

# Viral Hepatitis Prevention FY2007

## Unmet Needs for States

In 2003 there were an estimated 150,000 new hepatitis A, B and C (viral hepatitis) virus infections in the United States and approximately 15,000 viral hepatitis-related deaths<sup>1</sup>—despite the existence of effective disease prevention measures. Vaccines to prevent hepatitis A (HAV) and hepatitis B (HBV) have been available for over 10 years<sup>2,3</sup> and guidelines to screen, counsel and test populations at risk of hepatitis C virus (HCV) infection were developed and recommended by the U.S. Centers for Disease Control and Prevention (CDC) in 1998.<sup>4</sup> Unfortunately, implementation of these life-saving prevention measures has been limited due to lack of funding, and thousands of preventable infections and deaths continue to occur, at a cost of billions of dollars to our nation each year.<sup>5,6,7,8,9</sup>

### HEPATITIS A VIRUS

Hepatitis A is one of the most frequently reported vaccine preventable diseases in the United States.<sup>2</sup> The hepatitis A vaccine, available since 1995, is recommended for children aged 1 year and adults at-risk<sup>10</sup>; however vaccination among adults remains low. The CDC's Division of Viral Hepatitis (DVH) responds to HAV outbreaks and assists health departments in vaccine delivery.

### HEPATITIS B VIRUS

Hepatitis B virus is a common vaccine preventable disease. The hepatitis B vaccine was developed in 1981; since 1991 infants have been routinely vaccinated against

HBV.<sup>3</sup> 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 HBV 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

- **1.25 million** Americans suffer from chronic HBV
- **73,000** new HBV infections were estimated in 2003
- **5,000** deaths result from HBV infection each year
- **\$658 million** in medical costs and lost wages occur each year as a result of HBV
- Up to **10%** of persons living with HIV are also infected with HBV

### HEPATITIS C VIRUS

Hepatitis C is the most common blood-borne, chronic viral disease in the United States. Approximately 2.7 million Americans are living with chronic hepatitis C, and CDC estimates that approximately 30,000 new infections occurred in 2003.<sup>4</sup> Currently, there is no vaccine to prevent HCV infection. HCV 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 medical referral services, the CDC predicts that deaths due to HCV will double by 2020.

#### HEPATITIS A VIRUS FACTS

- **61,000** new cases of HAV infections were estimated in 2003
- **11-22%** of persons infected with HAV are hospitalized each year
- Approximately **100** cases of HAV result in death

### HEPATITIS C VIRUS FACTS

- An estimated **3 to 5 million Americans** have been infected with the hepatitis C virus (HCV)
- Each year, **1% to 4%** of people with HCV-related cirrhosis develop liver cancer
- **30,000** Americans were newly infected in 2003
- **2.7 million** Americans have chronic HCV—3 times the number of individuals with HIV
- **25%** of people living with HIV/AIDS are also infected with HCV

### CDC'S DIVISION OF VIRAL HEPATITIS

The Division of Viral Hepatitis (DVH) at CDC provides the scientific and programmatic foundation for the prevention, control, and elimination of hepatitis virus infections in the U.S., and assists the international public health community in these activities. Currently located in CDC's National Center for Infectious Diseases (NCID), DVH will be moved to CDC's National Center for HIV, STD and TB Prevention (NCHSTP) in October, 2006. This change will increase coordination across HIV, STD, TB and viral hepatitis programs, which provide prevention services to similar populations.

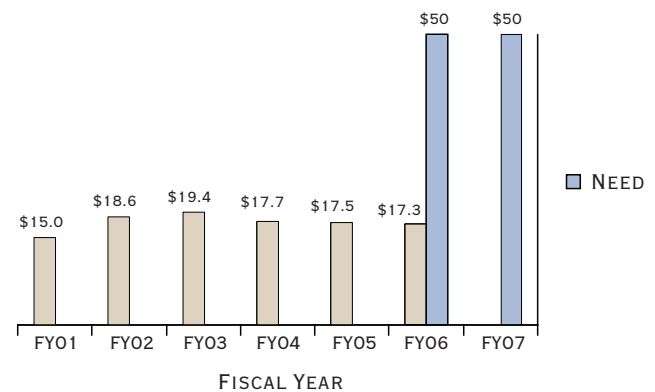
In 2001, DVH published the *National Hepatitis C Prevention Strategy*, which outlines how to lower the incidence of acute hepatitis C in the U.S. and reduce the disease burden from chronic HCV infection. The central component of DVH's prevention strategy is the *Hepatitis C Coordinator Program*, which provides funding to 48 states, three cities, the District of Columbia, and the Indian Health Service to support a hepatitis C coordinator position. The role of the coordinator is to work with other public health programs to integrate viral hepatitis prevention services into existing settings (e.g., STD and HIV clinics). Unfortunately, with an

average funding award of \$80,000 in FY2005, the program is able to support little more than personnel costs, leaving no funds for service provision (e.g., hepatitis A and B vaccine, hepatitis B and C testing).

Another important function of DVH is viral hepatitis surveillance, which includes responding to hepatitis A, B and C outbreaks and monitoring chronic viral hepatitis infection and chronic liver disease. With a budget of approximately \$3 million to support surveillance activities, a substantial increase in resources is required to appropriately monitor viral hepatitis disease burden and trends at the national level, and to support state and local health departments in carrying out these surveillance activities.

*DVH's funding for HCV has been cut in recent years; in FY2006 funding was just \$16.7 million. These cuts will significantly impede the public health prevention and control efforts in states and localities across the U.S.*

### CDC HEPATITIS C HISTORICAL FUNDING, FY01-FY07, IN MILLIONS OF DOLLARS



### REQUESTED INCREASE

NASTAD requests \$50 million in FY2007 for viral hepatitis prevention to assist state and local health departments to:



- Provide hepatitis B and C counseling, testing, and medical referral
- Educate the public and medical providers on preventing and treating viral hepatitis
- Strengthen the ability of existing HIV and STD programs to provide hepatitis A and B vaccinations to adults
- Implement chronic hepatitis B and C surveillance systems

<sup>1</sup> Centers for Disease Control and Prevention. Disease burden from viral hepatitis A, B and C in the United States. As of February 2006. available at [http://www.cdc.gov/ncidod/diseases/hepatitis/resource/dz\\_burden02.htm](http://www.cdc.gov/ncidod/diseases/hepatitis/resource/dz_burden02.htm).

<sup>2</sup> Centers for Disease Control and Prevention. Prevention of Hepatitis A Through Active and Passive Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP).

<sup>3</sup> Centers for Disease Control and Prevention. Inactivated hepatitis B vaccine. *MMWR Morb Mortal Wkly Rep.* 1982; 31:317-318.

<sup>4</sup> Centers for Disease Control and Prevention. Recommendations for prevention and control of hepatitis C virus (HCV) infection and HCV-related chronic disease. *MMWR.* 1998;47(No. RR-19):1-39.

<sup>5</sup> Berge, JJ, Drennan, DP, Jacobs, RJ, Jakins, A, Stubblefield, W, Weinberg, M. The cost of hepatitis A infections in American adolescents and adults in 1997. *Hepatology*, 2000; 31: 469-473.

<sup>6</sup> Alter, M J. Epidemiology and disease burden of hepatitis B

#### THE COST OF INACTION

- Total costs of hepatitis A each year: \$489 million.<sup>1</sup>
- Costs of medical care and lost wages due to hepatitis B: \$658 million <sup>2</sup>
- Direct medical costs of hepatitis C: \$750 million/year<sup>13</sup>
- Total medical expenditures for people with hepatitis: \$15 billion/year<sup>4</sup>
- Employer costs for absentee losses due to hepatitis C: \$4-5 billion/year<sup>4</sup>
- Cost of premature disability and death (2010-2019): \$75.5 billion<sup>5</sup>

and C. *Antiviral Therapy* 1996; 1:9-14.

<sup>7</sup> American Gastroenterological Association. *The Burden of Gastrointestinal Diseases*. American Gastroenterological Association. Bethesda, Maryland. 2005. pp 43-45.

<sup>8</sup> Dulworth S, Patel S, Pyenson BS. The hepatitis C epidemic: looking at the tip of the iceberg. Milliman & Robertson, Inc. Washington, D.C. 2000.

<sup>9</sup> Wong JB, McQuillan GM, McHutchison JG, Poynard T. Estimating future hepatitis C morbidity, mortality, and costs in the United States. *Am J Public Health.* 2000;90:1562-9.

<sup>10</sup> Centers for Disease Control and Prevention. Provisional Recommendations for Hepatitis A Vaccination of Children. As of February 2006. available at <http://www.cdc.gov/nip/recs/>





## NOTES