

## 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 is it spread?

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



## How common is it?

most are unaware of their status



2.2 million people in the US

[ 3,000 people die annually ]

292 million people worldwide

[ 600,000 people die annually ]



## 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



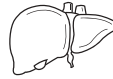
Infants born to infected mothers

## What can we do about it?

A 2017 report from the National Academies of Sciences, Engineering, and Medicine (NASEM) made a series of recommendations for significantly improving rates of diagnosis, care and treatment which, if implemented, could eliminate hepatitis B by 2030.

# HEPATITIS B POLICY PRIORITIES

## SUPPORTING THE THE LIVER ACT (H.R. 3016)



Introduced by Rep. Nydia Velazquez, The Liver Illness, Visibility, Education, and Research (LIVER) Act of 2019 (H.R. 3016) calls for increased prioritization and investments in research, prevention, and awareness activities to address liver cancer and its major risk factors, including hepatitis B.

The LIVER Act would authorize:

- \$100 million a year for five years for prevention and awareness grants at the CDC
- \$45 million a year for five years for hepatitis B and liver cancer research at the NIH

**To co-sponsor H.R. 3016, or for additional information, contact Monica Garay in Congresswoman Velazquez's office ([monica.garay@mail.house.gov](mailto:monica.garay@mail.house.gov)).**



## INCREASING NIH FUNDING FOR HEPATITIS B AND LIVER CANCER RESEARCH PRIORITIES

In FY 2018, NIH funding for hepatitis B was \$55 million, an amount not adequate to prioritize and fund research to develop a cure. While hepatitis B funding at NIH has increased since FY 2015, the lack of a cure for hepatitis B is costing the U.S. an estimated \$4 billion per year in medical costs and has a devastating effect on patients and their families.

Only seven medications are approved to manage chronic hepatitis B infection, none are curative, and most require lifelong use. These medications may only reduce the likelihood of death due to liver disease by 40-60%. In recent years, a cure was discovered for hepatitis C. With increased prioritization and federal funding and support for hepatitis B research, more effective medications to treat and cure hepatitis B can be developed as well.

**We urge Congress to increase NIH funding for hepatitis B research by \$38.7 million per year for 6 years to develop a cure for hepatitis B.**

**We also recommend that the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and the National Institute of Allergy and Infectious Diseases (NIAID) issue targeted calls for research proposals in FY 2020 that focus on developing new treatments and a cure for hepatitis B.**

**In addition, we recommend that the National Cancer Institute (NCI) work in close collaboration with NIAID and NIDDK on prioritizing hepatitis B and liver cancer research by increasing dedicated funding, issuing targeted calls for research proposals, and creating an ad hoc special emphasis panel to review grant applications focused on hepatitis B and liver cancer.**

# HEPATITIS B POLICY PRIORITIES



## INCREASING CDC FUNDING FOR HEPATITIS B SURVEILLANCE AND PREVENTION

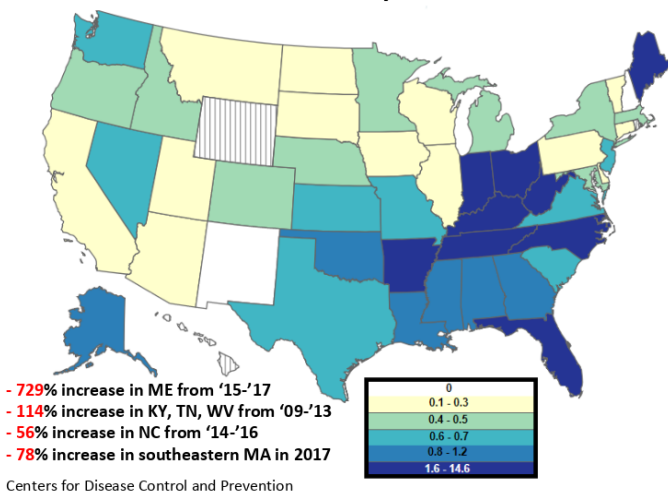
The CDC's Division of Viral Hepatitis current funding level of \$39 million is inadequate to address viral hepatitis in the U.S., as it is becoming a growing public health threat, particularly in the setting of the opioid crisis.

While the rates of acute hepatitis B infection in the U.S. initially declined over the past two decades, recent CDC data shows acute infection rates increased 20% nationally in 2015, with increases of over 100% between 2015 and 2016 for several states including Maine, Kentucky, West Virginia and Tennessee,

CDC to build the necessary infrastructure for viral hepatitis services is integral to stopping the spread of hepatitis A, B, and C.

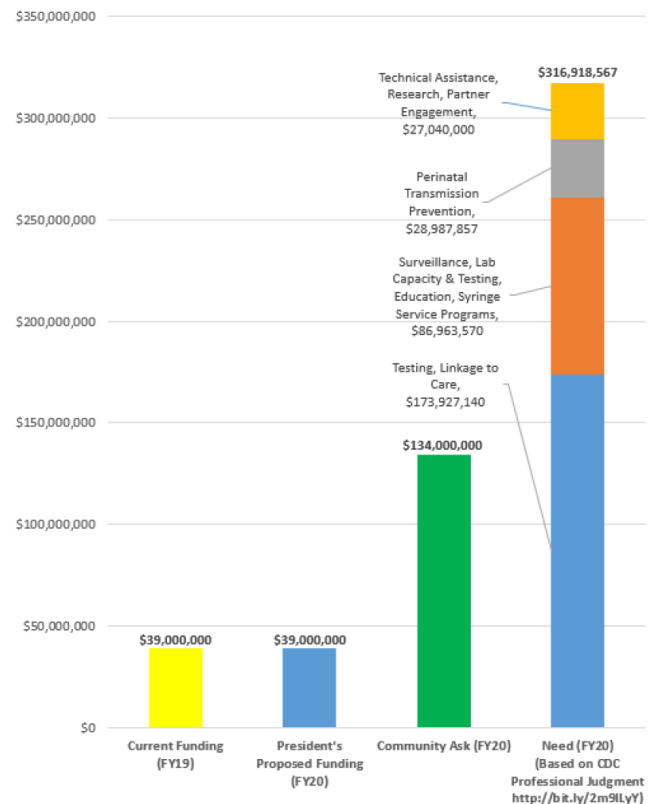
According to a December 2016 professional judgment budget, a comprehensive, national program to eliminate viral hepatitis, would require approximately \$3.9 billion over 10 years.

Acute HBV Rate by State - 2016



The tools to eliminate viral hepatitis in the U.S. exist but achieving this will require a significant investment. Increasing funding for viral hepatitis will allow the CDC to build the infrastructure and programs necessary to identify people living with viral hepatitis and link them to care and treatment; work with providers, health care professionals and insurers to improve access to viral hepatitis screening and treatment; prevent mother-to-child transmission of hepatitis B and C; and improve prevention efforts. Providing state and local health departments and other stakeholders with adequate funding from the

CDC - Division of Viral Hepatitis  
Current Funding vs. Need



**With the significant rise in viral hepatitis infections spread through injection drug use related to the opioid crisis, we urge Congress to support no less than \$50 million in funding for the CDC's Division of Viral Hepatitis in FY 2020, as provided by the House Appropriations Committee, and to allocate increased funding in proportion to the incidence of hepatitis B and C infections.**

# HEPATITIS B POLICY PRIORITIES

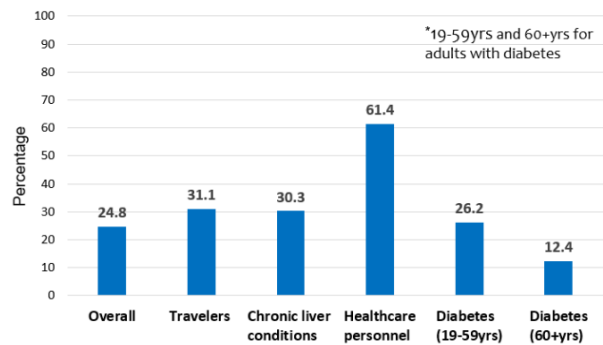
## INCREASING ADULT HEPATITIS B VACCINATION



Hepatitis B is preventable through a safe and effective vaccine. The vaccine offers lifelong protection from hepatitis B infection, and is capable of eliminating the hepatitis B epidemic if we are able to vaccinate everyone at risk of infection, in conjunction with providing treatment to those with chronic hepatitis B. The vaccine was also designated as the first “anti-cancer” vaccine, since preventing hepatitis B infection prevents primary liver cancer.

A new, highly efficacious 2-dose hepatitis B vaccine was approved in 2018 for adults, and an effective 3-dose vaccine has been available for over 30 years for all age groups. 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.

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



National Foundation for Infectious Diseases

Increasing hepatitis 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., strategies to promote testing, vaccination, and linkage to care, particularly among high-risk populations, must be implemented.

**The Congressional Hepatitis Caucus is circulating a sign-on letter urging HHS to address the need for greater awareness and increased rates of adult hepatitis B vaccination. For more information or to sign-on, contact [Evelyn.Knapp@mail.house.gov](mailto:Evelyn.Knapp@mail.house.gov) in Congressman Hank Johnson's office or [Jacqueline.Hsieh@mail.house.gov](mailto:Jacqueline.Hsieh@mail.house.gov) in Congresswoman Grace Meng's office.**



## 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.

**To learn more about adverse drug tiering practices in your state, contact [advocate@hepb.org](mailto:advocate@hepb.org).**