

S

B

96

Hepatitis B Virus (HBV)

HBV infection is becoming a significant health problem in Alaska, especially in the highly susceptible Alaska Native community and, in particular, the Yupik Eskimo.

Hepatitis B infection is usually caused by prolonged close and intimate contact with a carrier and/or infected blood or blood products or serous discharges.

Complications of HBV infection can be many e.g. polyarteritis nodosa (serious inflammatory condition of the arteries) with a 30% mortality rate; primary hepatocellular carcinoma (PHC), has the highest incidence in the U.S.A. Estimated 10% of HBV chronic carriers will develop HPC; chronic active hepatitis with cirrhosis (CAH) will develop in 20 to 25% of chronic HBV carriers.

People at high risk include:

- Yupik Eskimos and to a lesser variable extent
other Alaskan Natives
- Health and hospital care providers
- Hemodialysis patients
- Recipients of blood products
- Laboratory workers
- Dentists and allied dental personnel
- Gay communities
- Illicit injectable drug users
- Staff and patients of mentally retarded institutions
- Sexual and household contacts of known carriers
- Newborn infants of mothers who are HBV carriers
- Southeast Asian groups

In late November 1981 a request for a supplemental appropriation of about 800,000 dollars to initiate a HBV program was sent to the Governor's Office. It never reached the legislature.

Normally the State provides and totally runs immunization programs for all State residents. Due to shortage of funds, high cost of HBV program and availability of some funds to ANHS in their budget ANHS (Alaska Native Health Service) and the State (Division of Public Health) are coordinating a joint effort. A Memorandum of Understanding has been jointly developed by both agencies covering many issues e.g.

- (a) Public Health Nurses will assist ANHS personnel where possible in screening initial vaccination and particularly follow-up vaccination.
- (b) If ANHS cannot hire people because of locale of fund allocation of last \$500,000, they will contract with us to provide all the necessary program people and activities.

- (c) In predominantly Native communities their screening teams will screen all citizens. We will be responsible for the lab testing of non-natives and will make arrangements for vaccination or replacement of vaccine if they do it.
- (d) ANHS and the State will use common forms e.g. info sheet, indications for blood-testing, vaccination, refusal-for-vaccination form. These forms are being edited for both parties.

The attached report gives necessary funding for a control program.

Because of the economics, a control program rather than an eradication program is proposed at this time. The purpose of such a program is to identify foci of infection and wall it off (break the chain of infection) by vaccinating the appropriate susceptibles.

Enclosed also is a document in which the population for an urban non-military, non-native program will go hand in glove with the rural predominantly native program.

We cannot estimate the cost of vaccine down the road but guess it will drop fairly precipitously within five years.

REPORT ON HEPATITIS B

The following action program outline is of two parts; an HBV program to control non-native population, one to coordinate a joint AMHS/State program and a total for a State-wide program conducted by the State.

Personnel required to handle project for the non-native, non-military Alaska population:

Project supervisor	21A	41.7
Clerk IV	9B	19.5
Microbiologist II	16A	34.0
2 Nurse Practitioners or equiv.	18A (34 x 2)	68.0
		163.2
Computer Programmer		32.0
		195.2

4 Months Program (March thru June, 83) FY 84 Program

Personnel	48.8	195.2
PCIS	25.0	10.0
Lab	50.0	90.0
Travel	38.0	91.0
Vaccine	80.0	112.0
Equipment, Misc.	8.2	1.8
	250.0	500.0

Much of the vaccinations would be handled by PHN's, health centers and by staffs of institutions. Screening i.e. blood collection, likewise would be done by health care facilities and private practitioners to a great extent. Much of the non-native possible high risk populations may be clustered around the various cities.

These program logistics are in addition to the program proposed by the AMHS. They anticipate expenditure of one million dollars a year for three years.

The total cost of a State-wide program is about 5 3/4 million dollars through June, 1987. It is based on State funding of \$250.0 balance of present fiscal year, \$500.0 FY 84, \$600.0 FY 85, \$700.0 FY 86, \$700.0 FY 87 along with the AMHS expenditure of 3 1/4 million over first three years of above activity. It is anticipated that these dollars would be turned over to the State through contract to get Alaskan Natives to a maintenance level. If, for any reason, the Federal monies were not appropriated, it would require additional State funding. AMHS received \$500,000 FY 82 year end monies and they purchased vaccine sufficient for the first year of the program. They received \$500.0 in their FY 83 appropriation which is \$265.0 less than their indicated program need. They envision 60,000 patients screened and 19,000 vaccine recipients over the three years. They plan for a staff of 10 persons - we would reduce this to 8 persons if we do (hopefully) the program.

The following table summarizes their proposed Hepatitis B Detection Surveillance and Control Program for Alaska Natives.

3 Year Proposed Budget

<u>Item</u>	<u>Year One</u>	<u>Year Two</u>	<u>Year Three</u>	<u>Total</u>
Personnel	385.0	300.0	316.0	901.0
Travel	294.0	147.0	294.0	735.0
Supplies	172.0	172.0	172.0	516.0
Equipment	15.0	-0-	-0-	15.0
Vaccine	-0-	405.0	518.0	923.0
	already bought (with year-end FY 82 monies)			
Total	765.0	1024.0	1300.0	3090.0

Population at High Risk for HBV
(excludes Military and Native Populations)

The assumptions are made that the Native population, as well as the military, will be handled by the ANHS (Alaska Native Health Service) and the military health system respectively.

Various population groups are at high risk; they may be so for a variety of reasons, ranging from geographic location, occupation, sexual practices to life style.

The following chart illustrates the types, numbers and rationales. This is followed by summary tables elaborating on numbers to be screened and numbers for potential vaccination. (numbers rounded off to nearest twenty-five for ease)

1)	EMS workers (non-native, non-military)	1500
2)	Health Care Workers (long term care)	1400
3)	Hospital staff (exc. Federal Hospitals)	3500
4)	Harborview, already screened, vacc. on 1/26/83	0
5)	Developmentally disabled (500 staff, 200 clients)	700
6)	Hemodialysis and hemophiliacs (patients & family)	200
7)	Gay community, est. 9600 (Anch., Fairbanks, Juneau)	7800
8)	Illicit injectable drug users (600-700)	650
9)	Household and sexual contacts of known carriers 2000-3000 (allowing for double reporting)	2500
10)	Corrections inmates (first study shows not at high risk)	0
11)	To identify newborn infants of mothers who are carriers	8000

EMT's	1500 x 90% =	1350
L.T. Care Workers	1400 x 90% =	1250
Hospital Workers	3500 x 90% =	3150
Dev. disabled staff & patients	700 x 80% =	550
Hemodialysis, hemophiliacs & staff	200 x 90% =	175
Gay community est. 9600 (Anch., Fairbanks, Juneau)	7800 x 20% =	1550
Illicit injectable drug users	650 x 20% =	125
Household and sexual contacts, carriers	2500 x 85% =	2125
Correction inmates	0	
Newborns of carriers	8000 x 0.3% =	25
	<u>26,250</u>	<u>10,300</u>
	(rounded-off figures)	

26,250 estimated to be screened (exclusive of IHS program). This will not include other people not included above who will ask for test.

39% (est. 8,700) susceptibles to be vaccinated.

The above needs to be done within the next 16 months, (FY 1984, plus last 4 months of FY 83).

APPENDIX

Methodologies Used

- 1) EMS population figures from Section of EMS, DPH, reduced by eliminating Natives.

Health care workers population (long term care) taken from State Health Plan Data Appendix.
- 2) Hospital staffs (exclusive ANHS and Military) taken from State Health Plan Data Appendix.
- 3) Developmentally disabled patients and staff members given by Division of Mental Health.

Harborview staff and clientele already done by Division of Public Health.
- 4) Hemodialysis patients and staff, hemophiliacs numbers supplied by Section of Family Health, DPH.
- 5) Gay community numbers arrived at by figuring male population (non-native and non-military) between ages of 15 and 65; taking 10% of that number. Number used was calculating numbers for Anchorage, Fairbanks and Juneau. 1980 census for numbers of sex, racial and age characteristics was used.
- 6) Numbers of illicit injectable drug users was furnished by Office of Alcoholism and Drug Abuse.
- 7) Contacts of household and sexual contacts was estimated trying to eliminate double reporting of ones that would be counted under any of the above categories.
- 8) Numbers of corrections' inmates is counted as zero because study we did shows them not to be at high risk at this time. We screened over 350 long term males. Many of new ones will have been screened under one of the aforementioned programs.
- 9) There are about 10,000 births in the State annually; 2000 of them are Native and can be excluded from this listing.

Assumptions are many --

- a) It is difficult to accurately predict numbers that will accept screening and/or vaccination. Probably the screening numbers may be as much as 10-20% under our figures.
- b) For vaccination the percentages used were to allow for varying numbers of susceptibles and also refusal to accept vaccine.
- c) The percentage used for calculating male homosexual population was received from homosexual physician in Anchorage plus articles in medical journals.

- d) This program is considerably different than any other immunization program. The cost of the test and the exorbitant cost of the vaccine makes it necessary to screen rather than to vaccinate carte blanche.
- e) In addition, it is necessary to test to identify carriers (HBV surface antigen bearers) in order that testing for liver cancer can be done.

I. Statement of Introduction

The State of Alaska, Department of Health and Social Services, Division of Public Health and the United States Public Health Service, Indian Health Service, Alaska Area Native Health Service intend to enter into a memorandum of understanding to cooperatively develop and deliver a preventive program of Hepatitis B Virus infection control in Alaska.

Hepatitis B Virus (HBV) infection is a significant health problem in Alaska, especially in the highly susceptible Alaska Native Community. The recently available hepatitis B vaccine is an effective tool to control this important infection and to prevent the HBV related complications of liver cirrhosis, primary hepatic cancer and vasculitis.

A Hepatitis B Immunization and Control Program is a complicated one, and multifaceted activities are required at all organizational levels by several agencies to make it successful. Therefore, it is the desire of the Alaska Native Health Service and the Division of Public Health to coordinate available financial resources, personnel, laboratory services and professional expertise for implementation of a quality Hepatitis B Immunization and Control Program in an expeditious and cost-effective manner and to designate major administrative priority to the Program.

Implementation and accomplishment of the Hepatitis B Control Program depends upon the availability of continued State of Alaska funding and USPHS funding. Lack of funding would invalidate or necessitate modification of this understanding.

II. Areas of Agreement

A. Needs

1. At risk individuals need to be identified through expert analysis of appropriately obtained blood sera.
 - a. adequate laboratory facilities and technical capabilities are necessary to perform a large number of serologic determinations.
 - b. specialized personnel are necessary to obtain blood specimens from all individuals in entire rural Alaska Communities and who can separate serum, accurately identify specimens and ensure arrival at the laboratory expeditiously and intact.
2. Data systems need to be accessible and able to provide:
 - a. census data
 - b. demographic identification of all specimens
 - c. integration of individual serological and immunization data into the medical record.

- d. lists of susceptible individuals
 - e. lists of susceptible individuals by risk category
 - f. lists of individuals who are HBs Ag carriers.
 - g. the established data system would provide the above data on an ongoing basis.
3. As much as possible, the immunization phase of the Hepatitis B Immunization and Control Program needs to be integrated into existing vaccine delivery programs.
- a. Initially, the immunization phase needs coordinated efforts from public health nurses, specifically employed supplemental personnel, Community Health Aides and Alaska Native Health and Native Health Corporation health care providers.
 - b. Specialized care provided to newborns and infants of HBs Ag positive mothers needs to be provided in the hospitals at the time of delivery and the times when routine care coincides with established hepatitis B immunization protocols.
4. Sera aliquots from specimens needed by CDC need to be provided with demographic and serologic data to the CDC, Alaska Investigations Division.
- a. to establish a ser bank
 - b. to provide cancer screening with alpha-fetoprotein determinations on all HBs Ag positive individuals.

B. Risk Priorities

- 1. Infants born to HBs Ag positive carriers.
- 2. Household contacts of HBs Ag carriers.
- 3. Rural Alaska communities with a HBs Ag carrier rate of 5 percent or greater.
- 4. Individuals and staff in institutions for the mentally retarded.
- 5. Renal hemodialysis patients and hemophiliacs.
- 6. Active male homosexuals.
- 7. Health care providers having frequent blood contact.
- 8. Identified high risk prison groups.
- 9. Illicit injectable drug users.

C. Agency Interactions

1. To meet the high risk needs in the Alaska Native Community, the Alaska Native Health Service intends to enter into a contract with the State of Alaska.
 - a. to develop and maintain a Hepatitis B Control Program in cooperation with the AANHS Project Officer and the CDC-AID Director.
 - b. to identify and vaccinate high risk Alaska Natives.
 - (1) household contacts of known HBs Ag+ carriers
 - (2) village residents of known villages with 5 percent or greater HBs Ag+ carriers.
 - (3) high risk villages in Western Alaska with first priority to the Yukon-Kuskokwim Delta Area.
 - c. the contract will be written immediately and implementation start as soon as possible.
2. Coordination of the Hepatitis B Immunization and Control Program will be cooperatively directed by the Chief, Communicable Disease Control Section and the Chief, Community Health Services.
 - a. Monthly meetings involving key persons will occur
 - b. Records of discussion and decision made in the monthly meetings will be appropriately distributed.
 - c. A periodic information circulation will be published.
3. Free access and exchange of Hepatitis B epidemiologic information will be shared between the State of Alaska, Alaska Native Health Service and the Centers for Disease Control.

D. Specific Responsibilities

1. The State of Alaska Division of Public Health will be responsible for the administration of Hepatitis B vaccine. The vaccine will be administered by public health nurses, supplemental personnel, and other health care providers as needed.
2. Initial hepatitis preventive care and care that coincides with routine preventive care of newborns and infants will be provided by the Alaska Native Service or contract physicians.
3. Sera aliquots with demographic and serologic data will be sent to CDC, Alaska Investigation division by the State Laboratory.
4. Alpha Fetoprotein determinations will be performed by the CDC, Alaska Investigations Division.
5. Serologic determinations for the clinical needs of the Alaska Native Health Service and for the prenatal screening of Alaska Native Service beneficiaries will be provided by the Clinical laboratory of the ANMC.

6. In consultation with appropriate experienced CDC persons, the Laboratory Section, Division of Public Health, State of Alaska will develop the capability and quality assurances to assume responsibility for all the serologic screening necessary to conduct the Hepatitis B Immunization and Control Program.
7. In consultation with the appropriate CDC and PCIS persons the State of Alaska will develop an accessible and acceptable computer service to conduct the Hepatitis B Immunization and Control Program in the State Northern Regional Laboratory in Fairbanks.
8. The administration of the Hepatitis B Infection and Control Program will be the responsibility of the State of Alaska.
9. Evaluation of the impact of the Hepatitis B Infection and Control Program on the beneficiaries of the Alaska Native Health Service will be a responsibility of appropriate Alaska Native Health Service personnel. The State of Alaska Division of Public Health will evaluate the effect of the Program on the overall state population.

III. Renewal/Modification Clause

This Memorandum of Understanding is in effect for three (3) years unless modification or termination is issued with thirty (30) days advance notice by the offices of the original signers.

IV. Conclusion

Although the need to begin Hepatitis B Infection prevention and control is urgent, actions in program development and delivery must hold to the following principles;

1. Cooperation and trust
2. Open communication
3. Quality assurance
4. Rational planning.

Signatures:

B. A. Riley
Director, Alaska Area Native Health Services

January 27, 1983

E. S. Roberson
Director, Division of Public Health, State of Alaska

Jan. 28, 1983

Robert London Smith
Commissioner, State of Alaska Department of Health & Social Services

January 28, 1983

IMPORTANT INFORMATION
ABOUT HEPATITIS B AND HEPATITIS B VACCINE

Please read this carefully

WHAT IS HEPATITIS B?

Although Hepatitis B is an unpredictable disease with a variety of presentations and outcomes, most patients recover. Persistence of viral infection (the chronic carrier state) occurs in 5 to 10% of persons who become infected with hepatitis B virus. Acute Hepatitis B infection may be symptomatic and can incapacitate a person for weeks to months or lead to complications or chronic sequelae. However, 50 to 60% of all Hepatitis B infections are subclinical, asymptomatic, and usually undetected. These cases have a greater risk of progression to chronic sequelae. Chronic sequelae of Hepatitis B infection include:

- Chronic carrier state - develops in 6-10% of adult patients who have Hepatitis B.
- Chronic persistent hepatitis - generally benign.
- Chronic active hepatitis - major late complication; occurs in 3-5% of cases; often progresses to cirrhosis.
- Cirrhosis - an estimated 11% of deaths due to cirrhosis are associated with Hepatitis B. (4000/year)
- Liver Cancer - the relative risk for carriers is 273 times greater than for non-carriers (800 die/year from Hepatitis B related liver cancer)

There is no specific treatment and no known cure for Hepatitis B. The new vaccine can help prevent Hepatitis B.

HEPATITIS B VACCINE

The Immunization Practices Advisory Committee (ACIP) USPHS, has identified certain populations at risk of HBV infection and has recommended vaccination for appropriate members of the following groups:

ACIP recommendations for vaccination against Hepatitis B infection

- | | |
|--|---|
| .health-care workers | .classroom contacts of deinstitutionalized mentally retarded |
| .hospital staff | HBV carriers who behave aggressively. |
| .clients and staff of institutions for the mentally retarded | .special high-risk populations from areas where Hepatitis B is highly endemic |
| .hemodialysis patients | Indochinese and Haitian refugees |
| .homosexually active males | Alaskan Eskimos |
| .illicit injectable drug users | .inmates of long-term correctional facilities |
| .recipients of certain blood products | |
| .household and sexual contacts of HBV carriers | |

Persons at substantial risk of Hepatitis B infection who are demonstrated or judged likely to be susceptible should be vaccinated.

VACCINATION: Vaccination consists of 3 intramuscular doses of vaccine. The second and third doses should be given 1 and 6 months, respectively, after the first. Vaccine doses administered at longer intervals than those stipulated provide equally satisfactory protection, but optimal protection is not conferred until after the third dose. The duration of protection and the need for booster doses have not yet been determined.

Vaccination of individuals who possess antibodies against HBV from a previous infection is not necessary but will not cause adverse effects. The vaccine produces neither therapeutic nor adverse effects in Hepatitis virus carriers.

POSSIBLE SIDE EFFECTS FROM THE VACCINES:

Adverse Reactions: Hepatitis B vaccine is generally well tolerated. No serious adverse reactions attributable to vaccination have been reported during the course of clinical trials involving administration of Hepatitis B vaccine to over 6,000 individuals. Approximately half of all reported reactions were injection-site soreness. Other less common local reactions have included erythema, swelling, warmth, or induration. These signs and symptoms of local inflammation are generally well tolerated and usually subside within 2 days of vaccination.

Low-grade fever (less than 101°F) occurs occasionally and is usually confined to the 48-hour period following vaccination. Although uncommon, fever over 102°F has been reported. Systemic complaints, including malaise, fatigue, headache, nausea, dizziness, myalgia, and arthralgia, are infrequent and have been limited to the first few days following vaccination. Rash has been reported rarely.

As with any vaccine, there is the possibility that broad use of the vaccine could reveal rare adverse reactions not observed in clinical trials.

WARNING - SOME PERSONS SHOULD NOT TAKE THIS VACCINE WITHOUT CHECKING WITH A DOCTOR:

.Hepatitis B vaccine is not known to cause special problems for pregnant women or their unborn babies. However, doctors usually avoid giving any drugs or vaccines to pregnant women unless there is a specific need. Pregnant women should check with a doctor before taking Hepatitis B vaccine.

.Those who are sick right now with something more serious with a cold.

QUESTIONS: If you have any questions about Hepatitis B vaccination, please ask us now or call your doctor or health department before taking the vaccine.

REACTIONS: Anyone receiving vaccine who gets sick and seeks medical help in the 4 weeks after vaccination should report this to the facility which provided the vaccine.

Division of Public Health
State of Alaska
January 7, 1983

STANDING ORDERS
Hepatitis B Vaccine

Type of Vaccine

Age

Dosage

Hepatitis B

3 months through
life

3 doses i.m.; given on days 0, 1
month later and 6 months after 1st
dose.

	Initial	1 mo.	6 mo.
3 months to 10 yrs.	0.5ml	0.5ml	0.5ml
> - 10 yrs.	1.0ml	1.0ml	1.0ml
Dialysis and Immuno- compromised	2.0ml*	2.0ml*	2.0ml*

* Two 1.0 ml doses given at
different sites, i.m.

1. Store vials at 2-8°C. (35.6 - 46.4°F)
2. Shake well before using.
3. DO NOT FREEZE
4. Provide Hepatitis B Vaccine information sheet to each person before vaccination.

Contraindications: Hypersensitivity to any component of the vaccine.

- Precautions:
1. Not recommended for use in pregnant women. Ask if woman is pregnant. If answer is no, vaccine may be administered.
 2. Not recommended at present for use in children below the age of 3 months.

- Indications:
1. Indicated for immunization against infection caused by all known subtypes of Hepatitis B virus.
 2. Vaccination is recommended in persons 3 months of age or older who are at substantial risk of infection with Hepatitis B virus.
 3. Groups and individuals to be vaccinated are designated by the Medical Epidemiologist, Division of Public Health or his designee.

Division of Public Health
State of Alaska
January, 1983

STATE OF ALASKA

JAY S. HAMMOHD, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH
SECTION OF COMMUNICABLE DISEASE CONTROL

ROOM 222, MACKAY BUILDING
335 DENALI STREET - ANCHORAGE 99501

January, 1983

HEPATITIS B AND HEPATITIS B VACCINE

I certify that I have been provided information about Hepatitis B. I am aware that I may be at increased risk of contracting Hepatitis B infection because of my work or my residence. I have had an opportunity to ask questions about Hepatitis B and to discuss Hepatitis B with staff at this facility. I understand that I can have my blood tested free of charge to see if I have been infected with Hepatitis B in the past or whether I could become infected with Hepatitis B in the future. I understand that I can also be vaccinated against Hepatitis B free of charge and that vaccination can protect me from becoming infected with Hepatitis B in the future. I understand that this program is entirely voluntary but that the Division of Public Health strongly recommends that I have my blood tested and, if I have not been infected with Hepatitis B in the past, that I receive Hepatitis B vaccine.

I do not wish to have my blood tested for Hepatitis B.

I do not wish to be vaccinated against Hepatitis B.

(Signature)

(Date)

(Witness)

THE LEGISLATURE OF THE STATE OF ALASKA
THIRTEENTH LEGISLATURE

FISCAL NOTE

21 Hear

I. REQUEST
 Bill/Resolution No. Senate Bill No. 96
 Title "An Act making a special appropriation for inoculations for hepatitis B."
 Requested by _____ Date 2/1/83

II. FISCAL DETAIL
 Agency Affected Health and Social Services
 Program Category Affected Health
 BRU, Program, Or Subprogram(s) Affected Communicable Disease Control
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL	250.0					

FUNDING (Thousands of Dollars)

GENERAL FUND	250.0					
FEDERAL FUNDS						
OTHER (Specify Source)						
	250.0					

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instruction, Section III)

This Bill provides a special appropriation for a hepatitis B inoculation program and providing for an effective date.

RECEIVED

FEB 9 1983

LEGISLATIVE FINANCE

IV. DATE 2/1/83 PREPARED BY Dean F. Tirador, M.D.
 AGENCY Health & Social Services, Public Health
 Original: Legislative Finance PHONE 465-3150
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)
 33-001 (Rev. 12/82) OMB Reviewed by: Nancy Dunn

Health, Education and
Social Services Committee



Official Business

Alaska State Legislature
Senate

Pouch V
State Capitol
Juneau, Alaska 99811
465-1907
465-4908

February 9, 1983

Bonnie L. Gabaldon
Interim Executive Director
Alaska Native Health Board
1689 C. Street, Suite 230
Anchorage, Alaska 99501

Dear Ms. Gabaldon:

I thank you for your letter of January 27. The Senate Committee on Health, Education and Social Services has given its approval for appropriations to combat Hepatitis B. As chairman of the committee, I am recommending that the legislature fund \$250,000, the figure recommended by Senator John Sackett, as a supplemental appropriation to the current FY 1983 budget in order to undertake this important effort.

I appreciate your letter of January 27 and want you to know that I share the concerns of the Alaska Native Health Board and support the resolution you enclose.

With best wishes,

Sincerely,

Joe P. Josephson
Joe P. Josephson

JPJ/rmc

Alaska Native Health Board

1689 C STREET, SUITE 230, ANCHORAGE, ALASKA 99501

PHONE (907) 276-8989

Reference #A83-0139

January 27, 1983

RECEIVED

JAN 31 1983

Senator Joseph Josephson
Alaska State Legislature
Pouch V (MS 3100)
Juneau, Alaska 99811

Josephson,

Dear Senator Josephson:

During its regular quarterly meeting in December 1982, the Alaska Native Health Board unanimously passed the enclosed resolution imploring the State of Alaska to respond immediately to the "geographic epidemic" of Hepatitis B in Alaska.

Studies conducted by the Indian Health Service and Centers for Disease Control have found the infection rate in some Alaska villages is as high as 27.9%. This is over 50 times higher than the rates found in other USA populations. Alaskan Eskimos have the highest reported incidence of primary liver cancer in the U.S. and the highest reported incidence of Hepatitis B associated polyarteritis nodosa in the world.

The above facts are both deplorable and astounding. However, we firmly believe the potential for a health hazard of even more devastating proportions exists. If left unchecked, Hepatitis B will continue to spread into what are now considered to be low prevalence areas. Hepatitis B has already shown that it knows no racial boundaries. Young children are most susceptible to the often fatal complications that can result from Hepatitis B (i.e., liver cancer, polyarteritis nodosa, and chronic active hepatitis with cirrhosis).

Hepatitis B is a communicable disease. It is now preventable. As such, Hepatitis B falls within the parameters of the State's existing commitment to prevention and immunization programs. Again, we ask that the State honor its commitment to the people and take immediate action to insure that adequate funds are made available to the Division of Public Health to implement the necessary testing and immunization programs.

If you have any questions or desire further information, please do not hesitate to contact our offices.

Sincerely,



Bonnie L. Gabaldon
Interim Executive Director

blg

ALEUTIAN/PRIIBILOF ISLAND ASSOC., INC.
BRISTOL BAY AREA HEALTH CORPORATION
COOK INLET NATIVE ASSOCIATION
COPPER RIVER NATIVE ASSOCIATION

KODIAK AREA NATIVE ASSOCIATION
MAUNELUK ASSOCIATION
THE NORTH PACIFIC RIM
NORTH SLOPE BOROUGH HEALTH CORP.

NORTON SOUND HEALTH CORPORATION
SOUTHEAST ALASKA REGIONAL HEALTH CORP.
TANANA CHIEFS CONFERENCE
YUKON-KUSKOKWIM HEALTH CORPORATION

RESOLUTION #82-11

- WHEREAS: The Alaska Native Health Board is a legally established organization of Alaska Natives, as defined in the Alaska Native Claims Settlement Act (85 Statute 688); and
- WHEREAS: The Alaska Federation of Natives, Inc. is a legally established organization of Alaska Natives which is democratically elected by the adult members of the Alaska Native community and which includes the maximum participation of Alaska Natives in all phases of its activities, has unanimously designated, by formal resolution on January 11, 1979 of its Full Board, "That the Alaska Federation of Natives, Inc. formally recognizes the Alaska Native Health Board as the Health Committee of AFN, Inc. and thereby conveys full authority to articulate policy and to act on health issues;" and
- WHEREAS: Hepatitis B has been identified by the Alaska Native Health Board as the number one preventable health threat to the people of the State of Alaska; and
- WHEREAS: This highly infectious, often fatal disease, affecting children and elderly alike, is increasing statewide; and
- WHEREAS: Statewide testing and immunization is imperative to the welfare of Alaska residents;
- THEREFORE: BE IT RESOLVED that the Alaska Native Health Board hereby directs the State of Alaska to cooperate with the Indian Health Service and Center for Disease Control in their proposal to ameliorate impacts of the epidemic in Alaska; and
- BE IT FURTHER RESOLVED that the State mobilize additional resources necessary to immunize those at risk throughout the State; and
- BE IT FURTHER RESOLVED that the State incorporate this vaccine in their ongoing immunization program; and
- BE IT FURTHER RESOLVED that the State of Alaska respond immediately to this crisis.

Passed and approved this 16th day of December, 1982 by the Alaska Native Health Board.

CERTIFICATION: Passed by unanimous vote; 10 for, 0 against.