Recognizing the increasing need and emerging opportunities for an enhanced federal public health response to the hepatitis B (HBV) and hepatitis C (HCV) epidemics, Senators Mark Kirk (R-IL) and Mazie Hirono (D-HI) introduced S.2538, the “Viral Hepatitis Testing Act of 2014.” The legislation would authorize $80 million over three years for a comprehensive national system – an enhancement and strengthening of existing public health programs – for surveillance, education, testing, and linkage to care for HBV and HCV, to prevent transmission, morbidity, and mortality from viral hepatitis-related chronic liver disease and liver cancer.

Addressing a Silent Epidemic
The majority of Americans living with viral hepatitis do not know their status, as HBV and HCV are often asymptomatic, and current funding is insufficient to address the epidemic. This creates a significant yet preventable burden, not only for those at risk or living with viral hepatitis, but also for our health care system as a whole. This bill would reduce virus transmission and the risk and incidence of advanced liver disease and liver cancer by authorizing resources for viral hepatitis screening and testing, surveillance, education, and linkage to care. With current advances in testing technology, treatment options, and an effective HBV vaccine, this bill could help turn the tide of these two “silent epidemics.”

Increased Screening is Critical
The need to expand targeted screening for viral hepatitis is urgent. The vast majority of those infected with HBV and/or HCV do not know their status, allowing for further transmission of viruses already prevalent at epidemic levels. In addition to preventable physical and emotional hardships for individuals living with viral hepatitis, there is significant cost to the economy -- lost hours of productivity, repeated hospitalizations, and expensive liver transplants, for example. This legislation would authorize critical resources to scale up viral hepatitis screening and ensures it targets the populations most affected to produce the greatest overall impact. It would both save lives and reduce the demands on an already overburdened health care system.

Expanding Education and Training
Awareness and education regarding hepatitis B and C are critical to achieving testing and treatment goals. This legislation addresses this need in two ways -- 1) through the development and dissemination of public education campaigns, and 2) by improving health professional education in all stages of identifying, controlling, and treating viral hepatitis infections appropriately. Education and training also serve to reduce the stigma associated with viral hepatitis infection, increasing the likelihood that at-risk and affected individuals will seek services and receive competent and compassionate care.

VIRAL HEPATITIS FACTS

• In the US, an estimated 5.3 million people are living with chronic viral hepatitis -- the top cause of liver cancer and most common reason for liver transplants.
• Nearly 40,000 reports of chronic HBV and 186,000 reports of chronic HCV infection were submitted to CDC in 2011, despite limited and piecemeal reporting infrastructure.
• In 2011, there was also a 45% increase in acute HCV infection, likely reflecting a trend among young adults and adolescents.
• Chronic liver disease was the 12th leading cause of death overall in 2010.
• The majority – 65-75% – of people infected with viral hepatitis do not know their status.
Bolstering Surveillance

Surveillance is a key function of public health, serving to monitor trends, determine where to best allocate resources, and evaluate prevention efforts. To date, viral hepatitis surveillance is both incomplete and limited where it does occur. This bill calls for the development of a national system of surveillance for acute and chronic cases of HBV and HCV. Such a system is crucial to develop an appropriate response to an epidemic that has been underappreciated in scope, gravity, and economic cost.

Addressing Health Disparities

Many of the populations that are disproportionately impacted by viral hepatitis also often have limited access to healthcare generally, including testing, treatment, health insurance, and health education. Racial and ethnic minorities (including Asian and Pacific Islander Americans, African Americans, Native Americans, and Latinos), gay and bisexual men, military veterans, incarcerated populations, HIV-positive individuals, and those who engage in injection drug use are all disproportionately affected by HBV and/or HCV. This bill both prioritizes the high-risk communities most affected and specifies the need for culturally and linguistically appropriate services.

Leveraging Partnerships

Public-private partnerships have long been an essential component of public health response, in particular for viral hepatitis. This legislation would create a formal mechanism to encourage partnerships among a broad range of stakeholders in order to leverage and extend federal resources, and encourage creative and innovative solutions to the viral hepatitis epidemics.

Keeping Pace with Scientific Advancements

Standards of care in viral hepatitis diagnosis and treatment are rapidly evolving. In order to keep pace and ensure appropriate guidance, this bill also requires the Agency for Healthcare Research and Quality to convene the U.S. Preventive Services Task Force (USPSTF) every three years to review recommendations regarding screening for HBV and HCV.

Support S. 2538

This bipartisan legislation would authorize vitally needed resources to address the need for comprehensive and sustainable core public health services for viral hepatitis.

Millions of Americans are now living with viral hepatitis, and tens of thousands more become infected every year. In 2007, deaths related to viral hepatitis for the first time surpassed those related to HIV. It is time to devote the necessary resources toward a national system for surveillance, education, testing, and linkage to care for those living with and at risk for hepatitis B and C.

References

http://www.cdc.gov/hepatitis/HBV/PDFs/HepBGeneralFactSheet.pdf
http://www.cdc.gov/hepatitis/HCV/PDFs/HepCGeneralFactSheet.pdf

For more information, contact:
Christine Rodriguez
Public Policy Manager
National Viral Hepatitis Roundtable
crodriguez@nvhr.org