State Of Wisconsin Viral Hepatitis Elimination Plan (2025–2030)

P-03783 (05/2026)

WISCONSIN DEPARTMENT of HEALTH SERVICES

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Executive Summary

The Wisconsin Department of Health Services (DHS) envisions our state as one where health equity, community empowerment, and service to others intersect to foster an environment of wellbeing for Wisconsinites. As part of this work, DHS has created a Viral Hepatitis Elimination Plan in keeping with the World Health Organization (WHO)'s mission to eradicate viral hepatitis by 2030. Many of the plan's measures align with those described in the CDC's Viral Hepatitis National Strategic Plan. Wisconsin's Viral Hepatitis Elimination Plan was created through community consultation, workgroups between internal and external partners, and collaborations between epidemiologists and communicable disease experts. The results of these efforts will guide Wisconsin's viral hepatitis elimination progress for years to come.

Plan Justification

As with many diseases and health conditions, viral hepatitis disproportionately impacts:

- Communities of color
- Economically disadvantaged populations
- People living in rural areas
- Justice-involved people
- Others without equitable access to health services

Simply acknowledging this reality does not move Wisconsin towards a healthier future for Wisconsin residents. Concrete action steps with measurable outcomes are needed to move closer to the elimination of viral hepatitis in our state. This elimination plan serves as an acknowledgment of the stigma faced by people living with hepatitis, a call to action for those in positions of authority, and a documented process of our commitment to eradicating viral hepatitis in Wisconsin.

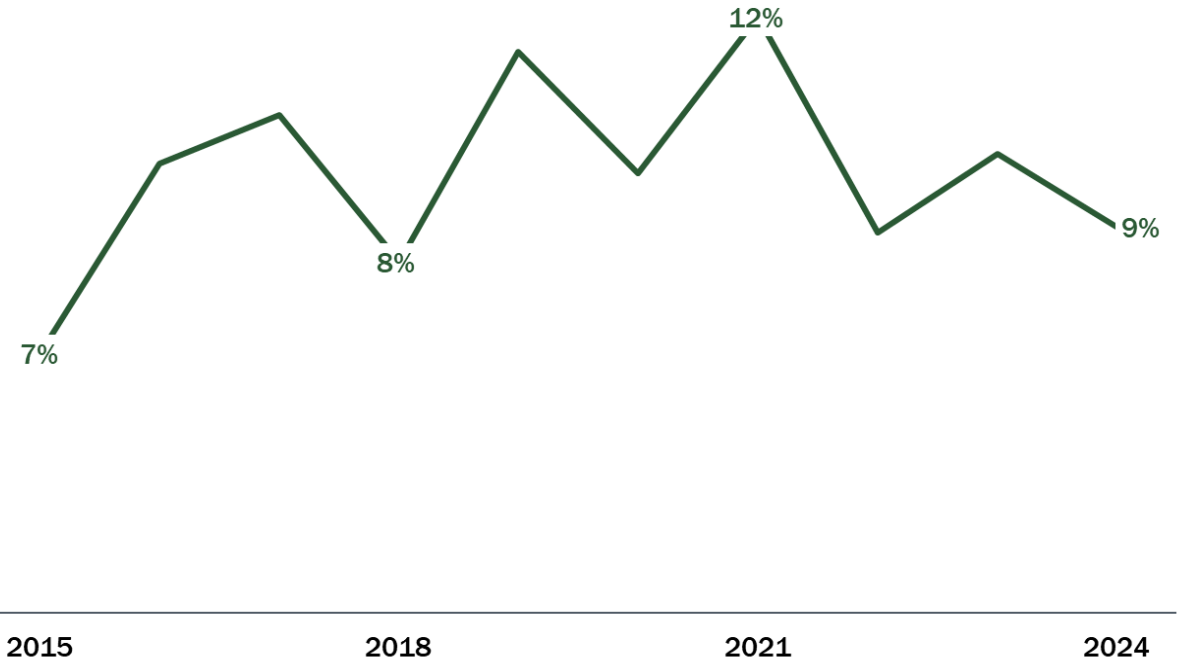
Populations of Focus

This viral hepatitis elimination plan is designed to address the needs of Wisconsinites. Long-standing structural racism and inequities in health systems require a particular focus on certain populations. These have been identified as Populations of Focus for the purposes of this report.

People involved in the justice system

People who are incarcerated have a hepatitis C infection rate ten times higher than the general public and 30% of people living with hepatitis C spend at least part of each year incarcerated. The Wisconsin Department of Health Services has a longstanding collaborative partnership with the Wisconsin Department of Corrections (DOC) to test for and treat hepatitis C among justice-involved people in their custody in prisons across the state.

Figure 1: Trends in hepatitis C diagnoses at Wisconsin DOC.
On average, nearly 1 in 10 people diagnosed with hepatitis C in Wisconsin from 2015–2024 were diagnosed in Wisconsin DOC. Data do not include individuals diagnosed with hepatitis C in Wisconsin jails.



The National Hepatitis Corrections Network is an advocacy group dedicated to providing justice-involved people with testing and treatment for hepatitis C.

Populations of Focus

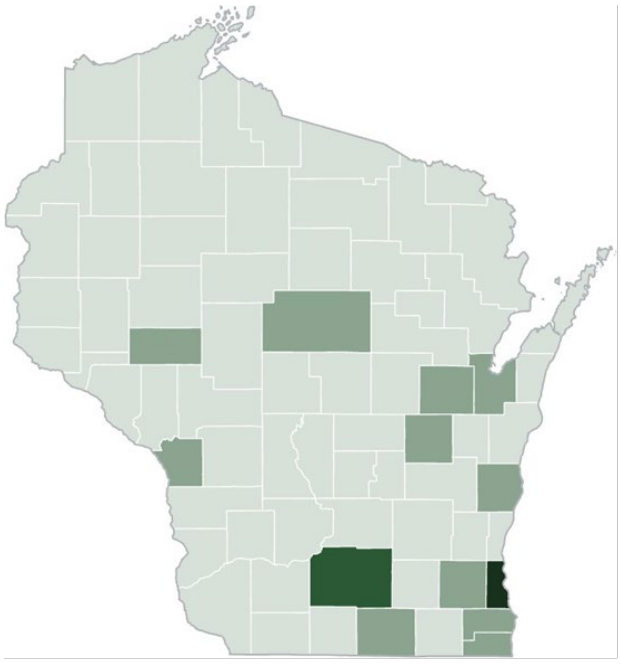
People living in rural areas

People living in rural areas of Wisconsin often travel over an hour to reach health care services. The implementation of telemedicine services for this population to treat hepatitis C would greatly reduce the number of required trips to attend in-person appointments with providers. Additionally, increasing provider education about simplified hepatitis C treatment protocols allows family medicine and general practice providers in rural areas to initiate hepatitis C treatment without consultation from specialty fields.

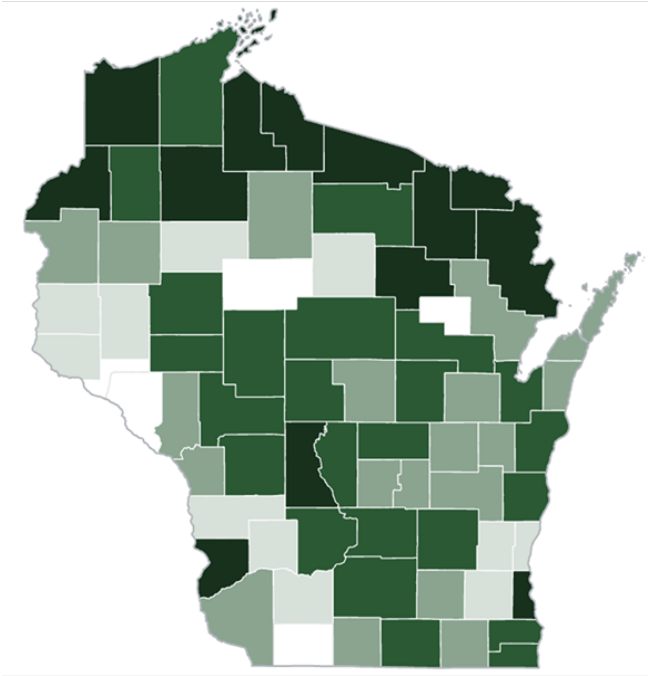
Figure 2: Number and rate of people diagnosed with hepatitis C by county.

From 2022–2024, most people newly diagnosed with hepatitis C were from the urban southern and southeastern areas of the state. The largest number of diagnoses were from Milwaukee (26%) and Dane (9%) counties. In contrast, the highest hepatitis C diagnosis rates were found in rural, northern counties. From 2022–2024, Sawyer (57.5 per 100,000) and Florence (57.0 per 100,000) counties had the highest hepatitis C diagnosis rates in Wisconsin.

Number of people diagnosed



Rate per 100,000



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

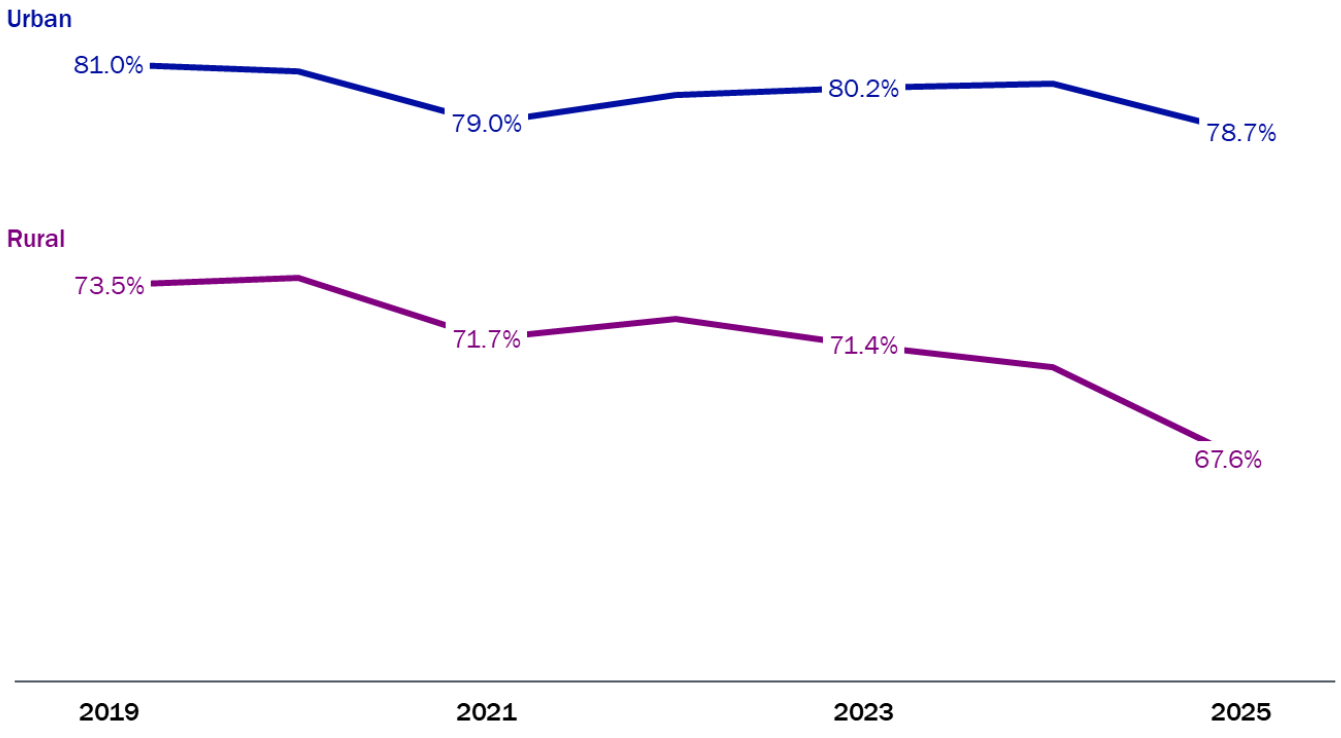
Populations of Focus

People living in rural areas

Wisconsin's rural residents face several barriers to accessing routine health care, including childhood vaccinations. These barriers may include fewer hospital and clinic options or long driving distances to attend appointments. Building partnerships with rural, local and Tribal health departments, healthcare systems, and schools will serve as a foundation for improving these rates and moving closer to eliminating hepatitis A in Wisconsin.

Figure 3: Hepatitis A vaccine initiation rates among children 24 months old by urban and rural county of residence.

From 2019–2025, hepatitis A vaccine initiation among children 24 months old has decreased in both rural and urban counties in Wisconsin, with rural counties experiencing steeper declines. In rural counties, there was 5.9 percentage-point decrease in hepatitis A vaccine initiation from 2019–2025 as compared to a 2.3 percentage-point decrease in urban counties. The gap in hepatitis A vaccine initiation is growing between urban and rural counties in Wisconsin. In 2025, the hepatitis A vaccine initiation rate among children 24 months old was 11.1 percentage-points higher in urban counties as compared to rural counties in Wisconsin.



Urban and rural county classification defined by the Wisconsin Office of Rural Health.

Populations of Focus

Pregnant people and perinatally exposed infants

From 2005—2024, the percentage of women of reproductive age (15—44 years old) diagnosed with hepatitis C in Wisconsin has increased. Because pregnant people cannot be treated for hepatitis C during pregnancy and children cannot be treated until 3 years of age, identifying hepatitis C infections prior to or early in pregnancy can reduce loss to follow up for both parents and young children. Since 2020, the CDC has recommended universal hepatitis C virus (HCV) screening at least once during each pregnancy. The CDC has recommended testing for perinatally-exposed infants between two and six months of age since 2023.

Figure 4: Percentage of hepatitis C diagnoses among women of reproductive age.
In 2005, the percentage of hepatitis C diagnoses among women of reproductive age (15—44 years old) was 13.7%. This increased to 21.7% in 2024.

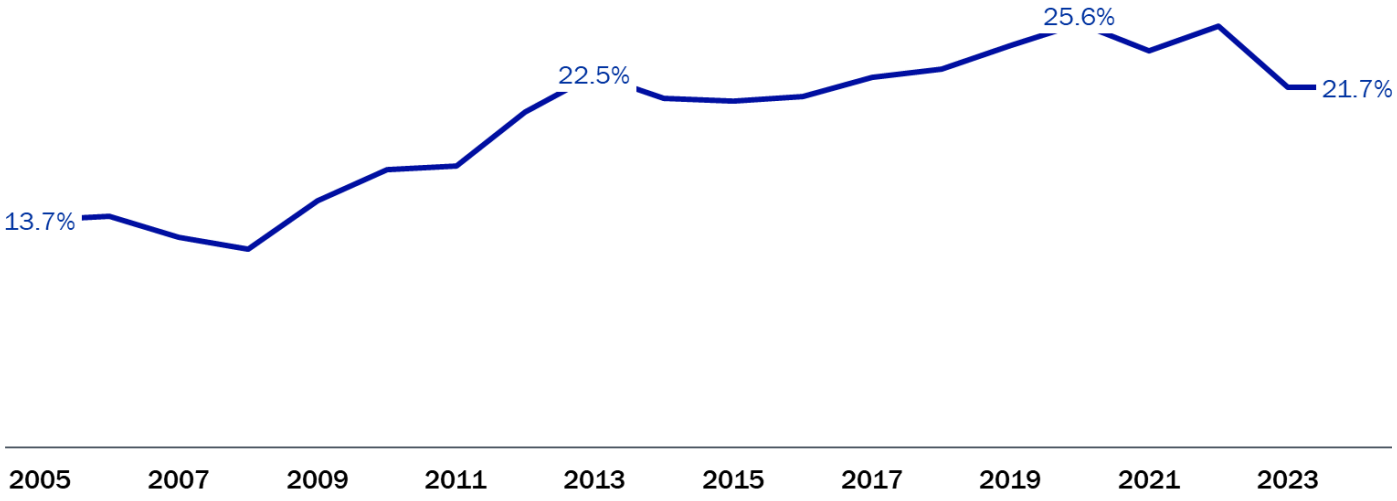
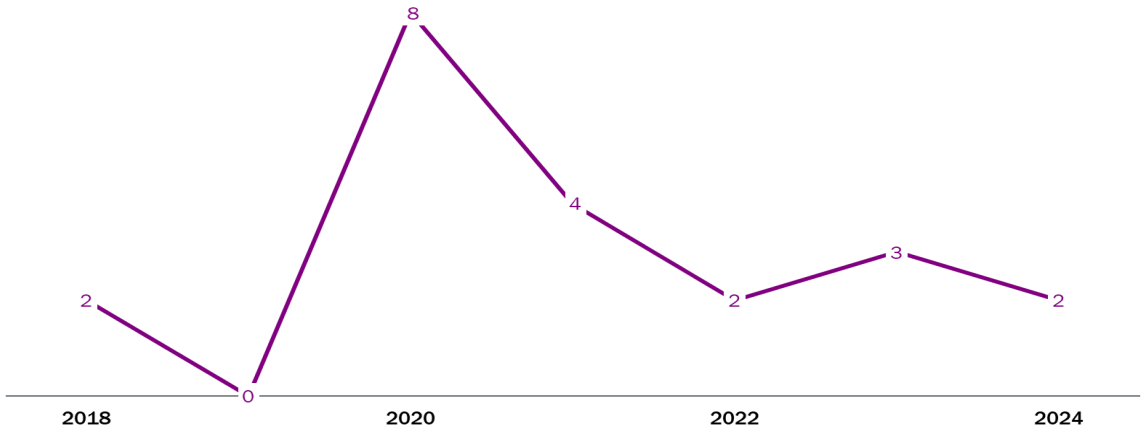


Figure 5: Number of children diagnosed with perinatal hepatitis C.
The number of perinatal hepatitis C cases in Wisconsin, which include a positive HCV RNA test between age two and 36 months, has ranged from zero in 2019 to eight in 2020. There were two cases in 2024.



Populations of Focus

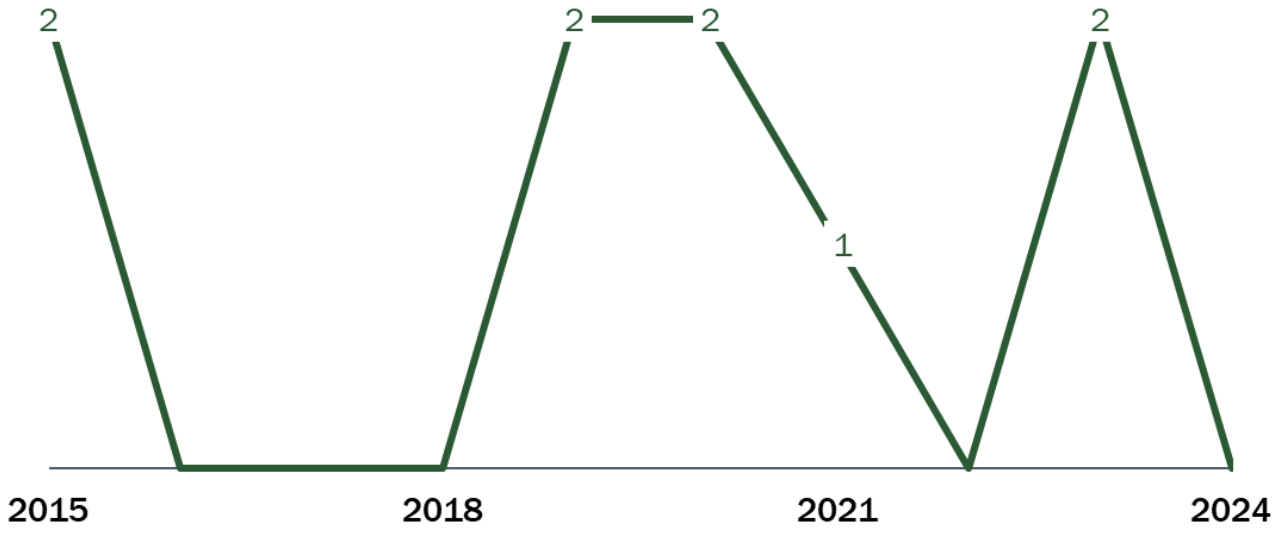
Pregnant people and perinatally exposed infants

The hepatitis B virus (HBV) can be transmitted from a pregnant person to an infant during and after delivery. In the absence of preventive interventions, the estimated rate of mother-to-child HBV transmission is approximately 40% when a mother is hepatitis B surface antigen- (HBsAg)-positive. National guidelines recommend:

- Universal screening for HBsAg during each pregnancy.
- HBV DNA testing for HBsAg-positive pregnant people at 26–28 weeks to guide the use of maternal antiviral therapy when HBV DNA is greater than 200,000 IU/mL.
- Case management of HBsAg-positive mothers and their infants. This includes provision of post-exposure immunoprophylaxis for infants born to infected mothers within 12 hours of birth.
- Routine vaccination of all infants with the hepatitis B vaccine series.

Consistently low counts of perinatal hepatitis B indicates a strong network between public health and clinical partners for detecting and responding to potential infections. This work will be maintained and strengthened as part of elimination activities.

Figure 6: Trends in the number of perinatal hepatitis B infections.
In 2024, there were no reported cases of perinatal hepatitis B in Wisconsin.



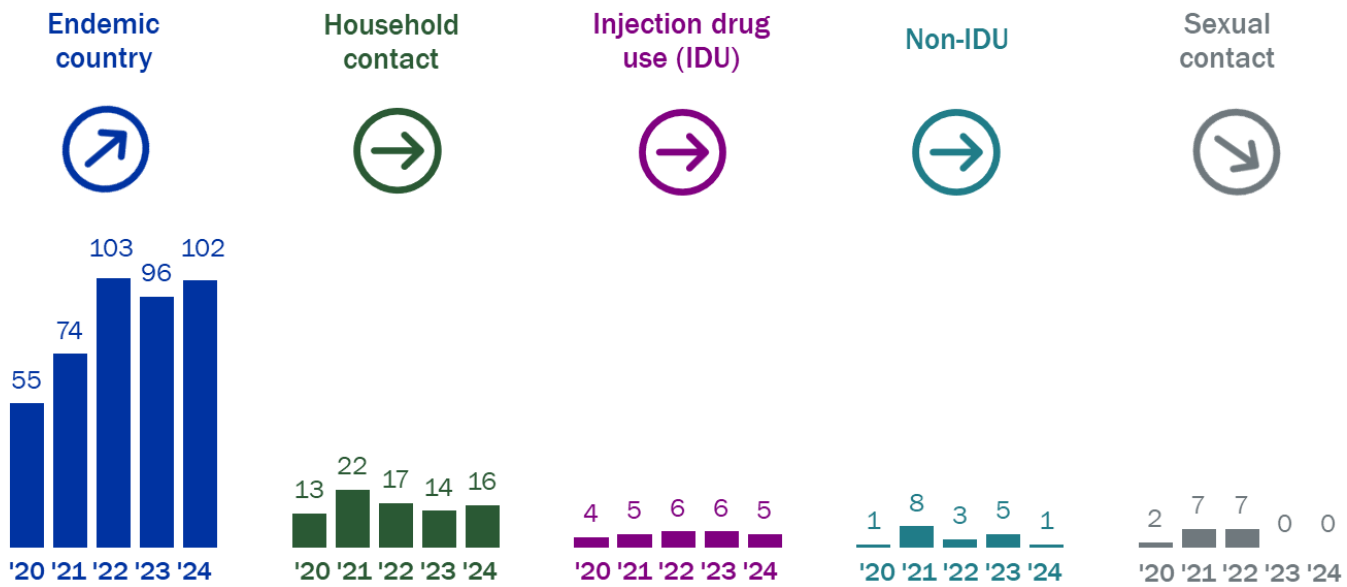
Populations of Focus

Immigrants and refugee communities

In Wisconsin, hepatitis B disproportionately affects people immigrating from countries in Africa and Asia, where the global burden of hepatitis B is high. There are several factors that increase hepatitis B prevalence in these regions, including: lack of access to universal infant vaccination and antiviral prophylaxis, suboptimal screening and treatment for hepatitis B, and low awareness and education. Rates of hepatitis B are especially high among refugee* populations, immigrants**, and internally displaced people***. Because many of these people are immigrating or seeking asylum from countries with limited health care resources, screening and treatment are critical upon arrival to lower-incidence countries like the United States.

Figure 7: Trends in hepatitis B exposures and risk factors.

From 2020–2024, the most commonly reported risk factor among people diagnosed with hepatitis B in Wisconsin was country of origin.



*Refugee: a person who has been forced to flee their country of origin due to persecution war or violence

**Immigrant: a person living in a country other than that of their birth

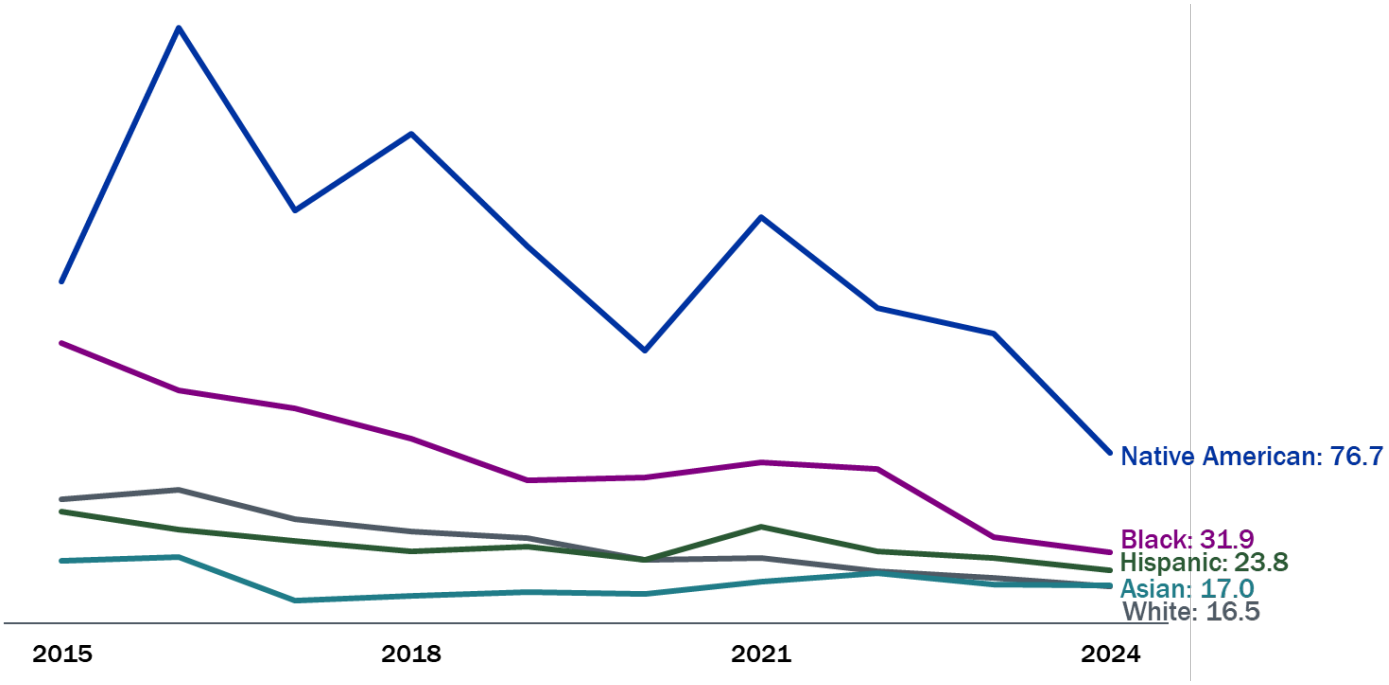
***Internally displaced person: a person who has been forced to flee their home, but is unable to cross an international border

Populations of Focus

Native communities

Native American and Alaskan Native people in the United States have significantly higher rates of acute and chronic hepatitis C diagnosis as well as hepatitis C-related death rates as compared to all other racial and ethnic groups. Trends in Wisconsin are similar. In 2024, the hepatitis C diagnosis rate among Native American and Alaska Native people in Wisconsin was 2.4 times higher than Black people and 4.6 times higher than white people. In 2024, the age-adjusted hepatitis C-related death rate among Native American and Alaska Native people in Wisconsin was 8.8 per 100,000 as compared to the statewide rate of 1.6 per 100,000. Combined with the rural locations of many Tribal Nations in Wisconsin, Native populations confront increased barriers to accessing hepatitis C testing and treatment.

Figure 8: Trends in the hepatitis C diagnosis rate per 100,000 by race and ethnicity.
From 2015–2024, the highest hepatitis C diagnosis rates were among Native American people in Wisconsin.



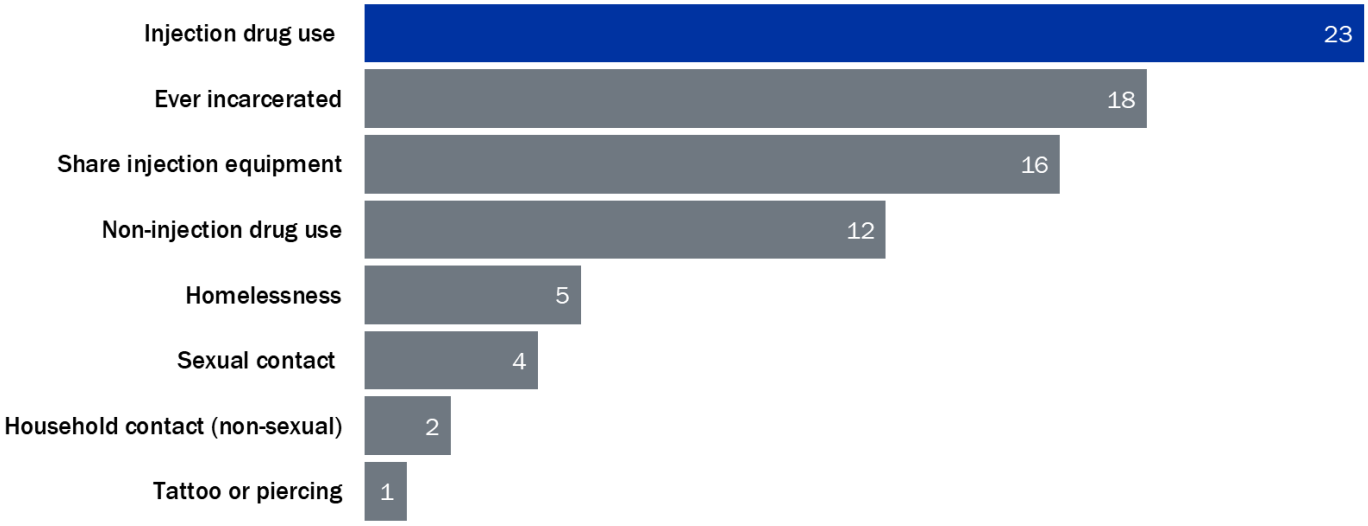
Populations of Focus

People who use drugs

In 2024, injection drug use was the most commonly reported exposure factor among diagnosed cases of acute hepatitis C in the state, according to the annual Wisconsin Hepatitis B and C Surveillance Report. People who use drugs (PWUDs) face stigma and marginalization across all areas of society, especially within health care services. The ongoing polysubstance use epidemic has simultaneously created an epidemic of new viral hepatitis infections among younger people who use drugs.

Figure 9: Risk and exposure factors among people diagnosed with acute hepatitis C.

Among people diagnosed with acute hepatitis reporting non-health care associated exposures, injection drug was the most commonly reported risk factor in 2024 in Wisconsin.



The Harm Reduction Response Team (HRRT) has been developed as a mobile service operated by WI DHS to provide harm reduction services and support.

Elimination Plan Outline

The primary purpose of this elimination plan is to ensure residents of Wisconsin are provided equitable access to services related to hepatitis A, B, and C testing, treatment, and prevention to stop the spread of these three conditions.

Goal 1: Data and surveillance

Wisconsin DHS will use its data systems and collection strategies to better inform viral hepatitis testing, treatment, and vaccination practices and provide transparent and accurate surveillance reports to Wisconsin residents, clinicians, and community partners.

Goal 2: Awareness, education, and resources

Wisconsin DHS will employ a variety of strategies to promote awareness of and reduce stigma around viral hepatitis. Resources and education about viral hepatitis prevention and treatment will be made available to Wisconsin residents.

Goal 3: Clinical strategies

Residents of Wisconsin will have greater access to comprehensive and equitable clinical services for viral hepatitis. This includes vaccination efforts for hepatitis A and B.

Goal 1: Data and Surveillance

Wisconsin DHS will use its data systems and collection strategies to better inform viral hepatitis testing, treatment and vaccination practices and provide transparent and accurate surveillance reports to Wisconsin residents, clinicians, and community partners.

Objective 1.1: WI DHS will create and distribute comprehensive annual viral hepatitis surveillance reports, composed of new and historical data on people diagnosed with hepatitis A, hepatitis B, and hepatitis C in Wisconsin.

Strategy 1

Create, distribute, and present annual surveillance reports using Wisconsin Electronic Disease Surveillance System (WEDSS), Wisconsin Statewide Health Information Network (WISHIN), and Wisconsin Immunization Registry (WIR) data.

Strategy 2

Create a publicly available data dashboard so stakeholders can better understand viral hepatitis incidence, prevalence, morbidity and mortality, and other factors in their communities.

Strategy 3

Improve the quality of reporting new cases by enhancing demographic and clinical information captured in WEDSS, educating providers on recommended testing sequences, and supporting laboratory testing best practices.

Strategy 4

Expand viral hepatitis epidemiologic capacity to analyze laboratory data, case surveillance trends, and outbreak detection capabilities.

Strategy 5

Monitor trends in transmission patterns across age, race, gender, and geographic location.

Goal 1: Data and Surveillance

Objective 1.2: WI DHS will identify additional data sources to better monitor viral hepatitis trends in Wisconsin and provide information to clinical staff to aid in facility-level care cascades.

Strategy 1

Leverage data matches between the Wisconsin Electronic Disease Surveillance System (WEDSS) and other data systems to better assess health outcomes and enhance surveillance activities.

A

Enhance longitudinal tracking of cause of death trends and possible perinatal cases of hepatitis B and C through linkages to the Vital Records (VR) program (births, deaths).

B

Inform the care continuum among persons enrolled in Medicaid through linkages to the Department of Medicaid Services (DMS).

C

Utilize all-payer claims database from the Wisconsin Health Information Organization (WHIO) to assess discrepancies in screening, vaccination, and treatment across insurance types and health care facilities in Wisconsin.

D

Advocate for continuous improvements to WEDSS data quality, timeliness, and completeness by maintaining strong relationships with WEDSS administrators and the Office of Health Informatics (OHI).

E

Evaluate the effectiveness of viral hepatitis screening and treatment programs at the Wisconsin Department of Corrections.

F

Locate possible HIV/HBV and HIV/HCV co-diagnoses through the Enhanced HIV AIDS Reporting System (eHARS). Cross-match to the Wisconsin HIV Drug Assistance Program (HDAP) to determine co-diagnosed persons who have ever filled HCV prescriptions.

G

Monitor hepatitis A and B vaccine uptake using the Wisconsin Immunization Registry (WIR) to provide focused vaccination education and outreach.

Goal 1: Data and Surveillance

Objective 1.3: Wisconsin DHS will work to improve laboratory reporting and monitoring data and partnerships with health systems.

Strategy 1

Conduct trainings on CDC-recommended screening algorithms for hepatitis A virus (HAV), hepatitis B virus (HBV), and hepatitis C virus (HCV) for health care providers and laboratorians.

Strategy 2

Consult health systems statewide about their current protocols for testing and treating patients for hepatitis A, B, and C, both at the patient and laboratory level.

Strategy 3

Leverage connections with the Wisconsin State Lab of Hygiene (WSLH) to identify laboratory system needs for timely and accurate HAV, HBV, and HCV test reporting.

Strategy 4

Conduct trainings with plasma centers in Wisconsin to improve electronic reporting of viral hepatitis tests.

Strategy 5

Identify hospitals, health systems, and other clinics in need of additional training around recommended HAV, HBV, and HCV screening algorithms via WEDSS data.

Strategy 6

Connect with local and Tribal health departments (LTHDs) to provide updates on changes to case investigation workflows or testing recommendations, along with resources to advocate for improved viral hepatitis screening and treatment in their local clinics and health systems.

Goal 2: Awareness, Education, and Resources

Wisconsin DHS will employ a variety of strategies to promote awareness of and reduce stigma around viral hepatitis. Resources and education about viral hepatitis prevention and treatment will be made available to Wisconsin residents.

Objective 2.1: Trainings on hepatitis A, B, and C will be provided at a variety of levels of health literacy to multiple partners and organizations across Wisconsin.

Strategy 1

Provide in-person and virtual trainings for providers, laboratorians, local and Tribal health departments (LTHDs), community-based organizations (CBOs), and the public as requested. These trainings will focus on rapid hepatitis C testing, perinatal hepatitis C, hepatitis C within the carceral system, and other areas as needs are identified. Educational trainings on hepatitis A and B will also be provided in relevant settings.

Objective 2.2: DHS has created numerous health education fact sheets that are available online for distribution. Additional will be created and published as needs are identified.

Strategy 1

Develop and publish fact sheets and health information updates on the DHS website in cooperation with health educators and communications teams.

A

Distribute fact sheet links to relevant internal and external partners using existing email lists and DHS news releases.

B

Ask for feedback from internal and external partners as to what information they would like to see published online regarding viral hepatitis and harm reduction.

Existing publications can be found in the DHS Resources section at the end of this report.

Goal 2: Awareness, Education, and Resources

Objective 2.3: DHS will collaborate with external partners to integrate infectious disease and harm reduction trainings at Federally Qualified Health Centers (FQHCs), Tribal Health Centers, jails, and community-based organizations.

Strategy 1

Implement hepatitis C testing and treatment programs in county jails across Wisconsin through fostering partnerships with local law enforcement, jail administration staff, and local and Tribal health departments. Many county jails in Wisconsin operate their medical service units via third-party health contractors and have budget limitations. Support from DHS and local and Tribal health departments will allow justice-involved populations to receive testing and treatment services from which they may otherwise be excluded.

Strategy 2

Develop treatment navigation services for people being released from jail who have been diagnosed with hepatitis B or C by establishing expedited referral processes and medical records review.

Goal 3: Clinical Strategies

Residents of Wisconsin will have greater access to comprehensive and equitable clinical services for viral hepatitis. This includes vaccination efforts for hepatitis A and B.

Objective 3.1: DHS will work to develop clinical strategies to prevent, identify, and treat hepatitis A, B, and C infections among pediatric populations.

Strategy 1

Share the CDC's universal recommendations about hepatitis B and C screening through provider trainings, community discussions, fact sheets, and elimination meetings.

Strategy 2

Leverage partnerships with Immunization Program health care system contacts to encourage timely and complete HAV and HBV vaccination for residents, especially among adults ages 19-59.

Strategy 3

Facilitate ongoing consultation and meetings with providers related to pregnant people who use drugs to foster compassion and understanding among providers and their patients.

Strategy 4

Increase awareness of Medicaid services and coverage of viral hepatitis testing and treatment among the public and health care providers.

Strategy 5

Increase provider awareness of the correct viral hepatitis testing algorithms for pediatric patients and encourage the best clinical practice of HCV antibody testing with automatic reflex to NAT/NAAT/PCR.

Strategy 6

Identify clinics and hospitals where Smart Logic EMR prompts can be used to remind providers of HCV testing algorithms for perinatally exposed infants.

Goal 3: Clinical Strategies

Objective 3.2: DHS will work to develop clinical strategies to prevent, identify, and treat hepatitis A, B, and C infections among adult populations.

Strategy 1

Partner with LTHDs and CBOs to provide the public with accurate and audience-specific information on the transmission of hepatitis C, including disease education through harm reduction outreach services. DHS will also work to increase rates of hepatitis A and B vaccination for adults.

Strategy 2

Facilitate ongoing consultation and meetings with providers across Wisconsin to share the recommended practices of HCV antibody screenings that automatically reflex to NAT/NAAT/PCR if there is a reactive result and triple panel screening for HBV.

Strategy 3

Utilize the all-payer claims database to highlight areas of improvement for screening and treatment between facilities and insurance platforms.

Strategy 4

Conduct hepatitis A, B, and C education outreach efforts through a harm reduction lens.

Strategy 5

Provide rapid and confirmatory HCV testing to clients via the Harm Reduction Response Team, CBOs, and LTHDs and assist with treatment navigation resources for clients with a confirmed HCV diagnosis.

Strategy 6

Promote telehealth services related to HBV and HCV treatment through assistance from health systems across the state. This will also include the delivery of HCV medication via mail.

Goal 3: Clinical Strategies

Objective 3.3: The Viral Hepatitis Program will work with jails and prisons across the state to provide viral hepatitis education, testing, and treatment services.

Strategy 1

Leverage relationships with LTHDs to expand capacity for HAV/HBV vaccination in jail settings and continue to support HAV/HBV vaccination programs within the Wisconsin Department of Corrections.

Strategy 2

Provide trainings on the recommended viral hepatitis testing algorithms to public health nurses and third-party health contractors working within jails in Wisconsin.

Strategy 3

Promote universal screening for HBV and HCV for jail inmates upon incarceration.

Strategy 4

Provide harm reduction, stigma reduction, overdose education, and disease prevention education materials to individuals prior to or upon their release from jail or prison custody.

Strategy 5

Collaborate with jail health systems and social workers to ensure inmates are re-enrolled in Medicaid services upon release or are provided information on how to re-enroll in Medicaid services.

Strategy 6

Develop a pilot program with several jails across Wisconsin to provide small-scale linkage to care navigation services upon a person's release from custody.

Strategy 7

Identify areas of need for social service referrals for justice-involved persons upon release from custody.

Strategy 8

Implement telehealth systems so justice-involved people may attend appointments with infectious disease providers and other medical professionals relevant to their hepatitis B and/or C treatment.

Metrics

The Viral Hepatitis Program will collect data on the following metrics to track progress towards the 2030 elimination goals. The Viral Hepatitis Program will provide yearly updates through a publicly available online dashboard. View the dashboard on the Wisconsin's Viral Hepatitis Elimination Plan webpage.

Wisconsin Viral Hepatitis Elimination Measures	
Prevent New Viral Hepatitis Infections	2030 Goal
1. Reduce the number of people diagnosed with hepatitis A	↓ 65%
2. Reduce the number of people diagnosed with acute hepatitis B	↓ 90%
3. Reduce the number of people diagnosed with acute hepatitis C	↓ 90%
4. Increase hepatitis A vaccine initiation rates among children 24 months old	≥ 80%
5. Increase hepatitis A vaccine series completion rates among children 24 months old	≥ 45%
6. Increase hepatitis A vaccine series completion rates among adults ages 19–49 years old	≥ 30%
7. Increase the percentage of infants who receive the hepatitis B birth dose (0–1 day)	≥ 90%
8. Increase hepatitis B vaccine series completion rates among children 24 months old	≥ 90%
9. Increase hepatitis B vaccine initiation rates among adults 19–59 years old	≥ 60%
10. Increase hepatitis B vaccine series completion rates among adults 19–59 years old	≥ 50%
Prevent Perinatal Transmission of Viral Hepatitis	
11. Increase the percentage of children born to people with hepatitis B who receive post-exposure immunoprophylaxis (PEP)	100%
12. Increase the percentage of children born to people with hepatitis B who complete the hepatitis B vaccine series by age 12 months	≥ 95%
13. Increase the percentage of children born to people with hepatitis B who complete post-vaccination serologic testing (PVST)	≥ 85%
14. Increase hepatitis C screening rates among pregnant people enrolled in Medicaid who are engaged in prenatal care	≥ 80%
Reduce Viral Hepatitis-related Morbidity and Mortality	
15. Reduce the liver and bile duct cancer rate	↓ 40%
16. Reduce the number of liver transplants among people with hepatitis B	↓ 90%
17. Reduce the number of liver transplants among people with hepatitis C	↓ 90%
18. Reduce the hepatitis B-related death rate	↓ 65%
19. Reduce the hepatitis C-related death rate	↓ 65%
Reduce Viral Hepatitis-related Disparities and Inequities	
20. Reduce the hepatitis B diagnosis rate among people who inject drugs	↓ 90%
21. Reduce the hepatitis B diagnosis rate among Asian and Pacific Islander people	↓ 90%
22. Reduce the hepatitis C diagnosis rate among Native American people	↓ 90%
23. Reduce the hepatitis C diagnosis rate among people who inject drugs	↓ 90%
24. Reduce the hepatitis B-related death rate among Asian and Pacific Islander people	↓ 65%
25. Reduce the hepatitis C-related death rate among Native American people	↓ 65%
26. Reduce the hepatitis C-related death rate among Black people	↓ 65%
Increase Access to Viral Hepatitis Testing and Treatment	
27. Increase the percentage of people with hepatitis B engaged in care	≥ 80%
28. Increase the hepatitis C viral clearance percentage	≥ 80%
29. Increase the hepatitis C viral clearance percentage among people who inject drugs	≥ 80%
30. Increase the hepatitis C viral clearance percentage among people living in rural areas	≥ 80%
31. Increase the percentage of people screened at intake for hepatitis C at Wisconsin Department of Corrections (DOC)	TBD
32. Increase the percentage of people with current infection prescribed hepatitis C treatment at DOC	TBD
33. Increase the hepatitis C viral clearance percentage among people at DOC	TBD

Conclusion

Through a combination of enhanced data techniques, clinical education, and community support, the Wisconsin Department of Health Services will work to eliminate viral hepatitis across the state.

Fostering a healthy environment for Wisconsinites means addressing health disparities and stigma, advocating for marginalized populations, and implementing institutional changes. Close work with internal and external partners will be key to the success of this Viral Hepatitis Elimination Plan. The Wisconsin Department of Health Services is confident in these efforts and welcomes a healthier future for the state.

WISCONSIN DEPARTMENT *of* HEALTH SERVICES

DHS Resources

Hepatitis A

Hepatitis A
Recommended Vaccinations for Wisconsinites
Immunization Data Dashboards

Hepatitis B

Hepatitis B, P-42055 (PDF)
Protecting Your Baby Against Hepatitis B, P-44562 (PDF)
Reporting a Positive HBsAg Laboratory Result, P-01112 (PDF)
Wisconsin Perinatal Hepatitis B Prevention Program Manual, P-44502 (PDF)

Hepatitis C

Hepatitis C Fact Sheet, P-42056 (PDF)
Hepatitis C Treatment and Prevention Resources, P-03510 (PDF)
Perinatal Hepatitis C Testing and Treatment Guidance for Health Care Professionals, P-03511 (PDF)
Hepatitis C: Information for Pregnant and Post-Partum People, P-03511A (PDF)
Hepatitis C Testing and Treatment: A Guide for Law Enforcement, P-03524 (PDF)
Jail Pre-Release Hepatitis C Counseling Checklist, P-03509 (PDF)

Annual viral hepatitis data reports

Wisconsin DHS publishes yearly reports on viral hepatitis. They are posted on the webpage, Wisconsin's Plan to Eliminate Viral Hepatitis.