



January 10th, 2021

Carter Blakey
Deputy Director
Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services
1101 Wootton Parkway, Suite 420
Rockville, MD 20852

Re: Proposed Healthy People 2030 Objectives and Request for Information on the Relationship Between Voter Participation and Health

Dear Director Blakey,

On behalf of Hep B United, a national coalition of 50 organizations in 23 states dedicated to reducing the health disparities associated with hepatitis B by increasing awareness, screening, vaccination, and linkage to care for high-risk communities across the United States, we appreciate the opportunity to comment on the proposed Immunization and Infectious Disease (IID) objectives for Healthy People (HP) 2030.

Currently, the proposed IID objectives for HP2030 include six goals targeting viral hepatitis. We applaud the Secretary's Advisory Committee on National Health and Disease Prevention for including these important measures to help monitor and evaluate the country's efforts to address viral hepatitis. This is especially important considering the ongoing opioid crisis, which has contributed to a dramatic rise in hepatitis B (HBV) and hepatitis C (HCV) infections in particular that are linked to injection drug use.

An estimated 5.5 million people in the U.S. are living with hepatitis B or C. Together, HBV and HCV are the leading cause of liver cirrhosis and liver cancer – the second deadliest cancer and one of the fastest growing cancers in the U.S. Fortunately, we have the tools to prevent and eliminate hepatitis B and C as a public health concern: there are highly effective vaccines for infants, children, and adults that protect against HBV, and there is a highly effective treatment for HCV that can cure the disease in as little as eight weeks. However, increased prioritization and more coordinated action from federal, state, and local agencies are necessary in order to achieve viral hepatitis elimination.

At the national level, the Department of Health and Human Services (HHS) and the National Academies of Sciences, Engineering, and Medicine (NASEM) have each outlined their recommendations for putting the U.S. on a path toward viral hepatitis elimination. In January 2021, HHS released the Viral Hepatitis National Strategic Plan 2021-2025 – the first plan to aim at “eliminating viral hepatitis as a public health threat in the US”. Additionally, the NASEM report titled “A National Strategy for the Elimination of Hepatitis B and C,” published in March 2017, includes a series of recommendations around HBV prevention and vaccination, diagnosis, and care and treatment that, if implemented, would eliminate hepatitis B as a public health concern by 2030. These reports underscore that viral hepatitis elimination should be a national public health priority.

Hep B United strongly supports including all six of the currently proposed core objectives for viral hepatitis in HP2030, and regarding the goals for hepatitis B, we offer the following comments and recommendations for the Committee's consideration.

(IID-2030-04) Increase the proportion of persons aware they have chronic hepatitis B

Up to 2.4 million people are estimated to be living with hepatitis B in the U.S., but between 65-75 percent are undiagnosed. Therefore, we strongly support this core objective, given the very low percentage of persons aware of their HBV infection and even lower percentage of infected individuals who are able to access care and treatment (less than 10 percent). Undiagnosed individuals remain unaware that they may need treatment and regular monitoring for the disease, and that they could unknowingly transmit the virus to others. Timely diagnosis of HBV is critical in ensuring that patients can continue to live long, healthy lives and avoid more serious and costly conditions that can result from hepatitis B infection. For example, chronic HBV increases the odds of liver cancer 50 to 100 times, and 1 in 4 individuals with chronic HBV will develop cirrhosis, liver failure, and/or liver cancer.

In order to achieve the 2030 viral hepatitis elimination goals established by the World Health Organization and supported by NASEM and HHS, we must take steps to raise awareness about risk factors, increase access to screening, and remove barriers to care and treatment in order to help identify undiagnosed cases and increase the proportion of persons aware they have chronic hepatitis B.

(IID-2030-02) Reduce the rate of acute hepatitis B

We strongly support this core objective, particularly given the rise in acute hepatitis B (HBV) infection rates in many parts of the U.S. as a result of the ongoing opioid crisis. Because HBV is transmitted through infected blood and bodily fluids, injection drug use is a major risk factor for contracting hepatitis B. The number of reported acute HBV cases across the country increased by 20.7 percent in 2015 alone, rising for the first time since 2006, and 36% of acute hepatitis B cases were attributed to injection drug use in 2018. In some states that have been highly affected by the opioid crisis, HBV rates increased by 114 percent to 489 percent in recent years.

Despite the availability of safe and highly effective HBV vaccines to protect against this devastating condition and prevent its spread, there are up to 70,000 new HBV infections each year and up to 1,200 babies born with HBV infection annually in the U.S. Improving hepatitis B vaccination rates across the lifespan would provide a measurable and evidence-based strategy to reduce the rate of new HBV infections in the U.S. Therefore, **in addition to IID-2030-02, Hep B United recommends including an immunization-specific measure for hepatitis B among the HP2030 core objectives, as proposed in the following section.**

(Proposed) Increase hepatitis B vaccination coverage

National survey data indicate only a quarter of adults aged 19 and older are fully immunized, as adults aged approximately 30 years and older were not routinely vaccinated against hepatitis B at birth in the U.S. Recent studies also suggest that hepatitis B vaccine coverage is low among people with diabetes, HIV-infected individuals, hepatitis C-infected individuals, and individuals with chronic liver disease and chronic kidney disease, who are all at significantly increased risk of acquiring hepatitis B infection without completed immunization.

The HBV vaccine offers lifelong protection from hepatitis B infection. The HBV vaccine was also designated as the first “anti-cancer” vaccine, since preventing HBV infections prevents primary liver cancer. In the last four years, a highly efficacious 2-dose and 3-dose vaccine for adults were approved, and an effective 3-dose vaccine has been available for over 30 years for all age groups. The HBV vaccine has been recommended for all infants and children 18 years and younger by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics. Recently, the ACIP updated adult hepatitis B vaccination guidelines to universally recommend that all adults age 19-59 and adults over 60 with high-risk of HBV infection be vaccinated against hepatitis B. However, the proposed HP2030 objectives do not include any measure for hepatitis B vaccination coverage.

Hep B United urges the Committee to create a lifespan hepatitis B vaccine coverage objective for HP2030. Measuring hepatitis B vaccination coverage is essential to tracking the effectiveness of the expanded hepatitis B vaccination guidelines, and ensuring that the US remains on a path to eliminating viral hepatitis by 2030. Proposed data sources for this objective include the CDC National Health Interview Survey (NHIS) and National Immunization Survey (NIS). Proposed baseline measures are 24.8 percent coverage (≥3 doses) among adults ≥19 years (NHIS 2016); 73.6 percent birth dose coverage among infants (NIS 2017); and 91.4 percent coverage (≥3 doses) among children aged 19-35 months (NIS 2017).

A hepatitis B immunization objective would align with goal 1 of HHS’ National Viral Hepatitis Action Plan, which is to prevent new viral hepatitis infections using strategies and progress indicators including increased hepatitis B vaccination. It would also align with recommendation 4-1 in the NASEM report on eliminating hepatitis B and C, which promotes expanded access to adult hepatitis B vaccination.

Finally, it is important to note that hepatitis B is associated with significant disparities in the U.S. Asian American, Pacific Islander, and African communities account for approximately 80 percent of the country’s chronic hepatitis B infection burden. Addressing the major public health problem of hepatitis B through prevention and vaccination and higher rates of diagnosis thus clearly meets the HP2030 objective selection criteria for reducing health disparities and supporting health equity for all.

Thank you again for this opportunity to offer our comments and recommendations on the proposed HP2030 objectives. Please contact Kate Moraras, Director of Hep B United (Kate.Moraras@hepb.org), with any questions or to request additional information.

Sincerely,

Hep B United

National Non-Profit Partners:

Hepatitis B Foundation
Association of Asian Pacific Community Health Organizations
Asian & Pacific Islander American Health Forum
Asian Pacific American Medical Students Association
Asian Pacific Partners for Empowerment, Advocacy, and Leadership
Hepatitis Education Project
Coalition Against Hepatitis for People of African Origin

Immunization Action Coalition
NASTAD
National Foundation for Infectious Diseases
National Task Force on Hepatitis B
National Viral Hepatitis Roundtable
Team HBV
UC Davis

Community Partners:

Asian American Community Services, Arlington, OH
Asian American Health Coalition (HOPE Clinic), Houston, TX
Asian American Health Initiative, Montgomery County, MD
Asian Center – Southeast Michigan, Southfield, MI
Asian Health Coalition, Chicago, IL
Asian Pacific Community in Action, Phoenix, AZ
Asian Pacific Health Foundation, San Diego, CA
Asian Services in Action, Inc., Cleveland, OH
Asian Women for Health, Boston, MA
CCACC Pan Asian Volunteer Health Clinic, Gaithersburg, MD
Center for Pan Asian Community Services, Atlanta, GA
Charles B. Wang Community Health Center, New York, NY
Colorado Viral Hepatitis Task Force, Denver, CO
Community Welfare Services of Metro Detroit, Hamtramck, MI
Dallas-Fort Worth Hepatitis B Free Project, Dallas, TX
HepAware Coalition, Dover, DE
HBI-Minnesota, Minneapolis, MN
Hep Free PA, PA
Hep B United Philadelphia, Philadelphia, PA
Hep B United Twin Cities (Lao Assistance Center of MN), Minneapolis, MN
Hep B Free Las Vegas, Las Vegas, NV
Hep B Free Los Angeles, Los Angeles, CA
The Hep B Project Alameda County, Berkeley, CA
Hep Free Hawaii, Honolulu, HI
Hepatitis B Coalition of Washington State (International Community Health Services), Seattle, WA
Hepatitis B Initiative of Washington DC, Washington, DC
Immunize Colorado, Aurora, CO
Mercy Housing and Human Development, Gulfport, MS
Midwest Asian Health Association, Chicago, IL
Mongolian Community Health Network, Chicago, IL
North East Medical Services, San Francisco, CA
New Jersey Hepatitis B Coalition (Center for Asian Health at Saint Barnabas Medical Center), Livingston, NJ
NYC Hepatitis B Coalition, New York, NY
NYU Center for the Study of Asian American Health, New York, NY
Ohio Asian American Health Coalition, Columbus, OH
San Francisco Hep B Free – Bay Area, San Francisco, CA
Utah Hepatitis Coalition, Salt Lake City, UT
Vietnamese American Cancer Foundation, Fountain Valley (SoCal), CA
Vivent Health, WI