



## Letter from the Co-Chairs

Dear Health Care Professional:

Viral hepatitis is a significant and growing cause of liver-related morbidity and mortality in the United States, with an estimated 800,000 to 1.4 million persons living with chronic hepatitis B (CHB) and 2.7 million to 3.9 million persons living with chronic hepatitis C (CHC). Without early diagnosis and medical intervention, approximately 15% to 25% of those with CHB and 60% to 70% of those with CHC will develop chronic liver disease. CHB and CHC are leading causes of hepatocellular carcinoma (HCC), cirrhosis, and end-stage liver disease in the United States.

Asian American communities bear a disproportionate burden of CHB and CHC, accounting for an estimated 60% of all CHB cases and more than half of the CHB-related deaths in the United States, while representing less than 5% of the US population. Prevalence data on CHC among Asian Americans are scarce, but available evidence suggests that CHC rates are significantly higher among Asian Americans than among persons belonging to other ethnic groups, particularly those born in Western Pacific and Southeast Asian countries with endemic HCV infection. Asian Americans also tend to have acquired HCV infection through iatrogenic routes rather than established behavioral risk factors, and at younger ages. A longer period of infection increases the probability of progression, and the risk for HCC among Asian Americans with CHC and cirrhosis is significantly greater than among Caucasian Americans. Despite the high burden of CHB and CHC, most Asian Americans remain unaware of their infection.

Improvement in screening of Asian Americans at risk for CHB and CHC is urgently needed. Two-thirds of all Asian Americans with CHB are unaware of their infection, and studies suggest that less than 5% will ever be brought into care and receive adequate antiviral treatment. Most Asian Americans with CHC also remain undiagnosed, and because they often do not have traditional risk factors for CHC, they are likely to be missed by use of current US-based screening guidelines. Screening in Asian Americans may be more appropriately determined by the prevalence of HCV in countries of origin. Given that effective treatments are available to manage CHB and multiple treatments are now available and emerging that can cure CHC, early identification and screening of Asian Americans at risk for viral hepatitis is imperative.

Health care providers (HCPs) need to be aware of the elevated risks for viral hepatitis among their patients of Asian descent to identify those patients with CHB and CHC as early as possible in the disease course through appropriate screening and testing. The SEARCH B & C Initiative Tool Kit is designed to give HCPs practicing in Asian communities a complete set of tools they can use to hold a live viral hepatitis Screening Day event in their own communities in order to expand knowledge and awareness of CHB and CHC, the need for screening, and to engage persons in care who may otherwise remain undiagnosed and untreated. The SEARCH B & C Initiative Screening Day Event-related materials are available in 4 languages (Chinese, English, Korean, and Vietnamese).

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