



Hepatitis C Caring Ambassadors Program Hopeful that Proposed Influenza Preparedness Plan Will Lead to Crucial Federal Response to Ongoing Hepatitis C Crisis

Oregon City, Oregon – While the Hepatitis C Caring Ambassadors Program (HCCAP) recognizes the need and supports preparedness for the possibility of an influenza pandemic, HCCAP believes it is crucial to also address the immediate and concrete human devastation of the ongoing hepatitis C crises that continues to be ignored by the Administration and Congress. Monday's announcement of the proposed influenza preparedness plan has raised the hopes of hepatitis C advocates who reason that the plan may signal increased attentiveness in the Bush White House to public health issues, especially the ongoing hepatitis C epidemic. HCCAP applauds the proposed expansion of federal funding for public health infrastructure and infectious disease surveillance as outlined in the influenza preparedness plan as such activities are likely to aid public health responsiveness to a wide array of infectious disease threats including hepatitis C.

Hepatitis C is the most common chronic blood-borne viral illness in the U.S., and the crisis is widespread. An estimated 4 to 5 million Americans have already been infected with the hepatitis C virus (HCV). Surveillance is incomplete, yet the Centers for Disease Control and Prevention estimate that 30,000 new HCV infections occur each year. Chronic hepatitis C is a serious, life-threatening disease causing significant morbidity and mortality. HCV is the leading cause of chronic liver disease in the U.S., one of the top ten killers of Americans age 25 years and older. Hepatitis C is also the leading indication for adult liver transplantation. Since 1990, the number of people with HCV undergoing liver transplantation has increased over 12-fold; thousands on the waiting list have died due to limited supply and overwhelming demand. Without increased resources for counseling, testing, and medical referral services, HCV-related deaths and long-term complications are projected to increase dramatically by the year 2020: liver failure by 106%, liver cancer by 81%, and liver-related deaths by 180%.

In announcing his proposed \$7.1 billion plan to prepare for the possibility of an influenza pandemic, President Bush stated, "our country has been given fair warning of this danger to our homeland." The truth of this statement applies not only to potential threats such as influenza but also to ongoing infectious disease threats, the greatest of which is the hepatitis C crisis. The hepatitis C alarm was unequivocally sounded in the early 1990's by former Surgeon General Dr. C. Everett Koop who described the hepatitis C epidemic as, "one of the most significant preventable and treatable public health problems facing our nation.... a graver threat than the AIDS crisis." Indeed, hepatitis C is not a theoretical threat to the American public but a factual and ongoing crisis that continues to unfold domestically and globally with virtually no federal control and prevention programs in place.

"The federal government has a responsibility to the public to not only anticipate and prepare for possible threats, but to act to limit disease spread and negative health consequences of infectious diseases already present in the population. Failure to appropriately address the hepatitis C crisis with adequately funded prevention and control programs is an egregious miscarriage of the federal government's responsibility to protect the health of the American people," said Tina M. St. John, M.D., Medical Director of the Hepatitis C Caring Ambassadors Program.

“While there is a regrettable history of inaction by the current administration on this issue, there is still time to mitigate the devastation associated with the hepatitis C crisis. The Bush Administration and Congress have an opportunity to intervene now by enacting the Hepatitis C Epidemic Control and Prevention Act [S-521/HR-1290]” said Lorren Sandt, Manager of the Hepatitis C Caring Ambassadors Program. Although the number of people living with hepatitis C is at least 3-times the number living with HIV/AIDS, the proposed 2006 funding for the Hepatitis C Epidemic Control and Prevention Act represents less than 0.5% of the 2006 federal appropriation for HIV/AIDS. Further, funding for the federal hepatitis C legislation represents only 1.3% of the budget proposed for Bush’s influenza preparedness plan.

“Enactment of the Hepatitis C Epidemic Control and Prevention Act is not a panacea, but it’s a good beginning to stem the spread of disease and ameliorate the effects of HCV-related disease in those already infected. It is certainly prudent to be prepared for a potential threat such as a pandemic influenza outbreak, but it is absolutely essential to rigorously respond to the actual pain and suffering being caused by the hepatitis C crisis, which is already upon us. The hepatitis C epidemic affects more than 200 million people worldwide; we simply cannot afford to ignore this crisis any longer,” noted Sandt.

We’ve seen with the recent natural disasters on the Gulf Coast how federal failure to act to a tangible threat in a timely way causes devastating, widespread pain and suffering. As with Hurricanes Katrina, Rita, and Wilma, the federal government has been given “fair warning.” The Administration, Congress, and the American people cannot allow the call-to-action lessons inherent in the recent Gulf Coast disasters to be ignored with respect to the advancing hepatitis C crisis.

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For additional information about the Hepatitis C Epidemic Control and Prevention Act, the domestic and global hepatitis C crisis, or the Hepatitis C Caring Ambassadors Program, visit www.hepcchallenge.org or contact Lorren Sandt at 1-877-737-4372 or lorren@hepcchallenge.org.

To send a message to your federal elected representatives urging enactment of the Hepatitis C Epidemic Control and Prevention Act, go to www.hepcchallenge.org.