Ending the Epidemic: Hepatitis Prevention Funding

Overview

<table>
<thead>
<tr>
<th>CDC DIVISION OF VIRAL HEPATITIS FUNDING</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2018 Final Appropriations:</td>
<td>$39 million</td>
</tr>
<tr>
<td>FY2019 NASTAD Request:</td>
<td>$134 million</td>
</tr>
</tbody>
</table>

The Centers for Disease Control and Prevention (CDC) estimates that up to 5.3 million people live with hepatitis B (HBV) and/or hepatitis C (HCV) in the U.S. As many as 75% are unaware of their infection. CDC also estimates that there are more HCV-related deaths annually than deaths from all other nationally notifiable infectious diseases, combined. In its 2016 Annual Report to the Nation on the Status of Cancer, CDC notes that both liver cancer cases – of which 20% are caused by hepatitis - and deaths are on the rise, in contrast to trends of most other cancers.

Hepatitis disproportionately impacts several communities, particularly people who inject drugs, African Americans, Asian Americans, Latinos, Native Americans, men who have sex with men (MSM), residents of rural and remote areas, and people living with HIV. Available data suggest that up to 70% of new HCV infections are among people who inject drugs. Currently, there is a lack of services and supports available for people who inject drugs (PWID) to adequately care for their health and the health of their communities.

Hepatitis & the Opioid Epidemic

Over the last several years, the opioid epidemic has led to concerning numbers of new hepatitis cases related to injection drug use.

New hepatitis B infections are also increasing due to injection drug use. In 2014, approximately 20,000 new cases of hepatitis B occurred, an increase from an estimated 18,800 in 2011. From 2006-2013 the number of new hepatitis B infections in three states (Kentucky, Tennessee, and West Virginia) increased among young PWID by 114%, with the increases happening primarily after 2009.

From 2011-2014, data indicated that national rates of HCV detection among women of childbearing age increased 22%, and HCV testing among children aged 2 years old or younger increased 14%.
Outbreaks of HCV related to the shared use of syringes have also occurred in the past two years. The CDC has identified 220 counties across 26 states that are vulnerable to outbreaks of HCV and HIV.

Over 93% of those 220 counties vulnerable to outbreaks do not currently have comprehensive syringe service programs. Without these programs and the resources needed to provide sterile injection materials, transmission rates will continue to increase.

**CDC Division of Viral Hepatitis**

Increase funding at the CDC Division of Viral Hepatitis (DVH) to $134 million to strengthen hepatitis public health infrastructure.

Increased funding will enable CDC, state and local health departments, and other key stakeholders to build the necessary infrastructure to provide core public health services to combat hepatitis. Priorities with the Division must include: building jurisdictional capacity to identify people living with hepatitis and link them to care and treatment, and work with providers, health care professionals and insurers to improve access to screening and treatment; prioritizing interventions among people who use drugs and improving surveillance and outbreak response; preventing mother-to-child transmission of HBV and HCV; and improving prevention efforts through research and technical assistance.

**Invest in core hepatitis surveillance activities.**

The U.S. lacks a coordinated chronic hepatitis surveillance system, and many state health and local departments are unable to fund HCV surveillance activities. This results in limited access to hepatitis information to state health departments, and ultimately to policy makers and service providers. CDC currently funds five state health departments and two local health departments to create surveillance systems for their jurisdictions. By investing in surveillance activities, the federal government will be able to provide stakeholders with information that is critical to understanding the impact of the hepatitis epidemics, identifying and averting outbreaks, and informing the best ways to target resources to the most impacted communities, thereby preventing new infections.

**Increase primary prevention efforts for HCV among people who inject drugs.**

Programs and services supported by this increase would allow existing and future viral hepatitis grantees to integrate services with existing prevention and care programs to ensure individuals using injection drugs are able to appropriately access prevention and substance use, mental health, and infectious disease treatment.

Early detection of HCV infection and treatment of acute infection among young people who inject drugs can lead to better health outcomes, cure and prevention of new HCV infections among others in their networks. Moreover, the best strategies to prevent new HCV infections among young people who inject drugs will require a combination prevention, including scaling up syringe access, treatment that includes methadone and buprenorphine, and HCV testing and linkage to care and treatment.