

March 20, 2018

The Honorable Leonard Lance
U.S. House of Representatives
2352 Rayburn
Washington, DC 20515

The Honorable Joe Kennedy
U.S. House of Representatives
434 Cannon
Washington, DC 20515

Dear Representatives Lance and Kennedy:

We, the undersigned organizations, health care professionals and advocates working to end the hepatitis B epidemic in the United States, would like to express our strong support of your efforts to address infectious diseases associated with injection drug use.

We have reviewed your proposed legislation to expand surveillance and education by the Centers for Disease Control (CDC) regarding infections spread through injection drug use and believe it is a critical step in helping to fulfill an unmet medical need, moreover, an unmet medical need which has been exacerbated by the ongoing opioid crisis facing our nation. In light of your efforts to capture important data about infections spread through injection drug use, we respectfully urge you to include hepatitis B virus (HBV), along with hepatitis C and HIV, in this important CDC surveillance and education program.

In the United States, up to 2.2 million persons are chronically infected with HBV and until 2015, new cases of HBV infection in the United States had been decreasing. The most recent CDC data show a 20% increase to an estimated 21,900 new cases of acute hepatitis B. This increase in new HBV infections is very concerning, which CDC believes is linked to injection drug use associated with the opioid epidemic. In addition, HBV is highly infectious, and approximately 100 times more infectious than HIV.

Rates of new HBV infection are highest among adults 30-49 years of age, reflecting low hepatitis B vaccination coverage among adults at risk. There is no available, licensed cure for hepatitis B, however, it is preventable by vaccination. At a time when hepatitis B is spreading at alarming rates, prevention through effective vaccination is critical. One of the challenges ensuring high-risk adults are vaccinated, particularly those who are opioid abusers, is the lack of data available for this transient population. A CDC surveillance program, as proposed in your legislation, that includes HBV would help identify where new incidences of the infection are occurring fastest, and accordingly, vaccine prevention could be targeted in those areas to help reduce the greatest burden of infection and support prevention programs to include vaccination against HBV.

This is a critical time for Congress to consider the public health implications related to the opioid crisis and we thank you for your leadership on this front. The call for addressing infectious diseases related to injection drug use by opioid abusers has never been greater and we look

forward to working you on this effort. Again, we would like to express that improved prevention against the further spread of HBV is achievable, and we encourage you to consider inclusion of HBV as a target for CDC surveillance and education efforts.

Thank you for your consideration of legislation to help advocates and health care professionals bring us closer to eliminating this preventable disease.

Sincerely,

Asian and Pacific Islander American Health Forum (APIAHF)
Association of Asian Pacific Community Health Organizations (AAPCHO)
Center for Asian Health
Coalition Against Hepatitis for People of African Origin (CHIPO)
Hep B United
Hepatitis B Foundation
Hepatitis B Initiative of Washington, D.C. (HBI-DC)
Hepatitis B Initiative of Minnesota (HBI-MN)
Immunization Action Coalition
Douglas R. LaBrecque, MD, FACP, FAASLD, Emeritus Professor of Internal Medicine,
University of Iowa
National Association of Community Health Centers (NACHC)
National Association of County and City Health Officials (NACCHO)
National Viral Hepatitis Roundtable (NVHR)
Robert Perrillo, MD, Hepatology Division, Baylor University Medical Center, Dallas, Adjunct
Professor, UTSW
Samuel So, MD, FACS, Director, Asian Liver Center, Stanford University
The AIDS Institute