2018 National Viral Hepatitis Progress Report

The National Viral Hepatitis Progress Report provides information on seven data indicators, providing an objective way to assess progress toward achieving key viral hepatitis goals.

	2020 Goal	2014 Baseline	2015 Result	2016 Result (2016 Target*)	Status
Hepatitis A					
Increase the percentage of children aged 19–35 months who receive ≥2 doses of hepatitis A vaccine	85.0%	57.5%	59.6%	60.6% (66.7%)	→
Reduce the rate† of reported hepatitis A virus (HAV) infections	0.30	0.39	0.43	0.62 (0.36)	✗
Hepatitis B					
Increase the percentage of infants who receive hepatitis B vaccine within 3 days of birth	85.0%	72.4%	72.4%	71.1% (76.6%)	✗
Reduce the rate† of reported acute hepatitis B virus (HBV) infections among persons aged ≥19 years	0.50	1.16	1.38	1.31 (0.94)	→
Reduce the rate† of hepatitis B-related deaths	0.48	0.50	0.45	0.45 (0.49)	✓
Hepatitis C					
Reduce the rate† of reported acute hepatitis C virus (HCV) infections	0.25	0.73	0.81	0.98 (0.57)	✗
Reduce the rate† of hepatitis C-related deaths	4.17	5.01	4.91	4.45 (4.73)	✓

*Target for 2016 assumes a constant (linear) rate of change from the observed baseline (2014) to the 2020 goal
†Per 100,000 U.S. population

✓ 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

Findings highlight the importance of

- Vaccinating vulnerable populations against hepatitis A and B.
- Detecting and stopping ongoing transmission of HAV, HBV, and HCV.
- Improving testing and linkage to care and treatment for persons with chronic hepatitis B and C.

Improvements in these indicators can be achieved by

- Continuing to promote hepatitis A and hepatitis B childhood vaccination schedules and vaccination of at-risk adults according to Advisory Committee on Immunization Practices (ACIP) Vaccine Recommendations and Guidelines.
- Promoting evidence-based strategies to increase hepatitis A and hepatitis B vaccination as recommended by the Community Preventive Services Task Force.
- Supporting implementation of comprehensive community-level programs for people who inject drugs (e.g., access to syringe services programs, linkage to medication-assisted treatment programs, vaccination, testing, and treatment).
- Building capacity for states to collect and use a core set of surveillance data to detect populations at risk for HAV, HBV, or HCV infection.
- Increasing the proportion of persons receiving recommended testing for hepatitis B and/or hepatitis C.
- Increasing the proportion of persons currently infected with HBV or HCV who are referred for care and who receive appropriate treatment.
- Supporting research and development of a hepatitis C vaccine and new and more effective HBV anti-viral therapies with the goal of identifying a functional cure for hepatitis B.
- Fostering collaborations that increase HCV drug affordability, cost savings for payers, and access for patients.