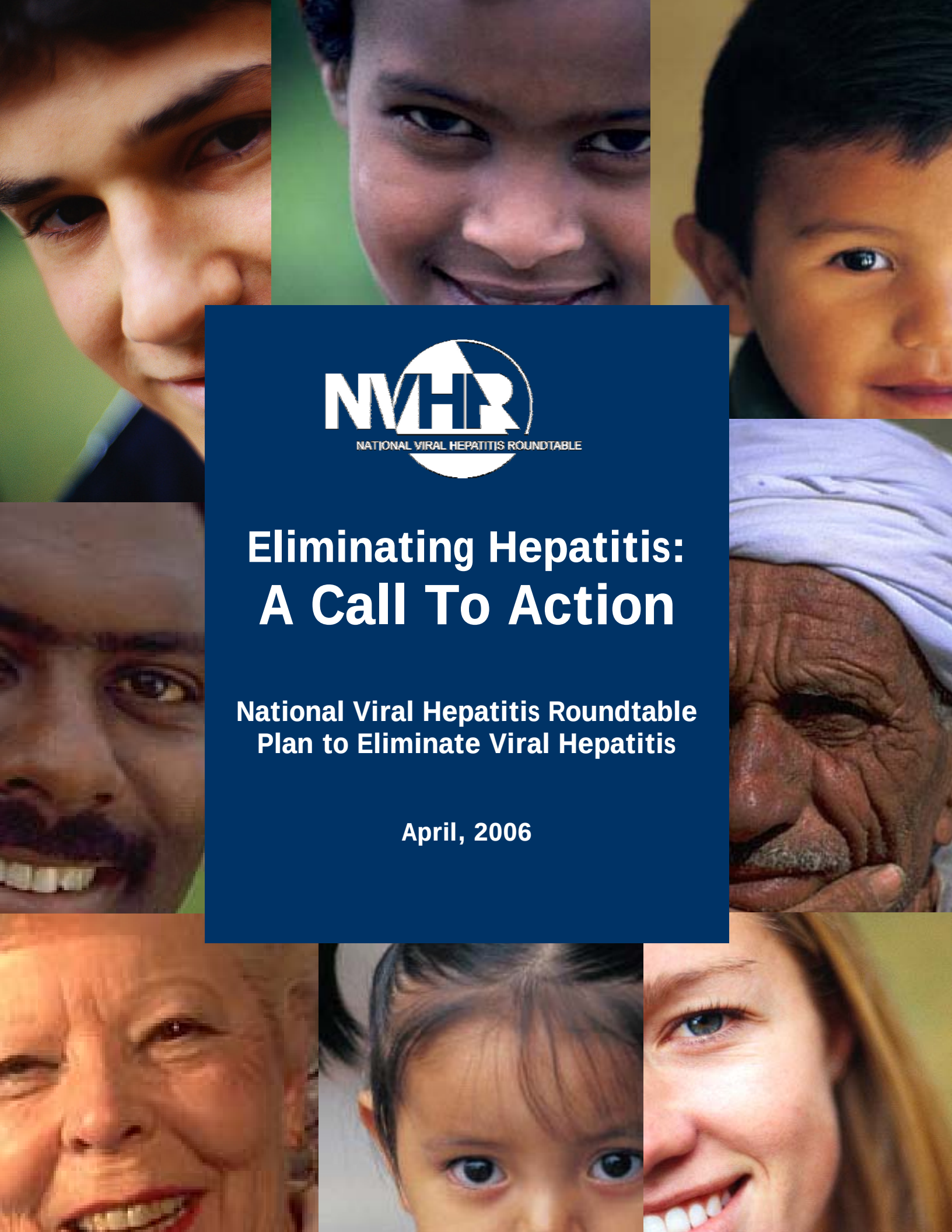

NATIONAL VIRAL HEPATITIS ROUNDTABLE

Eliminating Hepatitis: A Call To Action

National Viral Hepatitis Roundtable Plan to Eliminate Viral Hepatitis

April, 2006

Eliminating Hepatitis: A Call to Action

National Viral Hepatitis Roundtable

Executive Summary

Americans no longer suffer from polio, measles, and smallpox; we have eliminated those diseases. In that spirit, we intend to ensure that no American suffers from viral hepatitis.

Sometimes it takes only a thoughtful moment to act quickly and avert a tragedy. Sometimes, preventing a tragedy requires a long-term commitment bolstered by skill, passion, dedicated help, and substantial resources. Viral hepatitis demands both.

In the fight against viral hepatitis, quick action is possible. We know how to prevent it and to treat it. Before you finish reading this paragraph you can take action by deciding to learn about how hepatitis can damage your liver and destroy your life. You can resolve to learn what you can do to prevent it. You can become involved in longer-term, more dedicated action as well. Preventive methods and critical clinical care don't reach all those who can benefit from them, and real cures are still in the making.

You can help and together we can make history by eliminating a disease that has already devastated far too many people. We can offer hope to those who already suffer from viral hepatitis. We can protect those who are not already infected, saving them from the illnesses that rob people of their vitality, and even their lives. Doing so will require a coordinated action plan and the dedicated, collaborative efforts of people in both public health and the private sector. We have developed the plan and will spearhead the partnership.

The National Viral Hepatitis Roundtable[1], has spent more than two years developing and debating the best way to prevent the unnecessary suffering and death caused by viral hepatitis. And now, with our action plan in place, we need your help. Our proposal for action builds on the strengths and successes of our collective membership and this country's existing healthcare system. It can be done. Here's how.

Our comprehensive study and discussions with national experts have netted four recommendations:

- *Build the capacity to address the challenges of viral hepatitis.*
- *Vaccinate America to eliminate vaccine-preventable viral hepatitis.*
- *Counsel, test, and refer persons at risk for viral hepatitis to inform them about how to reduce their risks.*

- *Care for persons with chronic hepatitis and help them participate in the management of their condition.*

Burden of illness

The healthcare expenditures associated with hepatitis A, B, C and to a lesser degree hepatitis D and E, swell into the billions of dollars.

Disease burden from hepatitis A, B and C, United States[2]

	Hepatitis A	Hepatitis B	Hepatitis C
Estimated infections, 2003	61,000	73,000	30,000
Number chronically infected	n/a	1.25 million	2.7 million
Estimated annual deaths due to chronic liver disease	n/a	5,000	8,000-10,000
Direct healthcare costs	$133 million	$300 million	$300 million
Indirect costs	$267 million	$700 million	$700 million

The cost of vaccination, education, and treatment to prevent and control viral hepatitis is an upfront investment with substantial payback in reducing future medical and social cost burdens, as our data show.

Hepatitis A and B are vaccine-preventable

Hepatitis A and hepatitis B continue to be among the most prevalent vaccine-preventable diseases in the United States. The human toll is great and there is tremendous financial burden as well. Hepatitis A and B costs Americans $2 billion each year in direct and indirect costs.

Yet each year, more than 60,000 Americans are infected with hepatitis A. Between 11% and 21% of those infected are hospitalized, and nearly 100 of those infected die.[3]

Furthermore, almost 75,000 Americans are infected with hepatitis B every year. Nearly 1.25 million currently have chronic HBV infection, and an estimated 5,000 will die from HBV-related liver diseases. What's more, it is estimated that 25 percent of those infected at birth or in early childhood with HBV may develop end-stage liver disease or liver cancer.

The Centers for Disease Control and Prevention (CDC) projects that vaccinating each of the one million high-risk adults would save up to $100 million in future direct medical costs by preventing 50,000 new hepatitis B infections, 1,000-3,000 chronic hepatitis B infections, and 150-450 deaths from cirrhosis and liver cancer.[4] How can we fail to do so?

Hepatitis C is treatable

An estimated 2.7 million persons in the United States have chronic HCV infections, with 30,000 people infected in 2003 alone. The total direct and indirect costs associated with hepatitis C are estimated to be about $400 million annually.

Of the estimated one million[5] Americans living with the Human Immunodeficiency Virus (HIV) which causes AIDS, 25%-30% are co-infected with HCV, with most co-infections among intravenous drug users. Co-infection results in more rapid progress of HIV and co-infected people are three times more likely to develop cirrhosis, and six times more likely to experience hepatic decompensation, than those with HCV mono-infection.[6]

Although combination therapy eliminates the hepatitis C virus in less than 50% of patients, recent studies suggest that it provides substantial societal savings in terms of employer costs, disability payments, and years of life lost.[7,8]

Hepatitis D and E are more rare, but are serious

Though hepatitis A, B and C are most prevalent in this country, exacting the greatest human suffering and accounting for the highest consumption of resources, it is important to recognize that hepatitis D and E causes suffering as well.

Hepatitis D is a liver disease caused by the hepatitis D virus (HDV), found in the blood of some persons chronically infected with HBV. Persons with co-existing hepatitis D and hepatitis B infections have more severe liver disease than those with hepatitis B alone. There is no specific vaccine to prevent hepatitis D infection, but preventing hepatitis B through vaccination will protect against hepatitis D.

Hepatitis E, a liver disease caused by the hepatitis E virus (HEV), occurs in many developing countries, where it is primarily transmitted by contaminated water. Although hepatitis E rarely occurs in the United States, it does occur among persons who travel to countries where HEV is endemic, such as India, parts of Africa and Asia, and Mexico. A vaccine for prevention of hepatitis E is being developed.

Our Plan

It was not easy to reach consensus on how to eliminate viral hepatitis. The members of the NVHR are leaders in American health care who understand the challenges of making the necessary changes, and the costs of doing so. As those who care for people with viral hepatitis, we also know the cost of not winning this particular health care battle. For the sake of everyone concerned, we must not fail.

Our interest in eradicating viral hepatitis recognizes the importance of the human liver, which performs many functions that are essential to life. Viral infections can damage the liver and cause permanent scarring, liver failure, liver cancer and death. Worse yet, because early-stage liver damage occurs without symptoms or pain, people with chronic hepatitis may not seek treatment until their illness is far advanced or they have transmitted the disease to others.

—Thelma King Thiel
Hepatitis Foundation International

Our plan strikes a balance in doing what is best for everyone in this nation: those who already have these diseases and those in whom the diseases can be prevented; those who will lose loved ones unnecessarily and those who will never cry those tears of loss; those who will pay for the changes and those who will pay even more if changes are not made.

These are our goals and we believe they are achievable:

Goal 1: Build the capacity to eradicate viral hepatitis

We must develop the capacity in states and territories to win this fight. We must improve laboratory tests, develop new treatments, and support health systems research. We must create a national surveillance network and fund patient outreach and education, vaccination, counseling, screening and testing programs. We must support comprehensive care for the uninsured, including programs available through community health center services and programs that care for incarcerated persons, drug users and those who have suffered health disparities.

Goal 2: Vaccinate America

We must achieve universal hepatitis A and hepatitis B immunization, protecting newborns immediately with hepatitis B vaccine, 1-year olds with hepatitis A vaccine, and requiring vaccination against both diseases for school entry. We must make special efforts to vaccinate everyone at risk, accelerate development of a hepatitis C vaccine, and protect Americans by reaching out to the world to vaccinate all people.

Goal 3: Counsel, test, and refer persons at risk for viral hepatitis

\We must make all Americans aware of viral hepatitis, create counseling, testing and referral (CTR) programs to reach those who are infected, give them information and appropriate tests, and improve the quality of the tests and the laboratories that make diagnoses.

Goal 4: Care for persons with chronic hepatitis

We must expand access to care and promote care based on the best guidelines. We must also revise the criteria that determine when an individual, already devastated by disease, is disabled for the purpose of receiving disability benefits.

Be a player in this history-making venture to end the suffering from viral hepatitis in the United States.

You'll be proud you did.

Endnotes

[1] In recognition of anti lobbying restrictions for Federal employees, no Federal Agency staff participated in any NVHR discussions relating to funding issues or legislation mentioned in this document.

[2] CDC. Hepatitis B vaccination for adults: an evidence-based approach to close the gap in hepatitis B prevention. July 1, 2003.

[3] CDC. National Center for Infectious Disease, Viral Hepatitis Surveillance Disease Burden from Hepatitis A, B, and C in the United States. www.cdc.gov/ncidod/diseases/hepatitis/resource/dz_burden02.htm.

[4] CDC. Hepatitis B vaccination for adults: an evidence-based approach to close the gap in hepatitis B prevention. July 1, 2003.

[5] www.cdc.gov/hiv?PUBS/Facts/At-A-Glance.htm.

[6] Sulkowski MS, Thomas DL. "Hepatitis C in the HIV-Infected Person." *Annals of Internal Medicine* 2003 Feb. 4;138(3):197-207. Thomas DL. "Hepatitis C and human immunodeficiency virus infection." *Hepatology*. 2002 Nov;36(5 Suppl 1):S201-9).

[7] Sherrie Dulworth, RN, Sunit Patel, FSA, MAAA, and Bruce S. Pyenson, FSA, MAAA peer reviewed by Jim O'Connor, FSA, MAAA. The Hepatitis C Epidemic: Looking at the Tip of the Iceberg, Milliman & Robertson, Inc., Washington, DC research report (2000).

[8] Milliman & Robertson, Inc., Washington, DC research report. *American Journal of Gastroenterology*, Vol. 98 Issue 11 p. 2354, Nov. 2003.