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RE: DRAFT RECOMMENDATIONS ON HEPATITIS B IMMUNIZATION

Dear Myron:

I read with interest the ACIP draft recommendations for hepatitis B immunization and would like to provide you with some insight from a conference that I chaired last month in New York City. The conference, "Vaccine Preventable Hepatitis – A Step Toward Elimination," was organized to critically evaluate our ability to appropriately vaccinate adults in the US against hepatitis A and B and obtain the opinions of leading experts on what we should be doing to improve it.

In October, 2004 I met with the other session chairs to devise an agenda of topics that would evaluate key areas of focus, including gastroenterology, infectious disease, travel medicine, primary care, and public health. A number of experts in these fields were invited to attend the meeting, identify key conclusion statements on their assigned topic, and present supportive data to the group. After the presentations, the group as a whole discussed and edited all the conclusion statements. Our goal is to publish the conclusion statements with background information later this year.

During the meeting, the group agreed to a brief summary of the conference, which represents the overall perspective of the key conclusion statements, as follows:

- Although the incidence of vaccine-preventable hepatitis (ie, hepatitis A and B) is decreasing, a significant disease burden remains
- The most practical approach to disease control is universal vaccination among adults age 19 to 49 years, in addition to universal childhood vaccination
- Funding is the major obstacle to implementing adult universal vaccination (reimbursement, federal support, etc)
- Regardless of the approach to adult vaccination against hepatitis that is implemented, there is a major necessity for physician, patient, public, and payer education on vaccine-preventable hepatitis.

My reason for sending you this note is to recommend that ACIP consider an age-based universal recommendation for hepatitis B immunization for adults, rather than a risk-based stratification strategy. Not only are most routine vaccines no longer recommended by risk criteria, but up to half of patients who acquire hepatitis A or B would not have received vaccination under these recommendations. We have a great opportunity to reduce the burden of this disease by implementing broader recommendations for immunization.

I appreciate your consideration of this information and would be happy to discuss or answer any questions you may have.

Sincerely,

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