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Increase CDC Funding for Hepatitis B Surveillance and Prevention

With the significant rise in viral hepatitis infections related to the opioid epidemic, we urge Congress to provide $134 million in funding for the CDC's Division of Viral Hepatitis in FY 2019 to address viral hepatitis.

Up to 2.2 million people in the U.S. are infected with the hepatitis B virus (HBV), and an estimated 70% are unaware that they are living with the disease. There are 40,000-60,000 new HBV infections each year in the U.S., despite the existence of a safe, effective hepatitis B vaccine. Although the hepatitis B vaccine is more than 90% effective, only 32 % of adults aged 19-49 years are vaccinated, and the rate of acute HBV infection has recently spiked due to increased injection drug use within the opioid epidemic. Furthermore, little to no progress has been made in reducing rates of chronic HBV infection in the U.S. and, although there are treatments to help reduce complications of HBV, there is currently no cure for HBV. Without early diagnosis and intervention, 1 in 4 of those chronically infected with HBV will die prematurely from cirrhosis, liver failure or liver cancer.

The link between hepatitis B infection and primary liver cancer is well established, with **up to 60% of global liver cancer cases caused by HBV**. Mother-to-child HBV transmission also remains a challenge. Up to 90% of infants infected with HBV at birth develop chronic HBV, and they are at significantly higher risk of developing liver cancer. Although HBV vaccination coverage among newborns has increased, approximately 25,000 infants are born to mothers with HBV, resulting in as many as 1,000 perinatal HBV infections per year. These cases are preventable with early detection, treatment, and vaccination.

While the rates of acute HBV infection in the U.S. initially declined over the past two decades, **recent CDC data shows that acute HBV infection rates increased 20% nationally in 2015, with increases of up to 489% in Maine from 2015 to 2016 and increases of 114% from 2009 to 2013 in Kentucky, West Virginia, and Tennessee**, which are states with increasing numbers of people who inject drugs due to high rates of heroin and opioid addiction.

Additionally, tremendous HBV-related health disparities exist for people of Asian and Pacific Islander descent and recent African immigrants. These groups make up roughly 6% of the U.S. population and represent more than 80% of those with chronic HBV infection in the U.S., yet the CDC has not adequately addressed the issue of chronic HBV infections among high-risk, foreign-born and minority populations and their children in the U.S.

FY 2018's $39 million in funding for CDC's Division of Viral Hepatitis is inadequate to address viral hepatitis in the U.S. Simply maintaining the Division's current funding level will not provide adequate funding to address the growing viral hepatitis health threat, particularly in the setting of the opioid epidemic, and this will place a significant burden on the U.S. healthcare system due to increased costs related to caring for those with acute and chronic viral hepatitis and its complications, including cirrhosis and liver cancer.

According to a December 2016 professional judgment budget, a comprehensive, national viral hepatitis program to eliminate viral hepatitis, including hepatitis B and C, would require approximately $3.9 billion over 10 years. **With the significant rise in viral hepatitis infections related to the opioid epidemic, we urge Congress to allocate no less than $134 million in funding for the CDC's Division of Viral Hepatitis in FY 2019 to address viral hepatitis.**

The 2017 National Academies of Sciences, Engineering, and Medicine (NASEM) report, "A National Strategy for the Elimination of Hepatitis B and C," made a series of recommendations for significantly improving rates of diagnosis, care and treatment which, if implemented, could eliminate HBV by 2030. **Hep B United urges Congress to adequately fund the CDC's Division of Viral Hepatitis, so that the CDC may implement the NASEM recommendations for HBV elimination.**

The tools to eliminate viral hepatitis in the United States exist, but achieving this will require a significant investment. Congress' commitment to increasing funding for the CDC's Division of Viral Hepatitis will allow the CDC to build the infrastructure and programs necessary to identify people living with viral hepatitis and link them to essential care and treatment; work with providers, health care professionals and insurers to improve access to viral hepatitis screening and treatment; prioritize interventions among people who inject drugs, and improve surveillance and outbreak response; prevent mother-to-child transmission of Hepatitis B and C; and improve prevention efforts through research and technical assistance. Providing state and local health departments and other key stakeholders with adequate funding from the CDC to build the necessary local and national infrastructure to provide viral hepatitis services is integral to stopping the spread of viral hepatitis and successfully ending the epidemic of viral hepatitis.

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