



April 3, 2015

John Ward, MD  
Director, Viral Hepatitis Program  
Division of Viral Hepatitis  
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention  
Centers for Disease Control and Prevention  
1600 Clifton Road  
Atlanta, GA 30329-4027

Dear Dr. Ward,

On behalf of the Hep B United national coalition, we thank the Division of Viral Hepatitis (DVH) at the Centers for Disease Control and Prevention (CDC) for the opportunity to comment on the *Draft Proposed Framework for the 2016-2020 Division of Viral Hepatitis Strategic Plan*.

Hep B United is a national coalition comprised of 30 local coalitions, organizations and national partners from across the country working to address the public health challenge of hepatitis B. The goal of Hep B United is to support local community coalition efforts across the U.S. to increase hepatitis B awareness, screening, vaccination and linkage to care for all Americans, in particular, for high-risk Asian American and Pacific Islander populations who are disproportionately impacted by this epidemic.

We support the vision, mission, and goals of the DVH draft framework and believe it is a good start for the development of a DVH strategic plan. As we recently discussed with you and Dr. Jonathan Mermin, we submitted [comments](#) to the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) expressing our serious disappointment regarding the lack of indicators and goals related to hepatitis B infection in the NCHHSTP draft strategic plan. Given that this draft framework is intended to align with the goals reflected in the revised NCHHSTP strategic plan, we expect that the final NCHHSTP strategic plan and the objectives, strategies, and activities in the DVH framework and strategic plan truly reflect the breadth of work being conducted at DVH. Both plans must strongly represent and address the burden of chronic hepatitis B infection in the United States and globally.

We offer the following comments to strengthen the draft framework's strategic imperatives and objectives:

***We strongly recommend DVH add as a Strategic Imperative, "Prevent hepatitis B virus (HBV) transmission."*** It is imperative that DVH prioritizes the prevention, treatment, management, and education of adults living with HBV. The DVH framework must include objectives to address the elimination of HBV (community/provider education, vaccination, testing and linkage to care) especially in high-risk, racial and ethnic minority communities (Asian American and Pacific Islanders and African immigrants) as well as other high-risk groups.

It is essential that there be increased federal resources dedicated to HBV programs. Currently, HBV funding in DVH is less than 20 percent of its budget, which is not proportional to the burden of hepatitis B, the consequences of the epidemic, and the major health disparities. Hepatitis B is the single greatest health disparity for Asian Americans and Pacific Islanders. The CDC cannot continue to cite poor quality of evidence or lack of evidence as a reason to not address hepatitis B; we believe, at the federal level, this rationale is akin to institutional racism.

For the ***Strategic Imperative, “Eliminate vaccine preventable viral hepatitis,”*** we recommend adding as an objective, *“Improve HBV vaccination rates of high-risk adults.”* It is impossible to eliminate HBV without improving vaccination coverage of high-risk adults in the United States. Vaccine rates among high-risk adults, including foreign-born Asian American and Pacific Islanders, remain low, and access to affordable or free HBV vaccine is extremely difficult due to recent policy changes affecting access to the Section 317 Immunization Program. We recommend that DVH include testing new methods for improving HBV vaccination rates among high-risk adults as an objective.

For the ***Strategic Imperative, “Prevent morbidity and mortality through viral hepatitis testing and linkage to care,”*** we recommend that the objective is to *“Increase proportion of persons aware of their HBV and HCV infection status, particularly among high-risk groups that are disproportionately affected by HBV or HCV, as denoted in CDC recommendations.”* There are significant health disparities associated with HBV and HCV infection, and this objective should reflect those disparities and guide activities that target these particular at-risk communities.

For the ***Strategic Imperative, “Act globally to prevent, detect, and control viral hepatitis,”*** we recommend adding an objective to *“Design and test new or improved technologies for point of care testing for HBV, including HBsAg and HBsAb.”* In most developing countries where HBV is endemic, there is a lack of infrastructure to allow for HBV testing via venous blood draw. The nature of the current testing, including cost, and the fact that people must return to obtain their HBV test results separately, serve as barriers to testing. Point of care testing would allow providers to test and diagnose individuals and provide their test results at the same time.

For the ***Overarching Strategic Imperative, “Strengthen viral hepatitis surveillance and monitoring,”*** we recommend adding an objective to *“Develop additional data collection and/or data analysis approaches to more accurately estimate chronic HBV prevalence in the U.S.”* Developing a surveillance system to track HBV data and trends must be a priority. This objective specifically refers to approaches that would help to overcome the limitations of current surveillance efforts, which do not successfully reach the highest risk and most affected Asian American and Pacific Islander communities. Robust datasets are cited as the primary barrier for CDC to include HBV indicators in strategic plans. However, existing datasets collected at other federal agencies (i.e. within HRSA health centers) could be elevated and leveraged so that progress and success in addressing this major health disparity can be demonstrated.

In order to fulfill our shared goal to reduce viral hepatitis-related health disparities, we strongly recommend the draft framework include objectives that address the disproportionate impact of viral hepatitis on high-risk populations and specific approaches to addressing the serious gaps and underreporting/underestimation of chronic hepatitis B infections in the United States. There is no end in sight for HBV with immigration from highly endemic regions of the world. Therefore, without investment in surveillance and the control/prevention of chronic HBV, the burden of HBV is going to continue to climb over the next decades.

We welcome the opportunity to discuss our concerns and comments further. If you have any questions or concerns, please do not hesitate to contact either Kate Moraras ([kate.moraras@hepb.org](mailto:kate.moraras@hepb.org)) or Isha Weerasinghe ([iweerasinghe@aapcho.org](mailto:iweerasinghe@aapcho.org)).

Sincerely,

Hep B United  
Association of Asian Pacific Community Health Organizations  
Hepatitis B Foundation  
National Center for Reducing Asian American Cancer Health Disparities  
National Viral Hepatitis Roundtable  
National Task Force on Hepatitis B  
Asian American Health Coalition (HOPE Clinic), Houston, TX  
Asian Health Coalition, Chicago, IL  
Asian Health Center – St. Barnabas Medical Center (Livingston, NJ)  
Asian Pacific Community in Action, Phoenix, AZ  
Asian Pacific Health Foundation, San Diego, CA  
Asian Services in Action, Inc., Cleveland, OH  
Charles B. Wang Community Health Center, New York, NY  
Chinese American Medical Society-Greater Boston Chapter, Boston, MA  
CHOW Project, Honolulu, HI  
Dallas-Fort Worth Hepatitis B Free Project, Dallas, TX  
Hepatitis Education Project (Seattle, WA)  
Hep B United Philadelphia, Philadelphia, PA  
Hep B United - Twin Cities, Minneapolis, MN  
Hep Free Hawaii, Honolulu, HI  
Hep B Free Las Vegas, Las Vegas, NV  
Hep B Free Los Angeles, Los Angeles, CA  
Hepatitis B Coalition of WA, Seattle WA  
Hepatitis B Initiative of Washington DC, Washington, DC  
Midwest Asian Health Association, Chicago, IL  
North East Medical Services, San Francisco, CA  
NYC Hepatitis B Coalition, New York, NY  
New Jersey Hepatitis B Coalition, Trenton, NJ  
NYU Center for the Study of Asian American Health, New York, NY  
Ohio Asian American Health Coalition, Columbus, OH  
Project Prevention, Merced, CA