

PUBLIC HEALTH WORK FORCE ALERT:

The Need for Dedicated Viral Hepatitis Staffing Across the U.S.

An overview of the public health work force crisis and staffing shortage to implement vital viral hepatitis surveillance practices across U.S. jurisdictions.

State of Viral Hepatitis Surveillance in the U.S.

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 unmet 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. **The lack of a robust surveillance system limits the ability to:**



Monitor the disease burden and related disparities



Mount effective public health responses



Track changes in the epidemic



Eliminate the hepatitis C epidemic in the U.S.



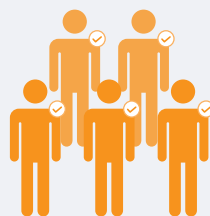
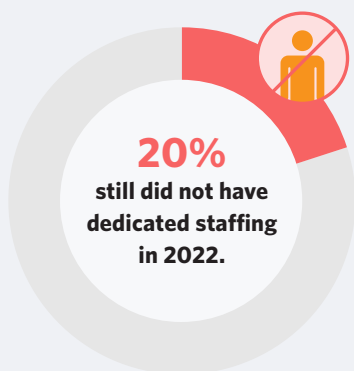
Further, **the U.S. is severely understaffed to effectively build, manage, and utilize the robust viral hepatitis surveillance** system this country needs.

The Viral Hepatitis Staffing Shortage

Staffing dedicated to viral hepatitis surveillance is needed to collect, compile, analyze, and disseminate surveillance data, and funding and dedicated resources increase capacity to perform vital surveillance activities. In fact, jurisdictions with viral hepatitis funding and resources prior to 2021 for a full-time employee (FTE) dedicated to viral hepatitis had much higher rates of basic surveillance activities, such as summaries.

Current Staffing Capacity

Though the number of jurisdictions with one 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**. Moreover, jurisdictions reported **needing at least 3-5 FTEs to conduct viral hepatitis activities** specified under CDC’s Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments (IVHSP) funding opportunity.



Jurisdictions reported needing **at least 3-5 FTEs** to conduct viral hepatitis activities.

Challenges With Addressing Capacity

When asked in the first quarter of 2023, **only half of jurisdictions expected to see meaningful improvements in jurisdictional viral hepatitis surveillance programs that year**, expressing the need for supplemental funding for staff and capacity to conduct adequate viral hepatitis surveillance activities. Jurisdictions also reported major challenges with hiring and retaining surveillance staff.

Common impediments included:

- ✓ Staff turnover
- ✓ Lengthy hiring processes
- ✓ Lack of registered epidemiologists
- ✓ Inability to provide competitive compensation
- ✓ Staffing shortages in human resources departments

Impact of Dedicated Viral Hepatitis Staffing

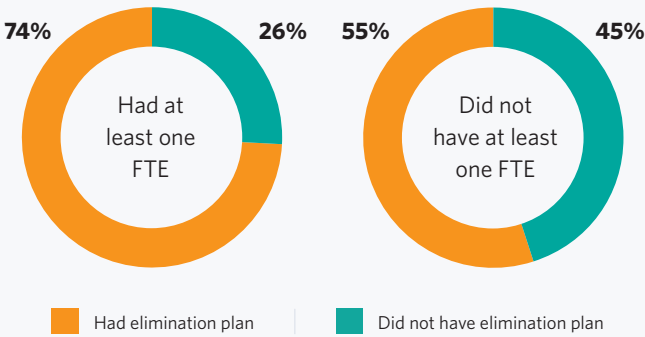
Fundamental Surveillance Activities

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. [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 and jurisdictional elimination plans and goals are important benchmarks for establishing localized approaches that support elimination.

Jurisdictions with funding and resources for at least one FTE dedicated to viral hepatitis surveillance were more likely to have an elimination plan.

Elimination Plan Status by Dedicated Staffing



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

Capacity to Progress Toward and Measure Elimination Goals



30% making progress toward goals



33% measurement of goals

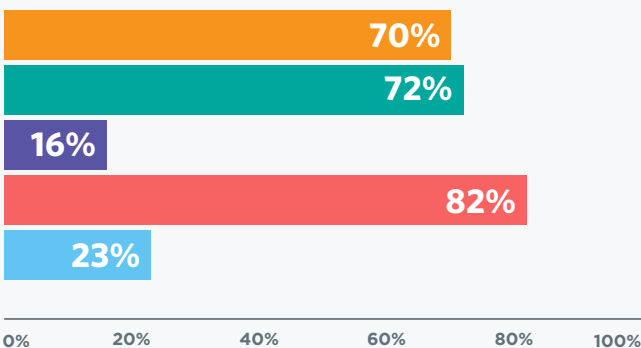
Data Dissemination

Alongside establishing elimination goals, publishing annual surveillance summaries for viral hepatitis, estimates for prevalence, and numbers of hepatitis B and C cases are important for informing programmatic planning and resource allocation.

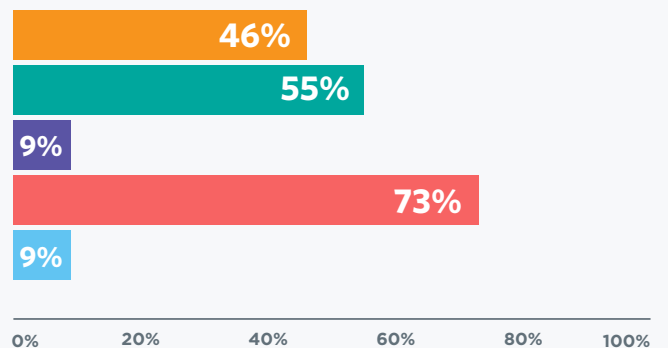
Jurisdictions with funding and resources for at least one FTE dedicated to viral hepatitis surveillance were more likely to produce and disseminate information on viral hepatitis case estimates and prevalence.

- Produced annual surveillance summaries
- Produced estimate for number of hepatitis B cases
- Produced current hepatitis B prevalence estimate
- Produced estimate for number of hepatitis C cases
- Produced current hepatitis C prevalence estimate

Jurisdictions with at least one FTE



Jurisdictions without at least one FTE



*Case Estimates: The number of unique, positive case reports received by the jurisdiction.

**Prevalence: The number of currently active infections in the jurisdiction, as determined by the number of cases among people who are alive with a viral hepatitis infection that has neither been cleared nor cured.

Targeted Surveillance Activities

*e.g. people who inject drugs

Health Disparities Data

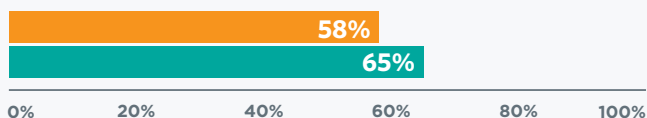
The [Viral Hepatitis National Strategic Plan: A Roadmap to Elimination 2021-2025](#) outlines objectives and strategies to aid stakeholders—researchers, policy makers, health care providers, advocacy groups, and patients—in working together to eliminate viral hepatitis as a public health threat in the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

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

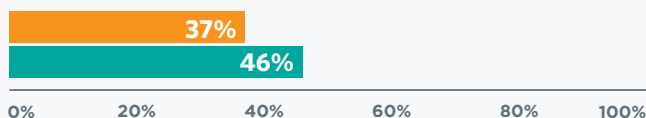
Health Disparities Data by Dedicated Staffing

Yes, by race/ethnicity Yes, by risk factor*

Had at least one FTE



Did not have at least one FTE



Syndemics 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 and can be transmitted by [sharing needles](#), syringes, water, alcohol swabs, and other equipment used to inject drugs. By identifying new infections and matching with other related epidemic data, not only can patients be linked to synchronizing care, but we can stop additional infections from occurring, better monitor disease states and burden, and better coordinate prevention and interventions to address multiple epidemics more efficiently and effectively.

Jurisdictions with funding and resources for at least one FTE dedicated to viral hepatitis surveillance were more likely to do any data matching between viral hepatitis case reports and HIV surveillance.

Syndemics Data Matching by Staffing

Yes, against HIV surveillance

Had at least one FTE



Did not have at least one FTE



About the Viral Hepatitis Surveillance Status Report and Survey

HepVu and NASTAD collaborated to create the first-ever viral hepatitis surveillance status report in 2022. This year's update builds and expands upon the inaugural report with year over year trends, deeper dives into capacity by dedicated staffing and funding, availability of health equity data, and more. The latest survey, which was sent to state, local, and territorial jurisdictions across the U.S. requesting information on hepatitis B and C surveillance practices in 2022, garnered a 92% response rate.

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.

