



Advisory Committee on Immunization Practices (ACIP)

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SUBJECT: HEPLISAV-B Hepatitis B Vaccine

On behalf of the National Viral Hepatitis Roundtable, a coalition of 500+ organizations working to end the hepatitis B and C epidemics in the United States, I want to thank the Advisory Committee on Immunization Practices for the opportunity to testify today. I am here to express NVHR's strong support for the Committee's recommendation of the HEPLISAV-B hepatitis B vaccine.

Now, more than ever, we need this vaccine. An estimated 2.2 million Americans are living with hepatitis B, with up to 70,000 new infections each year. This number continues to grow as a result of the opioid crisis. Reported cases of hepatitis B, which can be transmitted via injection drug use, increased 20 percent in the year 2015 alone. Recent data indicate that only a quarter of adults age 19 and older are fully immunized, as adults aged approximately 25 years and older were not routinely vaccinated against hepatitis B at birth in the United States. Meanwhile, an estimated 5,000 to 6,000 Americans die each year of hepatitis B-related liver complications.

Approval and recommendation of the HEPLISAV-B vaccine has the potential to turn the tide in the battle against the hepatitis B epidemic. Prior to the approval of this vaccine, patients had to comply with a three-dose regimen, administered over six months. The availability of a two-dose vaccine, administered over a one-month period, will significantly boost vaccination rates and save countless lives. This safe and effective vaccine, taken over a shorter period of time, could be offered not just in traditional clinical settings but also at syringe access programs and substance use treatment programs. Simply put, the widespread availability of this vaccine can slow and stop the spread of new infections and prevent thousands of deaths in this country.

In sum, NVHR strongly supports recommendation of the HEPLISAV-B as a new and powerful tool in the fight to eliminate hepatitis B in the United States.