



Increase Funding to Improve Adult Hepatitis B Vaccination Coverage

It is critical to increase Hepatitis B vaccination coverage, particularly among young adults born prior to 1991 in the setting of the Opioid Epidemic. Hep B United and its partners urge Congress to increase funding for Section 317 of the Public Health Service Act, protect the provisions of the Affordable Care Act, and oppose Short Term Limited Duration Insurance Plans, so that essential health benefits and preventive care, including Hepatitis B vaccination, are provided with no cost sharing for patients, individuals with pre-existing conditions are not discriminated against when buying health insurance coverage, and health insurance premiums for comprehensive healthcare remain affordable.

Hepatitis B (HBV) is the world's most common serious liver infection. Up to 2.2 million people in the U.S. and more than 292 million people worldwide are chronically infected with HBV, a disease that is silent and largely undiagnosed. Without diagnosis or intervention, **1 in 4 of those chronically infected with HBV will go on to develop liver failure and/or liver cancer.** Many will die prematurely due to cirrhosis, liver failure, or liver cancer – and liver cancer is the second deadliest cancer in the U.S., with a five-year survival rate of 20%.

Hepatitis B is entirely preventable through the HBV vaccine. The HBV vaccine offers lifelong protection from hepatitis B infection, and is capable of eliminating the hepatitis B epidemic if we are able to vaccinate everyone at risk of hepatitis B infection, in conjunction with providing treatment to those with chronic hepatitis B. The HBV vaccine was also designated as the first “anti-cancer” vaccine, since preventing HBV infections prevents primary liver cancer.

A new, highly efficacious 2-dose HBV vaccine was approved in 2018 for adults, and an effective 3-dose vaccine has been available for over 30 years for all age groups. The HBV vaccine is recommended for all infants and children 18 years or younger by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices and the American Academy of Pediatrics. The CDC also recommends HBV vaccination for all adults with high risk of HBV infection, including people who inject drugs and adults with diabetes.

Hepatitis B vaccine coverage in infants has increased from 1% to 84% worldwide. However, total adult HBV vaccination rates in the United States are much lower, at around **25% for all adults over 18 years.** According to data from 2013, **only 32.6% of adults aged 19-49 are vaccinated against HBV,** which is the group at highest risk for new infections. Vaccination rates are estimated to be even lower among injection drug users who are at high risk of contracting HBV. These low rates of vaccine coverage among adults represent a missed opportunity in preventing hepatitis B infection, and highlight the need for increased HBV vaccination among adults to end this epidemic.

Currently, adults with Medicare can receive HBV vaccination with no cost sharing. **HBV vaccination is also considered an essential health benefit** by health insurance companies, allowing adults with private health insurance purchased through the Affordable Care Act's (ACA) health insurance marketplace to receive the HBV vaccine with no cost sharing, enabling individuals with adequate health insurance coverage to protect themselves from HBV through vaccination without encountering financial barriers. **However, Short-Term, Limited Duration Insurance (STLDI) plans are not required to cover essential health benefits, such as HBV vaccination, and may deny coverage for pre-existing conditions, threatening HBV prevention and elimination efforts, since STLDI plans do not provide the ACA's consumer protections.**

Hepatitis B and the Opioid Epidemic

Increased rates of injection drug use within the opioid epidemic in the U.S. have caused alarming increases in acute hepatitis B infection, particularly since many young and middle-aged adults are not vaccinated against HBV. Injection drug use is a major risk factor for HBV, hepatitis C (HCV), and HIV infections. For the first time since 2006, the number of reported acute HBV cases across the country is rising, and increased by 20.7% in 2015 alone. Regions hardest hit by the opioid epidemic are facing increases of over 100% in acute HBV infections associated with injection drug use, with **Maine reporting a 489% increase in HBV infections from 2015-2016, and Kentucky, West Virginia and Tennessee reporting a 114% increase in acute HBV infections from 2009 to 2013.** New HBV infections related to injection drug use are particularly prevalent among adults aged 30 to 49 who were not vaccinated as children. In addition, newly infected young women may be unaware of their HBV infection and may infect their children with HBV via perinatal mother to child transmission, subsequently causing these infants to be at significantly higher risk of developing chronic HBV infection, early onset liver failure, and liver cancer.

It is critical to increase HBV vaccination coverage, particularly among young adults born prior to 1991, when HBV vaccination for infants became routine. To prevent and eliminate hepatitis B as a U.S. public health threat, strategies to promote testing, vaccination, and linkage to care – particularly among high-risk populations – must be implemented while raising awareness about the serious health consequences of hepatitis B and its deadly link to cirrhosis, liver failure, and liver cancer.

The Section 317 Immunization Grant program under Section 317 of the Public Health Service Act supports our nation's immunization infrastructure, providing funding to grantees in all 50 states, six large cities, and eight territories and former territories. It provides a safety net to vaccinate uninsured or underinsured, low-income adults, including adults at high risk for HBV infection. In addition, it provides HBV vaccination to fully insured infants of HBV infected women and household or sexual contacts of HBV infected individuals, and funds vaccination for those in correctional facilities and jails. The program also supports vaccine effectiveness studies, disease surveillance, outbreak detection and response, vaccine coverage assessment, vaccine safety and provider education programming. Vaccines purchased through the CDC's Section 317 Immunization Program have played a critical role towards

addressing HBV prevention in high-risk uninsured and underinsured children and adults. Studies have shown that increases in Section 317 funding were significantly associated with higher rates of vaccination coverage.

Hep B United and its partners urge Congress to increase funding for Section 317 of the Public Health Service Act to ensure greater access to the HBV vaccine among adults and children, in order to ultimately save more lives from hepatitis B, the deadliest vaccine-preventable disease in the world.

Further, Hep B United urges Congress to protect the provisions of the Affordable Care Act, stabilize the health insurance marketplace, and oppose Short Term Limited Duration Insurance Plans, so that essential health benefits and preventive care, including HBV vaccination, are provided with no cost sharing for patients, individuals with pre-existing conditions are not discriminated against when purchasing health insurance coverage, and health insurance premiums for comprehensive healthcare remain affordable, so that we may continue to expand HBV prevention efforts through childhood and adult HBV vaccination, particularly in the setting of the opioid epidemic, and provide ongoing treatment to those with HBV in order to eliminate HBV as a public health threat.

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