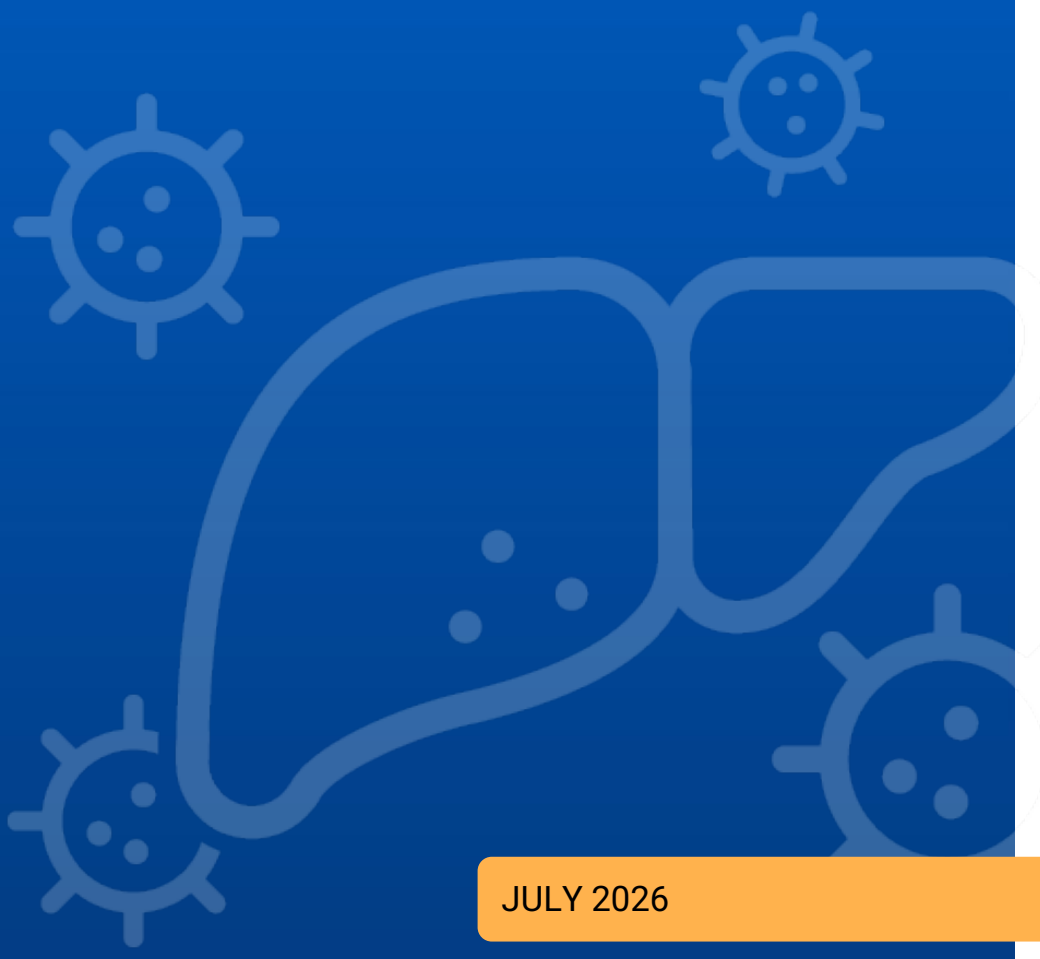
Division of Viral Hepatitis

2030 Strategic Plan



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Division of Viral Hepatitis 2030 Strategic Plan
National Center for HIV, Viral Hepatitis, STD, and TB Prevention
United States Centers for Disease Control and Prevention

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Message from the Director

On behalf of the Division of Viral Hepatitis (DVH) at the Centers for Disease Control and Prevention (CDC), I am pleased to present our five-year strategic plan to control and prevent viral hepatitis in the United States. In this document, DVH presents an update to the 2025 Strategic Plan, with DVH's 2030 goals and strategies to prevent new viral hepatitis infections, reduce viral hepatitis-related morbidity and mortality, reduce viral hepatitis-related disparities, and improve viral hepatitis surveillance for public health action.

The United States has the opportunity and the responsibility to eliminate viral hepatitis as a public health threat. Millions of people living in the United States have viral hepatitis, hundreds of thousands of whom do not know they are infected. Left undiagnosed and untreated, viral hepatitis can lead to serious liver damage, liver cancer, or death.

Fortunately, tools exist to prevent new infections of hepatitis A, hepatitis B, and hepatitis C, to treat people living with hepatitis B, and to cure people living with hepatitis C. Despite the availability of effective prevention tools and life-saving treatment, recently released viral hepatitis data reveal that more than 100,000 estimated new infections and over 12,000 reported viral hepatitis-related deaths occurred in the United States in 2024.

The goals and 2030 outcome measures developed for this strategic plan align with global and national hepatitis B and hepatitis C elimination goals aimed to reduce new infections by 90% and related deaths by 65% and build upon interim goals articulated and successes achieved through both the United States Department of Health and Human Services' and CDC's viral hepatitis 2025 strategic plans. As we transition to our 2030 strategic goals, we recognize both areas of promise as well as ongoing challenges in achieving the goals outlined in this plan.

Over the past 5 years, the United States has achieved substantial reductions in new cases of hepatitis A, with reported cases returning to levels observed prior to the unprecedented person-to-person outbreaks that began in 2016. Additionally, reductions have been achieved with respect to both hepatitis B and hepatitis C-related deaths, overall and among disproportionately impacted racial and ethnic groups. At the same time, the United States continues to observe more than 75,000 estimated acute hepatitis C virus infections each year,

predominantly associated with drug use. Disparities persist, and public health efforts have yet to reduce the incidence of acute hepatitis C. To achieve the 2030 goals to reduce new infections among all Americans, accelerated efforts are needed to expand early diagnosis, rapid linkage to life-saving treatment, and integrate prevention services across all settings, including those serving disproportionately impacted populations. Reaching and providing services to everyone with viral hepatitis, or those at risk of acquiring viral hepatitis, is essential. This requires addressing factors that limit access to care, create barriers to treatment, and challenge person-centered integration of prevention, diagnostic, and treatment services.

This plan addresses some of these challenges, including: increasing uptake of national viral hepatitis testing and vaccination recommendations; funding state and local health departments to expand viral hepatitis surveillance, testing, and treatment capacity; working with federal and state partners to increase access to high-quality diagnostics and affordable treatment; and providing integrated services, including same-encounter hepatitis C test-and-treat models of care. The goals outlined in this plan are ambitious. To achieve these goals nationally, we must continue to make progress, maximize resources, enhance cross-sector collaboration, and ensure that core viral hepatitis surveillance, prevention, testing, and linkage to care services are available to all Americans.

As we celebrate the 80th anniversary of CDC and reflect on the important progress we've all made in fighting viral hepatitis, we continue to forge ahead. Our efforts to prevent and treat disease now will have a lasting impact in improving the quality of life for countless Americans. Please join us in continuing the work to turn the tide on viral hepatitis and alter its trajectory in the United States.

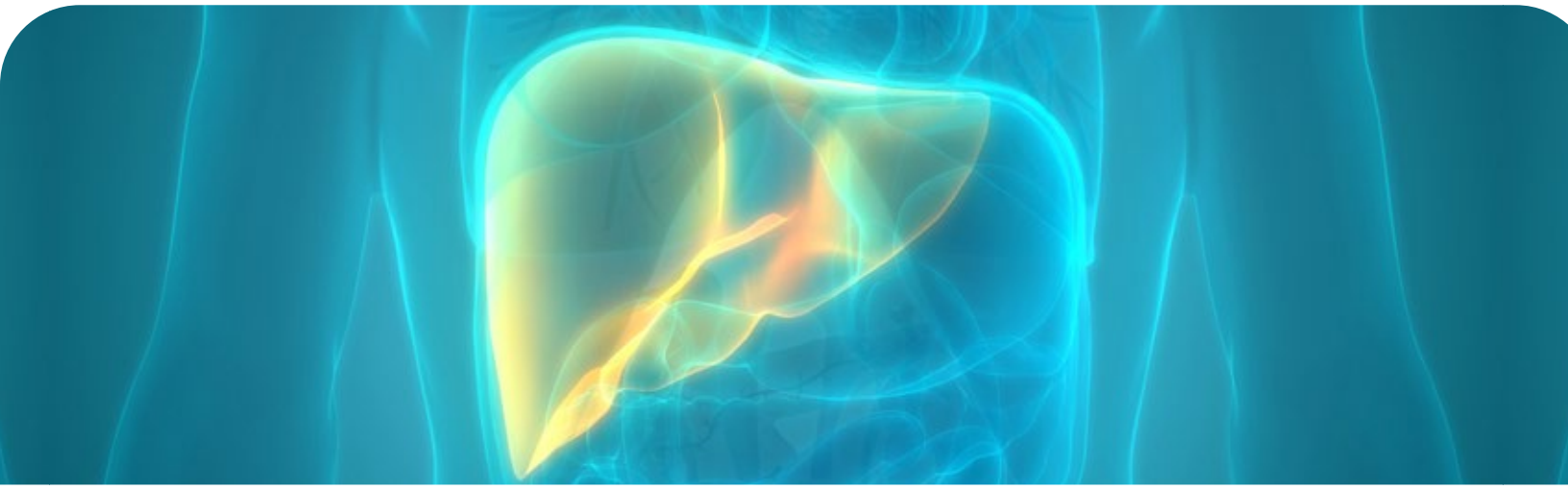
Carolyn Wester, MD, MPH
Director
Division of Viral Hepatitis
National Center for HIV, Viral Hepatitis, STD and TB Prevention
Centers for Disease Control and Prevention
www.cdc.gov/hepatitis

Executive Summary

The Division of Viral Hepatitis (DVH) is one of five divisions within the National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) at CDC. DVH is comprised of three branches—Prevention, Epidemiology and Surveillance, and Laboratory—and provides leadership in science and public health practices to prevent and control viral hepatitis by:

- Monitoring viral hepatitis disease trends;
- Detecting and responding to viral hepatitis outbreaks;
- Supporting state, local, tribal, and territorial capacity to conduct viral hepatitis surveillance and increase access to viral hepatitis prevention, diagnosis, and linkage to care services;
- Working with federal, state, and community partners as well as health care systems and providers to increase access to viral hepatitis prevention, diagnosis, and treatment services for all populations, including a focus on addressing viral hepatitis in key populations that are at higher risk for poorer health outcomes;
- Advancing viral hepatitis research;
- Developing and promoting viral hepatitis national testing and vaccination recommendations; and
- Increasing public awareness of viral hepatitis.

This strategic plan was developed by DVH's leadership team, with input from the entire Division and NCHHSTP leadership. DVH's 2030 Strategic Plan articulates DVH's vision, mission, core values, and goals. Each goal is further defined by specific, time-bound outcome measures, supporting objectives, and associated strategies. Data sources, baseline data, and selected 2030 outcome measures are all presented in this document.



DVH 2030 Strategic Plan

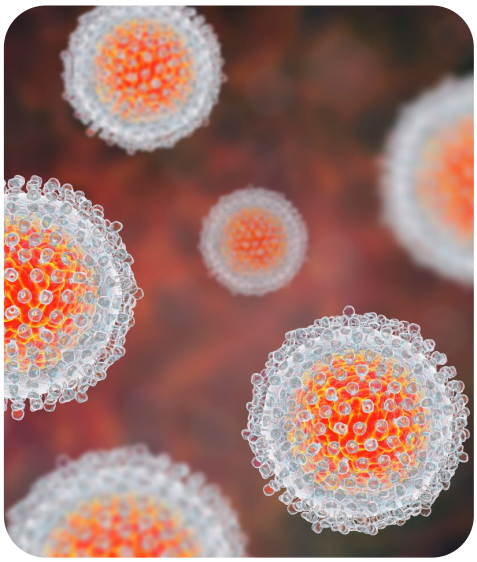
The 2030 Strategic Plan articulates the Centers for Disease Control and Prevention's Division of Viral Hepatitis (DVH) vision, mission, core values, and goals. Each goal is further defined by specific and time-sensitive outcome measures, supporting objectives, and associated strategies. Data sources, baseline data, 2025 incremental goals, and 2030 viral hepatitis elimination goals are all presented in this document.

Vision

A world free from viral hepatitis

Mission

To eliminate viral hepatitis through leadership in science, partnerships, and public health practices



Core Values

To eliminate viral hepatitis through leadership in science, partnerships, and public health practices

Accountability

Be a transparent and responsible steward of resources to maximize public health benefit

Collaboration

Forge productive engagement with internal and external partners to improve public health outcomes

Integrity

Be honest and ethical in all decisions and actions

Excellence

Achieve the highest standard of science and performance in all endeavors to promote DVH's mission

Innovation

Create an environment that fosters critical thinking, adaptability, and new ideas

Respect

Treat all persons with professionalism and dignity

Goals

1. **Prevent new viral hepatitis infections**
2. **Reduce viral hepatitis related morbidity and mortality**
3. **Reduce viral hepatitis related health disparities**
4. **Improve viral hepatitis surveillance for public health action**

Data Sources

Outcome / Indicator of Progress	Hepatitis Virus	Data Source	Data Year(s) Utilized		
			Baseline	2025 Goals	2030 Goals
New infections	A, B, C	NNDSS	2017	2023	2028
Deaths	B, C	NVSS	2017	2023	2028
Awareness of infection	B	NHANES	2013-2016	2021-2024	2025-2028
Viral clearance	C	NHANES	2013-2016	2021-2024	2025-2028

NNDSS = National Notifiable Diseases Surveillance System; **NVSS** = National Vital Statistics System; **NHANES** = National Health and Nutrition Examination Survey.

*Indicators of Progress are quantitative measures available for certain objectives.

Table 1. Summary of DVH's 2030 Strategic Plan: Goals, Objectives, Outcome Measures

Goal 1: Prevent new viral hepatitis infections	
Objectives	**Outcome Measures**
1.1: Increase hepatitis A and hepatitis B vaccination coverage among recommended groups	Reduce estimated new hepatitis A virus infections ≥40% by 2025 and ≥65% by 2030 compared to 2017 baseline data
1.2: Increase availability of viral hepatitis prevention services among key populations	Reduce estimated new hepatitis B virus infections ≥20% by 2025 and ≥90% by 2030 compared to 2017 baseline data

1.3: Decrease perinatal viral hepatitis infections	Reduce estimated new hepatitis C virus infections ≥20% by 2025 and ≥90% by 2030 compared to 2017 baseline data
Goal 2: Reduce viral hepatitis related morbidity and mortality	
Objectives 2.1: Increase proportion of people with hepatitis B who know their infection status 2.2: Increase the proportion of people with hepatitis C who know their infection status 2.3: Increase proportion of people with hepatitis B receiving care and treatment 2.4: Increase proportion of people with hepatitis C who have cleared hepatitis C virus infection	**Outcome Measures** Reduce reported rate of hepatitis B-related deaths ≥20% by 2025 and ≥65% by 2030 compared to 2017 baseline data Reduce reported rate of hepatitis C-related deaths ≥20% by 2025 and ≥65% by 2030 compared to 2017 baseline data
Goal 3: Reduce viral hepatitis related disparities	
Objectives 3.1: Strengthen access to hepatitis B and hepatitis C prevention, testing, and treatment services and expand uptake among people who use drugs (PWUD) 3.2: Strengthen access to hepatitis B and hepatitis C prevention, testing, and treatment services and expand uptake among disproportionately affected racial/ethnic groups 3.3: Expand to hepatitis B and hepatitis C prevention, testing, and treatment services in carceral settings	**Outcome Measures** Reduce reported rate of new hepatitis B virus infections among persons who inject drugs (PWID)* ≥25% by 2025 and ≥90% by 2030 compared to 2017 baseline data Reduce reported rate of new hepatitis C virus infections among PWID* ≥25% by 2025 and ≥90% by 2030 compared to 2017 baseline data Reduce reported rate of hepatitis B-related deaths among non-Hispanic Asian and Pacific Islander (A/PI) persons ≥25% by 2025 and ≥65% by 2030 compared to 2017 baseline data Reduce reported rate of hepatitis C-related deaths among non-Hispanic American Indian and Alaska Native (AI/AN) persons ≥30% by 2025 and ≥65% by 2030 compared to 2017 baseline data Reduce reported rate of hepatitis C-related deaths among non-Hispanic Black persons ≥30% by 2025 and ≥65% by 2030 compared to 2017 baseline

	data
Goal 4: Improve viral hepatitis surveillance for public health action	
Objectives 4.1: Strengthen viral hepatitis surveillance capacity at the jurisdictional level 4.2: Improve jurisdictional capability to detect and respond to viral hepatitis outbreaks 4.3: Increase CDC and jurisdictional capability to collect, analyze, disseminate and use viral hepatitis data for public health action 4.4: Increase capability to monitor and report viral hepatitis prevalence, elimination outcomes, and programmatic data nationally	**Outcome Measures** Increase the proportion of funded jurisdictions that report all viral hepatitis notifiable conditions (hepatitis A, acute/chronic/perinatal hepatitis B, acute/chronic/perinatal hepatitis C) to CDC to 90% by 2030 Increase the proportion of funded jurisdictions that meet CDC quality standards for completeness and timeliness to 90% by 2030 Increase the proportion of funded jurisdictions that annually analyze and disseminate surveillance data for public health action to 90% by 2030

HAV = hepatitis A virus; HBV = hepatitis B virus; HCV = hepatitis C virus; PWUD = people who use drugs; PWID = people who inject drugs; A/PI = Asian and Pacific Islander persons; AI/AN = American Indian and Alaska Native persons; *18–40-year-olds serve as a proxy for PWID.

Goal #1: Prevent new viral hepatitis infections

Outcome Measures

- **Reduce estimated new hepatitis A virus infections ≥40% by 2025 and ≥65% by 2030 compared to 2017 baseline data**
  - » Reduce estimated new hepatitis A virus infections from 6,700 in 2017 to ≤4,000 in 2023 and ≤2,500 in 2028
- **Reduce estimated new hepatitis B virus infections ≥20% by 2025 and ≥90% by 2030 compared to 2017 baseline data**
  - » Reduce estimated new hepatitis B virus infections from 22,200 in 2017 to ≤18,000 in 2023 and ≤2,200 in 2028
- **Reduce estimated new hepatitis C virus infections ≥20% by 2025 and ≥90% by 2030 compared to 2017 baseline data**
  - » Reduce estimated new hepatitis C virus infections from 44,700 in 2017 to ≤35,000 in 2023 and ≤4,400 in 2028

Objectives / Strategies

OBJECTIVE 1.1: Increase hepatitis A and hepatitis B vaccination coverage among recommended groups

- STRATEGY 1.1.1: Increase awareness and promote implementation of hepatitis A and hepatitis B vaccination recommendations among health care providers
- STRATEGY 1.1.2: Monitor implementation and uptake of hepatitis A and hepatitis B vaccinations among recommended groups

OBJECTIVE 1.2: Increase uptake of viral hepatitis prevention services among key populations

- STRATEGY 1.2.1: Develop and promote technical guidance for viral hepatitis prevention best practices and service integration in settings serving key populations
- STRATEGY 1.2.2: Engage with partners to develop and disseminate viral hepatitis prevention educational resources for key populations
- STRATEGY 1.2.3: Increase access to hepatitis A and hepatitis B vaccine among key populations
- STRATEGY 1.2.4: Engage with partners to increase access and linkage to viral hepatitis prevention services for key populations

OBJECTIVE 1.3: Decrease perinatal viral hepatitis infections

- STRATEGY 1.3.1: Increase hepatitis B “birth dose” (0–1 day) vaccination coverage among recommended populations
- STRATEGY 1.3.2: Increase coordination and collaboration with perinatal programs to identify and link pregnant women with hepatitis B virus (HBV) infection to care and treatment, and promote delivery of timely prevention services and testing as appropriate among perinatally-exposed infants
- STRATEGY 1.3.3: Establish perinatal programs to identify and link hepatitis C-infected pregnant women to care and treatment, and promote testing and treatment as appropriate among perinatally-exposed infants
- STRATEGY 1.3.4: Partner to prevent perinatal HBV infections globally to support efforts to make America safer and more prosperous by preventing and controlling hepatitis B overseas to slow the spread in the United States

Goal #2: Reduce viral hepatitis-related morbidity and mortality

Outcome Measures

- **Reduce reported rate of hepatitis B-related deaths ≥20% by 2025 and ≥65% by 2030 compared to 2017 baseline data**
  - » Reduce reported rate of hepatitis B-related deaths per 100,000 population from 0.46 in 2017 to ≤0.37 in 2023 and ≤0.16 in 2028
- **Reduce reported rate of hepatitis C-related deaths ≥20% by 2025 and ≥65% by 2030 compared to 2017 baseline data**
  - » Reduce reported rate of hepatitis C-related deaths per 100,000 population from 4.13 in 2017 to ≤3.00 in 2023 and ≤1.44 in 2028

Objectives / Strategies

OBJECTIVE 2.1: Increase proportion of people with hepatitis B who know their infection status

- ***Indicator of Progress:*** Increase proportion of people with hepatitis B who know their infection status ≥55% by 2025 and ≥180% by 2030 compared to baseline
  - » Increase the proportion of people with hepatitis B who know their infection status from 32% in 2013–2016 to ≥50% in 2021–2024 and ≥90% in 2025–2028
- STRATEGY 2.1.1: Increase the availability and implementation of hepatitis B virus (HBV) point-of-care testing among key populations
- STRATEGY 2.1.2: Increase provider awareness and implementation of hepatitis B screening and testing recommendations
- STRATEGY 2.1.3: Increase awareness and access to hepatitis B testing among key populations
- STRATEGY 2.1.4: Partner to increase access to and uptake of HBV screening globally with a focus on high burden countries to support efforts to make America safer and more prosperous by preventing and controlling hepatitis B overseas to slow the spread in the United States

OBJECTIVE 2.2: Increase the proportion of people with hepatitis C who know their infection status

- STRATEGY 2.2.1: Increase the availability and implementation of hepatitis C virus (HCV) point-of-care testing among key populations

- STRATEGY 2.2.2: Increase provider awareness and implementation of HCV screening and testing recommendations
- STRATEGY 2.2.3: Increase access to hepatitis C testing among recommended groups
- STRATEGY 2.2.4: Partner to increase access to and uptake of HCV screening globally with a focus on high burden countries to support efforts to make America safer and more prosperous by applying experience gained in international settings to inform hepatitis C elimination in the United States

OBJECTIVE 2.3: Increase proportion of people with hepatitis B receiving care and treatment

- STRATEGY 2.3.1: Support jurisdictional hepatitis B elimination planning and implementation
- STRATEGY 2.3.2: Increase provider awareness and implementation of hepatitis B treatment recommendations
- STRATEGY 2.3.3: Provide technical assistance and promote best practices among hepatitis B treatment providers and patient navigators
- STRATEGY 2.3.4: Increase provider awareness of and testing for hepatitis D among patients with chronic hepatitis B as appropriate
- STRATEGY 2.3.5: Partner to increase access to and uptake of hepatitis B treatment globally with a focus on high burden countries to support efforts to make America safer and more prosperous by preventing and controlling hepatitis B overseas to slow the spread in the United States

OBJECTIVE 2.4: Increase proportion of people with hepatitis C who have cleared hepatitis C virus infection

- ***Indicator of Progress:*** Increase proportion of people with hepatitis C who have cleared hepatitis C virus infection ≥35% by 2025 and ≥85% by 2030 compared to baseline
  - » Increase proportion of people with hepatitis C who have cleared hepatitis C virus infection from 43% in 2013–2016 to ≥58% in 2021–2024 and ≥80% in 2025–2028
- STRATEGY 2.4.1: Support jurisdictions in their efforts to plan and implement hepatitis C elimination programs
- STRATEGY 2.4.2: Facilitate policies that promote increased access to hepatitis C treatment
- STRATEGY 2.4.3: Increase provider awareness and implementation of hepatitis C treatment recommendations

- STRATEGY 2.4.4: Expand capacity for providers serving key populations to rapidly initiate hepatitis C treatment in the range of settings where people with hepatitis C receive care
- STRATEGY 2.4.5: Provide technical assistance and promote best practices among hepatitis C treatment providers and patient navigators
- STRATEGY 2.4.6: Partner to increase access to and uptake of hepatitis C treatment globally with a focus on high burden countries to make America safer and more prosperous by applying experience gained in international settings to inform hepatitis C elimination in the United States

Goal #3: Reduce viral hepatitis related health disparities

Outcome Measures

- **Reduce reported rate of new hepatitis B virus infections among persons who inject drugs (PWID)* ≥25% by 2025 and ≥90% by 2030 compared to 2017 baseline data**
  - » Reduce reported rate of new hepatitis B virus infections among PWID* per 100,000 population from 1.4 in 2017 to ≤1.0 in 2023 and ≤0.1 in 2028
- **Reduce reported rate of new hepatitis C virus infections among PWID* ≥25% by 2025 and ≥90% by 2030 compared to 2017 baseline data**
  - » Reduce reported rate of new hepatitis C virus infections among PWID* per 100,000 population from 2.3 in 2017 to ≤1.7 in 2023 and ≤0.2 in 2028
- **Reduce reported rate of hepatitis B-related deaths among non-Hispanic Asian and Pacific Islander (A/PI) persons ≥25% by 2025 and ≥65% by 2030 compared to 2017 baseline data**
  - » Reduce reported rate of hepatitis B-related deaths among non-Hispanic A/PI persons per 100,000 population from 2.45 in 2017 to ≤1.84 in 2023 and ≤0.86 in 2028
- **Reduce reported rate of hepatitis C-related deaths among non-Hispanic American Indian and Alaska Native (AI/AN) persons ≥30% by 2025 and ≥65% by 2030 compared to 2017 baseline data**
  - » Reduce reported rate of hepatitis C-related deaths among AI/AN persons per 100,000 population from 10.24 in 2017 to ≤7.17 in 2023 and ≤3.58 in 2028
- **Reduce reported rate of hepatitis C-related deaths among non-Hispanic Black persons ≥30% by 2025 and ≥65% by 2030 compared to 2017 baseline data**
  - » Reduce reported rate of hepatitis C-related deaths among non-Hispanic Black persons per 100,000 population from 7.03 in 2017 to ≤4.92 in 2023 and ≤2.46 in 2028

*18–40-year-olds serve as a proxy for PWID.

Objectives / Strategies

OBJECTIVE 3.1: Strengthen access to hepatitis B and hepatitis C prevention, testing, and treatment services and expand uptake among people who use drugs (PWUD)

- STRATEGY 3.1.1: Develop and disseminate hepatitis B and hepatitis C educational and communication materials tailored to PWUD and their service providers
- STRATEGY 3.1.2: Develop, implement, and evaluate evidence-based interventions to increase hepatitis B and hepatitis C prevention, testing and treatment among PWUD
- STRATEGY 3.1.3: Partner to increase implementation and improve delivery of hepatitis B and hepatitis C prevention, testing, and treatment among PWUD
- STRATEGY 3.1.4: Monitor and evaluate disease burden, epidemiologic trends, and policies impacting hepatitis B and hepatitis C prevention, testing and treatment among PWUD

OBJECTIVE 3.2: Strengthen access to hepatitis B and hepatitis C prevention, testing, and treatment services and expand uptake among disproportionately affected racial/ethnic groups

- STRATEGY 3.2.1: Develop and disseminate hepatitis B or hepatitis C educational materials tailored to non-Hispanic Asian and Pacific Islander, American Indian and Alaska Native, and non-Hispanic Black patients and their providers
- STRATEGY 3.2.2: Support the availability of hepatitis B prevention, testing and linkage to care and treatment among Asian and Pacific Islander persons
- STRATEGY 3.2.3: Support the availability of hepatitis C prevention, testing and linkage to treatment among non-Hispanic American Indian and Alaska Native, and non-Hispanic Black persons
- STRATEGY 3.2.4: Partner to increase implementation and improve delivery of hepatitis B and hepatitis C prevention, testing, and treatment among disproportionately affected racial/ethnic groups
- STRATEGY 3.2.5: Monitor and evaluate disease burden, epidemiologic trends, and laws/policies impacting prevention, testing, and care and treatment of hepatitis B among non-Hispanic Asian and Pacific Islander persons
- STRATEGY 3.2.6: Monitor and evaluate disease burden, epidemiologic trends, and laws/policies impacting prevention, testing and treatment of hepatitis C among non-Hispanic American Indian and Alaska Native, and non-Hispanic Black persons

OBJECTIVE 3.3: Expand to hepatitis B and hepatitis C prevention, testing, and treatment services in carceral settings

- STRATEGY 3.3.1: Develop and disseminate hepatitis B and hepatitis C educational materials tailored to persons in carceral settings and their service providers
- STRATEGY 3.3.2: Expand hepatitis B and hepatitis C testing and linkage to prevention and treatment services in carceral settings

- STRATEGY 3.3.3: Partner to increase implementation and improve delivery of hepatitis B and hepatitis C prevention, testing and treatment in carceral settings
- STRATEGY 3.3.4: Monitor and evaluate disease burden, epidemiologic trends, and laws/policies impacting access to hepatitis B and hepatitis C prevention, testing and treatment services in carceral settings

Goal #4: Improve viral hepatitis surveillance for public health action

Outcome Measures

- **Increase the proportion of funded jurisdictions that report all viral hepatitis notifiable conditions (hepatitis A, acute/chronic/perinatal hepatitis B, acute/chronic/perinatal hepatitis C) to CDC to 90% by 2030**
- **Increase the proportion of funded jurisdictions that meet CDC quality standards for completeness and timeliness to 90% by 2030**
- **Increase the proportion of funded jurisdictions that annually analyze and disseminate surveillance data for public health action to 90% by 2030**

Objectives / Strategies

OBJECTIVE 4.1: Strengthen viral hepatitis surveillance capacity at the jurisdictional level

- STRATEGY 4.1.1: Support jurisdictions to conduct comprehensive viral hepatitis surveillance meeting CDC data quality standards for timeliness and completeness
- STRATEGY 4.1.2: Provide jurisdictions with technical guidance to improve viral hepatitis surveillance processes, timeliness and completeness
- STRATEGY 4.1.3: Conduct gap analysis of viral hepatitis surveillance capability, such as public health reporting of viral hepatitis point-of-care test results, for program improvement

OBJECTIVE 4.2: Improve jurisdictional capability to detect and respond to viral hepatitis outbreaks

- STRATEGY 4.2.1: Provide technical guidance for the development of jurisdictional-level viral hepatitis outbreak planning and response
- STRATEGY 4.2.2: Support jurisdictions to increase capability to routinely conduct hepatitis B and hepatitis C testing in public health laboratories
- STRATEGY 4.2.3: Improve and apply available laboratory technology to detect and respond to viral hepatitis outbreaks

OBJECTIVE 4.3: Increase CDC and jurisdictional capability to collect, analyze, disseminate and use viral hepatitis data for public health action

- STRATEGY 4.3.1: Support jurisdictions to expand analysis and use of hepatitis B and hepatitis C care cascades for public health action
- STRATEGY 4.3.2: Provide standardized guidance for developing jurisdictional annual surveillance reports
- STRATEGY 4.3.3: Expand use of data science tools for visualizing hepatitis surveillance data to inform public health action

OBJECTIVE 4.4: Increase capability to monitor and report viral hepatitis prevalence, elimination outcomes, and programmatic data nationally

- STRATEGY 4.4.1: Develop and implement novel strategies to generate timely estimates of national hepatitis B and hepatitis C disease burden
- STRATEGY 4.4.2: Develop and use data platforms to monitor progress toward national viral hepatitis elimination in the general population and among key populations
- STRATEGY 4.4.3: Improve capability to monitor viral hepatitis outcomes and prevention service uptake among key populations, including PWUD

Summary of Outcome Measures and Indicators of Progress

Table 2. Summary of Outcome Measures and Indicators of Progress: Baseline, 2025 Goals, 2030 Goals

Category	Baseline	2025 Goals	2030 Goals	Approximate ↓ or ↑* for 2025/2030
Goal 1: Prevent new viral hepatitis infections (estimated cases)				
Hepatitis A	6,700	≤4,000	≤2,500	↓40%/↓65%
Acute hepatitis B	22,200	≤18,000	≤2,200	↓20%/↓90%
Acute hepatitis C	44,700	≤35,000	≤4,400	↓20%/↓90%
Goal 2: Reduce viral hepatitis related morbidity and mortality (reported death rates)				
Hepatitis B-related	0.46	≤0.37	≤0.16	↓20%/↓65%
Hepatitis C-related	4.13	≤3.00	≤1.44	↓25%/↓65%
Goal 3: Reduce viral hepatitis related health disparities (reported case rates)				
Acute hepatitis B, PWID[≠]	1.4	≤1.0	≤0.1	↓30%/↓90%
Hepatitis B-related deaths, n-H A/PI	2.45	≤1.84	≤0.86	↓25%/↓65%
Acute hepatitis C, PWID[≠]	2.3	≤1.7	≤0.2	↓25%/↓90%
Hepatitis C-related deaths, n-H AI/AN	10.24	≤7.17	≤3.58	↓30%/↓65%
Hepatitis C-related deaths, n-H/B	7.03	≤4.92	≤2.46	↓30%/↓65%
Indicators of Progress				
2.1: % Hepatitis B aware of infection	32% (2013–2016)	≥50% (2021–2024)	≥90% (2025–2028)	↑55% (2021–2024)/ ↑180% (2025–2028)
2.4: % Hepatitis C viral clearance	43% (2013–2016)	≥58% (2021–2024)	≥80% (2025–2028)	↑35% (2021–2024)/ ↑85% (2025–2028)

Note: Unless otherwise noted, baseline data are from 2017, 2025 goals are based on 2023

data, and 2030 goals are based on 2028 data. Rates are per 100,000 population.

*Reductions are compared to 2017, unless otherwise noted.

[ǂ]18–40-year-olds serve as a proxy for persons who inject drugs (PWID).

n-H A/PI = non-Hispanic Asian and Pacific Islander persons; n-H AI/AN = non-Hispanic American Indian and Alaska Native persons; n-H/B = non-Hispanic Black persons

For More Information

U.S. Centers for Disease Control and Prevention

National Center for HIV, Viral Hepatitis, STD, and TB Prevention

Division of Viral Hepatitis

Web: http://www.cdc.gov/hepatitis

CDC-Info

Web: https://www.cdc.gov/cdc-info/

Telephone: 1-800-CDC-INFO (232-4636); TTY: 1-888-232-6348

Email Form: https://wwwn.cdc.gov/dcs/ContactUs/Form