

Hepatitis Health



Welcome Dr. Julia Gill

By Shairi R. Turner, MD, MPH, Deputy Secretary for Health

It is my pleasure to formally announce Julia Gill, Ph.D, M.P.H., has been appointed as the new Director of the Division of Disease Control within the Department of Health (DOH). Dr. Gill has been a long standing member of the DOH team and brings a wealth of knowledge and expertise in disease control, most recently as the acting director of the Division of Disease Control.



Dr. Julia Gill

Dr. Gill has the unique experience of leadership at the local as well as the bureau level. At the local level, she held positions as the Hepatitis Program Manager and the Epidemiology Program Manager for the Pinellas County Health Department. At the bureau level, Dr. Gill has served as the administrator of the Florida Epidemic Intelligence Service and as chief of the Bureau of Epidemiology.

She received a Bachelor of Science in Medical Technology from Eastern Illinois University, a Master of Public Health and a PhD in Tropical Health and Communicable Diseases from the University of South Florida, College of Public Health.

Dr. Gill will supervise the Bureaus of Epidemiology, Immunization, HIV/AIDS and Hepatitis, Sexually Transmitted Diseases, TB and Refugee Health, as well as the A.G. Holley Tuberculosis Hospital.

I am confident that she will continue the strong tradition of leadership, service, and dedication to public health that has been established by the Division of Disease Control.



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Trivia

He's an Oscar-winning actor, who is currently starring in a scary film on the big screen. When he was nine years old, his mother died of hepatitis.

Find the answer on page 11.

Hepatitis D: The Virus That Does Not Work Alone

Maryann Gromisch, <http://www.empowher.com>

Hepatitis D (HDV) is an infection of the liver and is caused by the hepatitis delta virus. It is a small and incomplete virus and alone, it cannot cause an infection. Hepatitis D can occur only in conjunction with hepatitis B. Statistics from the National Institutes of Health indicate that 15 million people worldwide are infected with hepatitis D and five percent of all people who are infected with hepatitis B are infected with HDV. Co-infection of hepatitis B and D increases the risk of developing serious complications associated with chronic liver disease. The risks of chronic infection and remaining contagious for life are increased as well.



Maryann Gromisch

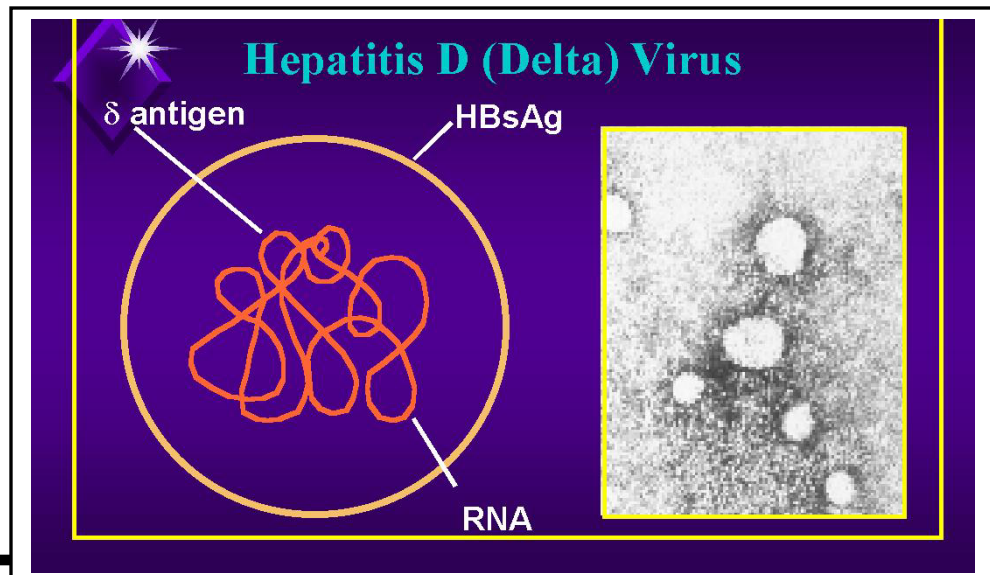
The early symptoms of hepatitis D are nausea, loss of appetite, joint pain, and fatigue. A mild fever may occur. An enlarged liver may cause pain in the right upper quadrant of the abdomen. Jaundice develops as the liver is unable to eliminate bilirubin, which is a yellow colored bile pigment found in red blood cells.

A series of blood tests are used to diagnosis hepatitis D. A quantitative hepatitis virus panel detects the presence of anti-delta agent antibodies. Liver enzyme levels are monitored. Occasionally, a liver biopsy is performed. Liver tissue is examined for the presence of cirrhosis, which is characterized by the replacement of healthy cells with scar tissue.

Many of the medications used to treat hepatitis B are not effective treatment for hepatitis D. Long-term HDV may be treated with alpha interferon and remission can be achieved. Recovery from acute HDV can occur within two to three weeks. Liver enzymes will return to normal levels within 16 weeks. It is estimated that 10 percent of patients with HDV will develop chronic hepatitis. Liver transplants are recommended for severe acute and advanced chronic cases of HDV.

Prompt diagnosis and treatment of hepatitis B can prevent the development of HDV. Individuals who are at risk for hepatitis B are advised to be vaccinated for this strain of hepatitis. Intravenous drug abuse should be avoided, but individuals who do use IV drugs are strongly advised not to share needles.

Note: Maryann Gromisch is a registered nurse with clinical experience in the areas of medical/surgical and critical care nursing. She has experience assisting a gastroenterologist in a private practice setting.



The Lancet Retracts 1998 Paper About MMR and Autism

[http://www.lancet.com/journals/lancet/article/PIIS0140-6736\(10\)60175-7/fulltext](http://www.lancet.com/journals/lancet/article/PIIS0140-6736(10)60175-7/fulltext)

On February 2, 2010, the editors of The Lancet published a retraction of the February 1998 paper titled, "Retraction--Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children." The paper by Andrew Wakefield, MB, BS, FRCS, and 12 other authors suggested a link between mumps, measles, and rubella (MMR) vaccine and autism. The study set off a media firestorm and subsequent drop in MMR vaccination rates, especially in the United Kingdom, despite involving only a dozen children.

The retraction followed the ruling of the U.K.'s General Medical Council that stated Dr. Wakefield's conduct regarding his research was "dishonest" and "irresponsible" and that he had shown a "callous disregard" for the suffering of children involved in his studies.

The text of The Lancet retraction follows in its entirety:

THE LANCET

"Following the judgment of the UK General Medical Council's Fitness to Practise Panel on Jan 28, 2010, it has become clear that several elements of the 1998 paper by Wakefield et al are incorrect, contrary to the findings of an earlier investigation. In particular, the claims in the original paper that children were 'consecutively referred' and that investigations were 'approved' by the local ethics committee have been proven to be false. Therefore we fully retract this paper from the published record."

The Judds to Reunite for Tour and Album

<http://www.theboot.com/2010/02/06/judds-reunion-tour/>

The Judds will be reuniting for one last tour this year. Wynonna made the big announcement during her appearance on the February 6, 2010, edition of CBS's 'The Early Show,' during the program's pre-Super Bowl bash, live from Miami, Florida, at which she performed a handful of hits including 'No One Else on Earth' and 'Only Love.'

As one of the most successful duos in history, Wynonna and her mother, Naomi, began their recording career in 1983 when they signed with RCA Records. In 1991, Naomi was forced to retire after being diagnosed with **hepatitis C**, and Wynonna embarked on a successful solo career. The mother-daughter duo teamed back up for a reunion in 1999 and 2000, then for a few shows in 2008 and then again at last year's CMA Music Festival.



L to R: Naomi and Wynonna Judd

In addition to launching a tour, the two are also working on a new album, set for release this fall. Wynonna recently released her seventh solo studio album, 'Sing: Chapter 1,' which included songs that have formed "the soundtrack to her life."

Editor's Note: Naomi Judd believes that the use of both alternative medicine and conventional medicine, along with her life-style changes and body-mind-spirit work, is what finally made her free of the hepatitis C virus.

Chronic Hepatitis B

By Dr. David Bernstein, <http://www.antonnews.com>



Dr. Bernstein

At the start of this new decade, liver disease continues to be major source of morbidity and mortality both at home and around the world. We expect a significant rise in the incidence of viral hepatitis and other infectious diseases following the devastating earthquake in Haiti.

Hepatitis B is one of those conditions. During the last decade, our ability to recognize, understand and treat hepatitis B has improved exponentially. From the first approved therapies in the mid-1990s through today, we have seen several new potent agents become available to treat this potentially serious infection.

Chronic hepatitis B affects an estimated 300 million to 400 million people worldwide and about 1 million to 2 million Americans. It is more common in Asian-Americans and Native Americans than Caucasians and African-Americans. Chronic hepatitis B is characterized in the blood by a positive hepatitis B surface antigen and the presence of hepatitis B virus in the blood and it is usually asymptomatic.

People suffering from this virus have an increased chance of developing cirrhosis, liver cancer and needing a liver transplantation due to liver failure. In the United States, sexual contact is the most common means of disease transmission, although this condition may be passed along via contact from any bodily fluid.

It is for this reason that all close contacts of chronic hepatitis B patients need to be vaccinated against hepatitis B to prevent its spread.

Therapy is available for people chronically infected with hepatitis B. Luckily, therapy is not indicated for all patients as the majority of patients will not develop significant progressive disease. A medical professional must determine who is an appropriate candidate for treatment as treatments may be costly and in many cases, are indefinite.

Hepatitis B is not a curable disease at this point and therefore the goal of therapy is to slow or prevent the progression of disease. Many of the current therapies have been shown to improve underlying liver histology but not necessarily lessen the risk of developing liver cancer.

Hopefully newer therapies which are in the pipeline will be able to meet these objectives. The treatments of hepatitis B are for the most part oral agents without side effects. These treatments, however, require absolute compliance as starting and then stopping medications can lead to life-threatening recurrence of disease.

Currently, the two most commonly used oral agents are entecavir and tenofovir. Both of these agents are well tolerated and have minimal side effects. The main concern when using these agents is that they may induce the development of mutations and thus allow for the development of resistant strains of hepatitis B.

So far, the risk of resistance with these medications has been low. While we currently apply single-drug therapy for the treatment of chronic hepatitis B, most hepatologists believe that future treatment regimens will consist of multiple combinations of medications similar to the way the human immunodeficiency virus is treated as this should further decrease the incidence of mutations.

More on page 11

Shine a Light on.....Jean Barber from Monroe CHD

I was born in Millis, a small town about 40 miles outside of Boston, Massachusetts. At the time it was mostly a farming town. In fact, I lived on Farm Street. We did not have a farm, but, there was a small sheep farm up the street and a small dairy farm down the road.

I went to Northeastern University and received a Bachelors degree in Biology. After working for about 10 years at Boston City Hospital in the Chemistry Lab, I went back to school at the University of Massachusetts and got my Bachelors of Science in Nursing. I then worked at New England Medical Center and Massachusetts Osteopathic hospital on medical surgical units and in outpatient clinic.

A friend from Millis, whom I had known since first grade, had moved to Key West and I often went there for visits. It was amazing to be able to be outdoors anytime of the year. I thought I would give Key West a try and moved down in April of 1989 and started working at the local hospital, first in the medical surgical unit and later part time in the psych unit. In June of 1989, I was hired at Monroe County Health Department (MCHD). When I started there, nurses provided services for all the programs. So, I worked in Family Planning, STD, Improved Pregnancy Outcome, School Health, and Child Health. HIV prevention was threaded throughout all of these programs. I quickly fell in love with public health because the idea of preventive medicine seemed to make so much sense.

As DOH changed throughout the years, so did the role of nurses. There was more specialization. I became the program manager for Healthy Start and stayed with this program until 2008. Then came the opportunity to work with the Hepatitis Program. Trying to think about what I like most about the program is difficult since I really like it all. One of the best things is when inmates remember to follow-up when they're released from jail. It feels good to know they are taking care of themselves.

Back to my personal life – At the end of 1989 I met my now husband, who is a Conch, which means he was born in Key West. In fact, his family goes way back in Key West history and originally came from the Bahamas. Many original Key Westers came from the Bahamas, because during the Revolutionary War the Tories (they supported the British) moved to Green Turtle Cay since they were not safe in Key West. We've been together 20 years. Hard to believe! We are blessed with a now teenage son. He is in seventh grade, does well with his grades and plays clarinet in the school band. We live in a prefab on stilts in Big Coppitt, a key 10 miles outside of Key West. Big Coppitt comes from "big coppice," which means a lot of shrubs or bushes.

Our household includes my husband, his father (who came to live with us when his wife passed away a few years ago), our son, and two dogs, Cowboy and Dobby. Both were strays and came to us via different paths. Cowboy is a black lab mix, and Dobby is a "Chiweener," a Chihuahua and Dachshund mix. He is named after the house elf in Harry Potter because he looks like him.



Dobby gets ready for Halloween while Cowboy (in the background) refuses to participate in such foolishness.

More of Jean Barber on page six.

Jean Barber continued...

Much of my spare time is taken up with keeping up with my son's activities. I walk four miles each weekend morning with my lifelong friend—the one who lived here when I moved down 20 years ago. I do like to read, mostly mystery books, and I love the Harry Potter series. I try to watch TV with my son so I can keep up with him, and I really enjoy "Malcolm in the Middle." A friend from Massachusetts says the youngest character on that show, Dewey, now owns a restaurant in Milford, MA. I've got to go there next time I visit!

In Key West, I've experienced many hurricanes and they are scary. We had just moved into our house when Andrew hit. My husband's brother and family lived in Cutler Ridge and it was horrifying to see what they went through. Having to evacuate with the whole household, and also do whatever duty I'm assigned at the CHD, can be difficult. My husband is a firefighter, so he stays in Key West during all emergency situations. Monroe CHD is assigned to take care of citizens who are in the Special Needs Shelter, which is at Florida International University (FIU) for Florida Keys residents. I did work there for one hurricane and it was truly a great experience.



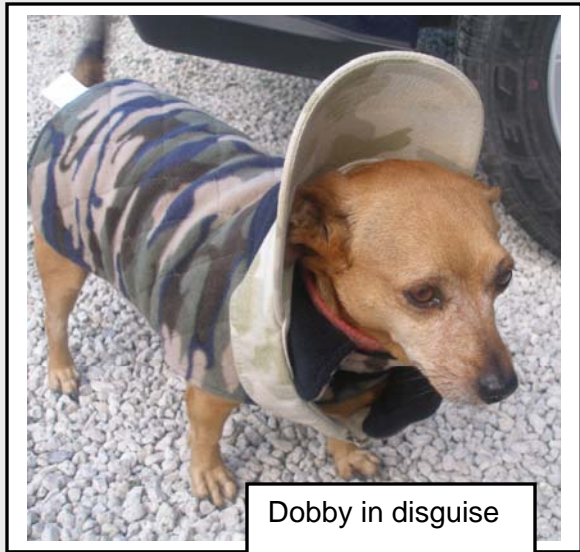
This is a Key Deer fawn. He was with a group of seven Key Deer in a neighborhood in Big Pine Key.



Mr. Big, an iguana who lives on our dock



Cowboy winks for the camera.



Dobby in disguise

New Test, Treatments for Hepatitis C

http://www.ivanhoe.com/channels/p_channelstory.cfm?storyid=23538

(Ivanhoe Newswire) -- Scientists discovered a new way to detect hepatitis C (HCV), which could change the way doctors treat the difficult disease.

The only therapy currently available for HCV is a one-year course that cures half of patients. It was difficult to study because researchers were only able to study one aspect of the HCV cycle.

Zhilei Chen, a Texas A&M University assistant professor, helped developed a new screening system that allows researchers to study all stages of the virus. Now researchers are able to study the effects of molecules that obstruct all the aspects of HCV's cycle. Experts say this could lead to the discovery of small, low-cost molecules that can block the growth of the HCV cycle.

"Our system is well-suited to large-scale drug screening efforts because the technology is simple to use and can be easily scaled up to test extremely large collections of compounds using a robotic system," Chen wrote. "We anticipate that this system will enable the discovery of many more new and more potent HCV antivirals."

The overall number of people facing serious liver disease and death from HVC is on the rise because the virus is hard to detect. Often, people can live decades with out showing symptoms

SOURCE: *Proceedings of the National Academy of Sciences*, February 2010



World Hepatitis Day 2010



Over the last two years, the 'Am I Number 12?' brand has allowed the World Hepatitis Alliance (WHA) to communicate with a broad audience in a simple way to generate mass awareness around hepatitis B and C. In 2010, the brand will be supported with a new two-year communication theme, '**This is hepatitis...**' which will tell the global human story of viral hepatitis. The campaign will focus on the real life impact of these diseases to generate increased understanding and awareness within the general public.

Note from the editor: Please let us know what you're doing in your community on Wednesday, May 19, 2010, for World Hepatitis Day. Send articles and photos to april_crowley@doh.state.fl.us

IndoAfrika Hepatitis Awareness & Prevention Foundation

By Jasmine Malu, <http://www.indoafrika.org/>

IndoAfrika Hepatitis Awareness & Prevention Foundation (IAHAPF) in Tampa is dedicated to creating awareness and educating individuals about viral hepatitis, a disease affecting over 500 million people around the world.

We seek to raise awareness of this enormous worldwide problem and to motivate people to support this important – and winnable – battle. Awareness is inexplicably low and the majority of those infected are unaware of this "Silent Viral Killer."

Founded in 2009, IAHAPF board members continually strive towards improving the degree of understanding, creating awareness, prevention, and assisting in the quality of life for those affected by viral hepatitis.

We have developed and strengthened our awareness and prevention with the Asian and African communities which are more impacted by the virus and those that are at risk of contacting the disease or who may have it without knowing it. Our vision is to partner with several service providers – local, state, and national interest groups who have, and continue to support the fight against viral hepatitis. The IndoAfrika Hepatitis Awareness & Prevention Foundation is hosting various events, creating partnerships and fostering outreach programs. There are many opportunities to get involved! contact

Be sure to save the date for our First Annual IAHAPF Fundraising Fashion Show Event on Saturday, December 11, 2010. It takes place from 6:00 PM – 1:00 AM at the Carrollwood Cultural Center, 4537 Lowell Road, Tampa, Florida 33618.

This extravaganza includes dinner, refreshments, guest speakers about hepatitis awareness and prevention, a silent auction, and music. The festivities conclude with a multicultural fashion show experience that is sure to delight and educate guests of all ages. IAHAPF infuses Asian & Afrikan modern spirit with traditional fashion from around the world. For more details, visit our website at: <http://www.indoafrika.org/>.



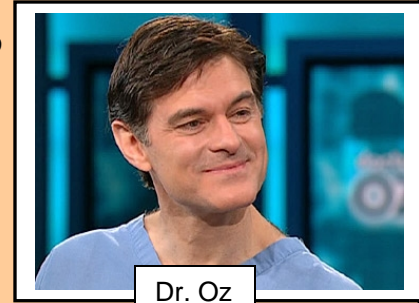
Editor's Note: Jasmine Malu is the founder of IndoAfrika and is Director of Community Relations, Marketing, and Fundraising for the nonprofit organization.

Silent Killers Explored on the Doctor Oz Show

<http://www.bestsyndication.com>

There are warning signs to the “four silent killers” in women. According to talk-show host and heart surgeon, Doctor Mehmet C. Oz, those killers include:

- uterine cancer,
- **hepatitis, which can lead to liver cancer,**
- ovarian cancer, and
- heart attack.



Oz said that the diseases that worry doctors the most are the ones that “disguise” their warning signs. That is why they are called “silent killers.” Oz examined four killers that strike 3.5 million women a year, killing 90,000.

Hepatitis is an inflammation of the liver. The word comes from the ancient Greek hepar which means “root being” hepat or liver. Acute hepatitis varies widely and in mild cases does not require treatment, according to V.G. Bain and M. Ma, in their book: *Acute Viral Hepatitis* (Chapter 14).

Hepatitis can lead to liver cancer. Donnica Moore, MD, author of “Women’s’ Health For Life,” told Oz that hepatitis is usually caused by viruses A, B, or C. There are also versions D through G. Hepatitis virus F is still a mystery.

Hepatitis B is sexually transmitted and babies are currently being vaccinated for it, Moore explained. Much more common is hepatitis C, which is transmitted via blood to blood contact. There is no vaccination for hepatitis C, and it can remain silent for 20 years or longer.

Hepatitis A is transmitted via water and food. It is recommended that you get vaccinated for this version if you travel outside of the United States.

Symptoms include: Fatigue, muscle aches, pale or light colored stools and dark urine, and jaundice. Jaundice, aka icterus, is a yellowish discoloration of the skin and conjunctival membrane over the whites of the eyes (sclerae).

New Hepatitis Online Training Resource

The National Training Center for Integrated Hepatitis HIV/STD Prevention Services at the University of Alabama at Birmingham recently launched a new training website, <http://www.knowhepatitis.org>

Two training opportunities are currently available: a webinar featuring CDC's Division of Viral Hepatitis director John Ward, MD, discussing the recently released Institute of Medicine report about hepatitis; and a video overview of viral hepatitis for the front-line worker presented by Laura Bachman, MD, MPH. To access either of these presentations, go to: <http://www.knowhepatitis.org/training/center>

The mission of the National Training Center is to decrease the burden of hepatitis in at-risk populations by advocating for and facilitating the integration of hepatitis/HIV/STD prevention and services into community based organizations (CBOs) and clinics through the provision of innovative and evidence-based education and training targeted to front-line workers employed in these organizations.

Alcohol Use While Awaiting Liver Transplant

Dr. Joe Galati's Blog

http://texasliver.typepad.com/dr_joe_galatis_blog/2010/02/alcohol-use-while-awaiting-liver-transplant.html

This issue has always been a hot button subject for those of us in transplant. First, we would like our patients to be compliant with our program, and abstain from alcohol. Secondly, there is a poor public image of the patient awaiting liver transplant, who also is using alcohol as they wait for a new liver. These perceptions from the general public have the potential to reduce the opportunities for organ donation, fearing their loved ones organs are going to "an alcoholic who will squander their opportunity to survive with my loved one's liver."

The article listed below from a recent issue of *Liver Transplantation* does a good job of explaining their experience with alcohol pre-transplant.

Alcoholic liver disease (ALD) is a leading indication for liver transplantation. Our center has randomly checked blood alcohol levels (BALs) in ALD patients on the waiting list since 2004. We aimed to identify the incidence and predictors of inactivation on the transplant list due to alcohol use and to determine the utility of BAL-screening in this process. We conducted a retrospective review of patients with ALD listed for liver transplantation with at least 3 months of post-listing follow-up. Alcohol use while on the transplant list was defined as a positive BAL, an admission of alcohol use, or refusal to perform screening within 12 hours of request.

Cox proportional hazards regression was used to estimate risk ratios (RRs). Of 134 patients meeting eligibility criteria, 78% were male, and mean age was 52 years. Alcohol use was documented in 23 patients (17%). Of these, 12 refused to have a random screen, eight had detectable serum ethanol levels, and three had self-reported alcohol use. On multivariable analysis, a higher number of random BAL-checks [RR = 0.63(0.52, 0.76), $P = 0.001$] and a longer duration of prelisting abstinence [RR = 0.88(0.83, 0.94), $P = 0.001$] independently reduced the risk of alcohol use by patients while on the waiting list. None of the patients with over 24 months of prelisting abstinence had a positive screen.

In conclusion, this study supports random BAL-screening before transplantation and reinforces the importance of abstinence duration as a predictor of relapse. For patients with less than 24 months of prelisting abstinence, our center will increase the frequency of random BAL screening and increase the rehabilitation requirements to include an intensive 3-week rehabilitation program. We hope that these measures will reduce the rate of relapse to alcohol use post-transplantation.

Source: *Liver Transplantation*, Volume 16 Issue 1, Pages 91 – 97

Note: In 2007, Dr. Galati was appointed the Medical Director for the Center of Liver Disease and Transplantation at The Methodist Hospital, Houston Texas. The Methodist Hospital is one of the country's top facilities, ranked by US News and World Report as one of America's Top Hospitals year after year.

Dr. Galati is President of the Texas International Endoscopy Center, a state of the art endoscopy facility where gastrointestinal endoscopic procedures are performed by Texas Medical Center physicians.



Dr. Galati

Chronic HBV continued from page 4:

I think that the upcoming decade will be very exciting in our ability to better understand and control the hepatitis B virus. While these therapies all offer promise that we can control this common and deadly disease, the best mode of prevention is avoiding risk factors and ensuring that all people who are not previously exposed to hepatitis B receive appropriate vaccination.

Dr. Bernstein is the director of Hepatology for the North Shore-Long Island Jewish Health System. You may write to Dr. Bernstein, c/o Anton Community Newspapers, 132 E. Second Street, Mineola, NY 11501 or email dbernste@nshs.edu.

Benicio del Toro Unleashes His Rage In The Wolfman

<http://screencrave.com>

Oscar winner Benicio del Toro is appearing on the big screen in his latest flick, *The Wolfman*. It's directed by Joe Johnston and is a remake of the classic 1941 original from Universal. The film sticks with the same story of a nobleman who's bitten by a beast, which causes him to inadvertently become one himself. Del Toro had to channel a ton of emotions while in character, and the actor recently discussed how he was able to pull it off.

Rage is the one major component that has been present in every incarnation of the Wolfman mythology. When the man transforms, his mind and body are no longer his own, but belong to this animal. In the film, del Toro takes that to another level when he unknowingly begins to terrorize an English village while the full moon is out. According to Yahoo, the actor used a life changing event from his childhood to fuel his character. When del Toro was nine years old his mother died from **hepatitis**, and unable to understand his loss he became angry and withdrawn.

According to Benicio: "Anger is not a hard emotion to get to as a male actor. Where does it come from? Life, I guess. I remember the anger I felt when my mother died of **hepatitis** when I was nine. It was a terrible time in my life and I still feel it. I guess it helped make me something of a rebel when I was in school. And I did get into some trouble. I didn't get good grades, and a lot of teachers turned their backs on me."

A loss of any relative is a painful thing to go through, but losing a parent is ten times worse. The aftermath of his mother's death had a profound effect on him, but he was able to channel it and use it for something positive when he got older. *The Wolfman* is very conflicted and even though he's a monster on the surface, he's still a man on the inside.

The Wolfman hit theaters on February 12, 2010.



Hepatitis Health is brought to you by the Hepatitis Prevention Program, Bureau of HIV/AIDS, Division of Disease Control, at the Florida Department of Health. Submit your articles and photos to:
April.Crowley@doh.state.fl.us



Benicio del Toro