

Support FY2011 Hepatitis Prevention Funding

UNMET PROGRAMMATIC AND FISCAL NEEDS

- **There is no federal funding to provide core public health services for viral hepatitis.** Funds are needed for hepatitis B and C counseling, testing, and medical referral. **States receive on average \$90,000 for adult hepatitis prevention.** This provides for little more than a position in the health department. Availability of testing is essential so individuals can take steps to protect their health and prevent infecting others.
- **Addressing hepatitis by each outbreak is not disease prevention.** Due to lack of funding, CDC must treat hepatitis outbreaks as sentinel events rather than systematically addressing hepatitis B and C epidemics with over 6 million Americans infected. Addressing one outbreak at a time is not cost-effective nor is it prevention.
- **There is no federally funded chronic hepatitis B and C surveillance system.** The first step to controlling infectious diseases such as hepatitis B and C is establishing a surveillance system to monitor disease incidence, prevalence, and trends.
- **To eliminate hepatitis A and B an investment in vaccination of high risk adults is essential.** Vaccines to prevent hepatitis A and hepatitis B have been available for over 10 and 20 years, respectively.^{1,2} The vaccination of high-risk adults is modest despite recommendations and is necessary to eliminate both diseases.³
- **There is no hepatitis C vaccine.** Provision of basic prevention services is the only way to prevent new infections. The good news is there are drug therapies that can eliminate the virus in over half of those treated. There are also a number of new promising therapies currently under development.
- **Hepatitis disproportionately impacts minorities and must be addressed in the context of health disparities.** Approximately half of persons with chronic HBV are Asian Americans. HBV is most prevalent among immigrants from HBV-endemic countries (Asia and sub-Saharan Africa) who were infected at birth or childhood. Of the 24,000 HBV-infected women who give birth every year, half are Asian Americans. HCV infection is 2 to 3 times as prevalent in African Americans as it is in whites.

DIVISION OF VIRAL HEPATITIS (DVH)

FY2011 NASTAD Recommendation*: \$50 million

FY 2011 President's Budget: \$21.1 million

FY2010 Appropriation: \$19.3 million

* \$30.7 million increase, including a doubling of funding to the state adult viral hepatitis prevention coordinators from \$5 to \$10 million

INSTITUTE OF MEDICINE'S REPORT CALLS FOR GREATER PUBLIC RESOURCES

The recently released IOM's report, [Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C](#) found that the public health response needs to be significantly ramped up. IOM's report attributes low public and provider awareness to the lack of public resources. The report makes 17 out of 22 recommendations specific to state health departments. In order to implement these recommendations to improve the federal response, resources must be increased to health departments who provide the frontline response to these epidemics.

CDC'S DIVISION OF VIRAL HEPATITIS

The Centers for Disease Control and Prevention's (CDC) Division of Viral Hepatitis (DVH) receives only \$19.3 million to provide the scientific and programmatic foundation for the prevention, control, and elimination of hepatitis virus infections in the U.S. DVH sits within the National Center for HIV, Viral Hepatitis, STD and TB Prevention, thereby increasing collaboration and coordination for prevention services to similar populations. In 2001, DVH published the *National Hepatitis C Prevention Strategy* which is a roadmap to reduce the disease burden of chronic hepatitis C. Unfortunately Congress has not funded the *Strategy* to make it a reality. DVH provides \$5 million to fund the position of an Adult Viral Hepatitis Prevention Coordinator in 49 states, five cities, and the District of Columbia. This is only enough for the position and not for the provision of prevention services.

CDC Division of Viral Hepatitis Funding, FY2004-FY2010 (millions)



FY2011 Hepatitis Prevention Funding Needs

HEPATITIS A VIRUS (HAV)

Hepatitis A is one of the most frequently reported vaccine preventable diseases in the United States.¹ The hepatitis A vaccine, available since 1995, is recommended for children aged one year and older and adults at-risk; however vaccination among adults remains low. DVH responds to hepatitis A outbreaks and assists health departments in vaccine delivery.

HEPATITIS A VIRUS FACTS

- **25,000** new cases of HAV infection were estimated in 2007
- **35 percent** of persons infected with reported HAV cases were hospitalized in 2007
- Less than **1 percent** of persons infected with HAV died from it in 2007

HEPATITIS B VIRUS (HBV)

Hepatitis B virus is a common vaccine preventable disease. The hepatitis B vaccine has been available since 1982; since 1991 infants have been routinely vaccinated against hepatitis B virus.² Although the cost-effectiveness of vaccination of at-risk adults has been demonstrated, implementation has not yet occurred, resulting in thousands of unnecessary infections each year. Chronic hepatitis B infection is a leading cause of liver disease and cancer in the United States, and effective treatments to clear the virus remain elusive.

HEPATITIS B VIRUS FACTS

- **Up to 1.4 million** Americans suffer from chronic HBV infection
- **43,000** new HBV infections were estimated in 2007
- **Up to 3,000** deaths resulted from chronic HBV infection in 2007
- The cost of treatment of HBV is approximately **\$2.5 billion (\$2,000 per infected person)**. The lifetime cost of HBV in 2000—before the availability of most of the current therapies—was approximately \$80,000 per person or more than \$100 billion³
- **Up to 15 percent** of persons living with HIV are also infected with HBV⁴

HEPATITIS C VIRUS (HCV)

Hepatitis C is the most common blood-borne, chronic viral disease in the United States. Approximately 4 million Americans are living with chronic hepatitis C, and the CDC estimates that approximately 17,000 new infections occurred in 2007.⁵ With no vaccine to prevent infection, hepatitis C is now the leading indication for adult liver transplantation in the United States. Although

transmission of hepatitis C has significantly decreased in the U.S. over the past twenty years, the incidence of liver disease and liver cancer is rising, as persons infected with hepatitis C decades ago begin to develop complications of their infection. Without increased resources for counseling, testing and medicals referral services, the CDC predicts that deaths due to HCV will double by 2020.

HEPATITIS C VIRUS FACTS

- **Up to 4 million** Americans suffer from chronic HCV infection – nearly four times the amount of those with HIV
- Each year, **1 to 4 percent** of people with HCV-related cirrhosis develop liver cancer
- **17,000** Americans were newly infected and **12,000** died in 2007
- **Up to 30 percent** of people living with HIV/AIDS are also infected with HCV
- The medical costs of HCV are expected to increase from **\$30,000,000,000** in 2009 to over **\$85,000,000,000** in 2024

THE COSTS OF INACTION

- HBV treatment: \$2,000 - \$16,000 per year, ~10% are cured³
- HCV treatment: \$15,000 - \$25,000, about 55% are cured^{6,7}
- End stage liver disease: \$30,980 - \$110,576 per hospital admission⁸
- Liver transplantation: \$314,000 for uncomplicated cases⁹

REFERENCES

- ¹Centers for Disease Control and Prevention.(2006) Prevention of Hepatitis A Through Active and Passive Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR. 55(No.Rr-7)
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- ³ Soemohardjo, S., *New options in the treatment of chronic hepatitis*. Adv Exp Med Biol, 2003. 531: p. 191-8.
- ⁴Centers for Disease Control and Prevention. (2006). Recommendations for Identification and Public Health Management of Persons with Chronic Hepatitis B Virus Infection. MMWR. 57(No.Rr-8)
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- ⁶Fried, M.W., et al., *Peginterferon alfa-2a plus ribavirin for chronic hepatitis C virus infection*. N Engl J Med, 2002. 347(13): p. 975-82.
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- ⁸ Wong, L.L., P. McFall, and L.M. Wong, *The cost of dying of end-stage liver disease*. Arch Intern Med, 1997. 157(13): p. 1429-32.
- ⁹ American Liver Foundation, 2002-2003. <http://www.liverfoundation.org>.