Viral Hepatitis Surveillance at a Crossroads

The **2025 Viral Hepatitis Surveillance Status Report** from HepVu and NASTAD offers an in-depth, annual assessment of Hepatitis B and C surveillance practices across U.S. jurisdictions — providing essential insights into the evolving landscape of viral hepatitis surveillance nationwide. Now in its fourth year, this report documents the 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. Here are the highlights from the most recent report, released in April 2026.

State of Viral Hepatitis Surveillance in the U.S.

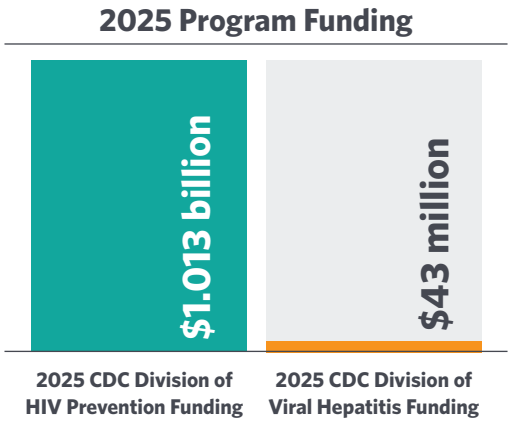
An estimated 4 million Americans[1] are living with hepatitis C, and between 862,000 and 2.2 million people[2] are living with hepatitis B — yet many remain undiagnosed.

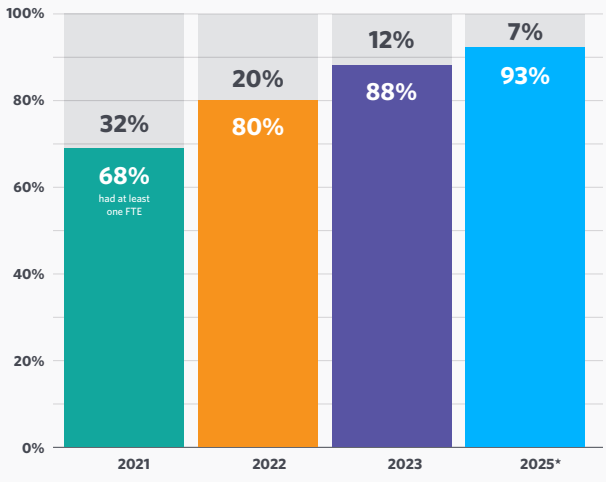
The unmet need for expanded, standardized, and reliable viral hepatitis surveillance continues to impact public health efforts, resources, and the response across the U.S. to this epidemic. Robust surveillance allows us to:

- **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.**

Progress Made, Progress at Risk

In 2021, CDC expanded federal funding for viral hepatitis surveillance from 14 to **59 jurisdictions.** This landmark investment has paid dividends in earlier outbreak detection and better-targeted resources, but nationally, this investment is much less than what is invested in HIV surveillance. To illustrate the stark disparity, the CDC Division of HIV Prevention received $1.013 billion in 2025 funding to support HIV surveillance and program response, 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.**





What Investment Made Possible

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

That progress is now at risk. Federal funding uncertainty, staffing cuts, and shifting vaccine policy threaten to dismantle the infrastructure elimination depends on — infrastructure that will take years and far more money to rebuild than to sustain.

This instability is reflected in reported 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.

[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.

[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

The Path to Elimination: Plans Without the Power to Execute

The U.S. has committed to eliminating viral hepatitis by 2030.

The World Health Organization defines elimination as a 90% reduction in new cases and a 65% reduction in hepatitis-related deaths — goals laid out in the Viral Hepatitis National Strategic Plan. Jurisdictional elimination plans are essential benchmarks for getting there. Plans without the capacity to implement them will not result in elimination.

The U.S. has committed to eliminating viral hepatitis by 2030, and the number of jurisdictions that have developed specific elimination plans has increased from 43% in 2021 to 89% in 2025. But plans don't equal progress: only 22% of jurisdictions have the capacity to make progress toward elimination goals and just 6% say they can do so at current CDC funding levels.

Jurisdictions with viral hepatitis elimination plans increased from 43% in 2021 to 89% in 2025*. As of 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.

Measuring the Epidemic: Case Estimates & Prevalence

Annual case estimates and prevalence data are the foundation of effective programmatic planning, resource allocation, and progress toward elimination goals. Yet adequate, stable funding is what makes these outputs possible — and significant gaps remain.

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 later 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.

** Response represents first six months*
***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.*

Recommendations to Improve U.S. Viral Hepatitis Surveillance

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. This will better allow us to 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.