



SF Hepatitis B Free

**First City in the United States to Use
A Citywide, Community-Based Approach
To Test & Vaccinate all
Asian & Pacific Islanders
for Hepatitis B**

Albert Yu, MD, MPH, MBA

Director, SFDPH Chinatown Public Health Center

Clinical Professor, UCSF Department of Family & Community Medicine



Workshop Objectives

- Present national and local CHB epidemiology
- Summarize current screening & vaccination guidelines
- Describe the San Francisco Hepatitis B Free campaign
- Highlight inherent challenges of a citywide, community-based framework to address health disparities



Hepatitis B Virus

- Infects 350-400 million people worldwide
- Nearly 75% of those with CHB are Asians
- Approximately 15-40% with CHB develop cirrhosis or hepatocellular carcinoma (HCC) and die from them without proper care
- CHB is responsible for 80% of all liver cancers worldwide
- 100x more infectious than HIV
- No cure for hepatitis B, but there are treatments to manage the disease
- **CHB and HCC are vaccine preventable diseases!**



CHB Epidemiology

- Affects 1.25 million people in the U.S., more than half are API
- An estimated 1 in 10 API have CHB vs. <1% in the general population
- API have the highest rate of liver cancer for any racial/ethnic group, 6-13x higher depending on Asian ethnic group
- HCC ranks as a leading cause of death for API
 - #2 among Vietnamese & Chinese men in the greater Bay Area
 - #3 among all API men and Vietnamese women
 - #4 among Korean men



**CHB and Liver Cancer ARE
Among the Greatest
Health Disparities
Between APIs
and Caucasian Americans!**



CHB Profile - SF Bay Area

- Asian Liver Center / 3 for Life (2001-2006)
 - 283 / 3,163 (8.9%)
- NICOS “B-Wise” (2001-2002)
 - 57 / 591 (9.6%)
- UCSF and NICOS “THINK B” (2005-2006)
 - 56 / 558 (10.0%)
- Chinese American Physicians Society (2003-now)
 - 2,000+ (10.5%)
- Chinese Hospital (2005-now)
 - 1,600+ (10-12%), vaccines: 707 total, 202 series
- 3 for Life (2004-2005)
 - 124 / 1,211 (10.2%), vaccines: 3,004 total, 920 series



Bay Area Characteristics

ALC cross-sectional study of Bay Area API

- Population
 - 3,163 adults were surveyed
 - Community free HBV screening
 - Between 2001-2006
- Men 2x > Women (12.1% vs. 6.4%)
- Foreign born were 19.4x > U.S. born
- 2 in 3 (65.4%) with CHB were unaware of infection
- 44.8% lacked antibodies



Bay Area Characteristics

SFDPH Chronic Hepatitis B Registry

- Population
 - 2,238 positive HBV reports (since January 2006)
 - 1,156 met case definition, 561 completed survey (49%)
- Men (52%) and Women (48%)
- Foreign born (83%)
- Cantonese as primary language (52%)
- Screening as the reason for HBV testing (40%)
- Birth in a HBV-endemic area as risk factor (74%)
- Treated for CHB (21%), Referred to GI (32%)



Who Should Be Screened?

ACIP Guidelines

- Pregnant women and high risk adolescents
- Healthcare and public safety workers
- Hemodialysis patients
- Individuals from areas where HBV is endemic
- Household and sexual contacts of HBV infected persons
- Injection drug users
- Sexually active men and MSM
- Women with multiple partners
- Inmates of correctional facilities
- Individuals with chronic liver disease, HIV or prior STI



Immigrants From HBV Endemic Regions

ACIP Guidelines

- Endemic areas include:
 - Southeast Asia, East Asia, South Pacific islands
 - Sub-Saharan Africa and Middle East
 - Eastern European countries including Russia
 - Amazon Basin and indigenous Arctic peoples
- If CHB found in first generation, screen subsequent generations, sexual and household contacts
- Vaccinate if no evidence of CHB infection or protective immunity (anti-HBsAb)



HBV Knowledge Gaps

- **Study population**
 - 196 PCP attendees of a university-based CME primary care Internal Medicine conference
- 78% response rate
- Only 45% of clinicians correctly chose HBsAg as the screening test of choice for CHB
- 46% were unaware that HBV can be controlled by medications
- Overestimate the relative prevalence of CHB: other at risk groups have a higher prevalence than Chinese
 - HIV (40%), MSM (41%), IVDU (60%)



SF Hepatitis B Free

“Resolution establishing the goal of universal hepatitis B screening and vaccination for Asian and Pacific Islander residents of San Francisco.”

- Resolution 650-06 (Fiona Ma): passed unanimously by SF Board of Supervisors on Nov. 7, 2006
- Resolution 16-06 (Ed Chow): endorsed unanimously by SF Health Commission on Dec. 5, 2006
- Full support of Mitch Katz, MD, Director of SFDPH
- Proclamation support from Mayor Gavin Newsom, Governor Arnold Schwarzenegger and President Bush’s Advisory Commission on Asian Americans and Pacific Islanders



SFHBF Campaign Goals

- **To raise awareness among the public and healthcare providers about the importance of testing for & vaccinating against HBV in Asian Pacific Islander communities**
- **To promote routine HBV testing and vaccination throughout the city and within the primary care medical community**



SFHBF Strategies

Raise Awareness

- Create a public education campaign (ads, news events, stories, etc.)
- Create CME opportunities for PCP
- Create citywide collaboration
 - Private and public healthcare systems
 - Community Based Organizations
 - Major employers
 - Media channels
- Engage key stakeholders
 - Legislators, grantors, community and healthcare leaders



SFHBF Strategies

Increase Screening and Vaccination

- Provide free or low-cost testing and vaccination at community and healthcare settings and events
- Promote testing for and vaccination of insured within the primary care medical community
- Develop standard intake procedures across site to facilitate program evaluation
- Create mechanisms to track campaign-wide screening and vaccination to minimize redundant efforts



SFHBF Strategies

Ensure Appropriate Follow-Up and Treatment

- Promote care of insured CHB clients from PCP
- Refer uninsured CHB clients to SFDPH, SFCCC and local hospital systems through charity care
- Develop surveillance and treatment guidelines to support PCP in managing CHB clients
- Work collaboratively with the SFDPH Hepatitis B Registry
- Support PCP with access to hepatitis B educational venues



SFHBF Successes

- Mobilized diverse stakeholders
 - SFDPH, ALC, AsianWeek Foundation, Hospital Council, UCSF, over 150 CBOs, SFCCC, Chamber of Commerce, ALF, CCSF, SFSU, ethnic and mainstream media
- Organized advisory groups
 - Central planning – Provide overall direction for campaign
 - Medical protocol – Design educational tools for clinicians about screening, vaccination, management and referral guidelines
 - Community education – Design educational programs for CBO leadership and constituents
 - Population management – Create standard data management tools to track clients and evaluate program



SFHBF Successes

- Launched public awareness campaign
- Developed a website
- Secured financial commitment from several stakeholders
- Conducting testing and vaccination outreaches
 - 5 in September alone, throughout SF
- Working with the State Immunization Registry as a possible central repository
- Engaging legislators
 - Fiona Ma, Nancy Pelosi, Mike Honda, Gavin Newsom
- Conducting regular and ongoing CME presentations
- Creating print and online educational tools



SFHBF Challenges

- A full-throttle engine is hard to stop
- Planning group has influence without authority
- Agreement to campaign messages and directions
- Multiple language requirements in education and referral
- Coordination of outreach efforts to avoid redundancy and competition
- Standardized and shared access to data collection
- Consistency of cost to clients
- Access to care for those who screen positive
- Sustainable funding



Primary Contacts

SF Dept. of Public Health ~ Janet Zola

– (415) 554-2790 / janet.zola@sfdph.org

Asian Liver Center ~ Jordan Su

– (650) 736-1883 / jordansu@stanford.edu

AsianWeek Foundation ~ Ted Fang

– (415) 321-5887 / tfang@asianweek.com