



October 7, 2005

Jon Abramson, MD
Chairman of ACIP
Weston M. Kelsey Professor & Chair
Department of Pediatrics
Wake Forest University School of Medicine
Medical Center Boulevard
Winston Salem, NC 27157

Larry Pickering, MD
Executive Secretary for ACIP
National Immunization Program
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS E-05
Atlanta, GA 30333

Dear Dr. Abramson and Dr. Pickering:

I am writing to **request a postponement** in the final vote on the draft *Recommendations for Adult Hepatitis B Vaccination* at the October 26-27 meeting of the Advisory Committee on Immunization Practices (ACIP). **This is for the sake of the 14 million Asian Americans** – the group most affected by chronic hepatitis B infection in the United States. Since we do not have the opportunity to review this latest draft, we fear that the recommendations you will be voting for do not adequately address the threat of HBV to our nation's fastest growing minority group.

Unfortunately, past ACIP recommendations **have not discussed or made special recommendations that promote** the screening, prevention and treatment of chronic HBV in the adult Asian American community. Hence little attention and progress have been made in the diagnosis and control of chronic HBV and HBV-caused liver cancer in the adult Asian American population. This is problematic because chronic HBV infection is the greatest health disparity between Asian Americans and the rest of the population. With liver cancer caused by HBV ranked as a major cause of cancer death in Asian American men, and chronic HBV prevalence rates almost 700 times (8.9% vs. 0.13%) higher in foreign-born Asian Americans compared with Caucasian Americans, HBV is considered the most threatening infectious disease in the rapidly growing Asian American population. Consider that the population of New York is 11 percent Asian. Los Angeles: 10 percent. Houston: 6 percent. San Jose: 30 percent. San Francisco: 33 percent.

The Asian Liver Center at Stanford University was founded to address the unequal burden of chronic hepatitis B and liver cancer in Asian Americans. In recent years, we have built partnerships with hundreds of community organizations, local, state and federal agencies and legislators, as well as private corporations and foundations to work together towards eliminating the threat of chronic hepatitis B and liver cancer. Although we appreciated the opportunity to present the Asian American perspective to the Division of Viral Hepatitis in May, we are concerned that we have not been given sufficient opportunity to review the latest draft recommendations and provide comments to the Committee on this critical public health document. Though public comment time is provided on the draft meeting agenda, it will only follow the final vote. What if the draft does not go far enough to protect the lives of



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14 million Asian Americans? How will we be able to make our case if public comment is held after the vote? Even if the Committee agenda is changed to provide for public comment prior to the decision, how will we have enough time to study the extensive draft when it is not available for public inspection?

The ACIP adult HBV recommendations will become guiding public health policy in the U.S. perhaps for decades to come. There needs to be more time for public review and comment on the recommendations to make the case that Asian Americans must be included in the recommendations if we are to save thousands of lives.

Sincerely,

Samuel So, MD, FACS,
Lui Hac Minh Professor
Department of Surgery
Director, Asian Liver Center
Director, Liver Cancer Program
Stanford University School of Medicine

cc: The Honorable Michael O. Leavitt, Secretary, HHS
Julie Gerberding, MD, MPH, Director, CDC
Mitchell L. Cohen MD, Director, Coordinating Center for Infectious Diseases, CDC
John W. Ward, Director, Division of Viral Hepatitis
Eric Mast, MD, MPH, Division of Viral Hepatitis, CDC
Dee Gardner, National Immunization Program, CDC
Dick Conlon, Administrator, National Viral Hepatitis Roundtable