

February 7, 2005

Myron J. Levin, MD, Chairman  
Advisory Committee on Immunization Practices (ACIP)  
University of Colorado School of Medicine  
4200 East Ninth Avenue, C0227  
Denver, CO 80260

**RE: DRAFT RECOMMENDATIONS ON HEPATITIS B IMMUNIZATION**

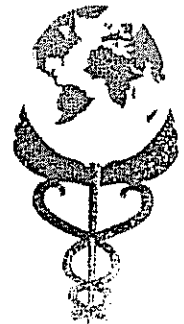
Dear Dr. Levin,

As President of the Institute for Criminal Justice Healthcare, I have a high level of concern for vaccination of the criminal justice population against the hepatitis B virus. The recent ACIP draft recommendations on hepatitis B immunization are of particular interest to me, and I would like to offer my comments to the committee in preparation for your meeting later this week.

The criminal justice population (i.e. juvenile facilities, jails, prisons, and community corrections representing almost 7 million people) is often ignored or forgotten when immunization guidelines are created or when grants for immunization funding are written. Upon incarceration, adults and the majority of juveniles lose access to public and private health-care and disease prevention services. The unfortunate result is that inmates and offenders in the community do not receive adequate protection against the hepatitis B virus and other vaccine-preventable diseases. Offenders who come from the community have almost always engaged in risk factors for hepatitis B. Upon release, if unvaccinated, they will continue to engage in risk factors and transmit the disease to others in the community. Most of the incarcerated population will at some time be released into the community. This population should be immunized for hepatitis B because of their increased risk for infection, both outside and inside correctional facilities.

I believe that a universal age-based approach to hepatitis B immunization would help to relieve the burden of hepatitis B infection in the criminal justice population. Specifically recognizing the criminal justice population will enable them to not be forgotten in grants and other funding sources. A universal age-based strategy would help to increase the number of adults who enter the criminal justice system already protected against hepatitis B. This would make the funding problem a smaller one, as well as increasing protection of the entire correctional population both inside and outside the walls.

Another suggestion I have regarding the draft recommendations for hepatitis B immunization concerns the infant, child, and adolescent populations. The guidelines should make specific mention of infants born in correctional facilities and children and adolescents in the juvenile justice system. Adequate provisions for vaccination of these infants, children, and adolescents are often not made, and I believe that pointing them out in the ACIP recommendations will help to remind policy makers and grant writers of their need for protection against hepatitis B and other vaccine-preventable diseases.



Thank you for taking the time to review my comments regarding the ACIP draft statement. I hope that the committee will consider my suggestion to adopt a universal age-based recommendation for hepatitis B vaccination in adults, and also to revise the existing recommendations for infants, children, and adolescents.

Sincerely,

Elizabeth F. Gondles, PhD  
President  
Institute for Criminal Justice Healthcare

cc: Stephen C. Hadler, MD, Executive Secretary, ACIP