

CDC Viral Hepatitis Program 2022

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Federal Partners Roundtable

2022 NASTAD National HIV and Hepatitis Technical Assistance Meeting

October 13, 2022



New for the 2020 Surveillance Report

- New digital-first format with the full report published online
- COVID-19 pandemic caused disruptions to healthcare access and health department operations
- Reduction in number of jurisdictions with hepatitis A outbreaks associated with persons using drugs, persons experiencing homelessness
- New acute hepatitis C case definition in 2020

2020 Surveillance Report available at:

<https://www.cdc.gov/hepatitis/statistics/2020surveillance/index.htm>

SUMMARY 2020

Viral Hepatitis Acute Infections



Hepatitis A

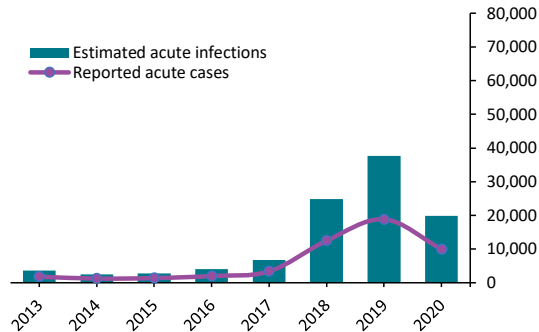
9,952

Acute Cases
Reported in 2020

19,900

Acute Infections
Estimated in 2020

(13,900 – 21,900)*



Hepatitis B

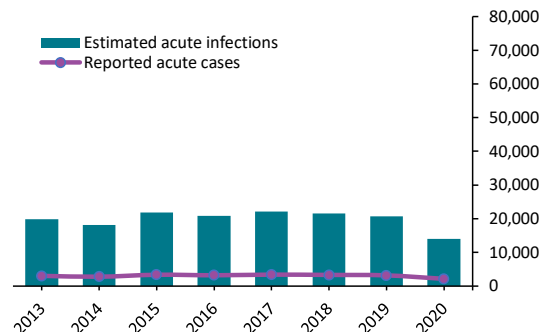
2,157

Acute Cases
Reported in 2020

14,000

Acute Infections
Estimated in 2020

(8,000–34,300)*



Hepatitis C

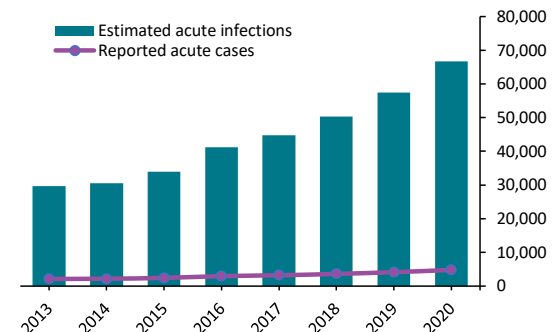
4,798

Acute Cases
Reported in 2020

66,700

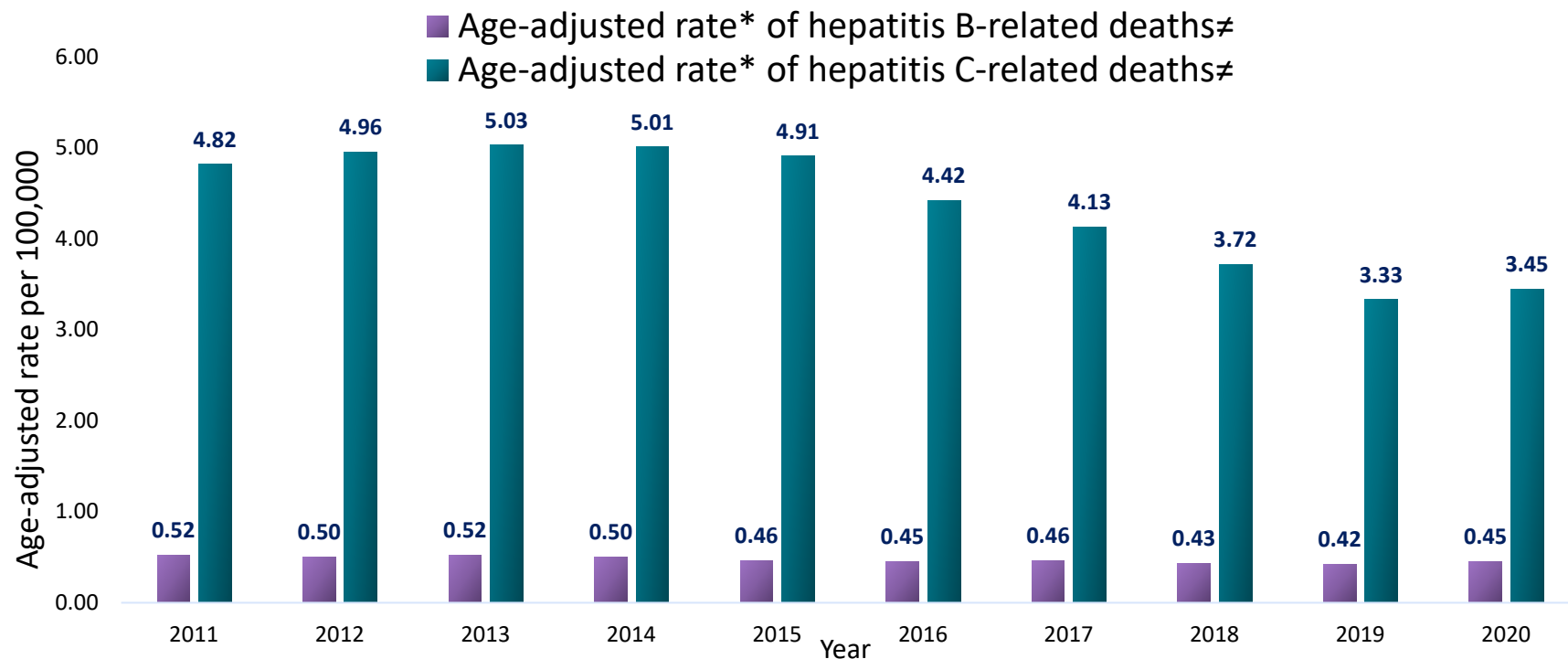
Acute Infections
Estimated in 2020

(52,700–227,400)*



*95% Bootstrap Confidence Interval

Rates* of Hepatitis B and Hepatitis C-Related Deaths‡, U.S., 2011–2020



Source: CDC WONDER, Multiple Cause of Death Data. ‡Rates are age-adjusted per 100,000 U.S. standard population in 2000.

‡Cause of death is defined as the underlying cause of death or one of the multiple causes of death and is based on the International Classification of Disease, 10th Revision (ICD-10) codes B17.1 and B18.2.

2022 National Progress Report: Indicator Summary

	Baseline 2017 data year	2020 Observed (Annual Target*)	2025 Goal 2023 data year	Trend	2020 Status
Hepatitis A					
Reduce estimated† new hepatitis A virus infections by ≥40%	6,700	19,900 (5,350)	4,000		
Hepatitis B					
Reduce estimated† new hepatitis B virus infections by ≥20%	22,200	14,000 (20,100)	18,000		
Reduce reported rate‡ of new hepatitis B virus infections among persons who inject drugs§ by ≥25%	1.4	0.7 (1.2)	1.0		
Reduce reported rate‡ of hepatitis B-related deaths by ≥20%	0.46	0.45 (0.42)	0.37		
Reduce reported rate‡ of hepatitis B-related deaths among Asian and Pacific Islander persons by ≥25%	2.45	2.46 (2.15)	1.84		
Hepatitis C					
Reduce estimated† new hepatitis C virus infections by ≥20%	44,700	66,700 (39,850)	35,000		
Reduce reported rate‡ of new hepatitis C virus infections among persons who inject drugs§ by ≥25%	2.3	2.9 (2.0)	1.7		
Reduce reported rate‡ of hepatitis C-related deaths by ≥20%	4.13	3.45 (3.57)	3.00		
Reduce reported rate‡ of hepatitis C-related deaths among American Indian and Alaska Native persons by ≥30%	10.24	10.17 (8.71)	7.17		
Reduce reported rate‡ of hepatitis C-related deaths among non-Hispanic Black persons by ≥30%	7.03	5.63 (5.98)	4.92		
<p>* Annual targets assume a constant (linear) rate of change from the observed baseline (2017) to the 2025 goal (2023 data year).</p> <p>† 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 2020 Viral Hepatitis Surveillance Report and Kleverens, et al, 2014).</p> <p>‡ Per 100,000 population.</p> <p>§ Persons aged 18–40 years were used as a proxy for persons who inject drugs.</p>					



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

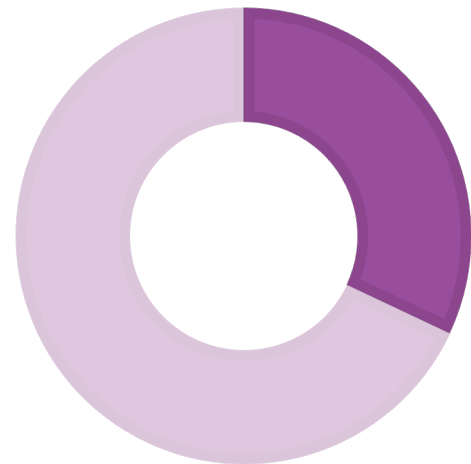


Injection drug use puts many at high risk for hepatitis, HIV and other infectious diseases



Estimated **3.7 million people** who **inject drugs** (PWID) in United States

Source: Heather Bradley, Eric Hall, Alice Asher, Nathan Furukawa, Christopher M Jones, Jalissa Shealey, Kate Buchacz, Senad Handanagic, Nicole Crepez, Eli S Rosenberg, Estimated number of people who inject drugs in the United States, Clinical Infectious Diseases, 2022;, ciac543, <https://doi.org/10.1093/cid/ciac543>



32% of PWID shared syringes

Source: CDC. HIV infection risk, prevention, and testing behaviors among persons who inject drugs—National HIV Behavioral Surveillance: injection drug use – 23 U.S. Cities, 2018. HIV Surveillance Special Report 2020; 24.



Injection drug use most reported risk behavior for hepatitis B and hepatitis C

Reported risk behaviors or exposures among reported cases* of acute hepatitis B virus infection — United States, 2020

Risk behaviors/exposures [†]	Risk identified	No risk identified	Risk data missing
Injection drug use	402	713	1,042
Multiple sexual partners	124	512	1,521
Surgery	91	688	1,378
Sexual contact [§]	46	498	1,613
Needlestick	36	742	1,379
Men who have sex with men	64	281	952
Household contact (nonsexual) [§]	9	535	1,613
Dialysis patient	31	786	1,340
Occupational	1	970	1,186
Transfusion	1	809	1,347

Reported risk behaviors or exposures among reported cases of acute hepatitis C virus infection — United States, 2020

Risk behaviors/exposures	Risk identified	No risk identified	Risk data missing
Injection drug use	1,017	523	3,258
Multiple sexual partners	167	352	4,279
Surgery	142	713	3,924
Sexual contact	83	336	4,379
Needlestick	64	706	4,028
Men who have sex with men	44	258	2,803
Household contact (nonsexual)	17	402	4,379
Dialysis patient	69	964	3,765
Occupational	9	923	3,866
Transfusion	1	885	3,912



CDC's First Dedicated Program to Directly Fund Syringe Services Programs (SSPs)

- **Strengthening Syringe Services Programs (CDC-RFA-PS22-2208)**
 - New funding to expand/strengthen SSPs to reduce overdose and infections among people who use drugs (PWUD)
 - estimated 3.7 million people in United States who inject drugs (PWID)
- **\$7.7 M in first year; 5-year cooperative agreement**
 - RTI International to support/expand national network of SSPs; annual survey to assess the nation's SSP capacity and service delivery
 - NASTAD to expand the reach of SSPs
- **PWUD/PWID priority population**
 - HHS Overdose Prevention Strategy
 - Viral Hepatitis National Strategic Plan, 2021-2026

CDC Recommendations to Increase Viral Hepatitis Vaccination and Screening/Testing

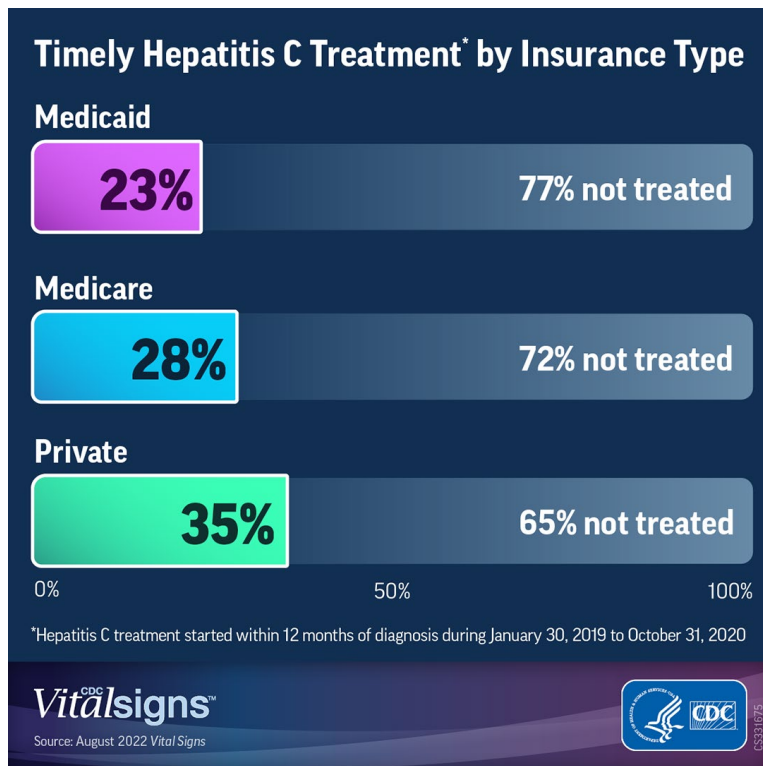
Previously Released

- **HCV screening**: one-time hepatitis C testing of all adults (18 years and older) and all pregnant women during every pregnancy (April 2020)
- **HBV vaccination**: universal for adults aged 19-59 years (April 2022)

Anticipated Releases

- **HBV screening**: at least once in a lifetime for adults aged ≥ 18 years, expand current risk-based recommendations (release late 2022/early 2023)
- **HCV testing**: perinatally exposed infants Hepatitis C recommendations (FRN late 2022)

Too Few People Treated for Hepatitis C (MMWR, August 2022)



- **Among people diagnosed with hepatitis C & continuously insured:**
 - **1 in 3** initiated direct acting antivirals (DAAs) within 1 year of diagnosis
 - Even lower (**1 in 4**) among Medicaid recipients
 - Further reductions among Medicaid recipients:
 - Living in states with DAA eligibility restrictions (23% ↓)
 - Race other than White (up to 27% ↓)

CDC Vital Signs: Hepatitis C Treatment Coverage Recommendations



- Implement universal hepatitis C screening recommendations
- Remove eligibility restrictions and preauthorization requirements for hepatitis C treatment
- Provide treatment where people receive other services
- Expand the number of primary care providers treating hepatitis C

Proposed National Hepatitis C Elimination Initiative

- **White House's Cancer Moonshot**

- Reduce cancer deaths by 50% in 25 years

- **Hepatitis C Elimination Initiative**

- 1) Policy changes & diagnostic advancements
- 2) National implementation program
 - Diagnose, Treat, Prevent, Surv/Eval
- 3) Drug procurement

- **Funding not yet secured**





Leveraging existing opportunities to advance viral hepatitis elimination

- Using COVID platforms to advance diagnostics and vaccine equity
- Bundled services (prevent, test, treat) in settings serving disproportionately impacted populations



SSPs



EDs and
STI clinics



FQHCs



SUD treatment
clinics



Correctional
settings

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

