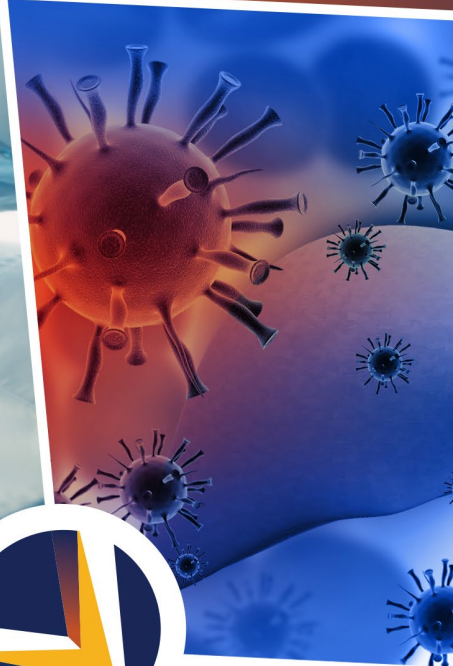




# NATIONAL VIRAL HEPATITIS

ACTION PLAN

2020 PROGRESS REPORT





**The 2020 Viral Hepatitis Progress Report** was prepared under the direction of the Office of Infectious Disease and HIV/AIDS Policy, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services. The National Viral Hepatitis Action Plan 2017–2020 (Action Plan) was developed collaboratively with input from representatives of agencies and offices from across HHS as well as from the U.S. Departments of Housing and Urban Development, Justice, and Veterans Affairs.



## VISION

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The United States will be a place where new viral hepatitis infections have been eliminated, all people with chronic hepatitis B and hepatitis C know their status, and everyone with chronic hepatitis B and hepatitis C has access to high-quality health care and curative treatments, free from stigma and discrimination.

## COMMITMENT

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To help achieve our vision, agencies and offices from across the U.S. Department of Health and Human Services and partners from the U.S. Departments of Housing and Urban Development, Justice, and Veterans Affairs have joined together to improve viral hepatitis prevention and the care and treatment provided to people with hepatitis B and hepatitis C. To be successful in our efforts, we must continue to improve the efficiency, effectiveness, and impact of our work. We must remain flexible to adapt to changing needs and funding levels, and make the best use of scientific, clinical, and programmatic advances. The National Viral Hepatitis Action Plan 2017–2020 (Action Plan) provides a roadmap for this important work, and the federal government is committed to achieving the Action Plan’s goals.

Although this is a federal progress report, we acknowledge the tremendous support and commitment of a broad mix of nonfederal stakeholders from various sectors, both public and private, whose work contributes substantially to the nation’s progress. Many of the actions reported reflect the work of nonfederal stakeholders, including actions that are supported through grants, cooperative agreements, partnerships, and other collaborative efforts.

The Action Plan itself is a national plan. It emphasizes that all sectors of society have roles to play if we are to achieve our vision and national goals, prevent disease and death, and reduce costs to the health care system. As progress to address viral hepatitis faces new threats, most notably from the opioid crisis, and in 2020 from the COVID-19 pandemic, we must find new ways to work with a broad variety of stakeholders to sustain our achievements and continue to advance toward the nation’s viral hepatitis prevention and care goals. All sectors of society—both federal and nonfederal—are needed to achieve the Action Plan’s goals and to realize a future where viral hepatitis in this nation has been eliminated.





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## INTRODUCTION

This report provides an overview of progress toward achieving the goals of the National Viral Hepatitis Action Plan based on 2019 surveillance data (the most recent data currently available) and key federal actions that were taken during fiscal year (FY) 2020.

### OVERVIEW OF THE NATIONAL VIRAL HEPATITIS ACTION PLAN 2017–2020

The [National Viral Hepatitis Action Plan 2017–2020](#) (Action Plan) is the third iteration of a strategic roadmap to address viral hepatitis in the United States. Building on progress under the previous iterations, the Action Plan sets four goals and recommends more than 20 strategies to achieve the goals. These strategies, if implemented by the full range of stakeholders, are expected to improve the prevention, diagnosis, and treatment of viral hepatitis in the United States. Federal agencies engaged in implementing these strategies include the U.S. Departments of Health and Human Services (HHS), Housing and Urban Development (HUD), Justice (DOJ), and Veterans Affairs (VA). Nonfederal stakeholders include a wide range of state and local governments, nonprofit and advocacy organizations, academic institutions, health plans, health care providers, and professional organizations, as well as private-sector groups and companies.

The Action Plan has guided the nation’s response to the viral hepatitis epidemic through its goals:

- Goal 1: Prevent new viral hepatitis infections
- Goal 2: Reduce deaths and improve the health of people living with viral hepatitis
- Goal 3: Reduce viral hepatitis health disparities
- Goal 4: Coordinate, monitor, and report on implementation of viral hepatitis activities

In order to help stakeholders with limited resources focus their efforts for the greatest impact, the Action Plan identifies the following disproportionately impacted populations, referred to as priority populations,<sup>1</sup> which have higher rates and/or risk for transmission of viral hepatitis:

- Baby boomers (people born during 1945–1965)
- People who inject drugs
- American Indians and Alaska Natives (AI/AN)
- Asian Americans and Pacific Islanders (AAPI)
- African Americans
- People in correctional facilities
- Veterans, particularly those who served during the Vietnam War era
- Homeless individuals
- Men who have sex with men (MSM)

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<sup>1</sup> The Action Plan refers to the priority populations utilizing this terminology, but it is recognized that language and preferred terminology change over time.



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### National Viral Hepatitis Action Plan, 2017–2020

- Pregnant women
- People living with HIV/AIDS

A key feature of the Action Plan is the 17 indicators used to measure progress toward the national goals. These are reported below.

In support of efforts across the federal government to implement the Action Plan, the Office of Infectious Disease and HIV/AIDS Policy (OIDP), within the Office of the Assistant Secretary for Health (OASH) in HHS, convenes the Viral Hepatitis Implementation Group (VHIG). The VHIG coordinates and monitors implementation of the Action Plan. Its members include representatives from across HHS agencies and other federal departments engaged in implementing the Action Plan. VHIG members meet regularly to share information about resources and initiatives, advance and collaborate on implementation of the Action Plan's strategies, and address new opportunities and challenges. The members represent their respective agencies and offices on matters related to viral hepatitis.

## IN THIS REPORT

This report includes the following:

- Table of overall progress on indicators based on 2019 data
- Graphs and tables of each indicator and progress toward 2020 targets
- Description of data sources
- Description of each federal partner's role
- Timeline of significant policy, program, and scientific actions by federal partners during FY2017–FY2020.

Appendices:

- Appendix 1: A more detailed list of reported federal actions undertaken in FY2020
- Appendix 2: Abbreviations used in this report



## PROGRESS ON THE INDICATOR MEASURES

Indicators are important tools that help measure progress toward meeting the goals established in the Action Plan. The indicators were selected because they represent the best way to measure national progress on viral hepatitis prevention and care based on the available data and in alignment with other national plans. The baseline year for the indicators is 2014, the most recent year national surveillance data were available at the time the Action Plan was published. This report uses 2019 surveillance data (unless otherwise noted), which are the most recent data available, to measure progress. The Centers for Disease Control and Prevention (CDC) generally reports viral hepatitis surveillance data two years after the calendar year in which they occurred. The lag is due to the time needed to collect data from all jurisdictions, ensure completeness and accuracy, and conduct analyses.

Based on 2018 or 2019 data, across the 17 indicators:

- Four are on track to achieve 2020 targets;
- Two are moving in the right direction but require additional effort to achieve the 2020 targets;
- Nine are not on track to achieve 2020 targets; and
- Two do not have updated data available.

Below is a full-page chart that presents the 17 indicators and, based on 2018 or 2019 data, summarizes progress toward the 2020 targets. Following that chart is a series of graphs—one for each indicator. The graphs illustrate the annual targets set forth in the Action Plan and the current trends based on CDC surveillance data. They include linear trend projections based on available data; these projections may change as new national data are published. The color of the lines in each graph corresponds with progress in meeting the 2020 target, as indicated by the key. The data sources for the indicators are described following the series of graphs.



**OVERALL PROGRESS ON ACTION PLAN INDICATOR MEASURES: BASED ON 2019 DATA**

Indicator and Measure	Baseline (2014)	Progress as of 2019	2020 Goal	Data Source <sup>†</sup>
<b>GOAL 1</b>				
1. <b>Decrease the number of new HBV infections by at least 60%</b> # estimated acute hepatitis B cases in the U.S.	18,090 (2,791)*	20,700	7,236 (1,116)*	NNDSS
2. <b>Increase the rate of hepatitis B vaccine “birth dose” coverage to 85%</b> % children who received the first dose of hepatitis B vaccine within three days of birth	71.8%	79.6 <sup>‡</sup>	85.0%	NIS-Child
3. <b>Increase the rate of hepatitis B vaccination among health care personnel to 90%</b> % health care personnel 19 years of age and older with direct patient care responsibilities reporting they have had at least three doses of hepatitis B vaccine	67.7%	67.2 <sup>‡</sup>	90.0%	NHIS
4. <b>Decrease the number of new HCV infections by at least 60%</b> # estimated and (reported) acute hepatitis C cases in the U.S.	30,500 (2,194)*	57,500	10,889 (783)*	NNDSS
<b>GOAL 2</b>				
5. <b>Increase the percentage of persons aware of their HBV infection to 66%</b> % respondents who indicate they were aware they had hepatitis B prior to laboratory testing	33.0%	NO NEW EST.	66.0%	NHANES
6. <b>Reduce the number of HBV-related deaths by 20%</b> # deaths in the U.S. for which hepatitis B is listed as the underlying or a contributing cause of death	1,843	1,662	1,474	NVSS
7. <b>Increase the percentage of persons aware of their HCV infection to 66%</b> % respondents who indicate they were aware they had hepatitis C prior to laboratory testing	54.0% (2013–2016)	NO NEW EST.	66.0%	NHANES
8. <b>Reduce the number of HCV-related deaths by 25%</b> # deaths in the U.S. for which hepatitis C is listed as the underlying or a contributing cause of death	19,659	14,242	14,744	NVSS
<b>GOAL 3</b>				
9. <b>Decrease the number of new HBV infections among individuals 30–49 years of age by at least 60%</b> # reported acute hepatitis B cases for adults 30-49 years of age living in the U.S.	1,706	1,868	682	NNDSS
10. <b>Reduce the number of HBV-related deaths among AAPI by at least 20%</b> # deaths among AAPI living in the U.S. for which hepatitis B is listed as the underlying or a contributing cause of death	478	463	382	NVSS
11. <b>Reduce the number of HBV-related deaths among African Americans by at least 20%</b> # deaths among African Americans living in the U.S. for which hepatitis B is listed as the underlying or a contributing cause of death	330	291	264	NVSS
12. <b>Reduce the number of HBV-related deaths among individuals 45 years of age and older by at least 20%</b> # deaths among persons ages 45 and older in the U.S. for which hepatitis B is listed as the underlying or a contributing cause of death	1,682	1,507	1,346	NVSS
13. <b>Decrease the number of new HCV infections among individuals 20-39 years of age by at least 60%</b> # acute hepatitis C cases reported for adults 20-39 years of age in the U.S.	1,561	2,609	624	NNDSS
14. <b>Decrease the number of new HCV infections among AI/AN by at least 60%</b> # reported acute hepatitis C cases for AI/AN living in the U.S.	29	83	12	NNDSS
15. <b>Reduce the number of HCV-related deaths among individuals 55–74 years of age by at least 25%</b> # deaths among persons ages 55-74 in the U.S. for which hepatitis C is listed as the underlying or a contributing cause of death	13,389	10,803	10,042	NVSS
16. <b>Reduce the number of HCV-related deaths among AI/AN by at least 25%</b> # deaths among AI/AN in the U.S. for which hepatitis C is listed as the underlying or a contributing cause of death	317	259	238	NVSS
17. <b>Reduce the number of HCV-related deaths among African Americans by at least 25%</b> # deaths among African Americans living in the U.S. for which hepatitis C is listed as the underlying or a contributing cause of death	3,540	2,646	2,655	NVSS

on track to achieve 2020 target    trending in the right direction    not on track to achieve 2020 target    data not available

\*In cells that contain two numbers, the initial number is estimated cases, the number in parentheses is reported cases.

<sup>†</sup> NHANES = [National Health and Nutrition Examination Survey](#); NHIS = [National Health Interview Survey](#); NIS-Child = [National Immunization Survey-Children](#); NNDSS = [National Notifiable Diseases Surveillance System](#); NVSS= [National Vital Statistics System](#)

<sup>‡</sup>Based on 2018 data.



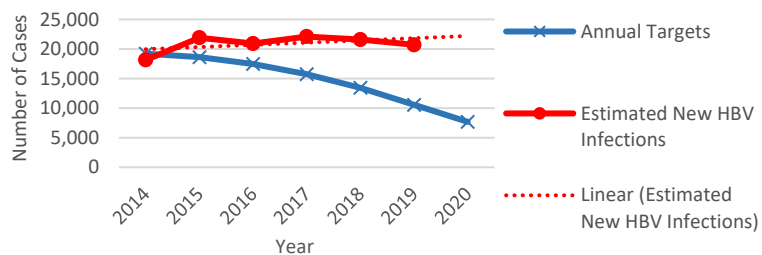


## GRAPHS AND TABLES OF EACH INDICATOR AND PROGRESS TOWARD 2020 TARGETS

This section provides graphs of annual targets that are set forth in the Action Plan and the current trends based on available surveillance data. The linear trend projections are based on available data and may change when new national data are published. The color of the lines in each graph corresponds with progress in meeting the 2020 target, as indicated by the key below. The methodology for measuring indicators from the NNDSS and NVSS is available in CDC’s [2019 Viral Hepatitis Surveillance Report](#). The methodology for measuring indicators from NHANES, NHIS, and NIS-Child is available from each of those data sources.



### 1. Decrease the number of new HBV infections by at least 60% # estimated acute hepatitis B cases in the U.S.

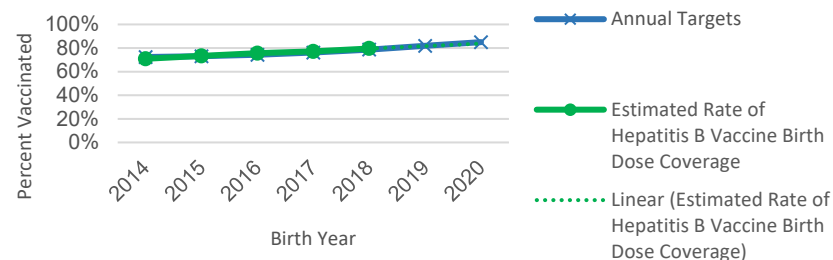


Source: National Notifiable Diseases Surveillance System

	2014	2015	2016	2017	2018	2019	2020
<b>ANNUAL TARGETS*</b>	19,200	18,624	17,472	15,744	13,440	10,560	7,680
<b>EST. NEW INFECTIONS</b>	18,142	21,905	20,917	22,100	21,600	20,700	

\* Annual target numbers do not match those reported in the Action Plan because CDC published updated numbers after the Action Plan was published; the updated numbers and targets are presented here.

### 2. Increase the rate of hepatitis B vaccine “birth dose” coverage to 85% % children who received the first dose of hepatitis B vaccine within three days of birth



Source: National Immunization Survey-Children

	2014	2015	2016	2017	2018	2019	2020
<b>ANNUAL TARGETS*</b>	72.4%	73.0%	74.3%	76.2%	78.7%	81.9%	85.0%
<b>EST. RATE OF COVERAGE</b>	70.9%	73.3%	75.6%	77.1%	79.6%		

\*Annual targets and estimated coverage for this indicator differ from data published in the Action Plan and 2017 Progress Report. CDC transitioned from reporting NIS-Child data by survey year to birth year, and these data reflect the change.

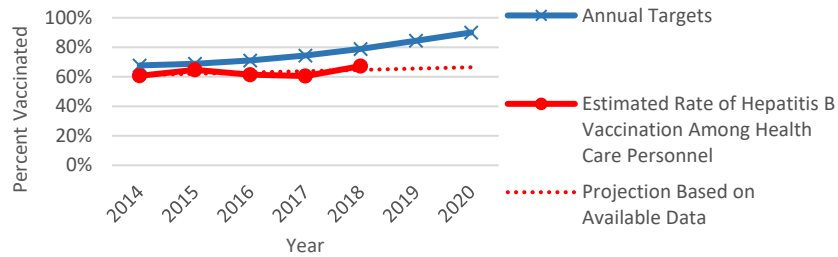


## 2020 PROGRESS REPORT

### National Viral Hepatitis Action Plan, 2017–2020

#### 3. Increase the rate of hepatitis B vaccination among health care personnel to 90%

% health care personnel 19 years of age and older with direct patient care responsibilities reporting they have had at least three doses of hepatitis B vaccine



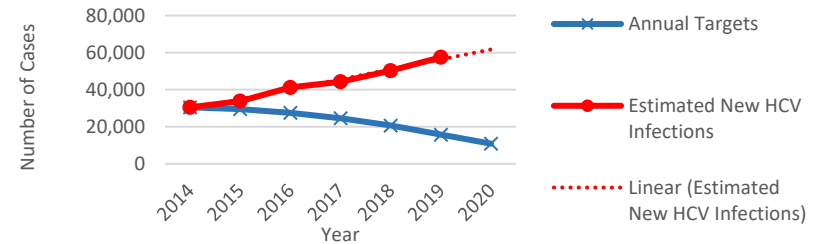
Source: National Health Interview Survey

	2014	2015	2016	2017	2018	2019	2020
<b>ANNUAL TARGETS</b>	67.7%	68.8%	71.1%	74.4%	78.9%	84.4%	90.0%
<b>EST. RATE OF VACCINATION</b>	67.7%	64.7%	61.4%	60.5%	67.2%	Data not available*	

\* NHIS discontinued collection of sampled adults' occupation during the [2019 survey redesign](#).

#### 4. Decrease the number of new HCV infections by at least 60%

# estimated acute hepatitis C cases in the U.S.

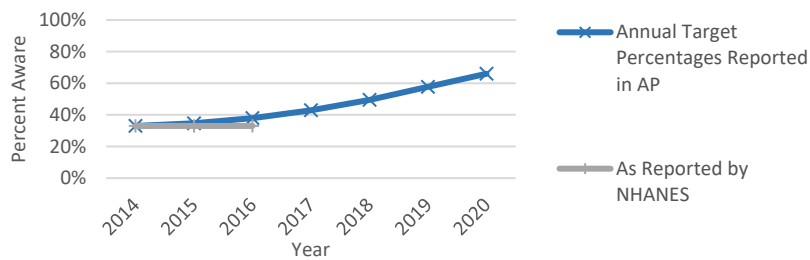


Source: National Notifiable Diseases Surveillance System

	2014	2015	2016	2017	2018	2019	2020
<b>ANNUAL TARGETS</b>	30,500	29,519	27,558	24,617	20,694	15,791	10,889
<b>EST. NEW INFECTIONS</b>	30,497	33,860	41,241	44,300	50,300	57,500	

#### 5. Increase the percentage of persons aware of their HBV infection by 66%

% respondents who indicate they were aware they had hepatitis B prior to laboratory testing



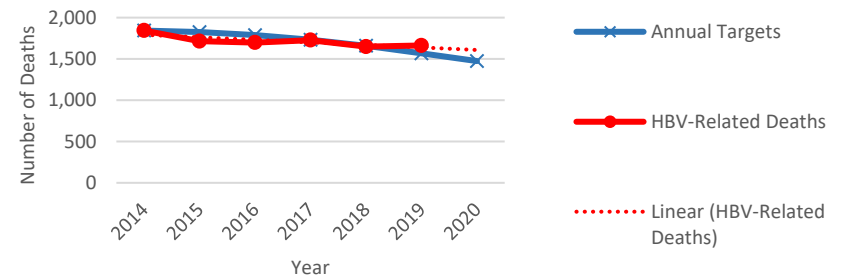
Source: National Health and Nutrition Examination Survey.

	2014	2015	2016	2017	2018	2019	2020
<b>ANNUAL TARGETS</b>	33.0	34.7	37.9	42.9	49.5	57.8	66.0
<b>EST. HBV-INFECTIONS*</b>	33.0	33.0	33.0	Est. not available	Est. not available	Est. not available	

\* No new estimate available. Progress is reported utilizing 4-year estimates. The next estimate will be for 2017-2020.

#### 6. Reduce the number of HBV-related deaths by 20%

# deaths in the U.S. for which hepatitis B is listed as the underlying or a contributing cause of death



Source: National Vital Statistics System

	2014	2015	2016	2017	2018	2019	2020
<b>ANNUAL TARGETS</b>	1,843	1,825	1,788	1,732	1,659	1,567	1,474
<b>HBV-RELATED DEATHS</b>	1,843	1,715	1,698	1,727	1,649	1,662	

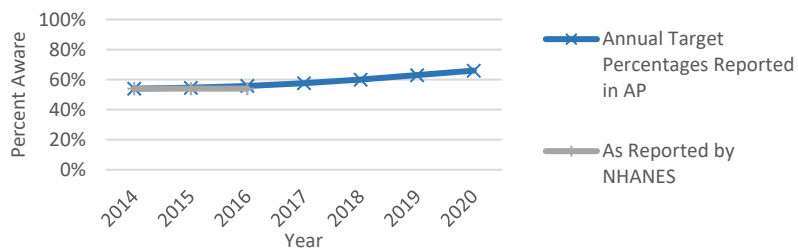


## 2020 PROGRESS REPORT

### National Viral Hepatitis Action Plan, 2017–2020

#### 7. Increase the percent of persons aware of their HCV infection to 66%

% respondents who indicate they were aware they had hepatitis C prior to laboratory testing



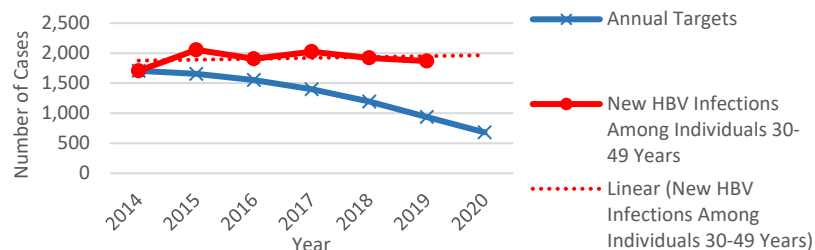
Source: National Health and Nutrition Examination Survey

	2014	2015	2016	2017	2018	2019	2020
<b>ANNUAL TARGETS</b>	54.0	54.6	55.8	57.6	60.0	63.0	66.0
<b>EST. HCV INFECTIONS*</b>	54.0	54.0	54.0	Est. not available	Est. not available	Est. not available	

\* No new estimate available. Progress is reported utilizing 4-year estimates. The next estimate will be for 2017-2020.

#### 9. Decrease the number of new HBV infections among individuals 30–49 years of age by at least 60%

# reported acute hepatitis B cases for adults 30-49 years of age living in the U.S.

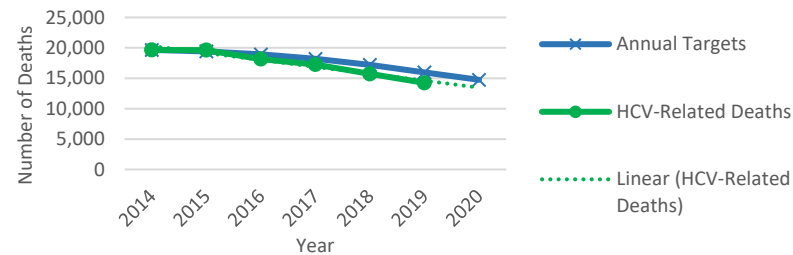


Source: National Notifiable Diseases Surveillance System

	2014	2015	2016	2017	2018	2019	2020
<b>ANNUAL TARGETS</b>	1,706	1,655	1,552	1,399	1,194	938	682
<b>NEW HBV INFECTIONS AMONG INDIVIDUALS 30-49 YEARS</b>	1,706	2,055	1,906	2,024	1,920	1,868	

#### 8. Reduce the number of HCV-related deaths by 25%

# deaths in the U.S. for which hepatitis C is listed as the underlying or a contributing cause of death

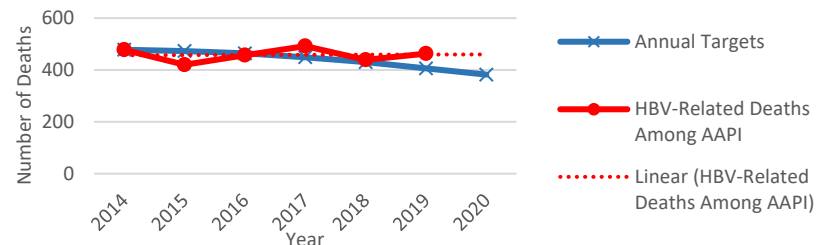


Source: National Vital Statistics System

	2014	2015	2016	2017	2018	2019	2020
<b>ANNUAL TARGETS</b>	19,659	19,413	18,922	18,185	17,202	15,973	14,744
<b>HCV-RELATED DEATHS</b>	19,659	19,629	18,153	17,253	15,713	14,242	

#### 10. Reduce the number of HBV-related deaths among AAPI by at least 20%

# deaths among AAPI living in the U.S. for which hepatitis B is listed as the underlying or a contributing cause of death



Source: National Vital Statistics System

	2014	2015	2016	2017	2018	2019	2020
<b>ANNUAL TARGETS</b>	478	473	464	449	430	406	382
<b>HBV-RELATED DEATHS AMONG AAPI</b>	478	420	457	492	439	463	

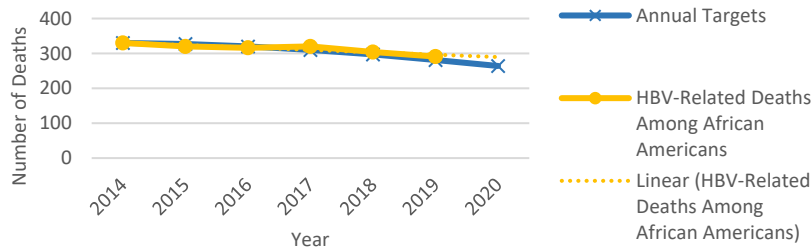


## 2020 PROGRESS REPORT

### National Viral Hepatitis Action Plan, 2017–2020

#### 11. Reduce the number of HBV-related deaths among African Americans by at least 20%

# deaths among African Americans living in the U.S. for which hepatitis B is listed as the underlying or a contributing cause of death

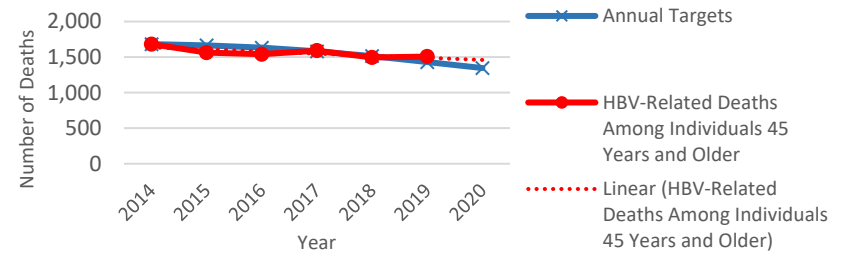


Source: National Vital Statistics System

	2014	2015	2016	2017	2018	2019	2020
<b>ANNUAL TARGETS</b>	330	327	320	310	297	281	264
<b>HBV-RELATED DEATHS AMONG AFRICAN AMERICANS</b>	330	320	316	320	304	291	

#### 12. Reduce the number of HBV-related deaths among individuals 45 years of age and older by at least 20%

# deaths among persons aged 45 and older in the U.S. for which hepatitis B is listed as the underlying or a contributing cause of death

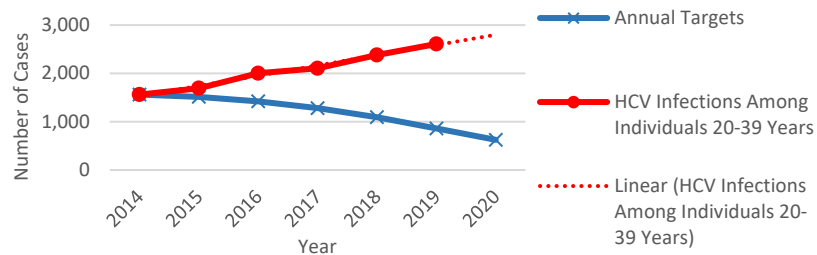


Source: National Vital Statistics System

	2014	2015	2016	2017	2018	2019	2020
<b>ANNUAL TARGETS</b>	1,682	1,665	1,632	1,581	1,514	1,430	1,346
<b>HBV-RELATED DEATHS AMONG INDIVIDUALS 45 YEARS AND OLDER</b>	1,682	1,563	1,540	1,591	1,495	1,507	

#### 13. Decrease the number of new HCV infections among individuals 20-39 years of age by at least 60%

# acute hepatitis C cases reported for adults 20-39 years of age in the U.S.

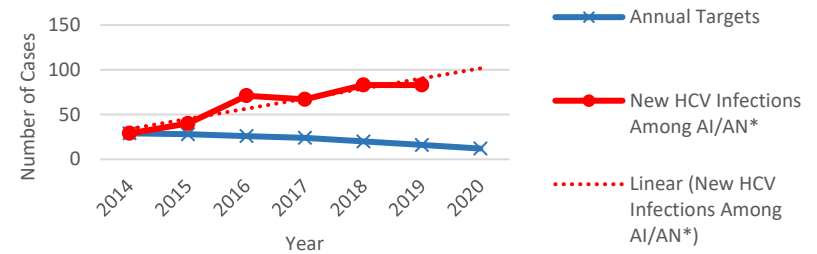


Source: National Notifiable Diseases Surveillance System

	2014	2015	2016	2017	2018	2019	2020
<b>ANNUAL TARGETS</b>	1,561	1,514	1,421	1,280	1,093	859	624
<b>NEW HCV INFECTIONS AMONG INDIVIDUALS 20-39 YEARS</b>	1,561	1,692	2,003	2,105	2,380	2,609	

#### 14. Decrease the number of new HCV infections among AI/AN by at least 60%

# reported acute hepatitis C cases for AI/AN living in the U.S.



Source: National Notifiable Diseases Surveillance System

	2014	2015	2016	2017	2018	2019	2020
<b>ANNUAL TARGETS</b>	29	28	26	24	20	16	12
<b>NEW HCV INFECTIONS AMONG AI/AN</b>	29	40	71	67	83	83	

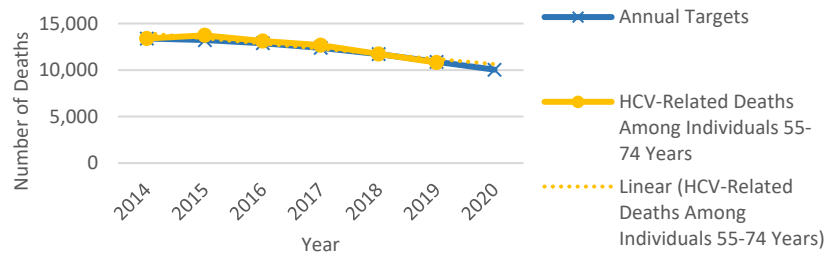


## 2020 PROGRESS REPORT

National Viral Hepatitis Action Plan, 2017–2020

### 15. Reduce the number of HCV-related deaths among individuals 55–74 years of age by at least 25%

# deaths among persons aged 55-74 in the U.S. for which hepatitis C is listed as the underlying or a contributing cause of death

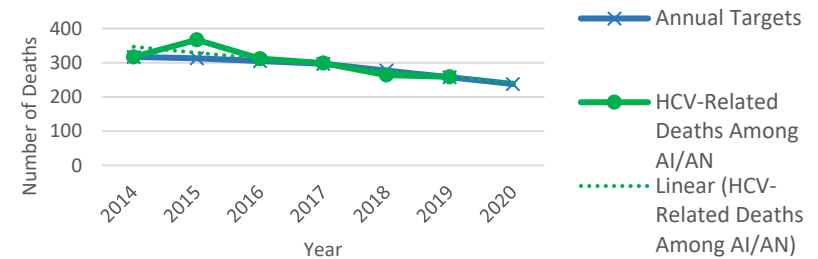


Source: National Vital Statistics System

	2014	2015	2016	2017	2018	2019	2020
<b>ANNUAL TARGETS</b>	13,389	13,222	12,887	12,385	11,715	10,879	10,042
<b>HCV-RELATED DEATHS AMONG INDIVIDUALS 55-74 YEARS</b>	13,389	13,725	13,118	12,672	11,726	10,803	

### 16. Reduce the number of HCV-related deaths among AI/AN by at least 25%

# deaths among AI/AN in the U.S. for which hepatitis C is listed as the underlying or a contributing cause of death

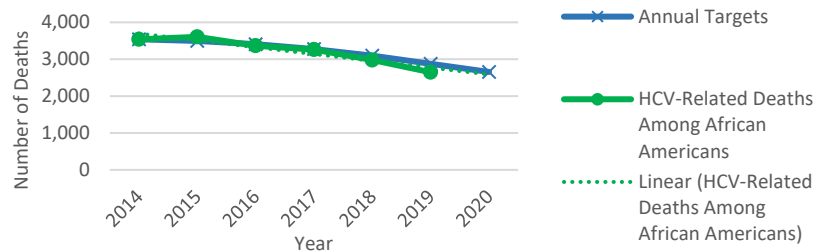


Source: National Vital Statistics System

	2014	2015	2016	2017	2018	2019	2020
<b>ANNUAL TARGETS</b>	317	313	305	297	277	258	238
<b>HCV-RELATED DEATHS AMONG AI/AN</b>	317	367	312	299	264	259	

### 17. Reduce the number of HCV-related deaths among African Americans by at least 25%

# deaths among African Americans living in the U.S. for which hepatitis C is listed as the underlying or a contributing cause of death



Source: National Vital Statistics System

	2014	2015	2016	2017	2018	2019	2020
<b>ANNUAL TARGETS</b>	3,540	3,496	3,407	3,275	3,098	2,876	2,655
<b>HCV-RELATED DEATHS AMONG AFRICAN AMERICANS</b>	3,540	3,606	3,365	3,262	2,978	2,646	





## DATA SOURCES

The [National Health and Nutrition Examination Survey](#) (NHANES) is a CDC program designed to assess the health and nutritional status of adults and children in the United States. A survey and physical examination of a nationally representative sample of 5,000 persons each year collects demographic, socioeconomic, dietary, and health-related data as well as medical, dental, and physiological measurements and results of laboratory tests administered by medical personnel.

The [National Health Interview Survey](#) (NHIS) is an annual, cross-sectional, in-person household survey collected by CDC's National Center for Health Statistics and conducted by interviewers trained by the U.S. Census Bureau. Data are used to monitor self-reported trends in illness and disability among the U.S. civilian noninstitutionalized population. NHIS provides adult vaccination coverage estimates.

The [National Immunization Surveys](#) (NIS) are a group of telephone surveys sponsored and conducted by CDC's National Center for Immunization and Respiratory Diseases. [NIS-Child](#) targets children in the United States who are or will be 19–35 months old within a few weeks of the survey. Annually collected data are used to monitor vaccination coverage among 2-year-old children, including the hepatitis B birth dose, at the national, state, and selected local levels, and in some U.S. territories.

The [National Notifiable Diseases Surveillance System](#) (NNDSS) is a CDC program managed by its Division of Health Informatics and Surveillance that collects, analyzes, and publishes health data for approximately 120 diseases. These data, which CDC collects annually, help public health officials monitor, control, and prevent disease in the United States.

The [National Vital Statistics System](#) (NVSS) is the mechanism by which CDC's National Center of Health Statistics (NCHS) annually collects and disseminates the nation's official vital statistics. These data are provided through contracts between NCHS and vital registration systems operated in the various jurisdictions legally responsible for the registration of vital events—births, deaths, marriages, divorces, and fetal deaths.



## FEDERAL ACTIVITIES TO ADVANCE THE UNITED STATES TOWARD NATIONAL HEPATITIS GOALS

The Action Plan was developed collaboratively by partners from federal agencies with input from nonfederal stakeholders from a variety of sectors. These federal partners have implemented a wide range of viral hepatitis activities, from prevention to care to research on new viral hepatitis therapies. The activities are described in detail in Appendix 2.

### DEPARTMENTS, AGENCIES, AND OFFICES THAT IMPLEMENTED THE ACTION PLAN IN FY2020

#### Department of Health and Human Services (HHS)

<b>Agency for Healthcare Research and Quality (AHRQ)</b>	AHRQ’s mission is to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work within HHS and with other partners to make sure that the evidence is understood and used.
<b>Centers for Disease Control and Prevention (CDC)</b>	
<b>National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)</b>	NCCDPHP’s mission is to help people and communities prevent chronic diseases and promote health and wellness for all.
<b>National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)</b>	NCHHSTP maximizes public health and safety nationally and internationally through the elimination, prevention, and control of disease, disability, and death caused by HIV/AIDS, viral hepatitis, other sexually transmitted diseases, and tuberculosis.
<b>Division of Viral Hepatitis (DVH)</b>	DVH’s mission is to end the viral hepatitis epidemics through leadership in science and public health practices.
<b>National Center for Immunization and Respiratory Diseases (NCIRD)</b>	NCIRD’s mission is the prevention of disease, disability, and death through immunization and by control of respiratory and related diseases.
<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>	CMS provides health coverage to more than 100 million people through Medicare, Medicaid, the Children’s Health Insurance Program, and the private health insurance market including Health Insurance Exchanges. CMS seeks to strengthen and modernize the nation’s health care system, to provide access to high-quality care, and to improve health at lower costs.
<b>Food and Drug Administration (FDA), Center for Drug Evaluation and Research (CDER)</b>	CDER’s mission is to protect and promote public health by helping to ensure that human drugs are safe and effective for their intended uses, that they meet established quality standards, and to facilitate availability of drugs for patients.



## Department of Health and Human Services (HHS)

<b>Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB)</b>	HRSA HAB’s mission is to provide leadership and resources to assure access to and retention in high-quality, integrated care and treatment services for vulnerable people with HIV/AIDS and their families.
<b>Indian Health Service (IHS)</b>	IHS is responsible for providing federal health services to American Indians and Alaska Natives. The mission of IHS is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.
<b>National Institutes of Health (NIH)</b>	
<b><i>Eunice Kennedy Shriver</i> National Institute of Child Health and Human Development (NICHD)</b>	NICHD’s mission is to lead research and training to understand human development, improve reproductive health, enhance the lives of children and adolescents, and optimize abilities for all.
<b>National Cancer Institute (NCI)</b>	NCI leads, conducts, and supports cancer research across the nation to advance scientific knowledge and help all people live longer, healthier lives.
<b>National Heart, Lung and Blood Institute (NHLBI)</b>	NHLBI’s provides global leadership for a research, training, and education program to promote the prevention and treatment of heart, lung, and blood disorders and enhance the health of all individuals so that they can live longer and more fulfilling lives.
<b>National Institute of Allergy and Infectious Diseases (NIAID)</b>	NIAID’s mission is to conduct and support basic and applied research to better understand, treat, and ultimately prevent infectious, immunologic, and allergic diseases.
<b>National Institute of Alcohol Abuse and Alcoholism (NIAAA)</b>	NIAAA’s mission is to generate and disseminate fundamental knowledge about the effects of alcohol on health and well-being, and apply that knowledge to improve diagnosis, prevention, and treatment of alcohol-related problems, including alcohol use disorder, across the lifespan.
<b>National Institute of Biomedical Imaging and Bioengineering (NIBIB)</b>	NBIB’s mission is to improve health by leading the development and accelerating the application of biomedical technologies. The Institute is committed to integrating engineering and physical sciences with biology and medicine to advance our understanding of disease and its prevention, detection, diagnosis, and treatment.
<b>National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)</b>	NIDDK’s mission is to conduct and support medical research and research training and to disseminate science-based information on diabetes and other endocrine and metabolic diseases; digestive diseases, nutritional disorders, and obesity; and kidney, urologic, and hematologic diseases, to improve people’s health and quality of life.
<b>National Institute on Drug Abuse (NIDA)</b>	NIDA’s mission is to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health.



## Department of Health and Human Services (HHS)

<b>National Institute of Minority Health and Health Disparities (NIMHD)</b>	NIMHD’s mission is to lead scientific research to improve minority health and reduce health disparities.
<b>Office of Intergovernmental and External Affairs (OIEA)</b>	OIEA strengthens relationships between state and local partners and external stakeholders with the Office of the Secretary. OIEA also serves as liaison for governmental and nongovernmental partners in communicating with Departmental offices and the Bureaus.
<b>Office of the Assistant Secretary for Health (OASH)</b>	
<b>Office of Disease Prevention and Health Promotion (ODPHP)</b>	ODPHP provides leadership for disease prevention and health promotion efforts for all Americans. To promote the health of the country, ODPHP sets national health goals and supports programs, services, and educational activities. ODPHP leads <i>Healthy People 2020/2030</i> , Dietary Guidelines for Americans, Physical Activity Guidelines for Americans, National Clinical Care Commission, National Youth Sports Strategy, President’s Council on Sports, Fitness and Nutrition, and healthfinder.gov.
<b>Office of Infectious Disease and HIV/AIDS Policy (OIDP)</b>	OIDP provides strategic leadership and management to the Department, while encouraging collaboration, coordination, and innovation among federal agencies and stakeholders, to reduce the burden of infectious diseases. OIDP includes the previously separate Office of HIV/AIDS and Infectious Disease Policy and National Vaccine Program Office, which were reorganized and combined as OIDP in June 2019.
<b>Office of Population Affairs (OPA)</b>	OPA promotes health across the reproductive lifespan through innovative, evidence-based adolescent health and family planning programs, services, strategic partnerships, evaluation, and research. OPA administers the <a href="#">Title X family planning</a> program, <a href="#">Teen Pregnancy Prevention</a> program, <a href="#">Pregnancy Assistance Fund</a> program, and <a href="#">embryo adoption</a> program. OPA advises the Secretary and the Assistant Secretary for Health on a wide range of topics, including adolescent health, family planning, sterilization, and other population issues.
<b>Office of the Surgeon General (OSG)</b>	As the nation’s doctor, the Surgeon General provides Americans with the best scientific information available on how to improve their health and reduce their risk of illness and injury. The Surgeon General brings this information to the public by issuing Surgeon General’s Advisories, Calls to Action, and Reports on critical issues and communicating directly with the public via a number of communication channels. As Vice Admiral of the <a href="#">U.S. Public Health Service (USPHS) Commissioned Corps</a> , the Surgeon General oversees the operations of the USPHS Commissioned Corp, an elite group of more than 6,000 uniformed officers whose mission is to protect, promote, and advance the health of our nation.
<b>Office on Women’s Health (OWH)</b>	OWH provides national leadership and coordination to improve the health of women and girls through policy, education, and innovative programs.



## Department of Health and Human Services (HHS)

### Office of Regional Health Operations

The OASH Office of Regional Health Operations (ORHO), led by the Deputy Assistant Secretary for Health–Regional Health Operations, consists of headquarters and 10 Regional Offices. Regional Health Administrators (RHAs) serve as the senior federal public health official in each region. They provide advice and guidance to state, territorial, tribal, and local leaders to better incorporate OASH and HHS priorities across the nation. They serve as critical points of contact and coordinate across HHS regional offices and other federal departments. RHAs and their teams use their regional expertise and networks to catalyze public health action and impact leading health indicators across the nation.

### Office for Civil Rights (OCR)

As a law enforcement agency, OCR investigates complaints, conducts compliance reviews, develops policy, promulgates regulations, provides technical assistance, and educates the public about federal civil rights and conscience laws that prohibit recipients of HHS funds from discriminating on the basis of race, color, national origin, disability, age, religion, and sex (including pregnancy, sexual orientation, and gender identity). It also ensures that the practices of health care providers, health plans, healthcare clearinghouses, and their business associates comply with the Federal privacy, security, and breach notification laws and regulations that OCR enforces.

### Office of Minority Health (OMH)

OMH is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs to help eliminate health disparities.

### Office of the National Coordinator for Health Information Technology (ONC)

ONC is the principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information.

### Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA’s mission is to reduce the impact of substance use and mental illness on America’s communities. SAMHSA accomplishes this through providing leadership and resources – programs, policies, information and data, funding, and personnel – to advance mental and substance use disorder prevention, treatment, and recovery services in order to improve individual, community, and public health.

## Housing and Urban Development (HUD)

### Office of Special Needs Assistance Programs (SNAPS)

HUD’s mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. HUD is working to strengthen the housing market to bolster the economy and protect consumers; meet the need for quality affordable rental homes; utilize housing as a platform for improving quality of life; build inclusive and sustainable communities free from discrimination; and transform the way HUD does business.





## Department of Justice (DOJ)

### **Federal Bureau of Prisons (BOP)**

BOP’s mission is to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens.

### **Civil Rights Division**

The Division works to uphold the civil and constitutional rights of all Americans, particularly some of the most vulnerable members of our society. The Division enforces federal statutes prohibiting discrimination on the basis of race, color, sex, disability, religion, familial status, and national origin.

## Department of Veterans Affairs (VA)

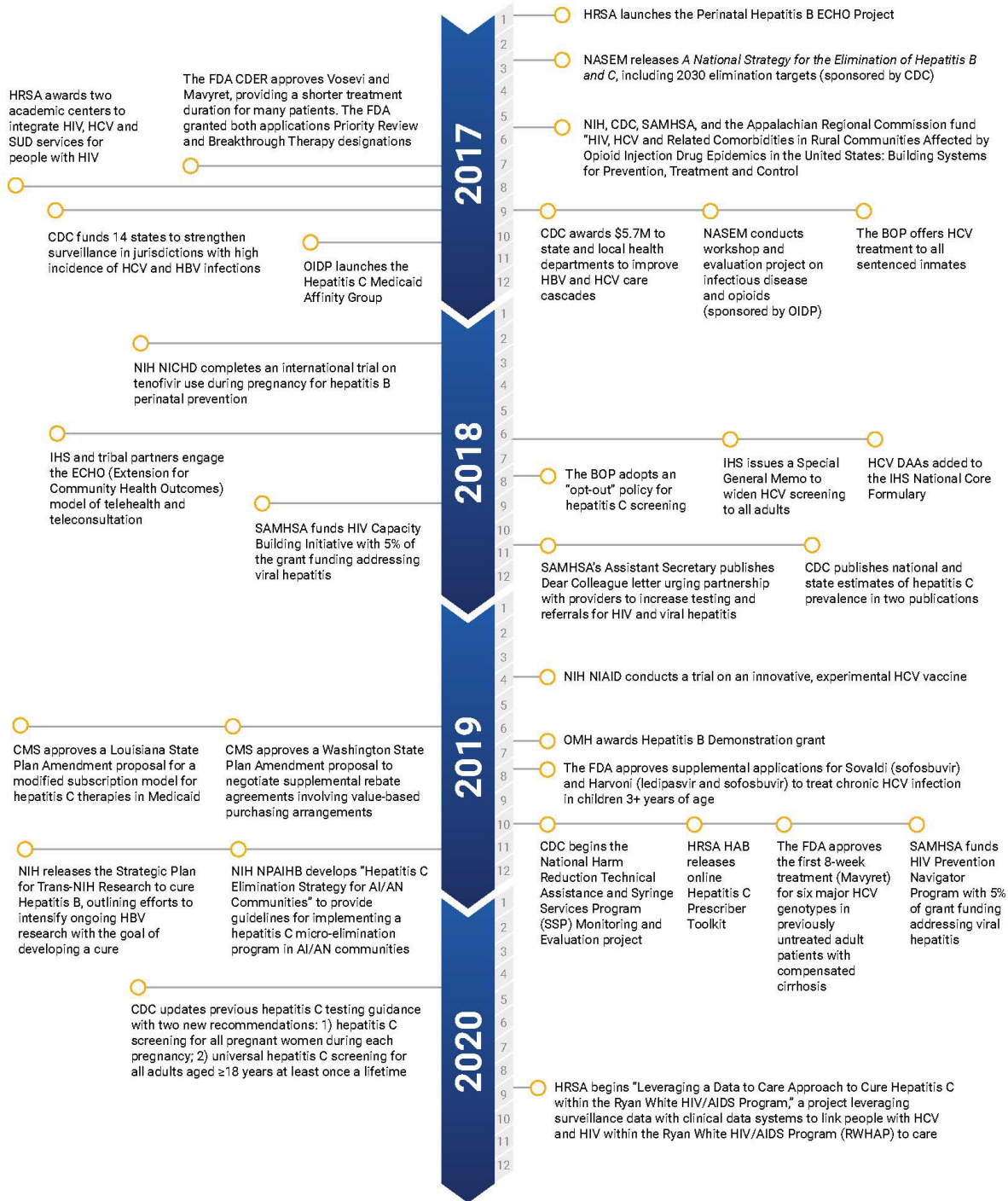
### **Veterans Health Administration’s (VHA) Office of Specialty Care Services (SCS)**

SCS is dedicated to ensuring the full continuum of health care, consisting of health promotion, disease prevention, diagnostics, therapeutic and rehabilitative care, recovery, and palliative care. SCS provides care through policy and program development that promotes dignity and respect, and is achieved by utilizing innovative approaches and technologies through interdisciplinary collaboration both within and outside of VHA.



**TIMELINE: SELECTED HIGHLIGHTS (BASED ON FISCAL YEARS)**

**FY2017 - FY2020: October 1, 2016 to September 30, 2020**



Details for the highlights featured in the timeline can be found in [previous progress reports](#).



## APPENDIX 1: FEDERAL PROGRESS ON ACTION PLAN

This appendix documents contributions made by federal partners during FY2020 on strategies detailed in the [National Viral Hepatitis Action Plan 2017–2020](#) (Action Plan). It does not provide a complete summary of all the actions federal agencies have taken that are related to Action Plan goals. For example, some agencies initiated new programs that were not anticipated at the time the Action Plan was updated and therefore do not correlate with a specific Action Plan strategy.

The following information is organized by Action Plan goal and strategy. The information presented here provides only a brief snapshot of the effort that went into these actions.

### GOAL 1: PREVENT NEW VIRAL HEPATITIS INFECTIONS

Agency	Activity
<b>Strategy 1.1: Increase community awareness of viral hepatitis and decrease stigma and discrimination</b>	
CDC	The Cherokee Nation Comprehensive Cancer Control Program collaborated with the Cherokee Nation HCV Elimination Program within Cherokee Nation’s Health Services to increase knowledge and awareness of liver cancer prevention among the Cherokee Nation community by conducting presentations to 26 community coalition organizations.
DOJ	The Disability Rights Section of the Civil Rights Division continues to receive and review referrals of potential hepatitis-based discrimination through direct calls and <a href="#">online</a> . On December 17, 2019, DOJ entered into a settlement agreement to resolve a complaint alleging that a day care center violated Title III of the Americans with Disabilities Act by denying the enrollment of a child with a disability because of his potential exposure to hepatitis C or HIV at birth. Because of his age, whether or not the child actually carried either virus could not be determined. Under the terms of the settlement agreement, the day care center will modify its policies, practices, and procedures; train its staff; and provide monetary relief to the child.
SAMHSA	To reduce the impact of substance use, HIV, and viral hepatitis in high-risk communities, SAMHSA funds the HIV Targeted Capacity Expansion, HIV High Risk populations, HIV Service Integration, and the HIV Prevention Navigator grant programs to: <ul style="list-style-type: none"> <li>• provide HIV and viral hepatitis testing services in nontraditional settings;</li> <li>• develop strategies that combine education and awareness programs; and</li> <li>• produce social marketing campaigns with substance misuse and HIV prevention programming for the population of focus.</li> </ul>
OCR	OCR will continue to investigate and take action on complaints alleging discrimination against individuals with viral hepatitis by health care providers and human service agencies, including those complaints where there is a denial of meaningful access for limited English proficient (LEP) individuals to HHS funded or conducted programs and services; and on complaints, compliance reviews, or breach reports alleging or identifying potential violations of the HIPAA Rules by HIPAA-regulated entities. In October 2020, HHS OCR and the Office of the Assistant Secretary for Health (OASH) issued a Dear Colleague Letter to health-related schools to apprise them of recommendations from the Centers for Disease Control and Prevention (CDC) regarding the participation of students with hepatitis B in medical, dental, nursing and other health-related schools, including admissions and clinical placements. The letter emphasized the importance of the CDC recommendations, especially as they relate to nondiscrimination obligations under the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and Section 1557 of the Affordable Care Act. These laws prohibit discrimination against individuals with disabilities, including people living with hepatitis B.



Agency	Activity
<b>Strategy 1.2: Build capacity and support innovation by the health care workforce to prevent viral hepatitis</b>	
HRSA	HRSA HAB offers an online Hepatitis C Prescriber Toolkit that provides state-specific guidance, current prescribing restrictions, and resources for additional assistance to prescribers of hepatitis C medications, available on the TargetHIV website.
OMH	Hepatitis B Demonstration Grant awardees enhanced existing and created new electronic health record (EHR) workflows, and trained providers and staff on the new protocols that enabled remote identification of high-risk populations for targeted screening and follow-up.
<b>Strategy 1.3: Address critical data gaps and improve viral hepatitis surveillance</b>	
CDC	CDC and health departments use surveillance data to detect viral hepatitis outbreaks; quantify, characterize, and monitor trends in new infections, burden of disease, and transmission risk factors; and identify opportunities to link individuals to viral hepatitis preventive and treatment services—all of which are vital to develop and evaluate prevention and control strategies. Health departments must have systems in place to detect, classify, and notify CDC of viral hepatitis cases; however, because of varying infrastructure, not all health departments notify CDC of all cases of acute or newly reported chronic viral hepatitis. Through the <a href="#">Strengthening Surveillance in Jurisdictions with High Incidence of Hepatitis C Virus and Hepatitis B Virus Infections</a> cooperative agreement (CDC-RFA-PS17-1703), CDC funded 14 states experiencing high rates of acute cases of hepatitis B and/or hepatitis C infections to improve active surveillance, data completeness, and case notification to CDC. In 2019, compared to the prior year, jurisdictions achieved 23.5 percent and 7.8 percent increases in risk factor completeness for hepatitis B and hepatitis C case notifications submitted to CDC, respectively. For the first time, descriptive characteristics for newly reported case notifications of chronic hepatitis B and hepatitis C were included in the 2019 Surveillance Report (May 2021).
HRSA	In FY2020, HRSA began a two-year Special Project of National Significance, “Leveraging a Data to Care Approach to Cure Hepatitis C within the Ryan White HIV/AIDS Program.” This demonstration project supports leveraging existing public health surveillance with clinical data systems to link people with HCV and HIV within the Ryan White HIV/AIDS Program (RWHAP) to care. A Technical Assistance Provider is funded to select and provide targeted technical assistance to up to 10 RWHAP Part A and/or Part B jurisdictions (i.e., state, city, and/or local health departments) to focus jurisdictional efforts on improving existing collaboration between their HCV surveillance systems and RWHAP HIV care providers.
<b>Strategy 1.4: Achieve universal hepatitis A and hepatitis B vaccination for children and vulnerable adults</b>	
VA	In April 2019, VA issued a system-wide memo on hepatitis A and hepatitis B immunization in homeless veterans. The memo outlined CDC recommendations, provided clinical tools and resources, and advised facility viral hepatitis lead clinicians, homeless program providers, health promotion and disease prevention program managers, and facility health behavior coordinators on coordinating efforts to improve vaccination rates.
<b>Strategy 1.5: Eliminate mother-to-child transmission of hepatitis B and hepatitis C</b>	
CDC	CDC’s NCIRD, Immunization Services Division, continued to fund Perinatal Hepatitis B Prevention Programs among the 64 recipients of Immunizations and Vaccines For Children Awards (CDCRFA-IP19-1901). These programs seek to prevent mother-to-child transmission of hepatitis B virus by (1) identifying HBsAg-positive pregnant women, (2) ensuring HBV-exposed infants receive postexposure prophylaxis, (3) ensuring identified HBV-exposed infants complete the ACIP recommended hepatitis B vaccine series, and (4) ensuring vaccinated HBV-exposed infants receive post-vaccination serologic testing. For the 2018 birth cohort, 97% received post-exposure prophylaxis at birth, 84% received post-exposure prophylaxis and completed hepatitis B vaccine series by 12 months, and 68% of all case-managed infants completed PVST*.  *The 2018 birth cohort outcomes reported exclude Washington state due to data issues.



Agency	Activity
CDC	<p>CDC updates previous hepatitis C virus testing recommendation by calling for screening: 1) at least once in a lifetime for all adults aged 18 years and older; 2) all pregnant women during each pregnancy; and 3) among people with recognized conditions or exposures regardless of age or setting prevalence.</p> <p>At the very minimum, please reorder the existing recommendations to have the all adult listed first and pregnancy to be listed 2.</p>
OMH	<p>OMH funds collaborative partnerships through the Hepatitis B Demonstration Grant Program (MP-CPI-19-001) to build capacity in primary care providers to adhere to screening guidelines and prevent mother-to-child transmissions of HBV. This effort ensures that all HBsAg+ pregnant women have early prenatal HBV DNA and liver enzyme tests to evaluate whether antiviral therapy is indicated for prophylaxis to eliminate mother-to-child transmission or for treatment of chronic active hepatitis.</p>
<b>Strategy 1.6: Ensure that people who inject drugs have access to viral hepatitis prevention services</b>	
CDC	<p>In FY2019, CDC began a new three-year cooperative agreement—<a href="#">National Harm Reduction Technical Assistance and Syringe Services Program (SSP) Monitoring and Evaluation Funding Opportunity</a>. This program aims to strengthen the capacity and improve the performance of SSPs throughout the United States by supporting enhanced technical assistance (TA) to ensure the provision of high-quality, comprehensive harm reduction services; implementing a national SSP monitoring and evaluation program; and supporting the development and implementation of best practices for patient navigation from SSPs to community-based health and social services. In FY2020, TA providers responded to more than 50 TA requests, launched a patient navigation at SSPs demonstration project, and updated a directory of all SSPs nationwide that is hosted on the North American Syringe Exchange Network (NASEN).</p>
CDC	<p>Under a supplement to the <a href="#">Improving Hepatitis B and C Care Cascades: Focus on Increased Testing and Diagnosis</a> cooperative agreement (CDC-RFA-PS17-1702), in FY2019 and FY2020 CDC funded nine jurisdictions to test and link people to care in high-impact settings, such as SSPs, substance use disorder (SUD) treatment facilities, emergency departments, and correction facilities. The program succeeded in increasing HBV testing (&gt;6,800 tests) in four funded jurisdictions among persons in the Department of Corrections (DOC), federally qualified health centers (FQHCs), hospitals, and other high-impact settings. Ninety percent of HBV-infected persons were linked to care. More than 42,000 total HCV tests and more than 6,700 HCV RNA tests were performed in SUD treatment facilities, DOC, jails, FQHCs, SSPs, and other high-impact settings. Sixty-four percent of persons with a positive RNA test were linked to care.</p>
IHS	<p>Although many harm reduction resources are available to the public, they are scattered or not tribal specific. To ensure that tribes are aware of current and promising harm reduction practices and strategies for opioid response, both regionally and nationally, the Northwest Portland Area Indian Health Board Indian Country ECHO Newsletter, Substance Use Disorder ECHO, Peer ECHO (out of Southern Plains Tribal Health Board), and Harm Reduction ECHO series were developed. These tools are intended for use in cultivating a community of practice and disseminating the strategies and promising practices currently being implemented to address SUD across Indian Country.</p> <p>In 2019, the ECHO project developed several campaigns for communities that involved electronic and print material for several new resources including “A Trickster Tale—Outsmarting Opioids Through Education and Action,” “Words Matter When Providers Talk About Addiction,” and “Words Matter When Providers Talk About Addiction—For Patients,” and “Supporting Someone with Opioid Addiction.”</p> <p>Learn more at the Indian Country ECHO <a href="#">Substance Use Disorder Community Resources webpage</a> and the <a href="#">Harm Reduction ECHO Program webpage</a>.</p>
OMH	<p>OMH funded five awardees through the Hepatitis B Demonstration Grant Program (MP-CPI-19-001) to conduct HBV screening for everyone at high risk of chronic infection, including people who inject drugs. The grant focuses on strengthening the capacity of collaborative partnerships to scale up HBV vaccination, testing and linkage to care services, and surveillance to advance national hepatitis B elimination goals.</p>





Agency	Activity
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**Strategy 1.7: Reduce the transmission of viral hepatitis in health care settings among patients and health care workers**

**Strategy 1.8: Conduct research leading to new or improved viral hepatitis vaccines, diagnostic tests, and treatments, and the optimal use of existing tools to prevent, detect, and treat viral hepatitis**

NIH	<p>In 2020, NIH made four awards under Small Business Innovation Research (SBIR) Contract Proposals for NIH’s NIAID Topic 084 (<a href="#">Antiviral drugs to cure chronic hepatitis B virus infection</a>; Solicitation Number: <a href="#">PHS-2020-1</a>). NIH is evaluating the research progress and is preparing to solicit Phase 2 applications from these awardees.</p> <p>In 2020, NIAID made one award under Task Order Proposal A40, titled “<a href="#">Human Hepatitis B Virus (HBV) Mouse Models for Testing HBV Therapeutics</a>.” The awardee, Utah State University, will develop and standardize small animal models of HBV and may conduct efficacy testing of candidate products, including GLP studies to support licensure.</p> <p>NIAID issued a Funding Opportunity Announcement (FOA) titled <a href="#">Rational Design of Vaccines against Hepatitis C Virus</a> (U19 Clinical Trial Not Allowed). The purpose of this FOA is to support novel strategies for the rational design of vaccines against HCV, to assess the vaccines for their ability to induce protective immune responses, and to select candidates for preclinical development and clinical testing.</p> <p>NIAID and the NIH’s National Institute of Biomedical Imaging and Bioengineering (NIBIB) published a <a href="#">Notice of Special Interest (NOSI): Advancing Development of Rapid Point-of-Care Hepatitis C Virus Diagnostics</a>. The purpose of this Notice is to announce that NIAID and NIBIB are encouraging new applications to support translational research and development of rapid point-of-care diagnostics to identify active viremic HCV infections.</p> <p>NIAID supported a Phase I clinical trial to assess the safety and efficacy of a hepatitis E virus vaccine in 25 males and non-pregnant females ages 18–45 years. The <a href="#">trial</a> was completed in 2020, and an analysis of the results is under way.</p>
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NIH and FDA	<p>FDA and NIH’S National Heart, Lung, and Blood Institute (NHLBI) launched the Transfusion-Transmissible Infections Monitoring System (TTIMS) in September 2015 to monitor the residual risk of HBV and HCV as well as HIV among blood donations and the safety of the blood supply in the United States. No major trends were observed in the incidence or prevalence of these viruses among blood donations over four years, before and after the men who have sex with men (MSM) policy change from indefinite to a 12-month deferral. Continued monitoring is critical as changes in deferral screening criteria are implemented such as the recent change in MSM policy to a three-month deferral.</p>
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**GOAL 2: REDUCE DEATHS AND IMPROVE THE HEALTH OF PEOPLE LIVING WITH VIRAL HEPATITIS**

Agency	Activity
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**Strategy 2.1: Build the capacity of the health care workforce to diagnose viral hepatitis and provide care and treatment to persons living with chronic viral hepatitis**

CDC	<p>As part of its efforts to build the capacity of the health care workforce to diagnose and treat viral hepatitis, CDC supports the development of up-to-date, comprehensive, web-based, hepatitis materials, resources, and trainings for health professionals. The University of Washington National Hepatitis Training Center, through CDC’s <a href="#">Viral Hepatitis Networking, Capacity Building, and Training</a> cooperative agreement (CDC-RFA- PS16-1608), has developed <a href="#">Hepatitis C Online</a>—a free, self-study, interactive course on hepatitis C virus infection for medical providers. The comprehensive training addresses the diagnosis, monitoring, and management of hepatitis C and includes dedicated sections for HCV medications, clinical calculators (e.g., APRI, MELD, Glasgow Coma Scale), and a master bibliography. Free CME credit and free CNE credit are offered to clinicians</p>
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Agency	Activity
	<p>who complete the course. Between September 2018 and November 2020, more than 1.9 million total users initiated at least one session of Hepatitis C Online.</p> <p>In March 2020, CDC’s partner University of Washington launched an analogous training course for hepatitis, <a href="#">Hepatitis B Online</a>, in which more than 11,000 total users initiated at least one session through November 2020.</p>
HRSA	<p>HRSA staff continue to monitor potential HIV/HCV outbreaks and to provide TA on a case-by-case basis to enhance coordination and availability of federal, state, and community resources to provide linkage to HIV/hepatitis care and prevention services. Through the RWHAP Part F AIDS Education and Training Centers (AETC), training on testing, outreach, and treatment of HBV and HCV in the setting of HIV and on protocol development regarding testing or treatment is available.</p>
IHS	<p>To improve the treatment capacity of HCV at the primary care level, IHS and tribal partners made extensive use of the ECHO model of telehealth from the University of New Mexico and teleconsultation through the University of California, San Francisco’s National Clinical Consultation Center (NCCC). The Northwest Portland Area Indian Health Board (NPAIHB) has provided recommendations via the <a href="#">Indian Country ECHO</a> for more than 870 patients across the United States with the highest proportion of case presentations from Washington, Oregon, Montana, South Dakota, North Dakota, and Minnesota. IHS, tribal, and urban Indian health clinics from all 12 IHS Areas participated in the NPAIHB ECHO. Fifty-six unique clinics used the NCCC teleconsultation services.</p> <p>The Indian Country ECHO website launched on July 11, 2019. In September of 2019, the website reported 27,109 users, 48,048 sessions, 108,907 page views, and 2.27 pages/session, and an average session duration of 2:44 and bounce rate of 55.61 percent.</p> <p>The Northwest Portland Area Indian Health Board and the Indian Country ECHO collective launched the inaugural <a href="#">Hepatitis C Elimination ECHO program</a>. The program’s 12-session series provides the rationale, program design, and tools that health care providers and tribal decision-makers can use to develop and enhance community-tailored HCV micro-elimination programs. In addition, program participants can create a tailored HCV Elimination Strategy for their tribe or community and receive feedback from a multidisciplinary team of experts, peers, and mentors working in Indian Country. In 2020, the program supported 50 participants from 24 tribes and organizations and will provide ongoing TA to support participants in their efforts to carry out their action plan.</p>
OMH	<p>OMH in consultation with OIDP and CDC DVH, funded the development of model comprehensive hepatitis B programs that included strategic partnerships between community-based organizations servicing communities at risk; departments of health; perinatal hepatitis B programs; and safety net providers, research centers, and health care facilities with the capacity to deliver widespread vaccination, and scale up testing and care, and link/provide treatment services. These programs will advance progress toward the national hepatitis B elimination goals and strategic actions recommended by the National Academies of Sciences, Engineering, and Medicine (NASEM): end transmission of HBV (perinatal, children, and adults) and reduce morbidity and mortality attributable to ongoing HBV infection. Grantees were required to deliver widespread vaccination, scale up testing, and provide care and treatment services.</p> <p>OMH will support model programs to implement all of the following strategic actions: prevent new HBV cases, reduce deaths, and improve the health of people living with viral hepatitis; provide the birth dose coverage (vaccination); provide maternal HBsAg testing followed by HBV DNA testing as appropriate; treat HBV-exposed newborns; provide community-based testing and linkage to care; link people who are HBV-positive to care, treatment, and contact tracing; vaccinate people who are HBV-negative; increase availability of testing kits and provide education to health care providers and patients; utilize care coordinators for linkage to care; and implement standing orders or utilization of EHRs for testing and linkage to care.</p> <p>Significant activities in FY2020 include EHR enhancements, effective utilization of bilingual/bicultural health outreach workers, regular trainings of medical/clinic staff, and patient health education. Preliminary results for FY2020 show that approximately 7,613 individuals were screened for HBV. Of individuals screened, 444 individuals were newly diagnosed with chronic hepatitis infection: 95 percent and 91 percent were linked to and engaged in hepatitis B–directed care, respectively. Further 3,776 individuals completed either the two- or three-dose hepatitis B vaccine dose series.</p>



Agency	Activity
VA	In 2018, the Hepatic Innovation Team (HIT) Collaboratives were transitioned to focus on addressing advanced liver disease. These teams picked up on the highly successful work accomplished by the Hepatitis Innovation Team Collaborative, which focused on testing and treatment of HCV in VA. The HIT Collaboratives focus on education and communication to improve and support provider practice, veterans' health, and engagement in care. They employ population-based approaches with a focus on quality improvement to address gaps in care and anticipate system-wide needs. The HIT Collaboratives consist of multidisciplinary teams across each Veteran Integrated Service Network (VISN).
AHRQ	AHRQ is supporting a grant to evaluate the uptake of new Direct Acting Antiviral (DAA) regimens for the treatment of hepatitis C in four states. Using Medicaid claims data, the study aims to describe the percentage of Medicaid enrollees with HCV that are treated with DAA regimens over time, and track trends in specific regimens prescribed and specialties of prescribing provider. The study also aims to examine the effect of marketplace and policy factors on uptake. Claims data will be used to identify patient, provider, and contextual factors that predict treatment among Medicaid members with a chronic HCV diagnosis and to understand how patient, provider, and contextual factors support and impede HCV regimen uptake.
<b>Strategy 2.2: Identify persons infected with viral hepatitis early in the course of their disease</b>	
BOP	The BOP has adopted an “opt-out” policy for hepatitis C screening. In this model, when inmates are processed during intake, the policy is to obtain bloodwork to screen for hepatitis C as a routine part of the process unless the patient declines, or “opts out”. This is in contrast to prior policy where the inmate was offered hepatitis C screening as an option.
AHRQ	The U.S. Preventive Services Task Force (USPSTF) released <a href="#">Screening for Hepatitis C Virus Infection in Adolescents and Adults: US Preventive Services Task Force Recommendation Statement</a> in March 2020 and <a href="#">Screening for Hepatitis B Virus Infection in Adolescents and Adults: US Preventive Services Task Force Recommendation Statement</a> in December 2020.
CDC	In FY2017, CDC awarded \$5.7 million over a four-year project period (2017–2021) to state and local health departments in 46 U.S. states, three cities, and the District of Columbia through the <a href="#">Improving Hepatitis B and C Care Cascades: Focus on Increased Testing and Diagnosis</a> cooperative agreement (CDC-RFA-PS17-1702). These resources support activities to increase the number of persons living with HBV and/or HCV infection who are tested for these infections, made aware of their infection status, and linked to care and treatment services, if needed.
CDC	On April 9, 2020, CDC released <a href="#">CDC Recommendations for Hepatitis C Screening Among Adults – United States, 2020</a> . These updated recommendations called for universal hepatitis C screening among all adults aged 18 years or older at least once in a lifetime and among all pregnant women during each pregnancy.
HRSA	Between 2018 and 2020 HRSA developed and conducted a series of educational and technical assistance webinars for the Health Center Program. The webinars provided health centers across the country with assistance on identifying hepatitis B symptoms and the appropriate screening to utilize when diagnosing and treating patients with HBV consistent with the USPSTF viral hepatitis screening guidelines.



Agency	Activity
SAMHSA	<p>SAMHSA has four Minority AIDS Initiative (MAI) programs; 5 percent of each grant must be used to address viral hepatitis: (1) HIV Targeted Capacity Expansion—FY20 (N=395); (2) MAI High Risk Populations—FY20 (N=26); (3) HIV Prevention Navigator—FY20 (N=147); and (4) HIV Service Integration—FY20. Up to 5 percent of annual award funds may be used for the following hepatitis testing and services (based on risk and USPSTF guidelines):</p> <ul style="list-style-type: none"> <li>• Viral hepatitis B and C (antibody and confirmatory) testing;</li> <li>• Viral hepatitis A and B vaccination (including purchase and administration);</li> <li>• Purchase of test kits and other required supplies (e.g., gloves, biohazardous waste containers, etc.); and</li> <li>• Training for staff related to viral hepatitis (B and C) testing.</li> </ul> <p>These have increased viral hepatitis testing with:</p> <ul style="list-style-type: none"> <li>• Total viral hepatitis test kits purchased with MAI funds (as of 1/23/2021): 26,205</li> <li>• Total tested for viral hepatitis with MAI funds (as of 1/23/2021): 12,677</li> </ul>
VA	<p>VA birth cohort screening rates were 84.4 percent for adults born between 1945 and 1965 and 76 percent for adults aged 18–79 years in 2020.</p>
<p><b>Strategy 2.3: Improve access to and quality of care and treatment for persons infected with viral hepatitis</b></p>	
CMS	<p>CMS approved a Puerto Rico State Plan Amendment that permits the territory to reimburse MAVYRET, as its preferred drug for Hepatitis C treatment.</p>
FDA	<p>CDER approved a supplemental application for VEMLIDY (tenofovir alafenamide) to update product labeling with data in virologically suppressed chronic HBV-infected adult patients with moderate to severe renal impairment or end-stage renal disease receiving chronic hemodialysis who switched to VEMLIDY therapy.</p> <p>CDER approved a supplemental application for VEMLIDY (tenofovir alafenamide) to update product labeling with data in geriatric patients (≥ 65 years old).</p> <p>CDER approved a supplemental application for EPCLUSA (sofosbuvir/velpatasvir) to expand the treatment of chronic hepatitis C indication to include pediatric patients 6 years of age and older or weighing at least 17 kg. This approval provides a treatment option in younger pediatric patients for six major hepatitis C virus genotypes.</p> <p>CDER approved supplemental applications for EPCLUSA (sofosbuvir/velpatasvir) to update product labeling with information regarding the use of EPCLUSA for the treatment of chronic HCV infection in patients with severe renal impairment including patients with end-stage renal disease on dialysis.</p> <p>CDER approved supplemental application for EPCLUSA (sofosbuvir/velpatasvir) to update product labeling with information regarding the use of EPCLUSA for the treatment of chronic HCV infection in liver transplant recipients without cirrhosis or with compensated cirrhosis (Child-Pugh A).</p> <p>CDER approved a supplemental application for HARVONI (ledipasvir/sofosbuvir) to update product labeling with information regarding the use of HARVONI for the treatment of chronic HCV infection in patients with severe renal impairment including patients with end-stage renal disease on dialysis.</p> <p>CDER approved a supplemental application for VOSEVI (sofosbuvir/velpatasvir/voxilaprevir) to update product labeling with information regarding the use of VOSEVI for the treatment of chronic HCV infection in patients with severe renal impairment including patients with end-stage renal disease on dialysis.</p>
VA	<p>As of the end of FY2018, 9,024 veterans with cirrhosis were awaiting hepatitis C treatment in VA, end of FY2019 there were 6,885, and end of FY2020 there were 5,443. The numbers are down from almost 13,000 in FY 2017.</p> <p>As of the end of FY2018, there were nearly 33,000 veterans with hepatitis C awaiting treatment, end of FY2019 there were approximately 25,000, and end of FY2020 there were 19,702.</p> <p>As of September 30, 2020, 77.4 percent of veterans in care with chronic hepatitis B were on treatment.</p>



Agency	Activity
IHS	NPAIHB and its partners developed “ <a href="#">Hepatitis C Elimination Strategy for AI/AN Communities</a> .” This document describes the rationale, program design, and toolkit for implementing an HCV micro-elimination program in an AI/AN community. The community could be a tribal or IHS clinic, hospital, or health system. It is designed to help tribal health advocates, decision-makers, and medical providers address the HCV epidemic in their communities through programmatic and policy changes.
<b>Strategy 2.4: Improve viral hepatitis treatment among persons with HIV</b>	
BOP	While the goal of the BOP is to treat all hepatitis C-infected patients, the order of treatment is prioritized based on a number of factors. One of the criteria for prioritized treatment for hepatitis C is HIV co-infection.
HRSA	The HRSA-funded RWHAP Part F AIDS Education and Training Center (AETC) network continued to provide clinical training and consultation on the screening and treatment of HBV and HCV for co-infected people with HIV. From July 2018 to June 2019, HBV information was presented at 759 AETC training events and HCV information was presented at 1,718 AETC training events (8 percent and 18 percent of AETC training events, respectively). The AETC National Coordinating Resource Center has developed and maintains a free, online e-Learning platform that offers health care providers and health profession educators training on HIV/HCV coinfection. The curriculum covers epidemiology, prevention, screening, testing, diagnosis, treatment, recommendations for subpopulations, and barriers and other factors that may impede optimal treatment outcomes for co-infected people of color, as well as lessons on HBV and HCV in HIV. During FY2020, 1.157 unique users accessed the HIV/HCV National Curriculum.
HRSA	HRSA’s Curing Hepatitis C among People of Color Living with HIV, funded through the 2017 Secretary’s Minority AIDS Initiative Fund, concluded its three-year project. Two academic centers were funded to improve care for people with HIV through the development of comprehensive jurisdiction-level HCV screening, care, and treatment systems and the enhancement of state and local health department surveillance systems to increase capacity to monitor acute and chronic HIV and HCV co-infections. Identified barriers were addressed by practice transformation, client and community education, and provider training. Internalized stigma by clients and providers was identified as an ongoing significant barrier to care and treatment.
VA	As of September 30, 2018, nearly 844 veterans with HIV were awaiting HCV treatment, end of FY2019 there were 630, and end of FY2020 there were 504.
<b>Strategy 2.5: Ensure that people who inject drugs have access to viral hepatitis care and evidence-based treatment services</b>	
CDC	In FY2019 and FY2020, under a supplement to the <a href="#">Improving Hepatitis B and C Care Cascades: Focus on Increased Testing and Diagnosis</a> cooperative agreement (CDC-RFA-PS17-1702), CDC funded nine jurisdictions to test and link people to care in high-impact settings, such as SSPs, SUD treatment facilities, emergency departments, and correction facilities.
FDA	FDA’s CDER approved a supplemental application for MAVYRET (glecaprevir and pibrentasvir) to update product labeling to include safety and efficacy information in people who inject drugs and people on medication-assisted treatment (MAT) for opioid use disorder.
SAMHSA	SAMHSA’s Substance Abuse Prevention and Treatment Block Treatment Block Grant (SABG) program’s objective is to help plan, implement, and evaluate activities that prevent and treat substance misuse. The SABG program targets the following populations and service areas: pregnant women and women with dependent children, intravenous drug users, early intervention services for HIV/AIDS and viral hepatitis, and primary prevention services. Injection drug use (IDU) risk reduction is best approached in a step-wise fashion; for example, abstinence from illicit drug use is the best way to address a person’s health and diminish the chance of becoming infected with HIV or viral hepatitis. For those with opioid use disorder (OUD) the best way to stop IDU is to provide MAT and psychosocial services in a SUD program. SSPs represent an opportunity to engage people in treatment and, short of that objective, to educate people on reducing HIV risk through not sharing syringes and using only sterile syringes if they do inject. SAMHSA resources are used to support SSPs.



Agency	Activity
<b>Strategy 2.6: Expand access to and delivery of hepatitis prevention, care, and treatment services in correctional settings</b>	
BOP	The Federal Bureau of Prisons offers HCV treatment to all sentenced inmates with sufficient time remaining to treat and no major obstacles to treatment such as continued high-risk behavior (decided on a case-by-case basis). Treatment numbers have substantially increased over time: almost triple from FY2016 (298 patients) to FY2017 (874 patients), >1.5 times from FY2017 to FY2018 (1,421 patients), and more than double from FY2018 to FY2019 (>3,000 inmates). These significant leaps in treatment numbers are due to multiple factors, including: 1) protocol where \$25-30 million is set aside per fiscal year to reimburse individual institutions for HCV treatment, thus removing financial burden as one of the biggest hurdles to treatment; 2) continued use of the Regional Hepatitis Clinical Pharmacist Consultant Program to approve non-formulary requests and serve as subject matter experts for the field; and 3) continued focus on hepatitis C care by BOP medical leadership leading to increased exposure and comfort level of institution providers.
<b>Strategy 2.7: Monitor provision and impact of viral hepatitis care and treatment services</b>	
<b>Strategy 2.8: Advance research to enhance identification, care, treatment, and cure for persons infected with viral hepatitis</b>	
NIH	NCI, NIAID, and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) supported funding opportunities on HIV and Hepatitis B Co-Infection: Advancing HBV Functional Cure through Clinical Research through the <a href="#">R01</a> and <a href="#">R21</a> grant mechanisms. The purpose of these FOAs is to fill scientific gaps needed to (1) improve HBV treatment strategies by furthering understanding of unique challenges impacting HBV and HIV co-infected hosts and (2) advance the discovery and development of novel HBV interventions that are safe and achieve eradication of HBsAg in HIV and HBV co-infected individuals.
NIH	NCI, NIAID, and NIAAA also supported FOAs on HIV and Hepatitis B Co-Infection: In Vitro and Animal Model Studies on HBV/HIV Co-Infection through the <a href="#">R01</a> and <a href="#">R21</a> grant mechanisms. The purpose of these FOAs is to (1) stimulate and accelerate development of novel in vitro and small animal models of HBV/HIV co-infection to accelerate drug discovery/drug development in HBV/HIV co-infection and (2) stimulate and accelerate a better understanding of the immunopathogenic interactions between HBV and HIV.
NIH	In FY2020, NIAID issued an FOA titled Research Towards Developing a Cure for HBV in HIV/HBV Co-Infection (R21 Clinical Trial Not Allowed). The purpose of this FOA is to invite applications for support of innovative basic, translational, and clinical research to identify and address the challenges to achieving HBV cure in the presence of HIV.
NIH	The NIDDK Hepatitis B Research Network has completed multicenter studies in adults and children living in North America of the natural history, pathogenesis, diagnosis, and treatment of chronic hepatitis B. The Network also implemented a longitudinal observational database of children aged 2–17 years and a longitudinal observational database of adults aged 18 and older. In FY2020, Network investigators reported results from studies defining chronic hepatitis B phenotypes in children and assessing maternal knowledge of HBV vertical transmission prevention ( <a href="https://pubmed.ncbi.nlm.nih.gov/31436702/">https://pubmed.ncbi.nlm.nih.gov/31436702/</a> , <a href="https://pubmed.ncbi.nlm.nih.gov/32507734/">https://pubmed.ncbi.nlm.nih.gov/32507734/</a> ).
NIH	In FY2020, NIDDK released an FOA to establish a Liver Cirrhosis Network to promote clinical and translational research on adult liver cirrhosis resulting from a number of causes, including chronic hepatitis B, C, and D ( <a href="#">U01 Clinical Trial Required</a> and <a href="#">U24 Clinical Trial Optional</a> ). Also in FY2020, NIDDK-supported intramural research showed that the antiviral fluroxazolevir, alone or in combination with approved anti-HCV drugs, inhibits infection by a number of HCV genotypes in animal models such as humanized chimeric mice. These <a href="#">results</a> indicate the potential of this antiviral for inclusion in future combination drug treatments for hepatitis C.
NIH	An <a href="#">international trial of prevention of mother-to-child transmission of hepatitis B</a> funded by NICHD has been completed. A total of 331 pregnant women with high levels of serum HBV were randomly assigned to receive





Agency	Activity
	<p>tenofovir (an oral antiviral agent) or placebo during the last trimester of pregnancy. All babies born to the mothers were given the usual regimen to prevent infection: hepatitis B vaccine and hepatitis B immune globulin. In follow-up, none of the 147 newborns of mothers treated with tenofovir, but 3 of the 147 infants born to mothers given placebo, developed hepatitis B during the first year of life. The treatment was safe and did not cause significant side effects or worsening of the mother’s HBV infection. These results and others from similar trials indicate that use of antiviral therapy in mothers at high risk of transmitting HBV to their newborns can decrease or eliminate the risk of transmission. Academic societies in the United States and elsewhere have published guidelines supporting this approach. In FY2020, this group <a href="#">continued this research with a new focus</a> on the possibility that use of hepatitis B immune globulin (HBIG) infant prophylaxis can be replaced by maternal antiviral treatment for infants vaccinated at birth.</p> <p>Another NICHD-funded international trial of prevention of mother-to-child transmission of hepatitis B launched in FY2020. The REVERT-B study (<a href="#">Reducing Vertical Transmission of Hepatitis B in Africa</a>), conducted by a research team from the University of Alabama at Birmingham, will test a new strategy of using antiviral medication in high-risk pregnant women and newborns in Cameroon to reduce the risk of hepatitis B transmission.</p> <p>Also launched in FY2020, a NICHD-funded Phase I clinical trial of treatment of chronic hepatitis C infection in pregnant women will evaluate the <a href="#">safety and pharmacokinetics of the directly acting antiviral drugs sofosbuvir/velpatasvir (SOF/VEL)</a>. If proven to be effective, antenatal treatment of HCV with SOF/VEL will prevent maternal HCV-related liver disease and perinatal HCV transmission.</p>
NIH	<p>In FY2020, NCI continued to support a multicenter <a href="#">U.S. Translational Liver Cancer Consortium</a>, which is charged with developing a large clinical network to conduct advanced translational research on the early detection, diagnosis, clinical management, prevention, and treatment of liver cancer in patients with chronic liver disease who are at high risk for this highly fatal malignancy. The Consortium brings together clinical and basic research expertise and applies state-of-the-art investigational techniques aimed at identifying biomarkers for early detection and diagnosis of liver cancer, as well as insights into personalized medical approach to its treatment. Additionally, <a href="#">NIH scientists have developed a new test that can help identify people who are likely to develop liver cancer</a>. The blood test looks at past viral infections and can distinguish people who are likely to develop liver cancer from those with chronic liver disease and healthy livers.</p>

### GOAL 3: REDUCE VIRAL HEPATITIS HEALTH DISPARITIES

Agency	Activity
<p><b>Strategy 3.1: Decrease health disparities by partnering with and educating priority populations and their communities about viral hepatitis and the benefits of available prevention, care, and treatment</b></p>	
CDC	<p>CDC is committed to leveraging the successes and best practices of its partners to help improve hepatitis B screening in the highest-risk and most underserved AAPI communities in the United States. In 2013, CDC launched Know Hepatitis B, a national communications campaign promoting hepatitis B testing among Asian Americans. This multilingual campaign is delivered through a variety of multi-media channels. Since its inception, the campaign has achieved at least 2.8 billion impressions worth an estimated \$4.3 million. To further expand the campaign’s reach, CDC’s <a href="#">Viral Hepatitis Networking, Capacity Building, and Training</a> cooperative agreement (CDC-RFA- PS16-1608) funds a partner to provide capacity building, training, and technical assistance to more than 37 hepatitis B coalition partners in 30 cities and 22 states, including the District of Columbia. Activities include coalition building, webinars, mini-grants, peer mentoring, a national hepatitis B storytelling campaign, and in-person annual summits.</p>
CDC	<p>More than three-quarters of states across the country have reported outbreaks of hepatitis A. Since first identified in 2016, more than 41,000 cases with approximately 61 percent hospitalizations and at least 379 deaths have been reported (as of July 2021). In these outbreaks, the virus is being spread person-to-person primarily among people who use drugs and people who are experiencing homelessness. Vaccinating people at risk can stop the spread. Since March 2017, CDC has been supporting state and local health departments by providing national situational awareness and ongoing remote and on-site technical assistance with outbreak response and prevention. CDC has deployed experts from its viral hepatitis, vaccine, and preparedness programs,</p>





Agency	Activity
	including epidemiologists, laboratorians, public health advisors, and disease intervention specialists, to eight states to support their outbreak responses. CDC’s laboratory has processed more than 5,800 HAV specimens since the outbreaks began and continues to support vaccine supply and delivery to populations at increased risk for infection, as well as vaccine policy development. CDC shares its best practices through ongoing engagement and communication with impacted states and health departments nationwide. Furthermore, CDC has launched an <a href="#">outbreak-specific website</a> to provide all stakeholders and the public with up-to-date information about the outbreaks, educational resources, and links to useful guidance documents. <b>By the end of 2020, 9 of 35 impacted states have been able to declare an end to their outbreaks.</b>
CDC	In FY2019, CDC began a new three-year cooperative agreement—National Harm Reduction Technical Assistance and Syringe Services Program (SSP) Monitoring and Evaluation Funding Opportunity. This program seeks to reduce deaths from viral hepatitis among people who use drugs by increasing the capacity of SSPs to offer viral hepatitis screening, linkage to care, and hepatitis A and B vaccination, and by coordinating viral hepatitis elimination efforts with public health.
HUD	HUD’s Office of Special Needs Assistance Programs contacted and provided support for homeless assistance providers and Continuums of Care located in communities impacted by hepatitis A outbreaks. One key component of these engagements is facilitating partnerships between homeless assistance providers, public health departments, and health care providers to improve access to and quality of care and treatment for persons experiencing homelessness who are infected with hepatitis A.
HUD	In response to hepatitis A outbreaks, which particularly impacted people experiencing homelessness, HUD’s Office of Special Needs Assistance Programs published the <a href="#">Infectious Disease Toolkit for Continuums of Care</a> to familiarize CoC leadership with practical skills to develop a comprehensive strategy to both prepare for and respond to a public health emergency using trauma-informed methods that minimize the impact on people experiencing homelessness.
IHS	The Northwest Portland Area Indian Health Board has created a National HCV Social Marketing Campaign with the focus of relaying the message “Hepatitis C is everybody’s responsibility.” The HCV Print & Video Campaign can be found at the <a href="#">NPAIHB website</a> . Since development, 10,000 items (e.g., posters, rack cards, pamphlets) have been printed and mailed out to IHS, tribal, and urban Indian clinics. The video has received 1,338 video views on YouTube and reached 5,515 on Facebook. The project has sent 187,435 messages to 531 text message subscribers and has 3,109 email marketing subscriptions through constant contact. (Text ECHO to 97779)
VA	In 2020, the HIV, Hepatitis, and Related Conditions Program (HHRC) increased awareness around viral hepatitis (hepatitis A, B, and C) in several ways. A primary source for awareness and information sharing is the website, <a href="#">www.hepatitis.va.gov</a> . HHRC created and revised patient and provider education materials for the website throughout the fiscal year. For Hepatitis Testing Day, Hepatitis Awareness Month, and World Hepatitis Day, HHRC conducted targeted outreach activities. This included emails and trainings for HHRC providers, features on the website and in facilities, and blog posts and social media posts.
<b>Strategy 3.2: Improve access to care and the delivery of culturally competent and linguistically appropriate viral hepatitis prevention and care services</b>	
CDC	In FY2019, CDC began a new three-year cooperative agreement—National Harm Reduction Technical Assistance and Syringe Services Program (SSP) Monitoring and Evaluation Funding Opportunity. This program has offered training on harm reduction principles using a drug user health framework to reduce stigma and increase trust among people who use drugs and receive care at SSPs.
OMH	In FY2019, OMH funded the Hepatitis B Demonstration Grant Program to include support for improving access to care and the delivery of competent and linguistically appropriate viral hepatitis prevention and care services through the following strategies: (1) training health care providers in the delivery of culturally competent education, counseling care, and treatment in viral hepatitis; (2) fostering collaboration between organizations serving priority populations affected by viral hepatitis and academic researchers to identify effective strategies to improve access to care and treatment for viral hepatitis; and (3) developing culturally competent and



Agency	Activity
	linguistically appropriate viral hepatitis educational materials and strategies to increase testing and linkage to care and treatment and disseminate through various channels.
NIH	<p>NIMHD in collaboration with NCI and NIAAA has developed an initiative along with a <a href="#">funding opportunity on understanding the causes of liver disease disparities among underserved U.S. populations that includes viral hepatitis research</a>.</p> <p>NIMHD supported several grant applications in FY2020 that focus on viral hepatitis such as improving testing for hepatitis C among African American and Latino populations in Miami using home-based test kits or understanding the complexity of associated comorbidities such as co-infection of hepatitis C with HIV or diabetes among African Americans.</p>
<b>Strategy 3.3: Monitor viral hepatitis-associated health disparities in transmission, disease, and deaths</b>	
CDC	<p>CDC releases an annual viral hepatitis surveillance report including patient characteristics, rates, and trends for case notifications submitted to CDC for acute, perinatal, and chronic hepatitis A, hepatitis B, and hepatitis C, and characteristics, rates, and trends for hepatitis-associated deaths from death certificate data from CDC's National Vital Statistics System.</p> <p>Annually, CDC releases a National Progress Report update to track progress toward achieving key viral hepatitis goals on viral hepatitis transmission, disease, and associated mortality by monitoring 10 indicators, including among specific racial/ethnic populations.</p>



## GOAL 4: COORDINATE, MONITOR, AND REPORT ON IMPLEMENTATION OF VIRAL HEPATITIS ACTIVITIES

Agency	Activity
<b>Strategy 4.1: Increase coordination of viral hepatitis programs across the federal government and among federal agencies; state, territorial, tribal, and local governments; as well as non-governmental stakeholders from all sectors of society</b>	
CDC	In September 2020, CDC released its viral hepatitis <a href="#">2025 Strategic Plan</a> , outlining goals, strategic approaches, objectives, and outcome measures for making measurable progress in reducing new viral hepatitis infections and viral hepatitis–associated illnesses, deaths, and disparities in the United States over the next five years. In developing 2025 outcome measures for this strategic plan, CDC was mindful of existing global goals to eliminate viral hepatitis as a public health threat by 2030, while also recognizing that new cases of viral hepatitis in the United States continue to rise. Progress toward 2030 goals requires changing this trajectory; therefore, gains made between now and 2030 are not expected to be achieved linearly. Accordingly, CDC has established incremental yet robust outcome measures for 2025.
FDA	CDER issued a draft guidance document for the development of drugs to treat chronic hepatitis D virus infection. When final, this guidance will reflect FDA’s current thinking on this topic.
FDA	CDER’s Division of Antivirals is engaged in discussions with various stakeholders through the HBV Forum (Forum for Collaborative Research), and professional societies such as the American Association for the Study of Liver Diseases, to enhance development of novel therapies for treatment of chronic hepatitis B.
FDA	A multidisciplinary working group in CDER is working on addressing public comments received from various stakeholders on the draft guidance issued by FDA for the development of drugs to treat chronic hepatitis B.
NIH	<a href="#">The Strategic Plan for Trans-NIH Research to Cure Hepatitis B</a> , led by NIAID with participation from NIDDK, NCI, NIMHD, and the NIH Office of the Director, was released in December 2019. It outlines efforts to intensify ongoing HBV research with the goals of developing a cure and improving scientific understanding of the virus while creating improved strategies for screening and treating patients. The strategic plan focuses on three key research areas: a better understanding of hepatitis B biology, development and sharing of tools and resources, and the creation of strategies to cure and prevent hepatitis B infection. The strategic plan builds on NIH’s ongoing hepatitis B research portfolio and the U.S. National Viral Hepatitis Action Plan. NIH sought input from academia, patient advocacy organizations, private and nonprofit companies, government organizations, and clinical trial networks funded by NIH in the development of this strategic plan.
NIH	In FY20, NCI initiated discussions for launching a new webinar series on “ <a href="#">Moving from Hepatitis Discovery to Elimination</a> ,” held in partnership among several NIH Institutes, Centers, and Offices and the Coalition for Global Hepatitis Elimination. The objective of the series is to highlight ongoing research that can benefit hepatitis elimination efforts, support translation of research into implementation, and identify additional research needs.
OIDP	<p>OIDP led development and coordination of the <i>Viral Hepatitis National Strategic Plan: A Roadmap to Elimination 2021–2025</i> (Hepatitis Plan). The Hepatitis Plan is grounded in the latest science to guide stakeholders at all levels and sectors in key strategies to achieve updated national viral hepatitis goals and reach elimination by 2030.</p> <p>OIDP convened and collaborated with leadership from many federal departments and agencies to compile the best available evidence and recommendations for the Hepatitis Plan. This federal steering committee was informed by subcommittees (Prevention and Care, Disparities and Coordination, and Indicators) staffed by subject matter experts from throughout the federal government. The development of the plan was also informed by input from a wide variety of stakeholders and the public. A <a href="#">Request for Information</a> in the <i>Federal Register</i> solicited written public comments on the draft Hepatitis Plan.</p> <p>This public input, federal leadership, and subject matter expertise ensured that the Hepatitis Plan responds to pressing challenges in viral hepatitis, focuses on the most effective and scalable actions, responds to the</p>



Agency	Activity
	needs of disproportionately affected communities and populations, and is based on the latest scientific evidence regarding viral hepatitis prevention, care, and treatment.
OIDP	The Hepatitis C Medicaid Affinity Group supports state-generated solutions for eliminating hepatitis C by increasing the number of Medicaid beneficiaries diagnosed with hepatitis C who are successfully treated and cured. The project is convened by OIDP and supported by CDC, CMS, HRSA, OMH, and SAMHSA. It brings together state teams including Medicaid, public health, correctional, and behavioral health agencies. Nine states participated in the third year. Examples of state activities include enhancing provider knowledge of HCV testing and treatment; removing Medicaid restrictions; assessing and revising prior authorization processes for HCV medication; and improving treatment for people who inject drugs.
OIDP and ORHO	The <a href="#">Office of Regional Health Operations</a> and OIDP completed the three-part webinar series on Syringe Services Programs: The Essential Roles of Non-Governmental and Community-Based Organizations (November 21, 2019.) This series featured national harm reduction community-based organizations and a law enforcement perspective. Recordings of the webinars, which covered federal, state/local activities, and nongovernmental organization activities, are posted on the HIV.gov website. Regional Health Administrators also held region-specific meetings and events during the pandemic and maintained connections with federal, state, and local leadership to provide situational awareness, consultation, and technical assistance while some activities were curtailed during the pandemic.
<b>Strategy 4.2: Strengthen timely availability and use of data</b>	
BOP	The BOP developed and continues to work on a patient clinical “dashboard” system that allows for tracking select clinical data. There is a dashboard that currently tracks the number of identified hepatitis C-positive patients, and the numbers for patients who have been previously treated, currently on treatment and who may be eligible for treatment.
CDC	<p>In October 2019, CDC released the 2018 viral hepatitis surveillance data case counts and the 2018 nationally notifiable infectious disease surveillance data in <a href="#">CDC WONDER</a>.</p> <p>In July 2020, CDC released 2018 viral hepatitis surveillance by selected demographic and geographic characteristics to a public, interactive data visualization tool.</p> <p>In August 2020, CDC released <a href="#">2018 surveillance report with data and analyses for hepatitis A, hepatitis B, and hepatitis C</a> cases and associated deaths.</p>
<b>Strategy 4.3: Encourage development of improved mechanisms to monitor and report on progress toward achieving national viral hepatitis goals</b>	
VA	VA has regularly provided updated data reports to the field. These reports include clinical and data tools for HCV infection, HBV infection, and advanced liver disease, which makes epidemiologic data for these patient populations more broadly accessible at the national, VISN, facility, and provider level. These tools also provide detailed patient-level data for local population health management and clinical care improvements in these areas.
<b>Strategy 4.4: Regularly report on progress toward achieving the goals of the National Viral Hepatitis Action Plan</b>	
FDA	CDER’s Division of Antiviral Products utilizes List Serve email notification to enhance communication and to disseminate information regarding new drug approvals and labeling revisions for previously approved drug products in a timely manner.
OIDP	OIDP produces annual federal progress reports that provide updates on federal activities and surveillance data in meeting the goals of the National Viral Hepatitis Action Plan.



## APPENDIX 2: ABBREVIATIONS

AAPI	Asian American and Pacific Islander
AI/AN	American Indian/Alaska Native
AETC	AIDS Education and Training Centers (HHS/HRSA)
AHRQ	Agency for Healthcare Research and Quality (HHS)
BOP	Bureau of Prisons
CDC	Centers for Disease Control and Prevention (HHS)
CDER	Center for Drug Evaluation and Research (HHS/FDA)
CMS	Centers for Medicare & Medicaid Services (HHS)
COVID	Coronavirus disease
DOJ	U.S. Department of Justice
DVH	Division of Viral Hepatitis (HHS/CDC)
ECHO	Extensions for Community Health Outcomes (HHS/HRSA)
EHR	Electronic health record
FBOP	Federal Bureau of Prisons (DOJ)
FDA	U.S. Food and Drug Administration (HHS)
FOA	Funding Opportunity Announcement
FY	Fiscal year
HAB	HIV/AIDS Bureau (HHS/HRSA)
HAV	Hepatitis A virus
HBeAG	Hepatitis B e antigen
HBsAg	Hepatitis B surface antigen
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HHS	U.S. Department of Health and Human Services
HIT	Hepatic Innovation Team
HRSA	Health Resources and Services Administration (HHS)
HUD	U.S. Department of Housing and Urban Development
IDU	Injection drug use
IHS	Indian Health Service (HHS)
MAT	Medication-assisted treatment
MSM	Men who have sex with men
NCI	National Cancer Institute (HHS/NIH)
NHANES	National Health and Nutrition Examination Survey
NHIS	National Health Interview Survey
NHLBI	National Heart, Lung, and Blood Institute (HHS/NIH)
NIAAA	National Institute on Alcohol Abuse and Alcoholism (HHS/NIH)



## 2020 PROGRESS REPORT

National Viral Hepatitis Action Plan, 2017–2020

NIAID	National Institute of Allergy and Infectious Diseases (HHS/NIH)
NIBIB	National Institute of Biomedical Imaging and Bioengineering (HHS/NIH)
NICHD	<i>Eunice Kennedy Shriver</i> National Institute of Child Health and Human Development (HHS/NIH)
NIDA	National Institute on Drug Abuse (HHS/NIH)
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases (HHS/NIH)
NIH	National Institutes of Health (HHS)
NIMHD	National Institute on Minority Health and Health Disparities (HHS/NIH)
NIS-Child	National Immunization Survey - Children
NNDSS	National Notifiable Disease Surveillance System
VSS	National Vital Statistics System
OASH	Office of the Assistant Secretary for Health (HHS)
OCR	Office for Civil Rights (HHS/OASH)
OIDP	Office of Infectious Disease and HIV/AIDS Policy (HHS/OASH)
OMH	Office of Minority Health (HHS)
ONC	Office of the National Coordinator for Health Information Technology (HHS)
OPA	Office of Population Affairs (HHS/OASH)
OSG	Office of the Surgeon General (HHS/OASH)
OWH	Office on Women's Health (HHS/OASH)
RHA	Regional Health Administrator (HHS/OASH)
RWHAP	Ryan White HIV/AIDS Program (HHS/HRSA)
SAMHSA	Substance Abuse and Mental Health Services Administration (HHS)
SSP	Syringe services program
STI	Sexually transmitted infection
SUD	Substance use disorder
USPSTF	U.S. Preventive Services Task Force
VA	U.S. Department of Veterans Affairs
VHA	Veterans Health Administration (VA)
VHIG	Viral Hepatitis Implementation Group
VISN	Veterans Integrated Services Network (VA)