

HepTalk Listserv Archive

March 2005

Announcements from HepTalk

Welcome to the March 2005 edition of the Listserv. Posts in the March Listserv are not thematic! They include the following:

1. "Viral Hepatitis in Minority America"
 2. "The Perils of Needles on the Body"
 3. A listing for updated hepatitis materials from the Immunization Action Coalition
 4. A listing from the IAC for new Vaccination Information Statements
 5. Announcements of relevant conferences
- *Please note that the articles and links below do not comprise recommendations from HepTalk, or from the CDC. They are mainly intended to stimulate discussion of issues you may find relevant to your client population.*

An important announcement:

May is Hepatitis Awareness Month

If you have plans for highlighting hepatitis issues at your clinic, please let us know. Or if we can help you recognize Hepatitis Awareness Month, send an e-mail to Kath Anderson at dempander@earthlink.net. We have limited supplies of CDC brochures on hand, and we'd be happy to send you a "starter" packet if you need one. Or, you can order directly from the CDC at <http://www.cdc.gov/ncidod/diseases/hepatitis/resource/materials.htm> for English and Spanish patient education materials on hepatitis A, B and C prevention, free of charge.

THANK YOU!

We've finished our baseline site visits. Thanks to all of you for welcoming us and sharing your experience and information. All of you should have received a Baseline Site Visit Report. If you have not, or if you have questions about the report, please let us know. We're now turning our attention to analyzing the data collected and developing training based on what you said would be most useful to you. We welcome any and all input from you and your staff.

- Check the HepTalk webpage on the Migrant Clinicians Network website at migrantclinician.org. You can get to our page by clicking on "Clinical Excellence" on the Home page, and then clicking on "Hepatitis" on the menu at the left.

If others at your clinic would like to be on the listserv, or if you have questions about the listserv or resources listed here, or if you would like to

add something to the posts, please contact Kathryn Anderson, HepTalk listserv administrator, at dempander@earthlink.net. You can also contact the listserv administrator if you would like to unsubscribe from the list.

1. Rawls, Renard A MD; Vega, Kenneth J MD. "*Viral Hepatitis in Minority America*". Journal of Clinical Gastroenterology. February 2005, 39(2):144-151

Abstract:

Viral hepatitis continues as an important public health concern in the United States. Available data indicate that acute and chronic viral hepatitis remains an important cause of morbidity and mortality in this country despite the availability of immunization for hepatitis A and B and pharmacologic therapy for chronic hepatitis B and C. Minority populations within the United States are disproportionately affected by acute and chronic viral hepatitis. Many diseases, for example, Barrett's esophagus, affect ethnic groups differently. Viral hepatitis A, B, and C may demonstrate ethnic variation with regard to their epidemiology, natural history, clinicopathologic findings, complications, and treatment outcomes. This report will review the literature regarding these areas in hepatitis A, B, and C among the African American, Hispanic American, and Native American populations of the United States.

2. News Update Tuesday, February 01, 2005. Lorraine Krehling. "*The Perils of Needles to the Body*". CDC HIV/STD/TB Prevention. New York Times (02.01.05)

Health officials say they are increasingly concerned about the health risks posed by body modification practices like piercing and tattooing. These practices are now commonplace: In a recent study of 7,960 Texas college students, one in five had a tattoo or a pierced body part other than an earlobe. Experts' principal worry is infection with blood-borne pathogens including HIV and hepatitis B and C. Doctors say tongue or genital piercings can open the way for bacteria and viruses to enter the bloodstream after the procedure. Bacteria that live on the skin, including some penicillin-resistant forms of staphylococcus, are easily spread by unsterilized instruments or ungloved hands. The body's reaction to foreign objects, along with bacterial infections, can cause deformities at piercing sites. A conclusive link between body modification and hepatitis C has not been demonstrated.

The CDC-sponsored Texas study found that pierced and/or tattooed students were no more likely than others to have been exposed to hepatitis C virus. However, in an earlier study of 626 patients at an orthopedic clinic, those with tattoos were seven to eight times more likely to have subclinical hepatitis C infections. Often, middle-age doctors seem unaware that tongue and genital piercings are done to increase stimulation during sex, especially oral sex. Genital piercings may rip condoms; in addition, they may tear or abrade the flesh during intercourse, allowing diseases to spread through blood and other bodily fluids.

In January, Sen. Charles Schumer (D-N.Y.) joined Long Island health officials in voicing concern over the growing number of hepatitis C cases; they linked the increase in part to piercing and tattooing.

3. From Immunization Action Coalition Express #515

<http://www.immunize.org/genr.d/issue515.htm>. March 7, 2005, IAC UPDATES SIX VIRAL HEPATITIS EDUCATION PIECES: IAC recently updated six of its print pieces related to viral hepatitis. Following is a list of the revised pieces.

- a. "*Labor & Delivery and Nursery Unit Guidelines to Prevent Hepatitis B Virus Transmission*", was revised to acknowledge the licensure of two combination vaccines for possible use in completing the hepatitis B series. To access a ready-to-print (PDF) version of it, go to: <http://www.immunize.org/catg.d/p2130per.pdf>. To access a web-text (HTML) version, go to: <http://www.immunize.org/catg.d/p2130.htm>.
- b. "*Give the birth dose . . . Hepatitis B vaccine at birth saves lives!*", was revised to include information on the use of combination vaccines and to update some web references. To access a ready-to-print (PDF) version of it, go to: <http://www.immunize.org/catg.d/p2125.pdf>. To access a web-text (HTML) version, go to: <http://www.immunize.org/catg.d/p2125.htm>.
- c. "*Hepatitis A, B, and C: Learn the Differences*", now includes current information on all licensed treatment options and updated statistics. To access a ready-to-print (PDF) version of it, go to: <http://www.immunize.org/catg.d/p4075abc.pdf>. To access a web-text (HTML) version, go to: <http://www.immunize.org/catg.d/p4075abc.htm>.
- d. "*Should You Be Vaccinated Against Hepatitis B?*", is a screening questionnaire for adults. This piece has been shortened to include

only the risk groups for whom the vaccine is currently recommended by CDC. However, it also offers anyone the option of requesting vaccination, and also has been redesigned so the respondent doesn't have to identify a risk group. To access a ready-to-print (PDF) version of it, go to:

<http://www.immunize.org/catg.d/2191hepb.pdf>. To access a web-text (HTML) version, go to:

<http://www.immunize.org/catg.d/2191hepb.htm>.

- e. "*Should You Be Vaccinated Against Hepatitis A?*", is a screening questionnaire for adults. This piece has been shortened to include only the risk groups for whom the vaccine is currently recommended by CDC. However, it also offers anyone the option of requesting vaccination, and also has been redesigned so the respondent doesn't have to identify a risk group. To access a ready-to-print (PDF) version of it, go to:

<http://www.immunize.org/catg.d/2190hepa.pdf>. To access a web-text (HTML) version, go to:

<http://www.immunize.org/catg.d/2190hepa.htm>.

- f. "If you have hepatitis C, what vaccinations do you need?" has been updated and given a cleaner, more adult look. To access a ready-to-print (PDF) version of it, go to:

<http://www.immunize.org/catg.d/4042hepc.pdf>. To access a web-text (HTML) version, go to:

<http://www.immunize.org/catg.d/4042hepc.htm>.

- 4. From the IAC Express #516:

<http://www.immunize.org/genr.d/issue516.htm>. March 21, 2005 NEW: THE CDC-INFO CONTACT CENTER NOW ANSWERS PHONE-IN IMMUNIZATION QUESTIONS; VISs [Vaccination Immunization Statements] ARE CHANGED ACCORDINGLY

Effective March 15, a new service, the CDC-INFO Contact Center, began answering immunization questions placed by phone from the public and health professionals. Previously, the National Immunization Information Hotline answered phone-in immunization questions. The new contact center phone number is (800) 232-4636 (i.e., [800] CDC-INFO).

Both English- and Spanish-speaking callers can get information from the contact center; the first message callers hear is the option to select English or Spanish. For the next few months, calls placed to the old hotline number will roll over to the new contact center number. NIP staff is still answering email immunization questions sent to nipinfo@cdc.gov.

PLEASE NOTE: The new contact center service is not dedicated to immunization; it is an integrated CDC hotline service that answers questions on many topics. Callers to the contact center will pick among several options, one of which is immunization.

HOTLINE NUMBER CHANGES ON VISs: All VISs that contained the old hotline number have been changed to show the new contact center number. The change was made to VISs in the section titled "How Can I Learn More?" The VIS dates have not changed; the only change is to the telephone number. Because the new contact center service will handle calls made to the old hotline number for a few months, there is no need to discard stocks of VISs that have the old number. To access English-language VISs updated with the new contact center number, go to: <http://www.cdc.gov/nip/publications/VIS/default.htm>. To access updated VISs in English and 31 additional languages, go to IAC's VIS web section at <http://www.immunize.org/vis>.

5. Conference opportunities
6. Special Invitation for Hepatitis Treators to Attend the 3rd Annual Clinical Care Options for Hepatitis Symposium June 23 - 26, 2005 The Bacara Resort & Spa Santa Barbara, California.

Dear Colleague, For the past two years, the Annual Clinical Care Options for Hepatitis Symposium has provided front-line primary care hepatitis physicians, gastroenterologists, clinical researchers, and other leading clinicians a stimulating forum for sharing the latest scientific developments and state-of-the-art clinical information for hepatitis. I am pleased to invite you to join me and my fellow distinguished symposium cochairpersons, Drs. Eugene Schiff, Karen Lindsay, Marion Peters, and Gary Davis, in June 2005 to review the past year's most important developments and emerging advances in this challenging field.

The highlights include:

- HBV: Why Do You Treat, Whom Do You Treat, What Are the Endpoints? Emmet Keeffe, MD
- Treatment of HCV Nonresponders & Relapsers William M. Lee, MD
- Current Assessment of Fibrosis Scott Friedman, MD
- Top 10 Topics in Hepatology Willis C. Maddrey, MD
- Point/Counterpoint: Interferon Is First-Line Therapy for Hepatitis B Jenny Heathcote, MD
- Nucleosides Are First-Line Therapy for Hepatitis B Marion G. Peters,

The 3rd Clinical Care Options for Hepatitis Symposium promises to be an exciting and enjoyable educational experience, further enhanced by the stunning location. I look forward to welcoming old friends and new ones to Santa Barbara!

Please click [here](#) for more information and to register.

Warm regards,

Adrian M. Di Bisceglie, MD, FACP
Saint Louis University School of Medicine

For full program details and online registration, go to:
<http://clinicaloptions.com/go/ccohep2005/>.

- b. "Link Among Meth, HIV, and Hepatitis to Be Examined at Summer Conference" Salt Lake Tribune (02.14.05)::Rhina Guidos

This summer, Salt Lake City will host what organizers are billing as the first national conference on methamphetamine, HIV, and hepatitis. Participants will include scientists from Yale and Harvard medical schools, the Johns Hopkins Bloomberg School of Public Health, and law enforcement and social workers from around the nation. "It's time we took a serious look at how our communities are responding to this issue," said Luciano Colonna of Salt Lake's Harm Reduction Project, a conference sponsor.

Some suspect methamphetamine use may be responsible for increasing HIV and hepatitis rates, because it can be an injection drug and it also brings about heightened sexual activities, said Robert Heimer, a Yale School of Medicine associate professor of epidemiology, public health and pharmacology. "The epidemic is changing its face," said Heimer.

Organizers will discuss how to prevent methamphetamine's use, as well as harm reduction approaches for those continuing to use the drug. "It's becoming more dispersed in many communities. making inroads as a party drug, a widespread drug in gay, Native American, white rural communities throughout the West and Midwest," said Heimer. "We really don't know all those emerging drug trends."

In addition, the conference will provide locals an opportunity to address the problems appearing in the state, said Edwin

Espinel, ethnic health coordinator with the Utah Department of Health. "We're going to have the latest information available," he said. "We need to know how to confront this problem because there is much more misinformation, myths. Those myths lead to danger, including death."

For more information about the Aug. 19-20 conference, telephone Salt Lake's Harm Reduction Project at 801-355-0234.

- c. Hepatitis C: Exploring Choices for Care Misha Cohen, O.M.D., Stewart Cooper, M.D., M.R.C.P., Robert Gish, M.D., Gary Heseltine, M.D., M.P.H., Randy Horwitz, M.D., Ph.D. Lyn Patrick, N.D., Lorren Sandt.

Though not discovered until 1989, the potentially lethal hepatitis C virus infects approximately 4 million people in the United States and more than 170 million worldwide. This conference brings together experts from a variety of different medical and healing disciplines to present and discuss treatment and management approaches used for chronic hepatitis C. It is appropriate for primary care practitioners, including family and general medicine practitioners, internists, nurse practitioners, and physician's assistants.

During the weekend, our community of medical professionals learn the following concepts as they relate to hepatitis C:

- pathophysiology and natural history of the disease
- current allopathic (Western) testing and treatment guidelines
- Chinese medical management including acupuncture and herbal therapy
- nutrition and nutritional supplements; and
- mind-body interventions and homeopathy.

For more information, go to <http://www.thecrossingsaustin.com/workshops/index.html> or directly to <http://www.eomega.org/omega/workshops/a1bd97181393c67e2332cb2f710a80d0/>.

REGISTER FOR THIS WORKSHOP: online with Visa, MasterCard, or Discover or by phone at 877-944-3003

HepTalk is a project of the Migrant Clinicians Network and Community Health Education Concepts. HepTalk is funded by the Centers for Disease Control and Prevention. The goal of HepTalk is to help clinicians serving migrants and recent immigrants engage in productive discussions about hepatitis risks with their clients and help them make prevention plans. The HepTalk listserv is a support service for clinics participating in the project. This is a post-only listserv and postings will come from HepTalk staff about once a month. If others at your clinic would like to be on the listserv, or if you have questions about the listserv or resources listed here, or if you would like to add something to the posts, please contact Kathryn Anderson, HepTalk training and education coordinator and listserv administrator, at dempander@earthlink.net. You can also contact the listserv administrator if you would like to unsubscribe from the list. The content of the HepTalk listserv is compiled by HepTalk project staff.