2025 Viral Hepatitis Surveillance Status Report

Fourth annual assessment of the status of viral hepatitis surveillance practices across U.S. jurisdictions in 2025.

Released in 2026

Viral Hepatitis Surveillance at a Crossroads

The 2025 Viral Hepatitis Surveillance Status Report arrives at a pivotal moment for public health in America. Now in its fourth year, this report documents jurisdictions' hard-won progress in tracking and combating viral hepatitis - and threats to that progress given uncertainty in federal funding for infectious disease surveillance and prevention. From the discontinuation of COVID-era infrastructure funding, to staffing reductions across the Centers for Disease Control and Prevention (CDC), to the potential downstream effects of new Medicaid requirements[1], the current environment has created confusion, uncertainty, and operational challenges for state and local health departments.

It is estimated that 862,000 to 2.2 million people[2] in the U.S. were living with Hepatitis B virus in 2021. Current estimates posit that up to 4 million Americans are living with Hepatitis C.[3] These are not abstract numbers. They represent communities, families, and individuals who depend on a functioning public health infrastructure to be diagnosed, connected to care, and treated, cured, or protected through immunization, in the case of hepatitis B.

The progress chronicled in this report was made possible in part by landmark funding from the CDC Division of Viral Hepatitis for expansion of viral hepatitis surveillance funding from 14 to 59 jurisdictions. That investment, which began in 2021, paid dividends: jurisdictions gained capacity to detect outbreaks earlier, monitor trends more accurately, and direct resources where they were needed most.

But that progress is now under direct threat. Across multiple public health programs, federal funding has been threatened, reduced, or eliminated. COVID-19 response funding, which many jurisdictions were using to braid together disparate funding streams, has been terminated. HIV and STI program cuts have been threatened. The vaccine policy landscape is also shifting - in December 2025, the CDC ended its 30-year universal hepatitis B birth dose recommendation. Although this decision has been temporarily reversed through a legal ruling, misinformation and confusion surrounding vaccine recommendations are likely to result in further declines.

This report was designed to show what surveillance funding makes possible. It now also shows what we stand to lose. The data, the systems, the staff, and the institutional knowledge built over the past four years are not easily replaced once lost. Rebuilding them will take years and cost far more than sustaining them would have. But surveillance alone is not enough. Data only matter if the programmatic infrastructure is in place to act on the information it provides. For vulnerable populations like people who inject drugs (PWID), hepatitis elimination goals will require more than monitoring — it will require community-based outreach, support through the treatment process, and access to harm reduction services for people with living and lived experience. These programs are also threatened by the erosion of policies and funding at both federal and state levels.

The path to hepatitis elimination is guided by robust, adequately funded, and equitably distributed surveillance infrastructure – and through the programmatic capacity to act on what surveillance data reveal. This report makes the case - in data - for why it must not be closed.

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[1] Ku, L., Gorak T, Kwon KN, et al. (2025, May 1). How National Medicaid Work Requirements Would Lead to Large-Scale Job Losses, Harm State Economies, and Strain Budgets. Issue Brief. The Commonwealth Fund & George Washington University Milken Institute School of Public Health

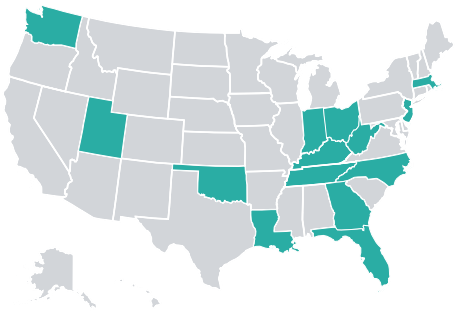
[2] Edlin, B. R., Eckhardt, B. J., Shu, M. A., Holmberg, S. D., & Swan, T. (2015). Toward a more accurate estimate of the prevalence of hepatitis C in the United States. Hepatology (Baltimore, Md.), 62(5), 1353–1363. https://doi.org/10.1002/hep.27978

[3] Hall EW, Bradley H, Barker LK, Lewis KC, Shealey J, Valverde E, Sullivan P, Gupta N, Hofmeister MG. Estimating hepatitis C prevalence in the United States, 2017-2020. Hepatology. 2025 Feb 1;81(2):625-636.

The 2025 Surveillance Status Report documents where jurisdictions stand today: where capacity has grown, where gaps persist, and where the floor is likely to fall if infectious disease funding reductions continue. It is both a progress report and a warning. The goal of eliminating viral hepatitis in the United States is within reach— but only if the surveillance infrastructure needed to guide that effort remains intact.

Expanded CDC funding for viral hepatitis surveillance in 2021 reached 59 jurisdictions, **up from 14 states.** This investment has since yielded significant progress, including more annual surveillance reports, dedicated staff, improved data matching, and stronger elimination plans.

Jurisdictions funded prior to 2021:
Enhanced Viral Hepatitis Surveillance funding (2017-2021)



An estimated 4 million people[1] in the U.S. are living with hepatitis C, while it is estimated that 862,000 to 2.2 million people[2] in the U.S. are living with hepatitis B, but many remain undiagnosed.

In the summer of 2025, a survey requesting information on Hepatitis B and C surveillance practices in 2025 was sent to 59 jurisdictions across the U.S., and 54 jurisdictions (92%) responded. HepVu and NASTAD began to collect data from jurisdictions on these indicators in 2022 and continue to do so each year, analyzing the results and preparing a status report describing findings nationally and by jurisdiction. This is the fourth annual report. This year, we collected data representing surveillance practices during the first six months of 2025, rather than the full year, to increase timeliness of the report.

Robust surveillance data allows us to:

- **Monitor the disease burden and related disparities**
- **Mount effective public health responses**
- **Track changes in the epidemic**
- **Eliminate the hepatitis B and C epidemics in the U.S.**

Why Surveillance?
Viral Hepatitis Surveillance Vision

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

- How many people have a current, diagnosed case of viral hepatitis?
- What are the characteristics of people living with, and who have increased chances of getting viral hepatitis?
- How many people have received treatment for hepatitis C? How many people need treatment for hepatitis C? Which groups of people are most in need of treatment for hepatitis C? How many people have achieved sustained virologic response (SVR) or have been cured of their chronic hepatitis C?

A robust viral hepatitis surveillance system will help us allocate resources, including prevention, testing, treatment and curative services, that reduce the morbidity and mortality of viral hepatitis.

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

[1] Hall EW, Bradley H, Barker LK, Lewis KC, Shealey J, Valverde E, Sullivan P, Gupta N, Hofmeister MG. Estimating hepatitis C prevalence in the United States, 2017-2020. Hepatology. 2025 Feb 1;81(2):625-636.

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The Findings

Overview

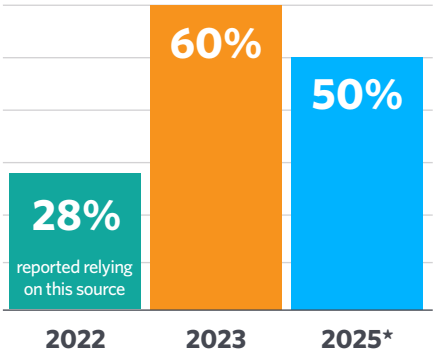
Funding and dedicated resources increase capacity to perform vital surveillance activities. 59 jurisdictions receive dedicated funding for viral hepatitis surveillance through CDC's Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments (IVHSP) but nationally, this investment is much less than is invested in HIV surveillance. To illustrate the stark disparity, the CDC Division of HIV Prevention received $1.013 billion in 2025 funding, while the entire CDC Division of Viral Hepatitis received just $43 million — a budget that must cover not only surveillance but all prevention activities — representing less than 5 cents for every dollar invested in HIV. Federal funds for viral hepatitis surveillance were essentially flat in FY2025, and jurisdictions reported fewer funds available from other jurisdictional programs. Adding to this challenge, there has been — and continues to be — significant uncertainty around federal priorities and funding streams, leaving many programs unable to plan effectively.

This instability is reflected in jurisdictional confidence: last year, 91% of respondents expected to see meaningful improvements in their viral hepatitis surveillance programs, but this year only 61% expected to see improvements in the first half of 2025.

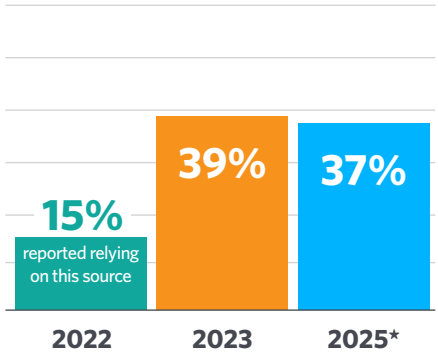
Additional Funding Sources

In 2023, 74% of jurisdictions indicated that they relied on funding apart from CDC's IVHSP to conduct viral hepatitis surveillance activities. This stayed the same at 74% in the first half of 2025.

Another jurisdictional program (e.g HIV or STI surveillance, emergency funds)



State Funding:



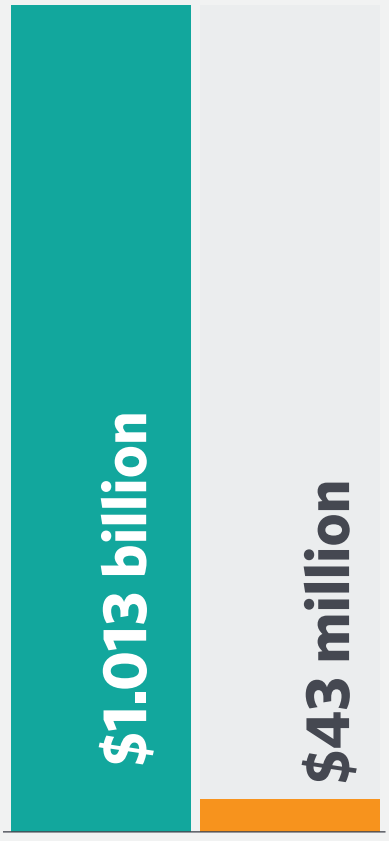
*"Funding uncertainties at the federal level make it difficult to plan, hire, recruit."***

*Response represents first six months
**All quotes provided anonymously as part of survey responses

Adequate and stable funding is needed to perform basic surveillance activities.

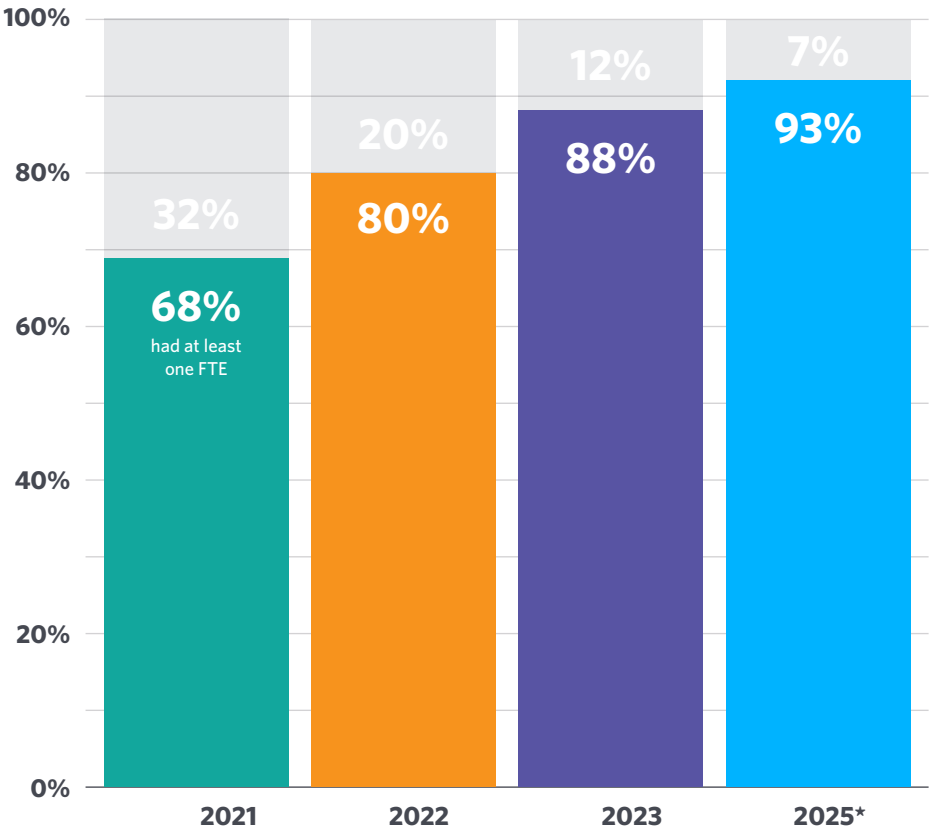
- **Burden of disease**
- **Who is at increased risk**
- **Who needs treatment**

2025 Program Funding



Jurisdictions with at least one full-time employee dedicated to viral hepatitis surveillance

The percentage of jurisdictions with at least one full-time employee (FTE) increased from 68% to 93% from 2021 - 2025. However, due largely to financial challenges, jurisdictions **lack staff capacity needed to continue growing their surveillance systems.**



In the first half of 2025, survey respondents said they needed 4 FTEs to conduct viral hepatitis surveillance. On average, they have 1.

To conduct viral hepatitis surveillance activities specified under CDC IVHSP, most jurisdictions report that they need between 2-5 full-time employees (FTEs).

Jurisdictions continue to report major challenges with hiring and retaining surveillance staff. Staff turnover continues to be a significant impediment to conducting basic viral hepatitis surveillance activities in the first half of 2025.

*"We were trying to fill a vacant position for a data analyst and had offered the position and submitted the paperwork, but during the lengthy approval process, a decision was made to not fill the position due to funding cuts from the federal government that will affect our entire bureau."***

*"Acute hepatitis case investigations are conducted by district staff who also manage other reportable infectious disease investigations. The County has faced significant financial challenges and has had to scale back the amount of investigations that can be conducted. As a result, we are investigating fewer acute viral hepatitis cases."***

*"Loss of staff is the primary concern. If surveillance funding is not renewed, the majority of hepatitis surveillance activities in our jurisdiction would cease."***

** Response represents first six months*
*** Survey Respondent*

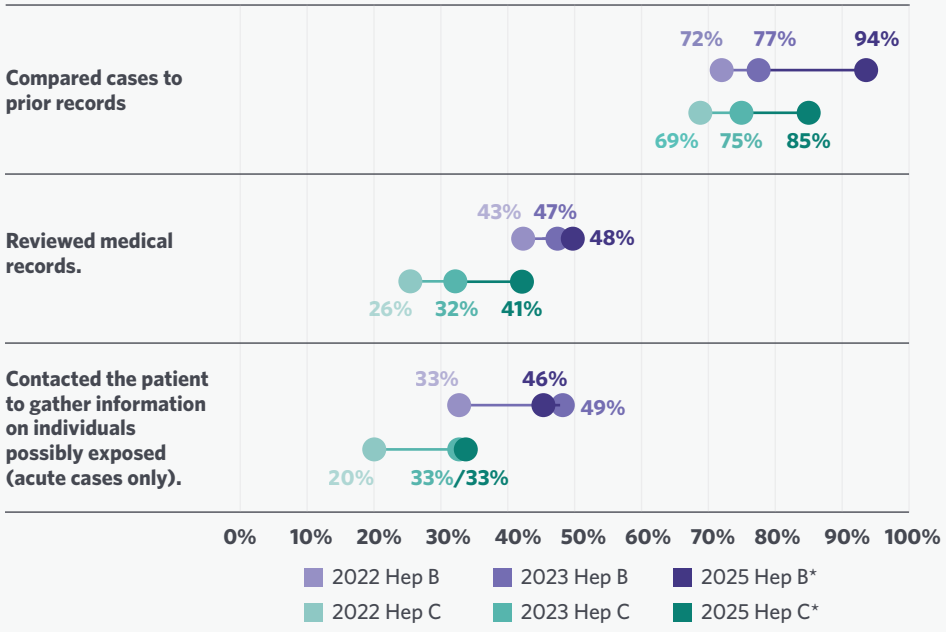
Investigational Surveillance Activities

Case Investigation and Contact Tracing

Case investigation, which includes reviewing medical records or contacting the healthcare providers of people with recent viral hepatitis diagnoses, can provide information about patient risk factors and their needs for prevention, care, and treatment. Contact tracing, or interviewing people with recent diagnoses and reaching out to individuals potentially exposed, can help public health programs to initiate testing and prevention for sexual or injection partners.

Investigational Activities 2022-2025

Jurisdictions conducting activities for more than half of reported viral hepatitis cases



Case investigation and contact tracing can help answer questions like:

- How many people have new cases
- What groups of people are at increased risk
- Who needs targeted intervention

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 90 percent of infants perinatally infected with hepatitis B will become chronically infected. Yet pregnancy status was considered a reportable condition for hepatitis B for:

63% of jurisdictions in 2023

78% of jurisdictions in 2025*

*This represents a **15% increase** from 2023.*

As of April 2020, CDC recommends prenatal care providers screen all pregnant persons for hepatitis C. Yet pregnancy status was considered a reportable condition for hepatitis C for:

51% of jurisdictions in 2023

54% of jurisdictions in 2025*

*This represents a **3% increase** from 2023.*

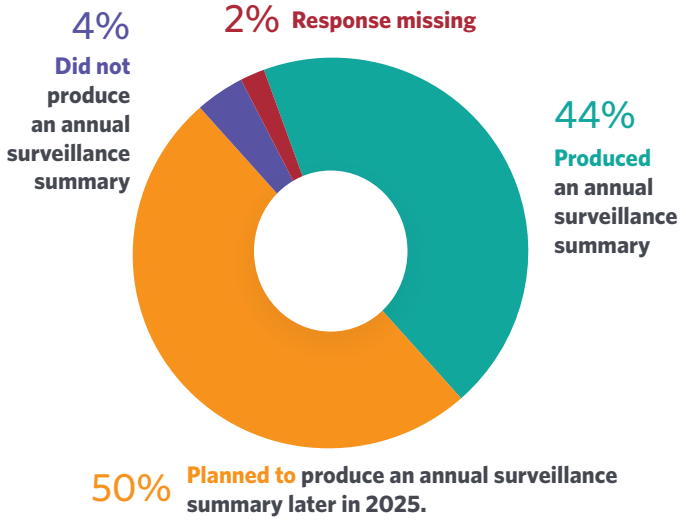
* *Response represents first six months*

Data Dissemination

Alongside establishing elimination goals, publishing annual surveillance summaries for viral hepatitis and estimates for hepatitis B and C cases is important for informing programmatic planning and resource allocation. Adequate, stable funding for surveillance allows jurisdictions to produce these important summaries and estimates.

Surveillance Summaries

In the first half of 2025, 44% of jurisdictions were able to produce viral hepatitis annual surveillance summaries, and 50% planned to produce a summary later in 2025. Only 4% did not produce annual surveillance summaries and did not plan to.



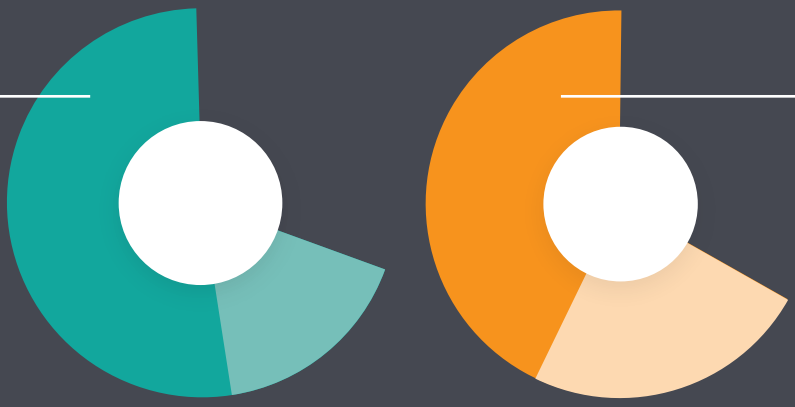
Ability to disseminate data impacts the ability to answer questions about:

Current burden of disease.

Case Estimates & Prevalence

69%

of jurisdictions produced annual estimates for the number of hepatitis B cases in the first half of 2025 and 24% planned to later in 2025. Only **17%** produced hepatitis B prevalence estimates and 20% planned to later in 2025.



67%

of jurisdictions produced annual estimates for the number of hepatitis C cases in the first half of 2025 and 32% planned to later in 2025. Only 24% produced hepatistis C prevalence estimates and 30% planned to in 2025.

YOU SHOULD KNOW:

Case estimates are the number of unique, positive case reports received by the jurisdiction.*

Prevalence is the proportion of currently active cases in the jurisdiction, as determined by the number of cases among people who are alive with a viral hepatitis case that has neither been cleared nor cured.

* The CDC's Division of Viral Hepatitis (DVH) surveillance reports use a probabilistic model to estimate the true incidence of viral hepatitis (A, B, and C) from reported cases.

Elimination Activities

Effective vaccines are available for hepatitis A and B, and curative treatment is available for hepatitis C. These prevention and treatment options 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 cases and a 65% reduction in hepatitis-related deaths. **The Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025)** plan aims to eliminate viral hepatitis by 2030. Jurisdictional elimination plans and goals are important benchmarks for establishing localized approaches that support elimination.

Jurisdictions with viral hepatitis elimination plans increased from 43% in 2021 to 89% in 2025*. In 2025, 59% have public elimination plans, and 65% are implementing elimination plans.

In 2025*, **22%** of jurisdictions had the capacity to make progress toward elimination goals, and 37% had capacity to measure progress toward those goals.

Only 6% of jurisdictions said they could make progress toward elimination goals at current levels of CDC funding for hepatitis surveillance.

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 stated they have adequate data to assess and address viral hepatitis disparities by:

	2022	2023	2025*
Race/Ethnicity	54%	77%	78% ↑
Urbanicity	54%	72%	78% ↑
Risk factor (e.g. people who inject drugs)	61%	65%	72% ↑
Country of birth	28%	32%	32% –
Sexual orientation and gender identity	33%	21%	24% ↑

Released in 2026

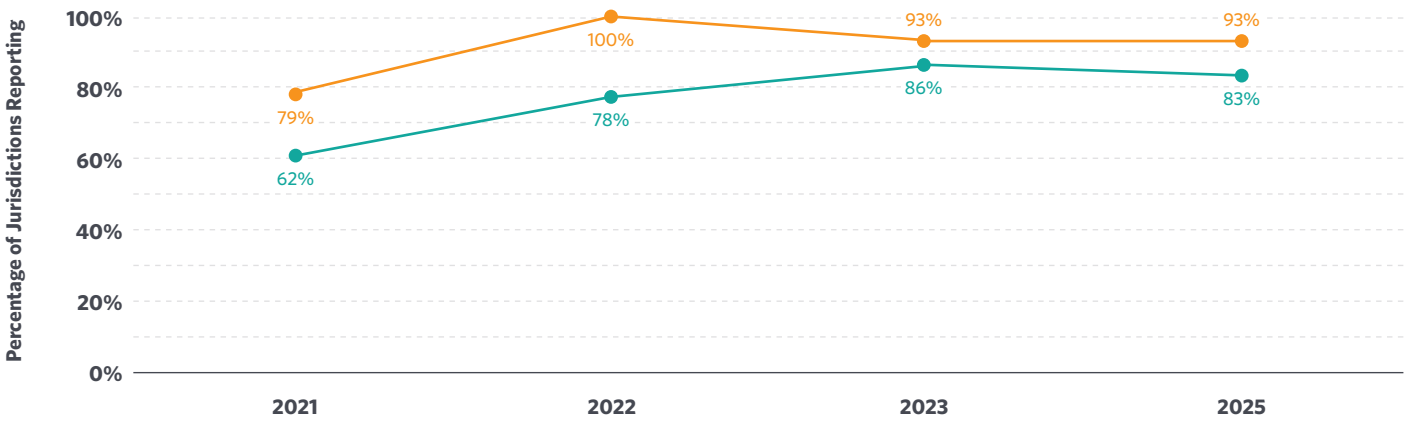
** Response represents first six months*

The Importance of Funding for Hepatitis C Surveillance

Before 2021, only 14 jurisdictions received federal funding specifically for viral hepatitis surveillance. This section of the report presents four years of data showing jurisdictions grouped by those receiving funding before 2021, and those who were newly funded in 2021. While jurisdictions with prior funding were able to sustain and continue to strengthen their surveillance capacity, newly funded jurisdictions made rapid gains after 2021, approaching the progress of their previously funded counterparts. Across multiple metrics, these jurisdictions were able to quickly expand their surveillance capabilities with these new resources, highlighting the positive impact of increased investment in public health surveillance.

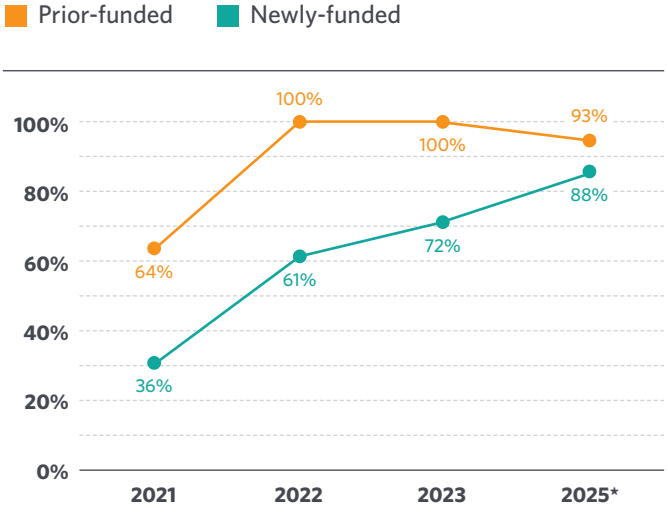
Matches VH Case Reports with Other Health Datasets to Better Understand Characteristics of Cases

Prior-funded vs Newly-funded Jurisdictions



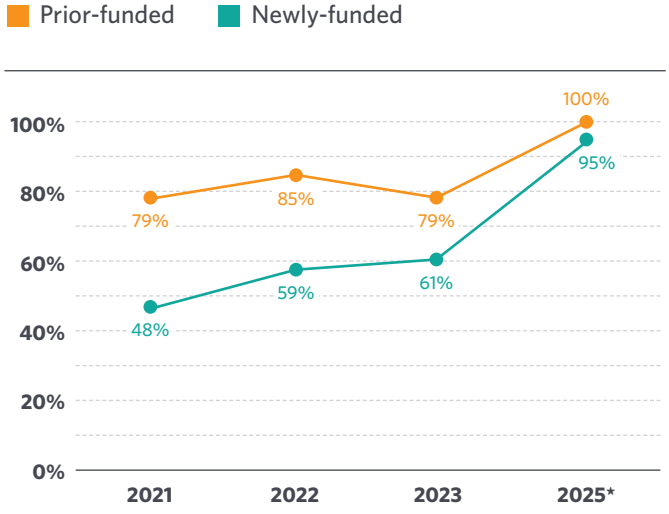
Has VH Elimination Plan

Prior-funded vs Newly-funded Jurisdictions



Produces Annual VH Surveillance Summaries

Prior-funded vs Newly-funded Jurisdictions



** In 2025, responses represent the first six months only. Of jurisdictions newly-funded in 2021, 51% produced an annual VH surveillance summary, and 44% planned to later in the year. Of jurisdictions funded prior to 2021, 29% produced an annual VH surveillance summary, and 71% planned to later in the year.*

HepVu

Recommendations to Improve U.S. Viral Hepatitis Surveillance

Expanded, standardized, and reliable viral hepatitis surveillance is necessary to drive effective public health action, resource allocation, and response across the U.S. to the epidemics of viral hepatitis. While public health professionals are doing commendable surveillance work with currently available resources, this report documents that state & local health departments are not adequately resourced, and cautions how much worse the situation could become if surveillance funding were reduced from already insufficient levels. Based on this benchmark of the current state of viral hepatitis surveillance in the U.S., the following actions are recommended:

Sustain and strengthen viral hepatitis surveillance capacity using a combination of federal and other funding sources.

Increase collaboration within the health department and leverage other infectious disease resources to approach surveillance syndemically to better understand and characterize viral hepatitis trends across time.

Build broad cross-sector awareness of the value and necessity of viral hepatitis surveillance among public and private partners and stakeholders. Educate the public on how surveillance functions and why it is critical to protecting community health - to strengthen support for sustained investment and action.

About the Survey

HepVu, an interactive online mapping tool that visualizes the impact of the viral hepatitis epidemics on communities across the United States to increase disease awareness and promote data-driven public health decision-making, and **NASTAD,** 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, jointly led work on this viral hepatitis surveillance status report. 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, determine process, develop a survey, and establish outputs for the results.

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