



2021 Viral Hepatitis Surveillance Status Report


An assessment of the status of viral hepatitis surveillance practices across U.S. jurisdictions in 2021.


Released October 2022

An estimated **2.4 million** people in the U.S. are living with hepatitis C infection, while up to **1.59 million** people could be living with hepatitis B in the U.S. The need for expanded, standardized, and reliable viral hepatitis surveillance continues to impact public health efforts, resources, and response across the U.S. to this epidemic. A lack of robust surveillance data limits the ability to:

 Monitor the disease burden and related disparities

 Mount effective public health responses

 Track changes in the epidemic

 Eliminate viral hepatitis epidemic in the U.S.






In 2021, the Centers for Disease Control and Prevention (CDC) **released funding** for viral hepatitis surveillance across 59 jurisdictions. Prior to 2021, only 14 states received federal funding specifically for viral hepatitis surveillance. This inaugural viral hepatitis surveillance status report benchmarks the state of viral hepatitis surveillance in the U.S. prior to funding dissemination, establishes a baseline to monitor changes over time as additional resources are allocated, assesses how jurisdictions across the U.S. are measuring the impact of viral hepatitis on their communities, and highlights areas in need of additional resources.

Why Surveillance?

Viral Hepatitis Surveillance Vision

Viral hepatitis surveillance programs need to be expanded to help ensure effective prevention and treatment of hepatitis infections. Collecting information through surveillance can help us to answer questions like:

Question	Information needed to answer
 <p>How many people have current, diagnosed viral hepatitis infections?</p>	<ul style="list-style-type: none"> Positive viral hepatitis laboratory test results Negative viral hepatitis laboratory test results Deaths among people with viral hepatitis
 <p>What are the characteristics of people living with, and who have increased chances of getting, a viral hepatitis infection?</p>	<ul style="list-style-type: none"> Laboratory test results and clinical information indicating whether a viral hepatitis infection is acute (new) or chronic Information such as sex, race/ethnicity, age, pregnancy status, risk factor, etc. connected to test results
 <p>How many people have received treatment for hepatitis C?</p> <p>How many people need treatment for hepatitis C?</p> <p>Which groups of people are most in need of treatment for hepatitis C?</p> <p>How many people have achieved sustained virologic response (SVR) or been cured of their chronic hepatitis C infection?</p>	<ul style="list-style-type: none"> Positive hepatitis C laboratory test results Negative hepatitis C laboratory test results Laboratory test results and clinical information indicating whether a hepatitis C infection is acute (new) or chronic Information such as sex, race/ethnicity, age, pregnancy status, risk factor, etc. connected to test results Deaths among people with hepatitis C

A robust viral hepatitis surveillance system can help us to understand:



The burden of viral hepatitis



Which groups of people have increased chances of getting viral hepatitis infections



How many people need care and treatment for viral hepatitis



Inequities in hepatitis prevention, care, and treatment

The survey conducted to inform this report reveals what kinds of viral hepatitis surveillance practices are happening in jurisdictions across the U.S., where gaps exist, and where resources are needed.

HIV: An Example of Robust Surveillance

National HIV surveillance provides an illustrative example of effective surveillance practices and how surveillance can be used for prevention and treatment.

HIV surveillance consists of complementary systems to capture information about people who have an HIV infection or an increased chance of getting an HIV infection. These systems provide information that allow us to understand characteristics of people that are:



Diagnosed with HIV



At increased risk for acquiring HIV



Receiving care and treatment for HIV



In need of prevention, care, and treatment for HIV

This information is compiled from multiple CDC-funded HIV data systems and other data sources. Summary data are disseminated to other federal, state, and local partners to inform policies, program planning, and resource allocation for preventing and treating HIV infections.



2021 Program Funding

HIV Surveillance & Prevention Funding About \$400M*

* <https://www.cdc.gov/hiv/pdf/funding/announcements/ps18-1802/cdc-hiv-ps18-1802-annual-funding-amounts.pdf>
 ** https://www.cdc.gov/hepatitis/policy/2103_CoAg-FundingAmounts.htm

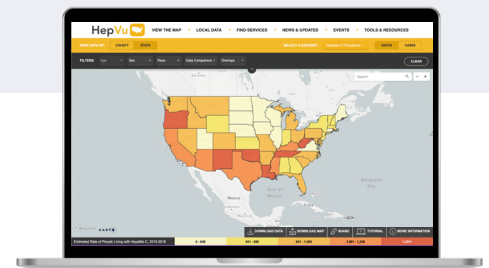
Viral Hepatitis Surveillance & Prevention Funding About \$23M**

The Survey

About

HepVu and NASTAD collaborated to create this first-ever viral hepatitis surveillance status report. **HepVu** is an interactive online mapping tool that visualizes the impact of the viral hepatitis epidemics on communities across the United States to promote data-driven public health decision-making. **NASTAD** is a leading non-partisan non-profit association that represents public health officials who administer HIV and viral hepatitis programs in the U.S. to end HIV/AIDS, viral hepatitis, and intersecting epidemics. We worked with a **steering committee** comprised of state and local health department representatives, national policy/advocacy organizations, and researchers to develop a set of indicators for survey measurement, determine process, develop a survey, and disseminate results.

In March 2022, a survey requesting information on hepatitis B and C surveillance practices in 2021 (January-June) was sent to 59 state, local, and territorial jurisdictions across the U.S., and 95% of jurisdictions responded. Data were processed by Emory University and compared to additional indicators like prior viral hepatitis funding, overdose mortality, and other factors. Moving forward, HepVu and NASTAD will collect data from jurisdictions on these indicators each year, analyze the results, and prepare a status report describing findings nationally and by jurisdiction.



Findings

Capacity

Staff and dedicated time are needed to perform basic surveillance activities, such as disseminating state and local information about viral hepatitis cases and linking viral hepatitis records with other databases to collect additional information about cases.

Capacity level impacts the ability to answer questions about:



Burden of disease



Who is at increased risk



Who needs treatment



1/3 of jurisdictions did not have a full-time employee (FTE) dedicated to viral hepatitis surveillance.



Just over half (55%) of jurisdictions were able to produce annual surveillance summaries.



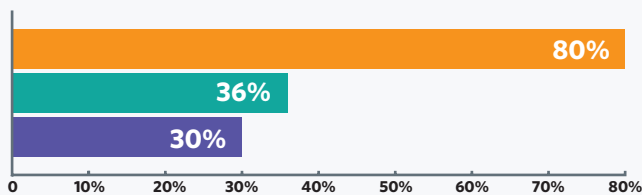
Only 2/3 of jurisdictions were able to conduct any data matching* with viral hepatitis surveillance records.

* E.g., matching viral hepatitis surveillance records to death records.

Investigating newly diagnosed viral hepatitis cases through medical records or interviews can provide information about patient risk factors and their needs for prevention, care, and treatment. Interviewing people with recent diagnoses can also help public health programs contact sexual, household, or injection partners that may also be at risk for infection.

Only 30% of jurisdictions were able to review medical record data for people with suspected acute (new) hepatitis B and contact people who may have been exposed to hepatitis B.

Percentage of Jurisdictions Who Were Able to Conduct Investigations into Suspected Acute (new) Hepatitis B Cases



Only 20% of jurisdictions were able to review medical record data for people with suspected acute (new) hepatitis C and contact people who may have been exposed to hepatitis C.

Percentage of Jurisdictions Who Were Able to Conduct Investigations into Suspected Acute (new) Hepatitis C Cases

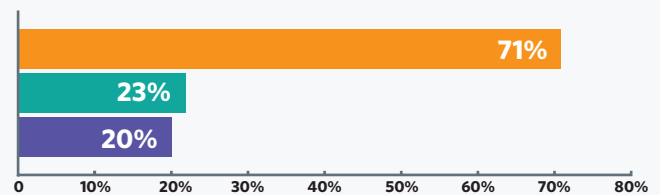


Chart Key

- Were able to review medical records or contact patient's healthcare provider
- Were able to contact people who may have been exposed
- Were able to review clinical data and contact people who may have been exposed

Elimination Goals

Effective vaccines are available for hepatitis A and B, successful therapies for hepatitis B, and curative treatment for hepatitis C. These tools make it possible to eliminate viral hepatitis. According to the World Health Organization (WHO), viral hepatitis elimination is **defined** as a 90% reduction in new infections and a 65% reduction in hepatitis-related deaths. The [Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination \(2021-2025\)](#) outlines a plan for strategic coordination towards achievement of our nation's elimination goals. Jurisdictional elimination plans and goals are important benchmarks for establishing localized approaches that support elimination.



In 2021, there were 24 (43%) jurisdictions with viral hepatitis elimination plans. Of jurisdictions that established elimination goals, **64% were funded for surveillance activities prior to 2021.**



Hepatitis elimination goals may be particularly important in jurisdictions hardest hit by the opioid epidemic where viral hepatitis infections are increasing. In 2021, **58% of jurisdictions without established elimination goals were also in the top 1/3 of states with the highest drug overdose mortality in 2020.**

Established elimination goals can increase political will for answering questions like:



How many people need care or treatment?

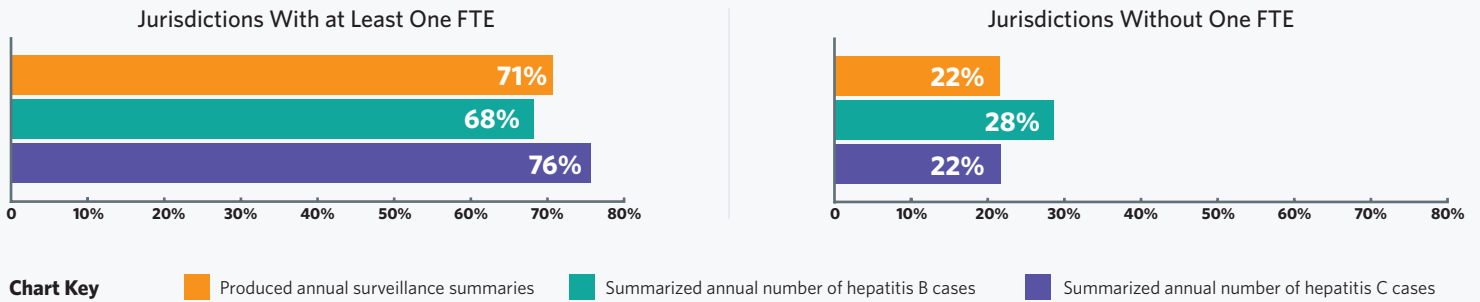


Which groups of people are most in need of care or treatment?

Dedicated Staffing

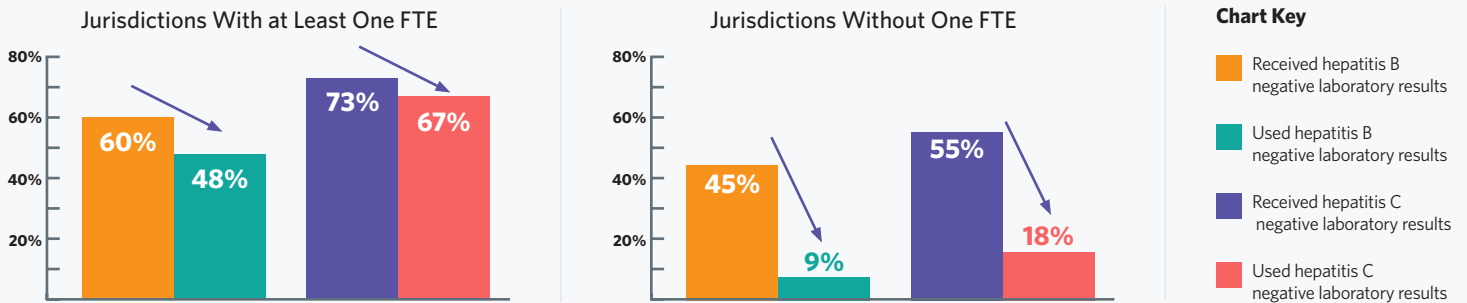
Jurisdictions with funding and resources for at least one full-time employee (FTE) dedicated to viral hepatitis surveillance were more likely to produce and disseminate information on viral hepatitis prevalence.

2021 Viral Hepatitis Data Dissemination Activities by Staffing



Jurisdictions with funding and resources for at least one FTE are more likely to receive and use negative viral hepatitis laboratory results, which help public health programs know if subsequent positive laboratory tests are the result of new infections. These negative laboratory results also provide information about people whose hepatitis C has been cured.

2021 Viral Hepatitis Labs Usage by Staffing



Staffing level impacts the ability to answer questions about:



Current diagnoses



Who is at increased risk



Who is in or out of treatment

Data Dissemination

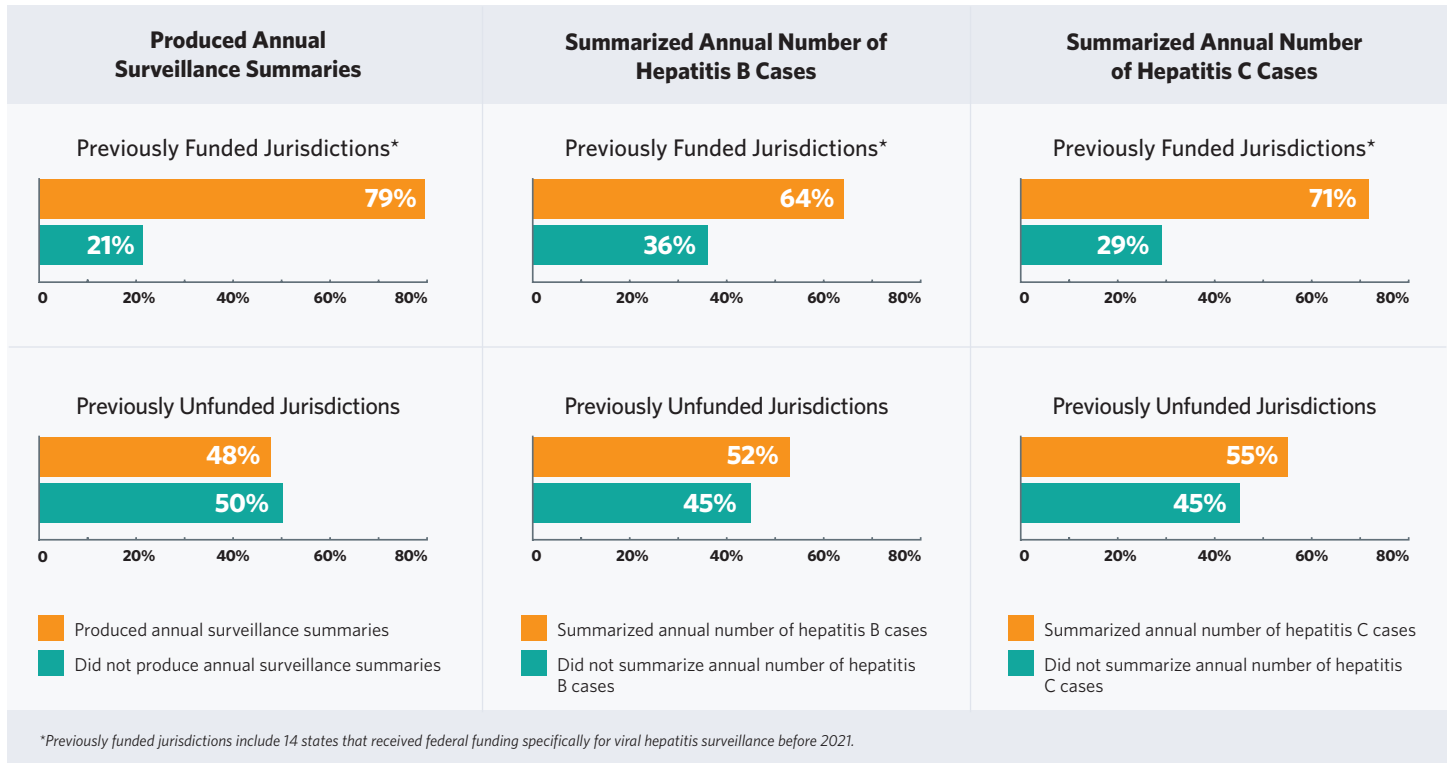
Alongside establishing elimination goals, publishing annual surveillance summaries for viral hepatitis and estimates for hepatitis B and C infections are important for informing programmatic planning and resource allocation. **Funding and staffing for surveillance allows jurisdictions to produce these important summaries and estimates.**



Among jurisdictions that did not produce annual surveillance summaries or estimates for hepatitis B or C infections in 2021, **nearly half were in the top 1/3 of states with the highest overdose mortality in 2020.**



Ability to disseminate data impacts the ability to answer questions about: **Current burden of disease**

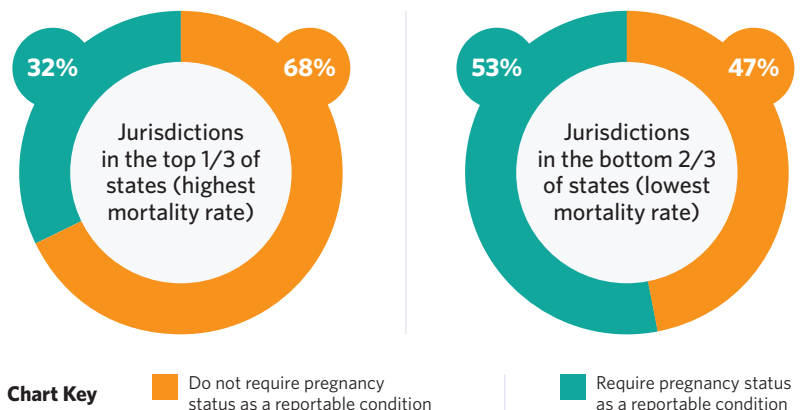


Pregnancy Status Data

Collecting information about pregnancy status and connecting it to viral hepatitis case records allows providers to screen for hepatitis C in pregnancy and implement post-partum treatment plans for the parent and child in accordance with current recommendations. Meanwhile, **less than half (45%) of jurisdictions were required in 2021 to report pregnancy status with hepatitis C cases.**

Of jurisdictions that were in the top 1/3 of states with the highest overdose mortality in 2020, **68% did not require pregnancy status as a reportable condition** for hepatitis C in 2021. Collecting information about pregnancy status may be particularly important in jurisdictions hardest hit by the opioid epidemic where viral hepatitis infections are increasing.

2021 Pregnancy Status as Reportable Condition for Hepatitis C by Overdose Mortality



Recommendations to Improve U.S. Viral Hepatitis Surveillance

Expanded, standardized, and reliable viral hepatitis surveillance is necessary to promote effective public health efforts, identify resource needs, and support response across the US. to this epidemic. While public health professionals are doing commendable surveillance work with currently available resources, this report showcases the need for additional funding and resources. Based on this benchmark of the state of viral hepatitis surveillance in the U.S. prior to CDC funding nationwide viral hepatitis surveillance, it is recommended to:

