

## Outside Witness Testimony – Fiscal Year 2017 Appropriations

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Prepared for  
The United States Senate Committee on Appropriations  
Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies  
Agency: Centers for Disease Control and Prevention, Division of Viral Hepatitis

April 15, 2016

The National Viral Hepatitis Roundtable (NVHR) respectfully submits this testimony to the U.S. Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies (LHHS) regarding the Fiscal Year (FY) 2017 Appropriations bill. As a broad national coalition representing approximately 350 public and private organizations committed to fighting, and ultimately ending, the hepatitis B (HBV) and hepatitis C (HCV) epidemics domestically, we are gravely concerned about the many missed opportunities and negative public health consequences resulting from the lack of urgency and resources available to adequately address these two communicable viruses in the United States.

***We therefore urge the Subcommittee to increase the appropriation for the Division of Viral Hepatitis (DVH) at the Centers for Disease Control and Prevention (CDC) to no less than \$62.8 million in FY2017, an increase of \$28.8 million over FY2016. Further, particularly due to the dramatic rise in HCV and, increasingly, HBV cases that are interconnected with the opioid and heroin addiction crisis, we also urge the Subcommittee to maintain modified language regarding the use of federal funds as outlined in Sec.520 of the FY2016 LHHS Appropriations Bill, given the critical role syringe services programs (SSPs) play in viral hepatitis prevention and linkage to healthcare, social services, and drug treatment. NVHR further encourages the committee to appropriate additional funds specifically to support SSPs in FY2017 given the current crises driven by the syndemic of opioid and heroin addiction, overdose death, and chronic viral hepatitis infection (which may additionally serve as an early harbinger of an HIV outbreak, as seen in Scott County, Indiana in early 2015).***

This request is both timely and urgent, given: 1) distressing and preventable health disparities seen among many communities; 2) the vital need for a robust surveillance infrastructure; 3) the role of HBV and HCV infection in the rising incidence of liver cancer; and 4) the current state of the hepatitis C epidemic, with unique challenges in addressing prevalence and incidence among two distinct generations, and tremendous opportunity created by new curative HCV treatment.

## **Scope of the Epidemics**

Despite a safe, effective vaccine for HBV, and revolutionary curative treatments for HCV, CDC conservatively estimates that approximately 1.2 million Americans are living with chronic HBV, and 3.2 million are living with chronic HCV.<sup>1</sup> These are likely underestimates however, as surveillance systems across the nation are disjointed at best, with only five states and two jurisdictions (Florida, Massachusetts, Michigan, New York, Washington, Philadelphia, and San Francisco) federally funded for such activities.<sup>2</sup> Some experts place estimates of prevalence at approximately 2.2 million for chronic HBV alone and up to 5 million Americans chronically infected with HCV.<sup>3</sup> Of primary concern is that of the nearly 4.5 million individuals conservatively thought to be living with HBV and/or HCV, at least 50-66% do not know they are infected with a potentially life-threatening, communicable virus, as both HBV and HCV most often present with no symptoms until the liver is already significantly damaged.<sup>4</sup> On average, HBV and/or HCV will shorten one's lifespan by 15-20 years.<sup>5</sup>

## **Health Inequity**

There are alarming and unacceptable disparities among various communities for both of these viruses as well. While comprising less than 5% of the U.S. population, Asian American and Pacific Islander (AAPI) communities comprise over 50% of domestic HBV prevalence.<sup>6</sup> As HBV is also endemic in many regions of the world, particularly in Asia and Africa, the foreign-born and their children are also at high risk.<sup>7</sup> Many diverse communities are highly and disproportionately impacted by HCV compared to the general population, including veterans, especially Vietnam-era service members; the "baby boomer" birth cohort (born 1945-1965); communities of color, particularly tribal communities; the incarcerated/returning citizens; and people who inject drugs.

## **Strengthening Surveillance**

Surveillance is the core public health service driving effective interventions, particularly for infectious disease. The current system of surveillance for HBV and HCV is woefully underfunded, and as such the available data provides merely a snapshot of the epidemics, albeit an alarming one. Without significantly bolstering states' ability to leverage existing systems of surveillance, these epidemics will remain ahead of our efforts to eliminate them – a goal achievable in the coming decades with dedicated resources. Of particular concern is that, despite

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<sup>1</sup> <http://www.cdc.gov/hepatitis/abc/index.htm>

<sup>2</sup> <http://www.cdc.gov/hepatitis/statistics/2013surveillance/commentary.htm>

<sup>3</sup> <http://onlinelibrary.wiley.com/doi/10.1002/hep.28026/epdf>

<sup>4</sup> <http://www.cdc.gov/hepatitis/abc/index.htm>

<sup>5</sup> <http://cid.oxfordjournals.org/content/58/8/1047.full.pdf+html>

<sup>6</sup> <http://www.cdc.gov/hepatitis/Populations/api.htm>

<sup>7</sup> Ibid.

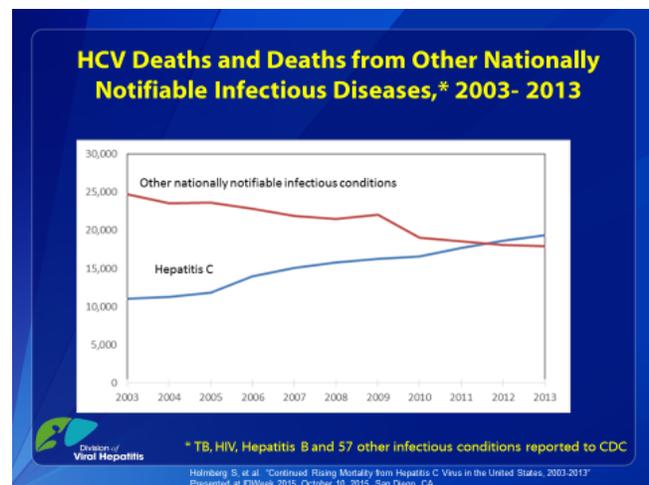
a dearth of surveillance resources, increases in perinatal transmission of HCV are being identified, potentially due to the equalizing gender balance of people who inject drugs.<sup>8,9</sup>

### **Hepatitis B, Hepatitis C, and Liver Cancer**

Liver cancer is one of several potential long-term consequences of chronic HBV and HCV infection, and is one of the most aggressive and deadliest cancers with a devastatingly low 15% five-year survival rate for all stages combined.<sup>10</sup> Despite a downward trend in incidence of various cancers, unfortunately liver cancer rates are increasing faster than any other cancer site.<sup>11</sup> The *2016 Annual Report to the Nation on the Status of Cancer* further found that HCV infection alone accounts for 22% of the liver cancer burden in the United States.<sup>12</sup> Not only can the debilitating consequences of HBV and HCV be avoided with effective intervention – including vaccination and treatment for HBV and curative treatment for HCV – addressing these epidemics can serve the secondary purpose of preventing a substantial proportion of primary liver cancer cases. Indeed, treatment for HBV and HCV is associated with 50-80% and 75% reductions in the risk of developing liver cancer, respectively. Continuing the tragic effects of preventable health disparities, outcomes also show that the AAPI community historically has been most affected by liver cancer, and African Americans and Latinos are the youngest to die from liver cancer (median age).<sup>13</sup> Further, entirely preventable perinatal transmission of HBV stubbornly remains – a particular danger as about 90% of infected infants will develop chronic infection and experience these devastating consequences far earlier in life.<sup>14</sup>

### **Hepatitis C – Unique Challenges and Opportunities**

The HCV epidemic presents in two fairly distinct waves. First is the majority of prevalence, existing among the baby boomer birth cohort which comprises about 75% of those currently living with HCV. While this population by and large is not continuing to transmit the virus, the majority do not know they are infected and have likely been living with HCV for decades. As this community ages, the long term impacts of the disease are going to become more apparent as patients increasingly present with cirrhosis (scarring) of the liver, end-stage liver



<sup>8</sup> <http://slideplayer.com/slide/8867285/>

<sup>9</sup> [http://mcaap.org/wp2013/wp-content/uploads/2014-MIAP-Conference-PM-session4\\_HCV-among-infants-in-MA\\_Kerri-Barton.pdf](http://mcaap.org/wp2013/wp-content/uploads/2014-MIAP-Conference-PM-session4_HCV-among-infants-in-MA_Kerri-Barton.pdf)

<sup>10</sup> <http://www.cancer.org/cancer/livercancer/detailedguide/liver-cancer-survival-rates>

<sup>11</sup> <http://onlinelibrary.wiley.com/doi/10.1002/cncr.29936/pdf>

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

<sup>14</sup> [https://blog.aids.gov/wp-content/uploads/Perinatal\\_HBV\\_Report\\_FINAL\\_12-21-15-508.pdf](https://blog.aids.gov/wp-content/uploads/Perinatal_HBV_Report_FINAL_12-21-15-508.pdf)

disease, liver cancer, and the need for liver transplantation. A recent study suggests that nearly half of individuals in this birth cohort already have severe liver scarring and are in need of immediate treatment.<sup>15</sup> As baby boomers rapidly age into Medicare, it is vital to identify those living with HCV and link them to appropriate care and treatment. Strikingly, as indicated in the chart above, CDC data indicate that as of 2012, *mortality attributable to HCV alone now surpasses that of all other 59 nationally notifiable infectious diseases combined.*

Of equal concern is the issue of current and ongoing transmission of HCV. As Americans across the nation have been devastated by the crises of opioid and heroin addiction and overdose death, there have been parallel increases in HCV, with CDC reporting a 151% increase in new infections from 2010-2013 (still likely a significant underestimate due to lack of surveillance infrastructure), predominantly among young people and increasingly in rural and suburban areas of the country.<sup>16</sup> Further, HBV has also been introduced into some of these networks, with early 2016 CDC data indicating a 114% increase in acute cases from 2009-2013 in Kentucky, West Virginia, and Tennessee.<sup>17</sup>

Despite the many challenges currently facing us in attempting to catch up to this epidemic, this is also a time of tremendous opportunity for those living with HCV. In just the past several years, new direct-acting antivirals have entered the market that offer cure rates of over 90%, as well as much shorter regimens and few to no side effects compared to previous treatments. With this medical innovation has come hope for millions, and an effective intervention can be offered to those who test positive.

Although these new options have revolutionized HCV treatment, and there is a safe and effective vaccine and treatment to successfully control HBV, there are a number of natural barriers to treating everyone who needs it; most significantly, the majority of those living with HBV and HCV are unaware of their status, there is a significant lack of provider capacity particularly in rural areas and those serving immigrant and refugee communities, and surveillance is still piecemeal at best.

Again, we strongly urge the Subcommittee to increase the appropriation for CDC's DVH to no less than \$62.8 million for FY2017, to maintain language permitting use of federal funding under specific circumstances for syringe services programs as outlined in the FY2016 LHHS Appropriations bill, and to further appropriate additional funds specifically to support SSPs in FY2017. We thank Chairman Blunt, Ranking Member Murray, and members of the Subcommittee for their thoughtful consideration of our request.

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<sup>15</sup> <http://www.hivandhepatitis.com/hepatitis-c/hepatitis-c-topics/hcv-disease-progression/5086-croi-2015-liver-disease-progression-is-common-among-baby-boomers-with-hepatitis-c>

<sup>16</sup> <http://www.cdc.gov/hepatitis/statistics/2013surveillance/commentary.htm#hepatitisC>

<sup>17</sup> <http://www.cdc.gov/mmwr/volumes/65/wr/mm6503a2.htm>