

Perception of Chronic Hepatitis B in Asian American Communities

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Introduction

- The largest Asian American subgroups are the Chinese, Filipino, Asian Indian, Japanese, Vietnamese and Korean populations, which are concentrated in the West (49%) and the Northeast (21%) regions of the US, the majority residing in California and New York¹
- Over 80% of Chinese, 90% of Korean and 90% of Vietnamese are first-generation immigrants¹
- Over one-half of the Asian American community in New York City are limited in English language proficiency²
- As a group, Asian Americans are less likely to have a usual place of health care compared with white adults¹
- Chronic hepatitis B (CHB) is endemic in China and other parts of Asia. This is reflected by the increased prevalence of CHB in the Asian American population: 7% compared to 0.1–0.5% among Caucasian, Hispanic and African Americans³
- Age-adjusted mortality rates for liver cancer per 100,000 males in California were 23.8 for all Asians compared with 6.8 for non-Hispanic whites²

Research Objectives

- To assess awareness and attitudes towards CHB among the general Asian American population and to evaluate the need to educate the community on the disease and its therapeutic options
- Topics raised include:
 - awareness of CHB and treatments
 - attitudes towards CHB
 - screening
 - vaccination

Methods

Participation Criteria

- First-generation Asian Americans
- Participants were randomly selected using telephone directories (within states selected for the purposes of this study) and self-identified themselves as Chinese, Korean or Vietnamese

- Age 18–65 years

Geographic Distribution within the US

- New York, Pennsylvania, Washington DC, California, Connecticut, Massachusetts, Nevada, Oregon, Virginia, Texas, Minnesota, Illinois

Questionnaire

- A 20-minute structured questionnaire was directed to Asian Americans in relation to CHB and treatment of the disease
- Interviews were conducted over the telephone in the participant's native language
- The survey was conducted between November and December 2007

Results

Table 1: Demographic Information

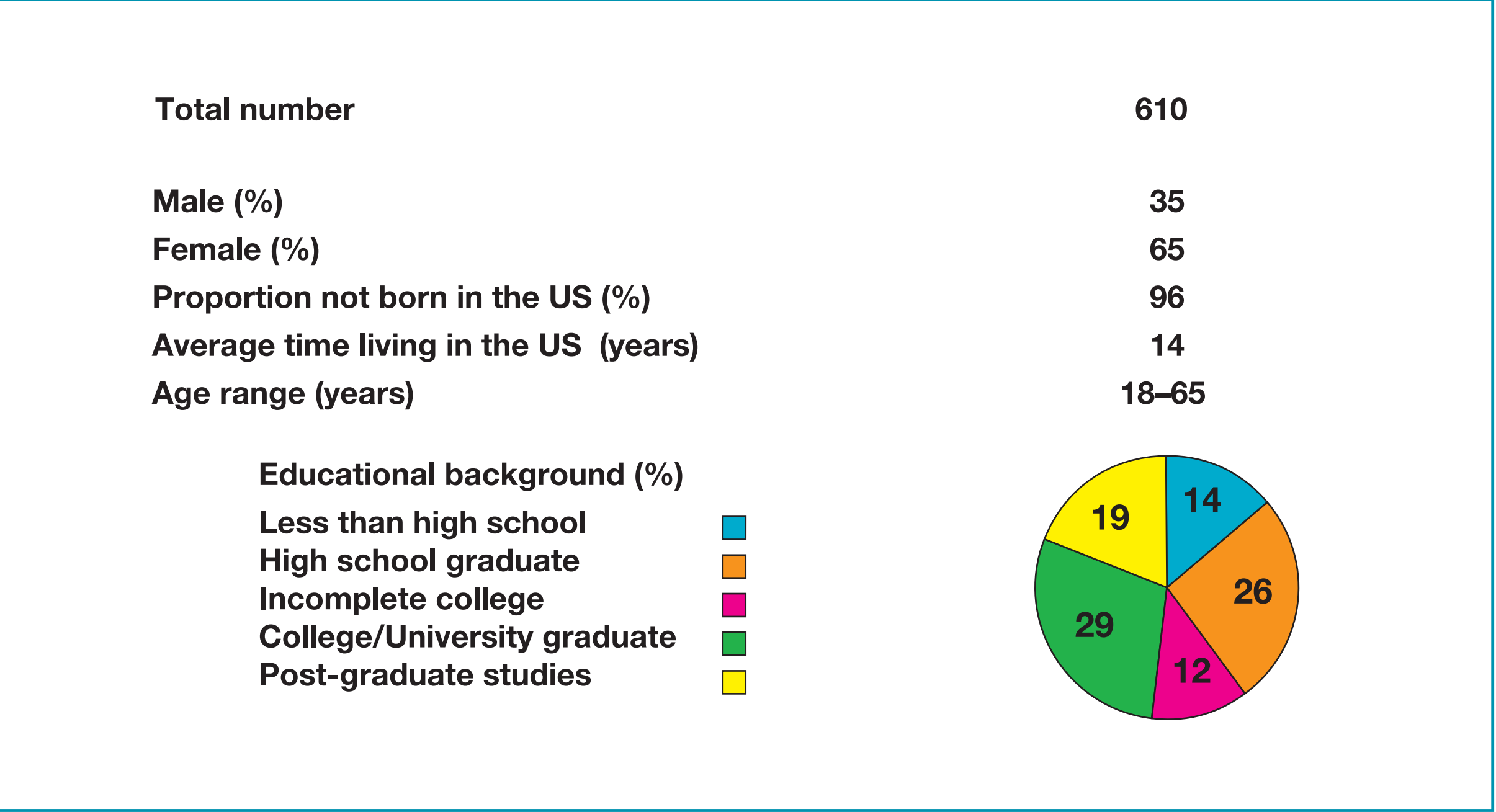
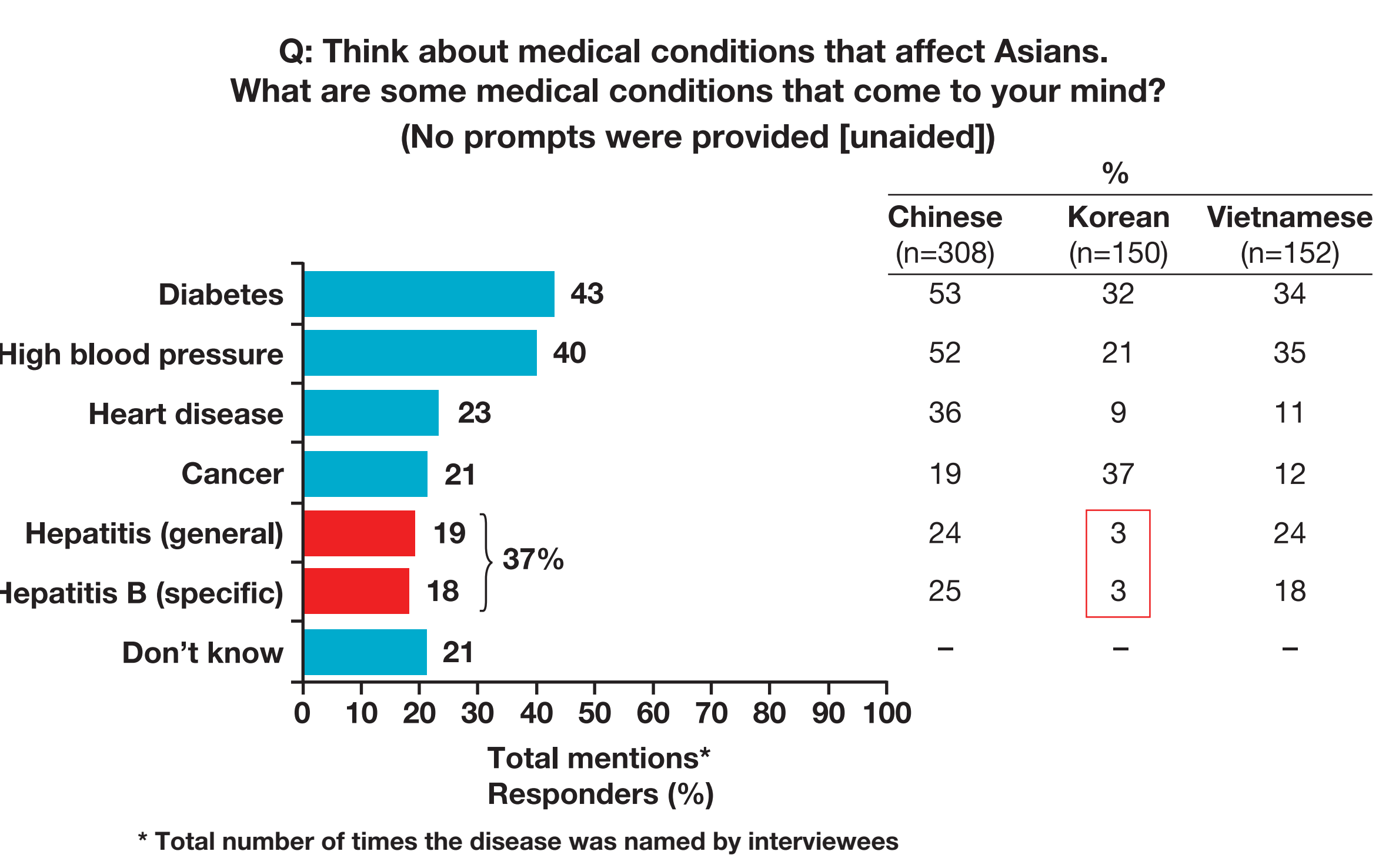
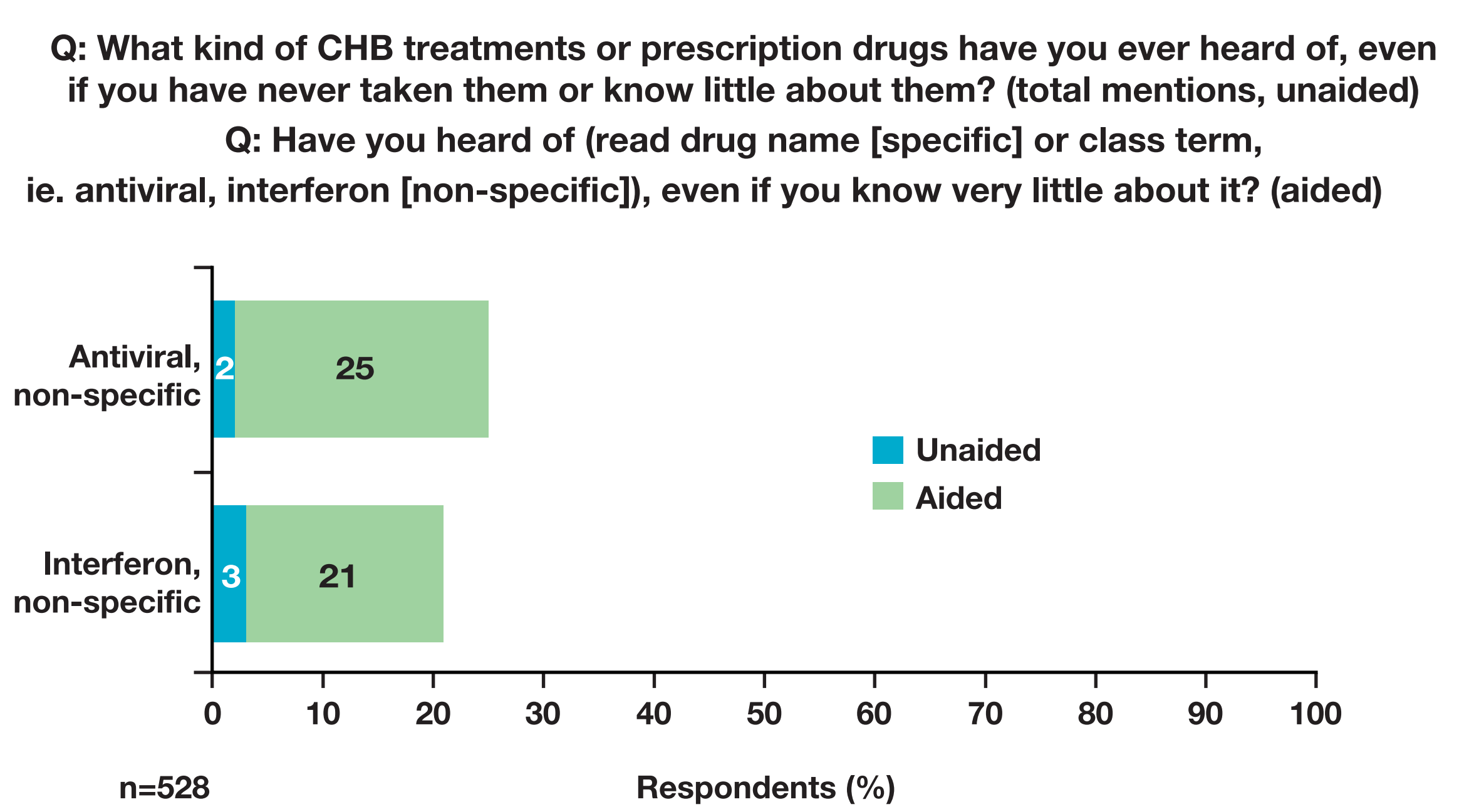


Figure 1: Awareness of CHB



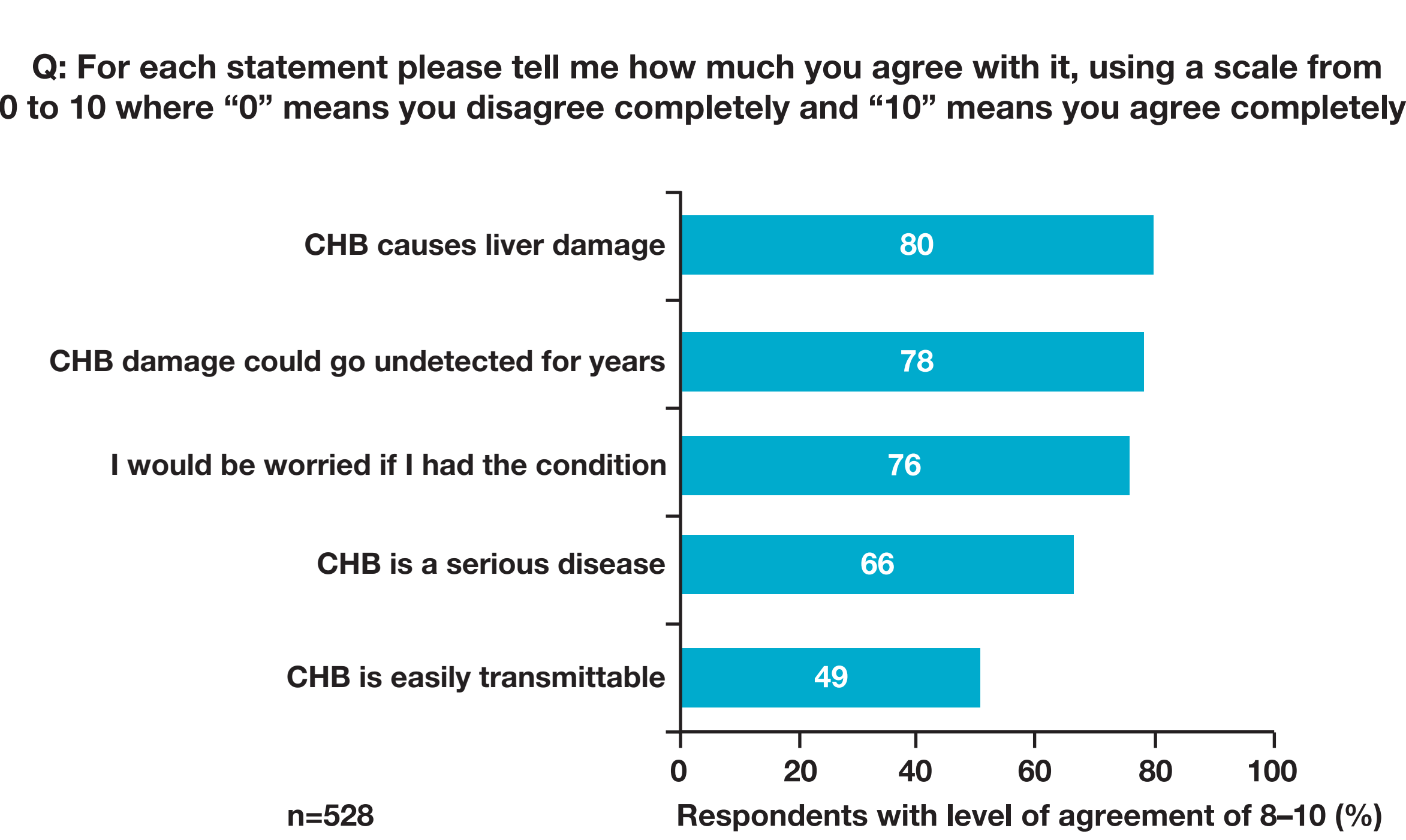
- Diabetes, high blood pressure and hepatitis were ranked highest, although only 18% of the population were specifically aware of CHB
- Awareness of CHB (3%) or hepatitis in general (3%) was particularly low for the Korean subgroup

Figure 2: Awareness of CHB Treatments



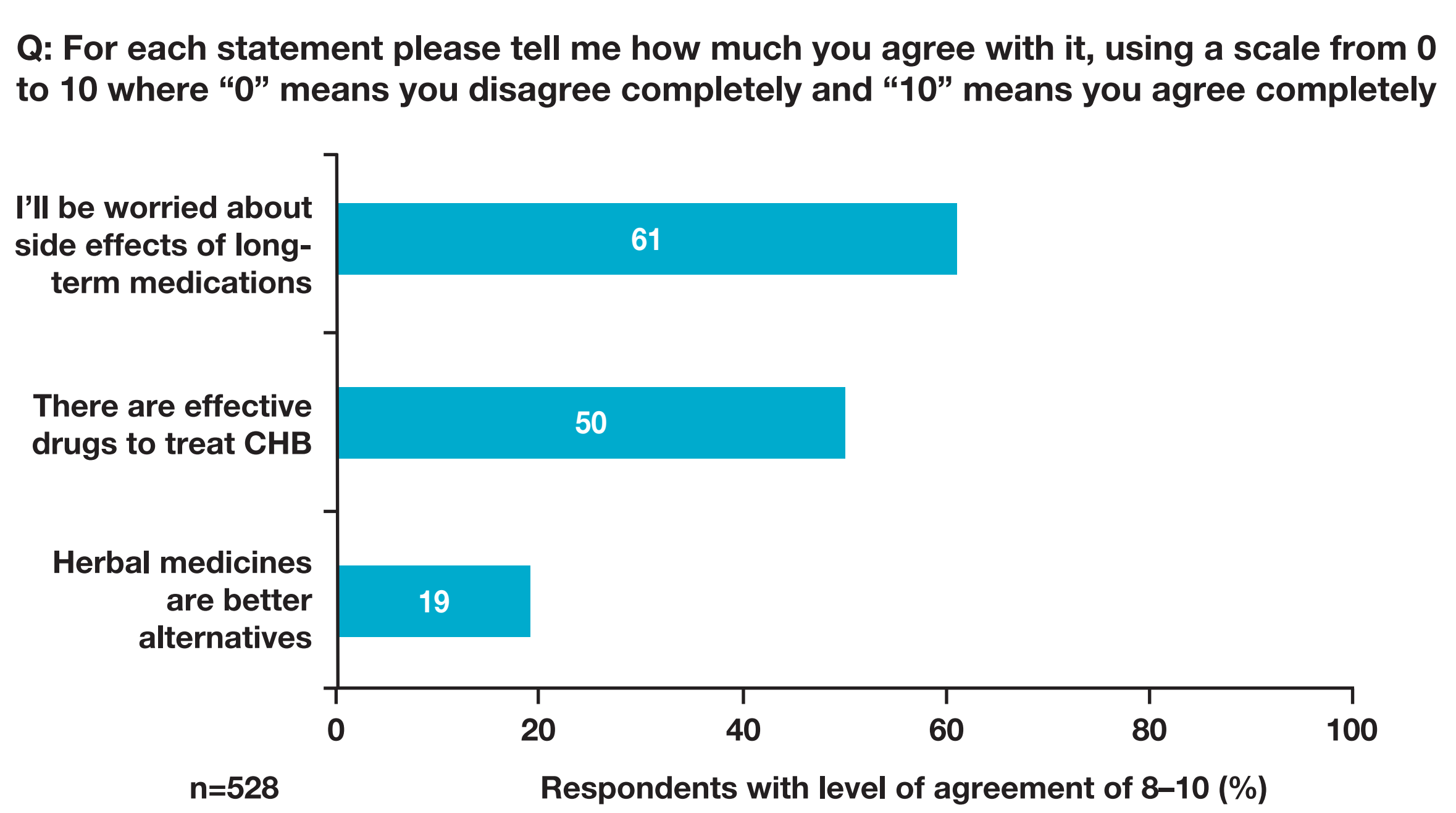
- Awareness of CHB treatments is low
- Only 27% of the respondents had heard of the non-specific term antivirals and 24% had heard of interferon

Figure 3: General Attitudes Towards CHB



- The majority of Asian Americans agreed that CHB is a serious disease and they would be worried if they had the condition
- Less than one-half agreed that CHB is easily transmittable

Figure 4: General Attitudes Towards CHB



- Only 50% of the Asian Americans surveyed agreed that there are effective prescription drugs to treat CHB
- The majority were concerned about the adverse events of long-term treatment
- One in five agreed that herbal medication is a better alternative

Figure 5: Incidence of HBV Blood Testing

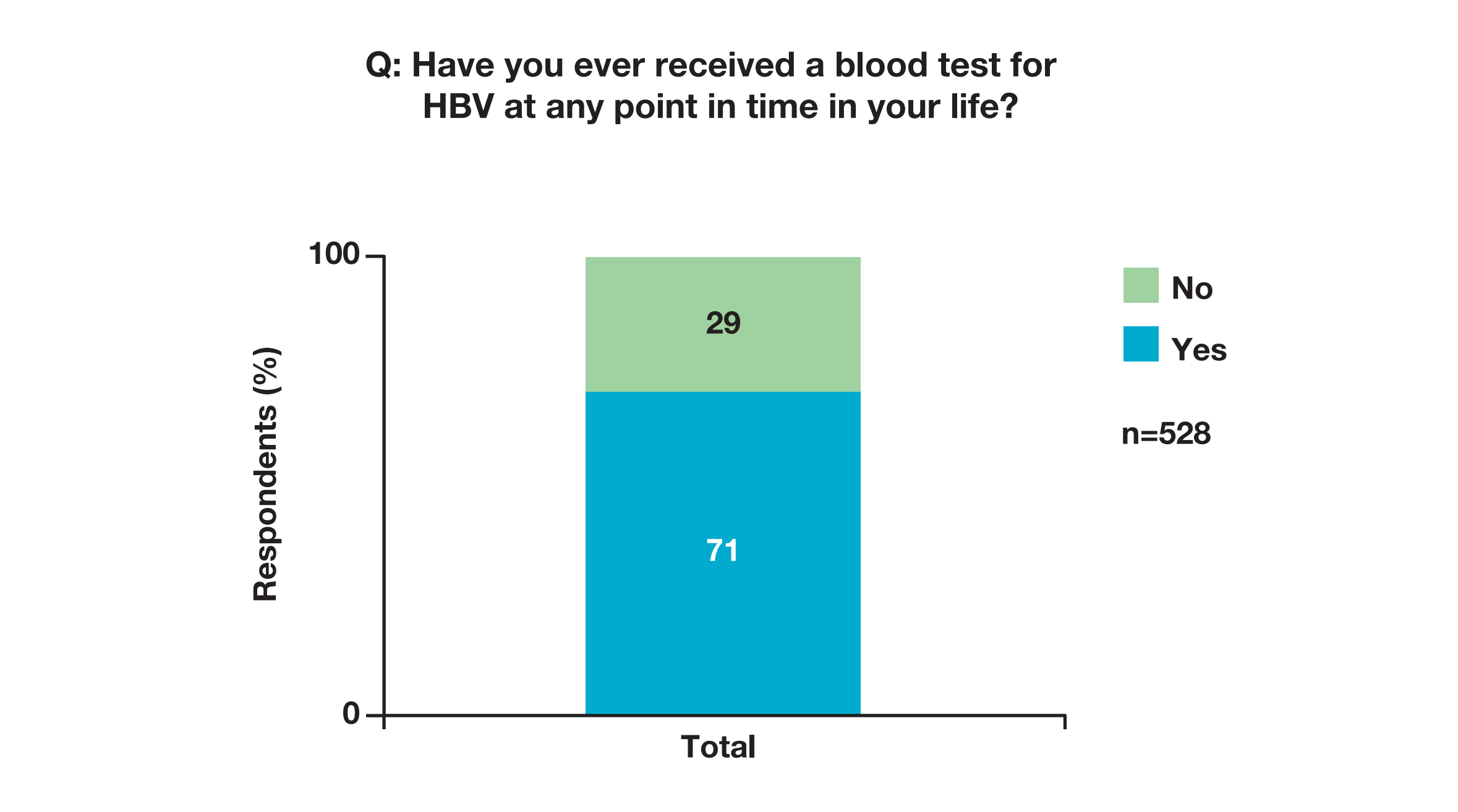


Table 2: Reasons for Obtaining an HBV Blood Test

Those who are aware of HBV and have had a blood test

Q: Under what circumstances were you tested for HBV?

Reasons for Test	%
During regular or mandatory health check-up at work/school	43
Following a physician's advice	16
Performed blood test for reasons unrelated to HBV	12
During medical treatment unrelated to HBV	8
Personal regular/annual check-up	6
Following family's advice	3
Went after free public health check/screening	3
Pregnancy	2

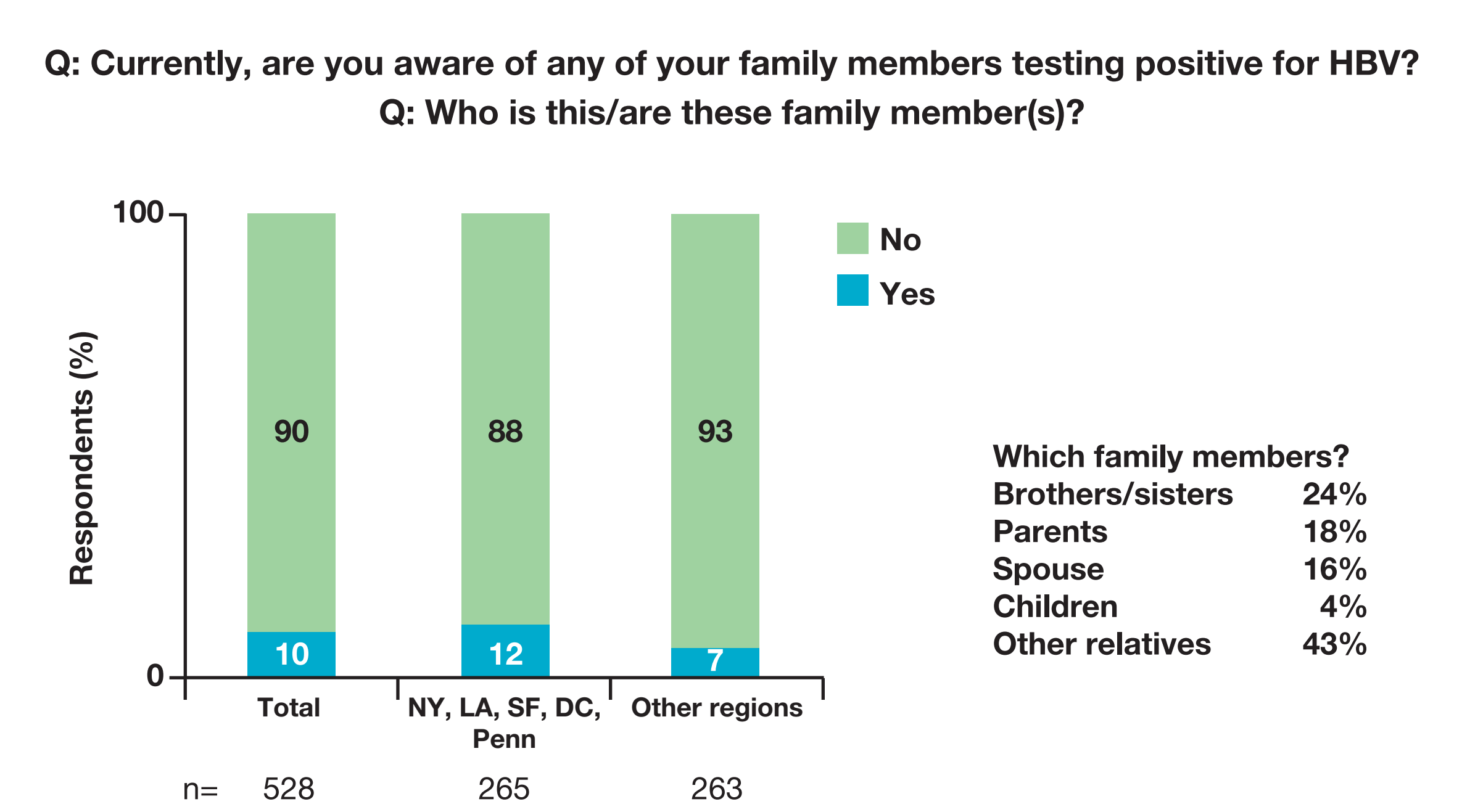
Those who are aware of HBV and have not had a blood test

Q: Under what circumstances will you go to obtain a diagnostic test for HBV?

Projected reasons for obtaining an HBV blood test	%
When I feel sick/discomfort/deterioration in health	35
If a doctor tells me to	21
When I feel the symptoms of HBV	19
When I have time	16
Will never go/no reason	7
If I understand/ know/learn more about HBV	6
At annual/ regular check-up	5
If health insurance pays/it's free	3

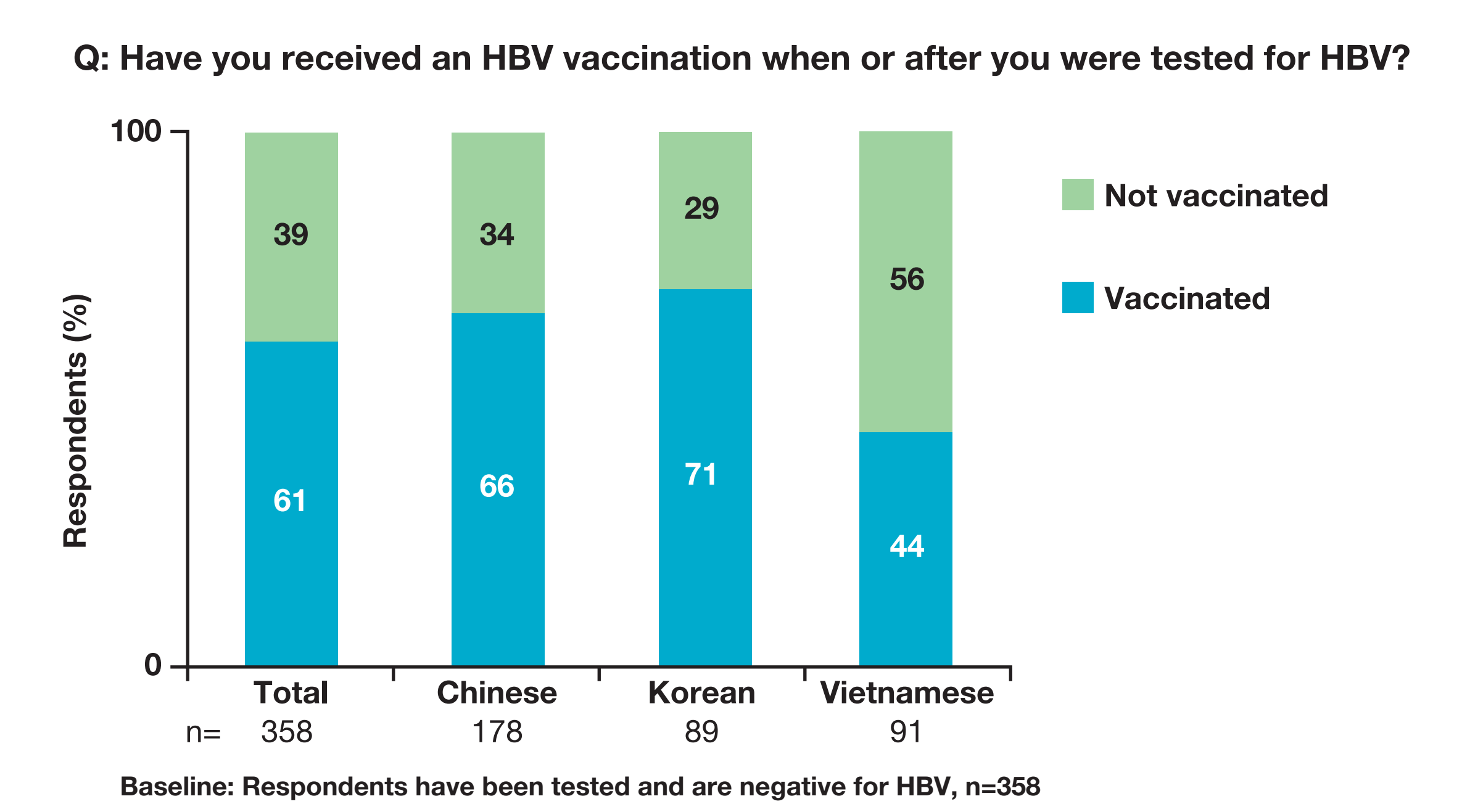
- Seventy-one percent claimed to have had a blood test for HBV
- Mandatory (work/school) check-ups were the largest driver of HBV tests, followed distantly by physician's advice
- Lack of symptoms is the main barrier among those not tested

Figure 6: Awareness of Family Members Testing Positive for HBV



- Ten percent reported awareness of family members with HBV, with significantly higher levels in the New York, Los Angeles, San Francisco, District of Columbia and Pennsylvania areas

Figure 7: Incidence of HBV Vaccination



- Thirty-nine percent of those who had tested negative for HBV have not been vaccinated
- The percentage of respondents who had not been vaccinated is significantly higher in the Vietnamese subgroup

Table 3: Reasons For Not Receiving an HBV Vaccination

Q: Why have you not received an HBV vaccination?				
Reasons for not receiving HBV vaccination	Total (n=138)	Ethnicity		
		Chinese (n=61)	Korean (n=26)	Viet. (n=51)
	Respondents (%)			
Don't believe I need it	30	36	8	35
Didn't know about it/never heard about	25	20	12	39
Never offered a vaccination/Never had the chance to do so	19	13	38	16
Have concerns about the risk of vaccination	6	10	8	–
Family/friend advice not to receive it	2	3	–	2
Other medical concerns	1	3	–	–
Other reasons	13	16	19	6
Don't know	7	7	15	4

Baseline: Have been tested, are negative for CHB and have not received an HBV vaccination

- Lack of knowledge was the main driver for failure to get vaccinated (after a negative test)
- Nineteen percent of interviewees had not been offered an HBV vaccine or had not made time to have the HBV vaccine

Summary

- Among the participants there appeared to be some level of awareness of CHB and its seriousness
 - Many respondents agreed with the statements relating to the seriousness of the disease
 - A high percentage of respondents claimed to have had a blood test for CHB
- However, detailed knowledge and awareness of CHB treatments was limited, resulting in a generally passive and reactive attitude towards the disease
 - Strong concerns over adverse events through long-term treatment
 - Blood testing only occurs during mandatory check-ups or if symptoms arise
 - A high proportion of participants, negative for CHB, had not been vaccinated, due primarily to a lack of awareness
- Limitations of the study:
 - only three subgroups of the Asian population included
 - only those listed in telephone directories were selected
 - the majority were women, likely due to domestic situations and their availability for answering the telephone

Conclusions

- Since individuals are unlikely to visit the physician for a routine examination, and only do so when they fall ill, physicians and health care workers need to improve the education of the Asian American community by enforcing the need to vaccinate and informing them about the availability of drugs
- These findings suggest the case for community outreach programs to raise the level of awareness of CHB disease transmissibility and the availability of vaccine and effective treatments
- Healthcare workers and physicians should be encouraged to communicate and educate the Asian American community about HBV whenever possible during regular clinic visits
- It is equally important to promote a more proactive approach to diagnosis and treatment within the Asian American community

References

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Disclosures

Daniel Salinas-Garcia, Molli Conti, and Hong Tang are employees of Bristol-Myers Squibb Company