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Infectious Diseases Society of America

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November 2, 2021

Stephanie Thomas

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RE: Comments for the November 2021 Meeting of the Advisory Committee on Immunization Practices (**Docket No. CDC-2021-0112**) / Considerations for Universal Adult Hepatitis B Vaccination

To the Advisory Committee on Immunization Practices (ACIP):

The Infectious Diseases Society of America (IDSAs) appreciates the ACIP's efforts to address adult hepatitis B (HBV) vaccination. The Committee's recommendation of a universal hepatitis B vaccine for adults 19 and older is critical for addressing consistently low adult HBV vaccination rates and eliminating viral hepatitis in the United States.

IDSAs represents over 12,000 physicians, scientists, and public health experts who specialize in infectious diseases. Its purpose is to improve the health of individuals, communities, and society by promoting excellence in patient care, education, research, public health, and prevention relating to infectious diseases. IDSAs supports a recommendation for universal adult hepatitis B vaccination and views this as an opportunity to stem the tide of spikes in HBV infections across the country and reduce viral hepatitis inequities across the US.

### **HBV and risk-based vaccine guidance**

HBV is a disease for which there is a highly effective vaccine – yet up to 2.4 million people in the US may be living with chronic HBV, and there are up to 80,000 new cases of HBV each year<sup>1</sup>. An estimated 820,000 people globally die each year from hepatitis B and related complications such as liver cancer<sup>2</sup>. Recent trends in HBV incidence demonstrate limits of current risk-based recommendations: the incidence of acute HBV in adults has been flat for about 10 years, and less than 30% of cases are

<sup>1</sup> Wong, R. J., Brosgart, C. L., Welch, S., Block, T., Chen, M., Cohen, C., Kim, W. R., Kowdley, K. V., Lok, A. S., Tsai, N., Ward, J., Wong, S. S., & Gish, R. G. (2021). An Updated Assessment of Chronic Hepatitis B Prevalence Among Foreign-Born Persons Living in the United States. *Hepatology (Baltimore, Md.)*, 10.1002/hep.31782. Advance online publication.

<https://doi.org/10.1002/hep.31782>

<sup>2</sup> <https://www.hepb.org/what-is-hepatitis-b/what-is-hepb/facts-and-figures/>

known to have a risk factor that would lead to vaccination<sup>3</sup>. These low rates highlight numerous missed opportunities for prevention, and the current risk-based vaccination strategy will fall short of federal 2030 HBV elimination goals.

### **Uptake and costs**

Universal vaccination has proven to be cost-effective for other vaccine preventable diseases that have similar epidemiological patterns, prevalence, and incidence as HBV. For instance, cost-effectiveness models for quadrivalent influenza vaccines have shown that a universal vaccination policy is predicted to reduce morbidity and mortality and remain cost-effective at conventional payment thresholds<sup>4</sup>. In a recent economic evaluation of universal HBV vaccination among adults, increased vaccination in high-risk individuals would yield greater benefits – a 20% increase in vaccination rates for this group could avert approximately 31% of acute HBV infections<sup>5</sup>. These conservative estimates do not address prevention of secondary spread or effects on populations co-infected with HCV, HIV, immunosuppression, or other liver disease; adding a dynamic transmission component to the model that takes these co-infections into account would further reduce the cost per QALY.

A growing population is at risk for serious complications of HBV in the US. Thus, moving toward a universal vaccination approach would ultimately drive down costs per vaccinated person. Additional research in this space will continue to identify more targeted approaches to broaden uptake and decrease costs.

### **Equity**

The 2021-25 Viral Hepatitis National Strategic Plan for the United States encourages stakeholders to examine challenges from a health equity lens and work to eliminate the viral hepatitis epidemics among the populations and communities they serve. Chronic hepatitis B disproportionately impacts Asian Americans, Pacific Islanders, and African immigrants. Chronic HBV is also six times more prevalent amongst Blacks than non-Hispanic whites, and the HBV-related mortality rate for Black individuals is more than 2.5 times the mortality rate for non-Hispanic whites<sup>6</sup>. These populations also have the highest mortality rates of liver cancer, of which HBV is a major cause<sup>7</sup>.

### **Access**

Beyond health system inequities, access to vaccines remains a challenge due to the limitations of the current risk-based framework. Risk-based guidelines are dependent upon demand, so although current recommendations state that any person who would like to access the HBV vaccine can do so, many people seeking the vaccine report that it is not accessible because pharmacies and/or providers do not keep them in stock due to low demand. Universal adult HBV vaccination would allow clinicians to vaccinate patients without inquiring about multiple risk factors and remove the burden of soliciting sensitive information from the patient such as sexual history and injection drug use. Further, clinical decision support in immunization information systems (IIS) is unavailable when using risk-based recommendations which can be challenging for clinicians. For adults who did not

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<sup>3</sup> <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-02/24-25/HepWG-Weng.pdf>

<sup>4</sup> <https://pubmed.ncbi.nlm.nih.gov/24609063/>

<sup>5</sup> <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-02/24-25/HepWG-Hall.pdf>

<sup>6</sup> <https://www.hhs.gov/sites/default/files/Viral-Hepatitis-National-Strategic-Plan-2021-2025.pdf>

<sup>7</sup> <https://nvhr.org/our-work/health-equity/>

receive the HBV vaccine as children, a universal recommendation could speed the progress toward viral hepatitis elimination and interrupt continued transmission among high-risk adults.

**Implications**

Transitioning from risk-based guidelines to a universal recommendation for adult HBV vaccination could dramatically increase HBV vaccination rates in both the general population and among populations disproportionately affected by HBV. Given the steadily increasing rate of infections, which have been exacerbated by the opioid crisis and the COVID-19 pandemic, a recommendation for universal adult HBV vaccination is integral to achieving health equity, improving access to the vaccine, and working towards viral hepatitis elimination.

We thank you again for the opportunity to offer comments. For additional information, please contact Jaclyn Levy, IDSA Director of Public Policy, at [jlevy@idociety.org](mailto:jlevy@idociety.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'Daniel P. McQuillen', with a long horizontal flourish extending to the right.

Daniel P. McQuillen, MD, FIDSA  
President, IDSA