

VIRAL HEPATITIS

Federal Implementation Plan
for the United States | 2021–2025



VISION

The United States will be a place where new viral hepatitis infections are prevented, every person knows their status, and every person with viral hepatitis has high-quality health care and treatment and lives free from stigma and discrimination.

This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstance.

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INTRODUCTION

Viral hepatitis is a serious, preventable public health threat that puts people who are infected at increased risk for liver disease, cancer, and death. Effective clinical interventions have reduced morbidity and mortality associated with viral hepatitis. These interventions include safe and effective hepatitis A and hepatitis B vaccines and hepatitis C therapeutics, such as direct-acting antiviral (DAA) therapies, which can cure hepatitis C infections. The *Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025)*, released in January 2021, provides a framework to eliminate viral hepatitis as a public health threat in the United States by 2030. Focused on hepatitis A, hepatitis B, and hepatitis C—the three hepatitis viruses that are the most common and have the greatest impact on the health of the nation—the [National Strategic Plan](#) is designed to achieve five broad goals:



Goal 1: Prevent New Viral Hepatitis Infections



Goal 2: Improve Viral Hepatitis-Related Health Outcomes of People with Viral Hepatitis



Goal 3: Reduce Viral Hepatitis-Related Disparities and Health Inequities



Goal 4: Improve Viral Hepatitis Surveillance and Data Usage



Goal 5: Achieve Integrated, Coordinated Efforts That Address the Viral Hepatitis Epidemics Among All Partners and Stakeholders

The National Strategic Plan was developed by subject matter experts in 20 federal government agencies, with input from a variety of stakeholders, under the direction of the Office of Infectious Disease and HIV/AIDS Policy (OIDP) in the Office of the Assistant Secretary for Health (OASH), U.S. Department of Health and Human Services (HHS). However, implementing the National Strategic Plan is not solely a federal activity. Its success depends on the active participation of national, state, local, and tribal health departments and organizations, health plans and health care providers, community- and faith-based organizations, scientists, researchers, and the public.

Viral hepatitis is part of a syndemic* that involves HIV, sexually transmitted infections (STIs), and substance use disorders (SUDs), all of which intersect with mental health, stigma, and social determinants of health. To best address this complex, multifactorial environment, the Strategic Plan was developed concurrently with the third iteration of the [National HIV/AIDS Strategy](#), the first-ever [Sexually Transmitted Infections National Strategic Plan](#), and the third iteration of the [Vaccines National Strategic Plan](#), also released in fiscal year 2021.

This document, the *Viral Hepatitis Federal Implementation Plan*, outlines federal partners' commitments to policies, research, and activities during fiscal years 2021–2025 to meet the National Strategic Plan's goals, pursuant to their respective missions, funding, and resources. Some efforts are extensions of existing efforts, while other efforts reflect innovations in practice, technology, and treatments to address not only viral hepatitis,

* A syndemic occurs when health-related problems—such as viral hepatitis, HIV, STIs, substance use disorders, and social determinants of health—cluster by person, place, or time.

but also the other components of the syndemic. The Federal Implementation Plan is a companion document to the National Strategic Plan. Please refer to the National Strategic Plan for background on the need for the plan, challenges and opportunities, scope, disproportionately impacted populations, and indicators and targets. This Federal Implementation Plan does not contain an exhaustive inventory of possible actions by federal agencies in support of the National Strategic Plan during the next 5 years. Rather, it reports the efforts that will best leverage resources, capacity, and expertise to make an immediate and significant difference in the populations that bear the greatest disease burden. In addition, it most comprehensively reflects fiscal years 2021–2022 because funding has already been allocated for these years.

The Federal Implementation Plan was also developed by an implementation working group of experts from agencies that serve populations at risk for or living with viral hepatitis (see Appendix A). With coordinating support from ODP, this implementation working group met to develop individual and collaborative actions, both within and across agencies, and considered comments and suggestions from stakeholder groups and the public.

To monitor implementation progress, the National Strategic Plan includes eight core indicators and eight disparities indicators, with annual quantitative targets for each (see Appendix B). These indicators represent the best available data that are regularly collected and therefore can support accountability and transparency. Although focused on the years 2021–2025, the National Strategic Plan sets targets through 2030 because it will take more than 5 years to eliminate viral hepatitis as a public health threat in this nation.

The implementation working group will continue to meet regularly to monitor progress toward indicator targets, capitalize on lessons learned from epidemiological data and research findings, and identify strategies to overcome unexpected obstacles. The implementation working group's findings will be summarized in annual progress reports.

In addition to the Viral Hepatitis Implementation Working Group, ODP will convene a Syndemic Steering Committee, which will be composed of federal leadership with a stake in viral hepatitis, HIV, and STIs. The goal of the Syndemic Steering Committee will be to identify areas for cross-departmental collaboration, applying a syndemic approach.

The COVID-19 pandemic may have potentially delayed viral hepatitis elimination efforts as clinical care services were reduced. The pandemic has impacted viral hepatitis screening, diagnosis, vaccination, treatment initiation, and retention in care. Many of the populations and communities disproportionately impacted by viral hepatitis are particularly vulnerable to the service disruptions and the economic consequences of the pandemic, including unemployment, housing and food insecurity, and obstacles to practicing safe social distancing.

Federal partners in viral hepatitis remain committed to ongoing innovation and identification of opportunities to integrate and leverage resources and lessons learned from the pandemic that advance efforts to address viral hepatitis.

PLANNED ACTIONS

The tables that follow list specific action for the federal agencies, organized by the [National Strategic Plan's](#) goals, objectives, and strategies. The years indicate the fiscal year in which the action begins and ends within the context of the National Strategic Plan 2021–2025. Ongoing actions that extend beyond fiscal years 2021–2025 only list the years within this timeframe. When more than one agency will collaborate on an action, the lead agency is listed first, followed by the partner agencies in alphabetical order. When applicable, actions are cross-walked to related indicators and funding mechanisms. Multiple actions and other factors external to the federal actions may collectively impact indicator targets. Indicators are listed in Appendix B (along with their associated targets). The actions are described as succinctly as possible; it should be noted that the actions are supported by a level of detail for their conceptualization and implementation not captured in a summary document such as this. A list of acronyms used throughout the document can be found in Appendix C. Some strategies are not accompanied by corresponding agency activities. The actions were self-reported by agencies and informed by stakeholder engagement and public comment.

These actions are intended to inform the policy development and program planning process for federal and non-federal stakeholders. This is not a budget document and does not imply approval for any specific action under Executive Order 12866 or the Paperwork Reduction Act. All activities included in this document are subject to budgetary constraints and other approvals, including the weighing of priorities and available resources by the Administration in formulating its annual budget and by Congress in legislating appropriations.



Goal 1: Prevent New Viral Hepatitis Infections

Objective 1.1: Increase awareness of viral hepatitis

Strategy 1.1.1 Implement local, state, and national campaigns to provide education about viral hepatitis, the need for vaccination, and the benefits of getting tested, treated, and cured.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Produce and distribute public-facing educational campaigns aimed at early detection and treatment of hepatitis C virus (HCV) for both community and clinicians.	2021-2022	IHS, OIDP		3	Minority HIV/AIDS Fund

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Lead, maintain, and grow existing coalitions of diverse U.S.-based public and private organizations that provide culturally responsive hepatitis B virus (HBV) and/or HCV infection education and services to priority populations (people who inject drugs [PWID], and Asian/Pacific Islander, American Indian/Alaska Native, and non-Hispanic Black people), thereby increasing HBV and/or HCV infection awareness, testing, and treatment.	2021-2025	CDC	Hepatitis B Foundation, NASTAD	2, 3, 4, 5, 6, 7, 8, 9, 10, 11a, 11b, 12a, 12b, 13a, 13b	PS21-2105 (Part A)
Support national viral hepatitis testing campaign development and implementation and educational and training materials development, as well as maintain Centers for Disease Control and Prevention (CDC) viral hepatitis web presence and outbreak communication, through the <i>Communication Support for Viral Hepatitis Prevention, Screening and Treatment</i> contract.	2021-2025	CDC		1, 2, 3, 4, 5, 6, 7, 8	000HCVJH-2021-60047
Produce and distribute public-facing educational campaigns aimed at early detection and treatment of HCV for both Veterans and clinicians.	2021-2025	VA		3	
Develop and implement educational and training materials, as well as maintain viral hepatitis web presence.	2021-2025	VA		1, 2, 3, 5, 6, 7, 8, 9, 11a, 11b, 12a, 12b, 13a, 13b	

Strategy 1.1.2 Partner with community groups to provide education about viral hepatitis and share personal stories at community locations (e.g., workplaces, schools, faith-based organizations), in the media, and other settings to reach all people, especially in disproportionately impacted communities.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Develop model comprehensive hepatitis B programs that include partnerships between community-based organizations (CBOs) servicing disproportionately impacted communities, departments of health, perinatal hepatitis B programs, safety net providers, research centers, and health care facilities to build capacity for scale-up of vaccination, testing, linkage to care, and treatment services.	2021-2022	OMH, CDC, OIDP	Asian Health Coalition, CBWCHC, Philadelphia Department of Health, The George Washington University, The Regents of the University of California (Davis)	2, 4, 5, 6, 9, 10, 11a, 11b	MP-CPI-19-001
Develop and execute the Office of Regional Health Operations (ORHO) Regional Harm Reduction guide and develop regional work groups to include regional HHS Operating and Staff divisions and other federal partners. Focus of these regional work groups will (1) emphasize harm reduction to address infectious disease prevention and SUD, (2) support the Assistant Secretary of Health (ASH) on cross-government actions as part of a behavioral health framework, (3) provide leadership and coordination to and among OASH and HHS regional efforts on harm reduction, and (4) provide regional leadership in developing regional harm reduction plans.	2021-2022	ORHO, CDC, HRSA, SAMHSA		1, 2, 3, 9, 12a, 12b	

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Lead, maintain, and grow existing coalitions of diverse U.S.-based public and private organizations that provide culturally responsive HBV and/or HCV infection education and services to priority populations (PWID, and Asian/Pacific Islander, American Indian/Alaska Native, and non-Hispanic Black people), thereby increasing HBV and/or HCV infection awareness, testing, and treatment.	2021-2025	CDC	Hepatitis B Foundation, NASTAD	5, 9, 10, 11a, 11b, 12a, 12b	PS21-2105 (Part A)
Develop and maintain provider affinity group to increase availability of harm reduction interventions, including syringe services programs (SSPs), throughout the country.	2021-2025	VA		3, 8, 12a, 12b, 13a, 13b	

Strategy 1.1.3 Develop accessible, comprehensive, culturally, linguistically, and age-appropriate sex education curricula including for hepatitis B, hepatitis C, HIV, STIs, and drug use risk for youth and adults.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Develop model comprehensive hepatitis B programs that include partnerships between CBOs servicing disproportionately impacted communities, departments of health, perinatal hepatitis B programs, safety net providers, research centers, and health care facilities to build capacity for scale-up of vaccination, testing, linkage to care, and treatment services.	2021-2022	OMH, CDC, OIDP	Asian Health Coalition, CBWCHC, Philadelphia Department of Health, The George Washington University, The Regents of the University of California (Davis)	2, 4, 5, 6, 11a, 11b	MP-CPI-19-001
Develop sexual health education materials for Veterans with a focus on prevention.	2021-2025	VA		2, 4, 5, 6, 9, 11a, 11b	

Strategy 1.1.4 Integrate messaging on HIV, viral hepatitis, STIs, sexual health, and drug use.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
<p>Develop and execute the ORHO Regional Harm Reduction guide and develop regional work groups to include regional HHS Operating and Staff divisions and other federal partners.</p> <p>Focus of these regional work groups will (1) emphasize harm reduction to address infectious disease prevention and SUD, (2) support the ASH on cross-government actions as part of a behavioral health framework, (3) provide leadership and coordination to and among OASH and HHS regional efforts on harm reduction, and (4) provide regional leadership in developing regional harm reduction plans.</p>	2021-2022	ORHO, CDC, HRSA, SAMHSA		1, 2, 3, 9, 12a	
Develop policy and national tools, including education, to support SSPs.	2021-2022	VA		3, 8, 12a, 12b, 13a, 13b	
Through the Ryan White HIV/AIDS Program AIDS Education and Training Center Program network, increase workforce capacity by educating medical professionals on HIV care and syndemic factors such as viral hepatitis, STIs, sexual health, and drug use.	2021-2025	HRSA		5	
Develop and disseminate communications materials, including blogs, tweets, and presentations that focus on the syndemic approach.	2021-2025	OIDP		1, 2, 3, 5, 6, 7, 8, 9, 12a	

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Support campaign development and implementation and educational and training materials development, as well as maintain CDC viral hepatitis web presence and outbreak communication, through the <i>Communication Support for Viral Hepatitis Prevention, Screening and Treatment</i> contract.	2021-2025	CDC		1, 2, 3, 4, 5, 6, 7, 8	000HCVJH-2021-60047
Lead, maintain, and grow existing coalitions of diverse U.S.-based public and private organizations that provide culturally responsive HBV and/or HCV infection education and services to priority populations (PWID, and Asian/Pacific Islander, American Indian/Alaska Native, and non-Hispanic Black people), thereby increasing HBV and/or HCV infection awareness, testing, and treatment (Part A); and maintain an existing web-based, free training platform for health care professionals to improve clinical management of hepatitis B and hepatitis C (Part B).	2021-2025	CDC	Hepatitis B Foundation, NASTAD; WebMD Health Corp., University of Washington	5, 9, 10, 11a, 11b, 12a, 12b	PS21-2105 (Part A & B)
Develop and implement educational and training materials, as well as maintain viral hepatitis web presence.	2021-2025	VA		1, 2, 3, 5, 6, 7, 8, 9, 11a, 11b, 12a, 12b, 13a, 13b	

Objective 1.2: Increase viral hepatitis vaccination uptake and vaccine development

Strategy 1.2.1 Provide viral hepatitis vaccination at a broad range of clinical and nontraditional community-based settings including HIV, STI, refugee health clinics, organizations that serve people who use drugs and/or people experiencing homelessness, and correctional facilities.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Through the Association of State and Territorial Health Officials (ASTHO), conduct a series of workshops on policy solutions to advance hepatitis elimination or on health equity to address disparities in adult vaccination.	2021-2022	CDC	ASTHO	1, 2	OT18-1802
Develop model comprehensive hepatitis B programs that include partnerships between CBOs servicing disproportionately impacted communities, departments of health, perinatal hepatitis B programs, safety net providers, research centers, and health care facilities to build capacity for scale-up of vaccination, testing, linkage to care, and treatment services.	2021-2022	OMH, CDC, OIDP	Asian Health Coalition, CBWCHC, Philadelphia Department of Health, The George Washington University, The Regents of the University of California (Davis)	2, 4	MP-CPI-19-001

Strategy 1.2.2 Reduce the financial and system barriers encountered by providers and consumers to providing/receiving viral hepatitis vaccinations.

Strategy 1.2.3 Train providers on strategies to address vaccine hesitancy.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
<p>Develop and execute the ORHO Regional Harm Reduction guide and develop regional work groups to include regional HHS Operating and Staff divisions and other federal partners.</p> <p>Focus of these regional work groups will (1) emphasize harm reduction to address infectious disease prevention and SUD, (2) support the ASH on cross-government actions as part of a behavioral health framework, (3) provide leadership and coordination to and among OASH and HHS regional efforts on harm reduction, and (4) provide regional leadership in developing regional harm reduction plans.</p>	2021-2022	ORHO, CDC, HRSA, SAMHSA		1, 2, 4, 9	
<p>Expand the capacity for SSPs to provide COVID-19 vaccinations to their clients, partner with vaccine providers, and build capacity to offer other vaccination (including viral hepatitis vaccinations).</p>	2021-2023	CDC		2, 9	OT18-1802 , PS18-1802 , PS20-2010

Strategy 1.2.4 Scale up administration of universal hepatitis B vaccine birth dose within 24 hours of birth, including through encouraging use of quality measures (e.g., Healthcare Effectiveness Data and Information Set [HEDIS] measure).

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Develop model comprehensive hepatitis B programs that include partnerships between CBOs servicing disproportionately impacted communities, departments of health, perinatal hepatitis B programs, safety net providers, research centers, and health care facilities to build capacity for scale-up of vaccination, testing, linkage to care, and treatment services.	2021-2022	OMH, CDC, OIDP	Asian Health Coalition, CBWCHC, Philadelphia Department of Health, The George Washington University, The Regents of the University of California (Davis)	2, 4	MP-CPI-19-001

Strategy 1.2.5 Improve surveillance infrastructure to better monitor adult immunizations.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Develop model comprehensive hepatitis B programs that include partnerships between CBOs servicing disproportionately impacted communities, departments of health, perinatal hepatitis B programs, safety net providers, research centers, and health care facilities to build capacity for scale-up of vaccination, testing, linkage to care, and treatment services.	2021-2022	OMH, CDC, OIDP	Asian Health Coalition, CBWGHC, Philadelphia Department of Health, The George Washington University, The Regents of the University of California (Davis)	2, 9	MP-CPI-19-001

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Expand the capacity for SSPs to conduct monitoring and evaluation activities.	2021-2023	CDC	NASTAD	1, 2, 9	OT18-1802 , PS18-1802 , PS20-2010
Implement dashboard for hepatitis A and hepatitis B vaccination surveillance, to identify next steps to improve vaccination coverage.	2022-2025	BOP		9	

Strategy 1.2.6 Research and scale up best practices in hepatitis A and hepatitis B vaccination provision to expand vaccine coverage consistent with ACIP guidelines.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Evaluate the cost-effectiveness of different strategies to vaccinate populations at high risk for hepatitis B to reduce the population of susceptible people in the United States.	2021	CDC	CAMP, Lead Collaborators at Emory University, University at Albany, State University of New York	2, 4, 9	PS19-1905
Develop model comprehensive hepatitis B programs that include partnerships between CBOs servicing disproportionately impacted communities, departments of health, perinatal hepatitis B programs, safety net providers, research centers, and health care facilities to build capacity for scale-up of vaccination, testing, linkage to care, and treatment services.	2021-2022	OMH, CDC, OIDP	Asian Health Coalition, CBWCHC, Philadelphia Department of Health, The George Washington University, The Regents of the University of California (Davis)	2, 4, 9	MP-CPI-19-001
Determine the population immunity needed to stop hepatitis A person-to-person disease transmission.	2021-2022	CDC		1	PS19-1905

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
<p>Through the NIH-funded AIDS Clinical Trials Group for Research on Therapeutics for HIV and Related Infections (ACTG), continue to support a coordinated and comprehensive clinical research portfolio of early- to late-phase interventional clinical trials for HIV, tuberculosis, and viral hepatitis.</p> <p>For viral hepatitis, the ACTG conducts studies to develop new and curative therapies for HBV, understand the immune response to hepatitis B vaccines, and improve treatment for HCV, particularly for people with HIV.</p>	2021-2025	NIH		2, 6	

Strategy 1.2.7 Advance research toward the development of a hepatitis C vaccine.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
<p>Support novel strategies for the rational design of vaccines against HCV to assess the vaccines for their ability to induce protective immune responses, and to select candidates for preclinical development and clinical testing.</p>	2021-2025	NIH		3	RFA-AI-20-019

Objective 1.3: Eliminate perinatal transmission of hepatitis B and hepatitis C

Strategy 1.3.1 Increase implementation of guidelines for hepatitis B and hepatitis C screening, diagnosis, and management during pregnancy.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Develop model comprehensive hepatitis B programs that include partnerships between CBOs servicing disproportionately impacted communities, departments of health, perinatal hepatitis B programs, safety net providers, research centers, and health care facilities to build capacity for scale-up of vaccination, testing, linkage to care, and treatment services.	2021-2022	OMH, CDC, ODP	Asian Health Coalition, CBWCHC, Philadelphia Department of Health, The George Washington University, The Regents of the University of California (Davis)	5, 6, 10, 11a, 11b	MP-CPI-19-001
Develop and publish guidelines for hepatitis C testing among perinatally exposed infants and children.	2021-2023	CDC		3, 7, 8, 12b, 13a, 13b	
Partner with the American College of Obstetricians and Gynecology (ACOG) to increase the implementation of hepatitis C screening recommendations during pregnancy.	2021-2024	CDC	ACOG	7	CK20-2003 , PP-016
Detect and respond to viral hepatitis outbreaks; collect and analyze data to inform development and implementation of public health interventions to prevent and control viral hepatitis; support viral hepatitis elimination planning; and maximize access to viral hepatitis prevention, testing, and treatment to reduce the burden of viral hepatitis in health department jurisdictions.	2021-2025	CDC		2, 3, 4, 5, 6, 7, 8, 9, 10, 11b, 12a, 12b, 13a, 13b	PS21-2103

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Support campaign development and implementation and educational and training materials development, as well as maintain CDC viral hepatitis web presence and outbreak communication, through the <i>Communication Support for Viral Hepatitis Prevention, Screening and Treatment</i> contract.	2021-2025	CDC		2, 3, 4, 5, 6, 7, 8	000HCVJH-2021-60047
Lead, maintain, and grow existing coalitions of diverse U.S.-based public and private organizations that provide culturally responsive HBV and/or HCV infection education and services to priority populations (PWID, and Asian/Pacific Islander, American Indian/Alaska Native, and non-Hispanic Black people), thereby increasing HBV and/or HCV infection awareness, testing, and treatment.	2021-2025	CDC	Hepatitis B Foundation, NASTAD	3, 5, 7, 10	PS21-2105 (Part A)
Maintain an existing web-based, free training platform for health care professionals to improve clinical management of hepatitis B and hepatitis C among pregnant people and exposed infants and children.	2021-2025	CDC	WebMD Health Corp., University of Washington	6, 7, 8	PS21-2105 (Part B)
Work with applicants to identify data sources to evaluate optimal timing of treatment initiation during pregnancy, and its impact on preventing mother-to-child HCV transmission.	2021-2025	FDA		7	
Continue to promote research to identify safe and effective treatment for hepatitis during pregnancy and improved strategies for prevention of perinatal transmission.	2021-2025	NIH		2, 3, 4	

Strategy 1.3.2 Improve surveillance by documenting pregnancy status on all viral hepatitis laboratory reports across health care facilities, laboratories, and public health departments.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Detect and respond to viral hepatitis outbreaks; collect and analyze data to inform development and implementation of public health interventions to prevent and control viral hepatitis; support viral hepatitis elimination planning; and maximize access to viral hepatitis prevention, testing, and treatment to reduce the burden of viral hepatitis in health department jurisdictions.	2021-2025	CDC		2, 3	PS21-2103

Strategy 1.3.3 Collaborate with community organizations that serve disproportionately impacted populations to educate staff and people of childbearing potential about viral hepatitis and the importance of preventing hepatitis transmission to infants.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Develop model comprehensive hepatitis B programs that include partnerships between CBOs servicing disproportionately impacted communities, departments of health, perinatal hepatitis B programs, safety net providers, research centers, and health care facilities to build capacity for scale-up of vaccination, testing, linkage to care, and treatment services.	2021-2022	OMH, CDC, OIDP	Asian Health Coalition, CBWCHC, Philadelphia Department of Health, The George Washington University, The Regents of the University of California (Davis)	2, 4, 5, 9, 10	MP-CPI-19-001

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Detect and respond to viral hepatitis outbreaks; collect and analyze data to inform development and implementation of public health interventions to prevent and control viral hepatitis; support viral hepatitis elimination planning; and maximize access to viral hepatitis prevention, testing, and treatment to reduce the burden of viral hepatitis in health department jurisdictions.	2021-2025	CDC		2, 3, 4, 5, 7, 9, 10, 12a, 12b	PS21-2103
Address prevention and intervention needs in vulnerable communities focused on testing for viral hepatitis and HIV in high-impact settings.	2021-2025	CDC		2, 3	PS21-2103
Lead, maintain, and grow existing coalitions of diverse U.S.-based public and private organizations that provide culturally responsive HBV and/or HCV infection education and services to priority populations (PWID, and Asian/Pacific Islander, American Indian/Alaska Native, and non-Hispanic Black persons), thereby increasing HBV and/or HCV infection awareness, testing, and treatment.	2021-2025	CDC	Hepatitis B Foundation, NASTAD	5, 10	PS21-2105 (Part A)
Provide health education, risk assessment, and screening for pregnant women served by HRSA's Healthy Start (HS) program to improve early diagnosis and treatment for hepatitis B and hepatitis C.	2021-2025	HRSA		13b	
Provide health center screening, care, and treatment for HS clients/pregnant women at risk for hepatitis B and hepatitis C in communities served by both an HS recipient and health center.	2021-2025	HRSA		13b	

Objective 1.4: Increase viral hepatitis prevention and treatment services for people who use drugs

Strategy 1.4.1 Educate communities and individuals about substance use disorders, available prevention, harm reduction and treatment options, and associated risks including transmission of viral hepatitis, HIV, and STIs.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Expand the National Harm Reduction Technical Assistance Center and establish and strengthen other mechanisms to support the implementation of high-quality, evidence-based harm reduction services nationally and strengthen the capacity of SSPs to conduct integrated prevention, testing, care, and treatment of infectious diseases, as well as monitoring and evaluation of their programs to strengthen their impact.	2021-2022	CDC, SAMHSA	University of Washington, NASTAD, National Harm Reduction Coalition, NACCHO	1, 2, 3, 5, 7, 9, 12a	PS19-1909 , PS18-1802 , PS20-2010
Partner with ACOG to increase the implementation of hepatitis C screening recommendations during pregnancy.	2021-2024	CDC	ACOG	7	CK20-2003 , PP-016
Increase the number of people living with hepatitis B and hepatitis C infection who are tested for these infections, made aware of their infection, and linked to recommended care and treatment services.	2021-2025	CDC		5, 6, 7, 8	PS21-2103
Address prevention and intervention needs in vulnerable communities focused on testing for viral hepatitis and HIV in high-impact settings.	2021-2025	CDC		1, 9, 12a	PS21-2103
Support viral hepatitis elimination planning; and maximize access to viral hepatitis prevention, testing, and treatment to reduce the burden of viral hepatitis in health department jurisdictions, including in settings serving people with SUD.	2021-2025	CDC		1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11b, 12a, 12b, 13a, 13b	PS21-2103

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Lead, maintain, and grow existing coalitions of diverse U.S.-based public and private organizations that provide culturally responsive HBV and/or HCV infection education and services to priority populations (PWID, and Asian/Pacific Islander, American Indian/Alaska Native, and non-Hispanic Black people), thereby increasing HBV and/or HCV infection awareness, testing, and treatment (Part A); and maintain an existing web-based, free training platform for health care professionals to improve clinical management of hepatitis B and hepatitis C (Part B).	2021-2025	CDC	Hepatitis B Foundation, NASTAD; WebMD Health Corp., University of Washington	2, 3, 5, 9, 10, 12a, 12b	PS21-2105 (Part A & B)
Inform policy makers, law enforcement, and other decision makers about SUDs, and their role in ensuring that prevention, harm reduction, and treatment services are available for populations in need.	2021-2025	CDC, SAMHSA, ONDCP		N/A	
Work with applicants to ensure that drug product labeling provides clinically relevant information regarding use of HCV DAAs in PWID and those on medication for opioid use disorder.	2021-2025	FDA		7	

Strategy 1.4.2 Expand access to viral hepatitis prevention and treatment services by providing screening, vaccination, and linkage to care in a broad range of health care delivery and community-based settings.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
<p>Through the Targeted Capacity Expansion-HIV Program, provide SUD and/or co-occurring disorder (COD) treatment and recovery support services, hepatitis testing, vaccination, and referral/linkage for treatment and case management, with a focus on high-risk populations including racial and ethnic minority populations and gay, bisexual, and transgender individuals who have a SUD or COD who are HIV-infected or at risk for HIV/AIDS.</p> <p>Grantees may use up to 5 percent of annual award funds for the following hepatitis testing and services: hepatitis B and hepatitis C (antibody and confirmatory) testing, hepatitis A and hepatitis B vaccination, purchase of test kits and other required supplies (e.g., gloves, biohazardous waste containers, etc.), and training for staff related to viral hepatitis testing.</p>	2021-2023	SAMHSA		1, 2, 3, 5, 9, 12a, 12b	TI-17-011

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
<p>Through the Minority AIDS Initiative, increase access to substance use treatment and HIV prevention services with a focus on racial and ethnic minority populations at high risk for HIV.</p> <p>Grant recipients are required to test, in accordance with state and local requirements, all clients who are considered to be at risk for hepatitis B and hepatitis C, either onsite or through referral. Up to 5 percent of annual award funds may be used for the following hepatitis testing and services: hepatitis B and hepatitis C (antibody and confirmatory) testing, hepatitis A and hepatitis B vaccination (including purchase and administration), purchase of test kits and other required supplies (e.g., gloves, biohazardous waste containers, etc.), and training for staff related to viral hepatitis testing.</p>	2021-2024	SAMHSA		1, 2, 3, 5, 9, 12a, 12b	TI-19-008
<p>Through the Prevention Navigator grant program, provide services to people at highest risk for HIV and SUD using a navigation approach (community health workers, neighborhood navigators, and peer support specialists) to expedite services for these populations.</p> <p>The program's required activities includes providing opportunities for screening and testing for HIV and viral hepatitis for individuals in the community.</p>	2021-2025	SAMHSA		1, 2, 3, 5, 9, 12a, 12b	SP-20-001

Strategy 1.4.3 Expand access to substance use disorder treatment, including medications for opioid use disorder, and comprehensive syringe services programs in areas vulnerable to viral hepatitis and HIV outbreaks, and in correctional settings.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Expand access to comprehensive SSPs in areas vulnerable to viral hepatitis and HIV outbreaks through health departments and CBOs.	2022-2024	SAMHSA, CDC		1, 2, 3, 9, 12a	PS18-1802 , PS20-2010
Identify and address policy barriers and facilitators to the expansion of SSPs and other evidence-based harm reduction services.	2022-2024	CDC, SAMHSA, ONDCP		N/A	PS18-1802 , PS20-2010

Strategy 1.4.4 Increase staffing and training of peer support counselors to support people who use drugs and provide culturally and linguistically appropriate navigation to viral hepatitis services.

Strategy 1.4.5 Through implementation science research, identify and scale up best practices for prevention of hepatitis C infection and re-infection among people who inject drugs.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
<p>Publish and promote “Advisory: Screening and Treatment of Viral Hepatitis in People with Substance Use Disorders,” which updates “TIP 53: Addressing Viral Hepatitis in People with Substance Use Disorders.”</p> <p>The Advisory offers guidance to providers and administrators in SUD treatment programs on screening for, and treating clients with hepatitis A, hepatitis B, and hepatitis C infections.</p>	2021	SAMHSA		5, 6, 7, 8, 9, 12a	
Expand the number of SSPs implementing harm reduction services through health departments, CBOs, and other entities.	2022-2024	CDC, SAMHSA, ONDCP		N/A	PS18-1802 , PS20-2010 , PS19-1909

Objective 1.5: Increase the capacity of public health, health care systems, and the health workforce to prevent and manage viral hepatitis

Strategy 1.5.1 Partner with professional societies, academic institutions, and accrediting bodies to include viral hepatitis prevention and care in the curriculum of medical and other health care professionals' and paraprofessionals' education and training programs.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Continue to support fellowships for predoctoral students to study access to sterile syringes and HCV infection among people living in rural areas who inject drugs.	2021-2025	NIH		12a	

Strategy 1.5.2 Develop training, technical assistance, and clinical decision support tools for providers in traditional and nontraditional settings, such as primary care, pharmacies, and SUD and correctional facilities, to support them in implementing viral hepatitis prevention, testing, and treatment recommendations.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Increase hepatitis C knowledge among medical professionals, including behavioral health professionals, through HCV Current, which is a national initiative of the Addiction Technology Transfer Center (ATTC) Network, and other programs.	2021	SAMHSA	ATTC Network	3, 7	
Provide data tools for provider use to improve and coordinate testing and treatment.	2021	VA		5, 6, 7, 8	

Strategy 1.5.3 Increase provider education on pain management and safer opioid-prescribing practices using the CDC Guideline for Prescribing Opioids for Chronic Pain and other related resources.

Strategy 1.5.4 Develop training and decision support tools and strengthen linkages between prenatal care and viral hepatitis care providers to improve prevention and management of hepatitis B and hepatitis C for pregnant women and newborns.



Goal 2: Improve Viral Hepatitis–Related Health Outcomes of People with Viral Hepatitis

Objective 2.1: Increase the proportion of people who are tested and aware of their viral hepatitis status

Strategy 2.1.1 Scale up implementation of universal hepatitis C screening guidelines among all adults and pregnant women in a range of clinical and nonclinical settings, and provide linkage to care.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Provide data tools for provider use to improve and coordinate testing and treatment.	2021	VA		7, 8	
Support comprehensive technical assistance for state hepatitis prevention and surveillance programs.	2021-2022	CDC		3, 7, 8	OT18-1802
Improve and monitor HCV screening efforts using internal Indian Health Service (IHS) data (i.e., Government Performance and Results Act).	2021-2022	IHS		3, 7, 12b, 13a	Minority HIV/AIDS Fund
Partner with ACOG to increase the implementation of hepatitis C screening recommendations during pregnancy.	2021-2024	CDC	ACOG	3, 7	CK20-2003 , PP-016
Increase the number of people living with hepatitis B and hepatitis C infection who are tested for these infections, made aware of their infection, and linked to recommended care and treatment services.	2021-2025	CDC		7, 8	PS21-2103
Address prevention and intervention needs in vulnerable communities focused on testing for viral hepatitis and HIV in high-impact settings.	2021-2025	CDC		3, 7	PS21-2103

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Lead, maintain, and grow existing coalitions of diverse U.S.-based public and private organizations that provide culturally responsive HBV and/or HCV infection education and services to priority populations (PWID, and Asian/Pacific Islander, American Indian/Alaska Native, and non-Hispanic Black people), thereby increasing HBV and/or HCV infection awareness, testing, and treatment.	2021-2025	CDC	Hepatitis B Foundation, NASTAD	3, 7	PS21-2105 (Part A)
Detect and respond to viral hepatitis outbreaks; collect and analyze data to inform development and implementation of public health interventions to prevent and control viral hepatitis; support viral hepatitis elimination planning; and maximize access to viral hepatitis prevention, testing, and treatment to reduce the burden of viral hepatitis in their jurisdictions.	2021-2025	CDC		3, 7, 8	PS21-2103
Maintain an existing web-based, free training platform for health care professionals to improve clinical management of hepatitis B and hepatitis C.	2021-2025	CDC	WebMD Health Corp., University of Washington	7, 8	PS21-2105 (Part B)
Support campaign development and implementation and educational and training materials development, as well as maintain CDC viral hepatitis web presence and outbreak communication, through the <i>Communication Support for Viral Hepatitis Prevention, Screening and Treatment</i> contract.	2021-2025	CDC		3, 7	000HCVJH-2021-60047
Address factors contributing to low hepatitis C screening rates and develop a plan to increase screening rates to ≥90%. Implement within electronic medical opt-out testing process.	2022-2025	BOP		7, 8, 13a, 13b	

Strategy 2.1.2 Expand innovative models for viral hepatitis testing in a range of settings such as community-based organizations, mobile units, substance use disorder treatment programs, correctional facilities, syringe services programs, HIV clinics, STI clinics, refugee health centers, and homeless shelters.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Model activities to determine HCV testing and treatment needs to eliminate HCV among PWID.	2021	CDC, SAMHSA	PPML - Stanford University	N/A	PS19-1905
Develop model comprehensive hepatitis B programs that include partnerships between CBOs servicing disproportionately impacted communities, departments of health, perinatal hepatitis B programs, safety net providers, research centers, and health care facilities to build capacity for scale-up of vaccination, testing, linkage to care, and treatment services.	2021-2022	OMH, CDC, ODP	Asian Health Coalition, CBWCHC, Philadelphia Department of Health, The George Washington University, The Regents of the University of California (Davis)	5, 6, 11a, 11b	MP-CPI-19-001
Evaluate SSP and medication for opioid use disorder (MOUD) program coverage needed to reduce HIV and HCV infections in the United States.	2021-2022	CDC, SAMHSA	PPML - Stanford University	N/A	PS19-1905
Partner with the Alaska Native Tribal Health Council (ANTHC) to pilot a telehealth model of HCV screening and treatment in remote Alaska Native villages.	2021-2024	CDC	ANTHC	7, 8, 13a	CK20-2003 , PP-017
Increase the number of people living with hepatitis B and hepatitis C infection who are tested for these infections, made aware of their infection, and linked to recommended care and treatment services.	2021-2025	CDC		5, 6, 7, 8	PS21-2103
Address prevention and intervention needs in vulnerable communities focused on testing for viral hepatitis and HIV in high-impact settings.	2021-2025	CDC		9, 12a	PS21-2103

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Detect and respond to viral hepatitis outbreaks; collect and analyze data to inform development and implementation of public health interventions to prevent and control viral hepatitis; support viral hepatitis elimination planning; and maximize access to viral hepatitis prevention, testing, and treatment to reduce the burden of viral hepatitis in their jurisdictions.	2021-2025	CDC		5, 6, 7, 8, 9, 12a	PS21-2103
Lead, maintain, and grow existing coalitions of diverse U.S.-based public and private organizations that provide culturally responsive HBV and/or HCV infection education and services to priority populations (PWID, and Asian/Pacific Islander, American Indian/Alaska Native, and non-Hispanic Black people), thereby increasing HBV and/or HCV infection awareness, testing, and treatment.	2021-2025	CDC	Hepatitis B Foundation, NASTAD	5, 10	PS21-2105 (Part A)
Implement HCV and HBV testing as part of the National HIV Behavioral Surveillance System among PWID and other populations at risk for HIV and hepatitis.	2022	CDC		9, 12a	PS22-2201

Strategy 2.1.3 Leverage covered preventive services by health insurers to expand hepatitis B and hepatitis C testing and address related price and insurance barriers.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Address barriers to reimbursement of viral hepatitis services including preventive care benefits, and access to integrated/comprehensive health care.	2021-2025	OIDP, CDC, CMS		1, 2, 3, 5, 6, 7, 8, 9, 10, 11a, 11b, 12a, 12b, 13a, 13b	

Strategy 2.1.4 Develop and implement quality measures for viral hepatitis testing (e.g., HEDIS measures and electronic clinical quality measures [eCQM]).

Strategy 2.1.5 Increase use of reflex testing for hepatitis C RNA with a positive hepatitis C antibody test.

Strategy 2.1.6 Conduct research to support changes in hepatitis B screening guidelines to demonstrate screening reliability, efficacy, safety, and cost-effectiveness.

Strategy 2.1.7 Increase hepatitis B testing and provide linkage to care among people born in geographic regions with HBsAg prevalence of $\geq 2\%$, in a range of clinical and nonclinical settings.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Maintain an existing web-based, free training platform for health care professionals to improve clinical management of hepatitis B and hepatitis C.	2021-2025	CDC	WebMD Health Corp., University of Washington	6, 7, 8	PS21-2105 (Part B)
Lead, maintain, and grow existing coalitions of diverse U.S.-based public and private organizations that provide culturally responsive HBV and/or HCV infection education and services to priority populations (PWID, and Asian/Pacific Islander, American Indian/Alaska Native, and non-Hispanic Black people), thereby increasing HBV and/or HCV infection awareness, testing, and treatment.	2021-2025	CDC	Hepatitis B Foundation, NASTAD	5, 6, 9, 10, 11a, 11b	PS21-2105 (Part A)

Objective 2.2: Improve the quality of care and increase the number of people with viral hepatitis who receive and continue (hepatitis B) or complete (hepatitis C) treatment, including people who use drugs and people in correctional settings

Strategy 2.2.1 Educate people who are newly diagnosed about recommended assessment, vaccination, treatments, and the benefits of treatment adherence and completion, including in substance use disorder and correctional settings.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Address prevention and intervention needs in vulnerable communities focused on testing for viral hepatitis and HIV in high-impact settings.	2021-2025	CDC		5, 6, 7, 8, 9, 12a	PS21-2103

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Increase the number of people living with hepatitis B and hepatitis C infection who are tested for these infections, made aware of their infection, and linked to recommended care and treatment services.	2021-2025	CDC		5, 6, 7, 8, 9, 12a	PS21-2103
Increase the number of people living with hepatitis B and hepatitis C that are tested for these infections, made aware of their infection, and linked to recommended care and treatment services.	2021-2025	VA		5, 6, 7, 8	

Strategy 2.2.2 Improve linkage to care between community-based organizations, correctional facilities, syringe services programs, alcohol and other substance use disorder treatment programs, and viral hepatitis treatment providers.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Model activities to determine HCV testing and treatment needs to eliminate HCV among PWID.	2021	CDC	PPML - Stanford University	N/A	PS19-1905
Identify reimbursement barriers to viral hepatitis prevention and care services and identify solutions to barriers.	2021-2024	OIDP, CDC, CMS, HRSA		1, 2, 3, 5, 6, 7, 8, 9, 12a	
Increase the number of people living with hepatitis B and hepatitis C infection who are tested for these infections, made aware of their infection, and linked to recommended care and treatment services.	2021-2025	CDC		5, 6, 7, 8, 9, 12a	PS21-2103
Address prevention and intervention needs in vulnerable communities focused on testing for viral hepatitis and HIV in high-impact settings.	2021-2025	CDC		5, 6, 7, 8, 9, 12a	PS21-2103

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Detect and respond to viral hepatitis outbreaks; collect and analyze data to inform development and implementation of public health interventions to prevent and control viral hepatitis; support viral hepatitis elimination planning; and maximize access to viral hepatitis prevention, testing, and treatment to reduce the burden of viral hepatitis in their jurisdictions.	2021-2025	CDC		2, 3, 4, 5, 6, 7, 8, 9,12a	PS21-2103
Build out an Opioid Treatment Program network within the Bureau of Prisons (BOP) and develop a referral process for people with HBV and/or HCV infection when applicable.	2022-2025	BOP		5, 6, 7, 8	

Strategy 2.2.3 Remove insurance coverage, price, and payment barriers to viral hepatitis care and treatment, including prior authorization requirements.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Identify reimbursement barriers to viral hepatitis prevention and care services and identify solutions to barriers.	2021-2024	OIDP, CDC, CMS, HRSA		1, 2, 3, 5, 6, 7, 8, 9, 12a	

Strategy 2.2.4 Scale up innovative models of care that increase convenience and reach people impacted by viral hepatitis, such as telehealth, mobile units, and apps for patient self-management and care coordination.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Expand the National Harm Reduction Technical Assistance Center to support the implementation of high-quality, evidence-based harm reduction services nationally and strengthen the capacity of SSPs to conduct integrated testing, care, and treatment for infectious diseases, conduct monitoring and evaluation of their programs to strengthen their impact.	2021-2022	CDC, SAMHSA	University of Washington, NASTAD, National Harm Reduction Coalition, NACCHO	1, 2, 3, 5, 7, 9, 12a	PS19-1909 , PS18-1802 , PS20-2010
Partner with the ANTHC to pilot a telehealth model of HCV screening and treatment in remote Alaska Native villages.	2021-2024	CDC	ANTHC	7, 8, 13a	CK20-2003 , PP-017

Strategy 2.2.5 Scale up innovative approaches to engage people in care and re-engage those who are lost to care, such as data to care collaborations that include patient navigation.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Continue to support a study of the linkage to HCV care among HIV/HCV co-infected substance users. This randomized clinical trial will assess the effectiveness of an efficacious linkage to care intervention for HIV/HCV co-infected substance users.	2021-2025	NIH		7, 8	

Strategy 2.2.6 Scale up, in accordance with current guidelines, implementation of opt-out testing and viral hepatitis prevention, management, and treatment in correctional settings.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Continue pursuing HCV elimination in BOP through treatment and screening to include implementation of micro-elimination by facility.	2022-2025	BOP		7, 8	
Begin monitoring and increase surveillance of HBV infection. Implement dashboard reporting on HBV status.	2022-2025	BOP		5, 6	

Strategy 2.2.7 Develop and implement viral hepatitis quality measures to incentivize quality screening, care, and treatment.

Strategy 2.2.8 Study risk factors for hepatitis B reactivation in persons with inactive disease or resolved infection and make recommendations for prophylaxis, monitoring, and use of vaccination to boost immunity in people with antibody to hepatitis B who are receiving immunosuppressive therapy.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Through the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Intramural Research Program, continue research on developing early serum markers and underlying mechanisms of HBV reactivation caused by cancer chemotherapy in patients with inactive hepatitis B and by antiviral treatment of HBV-HCV co-infected patients.	2021	NIH		6	

Objective 2.3: Increase the capacity of the public health, health care delivery, and health care workforce to effectively identify, diagnose, and provide holistic care and treatment for people with viral hepatitis

Strategy 2.3.1 Partner with professional societies and academic institutions to increase provision of viral hepatitis screening and treatment by health care professionals and paraprofessionals.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Maintain an existing web-based, free training platform for health care professionals to improve clinical management of hepatitis B and hepatitis C.	2021-2025	CDC	WebMD Health Corp., University of Washington	6, 7, 8	PS21-2105 (Part B)

Strategy 2.3.2 Expand hepatitis C screening and treatment capacity among public health, primary care and other health care providers, including pharmacists, to support the implementation of viral hepatitis testing, counseling, and treatment recommendations.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Evaluate the effectiveness and cost-effectiveness of different timing and testing approaches for infants perinatally exposed to HCV to ensure linkage to care and treatment of infected infants.	2021-2022	CDC	CAMP, Lead Collaborators at Emory University, University at Albany, State University of New York	N/A	PS19-1905
Scale up HCV treatment capacity throughout IHS, tribal, and urban Indian (I/T/U) health systems via virtual clinical trainings, telehealth clinics, and teleconsultation support.	2021-2022	IHS		7, 8, 13a	Minority HIV/AIDS Fund
Support comprehensive technical assistance for state hepatitis prevention and surveillance programs.	2021-2022	CDC	NASTAD	3, 7, 8	OT18-1802

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Increase the number of people living with hepatitis B and hepatitis C infection who are tested for these infections, made aware of their infection, and linked to recommended care and treatment services.	2021-2025	CDC		7, 8	PS21-2103
Address prevention and intervention needs in vulnerable communities focused on testing for viral hepatitis and HIV in high-impact settings.	2021-2025	CDC		7, 8, 12a	PS21-2103
Support campaign development and implementation and educational and training materials development, as well as maintain CDC viral hepatitis web presence and outbreak communication, through the <i>Communication Support for Viral Hepatitis Prevention, Screening and Treatment</i> contract.	2021-2025	CDC		3, 7, 8	000HCVJH-2021-60047
Maintain an existing web-based, free training platform for health care professionals to improve clinical management of hepatitis B and hepatitis C.	2021-2025	CDC	WebMD Health Corp., University of Washington	6, 7, 8	PS21-2105 (Part B)

Strategy 2.3.3 Use technology and digital collaboration tools such as online training and case conferencing to expand health care provider expertise to areas with few specialists.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Partner with the ANTHC to pilot a telehealth model of HCV screening and treatment in remote Alaska Native villages.	2021-2024	CDC	ANTHC	7, 8, 13a	CK20-2003, PP-017

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Through Ryan White HIV/AIDS Program AIDS Education and Training Center Programs, offer training on treatment of viral hepatitis among people with HIV and assist with implementation of treatment protocols through communities of practice and providing access to expert advice to support providers with minimal experience in hepatitis treatment.	2021-2025	HRSA		7, 8	
Maintain an existing web-based, free training platform for health care professionals to improve clinical management of hepatitis B and hepatitis C.	2021-2025	CDC	WebMD Health Corp., University of Washington	5, 6, 7, 8	PS21-2105 (Part B)

Strategy 2.3.4 Improve implementation of recommended monitoring and care for people with chronic hepatitis B or chronic hepatitis C related to treatment status, fibrosis, and risk for hepatocellular carcinoma, to prevent morbidity and mortality from hepatocellular carcinoma, end-stage liver disease, and other hepatitis-related sequelae.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Continue to support a COHORTS project studying the rate of progression of liver disease among HCV-infected injection drug users in a large HIV cohort to identify HCV-infected injection drug users at greatest risk, and to study non-invasive markers of liver disease progression and fibrosis.	2021-2025	NIH		8	

Strategy 2.3.5 Expand and improve effectiveness of viral hepatitis navigation and linkage to care in programs that provide viral hepatitis outreach, screening, and treatment.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Expand and support the implementation of high-quality, evidence-based harm reduction services nationally; strengthen the capacity of SSPs to conduct integrated prevention, testing, care and treatment for infectious diseases; and conduct monitoring and evaluation of their programs to strengthen their impact.	2021-2022	CDC, SAMHSA	University of Washington, NASTAD, National Harm Reduction Coalition, NACCHO	1, 2, 3, 5, 7, 9, 12a	PS19-1909 , PS18-1802 , PS20-2010
Continue to support a study of the linkage to HCV care among HIV/HCV co-infected substance users. This randomized clinical trial will assess the effectiveness of a linkage to care intervention for HIV/HCV co-infected substance users.	2021-2025	NIH		7, 8	

Strategy 2.3.6 Implement strategies and promote policies to enhance collaborative, integrated, patient-centered models of care including addressing co-occurring conditions, such as alcohol and other substance use disorders, particularly those reaching priority populations and underserved communities.

Objective 2.4: Support the development and uptake of new and improved diagnostic technologies, therapeutic agents, and other interventions for the identification and treatment of viral hepatitis

Strategy 2.4.1 Advance the development and use of viral hepatitis point-of-care diagnostics and self-collection diagnostics.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Continue to host the webinar series on “Moving from Hepatitis Discovery to Elimination,” to highlight ongoing research that can benefit hepatitis elimination efforts, support translation of research into implementation, and identify additional research needs.	2021	NIH, CDC, ODP	CGHE	N/A	

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Support use of alternate sample types, such as dried blood spots instead of serum or plasma, which can only be collected by a phlebotomist to identify individuals currently infected with HCV.	2021	CDC		3	
Continue to encourage new applications to support translational research and development of rapid point-of-care diagnostics to identify active viremic HCV infections.	2021-2023	NIH		3, 7, 8	NOT-AI-20-013
Continue to support Small Business Innovation Research (SBIR) contracts for National Institute of Allergy and Infectious Diseases (NIAID) Topic 099 (Rapid, Point-of-Care Diagnostics for Hepatitis C Virus).	2021-2025	NIH		3, 7, 8	PHS-2021-1

Strategy 2.4.2 Develop accurate and convenient tests that discriminate between acute and chronic HCV infections (such as HCV core antigen and serologic tests).

Strategy 2.4.3 Improve and validate tools for earlier detection of hepatocellular carcinoma, such as improved liver imaging and blood and urine tests.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Continue to support a multicenter U.S. Translational Liver Cancer Consortium , which is charged with developing a large clinical network to conduct advanced translational research on the early detection, diagnosis, clinical management, prevention, and treatment of liver cancer in patients with chronic liver disease who are at high risk for this highly fatal malignancy.	2021-2025	NIH		6	

Strategy 2.4.4 Advance research on treatment options for achieving hepatitis B cure.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Continue to support the development and standardization of small animal models of HBV, which may include efficacy testing of candidate products, such as good laboratory practice studies to support licensure.	2021	NIH		2, 6	Task Order Proposal A40, Human Hepatitis B Virus (HBV) Mouse Models for Testing HBV Therapeutics
Continue to host the webinar series on “Moving from Hepatitis Discovery to Elimination,” to highlight ongoing research that can benefit hepatitis elimination efforts, support translation of research into implementation, and identify additional research needs.	2021	NIH, CDC, OIDP	CGHE	N/A	
Finalize guidance for the development of drugs to treat chronic HBV infection.	2021-2022	FDA		6	
Invite applications for support of innovative basic, translational, and clinical research in the areas of virology, immunology, and therapeutics to identify and address the challenges to achieving an HBV cure in the presence of HIV.	2021-2022	NIH		6	PAS-20-121
Continue to award SBIR contracts for NIAID Topic 084 (Antiviral Drugs to Cure Chronic Hepatitis B Virus Infection).	2021-2024	NIH		2, 6	NOT-OD-19-121
Facilitate development of novel targets of therapy in hepatitis B.	2021-2025	FDA		6	
Facilitate the clinical development of new hepatitis B therapies aimed at clearance of HBsAg to allow for discontinuation of treatment without relapse.	2021-2025	FDA		6	

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Encourage evaluation of patients with HIV-1/HBV co-infection in trials with HBV mono-infected patients and/or in separate trials to obtain efficacy and safety data in this population.	2021-2025	FDA		N/A	
Continue funding of the Hepatitis B Research Network to complete analyses and publication of results from the three trials of combination therapy (peginterferon and an oral nucleoside analogue) in children and adults with different clinical patterns of chronic hepatitis B.	2021-2025	NIH, CDC		6	U01, U24
Initiate a high-throughput screening project to identify novel anti-HBV compounds and to develop promising hits into therapeutics for HBV.	2021-2025	NIH		6	
Through the NIH-funded ACTG , continue to support a coordinated and comprehensive clinical research portfolio of early- to late-phase interventional clinical trials for HIV, tuberculosis, and viral hepatitis. For viral hepatitis, the ACTG conducts studies to develop new and curative therapies for HBV, understand the immune response to hepatitis B vaccines, and improve treatment for HCV, particularly for people with HIV.	2021-2025	NIH		2, 6	

Strategy 2.4.5 Study the safety of treatment of hepatitis C in pregnancy.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Evaluate data on the use of HCV DAAs in pregnant and lactating women.	2021-2025	FDA		7	

Strategy 2.4.6 Improve prevention of end-stage liver disease and hepatocellular carcinoma among people living with well-controlled hepatitis B and cured hepatitis C by understanding risk factors and identifying and scaling up effective therapies.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Engage physicians through expert consultation with monthly virtual teleECHO clinics and provide customized and ongoing in-person and virtual training for physicians and members of their teams to support them in delivering HCV treatment.	2021-2022	IHS		7, 8, 13a	Minority HIV/AIDS Fund
Through the NIDDK-supported Liver Cirrhosis Network, promote clinical and translational research on adult liver cirrhosis resulting from a number of causes, including chronic hepatitis B, hepatitis C, and hepatitis D.	2021-2025	NIH		6	U01, U24
Continue to support research on the mechanisms of health disparities in chronic liver diseases, such as chronic hepatitis B and hepatitis C, and cancer.	2021-2025	NIH		11a, 11b, 13a, 13b	PAR-20-088 , PAR-20-081

Strategy 2.4.7 Research hepatitis B and hepatitis C therapies to identify potent, broadly effective, and easily administered therapies, such as long-acting drugs.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Through the NIDDK Intramural Research Program, continue work to develop a potent antiviral compound targeting HCV entry into cells that is broadly effective in combination with other existing drugs to treat HCV in preclinical models.	2021	NIH		8	
Through the NIDDK Intramural Research Program, continue research on developing early serum markers and underlying mechanisms of HBV reactivation caused by cancer chemotherapy in patients with inactive hepatitis B and by antiviral treatment of HBV-HCV co-infected patients.	2021	NIH		6	
Continue to participate in Patient-Focused Drug Development Meetings to enhance understanding of patient preferences to help inform the focus of new drug development and future clinical trials.	2021-2025	FDA		7	
Continue to support ongoing clinical trials conducted at the NIH Clinical Center aimed at improving therapies for chronic hepatitis B and hepatitis C.	2021-2025	NIH		6	
Continue to promote research to identify safe and effective treatment for hepatitis during pregnancy and improved strategies for prevention of perinatal transmission.	2021-2025	NIH		6, 7, 8	

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
<p>Continue to support multiple opportunities to advance long-acting formulations for the treatment and prevention of HIV and related infections, including viral hepatitis, through the NIAID-funded Long-Acting/Extended Release Antiretroviral Resource Program (LEAP). The LEAP viral hepatitis working group promotes the development of long-acting/extended release (LA/ER) approaches, with the ultimate goal for HCV being a test and cure approach to elimination and for HBV LA formulations to simplify treatment and prevention. In fiscal years 2021–2025, the LEAP is poised with acquired expertise to continue to advance LA/ER formulations for viral hepatitis.</p>	2021-2025	NIH		6, 7, 8	
<p>Through the NIH-funded ACTG, continue to support a coordinated and comprehensive clinical research portfolio of early- to late-phase interventional clinical trials for HIV, tuberculosis, and viral hepatitis.</p> <p>For viral hepatitis, the ACTG conducts studies to develop new and curative therapies for HBV, understand the immune response to hepatitis B vaccines, and improve treatment for HCV, particularly for people with HIV.</p>	2021-2025	NIH		2, 6	
<p>Continue to fund research into the combination of hepatitis and other transmissible infections and SUDs in the most vulnerable populations.</p>	2021-2025	NIH		9, 12a	

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Advance the development of pharmacological and non-pharmacological interventions for the HIV/HCV/SUD syndemic, with the goals of reducing the burden of, and discovering safe and effective therapeutic approaches for, these health conditions.	2021-2025	NIH		3, 8, 12a	NOT-DA-20-032

Strategy 2.4.8 Advance research on treatments for hepatitis A to rapidly treat infections and reduce transmissions in outbreak settings.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Continue to host the webinar series on “Moving from Hepatitis Discovery to Elimination,” to highlight ongoing research that can benefit hepatitis elimination efforts, support translation of research into implementation, and identify additional research needs.	2021	NIH, CDC, OIDP	CGHE	N/A	



Goal 3: Reduce Viral Hepatitis–Related Disparities and Health Inequities

Objective 3.1: Reduce stigma and discrimination faced by people with and at risk for viral hepatitis

Strategy 3.1.1 Engage faith-based and other community leaders to dispel viral hepatitis–related stigma and share facts, recommendations, and personal stories in community settings and in the media to reach all people, especially in disproportionately impacted communities.

Strategy 3.1.2 Reduce stigma, unconscious bias, and discriminatory practices, including at health care delivery sites.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Build a National Harm Reduction Technical Assistance Center to support the implementation of high-quality, evidence-based harm reduction services nationally and strengthen the capacity of SSPs to conduct monitoring and evaluation of their programs to strengthen their impact.	2021-2022	CDC, SAMHSA	University of Washington, NASTAD, National Harm Reduction Coalition, NACCHO	1, 2, 3, 5, 7, 9, 12a	PS19-1909
Increase the number of I/T/U providers who are proficient in care of PWID, the use of harm reduction, behavioral health, and the delivery or coordination of any services determined to be necessary for the individual patient to achieve health and wellness.	2021-2022	IHS, OIDP		1, 2, 3, 5, 6, 7, 8, 9, 12a, 12b, 13a	Minority HIV/AIDS Fund

Strategy 3.1.3 Enforce current protections that prohibit discrimination against people with viral hepatitis and reexamine state laws that criminalize viral hepatitis and behavior related to viral hepatitis.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
<p>Continue to provide information to the public on the civil rights and the health information privacy rights of individuals with viral hepatitis.</p> <p>The Office of Civil Rights (OCR) also will continue to investigate and take action on complaints alleging discrimination against individuals with viral hepatitis by health care providers and human service agencies, including those complaints where there is a denial of meaningful access for limited English proficient (LEP) individuals to HHS-administered or -funded programs and services; and on complaints, compliance reviews, or breach reports alleging or identifying potential violations of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule by HIPAA-regulated entities.</p>	2021-2025	OCR		N/A	
<p>Through the Disability Rights Section of the Department of Justice (DOJ) Civil Rights Division, which receives and reviews hepatitis-based discrimination complaints from individuals and organizations, develop cases that present a pattern or practice of hepatitis-based discrimination and other high-impact cases, and file Statements of Interest or amicus briefs in matters related to hepatitis-based discrimination by monitoring private litigation and working with non-legal organizations to identify such opportunities.</p>	2021-2025	DOJ		N/A	

Strategy 3.1.4 Educate health care and other partners, the public, and people with viral hepatitis about federal protections against viral hepatitis–related discriminatory policies and practices.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Raise awareness of the joint letter between OCR and ODP about laws that prohibit discrimination of people with disabilities, including people with viral hepatitis.	2021-2025	ODP, OCR		N/A	
The Disability Rights Section of the Civil Rights Division receives and reviews referrals of potential hepatitis-based discrimination through direct calls from the Americans with Disabilities Act (ADA) Information Line and online at http://www.ada.gov and https://www.justice.gov/crt .	2021-2025	DOJ		N/A	
Conduct outreach and education activities regarding rights and responsibilities under Title I of the ADA and Section 501 of the Rehabilitation Act.	2021-2025	EEOC		N/A	

Objective 3.2: Reduce disparities in new viral hepatitis infections, knowledge of status, and along the cascade/continuum of care

Strategy 3.2.1 Foster partnerships with organizations that serve disproportionately impacted populations, including community organizations, provider organizations, academic institutions, and offices of minority health, to raise awareness of viral hepatitis.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Through ASTHO, conduct a series of workshops on policy solutions to advance hepatitis elimination or on health equity to address disparities in adult vaccination.	2021-2022	CDC	ASTHO	1, 2	OT18-1802

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Develop model comprehensive hepatitis B programs that include partnerships between CBOs servicing disproportionately impacted communities, departments of health, perinatal hepatitis B programs, safety net providers, research centers, and health care facilities to build capacity for scale-up of vaccination, testing, linkage to care, and treatment services.	2021-2022	OMH, CDC, ODP	Asian Health Coalition, CBWCHC, Philadelphia Department of Health, The George Washington University, The Regents of the University of California (Davis)	2, 4, 5, 6, 11a, 11b	MP-CPI-19-001
Disseminate the results and strategies of a project aimed at reducing HCV morbidity and mortality among low-income, underinsured, or uninsured racial and ethnic minorities with HIV by increasing the number of people with HIV and HCV who are screened, diagnosed, linked to care, treated, and cured of HCV by enhancing the use of HCV surveillance systems to identify people with HIV who are co-infected with HCV, and increasing bi-directional referrals between HIV service providers and mental health and SUD providers.	2021-2022	HRSA		13b	
Lead, maintain, and grow existing coalitions of diverse U.S.-based public and private organizations that provide culturally responsive HBV and/or HCV infection education and services to priority populations (PWID, and Asian/Pacific Islander, American Indian/Alaska Native, and non-Hispanic Black people), thereby increasing HBV and/or HCV infection awareness, testing, and treatment.	2021-2025	CDC	Hepatitis B Foundation, NASTAD	5, 10	PS21-2105 (Part A)

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Develop and implement educational and training materials, as well as maintain viral hepatitis web presence.	2021-2025	VA		1, 2, 3, 5, 6, 7, 8, 9, 11a, 11b, 12a, 12b, 13a, 13b	

Strategy 3.2.2 Support community leaders and people with lived experience to identify, plan, and implement efforts to meet the needs of their community related to viral hepatitis.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Publish resource materials instructing homeless assistance providers on how they can employ harm reduction models, such as SSPs within their programs.	2021-2022	HUD, CDC, VA, SAMHSA		3, 12a	
Produce and distribute public-facing educational campaigns aimed at early detection and treatment of HCV for both community and clinicians. Support monthly virtual/national telehealth for community of practice for peer educators and health technicians.	2021-2022	IHS		3	Minority HIV/AIDS Fund
Publish model emergency shelter standards that incorporate sanitation, harm reduction, and standards of care.	2022	HUD, CDC		1, 2, 3, 9	
Through ASTHO, conduct a series of workshops on policy solutions to advance hepatitis elimination or on health equity to address disparities in adult vaccination.	2022	CDC	ASTHO	1, 2	OT18-1802

Strategy 3.2.3 Provide hepatitis prevention education, hepatitis treatment, and substance use disorder treatment for people in correctional settings, particularly for those who may use drugs.

Strategy 3.2.4 Require funded programs that address viral hepatitis to focus on disproportionately impacted populations, help reduce stigma and discrimination, and include contributions of people with lived experience.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Develop model comprehensive hepatitis B programs that include partnerships between CBOs servicing disproportionately impacted communities, departments of health, perinatal hepatitis B programs, safety net providers, research centers, and health care facilities to build capacity for scale-up of vaccination, testing, linkage to care, and treatment services.	2021-2022	OMH, CDC, ODP	Asian Health Coalition, CBWCHC, Philadelphia Department of Health, The George Washington University, The Regents of the University of California (Davis)	2, 4, 5, 6, 11a, 11b	MP-CPI-19-001
Detect and respond to viral hepatitis outbreaks; collect and analyze data to inform development and implementation of public health interventions to prevent and control viral hepatitis; support viral hepatitis elimination planning; and maximize access to viral hepatitis prevention, testing, and treatment to reduce the burden of viral hepatitis in health department jurisdictions.	2021-2025	CDC		1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11a, 11b, 12a, 12b, 13a, 13b	PS21-2103

Strategy 3.2.5 Advance health disparities research to further understand the influence of social determinants on disparities in viral hepatitis and inform interventions to reduce or eliminate these disparities.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Evaluate SSP and MOUD program coverage needed to reduce HIV and HCV infections in the United States.	2021-2022	CDC	PPML - Stanford University	N/A	PS19-1905
Through the IQVIA contract, measure trends in hepatitis B and hepatitis C medication prescriptions by demographic, payer, and provider characteristics and by region over time.	2021-2023	CDC		6, 7, 8, 11a, 11b	
Continue to support research on the mechanisms of health disparities in chronic liver diseases, such as chronic hepatitis B and hepatitis C, and cancer.	2021-2025	NIH		11a, 11b, 13a, 13b	PAR-20-088 , PAR-20-081

Objective 3.3: Expand culturally competent and linguistically appropriate viral hepatitis prevention, care, and treatment services

Strategy 3.3.1 Develop and disseminate culturally competent and linguistically appropriate viral hepatitis educational materials in collaboration with people with lived experience.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Support comprehensive technical assistance for state hepatitis prevention and surveillance programs.	2021-2022	CDC	NASTAD	1, 2, 3, 5, 6, 7, 8	OT18-1802
Build a National Harm Reduction Technical Assistance Center to support the implementation of high-quality, evidence-based harm reduction services nationally and strengthen the capacity of SSPs to conduct monitoring and evaluation of their programs to strengthen their impact.	2021-2022	CDC, SAMHSA	University of Washington, NASTAD, National Harm Reduction Coalition, NACCHO	1, 2, 3, 5, 7, 9, 12a	PS19-1909

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Develop model comprehensive hepatitis B programs that include partnerships between CBOs servicing disproportionately impacted communities, departments of health, perinatal hepatitis B programs, safety net providers, research centers, and health care facilities to build capacity for scale-up of vaccination, testing, linkage to care, and treatment services.	2021-2022	OMH, CDC, OIDP	Asian Health Coalition, CBWCHC, Philadelphia Department of Health, The George Washington University, The Regents of the University of California (Davis)	2, 4, 5, 6, 11a, 11b	MP-CPI-19-001
Produce and distribute public-facing educational campaigns aimed at early detection and treatment of HCV for both community and clinicians. Support monthly virtual/national telehealth for community of practice for peer educators and health technicians.	2021-2022	IHS		3	Minority HIV/AIDS Fund

Strategy 3.3.2 Train health professionals in the delivery of culturally competent education, counseling, testing, care, and treatment for viral hepatitis, including development of appropriate informational and clinical decision support tools.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Engage physicians through expert consultation with monthly virtual teleECHO clinics and provide customized and ongoing in-person and virtual training for physicians and members of their teams to support them in delivering HIV, Two-Spirit, LGBTQ, HCV, and SUD treatment services.	2021-2022	IHS		7, 8, 13a	Minority HIV/AIDS Fund

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Lead, maintain, and grow existing coalitions of diverse U.S.-based public and private organizations that provide culturally responsive HBV and/or HCV infection education and services to priority populations (PWID, and Asian/Pacific Islander, American Indian/Alaska Native, and non-Hispanic Black people), thereby increasing HBV and/or HCV infection awareness, testing, and treatment.	2021-2025	CDC	Hepatitis B Foundation, NASTAD	5, 10	PS21-2105 (Part A)
Maintain an existing web-based, free training platform for health care professionals to improve clinical management of hepatitis B and hepatitis C.	2021-2025	CDC	WebMD Health Corp., University of Washington	6, 7, 8	PS21-2105 (Part B)
Through Ryan White HIV/AIDS Program AIDS Education and Training Center Programs, provide information and training on the importance of viral hepatitis testing and treatment and offer technical assistance or capacity building to providers serving racial and ethnic minority communities.	2021-2025	HRSA		5	

Strategy 3.3.3 Foster collaboration between organizations that serve priority populations and academic researchers to identify and scale up implementation of effective strategies to improve viral hepatitis care and treatment, informed by people with lived experience.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Model activities to determine HCV testing and treatment needs to eliminate HCV among PWID.	2021	CDC	PPML - Stanford University	N/A	PS19-1905

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Develop model comprehensive hepatitis B programs that include partnerships between CBOs servicing disproportionately impacted communities, departments of health, perinatal hepatitis B programs, safety net providers, research centers, and health care facilities to build capacity for scale-up of vaccination, testing, linkage to care, and treatment services.	2021-2022	OMH, CDC, OIDP	Asian Health Coalition, CBWCHC, Philadelphia Department of Health, The George Washington University, The Regents of the University of California (Davis)	1, 2, 4, 5, 6, 11a, 11b	MP-CPI-19-001

Objective 3.4: Address social determinants of health and co-occurring conditions

Strategy 3.4.1 Establish and expand policies and approaches that promote viral hepatitis prevention and care in programs involving housing, education, employment, transportation, the justice system, and other systems that impact social determinants of health.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Increase access to health care among people experiencing homelessness by providing direct technical assistance to Continuums of Care to improve coordination between homeless assistance providers and health care.	2022-2024	HUD		1, 5, 8, 9	

Strategy 3.4.2 Develop whole-person systems of care that address co-occurring conditions for people with and at risk for viral hepatitis, HIV, STIs, and substance use disorders.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Model activities to determine HCV testing and treatment needs to eliminate HCV among PWID.	2021	CDC	PPML - Stanford University	N/A	PS19-1905

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Evaluate SSP and MOUD program coverage needed to reduce HIV and HCV infections in the United States.	2021-2022	CDC	PPML - Stanford University	N/A	PS19-1905
Co-create outreach and engagement strategies with existing collaborators (tribal health boards, IHS National Committee on Heroin, Opioids and Pain Efforts, and others) to increase participation in, and access to, treatment for American Indian/ Alaska Native people at risk for HIV, STI, HCV, and SUD.	2021-2022	IHS		7, 8, 13a	Minority HIV/AIDS Fund

Strategy 3.4.3 Develop and scale up implementation of effective interventions that address social determinants of health among people with and at risk for viral hepatitis.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Expand the National Harm Reduction Technical Assistance Center to support the implementation of high-quality, evidence-based harm reduction services nationally and strengthen the capacity of SSPs to offer essential support services (i.e., housing, employment) and conduct monitoring and evaluation of their programs to strengthen their impact.	2021-2022	CDC, SAMHSA	University of Washington, NASTAD, National Harm Reduction Coalition, NACCHO	1, 2, 3, 5, 7, 9, 12a	PS19-1909 , PS18-1802 , PS20-2010
Develop model comprehensive hepatitis B programs that include partnerships between CBOs servicing disproportionately impacted communities, departments of health, perinatal hepatitis B programs, safety net providers, research centers, and health care facilities to build capacity for scale-up of vaccination, testing, linkage to care, and treatment services.	2021-2022	OMH, CDC, ODP	Asian Health Coalition, CBWCHC, Philadelphia Department of Health, The George Washington University, The Regents of the University of California (Davis)	2, 4, 5, 6, 11a, 11b	MP-CPI-19-001



Goal 4: Improve Viral Hepatitis Surveillance and Data Usage

Objective 4.1: Improve public health surveillance through data collection, case reporting, and investigation at the national, state, tribal, local, and territorial health department levels

Strategy 4.1.1 Increase the number of states that include acute and chronic hepatitis B, acute and chronic hepatitis C, and perinatal hepatitis C as reportable conditions and notify CDC of cases that meet the CDC/Council of State and Territorial Epidemiologists case definitions.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Support comprehensive technical assistance for state hepatitis prevention and surveillance programs.	2021-2022	CDC	NASTAD	1, 2, 3	OT18-1802
Develop model comprehensive hepatitis B programs that include partnerships between CBOs servicing disproportionately impacted communities, departments of health, perinatal hepatitis B programs, safety net providers, research centers, and health care facilities to build capacity for scale-up of vaccination, testing, linkage to care, and treatment services.	2021-2022	OMH, CDC, ODP	Asian Health Coalition, CBWCHC, Philadelphia Department of Health, The George Washington University, The Regents of the University of California (Davis)	2	MP-CPI-19-001
Support development of community response models and best practices in responding to opioid injection epidemics that can be implemented by public health systems in rural communities in the United States through “CDC/NIDA - RFA DA17-014: HIV, HCV and Related Comorbidities in Rural Communities Affected by Opioid Injection Drug Epidemics in the United States: Building Systems for Prevention, Treatment and Control (UG3/UH3).”	2021-2022	CDC, NIH		12a	RFA DA17-014

Strategy 4.1.2 Facilitate viral hepatitis case reporting to state, local, tribal, and territorial public health departments by aligning with efforts to report other infectious diseases and using electronic case reporting and interoperable health information technology.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Support comprehensive technical assistance for state hepatitis prevention and surveillance programs.	2021-2022	CDC	NASTAD	1, 2, 3	OT18-1802
Develop model comprehensive hepatitis B programs that include partnerships between CBOs servicing disproportionately impacted communities, departments of health, perinatal hepatitis B programs, safety net providers, research centers, and health care facilities to build capacity for scale-up of vaccination, testing, linkage to care, and treatment services.	2021-2022	OMH, CDC, OIDP	Asian Health Coalition, CBWCHC, Philadelphia Department of Health, The George Washington University, The Regents of the University of California (Davis)	2, 4, 5, 6	MP-CPI-19-001
Through the MedMorph project, create reliable, scalable, and interoperable methods to get electronic health record (EHR) data for multiple public health and research scenarios (use cases). The development of a reference architecture and demonstrated implementation will reduce the burden on health care providers and help provide the standards and methods to receive and send data from EHRs for a variety of public health and research purposes. A 12-month pilot is using hepatitis C as a test case.	2021-2022	CDC		3	

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Support and evaluate how public health surveillance and clinical data systems can be leveraged to facilitate data sharing and improve jurisdictional collaboration to identify, link, and cure HCV among people co-infected with HIV.	2021-2022	HRSA		3	

Strategy 4.1.3 Improve the quality and completeness of clinical and laboratory viral hepatitis data, including on risk factors, race, ethnicity, and country of birth, reported to public health departments for development of jurisdictional continuums of care.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Develop model comprehensive hepatitis B programs that include partnerships between CBOs servicing disproportionately impacted communities, departments of health, perinatal hepatitis B programs, safety net providers, research centers, and health care facilities to build capacity for scale-up of vaccination, testing, linkage to care, and treatment services.	2021-2022	OMH, CDC, ODP	Asian Health Coalition, CBWCHC, Philadelphia Department of Health, The George Washington University, The Regents of the University of California (Davis)	2, 4, 5, 6, 9, 10, 11a, 11b	MP-CPI-19-001
Detect and respond to viral hepatitis outbreaks; collect and analyze data to inform development and implementation of public health interventions to prevent and control viral hepatitis; support viral hepatitis elimination planning; and maximize access to viral hepatitis prevention, testing, and treatment to reduce the burden of viral hepatitis in health department jurisdictions.	2021-2025	CDC		1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11b, 12a, 12b, 13a, 13b	PS21-2103

Strategy 4.1.4 Increase capacity to investigate acute and chronic infections, respond to outbreaks, and capture data related to viral hepatitis risk factors and health outcomes, by cross-training epidemiologic investigators and surveillance staff.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Provide recurring funding opportunities to the 12 Tribal Epidemiology Centers (TECs) to increase their capacity to investigate acute and chronic infections, respond to outbreaks, and capture data related to HIV and other comorbidities, including STIs and HCV in their respective jurisdictions, focusing on tribal capacity building and tribal community planning and ensuring American Indian/ Alaska Native community-specific social norms.	2021-2022	IHS	TECs	2	Minority HIV/AIDS Fund
Support comprehensive technical assistance for state hepatitis prevention and surveillance programs.	2021-2022	CDC	NASTAD	1, 2, 3, 5, 6, 7, 8	OT18-1802
Detect and respond to viral hepatitis outbreaks; collect and analyze data to inform development and implementation of public health interventions to prevent and control viral hepatitis; support viral hepatitis elimination planning; and maximize access to viral hepatitis prevention, testing, and treatment to reduce the burden of viral hepatitis in health department jurisdictions.	2021-2025	CDC		1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11b, 12a, 12b, 13a, 13b	PS21-2103

Strategy 4.1.5 Encourage states to make test results that indicate cleared or cured infection reportable, to improve data accuracy and to direct resources appropriately.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Detect and respond to viral hepatitis outbreaks; collect and analyze data to inform development and implementation of public health interventions to prevent and control viral hepatitis; support viral hepatitis elimination planning; and maximize access to viral hepatitis prevention, testing, and treatment to reduce the burden of viral hepatitis in health department jurisdictions.	2021-2025	CDC		1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11b, 12a, 12b, 13a, 13b	PS21-2103

Objective 4.2: Improve reporting, sharing, and use of clinical viral hepatitis data

Strategy 4.2.1 Use interoperable health information technology including electronic health records, electronic case reporting, and health information exchange networks to enable effective data and information sharing.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
<p>Through the MedMorph project, create reliable, scalable, and interoperable methods to get EHR data for multiple public health and research scenarios (use cases).</p> <p>The development of a reference architecture and demonstrated implementation will reduce the burden on health care providers and help provide the standards and methods to receive and send data from EHRs for a variety of public health and research purposes. A 12-month pilot is using hepatitis C as a test case.</p>	2021-2022	CDC		3, 7, 12a, 12b, 13a, 13b	

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Develop model comprehensive hepatitis B programs that include partnerships between CBOs servicing disproportionately impacted communities; departments of health, perinatal hepatitis B programs; safety net providers, research centers, and health care facilities to build capacity for scale-up of vaccination, testing, linkage to care, and treatment services.	2021-2022	OMH, CDC, OIDP	Asian Health Coalition, CBWCHC, Philadelphia Department of Health, The George Washington University, The Regents of the University of California (Davis)	2, 4, 5, 6, 11a, 11b	MP-CPI-19-001

Strategy 4.2.2 Develop and promote standardized data collection strategies and standards-based data elements to collect and share information on viral hepatitis incidence, prevalence, care, treatment, and cure.

Strategy 4.2.3 Encourage and support patient access to and use of individual health information.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Continue to provide information to the public on the civil rights and the health information privacy rights of individuals with viral hepatitis. OCR also will continue to investigate and take action on complaints alleging discrimination against individuals with viral hepatitis by health care providers and human service agencies, including those complaints where there is a denial of meaningful access for LEP individuals to HHS-administered or -funded programs and services; and on complaints, compliance reviews, or breach reports alleging or identifying potential violations of the HIPAA Privacy Rule by HIPAA-regulated entities.	2021-2023	OCR		N/A	

Strategy 4.2.4 Integrate patient-generated health information with clinical applications to support patient-centered care.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Continue support for and implement clinical reminders in the electronic Patient Health Record for HIV/HCV/STI screening, and patient panels for case management.	2021-2022	IHS		7, 8, 13a	Minority HIV/AIDS Fund
Assess the provision of services for viral hepatitis among patients receiving HIV treatment services at Ryan White HIV/AIDS Program–funded clinics to better understand service delivery, health outcomes, and data completeness.	2021-2023	HRSA		3	

Strategy 4.2.5 Develop and implement quality improvement processes by regularly monitoring the hepatitis B continuum of care and hepatitis C care cascade.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Develop model comprehensive hepatitis B programs that include partnerships between CBOs servicing disproportionately impacted communities, departments of health, perinatal hepatitis B programs, safety net providers, research centers, and health care facilities to build capacity for scale-up of vaccination, testing, linkage to care, and treatment services.	2021-2022	OMH, CDC, OIDP	Asian Health Coalition, CBWCHC, Philadelphia Department of Health, The George Washington University, The Regents of the University of California (Davis)	2, 4, 5, 6, 11a, 11b	MP-CPI-19-001
Continue to support a study of the Care Facilitation Advances Movement along the Hepatitis C Care Continuum for Persons with Human Immunodeficiency Virus, Hepatitis C, and Substance Use Disorders.	2021-2025	NIH		7, 8	

Objective 4.3: Conduct routine analysis of viral hepatitis data and disseminate findings to inform public health action and the public

Strategy 4.3.1 Increase data analytics and informatics capacity in public health departments to monitor trends over time and among priority populations.

Strategy 4.3.2 Collect and monitor data on viral hepatitis incidence, prevalence, and deaths with hepatitis B and hepatitis C as an underlying or contributing cause.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Through the IQVIA contract, measure trends in hepatitis B and hepatitis C medication prescriptions by demographic, payer, and provider characteristics and by region over time.	2021-2023	CDC		7	
Incorporate a hepatitis component in the National Health and Nutrition Examination Survey (NHANES), providing hepatitis A virus, HBV, and HCV prevalence data in (non-institutionalized) general (household) U.S. population.	2021-2025	CDC		5, 7, 10	

Strategy 4.3.3 Develop and publish state and local jurisdiction viral hepatitis epidemiologic profiles, and health system and payer patient population profiles.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Disseminate results of a study that identified states potentially at risk for an HIV or HCV outbreak and use data to examine rural-urban differences in (1) state-level infectious disease surveillance, prevention activities, and collaboration with stakeholders; (2) local health department-level activities related to preventing, preparing for, and responding to an HIV or HCV outbreak; and (3) socioeconomic characteristics and health resources of counties at potential risk for an HIV or HCV outbreak.	2021	HRSA	University of Southern Maine (Maine Rural Health Research Center)	3, 7	Rural Health Research Center Program

Strategy 4.3.4 Conduct and publish epidemiologic studies with viral hepatitis data and develop interventions based on the findings of data analyses.

Strategy 4.3.5 Describe and disseminate best practices for data collection, analysis, and use of data.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Publish updated guidelines for viral hepatitis surveillance.	2021	CDC		1, 2, 3, 6, 8, 9, 11a, 12a, 13a, 13b	
Provide recurring funding to the IHS Division of Clinical and Community Services to track trends in HCV.	2021-2022	IHS		3	Minority HIV/AIDS Fund
Release a Public Health Reports supplement focused on data needed to monitor and validate viral hepatitis elimination in the United States.	2021-2023	CDC, OSG		1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11a, 11b, 12a, 12b, 13b	
Support campaign development and implementation and educational and training materials development, as well as maintain CDC viral hepatitis web presence and outbreak communication, through the <i>Communication Support for Viral Hepatitis Prevention, Screening and Treatment</i> contract.	2021-2025	CDC		1, 2, 3, 4, 5, 7	000HCVJH-2021-60047
Disseminate data specifications for hepatitis C outcome measures utilizing Medicaid claims data that were developed during the Hepatitis C Medicaid Affinity Group contract.	2022	OIDP		N/A	



Goal 5: Achieve Integrated, Coordinated Efforts That Address the Viral Hepatitis Epidemics Among All Partners and Stakeholders

Objective 5.1: Integrate programs to address the syndemic of viral hepatitis, HIV, STIs, and substance use disorders

Strategy 5.1.1 Through implementation science research, identify and scale up viral hepatitis prevention, testing, linkage to care (with patient navigation), and treatment in all care settings that address the syndemic.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Model activities to determine HCV testing and treatment needs to eliminate HCV among PWID.	2021	CDC	PPML - Stanford University	N/A	PS19-1905
Build a National Harm Reduction Technical Assistance Center to support the implementation of high-quality, evidence-based harm reduction services nationally and strengthen the capacity of SSPs to conduct monitoring and evaluation of their programs to strengthen their impact.	2021-2022	CDC, SAMHSA	University of Washington, NASTAD, National Harm Reduction Coalition, NACCHO	1, 2, 3, 5, 7, 9, 12a	PS19-1909
Through the Minority AIDS Initiative–Service Integration grant program, focus on integrated evidence-based, culturally competent, mental health and SUD treatment with HIV primary care and prevention services to individuals with a serious mental illness or COD living with or at risk for HIV and/or hepatitis in at-risk populations, including racial and ethnic minority communities.	2021-2022	SAMHSA		1, 2, 3, 5, 9, 12a, 13a	SM-18-004
Continue to support the NIH HEALing Communities Study to eliminate HCV in vulnerable communities of people with SUDs.	2021-2025	NIH, SAMHSA		12a	

Strategy 5.1.2 Provide technical assistance and training for health care providers to manage and treat people with co-morbidities such as viral hepatitis, HIV, STI, and/or substance use disorders.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Engage physicians through expert consultation with monthly virtual teleECHO clinics and provide customized and ongoing in-person and virtual training for physicians and members of their teams to support them in delivering HIV, Two-Spirit, LGBTQ, HCV and SUD treatment.	2021-2022	IHS		7, 8, 13a	Minority HIV/AIDS Fund
Maintain an existing web-based, free training platform for health care professionals to improve clinical management of hepatitis B and hepatitis C.	2021-2025	CDC	WebMD Health Corp., University of Washington	6, 7, 8	PS21-2105 (Part B)
Conduct regular training series for VA providers on viral hepatitis and HIV prevention, screening, treatment.	2021-2025	VA		2, 3, 4, 5, 6, 7, 8, 9	

Strategy 5.1.3 Integrate resources for categorical programs, address price and coverage barriers, and work collaboratively across organizational departments to encourage cross-cutting programs that address the syndemic.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Collaborate with federal partners to encourage integrated funding opportunities.	2021-2025	VHIWG Members: OIDP, ACF, ACL, AHRQ, CDC, CMS, DoD, Ed, FDA, OMH, OPA, OSG, SAMHSA, HUD, HRSA, IHS, NIH, VA		N/A	

Strategy 5.1.4 Work to align indicators and integrate surveillance data across programs and clinical service providers that address viral hepatitis, HIV, STI, and substance use disorder services.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Coordinate the Syndemic Steering Committee to align strategic planning efforts and indicators, and share best practices across the Viral Hepatitis National Strategic Plan, STI National Strategic Plan, and the National HIV/AIDS Strategy.	2021-2025	VHIWG Members		N/A	

Objective 5.2: Establish and increase collaboration and coordination of viral hepatitis programs and activities across public and private stakeholders

Strategy 5.2.1 Establish viral hepatitis strategic planning groups at the local, state, and national levels that include people with viral hepatitis lived experience, to plan and coordinate activities and leverage available resources.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Support comprehensive technical assistance for state hepatitis prevention and surveillance programs.	2021-2022	CDC	NASTAD	1, 2, 3, 5, 6, 7, 8	OT18-1802
Convene regularly occurring meetings with federal partners to facilitate collaboration in viral hepatitis, leverage available resources, share best practices, and disseminate lessons learned.	2021-2025	VHIWG Members		N/A	
Detect and respond to viral hepatitis outbreaks; collect and analyze data to inform development and implementation of public health interventions to prevent and control viral hepatitis; support viral hepatitis elimination planning; and maximize access to viral hepatitis prevention, testing, and treatment to reduce the burden of viral hepatitis in health department jurisdictions.	2021-2025	CDC		1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11b, 12a, 12b, 13a, 13b	PS21-2103

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Ryan White HIV/AIDS Program AIDS Education and Training Center Programs personnel will identify opportunities to work with CDC to participate on local, state, and national strategic planning groups on the provision of training needs within their area.	2021-2025	HRSA, CDC		N/A	

Strategy 5.2.2 Share best practices in engagement and partnership models and strategies with strategic planning groups, advocates, and other partners; publish and disseminate lessons learned.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Support collaborations and information exchange among stakeholders through an active Association of Public Health Laboratories (APHL) HIV/Viral Hepatitis Subcommittee.	2021	CDC	APHL	1, 2, 3, 7	OE20-2001
Develop model comprehensive hepatitis B programs that include partnerships between CBOs servicing disproportionately impacted communities; departments of health, perinatal hepatitis B programs; safety net providers, research centers, and health care facilities to build capacity for scale-up of vaccination, testing, linkage to care, and treatment services.	2021-2022	OMH, CDC, OIDP		2, 4, 5, 6, 11a, 11b	MP-CPI-19-001
Convene regularly scheduled meetings with federal partners to facilitate collaboration in viral hepatitis, leverage available resources, share best practices, and disseminate lessons learned.	2021-2025	VHIWG Members		N/A	

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Collaborate with federal and nonfederal stakeholders to identify and disseminate promising and best practices for viral hepatitis prevention, care, and treatment; and identify, describe, replicate, and disseminate effective models and methods to expand capacity for the provision of hepatitis care and treatment.	2021-2025	VHIWG Members		N/A	
Lead, maintain, and grow existing coalitions of diverse U.S.-based public and private organizations that provide culturally responsive HBV and/or HCV infection education and services to priority populations (PWID, and Asian/Pacific Islander, American Indian/Alaska Native, and non-Hispanic Black people), thereby increasing HBV and/or HCV infection awareness, testing, and treatment.	2021-2025	CDC	Hepatitis B Foundation, NASTAD	5, 10	PS21-2105 (Part A)

Strategy 5.2.3 Coordinate and align strategic planning efforts on viral hepatitis, HIV, STIs, and substance use disorders across national, state, and local partners.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Coordinate and align strategic planning efforts on HCV, HIV, STIs, and SUD across IHS and tribal partners, and national, state, and local partners when appropriate.	2021-2022	IHS, OIDP		N/A	Minority HIV/AIDS Fund
Expand the capacity for SSPs to provide COVID-19 vaccinations to their clients, partner with vaccine providers, build capacity to offer viral hepatitis vaccinations, care, and treatment, and conduct viral hepatitis testing.	2021-2022	CDC, SAMHSA	University of Washington, NASTAD, National Harm Reduction Coalition, NACCHO	1, 2, 3, 5, 7, 9, 12a	

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Coordinate the Syndemic Steering Committee to align strategic planning efforts, indicators, and share best practices across the Viral Hepatitis National Strategic Plan, STI National Strategic Plan, and the National HIV/AIDS Strategy.	2021-2025	VHIWG Members		N/A	
Convene regularly occurring meetings with federal partners to facilitate collaboration in viral hepatitis, leverage available resources, share best practices, and disseminate lessons learned.	2021-2025	VHIWG Members		N/A	

Strategy 5.2.4 Encourage development of public-private partnerships to expand education, screening, vaccination, linkage to care, and treatment of viral hepatitis.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Expand the capacity for SSPs to provide COVID-19 vaccinations to their clients, partner with vaccine providers, and build capacity to offer other vaccinations (including viral hepatitis vaccinations).	2021-2023	CDC	NASTAD	2, 9	OT18-1802 , PS18-1802 , PS20-2010
Collaborate with academia, industry, and other federal partners to identify novel HBV treatment endpoints for limited duration therapies. Engage in discussions with various stakeholders through the HBV Forum (Forum for Collaborative Research) and professional societies such as the American Association for the Study of Liver Diseases (AASLD) and European Association for the Study of the Liver (EASL) to enhance the development of novel therapies for treatment of chronic HBV infection.	2021-2025	FDA, NIH		6	

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Provide updates about drug approvals, drug safety updates, and other pertinent information related to viral hepatitis through the Food and Drug Administration (FDA) Hepatitis Listserv.	2021-2025	FDA		7	
Conduct a series of workshops on policy solutions to advance hepatitis elimination or on health equity to address disparities in adult vaccination.	2022	CDC	ASTHO	1, 2	OT18-1802

Strategy 5.2.5 Improve health department–level coordination of immunizations, perinatal hepatitis B, and adult viral hepatitis policies and programs.

Objective 5.3: Identify, evaluate, and scale up best practices through implementation and communication science research

Strategy 5.3.1 Develop and coordinate basic and translational research efforts across and within agencies to strengthen and maintain a viral hepatitis basic and translational research pipeline.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Continue to maintain a basic and translational research portfolio focusing on the viral etiologies of HBV and HCV leading to the development of hepatocellular carcinoma.	2021-2025	NIH		6	
Continue to support research to ensure and enhance safety of the nation's blood supply for clinical transfusion, specifically to prevent transmission through blood transfusion of HIV as well as viruses such as HBV and HCV.	2021-2025	NIH		2, 3	
Continue to support fellowships for predoctoral students to study access to sterile syringes and HCV infection among people living in rural areas who inject drugs.	2021-2025	NIH		12a	

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Continue to support “ Avenir awards ,” which are designed to stimulate innovation and potentially transformative research from early-stage investigators, to leverage the power of next-generation gene sequencing to further work on HCV transmission among people who inject drugs.	2021-2025	NIH		12a	
Continue to support a COHORTS project to study the impact of heroin use in liver disease in large HIV cohorts.	2021-2025	NIH		8	

Strategy 5.3.2 Translate viral hepatitis prevention, screening, treatment, and health disparities research into practice through evaluation, implementation, and communication science.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Evaluate SSP and MOUD program coverage needed to reduce HIV and HCV infections in the United States.	2021-2022	CDC	PPML – Stanford University	N/A	PS19-1905
Support campaign development and implementation and educational and training materials development, as well as maintain CDC viral hepatitis web presence and outbreak communication, through the <i>Communication Support for Viral Hepatitis Prevention, Screening and Treatment</i> contract.	2021-2025	CDC		1, 2, 3, 4, 5, 6, 7, 8	000HCVJH-2021-60047

Objective 5.4: Improve mechanisms to measure, monitor, evaluate, report, and disseminate progress toward achieving organizational, local, and national goals

Strategy 5.4.1 Share viral hepatitis surveillance data with decision-makers, health care providers, and community leaders.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Share multilayered data on HIV/HCV within IHS and its partners. The IHS National HIV/HCV program will share screening data as appropriate with decision makers, health care providers, and community leaders.	2021-2022	IHS		N/A	Minority HIV/AIDS Fund
Support campaign development and implementation and educational and training materials development, as well as maintain CDC viral hepatitis web presence and outbreak communication, through the <i>Communication Support for Viral Hepatitis Prevention, Screening and Treatment</i> contract.	2021-2025	CDC		1, 2, 3, 4, 5, 6, 7, 8	000HCVJH-2021-60047

Strategy 5.4.2 Monitor, evaluate, and regularly communicate progress on viral hepatitis strategic goals and objectives according to an established schedule and address areas of deficiency.

Action Step	Timeframe	Federal Partners	Nonfederal Partners	Indicators	Funding Mechanisms
Develop annual Viral Hepatitis Progress Reports that document federal progress on meeting the goals of the <i>Viral Hepatitis National Strategic Plan 2021–2025</i> .	2021-2025	VHIWG Members		N/A	
Publish National Progress Report each year.	2021-2025	CDC		1, 2, 3, 6, 8, 9, 11a, 12a, 13a, 13b	

Strategy 5.4.3 Reduce reporting burden for funded entities through improved coordination of federal and state program and reporting requirements.

APPENDIX A: VIRAL HEPATITIS IMPLEMENTATION WORKING GROUP

Department of Health and Human Services (HHS)

Administration for Community Living (ACL)
Agency for Healthcare Research and Quality (AHRQ)
Centers for Disease Control and Prevention (CDC)
Centers for Medicare & Medicaid Services (CMS)
Food and Drug Administration (FDA)
Health Resources and Services Administration (HRSA)
Indian Health Service (IHS)
National Institutes of Health (NIH)
Office for Civil Rights (OCR)
Office of the Assistant Secretary for Health (OASH)
 Office of Disease Prevention and Health Promotion (ODPHP)
 Office of Infectious Disease and HIV/AIDS Policy (OIDP)
 Office of Minority Health (OMH)
 Office of Population Affairs (OPA)
 Office of Regional Health Operations (ORHO)
Office of the National Coordinator for Health Information Technology (ONC)
Substance Abuse and Mental Health Services Administration (SAMHSA)

Department of Housing and Urban Development (HUD)

Department of Justice (DOJ)

Department of Veterans Affairs (VA)

Equal Employment Opportunity Commission (EEOC)

APPENDIX B: INDICATORS AND TARGETS

Table B.1 and B.2 presents baseline measurements and annual targets for each core indicator and disparities indicator. Five- and 10-year targets are bolded and underlined. The baseline year is 2017 for all indicators, except where noted in Tables B.1 and B.2. Disparities indicators were identified by evaluating current viral hepatitis data trends and selecting priority populations most impacted. Data sources are based on nationally representative samples. Each disparities indicator uses the same data source as its corresponding core indicator.

Table B.1. Hepatitis Plan Core Indicators

Core Indicator	Measure	Baseline ^a	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	Data Source ^b
1. Reduce new hepatitis A infections													
	Estimated number of cases	6,700	5,800	5,350	4,900	4,450	<u>4,000</u>	3,700	3,400	3,100	2,800	<u>2,500</u>	NNDSS
2. Reduce acute hepatitis B infections^c													
	Estimated number of cases	22,200	20,800	20,100	19,400	18,700	<u>18,000</u>	14,840	11,680	8,520	5,360	<u>2,200</u>	NNDSS
3. Reduce acute hepatitis C infections^c													
	Estimated number of cases	44,700	41,467	39,850	38,233	36,617	<u>35,000</u>	28,880	22,760	16,640	10,520	<u>4,400</u>	NNDSS
4. Increase rate of hepatitis B “birth dose” vaccination													
	Percentage	67 (2015–2016 baseline)	69	70	71	72	<u>75</u>	78	81	84	87	<u>90</u>	NIS-Child
5. Increase proportion of people with hepatitis B infection aware of their infection^{c,d}													
	Rate/100,000	32 (2013–2016 baseline)	-	41	-	-	<u>50</u>	-	-	-	-	<u>90</u>	NHANES
6. Reduce rate of hepatitis B–related deaths^c													
	Rate/100,000	0.46	0.44	0.42	0.41	0.39	<u>0.37</u>	0.33	0.29	0.24	0.20	<u>0.16</u>	NVSS
7. Increase proportion of people who have cleared hepatitis C infection^d													
	Percentage	43 (2013–2016 baseline)	-	51	-	-	<u>58</u>	-	-	-	-	<u>80</u>	NHANES
8. Reduce rate of hepatitis C–related deaths^c													
	Rate/100,000	4.13	3.75	3.57	3.38	3.19	<u>3.00</u>	2.69	2.38	2.06	1.75	<u>1.44</u>	NVSS

^a Data sources use different data collection and reporting methodologies. Unless otherwise indicated, baseline data are for 2017.

^b NHANES = [National Health and Nutrition Examination Survey](#); NIS-Child = [National Immunization Survey-Children](#); NNDSS = [National Notifiable Diseases Surveillance System](#); NVSS = [National Vital Statistics System](#). See below for a description of each data source.

^c This core indicator has a corresponding disparities indicator(s).

^d For Indicators 5 and 7, the sample size of the current annual data is too small to permit a stable estimate of the baseline and annual targets.

Table B.2. Hepatitis Plan Disparities Indicators^a

Disparities Indicator	Measure	Baseline ^b	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
9. Reduce acute hepatitis B infections among people who inject drugs												
	Reported rate/100,000	1.4	1.3	1.2	1.1	1.1	<u>1.00</u>	0.8	0.6	0.5	0.3	<u>0.10</u>
10. Increase proportion of people with hepatitis B infection aware of their infection among Asian and Pacific Islanders^c												
	Percentage	39 (2013–2016 baseline)	-	43 ^c	-	-	<u>50</u>	-	-	-	-	<u>90</u>
11a. Reduce rate of hepatitis B–related deaths among Asian and Pacific Islanders												
	Reported rate/100,000	2.45	2.25	2.15	2.04	1.94	<u>1.84</u>	1.64	1.45	1.25	1.06	<u>0.86</u>
11b. Reduce rate of hepatitis B–related deaths among non-Hispanic Blacks												
	Rate/100,000	0.74	0.68	0.65	0.61	0.58	<u>0.55</u>	0.49	0.43	0.38	0.32	<u>0.26</u>
12a. Reduce acute hepatitis C infections among people who inject drugs												
	Reported rate/100,000	2.30	2.1	2.0	1.9	1.8	<u>1.70</u>	1.40	1.10	0.80	0.50	<u>0.20</u>
12b. Reduce acute hepatitis C infections among AI/AN												
	Reported rate/100,000	2.90	2.7	2.6	2.4	2.3	<u>2.20</u>	1.82	1.44	1.05	0.67	<u>0.29</u>
13a. Reduce rate of hepatitis C–related deaths among AI/AN												
	Rate/100,000	10.24	9.22	8.71	8.19	7.68	<u>7.17</u>	6.45	5.73	5.02	4.30	<u>3.58</u>
13b. Reduce rate of hepatitis C-related deaths among non-Hispanic Blacks												
	Rate/100,000	7.03	6.33	5.98	5.82	5.27	<u>4.92</u>	4.43	3.94	3.44	2.95	<u>2.46</u>

^a Disparities indicators use the same data source as its corresponding core indicator.

^b Unless otherwise indicated, baseline data are for 2017.

^c For Indicator 10, the sample size of the current annual data is too small to permit a stable estimate of the baseline and annual targets.

APPENDIX C: ACRONYMS LIST

ACIP	Advisory Committee on Immunization Practices
ACF	The Administration for Children and Families
ACL	Administration for Community Living
ACOG	American College of Obstetricians and Gynecologists
ACTG	AIDS Clinical Trials Group
ADA	Americans with Disabilities Act
AHRQ	Agency for Healthcare Research and Quality
AIDS	acquired immunodeficiency syndrome
ANTHC	Alaska Native Tribal Health Council
APHL	Association of Public Health Laboratories
ASH	Assistant Secretary of Health
ASTHO	Association of State and Territorial Health Officials
ATTC	Addiction Technology Transfer Center
BOP	Bureau of Prisons
CAMP	Coalition for Applied Modeling for Prevention
CBO	community-based organization
CBWCHC	Charles B. Wang Community Health Center
CDC	Centers for Disease Control and Prevention
CGHE	Coalition for Global Hepatitis Elimination
COVID-19	coronavirus disease 2019
COD	co-occurring disorder
DAA	direct-acting antiviral
DoD	U.S. Department of Defense
DOJ	U.S. Department of Justice
Ed	U.S. Department of Education
EEOC	U.S. Equal Employment Opportunity Commission
EHR	electronic health record
FDA	U.S. Food and Drug Administration
HBV	hepatitis B virus

HCV	hepatitis C virus
HEDIS	Healthcare Effectiveness Data and Information Set
HHS	U.S. Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HIV	human immunodeficiency virus
HRSA	Health Resources and Services Administration
HS	Healthy Start
HUD	U.S. Department of Housing and Urban Development
IHS	Indian Health Service
I/T/U	IHS, tribal, and urban Indian
LA/ER	long-acting/extended release
LEAP	Long-Acting/Extended Release Antiretroviral Resource Program
LEP	limited English proficient
MOUD	medication for opioid use disorder
NASTAD	National Alliance of State and Territorial AIDS Directors
NHANES	National Health and Nutrition Examination Survey
NIAID	National Institute of Allergy and Infectious Diseases (NIH)
NIDA	National Institute on Drug Abuse (NIH)
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases (NIH)
NIH	National Institutes of Health
NIS	National Immunization Surveys
NVSS	National Vital Statistics System
OASH	Office of the Assistant Secretary of Health
OCR	Office for Civil Rights (OCR)
OIDP	Office of Infectious Disease and HIV/AIDS Policy (OASH)
OMH	Office of Minority Health (OS)
OPA	Office of Population Affairs (OASH)
ORHO	Office of Regional Health Operations (OASH)
OSG	Office of the Surgeon General
PWID	people who inject drugs
PPML	Prevention Policy Modeling Lab at Stanford University

SAMHSA	Substance Abuse and Mental Health Services Administration
SBIR	Small Business Innovation Research program
SSP	syringe services program
STI	sexually transmitted infection
SUD	substance use disorder
TEC	Tribal Epidemiology Center
VA	U.S. Department of Veterans Affairs
VHIWG	Viral Hepatitis Implementation Working Group