The Fragile State of Hepatitis Surveillance in the United States

A new report details survey findings on viral hepatitis surveillance practices from the first 6 months of 2025.

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In summer 2025, HepVU, an interactive online mapping tool for viral hepatitis, and the National Alliance of State and Territorial AIDS Directors (NASTAD), a nonprofit representing public health officials who administer HIV, AIDS and viral hepatitis programs in the United States, sent out surveys on hepatitis B virus (HBV) and hepatitis C virus (HCV) surveillance practices to 59 jurisdictions across the United States. The findings of the 2025 Viral Hepatitis Surveillance Report, released in April 2026, show both progress and growing strain on jurisdictions as they face federal funding uncertainty.

"Over the past four years, jurisdictions have made real progress in building stronger viral hepatitis surveillance systems, and this report shows federal investments have made a measurable difference," said Heather Bradley, PhD, Associate Professor at Emory Rollins School of Public Health, and one of the report's initiators. "The challenge right now is not simply the threat of cuts themselves — it is the chaos that ongoing uncertainty creates for programs that depend on stability to hire, plan, and respond effectively."

If left untreated, hep C and B can lead to serious liver complications, including cirrhosis and liver cancer. There is no vaccine for HCV, but direct-acting antiviral therapy cures chronic hepatitis C in more than 95% of people who complete treatment, which typically takes two or three months. Vaccines can prevent HBV infection and its consequences. Antiviral treatment keeps HBV replication under control, but it seldom leads to a cure. Viral hepatitis surveillance systems are necessary to reduce disparities related to viral hepatitis and develop strategies for prevention and treatment.

Many hepatitis cases remain undiagnosed, but current estimates put over 4 million Americans living with hep C and up to 2.4 million with hep B. In 2025, federal funding remained flat and jurisdictions reported less support from other health departments.

On average, jurisdictions report needing 4 full time employees dedicated to viral hepatitis surveillance. Currently, 93% of jurisdictions only have one, up from 68% in 2021. Currently, 89% of jurisdictions now have viral hepatitis elimination plans, up from 43% in 2021. Still, only 6% say they have the capacity to make progress toward elimination at current CDC funding levels. Last year, 91% of respondents expected meaningful improvements in the last year. This year, only 61% reported the same optimism.

“Surveillance is the foundation for effective public health responses to hepatitis B and hepatitis C,” said Bradley. “If jurisdictions lose staff or infrastructure, they lose the ability to track the epidemics, identify who is being left behind, and respond with the urgency that elimination will require.”

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