



# USA

## CAN ELIMINATE HEPATITIS NATIONAL HEPATITIS ELIMINATION PROFILE

UPDATED MARCH 23 2023



### ABOUT THE N-HEP

These [National Hepatitis Elimination Profiles \(N-HEPs\)](#) bring together data on each country's epidemiological burden, status of program delivery, and policy environment. Working with local partners, the profiles break down the essential components of effective public health initiatives and highlight achievements, challenges, and innovations for the 30 countries included. The N-HEPs serve as advocacy tools for catalyzing policy development and resource mobilization in pursuit of the 2030 hepatitis elimination goals.

### IN THIS PROFILE:

- 2 OVERVIEW
- 3 THE HEALTH BURDEN OF VIRAL HEPATITIS
- 4 PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS
- 7 POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS
- 15 NEXT STEPS TOWARD ELIMINATION



#### THIS PDF IS INTERACTIVE!

Many elements in this report, like links and buttons, are clickable. Give it a try!

### AT A GLANCE:

	HBV	HCV
National Plan	YES	YES
Elimination Goal	YES	YES
HepB Birth Dose Coverage	72%	
Number of needles/syringes per PWID per year	30	
Number of persons living with HBV	862,000-2.4 M	2.4M
Deaths per 100,000	0.45	3.45
OVERVIEW OF POLICY ENVIRONMENT		
<ul style="list-style-type: none"><li>No national registry or system to track number of persons diagnosed and treated for HBV and HCV</li><li>All-adult, universal HBV screening recommendations (2023) and HCV screening recommendations (2020) developed</li><li>Universal adult HepB vaccination recommendations released in 2022</li></ul>		
NOTABLE ACHIEVEMENTS:		
KEY CHALLENGES:		
State Medicaid programs restrictions on HCV treatment access		
Limited access to harm reduction services for persons who inject drugs		
KEY NEXT STEPS:		
Scale-up HBV and HCV testing for all adults		
Remove HCV treatment restrictions		

# OVERVIEW

## HBV ELIMINATION GOAL: YES (2030)

### HBV ACTION PLAN

[View their action plan online ↗](#)

## HCV ELIMINATION GOAL: YES (2030)

### HCV ACTION PLAN

[View their action plan online ↗](#)

In 2021, the US Government Committed to Reaching Goals for Hepatitis Elimination

In 2020, the CDC Division of Viral Hepatitis released [a five-year strategic plan to prevent and control viral hepatitis in the United States](#) <sup>40</sup>





# THE HEALTH BURDEN OF VIRAL HEPATITIS



## Prevalence

**862,000–2.4 M**

Number of persons living with HBV infection, 2016

*Based on national survey*

Asian Americans, Pacific Islanders, and African-Born persons account for 50-80% of infections <sup>4,7</sup>

**2.4 M**

(2.0-2.8 M)

Number of persons living with HCV infection, 2015

*Based on national survey*

75% of persons with chronic HCV were born from 1945 through 1965 <sup>5</sup>



## Incidence

**14,000**

Estimated acute HBV cases, 2020 <sup>32</sup>

76% of all acute hepatitis B cases were persons aged 30-59 years <sup>32</sup>

States in the Appalachian region have rates of acute hepatitis B higher than the US average <sup>32</sup>

Although the rate of reported acute hepatitis B was the lowest among Asian/Pacific Islander persons, the rate of newly reported chronic hepatitis B was highest among this group during 2020 <sup>32</sup>

**0.45** per 100,000

Rate of estimated new HBV infections <sup>32</sup>

**66,700**

Estimated acute HCV cases, 2020 <sup>33</sup>

Incidence highest among those aged 20-39 years and American Indians and Alaska Natives, those most affected by the opioid epidemic <sup>32</sup>

**0.7** per 100,000

Rate of estimated new HCV infections <sup>32</sup>



## Mortality

**1,752**

HBV deaths, 2019 <sup>32</sup>

**0.45**

Deaths per 100,000 <sup>32</sup>

Death rate among Asian and Pacific Islanders is 5 times the rate among White Americans <sup>32</sup>

**14,865**

HCV deaths, 2019 <sup>32</sup>

**3.45**

Deaths per 100,000 <sup>32</sup>

Death rate among Black Americans is almost 2 times the rate among White Americans <sup>32</sup>



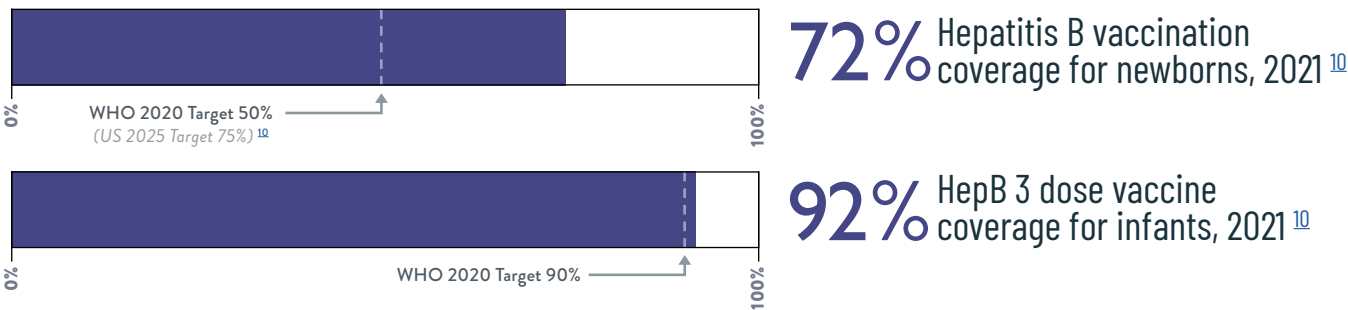
# PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS

## PREVENTION OF NEW INFECTIONS AND MORTALITY



Trends may have been affected by disruptions in the COVID-19 pandemic

## ACCESS TO RECOMMENDED VACCINATION





### ACCESS TO RECOMMENDED TESTING



**32%** Proportion of persons living with **HBV** diagnosed, 2016



**60%** Proportion of persons living with **HCV** diagnosed, 2016 <sup>1</sup>

**18%**

**HBV**

Proportion of diagnosed HBV persons receiving appropriate treatment <sup>12</sup>

**30**

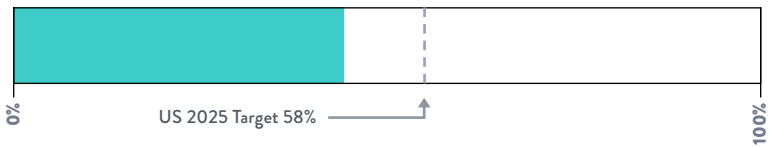
For persons who inject drugs (PWID), number of sterile needles per year <sup>11</sup>

WHO 2020 Target 200





ACCESS TO RECOMMENDED TREATMENT

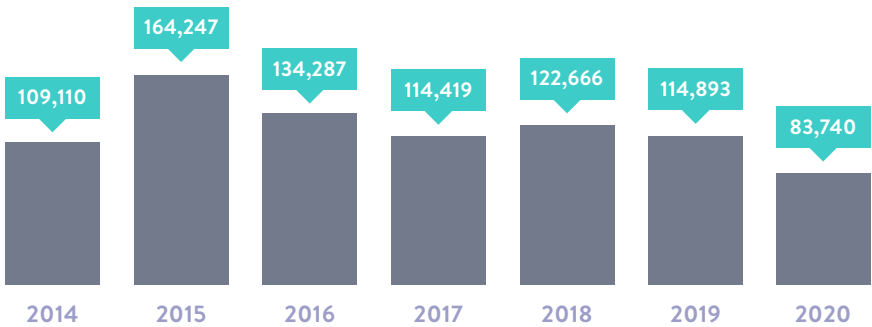


43% Proportion of persons who have cleared HCV infection, 2016 <sup>1</sup>

843,000 HCV

Cumulative number of persons initiated on HCV treatment 2014-2020 <sup>33</sup>

Number of persons initiating HCV treatment annually <sup>33</sup>





# POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS

## STRATEGIC INFORMATION

Status

Notes

Routine official reports to monitor HBV and HCV <sup>2,3</sup>

Mortality

Adopted

Incidence

Adopted

Surveillance for chronic hepatitis B remains limited

Prevalence

Adopted

Estimates of HBV and/or HCV economic burden <sup>13,14</sup>

Adopted

Monitoring of HBV and HCV diagnosis and treatment <sup>15,16,33</sup>

Partially Adopted

Number of persons treated for HCV tracked using large payer-based databases and/or pharmaceutical sales.

No national registry or system to track number of persons diagnosed and treated for HBV and HCV

## LEARN MORE ABOUT STRATEGIC INFORMATION:



### ROADBLOCKS

Inadequate surveillance data to guide service delivery for at-risk populations

Limited funding for state HBV and HCV surveillance programs <sup>36</sup>

The 2021 Viral Hepatitis Surveillance Status Report from HepVu and NASTAD found that one-third of US jurisdictions did not have a full-time employee dedicated to viral hepatitis surveillance and that only 55% of jurisdictions were able to produce annual surveillance summaries <sup>36</sup>

# PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

Status

Notes

Policy for hepatitis B vaccination of newborns <sup>1</sup>

Adopted

Recommendations for:

**HBV** testing of pregnant women <sup>1</sup>

Adopted

**HCV** testing of pregnant women <sup>17</sup>

Adopted

Program for triple elimination of HIV, hepatitis B, and syphilis

Adopted

## LEARN MORE ABOUT THE USA'S WORK IN PREVENTION OF MOTHER TO CHILD TRANSMISSION:



### ACHIEVEMENTS

*Hep B Moms initiative to educate pregnant women at risk of, or infected with hepatitis B*







ACCESS AND REGISTRATION  
OF MEDICINES AND TESTS

StatusNotes

Registration of originator medicines <sup>31</sup> Adopted

Eligible for generic medicines Not Eligible

Registration of generic medicines Not Applicable

Licensed point-of-care PCR testing to detect HBV and HCV Not Adopted

TESTING TO DIAGNOSE  
HBV AND HCV INFECTION

StatusNotes

Testing recommendations for:

**HBV:** Risk-based <sup>20</sup> Adopted

**HBV:** Universal <sup>35</sup> Adopted

**HCV:** Risk-based <sup>20</sup> Adopted

**HCV:** Universal One-Time <sup>17</sup> Adopted

No patient co-pays for HBsAg and anti-HCV testing <sup>21</sup> Adopted



LEARN MORE ABOUT THE USA’S WORK IN TESTING TO DIAGNOSE HBV AND HCV INFECTION

ROADBLOCKS

Limited access to HCV testing in emergency departments and other priority settings beyond primary care

.....

Two-step process for screening and diagnosis can lead to loss-to-follow-up

INNOVATIONS

In 2022, AB-789 was passed in California requiring health facilities delivering primary care to offer HBV and HCV screening to all adults <sup>37</sup>

ACHIEVEMENTS

All-adult, universal HBV screening recommendations (2023) and HCV screening recommendations (2020) <sup>17,35</sup>

.....

FDA down-classification of HCV diagnostics

ACCESS TO HBV AND HCV TREATMENT	Status	Notes
<b>HBV:</b> National treatment guidelines <sup>30</sup>	Developed	
<b>HBV:</b> Simplified care: No patient treatment co-pays	Partially Adopted	Varies by payer
<b>HBV:</b> Simplified care: Simplified treatment and monitoring algorithm for primary care providers <sup>27</sup>	Available	
<b>HCV:</b> National treatment guidelines <sup>22</sup>	Available	
<b>HCV:</b> Simplified care algorithm: Less than 2 clinic visits during treatment <sup>22</sup>	Adopted	



OVERVIEW	HEALTH BURDEN	PROGRESS	POLICY ENVIRONMENT	NEXT STEPS
<b>HCV:</b> Simplified care algorithm: Non-specialists can prescribe treatment <sup>22</sup> <i>Under Medicaid</i>		Partially Adopted	46 of 52 states/territories have removed prescriber restrictions  5 other states have no prescriber restrictions for initial/simplified treatment	
<b>HCV:</b> Simplified care algorithm: No patient treatment co-pays		Partially Adopted	Varies by payer	
No fibrosis restrictions <sup>23</sup> <i>Under Medicaid</i>		Partially Adopted	50 of 52 states/territories  Only Arkansas and South Dakota still have fibrosis restrictions in place	
No sobriety restrictions <sup>23</sup> <i>Under Medicaid</i>		Partially Adopted	38 of 52 states/territories have removed substance use restrictions	
No genotyping <sup>22</sup>		Partially Adopted	Varies by payer	
No prior authorization requirements <sup>23</sup> <i>Under Medicaid</i>		Partially Adopted	31 states/territories still require prior authorization before initiation of HCV treatment <sup>23</sup>	

LEARN MORE ABOUT THE USA'S WORK IN ACCESS TO HBV AND HCV TREATMENT:



ROADBLOCKS

*Inequities in access and affordability of HBV and HCV testing, care, and treatment*

*Hepatitis B treatment remains unaffordable or out of reach to many patients due to discriminatory practices by insurance companies*

*Unnecessary complexity of HCV care and treatment*

*State Medicaid programs continue to impose restrictions on HCV treatment access, including prior authorization, and restrictions on fibrosis, substance use, prescriber, and retreatment*

*20 states/territories have HCV retreatment restrictions in place (based on adherence, substance use, or SVR12 documentation) under Medicaid <sup>23</sup>*

*Specialty pharmacy processes and pharmacy benefit manager practices such as mandatory mail order and narrow networks limit access to treatment*



INNOVATIONS

*Project ECHO tele-mentoring to expand access to HBV and HCV treatment in under-served areas*

*Sub-national HCV elimination programs, including Cherokee Nation, San Francisco, and Louisiana*

*Pharmacist-led on-site HCV treatment program at needle-syringe programs in Seattle (led by the Hepatitis Education Project)*



ACHIEVEMENTS

*Simplified hepatitis B treatment and monitoring algorithm for primary care providers developed <sup>22</sup>*

*Increasing number of states removing fibrosis, sobriety, and prescribing restrictions*

HEALTH EQUITY AND ADDRESSING DISPARITIES

Status

Notes

National strategy addresses populations most affected <sup>1</sup>

Adopted

National anti-discrimination laws against persons living with hepatitis B and/or C <sup>25</sup>

Partially Adopted

National policy for adult hepatitis B vaccination <sup>28, 34</sup>

Adopted

In 2022, The Advisory Committee on Immunization Practices recommended that all adults aged 19–59 years should receive HepB vaccine

National policy for:

Harm reduction for persons who inject drugs (PWID) <sup>18</sup>

Developed

Syringe exchange in federal prisons <sup>18</sup>

Not Adopted


Number of needles/syringes per PWID per year <sup>11</sup>

30

WHO 2020 Target 200

Number of opioid substitution therapy recipients per 100 PWID <sup>18</sup>	Not Adopted	
Decriminalization of possession of syringes & paraphernalia	Partially Adopted	3 of 51 states/territories (inc. DC )
Decriminalization of drug use <sup>18</sup>	Not Adopted	
Decriminalization of hepatitis infection <sup>29</sup>	Partially Adopted	12 of 50 states have laws that criminalize hepatitis


LEARN MORE ABOUT THE USA’S WORK IN HEALTH EQUITY AND ADDRESSING DISPARITIES:

**ROADBLOCKS**

*Substantial racial/ethnic disparities in HBV and HCV incidence and mortality, including for Asian Americans and Pacific Islanders, Black Americans, and Native Americans and Alaska Natives.*

.....

*Limited access to harm reduction, safe injection equipment, and opioid substitution therapy for PWID*

**ACHIEVEMENTS**

*Federal support for harm reduction awarded in the American Rescue Plan (2021)*

.....

*Universal adult HepB vaccination recommendations released in 2022, removing the need for risk factor screening and disclosure. This policy will likely increase vaccination coverage and decrease hepatitis B cases*



INNOVATIONS

The HIT-B program implemented at a community health clinic primarily serving medically underserved Asian American patients – mined electronic health record (EHR) data on HBV screening and vaccination history to provide point-of-care recommendations that resulted in improvement in HBV screening and vaccination rates.

.....

Community-based HCV testing and referral to care for homeless persons (e.g., Los Angeles)

New York State’s Drug User Health hubs, which co-locate HCV treatment at syringe exchange programs

Increased US CDC support for hepatitis prevention, diagnosis, and treatment for PWID

.....

Telehealth models to reach rural residents (e.g., Kentucky’s KeY Treat Study)

.....

Colorado Medicaid allowing entire treatment course to be dispensed at initial fill, in alignment with MINMON study

.....

California 1115 waiver covers a package of reentry services, including viral hepatitis care, for specific groups of persons who are incarcerated starting 90 days prior to release <sup>38</sup>

FINANCING

Status

Public budget line for HBV and HCV testing and treatment <sup>24</sup>

Adopted

Notes

LEARN MORE ABOUT THE USA’S WORK IN FINANCING:



INNOVATIONS

Innovative Medicaid financing programs, i.e., subscription models in Louisiana and Washington state

.....

Michigan uses CDC DIS Workforce Development funding for HCV case management












ACHIEVEMENTS

The President’s fiscal year 2024 budget proposal included a new mandatory proposal for a national hepatitis C elimination program to increase access to curative medications, and expand implementation of complementary efforts such as screening, testing, and provider capacity with a specific focus on high-risk populations. This was the most robust federal commitment to HCV elimination to date. The proposal requests US\$11.3 billion over five years, with over US\$ 7 billion in savings to the health system expected <sup>39</sup>



# USA'S NEXT STEPS TOWARD ELIMINATION

-  Increase support for hepatitis prevention and surveillance infrastructure linked to program planning and targeting service delivery
-  Prioritize programs and partnerships to address hepatitis-related health disparities
-  Scale-up HBV and HCV testing for all-adults, including for pregnant persons
-  Remove restrictions to HCV treatment, including prior authorization and specific restrictions (e.g., sobriety)
-  Guided by strategic information, expand access to harm reduction, including in correctional settings
-  Pursue policies to expand access to HepB vaccination, care and treatment
-  Expedite FDA licensure of point-of-care HBV and HCV diagnostic tests
-  Leverage innovations from COVID-19 response (e.g., home-based testing)
-  Increase the number of primary care treaters

## SOURCES

1. U.S. Department of Health and Human Services. 2020. Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025). Washington, DC. <https://www.hhs.gov/sites/default/files/Viral-Hepatitis-National-Strategic-Plan-2021-2025.pdf>
2. Division of Viral Hepatitis, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Viral Hepatitis Surveillance Report 2018—Hepatitis B. <https://www.cdc.gov/hepatitis/statistics/2018surveillance/HepB.htm>
3. Division of Viral Hepatitis, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Viral Hepatitis Surveillance Report 2018—Hepatitis C. <https://www.cdc.gov/hepatitis/statistics/2018surveillance/HepC.htm>
4. Patel EU, Thio CL, Boon D, Thomas DL, Tobian AAR. Prevalence of Hepatitis B and Hepatitis D Virus Infections in the United States, 2011–2016. *Clin Infect Dis*. 2019 Aug 1;69(4):709–712. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6669285/>
5. Hofmeister MG, Rosenthal EM, Barker LK, Rosenberg ES, Barranco MA, Hall EW, Edlin BR, Mermin J, Ward JW, Ryerson AB. Estimating Prevalence of Hepatitis C Virus Infection in the United States, 2013–2016. *Hepatology*. 2019 Mar;69(3):1020–1031. doi: 10.1002/hep.30297. Epub 2018 Nov 6. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6719781/>
6. U.S. Department of Health and Human Services. 2014. 2014–2016 Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis. Washington, DC. <https://www.hhs.gov/sites/default/files/viral-hepatitis-action-plan.pdf>
7. Wong, R.J., Brosgart, C.L., Welch, S., Block, T., Chen, M., Cohen, C., Kim, W.R., Kowdley, K.V., Lok, A.S., Tsai, N., Ward, J., Wong, S.S., Gish, R.G., 2021. An Updated Assessment of Chronic Hepatitis B Prevalence Among Foreign-Born Persons Living in the United States. *Hepatology*. doi:10.1002/hep.31782 <https://pubmed.ncbi.nlm.nih.gov/33655536/>
8. Division of Viral Hepatitis, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Viral Hepatitis Surveillance Report 2019. <https://www.cdc.gov/hepatitis/statistics/2019surveillance/index.htm>
9. IHME. Global Burden of Disease Study. 2019 <https://www.globalhep.org/country-progress/united-states-america>
10. WHO/UNICEF. Joint Reporting Form. Accessed 8 March 2023. <http://immunizationdata.who.int/pages/coverage/hepb.html>
11. Larney S et al. Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among persons who inject drugs: a systematic review. *Lancet Glob Health*. 2017 Dec;5(12):e1208–e1220. doi: 10.1016/S2214-109X(17)30373-X. Epub 2017 Oct [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30373-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30373-X/fulltext)
12. Harris AM, Osinubi A, Nelson NP, Thompson WW. The hepatitis B care cascade using administrative claims data, 2016. *Am J Manag Care*. 2020 Aug;26(8):331–338. doi: 10.37765/ajmc.2020.44069. PMID: 32835460. <https://www.ajmc.com/view/the-hepatitis-b-care-cascade-using-administrative-claims-data-2016>
13. Toy M, Hutton DW, So S. Population Health And Economic Impacts Of Reaching Chronic Hepatitis B Diagnosis And Treatment Targets In The US. *Health Aff (Millwood)*. 2018 Jul;37(7):1033–1040. <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2018.0035>
14. Roebuck MC, Liberman JN. Assessing the burden of illness of chronic hepatitis C and impact of direct-acting antiviral use on healthcare costs in Medicaid. *Am J Manag Care*. 2019 Jun;25(8 Suppl):S131–S139. PMID: 31211526 <https://www.ajmc.com/view/assessing-burden-illness-chronic-hepatitis-impact-antiviral-healthcare-costs-medicaid>
15. Isenhour C, Hariri S, Vellozzi C. Monitoring the hepatitis C care cascade using administrative claims data. *Am J Manag Care*. 2018; May;24(5):232–238. PMID: 29851440; PMCID: PMC6371394. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6371394/>
16. Harris, A. M., Osinubi, A., Nelson, N. P., & Thompson, W. W. (2020). The hepatitis B care cascade using administrative claims data, 2016. *The American journal of managed care*, 26(8), 331–338. <https://doi.org/10.37765/ajmc.2020.44069> <https://pubmed.ncbi.nlm.nih.gov/32835460/>
17. CDC Recommendations for Hepatitis C Screening Among Adults – United States, 2020. *MMWR* 2020 (RR 69) <https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm>
18. Georgetown HIV Policy Lab. <https://www.hivpolicylab.org/us> <https://hivpolicylab.org/us>
19. Fernández-Viña MH, Prood NE, Herpolsheimer A, Waimberg J, Burris S. State Laws Governing Syringe Services Programs and Participant Syringe Possession, 2014–2019. *Public Health Rep*. 2020 Jul/Aug;135(1\_suppl):128S–137S. <https://journals.sagepub.com/doi/full/10.1177/0033354920921817>
20. Centers for Disease Control and Prevention. Recommendations for Identification and Public Health Management of Persons with Chronic Hepatitis B Virus Infection. *MMWR* 2008; 57 (No. RR-8). <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm>
21. U.S Department of Health and Human Service. Viral Hepatitis and the Affordable Care Act. Accessed 27 April 2021. <https://www.hhs.gov/hepatitis/policies-and-guidelines/affordable-care-act/index.html>
22. AASLD-IDS. Recommendations for testing, managing, and treating hepatitis C. <https://www.hcvguidelines.org/>
23. Center for Health Law and Policy Innovation & National Viral Hepatitis Roundtable, Hepatitis C: State of Medicaid Access (2023), [www.stateofhepc.org/](http://www.stateofhepc.org/)
24. US CDC. CDC's Viral Hepatitis Work Saves Lives and Money. Accessed 27 April 2021. <https://www.cdc.gov/nchhstp/budget/infographics/viral-hepatitis.html>
25. Hepatitis B Foundation. Know Your Rights: Legal Protections for Those Living With Hepatitis B. Accessed 27 April 2021. <https://>





[www.hepb.org/blog/know-rights-legal-protections-living-hepatitis-b/](http://www.hepb.org/blog/know-rights-legal-protections-living-hepatitis-b/)

26. Fuster D, Gelberg L. Community Screening, Identification, and Referral to Primary Care, for Hepatitis C, B, and HIV Among Homeless Persons in Los Angeles. *J Community Health*. 2019 Dec;44(6):1044-1054. <https://pubmed.ncbi.nlm.nih.gov/31127412/>
27. HBV Primary Care Work Group (2021). HBV Management: Guidance for the Primary Care Provider. <https://www.hepatitisb.uw.edu/page/primary-care-workgroup/guidance>
28. Schillie, S., Vellozzi, C., Reingold, A., Harris, A., Haber, P., Ward, J. W., & Nelson, N. P. (2018). Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices. *MMWR*. Recommendations and reports : Morbidity and mortality weekly report. Recommendations and reports, 67(1), 1–31. <https://doi.org/10.15585/mmwr.rr6701a1> <https://pubmed.ncbi.nlm.nih.gov/29939980/>
29. The Center for HIV Law and Policy (2020). <https://www.hivlawandpolicy.org/sites/default/files/An%20Overview%20of%20States%20Criminalizing%20Viral%20Hepatitis%20Map%20%282020%29.pdf>
30. Terrault, N. A., Lok, A., McMahon, B. J., Chang, K. M., Hwang, J. P., Jonas, M. M., Brown, R. S., Jr, Bzowej, N. H., & Wong, J. B. (2018). Update on prevention, diagnosis, and treatment of chronic hepatitis B: AASLD 2018 hepatitis B guidance. *Hepatology* (Baltimore, Md.), 67(4), 1560–1599. <https://doi.org/10.1002/hep.29800> <https://aasldpubs.onlinelibrary.wiley.com/doi/10.1002/hep.29800>
31. US Food and Drug Administration. <https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm?event=BasicSearch.process>
32. Division of Viral Hepatitis, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2020 Viral Hepatitis Surveillance Report. <https://www.cdc.gov/hepatitis/statistics/2020surveillance/index.htm>
33. Teshale E.H., Roberts H., Gupta N., Jiles R. (2022). Characteristics of Persons Treated for Hepatitis C Using National Pharmacy Claims Data, United States, 2014–2020, *Clinical Infectious Diseases*; 75(6):1078–108.0 <https://doi.org/10.1093/cid/ciac139>
34. Weng MK, Doshani M, Khan MA, et al. Universal Hepatitis B Vaccination in Adults Aged 19–59 Years: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2022. *MMWR Morb Mortal Wkly Rep* 2022;71:477–483. DOI: <http://dx.doi.org/10.15585/mmwr.mm7113a1>
35. Conners E.E., Panagiotakopoulos L., Hofmeister M.G., et al. Screening and Testing for Hepatitis B Virus Infection: CDC Recommendations — United States, 2023. *MMWR Recomm Rep* 2023;72(No. RR-1):1–25. DOI: <http://dx.doi.org/10.15585/mmwr.rr7201a1>
36. HepVu and NASTAD. 2021 Viral Hepatitis Surveillance Status Report. Last accessed 19 March 2023. Available at: [https://hepvu.org/wp-content/uploads/2022/10/07-HepVu-Infographic-Viral\\_Report-FINAL-1.pdf](https://hepvu.org/wp-content/uploads/2022/10/07-HepVu-Infographic-Viral_Report-FINAL-1.pdf)
37. California Department of Public Health. Assembly Bill 789: Hepatitis B and C Testing Law. [https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/AB789\\_Dear-Colleague-Letter.pdf](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/AB789_Dear-Colleague-Letter.pdf)
38. Halder S. and Guth M. Section 1115 Waiver Watch: How California Will Expand Medicaid Pre-Release Services for Incarcerated Populations. Kaiser Family Foundation. Last accessed 7 February 2023. <https://www.kff.org/policy-watch/section-1115-waiver-watch-how-california-will-expand-medicare-pre-release-services-for-incarcerated-populations/>
39. The White House. FACT SHEET: President Biden’s Budget Accelerates Progress Toward the Goal of Ending Cancer as We Know It. Last accessed 20 March 2023. <https://www.whitehouse.gov/ostp/news-updates/2023/03/09/fact-sheet-cancer-fy24/>
40. Centers for Disease Control and Prevention (CDC) (2020). Division of Viral Hepatitis 2025 Strategic Plan. <https://www.cdc.gov/hepatitis/pdfs/DVH-StrategicPlan2020-2025.pdf>

# WORKING TOGETHER, WE WILL **ACHIEVE ELIMINATION.**



COALITION  
FOR **GLOBAL  
HEPATITIS  
ELIMINATION**

*This National Hepatitis Elimination Profile (N-HEP) was developed by the Coalition for Global Hepatitis Elimination. Funding for this N-HEP was provided by Gilead Sciences. The Coalition for Global Hepatitis Elimination retained final control over the content.*

*The Coalition thanks AASLD, Hepatitis B Foundation, NASTAD, National Viral Hepatitis Roundtable (NVHR), US CDC, and Norah Terrault for their review and feedback. The Coalition also is grateful to the Pan-American Health Organization for their strategic guidance and input on the design of the profile.*

FOR MORE INFORMATION:  
GLOBALHEP.ORG  
GLOBALHEP@TASKFORCE.ORG

TASKFORCE.ORG  
330 W. PONCE DE LEON AVENUE  
DECATUR GA 30030

