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.

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

AT A GLANCE:

<table>
<thead>
<tr>
<th></th>
<th>HBV</th>
<th>HCV</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Plan</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Elimination Goal</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>HepB Birth Dose Coverage</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>Number of needles/syringes per PWID per year</td>
<td>246</td>
<td></td>
</tr>
</tbody>
</table>

**BURDEN OF DISEASE**

- Prevalence of HBsAg: 6.1%
- Prevalence of chronic HCV: 0.4%
- Deaths per 100,000: 11.4
- Deaths per 100,000: 5.5

**OVERVIEW OF POLICY ENVIRONMENT**

- HBV and HCV screening recommendations are risk-based
- Recent HBV clinical guidelines have expanded access to hepatitis B therapy
- Sentinel hospitals designated as HCV management centers

**NOTABLE ACHIEVEMENT:**

Since 1992, it's estimated that almost 19 million chronic HBV infections among children under -5 have been prevented

**KEY CHALLENGE:**

Uptake of HBV and HCV screening is poor

**KEY NEXT STEPS:**

Invest in publicity and education, increasing awareness of HBV and HCV prevention and treatment
Expand HBV and HCV screening
OVERVIEW

INTERPRETATION OF THE NATIONAL ACTION PLAN FOR ELIMINATING HEPATITIS C AS A PUBLIC HEALTH THREAT (2022-2023)

HBV ACTION PLAN: YES
GOAL: YES

HCV ACTION PLAN: YES
GOAL: YES

El Salvador

View their action plan online

China

View their action plan online

View their action plan online

Overview

Health Burden

Progress

Policy Environment

Next Steps

Elimination
THE HEALTH BURDEN OF VIRAL HEPATITIS

Prevalence

6.1%
Prevalence of chronic HBsAg, 2020

About 30% of the global population of persons living with HBV are in China.

Note: China CDC conducted a national sero-prevalence survey on HBV among general population aged 1-69 years old in 2020-2021.

0.40%
Prevalence of chronic HCV, 2017

Incidence

976,233
New HBV infections, 2021

202,771
New HCV infections, 2021

Mortality

162,085
(132,642 - 195,155)
HBV deaths, 2019

78,041
(64,385-92,118)
HCV deaths, 2019

11.4 (9.3 - 13.7)
Deaths per 100,000, 2019

5.5 (4.5-6.5)
Deaths per 100,000, 2019

Modelled estimate

Note: Including the death of other diseases such as liver cancer caused by HBV and HCV.
PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS

PREVENTION OF NEW INFECTIONS AND MORTALITY

**HBV** Percentage change in new infections

**NO DATA**

WHO 2020 Target -30%

**HBV** Percentage change in deaths

7%

WHO 2020 Target -10%

**HCV** Percentage change in new infections

**NO DATA**

WHO 2020 Target -30%

**HCV** Percentage change in deaths

9%

WHO 2020 Target -10%

Prevalence of HBsAg in children < 5 years (%)

0.3%

SDG 2020 Target 1%

ACCESS TO RECOMMENDED VACCINATION

95%  Hepatitis B vaccination coverage for newborns, 2020

99%  HepB 3 dose vaccine coverage for infants, 2020
**ACCESS TO RECOMMENDED TESTING**

**Proportion of persons living with HBV diagnosed, 2020**: 19%

**Proportion of persons living with HCV diagnosed, 2020**: 25%

**8.9%**
Proportion of diagnosed HBV persons receiving appropriate treatment, 2022

*Note: The appropriate treatment refers to one person-year antiviral standard treatment*

**246**
For persons who inject drugs (PWID), number of sterile needles per year

*Estimate based on program data and number of needles-syringes for persons engaged in needle exchange programs*

**NO DATA**
Number of persons tested for HBsAg

**NO DATA**
Number of persons tested for HCV
ACCESS TO RECOMMENDED TREATMENT

Proportion of diagnosed persons who have been cured

Number of treatments for HBV

NO DATA

Number of persons treated for HCV

200,000

2018
## STRATEGIC INFORMATION

<table>
<thead>
<tr>
<th></th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine official reports to monitor HBV and HCV</td>
<td>Partially Adopted</td>
<td>HBV and HCV-related deaths are reported using China's CDC National Notifiable Disease Reporting System but not routinely publicly reported</td>
</tr>
<tr>
<td><strong>Mortality</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Partially Adopted</td>
<td>New HBV and HCV infections are reported using China’s CDC National Notifiable Disease Reporting System but not routinely publicly reported</td>
</tr>
<tr>
<td><strong>Incidence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Partially Adopted</td>
<td>China CDC conducted a national sero-prevalence survey on HBV in 2020-2021; Results to be published soon</td>
</tr>
<tr>
<td><strong>Prevalence</strong></td>
<td></td>
<td>No national sero-prevalence survey has recently been conducted for HCV</td>
</tr>
<tr>
<td>Estimates of HBV and/or HCV economic burden</td>
<td>Adopted</td>
<td>China monitors treatment of hepatitis C in sentinel hospitals. At the provincial level, only Tianjin City has reported the number of DAA treatments in designated hospitals</td>
</tr>
<tr>
<td>Monitoring of HBV and HCV diagnosis and treatment</td>
<td>Partially Adopted</td>
<td></td>
</tr>
</tbody>
</table>
LEARN MORE ABOUT STRATEGIC INFORMATION:

ROADBLOCKS

China’s CDC National Notifiable Disease Reporting System captures newly diagnosed cases of HBV and HCV, including acute cases. 44

China established a national-level hepatitis monitoring system, but the results have not yet been released. 43

At the end of 2012, a department dedicated to the prevention and treatment of Hepatitis C was established at the National Center for STD/AIDS Prevention and Control of China CDC. 21

ACHIEVEMENTS

Since 2010, China has designated a number of sentinel hospitals in different provinces as centers for HCV management. Such hospitals manage blood donors, health examiners, patients receiving invasive diagnoses and interventions, hemodialysis patients, and those attending family planning sessions. Currently, there are 87 HCV sentinel hospitals nationwide, including 31 for blood donors in 31 provinces, 20 for health examiners in 16 provinces, 13 for patients receiving invasive diagnoses and interventions in 13 provinces, 12 for hemodialysis patients in 12 provinces, and 11 for family planning outpatients in 11 provinces. 21

In November 2019, DAAs drugs were included in the National Medical Insurance, and after multiple government negotiations, prices were reduced by more than 85%.

Since 2021, academic institutions including China Liver Health and the Hepatology Branch of the Chinese Medical Association have developed and promoted the "In hospital process for viral hepatitis C screening and management in China (Draft)", promoting multi departmental collaboration in medical institution management, clinical practice, testing, and infection control, strengthening consultation and referral among medical institutions for patients with positive anti HCV, and promoting the diagnosis and antiviral treatment of chronic hepatitis C.

In recent years, China has continuously improved the reporting system of hepatitis C cases. The national hepatitis C information system has been established and is being improved to monitor persons living with hepatitis C. 43

PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

<table>
<thead>
<tr>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopted</td>
<td></td>
</tr>
</tbody>
</table>

Policy for hepatitis B vaccination of newborns 22

Recommendations for:

- **HBV** testing of pregnant women 22
- **HCV** testing of pregnant women 22
LEARN MORE ABOUT CHINA’S WORK IN PREVENTION OF MOTHER TO CHILD TRANSMISSION:

ACHIEVEMENTS

In 1992, China was among the first developing countries to enact a universal hepatitis B vaccination program for newborns and infants. More than 95% of infants receive the hepatitis B vaccine within 24 hours of birth. Vaccination was made free-of-charge to all newborns by 2005. In 2011, China launched a major public health project to prevent mother-to-child transmission of HIV, syphilis, and hepatitis B. The prevention of hepatitis B was integrated into the implementation program of the original project to prevent AIDS and syphilis, requiring medical and health institutions at all levels to conduct HBsAg tests for pregnant women during maternity examinations and vaccinate newborns of HBsAg-positive mothers with hepatitis B immunoglobulin within 24 h of birth; In addition via the national immunization plan requirements, all infants are recommended to complete three doses of hepatitis B vaccination for children within 24 h of birth, at one month of age, and six months of age. Clinical guidelines developed for the prevention of MTCT of HBV in China. Since 1992, its estimated that almost 80 million children under the age of 15 had averted an HBV infection through childhood HBV vaccination programs, and 19 million had averted a chronic infection. By 2020, the infection rate of hepatitis B virus among children under 5 has dropped to below 1%.

ACCESS AND REGISTRATION OF MEDICINES AND TESTS

<table>
<thead>
<tr>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration of originator DAAs</td>
<td>Adopted</td>
</tr>
<tr>
<td>Eligible for generic DAAs</td>
<td>Not Eligible</td>
</tr>
<tr>
<td>Registration of generic DAAs</td>
<td>Adopted</td>
</tr>
<tr>
<td>Licensed point-of-care PCR testing to detect HBV and HCV</td>
<td>No Data</td>
</tr>
</tbody>
</table>
LEARN MORE ABOUT CHINA’S WORK IN ACCESS AND REGISTRATION OF MEDICINES AND TESTS:

ACHIEVEMENTS

Since 2019, implementation of the National Centrised Drug Procurement (NCDP) has reduced the prices of generic entecavir and generic TDF by 90%, and the price of HCV DAAs by more than 70%.

Three DAAs have been included in the list of medications reimbursed by medical insurance, with an average price reduction of greater than 85%.

TESTING TO DIAGNOSE HBV AND HCV INFECTION

<table>
<thead>
<tr>
<th>Testing recommendations for:</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBV: Risk-based</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td>HCV: Risk-based</td>
<td>Adopted</td>
<td></td>
</tr>
</tbody>
</table>

HBV screening is recommended for healthcare workers, staff with frequent blood exposures, workers in nurseries and kindergartens, patients receiving organ transplantation, patients receiving frequent blood transfusions or blood products, immunocompromised patients, household contacts with an HBsAg-positive person, men who have sex with men, persons with multiple sexual partners and injection-drug users, etc.

In 2014, China published the “National Standard Screening and Management of Viral Hepatitis C”, which clearly defines the population to be screened, screening time, and confirmation process for HCV screening and management of high-risk groups. In 2015, the “Guideline for the Prevention and Treatment of Hepatitis C” was published. The guideline was updated in 2019 to be consistent with the WHO principles of treatment. Currently, health facilities and health examination institutions have included HCV testing in health check-ups and preoperative examinations.
COALITION FOR GLOBAL HEPATITIS ELIMINATION

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NEXT STEPS

HBV: Age-cohort or Universal

HCV: Age-cohort or Universal

Not Adopted

Not Adopted

HBsAg screening is free for pregnant women and for marital counseling. Anti-HCV testing is not free

Partially Adopted

No patient co-pays for HBsAg and anti-HCV testing

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

ROADBLOCKS

Uptake of HBV and HCV screening is poor due to low general population awareness

No large-scale, national HBV screening program is in place

ACHIEVEMENTS

The Chinese Medical Association formulated its “process of in-hospital screening for hepatitis C in China” in 2021 to recommend creation of a multidisciplinary team (MDT) and encourage clinical departments, laboratory, and infection control at medical facilities to enhance the referral and treatment of anti-HCV antibody-positive patients

Futian City of Fujian Province set the goal of “liver clean”. The township central health centers carry out at least one follow-up visit to all untreated patients with HCV, issue treatment referral cards, and help patients receive standardized antiviral therapy. The local government allocates subsidies to those patients in financial hardship and to towns providing with a high rate of free screening

INNOVATIONS

Ningbo city in Zhejiang province set up a supervisory management group in primary care to identify referrals based on case information collected by the CDC, who were unable to obtain the correct healthcare. The staff in this group is responsible for mobilizing patients who are not successfully referred, assisting them to access the designated health facilities for diagnosis and treatment, and providing follow-up to patients during the full cascade of care

In Jun’an Town, Shunde District, Guangdong Province, the “Spark Project” provides residents with free testing of HBsAg, HBeAg, HCV Ab, free first dose of hepatitis B vaccine, and comprehensive liver disease prevention and control services including initial consultation and management for hepatitis.
## ACCESS TO HBV AND HCV TREATMENT

<table>
<thead>
<tr>
<th></th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HBV:</strong></td>
<td></td>
<td><strong>National treatment guidelines</strong>[^31]</td>
</tr>
<tr>
<td><strong>Simplified care:</strong></td>
<td>Developed</td>
<td>Clinical guidelines on the prevention and treatment of chronic hepatitis B have been published and updated by the Chinese Society of Hepatology and the Chinese Society of Infectious Diseases</td>
</tr>
<tr>
<td><strong>HBV:</strong></td>
<td></td>
<td><strong>Simplified care:</strong> Simplified treatment and monitoring algorithm for primary care providers</td>
</tr>
<tr>
<td><strong>Adopted</strong></td>
<td></td>
<td>General practitioner guidelines on hepatitis B treatment developed in 2021 by GP Society of Chinese Medical Association</td>
</tr>
<tr>
<td><strong>HBV:</strong></td>
<td></td>
<td><strong>Simplified care:</strong> No patient co-pays for treatment[^2]</td>
</tr>
<tr>
<td><strong>Partially Adopted</strong></td>
<td>No Data</td>
<td>Tenofovir was added to the national basic medical insurance reimbursement list in 2017, and the average cost sharply reduced from ¥ 49.0 to ¥ 16.6 per month. Since 2017, all of the antiviral drugs recommended by the Chinese guidelines are listed as partial out-of-pocket expenses[^43]</td>
</tr>
<tr>
<td><strong>HCV:</strong></td>
<td></td>
<td><strong>National treatment guidelines</strong>[^32]</td>
</tr>
<tr>
<td><strong>Partially Adopted</strong></td>
<td>No Data</td>
<td>Clinical guidelines on the prevention and treatment of chronic Hepatitis C have been published and updated by the Chinese Society of Hepatology and the Chinese Society of Infectious Diseases</td>
</tr>
<tr>
<td><strong>HCV:</strong></td>
<td></td>
<td><strong>Simplified care algorithm:</strong> Less than 2 clinic visits during treatment</td>
</tr>
<tr>
<td><strong>No Data</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HCV:</strong></td>
<td></td>
<td><strong>Simplified care algorithm:</strong> Non-specialists can prescribe treatment[^44]</td>
</tr>
<tr>
<td><strong>Adopted</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HCV: Simplified care:
No patient co-pays for treatment 24

Partially Adopted

As of early 2022, eight DAAs, including locally developed products, have been included in the basic health insurance through national price negotiations, which reduced the cost of DAA treatment to US$200-$1500 per 3-month period. Setting the reimbursement rate at 70% for category B medicines, the individual out-of-pocket payment for DAA treatment is US$150-$450 per 3 months. This has greatly reduced the financial burden on patients 21.

No fibrosis restrictions 32

Adopted

No sobriety restrictions 32

Adopted

No genotyping 27

Adopted

LEARN MORE ABOUT CHINA’S WORK IN ACCESS TO HBV AND HCV TREATMENT:

INNOVATIONS

Recent HBV clinical guidelines have expended access to hepatitis B therapy by lowering the threshold of ALT to initiate antiviral therapy (from 40 IU/mL to 19 IU/mL for women and 30 IU/mL for men) and also offering antiviral therapy for those older than 30 years or with a family history of cirrhosis or HCC.

The Hepatology Section of the Chinese Medical Association organizes the participation of experienced hepatologists in providing regular online and offline training to primary care providers on the new HCV diagnosis and treatment guidelines through the “Grassroots Western Tour” program 28.

ACHIEVEMENTS

An economic study demonstrated that shared-care models for HBV testing and follow-up in community-based primary care and referring of predetermined conditions to specialty care at an appropriate time, especially antiviral treatment initiation in primary care, are highly effective and cost-effective in China 38.

At present, potential target populations for the HCV micro elimination strategy in China are PWIDs, patients undergoing hemodialysis, patients co-infected with HIV, women of childbearing age, pregnant women, and children 22.
## HEALTH EQUITY AND ADDRESSING DISPARITIES

<table>
<thead>
<tr>
<th>Health Equity and Addressing Disparities</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>National strategy addresses populations most affected</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td>National anti-discrimination laws against persons living with hepatitis B and/or C</td>
<td>Adopted</td>
<td>In 2010, the Ministry of Human Resources and Social Security, the Ministry of Education and the Ministry of Health jointly issued a notice entitled “The Ministry of Health Amends Several Normative Documents to Safeguard the Rights of Hepatitis B Carriers”. In 2010, the Ministry of Human Resources and Social Security, the Ministry of Education, and the Ministry of Health jointly issued a circular, “The Ministry of Health Amends Several Normative Documents to Safeguard the Rights of Hepatitis B Carriers,” which abolished hepatitis B medical examinations for admission and employment. It explicitly prohibited hepatitis B infection as a restriction on admission and employment.</td>
</tr>
<tr>
<td>National policy for adult hepatitis B vaccination</td>
<td>Partially Adopted</td>
<td>A national HBV immunization strategy for adults has been developed, but is voluntary for adults aged 18 or older</td>
</tr>
<tr>
<td>National policy for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harm reduction for persons who inject drugs (PWID)</td>
<td>Developed</td>
<td></td>
</tr>
<tr>
<td>Syringe exchange in federal prisons</td>
<td>Not Adopted</td>
<td>Not implemented in federal prisons.</td>
</tr>
<tr>
<td>Number of needles/syringes per PWID per year</td>
<td>246 (2020)</td>
<td>WHO 2020 Target: 200</td>
</tr>
</tbody>
</table>
Decriminalization of possession of syringes & paraphernalia \(^\text{29}\) **Adopted**

Decriminalization of drug use \(^\text{29}\) **Not Adopted**

**LEARN MORE ABOUT CHINA’S WORK IN HEALTH EQUITY AND ADDRESSING DISPARITIES:**

**ROADBLOCKS**
Persons living with hepatitis continue to face high-levels of societal stigma \(^\text{40,41}\)

**INNOVATIONS**
Multiple community organizations are involved in promoting the implementation of policy guidelines and raise funds to implement community-based testing and treatment

**ACHIEVEMENTS**
In 2014, 11 million needles were distributed at 814 needle and syringe program sites \(^\text{3}\)

**FINANCING**

<table>
<thead>
<tr>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public budget line for HBV and HCV testing and treatment</td>
<td>Partially Adopted</td>
</tr>
</tbody>
</table>

**LEARN MORE ABOUT CHINA’S WORK IN FINANCING:**

**ROADBLOCKS**
Funding for dedicated national HBV and HCV elimination program remains limited

**INNOVATIONS**
Universal health coverage and medical drug insurance negotiations for HBV and HCV medicines have reduced the financial burden on patients substantially to date; although some out-of-pocket costs persist

There has been an all-of-government approach to address the burden of HBV and HCV to date, with multiple departments coordinating efforts
CHINA’S NEXT STEPS TOWARD ELIMINATION

- Strengthen national-level data management and improve scientific monitoring and evaluation, including improving HCV case report quality, establishing and improving information management systems, strengthening data analyses and applications, and improving early warning mechanisms for cluster outbreaks.

- Invest in publicity and education, increasing awareness of HBV and HCV prevention and treatment to eliminate the stigma of hepatitis B.

- Prevention interventions including targeted care for key populations and improved infection control, blood safety, and epidemiological investigations to quickly detect outbreaks.

- Invest in capacity-building of local public health departments and hospitals.

- Expand HBV and HCV screening, by implementing strategies of “testing all in need” in medical institutions and among key populations, “testing all of those with the willingness to be tested” for the general public, and “nucleic acid testing for anyone tested positive for anti-HCV.”

- Strengthen HCV referrals and standardized treatment by establishing a designated hospital healthcare service model for “treating all” people living with chronic infection.

- Ensure access to HBV and HCV treatment and promote a HCV “DTP (Direct to Patient) pharmacy” and other mechanism with a sustainable drug supply that improves access to affordable treatment.

- Implement healthcare insurance policies and NRDL that reduce patients’ financial burden and improve the affordability of care.

- Expand the indications for treatment of hepatitis B to enable expansion of the number of persons diagnosed and initiated on HBV treatment.


20. Shan, S., Wei, W., Kong, Y., Niu, J., Shang, J., Xie, W., Zhang, Y., Ren, H., Tang, H., Ding, H., Nan, Y., Dou, X., Han, T., Xu, X., Duan,


CHINA • HEPATITIS ELIMINATION PROFILE • UPDATED OCTOBER 25 2023

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NEXT STEPS

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.

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WORKING TOGETHER,
WE WILL ACHIEVE ELIMINATION.


43. Information communicated by China Liver Health

44. The Infectious Disease Reporting System of the China CDC


46. Pearl River Business Daily. (2023, May 17). The province’s first Spark project to eliminate the harm of viral hepatitis was launched in Jun’an, Shunde. http://www.foshan.gov.cn/zwgk/zwdt/wqdt/sdq/content/post_5609780.html

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