

LETTER TO THE EDITOR

Letter on “Immigration Factors and Monitoring of Chronic Hepatitis B Infection Among Foreign-Born: The FOCUS-HBV Multicentre Cohort”

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We read with great interest the recent study by Zhou et al. [1], which examined adherence to long-term monitoring in a multi-center cohort of foreign-born (FB) individuals with chronic hepatitis B virus (HBV). This study makes an important contribution by shifting attention beyond initial screening and awareness to the underexplored domain of longitudinal monitoring. Given the consistently high HBV seroprevalence among FB populations in the U.S., this approach addresses a critical gap in the care continuum [2]. The authors identified key predictors of adherence, noting that lower educational attainment and Medicare coverage were associated with reduced adherence, underscoring the impact of social determinants of health. Conversely, greater adherence among non-citizens and respondents who completed the survey in a non-English language aligns with the “healthy immigrant effect,” whereby recent immigrants often exhibit stronger health behaviors despite socioeconomic disadvantage [3].

While the study offers valuable insights, several areas warrant further discussion. First, although the authors appropriately addressed the substantial missingness in income data (35.2%) through multiple imputation, the reliance on multivariate normality assumptions may be suboptimal for categorical variables. This is particularly important in the context of this study, where income plays a central role in evaluating social determinants of health. The observed discrepancy—where the healthy immigrant effect appeared less pronounced in income than in education, with recent immigrants and non-citizens reporting lower

income—suggests that the imputed values may not fully reflect underlying socioeconomic realities. Multiple imputation by chained equations (MICE), which better accommodates mixed data types, may yield more accurate estimates and improve the robustness of the findings [4].

Second, although the optimal adherence group demonstrated a higher prevalence of hepatocellular carcinoma (12.5% vs. 5.9%) and cirrhosis (17.3% vs. 11.1%), these clinical factors were not incorporated into the analysis of adherence predictors. This omission is notable, as patients with more advanced liver disease are often more engaged in monitoring due to increased clinical needs and provider attention [5]. Incorporating such factors, along with provider-level characteristics such as specialty, experience, or institutional continuity, could help clarify whether adherence to monitoring is primarily patient-driven or more reflective of disease stage and healthcare system structure [6].

Finally, the use of a 100% adherence threshold across all follow-up years may be overly rigid given real-world monitoring patterns. In this study, only 44% of participants met this stringent criterion. Such a definition could disproportionately penalise patients receiving care within fragmented healthcare systems, which are particularly prevalent among immigrant and safety-net populations [7]. Employing more pragmatic thresholds—such as $\geq 80\%$ adherence to recommended surveillance—may better capture partial but clinically meaningful engagement [8].

Despite these considerations, Zhou et al. provide timely and policy-relevant insights into HBV care. By emphasising the role of acculturation and social determinants of health on monitoring adherence, the study underscores the need for culturally tailored interventions. Notably, the recommendation to incorporate HBV screening into U.S. immigration protocols is especially pertinent amid continued migration from HBV-endemic low- and middle-income countries [9]. We commend the authors for advancing evidence-based care in this underserved and high-priority population.

Author Contributions

Dong Hyun Kim: conceptualization, writing – original draft. **Hye Won Lee:** conceptualization, writing – review and editing.

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The authors have nothing to report.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

Linked Articles

This article is linked to Zhou et al. papers. To view these articles, visit <https://doi.org/10.1111/apt.70123>.

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