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Myron J. Levin, MD
Professor of Pediatrics & Medicine
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4200 East Ninth Ave, C0227
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Dear Dr. Levin,

I appreciate this opportunity to provide comments on the draft recommendations for hepatitis B immunization that the ACIP will be making a decision on February 10. I apologize for the late transmittal of this letter, but I hope my comments will be of value to the Committee at this time.

The effort made to complete these greatly anticipated updates to the hepatitis B ACIP recommendations is truly exceptional. A timely ACIP statement on hepatitis B prevention is clearly needed and the Working Group and the Committee are to be commended. Since the early 1990's, immunization against hepatitis B has had a substantial impact on reducing the incidence of infection and disease, particularly with implementation of routine infant immunization. However, a substantial number of infections still occur annually, despite the availability of safe and effective vaccines. It has been more than 20 years since hepatitis B vaccines have been available and although the overall incidence is reduced, it is still much too high for a vaccine-preventable disease, particularly one that can result in cancer and other severe outcomes in some individuals. Furthermore, the recent increases in incidence of hepatitis B among persons 20-39 years old and among those 40 years old and older are of concern.

I believe the draft recommendations as presented are an improvement over prior recommendations. However, they still focus on a risk-based approach rather than an age-based strategy. The risk based strategies to prevent hepatitis B that are used in public health and private health care clinic settings have been very difficult to implement and use successfully. Clear identification of individuals at high-risk for hepatitis B virus infection is generally problematic as many do not consider themselves at risk and rates of hepatitis B vaccination among these individuals have been shown to be low. A universal immunization strategy for adults, as is currently highly successfully used in childhood and adolescence, would provide the necessary protection to reduce the overall burden of hepatitis B in the United States. A recommended age range, perhaps up to 50 years old, would be appropriate. I recognize that federal funding would be required for this effort.

I appreciate your consideration of my thoughts on this issue and hope the Committee will reconsider its recommendations.

Sincerely,

Jeffrey Davis, MD
Chief Medical Officer
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