

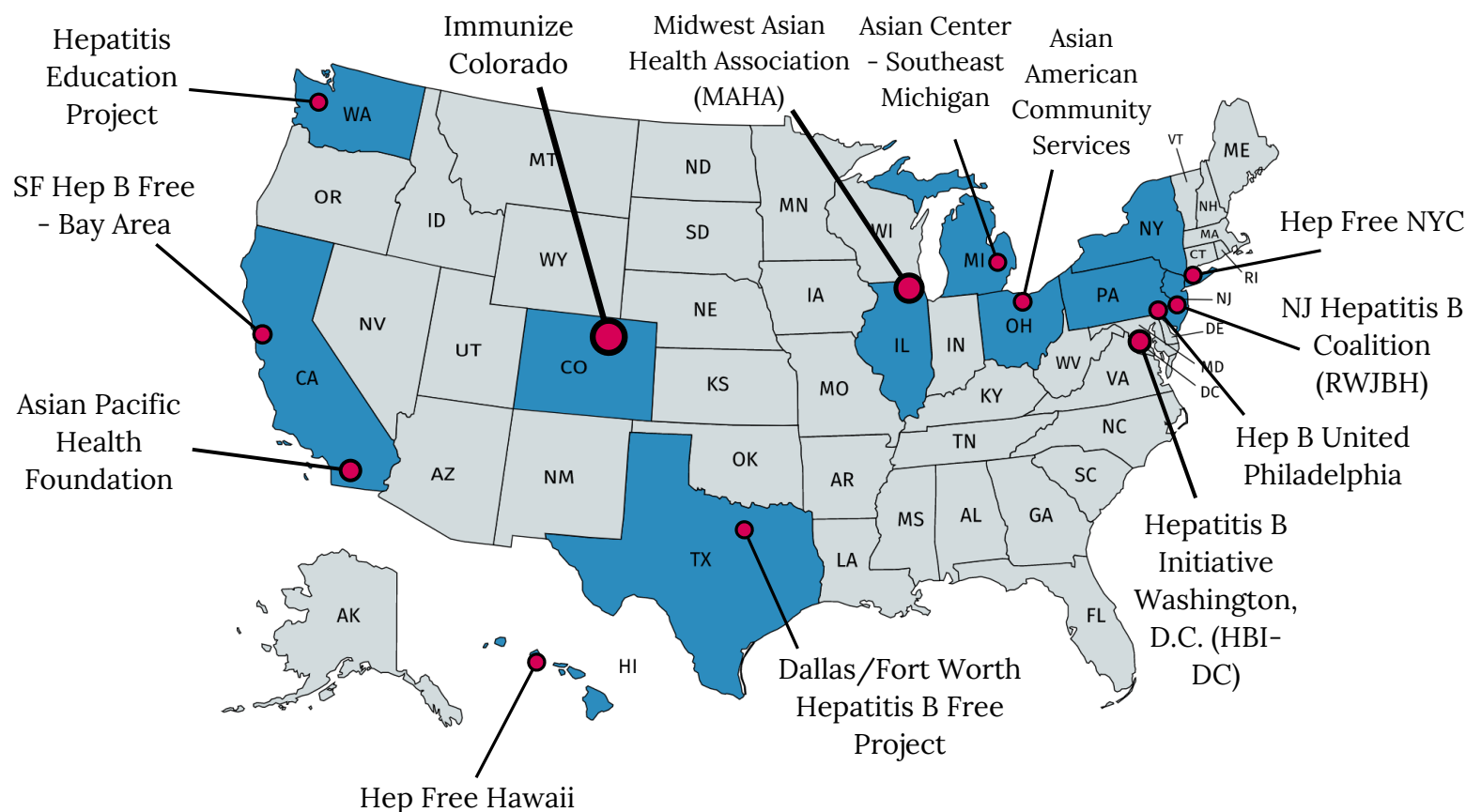


Hep B United

SUMMARY REPORT 2020

49 National and Local
Coalition Members with
> 1,000 local partners

PARTICIPATING HBU PARTNERS



Overview and Hep B United's Goals

Hep B United (HBU) was established by the Hepatitis B Foundation (HBF) in partnership with the Association of Asian Pacific Community Health Organizations (AAPCHO) in 2012 to meet the need for enhanced hepatitis B programs and advocacy in the United States. Since then, the coalition has continued to expand across the U.S., promoting equitable access to health care, preventive medicine, testing, linkage to care, and treatment for all communities at risk for hepatitis B through evidence-based public health best practices.

Awareness: Raise the profile of hepatitis B and liver cancer as an urgent public health priority.

Prevention: Increase hepatitis B testing and vaccination, particularly among Asian Americans, Pacific Islanders, and other high-risk communities.

Intervention: Improve access to care and treatment for individuals living with hepatitis B to prevent end-stage liver disease and liver cancer.

From September 1, 2017 - August 31, 2019, thirteen (13) Hep B United Partners (indicated in the above map) screened persons throughout the U.S. for hepatitis B infection. This report summarizes data reported by 13 HBU partners from the past two years on completed screenings, positive HBV infection results, linkage to care, educational outreach, and population demographics over the course of the last two years.

HEPATITIS B SCREENING

Fact # 1

Nearly 300 million people are chronically infected with HBV worldwide, while an estimated 2.4 million people are chronically infected with HBV in the U.S.²

Every year, HBU Partners screen individuals who are considered to be at risk for hepatitis B infection across the U.S. Below are data that represent HBU's reach from screening events between 2017-2019.

405

Total Screening
Events

13,814

Total Number of
Persons Screened

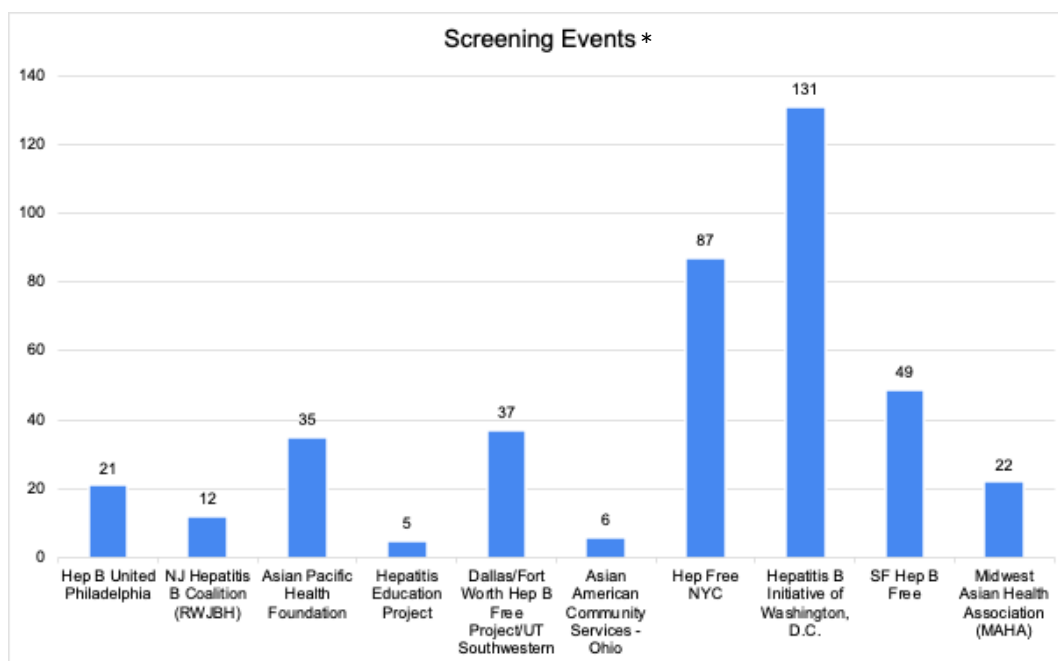


FIGURE 1.

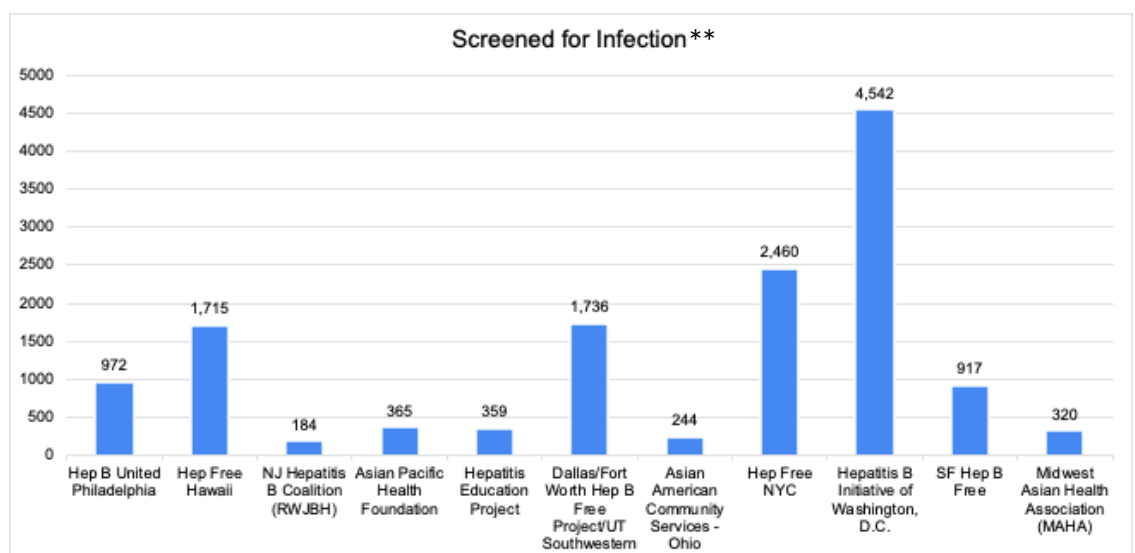
Number of hepatitis B screening events (n=405) held during the 2-year time period of September 1, 2017 - August 31, 2019.

*Asian Center - Southeast Michigan, Hep Free Hawaii, and Immunize Colorado did not hold screening events during the 2-year time period.

FIGURE 2.

Number of persons screened for hepatitis B infection (n=13,814) during the 2-year time period of September 1, 2017 - August 31, 2019.

**No data collected from Asian Center - Southeast Michigan and Immunize Colorado



For individuals screened, HBU Partners work to link all individuals with hepatitis B infection to care at clinics across the country. Below are the data that demonstrate the follow-up for coalitions that participated in hepatitis B community-based screening.

	Persons screened for hepatitis B	Persons who tested positive for HBV		Persons linked to care	
		%	N	%	N
HBU Partners*	N	%	N	%	N
Hep B United Philadelphia	972	6.9	67	70	46
Hep Free Hawaii**	1,715	11	188	25.5	47
NJ Hepatitis B Coalition (RWJBH)	184	0.54	1	100	1
Asian Pacific Health Foundation	365	2.74	10	N/A	N/A
Hepatitis Education Project	359	7	25	71	17
Dallas/Fort Worth Hep B Free Project/UT Southwestern	1,736	3.8	65	N/A***	N/A
Asian American Community Services - Ohio****	244	10	24	50	12
Hep Free NYC	2,460	8	196	70	137
Hepatitis B Initiative of Washington, D.C.	4,542	4.03	183	85	156
SF Hep B Free	917	2.3	21	70	14
Midwest Asian Health Association (MAHA)	320	7.45	24	100	24

FIGURE 3.

Percentage of persons who tested positive for HBV infection and percentage of persons linked to care among total persons screened for hepatitis B (n=13,814)

*No data collected from Asian Center - Southeast Michigan and Immunize Colorado

**Some data was not collected/available. Presumably, the number of persons tested and linked to care was higher.

***Results were given either in-person or over the phone at Linkage to Care events. Patients who tested positive were given additional time to impress the importance of their diagnosis and given a list of providers whom they can contact for care. Unfortunately, no tracking system was established for patients following up with their PCP.

****The Asian Free clinic has been open on Monday evenings. The COVID-19 pandemic forced the clinic to close in April 2019, but it recently reopened twice a month. A telehealth clinic is on alternate Mondays.

Fact # 2

The Centers for Disease Control and Prevention recommends the following persons get screened for hepatitis B infection:

- Born in countries with an HBV prevalence of $\geq 2\%$
- Born in the US but not vaccinated as infants whose parents were born in regions with high rates of HBV infection (HBsAg prevalence of $\geq 8\%$)
- Men who have sex with men
- Use injection drugs
- Affected by HIV
- Household and sexual contacts of HBV-infected people
- Require immunosuppressive therapy
- Are in end-stage renal disease (including hemodialysis)
- Blood and tissue donors
- Have elevated alanine aminotransferase levels (>19 IU/L for women and >30 IU/L for men)
- Pregnant women
- Infants born to HBV-infected mothers



EDUCATION AND OUTREACH

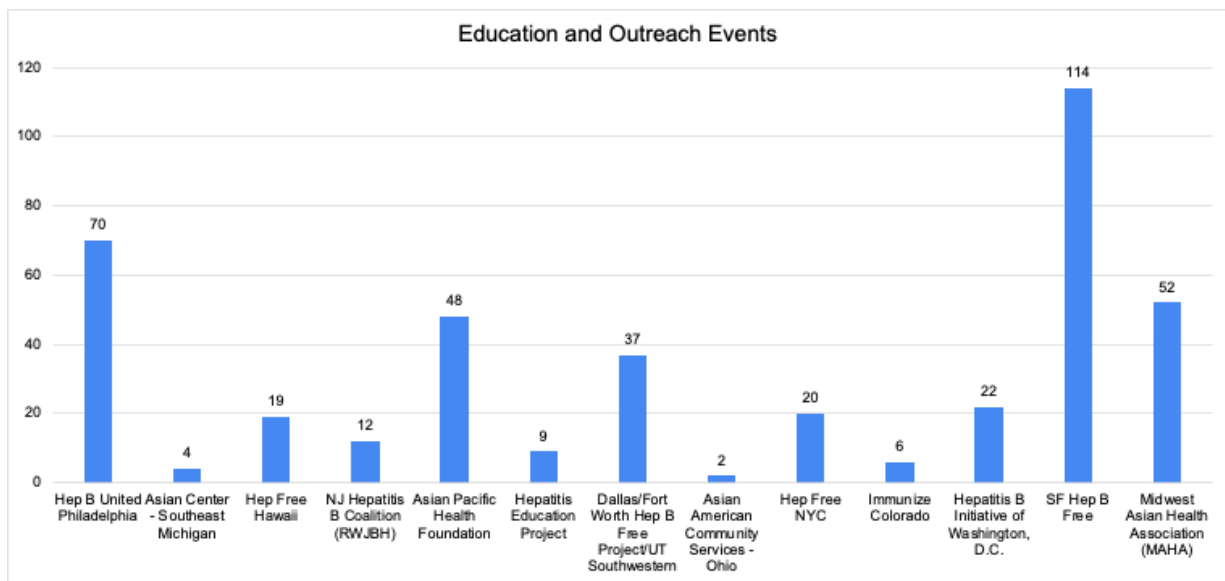
Fact # 3

HBV vaccines are available from your community health center, health department, pharmacy, or primary care provider.³

Each year, HBU partners host educational sessions to inform individuals at risk for hepatitis B infection about the virus. Below are data that represents the reach of HBU with educational or outreach events between 2017-2019.

FIGURE 5.

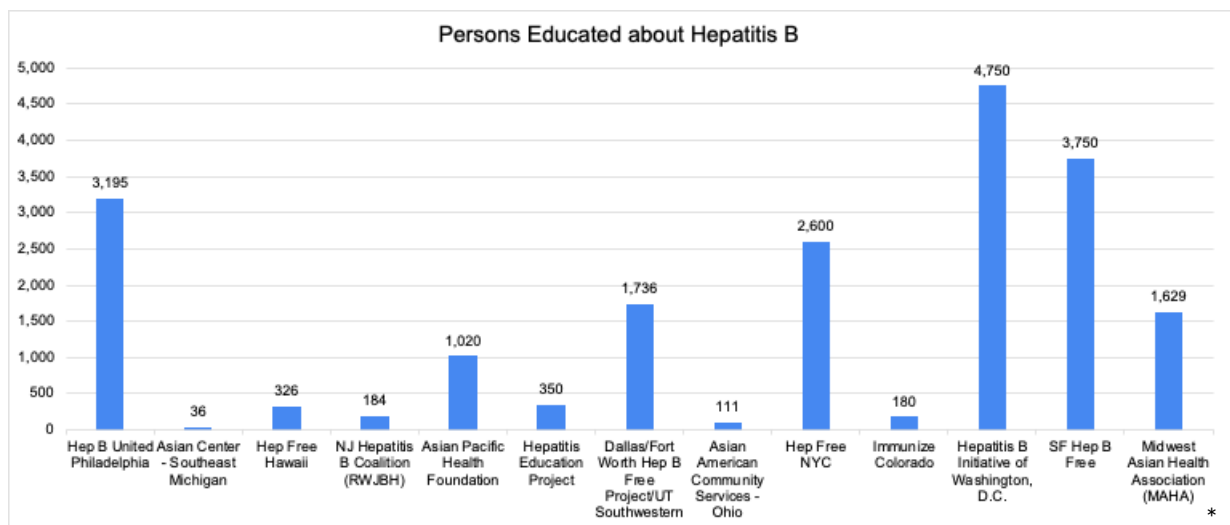
Total number of hepatitis B educational or outreach events (n=415) held during the 2-year time period of September 1, 2017 - August 31, 2019.



19,867
Total Persons
Educated

FIGURE 6.

Total number of persons educated (n=19,867) about hepatitis B during the 2-year time period of September 1, 2017 - August 31, 2019.



*MAHA also conducted social media campaigns through WeChat, local Chinese news, local internet news, MAHA Website, Facebook, Press, Constant Contact, and other platforms. Number of people reached was an estimated 10,000.

POPULATIONS SERVED

Fact # 4

Acute hepatitis B infection can last for several weeks to as long as 6 months! ^{1, 2}

HBU Partners identify populations at high risk for HBV infection. Below is data reported on HBsAg positivity by risk group between 2017–2019. This data is reported by HBU partners and is ranked based on positivity from 1–5, with 1 being the highest volume of HBsAg positivity.

FIGURE 4.

Highest prevalence rates of hepatitis B by risk group and HBU community partner in ranked order.

HBsAg Positive Prevalence by Population in Ranking Order (Highest (1) to Lowest (5))					
HBU Partners	1	2	3	4	5
Hep B United Philadelphia	Chinese	African	Vietnamese	Korean	Cambodian
Hep Free Hawaii	Federated States of Micronesia (FSM)	Chinese	Marshall Islands (RMI)	Vietnamese	Filipino
Asian Pacific Health Foundation	Vietnamese	Filipino	Taiwanese	Korean	N/A
Hepatitis Education Project	Injection Drug User	Somali	Vietnamese	Mongolian	N/A
Dallas/Fort Worth Hep B Free Project/UT Southwestern	Burmese	Arabic	Korean	Vietnamese	Black
Asian American Community Services – Ohio	Chinese	Vietnamese	Bangladeshi	Somali	Korean
Hep Free NYC*	African/Senegalese	African/Nigerians	African/Ghanaian	Korean	Chinese
Hepatitis B Initiative Washington, D.C.	Vietnamese	Ghanaian	Chinese	Mongolian	Cameroonian
SF Hep B Free	Mongolian	Chinese	N/A	N/A	N/A
Midwest Asian Health Association (MAHA) **	Chinese	N/A	N/A	N/A	N/A

*Ranked in order by volume of participants served.

** MAHA only serves the Chinese community.

Fact # 5

According to the U.S. Department of Health & Human Services, new HBV infections are highest among adults aged 40–49, injection drug users, men who have sex with men, and people born outside the U.S., specifically in Asia, the Pacific Islands, and Africa.⁴

POPULATIONS SERVED

Fact # 6

Acute hepatitis B infection rates have risen 50%-450% in states impacted by the opioid crisis.²

Communities Screened and Reached/Educated about Hepatitis B

- African
 - Ghanaian
 - Gambian
 - Senegalese
 - Nigerian
 - Kenyan
 - Somalian
 - Cameroonian
 - Zimbabwean
 - Liberian
 - Congolese
 - Sierra Leonian
 - Togo
 - South African
 - Ugandan
 - Somalian
 - Sudanese
 - Ivory Coast
 - Guinea
 - Burkina Fasso
 - Benin
 - Moroccan
 - Mauritania
- Afghanistan
- Albanian
- American Indian/Alaska Native
- Argentinian
- Asian
 - Chinese
 - Korean
 - Vietnamese
 - Filipino
 - Indian
 - Mongolian
 - Hmong
 - Khmer
 - Laotian
 - Cambodian
 - Thai
 - Burmese
 - Taiwanese
 - Indonesian
 - Japanese
 - Nepalese
 - Sri Lankan
- Brazilian
- Bolivian
- Caribbean
 - Haitian
 - Antigua
 - St. Vincent
 - Jamaican
- Chilean
- Columbian
- Cuban
- Dominican Republic
- Egyptian
- El Salvadorian
- Ethiopian
- Guatemalan
- Hispanic
- Honduras
- Iraqi
- Israeli
- Latino
- Mexican
- Pacific Islander
 - Chuukese
 - Marshallese
 - Kosraen
 - Pohnpeian
 - Samoan
- Puerto Rican
- Saudi Arabian
- Spanish
- White/Caucasian
- Other/unknown

REFERENCES

- 1) Centers for Disease Control and Prevention. (2020, July 28). Hepatitis B questions and answers for health professionals. Retrieved January 28, 2021, from <https://www.cdc.gov/hepatitis/hbv/hbvfaq.htm#overview>
- 2) Hepatitis B Foundation. (2021). Hepatitis B facts and figures. Retrieved January 28, 2021, from <https://www.hepb.org/what-is-hepatitis-b/what-is-hepb/facts-and-figures/>
- 3) Planned Parenthood. (2021). Should I get the hepatitis B vaccine? Retrieved January 29, 2021, from <https://www.plannedparenthood.org/learn/stds-hiv-safer-sex/hepatitis-b/should-i-get-hepatitis-b-vaccine>
- 4) US Department of Health and Human Services. (2020, August 31). Hepatitis B basics. Retrieved January 28, 2021, from <https://www.hhs.gov/hepatitis/learn-about-viral-hepatitis/hepatitis-b-basics/index.html>