

STI, HIV, and Viral Hepatitis

Federal investments that sustain STI, HIV, and viral hepatitis prevention, surveillance, outbreak readiness, and the HIV care safety net in Washington State.



Why it matters

Federal investments for sexually transmitted infections (STI), Human Immunodeficiency Virus (HIV) and viral hepatitis are essential to Washington's public health and health care safety net. They keep people living with HIV in care and virally suppressed (which also prevents transmission). These investments maintain statewide STI, HIV, and viral hepatitis prevention and control capacity. They also provide enhanced surveillance needed to focus resources, detect outbreaks, and monitor new prevention tools. These systems rely on stable staffing and partner networks, and abrupt pauses or cuts create immediate service disruption and are difficult to backfill.

At a Glance

Impact of FFY 2025 investments:

- Ryan White Part B reaches 8,298 unique clients (~55% of people living with HIV in Washington).
- Viral suppression among Ryan White clients: 92% (CY2023) compared with 79% statewide
- CDC funding for STI prevention and control supports Washington's response to an unprecedented rise in congenital syphilis. Preliminary 2025 data show 61 cases statewide, down 23% from 79 cases in 2024.
- CDC funding for viral hepatitis surveillance and prevention has contributed to sustained declines in reported hepatitis C cases.
 - In 2024, 2,492 chronic hepatitis C cases were reported statewide, the lowest annual total in the past five years.
 - SFY 2025 data show improved linkage to care, with 31% of interviewed cases referred to care (up from 18% the prior year).

Congressional Action Needed

- Maintain stable Ryan White Part B (formula + supplemental) to sustain medication access and viral suppression.
- Sustain CDC STI prevention (STD PCHD) and enhanced STI surveillance (SSuN) funding to prevent congenital syphilis and address antibiotic-resistant gonorrhea.
- Maintain funding for High-Impact HIV Prevention and Surveillance, MMP, NHBS, and IVHSP to:
 - Support HIV and viral hepatitis outbreak detection/response readiness.
 - Prevent new cases of HIV, hepatitis B, and hepatitis C.
 - Maintain progress toward eliminating the public health threat of hepatitis C.
- Avoid abrupt stop-work actions; ensure advance notice and transition support for any major changes.

Federal programs driving impact in Washington

These programs work together to prevent disease and provide care. They support clinical services, prevention of new infections, rapid public health response, and the data needed to focus resources where transmission and health impacts are greatest.

Federal investments for this work in federal financial year 2025 equaled about 36 million.

- HRSA Ryan White Part B HIV care + medications (payer of last resort): AIDS Drug Assistance Program (ADAP), insurance assistance, outpatient ambulatory care, and wraparound supports (case management, peer navigation, housing/transportation/food supports, and other enabling services).

- CDC Strengthening STD Prevention & Control for Health Departments (PCHD): statewide surveillance and data systems; disease investigation and intervention; partner services; low/no-cost testing access for uninsured and underinsured patients; congenital syphilis prevention; and antibiotic-resistant gonorrhea prevention.
- CDC Enhanced STI surveillance (SSuN): high-resolution clinic and case data to understand transmission patterns and monitor uptake of prevention tools (e.g., PrEP, mpox vaccination, doxy-PEP).
- CDC High-impact HIV Prevention and Surveillance: HIV outbreak detection and response readiness; surveillance products; provider capacity building; and partnerships to expand preventive services, including linkage to PrEP and HIV testing and linkage to care. This funding also supports Ending the HIV Epidemic efforts in King County.
- CDC Medical Monitoring Project (MMP): statewide data on HIV care engagement, viral suppression, and disparities to guide quality improvement and resource allocation.
- CDC National HIV Behavioral Surveillance (NHBS): implemented in partnership with Public Health-Seattle & King County to monitor HIV risk behaviors and prevention access (e.g., PrEP uptake), informing targeted prevention strategies.
- CDC Integrated Viral Hepatitis Surveillance & Prevention (IVHSP): viral hepatitis outbreak detection and response readiness; surveillance products; provider capacity building; and partnerships to expand testing and linkage to treatment.

How it works: from investment to impact

Federal source

- HRSA
- CDC

State Systems

- HIV care safety net
- STI, HIV, and viral hepatitis prevention and surveillance.

Implementation

- Medication assistance Clinical care
- Partner services
- Outbreak response
- Preventive services
- Enhanced surveillance

Implementation

- Viral suppression
- Reduced disease transmission
- Earlier outbreak detection
- Fewer complications
- Lower long-term costs

Washington example: why sustained funding matters

- Treatment as prevention: Ryan White Part B supports medication access and retention in care—driving higher viral suppression (92% among engaged clients) and reducing transmission risk.
- Data-driven improvement: MMP provides statewide data on HIV care engagement, viral suppression, and disparities, while NHBS monitors HIV risk behaviors and prevention access, informing targeted prevention strategies.
- Enhanced surveillance improves efficiency: SSuN data guides targeted geographical STI interventions and reveals emerging threats such as antibiotic-resistant gonorrhea.
- Preventive services and outbreak readiness: High-impact HIV prevention and surveillance and IVHSP support HIV and viral hepatitis outbreak detection and response planning. These programs strengthen provider capacity to diagnose and treat HIV and viral hepatitis. These programs strengthen preventive services such as PrEP and connect patients to infectious disease prevention programs and medications for opioid use disorder.

What's at risk if funding is delayed, reduced, or disrupted

- Immediate disruptions to HIV medication assistance and wraparound services—risking viral rebound, worse health outcomes, and increased transmission.
- Reduced STI and HIV partner services and disease investigation, slowing treatment and increasing reinfection and spread.
- Loss of low/no-cost STI testing capacity for uninsured/underinsured patients at supported clinics.
- Loss of programs to connect people at risk of acquiring HIV to preventive services, such as PrEP.
- Weaker outbreak detection and response readiness for viral hepatitis and emerging STI/HIV trends—leading to larger outbreaks and higher long-term costs.
- Disruption to surveillance and laboratory infrastructure reduces Washington's ability to detect outbreaks, identify transmission clusters, and report timely data to CDC and national surveillance systems.
- Loss of specialized epidemiology, laboratory, and disease investigation staff at WA DOH and subrecipients. Capacity can take years to rebuild after abrupt disruption.

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