Hepatitis B Foundation’s Research Institute Renamed in Honor of Dr. Baruch S. Blumberg

The Hepatitis B Foundation (HBF) hosted a grand celebration on October 7, 2013 for the official renaming of its research institute in honor of HBF co-founder and Nobel Laureate Dr. Baruch S. Blumberg.

The new Baruch S. Blumberg Institute honors the scientific legacy of Dr. Blumberg, who won the Nobel Prize in Medicine in 1976 for his discovery of the hepatitis B virus. Dr. Blumberg’s immense curiosity and energy were hallmarks of his scientific persona. Described as a pioneer and leading light in the scientific community, Dr. Blumberg discovered the hepatitis B virus in 1967 and developed the blood test to detect the virus, and invented the first vaccine in 1969. As he predicted, it would also be the first anti-cancer vaccine. (Hepatitis B is the leading cause of primary liver cancer worldwide.)

The Hepatitis B Foundation benefited enormously from the personal support of Dr. Blumberg. From the very beginning, Dr. Blumberg served as the HBF’s co-founder, active member of the scientific advisory board, and “Distinguished Scholar” until his death in April 2011.

This isn’t just a name change for us; this is a sincere, motivational, profound statement, not just for us, but for the entire Commonwealth of Pennsylvania,” said HBF president and co-founder Dr. Timothy Block. “Dr. Blumberg made one of the most important contributions to modern medicine, which has literally saved tens of millions of lives.”

Established in 2004, the HBF’s research institute has become the nation’s leading nonprofit research center with the largest concentration of scientists dedicated to finding a cure for hepatitis B. The research institute is also an important economic driver, generating over 250 new jobs in the past 6 years and fostering innovative partnerships that have created biotech companies based on new hepatitis B and cancer therapies.

Dr. Blumberg believed that the elimination of hepatitis B was entirely possible in our lifetime. The newly renamed Baruch S. Blumberg Institute name will inspire researchers to continue the search for a cure.

Continued on page 3

Hepatitis B Foundation is a national nonprofit organization dedicated to finding a cure and improving the quality of life for those affected by hepatitis B worldwide through research, education and patient advocacy.
What a difference two years make. In 2011 the Hepatitis B Foundation celebrated its 20th anniversary and we were ready to rest awhile on our laurels after working so hard. But instead, we rallied for new challenges and now we have a lot to celebrate in 2013!

In March, the U.S. Department of Justice struck down HBV discrimination in a settlement with two New Jersey medical schools that had denied enrollment to students with hepatitis B. The historic ruling now officially recognizes HBV infection as a protected disability under the Americans with Disabilities Act—a huge advocacy success in which the Hepatitis B Foundation played a key role.

To fulfill our mission of decreasing the burden of hepatitis B and liver cancer in the U.S., we partnered with AAPCHO to establish Hep B United as a national program to support local coalitions improve screening, vaccination and linkage to care, particularly among high-risk Asian immigrants. In recognition of Hep B United’s momentum, the CDC recently awarded HBF a major grant to build the coalition and its membership, and to serve as an official partner in their Know Hepatitis B national campaign (see In The News). This year we also created CHIPo, the first national coalition to address the heavy burden of hepatitis B among African immigrants, which is an area of tremendous need (page 6).

The big news in 2013, however, is the renaming of our research institute in honor of Nobel Laureate Dr. Baruch S. Blumberg, who was a co-founder of the HBF and mentor to many of our scientists and outreach professionals for almost 20 years. Dr. Blumberg believed that a cure was possible in our lifetime, so we are honored to take up the challenge with renewed energy and purpose to fulfill his scientific legacy.

Please give generously to our 2013 Annual Fund!

Your donation helps us continue our valuable research, outreach, and patient advocacy programs. Thank you in advance for your support of our mission to find a cure for hepatitis B and to improve the lives of those affected worldwide. Thank you!

IN THE NEWS

Hepatitis B Foundation Receives 3-Year Grant from CDC

The Hepatitis B Foundation was awarded a highly competitive Cooperative Agreement from the Centers for Disease Control’s Division of Viral Hepatitis to continue building a network of hepatitis B partners across the country through Hep B United, a national coalition established by HBF and AAPCHO. The award will be used by HBF over the next three years to support Hep B United’s organizational development, technical assistance and capacity building of coalition partners that will ultimately result in increased identification of people with chronic HBV infection. In addition, Hep B United will work closely with the CDC to distribute and support their Know Hepatitis B educational campaign materials.

Hep B United’s Strategic Plan Published in J. Community Health

Hep B United coalition members developed the first national community strategic plan to address hepatitis B at their first summit in 2012. The plan focuses on three areas: educating providers and communities about hepatitis B and liver cancer; improving testing, vaccination and linkage to care; and eliminating perinatal HBV transmission. The Hep B United plan aligns with the HHS Hepatitis Action Plan and provides specific goals to implement at the local level to advance national priorities.


These words of Dr. Baruch Blumberg continue to guide and inspire the scientists and staff of the Hepatitis B Foundation’s research institute—newly renamed the Baruch S. Blumberg Institute—in their efforts to find a cure for this devastating and deadly disease. Noted Dr. Timothy Block, president of HBF and the Blumberg Institute, “We want to be heirs to his legacy of research. And I think we’re up to it.”

In less than a decade, the HBF’s research institute has achieved major accomplishments, quickly growing in size and stature to become one of the world’s premier centers in hepatitis B research. In collaboration with Dr. Blumberg, Dr. Block has assembled the largest concentration of nonprofit scientists working on the problem of hepatitis B and liver cancer in the United States.

These researchers have greatly improved our understanding of the biology of hepatitis B and the most effective ways to develop new therapeutics. Their work has led to pioneering systems that are useful in the discovery of new disease biomarkers, as well as potential therapeutics that are revolutionizing how scientists design treatments for hepatitis B.

**A NOBEL CHALLENGE**

Today, the Baruch S. Blumberg Institute is ready to apply these powerful technologies and bring to human use a new class of drugs that may, for the first time, offer a cure for hepatitis B. With a number of promising leads in the pipeline, we now have an opportunity to dramatically accelerate the pace in moving our discoveries toward clinical use.

An infusion of major funding, however, is required to fast track our discoveries into new therapies for hepatitis B and liver cancer. Thus, **A Nobel Challenge** campaign was born.

We invite our friends to make a philanthropic contribution at the highest level in support of our mission to find a cure through the Baruch S. Blumberg Institute. Funds raised through this special campaign will advance our most promising research with the greatest potential to cure people of hepatitis B and eliminate the deadly virus as Dr. Blumberg believed was entirely possible in our lifetime.


The Hepatitis B Foundation hosted a private reception for the Blumberg family and friends on June 26 to announce the renaming of its research institute in honor of Dr. Baruch S. Blumberg.

The event was held at United Therapeutics, which was graciously offered by founder and CEO Dr. Martine Rothblatt. Guest speakers included Prof. Raymond Dwek, professor and director of The Glycobiology Institute of Oxford University; Dr. Anthony Fauci, director of NIAID of the National Institutes of Health; Dr. Timothy Block, president and co-founder of HBF and its research institute; and Mr. Mark Thompson, president and CEO of The New York Times Co. and son-in-law of Dr. Blumberg.

**Anthony Fauci, MD**, Director of the NIAID, National Institutes of Health:

“There aren’t many people that can claim that what they did with their life’s work has had—and will continue to have—a positive impact on the lives of billions of people throughout the world.”

**Mark Thompson**, president and CEO of the New York Times Co. and son-in-law of Dr. Blumberg:

“[Dr. Blumberg’s] energy, a commitment to help other people, intellectual curiosity, a kind of willingness to break the rules, and integrity—is what [his] name stands for. It’s what this institute already stands for. That’s why it feels like such an excellent marriage.”

**Mrs. Jean Blumberg**, wife of Dr. Baruch S. Blumberg:

“I think it is wonderful and I’m sorry that [Barry’s] not here to see this. I think he’d be pleased.”
**INTERFERNOS** Mimic naturally occurring infection-fighting immune substances produced in the body

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<th>COMPANY</th>
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<th>STATUS, USA</th>
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<tbody>
<tr>
<td>Pegasis (PegInterferon alfa-2a)</td>
<td>Immunomodulator</td>
<td>Genentech, South San Francisco, CA</td>
<td><a href="http://www.gene.com">www.gene.com</a></td>
<td>FDA Approved 2005</td>
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**NUCLEOSIDE ANALOGUES** Interfere with the viral DNA polymerase enzyme used for hepatitis B virus reproduction

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<th>FAMILY/DRUG NAME</th>
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<th>STATUS, USA</th>
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<tbody>
<tr>
<td>Epivir-HBV (Lamivudine)</td>
<td>Inhibits viral DNA polymerase</td>
<td>GiaoxSmithKline, Phila., PA</td>
<td><a href="http://www.gsk.com">www.gsk.com</a></td>
<td>FDA Approved 1998</td>
</tr>
<tr>
<td>Hepsera (Adefovir Dipivoxil)</td>
<td>Inhibits viral DNA polymerase</td>
<td>Gilead Sciences, Foster City, CA</td>
<td><a href="http://www.gilead.com">www.gilead.com</a></td>
<td>FDA Approved 2002</td>
</tr>
<tr>
<td>Baraclide (Entecavir)</td>
<td>Inhibits viral DNA polymerase</td>
<td>Bristol-Myers Squibb, Princeton, NJ</td>
<td><a href="http://www.bms.com">www.bms.com</a></td>
<td>FDA Approved 2005</td>
</tr>
<tr>
<td>Tyzeka (Telbivudine)</td>
<td>Inhibits viral DNA polymerase</td>
<td>Novartis, Switzerland</td>
<td><a href="http://www.novartis.com">www.novartis.com</a></td>
<td>FDA Approved 2006</td>
</tr>
<tr>
<td>Viread (Tenofovir)</td>
<td>Inhibits viral DNA polymerase</td>
<td>Gilead Sciences, Foster City, CA</td>
<td><a href="http://www.gilead.com">www.gilead.com</a></td>
<td>FDA Approved 2008</td>
</tr>
<tr>
<td>Clevudine (L-FMAU)</td>
<td>Inhibits viral DNA polymerase</td>
<td>Bukwang, Seoul, Korea</td>
<td><a href="http://www.bukwang.co.kr">www.bukwang.co.kr</a></td>
<td>Approved in S. Korea 2006 (Leovir)</td>
</tr>
<tr>
<td>Besifovir (LB80380)</td>
<td>Inhibits viral DNA polymerase</td>
<td>LG Life Sciences, Seoul, Korea</td>
<td><a href="http://www.lgls.com">www.lgls.com</a></td>
<td>Phase II</td>
</tr>
<tr>
<td>AG X-1009</td>
<td>Pro-drug of tenofovir</td>
<td>Agenex, Australia</td>
<td><a href="http://www.agenex.com">www.agenex.com</a></td>
<td>Phase I, China</td>
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**NON-NUCLEOSIDE ANTIVIRALS** Interfere with proteins involved in viral reproduction

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<tr>
<th>FAMILY/DRUG NAME</th>
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<th>STATUS, USA</th>
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</thead>
<tbody>
<tr>
<td>NOV-205 (Bam 205)</td>
<td>Small molecule</td>
<td>Novelos, Newton, MA</td>
<td><a href="http://www.novelos.com">www.novelos.com</a></td>
<td>Approved in Russia</td>
</tr>
<tr>
<td>Myrcludex B</td>
<td>Entry inhibition</td>
<td>Myr-GmbH, Germany</td>
<td>Pending</td>
<td>Phase IIa, Russia</td>
</tr>
<tr>
<td>ARC520</td>
<td>RNAi gene silencer</td>
<td>Arrowhead Research, Pasadena, CA</td>
<td>arrowheadresearch.com</td>
<td>Phase I</td>
</tr>
<tr>
<td>HAP Compound (Bay 41-4109)</td>
<td>Inhibits viral nucleocapsid</td>
<td>AlCuris, Germany</td>
<td><a href="http://www.alcuris.com">www.alcuris.com</a></td>
<td>Phase I</td>
</tr>
<tr>
<td>REP 9AC</td>
<td>HBsAg release inhibitor</td>
<td>REPLiCor Inc., Montreal, Canada</td>
<td><a href="http://www.repliCOR.com">www.repliCOR.com</a></td>
<td>Phase I</td>
</tr>
<tr>
<td>Alinia (Nitzoxanide)</td>
<td>Small molecule</td>
<td>Romark Labs, Tampa, FL</td>
<td><a href="http://www.romark.com">www.romark.com</a></td>
<td>Preclinical</td>
</tr>
<tr>
<td>dd-RNAi compound</td>
<td>Gene silencing</td>
<td>Benitec, Australia, Biomics, China</td>
<td><a href="http://www.Benitec.com">www.Benitec.com</a></td>
<td>Preclinical</td>
</tr>
<tr>
<td>NVR-1221</td>
<td>Capsid inhibitor</td>
<td>Novira Therapeutics, Doylestown, PA</td>
<td>noviratherapeutics.com</td>
<td>Preclinical</td>
</tr>
<tr>
<td>HVR-25</td>
<td>ccc-DNA inhibitor</td>
<td>Baruch S. Blumberg Institute, Doylestown, PA</td>
<td><a href="http://www.blumberginstitute.org">www.blumberginstitute.org</a></td>
<td>Preclinical</td>
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**NON-INTERFERON IMMUNE ENHANCERS** Boost T-cell infection-fighting immune cells and natural interferon production

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<tr>
<td>Zadaxin (Thymosin alpha-1)</td>
<td>Immune stimulator</td>
<td>SciClone, San Mateo, CA</td>
<td><a href="http://www.sciclone.com">www.sciclone.com</a></td>
<td>Orphan drug approval in U.S. for liver cancer</td>
</tr>
<tr>
<td>CYT107 (Interleukin-7)</td>
<td>Immunomodulator</td>
<td>Cytheris, Paris, France</td>
<td><a href="http://www.cytheris.com">www.cytheris.com</a></td>
<td>Phase I/IIa</td>
</tr>
<tr>
<td>DV-601</td>
<td>Therapeutic vaccine</td>
<td>Dynavax, Berkeley, CA</td>
<td><a href="http://dynavax.com">http://dynavax.com</a></td>
<td>Phase 1B</td>
</tr>
<tr>
<td>HBV Core Antigen Vaccine</td>
<td>Therapeutic HBV vaccine</td>
<td>Emergent Europe, UK</td>
<td><a href="http://www.ebse.com">www.ebse.com</a></td>
<td>Phase I</td>
</tr>
<tr>
<td>GS-9620</td>
<td>TLR-7 agonist</td>
<td>Gilead Sciences, Foster City, CA</td>
<td><a href="http://www.gilead.com">www.gilead.com</a></td>
<td>Phase I</td>
</tr>
<tr>
<td>GI13000</td>
<td>HBV antigen</td>
<td>GlobeImmune, Louisville, CO</td>
<td><a href="http://www.globimmune.com">www.globimmune.com</a></td>
<td>Preclinical with Gilead</td>
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**POST-EXPOSURE AND/OR POST-LIVER TRANSPLANT TREATMENT**

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<tr>
<th>FAMILY/DRUG NAME</th>
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<th>COMPANY</th>
<th>WEBSITE</th>
<th>STATUS, USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nabi-HB</td>
<td>HBV immunoglobulin</td>
<td>Biotest, Boca Raton, FL</td>
<td><a href="http://www.biotestpharma.com">www.biotestpharma.com</a></td>
<td>FDA Approved 1999</td>
</tr>
<tr>
<td>Hepa Gam B</td>
<td>HBV immunoglobulin</td>
<td>Cangene, Ontario, Canada</td>
<td><a href="http://www.cangene.com">www.cangene.com</a></td>
<td>FDA Approved 2006</td>
</tr>
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</table>

For More Information...

- HBV Clinical Trials hep.org/clinicaltrials
- HBV Info & Support List (adults) HBList.net
- HBV Adoption List (parents) health.groups.yahoo.com/group/hbv-adoption/info

Thank you to Timothy Block, PhD (HBF President), Nat Brown, MD (Presidio), Brent Korba, PhD (Georgetown U) and Raymond Schinazi, PhD (Emory U and RFS Pharma) for their regular review of the HBF Drug Watch.
The message from the 30 participants at the Hepatitis B Foundation’s 2013 Princeton Workshop was loud and clear: we need a cure for hepatitis B! The two-day workshop was held May 2-3 at the Foundation’s research center in Bucks County, Pa. Established in 1995, it continues to be the only meeting where the nation’s thought leaders from government, industry, and the nonprofit/academic sectors gather for high-level, roundtable discussions about hepatitis B and liver cancer.

The question “Is a cure for hepatitis B needed?” was addressed by Dr. Raymond Schinazi, who made a strong argument that the next drugs should not be incremental in value because we already have good medical means of managing chronic hepatitis B.

While the group agreed, it then wrestled with the question of how to define a cure, since nothing is ever easy with HBV. After vigorous discussions, they accepted Dr. Timothy Block’s definition of a cure as “Returning an individual to a risk of liver disease similar to that of an individual with a resolved infection.” (And the individual should remain medication-free after reaching this clinical state.)

A cure will almost certainly involve strategies that suppress viremia and antigenemia and activate an innate or adaptive immune response. The group also agreed that there is an increasing need for “response guided therapies” as more drugs with different mechanisms of action become available. Each drug would be started or stopped as and when needed. This would help manage drug resistance and changing clinical profiles, allowing different drugs to be used at times when they are most likely to be beneficial.

Although the newer, non-polymerase drugs that suppress viremia are very important, methods that suppress antigenemia or activate immune responses, such as the toll receptor agonists, cccDNA repressors and sAg suppressors, generated the most excitement.

So the race is on with renewed enthusiasm. The recent success in “curing” hepatitis C makes us all the more passionate and confident that a cure for hepatitis B is needed … and possible.

HBF Crystal Ball Raises More than $100,000!

The Hepatitis B Foundation’s glittering Crystal Ball, held on May 3 at the Jericho National Golf Club in New Hope, Pa, attracted hundreds of leaders from the community, academic institutions, government, healthcare industry and the biotech sector.

This year’s Baruch S. Blumberg Prize was awarded to Dr. Robert Purcell, former Chief of Hepatitis Viruses Section, NIAID of the National Institutes of Health, for his pioneering contributions to the discovery of every hepatitis virus over the past 50 years. “I knew Barry during the Golden Age of hepatitis research and I’ve lived to see the fruition of it,” said Dr. Purcell in accepting his award. “There is not enough good in the world, but this Foundation is doing good, for which I’m glad,” he added.

With celebrity emcee Steve Highsmith of NBC10 and PHL17, the gala event raised more than $100,000 to benefit the Foundation’s valuable research, outreach and patient advocacy programs.

The Foundation thanks our premier sponsor Novira Therapeutics, and major sponsors Allure West Studios, Bristol-Myers Squibb, deArt Folio Design, Drexel U. College of Medicine, Furia Rubel, Gilead Sciences, High Swartz LLP, Kevin Kruse, Univesit, and media sponsor Bucks County Herald.
CHIPO: A National Coalition Serving African Immigrant Communities

Over the past several years, the Hepatitis B Foundation noticed a troubling trend when reviewing preliminary data across the U.S.—African immigrant communities have a high prevalence of hepatitis B infection. To address this unmet public health challenge, Chari Cohen, MPH, DrPh(c), HBF’s director of Public Health, reached out to other concerned professionals to learn more and share information.

Their informal monthly conference calls have now evolved into an organized network of 50 members called the Coalition Against Hepatitis In People of African Origin or CHIPO, which is chaired by Ms. Cohen. Current members include medical and academic centers, the CDC, clinicians and health departments that serve African immigrants, and the U.S. Office of Minority Health.

CHIPO is an African word for “gift” and its goals are to raise awareness, develop local and national partnerships, and advocate for increased screening and improved linkage to care services for this high-risk group. As CHIPO continues to grow, coalition members want to ensure that African immigrant populations are represented in regional and national hepatitis B programs. With its solid start under the Hepatitis B Foundation’s leadership, CHIPO is making good progress in living up to its name—being a gift to African immigrant communities.

HBF Executive Director Honored as CDC Hepatitis Champion

HBF executive director, Joan Block, received the CDC Foundation’s Hepatitis Champion Award from Dr. John Ward, director of CDC’s Division of Viral Hepatitis, on July 25th in Washington, DC. Ms. Block and Dr. Anna Lok of U. Michigan (who was unable to attend) were both recognized for their advocacy in urging CDC to update their recommendations for HBV-infected healthcare workers and students. The new recommendations served as the cornerstone of the U.S. Dept. of Justice’s settlement with two medical schools that had denied enrollment to infected students. As a result, hepatitis B is now a recognized disability and protected under the Americans with Disabilities Act.

Training Tomorrow’s Scientists

HBF’s highly competitive summer internship programs trained 18 talented college and high school students this year. Funding was provided in part by ALS Biopharma, Callidus Biopharma, Immunotope, Merck & Co, PA Biotechnology Center, Synergy Pharmaceuticals, and Fulton Bank as a participant in the PA Education Improvement Tax Credit program.

White House Commemorates World Hepatitis Day

The World Hepatitis Alliance initiated the first World Hepatitis Day in 2008, and the World Health Organization now officially recognizes it on July 28th in honor of Dr. Baruch Blumberg’s birth date. A special White House briefing was held this year, which included a Presidential Proclamation from Mr. Barack Obama that stated, “Each year we mark World Hepatitis Day to bring attention to a disease that afflicts 1 in 12 people worldwide. Today, we raise awareness about preventing and treating viral hepatitis, and review our commitment to combat this disease in all forms.” Read full text at www.hepbunited.org.

Liver Cancer Webinar Series

Presented by the Hepatitis B Foundation

- Liver Cancer & Hepatitis B
  Robert Gish, MD
- Liver Cancer & Hepatitis C
  Douglas LaBrecque, MD
- Liver Cancer & Fatty Liver Disease
  Kenneth Rothstein, MD

Download the series for free at www.livercancerconnect.org
A Gay Man’s Thoughts on HBV

According to a Gallup poll, 3.5% of Americans report that they are gay. According to Dr. Anna Lok, one of the nation’s top liver docs, 5% of adults who are exposed to HBV will become chronically infected. In the 1980’s, I found myself a lonely member of both groups—gay with chronic HBV. Doing the math, 3.5% x 5% = .2%. So 0.2% was my small portion of the population pie chart. What a bummer!

Then things started to brighten up for me. I know a lot of newly diagnosed HBV patients worry about the disease ending their love life, but that wasn’t the case for me. I found Jack, my life partner and love trumped HBV. We would have moved mountains to be together, but all it took was Jack getting vaccinated. We’ve been together now for 26 very happy years.

In 1991, I was fortunate to find the newly organized Hepatitis B Foundation (HBF). Co-founder Joan Block has since told me that I was one of the first patients to contact them. A few years later, I visited the Foundation’s headquarters in Doylestown, Pa., and received a warm welcome. This was the start of my long association with HBF and my becoming a patient advocate.

HBF began to host annual patient conferences in 2001, and Jack and I attended every one of them. Besides the valuable information these conferences provided, we also made lifelong friendships. A special gift was being able to meet a dozen other gay brothers who were in that same 0.2% boat as I was.

When I was diagnosed with hepatitis B in 1981, a doctor told me, “Hepatitis B is just an occupational hazard for gay men. No big deal.” So I didn’t take it seriously for many years, until I had a liver biopsy report come back with the words “moderate to severe fibrosis.” That startled me into action. The only HBV treatment at that time was interferon-alpha, and I had to go to a different state to find a doctor who felt qualified to treat me. Good luck followed. My percentages changed for the better when I became one of the 10% who have a complete response to interferon. One thing that makes HBV so dangerous is its ease of transmission. It is much more communicable than HCV or HIV.

“Men who have sex with men” is third on the CDC’s list of risk groups who should be routinely checked for HBV. The term “gay men” is not used because a lot of men who have sex with men don’t consider themselves to be gay. This differentiation is important because it implies that it’s not one’s sexual orientation that places a person at risk for HBV. It’s one’s sexual activities.

In my opinion, an unsuspecting HBV risk group is “women who have sex with men who have sex with men.” Surprisingly, there has been little discussion about the existence of this group. However, as universal vaccination for HBV continues to catch on, there will be less necessity for identifying risk groups.

On behalf of the gay community, I’d like to thank HBF for what they have done in the prevention, identification, and treatment of hepatitis B. And thank you for always being there for me personally.

My Best,

Steve Bingham
**Hep B United Partners with CDC on Know Hepatitis B National Campaign**

During a special ceremony hosted on June 12th by Dr. Howard Koh, Assistant Secretary for Health of the U.S. Health and Human Services, in Washington DC, the Centers for Disease Control and Prevention (CDC) announced the launch of its first-ever multilingual hepatitis B campaign for Asian and Pacific Islanders. Dr. Koh also announced the new partnership between the CDC and Hep B United on this national educational campaign.

The CDC’s Know Hepatitis B campaign, led by Dr. Cynthia Jorgensen of CDC’s Division of Viral Hepatitis, aims to increase testing for hepatitis B in high-risk Asian communities, and is co-branded with Hep B United. The CDC’s campaign materials include online and print ads, PSAs, social media and professional education information that will be available in English, Chinese, Korean and Vietnamese (other Asian languages will be added).

As a partner in CDC’s campaign, Hep B United’s 17 coalition members across the country will incorporate the campaign message and materials into their own programs and promote them among healthcare providers, local partners, and patients. For more information, please visit www.HepBUnited.org and www.cdc.gov/KnowHepatitisB.