

United States Senate

WASHINGTON, DC 20510

March 16, 2016

The Honorable Roy Blunt
Chairman
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Senate Committee on Appropriations
United States Senate
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Senate Committee on Appropriations
United States Senate
Washington, D.C. 20510

Dear Chairman Blunt and Ranking Member Murray:

As you begin work on the Fiscal Year 2017 (FY2017) Labor, Health and Human Services, Education, and Related Agencies Appropriations bill, we respectfully request a robust allocation to the Division of Viral Hepatitis (DVH) at the Centers for Disease Control and Prevention (CDC) to address alarming increases in the rate of hepatitis transmission in the United States.

In the Consolidated Appropriations Act of 2016, DVH received an allocation of \$34 million, an increase of roughly \$2.6 million above the FY2015 appropriation and the largest increase to DVH in recent years. It is imperative that we continue to build on your leadership in recognizing the urgent need for additional funding at DVH by providing robust funding to enable the Division to respond appropriately to the growing hepatitis B (HBV) and hepatitis C (HCV) epidemics across the country. The need to enhance and expand these prevention efforts has grown more urgent.

Link between Opioid Crisis and Hepatitis

Last year in Scott County, Indiana, there was an outbreak of approximately 185 cases of HIV. Of those cases, more than 90% were already infected with HCV. The situation in Scott County demonstrated the danger of a public health infrastructure lacking the basic resources necessary to stop the spread of completely preventable infections. Between 2010 and 2013 there was a significant increase in new HBV and HCV infections in the United States, with HCV rising by 150%. Indiana, Kentucky, West Virginia, Washington and 25 other states have reported increases in HCV, and Kentucky, Tennessee and West Virginia have also seen increases in HBV. Increases in both HBV and HCV are tied to increases in injection drug use in those areas. Increasing funding would allow DVH, within 10 of the 29 states with significant increases in hepatitis, to:

- Investigate networks of transmission in order to improve implementation and evaluation of prevention services.
- Promote HBV vaccinations, and HBV and HCV screening in settings that reach and provide services for populations at highest risk for transmission.
- Assure, in addition to HBV and HCV testing, implementation of prevention services to stop HBV and HCV transmission, including counseling, locally supported syringe services programs,

treatment for substance use disorders, and linkage to care and treatment for people living with HBV and HCV.

Mother-to-Child Transmission of Hepatitis Remains a Challenge

Although HBV vaccination coverage among newborns has increased, it remains below the Healthy People 2020 goals. Approximately 24,000 infants are born to mothers living with HBV, resulting in as many as 1,000 perinatal transmissions per year. Additionally, the ongoing HCV epidemic among young people who inject drugs has led to increases in some areas of mother-to-child transmission of HCV. Elimination of mother-to-child transmission is an attainable goal with increased vaccination for HBV and early detection of new hepatitis infections. Increasing funding would allow DVH to:

- Monitor and improve implementation of HBV vaccination of all infants within three days of birth through continued collaborations with birthing hospitals.
- Continue to work with state epidemiologists to implement revised state and local reporting criteria for pregnant women and their newborns living with HBV and HCV.
- Consider routine HCV testing for women of child-bearing age to identify young women living with HCV who would benefit from treatment, and to provide preventive services to their newborns.

HCV-Related Deaths Surpass Deaths from All Other Reported Infectious Diseases, including HIV

According to the CDC, HCV mortality rates have increased substantially in the United States over the past decade. Deaths associated with HCV now surpass deaths associated with all 60 other nationally notifiable infectious diseases combined, according to recent data from the CDC. Furthermore, HBV and HCV are the leading causes of liver cancer—one of the most lethal, expensive, and fastest-growing cancers in America. While HBV and HCV are completely preventable and treatable, more than 5 million people in the United States live with HBV and/or HCV, and 65-75 percent of infected individuals remain undiagnosed. Increased resources would enable DVH to:

- Provide support for a full time Viral Hepatitis Prevention Coordinator (VHPCs) position in 48 states, the District of Columbia and three cities. VHPCs are the frontline public health officials tasked with addressing hepatitis within their jurisdiction.
- Support the development of up to two model projects for the elimination of HCV transmission and related mortality throughout an entire state, tribal area, or local community.
- Work to advance testing in private clinical settings, public health settings, and other settings to increase the number of persons diagnosed with HBV and HCV infection and linked to lifesaving care earlier in their infection.
- Explore opportunities for utilizing electronic health records to monitor implementation of CDC/USPSTF (U.S. Preventive Services Task Force) recommendations, in both HBV and HCV screening.

With your leadership, the elimination of viral hepatitis B and C is possible in the United States. We appreciate the Committee's support for viral hepatitis prevention in FY2016 and strongly encourage you to build on your commitment as you work on FY2017 appropriations.

Sincerely,



MAZIE K. HIRONO
United States Senator



BRIAN SCHATZ
United States Senator



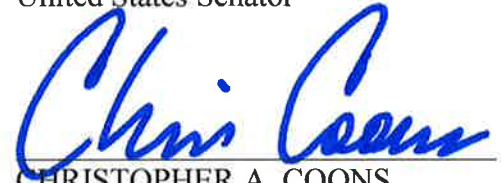
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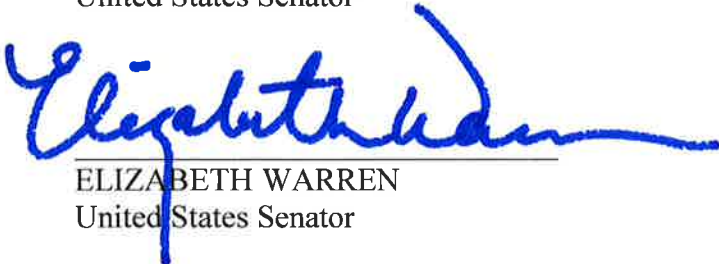
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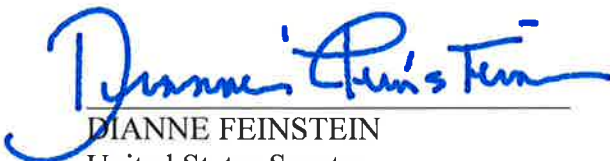
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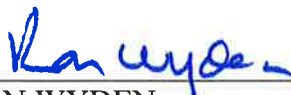
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