Viral Hepatitis Trends in the United States
United States Conference on AIDS
September 6, 2019

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Office of Infectious Disease and HIV/AIDS Policy
Acute Viral Hepatitis Cases are Increasing

Over 22,000 Americans die of viral hepatitis each year
Hepatitis A Outbreaks in 30 States 2016 – 2019

Largest hepatitis A outbreak this century.
- Hepatitis A is spread through person-to-person contact.
- A majority of cases have occurred in people who use drugs

Statistics 2016 - 2019
- Cases: 24,688
- Hospitalizations: 14,800 (60%)
- Deaths: 240
Progress on Preventing Hepatitis B Infections Has Stalled

- Some states saw sharp increases in 2016
  - Florida
  - Indiana
  - Kentucky
  - Maine
  - Ohio
  - West Virginia
- 9 states had increases
- 17 states had decreases
- 21 states were unchanged
Incidence of Acute Hep B by Age Group 2001 – 2016
Incidence of Acute Hep B by Sex, 2001 – 2016
We Are Losing Ground in the Fight Against New Hepatitis C Infections

New hepatitis C infections increased 350% from 2010 – 2016

• 21 states saw increases
• 8 states accounted for more than half of all infections:
  - Florida, Indiana, Massachusetts, New Jersey, New York, Ohio, Pennsylvania, Tennessee
Incidence of Acute Hepatitis C by Age Group 2001 – 2016
Incidence of Acute Hepatitis C by Sex 2001 – 2016

Source: CDC, National Notifiable Diseases Surveillance System (NNDSS)
SYNDEMICS (Synergistic Epidemics)

A set of interconnected health problems that often have common root causes and often interact synergistically, with one problem making the other worse.
Vision for the United States
National Viral Hepatitis Action Plan 2017-2020

The United States
will be a place where new viral hepatitis infections
have been eliminated, where all people with
chronic hepatitis B and C know their status,
and everyone with chronic hepatitis B and C
has access to high quality
health care and curative treatments,
free from stigma and discrimination.
National Viral Hepatitis Action Plan 2017 - 2020

- 4 Goals
- 11 Priority Populations
- 17 Indicators

A companion document for stakeholders: the Partner Planning Guide is an easy tool to support development of state/local action plans.

The National Viral Hepatitis Action Plan amplifies national efforts to eliminate viral hepatitis in the United States.

Everyone has a role to play in helping us meet our life-saving national viral hepatitis goals.

Measures included:
- % of actions initiated
- Progress toward 2020 targets
The Action Plan contained a total of 318 actions due by 2016; of those, overall, 91 percent (288) were initiated/completed. The graph below illustrates initiated/completion number and rate within each of the six priority areas.
NUMBER AND PERCENTAGE OF INITIATED AND COMPLETED ACTIONS BY PRIORITY AREA 2014–2016

The Action Plan contained a total of 318 actions due by 2016; of those, overall, 91 percent (288) were initiated/completed. The graph below illustrates initiated/completion number and rate within each of the six priority areas.
## Monitoring Progress Toward Goals

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline Estimate (Source)</th>
<th>Year of Baseline Estimate</th>
<th>Year 2016 Status</th>
<th>Percent of 2020 Target*</th>
<th>2020 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CORE MEASURES</strong></td>
<td></td>
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<tr>
<td>GOAL 1</td>
<td>Increase the proportion of persons who are aware of their chronic HBV infection from 33% to 66%.</td>
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</tr>
<tr>
<td>Proportion of persons with HBV infections who know that they are infected</td>
<td>33% (REACH Survey)</td>
<td>2009</td>
<td>n/a</td>
<td></td>
<td>66%</td>
</tr>
<tr>
<td>GOAL 2</td>
<td>Increase the proportion of persons who are aware of their chronic HCV infection from 45% to 66%.</td>
<td></td>
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</tr>
<tr>
<td>Proportion of persons with HCV infections who know that they are infected</td>
<td>45% (NHANES)</td>
<td>2010</td>
<td>59% (2014)</td>
<td>66.7%</td>
<td>66%</td>
</tr>
<tr>
<td>GOAL 3</td>
<td>Reduce the number of new cases of HCV infection by 25%.</td>
<td></td>
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<tr>
<td>Number of reported and estimated acute hepatitis cases in the United States</td>
<td>1,229 (NNDSS)</td>
<td>2011</td>
<td>2,967 (2016)</td>
<td>-316%</td>
<td>922</td>
</tr>
<tr>
<td>GOAL 4</td>
<td>Eliminate mother-to-child transmission of HBV.</td>
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<td></td>
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</tr>
<tr>
<td>4a. Number of infants perinatally infected with HBV</td>
<td>747 (NVSS)</td>
<td>2009</td>
<td>n/a</td>
<td></td>
<td>No cases*</td>
</tr>
<tr>
<td>4b. Hepatitis B vaccine &quot;birth dose&quot; coverage</td>
<td>64.1% (NIS)</td>
<td>2010</td>
<td>73.3% (2015)</td>
<td>56%</td>
<td>85%</td>
</tr>
</tbody>
</table>
## Monitoring Progress Toward Additional Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline Estimate (Source)</th>
<th>Year of Baseline Estimate</th>
<th>2016 Status</th>
<th>Percent of 2020 Target</th>
<th>2020 Goal</th>
</tr>
</thead>
</table>
| **MEASURE 1** Reduce mortality related to hepatitis B infection. | Number and age-adjusted mortality rate of hepatitis B listed as the underlying or a contributing cause of death in the United States  
0.5 per 100,000 people; 1,844  
(Ly, et al., 2013) | 2010 | 0.45; 1,698 (2016) | 10% | To be developed |
| **MEASURE 2** Reduce mortality related to hepatitis C infection. | Number and age-adjusted mortality rate of hepatitis C listed as the underlying or a contributing cause of death in the United States  
4.6 per 100,000 people; 16,627  
(Ly, et al., 2013) | 2010 | 4.45; 18,153 (2016) | 3% | To be developed |
| **MEASURE 3** Reduce occupational transmission of viral hepatitis. | HBV vaccination among health care workers  
64.3% (NHIS) | 2008 | 64.8% (2015) | 1.9% | 90% (Healthy People 2020) |

* Percentage of progress from baseline toward 2020 goal or percentage improvement if no goal has been developed.
National Academies Report: A National Strategy for the Elimination of Hepatitis B and C

Concluded that elimination of the public health threat of viral hepatitis (as defined by WHO 2030 targets) is possible, however, additional support and resources will be needed to do so. (2017)

<table>
<thead>
<tr>
<th>2030 Targets</th>
<th>Incidence</th>
<th>Mortality</th>
<th>Diagnosis</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>80% reduction</td>
<td>65% reduction</td>
<td>90% coverage</td>
<td>80% coverage</td>
</tr>
</tbody>
</table>

Assessment of United States’ Attainment of WHO 2030 Elimination Targets

<table>
<thead>
<tr>
<th>Country or territory</th>
<th>Year of elimination of HCV by country or territory</th>
<th>Annual treatments necessary to achieve WHO’s 2030 treatment target</th>
<th>Restrictions on treatment by fibrosis score in 2017</th>
<th>Year of elimination</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>Incidence: –, Mortality: 2022, Diagnosis: 2025, Treatment: 2026</td>
<td>106,000</td>
<td>Yes</td>
<td>–</td>
</tr>
</tbody>
</table>
Actions Needed to Move Toward Elimination

- **Vaccinate**
  - Hepatitis A vaccine
  - Hepatitis B vaccine

- **Test**
  - HCV: Antibody screening test, diagnose using a PCR test
  - HBV: test and/or vaccinate if susceptible
  - HAV: test and/or vaccinate if susceptible

- **Treat**
  - All persons with chronic HCV as described in the expert recommendations at www.hcvguidelines.org
  - All persons recommended for HBV treatment by AASLD, available at: https://www.aasld.org/publications/hepatitis-b-chronic
We can only achieve our vision if we all do our part and work effectively and strategically with each other.

Thank you for your work!

For more information and resources, visit hhs.gov/hepatitis
The Office of the Assistant Secretary for Health hosts:

**Syringe Service Programs**
State and Local Perspectives on the Role of Policy, Funding, and Partnerships

Monday, September 16, 2019, 2:00-3:15 PM ET

A recording of SSP Part 1 is available, sign up to receive emails and notifications of new information and resources at [www.HHS.gov/hepatitis](http://www.HHS.gov/hepatitis).