

September 21, 2005

Larry Pickering, MD
Executive Secretary
Advisory Committee on Immunization Practices (ACIP)
National Immunization Program
Centers for Disease Control and Prevention
1600 Clifton Road, MS E05
Atlanta, GA 30333

Dear Dr. Pickering,

As the founding Executive Director of Positive Health Project, Inc. (PHP) a comprehensive harm reduction/syringe exchange program in New York City, I would like to comment on the draft recommendations for Hepatitis B Immunization to be considered by the Advisory Committee on Immunization Practices (ACIP) at the upcoming October meeting. PHP has developed a nationally known reputation for serving the most marginalized injecting drug users (IDUs), including the homeless or precariously housed. Most are IDU sex workers who are at the highest risk of hepatitis B infection, as well as other infections associated with active substance use and a risky lifestyle, such as hepatitis C virus (HCV) infection, HIV and other sexually transmitted diseases (STDs). PHP's primary mission is to reduce the spread of HIV and viral hepatitis infection by providing a comprehensive range of health, education and prevention services to these very challenged and underserved New York residents. PHP's prevention services include behavioral-based harm reduction interventions that lead to less risky behavior and coaching to access services such as onsite primary medical care and drug treatment.

PHP currently offers substance users and IDUs free hepatitis A and hepatitis B vaccinations, as well as free HIV and HCV testing and treatment. In 1999 Dr. Don Des Jarlais and I conducted a study at our organization entitled, "Providing Hepatitis B Vaccination to Injection Drug Users: Referral to Health Clinics vs. On-Site Vaccination at a Syringe Exchange Program" which was published in the American Journal of Public Health. This first research of vaccinating active IDUs showed a series completion success rate of 86%, and has helped encourage other organizations to provide hepatitis B vaccinations to IDUs.

The CDC recommends that voluntary HIV counseling and testing (C&T) be universally offered in any setting where the HIV prevalence in the population is greater than 1%, and this recommendation is increasingly supported within the medical community regardless of HIV prevalence. PHP believes that a similar, universal hepatitis B recommendation for adults would greatly assist in reducing the incidence of hepatitis B. If hepatitis B vaccinations are offered to individuals as a routine part of medical care it is more likely that susceptible, at-risk individuals will receive a vaccine than if vaccinations are offered to patients based solely on risk factors. Routine offering of HBV vaccinations is likely to increase life expectancy and decrease HBV transmission, and vaccinations are more likely to be accepted if providers recommend it as part of medical care.

Although HBV vaccinations should be offered as part of any routine medical examination, a significant number of individuals who are at risk and in dire need of a vaccine do not have access to traditional health care settings. Increasing the number of venues where vaccinations can be provided, as shown in the study referenced above, to include non-traditional venues that attract individuals likely to engage in risky sex and drug use will increase HBV vaccinations. These settings may include emergency rooms, in-patient hospital settings, correctional settings, substance use detoxification programs, community-based organizations, and syringe exchange programs. As long as non-traditional vaccination sites have strong linkages to care and treatment, this approach to HBV vaccination will also increase access to quality medical care and treatment.

I would like to thank you for taking the time to read and consider my recommendations. If you are interested in any additional information please feel free to contact me at 212 465-8304 extension 32.

Sincerely,

Jason Farrell
Executive Director