Urgent Hepatitis Alert

March 16, 2015 By Lucinda K. Porter RN

An urgent matter is weighing on me. I need your help; we need your help; you need to help. I know that sounds audacious, but approximately two people die every hour in the U.S. from hepatitis C. If you don't help, who will?

Hepatitis C deaths are rising along with the incidence of new hepatitis C infections. However, we have an unprecedented opportunity. President Obama has asked for an increase in funding for services to address some of the issues related to viral hepatitis. Representatives Mike Honda, Hank Johnson, and Judy Chu are asking all House Representatives to sign an important letter supporting this funding. (The letter is below.)

What I am asking is very simple but must be done immediately. Ask your representative in Congress to fight against the hepatitis B and C epidemics. This will take you a couple of minutes, and if enough of us do it, it may change history and save lives. Here are the steps:

- Call your Congressional Representative through the Congressional Switchboard at (202) 224-3121.
- Ask to be connected to your Representative. Once you are connected to the office, ask to speak to the staff person who handles health care issues.
- Whether you speak to that person live or leave a voicemail, tell them:

1. Your name
2. Where you live and that you are a constituent
3. That you would like the Representative to sign the "Dear Colleague" letter from Representatives Honda, Johnson, and Chu supporting increased funding for viral hepatitis
4. A brief message why this issue is important to you (You have it, someone you know has it, you are concerned about your community, or however you are touched by viral hepatitis)
5. Tell them they can sign the letter by contacting Helen Beaudreau in Representative Honda's office or Scott Goldstein in Representative Johnson's office.
6. The deadline to sign-on is the end of the day on March 19
7. Thank him/her

Please call your Congressional Representative immediately after reading this. If you are tempted to wait, think about the nearly 18,000 people who die every year from hepatitis C who might be alive if we had acted earlier.

Text of “Dear Colleague” letter:

The Honorable Tom Cole
Chairman
Subcommittee on Labor, Health and Human Services
United States House
Washington, D.C., 20515

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, Health and Human Services
United States House
Washington, D.C., 20515

Dear Chairman Cole and Ranking Member DeLauro:

As you begin deliberations on the Fiscal Year 2016 Labor, Health and Human Services, Education, and Related Agencies Appropriations bill, we respectfully request that you allocate $62.8 million for the Division of Viral Hepatitis (DVH) at the Centers for Disease Control and Prevention (CDC), consistent with the President’s FY2016 budget request and an increase of $31.5 million over the FY2015 level.

The CDC’s 2010 professional judgment (PJ) budget recommended $90.8 million annually from FY2011-FY2013, $170.3 million annually from FY2014-FY2017, and $306.3 million annually from FY2018-FY2020 in order for DVH to comprehensively address the viral hepatitis epidemics. While past increases have been helpful, these have only been small steps toward building a more comprehensive response to viral hepatitis. Our recommendation of $62.8 million is in line with the needs determined by the PJ and the goals of the Viral Hepatitis Action Plan, but pales in comparison to the CDC’s PJ. These increased funds would be used to:

- *Expand adoption of CDC/United States Preventive Services Task Force (USPSTF) recommendations for hepatitis B and hepatitis C testing and linkage to care by health systems and providers to prevent disease and premature death;*
- *Develop monitoring systems and prevention strategies to stop the emerging hepatitis C epidemic among young persons and others at risk;*
- *Enhance vaccination-based strategies to eliminate mother-to-child transmission of hepatitis B; and*
- *Strengthen state and local capacity to detect new infections, coordinate prevention activities, provide feedback to providers for quality improvement, and track progress toward prevention goals.*

The need to enhance and expand these prevention efforts is growing more urgent. The hepatitis B virus (HBV) and hepatitis C virus (HCV) are the leading causes of liver cancer - one of the most lethal, expensive and fastest growing cancers in America. As many as 5.3 million people in the U.S. are living with HBV and/or HCV and 65-75% of them are undiagnosed. Approximately 175,000 veterans are living with HCV, and at least 30,000 of them have liver cirrhosis (scarring of the liver); yet as many as 40,000 veterans may be infected with HCV and not know it. Without an adequate comprehensive surveillance system, these estimates are only the tip of the iceberg. There are at least 18,000 deaths annually attributed to hepatitis-related liver disease or liver cancer, and hepatitis is the leading non-AIDS cause of death in people living with HIV. In fact, nearly 25 percent of HIV-positive persons are also infected with HCV and nearly 10 percent with HBV.

These epidemics are particularly alarming because of the rising rates of new infections and high rates of chronic infection among disproportionately impacted racial and ethnic populations. They present a dramatic public health inequity. For example, Asian Americans comprise more than half of the known hepatitis B population in the United States and, consequently, maintain the highest rate of liver cancer among all ethnic groups. American Indian/Alaska Native communities have the highest incidence rates of HCV among all races and ethnicities. HCV is twice as prevalent among African Americans as among Caucasians. Additionally, African American and Latino patients are less likely to be tested for HCV in the presence of a known risk factor, less likely to be referred to treatment for subspecialty care and treatment, and less likely to receive antiviral treatment. Recent alarming epidemiologic reports indicate a rise in HCV infection among young people throughout the country. Some jurisdictions have noted that the number of people ages 15 to 29 being diagnosed with HCV infection now exceeds the number of people diagnosed in all other age groups combined. Alarmingly, 35 out of 41 responding states reported increases in persons newly infected with HCV from 2010-2012.

Further, the "baby boomer" population (those born between 1945 through 1965) currently accounts for three out of every four cases of chronic HCV. As these Americans continue to age, they are likely to develop complications from HCV and require costly medical interventions that can be avoided if they are tested earlier and provided with curative treatment options. It is estimated that this epidemic will increase costs to private insurers and public systems, such as Medicare and Medicaid, from $30 billion in 2009 to over $85 billion in 2024, and account for additional billions of lost productivity due to the millions of workers suffering from chronic HBV and HCV. Over the last three years, CDC and the USPSTF have worked to align their recommendations for hepatitis screening, recommending screening vulnerable groups for HCV and one-time testing of all baby boomers.

We appreciate the Committee's support for viral hepatitis prevention, in particular the increased support to prioritize the identification of people living with HBV and HCV who are unaware of their status. We strongly encourage you to sustain your commitment this year. We have the tools to prevent the major causes of liver disease and liver cancer - a hepatitis B vaccine and effective treatments that reduce disease progression, new diagnostics for HCV and treatments that increase cure rates to over 90%, and even more medical advances for HBV and HCV in the research pipeline. Making this relatively modest investment in the prevention and detection of viral hepatitis represents a key component in addressing a vital public health inequity and will ensure more Americans receive the appropriate health care, strengthen our public health infrastructure, and combat the devastating and expensive complications caused by viral hepatitis.

Sincerely,