DIVISION OF VIRAL HEPATITIS

2025 STRATEGIC PLAN

Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

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Message from the Director

On behalf of the Centers for Disease Control and Prevention's Division of Viral Hepatitis, I am pleased to present our five-year strategic plan to prevent and control viral hepatitis in the United States.

The United States has the opportunity and the responsibility to eliminate viral hepatitis as a public health threat. Tools exist to prevent new cases of hepatitis A, hepatitis B, and hepatitis C, to treat people living with hepatitis B, and to cure people living with hepatitis C. Yet new cases of viral hepatitis continue to rise, many people infected with viral hepatitis remain undiagnosed, and far too many viral hepatitis-related deaths occur in the United States each year.

In this document, CDC's Division of Viral Hepatitis (DVH) presents its 2025 goals and strategies to **reduce new viral hepatitis infections**, **reduce viral hepatitis-related morbidity and mortality, and reduce viral hepatitis-related disparities**. CDC recognizes the important role disease surveillance plays in outbreak detection and response, characterizing disease burden, and monitoring progress in achieving public health goals. Therefore, this strategic plan introduces a fourth goal — to **establish comprehensive national viral hepatitis surveillance**.

In developing 2025 outcome measures for this strategic plan, CDC's DVH was mindful of existing global goals to eliminate viral hepatitis as a public health threat by 2030 (e.g., to reduce new hepatitis B and hepatitis C virus infections by 90% and hepatitis B and hepatitis C-related deaths by 65%), and that new cases of viral hepatitis in the United States continue to rise. Progress towards 2030 goals requires changing this trajectory; therefore, gains made between now and 2030 are not expected to be achieved linearly. Accordingly, DVH has established incremental yet robust outcome measures for 2025. Challenges exist with respect to achieving the goals outlined in this plan. Rates of reported cases of hepatitis A have increased dramatically as a result of multiple state outbreaks affecting people who use drugs and people experiencing homelessness, and reported cases of hepatitis C have increased substantially with injection drug use as the primary route of transmission.

Reaching and providing services to people who inject drugs (PWID) is critical to achieving the goals in this plan and will require addressing factors that complicate access to care in this population, including pervasive stigma, barriers to treatment for people with active substance use disorder, and challenges related to incarceration and housing instability. This plan addresses some of these challenges, including: developing and promoting updated national viral hepatitis testing and vaccination recommendations; funding state and local health departments to expand viral hepatitis surveillance and promote testing; working with federal and state partners to increase access to high-quality diagnostics and affordable treatment for *all* populations, including PWID, justice-involved populations, and disproportionately impacted racial/ethnic groups; and simplifying, integrating, and decentralizing services to meet the needs of PWID.

The goals outlined in this plan are ambitious. We must continue to maximize existing resources and work across sectors and disease program areas. Existing resources will enable us to move toward these goals; however, achieving these goals nationally will be difficult without additional investments ensuring that core viral hepatitis surveillance, prevention, testing, and linkage to care services are available across *all* populations.

The stakes are high. Our efforts to prevent and treat disease now will have a lasting impact. Please join us in turning the tide on viral hepatitis; the next five years will be critical for changing the trajectory of viral hepatitis in the United States, once and for all.

Carolyn Wester, MD, MPH
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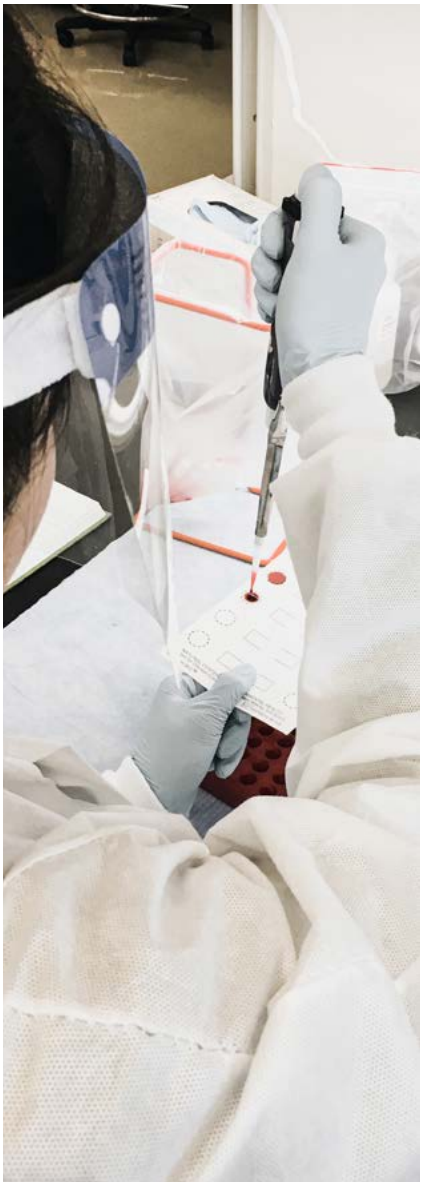
Executive Summary

The Division of Viral Hepatitis (DVH) is one of five divisions within the National Center for HIV/AIDS, 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 disproportionately affected populations (e.g., people with substance use disorder, justice-involved populations, people living with HIV)
- Advancing viral hepatitis research
- Developing and promoting viral hepatitis national testing and vaccination recommendations
- Increasing public awareness of viral hepatitis

This strategic plan was developed by DVH's leadership team from May through December 2019, with input from the entire Division and NCHHSTP leadership.

Special recognition goes to the following DVH staff for their significant contributions to the development of this plan:

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DVH's 2025 Strategic Plan articulates DVH's **vision**, **mission**, **core values**, and **goals**. Each goal is further defined by specific and time-bound outcome measures and supporting objectives and associated strategies. Data sources, baseline data, and selected 2025 targets in the context of 2030 aspirational goals are all presented in this document.

DVH's 2025 Strategic Plan

Our Vision

A world without viral hepatitis

Our Mission

To end the viral hepatitis epidemics through leadership in science and public health practices

Core Values

Respect: Treat persons with professionalism and dignity, and embrace inclusivity and diversity

Innovation: Create an environment that encourages and cultivates new ideas and critical thinking

Integrity: Communicate openly, and use honesty and ethics in all decisions and actions

Accountability: Be a diligent steward of resources and be responsible in all actions and interactions

Excellence: Achieve the highest standard of performance in all endeavors promoting DVH's public health mission

Collaboration: Ensure productive engagement and transparency with internal and external partners

Goals

Goal 1: Reduce new viral hepatitis infections

Goal 2: Reduce viral hepatitis-related morbidity and mortality

Goal 3: Reduce viral hepatitis-related disparities

Goal 4: Establish comprehensive national viral hepatitis surveillance for public health action

Data Sources

Goal / Indicator of Progress*	Hepatitis Virus	Data Source	Data Utilized		
			Baseline	2025 Goals	2030 Goals
New infections	A, B, C	NNDSS	2017	2023	2028
Birth dose vaccination	B	NIS - Child	2015–2016 birth years	2021–2022 birth years	2026–2027 birth years
Deaths	B, C	NVSS	2017	2023	2028
Awareness of infection	B	NHANES	2013–2016	2021–2024	2025–2028
Engagement in care	B	NHANES	2013–2016	2021–2024	2025–2028
Viral clearance	C	NHANES	2013–2016	2021–2024	2025–2028

NNDSS = National Notifiable Diseases Surveillance System; NIS - Child = National Immunization Survey-Child (children 19 to 35 months old); NVSS = National Vital Statistics System; NHANES = National Health and Nutrition Examination Survey.

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

Summary of DVH's 2025 Strategic Plan: Goals, Objectives, Outcome Measures

Goal 1: Reduce new viral hepatitis infections

Objectives

1.1: Increase hepatitis A and hepatitis B vaccination coverage among at-risk adults and in high-impact settings

1.2: Reduce rates of high-risk drug use associated with new viral hepatitis cases

1.3: Decrease perinatal viral hepatitis infections

Outcome Measures

Reduce estimated new HAV infections from 6,700 in 2017 to ≤ 4,000 in 2023 and ≤ 2,500 in 2028

Reduce estimated new HBV infections from 22,200 in 2017 to ≤ 18,000 in 2023 and ≤ 2,200 in 2028

Reduce estimated new HCV infections from 44,700 in 2017 to ≤ 35,000 in 2023 and ≤ 4,400 in 2028

HAV = hepatitis A virus; HBV = hepatitis B virus; HCV = hepatitis C virus

Goal 2: Reduce viral hepatitis-related morbidity and mortality

Objectives

2.1: Increase proportion of people with hepatitis B who know their infection status ≥ 55% by 2025 and ≥ 180% by 2030

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

2.3: Increase proportion of people with hepatitis B engaged in hepatitis B-directed medical care ≥ 55% by 2025 and ≥ 210% by 2030

2.4: Increase proportion of people with hepatitis C who have cleared hepatitis C virus infection ≥ 35% by 2025 and ≥ 85% by 2030

Outcome Measures

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 per 100,000 population from 4.13 in 2017 to ≤ 3.00 in 2023 and ≤ 1.44 in 2028

Goal 3: Reduce viral hepatitis-related disparities

Objectives

3.1: Increase utilization of hepatitis B and hepatitis C prevention services among PWID

3.2: Increase utilization of hepatitis B and hepatitis C testing and linkage to care among disproportionately affected racial/ethnic groups

Outcome Measures

Reduce reported rate of new HBV 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 HCV 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 A/PIs 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 AI/ANs 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 Blacks per 100,000 population from 7.03 in 2017 to ≤ 4.92 in 2023 and ≤ 2.46 in 2028

PWID = people who inject drugs; A/PIs = Asians and Pacific Islanders; AI/ANs = American Indians and Alaska Natives; *18-40 year-olds serve as a proxy for PWID.

Goal 4: Establish comprehensive national viral hepatitis surveillance for public health action

Objectives

4.1: Strengthen capacity of jurisdictions to accurately report and describe the burden of viral hepatitis in their jurisdiction

4.2: Strengthen capacity of jurisdictions to analyze, describe, and disseminate their viral hepatitis data for public health action

Outcome Measures

Increase proportion of funded jurisdictions that report all viral hepatitis notifiable conditions to CDC to 90% by 2025

Increase proportion of funded jurisdictions that meet CDC quality standards for completeness and timeliness to 90% by 2025

Increase proportion of funded jurisdictions that have analyzed and disseminated surveillance data for public health action to 90% by 2025

Increase proportion of all viral hepatitis clusters/outbreaks that are reported to CDC within 30 days to 90% by 2022

GOAL 1

Reduce new viral hepatitis infections

Outcome Measures

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 from **22,200** in **2017** to **≤ 18,000** in **2023** and **≤ 2,200** in **2028**

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 at-risk adults and in high-impact settings

- **STRATEGY 1.1.1:** Update Advisory Committee on Immunization Practices (ACIP) adult hepatitis B vaccination recommendations
- **STRATEGY 1.1.2:** Promote implementation of ACIP hepatitis A and hepatitis B vaccination recommendations among recommended groups
- **STRATEGY 1.1.3:** Increase access to hepatitis A and hepatitis B vaccine among at-risk adult populations and in high-impact settings
- **STRATEGY 1.1.4:** Increase tracking of implementation of ACIP adult hepatitis A and hepatitis B vaccination recommendations

OBJECTIVE 1.2: Reduce rates of high-risk drug use associated with new viral hepatitis cases

- **STRATEGY 1.2.1:** Develop evidence-based educational resources for federal, state, and local partners
- **STRATEGY 1.2.2:** Partner with federal agencies, state and local health departments, providers, and community organizations to develop and promote quality comprehensive harm reduction strategies or interventions, including syringe services programs (SSPs)
- **STRATEGY 1.2.3:** Partner with federal agencies, providers, and organizations working with at-risk populations to ensure linkage and access to viral hepatitis prevention services
- **STRATEGY 1.2.4:** Develop prevention and control guidelines or best practices for use in correctional settings

OBJECTIVE 1.3: Decrease perinatal viral hepatitis infections

- **STRATEGY 1.3.1:** Increase the rate of hepatitis B "birth dose" (0–1 day) vaccination
  - **Indicator of Progress:** Increase the rate of hepatitis B "birth dose" (0–1 day) vaccination from 67% in 2015–2016 birth years to ≥ 75% in 2021–2022 birth years and ≥ 90% in 2026–2027 birth years
- **STRATEGY 1.3.2:** Increase coordination and collaboration with perinatal programs to identify hepatitis B- and hepatitis C-infected mothers, ensure linkage to care, and promote testing

GOAL 2

Reduce viral hepatitis–related morbidity and mortality

Outcome Measures

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 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 from 32% in 2013–2016 to ≥ 50% in 2021–2024 and ≥ 90% in 2025–2028
- **STRATEGY 2.1.1:** Update hepatitis B testing recommendations
- **STRATEGY 2.1.2:** Increase availability of and access to hepatitis B testing
- **STRATEGY 2.1.3:** Increase provider and patient awareness of hepatitis B testing recommendations
- **STRATEGY 2.1.4:** Increase implementation of hepatitis B testing recommendations among providers
- **STRATEGY 2.1.5:** Expand access to and uptake of hepatitis B testing among at-risk populations

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

- **STRATEGY 2.2.1:** Update hepatitis C testing recommendations
- **STRATEGY 2.2.2:** Increase availability of and access to hepatitis C testing
- **STRATEGY 2.2.3:** Increase provider and patient awareness of hepatitis C testing recommendations
- **STRATEGY 2.2.4:** Increase implementation of hepatitis C testing recommendations among providers
- **STRATEGY 2.2.5:** Expand access to and uptake of hepatitis C testing among at-risk populations

OBJECTIVE 2.3: Increase proportion of people with hepatitis B engaged in hepatitis B-directed medical care

- **Indicator of Progress:** Increase proportion of people with hepatitis B engaged in hepatitis B-directed medical care from 26% in 2013–2016 to ≥ 40% in 2021–2024 and ≥ 80% in 2025–2028
- **STRATEGY 2.3.1:** Increase provider education of hepatitis B treatment recommendations
- **STRATEGY 2.3.2:** Support jurisdictional hepatitis B elimination planning
- **STRATEGY 2.3.3:** Support technical assistance and sharing of best practices among hepatitis B treatment providers and patient navigators

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 from 43% in 2013–2016 to ≥ 58% in 2021–2024 and ≥ 80% in 2025–2028
- **STRATEGY 2.4.1:** Expand capacity for non-specialists to prescribe hepatitis C treatment
- **STRATEGY 2.4.2:** Facilitate policies that promote increased access to affordable hepatitis C treatment
- **STRATEGY 2.4.3:** Increase provider education of hepatitis C treatment recommendations
- **STRATEGY 2.4.4:** Support jurisdictional hepatitis C elimination planning
- **STRATEGY 2.4.5:** Support technical assistance and sharing of best practices among hepatitis C treatment providers and patient navigators

GOAL 3

Reduce viral hepatitis-related disparities

Outcome Measures

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* 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 A/PIs 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 AI/ANs 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 Blacks per 100,000 population from **7.03** in **2017** to **≤ 4.92** in **2023** and **≤ 2.46** in **2028**

Objectives / Strategies

OBJECTIVE 3.1: Increase utilization of hepatitis B and hepatitis C prevention services among PWID

- **STRATEGY 3.1.1:** Develop and disseminate audience-friendly, educationally appropriate, culturally competent, and linguistically appropriate hepatitis B and hepatitis C educational materials to PWID and their service providers
- **STRATEGY 3.1.2:** Update CDC education materials and communication campaigns based on updated testing recommendations to increase hepatitis B and hepatitis C testing among PWID
- **STRATEGY 3.1.3:** Develop, implement, and evaluate evidence-based interventions designed to reduce disparities among PWID

OBJECTIVE 3.2: Increase utilization of hepatitis B and hepatitis C testing and linkage to care among disproportionately affected racial/ethnic groups

- **STRATEGY 3.2.1:** Develop and disseminate audience-friendly, educationally appropriate, culturally competent, and linguistically appropriate hepatitis B and hepatitis C educational materials to A/PI, AI/AN, and non-Hispanic Black patients and their providers
- **STRATEGY 3.2.2:** Support availability of hepatitis B testing and linkage to care among A/PIs
- **STRATEGY 3.2.3:** Support availability of hepatitis C testing and linkage to care among AI/ANs and non-Hispanic Blacks
- **STRATEGY 3.2.4:** Monitor and evaluate disease burden, epidemiologic trends, and laws/policies impacting testing, care, and treatment of hepatitis B infection among A/PIs
- **STRATEGY 3.2.5:** Monitor and evaluate disease burden, epidemiologic trends, and laws/policies impacting testing, care, and treatment of hepatitis C infection among AI/ANs and non-Hispanic Blacks

PWID = people who inject drugs; A/PIs = Asians and Pacific Islanders; AI/ANs = American Indians and Alaska Natives; *18-40 year-olds serve as a proxy for PWID.

GOAL 4

Establish comprehensive national viral hepatitis surveillance for public health action

Outcome Measures

Increase 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 **2025**

Increase proportion of funded jurisdictions that **meet CDC quality standards for completeness and timeliness** to **90%** by **2025**

Increase proportion of funded jurisdictions that have **analyzed and disseminated surveillance data for public health action** to **90%** by **2025**

Increase proportion of all **viral hepatitis clusters/outbreaks** that are **reported to CDC within 30 days** to **90%** by **2022**

Objectives / Strategies

OBJECTIVE 4.1: Strengthen capacity of jurisdictions to accurately report and describe the burden of viral hepatitis in their jurisdiction

- By 2022, accurate reporting of hepatitis A, acute hepatitis B and hepatitis C, perinatal hepatitis B, and chronic hepatitis C
- By 2025, accurate reporting of perinatal hepatitis C and chronic hepatitis B

- **STRATEGY 4.1.1:** Expand funding to jurisdictions nationally to conduct high-quality viral hepatitis surveillance
- **STRATEGY 4.1.2:** Develop technical guidance to enhance viral hepatitis surveillance
- **STRATEGY 4.1.3:** Provide technical guidance to enhance viral hepatitis surveillance

OBJECTIVE 4.2: Strengthen capacity of jurisdictions to analyze, describe, and disseminate their viral hepatitis data for public health action

- **STRATEGY 4.2.1:** Develop standardized and regularly measurable hepatitis B and hepatitis C care cascades nationally
- **STRATEGY 4.2.2:** Develop standardized guidance for jurisdictional-level annual surveillance reports

OBJECTIVE 4.3: Strengthen capacity of jurisdictions to detect and respond to viral hepatitis outbreaks

- **STRATEGY 4.3.1:** Develop guidance for jurisdictional-level outbreak response plans
- **STRATEGY 4.3.2:** Improve technology available to detect and respond to outbreaks

Summary of Outcome Measures and Indicators of Progress

Baseline, 2025 Goals, 2030 Goals

Category	Baseline	2025 Goals (% ↓ or ↑)*	2030 Goals (% ↓ or ↑)*	Approximate % ↓ or ↑* for 2025/2030
Goal 1: Reduce new viral hepatitis infections (estimated cases)				
Hepatitis A	6,700	≤ 4,000 (↓40%)	≤ 2,500 (↓63%)	↓40%/↓65%
Acute hepatitis B	22,200	≤ 18,000 (↓19%)	≤ 2,200 (↓90%)	↓20%/↓90%
Acute hepatitis C	44,700	≤ 35,000 (↓22%)	≤ 4,400 (↓90%)	↓20%/↓90%
Goal 2: Reduce viral hepatitis-related morbidity and mortality (reported death rates)				
Hepatitis B-related	0.46	≤ 0.37 (↓20%)	≤ 0.16 (↓65%)	↓20%/↓65%
Hepatitis C-related	4.13	≤ 3.00 (↓27%)	≤ 1.44 (↓65%)	↓25%/↓65%
Goal 3: Reduce viral hepatitis-related disparities (reported case rates)				
New hepatitis B, PWID≠	1.4	≤ 1.0 (↓29%)	≤ 0.1 (↓93%)	↓25%/↓90%
New hepatitis C, PWID≠	2.3	≤ 1.7 (↓26%)	≤ 0.2 (↓90%)	↓25%/↓90%
Hepatitis B-related deaths, A/PIs	2.45	≤ 1.84 (↓25%)	≤ 0.86 (↓65%)	↓25%/↓65%
Hepatitis C-related deaths, AI/ANs	10.24	≤ 7.17 (↓30%)	≤ 3.58 (↓65%)	↓30%/↓65%
Hepatitis C-related deaths, non-Hispanic Blacks	7.03	≤ 4.92 (↓30%)	≤ 2.46 (↓65%)	↓30%/↓65%
Indicators of Progress				
1.3: Hepatitis B birth dose (0–1 day)	67% (2015–2016 birth years)	≥ 75% (↑12%) (2021–2022 birth years)	≥ 90% (↑34%) (2026–2027 birth years)	↑10% (2021–2022 birth years)/↑35% (2026–2027 birth years)
2.1: % Hepatitis B aware of infection	32% (2013–2016)	≥ 50% (↑56%) (2021–2024)	≥ 90% (↑181%) (2025–2028)	↑55% (2021–2024)/ ↑180% (2025–2028)
2.3: % Hepatitis B engaged in care	26% (2013–2016)	≥ 40% (↑54%) (2021–2024)	≥ 80% (↑208%) (2025–2028)	↑55% (2021–2024)/ ↑210% (2025–2028)
2.4: % Hepatitis C viral clearance	43% (2013–2016)	≥ 58% (↑35%) (2021–2024)	≥ 80% (↑86%) (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.

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

A/PIs = Asians and Pacific Islanders; AI/ANs = American Indians and Alaska Natives.

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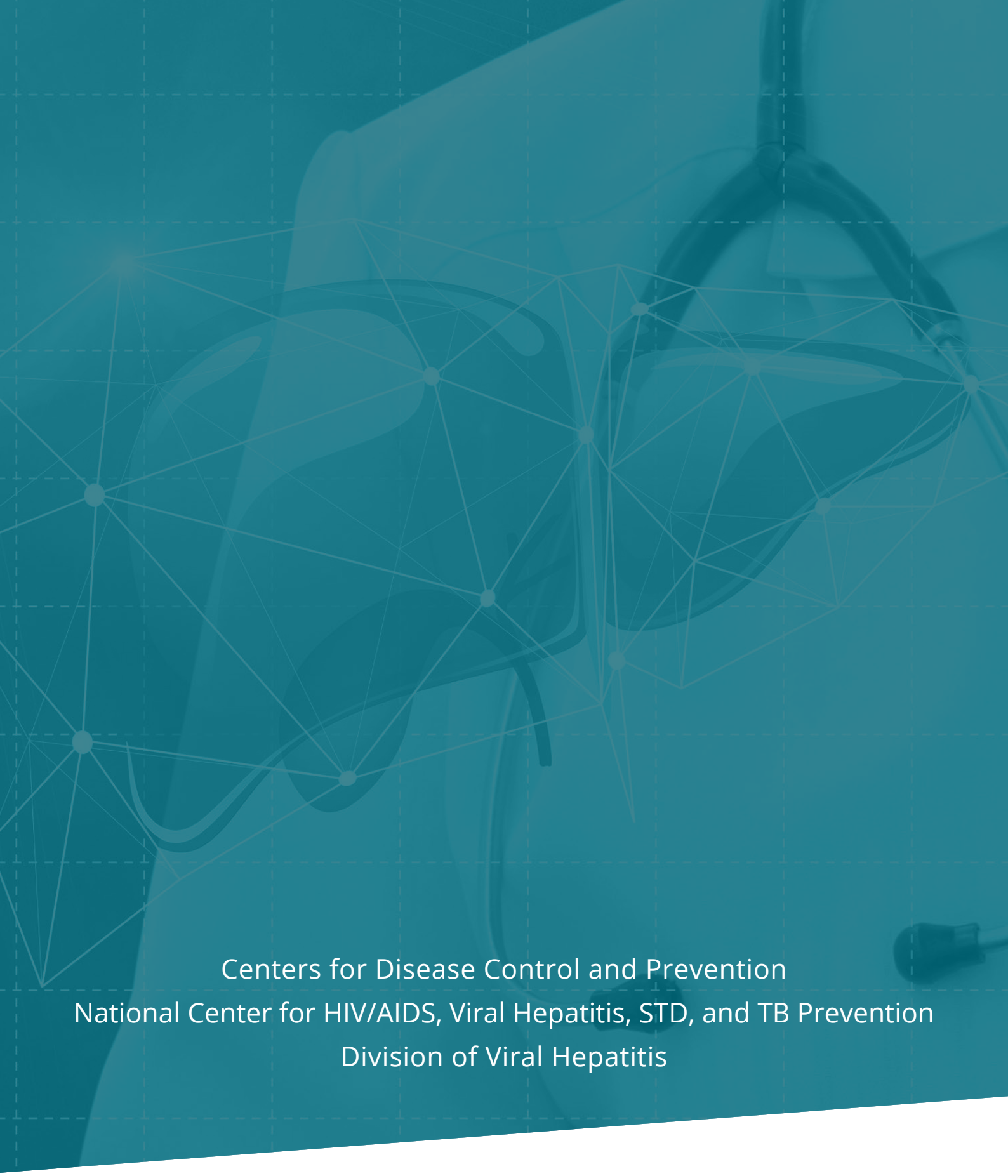

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