

## TESTIMONY

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Good afternoon. I am Dr. Bela Matyas, Acting Chief, Communicable Disease Emergency Response Branch with the California Department of Public Health (CDPH). I am speaking today on behalf of Dr. Gil Chavez, Deputy Director, California Department of Public Health, who sends his apologies for not being able to be here today. I am joined today by Rachel McLean, Adult Viral Hepatitis Prevention Coordinator, Sexually Transmitted Diseases (STD) Control Branch. Thank you for inviting me to provide you with information regarding the costs and consequences of hepatitis A, B and C, from now on referred to as viral hepatitis, and for calling attention to this important issue.

Viral hepatitis is a serious, costly, and significant public health problem in California. Hepatitis A and B can be prevented by a vaccine; however, there is no vaccine against hepatitis C. If not diagnosed and treated promptly, chronic – or long-term – hepatitis B and C infection can cause serious complications, such as liver disease, liver cancer, and death and have enormous human and economic costs. One in four people with chronic hepatitis B dies of liver disease or liver cancer, and hepatitis C is the leading reason for liver transplants nationwide.

Some people with chronic viral hepatitis lack access to medical care, so they are not diagnosed, treated, or reported. Or, if they are diagnosed, it is often only after having been infected for as many as 20 to 30 years. In 2007 alone, hepatitis B and C-related hospitalization charges in California totaled more than \$2 billion dollars. Liver cancer deaths, and related costs, are expected to triple over the next twenty years. By 2030, annual hepatitis C-related Medicare costs alone are expected to increase 600 percent, from \$5 billion to \$30 billion per year.

It is unknown how many people in California have chronic viral hepatitis. In 2008, more than 40,000 cases of chronic hepatitis B and 65,000 cases of chronic hepatitis C were reported to our local health departments. However, most people with viral hepatitis have no symptoms and do not know they are infected.

National estimates indicate that there are at least 144,000 people with chronic hepatitis B and 475,000 people with chronic hepatitis C in California, but the true numbers of people with hepatitis B and C are probably much higher. For example, California is home to one-third of this country's Asian Americans and Pacific Islanders and these groups are disproportionately affected by chronic hepatitis B infection. Also, national hepatitis C estimates do not include people who are homeless or who are incarcerated, yet approximately one-third of people incarcerated in California State prisons have hepatitis C infection.

Over the past decade, rates of acute (or recent) hepatitis A and B infection have dropped dramatically among children and adolescents, thanks to routine childhood hepatitis A and B vaccination, which began in 1999. Today, 99 percent of acute cases of hepatitis B are among adults, with the highest rates among African-Americans and among males 30-39 years of age.

While new hepatitis B infections have decreased, the numbers of people with chronic hepatitis B infection may be rising due to shifting demographic patterns. Many adults with chronic hepatitis B were infected by their mothers at birth, often in their country of origin. Regions where hepatitis B prevalence is eight percent or higher include Asia, the Pacific Islands, Sub-Saharan Africa, and Eastern Europe. Asian Americans and Pacific Islanders make up 50 percent of people with chronic hepatitis B nationwide.

The rate of new hepatitis C infections has also decreased, thanks to syringe access programs and the screening of the blood supply beginning in 1992. However, thousands of people infected with hepatitis C through blood transfusions or drug use in the 1970s and 1980s are now seeing its effects. For example, hepatitis C-related deaths in California doubled from approximately 500 in 1995 to about 1,200 in 2004. Hepatitis C prevalence is highest among individuals born between the years 1945 and 1964; the estimated hepatitis C prevalence among non-Hispanic African-American males 50-59 years of age is as high as 13 percent.

Hepatitis B and C are both associated with significant racial health disparities. Rates of both acute hepatitis B and chronic hepatitis C are higher for African Americans than for Caucasians and African Americans do not respond as well to hepatitis C treatment due to genetic and, often, socioeconomic factors. People with hepatitis C often face stigma because the disease is associated with illicit drug use, even though many people were infected through other routes, such as blood transfusions. Likewise, Asian Americans, Pacific Islanders, and other groups disproportionately affected by chronic hepatitis B often face language barriers, difficulty accessing care and treatment, as well as stigma and discrimination.

Unprotected sex with an infected individual is the leading cause of hepatitis B transmission among adults, while sharing syringes and other equipment used for

injection drug use is the leading cause of hepatitis C transmission. For these reasons, we emphasize vaccination against hepatitis A and B and screening for hepatitis B and C in clinical settings serving adults at risk for viral hepatitis.

Transmission of hepatitis B from mother to child is uncommon in California but does occur, which is why California law requires hepatitis B screening of all pregnant women and why we emphasize ensuring that infants born to mothers infected with hepatitis B are vaccinated within 12 hours of birth to prevent development of chronic hepatitis B infection.

Later this afternoon, I will be discussing national recommendations for viral hepatitis prevention, detection, and treatment and the state's response to this serious public health problem. Thank you for your time.