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Prevention of Hepatitis B

To the Editor: The recent clinical review paper by Culpepper[1] on hepatitis B prevention was well done and satisfied many of my previously unanswered questions. Two more were raised by it, however.

Why not screen family members of adopted children who are positive for hepatitis B surface antigen (HBsAg) from endemic countries and potentially susceptible partners of the acutely infected before vaccinating or concurrently with beginning vaccination? As with bisexual or homosexual men and promiscuous women, such confirmation of susceptibility would avoid the costs of vaccinating the immune.

Second, the author associates continued HBsAg positivity 3 months after symptom onset with likely carrier status. He also remarks that incubation between exposure and symptom onset might be as short as 1 month, with infectivity and HBsAg positivity normally continuing 2 to 4 months. Evidently, he implies that one is infectious during incubation with the hepatitis B virus, as is the case with several other viral infections.

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LTC, MC

References

1. Culpepper L. Preventing hepatitis B: focus on women and their families. J Am Board Fam Pract 1993; 6:483-91.

The above letter was referred to the author of the article in question, who offers the following reply:

To the Editor: Dr. Mosby raises two points that require further clarification. Most US families adopting HBsAg-positive children will be at low risk of having previously acquired the hepatitis B virus. Because of this, the majority will be susceptible. As with other new indications for immunization of previously low-risk individuals, the likelihood of the individual having previously contracted the hepatitis B virus is very small (in the range of 0.5 to 3.0 percent) and therefore such testing is not cost effective. For individuals, such as homosexual men and promiscuous women, who are at high risk of having previously contracted the hepatitis B virus, the yield is much higher, and confirmation of susceptibility before vaccination is cost effective.

With regard to the onset and duration of an individual being infectious, two points are important. First, an individual remains infectious as long as the hepatitis B virus is present in blood, semen, or other bodily secretions. The degree of infectiousness is related to the concentration of the hepatitis B virus. (Although testing for it usually is not indicated clinically, the presence of HBeAg is a marker for active viral replication and resultant high concentrations of hepatitis B virus.) Second, symptom expression during acute hepatitis B infections is highly variable. A great number of individuals have only minor symptoms and might never come to medical attention. When symptoms do develop, they often follow the initial presence of the hepatitis B virus (indicated by HBsAg positivity) by several weeks. Thus, an individual can be infectious for weeks before clinical recognition of the hepatitis B infection.

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Unplanned Pregnancy

To the Editor: I am writing in response to an article written by Rosenfeld, et al. (Unplanned pregnancy: have family physicians used opportunities to make a difference? J Am Board Fam Pract 7; 1:77-9).

As a physician who has worked with other cultures, I suspect that the authors' frustration in changing the rate of "unplanned" pregnancies might be due to a lack of cross-cultural understanding.

The authors' cultural point of view is best described as logical: they seem to assume that women are in complete charge of their own lives, that decisions are made by logical criteria, and that reproductive choices are made logically: as if all women plan their pregnancies, that all women should plan their pregnancies, and that an unplanned pregnancy is an unwanted pregnancy. They even describe the emotional messiness of having babies as if it were a preventable disease "accompanied by emotional, social, and financial complications" rather than a somewhat illogical result of what is often a spontaneous emotional sexual act.

I suspect that their patients view life differently. Rather than a long-term, logical planning of their lives in terms of health, wealth, and success, many of the women we see exhibit a type of decision making associated with a short-term rather than long-term planning and a fatalistic approach to life. I suspect many of these women think that they have no control over their lives in matters of sex, jobs, or money problems; a baby might be viewed as an "act of God" — an unavoidable occurrence. Nevertheless, because they believe that fate (or God) is in control, they might be able to cope with a pregnancy despite medical, financial, and social problems — which is why one cannot assume that "unplanned" is synonymous with "unwanted" or even with "unexpected."

Indeed, the failure to use birth control, which too often doesn't work or is stopped because it "makes them sick," could be due to this fatalistic approach to life.

The bad effect of this mindset is the lack of initiative to improve their lives; the good effect is that these women cope with (or muddle through) a life that would