Assembly Concurrent Resolution No. 112

RESOLUTION CHAPTER 103

Assembly Concurrent Resolution No. 112—Relative to hepatitis B.

[Filed with Secretary of State August 16, 2006.]

LEGISLATIVE COUNSEL'S DIGEST

ACR 112, Chan. Hepatitis B.

This measure would declare that the hepatitis B virus (HBV) chronic infection rate among Asian and Pacific Islander Americans, as compared with the rest of the California population, reflects a health disparity, and urges the medical community and others to raise awareness regarding the high incidence of HBV infection in Asian and Pacific Islander Americans. The measure would also declare the Legislature's intent to encourage the medical community, including physicians and school health personnel, to emphasize the need for completion of the 3-dose HBV vaccination series to their patients, and parents of Asian and Pacific Islander children, including those entering public school between the 1st and 6th grade, or after the 7th grade, and encourage participation in HBV vaccination programs in California to target high-risk Asian and Pacific Islander children.

WHEREAS, Hepatitis B is a serious disease caused by a virus that attacks the liver. The hepatitis B virus (HBV) can cause lifelong infection, cirrhosis of the liver, liver cancer, liver failure, and death; and

WHEREAS, An estimated two billion people worldwide are infected with HBV, of whom two-thirds live in the Asian Pacific region, where the disease is endemic and has a carrier rate of 5 to 20 percent. Approximately 400 million people worldwide are chronically infected, and about one million people die from the disease annually; and

WHEREAS, In the United States, an estimated 130,000 Americans are infected with HBV each year, and between 5,000 and 6,000 Americans die from HBV-related liver complications. About 1.25 million Americans are carriers of the virus, 67 percent of whom are Asian and Pacific Islanders. Medical and work-loss costs for HBV-related conditions total more than $700,000,000 annually in the United States; and

WHEREAS, Transmission of HBV occurs through contact with blood and bodily fluids. Most people are able to fight off an HBV infection and clear the virus from their blood within six months of infection. However, for those whose immune systems are unable to ward off infection, the infection becomes chronic. The danger of HBV lies in its silent transmission and progression, as many chronic carriers have no symptoms and feel healthy; and

WHEREAS, HBV is 100 times more infectious than the AIDS virus. Approximately 5 to 10 percent of persons who become infected as adults, 30 to 50 percent of persons who become infected as children, and 90 percent of persons who become infected as babies will become chronic carriers. Twenty to 30 percent of the carrier population in the United States acquired their infection in childhood; and

WHEREAS, Although there is no known cure for HBV, the spread of the disease can be prevented with a safe and effective vaccine. In many countries, where 8 to 15 percent of children once became chronically infected, the rate of chronic infection has been reduced to less than 1 percent in groups of immunized children; and

WHEREAS, In Taiwan, a hyperendemic area, mass vaccination was initiated in 1984 when the incidence of chronic HBV was 15 to 20 percent in the general population. This program led to a decline in HBV carrier rates among children in Taiwan from 10 percent to less than 1 percent; and

WHEREAS, The incidence rate among Asian Americans is 7 percent compared to less than 0.4 percent in the general United States population; and

WHEREAS, The Center for Disease Control and Prevention's Recommended Childhood and Adolescent Immunization Schedule states that HBV vaccinations should be administered as early as possible. The first injection should be given within 12 hours of birth; the second at one month, and the completion of the series at six months; and

WHEREAS, The present requirement in California for HBV vaccination before entry into public school is laudable. However, it may not be enough to prevent the continual buildup of the chronic HBV carrier reservoir, as HBV vaccination verification is conducted only upon entry into public schools for incoming students entering kindergarten and preschool, or prior to entry into the seventh grade; and

WHEREAS, Completion of the three-dose HBV vaccination among high-risk Asian and Pacific Islander children is an ongoing challenge. A 1998 survey of Asian and Pacific Islander children 4 to 14 years of age in six major cities found completion rates for the first dose was 25 to 80 percent and for the entire three-dose series was 14 to 67 percent. Only 1 in 10 Asian and Pacific Islander children ages 15 to 19 years have received all three vaccinations, despite national recommendations targeting these children since 1982; now, therefore, be it

Resolved by the Assembly of the State of California, the Senate thereof concurring, That the Legislature of the State of California declares that the HBV chronic infection rate among Asian and Pacific Islander Americans, as compared with the rest of the California population, reflects a health disparity, and urges the medical community and others to raise awareness regarding the high incidence of HBV infection in Asian and Pacific Islander Americans; and be it further

Resolved, That the Legislature of the State of California encourages the medical community, including physicians and school health personnel, to emphasize the need for completion of the three-dose HBV vaccination

series to their patients and parents of Asian and Pacific Islander children, including those entering public school between the first and sixth grade, or after the seventh grade, and further encourages participation in HBV vaccination programs in California to target high-risk Asian and Pacific Islander children; and be it further

Resolved, That the Chief Clerk of the Assembly transmit copies of this resolution to the author for appropriate distribution.

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