

What is Hepatitis B?

Hepatitis B is caused by the hepatitis B virus (HBV) that attacks and injures the liver.

Known as a **“silent epidemic”**

Most people **do not** show symptoms even when chronically infected.



What are its consequences?

Acute hepatitis B can cause:

- jaundice
- fever
- stomach pain
- fatigue
- liver failure (in rare cases)

Chronic hepatitis B can cause **serious liver disease** such as cirrhosis or liver cancer.



How common is it?

most are unaware of their status



2.4 million
people
in the US

[**3,000 people**
die annually]

296 million
people
worldwide

[**800,000 people**
die annually]



How is it spread?

- direct blood contact
- unprotected sex
- dirty needles
- infected mother to baby due to blood exchange



Is there a cure?

There is no cure yet, but there are treatments to manage chronic hepatitis B.

Is it preventable?

Yes, there are safe and effective vaccines that provide lifelong protection.



Who is most at-risk?



People of Asian or African descent



Health care providers



Injection drug users



Infants born to infected mothers

What can we do about it?

In 2021, HHS released the [Viral Hepatitis National Strategic Plan](#), which provides a roadmap toward preventing new infections, improving surveillance, and other key objectives and strategies to eliminate viral hepatitis and related health inequities.

HEPATITIS B POLICY PRIORITIES

NIH FUNDING FOR HEPATITIS B RESEARCH

Although hepatitis B is preventable and treatable, there is still no cure for this disease. In addition to the devastating toll on patients and their families, ignoring hepatitis B costs the U.S. an estimated \$4 billion per year in medical costs.

- Without early diagnosis and intervention, 1 in 4 people chronically infected with HBV will die prematurely from cirrhosis, liver failure, or liver cancer.
- Despite the availability of 7 approved medications to manage chronic HBV infection, none are curative, most require lifelong use, and they only reduce the likelihood of death due to liver disease by 40-60%.
- There are exciting new research developments and opportunities in the field that make finding a cure very possible.
- The hepatitis B research community convened a virtual consensus conference to prepare a [Roadmap for a Cure](#) that identifies the most urgent research questions that must be answered to find a cure for hepatitis B, and a panel of experts developed a professional judgment budget.

In order to pursue the critical research opportunities identified in the [Roadmap for a Cure](#) and to help eliminate hepatitis B, we recommend increasing NIH funding for hepatitis B research by an average of \$38.7 million a year for 6 years, or \$232.3 million total over 6 years.

HBV-RELATED HEALTH DISPARITIES

Hepatitis B is associated with significant health disparities. Asian Americans and Pacific Islanders represent about 6% of the U.S. population but make up over 50% of the burden of chronic HBV infection. Among African immigrant Communities in the U.S., hepatitis B infection rates are estimated to be as high as 15%.

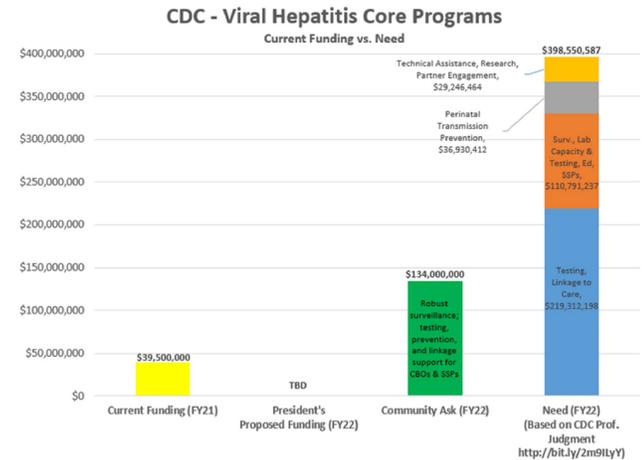
HBV AND LIVER CANCER

Preventing hepatitis B can help prevent primary liver cancer, which has a 5-year survival rate of only 15%. Primary liver cancer is the 2nd leading cause of cancer deaths worldwide. In the U.S., the incidence of liver cancer is increasing while most other cancer rates continue to decline or stabilize. It is estimated that there were 42,030 new cases of liver cancer and 31,780 deaths due to the disease in 2019. Primary liver cancer death rates overall have tripled since 1980. Reducing the rate of hepatitis B infection will also have the benefit of reducing liver cancer incidence.

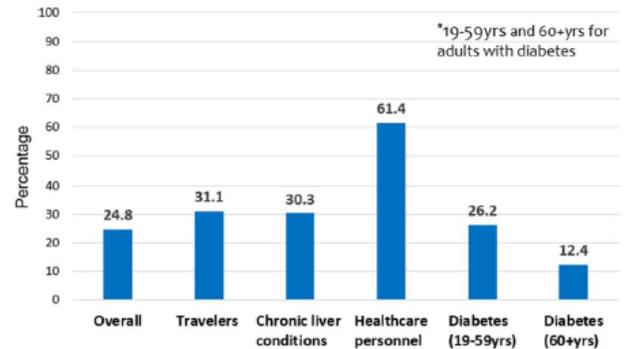
CDC FUNDING FOR VIRAL HEPATITIS PROGRAMS

CDC's viral hepatitis prevention and surveillance programs are severely underfunded and underprioritized. According to a 2016 professional judgment budget, a comprehensive, national program to eliminate viral hepatitis, including hepatitis B, would require approximately \$3.9 billion over 10 years (\$398 million per year). However, the current CDC funding level for viral hepatitis is only \$39.5 million in FY21.

- In the U.S., 1 in 20 Americans has been infected with HBV and an estimated 2.4 million are chronically infected.
- There are up to 88,000 new HBV infections each year in the U.S., and despite the existence of safe and effective vaccines that provide lifelong protection from HBV, only 25% of the U.S. adult population has been vaccinated against HBV.
- In 2015, the rate of acute HBV infection rose for the first time in nearly a decade, with an overall increase of 20.7% nationwide. States heavily impacted by the opioid epidemic and injection drug use have seen much larger increases in acute HBV infection.
- Recent CDC data estimates that 36% of new hepatitis B infections are attributed to the opioid epidemic.

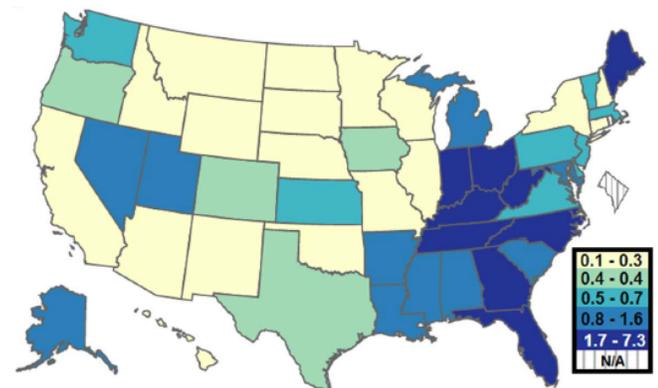


Hepatitis B Vaccine Coverage (≥3 doses) Among Adults Aged ≥19 years* in the U.S. - NHIS 2016



National Foundation for Infectious Diseases

Acute HBV Rate by State - 2018



Centers for Disease Control and Prevention

The tools to eliminate viral hepatitis in the U.S. exist, but achieving this will require a significant investment. Given the alarming rise in hepatitis A, B, and C infections tied to the opioid epidemic, we urge Congress to allocate no less than \$134 million for CDC's viral hepatitis program.

INCREASING ADULT HEPATITIS B VACCINATION

Hepatitis B is preventable through a safe and effective vaccine that offers lifelong protection and is estimated to have prevented over 310 million infections worldwide between 1990 and 2020. The vaccine was also designated as the first “anti-cancer” vaccine, since preventing hepatitis B infection prevents primary liver cancer. Yet, for the past several years, adult hepatitis B vaccination rates have remained stagnant at only 25% - a figure that shows clear missed opportunities for prevention.

The hepatitis B vaccine is recommended for all infants and children 18 years or younger by the CDC's Advisory Committee on Immunization Practices and the American Academy of Pediatrics. The CDC also recommends hepatitis B vaccination for all adults with high risk of infection, including people who inject drugs and adults with diabetes. Increasing vaccination is critical, particularly among adults born before 1991, when hepatitis B vaccination for infants became routine.

To prevent and eliminate hepatitis B in the U.S., we advocate for expanding the current recommendation for hepatitis B vaccination to a universal recommendation for ALL adults, in addition to implementing strategies to promote and increase testing and linkage to care.

IMPROVING ACCESS TO HEPATITIS B TREATMENT

ADVERSE DRUG TIERING

occurs when health insurance companies use tactics like placing all or most medications that treat a specific condition on the highest price tiers or implement high cost-shares for treatment within insurance plans. Individuals with pre-existing chronic conditions like hepatitis B are forced to bear this burden.

For many people with chronic hepatitis B, the cost of antiviral medications is a major barrier to treatment, even for those who have prescription drug coverage. Many plans place hepatitis B medications in a category that dramatically increases the co-pays for those drugs. Although lawmakers have banned insurance companies from discriminating against pre-existing conditions, these prescription pricing practices have effectively made many insurance plans unaffordable for people with hepatitis B.

Through an analysis of silver level plans sold on the state or federal health insurance marketplace for 12 FDA-approved hepatitis B treatments, we found states that had multiple insurance plans that included discriminatory practices, including placing generic drugs on high tiers and the placement of the majority of hepatitis B treatments with high cost shares.

We urge federal and state agencies to take action against adverse drug tiering practices. Additional information is available in this [report](#).