Something to Celebrate: Improved Guidelines for Hepatitis B Screening

The executive director of the Association of Asian Pacific Community Health Organizations (AAPCHO) on improving testing outcomes in his community.

May 30, 2014 By Jeffrey Caballero

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The month of May gives us many reasons to celebrate. It's Asian American and Pacific Islander (AAPI) Heritage Month as well as Hepatitis Awareness Month, a time to appreciate our collective shared history, and to recognize the importance of addressing viral hepatitis in AAPI populations.

AAPIs have a rich and diverse cultural heritage, representing over 56 ethnic groups and 100 different languages and dialects.[1, 2] Disaggregated race and ethnicity data shows that AAPIs face a number of different health disparities, with several AAPI populations seeing a higher prevalence of hepatitis B.[3]

Hepatitis B is known as a "silent killer," because it can slowly destroy the liver without causing noticeable symptoms. Around 65 percent of individuals who have hepatitis B do not know their status, and by the time they find out, it is often too late.[4] In AAPI populations, individuals may not be able to access the health system because of a lack of trust, fear, or not having an interpreter. In addition, AAPIs born in countries with a higher prevalence rate of hepatitis B may feel stigmatized from the prospect of having hepatitis B, and do not ask to get tested. Providers need to encourage AAPI and other foreign-born populations to get tested for hepatitis B, and if screened with a negative diagnosis, get protected with the vaccine.

Hepatitis B screening has had a number of funding limitations, particularly because it was not covered under private insurance previously. However, on May 26, 2014, more people will have the opportunity to get screened, as the United States Preventive Services Task Force (USPSTF) finalized their recommendation for hepatitis B screening. The USPSTF gave hepatitis B screening a "B" grade for high-risk populations, which means that under the Affordable Care Act, hepatitis B screening will be provided at no-cost under private health insurance plans, Medicare, and Medicaid, depending on the state. This includes screening the foreign-born coming from countries with a 2 percent prevalence rate of hepatitis B or above, which was not included prior to this

recommendation.[5]

The implications of the USPSTF's recommendation are potentially great -- as long as the recommendation is implemented. States need to be informed of the potential to acquire federal matching funds if Medicaid provides USPSTF recommended services. Providers need to be aware of these updated guidelines and encourage patients fitting the USPSTF's high-risk categories to get tested. More education needs to occur to increase awareness.

This month, as we celebrate our strengths and accomplishments, let us continue to move toward better health care for all. Together, we have the opportunity to increase screening rates for the most vulnerable in our communities, including high-risk immigrant populations. Getting a "B" grade from USPSTF for hepatitis B screening is not something that should be kept quiet!

1. http://www.cdc.gov/minorityhealth/observances/AAPI.html
2. Official spoken languages of Asian countries. http://www.nationsonline.org/oneworld/asian_languages.htm
3. http://www.cdc.gov/hepatitis/populations/api.htm
4. Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C. Washington, DC: The National Academies Press, 2010.
5. http://www.uspreventiveservicestaskforce.org/uspstf/uspshepb.htm

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http://beta.docker.hepmag.com/article/new-guidelines-for-hbv-screening-25669-1638369254