

May 15, 2019

Carolyn Wester, MD, MPH
Director, Division of Viral Hepatitis
Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)
1600 Clifton Road
Atlanta, GA 30329

Re: Consistent Supplemental Support for Perinatal Hepatitis B Programs

Dear Dr. Wester,

On behalf of infants born to mothers living with hepatitis B and at risk for HBV infection and the undersigned, representing national and local organizations, coalitions, and state and local health departments working to prevent and eliminate hepatitis B in the U.S., we write to express our disappointment in learning of the discontinuation of funding for the Perinatal Hepatitis B Auxiliary Prevention Project. **We strongly urge the Centers for Disease Control and Prevention's (CDC) Division of Viral Hepatitis to continue to fund the Perinatal Hepatitis B Auxiliary Prevention Project and ensure consistent funding for health department viral hepatitis programs. These programs allow for critical work to support women and children beyond what is available through the core perinatal hepatitis B grant. Additionally, we urge DVH to collaborate with the Immunization Services Division on the development of future funding opportunity announcements, to better integrate work across the divisions.**

As we work together to eliminate hepatitis B in the U.S., collaboration across CDC and CDC-funded local programs remains critical to ensuring individuals living with hepatitis B are monitored and treated appropriately across the lifespan. A recent publication found only 21% of hepatitis B infected women had peripartum hepatitis B specialist follow-up care. This is a missed opportunity for preventing liver disease progression and cancer, and for preventing hepatitis B perinatal transmission in subsequent pregnancies. Up to 81% of HBV-infected pregnant women identified by the CDC's Perinatal Hepatitis B Prevention Program are foreign-born, and many need comprehensive support services to access affordable culturally and linguistically appropriate life-long care. In addition, as a consequence of the opioid epidemic and injection drug use, HBV infections among U.S.-born persons are rising at an alarming rates, impacting young women of reproductive age. The Perinatal Hepatitis B Auxiliary Prevention Project has provided innovative interventions that inform perinatal hepatitis B prevention programs nationwide, providing opportunities to further refine efforts and expand services for emerging patient populations.

The first three years of the Perinatal Hepatitis B Auxiliary Prevention Project supported increased coordination and innovative initiatives that were not always possible before this funding was made available.

The Philadelphia Perinatal Hepatitis B Auxiliary Prevention Project funding allowed the local health department to improve identification of infants exposed to hepatitis B with epidemiological support that is not available through the core perinatal hepatitis B grant. The program helped identify at least 50% of cases, improve service provision and ensure women were linked to care for their infection (they are often out of care); and to regularly engage with providers (especially pediatric) to ensure timely post-vaccination serological testing is performed.

In Georgia, this same funding enabled the health department to fund a full-time position and enhancements of their surveillance program that targeted providers for education. The health department was able to increase the frequency of capture-recapture reports/investigations from quarterly to daily, which allowed for the identification of missed perinatal cases in a more efficient manner. The Perinatal Hepatitis B Prevention Program was critical in ensuring that infants born to infected women have comprehensive hepatitis B prevention services.

The Perinatal Hepatitis B Auxiliary Prevention Project is an example of the increased support that can be provided to women when supplemental funding is available to address perinatal hepatitis B transmission. Funding gaps and cuts weaken the overall public health infrastructure, force health departments to let go of essential staff and cut back on the important services they provide. Continued funding and guidance would further facilitate and sustain health department adult and perinatal hepatitis B program integration.

As you consider re-funding the Perinatal Hepatitis B Auxiliary Prevention Project in FY 2020 and/or developing additional opportunities for supplemental funding, we believe the program would benefit from the addition of specific guidance to promote surveillance data sharing between adult and perinatal hepatitis B programs, and supplemental funding to support dedicated health department staff to navigate mothers and their contacts into care to prevent liver cancer, liver failure, and ongoing disease transmission. Real-time data sharing will support health departments to identify women during pregnancy with high or unmeasured viral loads to ensure that pregnant women are offered antiviral treatment during the third trimester to prevent maternal-infant transmission.

We also encourage CDC to solicit input from health departments, both those that were funded under this auxiliary program and those funded through the core cooperative agreement alone, to better understand their needs and how this type of supplemental funding can be most beneficial to support their work.

We hope that the Perinatal Hepatitis B Auxiliary Prevention Project will continue to be supported by the CDC in FY2020. Thank you for your consideration. We look forward to working with you on this opportunity to close the gaps in the prevention of perinatal hepatitis B transmission towards the elimination of hepatitis B in the U.S.

Please do not hesitate to contact Kate Moraras with the Hepatitis B Foundation at kate.moraras@hepb.org and Boatema Ntiri-Reid with the National Association of State and Territorial AIDS Directors (NASTAD) at bntiri-reid@nastad.org with any questions.

Sincerely,

Hep B United
Hepatitis B Foundation
National Association of State and Territorial AIDS Directors (NASTAD)
Asian Health Coalition
Asian Pacific American Medical Student Association
Asian Pacific Community in Action
Asian Pacific Health Foundation
Asian Pacific Liver Center
Association of Asian Pacific Community Health Organizations (AAPCHO)
Caring Ambassadors Program
Center for Pan Asian Community Services
Charles B. Wang Community Health Center
Community Access National Network
District of Columbia Department of Health
Hawaii Health & Harm Reduction Center
Hep B Free Los Angeles
Hep B Free-LA
Hep Free Hawaii
Hepatitis C Allies of Philadelphia
Hepatitis Education Project
Herald Christian Health Center
HOPE Clinic
Immunization Action Coalition
Ka Hale Pomaika'i
Lao Assistance Center of Minnesota
Liver Health Connection
Mālama I Ke Ola Health Center
Maui AIDS Foundation
Midwest Asian Health Association (MAHA)
National Association of County and City Health Officials (NACCHO)
National Task Force on Hepatitis B Focus on Asian and Pacific Islander Americans
National Viral Hepatitis Roundtable
Nebraska Department of Health and Human Services
New York City Department of Health and Mental Hygiene
Ohio Asian American Health Coalition
Orange County Health Care Agency
Philadelphia Department of Public Health
PPC, LLC

San Francisco Hepatitis C Task Force
SSG/PALS for Health
State of Hawaii Department of Health Adult Mental Health Division
Treatment Action Group (TAG)
UC Davis Comprehensive Cancer Center
University of Massachusetts - Boston
Walgreens 16532

cc: Melinda Wharton, MD, MPH, Division Director, Immunization Services Division,
National Center for Immunization and Respiratory Diseases (NCIRD)