New York State Department of Health



Hepatitis B and C

Annual Report 2024

Surveillance, Prevention, Programs and Special Projects

Bureau of Hepatitis Health Care and Epidemiology,
Division of HIV and Hepatitis Health Care, AIDS Institute

NEW YORK STATE | Department of Health

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BACKGROUND

Viral hepatitis refers to a viral infection that affects the liver. There are at least five different types of viral hepatitis (A-E). The most common types of viral hepatitis in the United States are hepatitis A, hepatitis B, and hepatitis C. These viruses can cause a short-term (acute) illness characterized by fever, nausea, abdominal pain, malaise, and jaundice; however, in some cases, these acute infections are mild or do not cause any symptoms.

Hepatitis A virus is usually spread when a person ingests fecal matter - even in microscopic amounts - from objects, food, or drinks contaminated by feces from an infected person. Hepatitis A infections do not become long-term (chronic).

In contrast, hepatitis B and hepatitis C are blood-borne pathogens which can cause lifelong, chronic infections without symptoms. Many people with chronic hepatitis B or hepatitis C do not know that they are infected. Eventually, chronic hepatitis B or hepatitis C infection can cause cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. Hepatitis B and hepatitis C are the leading causes of liver cancer and a common reason for liver transplantation in the United States.

Hepatitis B virus is transmitted through contact with blood or body fluids from an infected person, most often through sexual contact; sharing drug injection equipment such as needles, syringes, or other works; sharing razors or medical equipment such as glucometers; or from an infected person to their infant during birth (perinatal transmission). Transmission can also occur through close contact with an infected person (e.g., household contact) or when health care infection control is inadequate. The risk for a hepatitis B infection becoming chronic becomes lower with age: approximately 90% of infants infected at birth, 30% of children infected at age 1-5, and 5% of persons infected as adults will become chronically infected. Infants born to people with hepatitis B can be given prophylactic treatment at birth to prevent infection, and the Centers for Disease Control and Prevention (CDC) recommends vaccination of all infants at birth, unvaccinated children younger than 19 years of age, adults aged 19-59 years, and adults aged 60 years and older with risk factors who had not already been vaccinated. Most adults are infected through sex with an infected person. People with chronic hepatitis B can be treated with medications that cause viral suppression and reduce liver damage but typically need to take medication for life.

Hepatitis C virus (HCV) is transmitted most often through contact with blood from an infected person, such as through sharing drug injection equipment, including needles, syringes, or other works; sharing equipment used to snort drugs; needlestick injuries involving blood; receiving blood transfusions or blood products prior to the availability of blood supply screening in 1992; and inadequate infection control in health care settings. Less often, HCV can be transmitted through sexual contact or during birth from an infected person to the infant. Perinatal transmission occurs in approximately 6-12% of hepatitis C infected persons that are pregnant. The best way to prevent infection is to avoid behaviors that can spread the disease such as sharing injection drug use equipment. About 75-85% of newly infected people do not spontaneously clear HCV from their body and develop chronic infection. Hepatitis C is curable.

TECHNICAL NOTES

Reporting of communicable diseases is mandated under the NYS Sanitary Code (10NYCRR 2.10). The New York State Department of Health requires health care providers, laboratories, and others to report suspected or confirmed cases of communicable disease, including viral hepatitis, to the local health department (LHD) where the patient resides. The LHDs conduct investigations and, for the 57 counties located outside of New York City (NYC), report case data to the New York State Department of Health via the Communicable Disease Electronic Surveillance System (CDESS). A large majority of investigations are triggered by receipt of clinical laboratory reports, which are electronically transmitted from laboratories to the New York State Department of Health through the Electronic Clinical Laboratory Reporting System (ECLRS). Laboratories report all positive markers of viral hepatitis infection to ECLRS. Since 2016, negative tests for HCV ribonucleic acid (RNA) are also reportable. Laboratories are also asked to report other negative hepatitis results or the results of liver enzyme assays (e.g., alanine aminotransferase (ALT)) associated with positive reportable hepatitis results. In addition to patient name and date of birth, laboratories often report additional demographic information such as sex or race.

Case investigation involves case ascertainment, case classification, and the collection, when available, of demographic, clinical, and exposure or risk factor information.

Case Definitions, Ascertainment, and Classification

Case ascertainment and classification are made according to the current CDC/Council of State and Territorial Epidemiologists (CSTE) case definitions using available laboratory testing results and clinical symptoms. Cases of acute hepatitis B, chronic hepatitis B, perinatal hepatitis B, acute hepatitis C, chronic hepatitis C, and perinatal hepatitis C, are recorded in CDESS. Cases that meet the definition for a confirmed or probable case are summarized in this report.

Case definitions change from time to time. The case definitions in effect during 2024 were:

Acute hepatitis B	ndc.services.cdc.gov/case-definitions/hepatitis-b-acute-and-chronic-2024
Chronic hepatitis B	ndc.services.cdc.gov/case-definitions/hepatitis-b-acute-and-chronic-2024
Perinatal hepatitis B	ndc.services.cdc.gov/case-definitions/hepatitis-b-perinatal-virus-infection-2017
Acute hepatitis C	ndc.services.cdc.gov/case-definitions/hepatitis-c-acute-2020
Chronic hepatitis C	ndc.services.cdc.gov/case-definitions/hepatitis-c-chronic-2020
Perinatal hepatitis C	ndc.services.cdc.gov/case-definitions/hepatitis-c-perinatal-infection-2018

Ascertainment of acute cases of hepatitis B follows the 2024 surveillance case definition and is based on the acute onset or new detection of jaundice, total bilirubin levels ≥ 3.0 mg/dL, or elevated serum ALT levels >200 IU/L, and/or laboratory evidence of hepatitis B, as described in the case definition. Chronic cases include any case that does not meet the definition for acute case or for which symptoms or prior test results are unavailable.

Under case definitions utilized in 2024, ascertainment of acute cases of hepatitis C depends on 1) the presence of jaundice, peak elevated total bilirubin levels ≥ 3.0 mg/dL, or peak elevated serum ALT levels >200 IU/L, or 2) the documented conversion of a viral hepatitis test from negative to positive within a specified time frame. Chronic cases include any case that does not meet the definition for an acute case or for which symptoms or prior test results are unavailable. Perinatal cases must have a positive RNA or genotype test between 2 and 36 months; an epidemiologic linkage to a birth mother with hepatitis C infection, if known; and not be known to be due to a healthcare exposure.

Note that changes in standardized case definitions result in counting cases differently and can profoundly impact the number of cases reported in each year. The new 2024 case definitions for acute and chronic hepatitis B were meant to improve identification of acute hepatitis B cases. The new 2020 case definitions for acute and chronic hepatitis C were meant to improve identification of acute hepatitis C cases. Case definitions for 2016 were substantially different from the

previous case definition. Consequently, comparing counts or rates of hepatitis C cases reported during 2016-2019 and 2020-2023 to those reported during 2015 and earlier years should be done with caution.

Variable Definitions

Case Year: Cases are recorded in the year during which the case was first reported, typically the year during which the first positive laboratory test for the patient was electronically reported to the New York State Department of Health.

Sex at birth, Gender identity, and Sexual Orientation: Sex at birth is defined as male, female, or unknown/missing. Sex at birth, obtained from the laboratory report is known for >99% of cases. Surveillance data collection forms allow for the collection of gender identity for cases of hepatitis C and sexual orientation for acute cases of hepatitis B and C during patient or provider interviews conducted during case investigations. However, due to the high volume of reporting, case investigations of chronic hepatitis are often not feasible. Therefore, data on gender identity and sexual orientation is very limited and is not presented in this report.

Race and Ethnicity: For surveillance data, race and ethnicity are recorded separately. For this report, unless otherwise indicated, races are white, black, Asian/Pacific Islander (combined due to small Pacific Islander case counts and data completeness concerns), American Indian/Alaska Native, and other -race not specified, or unknown/missing. Ethnicities are Hispanic, non-Hispanic, and unknown/missing. Race and ethnicity are not required variables for laboratory reporting, and health care provider reporting of race and ethnicity is incomplete. A large percentage of cases, particularly chronic cases, are missing this information, and caution should be used when evaluating race and ethnicity patterns.

Case county: The case county is typically the county in which the patient resided at the time the case was first reported. Cases identified among persons incarcerated upon intake screening at NYS Department of Corrections and Community Supervision (DOCCS) facilities are assigned to the county where the intake facility is located rather than the county where the patient resided prior to incarceration. To avoid overrepresenting cases in counties and regions with DOCCS intake facilities, cases among persons incarcerated in DOCCS are excluded from county and region-level data. However, persons incarcerated at county jails are included in these geographic summaries.

Region: Program areas within the New York State Department of Health define regions of the state differently. Unless otherwise indicated, the regions presented here are ground by Ryan White HIV/AIDS Program service areas. There are four Communicable Disease Surveillance Regions: Western, Central, Capital, and Metropolitan. Ryan White regions further subdivide the Western region into Western/Buffalo and Finger Lakes/Rochester regions, Central NY into Central/Syracuse and NY Penn/Binghamton regions, and the Metropolitan region into Lower Hudson Valley, Mid-Hudson Valley, and Nassau/Suffolk regions.

Crude Case Rates: 2020 Population census counts are used as denominators for overall case rates per 100,000 and rates by geographic area, age, sex for the years 2012-2024.[1]

Risk Factor Information

Risk factor information is collected by LHDs during case investigation when available. Methods of data collection vary including a standard one-page survey of the patient's health care provider, phone interview with the health care provider, medical record review, review of records in the NYS Immunization Information System (NYSIIS), patient interview, or proxy interview. Therefore, surveillance data quality is affected by, for example, a provider's incomplete

1 CC-EST2021-ALLDATA-[ST-FIPS]: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: April 1, 2020 to July 1, 2021
File: 7/1/2021 County Characteristics Resident Population Estimates Source: U.S. Census Bureau, Population Division.
Release Date: June 2022.

knowledge of the patient's risks, transposition errors, misinterpretation of the question, intentionally misleading answers, recall bias, uncertain timelines, and other forms of inaccuracies.

Risk factor data are often incomplete, particularly for chronic cases. Depending on disease and risk factor, the proportion of cases with unknown or missing information can be >80%. For these reasons, caution should be taken when interpreting risk information.

For acute cases, except where noted, risk factors and exposures are determined for the 60 –150 day (hepatitis B) or 2 week – 6 month (hepatitis C) period before illness onset or 2 week – 12 month period prior to test conversion. For chronic cases, lifetime risk is assessed.

About the Data in this Report

This report contains information about hepatitis B and hepatitis C gathered by the New York State Department of Health. Information about residents of NYC is excluded except where noted. NYC data are available from the NYC Department of Health and Mental Hygiene (DOHMH).

The surveillance data summarize confirmed and probable cases of acute hepatitis B, chronic hepatitis B, perinatal hepatitis B, acute hepatitis C, chronic hepatitis C, and perinatal hepatitis C in NYS (excluding NYC) reported during 2024. Trend data are also presented for cases reported during 2012 through 2024. Surveillance data for hepatitis B and hepatitis C are current as of May 2025. All surveillance data should be considered preliminary and subject to change.

Case data reflect only newly reported cases and are not intended to represent disease incidence (all new infections) nor prevalence (all persons currently infected). Data from sources other than surveillance are described in the sections in which they are presented.

This report was developed by the New York State Department of Health AIDS Institute, Division of HIV and Hepatitis Health Care, Bureau of Hepatitis Health Care and Epidemiology. For questions about this report, email New York State Department of Health at HepBC.Surveillance@health.ny.gov.

REPORT HIGHLIGHTS: HEPATITIS B SURVEILLANCE

- In 2024, 2,087 cases of hepatitis B were newly reported to the New York State Department of Health, representing a case rate of 18.3/100,000. After several years of increases, case rates in 2024 decreased 3% compared to 2023.

- It is estimated that approximately half of people with hepatitis B are unaware of their infection status. The increasing trend in newly reported hepatitis B cases in New York from 2020 to 2023 may be related to increases in hepatitis B screening among populations where hepatitis B is more common. In 2023, the CDC released updated recommendations to include: universal hepatitis B screening for all adults, testing of all pregnant people during each pregnancy, infants born to pregnant people with hepatitis B infection, and people with ongoing risk for exposure to hepatitis B. This screening recommendation complements the CDC's Advisory Committee on Immunization Practices' 2022 updated recommendation that the following people should be vaccinated for hepatitis B: all infants, unvaccinated children younger than 19 years of age, adults 19–59 years, and adults 60 years and older with risk factors for hepatitis B.

- In 2024, there was a 69% increase in newly reported acute hepatitis B cases, compared to 2023; and a 3% decrease in chronic hepatitis B cases compared to 2023 chronic hepatitis B cases. There were no new perinatal hepatitis B cases reported in 2024. The increase in acute hepatitis B cases is likely related to the change in the case definition which removed the need for a patient to be symptomatic.

- In 2024, the highest rates of newly reported cases of hepatitis B were among males[1] (21.1/100,000 cases) and persons aged 40 – 44 (41.4/100,000 cases).

- Fifty percent (50%) of females cases were of reproductive age (aged 15-44).

- Twenty-nine percent (29%) of cases were reported as Asian/Pacific Islander and 68% were reported as non-Hispanic.

- In 2024, Nassau (602) and Suffolk (301) counties had the highest number of newly reported cases of hepatitis B. Westchester (293) and Erie (149) counties also reported a high number of cases. In 2024, Nassau (43.2) and Westchester (29.2) counties recorded the highest case rates per 100,000 population. Albany (21.3), Suffolk (19.7), and Onondaga (19.6) counties also had high case rates per 100,000 population.

- For both newly reported cases of acute and chronic hepatitis B, the most commonly reported risk factor was the lack of hepatitis B vaccination. Thirty-six percent (36%) of all newly reported acute cases of hepatitis B had no history of hepatitis B vaccination, and 9% of all newly reported chronic cases of hepatitis B had no history of vaccination. It is important to note that selected risk factor information missingness ranges from 67% to 85% of all cases due to the high volume of new reports and limited resources available for case investigation.

- Trends in case counts and rates across years should be interpreted with caution for several reasons. In 2023, the CDC released updated screening recommendations, including universal hepatitis B screening for all adults, which may have resulted in an increase in testing and case reporting. The surveillance case definitions for acute and chronic hepatitis B were modified in 2024. Therefore, caution should be exercised when comparing numbers of cases of hepatitis B reported from 2012-2023 and 2024.

[1] Sex data represents sex at birth. Gender identity is not presented on this data report. See *Variable Definitions* on page 5.

- In the 57 counties outside NYC, New York State Department of Health implements a Perinatal Hepatitis B Prevention Program (PHBPP) consistent with CDC guidance and New York State Department of Health laws and regulations.

- The PHBPP enrolled 202 infants in 2023. Nearly all infants (98%) received timely post-exposure prophylaxis; 94% received timely post-exposure prophylaxis and completed the hepatitis B vaccine series by 12 months of age, and 84% completed post-vaccination serologic testing by December 31, 2024.

- The 2024 hepatitis B vaccine birth dose rate for NYS birth hospitals (outside of NYC) was 79%. Rates, since 2012, are posted on Health Data NY.

- During 2024, 2,549 newly reported cases of hepatitis C were reported to the New York State Department of Health, including 2,362 chronic, 181 acute, and 6 perinatal cases. Chronic cases accounted for 93% of all newly reported cases, and acute cases for 7%. Perinatal reports accounted for less than 1% of all reports. Newly reported chronic cases decreased by 13% while newly reported acute cases, which represent a recent infection, also decreased by 13% compared to 2023. The overall case rate in 2024 was 22.4/100,000.

- Case rates were highest in males [1] (27.5/100,000) and in persons 30-34 years of age (55.2/100,000).

- Although historically, the highest proportion of newly reported cases were among Baby Boomers (persons born between 1945-1965) in 2024, Baby Boomers represent only 24% of all newly reported cases while cases reported in persons under the age of 40 represent nearly twice as many (41%).

- In the population aged <40 years, where race and ethnicity were reported, rates/100,000 of newly reported hepatitis C were highest in the White population. In contrast, in the population aged 40 years or older, rates/100,000 of newly reported hepatitis C were highest in communities of color.

- Fifty-six percent (56%) of females cases were of reproductive age (aged 15-44).

- In 2024, the highest numbers of reported cases were in Suffolk (253) and Erie (181) counties. Nassau (170), Monroe (143), Onondaga (133), and Westchester (131) also reported high numbers of cases. The highest rates per 100,000 population were in Sullivan (54.7) and Essex (50.9) counties. Chautauqua, Warren, and Chemung had case rates that exceeded 40.0 per 100,000 population.

- The most commonly reported risk factors among both acute and chronic hepatitis C cases in 2024 were injection and non-injection drug use. Other common risk factors among acute hepatitis C cases included having close contact with a person with hepatitis C. Other common risk factors among chronic hepatitis C cases included having a history of incarceration.

- Trends in case counts and rates across years should be interpreted with caution for several reasons. In 2014, the NYS Hepatitis C Testing Law was implemented resulting in an increase in testing and case reporting, especially in Baby Boomers. In 2023, CDC recommended hepatitis C screening for the following: all adults aged 18 and older at least once in their lifetime; all pregnant people, during each pregnancy; periodic testing for people with ongoing risk factors; and for any person who requests hepatitis C testing.

- Effective May 3, 2024, New York State requires that all persons 18 years of age and older, and persons under the age of 18 with a risk, be offered a screening test for hepatitis C. Providers caring for pregnant people must order a hepatitis C screening test during each pregnancy. If the hepatitis C screening test is reactive, a hepatitis C RNA must be performed on the same specimen, or a second specimen collected at the same time as the initial hepatitis C screening test specimen, to confirm diagnosis of current infection. Individuals with a detectable hepatitis C RNA test must be offered follow-up hepatitis C health care and treatment or are

[1] Sex data represents sex at birth. Gender identity is not presented on this data report. See Variable Definitions on page 5.

referred to a health care provider who can provide follow-up hepatitis C health care and treatment. Settings and clinicians required to make the offer include:

- Inpatient and emergency departments of an Article 28 licensed hospital.
- Outpatient departments of an Article 28 licensed hospital providing primary care services.
- Diagnostic and treatment centers licensed under article 28 providing primary care services.
- Physicians, physician assistants, nurse practitioners or midwives providing primary care.

- The surveillance case definitions for acute and chronic hepatitis C were modified in 2016 and 2020. Therefore, caution should be exercised when comparing numbers of cases of hepatitis C reported from 2012-2015, 2016-2019, and 2020-2024.

REPORT HIGHLIGHTS: HEPATITIS C INITIATIVES AND SPECIAL STUDIES

- In 2023, 20 agencies across the state participated in the NYS Hepatitis C Testing Program. These agencies tested 1,815 high-risk clients and identified 486 with reactive hepatitis C antibody tests who either received or were referred for follow-up hepatitis C RNA testing. Among clients with an RNA test, 47.8% had current infection.

- The NYS Hepatitis C Patient Navigation program provides funding to seven Drug User Health Hubs in upstate NY, to increase the number of hepatitis C-infected persons who inject drugs who are successfully linked to medical care and treated for hepatitis C. Between November 2018 and October 2023, the initiative enrolled 1,287 patients. Of these, 1,125 patients were diagnosed with chronic hepatitis C. Of the clients enrolled, diagnosed with hepatitis C, and linked to care, 80.7% initiated treatment. Of those who started treatment, 84.7% completed treatment. Ninety-six percent (96%) of patients assessed for a sustained virologic response were found to be cured.

- The NYS Hepatitis C Care and Treatment Initiative funds 14 primary care-based integrated models of hepatitis C care and treatment within Article 28 health care facilities. Between June 2021 and May 2024, a total of 2,878 patients were enrolled in the initiative. Of patients who were linked to care, 87.5% initiated treatment, and 99.0% of those who completed treatment and were assessed for a sustained virologic response were found to be cured.

- The NYS Innovative Models Initiative supports hepatitis C care and treatment models that address the needs and barriers that people who inject drugs who are diagnosed with hepatitis C face when accessing hepatitis C services in traditional health care settings. From July 2019 through June 2024, three agencies, each with a different model, enrolled 390 patients in the initiative. Of enrolled patients, 87.4% were linked to care, 85.3% of whom initiated treatment, and 94.7% of those who completed treatment and were assessed for a sustained virologic response were found to be cured

- The NYS Hepatitis C Learning Collaborative for Substance Use Disorder Treatment Programs is a two-year initiative to help treatment programs build capacity to provide onsite hepatitis C testing and linkage to care. Six programs (three outpatient programs and three opioid treatment programs) participated from September 2022 to March 2024. Among 2,249 clients admitted, 65% received a hepatitis C antibody test. Among those antibody positive, 98% received an RNA test. All programs were able to meet their identified goals, and all programs planned to continue providing hepatitis C services post-collaboration.

- Results from the 2023 New York State Department of Health HIV and Hepatitis C seroprevalence study among persons entering the New York State Department of Corrections and Community Supervision showed that hepatitis C antibody positivity in the 30-39 age group surpassed that in other age groups for the first time. Antibody positivity remained higher among women and persons who were White. Hepatitis C RNA positivity among antibody positive persons decreased in all age, sex, and racial ethnic groups between 2019 and 2023.

- From 2016 to 2022, persons coinfected with hepatitis C and HIV were more likely to be aged 50+, male, and Black compared to those with hepatitis C only. As of the end of 2022, coinfected persons were more likely to be cured or cleared of their hepatitis C infection but also were more likely to experience reinfection than patients who were only infected with hepatitis C.

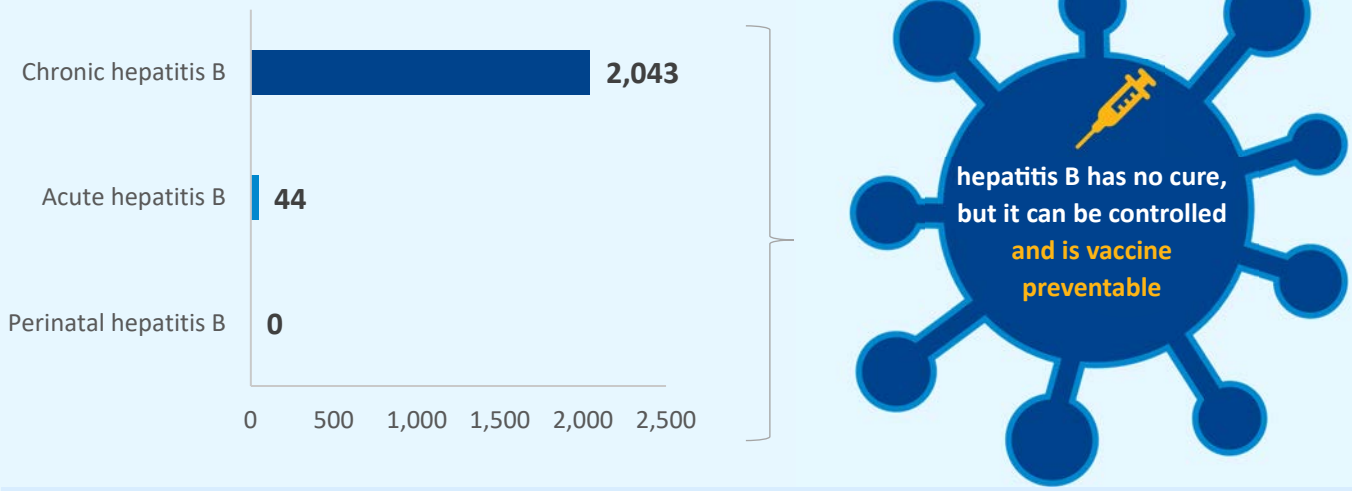
Hepatitis B Surveillance and Program Data

Infographic 1: Hepatitis B, Newly Reported Cases, NYS (excl. NYC), 2024

2,087
Newly reported cases of hepatitis B

18.3
cases per 100,000 pop.

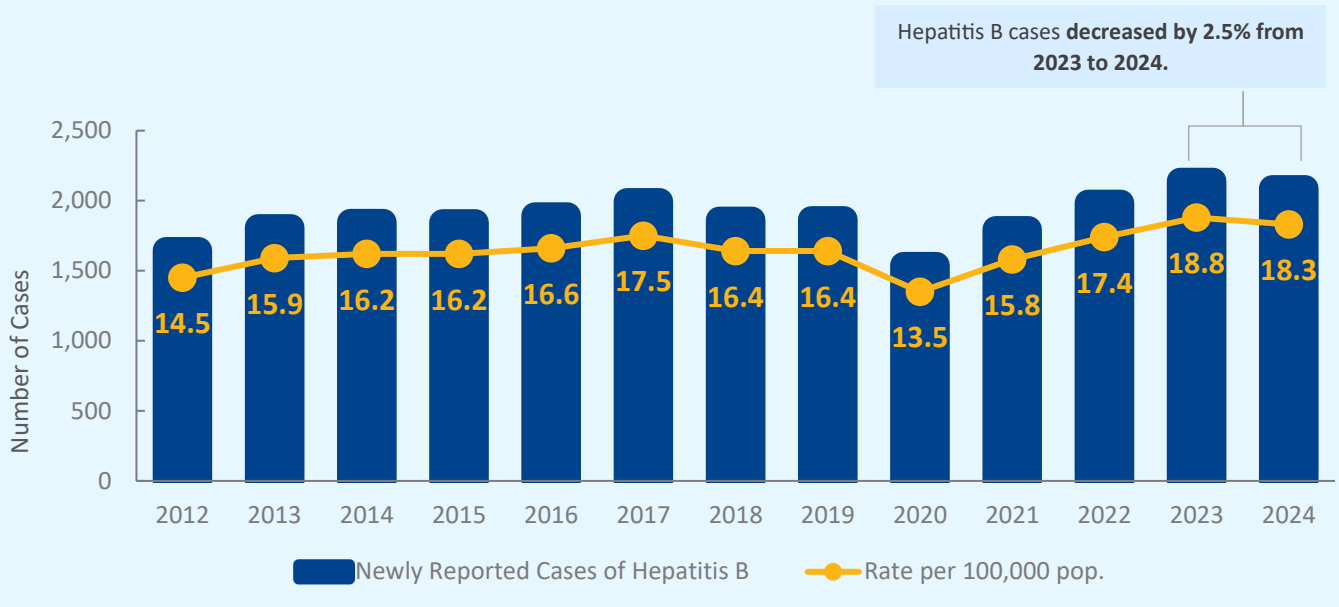
Figure 1.1: Newly Reported Acute, Chronic, and Perinatal Hepatitis B Cases, NYS (excl. NYC), 2024



In 2022, CDC's Advisory Committee on Immunization Practices recommended that the following people should be vaccinated for hepatitis B: all infants, unvaccinated children younger than 19 years of age, adults 19–59 years, and adults 60 years and older with risk factors for hepatitis B. In 2023, the CDC released updated screening recommendations to include: universal hepatitis B screening for all adults, testing of all pregnant people during each pregnancy, infants born to pregnant people with hepatitis B infection, and people with ongoing risk for exposure to hepatitis B.

Figure 1.2: Newly Reported Hepatitis B Cases by Year, NYS (excl. NYC), 2012-2024

After declining from 2017 to 2020, hepatitis B cases increased from 2020 to 2024. Since 2023, cases exceeded the previous peak in hepatitis B cases observed in 2017.



Notes. See *Variable Definitions* and *About Data* on pages 5&6. Rates per 100,000 are based on 2020 US Census Data. See tables 1.1, 1.3 in the Data Appendix for additional information.

Infographic 2: Hepatitis B, Newly Reported Cases, by Sex and Age, NYS (excl. NYC), 2024

In 2024:

Newly Reported Cases in Males per 100,000 pop.:

21.1

Newly Reported Cases in Females per 100,000 pop.:

15.5

Figure 2.1: Number of Newly Reported Hepatitis B Cases by Sex and Year, NYS (excl. NYC), 2012-2024

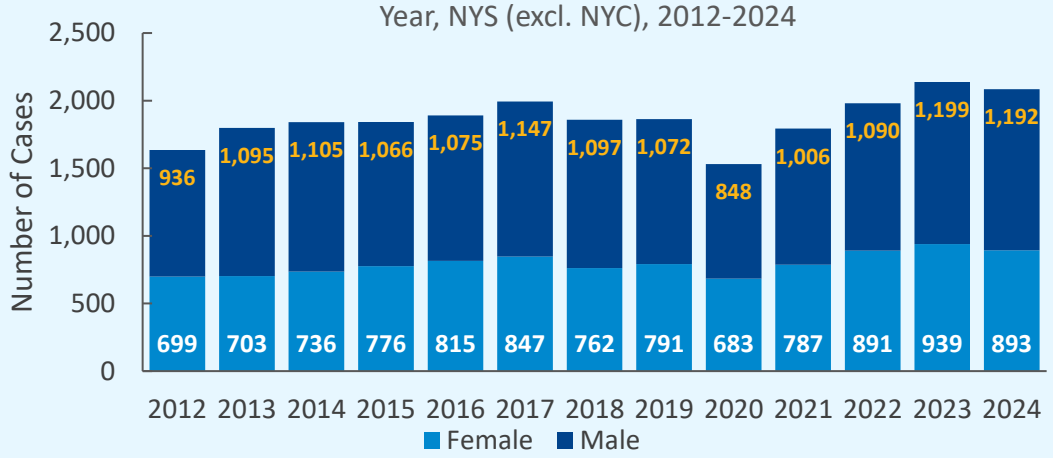


Figure 2.2: Newly Reported Hepatitis B Cases by Sex and Age Group, NYS (excl. NYC), 2024

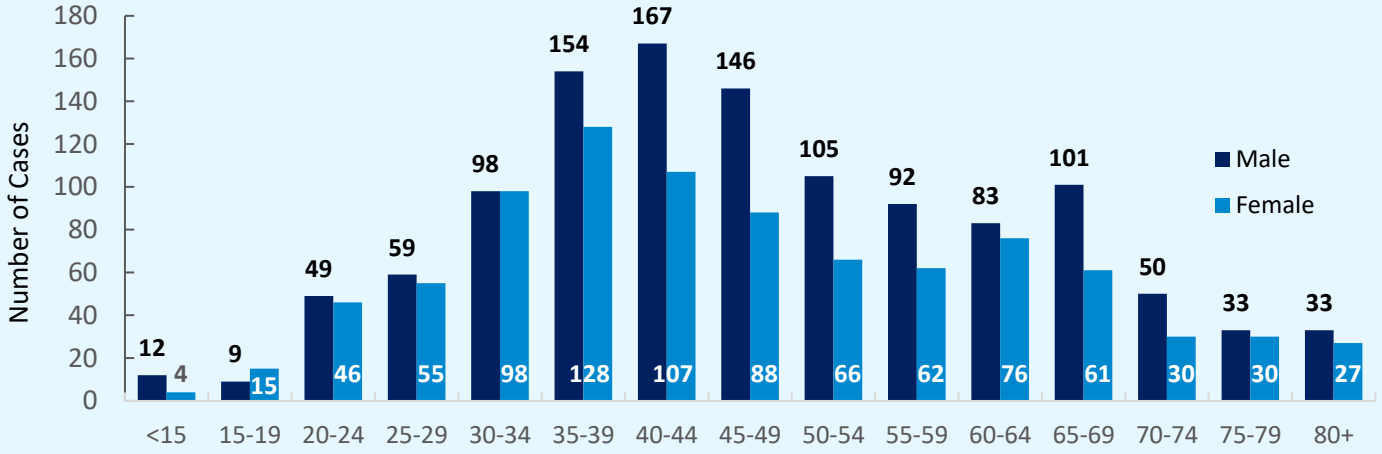
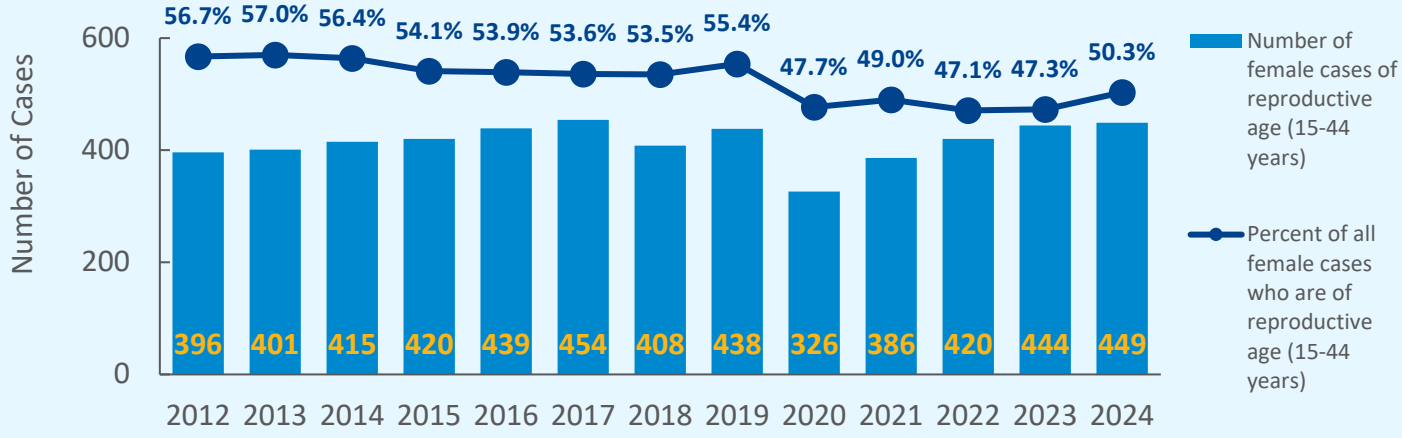


Figure 2.3: Newly Reported Hepatitis B Cases Among Females of Reproductive Age (15-44 years), NYS (excl. NYC), 2012-2024

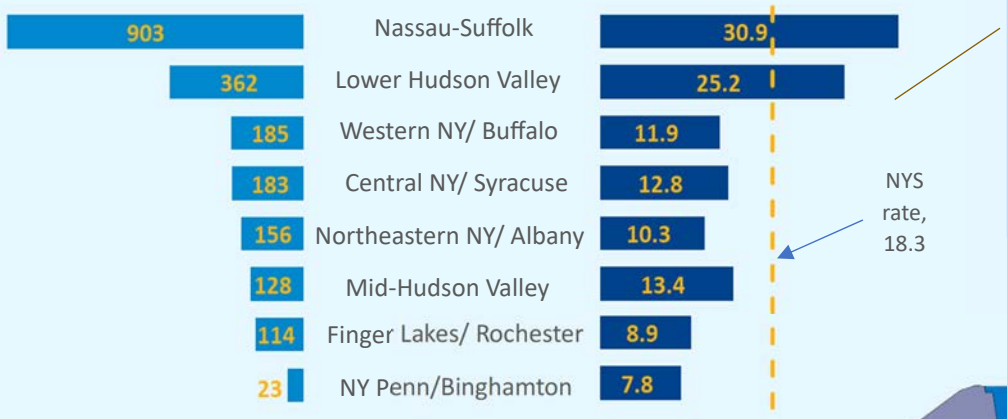


The number of newly reported hepatitis B cases among females of reproductive age has increased by approximately 38% since 2020. **The percentage of females who are of reproductive age (e.g., between the ages of 15 and 44) increased from 2023 to 2024.**

Notes. Sex data represents sex at birth. Gender identity is not presented in the infographics of this data report. See *Variable Definitions* and *About Data* on pages 5&6. See Tables 1.1, 1.2, 1.4 in the Data Appendix for additional information.

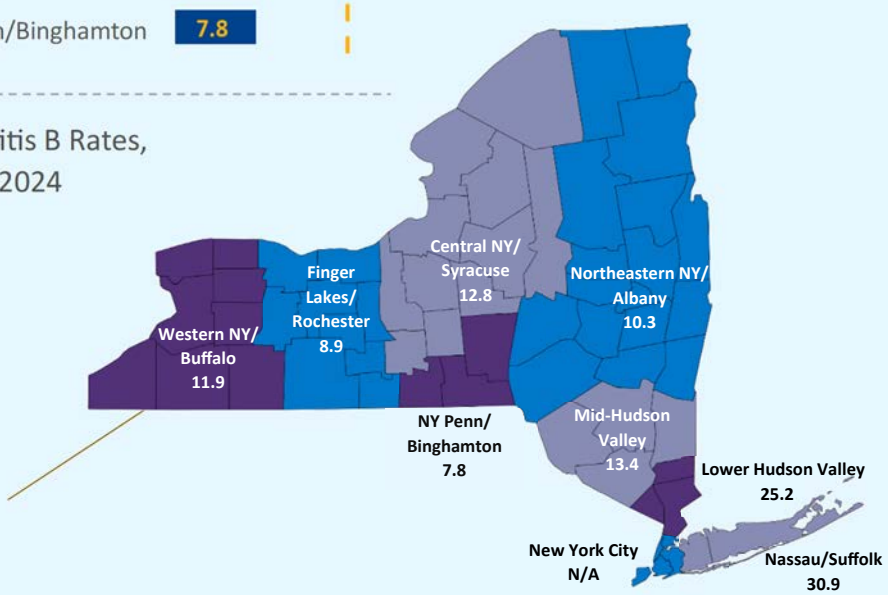
Infographic 3: Hepatitis B, Newly Reported Cases and Rates, by Region and Year, NYS (excl. NYC), 2024

Figure 3.1: Newly Reported Hepatitis B **Cases** and **Rates** per 100,000 pop. by NYS Region (excl. NYC), 2024



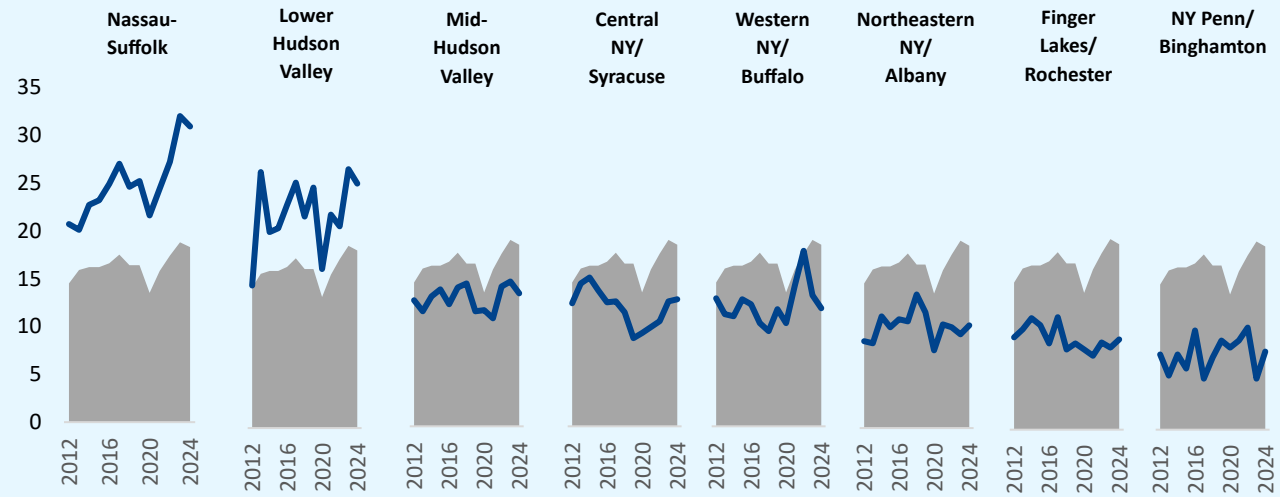
In 2024, Nassau-Suffolk (903) and Lower Hudson Valley (362) had the highest number of newly reported hepatitis B cases.

Figure 3.2: Newly Reported Hepatitis B Rates, by Region, NYS (excl. NYC), 2024



Nassau-Suffolk (30.9) and Lower Hudson Valley (25.2) had the highest case rates per 100,000 population in 2024.

Figure 3.3: Newly Reported Hepatitis B Cases, Rate per 100,000 pop. by NYS Region (excl. NYC), 2012-2024

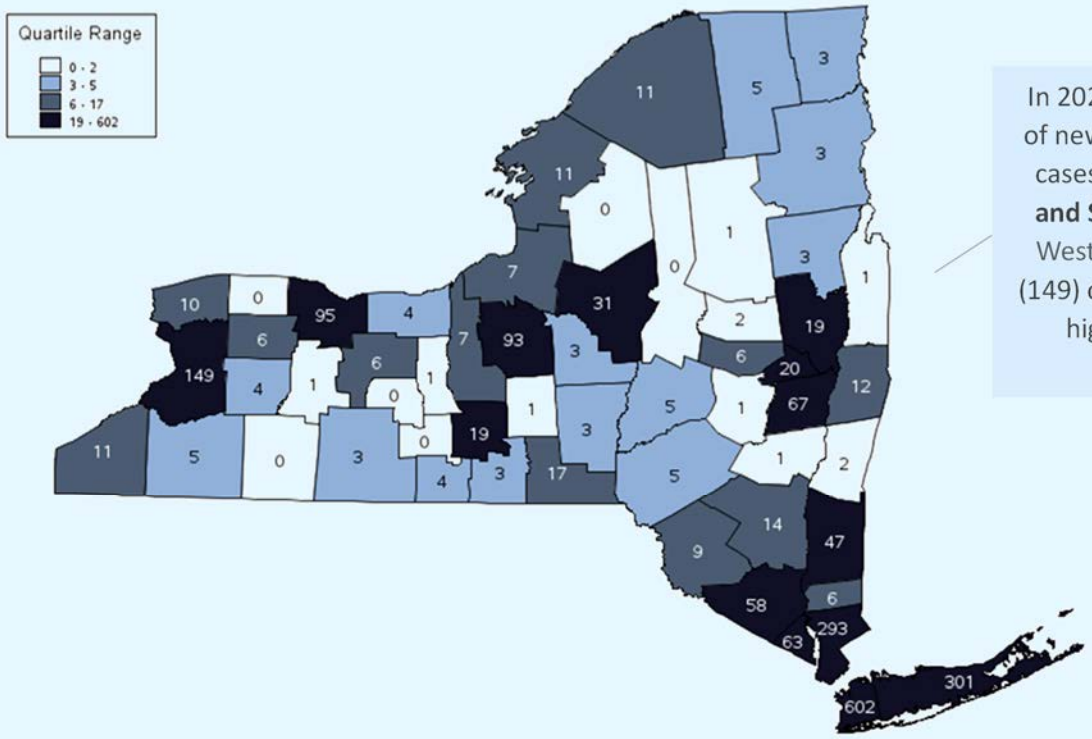


Since 2012, the Nassau-Suffolk and Lower Hudson Valley regions have consistently had the highest case rates of newly reported hepatitis B, higher than the statewide rate. From 2023 to 2024, rates of newly reported hepatitis B have increased in the NY Penn/Binghamton (52.9%), Finger Lakes/Rochester (9.9%), Northeastern NY/Albany (9.6%), and Central NY/Syracuse (1.6%) regions.

Notes. Regional case counts and rates exclude cases in persons incarcerated in Department of Corrections and Community Supervision (DOCCS). See table 1.5 in the Data Appendix for additional information.

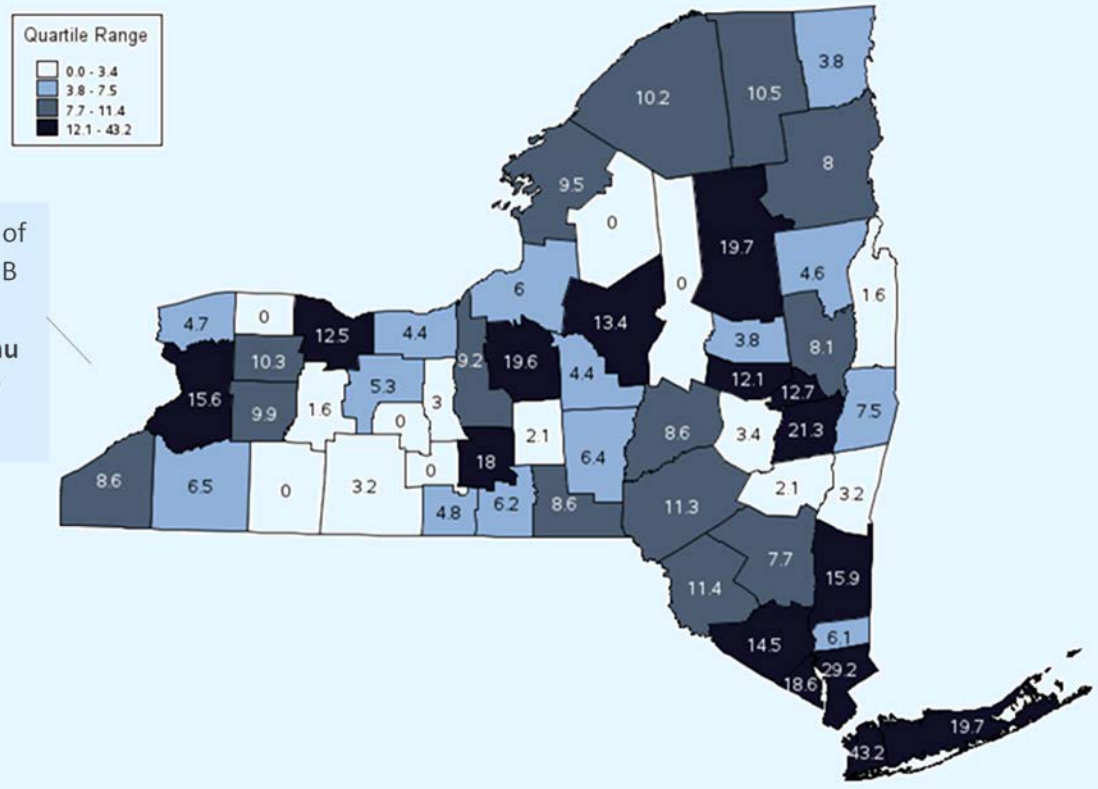
Infographic 4: Hepatitis B, Newly Reported Cases by County, NYS (excl. NYC), 2024

Figure 4.1: Newly Reported Hepatitis B Cases by County, NYS (excl. NYC), 2024



In 2024, the highest number of newly reported hepatitis B cases were in **Nassau (602) and Suffolk (301) counties.** Westchester (293) and Erie (149) counties also reported a high number of cases.

Figure 4.2: Newly Reported Hepatitis B Cases Rate per 100,000 pop., NYS (excl. NYC), 2024

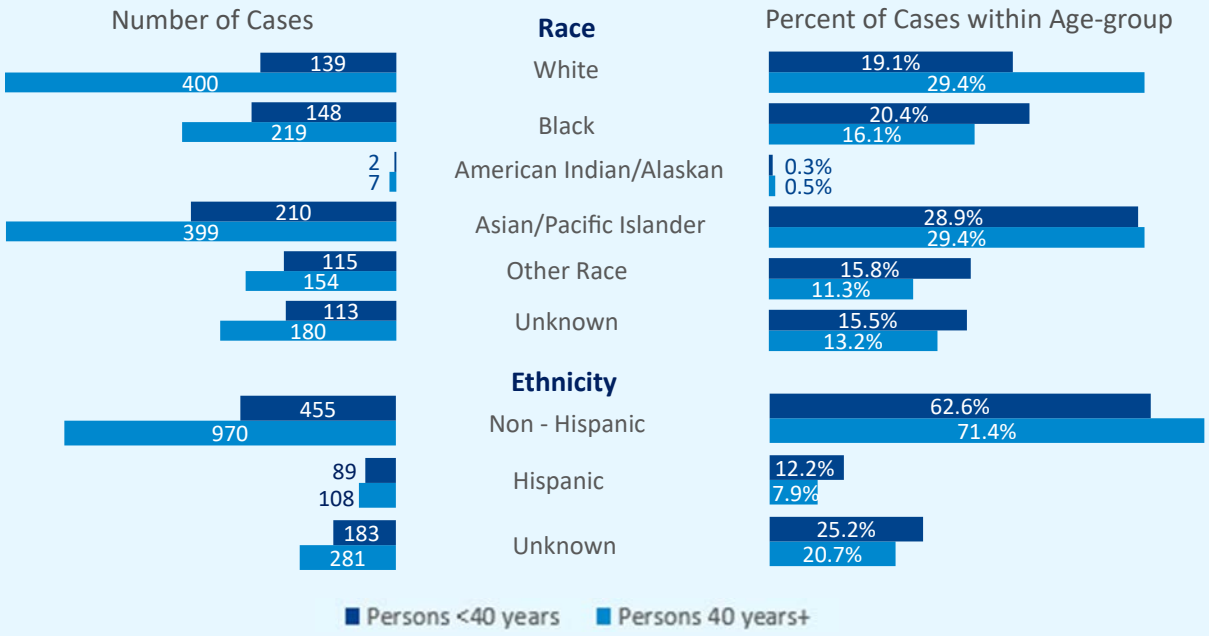


In 2024, the highest rates of newly reported hepatitis B cases per 100,000 population were in **Nassau (43.2) and Westchester (29.2) counties.**

Notes. Regional case counts and rates at the county level exclude cases in persons incarcerated in the Department of Corrections and Community Supervision (DOCCS). Case rates per 100,000 pop. are calculated based on 2020 US Census data. See About Data on page 6 in this report. See Table 1.6 in the Data Appendix for additional information.

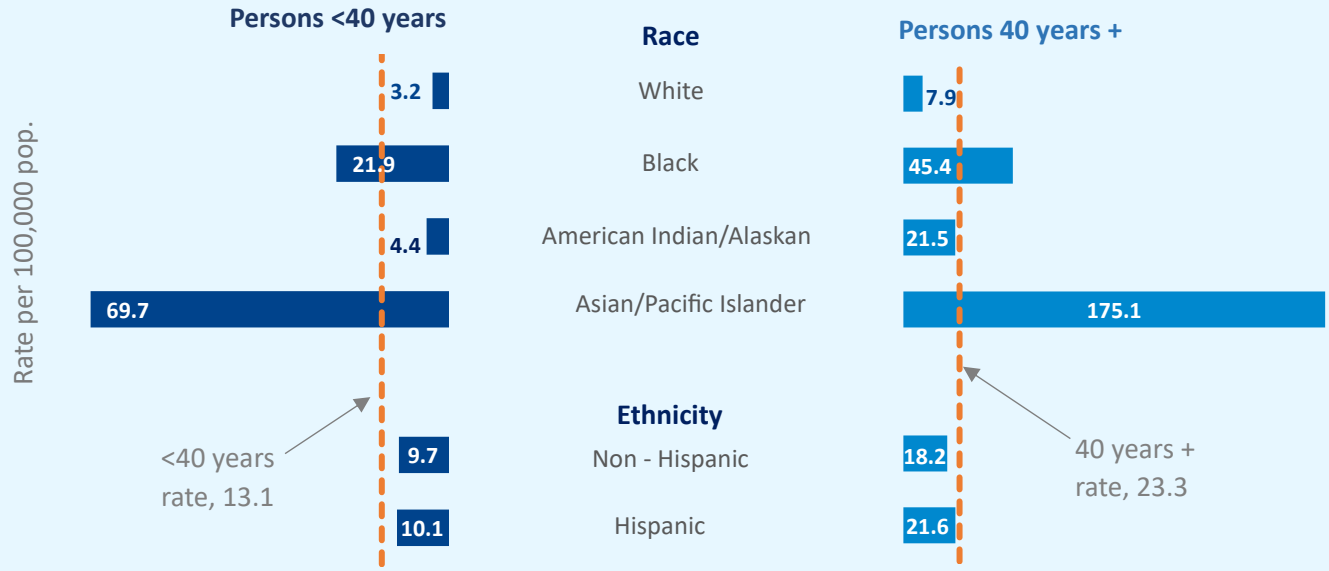
Infographic 5: Hepatitis B, Newly Reported Cases by Age, Race, Ethnicity, NYS (excl. NYC), 2024

Figure 5.1: Newly Reported Hepatitis B Cases by Age, Race, and Ethnicity, NYS (excl. NYC), 2024



The highest percentages of newly reported cases of hepatitis B were among **White**, **Asian/Pacific Islanders and those with non-Hispanic ethnicity.** The percentage of newly reported cases of hepatitis B that are **White are substantially higher for people aged 40+ years than for those under 40 years of age.** Case rates of newly reported hepatitis B were highest among Asian/Pacific Islanders in both the <40 and 40+ age groups.

Figure 5.2: Newly Reported Hepatitis B Case Rates by Age, Race, and Ethnicity, NYS (excl. NYC), Excluding Cases with Unknown Race and Ethnicity, 2024



Note. Race data is missing for 14.1% of all hepatitis B cases. Ethnicity is missing for 22.3% of all hepatitis B cases. Due to missing data, race and ethnicity-specific rates are underestimates. Due to small case counts, caution should be used when interpreting rates for the American Indian/Alaskan population. Rates for Other race category are not presented. See *Variable Definitions* on page 5 for additional information. See tables 1.7, 1.8 in the Data Appendix for additional information.

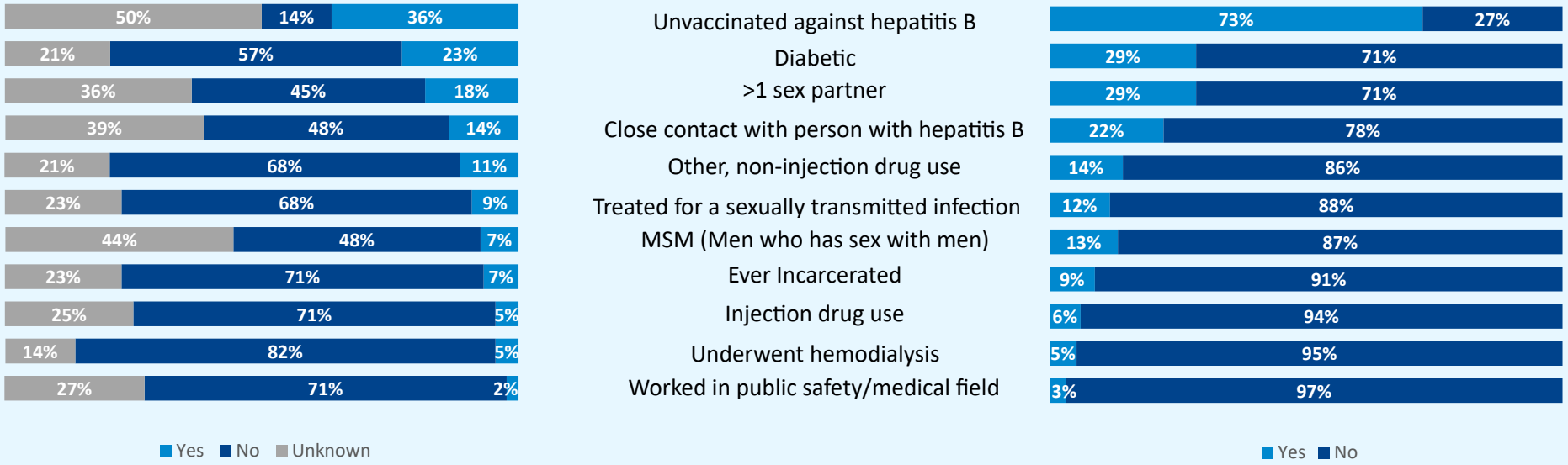
Infographic 6: Hepatitis B, Newly Reported Acute Cases, Risk Factors, NYS (excl. NYC), 2024

In 2024, **36% of newly reported acute hepatitis B cases had no known history of hepatitis B vaccination.** When analyzing only cases with known risk factors, 73% of newly reported acute cases had no known history of hepatitis B vaccination.

In 2024, **7% of newly reported acute hepatitis B cases in males were among men who have sex with men (MSM).** When analyzing only cases with known risk factors, 13% of newly reported acute cases in males were among men who have sex with men.

In 2024, **23% of newly reported acute hepatitis B cases were known to be diabetic.** When analyzing only cases with known risk factors, 29% of newly reported acute cases were known to be diabetic. People living with diabetes are at increased risk for hepatitis B if they share blood glucose meters, fingerstick devices or other diabetes-care equipment such as syringes or insulin pens.

Figure 6.1: Newly Reported Acute Hepatitis B Cases, Risk Factor Information, NYS (excl. NYC), 2024



Note. Categories are not mutually exclusive. See *Variable Definitions* on page 5 for additional information. For acute hepatitis B cases, risk factor information is collected for the individual's exposure window period. See Table 1.9 in the Data Appendix for additional information.

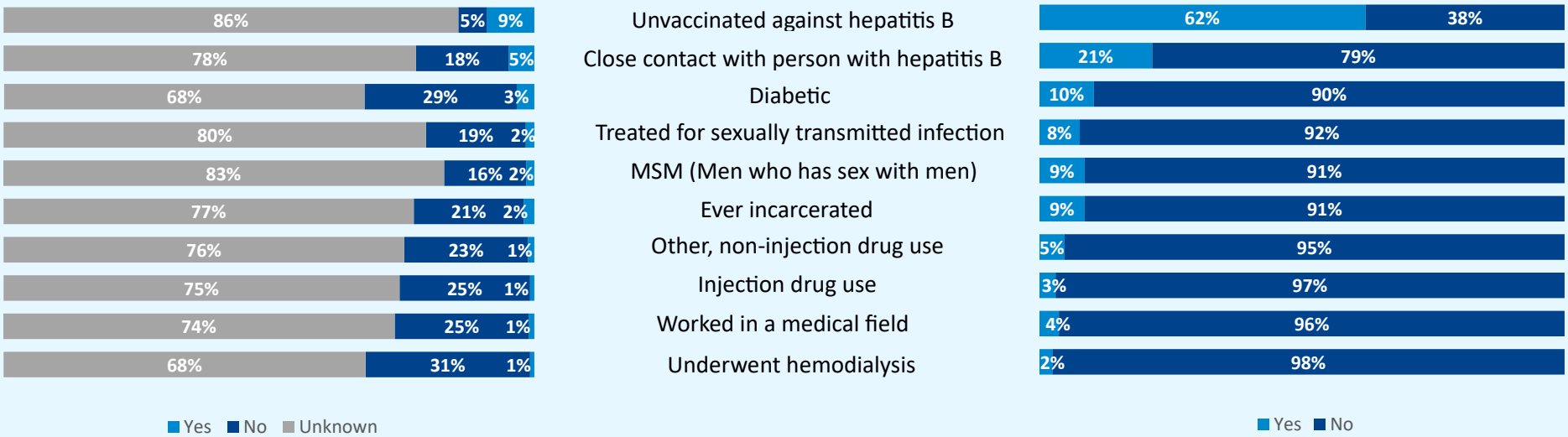
Infographic 7: Hepatitis B, Newly Reported Chronic Cases, Risk Factors, NYS (excl. NYC), 2024

In 2024, **9% of newly reported chronic hepatitis B cases had no known history of hepatitis B vaccination.** When analyzing only cases with known risk factors, 62% of newly reported chronic cases had no known history of hepatitis B vaccination.

In 2024, **5% of newly reported chronic hepatitis B cases had close contact with a person diagnosed with hepatitis B.** When analyzing only cases with known risk factors, 21% of newly reported chronic cases had close contact with a person diagnosed with hepatitis B.

In 2024, **3% of newly reported chronic hepatitis B cases had a known history of diabetes.** When analyzing only cases with known risk factors, 10% of newly reported chronic cases were among cases with a known history of diabetes. People living with diabetes are at increased risk for hepatitis B if they share blood glucose meters, fingerstick devices or other diabetes-care equipment such as syringes or insulin pens.

Figure 7.1: Newly Reported Chronic Hepatitis B Cases, Risk Factor Information, NYS (excl. NYC), 2024



Note. Categories are not mutually exclusive. See *Variable Definitions* on page 5 for additional information. For chronic hepatitis B cases, risk factors indicate risk over an individual's lifetime. See Table 1.10 in the Data Appendix for additional information.

PERINATAL HEPATITIS B PREVENTION PROGRAM DATA

In the 57 counties outside NYC, New York State Department of Health implements a Perinatal Hepatitis B Prevention Program (PHBPP) consistent with CDC guidance and NYSDOH laws and regulations.

Program Goals are:

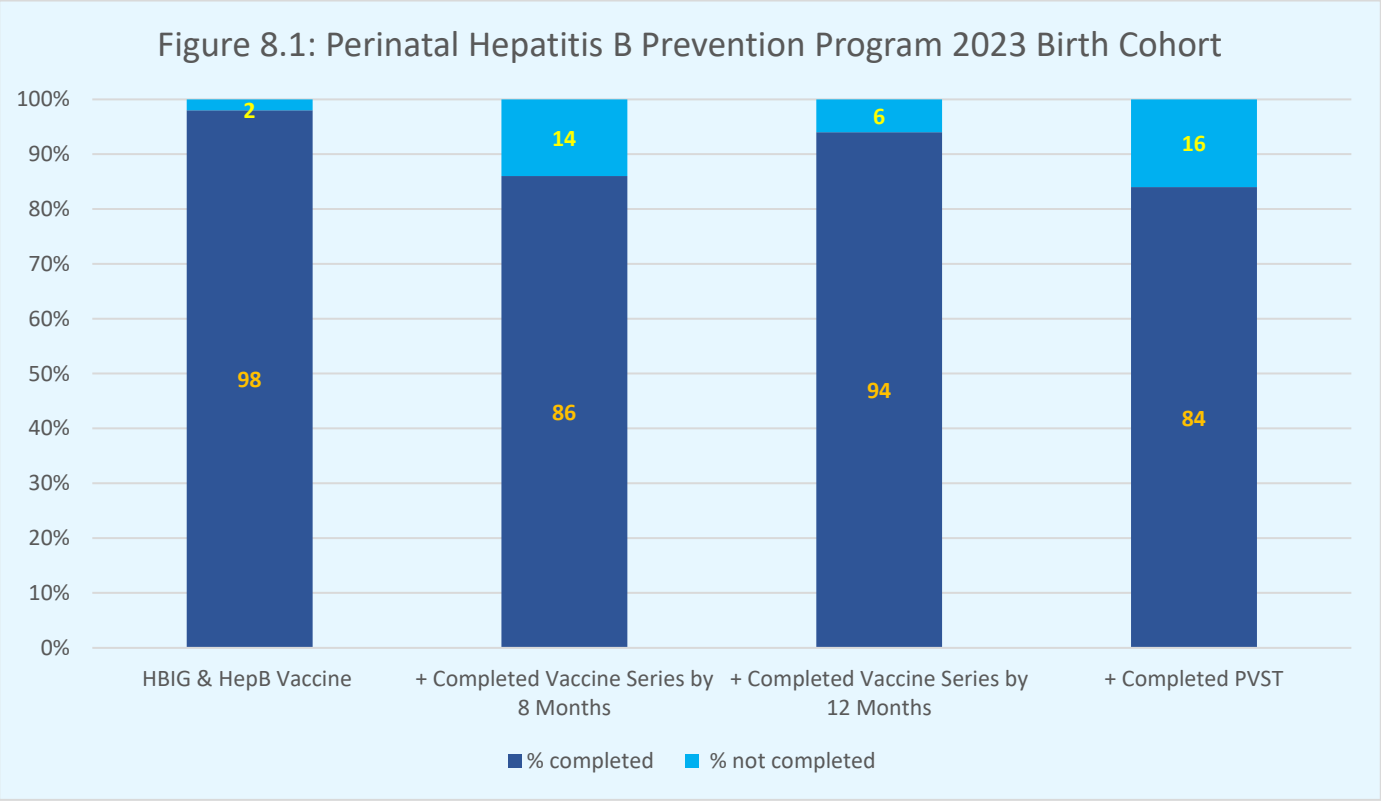
1. Screen every person during every pregnancy for the presence of hepatitis B surface antigen (HBsAg) and record the test result prominently in the pregnant woman's and infant's hospital medical record.
2. Identify all pregnant persons who have hepatitis B (positive HBsAg, positive hepatitis B e antigen [HBeAg], and/or detectable hepatitis B virus deoxyribonucleic acid [DNA]), and pregnant persons with unknown status, and provide case management for their infant to ensure that the infant receives timely post exposure prophylaxis (hepatitis B immune globulin [HBIG] and hepatitis B vaccine), completes the hepatitis B vaccine series, and postvaccination serologic testing (PVST) consistent with CDC guidance.
3. Adopt the universal hepatitis B vaccine birth dose by all birthing hospitals, which provides a "safety net" for the prevention of perinatal and early childhood infection.

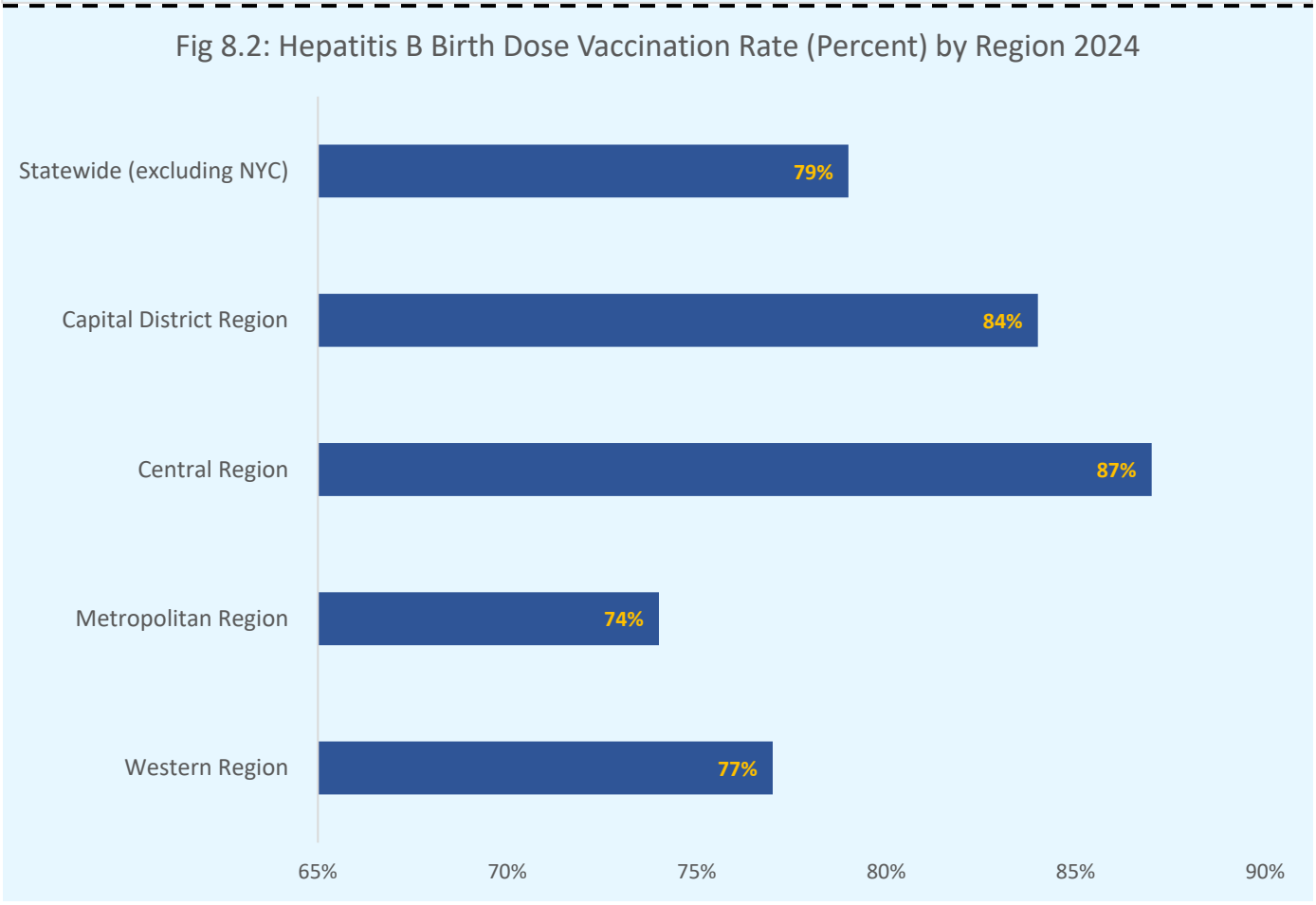
For infants born during 2023 (Fig. 8.1):

- 202 infants a were enrolled in the PHBPP.
- 198 infants (98%) received hepatitis B vaccine and HBIG within one calendar day of birth.
- 3 infants received hepatitis B vaccine only. 1 infant did not receive hepatitis B vaccine or HBIG within one calendar day of birth.
- 173 infants (86%) received hepatitis B vaccine and HBIG within one calendar day of birth and completed the hepatitis B vaccine series by eight months of age.
- 189 infants (94%) received hepatitis B vaccine and HBIG within one calendar day of birth and completed the hepatitis B vaccine series by 12 months of age.
- 170 infants (84%) completed PVST by the end of the reporting period (December 31, 2024).

The overall 2024 birth dose rate for 79 NYS birth hospitals (not including NYC) is 79%. Rates, since 2012, can be viewed on Health Data NY. The percentage of infants who were born at a hospital during 2024 and received a dose of hepatitis B vaccine within three days of birth are represented in Fig. 8.2 by region. Rates range from 87% in the Central New York Region to 74% in the Metropolitan Region. Nine (11%) birth hospitals have a birth dose rate of 90% and above.

Infographic 8: Perinatal Hepatitis B Prevention Program Data





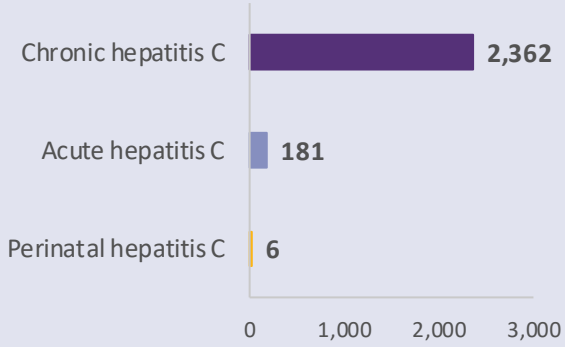
Hepatitis C Surveillance and Program Data

Infographic 9: Hepatitis C, Newly Reported Cases, NYS (excl. NYC), 2024

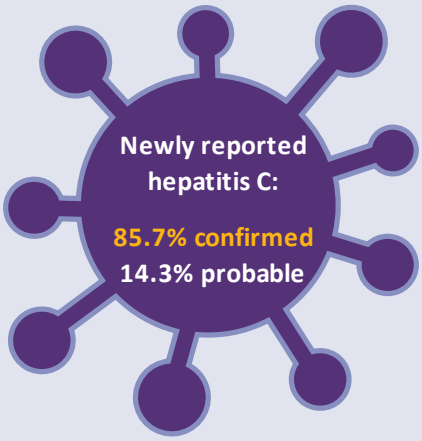
2,549
Newly reported cases of hepatitis C

22.4
cases per 100,000 pop.

Figure 9.1 Newly Reported Acute, Chronic, and Perinatal Hepatitis C Cases, NYS (excl. NYC), 2024

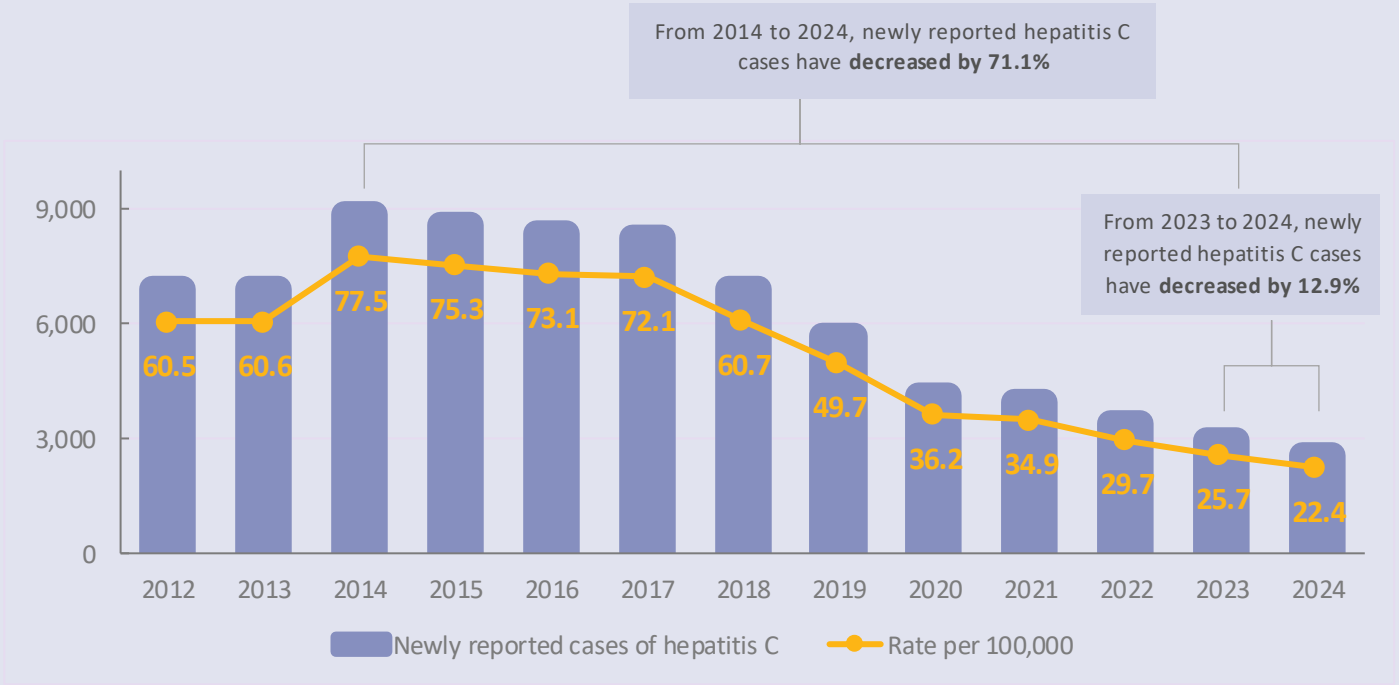


Chronic hepatitis C represents individuals that were likely infected years before initial report while **acute hepatitis C** indicates more recent infection. **Perinatal hepatitis C** is classified as infants < 3 years old that were infected following birth from a pregnant person living with hepatitis C.



Confirmed hepatitis C cases have a positive antibody screening, followed by a positive RNA result, which confirms active infection. Probable hepatitis C cases indicate persons who had a positive antibody screening, but active infection cannot be confirmed because RNA testing wasn't performed. **Reflexed RNA testing increases complete and timely diagnosis, which allows for care and treatment to be initiated sooner.**

Figure 9.2 Newly Reported Hepatitis C Cases by Year, NYS (excl. NYC), 2012-2024



Notes. The NYS Hepatitis C Testing Law was implemented in 2014, acute and chronic case definitions were changed in 2016 and 2020, the hepatitis C perinatal case definition was established in 2018. Rates per 100,000 are based on 2020 US Census Data. See tables 2.1,2.3,2.4 in the Data Appendix for additional information.

Infographic 10: Hepatitis C, Newly Reported Cases by Sex and Age, NYS (excl. NYC), 2024

In 2024:

Newly Reported Cases in Males per 100,000 pop.:

27.5

Newly Reported Cases in Females per 100,000 pop.:

17.3

Figure 10.1: Number of Newly Reported Hepatitis C Cases by Sex and Year, NYS (excl. NYC), 2012-2024

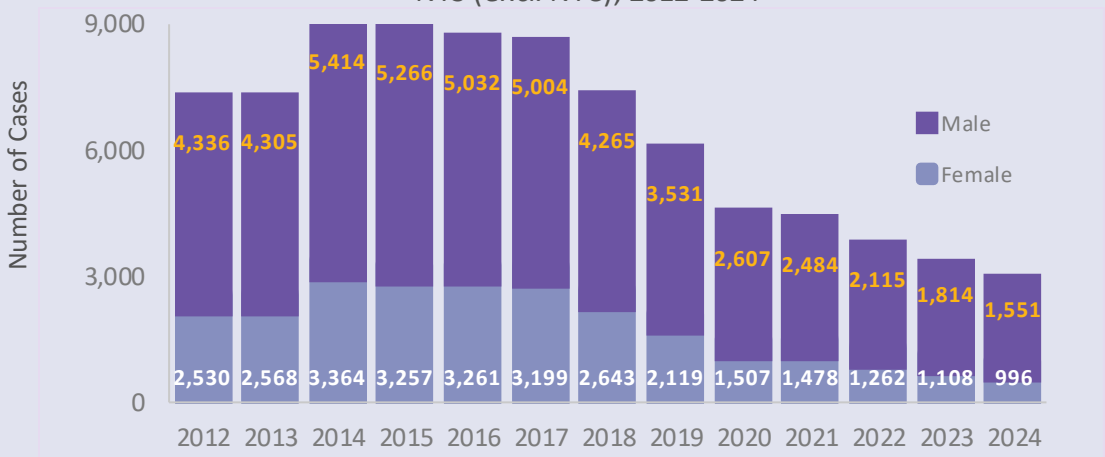
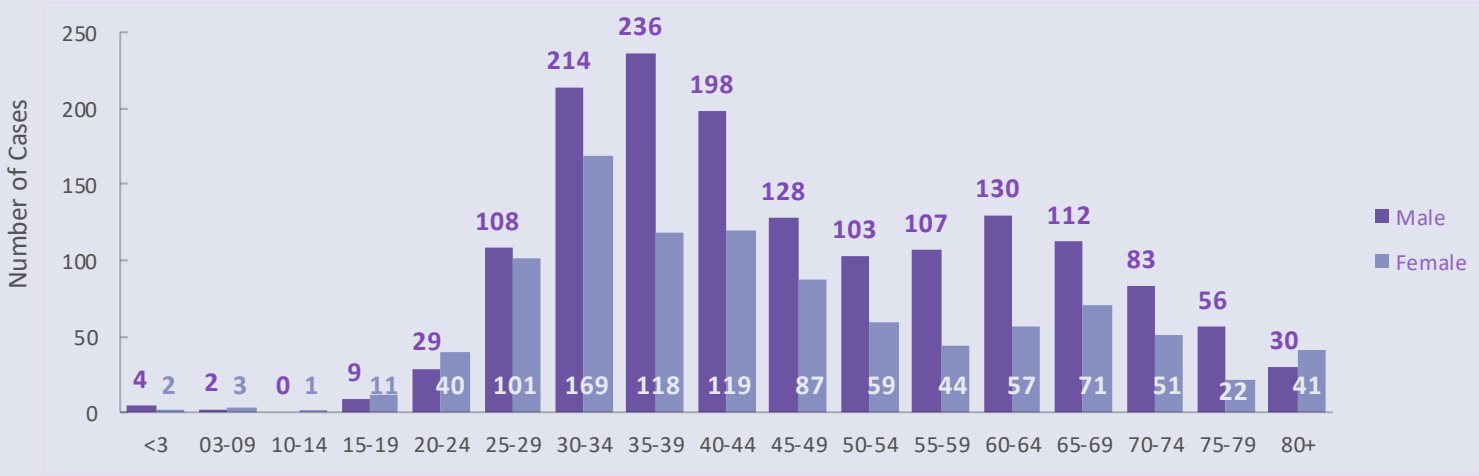
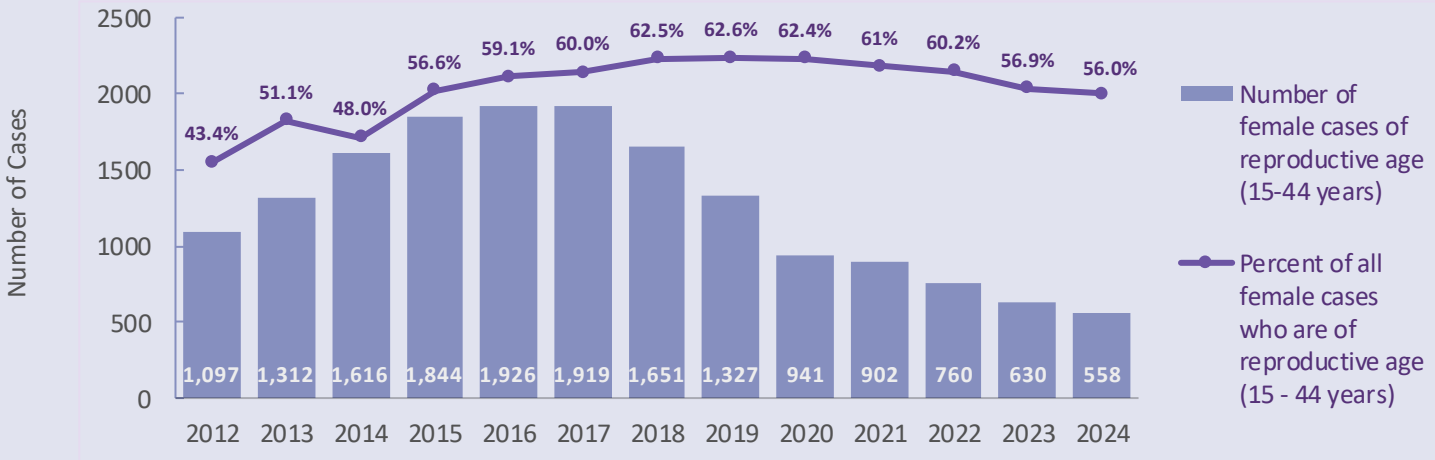


Figure 10.2: Newly Reported Hepatitis C Cases by Sex and Age Group, NYS (excl. NYC), 2024



In 2024, **61% of all newly reported hepatitis C cases were male.**

Figure 10.3: Newly Reported Hepatitis C Cases Among Females of Reproductive Age (15-44 years), NYS excl. NYC, 2024

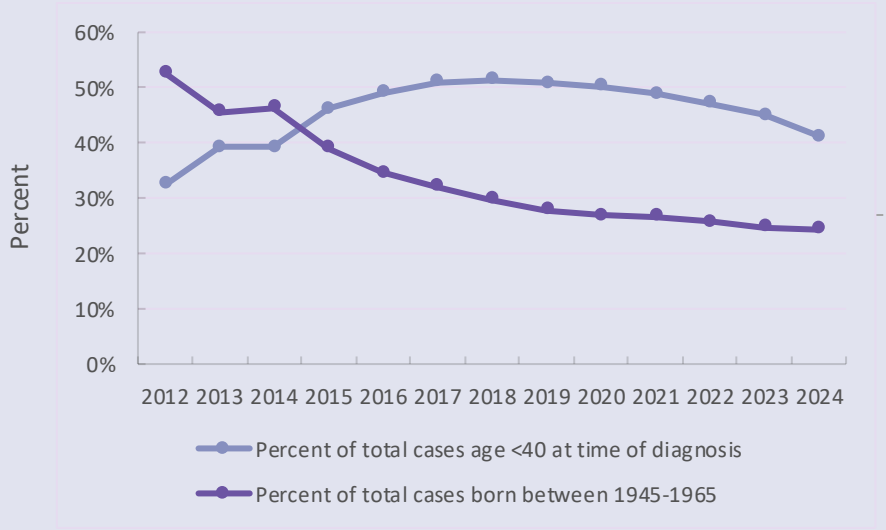


From 2023 to 2024 there was a 11.4% decrease in the number of female cases of reproductive age. In 2024, 56% of female cases were of reproductive age, the lowest percentage since 2015.

Notes. Sex data represents sex at birth. Gender identity is not presented in the infographics of this data report. See Variable Definitions and *About Data* on pages 5 & 6. See Tables 2.1,2.2,2.3 in the Data Appendix for additional information.

Infographic 11: Hepatitis C, Newly Reported Cases Among Selected Birth Cohorts, NYS (excl. NYC), 2012-2024

Figure 11.1: Percent of Newly Reported Hepatitis C Cases Less than 40 Years of Age and Newly Reported Cases Born Between 1945-1965, 2012-2024



Baby Boomers (Born 1945-1965)

53% in 2012 → 24% in 2024

of all newly reported hepatitis C cases

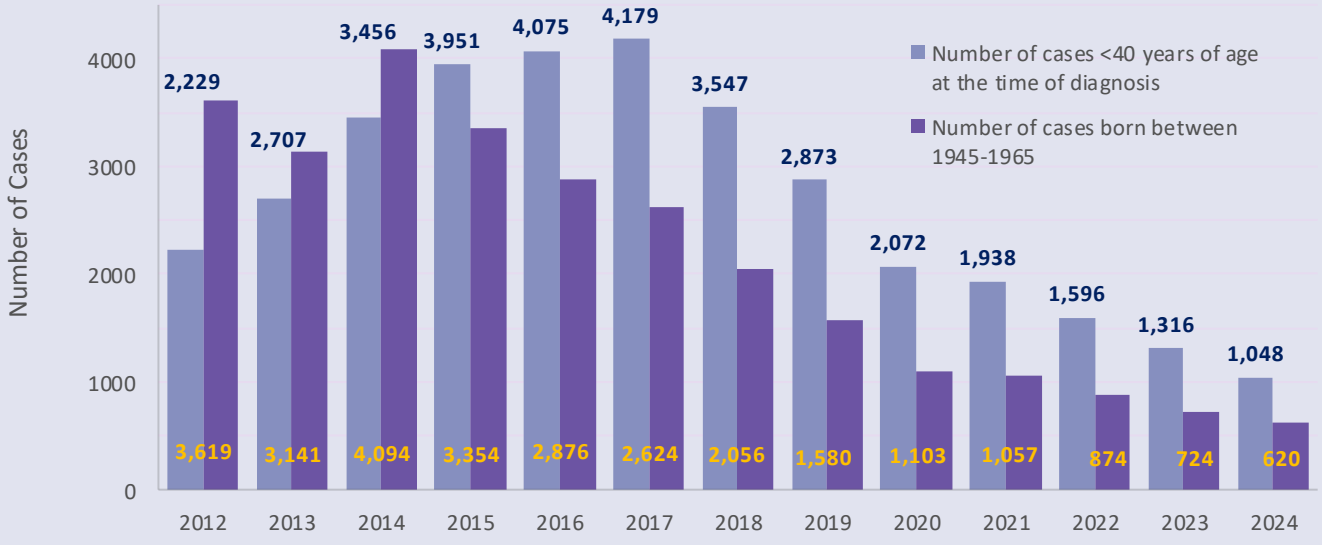
People Aged <40 years

32% in 2012 → 41% in 2024

of all newly reported hepatitis C cases

In 2012, 52.6% of all newly diagnosed cases of hepatitis C were diagnosed in Baby Boomers (people born between 1945 -1965) while those less than 40 years of age at the time of their diagnosis accounted for 32 .4% of all cases. **In 2024, 41.1% of all newly diagnosed cases of hepatitis C were in those under 40 years of age while only 24.3% were in the Baby Boomer population.**

Figure 11.2: Number of Newly Reported Hepatitis C Cases Less than 40 Years of Age and Born Between 1945-1965, 2012-2024

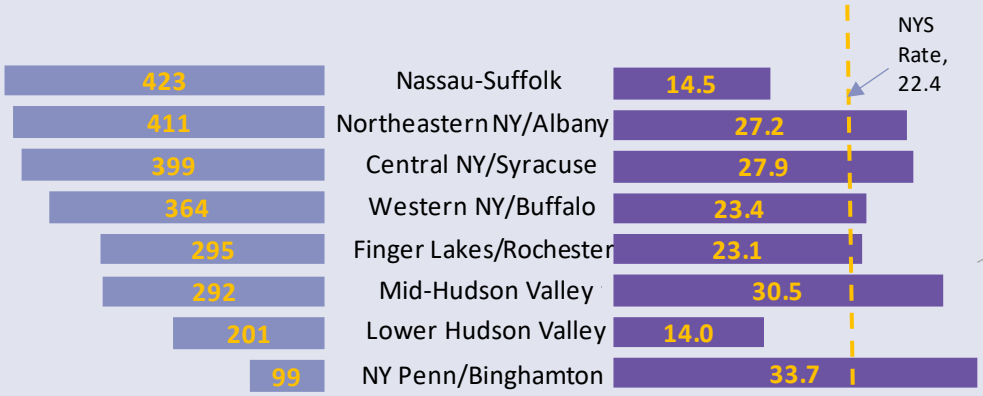


While the number of newly reported cases of hepatitis C in the Baby Boomer population peaked in 2014, **newly reported cases among individuals <40 years of age peaked in 2017**.

Notes. See Table 2.5 in the Data Appendix for additional information.

Infographic 12: Hepatitis C, Newly Reported Cases and Rates by Region and Year, NYS (excl. NYC), 2024

Figure 12.1: Newly Reported Hepatitis C **Cases** and **Rates** per 100,000 pop. by NYS Region (excl. NYC), 2024



In 2024, **Nassau-Suffolk (423) and Northeastern NY/ Albany (411)** had the highest number of newly reported cases of hepatitis C.

Figure 12.2: Newly Reported Hepatitis C Cases, Rate Per 100,000 pop., by Region, NYS (excl. NYC), 2024

In 2024, **NY Penn/ Binghamton (33.7) and Mid-Hudson Valley (30.5)** had the highest case rates per 100,000 population.

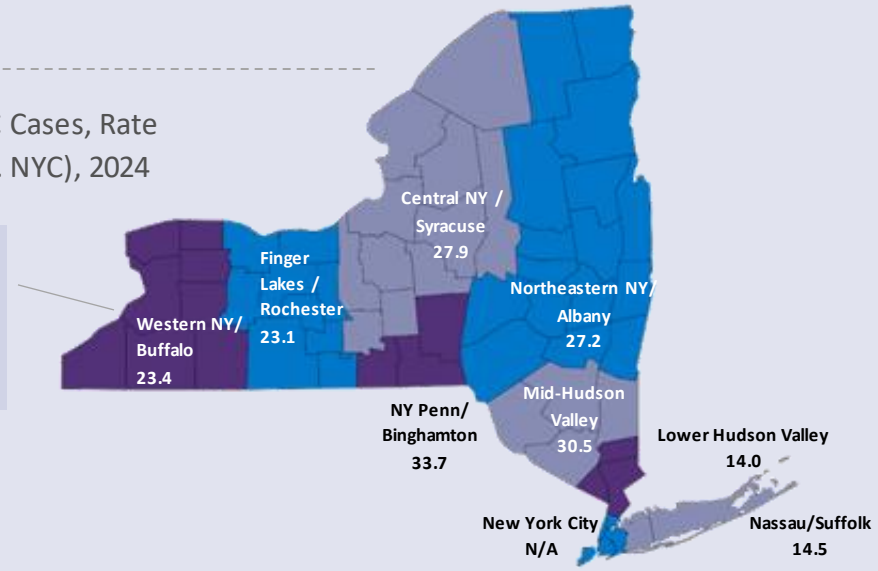
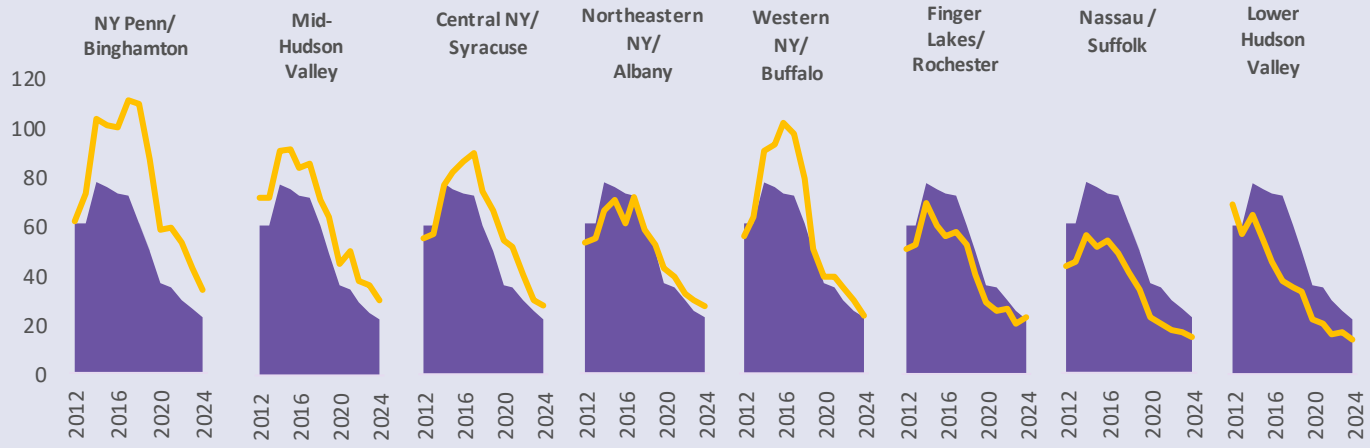


Figure 12.3: Newly Reported Hepatitis C Cases, Rate per 100,000 pop. by NYS Region (excl. NYC), 2012-2024

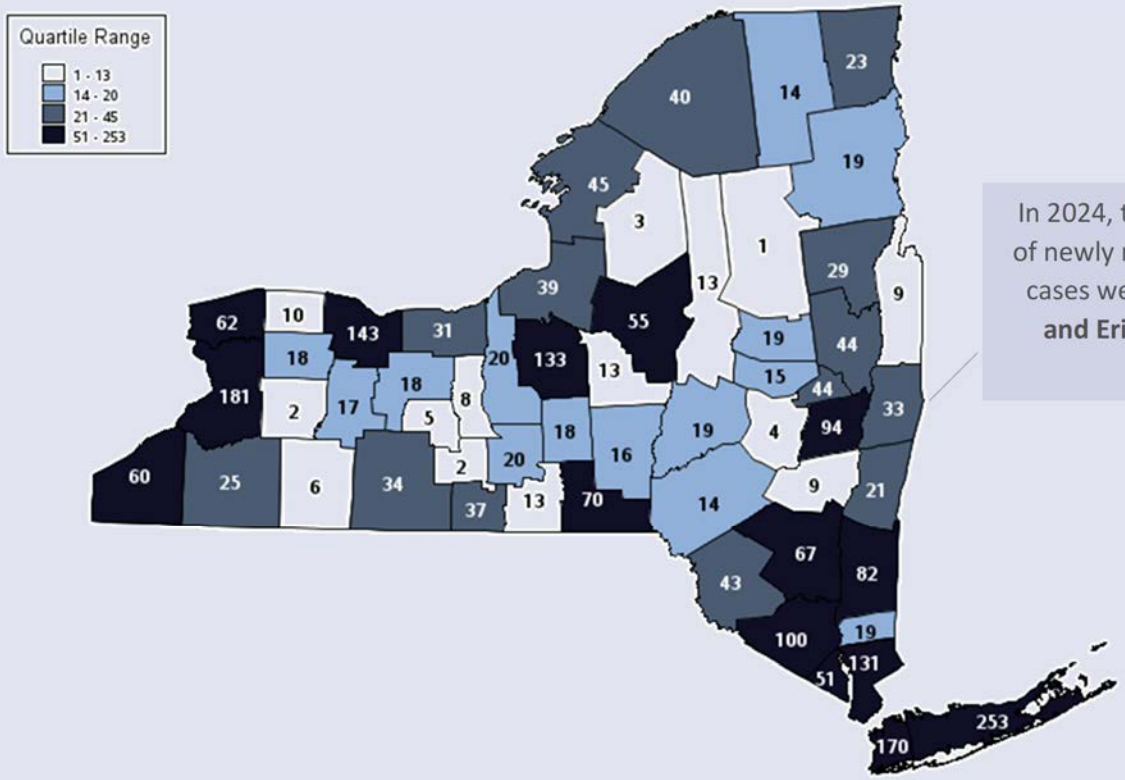


Since peaking in 2014, rates across all regions of the state have decreased. NY Penn/ Binghamton region has had the highest case rate per 100,000 pop. since 2017. and has remained higher than the **statewide (excluding NYC) rate.**

Notes. Regional case counts and rates exclude cases in persons incarcerated in the Department of Corrections and Community Supervision (DOCCS). See table 2.6 in the Data Appendix.

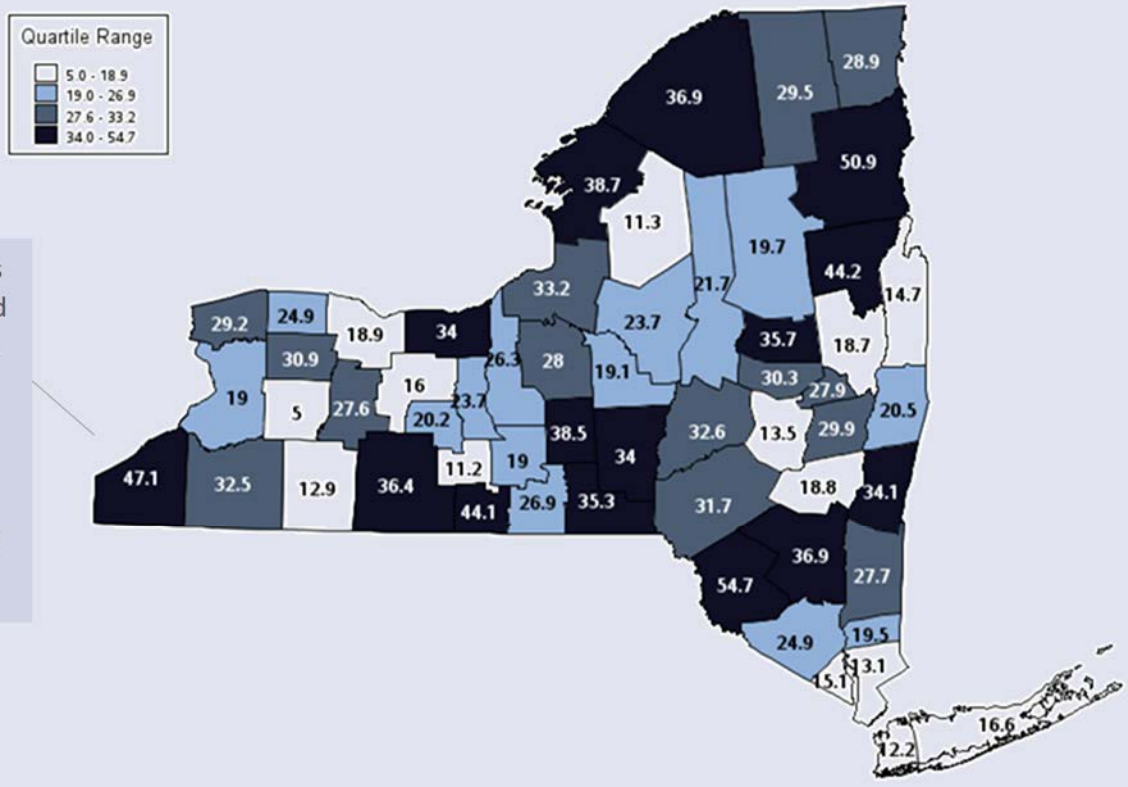
Infographic 13: Hepatitis C, Newly Reported Cases by County, NYS (excl. NYC), 2024

Figure 13.1: Newly Reported Hepatitis C Cases by County, NYS (excl. NYC), 2024



In 2024, the highest number of newly reported hepatitis C cases were in **Suffolk (253) and Erie counties (181).**

Figure 13.2: Newly Reported Hepatitis C Case Rate per 100,000 pop., NYS (excl. NYC), 2024

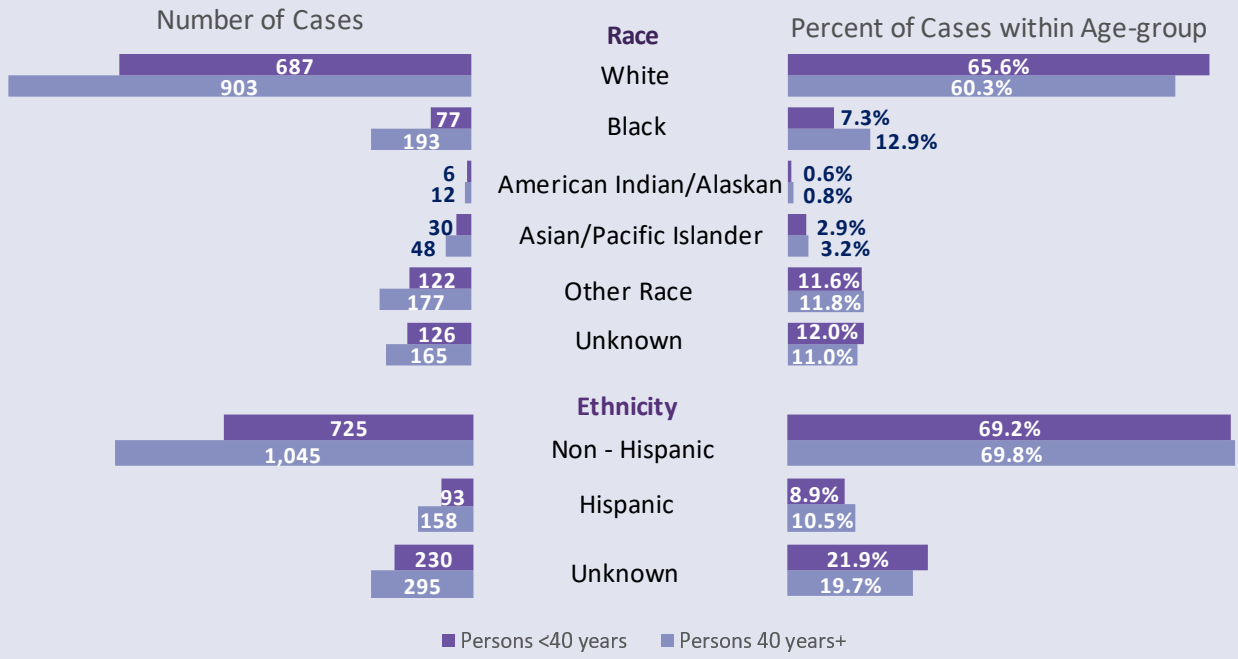


The highest rates of newly reported hepatitis C cases per 100,000 population in 2024 were in **Sullivan (54.7) and Essex (50.9) counties.**

Notes. Regional case counts and rates at the county level exclude cases in persons incarcerated in the Department of Corrections and Community Supervision (DOCCS). Case rates per 100,000 pop. are calculated based on 2020 US Census data. See About Data on page 6 in this report. See Table 2.7 in the Data Appendix for additional information.

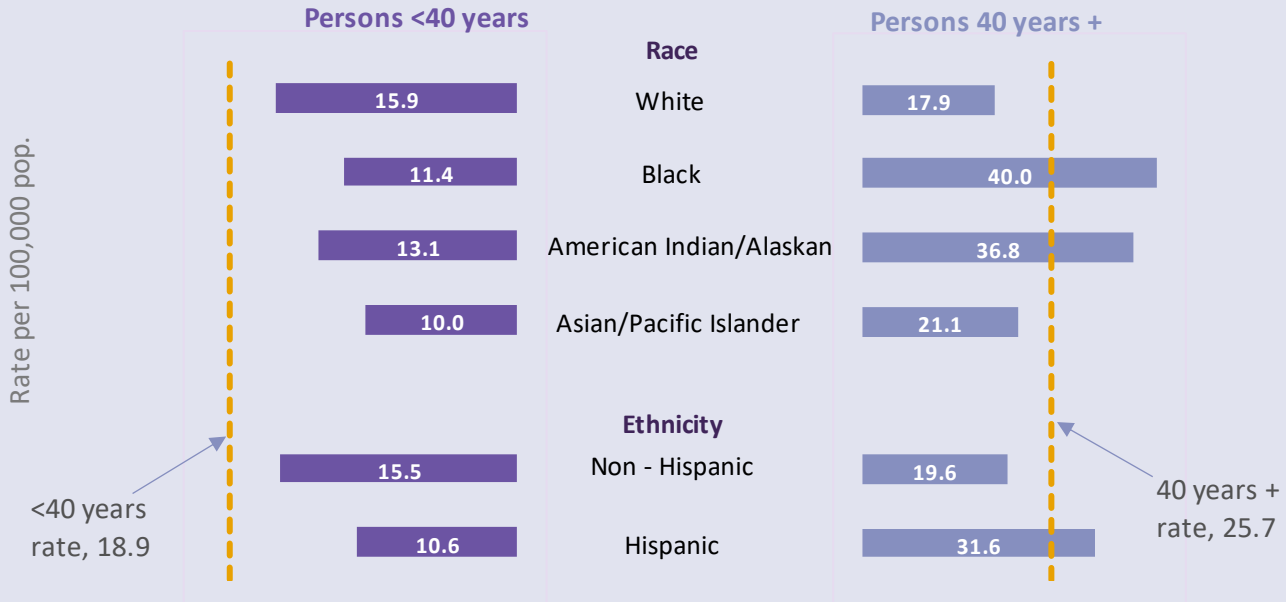
Infographic 14: Hepatitis C, Newly Reported Cases by Age, Race, and Ethnicity, NYS (excl. NYC), 2024

Figure 14.1: Hepatitis C, Newly Reported Cases by Age, Race, and Ethnicity, NYS excl. NYC, 2024



The highest percentage of newly reported cases of hepatitis C were among White persons and those of non-Hispanic ethnicity for both persons aged <40 and 40+ years**. A larger proportion of individuals with hepatitis C aged 40 years or older occurred in communities of color than those aged < 40 years. Case rates were highest among White persons and those of non-Hispanic ethnicity for persons aged <40 and highest in communities of color among persons aged 40 years and older.**

Figure 14.2: Hepatitis C, Newly Reported Case Rates by Age, Race, and Ethnicity, Excluding Cases with Unknown Race and Ethnicity, NYS excl. NYC, 2024



Note. Race data is missing for 11.5% of all hepatitis C cases. Ethnicity is missing for 20.7% of all hepatitis C cases. Due to missing data, race and ethnicity-specific rates are underestimates. Due to small case counts, caution should be used when interpreting rates for the American Indian/Alaskan population. Rates for Other race category are not presented. See Variable Definitions on page 5 for additional information. See tables 2.8,2.9 in the Data Appendix for additional information.

Infographic 15: Hepatitis C, Newly Reported Acute Cases, Risk Factors, NYS (excl. NYC), 2024

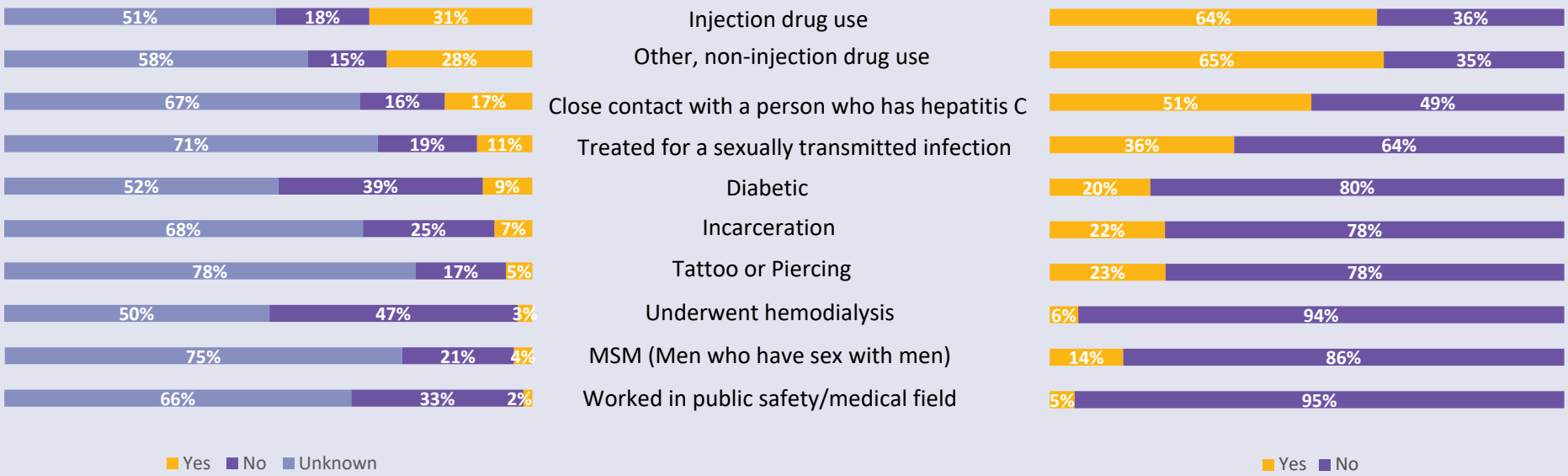
In 2024, **31%% of newly reported cases of acute hepatitis C indicated injection drug use as a risk factor.** When analyzing cases with known risk factors, 64% of newly reported acute cases indicated injection drug use.

Additionally, **28% of newly reported cases of acute hepatitis C indicated other, non-injection drug use as a risk factor.** When analyzing cases with known risk factors, 65% of newly reported acute cases indicated other, non-injection drug use.

In 2024, **7% of newly reported cases of acute hepatitis C indicated having been incarcerated.** When analyzing cases with known risk factors, 22% of newly reported acute cases indicated having been incarcerated.

In 2024, **24% of newly reported cases of acute hepatitis C were indicated as being an organ transplant recipient from a hepatitis C positive donor.** Such cases are typically treated and cured of their hepatitis C soon after transplant.

Figure 15.1: Newly Reported Acute Hepatitis C Cases, Risk Factor Information, NYS (excl. NYC), 2024



Note. Categories are not mutually exclusive. See *Variable Definitions* on page 5 for additional information. For acute hepatitis C cases, risk factor information is collected for exposure window period. See Table 2.10 in the Data Appendix for additional information.

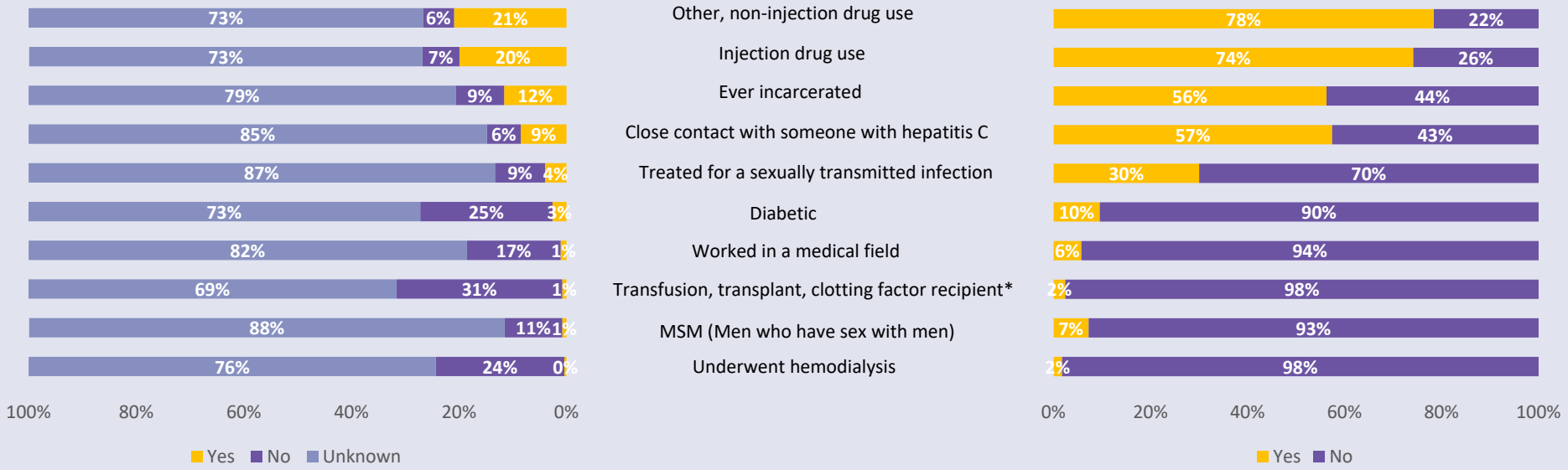
Infographic 16: Hepatitis C, Newly Reported Chronic Cases, Risk Factors, NYS (excl. NYC), 2024

In 2024, **20% of newly reported cases of chronic hepatitis C indicated injection drug use as a risk factor.** When analyzing cases with known risk factors, 74% of newly reported chronic cases indicated injection drug use.

Additionally, **21% of newly reported cases of chronic hepatitis C indicated other, non-injection drug use as a risk factor.** When analyzing cases with known risk factors, 78% of newly reported chronic cases indicated other, non-injection drug use.

In 2024, **12% of newly reported cases of chronic hepatitis C indicated having been incarcerated.** When analyzing cases with known risk factors, 56% of newly reported chronic cases indicated having been incarcerated.

Figure 16.1: Newly Reported Chronic Hepatitis C Cases, Risk Factor Information, NYS (excl. NYC), 2024

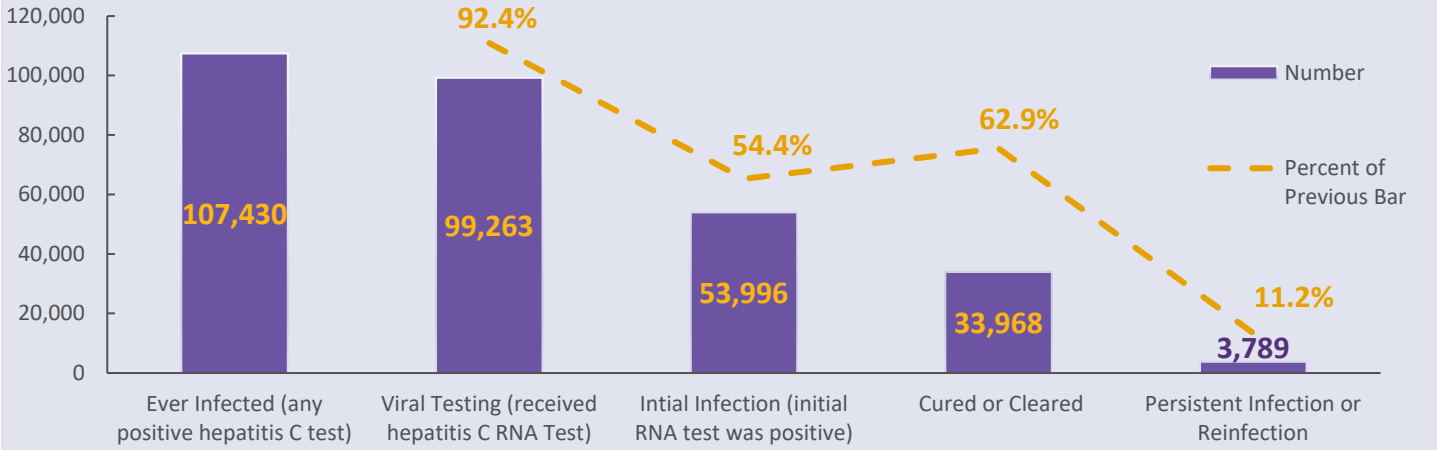


Note. Categories are not mutually exclusive. See *Variable Definitions* on page 5 for additional information. For chronic hepatitis C cases, risk factors indicate risk over the individual's lifetime. See Table 2.11 in the Data Appendix for additional information.

Infographic 17: Hepatitis C Virus Clearance Cascade, NYS (excl. NYC), 2023

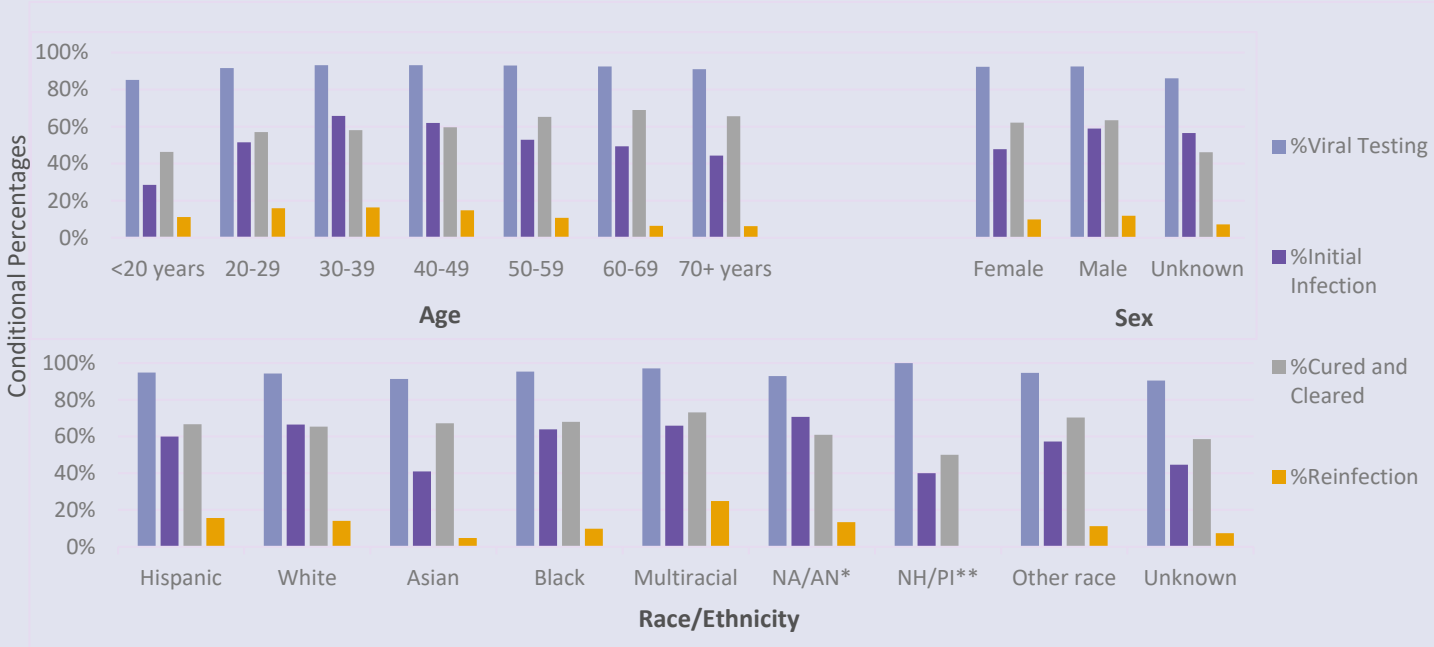
In 2021, the CDC developed a method to use laboratory results to track the numbers and percentages of people who are tested for and cured of hepatitis C. **The results of this Hepatitis C Virus Clearance Cascade are shown below.**

Figure 17.1: Laboratory-Based Hepatitis C Virus Clearance Cascade, NYS (excl. NYC), 2016-2023



Of 107,430 individuals in NYS (excluding NYC) with any positive hepatitis C test, indicating either past or current infection with hepatitis C from 2016 to 2022, **92.4% received viral testing in the follow-up period (from 2016 through 2023). 54.4% of those receiving viral testing had a positive RNA test (indicating initial infection). Of those initially infected, 62.9% individuals were cured or cleared their infection and among those, 11.2% had a persistent infection or experienced reinfection.**

Figure 17.2: Laboratory-based Hepatitis C Virus Clearance Cascade, NYS (excl. NYC), by Age, Sex, Race/Ethnicity, 2016-2023



Notes: All race categories should be considered non-Hispanic. *Native American/Alaskan Native, **Native Hawaiian/Pacific Islander.
See About Data in this report on page 6. See Tables 3.1, 3.2 in the Data Appendix for additional information.

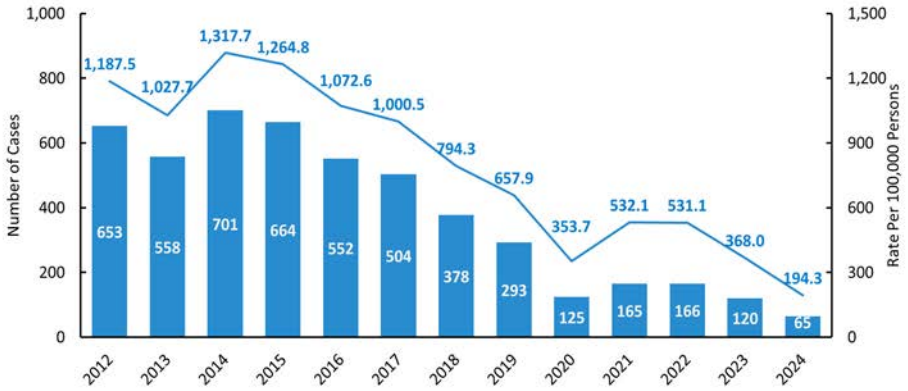
Infographic 18: Newly Reported Cases of Hepatitis C, NYS Department of Corrections and Community Supervision, 2024

In 2024: There were **65** newly reported cases of hepatitis C in the New York State Department of Corrections and Community Supervision (NYSDOCCS).

194.3 per 100,000 individuals, was the rate of newly reported hepatitis C cases in the NYSDOCCS.

When risk factor information was available, non-injection and injection drug use were the most common risk factors for newly reported cases.

Figure 18.1: Newly Reported Hepatitis C Cases and Rates by Year, NYSDOCCS, 2012-2024



Between 2012-2024, 4,944 cases of hepatitis C were first reported to the New York State Department of Health by NYSDOCCS. The rate and the total number of newly reported cases peaked in 2014 and has decreased in the following years. In 2024, the number of newly reported cases reached a decade low of 65, representing a 91% reduction in comparison to 2014.

Figure 18.2: Newly Reported Acute and Chronic Hepatitis C Cases by Year, NYSDOCCS, 2012-2024

Hepatitis C RNA testing, which confirms current infections, was conducted on 97% of newly reported hepatitis C cases in 2024. There was a 37% decrease in chronic cases of hepatitis C that were newly reported in 2024 compared to 2023, while newly reported acute cases fell by 95%.

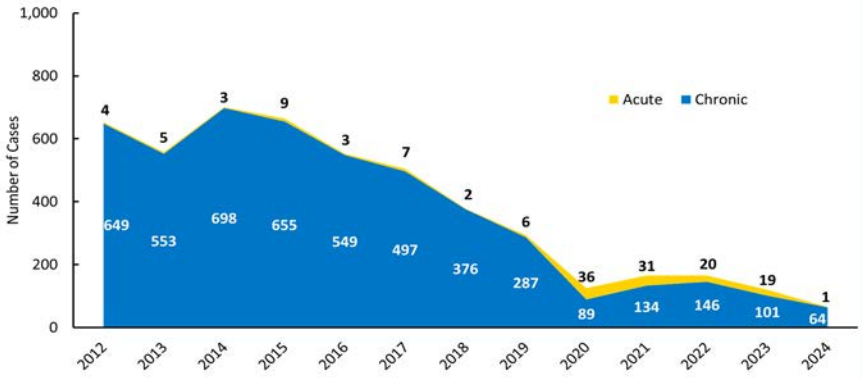
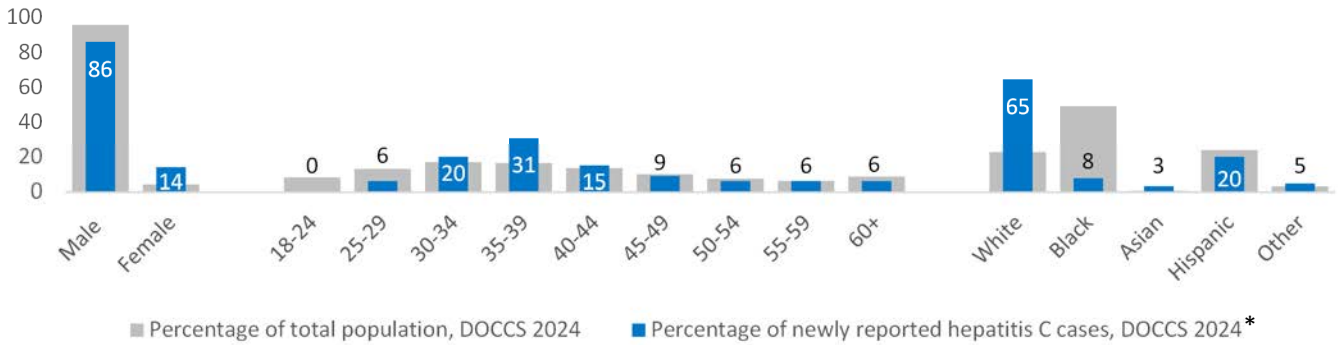


Figure 18.3: Newly Reported Hepatitis C Cases by Sex and Race/Ethnicity, NYSDOCCS, 2024

When comparing the demographics of newly reported DOCCS hepatitis C cases to the overall population under custody at DOCCS, females, individuals aged 35-39 and those identified as White were disproportionately impacted by hepatitis C in 2024.



Notes. Counts represent newly reported cases in DOCCS facilities within NYS outside of NYC. Rates are calculated based on the number of individuals under custody at the end of each year. Sex data represents sex at birth. Risk factor information includes newly reported hepatitis C cases where risk factor information was available. *Race categories of persons with hepatitis C include persons not known to be Hispanic. While Native Americans represent 1% of total DOCCS population, there were no newly reported hepatitis C cases among this group.

Infographic 19: Mortality due to Hepatitis B, Hepatitis C, or Liver Cancer, NYS, 1999-2023

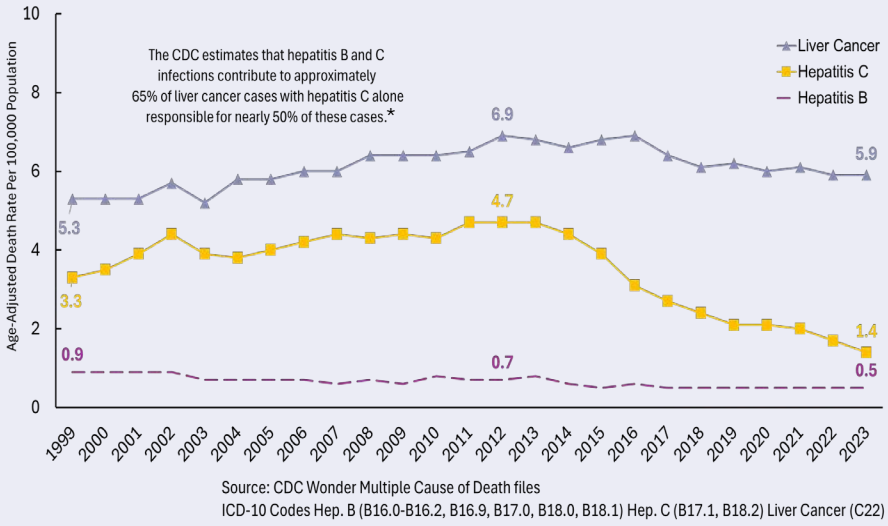
Deaths from Hepatitis B, Hepatitis C, and Liver Cancer – National Center for Health Statistics

Figure 19.1: Age-Adjusted Death Rates Due to Hepatitis B & C and Liver Cancer, NYS: 1999-2023

Age-adjusted liver cancer death rates in NYS peaked at 6.9/100,000 in 2012. From 2012 to 2023 the rate decreased by 14.5%.

Age-adjusted hepatitis C death rates peaked at 4.7/100,000 in 2012. From 2012 to 2023, the rate decreased by 70.2%.

Age-adjusted hepatitis B death rates have remained lower than 1/100,000 since 1999.

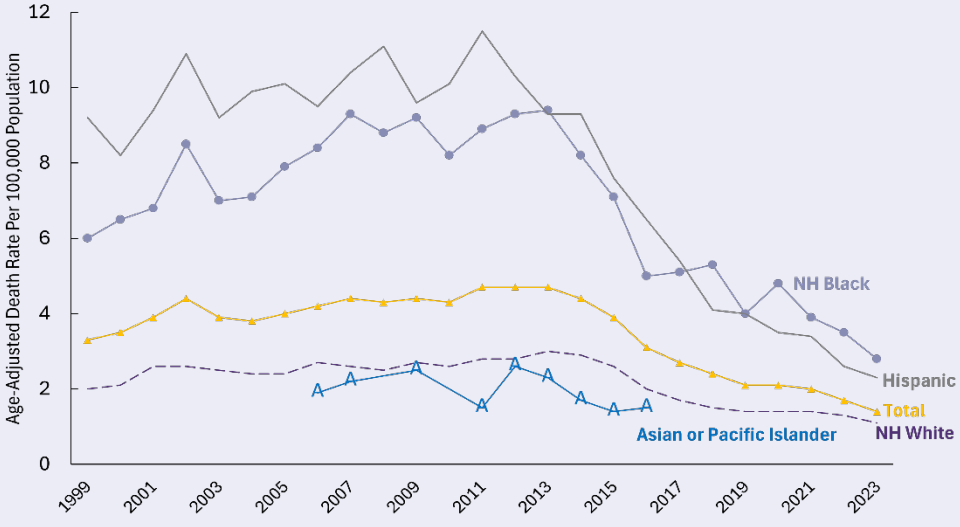


Source: CDC Wonder Multiple Cause of Death files
ICD-10 Codes Hep. B (B16.0-B16.2, B16.9, B17.0, B18.0, B18.1) Hep. C (B17.1, B18.2) Liver Cancer (C22)

Figure 19.2: Age-Adjusted Hepatitis C Death Rates by Race/Ethnicity, NYS: 1999-2023

From 2012 to 2023, among racial/ethnic groups with 20 or more hepatitis C deaths per year, age-adjusted death rates declined 69.9% in the non-Hispanic Black population, 77.7% in the Hispanic population, and 60.7% in the non-Hispanic White population. Despite these declines, age-adjusted death rates continue to be highest in the non-Hispanic Black and Hispanic populations.

When available, yearly age-adjusted hepatitis C death rates in the Asian/Pacific Islander community were consistently lower than in other populations.



Source: CDC Wonder Multiple Cause of Death files ICD-10 Codes: Hep. C (B17.1, B18.2)
Due to small numbers, unable to show year-by-year data for Native Americans or Asian or Pacific Islanders.

- Yearly age-adjusted death rates in the non-Hispanic Native American population are unavailable because there were fewer than 20 deaths/year for each year.
- However, from 2012-2020, the average age-adjusted death rate in this group was 2.8/100,000, which is lower than the rates in the Hispanic and non-Hispanic Black population (6.5/100,000 and 6.4/100,000 respectively), but higher than the rates in the non-Hispanic White and non-Hispanic Asian/Pacific Islander population (2.2/100,000 and 1.3/100,000 respectively).

Data source: National Center for Health Statistics, multiple causes of death file, available at Wonder.cdc.gov.
*Centers for Disease Control and Prevention, Viral Hepatitis and Liver Cancer Fact Sheet, March 2016 online https://web.archive.org/web/20201031224822/https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/viral-hep-liver-cancer.pdf

Infographic 20: New York State Hepatitis C Initiatives, Hepatitis C Testing Program, 2023

New York State Hepatitis C Testing Initiative (Calendar Year 2023)

About the Initiative

The Hepatitis C Testing Program provides free hepatitis C virus rapid antibody test kits and hepatitis C ribonucleic acid (RNA) testing by dried blood spot to agencies serving underinsured individuals at highest risk for hepatitis C infection. This initiative focuses on testing and then referring or linking infected individuals to care and treatment that may be provided by other initiatives or elsewhere. To be eligible for hepatitis C rapid testing, clients must have a hepatitis C risk factor.

20 Agencies

1,815 Clients Tested

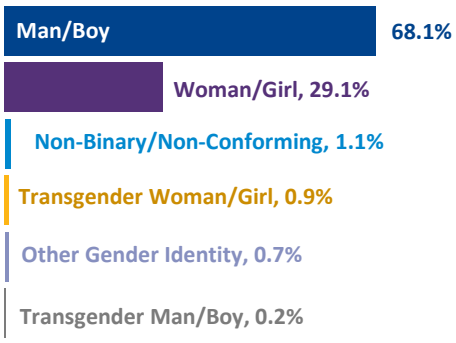
486 Clients Positive for Hepatitis C Antibodies

Hepatitis C Diagnosis

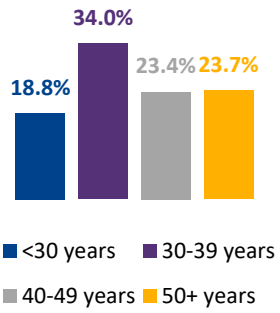
47.8% of clients with hepatitis C antibodies have **detectable hepatitis C RNA** resulting in a hepatitis C diagnosis

Demographic Information of Tested Clients

Gender



Age



Insurance Coverage

66.2% of clients are on **Medicaid**

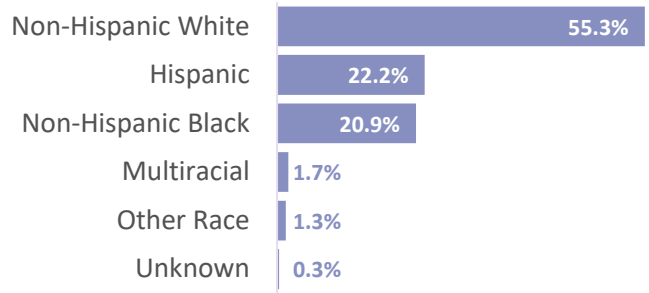
Injection Drug Use History

59.9% of clients with known risk factors have a lifetime history of **Injection Drug Use**

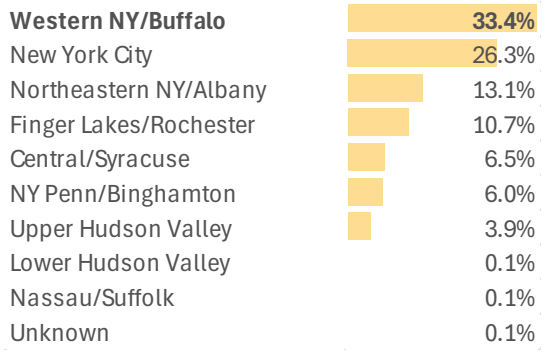
Housing Status

26.0% of clients **have stable housing**

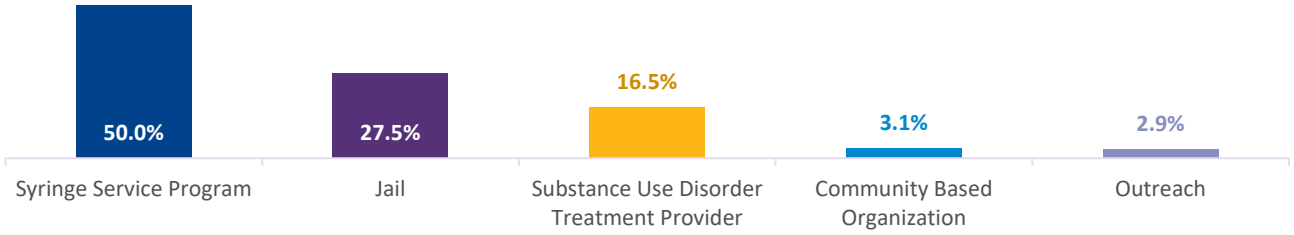
Race/Ethnicity



Region of Residence



Agencies Enrolled in the Testing Initiative



Infographic 21: New York State Hepatitis C Initiatives, Hepatitis C Patient Navigation Program, 2024

New York State Hepatitis C Patient Navigation Initiative (Nov. 1, 2018-Oct. 31, 2023)

About the Initiative

The NYS Hepatitis C Patient Navigation initiative aims to increase the number of persons who inject drugs who know their hepatitis C virus status and are linked to hepatitis C medical care and treatment by addressing patient- and systems-level barriers. The Patient Navigation initiative is based in Drug User Health Hubs located outside of New York City. This summary describes the characteristics and outcomes of patients enrolled in the initiative from November 2018 through October 2023.

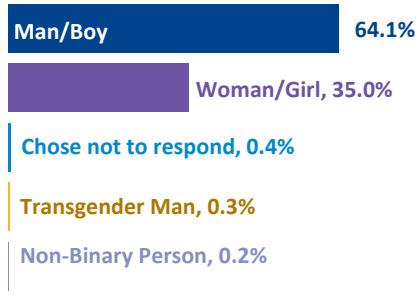
7 Agencies

1,287 Clients

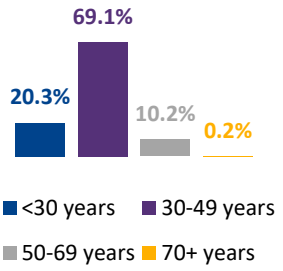
418 Clients Cured

Demographic Information of Enrolled Patients

Gender



Age



Insurance Coverage

86.9% of clients are on **Medicaid**

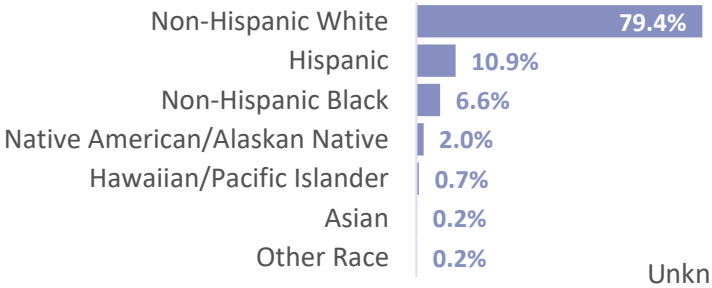
Injection Drug Use History

72.5% of clients with known risk factors have a lifetime history of **Injection Drug Use**

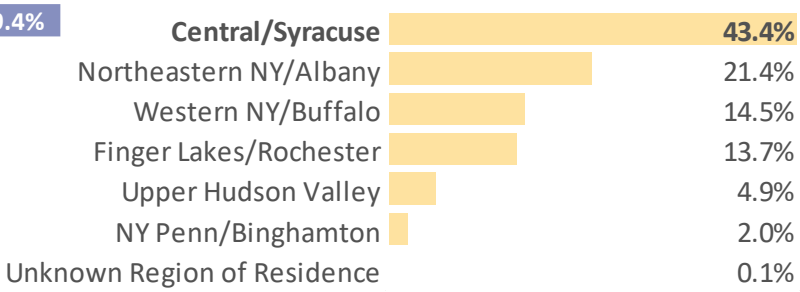
Housing Status

39.9% of clients **have stable housing**

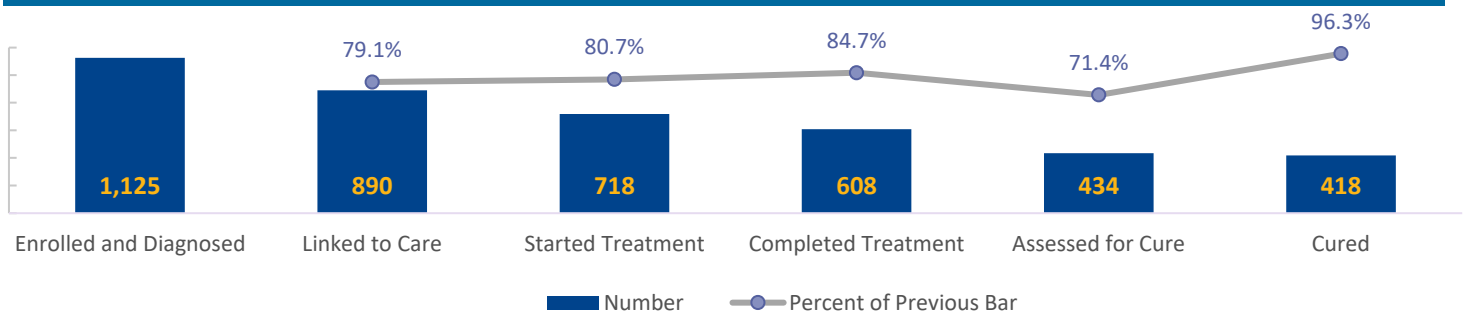
Race/Ethnicity



Region of Residence



Hepatitis C Care Cascade



Infographic 22: New York State Hepatitis C Initiatives, Hepatitis C Care and Treatment Initiative, 2024

New York State Hepatitis C Care and Treatment Initiative (June 2021-May 2024)

About the Initiative

The Hepatitis C Care and Treatment initiative supports primary care-based integrated models of hepatitis C care and treatment within Article 28 health care facilities. Each model provides targeted outreach and recruitment, linkage, and care coordination to assist people with hepatitis C and HIV/ hepatitis C in accessing timely hepatitis C medical care and appropriate supportive services delivered by a multidisciplinary team in a primary care setting. This summary describes the characteristics and outcomes of clients enrolled in the initiative from June 2021 through May 2024.

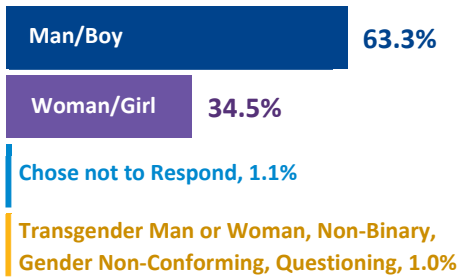
14 Agencies

2,878 Clients

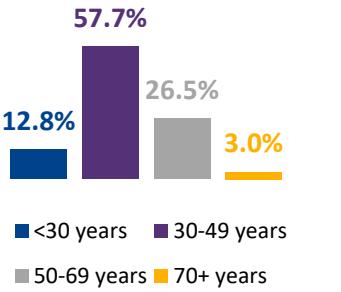
1,414 Clients Cured

Demographic Information of Enrolled Patients

Gender



Age



Insurance Coverage

81.0% of Clients are on **Medicaid**

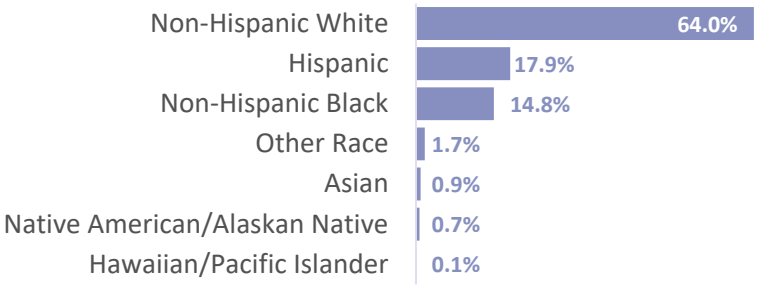
Injection Drug Use History

76.6% of clients with known risk factors have a lifetime history of **Injection Drug Use**

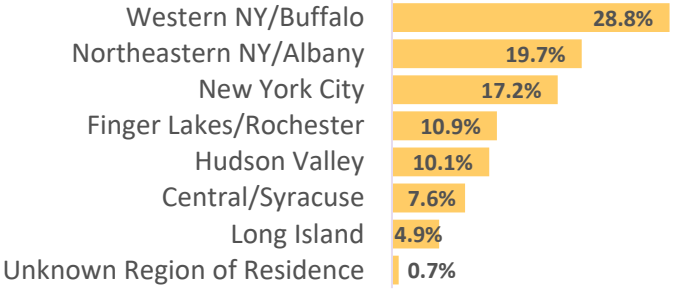
Housing Status

55.1% of clients **have stable housing**

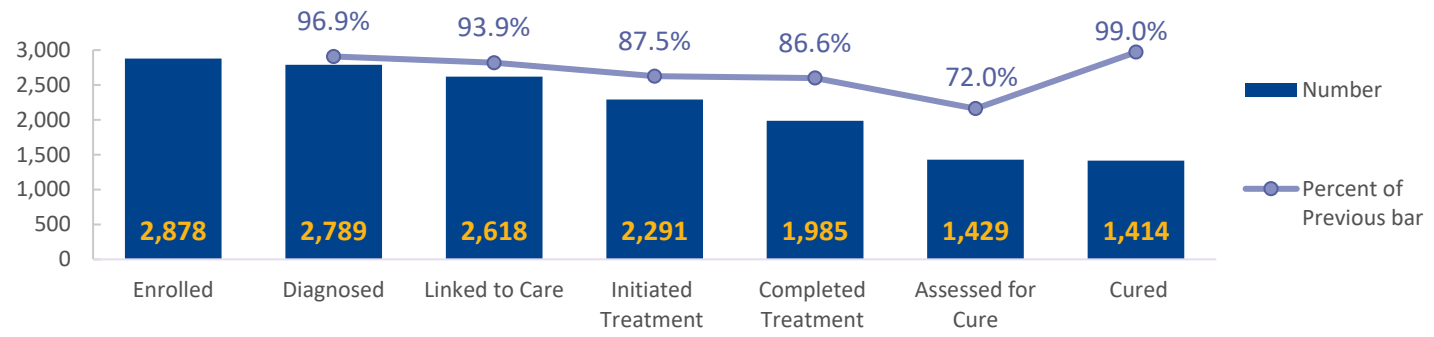
Race/Ethnicity



Region of Residence



Hepatitis C Care Cascade



Infographic 23: New York State Hepatitis C Initiatives, Innovative Models Initiative, 2024

New York State Hepatitis C Innovative Models Initiative (July 2019-June 2024)

About the Initiative

The Innovative Models initiative supports innovative hepatitis C care and treatment models that address the needs and barriers people who inject drugs diagnosed with the hepatitis C face when accessing hepatitis C services in traditional health care settings, such as hospitals and community health centers. Three agencies are funded, each with a different model. Each model provides hepatitis C services in a non-traditional setting, including co-location at syringe service programs/drug user health hubs, onsite at drug treatment programs, and via mobile van or tele-health technology. This summary describes the characteristics and outcomes of clients enrolled in the initiative from July 2019 through June 2024.

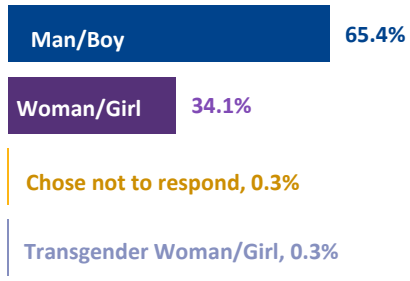
3 Models

390 Clients

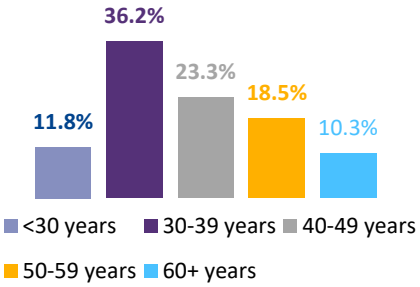
195 Clients Cured

Demographic Information of Enrolled Patients

Gender



Age



Insurance Coverage

87.4% of clients are on **Medicaid**

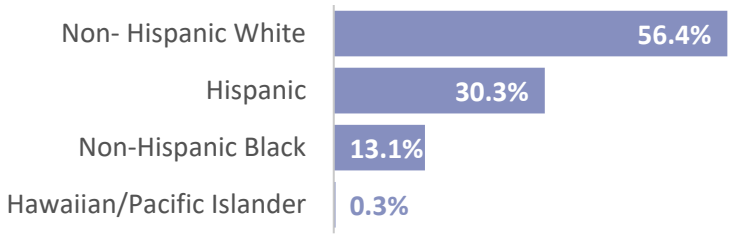
Injection Drug Use History

89.2% of clients with known risk factors have a lifetime history of **Injection Drug Use**

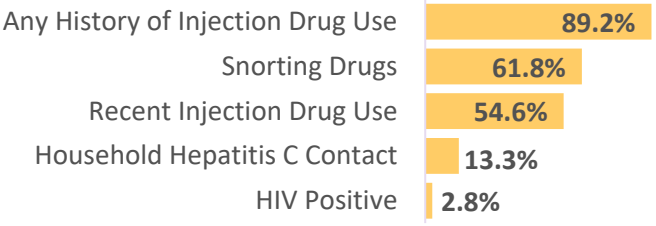
Housing Status

50.3% of clients **have stable housing**

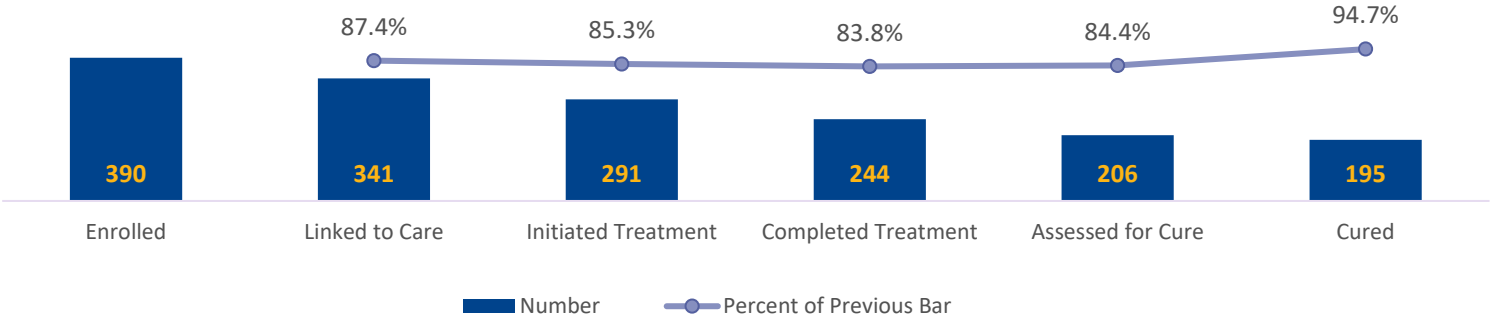
Race/Ethnicity



Risk Factors



Hepatitis C Care Cascade



Infographic 24: New York State Hepatitis C Initiatives, Hepatitis C Learning Collaborative Initiative, 2024

New York State Hepatitis C Learning Collaborative for Substance Use Disorder Treatment Programs (September 2022 – March 2024)

About the Initiative

The New York State Hepatitis C Learning Collaborative for Substance Use Disorder Treatment Programs is a two-year initiative to assist programs build capacity to provide onsite hepatitis C testing and linkage to care. Three outpatient programs and three opioid treatment programs participated from April 2022 through March 2024. Programs were required to have staff complete a knowledge assessment at the beginning and end of the collaborative. Programs also completed an organizational assessment which assessed the readiness of the program to provide onsite hepatitis C services. Programs participated in individual technical assistance calls as well as monthly collaborative calls in which the New York State Department of Health provided resources and invited subject matter experts to address areas of need for capacity building. This summary describes the initiative's outcomes from September 2022 through March 2024.

6 Agencies

2,249 Clients

Key Accomplishments

All programs achieved their goals identified in the organizational assessment

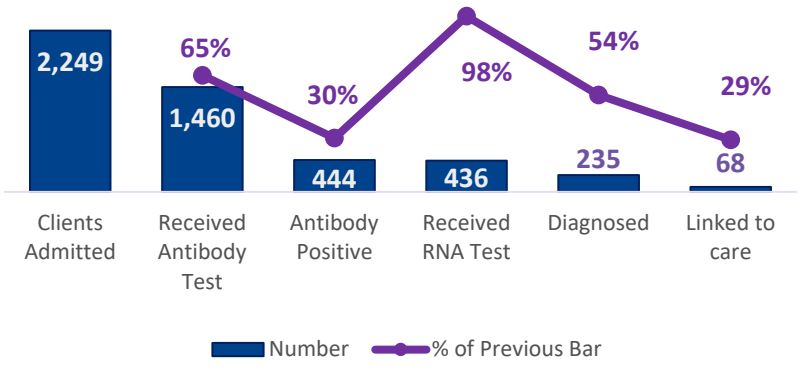
All programs have plans to continue providing onsite hepatitis C services post-collaboration

5 of 6 programs are providing onsite hepatitis c

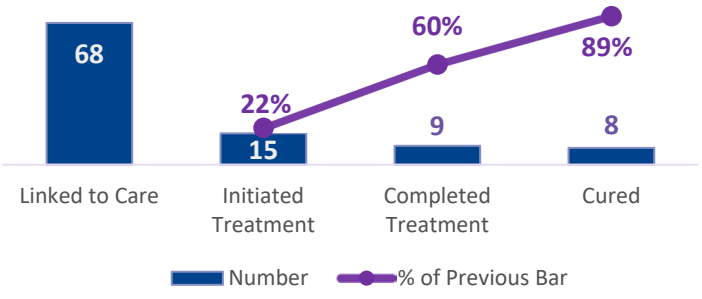
2 of 6 programs instituted billing processes for hepatitis C testing

1 of 6 programs started onsite hepatitis C treatment

Hepatitis C Testing Continuum

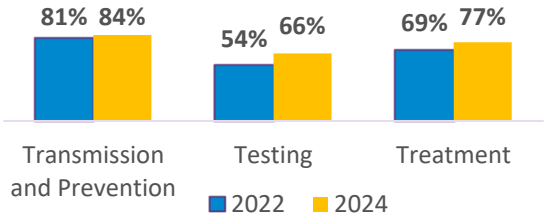


Hepatitis C Treatment Continuum



Improvements in Staff Knowledge

The knowledge assessment consisted of 32 facts. Staff stated whether they knew the fact already or if it was new to them. Results show the percentage of staff who stated they knew the facts already.



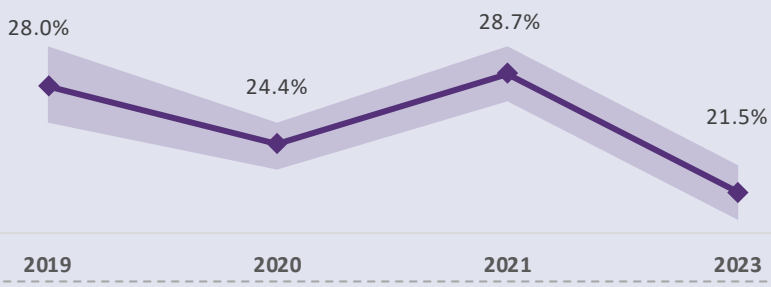
Testing outcomes varied by type of substance use disorder treatment program:

A higher percentage of opioid treatment program clients received a hepatitis C antibody test (99%) compared to outpatient programs (44%). Among clients who were tested, a higher percentage of opioid treatment program clients (45%) had a positive hepatitis C antibody test when compared to clients at outpatient programs (9%). Among clients receiving an RNA test, fewer opioid treatment program clients (51%) were diagnosed with hepatitis C (RNA positive) compared to clients at outpatient programs (71%).

Infographic 25: Behavioral Risk Factor Surveillance System (BRFSS) Hepatitis C Testing History, NYS, 2019-2023

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual national survey that collects information about the health-related behavioral risk factors, chronic conditions, and use of health services from a nationally representative sample of US citizens aged 18+. States have the option to add questions to the core survey to investigate health concerns of interest. From 2019-2023, New York State's BRFSS survey asked whether individuals had ever been tested for hepatitis C. In 2023, a second question was added asking if individuals had been tested for hepatitis C in the past year. The results and associated 95% confidence intervals are displayed below.

Figure 25.1: Percent of Adults Ever Tested for Hepatitis C, BRFSS (2019-2023)



Notes: The lines and markers represent the estimated percent of adults tested for hepatitis C, while the lighter background color shows the confidence interval of the estimates. Confidence intervals that do not overlap are considered significantly different.

Figure 25.2: Percent of Adults Ever Tested for Hepatitis C, BRFSS (2023)

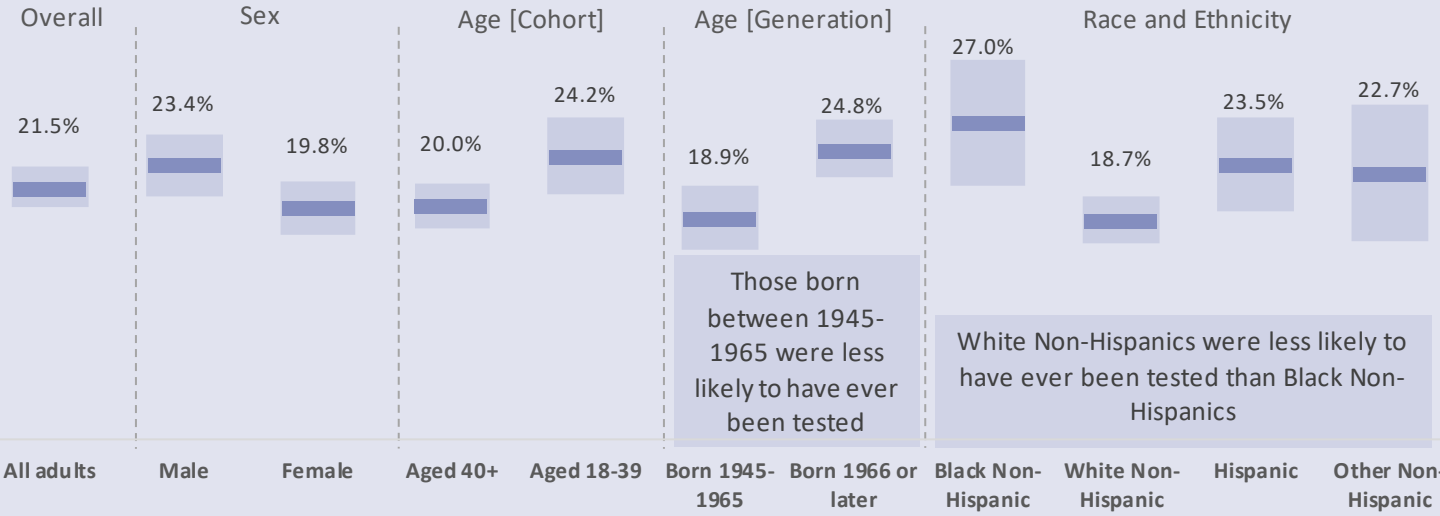
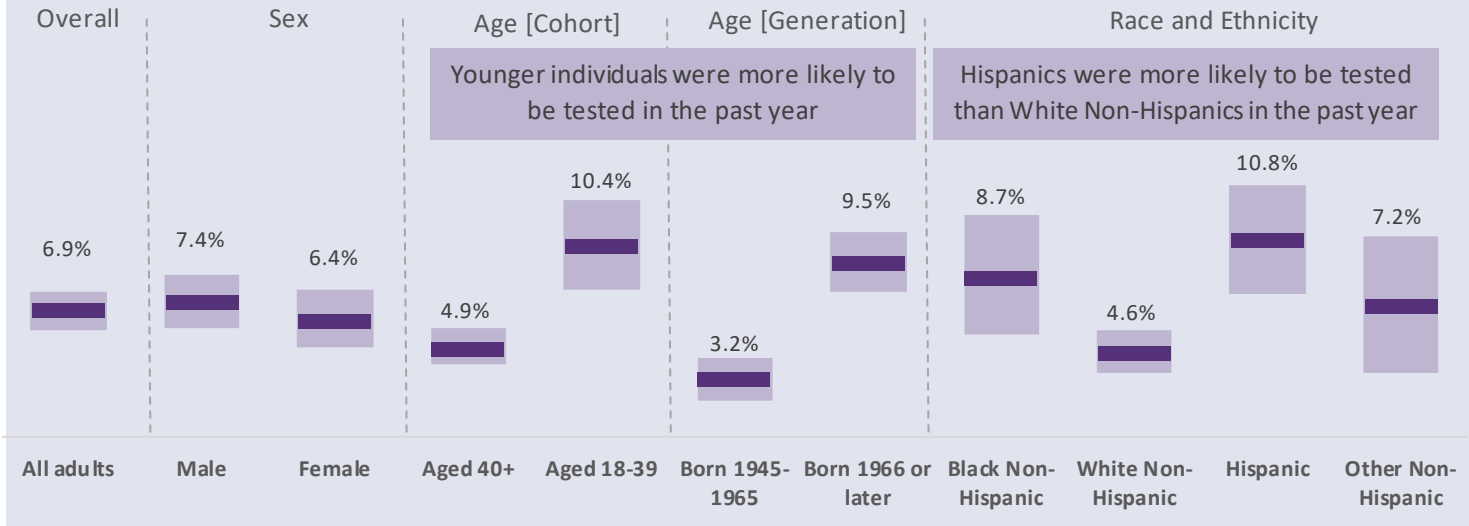


Figure 25.3: Percent of Adults Tested for Hepatitis C in the Past Year (2023)



See Tables 3.4 and 3.5 in the Data Appendix for more information.

Infographic 26: HIV and Hepatitis C Seroprevalence Study among Persons Entering NYS Department of Corrections and Community Supervision

Since 1988, the New York State Department of Health has conducted fifteen cycles of the HIV seroprevalence study of a sample of persons incoming to the Department of Corrections and Community Supervision system. Since 2000, the study included screening for hepatitis C antibodies. Since the 2019 cycle, samples that were positive for hepatitis C antibodies were also tested for hepatitis C RNA, to determine who currently had hepatitis C infection. Trends in antibody positivity (2000-2023) and RNA positivity (2019-2023), as well as hepatitis C/HIV coinfection (2000-2023), are summarized below.

Figure 26.1: Hepatitis C antibody positivity in newly incarcerated persons, by age, sex, and race/ethnicity, 2000-2023

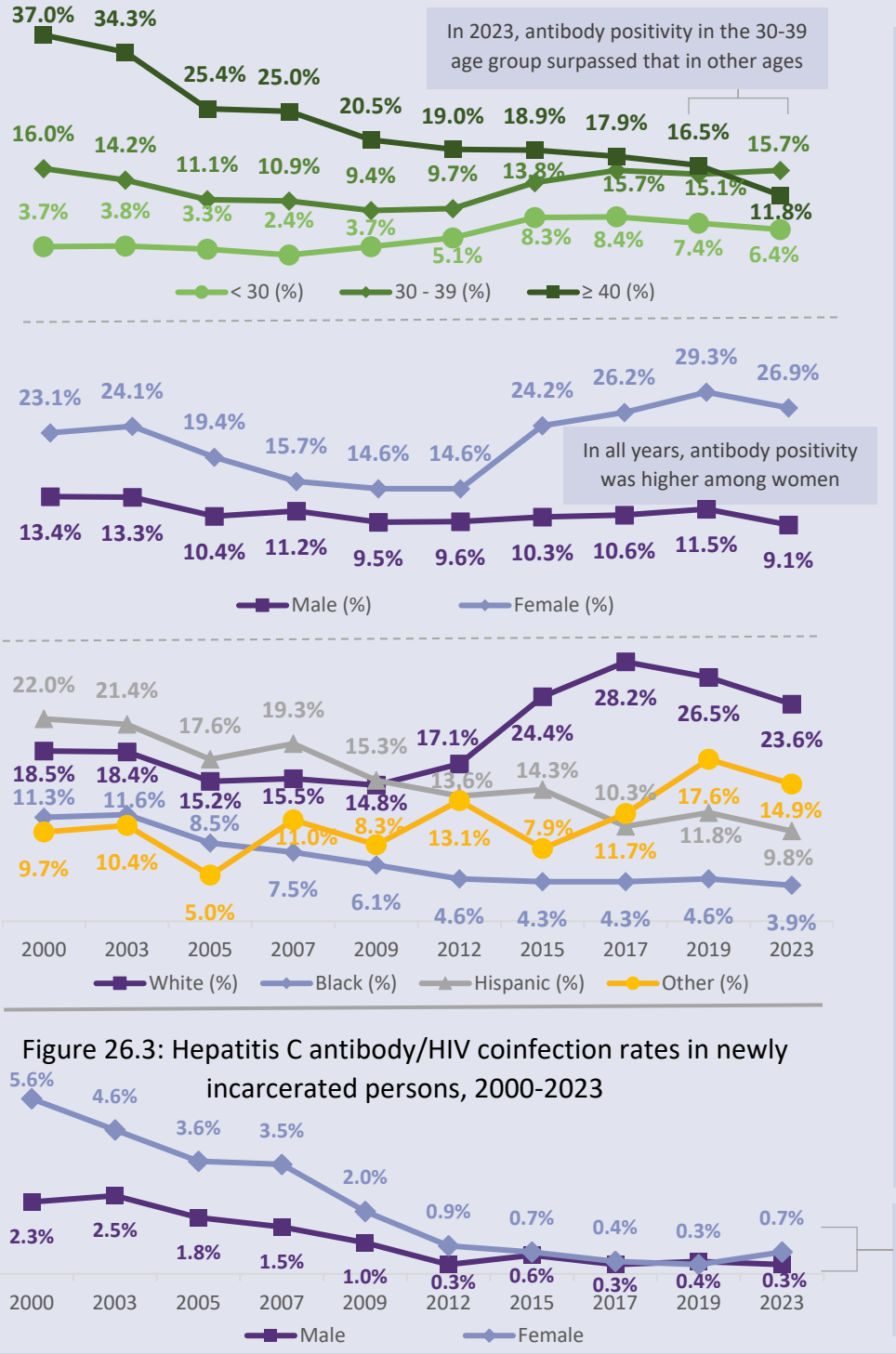
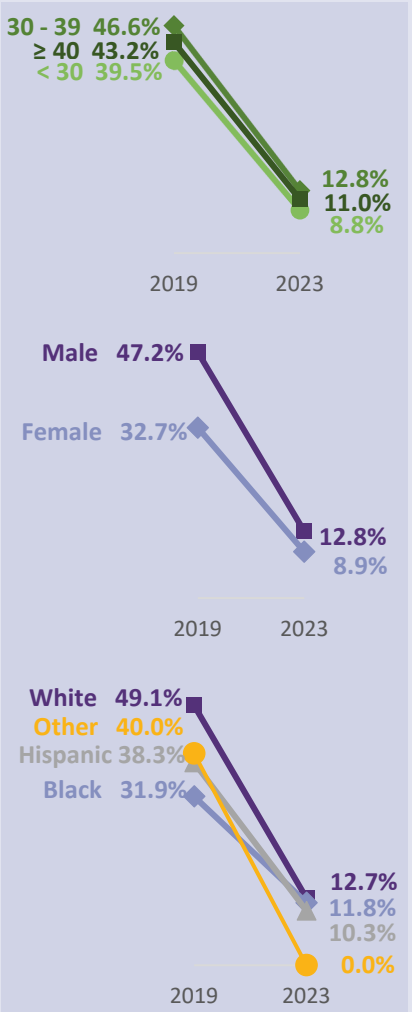


Figure 26.2: Hepatitis C RNA positivity among antibody positive persons, 2019-2023



Hepatitis C RNA positivity (current infection) among antibody positive persons decreased in all age, sex, and racial/ethnic groups between 2019 and 2023

Figure 26.3: Hepatitis C antibody/HIV coinfection rates in newly incarcerated persons, 2000-2023

Hepatitis C antibody/HIV coinfection rates have generally decreased in both sexes since 2000, but slightly increased in women from 2019-2023

Note: See Tables 3.6, 3.7 and 3.8 in the Data Appendix for more information.

Infographic 27: Hepatitis C Virus and HIV Coinfection, 2016-2022

In 2024, the New York State Department of Health conducted a data match between the hepatitis C (HCV) and HIV registries (as of 2022) to assess HCV/HIV coinfection in New York State (excluding New York City). Below are laboratory-based HCV clearance cascades* comparing HCV-only persons to those with HCV/HIV coinfection, as well as demographics of individuals ever infected with HCV by coinfection status. Coinfection is defined as having ever had HCV (antibody, RNA, or genotype positive) and any history of HIV among living persons as of 2022.

Figure 27.1: Laboratory-based HCV Clearance Cascade, HCV-Only and HCV/HIV Coinfected Persons, 2016-2022

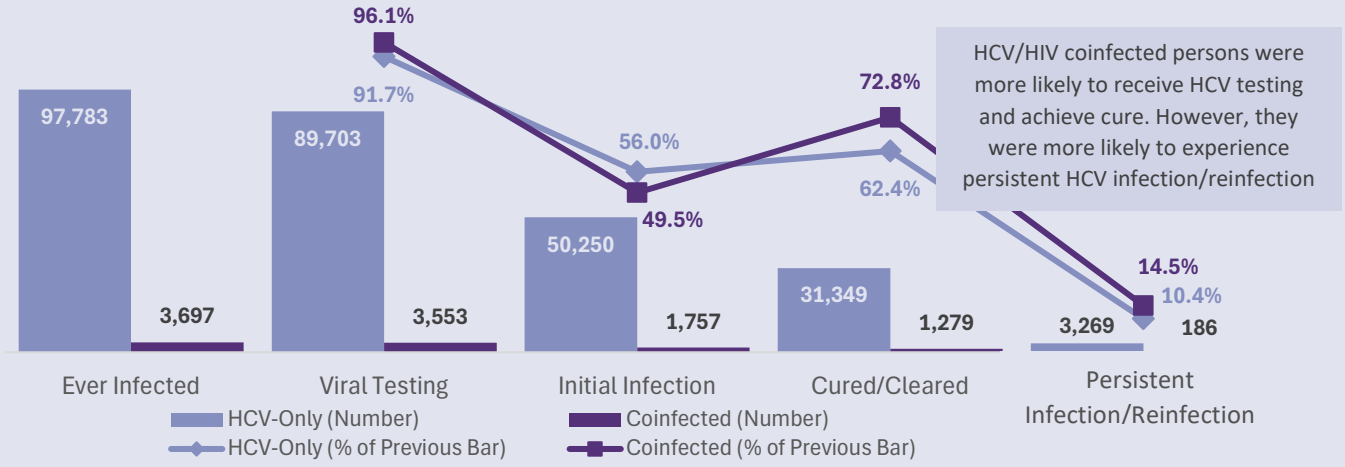


Figure 27.2: Age Distribution of HCV-Only and HCV/HIV Coinfected Persons

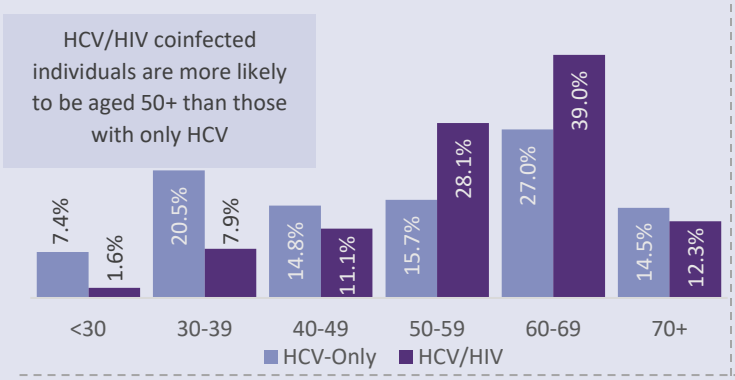


Figure 27.3: Sex** Distribution of HCV-Only and HCV/HIV Coinfected Persons

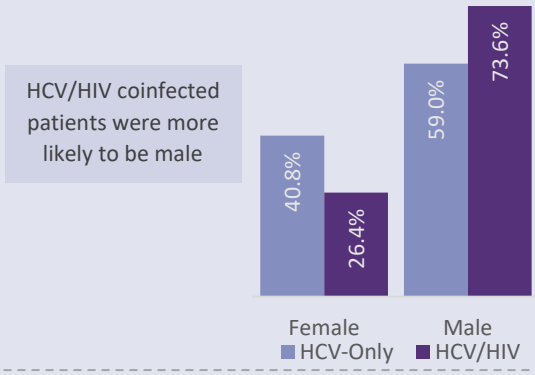
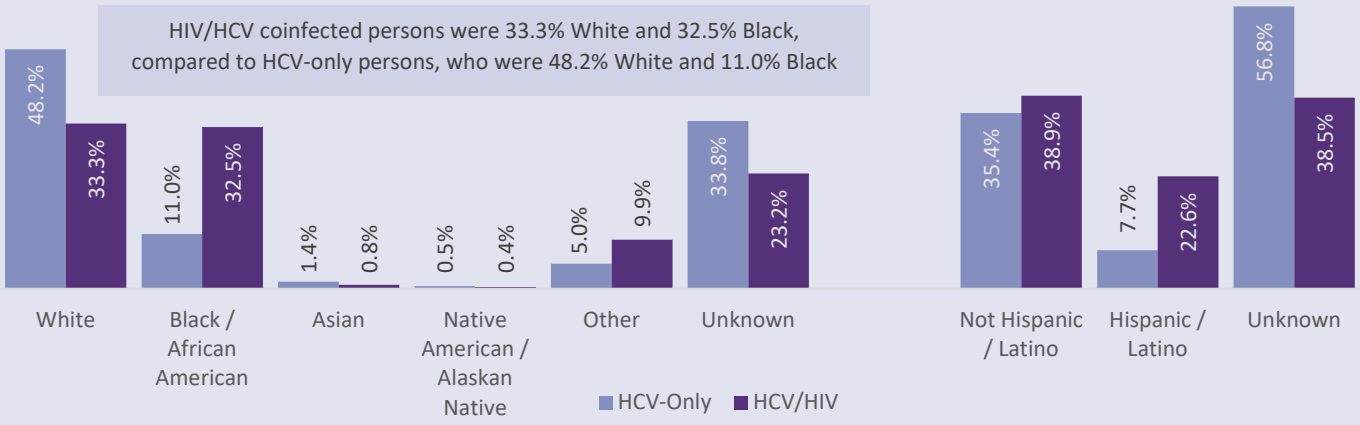


Figure 27.4: Racial and Ethnic** Distribution of HCV-Only and HCV/HIV Coinfected Persons



Notes: *See Tables 3, 3.9 and 3.10 in Appendix for additional information. **See *Variable Definitions* in this report on page 5.

Data Appendices

DATA APPENDIX 1- HEPATITIS B SURVEILLANCE DATA

Table 1.1: Newly Reported Hepatitis B Cases, By Sex, Age, and Region, NYS (excl. NYC), 2024

	Female		Male		Total	
	Number of Cases	Rate per 100,000 pop.	Number of Cases	Rate per 100,000 pop.	Number of Cases	Rate per 100,000 pop.
Total	893	15.5	1,192	21.1	2,087	18.3
Perinatal	0	N/A	0	N/A	0	N/A
Acute	17	0.3	27	0.5	44	0.4
Chronic	876	15.2	1,165	20.7	2,043	17.9
Age						
<2 years	1	N/A	0	N/A	1	N/A
2-9	2	N/A	6	N/A	8	N/A
10-14	1	0.3	6	1.7	7	1.0
15-19	15	4.1	9	2.3	24	3.2
20-24	46	12.5	49	12.7	95	12.6
25-29	55	16.1	59	16.4	114	16.3
30-34	98	28.8	98	27.8	196	28.3
35-39	128	37.5	154	44.2	282	40.9
40-44	107	32.5	167	50.2	274	41.4
45-49	88	25.8	146	42.9	234	34.4
50-54	66	16.9	105	27.2	172	22.2
55-59	62	14.4	92	21.9	154	18.1
60-64	76	18.6	83	20.9	159	19.7
65-69	61	17.7	101	31.2	163	24.4
70-74	30	10.5	50	19.7	80	14.8
75-79	30	15.0	33	20.3	63	17.4
80+	27	8.8	33	17.6	60	12.2
Unknown	0	N/A	1	N/A	1	N/A
Region of Residence						
Central NY/Syracuse	85	11.9	98	13.7	183	12.8
Finger Lakes/Rochester	40	6.2	74	11.8	114	8.9
Lower Hudson Valley	174	23.7	187	26.5	362	25.2
Mid-Hudson Valley	62	13.0	66	13.7	128	13.4
NY Penn/Binghamton	9	6.1	14	9.6	23	7.8
Nassau-Suffolk	385	26.1	517	35.9	903	30.9
Northeastern NY/Albany	57	7.5	99	13.1	156	10.3
Western NY/Buffalo	79	10.0	106	13.8	185	11.9

Notes. There were no perinatal hepatitis B cases in NYS (excluding NYC) in 2024. Two chronic hepatitis B cases had unknown sex. Data represents case counts and rates excluding NYC. Cases are presented in this report by sex at birth. Gender identity information is not presented. See *Variable Definitions* on page 5 and *About Data* on page 6 in this report. Total population counts for calculated rates are based upon the US Census 2020 data. Cases among persons incarcerated in the Department of Corrections and Community Supervision (DOCCS) are excluded from regional counts and rates.

Table 1.2: Newly Reported Hepatitis B Cases, by Year and Sex, NYS (excl. NYC), 2012-2024

	Female		Male		Total	
	Total Number of Cases	Rate per 100,000 pop.	Total Number of Cases	Rate per 100,000 pop.	Total Number of Cases	Rate per 100,000 pop.
2012	699	12.2	936	16.6	1,645	14.5
2013	703	12.2	1,095	19.4	1,808	15.9
2014	736	12.8	1,105	19.6	1,846	16.2
2015	776	13.5	1,066	18.9	1,844	16.2
2016	815	14.2	1,075	19.1	1,893	16.6
2017	847	14.7	1,147	20.3	1,994	17.5
2018	762	13.3	1,097	19.5	1,862	16.4
2019	791	13.8	1,072	19.0	1,865	16.4
2020	683	11.9	848	15.0	1,539	13.5
2021	787	13.7	1,006	17.8	1,795	15.8
2022	891	15.5	1,090	19.3	1,983	17.4
2023	939	16.3	1,199	21.3	2,140	18.8
2024	893	15.5	1,192	21.1	2,087	18.3

Table 1.3: Newly Reported Hepatitis B Cases, by Year, NYS (excl. NYC), 2012-2024

	No. of Chronic Cases	No. of Acute Cases	No. of Total Cases	Rate per 100,000 pop.
2012	1,593	52	1,645	14.5
2013	1,759	49	1,808	15.9
2014	1,806	40	1,846	16.2
2015	1,812	32	1,844	16.2
2016	1,851	42	1,893	16.6
2017	1,957	37	1,994	17.5
2018	1,830	32	1,862	16.4
2019	1,813	52	1,865	16.4
2020	1,514	25	1,539	13.5
2021	1,771	24	1,795	15.8
2022	1,964	19	1,983	17.4
2023	2,114	26	2,140	18.8
2024	2,043	44	2,087	18.3

Notes. The acute and chronic hepatitis B case definition remained unchanged between 2012 -2023 but was updated in 2024. Denominators for rates per 100,000 population use US Census 2020 data for comparison purposes. Cases are presented by sex at birth. Gender identity information is not presented in this report. See *Variable Definitions* on page 5 and *About Data* on page 6 in this report.

Table 1.4: Newly Reported Hepatitis B Cases Among Females and Percent Aged 15-44, NYS (excl. NYC), 2012-2024

	Total No. of Cases in Females	No. of cases in Females of reproductive Age (15-44 years)	Percent of cases in females of reproductive age (15-44 years)
2012	699	396	56.7%
2013	703	401	57.0%
2014	736	415	56.4%
2015	776	420	54.1%
2016	815	439	53.9%
2017	847	454	53.6%
2018	762	408	53.5%
2019	791	438	55.4%
2020	683	326	47.7%
2021	787	386	49.0%
2022	891	420	47.1%
2023	939	444	47.3%
2024	893	449	50.3%

Notes. The acute and chronic hepatitis B case definition remained unchanged between 2012-2023 but was updated in 2024. Cases are presented by sex at birth. Gender identity information is not present in this report. See *Variable Definitions* on page 5 and *About Data* on page 6 in this report.

Table 1.5: Newly Reported Hepatitis B Cases and Rates per 100,000 pop., by NYS Region (excl. NYC), 2012- 2024

	Central NY/Syracuse		Finger Lakes/Rochester		Lower Hudson Valley		Mid-Hudson Valley	
	Number of Cases	Rate per 100,000 pop.	Number of Cases	Rate per 100,000 pop.	Number of Cases	Rate per 100,000 pop.	Number of Cases	Rate per 100,000 pop.
2012	178	12.4	116	9.1	211	14.7	122	12.7
2013	206	14.4	127	9.9	380	26.4	111	11.6
2014	215	15.0	140	11.0	291	20.2	125	13.1
2015	196	13.7	131	10.3	296	20.6	132	13.8
2016	179	12.5	109	8.5	331	23.0	118	12.3
2017	180	12.6	142	11.1	364	25.3	134	14.0
2018	164	11.5	101	7.9	313	21.8	138	14.4
2019	128	8.9	108	8.5	357	24.8	111	11.6
2020	135	9.4	101	7.9	236	16.4	112	11.7
2021	143	10.0	93	7.3	317	22.0	104	10.9
2022	152	10.6	110	8.6	300	20.8	135	14.1
2023	180	12.6	103	8.1	384	26.7	140	14.6
2024	183	12.8	114	8.9	362	25.2	128	13.4

Table 1.5: Newly Reported Hepatitis B Cases and Rates per 100,000 pop., by NYS Region (excl. NYC), 2012- 2024 (cont'd)

	NY Penn/Binghamton		Nassau-Suffolk		Northeastern NY/Albany		Western NY/Buffalo		Statewide Total	
	No. of Cases	Rate per 100,000 pop.	No. of Cases	Rate per 100,000 pop.	No. of Cases	Rate per 100,000 pop.	No. of Cases	Rate per 100,000 pop.	No. of Cases	Rate per 100,000 pop.
2012	22	7.5	603	20.7	132	8.7	200	12.9	1,645	14.5
2013	16	5.4	587	20.1	128	8.5	175	11.3	1,808	15.9
2014	22	7.5	662	22.7	169	11.2	172	11.1	1,846	16.2
2015	18	6.1	676	23.2	152	10.1	199	12.8	1,844	16.2
2016	29	9.9	726	24.9	164	10.9	192	12.3	1,893	16.6
2017	15	5.1	788	27.0	162	10.7	161	10.4	1,994	17.5
2018	21	7.2	718	24.6	202	13.4	149	9.6	1,862	16.4
2019	26	8.9	735	25.2	175	11.6	183	11.8	1,865	16.4
2020	24	8.2	631	21.6	118	7.8	161	10.4	1,539	13.5
2021	26	8.9	711	24.4	157	10.4	221	14.2	1,795	15.8
2022	30	10.2	795	27.2	153	10.1	276	17.7	1,983	17.4
2023	15	5.1	934	32.0	142	9.4	205	13.2	2,140	18.8
2024	23	7.8	903	30.9	156	10.3	185	11.9	2,087	18.3

Notes. The acute and chronic case definition has remained unchanged between 2012-2023 but was updated in 2024. Cases among persons that are incarcerated in the Department of Corrections and Community Supervision (DOCCS) are excluded from regional case counts. Denominators for rates per 100,000 population use US Census 2020 data for comparison purpose. See *Variable Definitions* on page 5 and *About Data* on page 6 in this report.

Table 1.6: Newly Reported Hepatitis B Cases and Rates per 100,000 pop, by County, NYS (excl. NYC), 2024

County	Number of Cases	2020 Population	Rate per 100,000 Pop.
Albany	67	314,368	21.3
Allegany	0	46,373	0.0
Broome	17	198,199	8.6
Cattaraugus	5	76,907	6.5
Cayuga	7	76,095	9.2
Chautauqua	11	127,424	8.6
Chemung	4	83,882	4.8
Chenango	3	47,073	6.4
Clinton	3	79,715	3.8
Columbia	2	61,550	3.2
Cortland	1	46,723	2.1
Delaware	5	44,186	11.3
Dutchess	47	295,742	15.9
Erie	149	953,254	15.6
Essex	3	37,336	8.0
Franklin	5	47,527	10.5
Fulton	2	53,160	3.8
Genesee	6	58,258	10.3
Greene	1	47,890	2.1
Hamilton	1	5,078	19.7
Herkimer	0	60,007	0.0
Jefferson	11	116,134	9.5
Lewis	0	26,538	0.0
Livingston	1	61,699	1.6
Madison	3	67,890	4.4
Monroe	95	758,554	12.5
Montgomery	6	49,433	12.1
Nassau	602	1,393,978	43.2
Niagara	10	212,252	4.7
Oneida	31	231,695	13.4
Onondaga	93	475,653	19.6
Ontario	6	112,475	5.3
Orange	58	401,322	14.5
Orleans	0	40,236	0.0
Oswego	7	117,351	6.0
Otsego	5	58,351	8.6
Putnam	6	97,660	6.1
Rensselaer	12	160,923	7.5
Rockland	63	338,121	18.6
Saratoga	19	235,689	8.1
Schenectady	20	157,861	12.7
Schoharie	1	29,720	3.4
Schuyler	0	17,857	0.0
Seneca	1	33,715	3.0
St. Lawrence	11	108,311	10.2
Steuben	3	93,363	3.2
Suffolk	301	1,524,099	19.7
Sullivan	9	78,643	11.4
Tioga	3	48,355	6.2
Tompkins	19	105,404	18.0
Ulster	14	181,687	7.7
Warren	3	65,638	4.6
Washington	1	61,143	1.6
Wayne	4	91,103	4.4
Westchester	293	1,003,245	29.2
Wyoming	4	40,401	9.9
Yates	0	24,709	0.0

Notes. Cases among persons that are incarcerated in the Department of Corrections and Community Supervision (DOCCS) are excluded from regional case counts. Denominators for rates per 100,000 population use US Census 2020 data for comparison purpose. See *Variable Definitions* on page 5 and *About Data* on page 6 in this report.

Table 1.7: Newly Reported Hepatitis B Cases, by Age, Race, and Ethnicity, NYS (excl. NYC), 2024

	Persons <40 Years of Age			Persons 40+ Years of Age			Total		
	Number of Cases	Percent of Cases	Rate per 100,000 pop.	Number of Cases	Percent of Cases	Rate per 100,000 pop.	Number of Cases	Percent of Cases	Rate per 100,000 pop.
Race									
White	139	19.1%	3.2	400	29.4%	7.9	539	25.8%	5.8
Black	148	20.4%	21.9	219	16.1%	45.4	367	17.6%	31.7
American Indian/Alaskan	2	0.3%	4.4	7	0.5%	21.5	9	0.4%	11.5
Asian/Pacific Islander	210	28.9%	69.7	399	29.4%	175.1	609	29.2%	115.1
Other Race	115	15.8%	N/A	154	11.3%	N/A	269	12.9%	N/A
Unknown	113	15.5%	N/A	180	13.2%	N/A	294	14.1%	N/A
Ethnicity									
Hispanic	89	12.2%	10.1	108	7.9%	21.6	197	9.4%	14.3
Non-Hispanic	455	62.6%	9.7	970	71.4%	18.2	1,425	68.3%	14.2
Unknown	183	25.2%	N/A	281	20.7%	N/A	465	22.3%	N/A

Table 1.8: Newly Reported Hepatitis B Cases, by Sex, Race, and Ethnicity, NYS (excl. NYC), 2024

	Female			Male			Total		
	Number of Cases	Percent of Cases	Rate per 100,000 pop.	Number of Cases	Percent of Cases	Rate per 100,000 pop.	Number of Cases	Percent of Cases	Rate per 100,000 pop.
Race									
White	242	27.1%	5.1	297	24.9%	6.4	539	25.8%	5.8
Black	153	17.1%	26.2	213	17.9%	37.2	367	17.6%	31.7
American Indian/Alaskan	7	0.8%	18.3	2	0.2%	5.0	9	0.4%	11.5
Asian/Pacific Islander	264	29.6%	96.8	345	28.9%	134.4	609	29.2%	115.1
Other Race	110	12.3%	N/A	159	13.3%	N/A	269	12.9%	N/A
Unknown	117	13.1%	N/A	176	14.8%	N/A	294	14.1%	N/A
Ethnicity									
Hispanic	94	10.5%	13.9	103	8.6%	14.6	197	9.4%	14.3
Non-Hispanic	622	69.7%	12.3	802	67.3%	16.3	1,425	68.3%	14.2
Unknown	177	19.8%	N/A	287	24.1%	N/A	465	22.3%	N/A

Notes. Race and ethnicity information is collected through laboratory reporting and case investigation. Information on race and ethnicity is often missing from surveillance case reports. Due to missing data, race and ethnicity-specific rates are underestimates. "Other Race" represents unspecified race. Rates for Other race category are not presented. Cases are presented by sex at birth. Gender identity information is not present in this report. See *Variable Definitions* on page 5 and *About Data* on page 6 in this report.

Table 1.9: Newly Reported Acute Hepatitis B Cases, by Risk Factor, NYS (excl. NYC) 2024

	Yes		No		Unknown		Total
	Number of Cases	Percent	Number of Cases	Percent	Number of Cases	Percent	Number of Cases
Unvaccinated against hepatitis B	16	36.4%	6	13.6%	22	50.0%	44
Diabetic	10	22.7%	25	56.8%	9	20.5%	44
>1 sex partner	8	18.2%	20	45.4%	16	36.4%	44
Close contact with person who has hepatitis B	6	13.6%	21	47.7%	17	38.6%	44
Other, non-injection drug use	5	11.4%	30	68.2%	9	20.5%	44
Treated for a sexually transmitted infection	4	9.1%	30	68.2%	10	22.7%	44
Incarceration	3	6.8%	31	70.5%	10	22.7%	44
MSM (Men who has sex with men)	2	7.4%	13	48.1%	12	44.4%	27
Injection drug use	2	4.5%	31	70.5%	11	25.0%	44
Underwent hemodialysis	2	4.5%	36	81.8%	6	13.6%	44
Worked in public safety/medical field	1	2.3%	31	70.5%	12	27.3%	44

Table 1.10: Newly Reported Chronic Hepatitis B Cases, by Risk Factor, NYS (excl. NYC) 2024

	Yes		No		Unknown		Total
	Number of Cases	Percent	Number of Cases	Percent	Number of Cases	Percent	Number of Cases
Unvaccinated against hepatitis B	182	8.9%	111	5.4%	1,750	85.7%	2,043
Close contact with a person with hepatitis B	98	4.8%	358	17.5%	1,587	77.7%	2,043
Diabetic	68	3.3%	587	28.7%	1,388	67.9%	2,043
Ever incarcerated	40	2.0%	423	20.7%	1,580	77.3%	2,043
Treated for sexually transmitted infections	32	1.6%	384	18.8%	1,627	79.6%	2,043
Other, non-injection drug use	24	1.2%	477	23.3%	1,542	75.5%	2,043
Worked in a medical field	20	1.0%	516	25.3%	1,507	73.8%	2,043
MSM (Men who has sex with men)	17	1.5%	180	15.5%	968	83.1%	1,165
Injection drug use	16	0.8%	502	24.6%	1,525	74.6%	2,043
Underwent hemodialysis	16	0.8%	633	31.0%	1,394	68.2%	2,043

Notes. MSM presents cases assigned male sex at birth who have reported having at least 1 male sexual partner. Risk factors for acute cases are collected for 60-150 days prior to illness onset, approximately 5 months, prior to their positive test results. Risk factors for chronic cases are collected through an individual's lifetime. See *Variable Definitions* on page 5 and *About Data* on page 6 in this report.

DATA APPENDIX 2 - HEPATITIS C SURVEILLANCE DATA

Table 2.1: Newly Reported Cases of Hepatitis C, By Sex, Age, and Region, NYS (excl. NYC), 2024

	Female		*Male*		**Total**	
	Number of Cases	Rate per 100,000 pop.	Number of Cases	Rate per 100,000 pop.	Number of Cases	Rate per 100,000 pop.
Total	996	17.3	1,551	27.5	2,549	22.4
Perinatal	2	N/A	4	N/A	6	N/A
Acute	68	1.2	113	2.0	181	1.6
Chronic	926	16.1	1,434	25.4	2,362	20.8
Age						
<3 years	2	N/A	4	N/A	6	N/A
3-9	3	N/A	2	N/A	5	N/A
10-14	1	0.3	0	0.0	1	0.1
15-19	11	3.0	9	2.3	20	2.6
20-24	40	10.8	29	7.5	69	9.2
25-29	101	29.6	108	30.1	209	29.9
30-34	169	49.7	214	60.6	383	55.2
35-39	118	34.5	236	67.7	355	51.4
40-44	119	36.2	198	59.5	317	47.9
45-49	87	25.5	128	37.6	215	31.6
50-54	59	15.1	103	26.7	162	20.9
55-59	44	10.2	107	25.5	152	17.9
60-64	57	13.9	130	32.8	187	23.2
65-69	71	20.6	112	34.6	183	27.4
70-74	51	17.9	83	32.7	134	24.9
75-79	22	11.0	56	34.5	78	21.6
80+	41	13.4	30	16.0	71	14.4
Unknown	0	N/A	2	N/A	2	N/A
Region of Residence						
Central NY/Syracuse	157	21.9	241	33.7	399	27.9
Finger Lakes/Rochester	105	16.2	190	30.3	295	23.1
Lower Hudson Valley	72	9.8	129	18.3	201	14.0
Mid-Hudson Valley	114	24.0	178	37.0	292	30.5
NY Penn/Binghamton	40	27.1	59	40.3	99	33.7
Nassau-Suffolk	171	11.6	252	17.5	423	14.5
Northeastern NY/Albany	179	23.7	231	30.6	411	27.2
Western NY/Buffalo	149	18.9	215	28.1	364	23.4

Notes. Total case count includes 2 cases of chronic hepatitis C that have an unknown sex at birth. Cases are presented by sex at birth. Gender identity information is not presented in this report. See *Variable Definitions* on page 5 and *About Data* on page 6 in this report. Total population counts for rates are based on the US Census 2020 data. Cases among persons incarcerated in the Department of Corrections and Community Supervision (DOCCS) are excluded from regional case counts.

Table 2.2: Newly Reported Hepatitis C Cases Among Females and Percent Aged 15-44, NYS (excl. NYC), 2012-2024

	Total Number of Cases in Females	No. of cases in females of Reproductive Age (15-44 years)	Percent of cases in females of reproductive age (15-44 years)
2012	2,530	1,097	43.4%
2013	2,568	1,312	51.1%
2014	3,364	1,616	48.0%
2015	3,257	1,844	56.6%
2016	3,261	1,926	59.1%
2017	3,199	1,919	60.0%
2018	2,643	1,651	62.5%
2019	2,119	1,327	62.6%
2020	1,507	941	62.4%
2021	1,478	902	61.0%
2022	1,262	760	60.2%
2023	1,108	630	56.9%
2024	996	558	56.0%

Table 2.3: Newly Reported Hepatitis C Cases, by Sex and Year, NYS (excl. NYC) 2012-2024

	Female		Male		Total	
	Total Number of Cases	Rate per 100,000 pop.	Total Number of Cases	Rate per 100,000 pop.	Total Number of Cases	Rate per 100,000 pop.
2012	2,530	44.0	4,336	76.9	6,885	60.5
2013	2,568	44.7	4,305	76.4	6,892	60.6
2014	3,364	58.5	5,414	96.1	8,823	77.5
2015	3,257	56.7	5,266	93.4	8,571	75.3
2016	3,261	56.8	5,032	89.3	8,323	73.1
2017	3,199	55.7	5,004	88.8	8,212	72.1
2018	2,643	46.0	4,265	75.7	6,913	60.7
2019	2,119	36.9	3,531	62.6	5,660	49.7
2020	1,507	26.2	2,607	46.3	4,118	36.2
2021	1,478	25.7	2,484	44.1	3,967	34.9
2022	1,262	22.0	2,115	37.5	3,382	29.7
2023	1,108	19.3	1,814	32.2	2,926	25.7
2024	996	17.3	1,551	27.5	2,549	22.4

Notes. The acute and chronic hepatitis C case definition was updated in 2016 and 2020. Comparisons across years should be interpreted with caution. Data quality activities performed by the Bureau of Hepatitis Health Care and Epidemiology have influenced changes in case counts and rates across previous years' reports. Denominators for rates per 100,000 population use US Census 2020 data for comparison purposes. Cases are presented by sex at birth. Gender identity information is not presented in this report. See *Variable Definitions* on page 5 and *About Data* on page 6 in this report.

Table 2.4: Newly Reported Hepatitis C Cases, by Year, NYS (excl. NYC), 2012-2024

	Number of Chronic Cases	Number of Acute Cases	Number of Total Cases	Rate per 100,000 pop.
2012	6,805	80	6,885	60.5
2013	6,777	115	6,892	60.6
2014	8,709	114	8,823	77.5
2015	8,458	113	8,571	75.3
2016	8,125	198	8,323	73.1
2017	8,009	203	8,212	72.1
2018	6,667	237	6,913	60.7
2019	5,397	251	5,660	49.7
2020	3,787	326	4,118	36.2
2021	3,678	281	3,967	34.9
2022	3,122	256	3,382	29.7
2023	2,710	207	2,926	25.7
2024	2,362	181	2,549	22.4

Table 2.5: Newly Reported Hepatitis C Cases in Person under 40 Years of Age and Persons Born Between 1945-1965, NYS (excl. NYC), 2012-2024

	Number of cases <40 years of age at time of diagnosis	Percent of total cases <40 years of age at the time of diagnosis	Number of cases born between 1945-1965**	Percent of total cases born between 1945-1965
2012	2,229	32.4%	3,619	52.6%
2013	2,707	39.3%	3,141	45.6%
2014	3,456	39.2%	4,094	46.4%
2015	3,951	46.1%	3,354	39.1%
2016	4,075	49.0%	2,876	34.6%
2017	4,179	50.9%	2,624	32.0%
2018	3,547	51.3%	2,056	29.7%
2019	2,873	50.8%	1,580	27.9%
2020	2,072	50.3%	1,103	26.8%
2021	1,938	48.9%	1,057	26.6%
2022	1,596	47.2%	874	25.8%
2023	1,316	45.0%	724	24.7%
2024	1,048	41.1%	620	24.3%

Note. Cases born between 1945-1965 represent the 'Baby Boomer' population. See *Variable Definitions* on page 5 and *About Data* on page 6 in this report.

Table 2.6: Newly Reported Hepatitis C Cases and Rates per 100,000 pop., by NYS Region (excl. NYC), 2012- 2024

	Central NY/Syracuse		Finger Lakes/Rochester		Lower Hudson Valley		Mid-Hudson Valley	
	Number of Cases	Rate per 100,000 pop.	Number of Cases	Rate per 100,000 pop.	Number of Cases	Rate per 100,000 pop.	Number of Cases	Rate per 100,000 pop.
2012	789	55.1	652	51.0	992	68.9	690	72.1
2013	810	56.6	676	52.9	813	56.5	687	71.8
2014	1,097	76.6	886	69.4	930	64.6	874	91.3
2015	1,178	82.3	771	60.4	775	53.9	879	91.8
2016	1,240	86.6	718	56.2	654	45.4	805	84.1
2017	1,286	89.8	734	57.5	547	38.0	824	86.1
2018	1,066	74.5	665	52.1	509	35.4	683	71.3
2019	948	66.2	515	40.3	476	33.1	615	64.2
2020	778	54.3	367	28.7	325	22.6	432	45.1
2021	736	51.4	332	26.0	298	20.7	487	50.9
2022	584	40.8	340	26.6	227	15.8	365	38.1
2023	432	30.2	260	20.4	246	17.1	352	36.8
2024	399	27.9	295	23.1	201	14.0	292	30.5

Table 2.6: Newly Reported Hepatitis C Cases and Rates per 100,000 pop., by NYS Region (excl. NYC), 2012- 2024 (cont'd)

	NY Penn/Binghamton		Nassau-Suffolk		Northeastern NY/Albany		Western NY/Buffalo		Statewide Total	
	Number of Cases	Rate per 100,000 pop.	Number of Cases	Rate per 100,000 pop.	Number of Cases	Rate per 100,000 pop.	Number of Cases	Rate per 100,000 pop.	Number of Cases	Rate per 100,000 pop.
2012	180	61.3	1,255	43.0	803	53.2	871	56.0	6,885	60.5
2013	214	72.9	1,326	45.4	824	54.6	984	63.3	6,892	60.6
2014	302	102.9	1,631	55.9	994	65.8	1,408	90.5	8,823	77.5
2015	295	100.5	1,503	51.5	1,057	70.0	1,449	93.2	8,571	75.3
2016	293	99.8	1,557	53.4	922	61.1	1,582	101.7	8,323	73.1
2017	325	110.7	1,405	48.1	1,079	71.5	1,508	97.0	8,212	72.1
2018	321	109.3	1,181	40.5	884	58.6	1,226	78.8	6,913	60.7
2019	254	86.5	979	33.5	788	52.2	792	50.9	5,660	49.7
2020	171	58.2	664	22.8	640	42.4	616	39.6	4,118	36.2
2021	172	58.6	581	19.9	591	39.2	605	38.9	3,967	34.9
2022	156	53.1	516	17.7	481	31.9	547	35.2	3,382	29.7
2023	126	42.9	492	16.9	443	29.3	455	29.3	2,926	25.7
2024	99	33.7	423	14.5	411	27.2	364	23.4	2,549	22.4

Notes. The acute and chronic hepatitis C case definition was updated in 2016 and 2020. Comparisons across years should be interpreted with caution. Data quality activities performed by the Bureau of Hepatitis Health Care and Epidemiology have influenced changes in case counts and rates across previous years' reports. Denominators for rates per 100,000 population use US Census 2020 data for comparison purposes. Cases are presented by sex at birth. Gender identity information is not presented in this report. See *Variable Definitions* on page 5 and *About Data* on page 6 in this report.

Table 2.7: Newly Reported Hepatitis C Cases and Rates per 100,000 pop, by County, NYS (excl. NYC), 2024

County	Number of Cases	2020 Population	Rate per 100,000 Pop.
Albany	94	314,368	29.9
Allegany	6	46,373	12.9
Broome	70	198,199	35.3
Cattaraugus	25	76,907	32.5
Cayuga	20	76,095	26.3
Chautauqua	60	127,424	47.1
Chemung	37	83,882	44.1
Chenango	16	47,073	34.0
Clinton	23	79,715	28.9
Columbia	21	61,550	34.1
Cortland	18	46,723	38.5
Delaware	14	44,186	31.7
Dutchess	82	295,742	27.7
Erie	181	953,254	19.0
Essex	19	37,336	50.9
Franklin	14	47,527	29.5
Fulton	19	53,160	35.7
Genesee	18	58,258	30.9
Greene	9	47,890	18.8
Hamilton	1	5,078	19.7
Herkimer	13	60,007	21.7
Jefferson	45	116,134	38.7
Lewis	3	26,538	11.3
Livingston	17	61,699	27.6
Madison	13	67,890	19.1
Monroe	143	758,554	18.9
Montgomery	15	49,433	30.3
Nassau	170	1,393,978	12.2

County	Number of Cases	2020 Population	Rate per 100,000 Pop.
Niagara	62	212,252	29.2
Oneida	55	231,695	23.7
Onondaga	133	475,653	28.0
Ontario	18	112,475	16.0
Orange	100	401,322	24.9
Orleans	10	40,236	24.9
Oswego	39	117,351	33.2
Otsego	19	58,351	32.6
Putnam	19	97,660	19.5
Rensselaer	33	160,923	20.5
Rockland	51	338,121	15.1
Saratoga	44	235,689	18.7
Schenectady	44	157,861	27.9
Schoharie	4	29,720	13.5
Schuyler	2	17,857	11.2
Seneca	8	33,715	23.7
St. Lawrence	40	108,311	36.9
Steuben	34	93,363	36.4
Suffolk	253	1,524,099	16.6
Sullivan	43	78,643	54.7
Tioga	13	48,355	26.9
Tompkins	20	105,404	19.0
Ulster	67	181,687	36.9
Warren	29	65,638	44.2
Washington	9	61,143	14.7
Wayne	31	91,103	34.0
Westchester	131	1,003,245	13.1
Wyoming	2	40,401	5.0
Yates	5	24,709	20.2

Notes. Cases among persons that are incarcerated in the Department of Corrections and Community Supervision (DOCCS) are excluded from regional case counts. Denominators for rates per 100,000 population use US Census 2020 data for comparison purpose. See *Variable Definitions* on page 5 and *About Data* on page 6 in this report.

Table 2.8: Newly Reported Hepatitis C Cases, by Age, Race, and Ethnicity, NYS (excl. NYC), 2024

	Persons <40 Years of Age			Persons 40+ Years of Age			Total		
	Number of Cases	Percent of Cases	Rate per 100,000 pop.	Number of Cases	Percent of Cases	Rate per 100,000 pop.	Number of Cases	Percent of Cases	Rate per 100,000 pop.
Race									
White	687	65.6%	15.9	903	60.3%	17.9	1,591	62.4%	17.0
Black	77	7.3%	11.4	193	12.9%	40.0	271	10.6%	23.4
American Indian/Alaskan	6	0.6%	13.1	12	0.8%	36.8	18	0.7%	22.9
Asian/Pacific Islander	30	2.9%	10.0	48	3.2%	21.1	78	3.1%	14.7
Other Race	122	11.6%	N/A	177	11.8%	N/A	299	11.7%	N/A
Unknown	126	12.0%	N/A	165	11.0%	N/A	292	11.5%	N/A
Ethnicity									
Hispanic	93	8.9%	10.6	158	10.5%	31.6	251	9.8%	18.2
Non-Hispanic	725	69.2%	15.5	1,045	69.8%	19.6	1,770	69.4%	17.7
Unknown	230	21.9%	N/A	295	19.7%	N/A	528	20.7%	N/A

Table 2.9: Newly Reported Hepatitis C Cases, by Sex, Race, and Ethnicity, NYS (excl. NYC), 2024

	Female			Male			Total		
	Number of Cases	Percent of Cases	Rate per 100,000 pop.	Number of Cases	Percent of Cases	Rate per 100,000 pop.	Number of Cases	Percent of Cases	Rate per 100,000 pop.
Race									
White	639	64.2%	13.6	952	61.4%	20.6	1,591	62.4%	17.0
Black	102	10.2%	17.4	169	10.9%	29.5	271	10.6%	23.4
American Indian/Alaskan	11	1.1%	28.7	7	0.5%	17.4	18	0.7%	22.9
Asian/Pacific Islander	39	3.9%	14.3	39	2.5%	15.2	78	3.1%	14.7
Other Race	105	10.5%	N/A	194	12.5%	N/A	299	11.7%	N/A
Unknown	100	10.0%	N/A	190	12.3%	N/A	292	11.5%	N/A
Ethnicity									
Hispanic	73	7.3%	10.8	177	11.4%	25.1	251	9.8%	18.2
Non-Hispanic	738	74.1%	14.6	1,032	66.5%	20.9	1,770	69.4%	17.7
Unknown	185	18.6%	N/A	342	22.1%	N/A	528	20.7%	N/A

Notes. Race and ethnicity information is collected through laboratory reporting and case investigation. Information on race and ethnicity is often missing from surveillance case reports. Due to missing data, race and ethnicity-specific rates are underestimates. "Other Race" represents Other, unspecified race. Rates for Other race category are not presented. Cases are presented by sex at birth. Gender identity information is not present in this report. See *Variable Definitions* on page 5 and *About Data* on page 6 in this report.

Table 2.10: Newly Reported Acute Hepatitis C Cases, by Risk Factor, NYS (excl. NYC) 2024

	Yes		No		Unknown		Total
	Number of Cases	Percent	Number of Cases	Percent	Number of Cases	Percent	Number of Cases
Injection drug use	56	30.9%	32	17.7%	93	51.4%	181
Other, non-injection drug use	50	27.6%	27	14.9%	104	57.5%	181
Close contact with person who has hepatitis C	30	16.6%	29	16.0%	122	67.4%	181
Treated for a sexually transmitted infection	19	10.5%	34	18.8%	128	70.7%	181
Diabetic	17	9.4%	70	38.7%	94	51.9%	181
Incarceration	13	7.2%	45	24.9%	123	68.0%	181
Tattoo or Piercing	9	5.0%	31	17.1%	141	77.9%	181
Underwent hemodialysis	5	2.8%	85	47.0%	91	50.3%	181
MSM (Men who has sex with men)	4	3.5%	24	21.2%	85	75.2%	113
Worked in public safety/medical field	3	1.7%	59	32.6%	119	65.7%	181

Table 2.11: Newly Reported Chronic Hepatitis C Cases, by Risk Factor, NYS (excl. NYC) 2024

	Yes		No		Unknown		Total
	Number of Cases	Percent	Number of Cases	Percent	Number of Cases	Percent	Number of Cases
Other, non-injection drug use	494	20.9%	136	5.8%	1,732	73.3%	2,362
Injection drug use	471	19.9%	164	6.9%	1,727	73.1%	2,362
Ever incarcerated	274	11.6%	213	9.0%	1,875	79.4%	2,362
Close contact with person who has hepatitis C	201	8.5%	149	6.3%	2,012	85.2%	2,362
Treated for a sexually transmitted infection	94	4.0%	219	9.3%	2,049	86.7%	2,362
Diabetic	61	2.6%	580	24.6%	1,721	72.9%	2,362
Worked in a medical field	25	1.1%	411	17.4%	1,926	81.5%	2,362
Transfusion, transplant, clotting factor recipient*	18	0.8%	727	30.8%	1,617	68.5%	2,362
MSM (Men who has sex with men)	12	0.8%	154	10.7%	1,268	88.4%	1,434
Underwent hemodialysis	10	0.4%	565	23.9%	1,787	75.7%	2,362

Notes. *Recipient of transfusion and/or transplant before 1992 and/or recipient of clotting factor before 1987. MSM presents cases assigned male sex at birth who have reported having at least 1 male sexual partner. Risk factors for acute cases are collected for the 2 weeks to 6 months prior to illness onset or the 2 week to 12 month period prior to hepatitis C test conversion. Risk factors for chronic cases are collected through an individual's lifetime. See *Variable Definitions* on page 5 and *About Data* on page 6 in this report.

Table 3.1 Time Frame and Definitions for the 2023 Laboratory-Based Hepatitis C Virus Clearance Cascade

- Cascade starting point: January 1, 2016, the date when hepatitis C virus RNA negative/"not detected" reporting was fully implemented in New York State.

Step 1—Ever infected. All individuals with any positive/"detected" HCV test (anti-HCV, RNA, detectable genotype, or core antigen) performed from the starting point through the end of the ever-infected period (December 31, 2022). The test performance date is the specimen collection date (or laboratory result date if specimen collection date is not available). All individuals who are known to be living outside the jurisdiction or deceased as of the end of the follow-up period (December 31, 2023) should be excluded entirely from the cascade.

Step 2—Viral testing performed. This category includes all individuals who were ever infected (Step 1):

- *2a - No HCV viral test reported*—All individuals who have no HCV viral test performed by the end of the follow-up period (December 31, 2023).
- *2b - HCV viral test performed*—All individuals who have any HCV viral test performed by the end of the follow-up period (December 31, 2023), regardless of the result.

Step 3—Initial infection status. This category includes all individuals with viral testing performed (Step 2b):

- *3a – Initial HCV infection cured or cleared*—All individuals whose initial HCV viral test result performed during the follow-up period (through December 31, 2023) was "not detected."
- *3b - Initial HCV infection present*—All individuals whose initial HCV viral test result performed during the follow-up period (through December 31, 2023) was "detected."

Step 4—Cured or cleared. This category includes all individuals with an initial HCV viral test result "detected" (Step 3b):

- *4a – HCV infection not cured or cleared during the cascade timeframe*—All individuals where no subsequent HCV viral test results were performed or where all subsequent HCV viral test results during the follow-up period (through December 31, 2023) were "detected."
- *4b – HCV infection cured or cleared during the cascade timeframe*—All individuals where a subsequent HCV viral test result "not detected" was performed during the follow-up period (through December 31, 2023).

Note: The cascade is unable to distinguish between cured (referring to successful treatment response) and cleared (referring to natural, spontaneous clearance).
Note: A patient with a single, detectable HCV RNA result would populate all of the first four Steps—Step 1, Step 2b, Step 3b, and Step 4a.

Step 5—Persistent infection or reinfection.

- 5a – Persistent infection or reinfection—All individuals where a negative/ "not detected" result (Step 3a) is followed by an HCV viral test result positive/"detected."
- 5b – Persistent infection or reinfection—All individuals where a negative/ "not detected" result (Step 4b) is followed by an HCV viral test result positive/"detected."

Note: The cascade is unable to distinguish among the reasons for persistent infection (e.g., incomplete treatment, treatment failure, viral breakthrough), reinfection, or false positive reports (rare). For simplicity, there is no minimum time period after an HCV viral negative/"not detected" test result (cured or

cleared) and before a subsequent HCV viral positive/"detected" test result occurs to qualify as a persistent infection or reinfection. Regardless of whether these infections represent persistent infections or reinfections, this group represents an important opportunity for linkage to care and treatment.

All individuals known to be living outside the jurisdiction or deceased as of the end of the follow-up period (December 31, 2023) were excluded from the cascade.

Table 3.2: Conditional Percentages of Laboratory-based Hepatitis C Virus Clearance Cascade, NYS (excl. NYC), by Age, Sex, Race, Race/Ethnicity, 2016-2023

	Ever Infected	Viral Testing		Initial Infection		Cured/Cleared		Persistent infection/ Reinfection	
	Number (1)	Number (2b)	Percent of Previous Column(2b/1)	Number (3b)	Percent of Previous Column(3b/2b)	Number (4b)	Percent of Previous Column (4b/ 3b)	Number (5b)	Percent of Previous Column(5b/4b)
Total	107,430	99,263	92.4	53,996	54.4	33,968	62.9	3,789	11.2
Age									
<20	560	477	85.2	136	28.5	63	46.3	7	11.1
20-29	5,921	5,422	91.6	2,793	51.5	1,592	57.0	253	15.9
30-39	21,730	20,249	93.2	13,311	65.7	7,725	58.0	1,262	16.3
40-49	16,654	15,507	93.1	9,601	61.9	5,723	59.6	847	14.8
50-59	16,144	15,007	93.0	7,942	52.9	5,180	65.2	553	10.7
60-69	28,585	26,423	92.4	13,037	49.3	8,992	69.0	577	6.4
70+	17,754	16,146	90.9	7,154	44.3	4,692	65.6	290	6.2
Sex									
Female	43,663	40,297	92.3	19,243	47.8	11,951	62.1	1,179	9.9
Male	63,580	58,805	92.5	34,662	58.9	21,975	63.4	2,607	11.9
Unknown	187	161	86.1	91	56.5	42	46.2	3	7.1
Race/Ethnicity*									
Hispanic/Latino	9,522	9,025	94.8	5,411	60.0	3,606	66.6	562	15.6
Asian	848	774	91.3	317	41.0	213	67.2	10	4.7
Black/African American	8,111	7,729	95.3	4,933	63.8	3,351	67.9	328	9.8
Native American/Alaskan Native	393	365	92.9	258	70.7	157	60.9	21	13.4
Native Hawaiian/Pacific Islander	5	5	100.0	2	40.0	1	50.0	0	0.0
White	32,174	30,332	94.3	20,168	66.5	13,174	65.3	1,848	14.0
Multiracial	302	293	97.0	193	65.9	141	73.1	35	24.8
Other Race	541	512	94.6	293	57.2	206	70.3	23	11.2
Unknown	55,534	50,228	90.5	22,421	44.6	13,119	58.5	962	7.3
Region**									
Central/Syracuse	14,267	13,266	93.0	8,655	65.2	5,291	61.1	718	13.6
Finger Lakes/Rochester	11,621	11,006	94.7	6,012	54.6	3,954	65.8	391	9.9
Lower Hudson	10,943	10,055	91.9	4,151	41.3	2,781	67.0	246	8.9
Mid Hudson	13,023	12,133	93.2	6,687	55.1	4,468	66.8	599	13.4
NY Penn/Binghamton	3,286	3,100	94.3	2,000	64.5	1,159	58.0	126	10.9
Nassau Suffolk	24,024	22,060	91.8	9,074	41.1	5,731	63.2	511	8.9
Northeast/Albany	13,134	12,246	93.2	7,915	64.6	4,980	62.9	551	11.1
Western/Buffalo	17,108	15,377	89.9	9,488	61.7	5,602	59.0	647	11.6

Notes. See *Variable Definitions* on page 5 and *About Data* on page 6 in this report. * All race categories are non-Hispanic. ** Regional numbers may not sum to total due to missing information

Table 3.3: Age-Adjusted Death Rates Due to Hepatitis B, Hepatitis C, and Liver Cancer, NYS, 1999-2023

	Hepatitis B		Hepatitis C		Liver Cancer	
	Number of Deaths	Age-Adjusted Death Rate Per 100,000	Number of Deaths	Age-Adjusted Death Rate Per 100,000	Number of Deaths	Age-Adjusted Death Rate Per 100,000
1999	174	0.9	616	3.3	1,007	5.3
2000	176	0.9	663	3.5	1,031	5.3
2001	181	0.9	767	3.9	1,043	5.3
2002	186	0.9	874	4.4	1,127	5.7
2003	142	0.7	782	3.9	1,045	5.2
2004	142	0.7	778	3.8	1,178	5.8
2005	139	0.7	827	4	1,193	5.8
2006	144	0.7	889	4.2	1,244	6.0
2007	134	0.6	939	4.4	1,271	6.0
2008	150	0.7	951	4.3	1,361	6.4
2009	124	0.6	992	4.4	1,390	6.4
2010	167	0.8	977	4.3	1,403	6.4
2011	165	0.7	1,105	4.7	1,462	6.5
2012	143	0.7	1,118	4.7	1,575	6.9
2013	179	0.8	1,139	4.7	1,584	6.8
2014	147	0.6	1,092	4.4	1,569	6.6
2015	115	0.5	979	3.9	1,634	6.8
2016	138	0.6	789	3.1	1,683	6.9
2017	123	0.5	701	2.7	1,590	6.4
2018	115	0.5	615	2.4	1,561	6.1
2019	113	0.5	556	2.1	1,585	6.2
2020	125	0.5	567	2.1	1,565	6.0
2021	124	0.5	535	2.0	1,602	6.1
2022	123	0.5	487	1.7	1,615	5.9
2023	113	0.5	407	1.4	1,601	5.9

Source: CDC Wonder Multiple Causes of Death files
ICD-10 Codes: Hep.B (B16.0-B16.2, B19.9, B17.0, B18.0, B18.1) Hep.C (B.17.1, B18.2)
Liver Cancer (C22)

Table 3.4: NYS Adults (18+) Percent Ever Tested for Hepatitis C, Behavioral Risk Factor Surveillance System, 2019-2023

	2019 (n=3,237)		2020 (n=6,812)		2021 (n=9,168)		2023 (n=4,464)		2019-2023 (n=23,681)	
	Estimate	95% Confidence Interval	Estimate	95% Confidence Interval	Estimate	95% Confidence Interval	Estimate	95% Confidence Interval	Estimate	95% Confidence Interval
Total										
All adults	28.0	(25.7, 30.4)	24.4	(22.9, 25.8)	28.7	(27, 30.4)	21.5	(19.8, 23.2)	25.3	(24.4, 26.1)
Age										
Baby Boomers Born 1945-1965	30.5	(26.7, 34.2)	26.4	(24.1, 28.6)	31.4	(28.4, 34.4)	18.9	(16.1, 21.6)	26.5	(25, 27.9)
Born 1966 or later	30.1	(26.7, 33.5)	25.9	(23.9, 28)	29.9	(27.5, 32.2)	24.8	(22.4, 27.2)	27.2	(26, 28.5)
Age										
Older adults aged 40+	26.5	(23.9, 29)	23.9	(22.3, 25.5)	29.2	(27.2, 31.3)	20.0	(18, 21.9)	24.6	(23.5, 25.6)
Younger Adults aged 18-39	31.2	(26.5, 35.9)	25.7	(22.9, 28.5)	27.8	(24.6, 30.9)	24.2	(20.9, 27.5)	26.8	(25.1, 28.5)
Race/Ethnicity										
Black non-Hispanic	41.2	(33.4, 48.9)	34.9	(29.9, 39.9)	38.3	(33, 43.6)	27.0	(21.6, 32.4)	34.8	(31.9, 37.7)
Hispanic	21.2	(15.9, 26.6)	25.0	(21.4, 28.6)	27.7	(23.7, 31.8)	23.5	(19.5, 27.5)	24.5	(22.4, 26.6)
White non-Hispanic	28.1	(25.4, 30.8)	22.3	(20.6, 24)	25.9	(23.8, 27.9)	18.7	(16.7, 20.7)	23.3	(22.3, 24.4)
Other non-Hispanic	21.6	(13.1, 30.2)	21.4	(16.6, 26.1)	29.4	(22.8, 36.1)	22.7	(16.9, 28.5)	23.4	(20.3, 26.4)
Sex										
Male	29.8	(26.4, 33.2)	28.2	(26, 30.5)	31.5	(28.8, 34.2)	23.4	(20.8, 26.0)	28.1	(26.8, 29.4)
Female	26.4	(23.2, 29.6)	20.7	(18.9, 22.5)	26.0	(23.9, 28.2)	19.8	(17.5, 22.0)	22.6	(21.5, 23.7)
Health Insurance										
Medicaid	39.3	(31.5, 47.1)	32.1	(27.7, 36.5)	33.3	(28.4, 38.3)	22.1	(20.2, 23.9)	26.2	(24.5, 27.8)
Other Insurance	28.1	(25.4, 30.7)	24.1	(22.5, 25.8)	29.2	(27.2, 31.2)	22.2	(14.3, 30)	26.3	(25.2, 27.5)

Table 3.5: NYS Adults (18+) Percent Tested for Hepatitis C in Last 12 Months, Behavioral Risk Factor Surveillance System, 2023

	2023 (n = 4,464)	
	Estimate	**95% Confidence Interval**
Total		
All adults	6.9	(5.8, 7.9)
Age		
Baby Boomers Born 1945-1965	3.2	(2.0, 4.3)
Born 1966 or later	9.5	(7.9, 11.1)
Age		
Older adults aged 40+	4.9	(3.9, 5.9)
Younger Adults aged 18-39	10.4	(8.0, 12.8)
Race/Ethnicity		
Black non-Hispanic	8.7	(5.5, 12.0)
Hispanic	10.8	(7.8, 13.7)
White non-Hispanic	4.6	(3.5, 5.8)
Other non-Hispanic	7.2	(3.5, 10.9)
Sex		
Male	7.4	(5.9, 8.8)
Female	6.4	(4.9, 8.0)

Table 3.6: Department of Corrections and Community Supervision Hepatitis C Seroprevalence Study, Antibody Positivity (2000-2023)

Demographics & Risk Factors	2000		2003		2005		2007		2009		2012		2015		2017		2019		2023	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Sex																				
Male	413	13.40%	414	13.3%	327	10.4%	361	11.2%	305	9.5%	320	9.6%	350	10.3%	371	10.6%	375	11.5%	235	9.1%
Female	190	23.1%	197	24.1%	146	19.4%	141	15.7%	125	14.6%	128	14.6%	206	24.2%	233	26.2%	102	29.3%	112	26.9%
Age																				
< 30	59	3.7%	61	3.8%	52	3.3%	39	2.4%	64	3.7%	88	5.1%	139	8.3%	132	8.4%	81	7.4%	57	6.4%
30 - 39	228	16.0%	179	14.2%	130	11.1%	120	10.9%	101	9.4%	115	9.7%	180	13.8%	230	15.7%	202	15.1%	172	15.7%
≥ 40	315	37.0%	371	34.3%	291	25.4%	343	25.0%	265	20.5%	245	19.0%	237	18.9%	242	17.9%	194	16.5%	118	11.8%
Race/Ethnicity																				
White	165	18.5%	158	18.4%	152	15.2%	155	15.5%	166	14.8%	224	17.1%	334	24.4%	412	28.2%	291	26.5%	221	23.6%
Black	227	11.3%	230	11.6%	168	8.5%	160	7.5%	121	6.1%	88	4.6%	77	4.3%	80	4.3%	74	4.6%	51	3.9%
Hispanic	204	22.0%	209	21.4%	149	17.6%	178	19.3%	135	15.3%	115	13.6%	129	14.3%	93	10.3%	89	11.8%	58	9.8%
Other	7	9.7%	10	10.4%	3	5.0%	8	11.0%	6	8.3%	19	13.1%	14	7.9%	19	11.7%	23	17.6%	15	14.9%
Risks (lifetime history)																				
Injection drug use	235	78.9%	281	78.1%	184	45.1%	206	72.8%	204	62.6%	225	53.4%	368	56.2%	415	56.9%	306	63.6%	211	54.2%
Men having sex with men	6	21.4%	11	16.7%	21	11.1%	7	14.9%	2	3.1%	10	17.2%	7	14.3%	9	15.5%	5	8.8%	5	11.6%
Sexual partner of an injection drug user	106	56.1%	133	53.0%	109	36.2%	103	52.3%	81	50.6%	152	48.3%	260	53.9%	330	53.7%	224	59.0%	120	49.2%
Sex for drugs and/or money	82	31.4%	110	33.2%	89	22.4%	71	25.5%	42	23.7%	46	26.6%	62	36.0%	70	39.3%	47	37.6%	33	39.8%
Any reported drug use	517	19.2%	537	19.0%	413	14.3%	451	14.5%	389	12.9%	402	13.7%	520	16.1%	570	17.1%	409	16.9%	317	14.5%
Used crack cocaine	185	24.5%	222	26.2%	162	18.7%	156	19.9%	165	22.8%	168	23.3%	243	31.0%	309	34.3%	227	37.6%	197	29.4%

Table 3.7: Department of Corrections and Community Supervision Hepatitis C Seroprevalence Study, RNA Positivity among Antibody Positive Persons (2019-2023)

Demographics & Risk Factors	2019		2023	
	#	%	#	%
Sex				
Male	166	47.2%	30	12.8%
Female	32	32.7%	10	8.9%
Age				
< 30	30	39.5%	5	8.8%
30 - 39	89	46.6%	22	12.8%
≥ 40	79	43.2%	13	11%
Race/Ethnicity				
White	136	49.1%	28	12.7%
Black	23	31.9%	6	11.8%
Hispanic	31	38.3%	6	10.3%
Other	8	40.0%	0	N/A
Risks (lifetime history)				
Injection drug use	145	48.7%	37	12.3%
Men having sex with men	0	N/A	1	20%
Sexual partner of an injection drug user	101	46.8%	16	13.3%
Sex for drugs and/or money	15	32.6%	2	6.1%
Any reported drug use	187	45.7%	36	11.4%
Used crack cocaine	103	45.4%	29	14.7%

Table 3.8: Department of Corrections and Community Supervision Hepatitis C Seroprevalence Study, Hepatitis C Antibody/HIV Coinfection Rates (2000-2023)

	2000	2003	2005	2007	2009	2012	2015	2017	2019	2023
	%	%	%	%	%	%	%	%	%	%
Sex										
Male	13.4%	13.3%	10.4%	11.2%	9.5%	9.6%	10.3%	10.6%	11.5%	9.1%
Female	23.1%	24.1%	19.4%	15.7%	14.6%	14.6%	24.2%	26.2%	29.3%	26.9%

Table 3.9: Conditional Percentages of Laboratory-Based Hepatitis C Virus Clearance Cascade for Hepatitis C/HIV Coinfected Patients, NYS (excl. NYC), 2016-2022

	Ever Infected		Viral Testing		Initial Infection		Cured/Cleared		Persistent Infection/Reinfection	
	Number (1)	Percentage (column)	Number (2b)	Percent of Previous Column (2b/1)	Number (3b)	Percent of Previous Column (3b/2b)	Number (4b)	Percent of Previous Column (4b/3b)	Number (5b)	Percent of Previous Column (5b/4b)
Total	3,697	100.0%	3,553	96.1%	1,757	49.5%	1279	72.8%	186	14.5%
Age										
<30	61	1.6%	60	98.4%	29	48.3%	15	51.7%	--	--
30-39	291	7.9%	276	94.8%	168	60.9%	108	64.3%	32	29.6%
40-49	411	11.1%	399	97.1%	249	62.4%	166	66.7%	36	21.7%
50-59	1,038	28.1%	988	95.2%	479	48.5%	352	73.5%	48	13.6%
60-69	1,442	39.0%	1,395	96.7%	648	46.5%	499	77.0%	54	10.8%
70+	454	12.3%	435	95.8%	184	42.3%	139	75.5%	13	9.4%
Sex										
Female	975	26.4%	923	94.7%	440	47.7%	322	73.2%	38	11.8%
Male	2,721	73.6%	2,629	96.6%	1,317	50.1%	957	72.7%	148	15.5%
Race										
White	1,230	33.3%	1,183	96.2%	579	48.9%	431	74.4%	74	17.2%
Black/African American	1,203	32.5%	1,158	96.3%	602	52.0%	435	72.3%	56	12.9%
Asian	29	0.8%	27	93.1%	17	63.0%	12	70.6%	--	--
Native American/ Alaskan Native	13	0.4%	12	92.3%	6	50.0%	5	83.3%	0	0.0%
Other	365	9.9%	348	95.3%	167	48.0%	113	67.7%	24	21.2%
Unknown	857	23.2%	825	96.3%	386	46.8%	283	73.3%	30	10.6%
Ethnicity										
Not Hispanic/Latino	1,438	38.9%	1,383	96.2%	734	53.1%	522	71.1%	80	15.3%
Hispanic/Latino	836	22.6%	817	97.7%	421	51.5%	316	75.1%	61	19.3%
Unknown	1,423	38.5%	1,353	95.1%	602	44.5%	441	73.3%	45	10.2%
History of Incarceration										
Yes	940	25.4%	931	99.0%	513	55.1%	389	75.8%	79	20.3%
No	2,757	74.6%	2,622	95.1%	1,244	47.4%	890	71.5%	107	12.0%

Notes: See Table 3.1 in Data Appendix for definition of 'Ever Infected with hepatitis C' in the Laboratory-Based Hepatitis C Virus Clearance Cascade. However, unlike the Clearance Cascade in Table 3.1, the hepatitis C/HIV co-infected time frame extends to December 31, 2022, rather than December 31, 2023 due to a lag in availability of matched data. See Variable Definitions on page 5 and About Data on page 6.

Table 3.10: Percent of Patients Ever Infected with Hepatitis C Only or Coinfected with HIV, NYS (excl. NYC), 2016-2022

	Hepatitis C-Only		Hepatitis C/HIV Coinfected	
	N	% (column)	N	% (column)
Total	97,783	100.0%	3,697	100.0%
Age				
<30	7,231	7.4%	61	1.6%
30-39	20,025	20.5%	291	7.9%
40-49	14,508	14.8%	411	11.1%
50-59	15,373	15.7%	1,038	28.1%
60-69	26,421	27.0%	1,442	39.0%
70+	14,147	14.5%	454	12.3%
Unknown	78	0.1%	0	0.0%
Sex				
Female	39,883	40.8%	975	26.4%
Male	57,721	59.0%	2,721	73.6%
Unknown	179	0.2%	1	0.0%
Race				
White	47,169	48.2%	1,230	33.3%
Black/African American	10,760	11.0%	1,203	32.5%
Asian	1,367	1.4%	29	0.8%
Native American/Alaskan Native	500	0.5%	13	0.4%
Other	4,937	5.0%	365	9.9%
Unknown	33,050	33.8%	857	23.2%
Ethnicity				
Not Hispanic/Latino	34,627	35.4%	1,438	38.9%
Hispanic/Latino	7,576	7.7%	836	22.6%
Unknown	55,580	56.8%	1,423	38.5%
History of Incarceration				
Yes	9,133	9.3%	940	25.4%
No	88,650	90.7%	2,757	74.6%

Notes: See Table 3.1 in Data Appendix for definition of 'Ever Infected with hepatitis C' in the Laboratory-Based Hepatitis C Virus Clearance Cascade. However, unlike the Clearance Cascade in Table 3.1, the hepatitis C/HIV co-infected time frame extends to December 31, 2022, rather than December 31, 2023 due to a lag in availability of matched data. See Variable Definitions on page 5 and About Data on page 6.