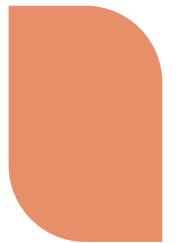


Viral Hepatitis Elimination



Kailynn Mitchell, Caroline Pike
Viral Hepatitis Unit
09/17/2026



Agenda

- Viral hepatitis unit
- Viral hepatitis 101
- Viral hepatitis elimination in Wisconsin
- Elimination plan and dashboard



Viral Hepatitis Unit



Viral Hepatitis Unit Staff

- Kailynn Mitchell – Viral Hepatitis Unit Supervisor
- Caroline Pike – Viral Hepatitis Prevention Coordinator
- Lauren Ostrenga – Hepatitis C (HCV) Epidemiologist
- *Vacant* – Hepatitis Data Specialist
- Sowmya Adibhatla – Outreach Specialist
- Stephanie Borchardt – Perinatal Hepatitis B Prevention Coordinator and Epidemiologist

Additional Staff Support

- Sarah Born – Epidemiologist (Vaccine Preventable Diseases and HBV)
- Ashley Capriola – Vaccine Analytics Unit Supervisor
- Maeve Pell – Vaccine Analytics Epidemiologist
- *Vacant* – Vaccine Preventable Diseases Epidemiologist
- Susann Ahrabi-Fard – Invasive Bacteria and Vaccine Preventable Disease Epidemiologist (HAV)
- Kim Meinholz – Public Health Nurse (HAV)



Hepatitis A

101



Hepatitis A Refresher: Transmission

- Transmitted through contaminated foods.
- Exposure factors include consuming food or drink that was not properly cleaned or cooked, international travel, and contact with a confirmed case of hepatitis A (HAV).

Hepatitis A Refresher: Vaccination

The American Academy of Pediatrics and American Academy of Family Practitioners recommend:

- Children 12–23 months: routine immunization
- Children 2–18 years: catch-up vaccination for incomplete or missing vaccine series
- Adults 18 and older: anyone at risk for HAV, at risk for severe disease from HAV, or who requests immunization



Hepatitis B

101

Hepatitis B Refresher: Transmission

- Hepatitis B is transmitted through blood or body fluids.
- Exposure factors include childbirth, sexual contact, sharing injection and non-injection drug use equipment, being born in a country where HBV is common, and sharing household items like razors or toothbrushes.

Hepatitis B Refresher: Treatment

- Only a fraction of people living with chronic hepatitis B are eligible for antiviral treatment.
- Vaccination is the best way to prevent transmission and reduce hepatitis B incidence.



Hepatitis B Refresher: Vaccination

The American Academy of Pediatrics and American Academy of Family Practitioners recommend:

- Children birth–18 months: routine immunization, including hepatitis B birth dose
- Children 1.5–18 years: catch-up vaccination for incomplete or missing vaccine series
- Adults 18–59: universally recommended to receive vaccine
- Adults 60 and up: those with risk should be vaccinated; those without risk may be vaccinated



CDC Universal Hepatitis B Screening Recommendations

- All people aged 18 and older, at least once
- All pregnant people, during every pregnancy
- Anyone who requests screening

CDC Universal Hepatitis B Screening Recommendations

- Recommended test: triple panel (HBsAg, anti-HBs, total anti-HBc)
- All infants born to HBsAg-positive people (only HBsAg and anti-HBs are recommended)



Hepatitis C

101

Hepatitis C Refresher: Transmission

- Hepatitis C virus (HCV) is transmitted through contact with infected blood.
- Exposure factors include sharing injection and non-injection drug use equipment, unregulated or DIY tattoos or piercings, sharing household items like razors or toothbrushes, sexual contact, and blood transfusions prior to 1992.

Hepatitis C Refresher: Treatment

- Since 2011, direct acting antivirals (DAAs) have provided a cure rate of 95% with 8–12 weeks of oral medication and minimal side effects.
- As of 2020, patients enrolled in Medicaid can access DAAs without prior authorization, sobriety restrictions, disease severity restrictions, and with re-treatment considered.



CDC Universal Hepatitis C Screening Recommendations

- All people aged 18 and older, at least once
- All pregnant people, during every pregnancy
- All people living with HIV, at least once
- Ongoing screening for certain exposure factors

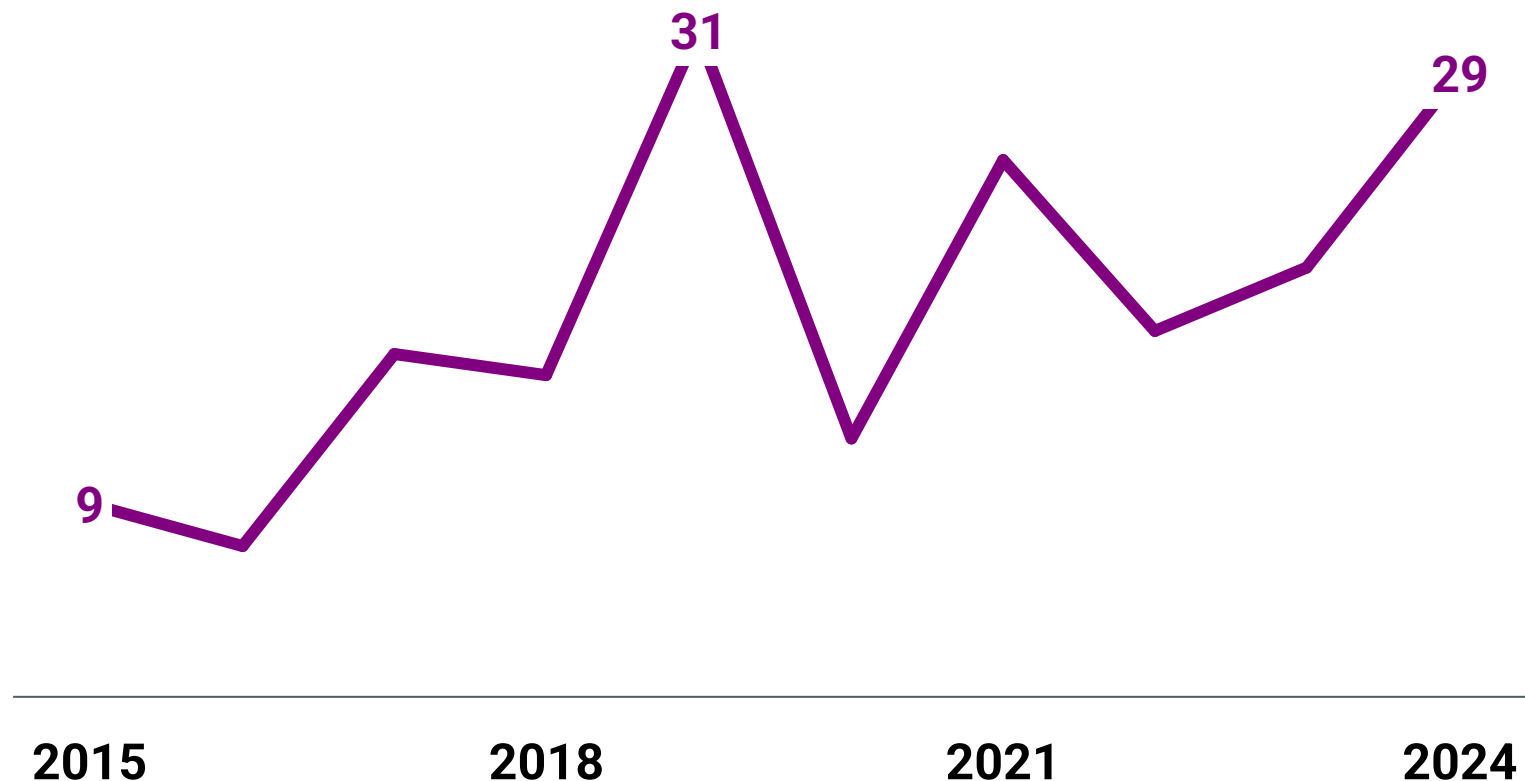


Hepatitis A, B, and C in Wisconsin

Hepatitis A Epidemiology

There were **29 people diagnosed with hepatitis A** in Wisconsin in 2024.

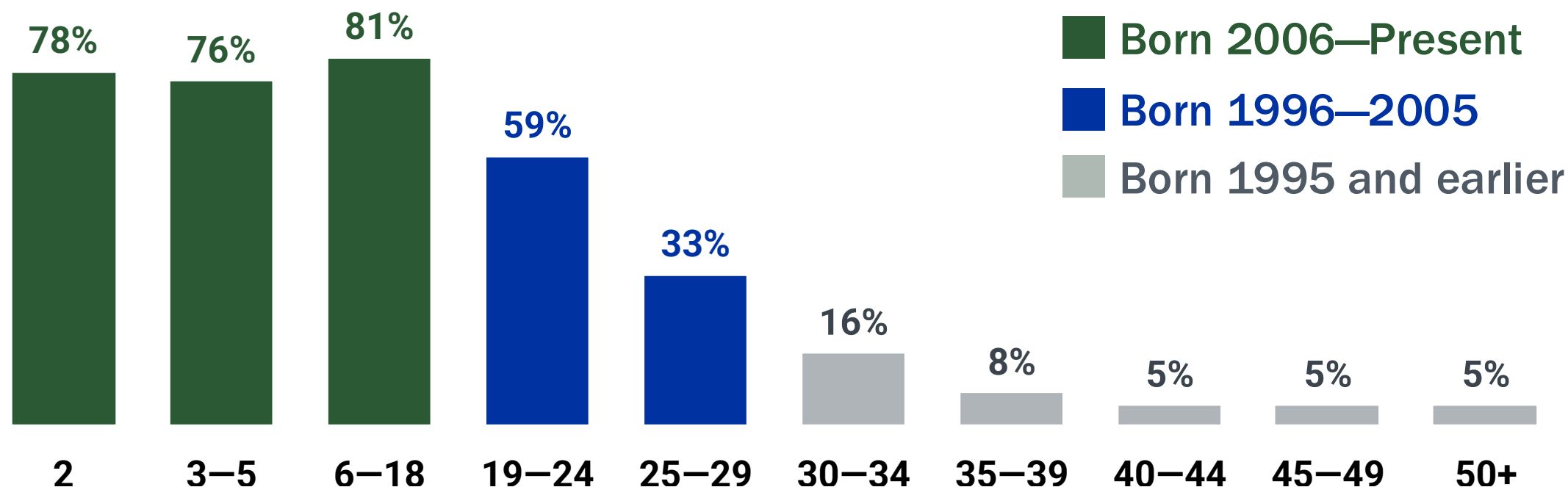
Number of people diagnosed with hepatitis A, Wisconsin, 2015–2024



Hepatitis A Vaccination

Hepatitis A vaccination rates are highest among **people ages 18 and under** due to universal childhood hepatitis A vaccine recommendations.

Percentage of children, adolescents, and adults vaccinated for hepatitis A by current age (years), Wisconsin, 2024



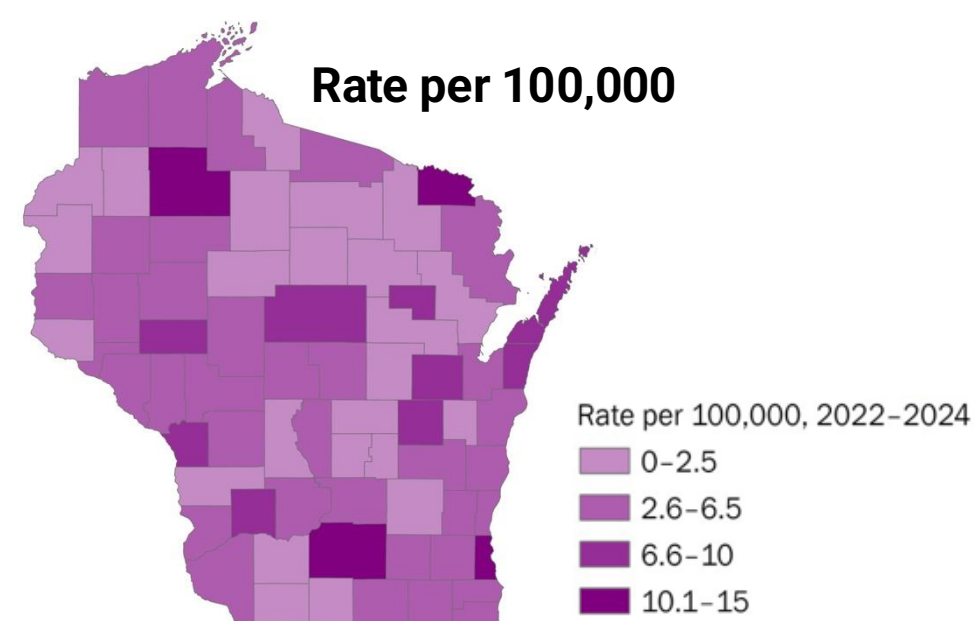
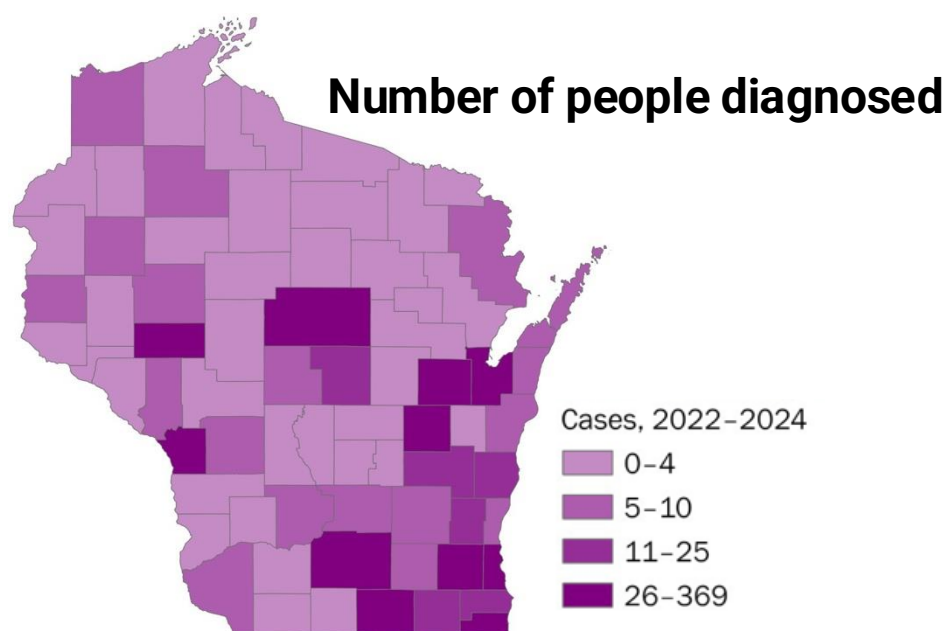


Hepatitis B in Wisconsin, 2024

- There are 5,080 people living with hepatitis B in Wisconsin.
- In 2024, 366 people were newly diagnosed with hepatitis B.
- Wisconsin's highest hepatitis B diagnosis rate is among Asian people.

From 2022–2024, Most People Diagnosed With Hepatitis B Were From Southeastern Wisconsin

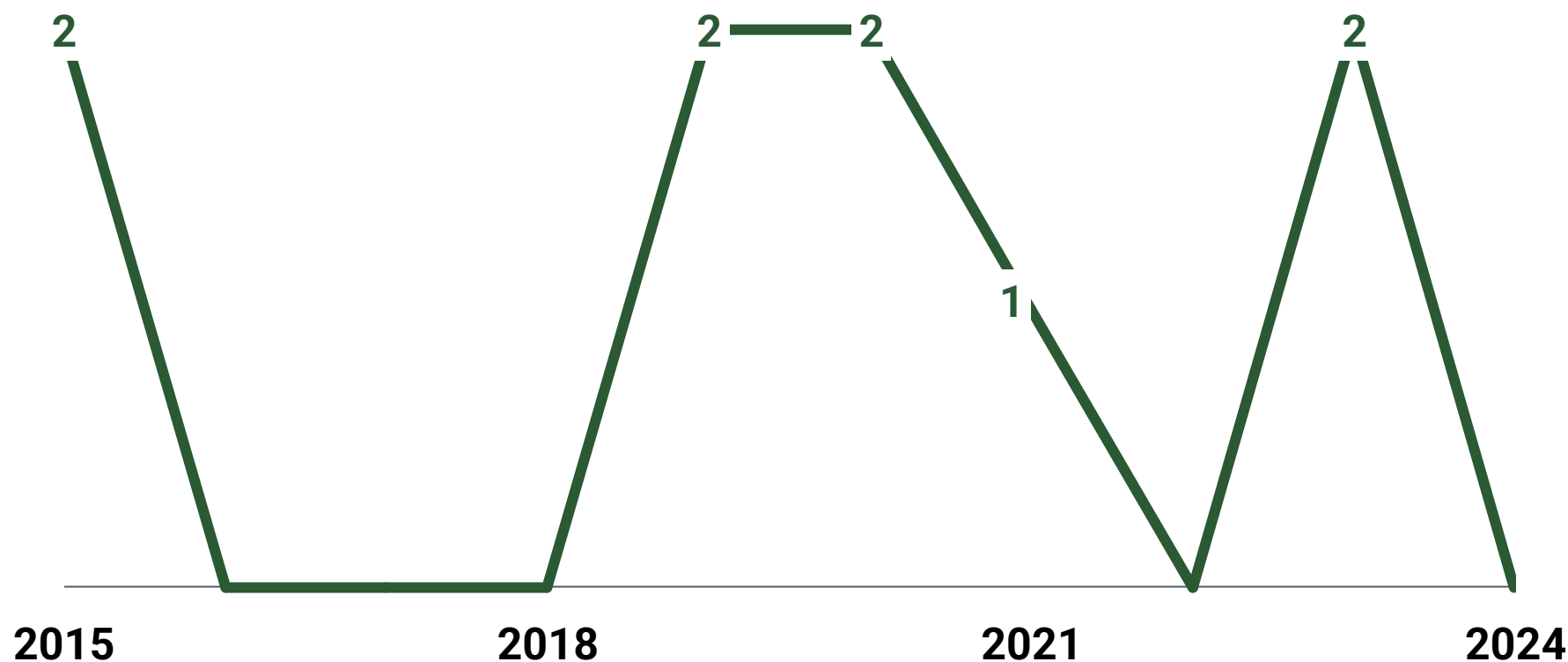
Number and rate of people diagnosed with hepatitis B by county of residence, 2022–2024, Wisconsin



Perinatal Hepatitis B

In 2024, there were no reported cases of perinatal hepatitis B in Wisconsin.

Number of perinatal hepatitis B cases by birth year, Wisconsin, 2015–2024



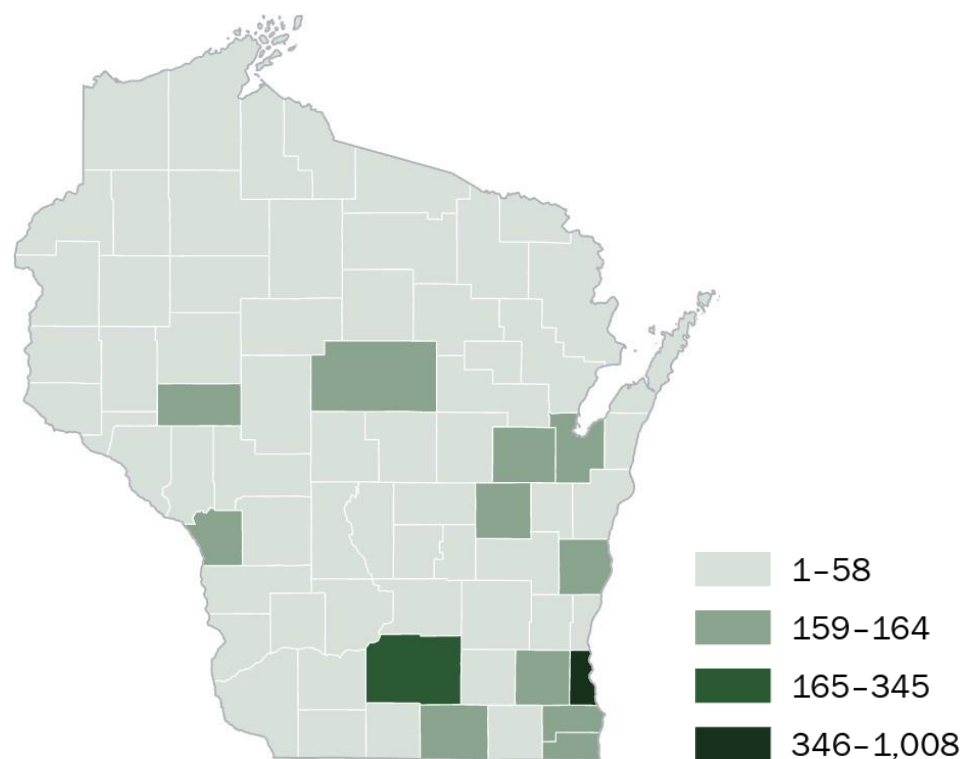


Hepatitis C in Wisconsin, 2024

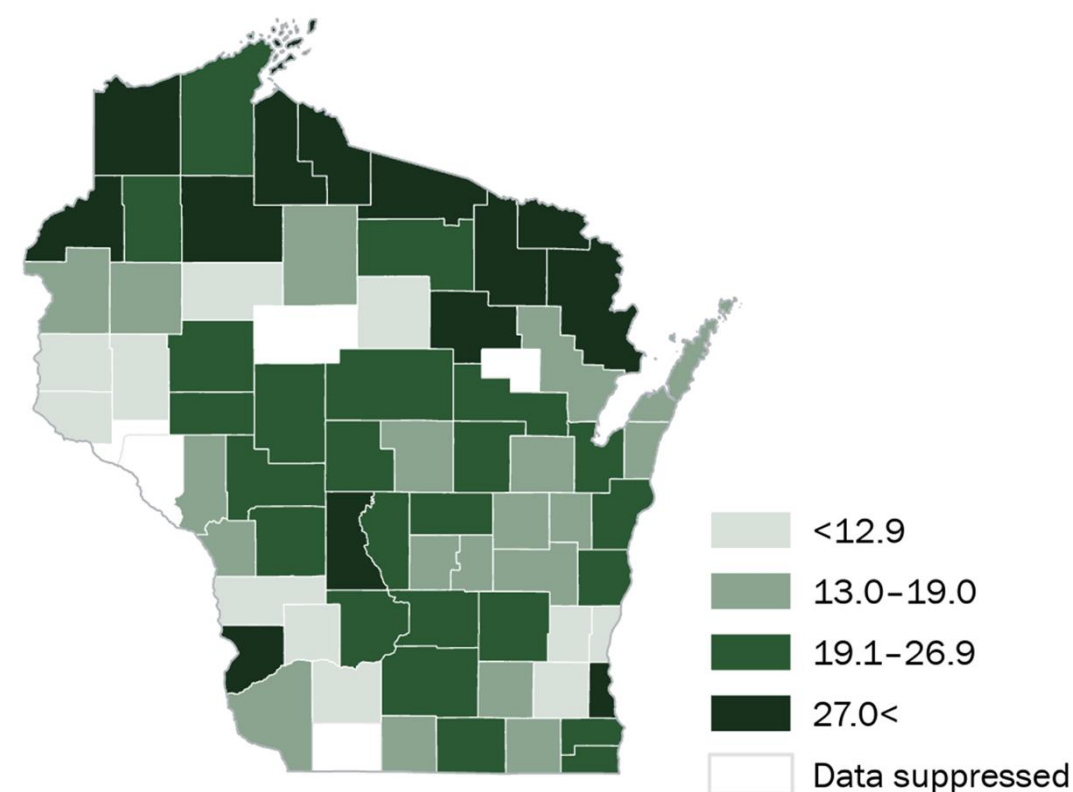
- There are 20,898 people living with hepatitis C in Wisconsin.
- In 2024, 1,116 people were newly diagnosed with hepatitis C.
- Wisconsin's highest hepatitis C diagnosis rate is among Native American people.

Hepatitis C Diagnoses, 2022–2024

Number of people diagnosed



Rate per 100,000



Note: Maps exclude people diagnosed at federal or state correctional institutions.

**In 2024, Over Half
(55%) of Women
Diagnosed With
Hepatitis C in
Wisconsin Were of
Reproductive Age.**



Annual Statewide Surveillance Report, Wisconsin 2024:
<https://www.dhs.wisconsin.gov/publications/p00440a.pdf>

Poll Time!

What barriers have you witnessed to accessing viral hepatitis testing or vaccination in your communities?

Poll Time!

What resources or programs already exist in your community to address viral hepatitis vaccination or testing?



Wisconsin Viral Hepatitis Elimination

National Hepatitis Elimination Goals



Prevent new hepatitis infections and deaths.

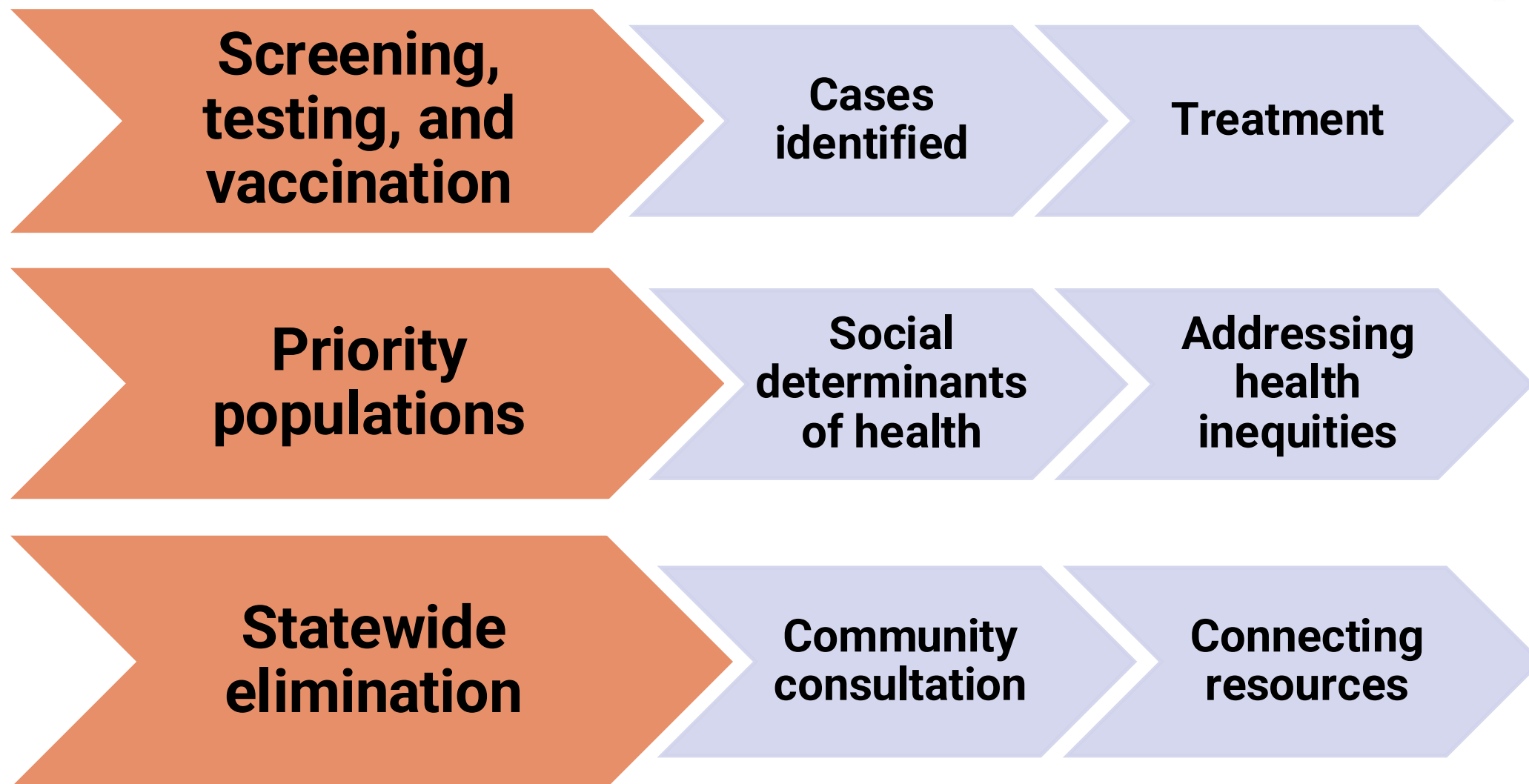


Increase the number of people who know their status.



Ensure every person living with hepatitis has health care and treatment, free from stigma and discrimination.

Hepatitis Elimination Planning 2030

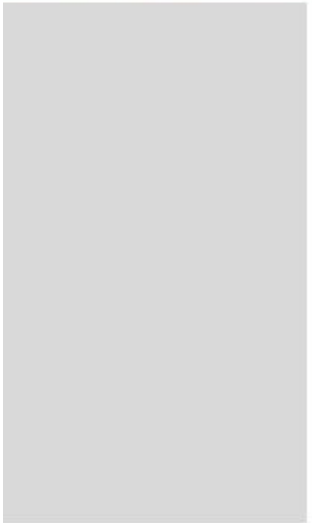


Action Steps



- Universal screening of HBV and HCV for all adults over age 18 and every pregnant person during each pregnancy
- Hepatitis A and B vaccination
- Appropriate screening of HCV for perinatally exposed infants
- EMR and patient recall reminders
- Hepatitis training for providers
- Reporting to public health entities

Viral Hepatitis Elimination Plan and Dashboard



STATE OF WISCONSIN VIRAL HEPATITIS ELIMINATION PLAN (2025-2030)



Elimination Plan

- Summary data
- Population of focus
- Key goals

Elimination Plan Metrics

Metrics

The AVHU will collect data on the following metrics to track progress towards the 2030 elimination goals. The AVHU will provide updates through a publicly available online dashboard.

Wisconsin Viral Hepatitis Elimination Measures

Prevent New Viral Hepatitis Infections	2030 Goal
1. Reduce number of new hepatitis A (HAV) infections	↓ 65%
2. Reduce number of acute hepatitis B (HBV) infections	↓ 90%
3. Reduce number of acute hepatitis C (HCV) infections	↓ 90%
4. Increase hepatitis A vaccine initiation completion rates among children 24 months old	≥ 80%
5. Increase hepatitis A vaccine series completion rates among children 24 months old	≥ 45%
6. Increase hepatitis A vaccine series completion rates among adults ages 19-49 years old	≥ 30%
7. Increase percentage of infants who receive hepatitis B birth dose (0-1 day)	≥ 90%
8. Increase hepatitis B vaccine series completion rates among children 24 months old	≥ 90%
9. Increase hepatitis B vaccine initiation rates among adults 19-59 years old	≥ 60%
10. Increase hepatitis B vaccine series completion among adults 19-59 years old	≥ 50%

- Incorporate a variety of data sources
- Track progress towards elimination
- Emphasize actionable changes
- Highlight opportunities for celebration and growth

Elimination Plan Dashboard



Hepatitis B Elimination Measures

Hepatitis C Elimination Measures

Wisconsin Hepatitis A Elimination Measures



Click the Status symbol to see data trends for each measure.



On track to meet or exceed
2030 goal



Made some progress towards
2030 goal

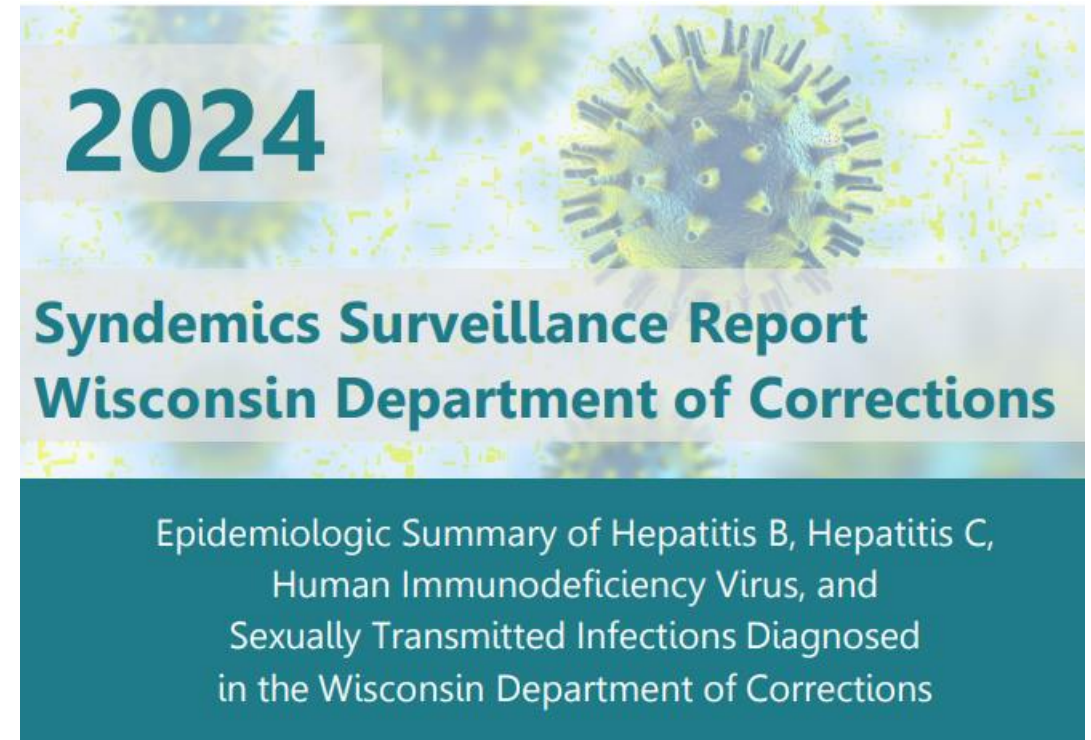
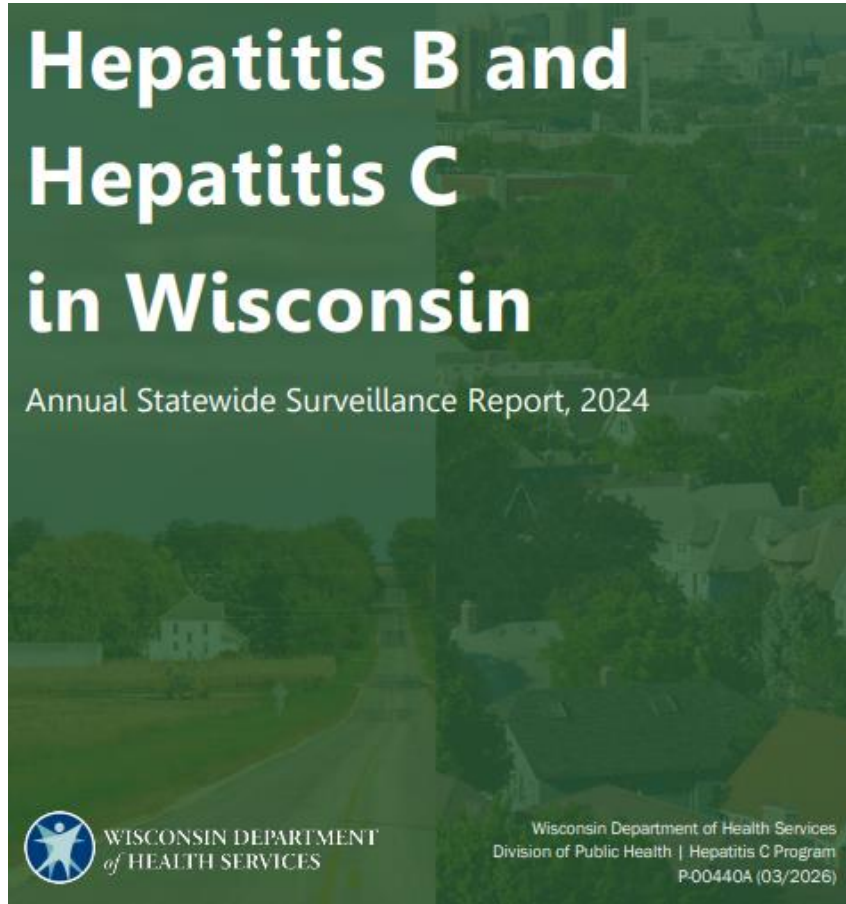


Not on track to meet
2030 goal



Dashboard Walkthrough!

DHS Annual Surveillance Reports



P-03765A (02/2026)



DHS Perinatal Fact Sheets



Perinatal Hepatitis C Testing and Treatment

Guidance for Health Care Professionals



Perinatal hepatitis C (HCV) occurs when the virus is passed from a pregnant person to the fetus in utero or during childbirth. This is known as “vertical transmission.” It occurs in 5-6 % of pregnancies when the pregnant person has HCV.



Hepatitis C testing is recommended during each pregnancy.

- Children can receive RNA testing starting at 2 months of age, and antibody testing should not occur before 18 months of age. Testing done outside these ranges is considered to be inaccurate.
- Timely diagnosis of an HCV infection is important. Following a reactive HCV antibody test, labs should automatically perform an HCV RNA confirmatory test, also known as reflex testing.
- Regular testing for infants born to an HCV-positive parent can keep the family engaged and help link the child to HCV treatment as soon as possible.



Hepatitis C treatment can begin at 3 years of age or older.

- Hepatitis C is curable with 8–12 weeks of treatment (oral direct-acting antiviral medication). Early testing and treatment can reduce liver damage. HCV medication is approved for people 3 years of age and older.
- People cannot receive treatment while pregnant. However, testing people while pregnant can reduce the risk of loss to follow up for both the pregnant person and the infant.

Page 1 of 2

Flip over for more information

Hepatitis C: Information for pregnant and post-partum people



Hepatitis C can be passed to your baby during pregnancy or birth. It occurs in only 1 in 20 infants born to pregnant people with hepatitis C. However, the mother and baby can live long and healthy lives with treatment.



Hepatitis C is spread through blood-to-blood contact.



It's safe to hug, kiss, and play with your baby if you have hepatitis C.



Use condoms during pregnancy and have your partners tested.



Tell a doctor if you have hepatitis C.

Everyone should be tested for hepatitis C during each pregnancy. It may be important to be tested several times during your pregnancy if you have certain risk factors like regular exposure to blood at work or through drug use.

Testing and treatment for your baby

- Your baby can be tested at 2 months with an RNA confirmatory test or at 18 months with an antibody test. **Your pediatrician can determine which test is right for your baby.**
- Children can be treated for hepatitis C when they are 36 months of age or older. More than 95% of patients are cured with treatment.
- For more information, [check out our website!](http://www.dhs.wisconsin.gov/viral-hepatitis/hcv-program.htm) (www.dhs.wisconsin.gov/viral-hepatitis/hcv-program.htm)

You can be treated for hepatitis C after giving birth.

If you are taking medication, talk with your doctor about the safest ways to provide human milk to your baby.

P-03511A (09/2023)

BUREAU OF COMMUNICABLE DISEASES
www.dhs.wisconsin.gov/dph/bcd.htm | dhsdphbcd@dhs.wi.gov
Wisconsin Department of Health Services | Division of Public Health



Poll Time!

What are three action items you can take back to your own work or life to advance viral hepatitis elimination?



**Email questions, suggestions, and
comments about hepatitis elimination
planning in Wisconsin.**

DHSHepatitisEliminationPlan@dhs.wisconsin.gov



DHS Viral Hepatitis Websites

- [Hepatitis A Virus Infection | Wisconsin Department of Health Services](#)
- [Immunizations: Hepatitis B Virus | Wisconsin Department of Health Services](#)
- [Wisconsin Hepatitis C Program | Wisconsin Department of Health Services](#)



Other Resources

- [Hepatitis B Online \(uw.edu\)](https://uw.edu)
- [Clinical Testing and Diagnosis for Hepatitis B | Hepatitis B | CDC](https://cdc.gov)
- [Hepatitis C Online \(uw.edu\)](https://uw.edu)
- [Clinical Screening and Diagnosis for Hepatitis C | Hepatitis C | CDC](https://cdc.gov)
- [Recommendations for Testing, Managing, and Treating Hepatitis C | HCV Guidance \(hcvguidelines.org\)](https://hcvguidelines.org)
- [Online Viral Hepatitis Serology Training | CDC](https://cdc.gov)
- [Archived Webinars – Midwest AIDS Training + Education Center-Wisconsin – UW–Madison](https://uwmadison.edu)
- [UW Addiction Consultation Provider Hotline Phone Numbers \(wisc.edu\)](https://wisc.edu)
- [Hepatitis C Management | National Clinician Consultation Center \(ucsf.edu\)](https://ucsf.edu)



Thank You! Questions?

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