody (HBsAb). This diagnostic test determines whether you are infected with the hepatitis B virus, immune through natural infection, or need the vaccine. Your test result for HBsAg is "nonreactive" which is commonly known as a "negative result" and your HBsAb is "nonreactive" or "negative result" meaning that you have never been exposed to hepatitis B. This indicates that you are vulnerable to the virus and need to be vaccinated immediately to protect yourself from exposure to hepatitis B.

What should I do now to protect myself and my family from future infection?

Hepatitis B can only be transmitted by blood, sharing needles, contaminated toothbrushes or razors, chewing food for your child, or unprotected sex. Hepatitis B cannot be transmitted through hugging or kissing or sharing food or sharing eating utensils. To protect yourself and your loved ones:

- **Get vaccinated.** At NAME OF ORGANIZATION, we are offering FREE hepatitis B vaccinations. The vaccine is a series of 3 shots that must be administered over six months (at 0, 1, 6 month intervals). **You must receive all three shots to be fully protected.** After all three shots, approximately 95-99% of people are protected against the virus.

WHEN⁷: DATE (1st VACCINATION)
DATE (2nd VACCINATION)
DATE (3rd VACCINATION)

TIME & PLACE: TIME at PLACE OF VACCINATION

IMPORTANT: YOU MUST BRING THIS SCREENING RESULT LETTER IN ORDER TO RECEIVE VACCINATIONS

⁷ [HBI-DC recommends that vaccination events take place after Sunday services in order to reach the most people possible. However, vaccinations can be held on any day of the week.](#)



- Make sure your family and friends are screened for hepatitis B. Not only should your spouse/partner and children be tested, but your siblings should also be screened for hepatitis B surface antigen (HBsAg) and hepatitis surface antibody (HBsAb).

You have already taken the first step to preventing liver cancer by attending this screening to determine your hepatitis B status. Please continue to monitor your health through regular visits to your doctor.

If you have any further questions, please contact:

NAME OF CLINICAL COORDINATOR & PHONE NUMBER

NAME OF ADMINISTRATIVE COORDINATOR & PHONE NUMBER

Thank you for attending our screening day,

NAME OF ORGANIZATION



SAMPLE LETTER FOR HBsAg (-), HBsAb (+)

Dear Participant,

Your results from getting screened at NAME OF ORGANIZATION indicate that you were screened for the hepatitis B surface antigen (HBsAg) and hepatitis B surface antibody (HBsAb). This diagnostic test determines whether you are infected with the hepatitis B virus, immune through natural infection, or need the vaccine. Your test result for HBsAg is "nonreactive" which is commonly known as a "negative result" and your HBsAb is "reactive" or "positive result" meaning that you are immune due to natural infection or vaccination.

What should I do now to protect myself and my family from future infection?

Hepatitis B can only be transmitted by blood, sharing needles, contaminated toothbrushes or razors, chewing food for your child, or unprotected sex. Hepatitis B cannot be transmitted through hugging or kissing or sharing food or sharing eating utensils. To protect yourself and your loved ones:

- Make sure your family and friends are screened for hepatitis B. Not only should your spouse/partner and children be tested, but your siblings should also be screened for hepatitis B surface antigen (HBsAg) and hepatitis surface antibody (HBsAb).

You have already taken the first step to preventing liver cancer by attending this screening to determine your hepatitis B status. Please continue to monitor your health through regular visits to your doctor.

If you have any further questions, please contact:

NAME OF CLINICAL COORDINATOR & PHONE NUMBER

NAME OF ADMINISTRATIVE COORDINATOR & PHONE NUMBER

Thank you for attending our screening day,

NAME OF ORGANIZATION



SAMPLE LETTER FOR HBsAg (+), HBsAb (-)

Dear Participant,

Your results from getting screened at NAME OF ORGANIZATION indicate that you were screened for the hepatitis B surface antigen (HBsAg) and hepatitis B surface antibody (HBsAb). This diagnostic test determines whether you are infected with the hepatitis B virus, immune through natural infection, or need the vaccine. Your test result for HBsAg is "reactive" which is commonly known as a "positive result" and your HBsAb is "nonreactive" or "negative result" meaning that you are chronically infected with the hepatitis B virus.

What is chronic hepatitis B?

Chronic hepatitis B affects more than one out of every ten Asian Americans. Most people who have chronic hepatitis B do not know that they are infected because they look and feel perfectly healthy. But one in four (25%) chronic hepatitis B carriers will eventually develop liver cancer, cirrhosis, or liver failure. 80% of liver cancer cases are caused by Hepatitis B virus. However, **do not let your test result panic you.** Chronic hepatitis B infected individuals can lead full, healthy lives by taking care of themselves through healthy lifestyle and regular check-up. The important thing is that you found out now rather than later.

What should I do to protect myself from developing liver cancer or cirrhosis?

It is important that all individuals who test "positive" or "reactive" for HBsAg get screened for liver cancer and cirrhosis. Individuals with hepatitis B infection should be screened for liver cancer by checking their blood alpha-fetoprotein (AFP) and serum transaminase (ALT) levels every six months and get an ultrasound of the liver every year. The guidelines provided below is a suggested course of action that you can take to protect yourself against liver cancer or liver failure:

- 1) Visit your primary care physician and confirm your results by screening for the presence of HBsAg (hepatitis B surface antigen) again. If you don't have health insurance, NAME OF ORGANIZATION will be offering additional screening opportunities on DATE. Please also review the Programs for Uninsured handout included with this letter.
- 2) Talk to your doctor to set up regular screenings for liver cancer or cirrhosis. Also ask you doctor about antiviral medication, which can help fight the virus and slow its ability to damage the liver. If you don't have health insurance, please review the Programs for Uninsured handout included with this letter.
- 3) Check your AFP and ALT levels every six months. These are relatively inexpensive and simple blood tests performed by drawing a small amount of blood.
- 4) Get an imaging study (ultrasound) of your liver every year.
- 5) Get vaccinated for **hepatitis A** to prevent further damage to your liver.
- 6) Avoid drinking alcohol and maintain a regular sleeping schedule, as well as being extremely careful about medicine intake, especially *herbal supplements* and traditional medicine that may contain harmful ingredients to the liver.



What should I do now to protect my family from future infection?

Hepatitis B can only be transmitted by blood, sharing needles, contaminated toothbrushes or razors, chewing food for your child, or unprotected sex. Hepatitis B cannot be transmitted through hugging or kissing or sharing food or sharing eating utensils. To protect yourself and your loved ones:

- Make sure your family and friends are screened for hepatitis B. Not only should your spouse/partner and children be tested, but your siblings should also be screened for hepatitis B surface antigen (HBsAg) and hepatitis surface antibody (HBsAb).

You have already taken the first step to preventing liver cancer by attending this screening to determine your hepatitis B status. Please continue to monitor your health through regular visits to your doctor.

If you have any further questions, please contact:

NAME OF CLINICAL COORDINATOR & PHONE NUMBER
NAME OF ADMINISTRATIVE COORDINATOR & PHONE NUMBER

Thank you for attending our screening day,

NAME OF ORGANIZATION





Understanding Hepatitis B Blood Tests



Understanding your hepatitis B blood test results can be confusing. It is important to discuss your test results with your health care provider so that you can clearly understand whether you have a new infection, chronic infection, or have recovered from an infection. You may want to take this sheet with you to your appointment as a reference guide. In addition, it is helpful if you request a written copy of your blood tests so that you can be sure you know which tests are positive or negative.

Before explaining the tests, there are two basic medical terms that you should be familiar with:

Antigen: A foreign substance in the body, such as the hepatitis B virus.

Antibody: A protein that your immune system makes in response to a foreign substance. Antibodies can be produced in response to a vaccine or to a natural infection. Antibodies usually protect you against future infections.

The test that is used to help you understand your hepatitis B status is called the **hepatitis B blood panel**. This is a simple 3-part blood test that your doctor can order. Your results can be returned within 7-10 days.

The 3-part hepatitis B blood panel includes the following:

1. Hepatitis B Surface Antigen (HBsAg): The "surface antigen" is part of the hepatitis B virus that is found in the blood of someone who is infected. If this test is positive, then the hepatitis B virus is present.

2. Hepatitis B Surface Antibody (HBsAb or anti-HBs): The "surface antibody" is formed in response to the hepatitis B virus. Your body can make this antibody if you have been vaccinated, or if you have recovered from a hepatitis B infection. If this test is positive, then your immune system has successfully developed a protective antibody against the hepatitis B virus. This will provide long-term protection against future hepatitis B infection. Someone who is surface antibody positive is not infected, and cannot pass the virus on to others.

3. Hepatitis B Core Antibody (HBcAb or anti-HBc): This antibody *does not* provide any protection or immunity against the hepatitis B virus. A positive test indicates that a person may have been exposed to the hepatitis B virus. This test is often used by blood banks to screen blood donations. However, all three test results are needed to make a diagnosis.

Use the following chart to help you and your doctor interpret your blood panel results:

| Tests | Results | Interpretation | Recommendation |
|-------------------------|--|---|--|
| HBsAg HBsAb HBcAb | Negative (-) Negative (-) Negative (-) | NOT IMMUNE – has not been infected but is still at risk for possible future infection – needs vaccine | Get the vaccine |
| HBsAg HBsAb HBcAb | Negative (-) Positive (+) Negative or positive (-/+) | IMMUNE – has been vaccinated or recovered from previous infection – cannot infect others | Vaccine is not needed |
| HBsAg HBsAb HBcAb | Positive (+) Negative (-) Negative or Positive (-/+) | ACUTE infection or CHRONIC infection – hepatitis B virus is present – can spread the virus to others | Find a knowledgeable doctor for further evaluation |
| HBsAg HBsAb HBcAb | Negative (-) Negative (-) Positive (+) | UNCLEAR – several interpretations are possible – all 3 tests should be repeated | Find a knowledgeable doctor for further evaluation |



What is hepatitis B? Hepatitis B is the world's most common serious liver infection. It is caused by the hepatitis B virus (HBV) that attacks liver cells and can lead to liver failure, cirrhosis (scarring) or cancer of the liver later in life. Approximately 90% of healthy adults who are exposed to the hepatitis B virus (HBV) recover on their own and develop the protective surface antibody. However, 10% of infected adults, 50% of infected children and 90% of infected babies are unable to get rid of the virus and develop chronic infection. These people need further evaluation by a liver specialist or doctor knowledgeable about hepatitis B.



Who should be tested? HBV is transmitted through contact with blood or infected bodily fluids, through unprotected sex, unsterile needles, and from an infected mother to her newborn during the delivery process. HBV is not transmitted casually, through the air, or from casual social contact (hugging, coughing, sneezing).

The following groups are especially at high-risk for infection and should be tested:

- Health care workers and emergency personnel
- Partners or individuals living in close household contact with someone who is infected
- Individuals who have had multiple sex partners or who have been diagnosed with an STD
- Injection drug users
- Men who have sex with men
- Individuals who received a blood transfusion prior to 1972
- Individuals who have tattoos or body piercings
- Individuals who travel to countries where hepatitis B is common (Asia, Africa, South America, the Pacific Islands, Eastern Europe, and the Middle East)
- Individuals emigrating from countries where hepatitis B is common, or who are born to parents who emigrated from these countries (see above)
- **ALL** pregnant women should be tested for hepatitis B infection

Is there a vaccine for hepatitis B? The good news is that there is a safe and effective vaccine for hepatitis B that lasts a lifetime. It is recommended in the U.S. and other countries for all infants and children up to age 18 and adults at high risk for infection.



Additional Diagnostic Tests:

Liver Function Tests (LFTs): These are a group of blood tests that help your doctor find out how well your liver is working. The most important test is the following:

Alanine Aminotransferase (ALT): This is an enzyme that is released from liver cells into the bloodstream when the liver is injured. An ALT level above normal may indicate liver damage. ALT levels are included in the regular monitoring of all chronic hepatitis B patients; this test can also be useful in deciding whether a patient would benefit from therapy, or for evaluating how well a current treatment is working.

Liver Biopsy: This involves the removal of a small piece of tissue from the liver using a special needle. The tissue is examined under a microscope to look for inflammation or liver damage.

Hepatitis B DNA test: This is a highly sophisticated blood test that checks for the presence of hepatitis B virus DNA in the bloodstream. The DNA test indicates how much virus is present in the blood.

e-antigen: This is a protein that is made by the virus. If this test is positive, it indicates that there is a lot of virus in the blood, which means that you can more easily spread the virus to others.

e-antibody: Often as the virus stops replicating in the body, and the e-antigen disappears from the blood, the e-antibody appears. This can happen spontaneously or after treatment.

For more information about HBV diagnostic tests, please visit the following websites:

Hepatitis B Foundation website at www.hepb.org

HIV & Hepatitis Treatment Advocates at www.hivandhepatitis.com/tests.html

University of Maryland Medical Center at www.umm.edu/liver



2/07



Hepatitis B Foundation · 3805 Old Easton Road, Doylestown PA 18902 · 215-489-4900 · info@hepb.org



Programs for the Uninsured

This is a **sample** of what we used for the DC, MD, VA area. You'll need to research what programs are available in your area.

Medicaid is a program that pays the medical bills of the people who have low income, cannot afford medical care, and meet other eligibility requirements. It is run by the State and pays the medical bills with State and federal tax money. For more information, visit www.cms.hhs.gov/home/medicaid.asp.

Medicare is an insurance program that pays medical bills for people who are at least 65 years old, or who are disabled. It is available to people who receive Social Security benefits regardless of how much money they have. It pays medical bills with money from the Social Security Trust Fund, which most people pay into while they work. Retired and disabled people pay a monthly insurance premium for Medicare Part B. This is usually taken out of their Social Security check before they get the check. For more information, visit www.medicare.gov.

You can also access hepatitis B treatment medications through:

Gilead Science's Reimbursement Assistance for Adefovir Dipivoxil, (also known as Hepsera)
1-800-226-2056 Monday-Friday, 9am-8pm Eastern Time.

Advancing Access

P.O. Box 221887

Charlotte, NC 28222-1887

FAX: 800-216-6857

<http://www.hepsera.com/reimbursement.aspx>

Roche's Patient assistance Program for Alpha Interferon, also known as Roferon A
1-877-75ROCHE (877-757-6243)

<http://www.rocheusa.com/programs/patientassist.asp>

GlaxoSmithKline's Patient Assistance Program for Lamivudine, also known as Epivir
1-866-PATIENT (1-866-728-4368)

All other questions - 1-888-825-5249 Monday - Friday, 8am - 8pm Eastern Time.

Bridges to Access

PO Box 29038

Phoenix, AZ 85038-9038

<http://bridgestoaccess.gsk.com/index.html>

DC Department of Health has several programs for uninsured like the DC Healthy Families which provides FREE health insurance to uninsured children under age 19 and their parents/guardians; Medicaid, and Health Care Safety Net. For more information: call (202) 576-7130 or (202) 442-5988 or (202) 442-5961

<http://dchealth.dc.gov/services/medicaid/medicaid.shtm>



Following are clinics in the D.C. area that offer hepatitis B screening and health services.

Columbia Road Health Center
1160 Columbia Road, NW
Washington, DC 20009
(202) 328-3717

DC Express Free Immunization Clinic
(202) 328-3717

So Others May Eat Medical Clinic
60 O Street, NW
Washington, DC 20001
(202) 797-8806

Whitman-Walker Clinic
1701 14th Street, NW
(202) 745-6120

For **Maryland**, they have several programs through Maryland Medical Assistance Program. These programs are an integral part of the Maryland Department of Health and Mental Hygiene, providing access to health care services for many of the State's low-income residents. Individuals may be eligible for services through the Maryland Medicaid Program, the Maryland Children's Health Program or the Maryland Pharmacy Assistance Program, depending upon income and other factors. For more info: call 1-800-492-5231 for Medical Assistance Eligibility; 1-800-456-8900 for Maryland's Children's Health Program.
<http://www.dhmh.state.md.us/mma/mmahome.html>

For **Virginia**, they have several programs like Family Access to Medical Insurance Security (FAMIS) plan and Medicaid. Please call 1-800-568-1929 or visit <http://www.vdh.state.va.us>. They also have a Prescription Drug Assistance Program <http://www.aging.state.va.us/prescripassist1.htm>. For pregnant mothers who live in Virginia, Virginia Department of Health would be happy to enroll pregnant females who test HBsAg positive into their Perinatal Hepatitis B program. Through this program VDH will provide testing and hepatitis B vaccines to their household contacts, and sex partners at no cost to them. They can call Marie Krauss at (804) 786-6246.

In the Fairfax area, there are 5 clinics that offer STD testing, immunizations, and care for pregnant mothers.

- [Falls Church District Office:](#)
6245 Leesburg Pike, Suite 500
Falls Church, VA 22044
703-534-8343



- [Herndon-Reston District Office:](#)
1850 Cameron Glen Drive, Suite 100
Reston, VA 22190
703-481-4242
- [Mount Vernon District Office:](#)
8350 Richmond Highway, Suite 233
Alexandria, VA 22309
703-704-5203
- [Springfield District Office:](#)
Cary Building, First Floor, Suite A100
8136 Old Keene Mill Rd
Springfield, VA 22152
703-569-1031
- [Joseph Willard Health Center:](#)
3750 Old Lee Highway
Fairfax City, VA 2030
703-246-7100

In addition, there is a **Community Health Care Network** where 3 centers offer primary health care services for low income, uninsured County residents who cannot afford medical care for themselves and their families. Based on income eligibility.

- Bailey's Health Center
6196 Arlington Blvd.
Falls Church, VA 22044
703-237-3446 TTY: 703-237-8702
Hours:
Monday and Tuesday: 11:00 a.m. - 7:30 p.m.
Wednesday, Thursday, Friday: 8:00 a.m. - 4:30 p.m.
- South County Health Center
8350 Richmond Highway, Suite 301
Alexandria, VA 22309
703-704-5333 TTY: 703-704-6680
Hours:
Monday and Tuesday: 11:00 a.m. - 7:30 p.m.
Wednesday, Thursday, Friday: 8:00 a.m. - 4:30 p.m.
- North County Health Center
11484 Washington Plaza West, Suite 300
Reston, VA 20190
703-689-2180 TTY: 703- 689- 3281
Monday and Tuesday: 11:00 a.m. - 7:30 p.m.
Wednesday, Thursday, Friday: 8:00 a.m. - 4:30 p.m.



On a national level, here are some other resources for the uninsured:

- **Rx Assist/Outreach**
Patient Assistance Program Center
P.O. Box 66536
Saint Louis, MO 63166-6536
Phone: 800-769-3880
Website: www.rxoutreach.com
- **Families USA**
Consumer Program Assistance Locator
1201 New York Avenue NW, Suite 1100
Washington, DC 20005
Phone: 202-628-3030
Fax: 202-347-2417
Email: info@familiesusa.org
Website: www.familiesusa.org
- **Gilead Sciences Pharmaceuticals**
Patient Assistance Program
333 Lakeside Drive
Foster City, CA 94404
Phone: 650-574-3000
Fax: 650-578-9264
1-800-GILEAD-5
Website: www.gilead.com
- **Bristol-Myers Squibb**
Patient Assistance Foundation, Inc.
345 Park Avenue
New York, NY 10154-0037
1-800-736-0003
Website: www.bms.com
- **GlaxoSmithKline**
Prescription Assistance Program
Global Community Partnerships
One Franklin Plaza
P.O. Box 7929
Philadelphia, PA 19101
- **Bureau of Primary Health Care**
Health Resources and Services Administration/U.S. Dept. of Health & Human Services
Parklawn Building
5600 Fishers Lane
Rockville, MD 20857
Website: <http://bphc.hrsa.gov>



MORE INFORMATION ON HEPATITIS B SERVICES

Asian Liver Center, Stanford University

<http://liver.stanford.edu>

Centers for Disease Control and Prevention (CDC)

- Center for Infectious Diseases
www.cdc.gov/ncidod/diseases/hepatitis/b/index.htm#materials
- National Immunization Program
www.cdc.gov/nip/diseases/hepb/hepb_contacts.pdf

HBV Information and Assistance HelpLine

1-888-888-0981

Hepatitis B Foundation

www.hepb.org

Hepatitis B Information and Support List

www.hblist.org

Hepatitis Foundation International

www.hepfi.org

National Hepatitis B Task Force: Focus on Asians and Pacific Islander Americans

www.hepbtaskforce.org

Immunization Action Coalition

www.immunize.org

MEDLINEPlus Health Information

www.medlineplus.gov

National Institutes of Health, National Institute on Diabetes & Digestive & Kidney Diseases

http://digestive.niddk.nih.gov/ddiseases/pubs/hepb_ez

National Viral Hepatitis Roundtable

www.nvhr.org

State Health Department Phone Numbers

www.immunize.org/coordinators



X. Partners & Acknowledgements

A. Letters of Support

August 25, 2006

On behalf of the Association of Asian Pacific Community Health Organizations (AAPCHO), it is with great enthusiasm that we support and collaborate with the Hepatitis B Initiative (HBI) on increasing the awareness of hepatitis B in the Asian American and Pacific Islander (AAPI) community. AAPIs are disproportionately impacted by the hepatitis B virus (HBV) and unfortunately given the "silent" nature of the disease, many are not aware they are infected.

AAPCHO is a national association representing community health organizations dedicated to promoting advocacy, collaboration and leadership that improves the health status and access of Asian Americans, Native Hawaiians and Pacific Islanders within the United States, its territories and freely associated states, primarily through our member community health clinics.

Asian Americans and Pacific Islanders (AAPIs) are disproportionately affected by many health conditions. Many of them face psychosocial and cultural barriers that restrict their access to necessary health care and social services that help them manage and prevent a range of diseases.

In response to the HBV epidemic, public health agencies are working collaboratively to increase the awareness of HBV and reaching out to communities that are at high risk through community prevention messages. These types of interventions are successful especially with joint public health and ministry efforts. They will help ensure that our communities are being educated and screened for HBV. AAPCHO is committed to working collaboratively with the Hepatitis B Initiative through the use of its ministry model and this guidebook, thus we can take the necessary steps to eliminate HBV in Asian American and Pacific Islander communities.

We hope that you find this information helpful in addressing HBV within your ministry and church. It is critical to engage your congregation and the larger community, so that they are better equipped and knowledgeable about HBV and its impact upon the AAPI community.

The HBI ministry model is an attempt for those of us in the Asian American and Pacific Islander community to do the same. By spreading the word about the virus and setting up screenings and vaccinations in your church community, you can help us to prevent the spread of the hepatitis B virus. By offering vaccinations in your community you are also participating in the 1st anti-liver cancer vaccine, as well. Together we can ensure that our communities are being educated, screened and vaccinated to prevent the transmission of HBV.

Sincerely,

Jeffrey B. Caballero, MPH
Executive Director



B. The Alliance Partnership

Association of Asian Pacific Community Health Organizations

www.aapcho.org

Asian Pacific Islander Health Forum

www.apiahf.org

Hepatitis B Initiative of Washington, D.C.

www.hepbinitiative.org

C. Supporting Organizations

Asian Liver Center, Stanford University

<http://liver.stanford.edu>

Division of Viral Hepatitis, National Center
for HIV, STD, & TB Prevention, Centers for
Disease Control and Prevention

www.cdc.gov/ncidod/diseases/hepatitis/

Gilead Sciences

www.gilead.com

GlaxoSmithKline

www.gsk.com

Hepatitis B Foundation

www.hepb.org

Hepatitis B Information and Support List

www.hblist.org

Hepatitis B Initiative- Boston Area

www.hepbinitiative.org

Hepatitis Foundation International

www.hepfi.org

Immunization Action Coalition

www.immunize.org

Merck & Company, Inc.

www.merck.com

National Hepatitis B Task Force:
Focus on Asians and Pacific Islander
Americans

www.hepbtaskforce.org

Office of Minority Health, U.S.
Department of Health and Human
Services

www.omhrc.gov



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- Christ Central Presbyterian Church
- First United Methodist Church
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- GlaxoSmithKline
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