

February 23, 2018

Dear Speaker Ryan, Minority Leader Pelosi, Chairman Frelinghuysen, and Ranking Member Lowey:

On behalf of the undersigned organizations we write to urge you to include an increase of \$100 million to the viral hepatitis programs at the Centers for Disease Control and Prevention (CDC) to address the alarming increases in the number of new hepatitis B (HBV) and hepatitis C (HCV) cases, and other infectious diseases, such as HIV, sexually transmitted diseases (STDs), endocarditis and skin infections, in the United States in the final FY2018 Labor, Health and Human Services, Education, and Related Agencies Appropriations bill. The undersigned organizations were pleased that \$6 billion over two years was included in the *Bipartisan Budget Act of 2018* to assist in this nation's fight against the opioid epidemic. We urge you to allocate \$100 million of that amount to the CDC to address infectious diseases.

The nation's infectious disease public health infrastructure is an underutilized resource in our collective response to the opioid epidemic. The systems and programs built over the last two decades to respond to HIV and viral hepatitis are well poised to conduct outreach, engagement, and early intervention services with individuals who use drugs. A comprehensive response to the opioid epidemic, which resulted in over 33,000 opioid overdose deaths in 2015 and over 64,000 overdose deaths in 2016, must include wide-ranging infectious disease prevention efforts, strategies to reduce fatal overdose, increased substance use treatment, and reductions in the infectious disease consequences of the opioid epidemic, particularly rising cases of HBV, HCV, HIV, and other STDs.

In FY2017, the CDC's viral hepatitis programs received only \$34 million. Funding levels have long been insufficient to combat the growing number of viral hepatitis cases in the country. It is imperative that we act on the urgent need for additional funding at CDC to respond appropriately to the recent explosion of opioid use in the United States that has created tremendous risk for HCV, HBV and HIV outbreaks.

Over the last several years, the opioid epidemic has led to alarming increases of new viral hepatitis and HIV infections attributed to injection drug use. According to the CDC, the number of new cases of HCV increased 290% between 2010 and 2015, mainly due to the increase in injection drug use. The opioid crisis also reversed a steady decline in the number of new HBV cases, causing a 20% increase in 2015. A recent CDC study also shows that between 2004 and 2014, admissions to drug treatment programs for patients who inject opioids increased by 93%, while acute HCV infections rose in parallel by 133%. The sharpest increases in new HCV cases were among 18- to 29-year olds - a staggering 400% rise over a ten-year period.¹

¹ Jon E. Zibbell et al. "Increases in Acute Hepatitis C Virus Infection Related to a Growing Opioid Epidemic and Associated Injection Drug Use, United States, 2004 to 2014", *American Journal of Public Health* 108, no. 2 (February 1, 2018): pp. 175-181.

Outbreaks of HIV and HCV related to the shared use of syringes have occurred in Indiana, San Diego, Kentucky and elsewhere 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. Multiple studies have shown that, the presence of comprehensive syringe service programs at the community level is effective at decreasing HIV prevalence.²

Increasing funding would allow CDC's hepatitis program, in concert with other programs, including those for HIV/AIDS and STD prevention, to focus on the following activities:

- Enhance existing, and create new, program and clinical infrastructure at locations serving vulnerable populations to effectively increase viral hepatitis and HIV testing and linkages to substance use prevention services, care and treatment for those who are newly diagnosed with viral hepatitis and/or HIV and opioid use disorders. This infrastructure should include linkages to medication-assisted therapies and overdose prevention medications, such as naloxone. Additionally, support for and linkages to STD screening and treatment and access to hepatitis A and B vaccines should also be included.
- Increase education to high risk groups and affected communities, including pregnant women, about the intersection of the opioid epidemic and infectious diseases, such as viral hepatitis, HIV and STDs. Increase training for Disease Intervention Specialists (DIS) and other clinicians and providers about substance use, risk of infectious disease and current medical treatments and effective linkage techniques.
- Increase viral hepatitis surveillance infrastructure in state health departments to detect acute viral hepatitis infections and enhance ability to conduct cluster identification and investigations.
- Increase capacity of community coalitions, state and local health departments, and community based organizations to implement effective primary infectious disease prevention programs and services tailored to persons who use drugs and have opioid use disorders.
- Increase access to, and proper disposal of, sterile injection equipment, where legal and with community support.

Changing the course of the opioid epidemic and its infectious disease consequences requires an honest and critical examination of efforts among all stakeholders. With your continued leadership on this issue, CDC will be able to better prioritize and implement effective public health programs addressing the continuum of prevention and treatment services. We strongly encourage you to allocate at least \$100 million of the \$6 billion over two years that was

² Gibson DR, Flynn NM, Perales D, Effectiveness of syringe exchange programs in reducing HIV risk behavior and HIV seroconversion among injecting drug users, AIDS 2001;15:1329–1341

recently agreed to in the bipartisan budget agreement be allocated to address the infectious disease consequences of injection drug use.

Sincerely,

Asian Services In Action, Cleveland, Ohio
Access Support Network, San Luis Obispo, California
Access Support Network, Salinas, California
ADAP Advocacy Association, Washington, DC
African American Health Alliance, Maryland
AIDS Action Committee, Boston, Massachusetts
AIDS Alabama, Birmingham, Alabama
AIDS Alliance for Women, Infants, Children, Youth & Families, Washington, DC
AIDS Foundation of Chicago, Chicago, Illinois
AIDS Resource Center of Wisconsin and Rocky Mountain CARES, Wisconsin and Denver, Colorado
AIDS United, Washington, DC
Americal Academy for HIV Medicine, Washington DC
American Association for the Study of Liver Diseases, Alexandria, Virginia
American Sexual Health Association, Research Triangle Park, North Carolina
Asian American Health Coalition dba HOPE Clinic, Houston, Texas
Asian Center - Southeast Michigan, Southfield, Michigan
Asian Health Coalition, Chicago, Illinois
Asian Pacific Liver Center at St. Vincent Medical Center, Los Angeles, California
Association of Asian Pacific Community Health Organizations, San Leandro, California
Association of Nurses in AIDS Care, Uniontown, Ohio
Bailey House, Inc., New York, New York
BOOM!Health, Bronx, New York
BRONX LEBANON HOSPITAL Family Medicine, Bronx, New York
Buddy's Purpose, Cherry, Illinois
CAEAR Coalition, Washington, DC
California Hepatitis Alliance, San Francisco, California
CARES, Kalamazoo, Michigan
Caring Ambassadors Program, Inc., Oregon City, Oregon
Cascade AIDS Project, Portland, Oregon
Center for Pan Asian Community Services, Atlanta, Georgia
CenterLink: The Community of LGBT Centers, Fort Lauderdale, Florida
Coalition on Positive Health Empowerment, New York, New York

Community Access National Network (CANN), Washington, DC
Community Health Outreach Work (CHOW) Project, Honolulu, Hawaii
DC Fights Back, Washington, DC
Digestive Disease National Coalition, Washington, DC
Drug Policy Alliance, Washington, DC
End AIDS Now, New York, New York
Equality North Carolina, Raleigh, North Carolina
Equitas Health, Columbus, Ohio
Family & Medical Counseling Service, Inc, Washington, DC
Georgia AIDS Coalition, Snellville, Georgia
Harlem United, New York, New York
Harm Reduction Coalition, New York, New York
HealthHIV, Washington, DC
Hep B United, Washington, DC
Hep Free Hawaii, Honolulu, Hawaii
Hepatitis B Foundation, Doylestown, Pennsylvania
Hepatitis C Allies of Philadelphia (HepCAP), Philadelphia, Pennsylvania
Hepatitis C Association, Scotch Plains, New Jersey
Hepatitis C Mentor and Support Group, Inc., New York, New York
Hepatitis Education Project, Seattle, Washington
HIPS, Washington, DC
HIV Dental Alliance, Atlanta, Georgia
HIV Medicine Association, Arlington, Virginia
Hope House of St. Croix Valley, Stillwater, Minnesota
Howard Brown Health, Chicago, Illinois
Human Rights Campaign, Washington, DC
Immunization Action Coalition, Saint Paul, Minnesota
Infectious Disease Specialist, Tampa, FL
Infectious Diseases Society of America, Arlington, Virginia
International Community Health Services, Seattle, Washington
John Snow, Inc. (JSI), Boston, Massachusetts
Lambda Legal, Chicago, Illinois
Latino Commission on AIDS, New York, New York
Life Foundation, Honolulu, Hawaii
Liver Health Connection, Denver, Colorado
Los Angeles LGBT Center, Los Angeles, California
Michigan Coalition for HIV Health and Safety, Michigan
Minnesota AIDS Project, St. Paul, Minnesota
NASTAD (National Alliance of State and Territorial AIDS Directors), Washington, DC
Nashville CARES, Nashville, TN
National Association of County and City Health Officials, Washington, DC

National Coalition for LGBT Health, Washington, DC
National Viral Hepatitis Roundtable, Washington, DC
National Working Positive Coalition, New York, New York
Noflweb.org, Pensacola, Florida
North Carolina AIDS Action Network, Raleigh, North Carolina
North Carolina Harm Reduction Coalition, Wilmington, North Carolina
Ohio Asian American Health Coalition, Columbus, Ohio
Orlando Immunology Center, Orlando, Florida
Perfectly Flawed Foundation, LaSalle, Illinois
Prevention Access Campaign, Brooklyn, New York
Prism Health, Portland, Oregon
Project Inform, San Francisco, California
Racial and Ethnic Health Disparities Coalition, Maryland
Rural AIDS Action Network, St. Cloud, Minnesota
Ryan White Medical Providers Coalition, Arlington, Virginia
Southern AIDS Coalition, Birmingham, Alabama
Southern HIV/AIDS Strategy Initiative, Durham, North Carolina
The AIDS Institute, Washington, DC
The Aliveness Project, Minneapolis, Minneapolis
The Perfectly Flawed Foundation, LaSalle, Illinois
Treatment Action Group, New York, New York
University of Miami, Miami, Florida