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
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**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

**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.