

Wisconsin HAI Education Series

December 4, 2025



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Hepatitis B and C and Viral Hepatitis Elimination in Wisconsin

Adult Viral Hepatitis Unit Updates for
Healthcare-Associated Infections Prevention Program Meeting

Caroline Pike, MPH
Hepatitis C Surveillance Specialist
Caroline.Mohr@dhs.Wisconsin.gov



Hepatitis Reminders



Viral Hepatitis

Low awareness

Testing required

Types of infection

Hepatitis Prevention

Hepatitis A and B vaccines

Hepatitis B and C testing

Hepatitis C treatment

Inequities and Public Health

Race, ethnicity, or gender identity do not make people more or less likely to acquire viral hepatitis.

Other factors such as structural racism, stigma, and poverty, as well as unequal access to health care, education, and housing experienced by communities of color and people of trans experience drive inequities in health outcomes.

Hepatitis B



Hepatitis B Refresher: Transmission

Transmitted through blood, semen, vaginal fluids

Exposure factors

- Childbirth
- Sexual contact
- Sharing injection and non-injection drug use equipment
- Unregulated or DIY tattoos and piercings
- Sharing household items like razors and toothbrushes

Hepatitis B Refresher: Treatment

Vaccine-preventable

Cannot be cured, but can be treated:

- Acute infections – supportive treatment
- Anti-viral medications
- Interferon injections

Hepatitis B in Wisconsin, 2024

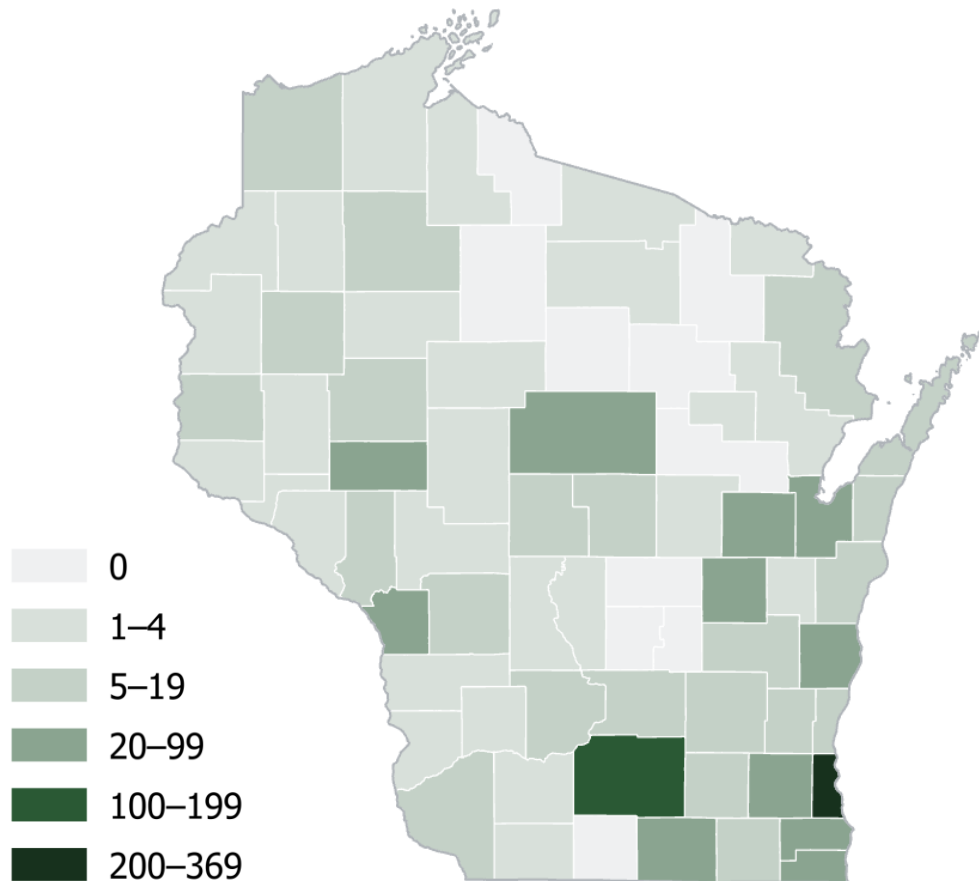
**4,990
people
living with
hepatitis B**

**366
people
diagnosed**

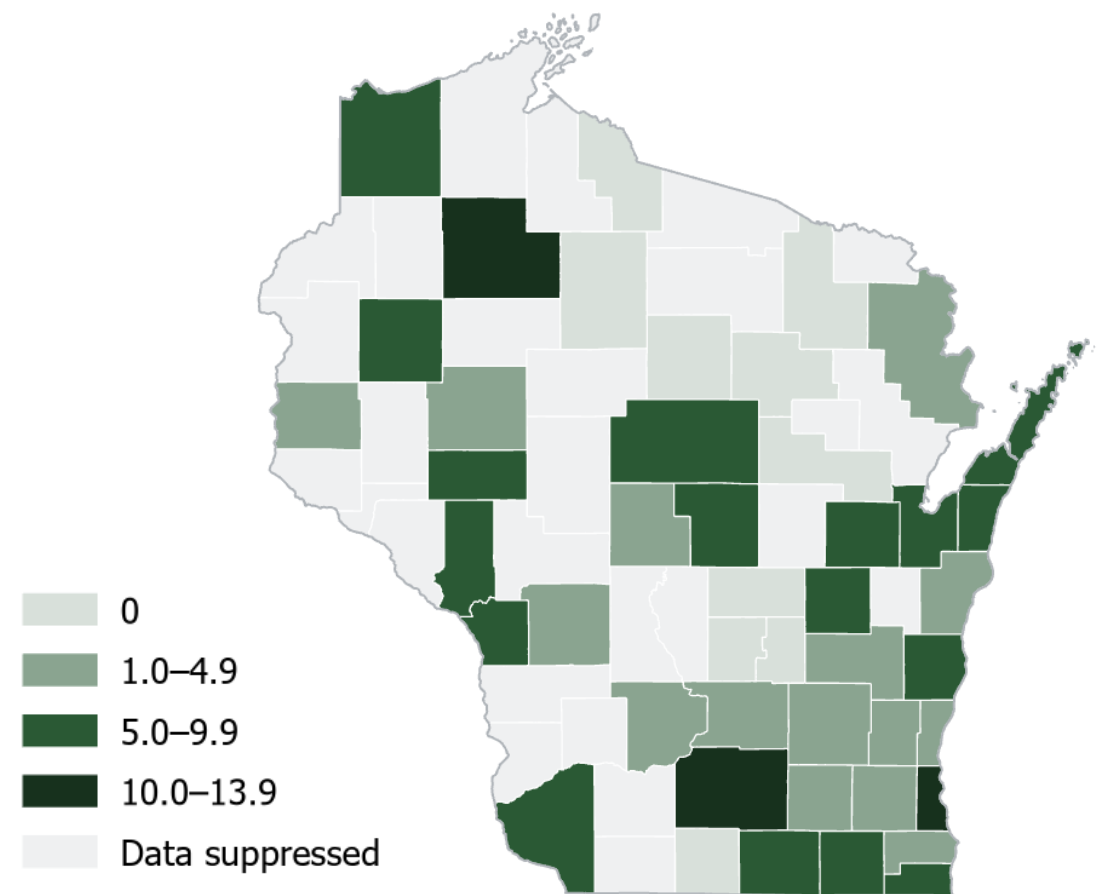
**Highest
rate among
Asian
people**

Hepatitis B Diagnoses by County, 2022–2024

Number of People Diagnosed



Rate per 100,000



Excludes Wisconsin Department of Corrections (DOC) diagnoses.

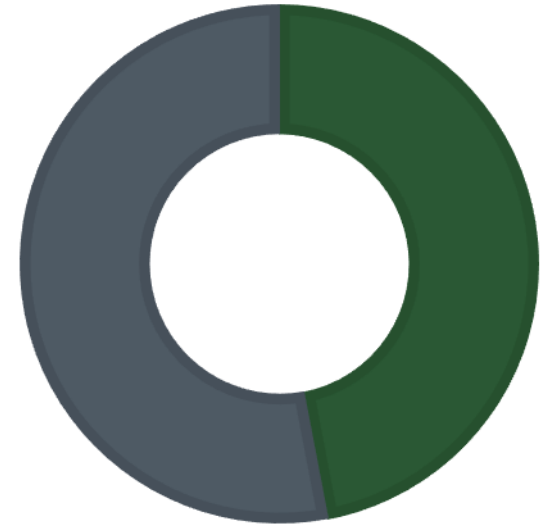
Hepatitis B in Wisconsin, 2024



54%
Male



39%
Asian



47%
**30–49
years old**

Universal Hepatitis B Screening (2023)

- Screen all adults at least once and pregnant people during each pregnancy.
- Use the HBV triple panel test.
- Anyone who requests HBV testing should be tested.

Universal Hepatitis B Vaccination (2022)

- Recommends all adults aged 19–59 years should receive hepatitis B vaccines.
- It removes the need for exposure factors being disclosed.
- Could increase vaccination coverage and decrease hepatitis B cases.

Source: [Universal Hepatitis B Vaccination in Adults Aged 19–59 Years: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2022 | MMWR \(cdc.gov\)](#)

Hepatitis C



Hepatitis C Refresher: Transmission

Transmitted through blood

Exposure factors

- Sharing injection and non-injection drug use equipment.
- Unregulated or DIY tattoos and piercings.
- Sharing household items like razors and toothbrushes.
- Sexual contact.
- Blood transfusions prior to 1992.

Hepatitis C Refresher: Treatment

Direct-acting antiviral medications (DAAs)

Wisconsin Medicaid updates (2020):

- No prior authorization.
- No sobriety restrictions.
- Treated at all levels of severity.
- Re-treatment considered.

Hepatitis C in Wisconsin, 2024

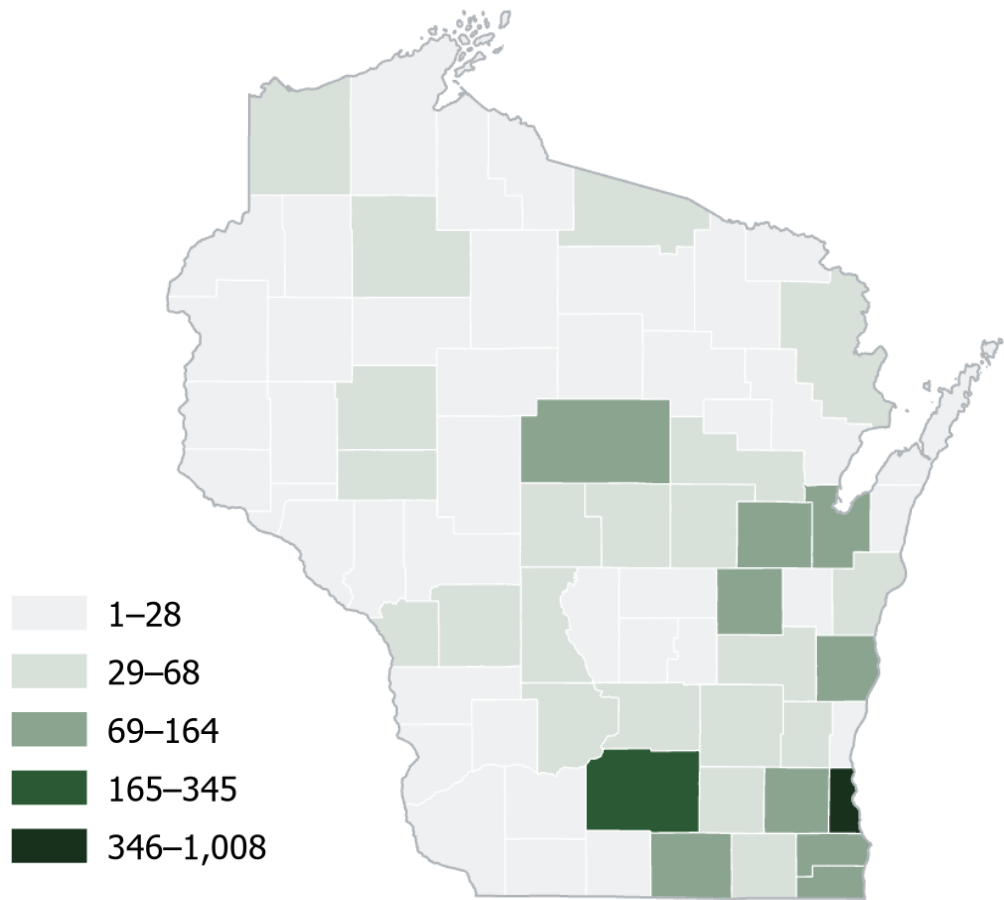
**20,899 people
living with
hepatitis C**

**1,116
people
diagnosed**

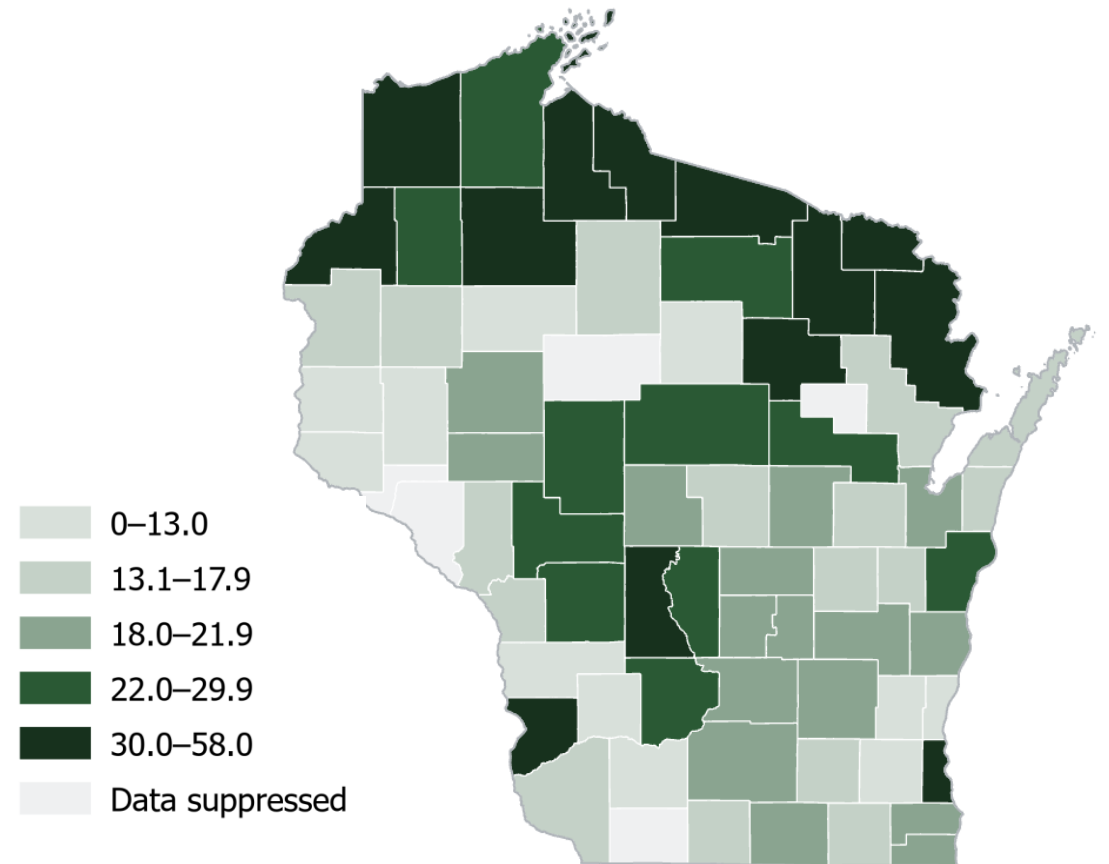
**Highest rate
among Native
American
people**

Hepatitis C Diagnoses by County, 2022–2024

Number of People Diagnosed



Rate per 100,000

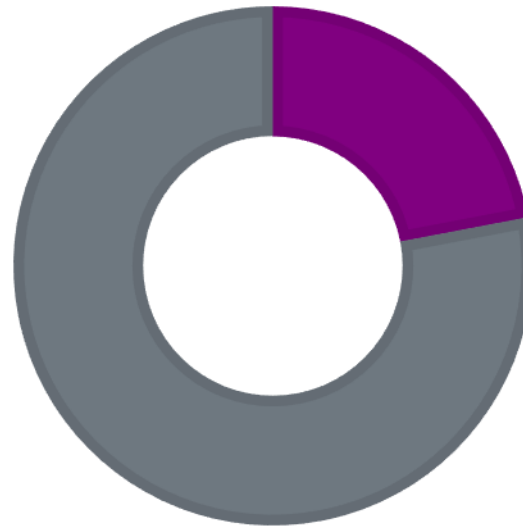


Excludes WI DOC diagnoses.

Hepatitis C in Wisconsin, 2024



51%
Men

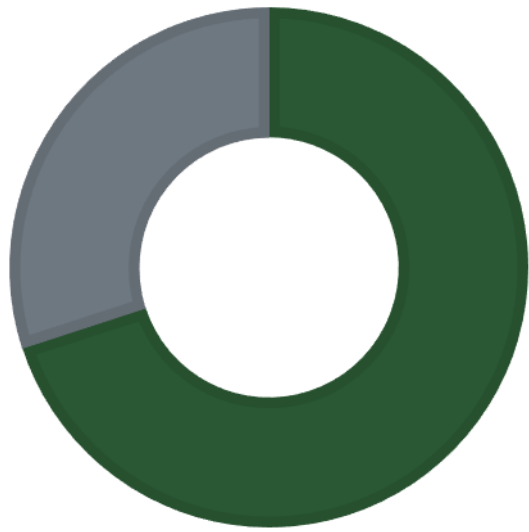


22%
**Women of
childbearing age
(15–44 years old)**

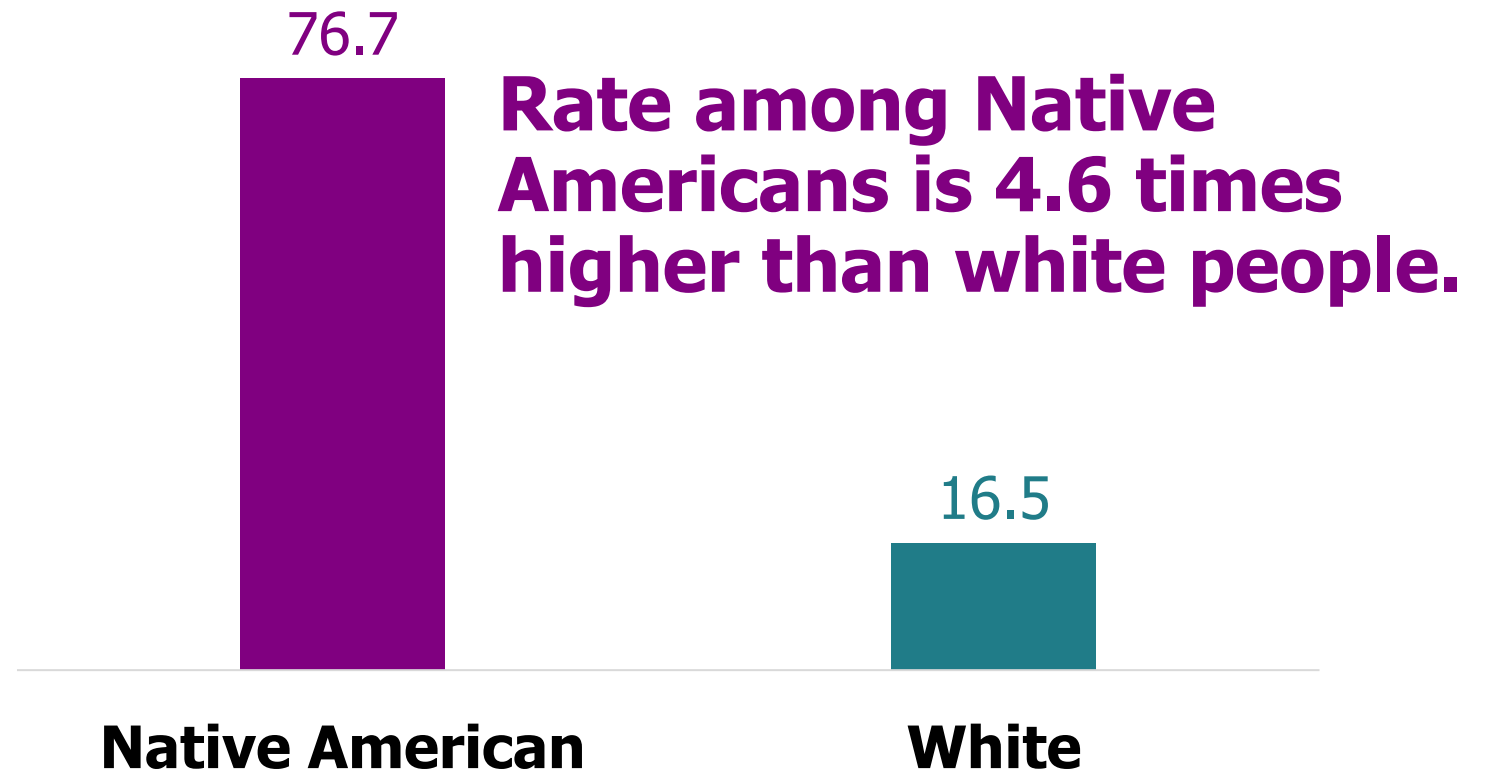


51%
**30–49
years old**

Hepatitis C in Wisconsin, 2024



70%
White



CDC Universal Hepatitis C Screening Recommendations

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

AASLD/IDSA Simplified Treatment Algorithm

- Recommended for adults without cirrhosis who are treatment-naïve.
- Providers check for HBV or HIV infection, cirrhosis, CBC and CMP, then prescribe treatment.
- No prior authorization, provider type, sobriety, disease severity, or retreatment restrictions for patients on Wisconsin Medicaid.


Sources: [Simplified HCV Treatment for Treatment-Naïve Adults Without Cirrhosis](#), [Hepatitis C: State of Medicaid Access Report Card](#)

Perinatal HCV

Identified between 2 months through 36 months (3 years).

A light blue downward-pointing arrow with a square head, indicating a flow from the first box to the second.

Of children born to an HCV-positive parent, 6–7% will acquire HCV.

A light blue downward-pointing arrow with a square head, indicating a flow from the second box to the third.

Most infections occur before or after childbirth, but can also occur from birth parent to child through the placenta.

Perinatal HCV

Type of birth does not impact vertical transmission.



Spontaneous viral remission in 15–45% of cases.



People cannot receive HCV treatment while pregnant.



No post-birth prophylaxis or HCV vaccine.

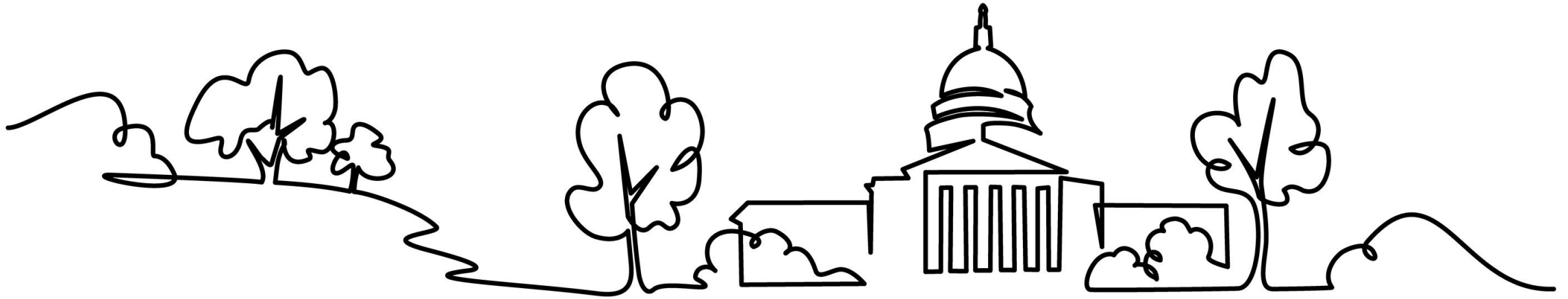
CDC Guidance: Testing and Treatment for HCV of Perinatally Exposed Infants

- ✓ Test the birthing parent for HCV during each pregnancy and at time of delivery.
- ✓ Perform antibody testing (EIA/anti-HCV) at 18 months with automatic reflex to PCR/NAT.
- ✓ Perform RNA testing (PCR/NAT) no earlier than 2 months to avoid false positives.

CDC Guidance: Testing and Treatment for HCV of Perinatally Exposed Infants

- ✓ HCV-positive children who are 3 years of age and older can be treated.
- ✓ DAAs available in pellet and powder form.
- ✓ Birthing parents receiving HCV treatment should discuss breastfeeding alternatives with their provider.

Enhanced Perinatal Hepatitis C Surveillance in Wisconsin



Why The Need For Enhanced Surveillance?

- There is an increase in hepatitis C cases among females of childbearing age (15–44 years).
- Health inequities can lead to limited prenatal care and screening.
- Communication across multiple health systems makes continuity of care difficult.

DHS Perinatal Hepatitis C Fact Sheets

Perinatal Hepatitis C Testing and Treatment

Guidance for Health Care Professionals



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



Hepatitis C testing is recommended during each pregnancy.

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



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

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

Page 1 of 2

Flip over for more information

Hepatitis C: Information for pregnant and post-partum people



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



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



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



Use condoms during pregnancy and have your partners tested.



Tell a doctor if you have hepatitis C.

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

Testing and treatment for your baby

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

You can be treated for hepatitis C after giving birth.

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

BUREAU OF COMMUNICABLE DISEASES

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



P-03511A (09/2023)



HCV prevention questions:
DHSDPHHCVprevention@dhs.wisconsin.gov

HCV surveillance questions:
DHSDPHHCVsurveillance@dhs.wisconsin.gov

2024 Viral Hepatitis Data Reports

- Hepatitis A Data Report (*In Progress*)
- Hepatitis B & Hepatitis C Data Report (*In Progress*)
- Syndemics Data Report for the Wisconsin Department of Corrections (*In Progress*)
 - HBV, HCV, HIV, and STIs (Chlamydia, Gonorrhea, and Syphilis)
- Hepatitis C among Native American People (**Published**)

Wisconsin Hepatitis Elimination



National Hepatitis Elimination Goals



Prevent new hepatitis infections and deaths.



Increase the number of people who know their status.



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

Hepatitis Needs Assessment

- Distributed electronic surveys to health care systems across the state.
- Responses were collected from Federally Qualified Health Centers (FQHCs), Tribal health clinics, private clinics, and hospitals.
- Meetings are being scheduled with the health systems to review what is going well and what can be improved on.

Wisconsin Hepatitis Elimination Plan

Populations of Focus

- Justice system-involved people
- Pregnant people and perinatally exposed infants
- Tribal Nations
- People who use drugs
- Rural residents

Wisconsin Hepatitis Elimination Plan Measures

Prevent new viral hepatitis infections.

- Reduce number of new HAV (↓65%), HBV (↓90%), and HCV (↓90%) infections.
- Increase hepatitis A vaccine initiation and series completion rates among children and adults.
- Increase hepatitis B vaccine initiation and series completion rates among children and adults.
- Increase percentage of infants who receive hepatitis B birth dose.

Wisconsin Hepatitis Elimination Plan Measures

Prevent perinatal transmission of viral hepatitis.

- Increase receipt of postexposure immunoprophylaxis among babies born to people with HBV.
- Increase post-vaccination serologic testing among children perinatally exposed to HBV.
- Increase completion of hepatitis B vaccine series among children born to people with HBV.
- Increase HCV screening rates among pregnant people enrolled in Medicaid.

Wisconsin Hepatitis Elimination Plan Measures

Reduce viral hepatitis-related morbidity and mortality.

- Hepatitis B-related death rate (Decrease 65%)
- Hepatitis C-related death rate (Decrease 65%)
- Number of HCV positive people who receive liver transplants
- Liver and bile duct cancer rate

Wisconsin Hepatitis Elimination Plan Measures

Reduce viral hepatitis-related disparities and inequities (case rates).

- New hepatitis B and C diagnosis among people who inject drugs (PWID) (Decrease 90%)
- New hepatitis C diagnosis and deaths among Native American people (Decrease 65%)
- New hepatitis B diagnosis and deaths among Asian and Pacific Islander people (Decrease 65%)
- Hepatitis C-related deaths among non-Hispanic Black people (Decrease 65%)

Wisconsin Hepatitis Elimination Plan Measures

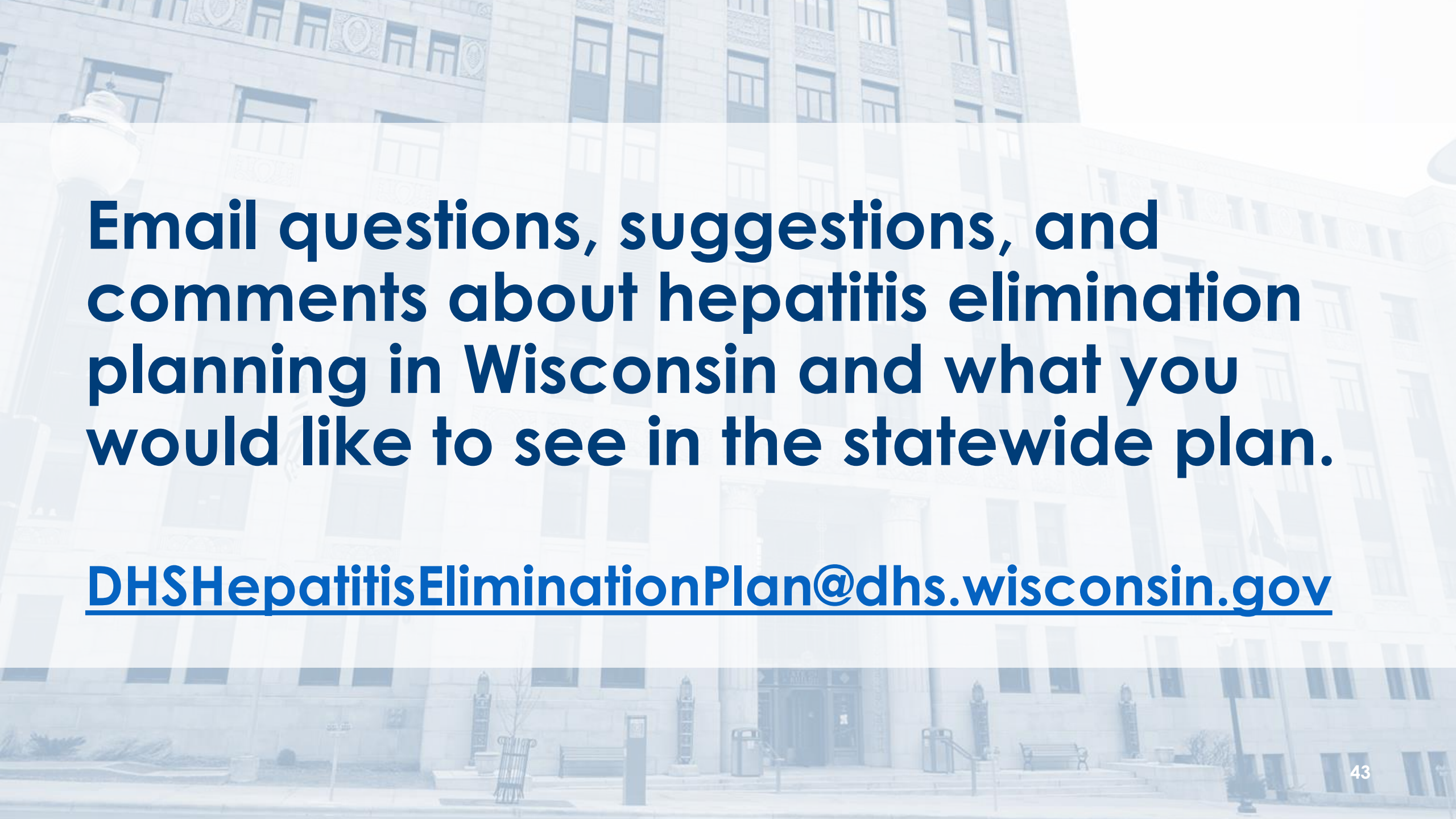
Increase access to viral hepatitis testing and treatment.

- People screened for HCV at Department of Corrections (DOC) (Greater than 90%)
- Percentage of HCV treatment prescriptions filled at DOC and among people enrolled in Medicaid (TBD)
- People with HBV engaged in care (Greater than 80%)
- People who have hepatitis C viral clearance, in rural areas, among PWID, people enrolled in Medicaid, at DOC (Greater than 80%)

Action Steps



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

A faded, light blue background image of the Wisconsin State Capitol building, showing its classical architecture with columns and statues.

**Email questions, suggestions, and
comments about hepatitis elimination
planning in Wisconsin and what you
would like to see in the statewide plan.**

DHSHepatitisEliminationPlan@dhs.wisconsin.gov

DHS Viral Hepatitis Websites

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

Other Resources

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

Questions?

Thank you!

Caroline Pike, MPH
Caroline.Mohr@dhs.Wisconsin.gov



HAI Prevention Program Contacts



Email: dhswihaipreventionprogram@dhs.wisconsin.gov



Phone: 608-267-7711



Website: www.dhs.wisconsin.gov/hai/contacts.htm

HAI Prevention Program IPs

Region 1: Anna Marciniak; Phone: 608-590-2980

Region 2: Jennifer Kuhn; Phone: 608-772-4768

Region 3: Tess Hendricks; Phone: 608-338-9071

Region 4: Rebecca LeMay; Phone: 608-609-1918

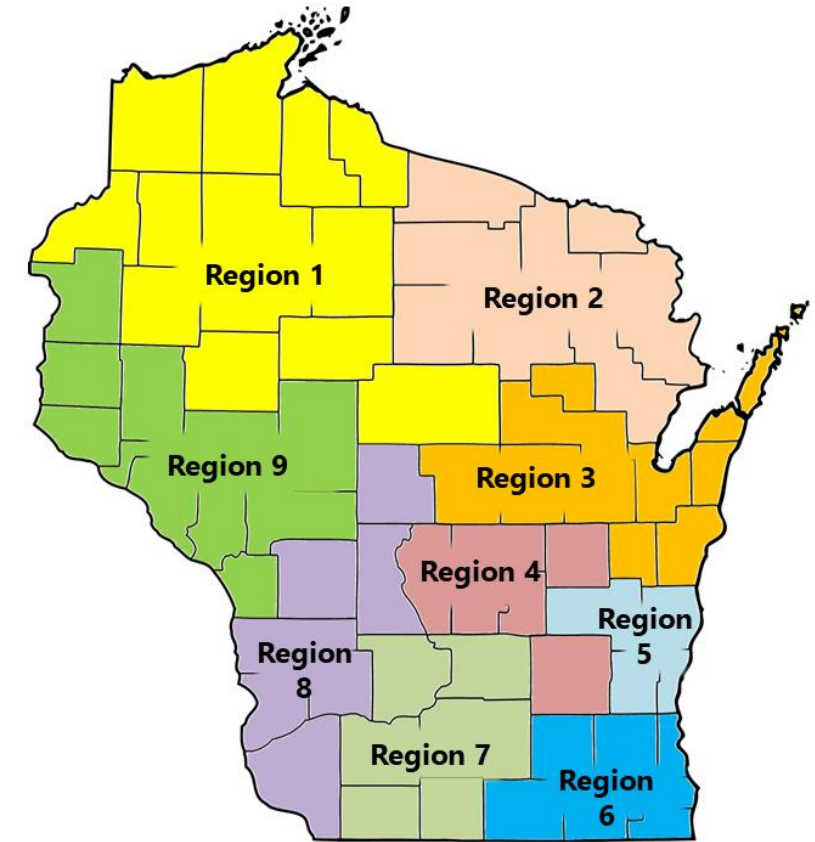
Region 5: Greta Starr; Phone: 608-867-4647

Region 6: Paula Pintar; Phone: 608-471-0499

Region 7: Beth Ellinger; Phone: 608-219-3483

Region 8: Ashley O'Keefe; Phone: 608-556-8608

Region 9: Nikki Mueller; Phone: 608-628-4464



HAI Infection Prevention Education webpage



WISCONSIN DEPARTMENT
of HEALTH SERVICES

About
DHS

Data &
Statistics

Diseases &
Conditions

Health Care &
Coverage

Long-Term Care &
Support

Prevention & Healthy
Living

For Partners &
Providers

Certification, Licenses &
Permits

[Home](#) > [For Partners & Providers](#) > [Healthcare-Associated Infections: Resources for Health Professionals](#) > HAI Infection Prevention Education

[HAI: Home](#)

[For Health Professionals](#)

[For Patients & Families](#)

[Infection Prevention Education](#)

[Infection Preventionist Starter Kit](#)

[Multidrug-Resistant Organisms](#)

[Precautions](#)

[HAI Data](#)

[National Healthcare Safety Network](#)

[Antimicrobial Stewardship](#)



HAI Infection Prevention Education

IPs play an essential role in facility infection prevention policy development, surveillance, and risk assessment. IPs also serve as a resource to other staff and programs within their facilities. The resources on this page are intended to connect health care facility infection preventionists (IP) with education materials to support their role in preventing, detecting, and responding to healthcare-associated infections (HAI).

Webinars

HAI Education Series

The HAI Education Series provides educational presentations on topics including infection prevention, HAIs, antibiotic stewardship, disease surveillance, and outbreak response for health care staff in all setting types, local and Tribal health departments, and other health care partners. Each session features a new, timely topic presented by the Department of Health Services (DHS) program staff, HAI infection preventionists, partner organizations, or other external subject matter experts.

The HAI Education Series is a monthly webinar series, typically held the fourth Thursday of each month. Register for the [HAI Education Series](#).

HAI Education Series recordings



Upcoming HAI Education Session

Date: January 22, 2026

Topic: Health Care Personnel Exclusion and
Return to Work Following an Acute Respiratory
Illness Guidance



WISCONSIN DEPARTMENT
of HEALTH SERVICES