Local Health Department Leadership in the Prevention & Elimination of Hepatitis

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

- Vaccines can prevent over 90% of hepatitis A & B cases
- Harm reduction strategies can prevent 2/3 of hepatitis C cases
- Hepatitis C is now curable & treatment reduces morbidity & transmission
- Stigma & discrimination by providers & insurers limit access to hepatitis C cures

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

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

- Most conduct surveillance for hepatitis A, B, & C (92%, 86%, 83%)
- 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%, 87%)

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%)

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:

46% of hepatitis A cases
35% of hepatitis B cases
67% of hepatitis C cases