HEPATITIS B FOUNDATION
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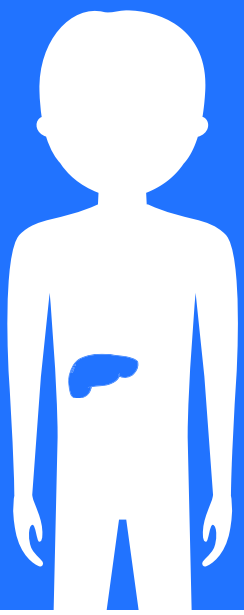
HEPATITIS B at a glance

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

up to **2.4 million** people in the US

[3,000 people die annually]

296 million people worldwide

[600,000 people die annually]

How is it spread?

- direct blood contact with infected blood
- hepatitis B is up to **100x** more infectious than HIV. Even microscopic amounts can lead to a chronic infection

Is there a cure?

There is no cure yet, but there are treatments to manage hepatitis B and prevent liver cancer.

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

Infants born to infected mothers

People who inject drugs

Health care providers

What can we do about it?

A 2017 report from the National Academies of Science, Engineering and Medicine (NASEM) and a 2020 plan from the U.S. Department of Health and Human Services (HHS) outline strategies for improving rates of diagnosis, care and treatment, which could eliminate hepatitis B and C by 2030.

Did You Know...?

Hepatitis delta (HDV) - the most severe form of viral hepatitis - can only infect people who are also living with hepatitis B. Approximately 5-10% of individuals living with hepatitis B are also living with HDV. 70% of HDV cases will progress to cirrhosis or liver cancer within ten years without intervention.

INCREASE FUNDING FOR CDC'S VIRAL HEPATITIS PROGRAMS

Background

- There are up to 2.4 million people in the U.S. living with chronic hepatitis B infection. Most people living with hepatitis B are unaware of their infection.
- Without appropriate diagnosis, care and treatment, up to 25% of people with chronic hepatitis B infection will die prematurely of cirrhosis or liver cancer.
- Hepatitis B is the world's leading cause of liver cancer.
- The states with the highest liver cancer deaths in the U.S. are: *California, Florida, Illinois, New York, North Carolina, Pennsylvania, and Texas.*
- Hepatitis B infections and complications are costly to the U.S. The United States will have spent approximately $44, 822 million between 2020-2050 in direct costs related to hepatitis B.
- There are highly effective vaccines that prevent new infections and excellent antiviral treatments to control the virus and prevent liver cancer and death. Yet in the U.S., only 25% of people who have hepatitis B are diagnosed and only 30% of adults are vaccinated.
- The CDC now recommends a one-time universal screening for hepatitis B among adults. Hepatitis B vaccination is also universally recommended for all adults age 19-59 in addition to all newborns. Studies show that both recommendations are cost-effective.

We urge Congress to allocate no less than $150 million in funding for viral hepatitis programs at the CDC. The current funding level for the CDC's Division of Viral Hepatitis is only $43 million. This falls woefully short of the estimated $3.9 billion over 10 years that is needed for a comprehensive, national program to eliminate viral hepatitis.

Increased funding will help build the infrastructure and programs needed to identify people living with viral hepatitis and link them to care; increase collaboration with healthcare providers, professionals, and insurers to improve access to screening and treatment; improve surveillance and outbreak response; prevent mother-to-child transmission of hepatitis B and C; and improve prevention efforts through research and technical assistance.

We also urge Congress to include at least $150 million to fully fund the CDC's program to eliminate opioid-related infectious diseases. Despite hepatitis B and hepatitis D being vaccine-preventable, increases in reported cases of acute hepatitis B infection from 2006 to 2018 ranged from 56% to 729% in states heavily impacted by the opioid crisis. Available data shows that an estimated 36% of new hepatitis B infections are among people who inject drugs.

The CDC's program to eliminate opioid-related infectious diseases would help address the infectious disease complications of the opioid crisis by offering testing and linkage in high-impact settings through education efforts, substance abuse treatment facilities, and emergency departments.

Background

- There are up to 2.4 million people in the U.S. living with chronic hepatitis B infection. Up to 70% of people living with hepatitis B are unaware of their infection, making prevention critical.
- Without appropriate diagnosis, care, and treatment, up to 25% of people with chronic hepatitis B infection will die prematurely of cirrhosis or liver cancer.
- Hepatitis B is one of the most significant health disparities facing Asian American, Pacific Islander, and African immigrant communities. These communities comprise up to 80% of the hepatitis B burden in the U.S., and those with hepatitis B who are Asian or Black have a liver cancer risk that is 11 to 17-fold higher compared to Whites.
- There are highly effective vaccines that prevent new infections, yet only 30% of adults are vaccinated.
- The National Perinatal Hepatitis B Prevention Program currently identifies less than half of infants estimated to be born to HBV-infected mother

National Perinatal Hepatitis B Prevention Program. – The Committee is concerned that the Centers for Disease Control and Prevention has changed the recommendations for childhood vaccinations and no longer recommends a universal birth dose of the hepatitis B vaccine. The Committee is aware that hepatitis B is most commonly transmitted from mother-to-child due to blood exchange during the birthing process, and that before universal hepatitis B vaccine birth dose was implemented in the U.S., 18,000 babies and children each year were infected. These arbitrary changes in recommendations, that were not backed by scientific evidence, will only serve to further confuse parents and caregivers, and ultimately lead to lower vaccination coverage rates, more access barriers, and less safe communities for our nation's children.

Thus, the Committee urges CDC to maintain the National Perinatal Hepatitis B Prevention Program, and to continue to fund all current participants in the program in order to eliminate one of the leading causes of liver cancer.

Background

- In December 2025, the Advisory Committee on Immunization Practices voted to remove the long-standing universal infant hepatitis B vaccination recommendation, which had been in place since 1991 and protected all babies from possible hepatitis B exposures.
- Before universal infant hepatitis B vaccination, 50% of children who were infected with hepatitis B before the age of 10 were exposed in ways other than mother-to-child transmission. Possible routes of transmission include:
  - Exposure through common skin breaks/irritations:
    - Teething
    - Eczema, diaper rash, cradle cap
    - Scratches from crawling or sharp nails
    - Open wounds from contact sports
  - Shared household items that could contain dried blood:
    - Nail clippers, razors, or tweezers
    - Jewelry (early ear piercing)
- Age has a direct correlation to the chronicity of infection. If a baby or infant is exposed to hepatitis B, they have a 90% chance of developing a lifelong infection, placing them at significant risk of developing liver cancer in their lifetime.
- No new evidence has been presented to suggest revising the universal recommendation.

Immunization Practices. — The Committee is concerned that the U.S. Department of Health and Human Services (HHS) and the U.S. Centers for Disease Control and Prevention (CDC) have recommended drastic and arbitrary changes to the childhood vaccine schedule. The new schedule recategorized some recommended vaccines, including the hepatitis B vaccine, as now being recommended only for high-risk groups or under “shared clinical decision-making” (SCDM). These arbitrary changes will only serve to further confuse parents and caregivers, even though the science behind these vaccines has not changed. The changes will ultimately lead to lower vaccination coverage rates, more access barriers, and less safe communities for our nation's children.

The Committee instructs ACIP and HHS/CDC leadership to consult with career scientists and utilize evidence-based research and objective scientific frameworks prior to making any changes to the recommended vaccine schedule.

Background

- Currently, the only way to diagnose HBV is through a blood draw. The need for phlebotomy and laboratory tests increases the cost of screening, creating logistical difficulties when screening communities, and limiting the number of people that can be screened each year.
- Point-of-care (POC) rapid diagnostic tests (RDT) allow more people to be tested each year, more cost-effectively.
- POC diagnostics would allow health workers to provide screening and test results in one visit, and simplify and improve navigation to follow-up care for those who need vaccination or are identified as infected.
- In collaboration with the FDA, the National Institutes of Health (NIH) Rapid Acceleration of Diagnostics (RADx) Tech program is currently validating, authorizing, and commercializing point-of-care (POC) tests for hepatitis B virus surface antigen (HBsAg).

Hepatitis B. — The Committee is aware that disease surveillance is critical for identifying, monitoring, and responding to public health threats. The Committee urges CDC to continue to prioritize extramural support for capacity-building around the US to improve awareness, testing, and linkage to care for hepatitis B, especially in light of recent changes to the childhood routine vaccination schedule. Recent advances in rapid point of care (POC) testing for hepatitis B infection provides an opportunity for CDC to broaden testing access in low-resource settings and to engage hard-to-reach populations. **As up to 70% of hepatitis B positive patients do not know they are infected, the Committee urges CDC to support the dissemination and integration of the POC tests into communities to screen and link more individuals to care.**

The Committee is also aware that there is the first Hepatitis Delta (HDV) treatment in the US is expected to be approved soon, and urges CDC to support testing for the disease. HDV significantly impacts individuals living with HBV and can lead to worse health outcomes if not identified and treated in a timely manner. Ensuring individuals know their HBV and HDV status will help them lead long, healthy lives and can prevent further spread of the diseases.