PUBLIC HEALTH ACTION BRIEF:
The State of U.S. Viral Hepatitis Surveillance

An overview of viral hepatitis surveillance practices across U.S. jurisdictions in 2022 and recommendations for continued action.

Released November 2023

An estimated **2.4 million** people in the U.S. are living with hepatitis C infection, and up to **2.2 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 the 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
- Track changes in the epidemic
- Mount effective public health responses
- Eliminate the hepatitis C 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 2022 update to the 2021 inaugural viral hepatitis surveillance status report builds on the benchmarked state of viral hepatitis surveillance in the U.S. prior to funding dissemination, monitors initial changes over time as additional resources were allocated, assesses how jurisdictions across the U.S. are measuring the impact of viral hepatitis on their communities, and highlights areas where additional resources are needed.

Findings in this report reveal what **kinds of viral hepatitis surveillance practices are happening in jurisdictions across the U.S.**, **how practices are progressing over time**, **where gaps exist**, and **what resources are needed**.

The Findings

Funding and dedicated resources increase capacity to perform vital surveillance activities. In fact, jurisdictions with previous viral hepatitis funding and resources for a full-time employee (FTE) dedicated to viral hepatitis had much higher rates of 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.

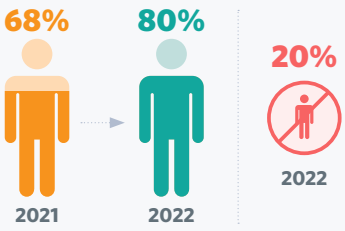
While approximately half of survey respondents expect to see meaningful improvements in jurisdictional viral hepatitis surveillance programs in 2023, half also need supplemental funding in addition to CDC's Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments (IVHSP) funding to conduct basic viral hepatitis surveillance activities.

Staff and dedicated time are needed to perform basic surveillance activities. Capacity level impacts the ability to answer questions about:

- Burden of disease
- Who is at increased risk
- Who needs treatment

Jurisdictions with full-time employee dedicated to viral hepatitis surveillance

Though the number of jurisdictions with a full-time employee (FTE) dedicated to viral hepatitis surveillance increased from 68% in 2021 to 80% in 2022, 1/5 (20%) still did not have dedicated staffing in 2022.



Jurisdictions believe they need 3-5 FTEs to conduct viral hepatitis surveillance

To conduct viral hepatitis surveillance activities specified under CDC IVHSP, jurisdictions report that on average, they believe 3-5 full-time employees (FTE) are necessary.

Jurisdictions reported major challenges with hiring and retaining surveillance staff. Staff turnover was a significant impediment to conducting basic viral hepatitis surveillance activities in 2022.

Fundamental Surveillance Activities

Elimination

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.

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

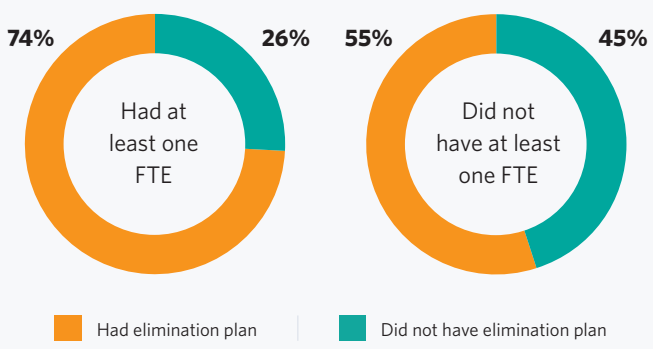
Jurisdictions with viral hepatitis elimination plans increased from 24 (43%) in 2021 to 38 (70%) in 2022. However, only 35% have public elimination plans, and 54% are implementing elimination plans.

In 2022, **only 30% of jurisdictions had capacity to make progress toward elimination goals**, and **33% had capacity to measure progress toward those goals**.

Only 3% of jurisdictions said they could make progress toward elimination goals at current levels of CDC funding for hepatitis surveillance.

Elimination by Staffing

Jurisdictions with funding and resources for at least one full-time employee (FTE) dedicated to viral hepatitis surveillance were more likely to have an elimination plan.



Elimination by Funding

Of funded jurisdictions, 100% with previous funding have viral hepatitis elimination plans. Meanwhile, only 61% of newly funded jurisdictions have viral hepatitis elimination plans.

100% with previous funding have viral hepatitis elimination plans.

61% of newly funded jurisdictions have viral hepatitis elimination plans.

Targeted Surveillance Activities

Pregnancy Status Data

Collecting information about pregnancy status and connecting it to viral hepatitis case records allows providers to screen for hepatitis B and C in pregnancy and implement post-partum treatment plans for the parent and child in accordance with current recommendations.

About 40% of infants born to pregnant people living with hepatitis B will develop chronic hepatitis B, yet pregnancy status was considered a reportable condition for hepatitis B for only 71% of jurisdictions.

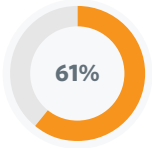
As of April 2020, CDC recommends prenatal care providers screen all pregnant persons for hepatitis C. However, pregnancy status was considered a reportable condition for hepatitis C for only 46% of jurisdictions.

Health Disparities Data

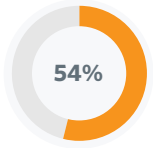
The *Viral Hepatitis National Strategic Plan: A Roadmap to Elimination 2021-2025* outlines objectives and strategies to aid stakeholders—researchers, policy makers, health care providers, advocacy groups, and patients—in working together to eliminate viral hepatitis as a public health threat in the U.S. One of those core objectives is to reduce viral hepatitis-related disparities and health inequities.

Collecting information and data about health disparities informs better decision making, resource allocation, and programmatic interventions to reach those who need prevention and treatment interventions most.

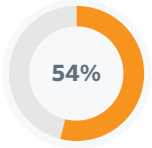
Percentage of jurisdictions that have adequate data to assess and address viral hepatitis disparities by:



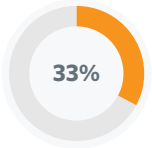
Risk factor (e.g. people who inject drugs)



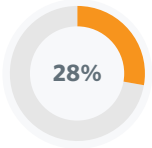
Race/Ethnicity



Urbanicity



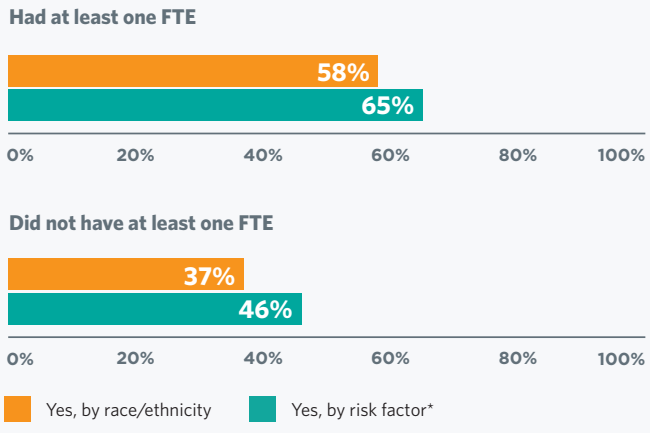
Sexual orientation and gender identity



Birthplace

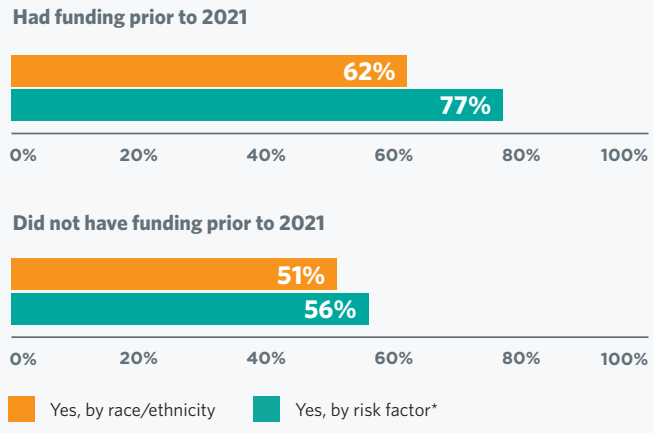
Health Disparities Data by Dedicated Staffing

Jurisdictions with funding and resources for at least one full-time employee (FTE) dedicated to viral hepatitis surveillance were more likely to have adequate data to assess and address health disparities.



Health Disparities Data by Funding

Jurisdictions with funding prior to 2021 are more likely to have adequate data to assess and address health disparities.



**e.g. people who inject drugs*

2022 Viral Hepatitis Surveillance Status Report

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Syndemic Data Matching

A syndemic refers to two or more interrelated epidemics that are mutually reinforcing and interact in a way that amplifies the overall burden of disease. Hepatitis C and HIV are an example of syndemic infections, and both can be transmitted by sharing needles, syringes, water, alcohol swabs, and other equipment used to inject drugs. **Co-infection with HIV and hepatitis C is common**.

By identifying new infections and matching with other related epidemic data, not only can patients be treated for HIV or cured of hepatitis C, stopping additional infections from occurring, but disease states and burden, prevention, and interventions can be better aligned to address multiple epidemics more efficiently and effectively.

The number of jurisdictions that conducted any data matching with viral hepatitis surveillance records increased from 68% in 2021 to 83% in 2022.

only 60% of jurisdictions matched viral hepatitis case reports with HIV surveillance data.

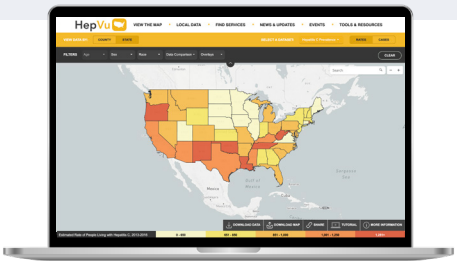
Only 37% of jurisdictions matched viral hepatitis case reports with STD surveillance data.

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 the state of viral hepatitis surveillance in the U.S. it is recommended to:**

1. **Invest in infrastructure** needed for viral hepatitis surveillance, including data systems and staff trained in data science.
2. **Increase federal and state funding** for viral hepatitis surveillance.
3. **Target surveillance resources** toward monitoring populations with highest viral hepatitis risk, such as people who inject drugs.
4. **Prioritize dedicating resources** toward health disparities data collection and analysis. Data are not currently adequate to have an equitable viral hepatitis surveillance program despite the **Viral Hepatitis National Strategic Plan: A Roadmap to Elimination 2021-2025** core objective of reducing viral hepatitis-related disparities and health inequities.

About the Survey



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 2023, a survey requesting information on hepatitis B and C surveillance practices in 2022 was sent to state, local, and territorial jurisdictions across the U.S., and 92% of jurisdictions responded. Data were processed by Emory University and compared to additional indicators like prior viral hepatitis funding, dedicated staffing, and other factors. Moving forward, HepVu and NASTAD will continue to collect data from jurisdictions on these indicators each year, analyze the results, and prepare a status report describing findings nationally and by jurisdiction.

To read the full survey, visit: hepvu.org/viral-hepatitis-surveillance-status-report

HepVu NASTAD