



**National Task Force on Hepatitis B**  
**Focus on Asian and Pacific Islander Americans**  
c/o Samuel So, MD, Asian Liver Center at Stanford University  
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www.hepbtaskforce.org

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October 7, 2005

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Larry Pickering, MD  
Executive Secretary for ACIP  
National Immunization Program  
Centers for Disease Control and Prevention  
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Dear Drs. Abramson and Pickering:

On behalf of the members of the National Task Force on Hepatitis B: Focus on Asian and Pacific Islander Americans, I am 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 National Task Force on Hepatitis B: Focus on Asian and Pacific Islander Americans represents a coalition of community, academic and health organizations that is playing an increasingly important role in developing local and regional programs to screen, vaccinate and treat chronic HBV in the Asian and Pacific Islander American communities.

Prevalence of chronic HBV infection is the greatest health disparity between the 14 million Asian Americans and non-Asian Americans. With liver cancer caused by HBV ranked as a major cause of cancer death in Asian American men, and chronic hepatitis B prevalence rates almost 700 times (8.9% vs. 0.13%) higher in foreign-born Asian Americans compared with Caucasian Americans, hepatitis B is considered the most threatening infectious disease in the rapidly growing Asian American population.

**Asian Liver Center, Stanford, CA-Asian Pacific Health Center, San Diego, CA-CDC, Atlanta, GA-Hepatitis B Foundation, PA - Hepatitis B Initiative, DC, MA, MD, VA-Asian Health Coalition of Illinois, IL-Immunization Action Coalition, MN-Immunization Coalition, Los Angeles, CA -Vietnamese Community Health Promotion Project, UCSF, CA-Hepatitis Foundation International, MD-WA State API Hepatitis B Task Force, WA-Center for the Study of Asian American Health, NY**

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 control of chronic HBV and HBV-caused liver cancer in the adult Asian American population.

The ACIP adult HBV recommendations will become guiding public health policy in the US, perhaps for decades to come. It also represents the first major change in adult hepatitis B recommendations to be made since 1991. The latest draft agenda of the ACIP meeting agenda posted on 9/26/2005 indicates that a vote will take place immediately after the discussion of the draft recommendations. We are concerned that we have not been given the opportunity to review the latest draft of the adult hepatitis B vaccination recommendations. As a result, we have been unable to comment on this critical public health document. Though public comment time is provided on the draft meeting agenda, it will only *follow* the final vote on Adult Hepatitis B. Even if the Committee agenda is changed to allow public comment prior to the final decision, there will be insufficient opportunity to evaluate what is likely to be an extensive document.

Further, given recent disaster events in the United States, the diversion 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 opportunity for review and public comment. It is important that ACIP accepts written comments during the more inclusive comment period we are requesting, 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.

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 cancer surgery, 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 believe a more extensive consultation is vital to our Nation's public health. We request the opportunity to review the latest draft recommendations ahead of time, and to provide our comments for the Committee's consideration prior to its voting on the recommendations.

Sincerely,



Samuel So, MD, FACS  
Chair  
National Task Force on Hepatitis B: Focus on API Americans

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

**Asian Liver Center**, Stanford, CA-**Asian Pacific Health Center**, San Diego, CA-CDC, Atlanta, GA-**Hepatitis B Foundation**, PA -  
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**International**, MD-WA **State API Hepatitis B Task Force**, WA-**Center for the Study of Asian American Health**, NY