

December 26, 2017

President Donald J. Trump
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Re: America Falls Behind in Hepatitis Elimination Efforts

Dear Mr. President,

In November 2017, nearly 1,000 people, including Ministers of Health, researchers, clinicians, patient advocates, and people affected by the hepatitis B virus (HBV) and the hepatitis C virus (HCV) from around the world met in Sao Paulo, Brazil at the World Hepatitis Summit. The focus of the Summit was on eliminating hepatitis around the globe by the year 2030, a goal established by the World Health Organization.

U.S. attendees were disappointed that the United States was not represented by the Department of Health & Human Services (HHS), our domestic health ministry, at the Summit.

Throughout the meeting, high-level health ministers from Brazil, China, Egypt, Georgia, Lesotho, Malta, Mongolia, Pakistan, Sudan, Syria, and Uganda presented about their successes implementing initiatives to help reach HBV and HCV elimination targets by 2030. The U.S. representation only included the Centers for Disease Control & Prevention (CDC). The absence of HHS was a tremendous missed opportunity on the global stage to highlight that the U.S. has a *Viral Hepatitis Action Plan*.

It was announced at the Summit that nine countries (Australia, Brazil, Egypt, Georgia, Iceland, Japan, the Netherlands, and Qatar) are on track to reach the 2030 WHO elimination goals for HCV. Unfortunately, the United States is not one of them. It was also announced that only one third of countries with national hepatitis plans invests any funding in their plan. The United States, one of the richest countries in the world, is shamefully not one of them.

It is long overdue for the Administration and Congress to invest in the Department of Health & Human Services Viral Hepatitis Action Plan¹ and to commit in words and action to the elimination of HBV and HCV in the United States by 2030.

In March 2017, the National Academies of Sciences, Engineering, and Medicine released “A National Strategy for the Elimination of Hepatitis B and C,” which provided a roadmap for achieving HBV and HCV elimination in the United States². Despite this roadmap, no new resources have been provided at the federal level for addressing these epidemics. We have the tools to eliminate HBV and HCV, but they are not the priorities they should be in the United States. We must change this. Elimination is possible but it will take considerable political will and additional resources to achieve this goal.

¹ US Department of Health and Human Services (DHHS). National viral hepatitis action plan 2017-2010. Washington, DC: DHHS. Available at:

<https://www.hhs.gov/sites/default/files/National%20Viral%20Hepatitis%20Action%20Plan%202017-2020.pdf>

² National Academies of Sciences, Engineering, and Medicine. 2017. A national strategy for the elimination of hepatitis B and C. Washington, DC: The National Academies Press.

Progress toward elimination in the United States is poor. According to the CDC's report on *Progress Toward Viral Hepatitis Elimination in the United States*³:

- *Over a quarter of all newborns do not receive HBV vaccination within 3 days of birth, leaving children unnecessarily vulnerable to HBV infection and disease.*
- *The opioid epidemic (and injection of other substances) is largely responsible for increases in the incidence rates of HBV and HCV. The trends reflect inadequate access to effective prevention strategies, including syringe services programs, HBV vaccination, and testing and treatment for persons infected with HBV or HCV.*
- *After decades of annual increases in HCV-related mortality, death rates declined slightly in 2015. Despite this change, the number of deaths related to HCV continues to exceed deaths from all other reportable infectious diseases in the United States.*

In the United States it is projected that 75% of the estimated 5.3 million Americans living with HBV and HCV are undiagnosed. Despite this startling statistic, the Division of Viral Hepatitis at CDC, the only national program dedicated to the prevention and control of the viral hepatitis epidemics, is woefully underfunded. The Division of Viral Hepatitis is currently funded at only \$34 million, far below the \$308 million for FY18 and \$3.9 billion over ten years recommended by the CDC in a recent budget report. In order to meet the goals established by the Viral Hepatitis Action Plan, the CDC needs significantly increased resources to coordinate prevention efforts at the federal level and provide support to state and local initiatives. Policymakers and public health agencies at the federal, state, and local levels must prioritize hepatitis elimination efforts.

Increased funding for the Division of Viral Hepatitis, and dedicated resources to address hepatitis in other federal agencies, will help CDC, state, and local health departments, and other key stakeholders build the necessary infrastructure to provide basic, core public health services to combat viral hepatitis by increasing surveillance, testing, and education efforts nationwide.

To eliminate HBV and HCV in the United States, the federal government must:

1. Establish a coordinated HBV and HCV elimination effort at the highest levels of the federal government.
2. Increase funding for the CDC Division of Viral Hepatitis to \$134 million per year to support CDC's efforts to reduce the incidence and prevalence of HBV and HCV, as well as to address other public health issues related to the opioid crisis (e.g., overdose, HIV, STDs). This funding would support a number of activities including strategic investments to improve:
 - a. Access to HBV and HCV prevention (including syringe access and medication-assisted treatment for opioid use disorders, and HBV vaccination), testing and linkage to care services for underserved communities and people who inject drugs, including support for community-based organizations that reach the most impacted communities,
 - b. Workforce development and improved insurance coverage for hepatitis care for clinicians providing primary care services,
 - c. Specific efforts to reach the communities who bear the largest burden of HBV and HCV, in particular efforts to address hepatitis B among people of Asian and Pacific Islander descent and African immigrants, and efforts to address hepatitis C among African

³ Division of Viral Hepatitis, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Progress toward viral hepatitis elimination in the United States, 2017. Atlanta, GA: DHHS, Centers for Disease Control and Prevention, Office of Infectious Diseases, NCHHSTP; 2017. Available at: <https://www.cdc.gov/hepatitis/policy/PDFs/NationalReport.pdf>.

Americans, Native Americans, people who inject drugs, and Baby Boomers (people born between 1945 through 1965).

- d. The development of a national viral hepatitis surveillance system to detect new cases, outbreaks and target prevention efforts in the locations that need them the most.
3. Invest in the implementation of the Department of Health and Human Services' National Viral Hepatitis Action Plan across federal agencies.
4. Preserve and support the provisions of the Patient Protection and Affordable Care Act in order to ensure people at risk for and living with HBV and HCV have access to preventive services and health care.
5. Include information about HBV and HCV in strategic communications from federal entities about the opioid crisis in the United States.
6. Use evidence-based, compassionate, public health approaches to drug use and the opioid crisis, including a thoughtful examination of decriminalizing drugs, taking into consideration the great public health gains achieved by the country of Portugal when drugs were decriminalized in that country and greater emphasis and resources were invested in public health and drug treatment efforts.
7. Enact policies that improve the affordability and accessibility of prescription drugs, in particular the medications that cure HCV and treat HBV (many HBV medications are generic, yet still expensive).
8. Increase National Institutes of Health (NIH) research on HBV for development of curative therapies.
9. Increase awareness and resources for hepatitis A virus vaccine (especially in light of recent outbreaks) and HBV vaccination for adults and at-risk populations.
10. Utilize the lessons learned from the successful effort in the Veterans Administration (VA) to test and cure HCV to improve HCV testing and access to curative treatments for all Americans affected by the virus.
11. Prioritize the reachable goal of preventing perinatal HBV transmission, which still occurs in 1,000 newborns in the US a year, largely due to incomplete universal HBV vaccination at birth.
12. Create National Quality Forum (NQF) measures for HBV screening and care, and improve NQF measures for HCV, because inclusion into national quality care programs will be critical for achieving national progress and decreasing rates of liver cancer

Our nation has a unique opportunity to not only eliminate a serious public health threat domestically, but to also become a leader globally. We owe the elimination of HBV and HCV to people across our country who have been affected by these diseases. Delayed action will result in continued high rates of liver cancer and future generations being needlessly infected with these life-threatening conditions.

If you have questions or would like more information, please contact Emalie Huriaux at ehuriaux@projectinform.org or (415) 580-7301.

Sincerely,

1. A New PATH (Parents for Addiction Treatment & Healing)
2. AIDS Action Baltimore
3. AIDS United

4. Any Positive Change Inc.
5. Association of Asian Pacific Community Health Organizations (AAPCHO)
6. BAART
7. Bailey House, Inc.
8. Beacons of H.O.P.E
9. Boulder County AIDS Project
10. Bronx Lebanon Family Medicine
11. California Hepatitis Alliance (CalHEP)
12. Caring Ambassadors Program, Inc.
13. Chinese American Medical Society
14. Community Health Outreach Work (CHOW) Project
15. Desert AIDS Project
16. End AIDS Now
17. Federation of Chinese American & Chinese Canadian Medical Societies (FCMS)
18. Georgia AIDS Coalition
19. GLIDE Foundation, HIV/Hep C Programs
20. Global Liver Institute
21. H.E.A.L.S of the South
22. Harm Reduction Action Center
23. Harm Reduction Coalition
24. HBI-Minnesota
25. HCMMSG-The Hepatitis C Mentor and Support Group
26. HealthHCV
27. HealthRIGHT 360
28. Hep B United
29. Hep Free Hawaii
30. Hepatitis B Foundation
31. Hepatitis B Initiative of Washington DC
32. Hepatitis C Allies of Philadelphia (HepCAP)
33. Hispanic Health Network
34. HIV Dental Alliance
35. HIV Medicine Association
36. Housing Works, Inc.
37. Immunization Action Coalition

38. Latino Commission on AIDS
39. Liver Health Connection
40. Los Angeles Christian Health Centers
41. Matthew 25 AIDS Services, Inc.
42. Midwest Asian Health Association
43. NASTAD
44. National Native American AIDS Prevention Center
45. National Task Force on Hepatitis B Focus on Asian and Pacific Islander Americans
46. National Urban Survivors Union
47. National Viral Hepatitis Roundtable
48. Needle Exchange Emergency Distribution (NEED)
49. NJ Hepatitis B Coalition
50. NJ Liver Care
51. One Voice Recovery, Inc.
52. Project Inform
53. Sacramento Area S.T.O.P. Hepatitis Task Force
54. San Francisco AIDS Foundation
55. San Francisco Hepatitis C Task Force
56. SIFMA NOW Coalition
57. Southern Colorado Harm Reduction Association
58. The AIDS Institute
59. The Bonnie Morgan Foundation for HCV
60. Transitions Clinic Network
61. Treatment Action Group
62. UCHAPS
63. VOCAL-NY

cc.

Katy Talento, Domestic Policy Council, White House
Eric Hargan, Acting Secretary and Deputy Secretary of Health and Human Services
Elinore McCance-Katz, Assistant Secretary, SAMHSA
Jerome Adams, Surgeon General of the United States
Richard Wolitski (HHS/OHAIDP)
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