

May XX, 2017

The Honorable Roy Blunt
Chairman
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Senate Committee on Appropriations
United States Senate
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Senate Committee on Appropriations
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Washington, D.C. 20510

Dear Chairman Blunt and Ranking Member Murray:

As you begin to develop the Fiscal Year 2018 (FY2018) Labor, Health and Human Services, Education and Related Agencies Appropriations Act, we respectfully ask you to provide robust funding for the Division of Viral Hepatitis (DVH) at the Centers for Disease Control and Prevention (CDC). In the United States, approximately 5.3 million people are affected by hepatitis with roughly 75 percent unaware they are living with such infection.

Robust financial support this fiscal year will allow the CDC to continue making progress in fighting viral hepatitis B (HBV) and hepatitis C (HCV) transmission and disease on a number of fronts including: links between the opioid crisis and hepatitis, addressing mother-to-child transmission of the disease, reducing HCV-linked mortality, and ultimately eliminating hepatitis in the U.S

Link between Opioid Crisis and Hepatitis

Surveillance data released by the CDC in 2016 exposed a new wave of HCV infections among people who inject drugs. Acute cases of HCV infection have more than doubled since 2010, increasing to 2,194 reported cases in 2015. The new cases centered primarily on young, white individuals living in rural and suburban areas of the Midwest and Eastern United States, all of whom had a history of injection drug use.

Prior to CDC's data release, the nation witnessed the connection between HCV and injection drug use following an HIV outbreak in Scott County, Indiana. Of the 185 individuals diagnosed with HIV, 90 percent were already infected with HCV. The crisis in Indiana serves as just one example of U.S. cities, both large and small, and the consequences residents face when public health infrastructure lacks basic resources necessary to stop the spread of completely preventable infections. The support of robust funding would allow DVH the opportunity to:

- Promote HBV vaccinations, and HBV and HCV screenings in settings that reach and provide services for populations at highest risk for transmission.

- Assure, in addition to HBV and HCV testing, implementation of prevention services to stop HBV and HCV transmission, including counseling, locally supported syringe services programs, treatment for substance use disorders, and linkage to care and treatment for people living with HBV and HCV.

Addressing Mother-to-Child Transmission of Hepatitis

Approximately 24,000 infants are born to mothers living with HBV, resulting in as many as 1,000 perinatal transmissions per year. Elimination of mother-to-child transmission is an attainable goal, particularly if sufficient funding for DVH is sustained. For example, a robust investment this year would allow DVH to:

- Continue to work with state epidemiologists to implement revised state and local reporting criteria for pregnant women and their newborns living with HBV and HCV.
- Consider routine HCV testing for women of child-bearing age to identify young women living with HCV who would benefit from treatment, and to provide preventive services to their newborns.

HCV-Related Deaths Continue to Surpass Those of Other Infectious Diseases

According to the CDC, HCV mortality rates have increased substantially in the United States over the past decade, surpassing deaths associated with all 60 other nationally notifiable infectious diseases combined. Furthermore, HBV and HCV are the leading causes of liver cancer – one of the most lethal, expensive, and fastest-growing cancers in America. In addressing the alarming HCV-related death rates, robust funding to DVH would:

- Provide support for a full time Viral Hepatitis Prevention Coordinator position in 48 states, the District of Columbia, three cities, and U.S. Territories. These coordinators serve as the frontline to this ever increasing public health issue, addressing hepatitis within their jurisdiction.
- Support the development of up to two model projects for the elimination of HCV transmission and related mortality throughout an entire state, tribal area, or local community.
- Advance testing in public health and private clinical settings, along with other areas, to increase the number of persons diagnosed with HBV and HCV infection and linked to lifesaving care earlier in their infection.
- Allow for the exploration of unitizing electronic health records to monitor implementation of CDC and U.S. Preventative Services Task Force recommendations, in both HBV and HCV screening.

We Can Eliminate Hepatitis in the U.S.

In March, 2017, the National Academies of Science, Engineering, and Medicine released [A National Strategy for the Elimination of Hepatitis B and C: Phase Two Report](#), which follows an April 2016 Phase One Report that determined the elimination of viral hepatitis is feasible in the United States. The Phase Two Report, which identifies a strategy to eliminate HBV and HCV in the U.S. by 2030, is modeled after the World Health Organizations strategy to eliminate viral hepatitis globally under the same time frame, and is consistent with activities identified by the CDC as critical to address these epidemics. Both reports acknowledge that significant increases in federal resources will be necessary to eliminate the viruses.

Unless confronted more boldly, more directly, and more loudly, the already troubling number of HBV and HCV cases will continue to increase. With your continued leadership on this issue the elimination of viral hepatitis B and C transmission and disease is possible in the United States.

We appreciate the Committee's support for viral hepatitis prevention in FY2017 and strongly encourage you to strengthen the U.S.'s commitment in addressing this public health issue in FY2018.

Sincerely,