IOM Seeks Increased Awareness of Hepatitis

BY KERRI WACHTER

The Institute of Medicine is calling for increased awareness of hepatitis B and C among health care providers, social service providers, and at-risk communities as well as better surveillance and more stringent vaccination requirements nationwide in its newly released report on hepatitis and liver cancer.

"The committee believes that these recommendations will prevent further infections, improve the lives and health of infected individuals, and reduce the long-term burden of liver disease and liver cancer," Dr. R. Palmer Beasley said during a teleconference sponsored by the National Academies of Science. Dr. Beasley chaired the IOM committee that wrote the report "Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C."

"This report outlines the additional resources and actions needed to reduce the unacceptably high burden of liver disease and cancer associated with these viruses," Dr. Beasley, professor of epidemiology and disease

The committee identified three major factors that impede current efforts to prevent and control hepatitis B and C:

► Lack of knowledge and awareness about chronic viral hepatitis on the part of health care and social service providers.

► Inadequate knowledge and awareness of chronic viral hepatitis among at-risk populations, members of the public, and policy makers.

► Insufficient understanding about the extent and seriousness of this public health problem that has led to the inadequate allocation of resources for prevention, control, and surveillance programs.

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Perhaps the greatest difficulty in diagnosing and treating patients with hepatitis B and C is that these diseases are often asymptomatic.

In addition, minority groups—Asians, Pacific Islanders, and blacks—are at greatest risk. More specifically, those most at risk for hepatitis B include people born in East and Southeast Asia or sub-Saharan Africa, infants born to women infected with the disease, and people who have sexual contact or share injection-drug equipment with an infected person. Those at greatest risk for hepatitis C include people who received a blood transfusion before 1992—before the implementation of blood screening for hepatitis C—and past or current injection drug users.

The committee noted that many providers fail to follow guidelines for screening patients and providing prevention, treatment, and follow-up services.

The committee made recommendations for improving surveillance, knowledge and awareness, immunization, and services for viral hepatitis. Highlights of these recommendations include:

► A complete evaluation by the Centers for Disease Control and Prevention of the national hepatitis B and C public health surveillance system.

► Coordination between CDC and key stakeholders to develop hepatitis B and C education programs for health care and social service personnel.

► Coordination between CDC and key stakeholders to develop innovative and effective programs to target at-risk populations and to increase awareness of hepatitis B and C among the general public.

► Vaccination of all neonates weighing at least 2,000 g and born to hepatitis B–positive women.

► Mandatory vaccination for hepatitis B as a requirement for school attendance.

► Studies to develop a hepatitis C vaccine.

Multiple tests are available to diagnose hepatitis B and C, but these tests each have different implications, Dr. Beasley said. "The issue is not whether there are tests but whether or not physicians and health care providers learn and understand how they should be used. [If] misinterpreted, they can lead to exactly the wrong action."

The report was developed in partnership with the Centers for Disease Control and Prevention Foundation, the Office of Minority Health, the Department of Veterans Affairs, and the National Viral Hepatitis Roundtable.

Copies of the report can be obtained at www.iom.edu/viralhepatitis. ■

Kaposi's Sarcoma Is Back in HIV Patients

BY SHERRY BOSCHERT

SAN FRANCISCO — Kaposi's sarcoma in HIV patients is turning up again—sometimes in a surprisingly deadly form and other times in an indolent, nonthreatening form—according to two experts.

Kaposi's sarcoma (KS) used to be one of AIDS' signature complications before antiretroviral therapy, Dr. Deborah Greenspan said at a meeting on the medical management of HIV and AIDS sponsored by the University of California, San Francisco. "We're starting to see Kaposi's sarcoma again," presenting as oral lesions in patients who have started antiretroviral therapy for HIV but who still have low CD4 cell counts.

KS in the setting of HIV has a predilection for the palate, for reasons that have never been understood, said Dr. Greenspan, professor and chair of orofacial sciences and distinguished professor of dentistry at UCSF. Oral KS typically appears as a flat, plaque-like lesion on the hard or soft palate. Looking in the mouth can be a key step to diagnosing KS, she said.

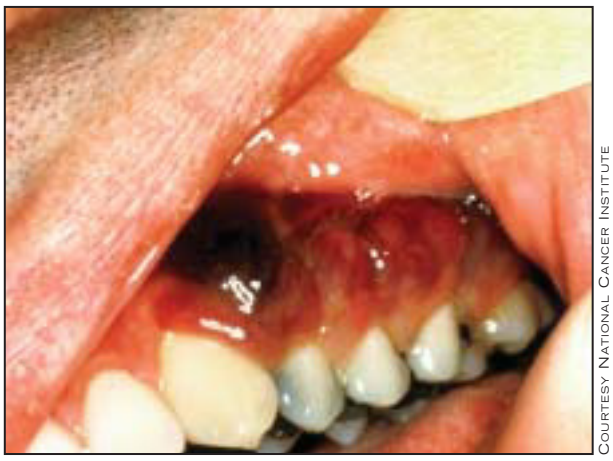
"Years ago, KS seemed to disappear right off the radar screen, but it is back. We are seeing a lot of Kaposi's sarcoma," Dr. Toby A. Maurer, an associate professor of clinical dermatology at UCSF, said in a separate presentation.

She and her colleagues were surprised recently by the lethality of KS after they followed 65 of their patients being treated with antiretroviral therapy for HIV and with chemotherapy for KS. "We were shocked to find out that 25% of that cohort died of their Kaposi's sarcoma, even when they had chemotherapy," she said.

A separate case series in Seattle found that 23% of patients who were on antiretroviral therapy for HIV and who received adequate chemotherapy for KS died of the cancer. "This is quite alarming," Dr. Maurer said.

Physicians should always biopsy lesions they think might be KS, she advised. On darker-pigmented skin, it can be difficult to differentiate KS from other lesions without a biopsy.

Most patients who have not started treatment for HIV or KS should see their KS resolve within 9 months of starting antiretrovirals. Dr. Maurer and her associates are collecting immunology and laboratory test results at baseline and after 9 months of therapy in a study to compare response in patients. "Please send us your KS patients" who have not started antiretroviral therapy. "We would be very happy to biopsy them," she said.



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Lesions believed to be Kaposi's—like the one shown above in an AIDS patient—should be biopsied.

A less threatening form of KS is also starting to turn up in relatively young patients with HIV. "They develop what looks to us like 'old man's Kaposi's sarcoma'—that is, Mediterranean, classical-type KS," Dr. Maurer said.

These are patients who develop small areas of KS, usually on the lower legs and feet, after having HIV for 17-20 years. Their HIV has been suppressed for at least 2 years on antiretroviral therapy, and they have relatively healthy CD4 counts of 300-600 cells/mm^3, never lower than 300 cells/mm^3.

"We think that they are showing signs of immune aging" and preliminary studies suggest this is the case, she said. In several years of follow-up, none have had exacerbations or internal involvement of KS, and none have needed chemotherapy, Dr. Maurer said.

Dr. Maurer and Dr. Greenspan reported having no relevant conflicts of interest. ■

Thimerosal in H1N1 Vaccine Safe, CDC Says

Data from 19 studies support the safety of thimerosal, which is used as a preservative in multidose vials of the pandemic 2009 H1N1 influenza vaccine, according to an updated fact sheet on the Centers for Disease Control and Prevention's Web site.

As with the seasonal flu vaccine, the H1N1 vaccine is produced in single-dose units, which do not contain thimerosal, and in multidose vials, which do contain a small amount of thimerosal to prevent contamination and bacterial growth.

The nasal spray version of the H1N1 vaccine, which contains a live-attenuated influenza vaccine (LAIV), does not contain thimerosal, but also is not approved for many populations at high risk for pandemic flu, such as children aged 6-23 months, pregnant women, or adults with certain other health conditions.

Recent recalls of some single-dose thimerosal-free H1N1 vaccines mean that individuals in H1N1 vaccine priority groups may have trouble finding a thimerosal-free vaccine. However, "it is safe for pregnant women and children to receive a flu vaccine that contains thimerosal," the agency stressed.

The CDC acknowledged that misconceptions persist about a connection between the thimerosal in some vaccines and the occurrence of autism in children.

"Most research done in the United States, and around the world, shows no link between the thimerosal in vaccines and autism," according to the CDC. "In fact, sadly, autism rates have actually gone up since thimerosal was taken out of childhood vaccines in 2001, providing further evidence that thimerosal-containing vaccines are not related to autism."

For the latest information on the H1N1 flu, visit cdc.gov/h1n1flu.

—Heidi Splete