

Congress of the United States
Washington, DC 20515

October 22, 2010

The Honorable Kathleen Sebelius
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dr. Thomas R. Frieden
Director
Centers for Disease Control and Prevention
1600 Clifton Rd.
Atlanta, GA 30333

Dear Secretary Sebelius and Director Frieden:

We are writing to express our great disappointment with the omission of viral hepatitis from the list of priorities or “winnable battles” recently outlined by the Centers for Disease Control and Prevention’s (CDC) Director Dr. Thomas Frieden. We sincerely appreciate the longstanding commitment of the CDC and Director Frieden to improving our public health, however the absence of viral hepatitis from this list is glaring and a cause for concern. From the many voices of our constituents with these diseases and from two Members of Congress personally impacted—Mr. Hank Johnson who is living with hepatitis C and Dr. Bill Cassidy who continues to treat hepatitis patients in Louisiana’s sixth district – we expect you to provide federal leadership in addressing diseases that impact over six million Americans.

Given the absence of viral hepatitis in the CDC list of priorities, we would like a clear plan for how CDC will combat these epidemics. In particular, we would like to know if you will prioritize additional resources for the Division of Viral Hepatitis (DVH) and seek to restore funds for the recently discontinued Adult Hepatitis B Vaccination Initiative through the Section 317 Vaccine Program in your FY2012 budget submission. Further we are interested to know how CDC plans to be a crucial implementing partner in the Assistant Secretary for Health’s, *HHS Viral Hepatitis Action Plan*. In addition, we would be happy to convene a meeting with you to discuss this important matter.

We have the tools to prevent an increase in healthcare costs associated with advanced liver disease, including liver cancer, with a vaccine and treatment options for hepatitis B, treatments that can cure hepatitis C, accurate diagnostic tests, and guidelines for hepatitis counseling and care. We recognize that many chronic diseases plague our country’s health and contribute to skyrocketing health costs, and that we are operating in a fiscally limited environment. The six priorities – smoking, AIDS, obesity/nutrition, teen pregnancy, auto injuries and health care infections – are long-standing, major challenges that already receive significant attention and financial support.

Viral hepatitis, however, lacks sufficient government leadership and resources. As you know, it is a silent killer with as many as 75 percent of chronically infected persons unaware that they have the disease. It can lead to chronic liver disease, cirrhosis, liver cancer and liver failure. It is the most common cause of liver cancer, which is one of the most lethal, expensive and fastest rising cancers in America. It is also a leading cause of death in Americans co-infected with HIV and viral hepatitis. Further, the baby boomer population is estimated to account for two out of every three cases of chronic hepatitis C and, as these Americans continue to age, they are likely to develop complications from liver disease caused by hepatitis C, costing Medicare billions of dollars in treatment, transplantation, and palliative costs. The costs of inaction are too high not to be a priority for the CDC.

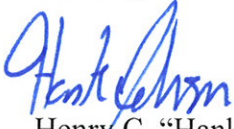
Viral hepatitis did not receive any of the \$650 million in prevention and wellness funding authorized under the American Recovery and Reinvestment Act of 2009. Unlike other infectious diseases such as HIV, it also did not receive any of the \$500 million of the Prevention and Public Health funding established in the Affordable Care Act in FY2010, nor is it slated to receive any of the \$750 million in FY2011. Further, the CDC's Section 317 Vaccine Program's Adult Hepatitis B Vaccination Initiative, which helped expand hepatitis B vaccine to at-risk adults with a funding high of \$20 million, has recently been discontinued. Finally, we believe that health reform is only one of many solutions to the viral hepatitis problem but it is not the only one.

According to DVH's professional judgment (PJ) budget requested by Congress, its top priority is to identify persons with viral hepatitis early and refer them to care with the first key strategy of wide access to testing. CDC must engage in comparable efforts as it has done with other diseases to successfully decrease incidence and increase awareness of viral hepatitis. Once identified, there are effective counseling strategies, treatments and care services that can delay or halt disease progression. According to the PJ, "identifying those who are infected and referring them to appropriate care can greatly reduce the public health and economic consequences of viral hepatitis." With hepatitis B as a vaccine-preventable virus and with better hepatitis C treatments and cures on the horizon, more must be done to prevent new infections and identify those who are infected and get them into care.

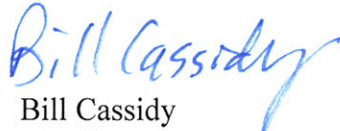
The omission of viral hepatitis from this list further fails to take advantage of the Institute of Medicine's (IOM) long-anticipated report, *Prevention and Control of Viral Hepatitis Infections in the United States*. The report was released early in January of this year and provides evidence-based recommendations and strategies for addressing these epidemics to reduce health costs and maximize cost-savings. We should not let this opportunity go to waste and should use this report to highlight both the challenges and recommendations for strengthening our federal response. In addition, we anticipate the upcoming *HHS Viral Hepatitis Action Plan* to incorporate the IOM recommendations that will guide the federal government's actions.

We can do better for all Americans at risk for and affected by viral hepatitis. With continued scant federal resources, lack of government transparency, lack of program coordination and the absence of political will, Americans have continued to develop liver cancer and associated lethal complications of viral hepatitis because of our inaction to these preventable infections. The time to change the status quo is now. We look forward to a timely response and robust dialogue with you as we work to improve the federal response to this burgeoning epidemic.

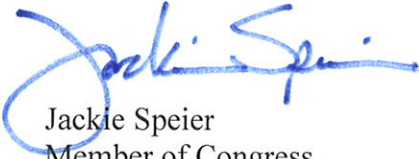
Sincerely,



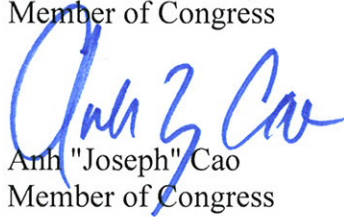
Henry C. "Hank" Johnson
Member of Congress




Bill Cassidy
Member of Congress



Jackie Speier
Member of Congress



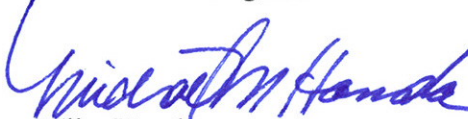
Anh "Joseph" Cao
Member of Congress



Donna Christensen
Member of Congress



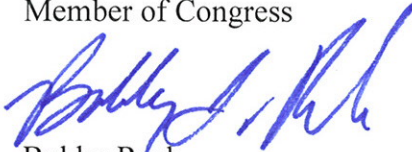
Danny H. Davis
Member of Congress



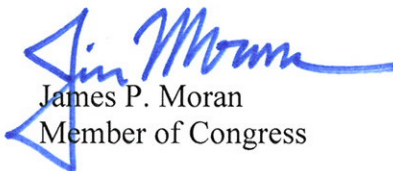
Mike Honda
Member of Congress



Lucille Roybal-Allard
Member of Congress



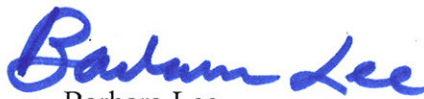
Bobby Rush
Member of Congress



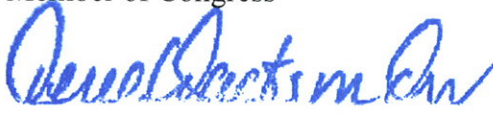
James P. Moran
Member of Congress



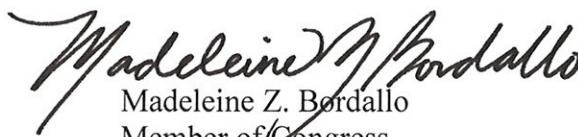
Edolphus Towns
Member of Congress



Barbara Lee
Member of Congress



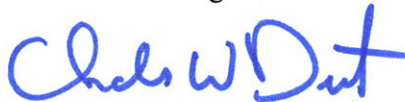
Jesse L. Jackson Jr.
Member of Congress



Madeleine Z. Bordallo
Member of Congress



Judy Chu
Member of Congress



Charlie Dent
Member of Congress

Cc: The Honorable Howard Koh, Assistant Secretary for Health, U.S. Department of Health and Human Services



THE SECRETARY OF HEALTH AND HUMAN SERVICES

WASHINGTON, D.C. 20201

December 20, 2010

The Honorable Henry C. "Hank" Johnson
House of Representatives
Washington, D.C. 20515

Dear Representative Johnson:

Thank you for your letter dated October 22, 2010, in which you expressed concern about the burden of viral hepatitis in the United States. The issues you raise are important, and the Department of Health and Human Services (HHS) remains committed to this important health topic. I also wanted to address your concern that viral hepatitis was not included in the Centers for Disease Control and Prevention's (CDC) set of "winnable battles."

CDC's choice of winnable battles that are leading causes of death or disability does not in any way decrease the attention or priority given to other issues such as hepatitis. CDC's mission is to protect health and promote quality of life through the prevention and control of disease, injury, and disability. CDC staff will continue their work across a wide range of critically important public health issues, including viral hepatitis, with a focus on achieving broad health impacts and the elimination of health disparities.

Additionally, as you may know, CDC supports Adult Viral Hepatitis Prevention Coordinators in state and local health departments. As part of this effort, CDC provides the technical expertise necessary for the management and coordination of activities directed toward the prevention of viral hepatitis infections, and the integration of viral hepatitis services. For example, services include screening of persons at risk for infection, vaccinating those who are susceptible to infection, and referring to medical care those who are infected. CDC is also an advocate for immunization programs for hepatitis A virus (HAV) and hepatitis B virus (HBV) and champions perinatal hepatitis B prevention programs to eliminate mother-to-child transmission of HBV. Furthermore, CDC recommends the development of community education programs directed to communities experiencing health disparities related to viral hepatitis, and education of health professionals to improve delivery of recommended viral hepatitis prevention, diagnosis, management, and treatment. To guide prevention of viral hepatitis, CDC collects data to monitor emergence of new infections, rapidly detect disease outbreaks, and identify and facilitate referral of persons with viral hepatitis for appropriate care and treatment. Lastly, CDC studies and evaluates new tools and strategies to improve the effectiveness of viral hepatitis prevention programs.

The Honorable Henry C. "Hank" Johnson

December 20, 2010

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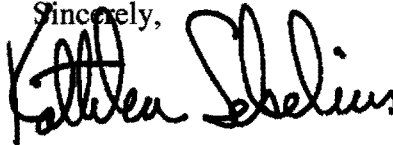
I share your concern about the large and increasing disease burden of viral hepatitis and the large number of people who remain unaware of their infection and the ongoing transmission that puts other Americans at risk. Disparities in liver cancer and other diseases caused by viral hepatitis represent major health disparities, especially for African Americans and Asian Americans/Pacific Islanders. I also am aware of the Institute of Medicine (IOM) report, *Hepatitis and Liver Cancer: a National Strategy for Prevention and Control of Hepatitis B and C*. This IOM report focuses new and deserved attention on viral hepatitis as a public health issue. It also presents specific recommendations for improving disease surveillance, increasing public awareness, and directing delivery of viral hepatitis prevention and care services.

In response to this IOM report, I directed Dr. Howard Koh, Assistant Secretary for Health, to convene an interagency working group of subject experts to determine how to best respond to these recommendations. The working group has been tasked with identifying the highest priorities for addressing the viral hepatitis epidemic in this country as well as the disease and death that it causes. To that end, the working group has assembled expert panels to develop a HHS Action Plan on Viral Hepatitis. CDC and other departmental staff are actively engaged in developing the plan. The planning process has been inclusive, incorporating feedback from HHS subject matter experts, as well as input solicited from other government agencies and non-governmental organizations.

I look forward to the group's findings and recommendations about how the Department can best move forward to meet the challenges that viral hepatitis presents to our nation. I also welcome the opportunity to have HHS leaders, including CDC, brief you and other members of Congress on how HHS is addressing the epidemic of viral hepatitis.

I appreciate your interest and support and hope this information is helpful. Thank you for your continued leadership on this important issue. I will also provide this response to the cosigners of your letter.

Sincerely,

A handwritten signature in black ink that reads "Kathleen Sebelius". The signature is written in a cursive style with a large, stylized "K" and "S".

Kathleen Sebelius