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Letter to the Editor: Importance of Universal Screening for Chronic Hepatitis B Infection in Adults in the United States

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We write in support of universal screening of adults for chronic hepatitis B infection in the U.S., in response to the article “Optimizing Hepatitis B Virus Screening in the United States Using a Simple Demographics-Based Model (1).” The authors stated that in the U.S., universal screening would not likely be cost-effective. However, no recently published cost-effectiveness studies support this. In fact, a recently published study concluded that “universal HBsAg screening of adults in the U.S. general population is not only cost-effective, but would save an estimated \$596 million and prevent an additional 23,000 deaths... compared to current risk-based and country of origin screening recommendations (2).”

Current risk-based screening strategies have failed and as a result, only a small proportion of people living with hepatitis B in the U.S. are identified and in care and treatment (3). While country of birth (COB) could assist with identifying additional infections, this information is not consistently collected. Many of those on the frontline of screening for hepatitis B are smaller primary care practices who are not equipped to do so. Additionally, collecting COB can be sensitive for both healthcare staff and patients (4), and there is considerable concern about possible discrimination associated with such questions (5). This is especially true now with concerns of stigma and harassment of immigrants and anti-Asian racism.

While machine learning might be able to identify high-risk people, there are significant challenges to its widespread implementation. Overall, universal screening followed by linkage to care is the single best way to ensure that people living with chronic hepatitis B in the U.S. are diagnosed and can access care

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and treatment to prevent cirrhosis and liver cancer. Universal screening offers a cost-effective, simplified and non-stigmatizing way to identify people with hepatitis B. Additionally, universal screening with the three-test panel (HBsAg, HBsAb, HBeAb) will identify people who would benefit from vaccination, as well as those at risk for re-activation. We strongly advocate for universal screening as the most effective and equitable testing strategy towards eliminating hepatitis B in the U.S. by 2030.

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List of Abbreviations

Centers for Disease Control and Prevention (CDC)

Country of Birth (COB)

Hepatitis C Virus (HCV)

Author Contributions

Chari Cohen – manuscript drafting, coordination of revisions, provided approval of final version

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Michalea Jackson – manuscript review and revision, provided approval of final version

Maureen Kamischke – manuscript review and revision, provided approval of final version

Robert G Gish - manuscript critical review and revision, provided approval of final version

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