

VIRAL HEPATITIS



2023 Progress Report At a Glance

This report provides an update on national and federal progress in meeting the goals of the Viral Hepatitis National Strategic Plan 2021-2025. Indicator data is based on 2021 surveillance data and federal progress updates based on FY2023.



Core Indicators that have met 2023 annual target:



Reduce acute hepatitis B infections by **20% by 2025**



Increase rate of hepatitis B “birth dose” vaccination to **75% by 2025**



Reduce hepatitis C-related deaths by **25% by 2025**



Core Indicators that have not met 2023 annual target:



Reduce acute hepatitis C infections by **20% by 2025**

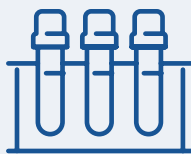


Reduce hepatitis B-related deaths **by 2025**

Federal Progress Highlights

CDC

In March 2023, CDC issued [updated hepatitis B screening and testing recommendations](#) to screen for hepatitis B using **three laboratory tests at least once during a lifetime** for adults aged 18 years or older.



HRSA

Over 3 years, the [SPNS Initiative: Curing Hepatitis C among People of Color Living with HIV, 2017-2021](#) **expanded HCV prevention, testing, care, and treatment, enhancing coordination for individuals living with both HIV and HCV**. A collection of papers focusing on innovative patient care has been published in a special edition titled “[Innovations in HIV/ HCV Care](#)” within the peer-reviewed journal Health Promotion Practice.



BOP

BOP offered voluntary HCV screening to **87.0% of adults in custody (AIC) in FY 2022 and 90.3% in FY 2023**.



VA

Between 2020 and 2022, among Veterans aged 18–79 years in VHA care, the HCV testing rate increased from 76% to 77%. **VHA has treated and cured greater than 95% of Veterans in care with HCV.**



IHS

IHS continued to improve HCV screening coverage of baby boomers. **Screening rates have increased from 11% in 2012 to 68% in 2021**. Universal HCV screening (aged 18 years and older) was recommended by the IHS chief medical officer prior to recommendations by CDC and the U.S. Preventive Services Task Force. Universal screening coverage of all adults aged 18 years and older is 50% as of 2021.



SAMHSA

SAMHSA announced the [Minority AIDS Initiative: Substances Use Disorder Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS](#).

This **program increases engagement in care for individuals from medically underserved racial and ethnic groups with SUDs and/or co-occurring SUDs and mental health conditions who are at risk for or living with HIV**. Award recipients will take a syndemic approach to SUD, HIV, and viral hepatitis. This funding supports [44 grant recipients](#).



NIH

NIAID made **two contract awards under the Small Business Innovation Research contract** for NIAID Topic 099 (Rapid, Point-of-Care Diagnostics for Hepatitis C Virus), [SBIR PHASE II Point-of-Care HCV Detection](#) and [Rapid and Point-of-Care Diagnostics for Hepatitis C Virus](#).



FDA

On October 17, 2022, **FDA approved the use of Vemlidy (tenofovir alafenamide)** in pediatric patients aged 12 years and older for the treatment of chronic hepatitis B.



OIDP

In September 2023, OIDP began a **state viral hepatitis quality measures initiative to identify and develop national consensus** on a measure that can be implemented within State Medicaid quality programs.



DOJ

On December 5, 2022, the CRD executed a [settlement agreement](#) with the state of Alabama's Medicaid Agency under Title II of the Americans with Disabilities Act (ADA) to **ensure that Alabama Medicaid recipients with hepatitis C who also have a SUD have equal access to medications to treat their hepatitis**.



CMS

CMS released [guidance](#) in April 2023 to encourage states to apply for a new Medicaid Reentry Section 1115 Demonstration opportunity to **help increase care for individuals who are incarcerated in the period immediately prior to their release to help them succeed and thrive as they reenter their communities**.



	Prevention	Testing	Linkage to Care	Treatment
Challenge	<ul style="list-style-type: none"> No hepatitis C vaccine New infections due to injection drug use 	<ul style="list-style-type: none"> Lack of point-of-care diagnostics 	<ul style="list-style-type: none"> Linking patients to care for treatment Payment/reimbursement 	<ul style="list-style-type: none"> Lack of research on hepatocellular carcinoma Access to DAAs Federal funding restrictions
Next Steps	<ul style="list-style-type: none"> NIH is advancing HCV vaccine research VHA is expanding SSPs into additional sites 	<ul style="list-style-type: none"> NIAD is encouraging businesses to develop rapid diagnostic platforms 	<ul style="list-style-type: none"> IHS is increasing types of providers who can treat (pharmacists) OIDP is identifying reimbursement models of linkage to care 	<ul style="list-style-type: none"> NIH continues to release liver-cancer specific NOFOs SAMHSA incorporated finding a source of treatment into allowable activities for case management services



View the full report [here](#).

