

# 2021 National Viral Hepatitis Progress Report

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

|  | Baseline<br>2017 data year | 2019 Observed<br>(Annual Target*) | 2025 Goal<br>2023 data year | Status |
|--|----------------------------|-----------------------------------|-----------------------------|--------|
| <b>Hepatitis A</b>   |                            |                                   |                             |        |
| Reduce estimated <sup>†</sup> new hepatitis A virus infections by $\geq 40\%$  | 6,700                      | 37,700<br>(5,800)                 | 4,000                       |        |
| <b>Hepatitis B</b>   |                            |                                   |                             |        |
| Reduce estimated <sup>†</sup> new hepatitis B virus infections by $\geq 20\%$  | 22,200                     | 20,700<br>(20,800)                | 18,000                      |        |
| Reduce reported rate <sup>‡</sup> of new hepatitis B virus infections among persons who inject drugs <sup>¶</sup> by $\geq 25\%$   | 1.4                        | 1.2<br>(1.3)                      | 1.0                         |        |
| Reduce reported rate <sup>‡</sup> of hepatitis B-related deaths by $\geq 20\%$   | 0.46                       | 0.42<br>(0.43)                    | 0.37                        |        |
| Reduce reported rate <sup>‡</sup> of hepatitis B-related deaths among Asian and Pacific Islander persons by $\geq 25\%$  | 2.45                       | 2.10<br>(2.25)                    | 1.84                        |        |
| <b>Hepatitis C</b>   |                            |                                   |                             |        |
| Reduce estimated <sup>†</sup> new hepatitis C virus infections by $\geq 20\%$  | 44,700                     | 57,500<br>(41,467)                | 35,000                      |        |
| Reduce reported rate <sup>‡</sup> of new hepatitis C virus infections among persons who inject drugs <sup>¶</sup> by $\geq 25\%$   | 2.3                        | 2.8<br>(2.1)                      | 1.7                         |        |
| Reduce reported rate <sup>‡</sup> of hepatitis C-related deaths by $\geq 20\%$   | 4.13                       | 3.33<br>(3.75)                    | 3.00                        |        |
| Reduce reported rate <sup>‡</sup> of hepatitis C-related deaths among American Indian and Alaska Native persons by $\geq 30\%$   | 10.24                      | 8.63<br>(9.22)                    | 7.17                        |        |
| Reduce reported rate <sup>‡</sup> of hepatitis C-related deaths among non-Hispanic Black persons by $\geq 30\%$  | 7.03                       | 5.44<br>(6.33)                    | 4.92                        |        |
| *Annual targets assume a constant (linear) rate of change from the observed baseline (2017) to the 2025 goal (2023 data year).   |                            |                                   |                             |        |
| †The number of estimated viral hepatitis infections was determined by multiplying the number of reported cases by a factor that adjusted for underascertainment and underreporting (CDC 2019 Surveillance Summary and Klevens, et al, 2014). |                            |                                   |                             |        |
| ‡Per 100,000 population.   |                            |                                   |                             |        |
| ¶Persons aged 18–40 years were used as a proxy for persons who inject drugs.   |                            |                                   |                             |        |



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

The ten indicators and accompanying 2025 goals compiled specifically for the National Progress Report are consistent with CDC's Division of Viral Hepatitis 2025 Strategic Plan.

## Key Findings

- Large increases in hepatitis A during 2019 were associated with ongoing widespread outbreaks driven by person-to-person transmission. Outbreaks occurred among adults reporting homelessness or who use drugs, and demonstrate the importance of surveillance to identify, and vaccination to prevent and respond to, outbreaks of hepatitis A.
- All four hepatitis B indicators met the annual target for 2019, and incidence of new hepatitis B virus infections met the annual target for the first time in 2019. However, only minimal progress has been made to reduce new infections overall. Continued efforts are needed to increase infant and at-risk adult vaccination rates and improve appropriate testing and linkage to care.
- Increases in injection drug use related to the nation's drug crisis have contributed to increases in new hepatitis C virus (HCV) infections. Efforts must continue to connect all people experiencing new or chronic infection to well-tolerated, short-course treatments that cure most persons infected with HCV, preventing disease progression and transmission. Syringe services programs and medication for substance use disorder are also key services for preventing HCV transmission; there is no vaccine for hepatitis C.
- As with hepatitis B, the nation continues to make progress towards reducing deaths related to hepatitis C; however, continued efforts are needed to identify new and chronic infections, and ensure all people with hepatitis C, including persons who inject drugs, receive treatment.