USA CAN ELIMINATE HEPATITIS

NATIONAL HEPATITIS ELIMINATION PROFILE

Hepatitis B virus (HBV)

2030
HBV elimination goal

2030
Elimination of HBV mother to child transmission goal

Hepatitis C virus (HCV)

2030
HCV elimination goal

Action Plan

Action Plan

IN 2021, THE US GOVERNMENT COMMITTED TO REACHING GOALS FOR HEPATITIS ELIMINATION

THE HEALTH BURDEN OF VIRAL HEPATITIS

862,000–2.4M
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

Prevalence

REGIONAL AVERAGE IN THE AMERICAS:
HBV: 0.3%  
HCV: 0.7%

2.4 M (2.0–2.8 M)
Number of persons living with HCV infection, 2016
Based on national survey
75% of persons with chronic HCV were born from 1945 through 1965
**20,700**
New HBV cases, 2019

Incidence highest among persons aged 30-49 years, those most affected by the opioid epidemic.

**1,662**
HBV deaths, 2019

Deaths per 100,000

Death rate among Asian and Pacific Islanders is 5 times the rate among White Americans.

**14,242**
HCV deaths, 2019

Deaths per 100,000

Death rate among Black Americans is almost 2 times the rate among White Americans.

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**PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS**

**PREVENTION OF NEW INFECTIONS AND MORTALITY**

**HBV**
Percentage change in new infections
2015-2019

-5%

WHO 2020 Target -30% (US 2025 Target <18,000 cases)

**HBV**
Percentage change in deaths
2015-2019

-3%

WHO 2020 Target -10% (US 2025 Target Rate 0.37/100,000)

**HCV**
Percentage change in new infections
2015-2019

+70%

WHO 2020 Target -30% (US 2025 Target <25,000 cases)

**HCV**
Percentage change in deaths
2015-2019

-27%

WHO 2020 Target -10% (US 2025 Target Rate 3.00/100,000)

Prevalence of HBsAg in children < 5 years (%)
2019

0.03 (0.02-0.04)%

SDG 2020 Target 1%
ACCESS TO RECOMMENDED VACCINATION, TESTING AND TREATMENT

**76%** Hepatitis B vaccination coverage for newborns, 2017

WHO 2020 Target 50% (US 2025 Target 75%)

**HepB 3 dose vaccine coverage for infants, 2017**

WHO 2020 Target 90%

**91%**

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

WHO 2020 Target 30% (US 2025 Target 50%)

**18%** Proportion of diagnosed HBV persons receiving appropriate treatment

**30**

For persons who inject drugs (PWID), number of sterile needles per year

WHO 2020 Target 200

**60%** Proportion of persons living with HCV diagnosed, 2016
**Strategic Information**

Routine official reports to monitor HBV and HCV \(^2,3\)

Estimates of HBV and/or HCV economic burden \(^13,14\)

Monitoring of HBV and HCV diagnosis and treatment \(^15,16\)

**Roadblocks**

Inadequate surveillance data to guide service delivery for at-risk populations
PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

Policy for hepatitis B vaccination of newborns 1

Adopted

Recommendations for:

HBV testing of pregnant women 1

Adopted

HCV testing of pregnant women 17

Adopted

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

Adopted

ACHIEVEMENTS

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

ACCESS AND REGISTRATION OF MEDICINES AND TESTS

HCV: Registration of orginator medicines 31

Adopted

HCV: Eligible for generic medicines

Not Eligible

HCV: 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

Testing recommendations for:

HBV: Risk-based 20

Adopted

HBV: Persons born in regions with prevalence >2% 20

Adopted
# Access to HBV and HCV Treatment

<table>
<thead>
<tr>
<th><strong>HBV:</strong></th>
<th>National treatment guidelines</th>
<th>Developed</th>
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<tr>
<td></td>
<td>Simplified care: No patient treatment co-pays</td>
<td>Partially Adopted</td>
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<td><strong>HCV:</strong></td>
<td>National treatment guidelines</td>
<td>Available</td>
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<td></td>
<td>Simplified care algorithm: Less than 2 clinic visits during treatment</td>
<td>Adopted</td>
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<tr>
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<td>Simplified care algorithm: Non-specialists can prescribe treatment</td>
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<td></td>
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<tr>
<td></td>
<td>No fibrosis restrictions</td>
<td>Partially Adopted</td>
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<tr>
<td></td>
<td>No sobriety restrictions</td>
<td>Partially Adopted</td>
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<tr>
<td></td>
<td>No genotyping</td>
<td>Adopted</td>
</tr>
</tbody>
</table>
**ACHIEVEMENTS**

- Simplified hepatitis B treatment and monitoring algorithm for primary care providers developed
- Increasing number of states removing fibrosis, sobriety, and prescribing restrictions

**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

**ROADBLOCKS**

- Cost of HCV testing in emergency departments and other priority settings beyond primary care
- Hepatitis B treatment remains unaffordable or out of reach to many patients due to discriminatory practices by insurance companies
- Inequities in access and affordability of HBV and HCV testing, care, and treatment
- Unnecessary complexity of HCV care and treatment

**HEALTH EQUITY AND ADDRESSING DISPARITIES**

- National strategy addresses populations most affected
  - Adopted
- National anti-discrimination laws against persons living with hepatitis B and/or C
  - Partially Adopted
- National policy for adult hepatitis B vaccination
  - Adopted
- National policy for:
  - Harm reduction for persons who inject drugs (PWID)
    - Developed
  - Syringe exchange in federal prisons
    - Not Adopted
  - Number of needles/syringes per PWID per year
    - 30
    - WHO 2020 Target 200
  - Number of opioid substitution therapy recipients per 100 PWID
    - Not Adopted
Decriminalization of possession of syringes & paraphernalia

Decriminalization of drug use

Decriminalization of hepatitis infection

INNOVATIONS

The HIT-B program was a program at a community health clinic primarily serving medically underserved Asian American patient 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

ACHIEVEMENTS

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

ROADBLOCKS

Substantial racial/ethnic disparities in HBV and HCV incidence and mortality

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

FINANCING

Public budget line for HBV and HCV testing and treatment

INNOVATIONS

Innovative Medicaid financing programs, i.e. subscription models in Louisiana and Washington state
## NEXT STEPS TOWARD ELIMINATION

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

## SOURCES


22. AASLD-IDSA. Recommendations for testing, managing, and treating hepatitis C. https://www.hcvguidelines.org/

WORKING TOGETHER,
WE WILL ACHIEVE 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.