

Announcements

World Hepatitis Day — June 28, 2017

July 28, 2017 is World Hepatitis Day, an annual day of observance established by the World Health Organization to promote awareness and understanding of viral hepatitis. An estimated 325 million persons are infected with chronic hepatitis B virus (HBV) or hepatitis C virus (HCV) worldwide (1), and an estimated 1.3 million persons die from related causes annually (1). In June 2016, the World Health Assembly endorsed the Global Health Sector Strategy on Viral Hepatitis 2016–2021, which sets goals for the elimination of HBV and HCV as global health threats by 2030 and outlines the global actions needed to reach these goals (2). The theme of this year's World Hepatitis Day is "Eliminate Hepatitis."

This issue of *MMWR* includes a report on progress toward achieving HCV elimination in the nation of Georgia, which in April 2015, became the first country in the world to launch such a program. Georgia has set an ambitious goal of 90% reduction in HCV prevalence by 2020. Documenting Georgia's progress, challenges, and strategies to address the challenges can inform global HCV elimination actions. Additional information and resources are available at <https://www.cdc.gov/hepatitis>.

References

1. World Health Organization. Global hepatitis report, 2017. Geneva, Switzerland: World Health Organization; 2017. <http://apps.who.int/iris/bitstream/10665/255016/1/9789241565455-eng.pdf?ua=1>
2. World Health Organization. Global health sector strategy on viral hepatitis, 2016–2021. Geneva, Switzerland: World Health Organization; 2016. <http://apps.who.int/iris/bitstream/10665/246177/1/WHO-HIV-2016.06-eng.pdf?ua=1>.

Monitoring Selected National HIV Prevention and Care Objectives

CDC monitors progress on selected national human immunodeficiency virus (HIV) prevention and care objectives using surveillance data (1) and has released two HIV care continuums for 2014: a diagnosis-based continuum and a prevalence-based continuum (2,3).

A diagnosis-based HIV continuum monitors key steps needed for a person living with diagnosed HIV infection to reach viral suppression, which leads to improved health outcomes and reduced risk for transmission to others. To determine a diagnosis-based HIV continuum, CDC uses the number of persons living with diagnosed HIV infection as the denominator. CDC monitors engagement in medical care and viral suppression in 38 jurisdictions that have complete reporting of CD4 and viral load laboratory results. Among persons living with diagnosed HIV infection at year-end 2014 in 38 jurisdictions, 73% received HIV medical care in 2014, 57% were retained in continuous care, and 58% were virally suppressed (1).

Because the first step in entering HIV care is receiving a diagnosis, CDC has also estimated an HIV prevalence-based continuum, which uses the estimated number of all persons living with diagnosed or undiagnosed HIV infection as the denominator. Among the estimated 1.1 million persons living with HIV infection in the United States in 2014, 85% had received a diagnosis (1). Extrapolating from 38 jurisdictions with complete reporting, an estimated 62% of persons living with HIV infection received HIV medical care in 2014, 48% were retained in continuous care, and 49% were virally suppressed (2).

More information is available in the Division of HIV/AIDS Prevention report and accompanying fact sheet and slide set (1–3).

References

1. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2015. HIV surveillance supplemental report, vol. 22, no. 2. Atlanta, GA: US Department of Health and Human Services, CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; 2017. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-22-2.pdf>
2. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Selected national HIV prevention and care outcomes. Atlanta, GA: US Department of Health and Human Services, CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; 2017. <https://www.cdc.gov/hiv/library/slideSets/index.html>
3. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Selected national HIV prevention and care outcomes in the United States. Atlanta, GA: US Department of Health and Human Services, CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; 2017. <https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-national-hiv-care-outcomes.pdf>

Erratum

Vol. 66, No. 18

In the report “State HCV Incidence and Policies Related to HCV Preventive and Treatment Services for Persons Who Inject Drugs — United States, 2015–2016,” on page 466, the second sentence of the second paragraph should have read “HCV incidence **rates** increased **by 167%** nationally from **0.3 cases per 100,000 U.S. population in 2010** to **0.8 in 2015** (4).”

In the cover box “Hepatitis Awareness Month and Testing Day — May 2017,” on page 465, the last sentence of the second paragraph should have read “During 2010–2015, HCV incidence **rates** increased by **167%** with the highest rates among young persons who inject drugs (PWID).[†]”