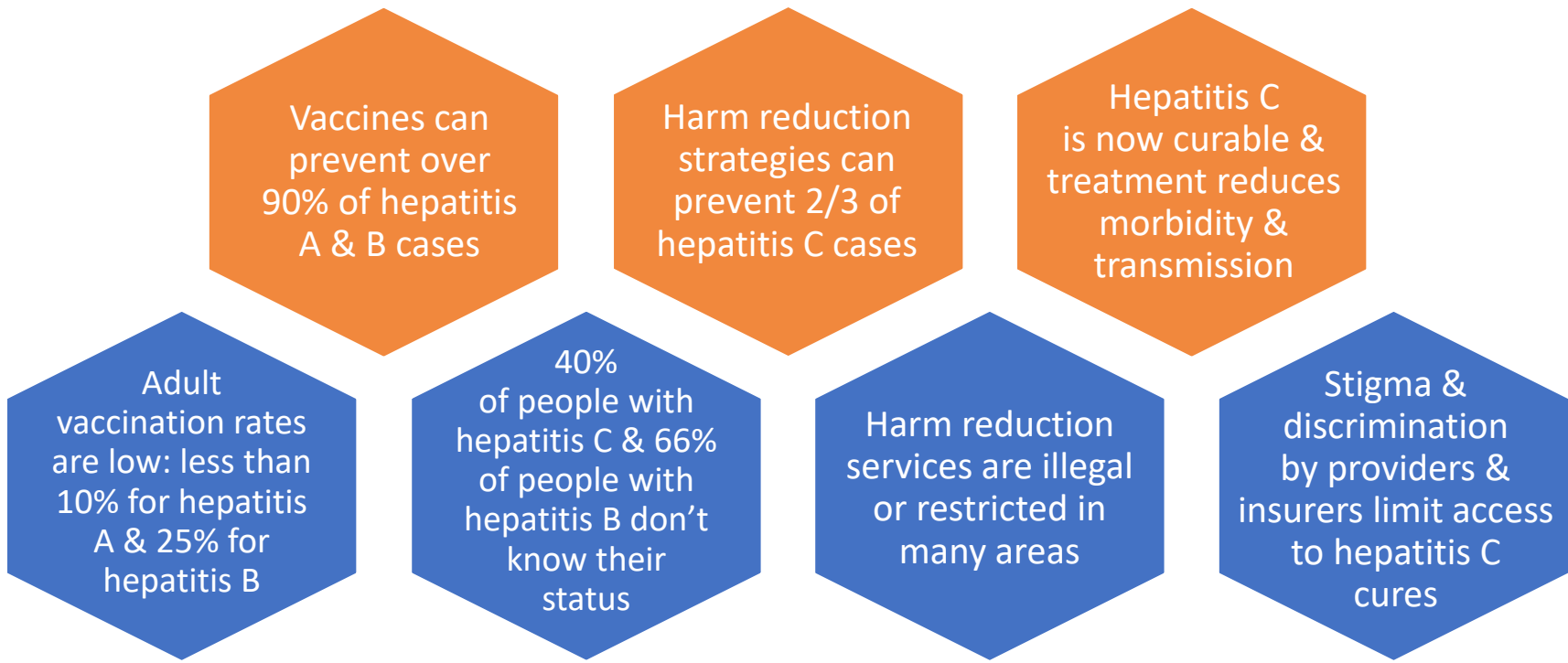


Local Health Department Leadership in the Prevention & Elimination of Hepatitis

We have the tools to eliminate viral hepatitis in the U.S.



But social & structural barriers, stigma & discrimination, & insufficient funding limit access to services & contribute to inequities

Now, hepatitis is on the rise



37 states have reported **hepatitis A** outbreaks

Hepatitis B cases plateaued after 2 decades of progress



Hepatitis C cases have increased 5-fold since 2010

People who use drugs are inequitably impacted, accounting for:



46% of **hepatitis A** cases



35% of **hepatitis B** cases



67% of **hepatitis C** cases

Local health departments (LHDs) are leaders in the prevention & elimination of viral hepatitis



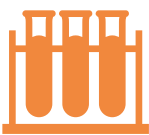
Most conduct **surveillance** for hepatitis A, B, & C (92%, 86%, 83%)



79% **investigate** cases



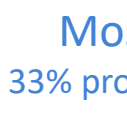
78% **respond to outbreaks**



Most provide **testing** for hepatitis B & C (62%, 88%)



Most provide or fund **prevention** including **syringe services** (43%) and **vaccination** for hepatitis A & B (97%, 92%)



Most provide or link patients to **treatment**
33% provide or fund hepatitis C treatment, most link patients to hepatitis B & C care (78%, 67%)

LHDs promote a **coordinated** approach to the **syndemic** of HIV, STIs, hepatitis, & substance use by:



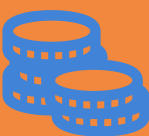
Educating providers & the community (76%, 86%)



Integrating hepatitis services into:



STI services (83%)
Harm reduction settings (64%)
Correctional facilities (50%)



LHDs have faced **declining budgets** for over a decade

Resulting in a **25% decrease** in their workforce

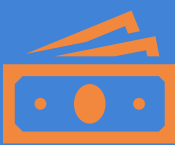


76% consider **funding a leading barrier** to the hepatitis response

Hepatitis staff were pulled into the COVID-19 response, resulting in **reduced services**



Putting the U.S. on the path toward hepatitis elimination will require:



Ensuring **adequate funding** for public health, including hepatitis & harm reduction

Addressing **stigma, discrimination, & legal barriers** that limit access to services – especially harm reduction & hepatitis C treatment



Meeting people where they are by integrating services into accessible, culturally competent, trusted settings

References

1. NACCHO: Statement of Policy: Viral Hepatitis: <https://www.naccho.org/uploads/downloadable-resources/11-03-Viral-Hepatitis.pdf>
2. CDC: Hepatitis Awareness Month <https://www.cdc.gov/hepatitis/awareness/HepatitisAwarenessMonth.htm>
3. CDC: Widespread person-to-person outbreaks of hepatitis A across the United States: <https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>
4. CDC: 2019 surveillance report: <https://www.cdc.gov/hepatitis/statistics/index.htm> & 2010 surveillance data: <https://www.cdc.gov/hepatitis/statistics/2010surveillance/table4.1.htm>
5. NACCHO: Local Health Departments as Leaders in the Prevention & Elimination of Viral Hepatitis: <https://bit.ly/LHDhepatitis>
6. NACCHO: Building COVID-19 Contact Tracing Capacity in Health Departments to Support Reopening American Society Safely: <https://bit.ly/3LqKA3v>