

Hepatitis B among Asian Americans: Prevalence, Progress, and Prospects for Control

Presentation based on a review article in review with the
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Hepatitis B United Webinar

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The National Center for Reducing Asian American Cancer Health Disparities



Acknowledgement

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Objectives



Review the magnitude of the Hepatitis B (HBV) burden among Asian Americans

Highlight the process being made to mitigate this burden

Provide evidence based strategies for HBV control and prevention

Hepatitis B Grants



Asian Pacific Islander Heritage Month and National Hepatitis Testing Day

The UC Davis Comprehensive Cancer Center will be offering free Hepatitis B testing

WHEN: Sunday, May 19, 2013
10 a.m. - 2 p.m.

WHERE: UC Davis Comprehensive Cancer Center
4501 X Street
Sacramento, CA 95817

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916-734-5371

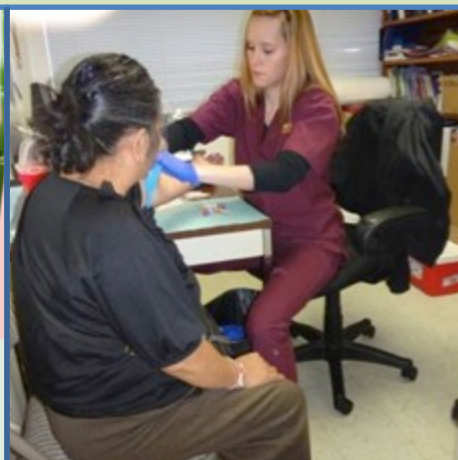
DID YOU KNOW

- Hepatitis B is dangerous because there are often no symptoms. By the time symptoms occur it is often too late for treatment to be effective.
- One out of 10 APIs have hepatitis, and a majority do not know they have been infected.

To qualify for a free Hepatitis B test you must be:

- A foreign born Asian American or an adult child of foreign born Asian American
- A resident of Sacramento County
- 18 years of age or older

Participants will get a \$10 gift card to Walmart for their



AANCART

2002-current

- Develop and disseminate of culturally appropriate, ethnic specific hepatitis B educational materials
- HBV education, outreach and training

P01: Liver Cancer Control Interventions for Asian Americans

2006-2011

- RCT Lay Health Worker Interventions to increase serological testing for hepatitis B: Hmong, Korean and Vietnamese

Thousand Asian American Study (TAAS)

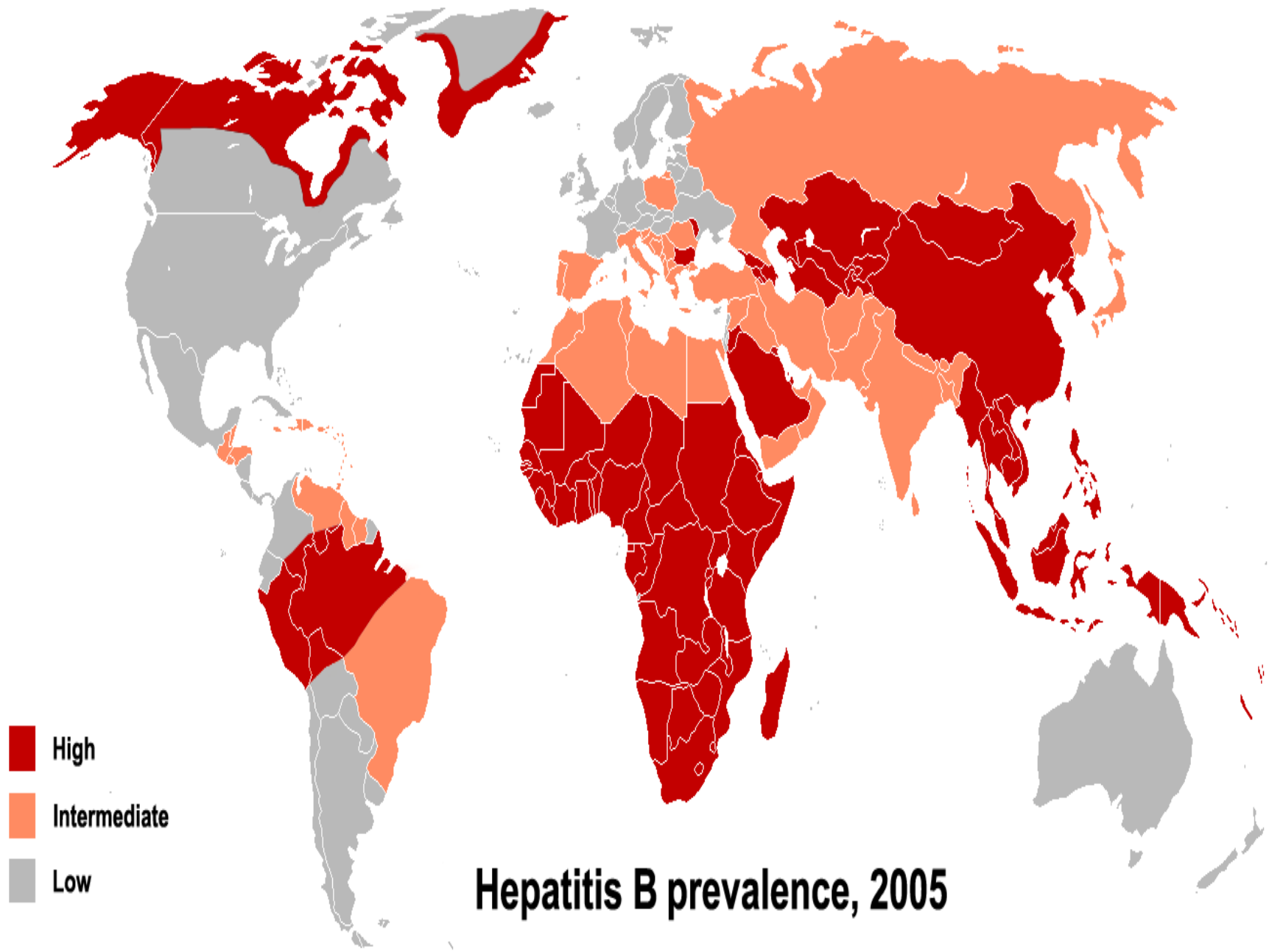
2012-2013

- Screen 1,000 foreign born or children of foreign born from HBV endemic regions.

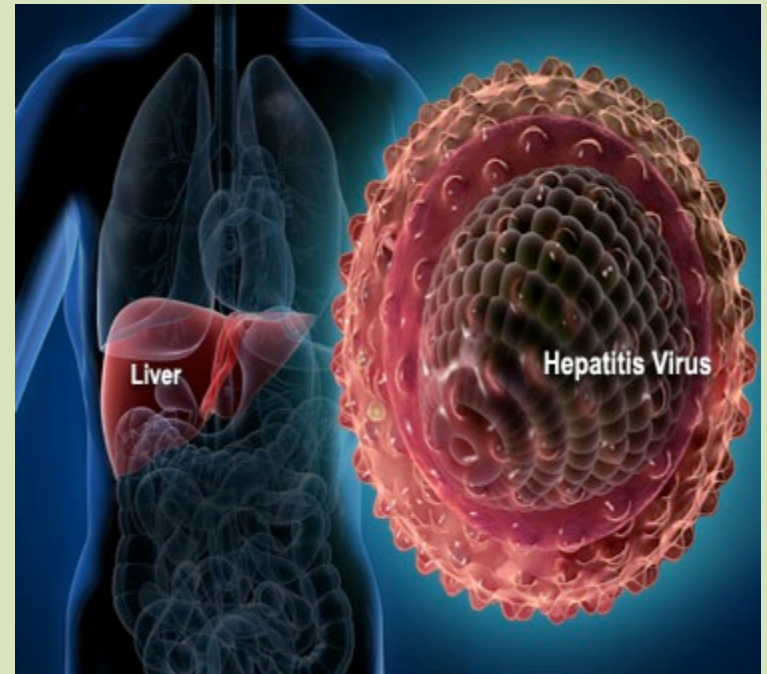
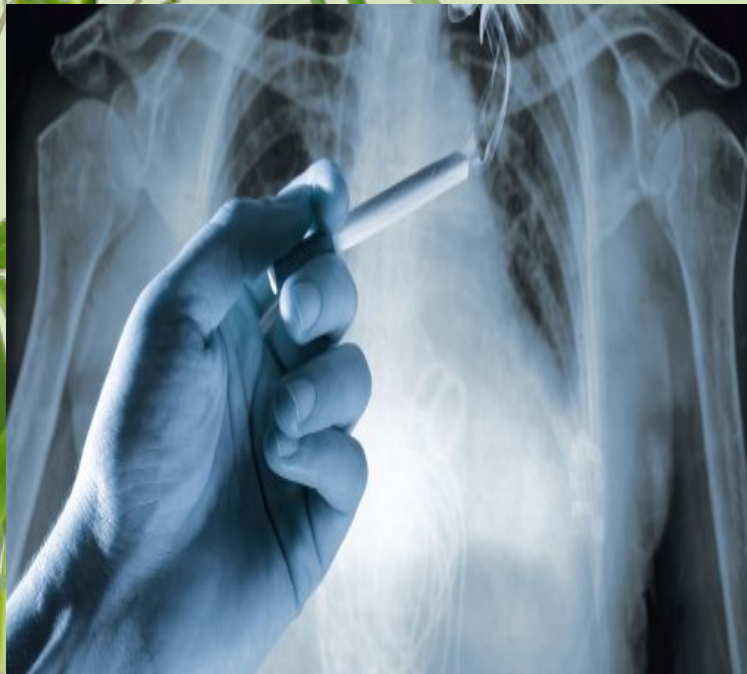
Sacramento Collaborative to Advance Testing and Care of Hepatitis B (SCrATCH B)

2014-2016

- Improve identification and care for chronic HBV infection among 2,000 foreign born or children of foreign born from HBV endemic regions.



Hepatitis B prevalence, 2005



After tobacco use, chronic hepatitis B viral infections are the most important cause of cancer globally

1 OUT OF 3 INDIVIDUALS HAVE BEEN INFECTED WITH THE HEPATITIS B VIRUS



Asian Americans and the Hepatitis B Burden

Per 100,000

- Asian Americans experience the highest incidence for cancers of the liver and intrahepatic bile (male: 21.2 versus 8.9 for Whites; female: 8.0 versus 3.0 White)
- Asian Americans experience the highest mortality rates for cancers of the liver and intrahepatic bile (male: 14.5 versus 7.3 for Whites; female: 6.0 versus 3.0 White)

110:1

- Most dramatically, the hepatitis B seroprevalence rate among foreign-born Asian/Pacific Islander women of childbearing ages was 8.9% compared to 0.08% for non-Hispanic White mothers for a disparity rate of 110:1



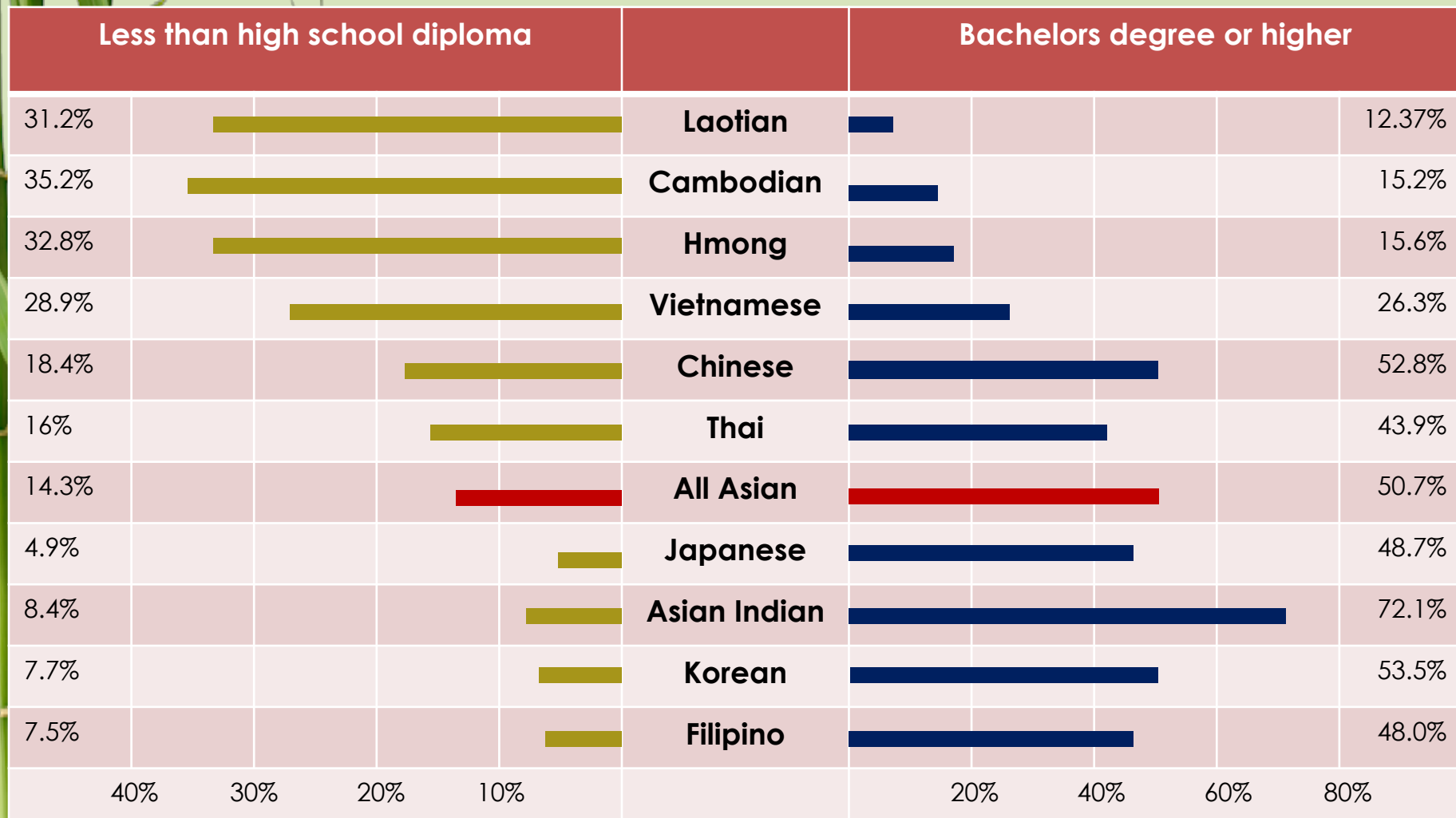
Who are Asian Americans?



Aggregated Asian American Data Masks Disparities

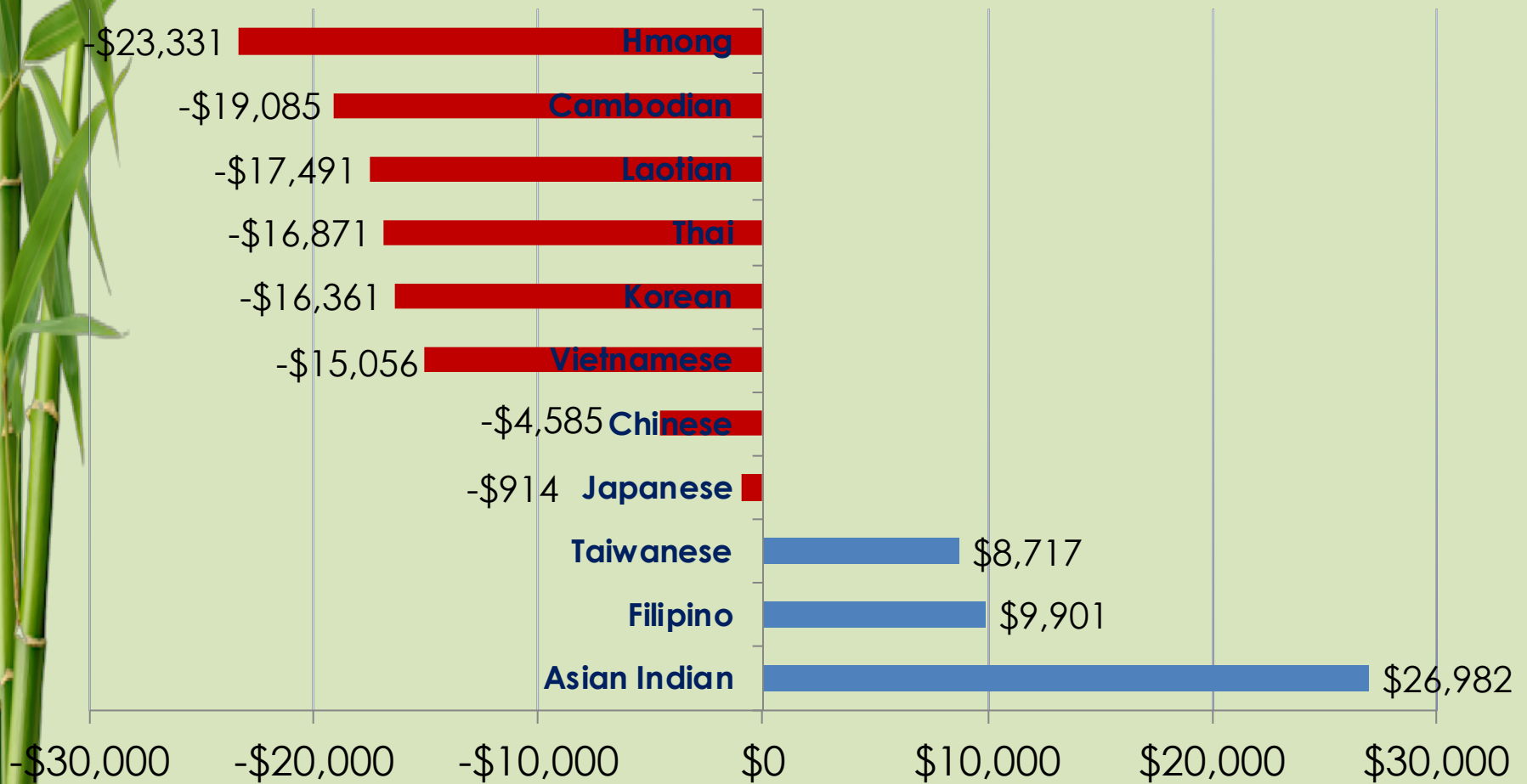
Asian Americans are the only racial population in the United States with a bimodal distribution for major demographic risk factors related to health outcomes: education, income, insurance status, and age

Educational Attainment for selected Asian American Groups, 2011-2013



Source: U.S. Census Bureau, 2011-2013 3-Year American Community Survey

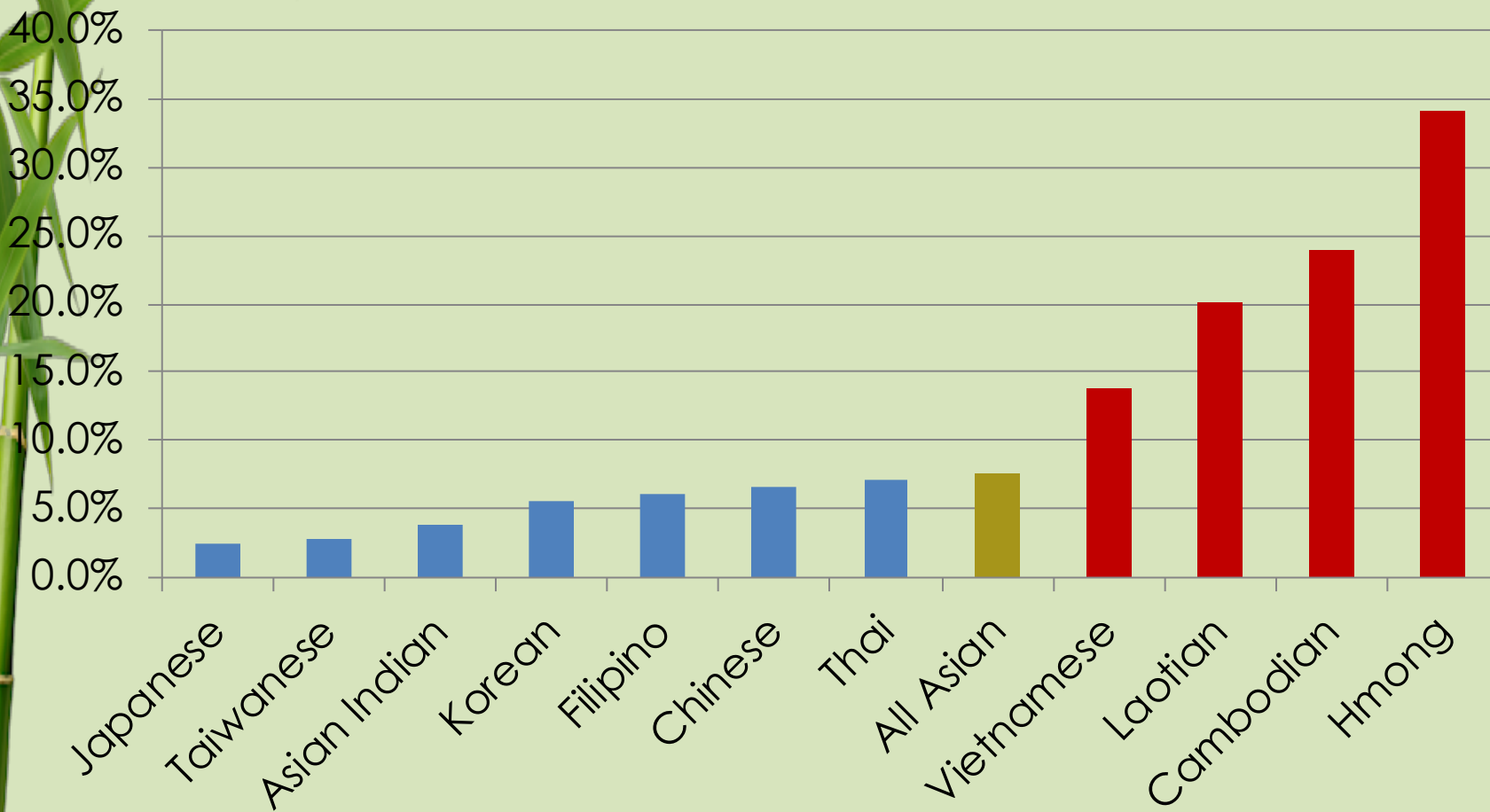
Difference in Median Household Income for Selected Asian American Groups from the Median Household Income for All Asian Americans, 2011-2013



*Mean income \$71,580

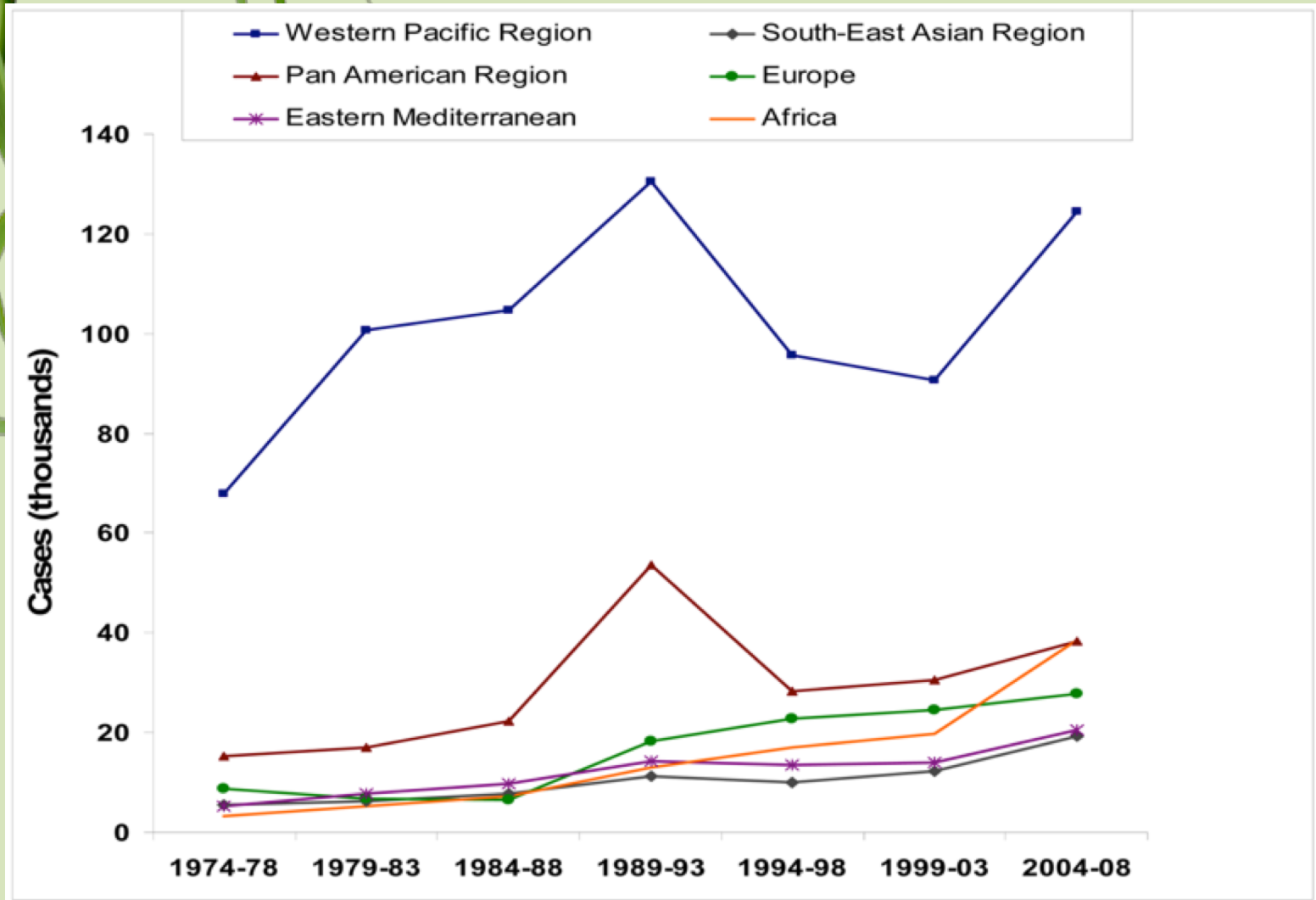
Source: U.S. Census Bureau, 2011-2013 3-Year American Community Survey

Food Stamp/SNAP Benefits for Selected Asian Groups, 2011-2013



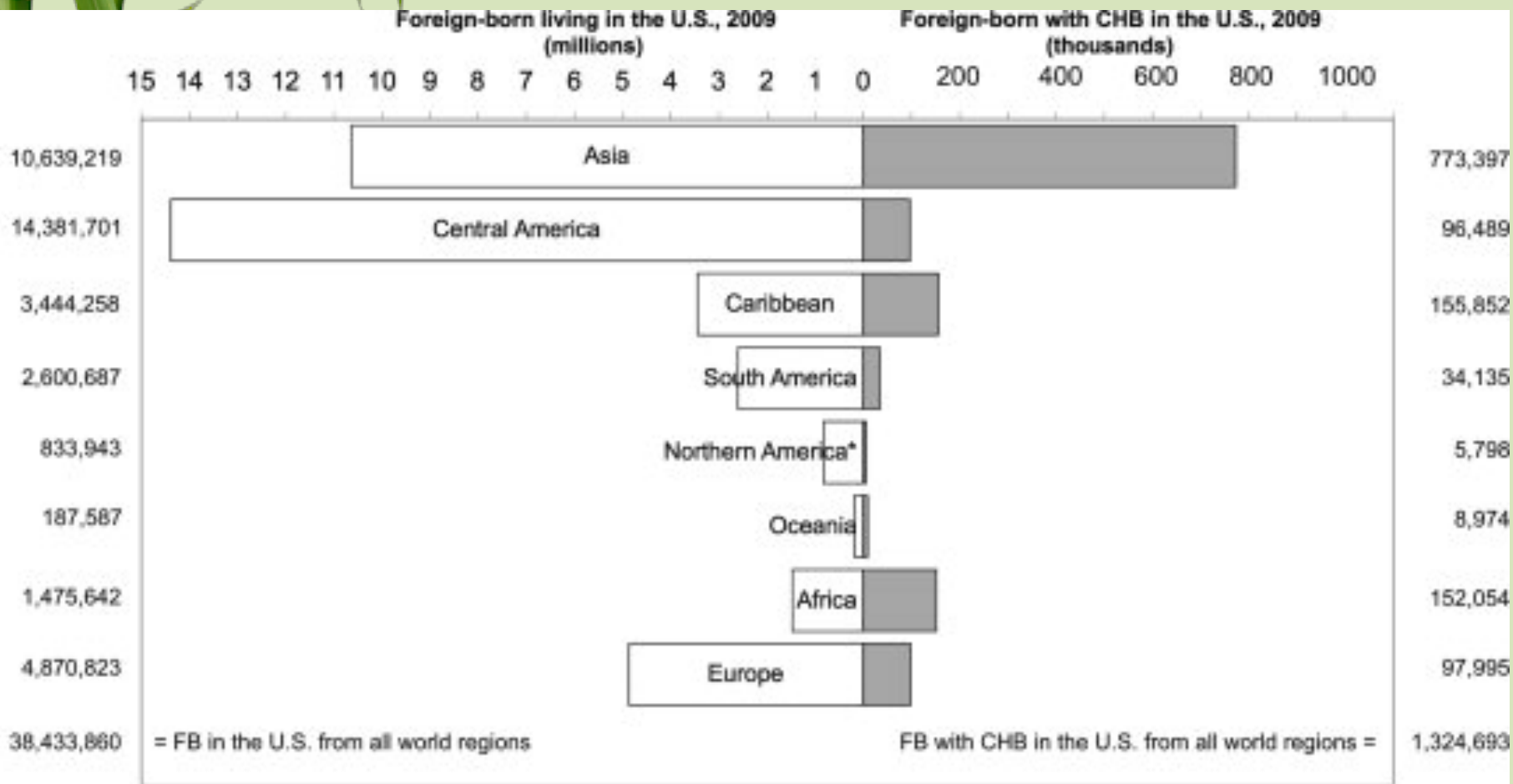
Source: U.S. Census Bureau, 2011-2013 3-Year American Community Survey

Estimated Cases of Imported Chronic HBV Infection by WHO Region of Origin, 1974-2008



Mitchell, T., Armstrong, G. L., Hu, D. J., Wasley, A., & Painter, J. A. (2011). The increasing burden of imported chronic hepatitis B—United States, 1974–2008. *PLoS One*, 6(12), e27717.

Foreign born populations living in the US and prevalence of foreign born with CHB



Abbreviations: FB, Foreign-born.

* Northern America = FB from Canada and Bermuda living in the U.S.

Kowdley, K. V., Wang, C. C., Welch, S., Roberts, H., & Brosgart, C. L. (2012). Prevalence of chronic hepatitis B among foreign-born persons living in the United States by country of origin. *Hepatology*, 56(2), 422-433.



Community: "OUT-PATIENT"

CLINIC: "IN-PATIENT"



Increasing HBV Screenings

- Culturally Appropriate and Ethnic Specific
 - Lay Health Worker Interventions
 - Community Based Organizations
 - Student Run Medical Clinics

- Physician In-Service
- CME
- Electronic Medical Records
- Electronic Prompts
- Telephone Banking

Recommendations to Mitigate the HBV burden among Asian Americans

1. Screen persons born in areas with >2% hepatitis B surface antigen (HBsAg) rates.

- Ask persons which country they were born.
- Encourage providers to recommend HBsAg testing for their at-risk Asian American patients.
- Educate and encourage patients to ask their providers whether they should be tested for HBsAg.
- Use typical Asian names from EHRs to determine if they have been tested for HBsAg and then to screen them at the next opportunity.
- Collaborate with Asian American-serving organizations to hold screening events.

2. Vaccinate Asian American infants and children.

- Verify that hospitals and birthing facilities are providing birth dose vaccinations.
- If not vaccinated at birth, vaccinate. Note that in many states, verification of HBV vaccinations may be a requisite for school enrollment.

**3. Vaccinate Asian American adults.
* Note: serologically test for HBsAg first and after test results are known, determine if vaccination is appropriate.**

- Consider follow up vaccination programs for adults after serological testing for HBV for those who need vaccination.

“Longest journey begins with a single step....”

