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EDITORIAL

Vaccine-Preventable Hepatitis

Infection with hepatitis viruses is a significant problem worldwide and is associated with marked morbidity and mortality, especially in developing nations. A variety of hepatitis-inducing viruses have been isolated and characterized. Among the most important of these agents are hepatitis viruses A and B. While hepatitis A is usually associated with acute, transient symptoms, hepatitis B infection is associated with more serious long-term outcomes, such as cirrhosis, hepatic failure, hepatocellular carcinoma, and death. Hepatitis infections remain an important public health concern and certain groups of patients have been identified as having increased risk for both exposure to and acquisition of hepatitis viruses.

Vaccines directed against hepatitis A and B are available and highly efficacious. Since the introduction of these vaccines in the United States and other parts of the world, the incidence of hepatitis A and B infection has been steadily declining, though the number of new infections remains distressing. In the United States, it is now recommended that babies and adolescents be routinely immunized against hepatitis A and B transmission. However, a significant gap

remains among adults who have never been advised about either the availability of vaccines or the importance of their administration. Greater effort must be made to vaccinate people of all ages against hepatitis viruses.

In this issue of the *Journal of Applied Research*, Schiff and coworkers report on a series of consensus recommendations stemming from a conference on hepatitis. These authors make a series of important recommendations intended to expand immunization and significantly reduce the incidence of new cases of hepatitis. First, it is recommended that the term “vaccine-preventable hepatitis” be adopted to promote more widespread use of hepatitis vaccines. The word “preventable” is key here, as it places much emphasis on the fact that these vaccines are highly effective at reducing transmission and infection rates for a pair of viruses that can be highly injurious to the hepatic parenchyma. Although providing an analysis on numbers needed to treat would strengthen the argument, it is self-evident that preventing the development of viral hepatitis is a highly valuable public health objective. Second, these authors recommend that hepatitis vaccination guidelines transition from a risk-

based regimen to universal vaccination for adults. Vaccines that simultaneously immunize against both hepatitis A and B are available and easy to administer. Keeping patients on track for the three requisite vaccinations over a 6-month period is crucial to achieving adequate immunity. Universal vaccination will make it easier to educate health care providers and patients alike about the importance of vaccination and improve compliance. It is crucial to help patients realize that as adults they too have vaccination needs that should be adhered to, just as in their children. Third, the paper calls for increased funding by both federal and private insurers to help

meet the costs associated with universal vaccination.

A more detailed cost-to-benefit analysis of vaccinating adults against both hepatitis A and B would likely conclude that such an approach to immunization is safe, cost-effective, and significantly reduces the emotional and social costs associated with acute hepatitis infection and its more chronic, debilitating complications. As medicine heads more deeply into the 21st century, disease prevention will figure ever more prominently in public health policy and priorities. Universal vaccination against hepatitis infections makes sense and makes for good medicine.