

Updated national surveillance data demonstrate increases in new cases of viral hepatitis A, B, and C driven by the opioid crisis, and racial disparities in the number of deaths.

Atlanta, GA: On September 10th, 2019 the U.S. Centers for Disease Control and Prevention (CDC) released official viral hepatitis surveillance data for the year 2017. The major takeaway from the report is that the United States experienced **increases in cases of hepatitis A, hepatitis B, and hepatitis C, which were predominantly attributable to unsafe injection drug use, and lack of vaccine protection** among adults at risk for hepatitis A and B infection.

According to the report, **persons experiencing homelessness and persons who use drugs are most impacted** by the [ongoing fatal hepatitis A outbreaks](#) across the country. According to the CDC, health departments should, “partner with community groups and organizations that serve individuals reporting drug use or experiencing homelessness”. Addressing housing and access to substance abuse treatment will be paramount in preventing more unnecessary deaths.

Kate Moraras, Director of [Hep B United](#) is calling attention to the finding in the report that unsafe injection drug use is driving new cases of hepatitis B stating, “It is critical that we address hepatitis B as a **serious consequence of the opioid crisis.**” Cases of hepatitis C, also driven primarily by unsafe injection drug use, rose sharply among persons aged 20-39, paralleling trends in the opioid crisis. According to the CDC, to prevent viral hepatitis among people who use drugs, there is **“a continued need for comprehensive community-based prevention services, such as syringe service programs (SSPs).”**

Among those with viral hepatitis, the report made clear that certain groups are not being successfully treated. According to Lauren Canary, Director of the National Viral Hepatitis Roundtable (*and former epidemiologist with the Division of Viral Hepatitis*), “the real story in this report is the racial and ethnic disparities in our nation’s response to viral hepatitis. We are leaving groups behind and the consequences are dire.” The report chronicles differences in the number of deaths that occurred in 2017 with viral hepatitis listed as a primary cause, broken down by racial and ethnic groups.

Compared to the national average, **deaths due to hepatitis B were more than 5 times higher among Asian & Pacific Islanders and were 1.6 times higher among Black Non-Hispanic persons.**

Compared to the national average, **deaths due to hepatitis C were 2.5 times higher among Native American Indians and Alaska Natives, 1.7 times higher Black Non-Hispanic persons, and 1.3 times higher among Hispanic persons.**

“No one should die from these preventable, treatable, and (for hepatitis C) even curable conditions,” says Canary. Addressing treatment barriers among those already living with hepatitis B and C would, **“not only save lives, but stem ongoing transmission and drastically reduce our nation’s rising rates of liver cancer.”**

Finally, it is apparent from the report that **surveillance capacity for viral hepatitis in the U.S. is limited.** In 2017, only 14 states were funded by CDC to perform enhanced viral hepatitis surveillance. Risk factor information was lacking for many of the reported cases in 2017, and twenty percent of states did not opt to submit hepatitis C case reports to the CDC. The Division of Viral Hepatitis is [severely underfunded](#) and will require additional resources in order to better support national viral hepatitis surveillance. You can find the full surveillance report [here](#) or on the CDC Division of Viral Hepatitis [website](#).

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