

Surgeon General's Perspectives

RAISING AWARENESS OF VIRAL HEPATITIS: NATIONAL HEPATITIS TESTING DAY, MAY 19

The first-annual National Hepatitis Testing Day is May 19, 2012. This action is a direct result of the report, “Combating the Silent Epidemic of Viral Hepatitis: Action Plan for the Prevention, Care and Treatment of Viral Hepatitis,” issued by the U.S. Department of Health and Human Services (HHS) in 2011.¹ Viral hepatitis is a silent epidemic in the United States that affects an estimated 5.3 million people. In fact, hepatitis B and hepatitis C are 3.5–5 times more prevalent than human immunodeficiency virus. Yet, the significance of viral hepatitis as a public health problem is underappreciated by both clinicians and the public. A recent Institute of Medicine report indicated a general lack of knowledge about viral hepatitis by health-care and social-service providers, people at increased risk of infection, and the general public. The report found this lack of knowledge to be a major obstacle to successfully preventing the liver diseases and cancer caused by these infections.²

Viral hepatitis can lead to cirrhosis, liver failure, and liver cancer, but infection is often silent and symptomless until the development of significant liver disease, which can occur years after the initial infection. As such, infection frequently goes undetected. Approximately one-third of people with chronic hepatitis B infection and three-quarters of people with chronic hepatitis C infection in the U.S. are unaware that they are infected.² Lack of knowledge of one's infection status means that people fail to seek needed care and treatment. This lack of treatment can lead to serious consequences, as 15%–25% of people with hepatitis B infection and an estimated 37% of people with hepatitis C infection will die as a result of their infection if they do not receive needed treatment.^{2,3}

Fortunately, care and treatment can reduce the progression of liver disease caused by viral hepatitis. In many cases, treatment for hepatitis C can eliminate the virus from the system, essentially providing a cure. To help people living with viral hepatitis benefit from care and treatment, HHS has made viral hepatitis testing a national health priority. However, to increase testing, clinicians must first determine who should be tested.

In the U.S., an estimated 47%–70% of people with chronic hepatitis B are foreign-born. People born in Asia and Africa are at particular risk of having chronic hepatitis B infection due to the high prevalence of



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hepatitis B in their countries of origin.⁴ This group represents a large patient population in the U.S., as 65% of Asian people living in the U.S. were born outside of the country, and 60% of new immigrants come from countries where hepatitis B is prevalent. This large burden of disease among a small population represents an important health disparity in the U.S. Clinicians can begin to identify people at risk of chronic hepatitis B infection by asking their patients two simple questions: (1) where were you born and (2) have you ever been tested for hepatitis B?

While foreign-born people comprise the majority of the chronic hepatitis B burden in the U.S., the traditional risk factor for hepatitis C infection is injection drug use. Estimates of hepatitis C infection among long-term injection drug users (IDUs) range from 65% to 90%.² Unique opportunities exist to test IDUs at substance abuse treatment facilities and syringe-exchange programs. African Americans, particularly African American males, are more likely to be infected with hepatitis C than the general public.⁵ While injection drug use is a well-known risk factor for hepatitis C infection, data have suggested that, among all demographic groups, prevalence is highest among people born between 1945 and 1965; in other words, baby-boomers. Three out of four hepatitis C-infected people were born within this birth cohort,⁶ likely due

to increased injection drug use and use of blood and blood products for transfusion, which caused hepatitis C incidence to increase steadily throughout the 1980s.⁷

The 2011 HHS action plan¹ outlined actions, based on scientific evidence and extensive real-world experience, that can serve as a roadmap for reaching Healthy People 2020 objectives (e.g., eliminating new cases of hepatitis B in children 2–18 years of age; increasing hepatitis B vaccination rates in young children, health-care personnel, IDUs, men who have sex with men, and hemodialysis patients; and reducing new hepatitis C infections from 0.3 to 0.2 per 100,000 population).⁸ The action plan addresses six main areas: educating providers and communities; improving testing, care, and treatment; strengthening surveillance; eliminating vaccine-preventable hepatitis; reducing viral hepatitis caused by drug use; and protecting patients and workers from health-care-associated viral hepatitis.¹

Additionally, to help the general public determine its risk of viral hepatitis infection, and to help clinicians determine their patients' risk of infection, the Centers for Disease Control and Prevention (CDC) is developing an interactive online risk-assessment tool. The tool will allow individuals to answer questions based upon CDC's guidelines for viral hepatitis testing and vaccination and will produce individualized recommendations, which can be printed and shared with a person's health-care provider. The risk-assessment tool is scheduled to be released in May.

Hepatitis is a hidden epidemic with significant public health consequences. National Hepatitis Testing Day is designed to raise awareness of one's hepatitis B and hepatitis C infection status. I encourage clinicians to take this opportunity to let their patients know about their risk of infection, explain the benefits of hepatitis B and C testing, and offer testing to those at risk.



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