

The State of Viral Hepatitis During the COVID-19 Pandemic



The Epidemic

According to the U.S. Department of Health and Human Services, there are an estimated 2.4 million people living with Hepatitis C, approximately 850,000 to 2.2 million people living with Hepatitis B, and more than 30 states have been affected by Hepatitis A outbreaks in the United States.



The [COVID-19] pandemic has exacerbated existing challenges in the nation's public health care system, further exposing decades, if not centuries, of health inequities and its impact on social determinants of health...The nation's evolving response will require ongoing innovation and identification of opportunities to integrate and leverage resources and lessons learned that advance efforts to address infectious diseases that threaten public health."

The Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021-2025)

Immediate, ongoing, and long-term investments in public health infrastructure and workforce are necessary to ensure that viral hepatitis programs can continue to provide critical services during the current COVID-19 pandemic and into the future if we are to achieve viral hepatitis elimination in the United States.

The COVID-19 pandemic has placed a significant burden on the public health systems across the United States. As a result, community-based organizations, clinical providers, and state and local health departments are facing amplified demands on resources and organizational capacity. To continue to provide critical public health services, hepatitis programs have acted quickly to develop innovative service delivery approaches in response to the emerging needs of people living with and at risk for hepatitis. In addition, hepatitis programs anticipate increased long-term financial and programmatic impacts due to a potential lasting economic downturn.

Key Challenges

Hepatitis programs, which have historically been understaffed and underfunded and are seriously impacted by this chronic underfunding, have had to redirect resources to the COVID-19 response.

For more than a decade, state and local health departments have experienced declining budgets and workforce while facing new challenges, from the opioid epidemic to the STI crisis, and now the COVID-19 pandemic.

73% of local health departments indicated that funding is a barrier to the provision and scale-up of hepatitis services.

76% of jurisdictions reported that health department staff have been detailed to the COVID-19 response, reducing hepatitis prevention and surveillance services provided to the community.

COVID-19 has forced clinical providers, community-based organizations, and health departments to limit hepatitis, HIV, and STI testing and treatment, further exacerbating the pre-existing syndemic and health inequities of hepatitis, HIV, STIs, and substance use.

Nearly 2/3 of community-based organizations providing viral hepatitis services have received inadequate or no funding to adapt services during COVID-19.

Top 3 resources needed to support viral hepatitis programs during COVID-19 include:

Additional funding to support viral hepatitis staff and services.

Best practices on providing viral hepatitis services in the setting of COVID-19.

Technical assistance for adapting services to a remote setting.

Hepatitis programs are seeking innovative ways to continue hepatitis testing, including integrating hepatitis testing with COVID-19 testing. To scale up innovative programs that can reach individuals during this time, investments must be made in the public health system to ensure continuity of services during public health emergencies.

5 Things We Need

With anticipated shortfalls in state and local budgets, viral hepatitis programs are anticipating a further loss of funding. Viral hepatitis programs need:



Stable funding to ensure continuity of viral hepatitis services.



Financial and staff capacity to catch up on lost progress due to COVID-19, and ensure health departments are prepared to address future public health emergencies.



Investment for implementation of the Viral Hepatitis National Strategic Plan for the United States.



Expanded funding and access to harm reduction programs, including syringe services.



Increased surveillance funding to support the monitoring of viral hepatitis and to inform the long-term impact of COVID-19 on health disparities.

WHAT WE'RE HEARING:

HEALTH DEPARTMENTS

93% of hepatitis programs anticipate a **reduction in outreach, education, testing, and linkage services.**

Health departments are taking a coordinated approach to address the syndemic of substance use, HIV, STIs, and viral hepatitis.



83% offer hepatitis services in **STI clinical services.**



64% offer hepatitis services in **harm reduction settings.**

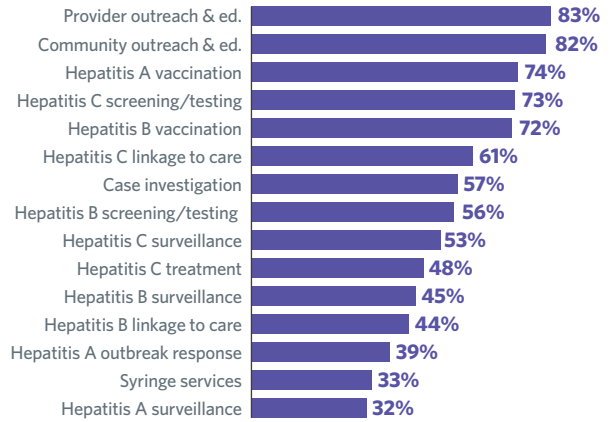


50% offer hepatitis services in **correctional facilities.**



Health department **hepatitis services have been significantly reduced:**

Proportion of local health departments that reduced select viral hepatitis services in response to COVID-19 (of those that offer the service)



31% of local health departments say one of the most common barriers to scaling up hepatitis services are policies that restrict their ability to offer syringe services.



Health departments reported the **top 5 populations disproportionately impacted** by COVID-19 are:

- Racial and/or ethnic minorities**
- Persons without access to routine medical care**
- People who use drugs**
- Incarcerated persons**
- Houseless persons**

CLINICAL PROVIDERS

COVID-19 has forced clinics to limit HIV and STI testing, hepatitis vaccinations, and hepatitis treatment, disrupting access to care.

HEPATITIS VACCINATIONS AND TREATMENT 95% **DECREASED TO** 80%

HIV TESTING 90% **DECREASED TO** 65%

STI TESTING AND TREATMENT 95% **DECREASED TO** 75%

● Percentage of clinics offering service before COVID-19 ● Percent during the pandemic

The **top 3 barriers to providing Hepatitis B and C care** during COVID-19 are:

- Interruptions to bloodwork**
- Staffing shortages**
- Limited access to telehealth technology**

Sources: Responses sourced from the National Viral Hepatitis Roundtable (NVHR) online survey launched in partnership with the Hepatitis Education Project, NASTAD, Hep B United, and HepVu on the impact of the COVID-19 pandemic on hepatitis prevention and care. The survey was open for public response from Jun. 22 to Sept. 10, 2020, and gathered 161 responses overall.

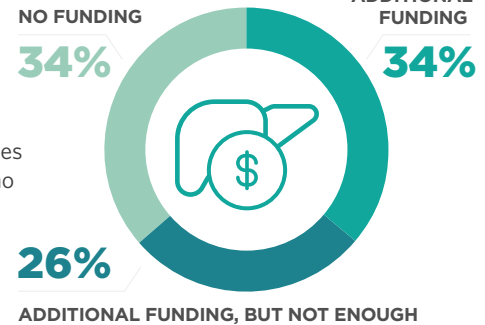
The COVID-19 Pandemic's Impact on HIV and Hepatitis Programs. (2020, August 12). Retrieved February 01, 2021, from www.nastad.org/resource/covid-19-pandemics-impact-hiv-and-hepatitis-programs

Local Health Departments as Leaders in the Prevention & Elimination of Viral Hepatitis. (2020, December 29). Retrieved February 01, 2021, from www.naccho.org/blog/articles/local-health-departments-as-leaders-in-the-prevention-elimination-of-viral-hepatitis

COMMUNITY-BASED ORGANIZATIONS

Nearly 2/3 of community-based organizations

providing viral hepatitis services have received inadequate or no funding to adapt services during COVID-19.



52% More than half of community-based organizations had to furlough or lay off staff or reduce operations due to COVID-19.

COVID-19 has **severely reduced viral hepatitis testing, vaccination, and outreach** by community-based organizations.

HEPATITIS B/C TESTING 100% **DECREASED TO** 42%

HEPATITIS A/B VACCINES 100% **DECREASED TO** 58%

COMMUNITY OUTREACH 95% **DECREASED TO** 50%

● Percentage of community-based organizations offering service before COVID-19 ● Percent during the pandemic