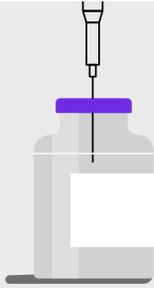


# The Need for Increased Access to Adult Hepatitis B Vaccination

State and jurisdictional health departments often receive limited funding and support to adequately address all of the needs in their communities, forcing them to prioritize which health issues require the most immediate attention. Additionally, federal requirements on how Section 317 funding can be utilized restricts health departments' ability to provide essential services, including adult vaccination to prevent hepatitis B. This survey shows the need for expanded Section 317 eligibility criteria and increased funding in order to address gaps in providing the hepatitis B vaccine for adults, including those in high-risk settings.



## KEY TAKEAWAY

The federal Section 317 Immunization Program provides funding for the nation's immunization programs and services, primarily through grants to states, cities, and territories. Section 317 programs are intended to serve populations that are uninsured or underinsured in addition to supplying vaccines during disease outbreaks. In order to address the growing prevalence of hepatitis B in the US, significant public health intervention is needed, including increased funding to 317 programs to provide expanded hepatitis B vaccination to adults.

## Hepatitis B Increases in the US are Tied to Low Adult Vaccination Rates

An estimated 850,000 to 2.4 million people in the United States are living with hepatitis B (HBV). Despite the significant prevalence of HBV in the US, **only 25% of adults in our nation have completed their hepatitis B vaccine series**. Recent increases in acute hepatitis B infections are being driven by the opioid epidemic, with the largest jumps among 30-39 year olds. Approximately 36% of all new hepatitis B infections are among people who inject drugs.

Hepatitis B can be transmitted through exposure to infected blood, from a person living with the disease to their baby at birth, unprotected sex, and injection drug use with unsterile needles. Hepatitis B can be prevented with safe and highly effective vaccines that have been available for more than 30 years. The hepatitis B vaccine offers lifelong protection from infection.

All adults aged 19-59, in addition to adults 60 and older with known hepatitis B risk factors, are now universally recommended to receive hepatitis B vaccination. Previous guidelines required providers to assess an adult for multiple risk factors before recommending hepatitis B vaccination. This inefficient method created significant barriers as some risk factors, like drug use and sexual activity, are sensitive topics, and are time-consuming for providers to assess. While the updated guidelines are a significant step towards eliminating hepatitis B, we must now work to ensure that states have the resources they need to properly implement them.

## Health Departments Need Increased Support to Improve Adult Hepatitis B Vaccination Coverage

Investment in immunization infrastructure and vaccine purchasing are essential to curb rates of vaccine-preventable conditions, including hepatitis B. Immunization is one of the most impactful and cost-effective public health interventions.

Currently, 70% of states and jurisdictions stated that policies do not support efforts for universal adult hepatitis B vaccination.



### Needs of the Health Department:

- State funding to purchase the hepatitis B vaccine for adults
- Expanded coverage under Section 317 funds to include at-risk adults who are currently ineligible
- Increased staff to aid in vaccine distribution



### Recommendations

- Settings in which people are at high risk for acquiring hepatitis B and for whom hepatitis B vaccines are universally indicated face barriers in obtaining the hepatitis B vaccine. Eligibility criteria for Section 317 funding should be expanded to increase access to hepatitis B vaccines in these settings.
- Increased funding for Section 317 programs is needed to ensure that disease prevention efforts can properly serve communities in need.

## Sources of Funding for Adult Hepatitis B Vaccination

Adult Hepatitis B Vaccine Purchasing:



### A CLOSER LOOK

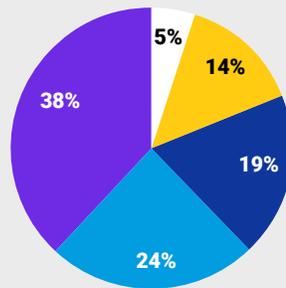
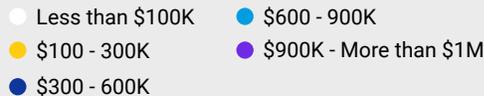
#### Utilizing Section 317 Funding for Adult Hepatitis B Vaccination

While adult hepatitis B vaccines are allowed to be purchased by a majority of Section 317 programs, **41% of states & jurisdictions reported that they use 5% or less of their Section 317 funds for adult hepatitis B vaccination.**

**92%** of states and jurisdictions Section 317 programs include funds to provide adult hepatitis B vaccination services

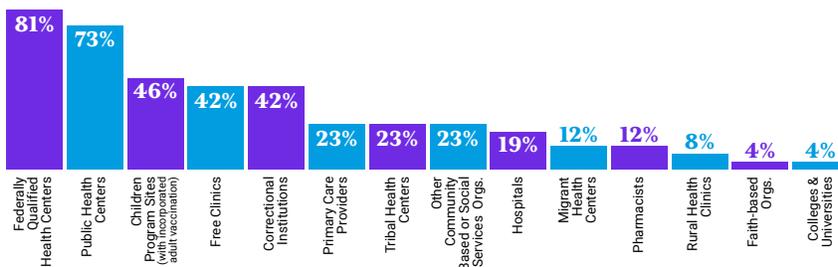
How much Section 317 funding jurisdictions receive to purchase all eligible vaccines:

**67% of jurisdictional health departments receive less than \$1 million in Section 317 funds to provide all eligible vaccines**



#### Strengthening Critical Partnerships to Increase Adult Hepatitis B Vaccination Services

The identified barriers to effective implementation of funds in addition to general underinvestment mean that the supplied funding for Section 317 is not reaching its full potential. This funding aids many community organizations, healthcare settings, and underserved populations. Removing barriers and increasing investments to this integral funding source would have an outsize impact on both public health agencies and the organizations they partner with, allowing them to implement recommended services and creating a healthier community.



Note: State and jurisdictional health departments partner with multiple organizations like the ones displayed in this chart to administer hepatitis B vaccines to adults.

The Aids Institute, Los Angeles County Department of Health, Hep B United, the Hepatitis B Foundation, and the National Alliance of State and Territorial AIDS Directors (NASTAD) sought to identify and document barriers to vaccine funding, supply, and administration at state and jurisdictional health agencies in the United States. The survey was distributed to health department vaccine program staff and Immunization Program Managers between August 2020 and January 2021.

#### Identified Barriers to Increasing Adult Hepatitis B Vaccination Rates

Health departments identified several other barriers to distributing adult hepatitis B vaccination including an inability to identify and reach vulnerable populations, lack of staff, lack of proper equipment to provide immunizations, and difficulty enrolling nontraditional immunization sites to provide vaccination. Two significant barriers on behalf of providers were identified as well: lack of providers who are reporting via immunization information systems, and an inability to reach providers who serve underinsured or uninsured populations. The aforementioned barriers stem from a lack of proper and sustainable funding for state and jurisdictional health departments. With increased funding and expanded 317 guidelines, health department staff could increase their capacity to receive, store, handle, and administer vaccines in all settings, and to meet the communities where they are when needed.

- 65% of state and local health departments say that lack of funding is the main barrier to distributing adult hepatitis B vaccine
- Less than half (46%) of syringe service programs (SSPs) are eligible to receive and distribute adult hepatitis B vaccines through Section 317 funds
- For eligible SSPs, health departments face barriers in receiving and distributing adult hepatitis B vaccines in this setting due to:
  - Lack of participation from SSPs
  - Lack of certifying provider at the SSP site
  - Lack of staff education and training
  - Inability of an SSP to properly store and transport the hepatitis B vaccine