a.p.a.r.t.
asian pacific american
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presents

"Strengthening Linkages for Student Success" API Teen Outreach

Asian and Pacific Islander (API)
Hepatitis B Task Force
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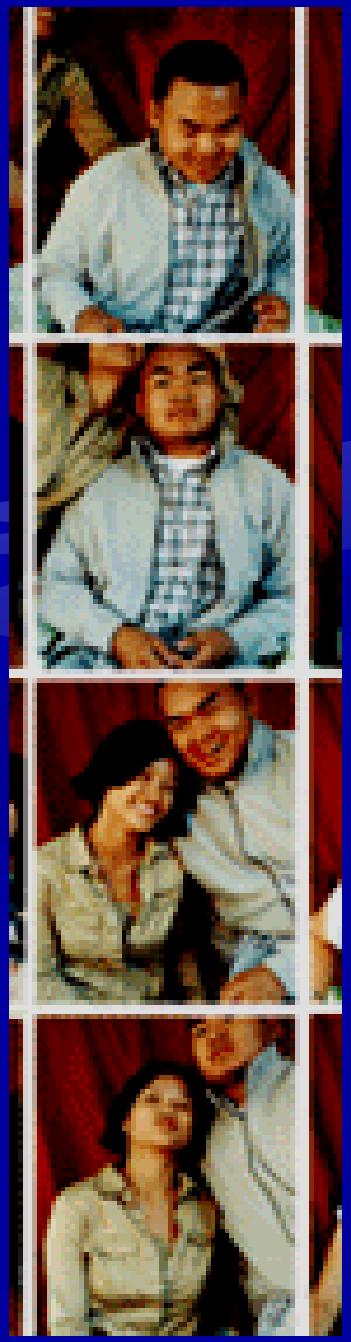
Objectives

- List compelling reasons for hepatitis B interventions in schools.
- Give examples of interventions possible in a school.
- Outline steps in organizing and conducting a school program.
- List successes and shortcomings of school programs.

Why Hepatitis B in Asians?

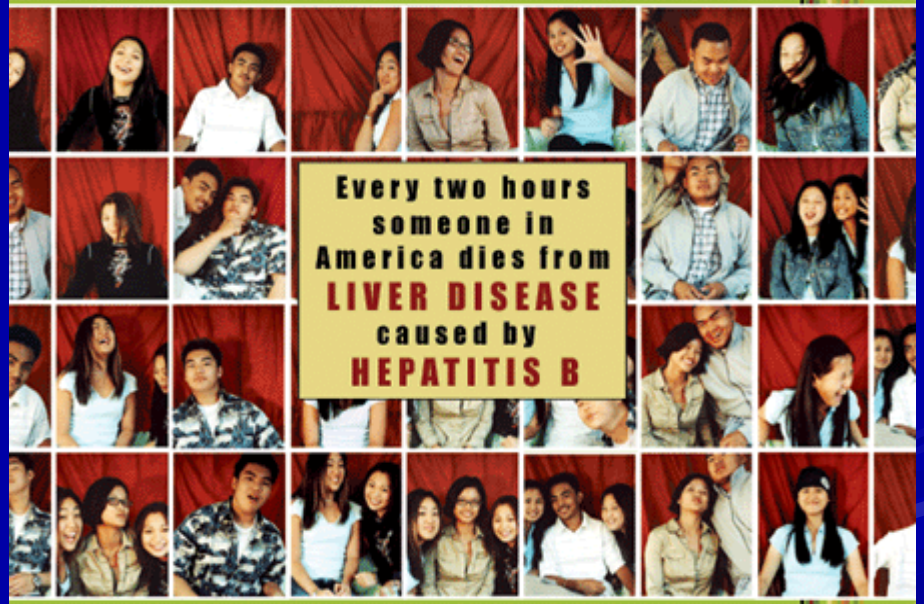
- Asian and Pacific Islander (API) teens are the highest risk group most infected by hepatitis B.
- As many as 1 in 10 API Americans have chronic hepatitis B.
- Children in Asian immigrant homes are 20-30 times more likely to be exposed and infected than any other ethnic group.
- While the API population is 4% of the US general population more than half of the 1.5 million known hepatitis B carriers in the U.S. are API



What Strategies Have Been Tried?

- **Education**
  - Public
  - Providers
- **Screening**
- **Vaccination**
  - Routine vaccination
  - School and community programs
- **Secondary prevention of complications**

Can you tell which of these teens has HEPATITIS B?



Neither can they.

Neither can you.

Get protected. Get tested.
Get immunized.

Call 1-800-322-2588
for more information

HEPATITIS B?

Catch-up vaccine for teens in Washington State

- Elementary school hepatitis B vaccination requirement was implemented in 1997 for children entering kindergarten.

- Those children entered 8th grade in September.

- The ACIP has recommended catch-up vaccination of all children and adolescents < 19 years.

Why Schools?

- All students are in high risk group- Schools were identified based on API population >25%.
- Students were born before routine vaccination recommendation in 1992
- Ready-made infrastructure
- Contact information (easier follow-up)
- Captive population
- Motivated families
- Opportunity for greater community impact

Cleveland High School

Schools Selected

	2003 Cleveland	2004 Ingraham
Total # students	777	1186
API	27%	35%
African American	47%	19%
Bilingual	11%	15%
Reduced lunch	59%	45%

Goals School Screening and Vaccination Program

To decrease the incidence of Hepatitis B and its serious side effects in the School community through education, screening, vaccination, coalitions and alliances.

Objectives

- Education
- Screening
- Vaccination
- Information gathering
- Referral

Strategies for School Screening and Vaccination Program

- Provide information and education through video, educational materials, interactive presentations, and on site screenings
- A Hepatitis B School-Linked Clinic Survey
- Website

Strategies for School Screening and Vaccination Program

- Provide hepatitis B serological testing and vaccination for students.
- Use an incentive and reward system for individual student and class participation in survey as well as screening and vaccination

Program Structure

- 10 minutes slide presentation/discussion.
- 14 minutes video
- Blood screening

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- Results
- Vaccination (all three doses)

Current Screening Procedures

- Informational letter is placed in teachers' mailboxes to hand out in class.
- Information about screening is sent home with students.
- Parental passive consent form is also passed out in class.

  ---consent form is available in different languages.

  ---students take consent form home to parents.

  ---parents signed and returned consent if they don't want their children to be screened.
- Informed consent is obtained from students before screening & vaccination.---

Screening Timeline

- Recruitment of school in **May**
- Connect with school administrators/Teen Clinic in **August**
- Program information, hepatitis B information, vaccine information, surveys, consents distributed through teachers in **September**
- Screening (number of sessions) in **October**
- Results giving in **November – December**
- **January** – 1st dose vaccination
- **March** – 2nd dose vaccination
- **June** – 3rd dose vaccination

Teen Screening Results

	2003 Cleveland	2004 Ingraham
Number tested	236	201
Immune	152 (64%)	105 (52%)
Not immune (-HBsAb)	81 (34%)	97 (47%)
Infected (+HBsAg)	3 (1.3%)	1 (.5%)

Collaborative Effort

- American Liver Foundation
- APART- the Asian Pacific American Reality Theater
- Gilead Inc.
- Harborview Hepatitis B & Liver Clinic
- Healthy Mothers, Healthy Babies Coalition of Washington
- Immunization Action Coalition of Washington and affiliated organizations School based Clinics including school staff
- International Community Health Services
- Public Health Seattle and King County
- Physicians & Nurse Volunteers
- Snohomish County Public Health Department
- Washington State Department of Health

What We Learned

- Persist politely and be patient
- Be flexible, creative, and proactive
- Coalitions and partnerships are critical
- The schools will embrace this issue if...
- Out of 437, 178 were unprotected

Conclusion

- Teens are at high risk for hepatitis B infection and long term complications.
- High schools are an opportunity to reach a concentrated, motivated population in these high risk communities.
- Promoting positive health behaviors in students relates to their overall academic success.
- Nationwide, many Asian American children born before 1992 are not vaccinated against hepatitis B . This was observed in the last two high school screenings where 178 students were unprotected from hepatitis B.