Viral Hepatitis in the U.S.: What Is the Problem and Why are We Losing Ground?

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In my work to engage new partners in the nation's response to viral hepatitis from here in Washington, DC, I often find that the scope and magnitude of the growing problem of viral hepatitis is not well understood. An accurate understanding of how big and how bad the problem is – and it is both – is vital to our work to address viral hepatitis, to reaching the goals of the National Viral Hepatitis Action Plan, and to combating these preventable and potentially deadly infections. Over the past 17 years working in this field, I've found that similar information and messages resonate with partners in local and state health departments, community health centers, hospitals, substance use treatment programs, jails and prisons, and many community service organizations.

I usually find myself starting with the basic facts with prospective partners who are less familiar with viral hepatitis. So I thought I might be useful to describe how I often frame the problem of viral hepatitis in the United States today.

Simply stated: With more than 4 million Americans from every state and all walks of life infected with hepatitis B (HBV) or hepatitis C (HCV), and the number of new infections growing, we are losing ground in the battle against viral hepatitis.

Why Are We Losing Ground?

Some of the points I often share to provide an accurate overview of the problem of viral hepatitis in the United States today are:

- The opioid epidemic is fueling increases in hepatitis B and C – Injection drug use is a very efficient method of transmitting blood-borne viruses like HBV and HCV. Not surprisingly, then, new HBV and HCV infections are on the rise as a result of increasing injection drug use driven by the opioid crisis gripping communities across the country. CDC reports that new hepatitis C

infections have nearly tripled between 2010 and 2015. Research shows that these increases (among young people, whites, and women) are linked to increases in injection drug use, and specifically to injection of opioids. For the same reasons, our progress on hepatitis B prevention has stalled. After decades of decreases and several years of stable rates, new HBV infections grew by about 20 percent overall between 2014 and 2015 - PDF.

- Too few people with HBV and HCV are aware of their infection – Just over one-half of people living with HBV or HCV infection are aware of their infection. So a significant proportion of infected individuals are unaware of their status and are not accessing treatment that can prevent disease progression and liver damage, including cirrhosis and liver cancer. They are also at risk of transmitting the virus to others.
- Deaths are near record levels – Nearly 20,000 deaths - PDF are associated with HCV each year, according to the Centers for Disease Control and Prevention (CDC). And one in four people who are chronically infected with hepatitis B will die prematurely. Many of these deaths could be avoided if the infections had been diagnosed and treated.
- HCV infection prevalence among pregnant women has increased, putting more babies at risk – The hepatitis C virus can be transmitted from mother to baby and no curative treatment has yet been determined safe for use by pregnant women or infants. The prevalence of hepatitis C among pregnant women in the United States increased 89% from 2009–2014. Rates varied among states, with West Virginia experiencing the highest rates followed by Kentucky, Maine, Montana, Tennessee, and Vermont.
- Costs for treating and preventing transmission of these infectious diseases will continue to grow if we don't reverse the trends of increasing infections – U.S. payers will spend an estimated $136 billion on hepatitis C drugs between 2015 and 2020, about 45% ($61 billion) of which will come from the government.

Addressing the Problem

These are some of the facts that I share with interested individuals and organizations when describing the growing problem of viral hepatitis in the United States. Many of the people I speak with react with surprise, noting that they were not aware of the magnitude of the problem nor the variety and severity of its consequences. Equipped with that fuller foundational understanding,

many stakeholders naturally want know what can be done and how they and their organizations can effectively contribute to fighting these infectious diseases.

As the result of scientific advances and improvements in healthcare, we have tools that make it possible to win the fight against viral hepatitis, unfortunately, the people who need them often do not have access to these tools. There are still substantial barriers to overcome in the fight against viral hepatitis. This is why the National Viral Hepatitis Action Plan, 2017 – 2020 (Action Plan) is so important. It is our battle plan and it provides a strategic framework for preventing new viral hepatitis infections, reducing deaths and improving the health of people living with viral hepatitis, and reducing viral hepatitis-related health disparities.

An important part of engaging a broader variety of partners in the growing national response to viral hepatitis and pursuing the goals of the Action Plan is helping stakeholders better appreciate seriousness of the facts about hepatitis B and C as well as the opportunities and challenges they can help us address.

Join us and help to win the fight against viral hepatitis!

How do you describe the problem of viral hepatitis? Tell us on Twitter @HHS_ViralHep.

Getting ready for May, #HepAware, help us raise awareness about this deadly disease that affects more than 4 million Americans. #Hepatitis https://go.usa.gov/xQqF6

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