

Cure found but no money for Hepatitis B

By PAUL JENKINS
The Associated Press

Physicians and scientists working with meager funds are battling an outbreak of cancer-causing hepatitis B in several Yupik Eskimo villages in southwest Alaska, where the disease has reached epidemic proportions.

"This is an amazing virus," says Dr. Brian McMahon, coordinator of the Indian Health Service program to deal with the deadly bug. "It's not the Andromeda strain. It's a slow growing virus which requires prolonged contact with a carrier. But in 10 years, it'll spread."

In a state where petroleum revenues exceed \$6 million a day, the Alaska Legislature hasn't put up a dime to fight the disease, even though it was discovered in the villages more than a decade ago.

The state Division of Public Health has diverted funds from other programs and rearranged its budget to come up with \$54,000 for vaccine. It also is scrimping to provide expensive services, such as screening and testing.

The division has included \$260,000 in its current budget request to fight the outbreak. The money is in limbo. A \$760,000 plea last year went

to then-Gov. Jay Hammond, but there was no action.

"My personal opinion is that the previous administration put a greater priority on other resources than on human resources," says Dr. E. Stuart Rabeau, head of the division.

There seems to be a lack of legislative understanding about the disease. State Rep. Anthony Vaska of Bethel, who represents the bulk of the infected villages, says he needs to talk to health officials about the problem.

But he says he probably will ask for money to repair "inadequate water and sewer systems that I think played a

part in it." Medical authorities say plumbing problems have little — if anything — to do with the spread of the disease.

Vaska says "three, maybe four villages" in his district are affected. "But I've been gone a month and it may have changed," he says.

Medical authorities say the virus is present in 17 of 25 communities surveyed near Bethel.

The Indian Health Service rearranged its budget last year to muster \$500,000 to fight the affliction. Another \$500,000 has been approved by Congress, but not yet allocated

by the Office of Management and Budget.

That may not be enough. State epidemiologist Dr. John Middaugh says to control the outbreak would require perhaps as much as \$8 million over the next few years.

"There's no question we have a very serious problem with hepatitis B in the state," Middaugh says.

In some of the affected villages, 27 percent of the population carries the virus, a rate comparable to the highest in the world. Up to half the children in those villages are infected.

(Continued on Page Sixteen)

Fight shifts to political arena for disease

(Continued from Page One)

There were seven reported cases of virus-induced liver cancer in Alaska in the past year, and there were six deaths from hepatitis B complications. McMahan says the death rate can be expected to climb as the virus spreads.

"It's not an explosive thing where you have a number of cases at one time," Dr. William Heyward, director of the federal Centers for Disease Control's Arctic Investigations Laboratory in Anchorage, said. "It's very gradual. It's increasing, and it's going to get worse if nothing is done about it. It's a slow-motion epidemic."

"Almost all the medical and scientific health issues have been settled. Now, we're having to grapple with the political and cost aspects."

Once afflicted, a person either builds up the necessary antibodies to repel the virus or becomes a carrier with a 300 percent greater chance of contracting primary liver cancer than a non-carrier. About 10 to 15 percent of those infected will become carriers.

Primary liver cancer is a rapid growing malignancy with no symptoms until the tumor grows so large it causes pain.

"When a person shows symptoms of primary liver cancer,

they're dead," Heyward says.

The virus weds with genes in human cells and is one of few viruses identified as carcinogenic.

"It's like somebody puts their software into your computer. And everything goes haywire," McMahan says.

"Most of the time you don't know you have it . . . children rarely get ill when they get it. The longer you carry the virus, the greater the chance of developing cancer."

Unfortunately, children under 5 years of age are the prime carriers, he says.

Besides primary liver cancer, considered the worst cancer

killer in the world, hepatitis B also can cause kidney failure, cirrhosis, and vasculitis, an inflammation of small blood vessels that can cause strokes and heart failure, McMahan says.

McMahan says it probably was introduced in Alaska a century ago, but already Eskimos have the highest hepatitis B rate in the United States. Some areas have the same incidence as China and Africa, where the disease has been prevalent much longer.

Heyward says the disease has spread to both Eskimo and Indian segments of the Native population.

"Across the state in general, hepatitis B is more prevalent than in the Lower 48. Yupiks have an 8 percent infection rate. We've found anywhere from 2 percent to 6 percent in the state's Native population. That would compare to about a half to 1 percent infection rate if a survey were done in the Lower 48 in a white population."

The disease is transmitted by prolonged, intimate contact with a carrier, rather than contaminated water or stool, as in the case of the more common hepatitis A.

Doctors say those most susceptible to the virus are hemophiliacs, homosexual males, members of carriers' families, those undergoing kidney dialysis, people confined to crowded institutions, medical and dental workers, and refugees from Indochina.

The hardy virus is spread by blood, semen, sores and possibly mosquitoes.

"We have filtered this virus off school lunchroom tables and walls at homes of carriers," Middaugh says. "It'll probably stay alive for a week or a month outside the body."

The outbreak in southwest Alaska was discovered in the early 1970s, shortly after a test for the virus was perfected. Screening started, although little could be done for those in close contact with carriers.

"In the past it's been a very dismal situation. We've been looking at a natural increase of the disease," Heyward says. "There were no tools, no hope."

But that changed recently with the licensing of Heptavax, an expensive vaccine made from carriers' blood by Merck and Co.

In addition, scientists and physicians now can detect an increase of certain blood proteins indicative of liver cancer, long before the tumor would show up on X-rays.

Using the test — originally designed to spot spine and brain damage in fetuses — the Indian Health Service doctors saved one 19-year-old Yupik recently by removing an otherwise undetectable liver cancer.

"This has been an explosion of medical brilliance, technology and medicine," Middaugh says.

Now, federal and state medical authorities are trying to assemble a program to screen potential victims and immunize those most threatened. Some inoculations already have been given, but the three-shot series costs \$100. The bill for a child is \$50.

In an 18-month study starting in November 1981, about 1,500 high-risk people in the Yukon-Kuskokwim region were vaccinated by the Indian Health Service to test the effectiveness of Heptavax.

"After two shots of vaccine, 92 percent had developed protective antibodies. We anticipate close to 100 percent

(Continued on Page Seven)

More money and more people needed ~

(Continued from Page Sixteen)
after three shots," McMahon says.

Now the fight shifts to the political arena.

"The state has been very interested in the problem," McMahon says. "They have not been able to come up with any money. That's the best way I can put it."

State officials say they are doing their best with the resources available. Last year, the budget for a state with 420-

000 people was more than \$3 billion.

"We wouldn't try to do it all in one year," Rabeau says. "Over three years, the total cost would be close to \$5 million. I would not want to tell you what a maintenance program after that would cost."

He says the health division needs at least \$520,000, or twice the amount it has asked for this year, to get such a program under way.

Middaugh says state officials are monitoring data gathered by the federal agencies and trying to piece together a picture of the problem.

"We could use more money and more people," he says.

A Department of Health and Social Services officials, who asked not to be identified because state budget matters are supposed to be secret until given the legislature, says the fate of the \$260,000 request is unknown.