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**NASTAD Commends House Committee for Hearing on Viral Hepatitis;
Increased Federal Response Urgently Needed**

Washington, D.C. – June 17, 2010 – The National Alliance of State and Territorial AIDS Directors (NASTAD) commends the House Committee on Oversight and Government Reform for holding the hearing today entitled "Viral Hepatitis: The Secret Epidemic." Chairman Ed Towns (D-NY) and Ranking Member Darrell Issa (R-CA) are convening this important hearing to question federal officials, public health experts and persons living with hepatitis about how the federal government is responding to an epidemic which impacts more than five million Americans.

"While there has been recent increased interest in hepatitis within the Administration and Congress, this interest has not yet translated into additional funding or prioritization of diseases that pose a serious threat to millions of Americans and the public health system," commented NASTAD Executive Director Julie Scofield.

Today's hearing is the first time Congress has formally examined the federal response to viral hepatitis since December 2004. There has been little progress made in developing a comprehensive prevention and control program in the U.S. due to a lack of funding. The Centers for Disease Control and Prevention (CDC) Division of Viral Hepatitis (DVH) receives only \$19.3 million annually to address viral hepatitis. State health departments receive an average of \$90,000 to support a hepatitis coordinator position. The coordinator position receives little above personnel costs, leaving no money for the provision of public health services.

Assistant Secretary of Health Dr. Howard Koh recently convened a cross-agency work group on viral hepatitis. The purpose of the work group is to inventory agency responses to the viral hepatitis epidemics, develop a plan for a better response, and increase coordination across federal agencies. "We commend Dr. Koh for convening this important work group, and continue to urge the Administration and Congress to act with a greater sense of urgency. Inaction until now has resulted in millions of dollars in unnecessary medical expenses and avoidable morbidity and mortality," said Scofield.

A recent Institute of Medicine (IOM) report [*"Hepatitis and Liver Cancer – A National Strategy for Prevention and Control of Hepatitis B and C"*](#) highlights a troubling lack of knowledge among health-care and social-service providers, at-risk populations, the general public and policy makers about the devastating impact of viral hepatitis.

The report concludes that inadequate public funding for viral hepatitis prevention, control and surveillance programs is an apparent cause. Randy Mayer, Chief of the Bureau of HIV, STD, and Hepatitis at the Iowa Department of Public Health, NASTAD Executive Committee member, and IOM panelist will testify at the hearing on the findings of the report. "The IOM committee believes that to address this national epidemic, additional federal resources and guidance are necessary in four areas: disease surveillance, provider and community education, hepatitis B immunization coverage, and viral hepatitis services. Action is needed at the federal, state, and local levels to address the problem," commented Mayer.

NASTAD calls on Congress to provide \$50 million in FY2011 to enable the CDC DVH to expand hepatitis prevention services including counseling, testing, and referral; to implement a national chronic hepatitis B and C surveillance system; to educate the public and medical providers about viral hepatitis; and to assist states in vaccinating high-risk adults for hepatitis A and B. Congress can also pass HR 3974 the "Viral Hepatitis and Liver Cancer Control and Prevention Act of 2009." The legislation authorizes a comprehensive prevention, education, research and medical management referral program to reduce the disease burden associated with these infections.

Viral hepatitis collectively refers to liver infections caused by five major viruses (A, B, C, D, and E). In the U.S., hepatitis C is the most common blood-borne, chronic viral disease. An estimated 3.2 million Americans are chronically infected with hepatitis C. As many as 1.4 million Americans are chronically infected with hepatitis B virus. CDC reported an estimated 43,000 Americans were newly infected with hepatitis B and 17,000 Americans were newly infected with hepatitis C in 2007 (the most recent year for which data are available). Racial and ethnic minorities, persons who inject drugs, gay and bisexual men and HIV-positive individuals continue to bear the brunt of this epidemic. African Americans, Asian Americans, Pacific Islanders, Latinos, Native Americans, and Alaskan Natives have the highest rates of hepatitis A, B, and C infection in the U.S.

NASTAD strengthens state and territory-based leadership, expertise, and advocacy and brings them to bear in reducing the incidence of HIV and viral hepatitis infection and on providing care and support to all who live with HIV/AIDS and viral hepatitis. NASTAD's vision is a world free of HIV/AIDS and viral hepatitis.

For more information, visit www.nastad.org.

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