Hepatitis Surveillance Systems Lack Funding

Viral hepatitis surveillance systems are necessary to develop strategies for prevention and treatment.

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Last week, the leading viral hepatitis organizations HepVu and NASTAD released their second annual report, which found that U.S. jurisdictions lack the funding and resources required to implement viral hepatitis surveillance programs, according to a HepVu news release.

This year's report follows last year's first-ever Viral Hepatitis Surveillance Status Report. The goal of the report is to track how jurisdictions are measuring the impact of viral hepatitis on local communities as well as highlight areas that may require additional resources.

About 2.4 million Americans are living with hepatitis C, and nearly 2.2 million could be living with hepatitis B, according to the Centers for Disease Control and Prevention (CDC). Viral hepatitis surveillance systems are necessary to develop strategies for prevention and treatment and to reduce disparities related to viral hepatitis.

Viral hepatitis attacks the liver, which acts as the body's filter. In fact, hepatitis means "inflammation of the liver." It can lead to cirrhosis (scarring of the liver), liver cancer, the need for a liver transplant and death. The most common hepatitis viruses are spread via contaminated food and water (hepatitis A) and shared needles and sex (hepatitis B and C). Transmission via blood transfusion is now very rare. Folks living with HIV are at higher risk for coinfection with viral hepatitis. Effective vaccines are available for hep A and B. What's more, hep C is curable in most cases; however, HIV and hep B are not.

The Biden administration's proposed budget to Congress this year included a $5 billion plan to end hepatitis C in the United States by 2030, but the program has not been funded yet.

This year's report found that 70% of jurisdictions had viral hepatitis elimination plans, an increase from 43% in 2021. However, only 3% of jurisdictions said they could make progress toward elimination goals with the CDC funding currently allocated for hepatitis surveillance, according to the news release.

"There is an unprecedented effort from the White House to fund a plan to eliminate hepatitis C

across the country—and critical to that plan will be the capacity to have basic measurements of the state and local burden of infections, which are not currently available through routine surveillance," said Heather Bradley, PhD, an associate professor of epidemiology at Emory University's Rollins School of Public Health and HepVu's project director, in the news release.

"Our data show us that while many jurisdictions are doing commendable work with limited resources and have developed elimination plans, most do not have the capacity to implement their plans," she added. "With additional funding, jurisdictions can begin to collect the necessary surveillance data to fully understand the burden of viral hepatitis infections, understand systemic inequities in access to care and work toward national and local elimination goals."

For more information on how statistics changed from 2021 to 2022, click here.

To read more, click #Viral Hepatitis. There, you'll find headlines such as "Hepatitis B 2030 Elimination Goal May Fall Short," "Cherokee Nation Awarded $450K for Hep C Linkage to Care Program" and "Chelsea Clinton Weighs in on Viral Hepatitis Elimination Goal."
