

VIRAL HEPATITIS

2021–2022 Progress Report

Viral Hepatitis National Strategic Plan for the United States:
A Roadmap to Elimination 2021–2025



VISION

The United States will be a place where new viral hepatitis infections are prevented, every person knows their status, and every person with viral hepatitis has high-quality health care and treatment and lives free from stigma and discrimination.

This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstance.

INTRODUCTION

This report provides an overview of progress during fiscal years (FY) 2021 and 2022 toward achieving the goals of the [Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination \(2021–2025\)](#) (National Strategic Plan), which is the fourth iteration of a framework to eliminate viral hepatitis as a public health threat in the United States. Building on progress under the previous iterations, the National Strategic Plan sets five goals and recommends more than 90 strategies to achieve the goals. A key feature of the National Strategic Plan is the eight core and eight disparities indicators, with annual quantitative targets for each, to measure progress toward the goals.

In support of efforts across the federal government to implement the National Strategic Plan, the Office of Infectious Disease and HIV/AIDS Policy (OIDP), within the Office of the Assistant Secretary for Health (OASH) in the U.S. Department of Health and Human Services (HHS), convenes the Viral Hepatitis Implementation Working Group (VHIWG). The VHIWG coordinates and monitors implementation of the National Strategic Plan. Its members include representatives from across HHS agencies and other federal departments engaged in implementing the National Strategic Plan (see Appendix A).


This report includes the following information:

















- At-a-glance table of overall progress on the indicators based on 2020 data
- Highlights of federal actions undertaken during FY 2021 and 2022
- Challenges and next steps
- Tables of each indicator and progress toward 2025 targets

This report uses the data reported in the Centers for Disease Control and Prevention's (CDC's) [2020 Viral Hepatitis Surveillance Report](#). CDC cautions that the cases reported in 2020 may be lower than in prior years because of the impact of the COVID-19 pandemic on health-seeking behavior and public health capacity.

OVERALL PROGRESS ON NATIONAL STRATEGIC PLAN INDICATORS

The National Strategic Plan established eight core indicators to measure progress on meeting its goals. Five of the core indicators are stratified into an additional eight disparities indicators to measure progress toward reducing disparities within priority populations. The indicators were selected to measure national progress on viral hepatitis prevention and care based on the available data and in alignment with other national plans. The table below presents overall progress for each indicator measure toward 2025 targets. The 2022 status is based on 2020 surveillance data. Additional data are detailed in Appendix B.

 Met or exceeded current annual target
  Moving **toward** annual target, but annual target was not fully met
  Annual target was not met and has not changed or moved **away** from annual target
  Data not available

Indicator	2022 Status
1. Reduce new hepatitis A infections by 40% by 2025	
2. Reduce acute hepatitis B infections by 20% by 2025	
3. Reduce acute hepatitis C infections by 20% by 2025	
4. Increase rate of hepatitis B “birth dose” vaccination to 75% by 2025	
5. Increase proportion of people with hepatitis B infection aware of their infection to 50% by 2025	
6. Reduce rate of hepatitis B–related deaths by 20% by 2025	
7. Increase proportion of people who have cleared hepatitis C infection to 58% by 2025	
8. Reduce rate of hepatitis C–related deaths by 25% by 2025	
9. Reduce acute hepatitis B infections among people who inject drugs by 25% by 2025	
10. Increase proportion of people with hepatitis B infection aware of their infection among Asian and Pacific Islander people to 50% by 2025	
11a. Reduce rate of hepatitis B–related deaths among Asian and Pacific Islander people by 25% by 2025	
11b. Reduce rate of hepatitis B–related deaths among non-Hispanic Black people by 25% by 2025	
12a. Reduce acute hepatitis C infections among people who inject drugs by 25% by 2025	
12b. Reduce acute hepatitis C infections among American Indian and Alaska Native people by 25% by 2025	
13a. Reduce rate of hepatitis C–related deaths among American Indian and Alaska Native people by 30% by 2025	
13b. Reduce rate of hepatitis C–related deaths among non-Hispanic Black people by 30% by 2025	





FEDERAL AGENCY ACTION HIGHLIGHTS

The [Viral Hepatitis Federal Implementation Plan](#) (Federal Implementation Plan) outlines federal partners' commitments to policies, research, and activities during FY 2021–2025 to meet the National Strategic Plan goals, pursuant to their respective missions, funding, and resources. This section provides high-level progress updates on select actions from the Federal Implementation Plan by federal partners during FY 2021 and 2022. It does not provide a complete summary of all the actions detailed in the Federal Implementation Plan or others related to the National Strategic Plan goals. Federal partners reported the highest impact updates to highlight progress on select actions.



GOAL 1: Prevent New Viral Hepatitis Infections

Related Indicators

-  1. Reduce new hepatitis A infections
-  2. Reduce acute hepatitis B infections
-  3. Reduce acute hepatitis C infections
-  4. Increase rate of hepatitis B “birth dose” vaccination

Agency Progress Update

CDC In September 2022, CDC awarded non-emergency federal funds to a partner to directly provide operational funds for syringe services programs (SSPs) ([CDC-RFA-PS22-2208](#)). In the first year, the partner has planned for at least 40 SSPs to receive nearly \$7 million in direct funding to support implementation of services for people who inject drugs.

FDA On November 30, 2021, FDA approved Hepatitis B Vaccine (Recombinant) (STN: 125737 Tradename: PREHEVBRIO), manufactured by VBI Vaccines (Delaware) Inc., for prevention of infection caused by all known subtypes of the hepatitis B virus in adults aged 18 and older.

HRSA From July 1, 2020, to June 30, 2021, the Ryan White HIV/AIDS Program Regional AIDS Education and Training Centers increased workforce capacity by hosting 1,797 training events that highlighted viral hepatitis as a major topic, reaching almost 26,000 health care professionals. During this same time period, the National Clinician Consultation Center provided more than 6,000 clinical consultations on viral hepatitis, 1,751 users completed the National HIV Curriculum lesson on viral hepatitis in the setting of HIV, and more than 7,000 people visited the National HIV/Hepatitis C Virus (HCV) Curriculum.





Agency Progress Update

- NIH** In FY 2021, NIH awarded three Cooperative Centers grants and a program project grant to study immune responses to HCV infection, delivery platforms, and integration into vaccine design ([RFA-AI-20-019](#)):
- [Mechanisms of spontaneous and vaccine mediated hepatitis C virus control to direct rational development of a novel HCV vaccine](#)
 - [A vaccine design to induce protective B and T cell immunity against hepatitis C virus](#)
 - [Correlates of protective immunity to HCV and rational vaccine design](#)
 - [Broadly Effective HCV Vaccine](#)
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- SAMHSA** In FY 2022, SAMHSA awarded 25 [Harm Reduction grants](#) totaling \$10 million per year over the next 3 years. The Harm Reduction grant program supports community-based overdose prevention programs, SSPs, and other harm reduction services in areas disproportionately impacted by viral hepatitis.
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- SAMHSA** In FY 2022, the Addiction Treatment Technology Center partnered with the Opioid Response Network to provide a second round of the Opioid Use Disorder/HCV Integration Professional Learning Community, based on "[Your Guide to Integrating HCV Services Into Opioid Treatment Programs](#)." The Learning Community, which launched in March 2022, helped support 14 opioid treatment programs from across the country and integrated HCV services into opioid treatment programming.
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- SAMHSA** In FY 2022, SAMHSA [awarded](#) \$45.1 million to help meet the behavioral needs of people at risk for HIV/AIDS and viral hepatitis. These grant programs include the [Minority AIDS Initiative \(MAI\) – High Risk Populations grant program](#), which awarded \$30.4 million to increase engagement in care for racially and ethnically underrepresented individuals with a substance use disorder; the [MAI – Service Integration grant program](#), which awarded \$9.2 million to provide mental and co-occurring disorder treatment that is integrated with HIV primary care services; and the [Prevention Navigator grant program](#), which awarded \$5.5 million to provide substance misuse and HIV prevention services to racial or ethnic minority males at risk for HIV/AIDS.
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- VA** The HIV, Hepatitis, and Related Conditions (HHRC) Programs continued to provide viral hepatitis fact sheets and information on testing, diagnosis, linkage to care, treatment, and prevention for VHA providers and Veterans and their caregivers on their public-facing [website](#). The website receives 1 million unique visitors annually.
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- VA** In January 2020, HHRC launched a SSP Provider Affinity Group to support VHA providers developing and implementing new SSP programs. This community of practice connects providers from across VHA to learn about new policy developments and programming and provides a space for collaboration. As of December 2022, VHA has 15 active SSPs, with an additional 20 in the process of developing their own SSP.



GOAL 2: Improve Viral Hepatitis-Related Health Outcomes of People with Viral Hepatitis

Related Indicators

-  5. Increase proportion of people with hepatitis B infection aware of their infection
-  6. Reduce rate of hepatitis B–related deaths
-  7. Increase proportion of people who have cleared hepatitis C infection
-  8. Reduce rate of hepatitis C–related deaths

Agency Progress Update

- AHRQ** AHRQ convenes and provides ongoing administrative, research, and technical support to the U.S. Preventive Services Task Force, which released a Grade B recommendation statement on screening for hepatitis B virus (HBV) infection in adolescents and adults at increased risk for infection in December 2020.
- BOP** BOP introduced the Micro-Elimination of Hepatitis C Initiative on March 15, 2022, to increase HCV screening and treatment rates. The goal is to achieve micro-elimination in each individual BOP institution by (1) screening greater than 90 percent of all inmates in BOP custody for more than 4 weeks and (2) treating greater than 95 percent of all inmates with known HCV infections.
- BOP** As part of the Opioid Treatment Program Network, BOP screens 100 percent of all patients for substance use disorder upon intake. Patients with reported substance use disorder are evaluated for treatment, and all medications approved for opioid use disorder are provided in 100 percent of BOP facilities. BOP maintains a Dashboard for Medication Assisted Treatment.
- CDC** The Alaska Native Tribal Health Consortium (ANTHC) Liver Disease and Hepatitis Program is assessing whether the program is the first of its kind to meet the U.S. and World Health Organization (WHO) elimination goals by eliminating HBV transmission in an endemic population. Among other activities, ANTHC is conducting a retrospective data analysis to assess the impact of the program, determine whether 2030 WHO elimination goals have been met, and publish the findings. The analysis is nearing completion, and a publication is planned for 2023.
- CDC** In October 2021, the Association of Public Health Laboratories, with support from CDC, facilitated an expert consultation to identify priorities for viral hepatitis point-of-care diagnostics. A meeting [report](#) was released in July 2022.

Agency Progress Update

- FDA** In 2022, FDA licensed the Alinity s Anti-HCV II assay (Abbott). The [package insert](#) states that the Alinity s Anti-HCV II assay is “used for the qualitative detection of antibodies to HCV in human serum and plasma specimens on the Alinity s System. [It] is intended to screen individual human donors, including volunteer donors of whole blood and blood components, and other living donors for the presence of anti-HCV. The assay is also intended for use in testing serum and plasma specimens to screen organ donors when specimens are obtained while the donor’s heart is still beating, and in testing serum and EDTA plasma specimens to screen cadaveric (nonheart-beating) donors.”
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- FDA** The final guidance for industry titled “[Chronic Hepatitis B Virus Infection: Developing Drugs for Treatment](#)” was issued on April 7, 2022, by the FDA Center for Drug Evaluation and Research. The purpose of this guidance is to assist sponsors in the clinical development of drugs and biologics for the treatment of chronic HBV infection from the initial investigational new drug application (IND) through the new drug application (NDA)/biologics license application (BLA) and postmarketing phases.
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- HRSA** From July 1, 2020, to June 30, 2021, the Ryan White HIV/AIDS Program AIDS Education and Training Centers provided 330 cases of technical assistance to clinics and agencies regarding implementation of viral hepatitis therapy in their settings.
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- IHS** IHS continued to improve HCV screening coverage of baby boomers, and screening rates have increased from 11 percent in 2012 to 68 percent in 2021. Universal HCV screening (aged 18 years and older) was recommended by the IHS chief medical officer prior to recommendations by CDC and the U.S. Preventive Services Task Force. Universal screening coverage of all adults aged 18 years and older is 50 percent as of 2021.
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- IHS** IHS continued to scale up HCV treatment capacity to all IHS, tribal, and urban clinics through telehealth support from a faculty team, composed of a specialist, pharmacist, and behavioral health lead familiar with Indian Country. Clinical pharmacists have a leadership role in many HCV services, which mitigates the impact of chronic shortages of providers. In FY 2021–2022, IHS conducted 135 Project ECHO sessions, with 967 case recommendations.
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- NIH** A Hepatitis B Research Network clinical trial in adults with chronic hepatitis B found that combined tenofovir with peginterferon doubled hepatitis B e-antigen (HBeAg) loss, more completely suppressed HBV DNA, and normalized alanine aminotransferase levels. Although the rate of loss of HBsAg with therapy was low overall (~4%), there were marked differences by HBV genotype (from 1% to 58%) and HBeAg status (8% vs 1%). Reasons for genotypic differences in treatment response are being pursued.
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- OIDP** OIDP conducted focus group discussions and held partner meetings with private- and public-sector payers, health professionals who serve people living with, or are at risk for, viral hepatitis, and other federal agencies to identify promising practices in the *Addressing Reimbursement and Payment Barriers in Viral Hepatitis Integration of Prevention and Care Services Initiative*.









Agency Progress Update

VA HHRC continued to provide clinical data to VHA providers to support identification of Veterans who need screening and testing and to support management of Veterans living with viral hepatitis. The clinical dashboard provides real-time national, regional, and facility-level population health data. As of December 2022, 72.3% of all Veterans enrolled in care have been screened for HCV; 120,000 Veterans have been cured of HCV and 15,000 are awaiting treatment.



GOAL 3: Reduce Viral Hepatitis-Related Disparities and Health Inequities

Related Indicators

-  9. Reduce acute hepatitis B infections among people who inject drugs
-  10. Increase proportion of people with hepatitis B infection aware of their infection among Asian and Pacific Islander people
-  11a. Reduce rate of hepatitis B–related deaths among Asian and Pacific Islander people
-  11b. Reduce rate of hepatitis B–related deaths among non-Hispanic Black people
-  12a. Reduce acute hepatitis C infections among people who inject drugs
-  12b. Reduce acute hepatitis C infections among American Indian and Alaska Native people
-  13a. Reduce rate of hepatitis C–related deaths among American Indian and Alaska Native people
-  13b. Reduce rate of hepatitis C–related deaths among non-Hispanic Black people

Agency Progress Update

CDC In November 2021, CDC published an analysis of people who received hepatitis C treatment during 2014 and 2020 using national pharmacy claims data. The [findings](#) showed that treatment declined from 2015 to 2020 with an average of 120,000 people treated each year, which is far short of national public health goals. In addition, on August 9, 2022, the program published [Vital Signs, Hepatitis C Treatment Among Insured Adults – United States, 2019-2020](#). The Vital Signs report finds that few insured people with hepatitis C diagnosis receive timely direct-acting antiviral treatment, even though hepatitis C is curable. Estimates in the report show that, overall, less than 1 in 3 people with health insurance receive direct-acting antiviral treatment for hepatitis C within 1 year of diagnosis. Further, treatment is lowest among patients in state-administered Medicaid plans, with less than 1 in 4 Medicaid recipients (23%) being treated within a year of diagnosis. The report calls for removing barriers to treatment as a critical step to get more people treated for hepatitis C and save lives.

Agency Progress Update

- DOJ** The Disability Rights Section of the DOJ Civil Rights Division continued to develop cases that present a pattern or practice of hepatitis-based discrimination and other high-impact cases, monitor private litigation and work with organizations to identify opportunities to file Statements of Interest or amicus briefs in matters related to hepatitis-based discrimination, and receive and review referrals of potential hepatitis-based discrimination through direct calls from the Americans with Disabilities Act (ADA) Information Line and online at the [ADA.gov](https://www.ada.gov) and the [Department of Justice](https://www.justice.gov) websites.
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- EEOC** EEOC continued to conduct outreach and education activities regarding Title I of the ADA and Section 501 of the Rehabilitation Act, addressing core principles that may apply to applicants and employees with viral hepatitis, such as nondiscrimination, reasonable accommodation, and rules regarding disability-related inquiries and medical examinations as well as confidentiality. Target audiences included supervisors and managers, human resources staff, applicants and employees, and attorneys and advocates, who were reached by issuing technical assistance publications and delivering presentations at a wide range of conferences and community events. In FY 2021, outreach presentations and events on all statutes enforced by the Commission reached more than 250,000 individuals. See [2021 Annual Performance Report](#).
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- IHS** IHS collaborated with tribal partners to expand nationwide telehealth availability for HCV-related topics such as harm reduction and peer education. These sessions help clinicians and non-licensed staff based in both health facilities and the community connect with experts with relevant cultural experience, increasing the understanding and response to inequities in social determinants of health (SDOH) that are recognized as foundational drivers of disparities in HCV incidence and barriers to care for patients with HCV who need treatment.
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- OCR** HHS OCR continued to investigate complaints and enforce civil rights laws to improve health care access and reduce viral hepatitis-related stigma and discrimination. HHS OCR engaged in rulemaking to update the regulation implementing Section 504 of the Rehabilitation Act, which prohibits discrimination on the basis of disability (including viral hepatitis) in programs or activities receiving federal financial assistance; and engaged in rulemaking to update the regulation implementing Section 1557 of the Affordable Care Act, which prohibits discrimination on the basis of race, color, national origin, sex, and disability (including viral hepatitis) in certain health programs and activities. In addition, HHS OCR continued to enforce the Health Insurance Portability and Accountability Act right of access, which ensures that individuals (including individuals with viral hepatitis) can review and get copies of their medical records from their health care providers and health plans, within 30 days (or 60 days with an applicable extension) after the initial request for copies. HHS OCR also continued to investigate and take action on complaints that a covered entity or business associate violated an individual's health information privacy rights, or committed another violation of the Privacy, Security, or Breach Notification Rules.
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- ONC** The ONC Social Determinants of Health Information Exchange Learning Forum began in March 2022 with monthly webinars through July 2022. The Learning Forum brought together health care providers, community-based organizations, government, payers, health information exchange networks, IT platform developers, innovators, and other partners to share lessons learned, promising practices, and challenges related to exchanging SDOH data.



GOAL 4: Improve Viral Hepatitis Surveillance and Data Usage

Agency Progress Update

- CDC** In 2021 CDC published [new viral hepatitis surveillance guidelines](#).
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- CDC** Beginning in May 2021, 59 jurisdictions received funding from CDC to support viral hepatitis surveillance and prevention activities, including for the first time the establishment of comprehensive national viral hepatitis surveillance for public health action under *Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments (CDC-RFA-PS21-2103)*. This represents near national coverage, up from 14 enhanced surveillance sites funded from May 2017 to April 2021.
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- CDC** CDC's Viral Hepatitis Program published an analysis, [Widespread Hepatitis A Outbreaks associated with Person-to-Person Transmission—33 States, 2016–2020](#). The analysis explored 37,553 hepatitis A cases reported between August 2016 and December 2020 and provided the first published national picture of the hepatitis A outbreaks and additional context on the federal, state, and local public health efforts to curb infections. The analysis also highlighted the changing demographics and transmission patterns seen during the most recent large-scale hepatitis A outbreaks that impacted more than half of U.S. states.
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- HRSA** In HRSA's [Leveraging a Data to Care Approach to Cure Hepatitis C within Ryan White HIV/AIDS Program \(RWHAP\)](#) project, jurisdictions matched HIV and HCV surveillance data to identify HIV/HCV co-infected people and developed care cascades for the jurisdiction's overall and RWHAP populations. In addition, jurisdictions developed partnerships with 20 RWHAP-funded clinics. Case conferencing lists for clinics were created, and clinics used their electronic health records to update HIV and HCV co-infection lists. Then, clinics conducted outreach to patients to link them to care. Some clinics experienced delays around outreach and linkage. As a result of this initiative, jurisdictions increased activities to improve HCV data quality.
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- ONC** [United States Core Data for Interoperability \(USCDI\) version 3](#) was updated in October 2022 to enable the standardized, electronic exchange of SDOH and sexual orientation and gender identity data, as well as more granular clinical data in key fields. These elements can enable health care providers and public health to more readily identify and address disparities in these groups. ONC accepted submissions for new data elements through the ONDEC system and comments on existing data elements until September 30, 2022. ONC released the [Draft USCDI v4](#) in January 2023.
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- ONC** ONC awarded 10 cooperative agreements totaling \$73 million as part of its [Public Health Informatics & Technology \(PHIT\) Workforce Development Program](#), which will develop curricula, recruit and train participants, and assist in career placement in public health agencies and organizations. Grantees are working to collectively train more than 4,000 individuals over a 4-year period.



GOAL 5: Achieve Integrated, Coordinated Efforts That Address the Viral Hepatitis Epidemics Among All Partners and Stakeholders

Agency Progress Update

- CDC** On July 20–22, 2021, CDC hosted with the Association of State and Territorial Health Officials (ASTHO) and the National Alliance of State & Territorial AIDS Directors (NASTAD), a virtual national viral hepatitis meeting for state, local, and federal agency viral hepatitis leaders and program implementers, as well as for other partners and decision-makers. The meeting offered an opportunity for national dialogue on viral hepatitis surveillance and prevention program planning and implementation. More than 100 people participated in the event.
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- CDC** In 2021, NASTAD launched the CDC-funded [Virtual Learning Community \(VLC\)](#) component of the Hepatitis Technical Assistance Center (HepTAC), which is an online technical assistance and capacity-building center for health department hepatitis programs. The VLC expands these services into a virtual learning community and training series designed to support viral hepatitis health department staff implement viral hepatitis prevention and surveillance. It is open to all state, territorial, and local health departments. An average of 89 percent of VLC survey respondents were satisfied with the VLC across 20 sessions in the first year of the series.
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- OIDP** In May 2022, OIDP coordinated the [Federal Implementation of Updated Hepatitis B Vaccination Recommendations](#) webinar that brought together representatives from CDC, CMS, HRSA, IHS, SAMHSA, and VA to discuss how agencies plan to increase hepatitis B vaccination uptake among adults in the United States.
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- OIDP** OIDP prioritized syndemic strategic planning through hiring a staff member focusing on implementing a syndemic approach, convening the Syndemic Steering Committee in April and August 2022, and continuing to encourage cross-agency syndemic policy.
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- ORHO** ORHO developed and executed the ORHO Regional Harm Reduction regional guide and developed regional work groups to include regional HHS agencies and other federal partners. The focus of these regional work groups will (1) reframe harm reduction to address infectious disease prevention and substance use disorder; (2) support the Assistant Secretary for Health on cross-government actions as part of a behavioral health framework; (3) provide leadership and coordination to and among the Office of the Assistant Secretary for Health and HHS regional efforts on harm reduction efforts; and (4) provide regional leadership in developing regional harm reduction plans.

CHALLENGES AND NEXT STEPS

In FY 2021 and 2022, federal agencies faced several challenges that affected the implementation of the *Viral Hepatitis National Strategic Plan* and progress toward achieving elimination targets.

COVID-19 and other infectious disease outbreaks, such as mpox, required the prioritization of finite resources and personnel, impacting program capacity in public health, health care, and research settings at federal, state, and local levels. At the federal level, resources and personnel were transitioned from viral hepatitis work to COVID-19 response efforts, preventing agencies from achieving program objectives. The strain of COVID-19 at the state and local levels also reduced the utilization of non-COVID federal viral hepatitis trainings and resources.

Other challenges include an overall lack of funding for viral hepatitis work, resulting in limited viral hepatitis surveillance infrastructure and capacity for case reporting. Limited resources and public health program capacity impacts data accuracy, timeliness, and completeness.

Federal agencies continue to adapt to overcome the challenges. As part of the recently published *Strategic Plan for NIH Research to Cure Hepatitis B 2022 Update*, NIH plans to recommit resources to support the development of a cure for hepatitis B and improve vaccination, screening, and follow-up. HRSA adapted to the post-pandemic landscape by offering virtual and non-synchronous trainings for providers with limited availability and plans to work with CDC to use surveillance data for a more targeted approach to provider trainings. Further, in FY 2023, CDC plans to develop and release a new dashboard to track real-time viral hepatitis case reporting, providing increased transparency for public health department partners.

Looking forward, federal agencies will continue to implement the activities outlined in the [Viral Hepatitis Federal Implementation Plan](#) and adapt activities to respond to the most recent data in order to reach elimination targets.

Here are examples of continuing and future federal partner activities:

- BOP plans to continue to support hepatitis C micro-elimination efforts by monitoring sites and providing resources to reach program goals.
- CDC plans to establish viral hepatitis elimination plans in all funded jurisdictions by 2024.
- IHS plans to add care navigators to nontraditional settings to increase capacity for testing and diagnosis.
- OIDP plans to engage the Syndemic Steering Committee, which includes representatives from the VHIWG, to tackle system-level policies that affect our ability to eliminate viral hepatitis.

Although federal agencies have started to address some of these challenges, much work remains to be done to eliminate viral hepatitis as a public health threat by 2030.

APPENDIX A: VIRAL HEPATITIS IMPLEMENTATION WORKING GROUP

The [Viral Hepatitis Federal Implementation Plan](#) was developed by a working group of experts from federal agencies that serve populations at risk for or living with viral hepatitis. The VHIWG will continue to meet regularly through 2025 to monitor progress toward indicator targets, capitalize on lessons learned from epidemiological data and research findings, and identify strategies to overcome unexpected obstacles.

Department of Health and Human Services

Administration for Community Living (ACL)
Agency for Healthcare Research and Quality (AHRQ)
Centers for Disease Control and Prevention (CDC)
Centers for Medicare & Medicaid Services (CMS)
Food and Drug Administration (FDA)
Health Resources and Services Administration (HRSA)
Indian Health Service (IHS)
National Institutes of Health (NIH)
Office for Civil Rights (OCR)
Office of the Assistant Secretary for Health (OASH)
 Office of Disease Prevention and Health Promotion (ODPHP)
 Office of Infectious Disease and HIV/AIDS Policy (OIDP)
 Office of Minority Health (OMH)
 Office of Population Affairs (OPA)
 Office of Regional Health Operations (ORHO)
Office of the National Coordinator for Health Information Technology (ONC)
Substance Abuse and Mental Health Services Administration (SAMHSA)

Department of Housing and Urban Development (HUD)

Department of Justice (DOJ)









Department of Veterans Affairs (VA)

Equal Employment Opportunity Commission (EEOC)

APPENDIX B: INDICATOR TABLE

The table below presents the nation’s progress on meeting the 2025 targets set forth in the National Strategic Plan. Annual targets are based on a linear trend. The baseline year is 2017 for all indicators, except where noted. Due to the lag in surveillance data availability, the goal year will utilize data from 2 years prior (e.g., goal year 2022 utilizes surveillance data from 2020) to measure progress. Data sources use different data collection and reporting methodologies. Please refer to the data source for information on data collection and methodology. CDC’s [2020 Viral Hepatitis Surveillance Report](#) and [2022 Viral Hepatitis National Progress Report](#) provide additional data and graphs.

 Met or exceeded current annual target
  Moving **toward** annual target, but annual target was not fully met
  Annual target was not met and has not changed or moved **away** from annual target
  Data not available

Goal Year	Baseline	2021	2022	2023	2024	2025	Data Source	2022 Status
Data Year	2017	2019	2020	2021	2022	2023		
1. Reduce new hepatitis A infections by 40% by 2025								
Annual Target	6,700	5,800	5,350	4,900	4,450	4,000	NNDSS	
Est. number of cases	6,700	37,700	19,900					
2. Reduce acute hepatitis B infections by 20% by 2025								
Annual Target	22,000	20,800	20,100	19,400	18,700	18,000	NNDSS	
Est. number of cases	22,000	20,700	14,000					
3. Reduce acute hepatitis C infections by 20% by 2025								
Annual Target	44,700	41,467	39,850	38,233	36,617	35,000	NNDSS	
Est. number of cases	44,700	57,500	66,700					
4. Increase rate of hepatitis B “birth dose” vaccination to 75% by 2025^a								
Annual Target	67	69	70	71	72	75	NIS-Child	
Percentage	67	66	72					
5. Increase proportion of people with hepatitis B infection aware of their infection to 50% by 2025^b								
Annual Target	32	-	41	-	-	50	NHANES	
Percentage	32		-					
6. Reduce rate of hepatitis B–related deaths by 20% by 2025								
Annual Target	0.46	0.43	0.42	0.41	0.39	0.37	NVSS	
Rate/100,000	0.46	0.42	0.45					
7. Increase proportion of people who have cleared hepatitis C infection to 58% by 2025^b								
Annual Target	43	-	51	-	-	58	NHANES	
Percentage	43		57.7					
8. Reduce hepatitis C–related deaths by 25% by 2025								
Annual Target	4.13	3.75	3.57	3.38	3.19	3.00	NVSS	
Rate/100,000	4.13	3.33	3.45					

Goal Year	Baseline	2021	2022	2023	2024	2025	Data Source	2022 Status
Data Year	2017	2019	2020	2021	2022	2023		
9. Reduce rate of acute hepatitis B infections among people who inject drugs by 25% by 2025								
Annual Target	1.4	1.3	1.2	1.1	1.1	1.00	NNDSS	
Reported Rate/100,000	1.4	1.2	0.7					
10. Increase proportion of people with hepatitis B infection aware of their infection among Asian and Pacific Islander people to 50% by 2025^b								
Annual Target	39	-	43	-	-	50	NHANES	
Percentage	39		-					
11a. Reduce rate of hepatitis B–related deaths among Asian and Pacific Islander people by 25% by 2025								
Annual Target	2.45	2.35	2.15	2.04	1.94	1.84	NVSS	
Reported Rate/100,000	2.45	2.1	2.46					
11b. Reduce rate of hepatitis B–related deaths among non-Hispanic Black people by 25% by 2025								
Annual Target	0.74	0.68	0.65	0.61	0.58	0.55	NVSS	
Rate/100,000	0.74	0.64	0.67					
12a. Reduce acute hepatitis C infections among people who inject drugs by 25% by 2025								
Annual Target	2.3	2.1	2.0	1.9	1.8	1.7	NNDSS	
Reported Rate/100,000	2.3	2.8	2.9					
12b. Reduce acute hepatitis C infections among American Indian and Alaska Native people by 25% by 2025								
Annual Target	2.9	2.7	2.6	2.4	2.3	2.2	NNDSS	
Reported Rate/100,000	2.9	3.6	2.1					
13a. Reduce rate of hepatitis C–related deaths among American Indian and Alaska Native people by 30% by 2025								
Annual Target	10.24	9.22	8.71	8.19	7.68	7.17	NVSS	
Rate/100,000	10.24	8.63	10.17					
13b. Reduce rate of hepatitis C–related deaths among non-Hispanic Black people by 30% by 2025								
Annual Target	7.03	6.33	5.98	5.82	5.27	4.92	NVSS	
Rate/100,000	7.03	5.44	5.63					

^a Two birth cohort years are utilized to generate the baseline, targets, and progress update. For example, birth cohort years 2015–2016 are utilized for the baseline and birth cohort years 2017–2018 are utilized for goal year 2022 target and progress update.

^b For Indicators 5, 7, and 10, the sample size of annual data is too small to permit a stable estimate of the baseline and annual targets. Therefore, 4 years of survey data are utilized to generate baseline and targets. For example, data from 2013 to 2016 are utilized to generate the baseline and data from 2017 to 2020 are utilized for goal year 2022 target. For Indicators 5 and 10, the sample size of current annual data from 2017 to 2020 is too small to permit a stable estimate for goal year 2022 progress update.

Notes: NHANES = [National Health and Nutrition Examination Survey](#); NIS-Child = [National Immunization Survey-Children](#); NNDSS = [National Notifiable Diseases Surveillance System](#); NVSS = [National Vital Statistics System](#).

APPENDIX C: ABBREVIATIONS

ADA	Americans with Disabilities Act
AHRQ	Agency for Healthcare and Quality
AIDS	acquired immunodeficiency syndrome
BOP	Bureau of Prisons
CDC	Centers for Disease Control and Prevention
COVID-19	coronavirus disease 2019
DOJ	U.S. Department of Justice
EEOC	U.S. Equal Employment Opportunity Commission
FDA	U.S. Food and Drug Administration
FY	fiscal year
HBeAg	hepatitis B e-antigen
HBV	hepatitis B virus
HCV	hepatitis C virus
HHRC	HIV, Hepatitis, and Related Conditions
HHS	U.S. Department of Health and Human Services
HIV	human immunodeficiency virus
HRSA	Health Resources and Services Administration
IHS	Indian Health Service
NASTAD	National Alliance of State & Territorial AIDS Directors
NHANES	National Health and Nutrition Examination Survey
NIH	National Institutes of Health
NIS	National Immunization Surveys
NNDSS	National Notifiable Diseases Surveillance System
NVSS	National Vital Statistics System
OASH	Office of the Assistant Secretary of Health
OCR	Office for Civil Rights
OIDP	Office of Infectious Disease and HIV/AIDS Policy (OASH)
ONC	Office of the National Coordinator for Health Information Technology
ORHO	Office of Regional Health Operations

SAMHSA	Substance Abuse and Mental Health Services Administration
SDOH	social determinants of health
SSP	syringe services program
VA	U.S. Department of Veterans Affairs
VHA	Veterans Health Administration
VHIWG	Viral Hepatitis Implementation Working Group
VLC	Virtual Learning Community
WHO	World Health Organization