

NIH FUNDING FOR HEPATITIS B RESEARCH

Although hepatitis B is preventable and treatable, there is still no cure for this disease. In addition to the devastating toll on patients and their families, ignoring hepatitis B costs the U.S. an estimated \$4 billion per year in medical costs. Yet, the NIH will spend only \$66 million in FY 2021 on hepatitis B research.

- Without early diagnosis and intervention, 1 in 4 people chronically infected with HBV will die prematurely from cirrhosis, liver failure, or liver cancer.
- Despite the availability of 7 approved medications to manage chronic HBV infection, none are curative, most require lifelong use, and they only reduce the likelihood of death due to liver disease by 40-60%.
- There are exciting new research developments and opportunities in the field that make finding a cure very possible.
- The hepatitis B research community convened a virtual consensus conference to prepare a [Roadmap for a Cure](#) that identifies the most urgent research questions that must be answered to find a cure for hepatitis B, and a panel of experts developed a professional judgment budget.

In order to pursue the critical research opportunities identified in the *Roadmap for a Cure* and to help eliminate hepatitis B once and for all, we recommend increasing NIH funding for hepatitis B research by an average of \$38.7 million a year for 6 years, or \$232.3 million total over 6 years.

HBV-RELATED HEALTH DISPARITIES

Hepatitis B is associated with significant health disparities. Asian Americans and Pacific Islanders represent about 6% of the U.S. population but make up over 50% of the burden of chronic HBV infection. Among African immigrant Communities in the U.S., hepatitis B infection rates are estimated to be as high as 15%.

HBV AND LIVER CANCER

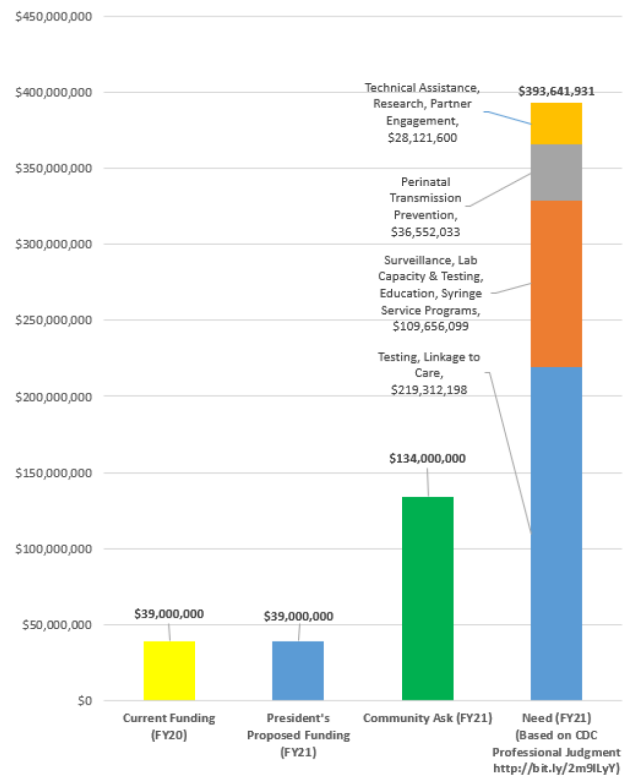
Preventing hepatitis B can help prevent primary liver cancer, which has a 5-year survival rate of only 15%. Primary liver cancer is the 2nd leading cause of cancer deaths worldwide. In the U.S., the incidence of liver cancer is increasing while most other cancer rates continue to decline or stabilize. It is estimated that there were 42,030 new cases of liver cancer and 31,780 deaths due to the disease in 2019. Primary liver cancer death rates overall have tripled since 1980. Reducing the rate of hepatitis B infection will also have the benefit of reducing liver cancer incidence.

CDC FUNDING FOR VIRAL HEPATITIS PROGRAMS

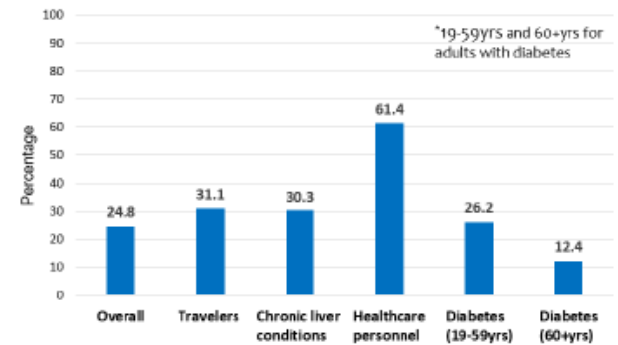
CDC's viral hepatitis prevention and surveillance programs are severely underfunded and underprioritized. According to a December 2016 professional judgment budget, a comprehensive, national program to eliminate viral hepatitis, including hepatitis B, would require approximately \$3.9 billion over 10 years. The current CDC funding level for viral hepatitis is only \$39 million.

- In the U.S., 1 in 20 Americans has been infected with HBV and an estimated 2.2 million are chronically infected.
- It is estimated that there are up to 88,000 new HBV infections each year in the U.S., and despite the existence of safe and effective vaccines that provide lifelong protection from HBV, only 25% of the U.S. adult population has been vaccinated against HBV.
- In 2015, the rate of acute HBV infection rose for the first time in nearly a decade, with an overall increase of 20.7% nationwide. States heavily impacted by the opioid epidemic and higher rates of injection drug use have seen much larger increases of acute HBV infection rates:
 - 56% in NC from 2014-16
 - 78% in southeastern MA in 2017
 - 114% in KY, TN, WV from 2009-13
 - 457% in ME in 2018

CDC - Division of Viral Hepatitis
Current Funding vs. Need



Hepatitis B Vaccine Coverage (≥3 doses)
Among Adults Aged ≥19 years* in the U.S. - NHIS 2016



National Foundation for Infectious Diseases

The tools to eliminate viral hepatitis in the U.S. exist, but achieving this will require a significant investment. Given the alarming rise in hepatitis A, B, and C infections tied to the opioid epidemic, we urge Congress to allocate no less than \$134 million in funding for the CDC to address viral hepatitis, as well as \$58 million for the Infectious Diseases and Opioid Epidemic programs at CDC.

CONGRESSIONAL HEPATITIS CAUCUS

The Congressional Hepatitis Caucus, co-chaired by Rep. Grace Meng (NY-6) and Rep. Hank Johnson (GA-4), serves as a resource for Members and staff on issues and research related to the prevention and treatment of viral hepatitis. The Caucus works with health officials, medical and scientific experts, community leaders, and individuals affected by viral hepatitis to address the epidemic by building awareness, promoting early treatment, and advocating for measures to help prevent and eliminate viral hepatitis.

For additional information and to join the Caucus, contact Evelyn Knapp (Evelyn.Knapp@mail.house.gov) in Rep. Johnson's office or Jacqueline Hsieh (Jacqueline.Hsieh@mail.house.gov) in Rep. Meng's office

LEGISLATION OF IMPORTANCE

LIVER Act (H.R. 3016 / S. 3074)

The Liver Illness, Visibility, Education, and Research (LIVER) Act of 2019 calls for increased prioritization and investments in research, prevention, and awareness activities to address liver cancer and its major risk factors, including hepatitis B. The LIVER Act would authorize \$100 million a year for five years for prevention and awareness grants at the CDC and \$45 million a year for five years for hepatitis B and liver cancer research at the NIH. It also includes: raising the profile of liver disease at the NIH by adding Liver to the name of the NIDDK; directing the NCI to issue targeted calls for liver cancer research proposals; directing the NIAID and NIDDK to issue targeted calls for HBV research proposals focused on key questions identified by the hepatitis B research community.

To co-sponsor the LIVER Act, contact Monica Garay in Rep. Nydia Velazquez's office or Benjamin Rhoades in Senator Tammy Duckworth's office.

National Adult Hepatitis B Vaccination Awareness Day Resolutions (H.Res. 331 / S.Res. 177)

Although hepatitis B is preventable through a safe and effective vaccine, only 25% of all adults are vaccinated against it. There are up to 2.2 million people in the U.S. living with chronic HBV, but most are unaware of their infection and the risk of transmitting it to others. The hepatitis B vaccine offers lifelong protection, and it was also designated as the first "anti-cancer" vaccine, since preventing hepatitis B infection prevents primary liver cancer. This resolution designates April 30 as National Adult Hepatitis B Vaccination Awareness Day to help increase public and provider knowledge about the risks of hepatitis B and the importance of adult vaccination. **To co-sponsor, contact Evelyn Knapp in Rep. Johnson's office or Jacqueline Hsieh in Rep. Meng's office for the H.Res. 331, or Nicholas Luna in Senator Mazie Hirono's office for S.Res. 177.**

HEAA (H.R. 6637) – The Health Equity and Accountability Act (HEAA) of 2020 is a comprehensive and strategic legislative roadmap that aims to eliminate racial and ethnic health disparities. HEAA is the only legislation that directly addresses the intersections of health inequalities and immigration status, age, disability, sex, gender, sexual orientation, gender identity and expression, language, and socio-economic status. Among the many important priorities addressed in the bill, HEAA includes a section focused on viral hepatitis and liver cancer control and prevention. **To co-sponsor HEAA, contact Lanette Garcia in Rep. Jesus "Chuy" Garcia's office.**

What is Hepatitis B?

Hepatitis B is caused by the hepatitis B virus (HBV) that attacks and injures the liver.

Known as a **“silent epidemic”**

Most people **do not** show symptoms even when chronically infected.



What are its consequences?

Acute hepatitis B can cause:

- jaundice
- fever
- stomach pain
- fatigue
- liver failure (in rare cases)

Chronic hepatitis B can cause **serious liver disease** such as cirrhosis or liver cancer.



How is it spread?

- direct blood contact
- unprotected sex
- dirty needles
- infected mother to baby due to blood exchange



How common is it?

most are unaware of their status



2.2 million people in the US

[**3,000 people** die annually]

292 million people worldwide

[**800,000 people** die annually]



Is there a cure?

There is no cure yet, but there are treatments to manage chronic hepatitis B.

Is it preventable?

Yes, there are safe and effective vaccines that provide lifelong protection.



What can we do about it?

A 2017 report from the National Academies of Sciences, Engineering, and Medicine (NASEM) made a series of recommendations for significantly improving rates of diagnosis, care and treatment that, if implemented, could eliminate hepatitis B by 2030.

Who is most at-risk?



People of Asian or African descent



Health care providers



Injection drug users



Infants born to infected mothers