



**HEPATITIS B FOUNDATION**

700 East Butler Avenue  
Doylestown, PA 18901-2697  
Phone: (215) 489-4900  
Email: [info@hepb.org](mailto:info@hepb.org)

**CAUSE FOR A CURE**  
[www.hepb.org](http://www.hepb.org)

October 4, 2005

Jon Abramson, MD, Chairman of ACIP  
Weston M. Kelsey Professor & Chair  
Department of Pediatrics  
Wake Forest University School of Medicine

Larry Pickering, MD, Executive Secretary for ACIP  
National Immunization Program/CDC  
1600 Clifton Road, NE, Atlanta, GA

Dear Dr. Abramson and Dr. Pickering:

We are writing to request that a final vote on the draft **Recommendations for Adult Hepatitis B Vaccination** not be held at the October 26-27 meeting of the Advisory Committee on Immunization Practices (ACIP).

The current (9/29/05) ACIP meeting agenda indicates there will be a discussion of the draft recommendations and a final vote on October 26. We are concerned that we have not been given sufficient opportunity to review the current version of the draft adult hepatitis B vaccination recommendations. As a result, we have been unable to comment on this critical public health document.

We believe a more extensive consultation is vital to our Nation's public health and request sufficient time to review the recommendations and provide our consultation. The ACIP agenda, as currently posted and the process currently underway, does not provide adequate opportunity for our comments to be provided and considered by ACIP members.

We object to our being denied the opportunity to review the draft recommendations ahead of time, and to provide our comments for the Committee's consideration prior to its voting on the recommendations.

This ACIP decision will become guiding public health policy in the US, perhaps for decades to come. It is the first major change in adult hepatitis B recommendations to be made since 1991, yet it will be made without sufficient consultation with individuals and organizations in the public and private sectors that care deeply about the prevention, control, and treatment hepatitis B in the United States. Though public comment time is provided on the current meeting agenda, it will *follow* the Adult Hepatitis B decision. Even if the Committee agenda is changed to provide for public comment prior to the decision, since the draft is not available for public inspection, there has been no opportunity to study what is likely to be an extensive – perhaps 40-50 page – draft.

Further, given recent disaster events in the United States, the diversion of some of our resources to help those affected by hurricanes, the cost of air travel, and the limited budgets of many groups engaged in hepatitis B activities, we believe it is unreasonable to expect representatives from organizations to attend the Committee meeting as the sole review and public comment opportunity. Therefore, it is important that ACIP accept written comments during the more inclusive comment period we are requesting, and that those comments be considered as important as in-person attendance and that they are reviewed by all members of the ACIP before a vote is taken.



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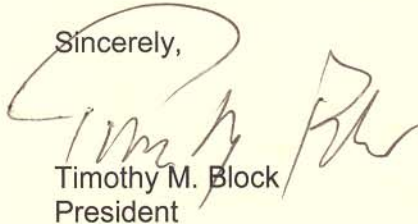
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Hepatitis B is not a trivial infectious disease. Those of us who work to prevent hepatitis B, who provide care for patients suffering from acute or chronic stages of hepatitis B, surgeons who perform transplants, and those who provide care for patients dying from hepatitis B-caused liver cancer and cirrhosis believe that we have important contributions to make to the discussion.

We are asking for the opportunity to do so.

Sincerely,



Timothy M. Block  
President



Molli C. Conti  
Vice President  
Outreach & Education Program

cc: Eric Mast, MD, MPH  
Division of Viral Hepatitis/CDC

John W. Ward, MD  
Division of Viral Hepatitis/CDC

Dee Gardner  
Staff member, ACIP  
National Immunization Program / CDC

Mitchell L. Cohen, MD  
Director, Coordinating Center for Infectious Diseases/CDC

Julie Gerberding, MD, MPH  
Director, CDC

Michael O. Leavitt  
Secretary of Health and Human Services -

Richard Conlon  
Administrator, National Viral Hepatitis Roundtable