

Hepatitis B Virus in Asian America: Silent Killer at Large

By Steven Kai Ming Lau

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In the United States, patient care is clearly influenced by income, race, and sex, and Asian and Pacific Islander Americans (APIs) are no exception. However, lack of a common, hostile history among minorities in the United States can present difficulty for activists wanting to defend the latter assertion. Studying the health care available for hepatitis B virus (HBV) provides insights into the general state of health care for APIs.

HBV is a blood-borne pathogen that can be transmitted during unprotected sex or by contaminated needles used to inject drugs or to give tattoos. Like other blood-borne pathogens, HBV prevalence is higher in blood transfusion recipients, men who have sex with men, and prison inmates. In adults, the virus usually only causes temporary illness marked by jaundice.

As a blood-borne pathogen, the virus can also be transmitted from mother to child during birth. Unlike adults, neonates exposed to HBV have a 90% chance of developing chronic viral hepatitis. Unfortunately, this is the most common route of transmission in APIs. Untreated, 25% of chronic hepatitis carriers will die from complications such as cirrhosis, liver failure, or liver cancer. In California, liver



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cancer is a leading cause of cancer death for APIs, but not the general population. Furthermore, chronic HBV due to exposure early in life may remain entirely asymptomatic until severe complications surface.

No generalization can encompass the 60 ethnicities that APIs represent, but the largest API groups in the United States – Chinese, Filipino, Indian, Korean, Vietnamese, and Japanese – share common concerns with public impressions. Imagine being told by your physician that you may have a virus associated with something of which your family would be ashamed. Worse still, suppose you are told that you gave your child this virus and that it causes

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cancer. Now, imagine that the physician is speaking to you using medical jargon in a language that is not your own. Within this framework, it is easy to understand why HBV has largely remained concealed both in Asia and among APIs.

The prevalence of HBV in the general population is 0.5%: It is roughly 10-15% in APIs. APIs account for up to 50% of people diagnosed with persistent HBV in the United States. While the virus quietly continues to kill, the Centers for Disease Control and Prevention (CDC) does not consider APIs a high-risk group.

In December 2005, Congressmen Charlie Dent (R-PA) and Mike Honda (D-CA) introduced H.R. 4550, an HBV-

specific bill, to the House of Representatives. Senators Rick Santorum (R-PA) and Dianne Feinstein (D-CA) introduced S. 3558, another HBV-specific bill, to the Senate in June 2006. Neither of these bills was passed into law.

In 2006, APAMSA's Hepatitis B Project blossomed under the direction of President Katharine Lee and Hepatitis B Chair Debbie Hana Yi, in collaboration with both not-for-profit and for-profit organizations. Sponsor support was essential in organizing APAMSA's first HBV training in late October, which allowed medical students to meet with leading hepatologists. Over 50 medical schools were represented by students at the event, but not one offered a single lecture devoted to API health care in its formal curriculum. The event challenged student attendees to return to their campuses with new expertise and to reach out to local API communities.

HBV is easily detected by a simple blood test that must be specifically ordered. It costs \$4.95 at my school's student health clinic. Effective vaccines have been available for over two decades, and transmission from mother to child during birth can be prevented by immunoglobulin. For those already infected, treatment can delay or stop disease progression. Nonetheless, HBV continues to permeate the API community.

As with other health disparities, this one will take years to remedy. No easy answer can solve all causes of the differences in HBV disease burden. Small steps have been taken by authorities, community leaders, not-for-profit organizations, and for-profit corporations. Each one brings us closer to the goal of eliminating health disparities in the United States.

Steven is a third-year student in the Medical Scientist Training Program at the University of California, San Diego School of Medicine and national Secretary of the Asian Pacific American Medical Student Association. He is interested in the interface of science and religion.

R A D I O L O G Y

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