



Hepatitis A, B, and C Surveillance Annual Report

2024



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Executive Summary

This report presents surveillance data from 2024 on hepatitis A, B, and C among New York City (NYC) residents. In 2024, the NYC Health Department made substantial strides in the use of disease surveillance data to facilitate the elimination of viral hepatitis in NYC as a public health threat. Surveillance data show racial and ethnic, gender, age group, and neighborhood and income disparities in the distribution of hepatitis B and C cases in NYC, underscoring that not all communities have equitable access to necessary health services. Important modifications to viral hepatitis screening, testing, and reporting requirements occurred in 2024 in New York State (NYS) and NYC, which have significant implications for improving diagnosis of hepatitis B and C. However, NYC data demonstrate the ongoing need to identify new strategies to improve access to hepatitis screening, testing, treatment, and prevention services.

In May 2024, changes to the NYS Public Health Law designed to expand hepatitis C screening went into effect. Now, all people ages 18 years and older (or younger than 18 if there is evidence or indication of risk) in NYS must be offered hepatitis C screening when receiving health services as an inpatient or in the emergency department, or when receiving primary care from physicians, physician assistants, nurse practitioners, or midwives. Also, as of May 2024, providers caring for pregnant people in NYS must order hepatitis C screening during each pregnancy. These changes to NYS law — combined with January 2024 changes to the NYC Health Code requiring laboratories in NYC to report all negative and indeterminate hepatitis B envelope antigen and surface antigen test results, and all negative and indeterminate hepatitis C antibody test results — enhance the NYC Health Department’s ability to distinguish new or acute hepatitis B and C infections from chronic infections and prioritize investigations. Ultimately, these changes enable earlier and more comprehensive disease detection, more timely linkage to care and treatment, and better management and prevention of perinatal infection.

Key takeaways from the 2024 Hepatitis A, B, and C Surveillance Annual Report include:

- In 2024, the rate of people reported with hepatitis A in NYC (0.7 cases per 100,000 people in the population) was consistent with the rate reported in 2023. The rate of people reported with hepatitis A has generally been low due to hepatitis A vaccine availability and universal childhood vaccine recommendations.
- Rates of both acute hepatitis B (3.7 cases per 100,000 people) and acute hepatitis C (5.0 cases per 100,000 people) in NYC rose sharply in 2024 compared with 2023 (0.3 and 2.2 cases per 100,000 people, respectively). The increase in acute hepatitis B cases was driven in large part by revisions to the national surveillance case definition made by the Council of State and Territorial Epidemiologists and implemented by the Centers for Disease Control and Prevention (CDC) in 2024. Implementation of laboratory reporting in NYC of negative hepatitis B surface antigen and negative hepatitis C antibody test results in 2024 greatly improved the detection of hepatitis B surface antigen seroconversion and hepatitis C antibody seroconversion, allowing for improved classification of acute infection. The spike in acute hepatitis C cases can be attributed largely to better detection resulting from laboratory

reporting of negative hepatitis C antibody test results.

- Rates of newly reported chronic hepatitis B in NYC have increased since 2020, and in 2024 NYC saw its highest rate of newly reported chronic hepatitis B in the past 10 years (97.2 cases per 100,000 people in 2024 compared with 93.8 cases per 100,000 people in 2016, the second-highest rate reported in the past 10 years). Improved screening is expected to lead to the identification of people with previously undiagnosed hepatitis B; and while the estimated prevalence of chronic hepatitis B in NYC has increased steadily over the past 10 years, prevalence among people younger than 40 years is declining.
- There was a slight decrease in the rate of newly reported chronic hepatitis C cases in NYC in 2024 as compared with 2023 (27.4 vs 28.2 cases per 100,000 people), though the rate has remained relatively steady since 2020.
- While the number of newly reported chronic hepatitis C cases was relatively consistent across age groups, people born between 1945 and 1965 (“Baby Boomers,” ages 59 to 79 in 2024) represented a large majority (53.6%) of prevalent chronic hepatitis C cases in NYC in 2024. Overall declines in chronic hepatitis C prevalence observed over the past decade are increasingly driven by deaths among Baby Boomers.
- Among people with newly reported acute hepatitis C in NYC in 2024 who were contacted by the NYC Health Department during enhanced surveillance investigations, male-to-male sexual contact and HIV infection were the most common risk factors; injection drug use was the most common risk factor among people with newly reported chronic hepatitis C.
- Among people newly reported with a positive hepatitis C RNA test in NYC, the percentage of people cured or cleared within one year has increased steadily from 2015 (30.9%) to 2024 (43.0%).

For additional data not included in the report, see 2024 Appendices at nyc.gov/health/hepdata.

For more information or to submit data requests, email hep@health.nyc.gov.

Suggested citation:

New York City Department of Health and Mental Hygiene. 2024 Hepatitis A, B, and C Annual Report. February 2026.

Hepatitis A

Figure 1. Number and Rate of People Reported With Hepatitis A in NYC, 2015 to 2024¹

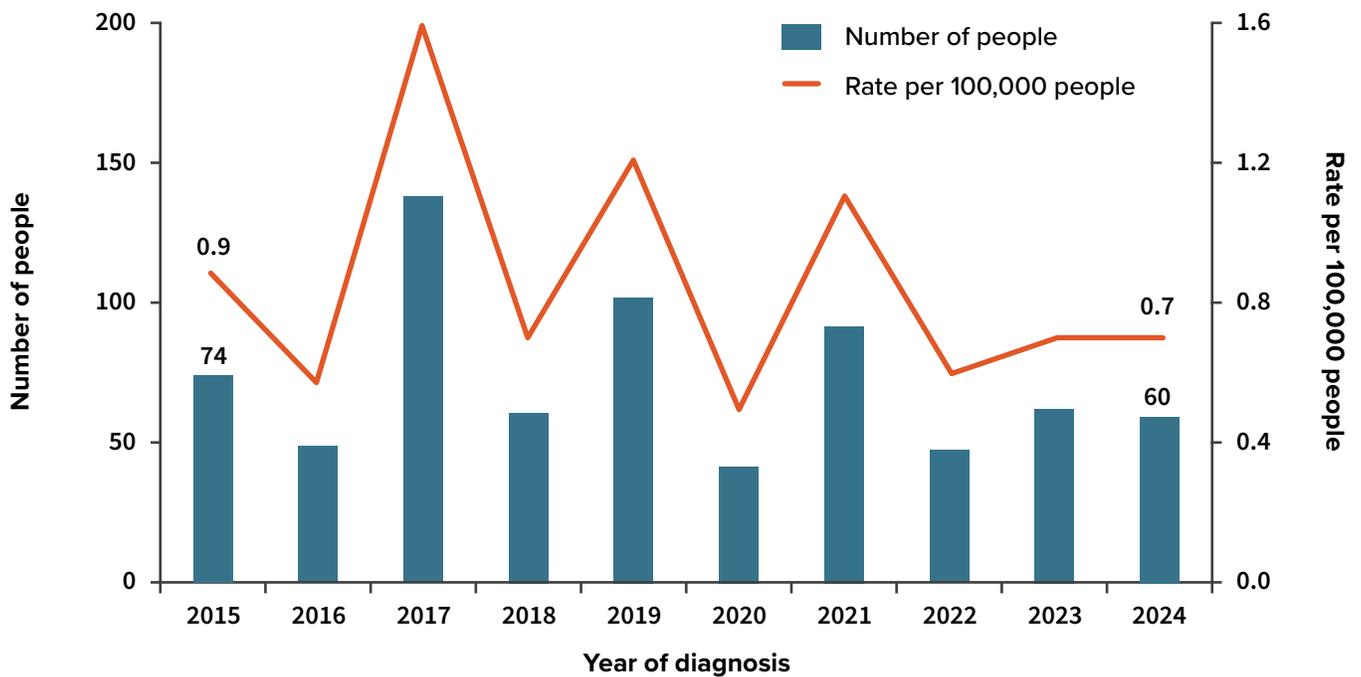
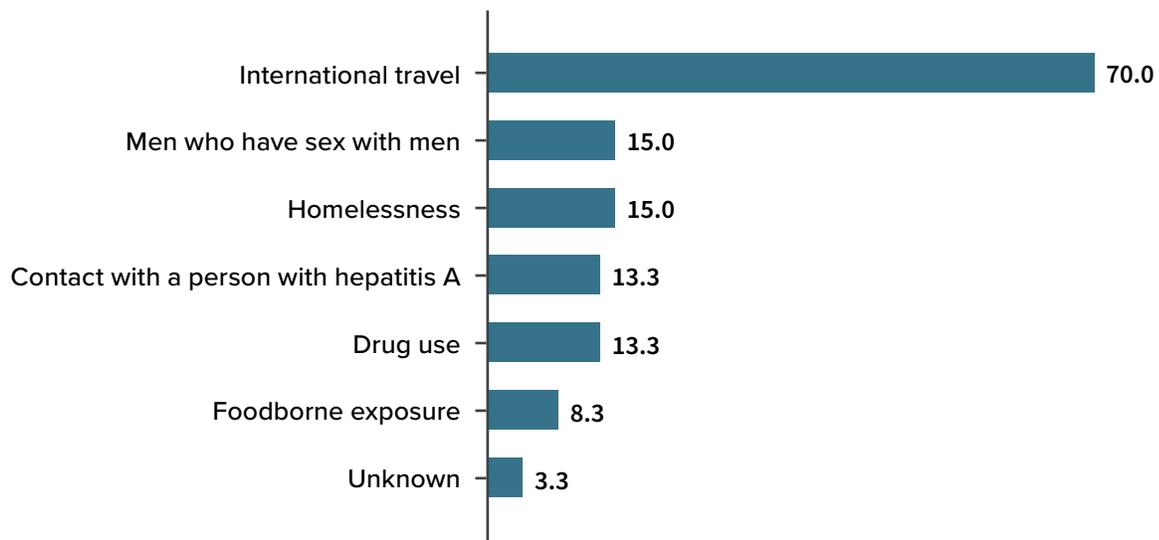


Figure 2. Percentage of People Reported With Hepatitis A in NYC by Reported Transmission Categories,² 2024



¹All data reported to the NYC Health Department as of April 9, 2025.

²Not mutually exclusive.

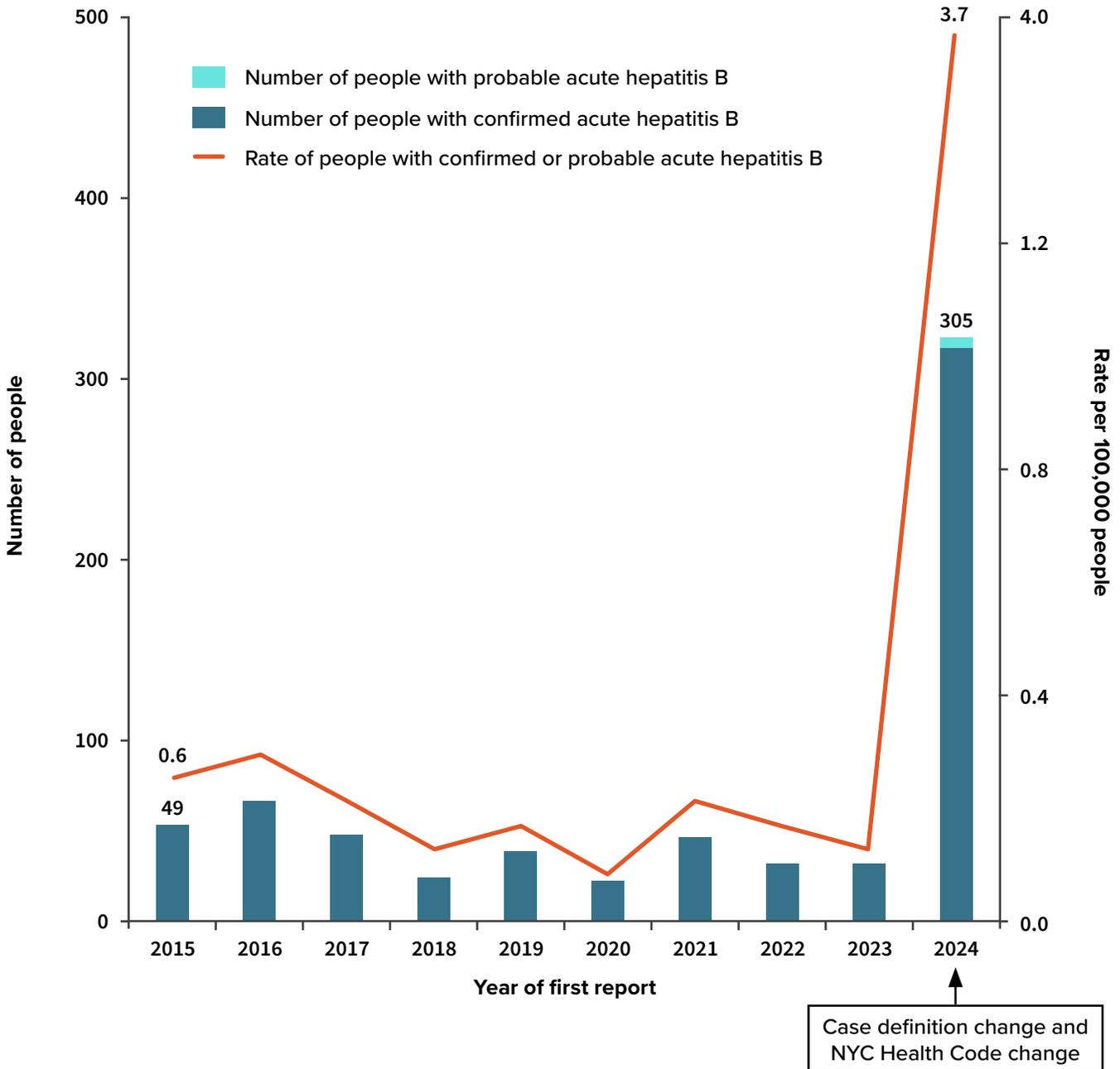
Table 1. Characteristics of People Reported With Hepatitis A in NYC, 2024

	Number of people	Percentage of each group	Rate per 100,000
Overall	60	100.0	0.7
Sex			
Female	21	35.0	0.5
Male	39	65.0	1.0
Age group at time of report			
9 or younger	7	11.7	0.8
10 to 19	6	10.0	0.7
20 to 29	15	25.0	1.3
30 to 39	12	20.0	0.9
40 to 49	7	11.7	0.7
50 to 59	8	13.3	0.8
60 or older	5	8.3	0.3
Race and ethnicity			
American Indian, non-Latino	0	0.0	0.0
Asian, non-Latino	7	11.7	0.5
Black, non-Latino	9	15.0	0.5
Latino	18	30.0	0.8
Native Hawaiian or Pacific Islander, non-Latino	0	0.0	0.0
White, non-Latino	16	26.7	0.6
Two or more races or underrepresented race, non-Latino	7	11.7	N/A
Unknown	3	5.0	N/A
Borough of residence			
Bronx	13	21.7	1.0
Brooklyn	13	21.7	0.5
Manhattan	18	30.0	1.1
Queens	12	20.0	0.5
Staten Island	3	5.0	0.6
Unknown	1	1.7	N/A
Neighborhood poverty level by ZIP code			
Low	9	15.0	0.5
Medium	22	36.7	0.6
High	20	33.3	1.2
Very high	8	13.3	0.8
Unknown	1	1.7	N/A

Hepatitis B

Figure 3. Number and Rate of People Reported With Acute Hepatitis B and Those With Newly Reported Chronic Hepatitis B in NYC, 2015 to 2024

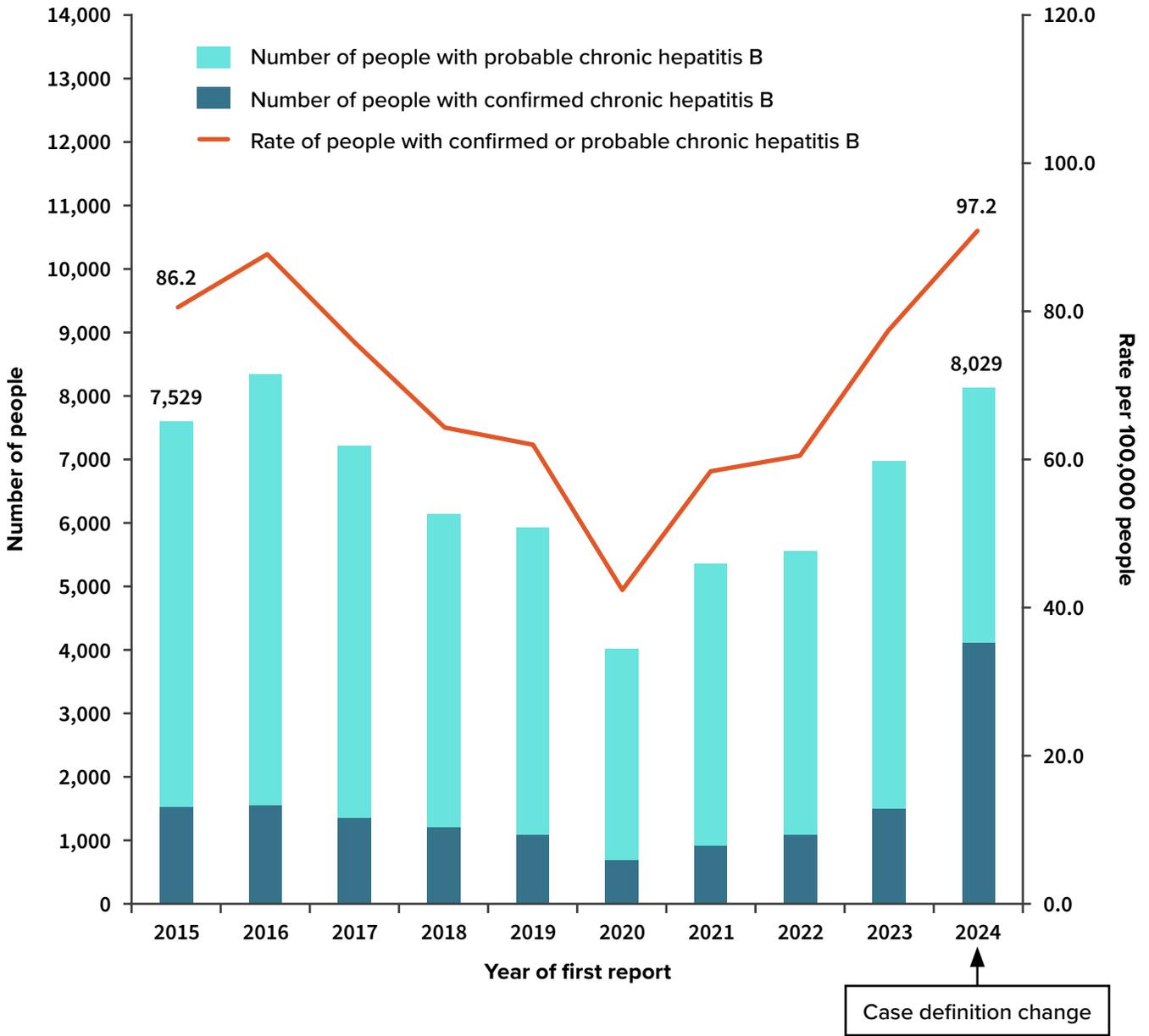
Acute hepatitis B



The increase in acute hepatitis B cases in 2024 was driven in large part by revisions to the national surveillance case definition made by the Council of State and Territorial Epidemiologists. Also, implementation of laboratory reporting of negative hepatitis B surface antigen in 2024 improved the detection of acute hepatitis B identified via hepatitis B surface antigen seroconversion.

Figure 3 (continued). Number and Rate of People Reported With Acute Hepatitis B and Those With Newly Reported Chronic Hepatitis B in NYC, 2015 to 2024

Chronic hepatitis B



The increase in chronic hepatitis B cases in 2023 and 2024 may be linked to improved screening, which is expected to lead to the identification of people with previously undiagnosed hepatitis B. In 2023, the CDC recommended universal hepatitis B testing for all adults in the U.S. at least once in their lifetime, which replaced the previous recommendation centered on risk-based screening.¹

¹Connors EE, Panagiotakopoulos L, Hofmeister MG, et al. Screening and testing for hepatitis B virus infection: CDC recommendations — United States, 2023. *MMWR Recomm Rep.* 2023;72(No. RR-1):1-25. doi:10.15585/mmwr.rr7201a1

Acute Hepatitis B Case Investigations

Figure 4. People Reported With a Positive IgM Test or Who Met Clinical and Laboratory-Based Criteria for Acute Hepatitis B and Investigated to Ascertain Case Status, 2024

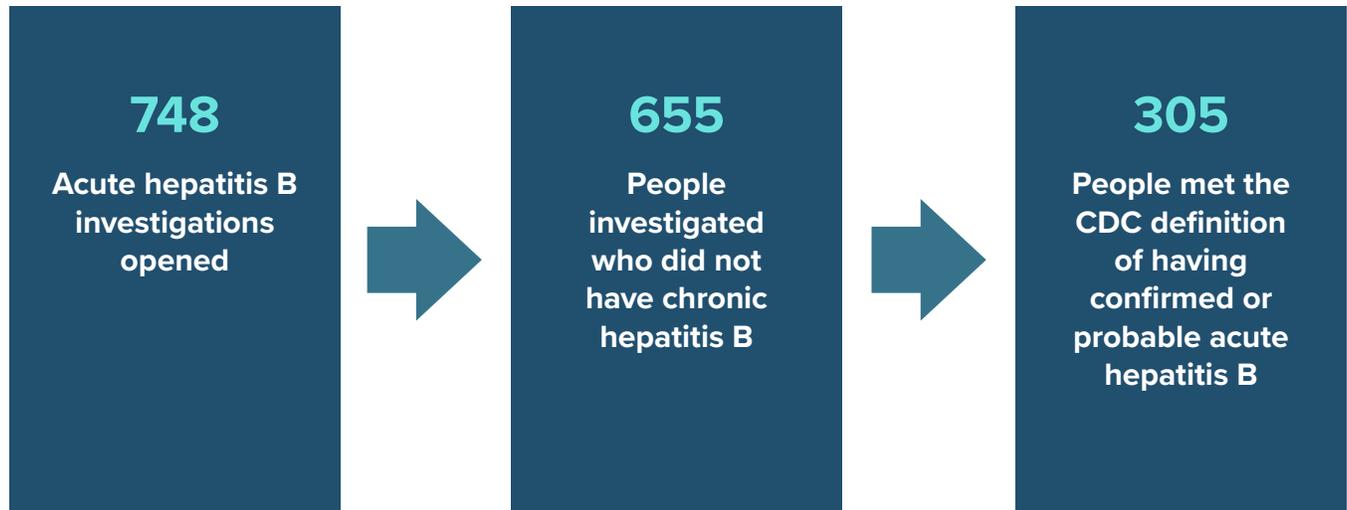
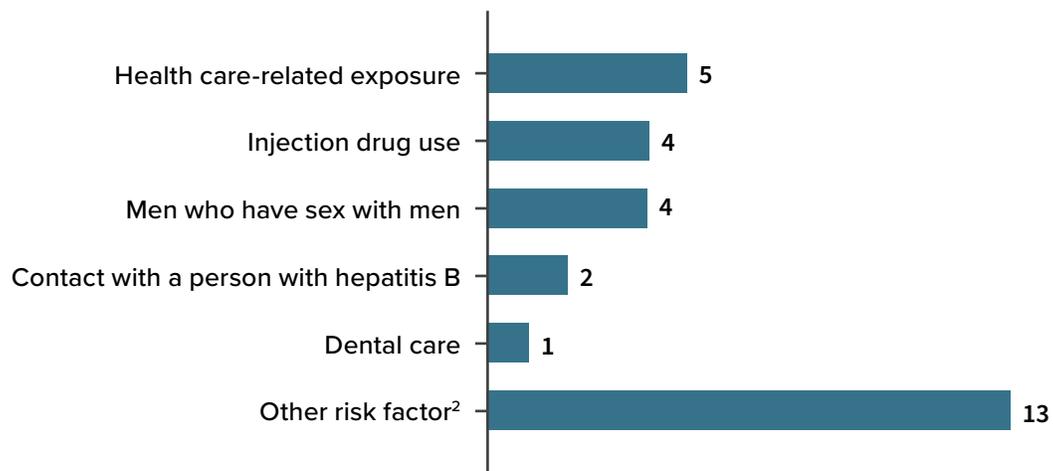


Figure 5. Number of People Reported With Acute Hepatitis B in NYC by Reported Transmission Category,¹ 2024



¹Transmission risk information, when not available in medical charts, is collected through provider or patient interviews, which are conducted for a small proportion of acute hepatitis B cases.

²Other risk factor includes manicure or pedicure; blood draw or other blood exposure; tattoo or piercing; inject insulin; blood glucose monitor; accidental stick; acupuncture; and non-injection drug use.

Table 2. Characteristics of People Reported With Acute Hepatitis B in NYC, 2024

	Number of people	Percentage of each group	Rate per 100,000
Total	305	100.0	3.7
Sex			
Female	134	43.9	3.1
Male	171	56.1	4.3
Age group at time of report			
19 or younger	3	1.0	0.2
20 to 29	45	14.8	3.9
30 to 39	65	21.3	5.0
40 to 49	41	13.4	4.0
50 to 59	52	17.0	5.1
60 to 69	40	13.1	4.2
70 or older	59	19.3	6.0
Race and ethnicity			
American Indian, non-Latino	0	0.0	0.0
Asian, non-Latino	29	9.5	2.2
Black, non-Latino	62	20.3	3.5
Latino	54	17.7	2.3
Native Hawaiian or Pacific Islander, non-Latino	0	0.0	0.0
White, non-Latino	40	13.1	1.5
Two or more races or underrepresented race, non-Latino	2	0.7	1.2
Unknown	118	38.7	N/A
Borough of residence			
Bronx	66	21.6	4.9
Brooklyn	101	33.1	3.9
Manhattan	44	14.4	2.8
Queens	81	26.6	3.6
Staten Island	11	3.6	2.2
Unknown	2	0.7	N/A
Neighborhood poverty level by ZIP code			
Low	36	11.8	2.0
Medium	149	48.9	3.8
High	72	23.6	4.4
Very high	46	15.1	4.8
Unknown	2	0.7	N/A

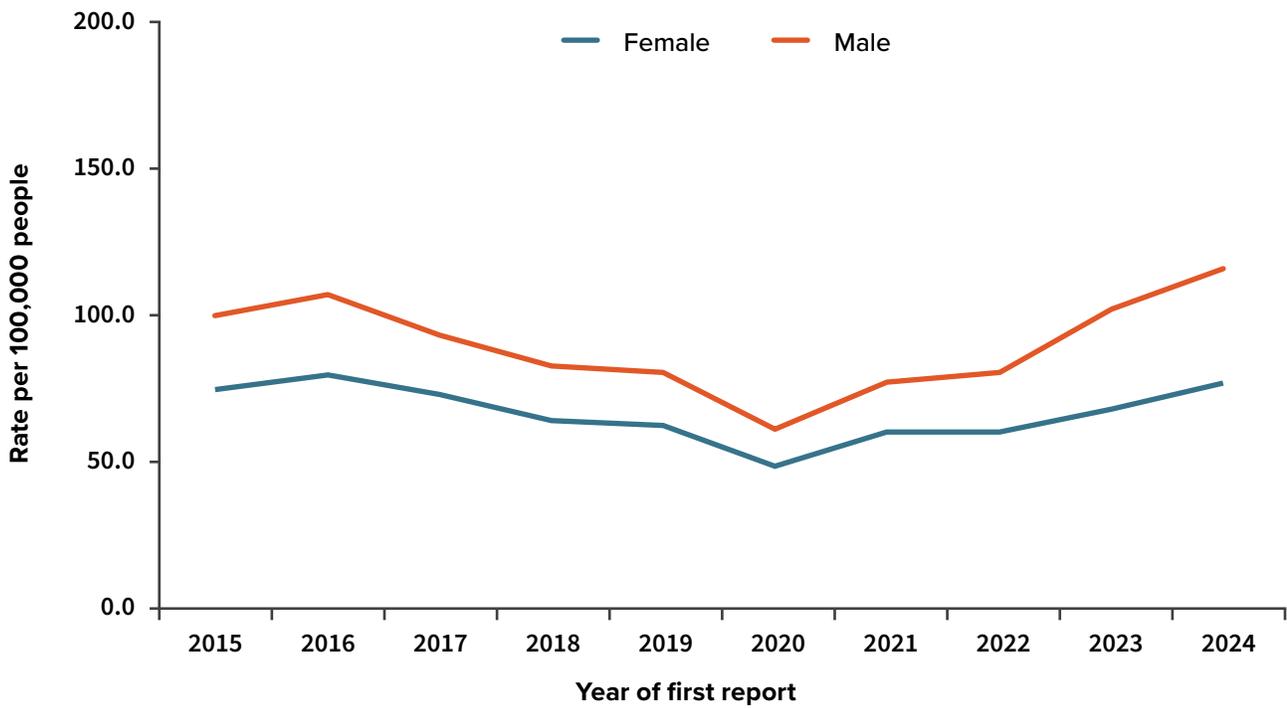
Table 3. Characteristics of People Newly Reported With Chronic Hepatitis B in NYC, 2024

	Number of people	Percentage of each group	Rate per 100,000
Total	8,029	100.0	97.2
Sex			
Female	3,145	39.2	70.7
Male	4,884	60.8	102.9
Age group at time of report			
19 or younger	177	2.2	9.8
20 to 29	958	11.9	82.8
30 to 39	2,196	27.4	167.7
40 to 49	2,131	26.5	207.0
50 to 59	1,326	16.5	129.8
60 to 69	757	9.4	79.9
70 or older	484	6.0	49.1
Race and ethnicity			
American Indian, non-Latino	9	0.1	Rates not calculated due to large proportion with unknown race and ethnicity
Asian, non-Latino	1,834	22.8	
Black, non-Latino	1,220	15.2	
Latino	396	4.9	
Native Hawaiian or Pacific Islander, non-Latino	1	0.0	
White, non-Latino	381	4.7	
Two or more races or underrepresented race, non-Latino	27	0.3	
Unknown	4,161	51.8	
Borough of residence			
Bronx	1,155	14.4	85.1
Brooklyn	2,770	34.5	108.2
Manhattan	997	12.4	62.4
Queens	2,510	31.3	111.4
Staten Island	326	4.1	66.4
Unknown	271	3.4	N/A
Neighborhood poverty level by ZIP code¹			
Low	1,044	13.0	59.4
Medium	3,234	40.3	82.7
High	2,417	30.1	148.6
Very high	1,046	13.0	108.5
Unknown	276	3.4	N/A

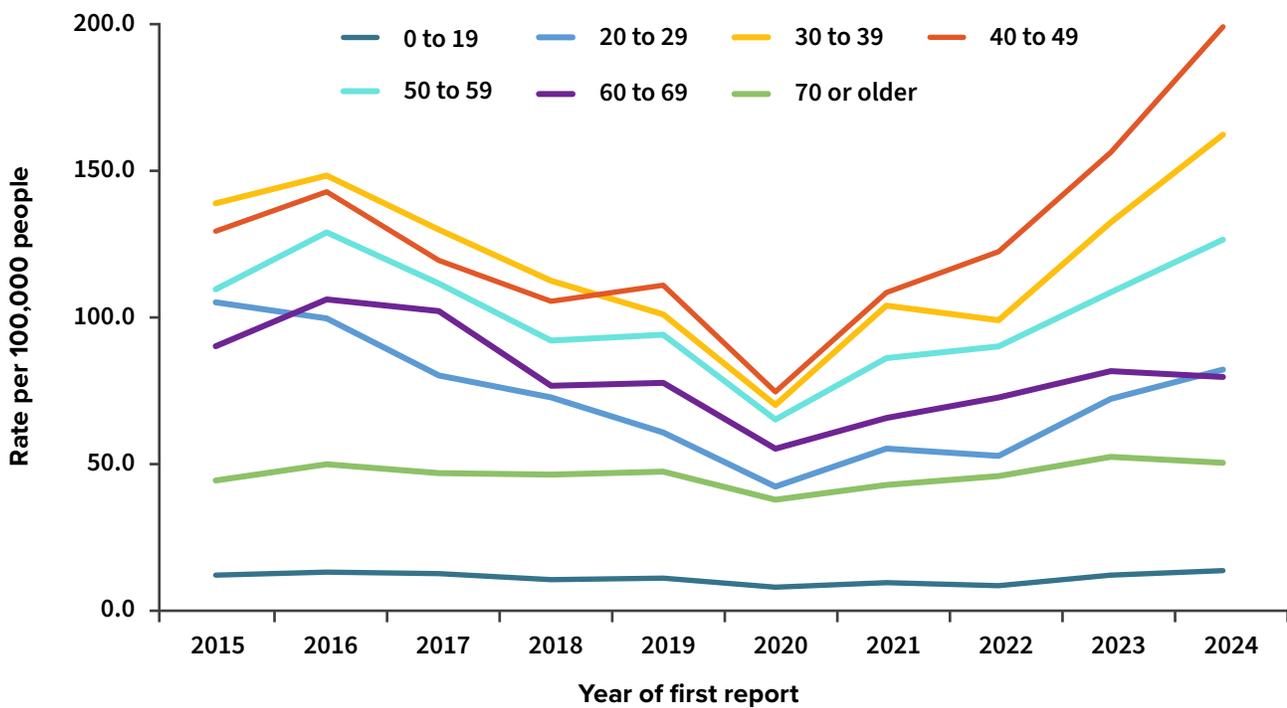
¹Excludes 12 people with a correctional facility residential address at the time first reported with hepatitis B.

Figure 6. Rates of People Newly Reported With Chronic Hepatitis B in NYC by Sex and Age Group, 2015 to 2024

Sex

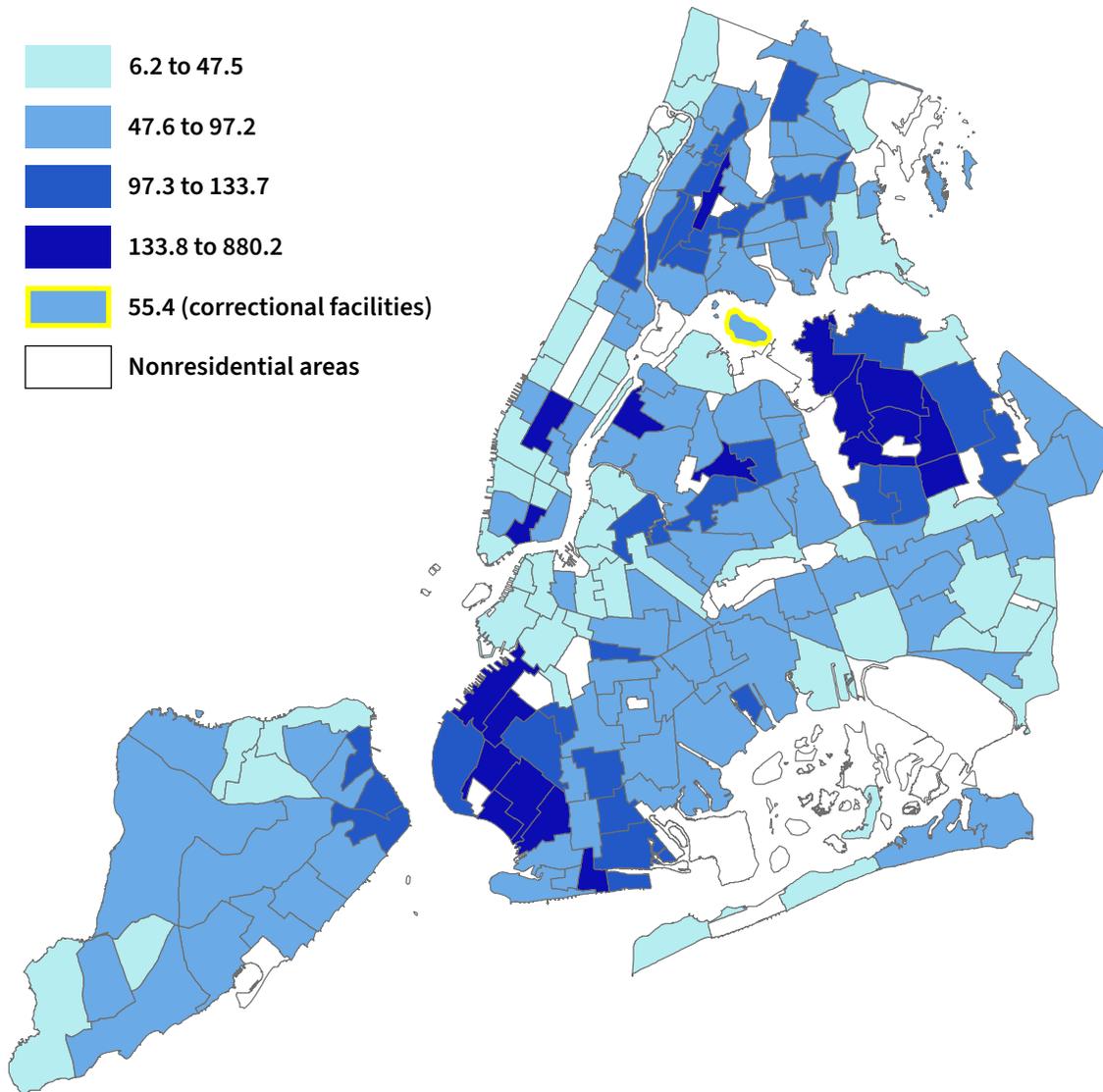


Age group in years



Chronic Hepatitis B: Geographic Distribution

Figure 7. Rate of People Newly Reported With Chronic Hepatitis B in NYC by Neighborhood Tabulation Area (NTA), 2024¹



Neighborhoods with the highest rates of people newly reported with chronic hepatitis B (per 100,000 people):

Sunset Park East, Brooklyn (880.2)
 Flushing, Queens (757.6)
 Queensboro Hill, Queens (563.9)
 East Flushing, Queens (501.8)
 Dyker Heights, Brooklyn (358.1)

Murray Hill, Queens (292.1)
 Midtown-Midtown South, Manhattan (284.7)
 Elmhurst-Maspeth, Queens (248.7)
 Auburndale, Queens (225.8)
 Bensonhurst West, Brooklyn (199.0)

NYC rate: 97.2

¹NTAs could not be determined for 456 people (5.5%) based on their address at first report.

Prevalence of Chronic Hepatitis B

Figure 8. Estimated Number of People and Percentage of the NYC Population With Diagnosed or Undiagnosed Chronic Hepatitis B in NYC, 2015 to 2023

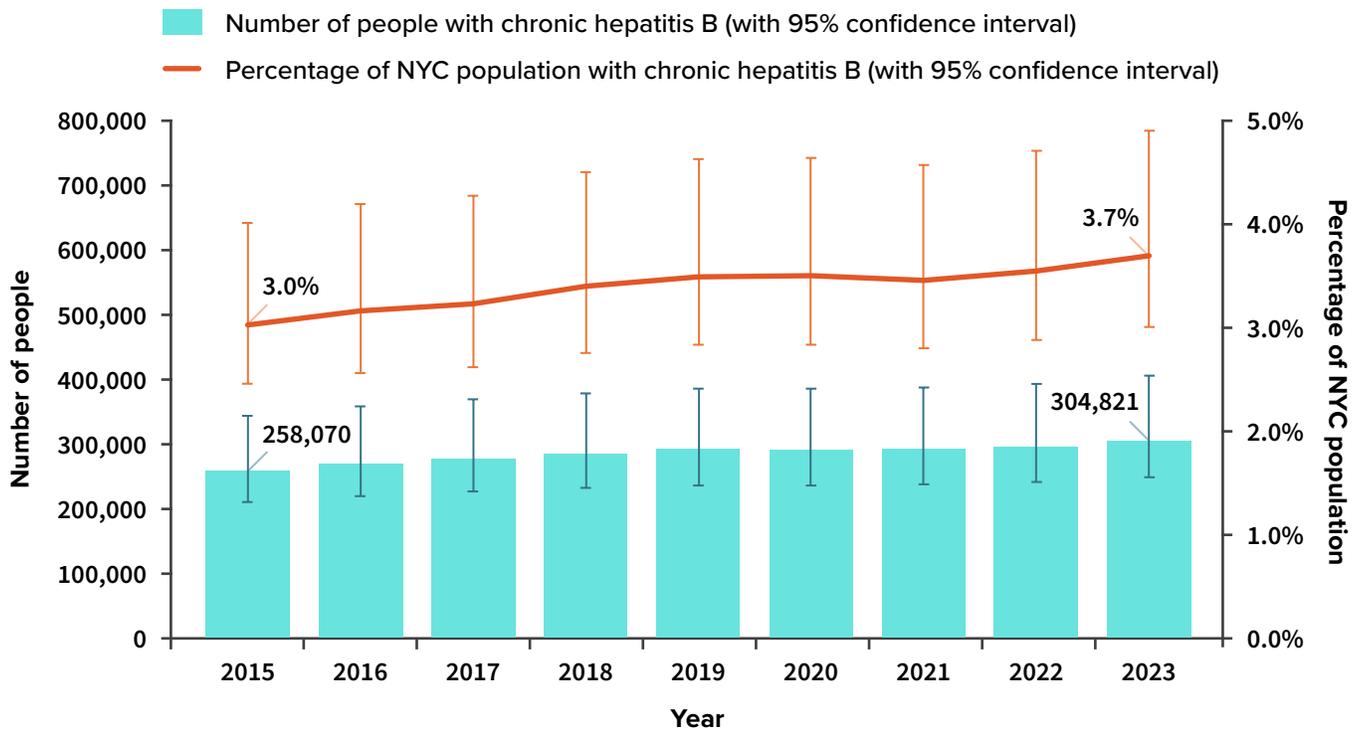
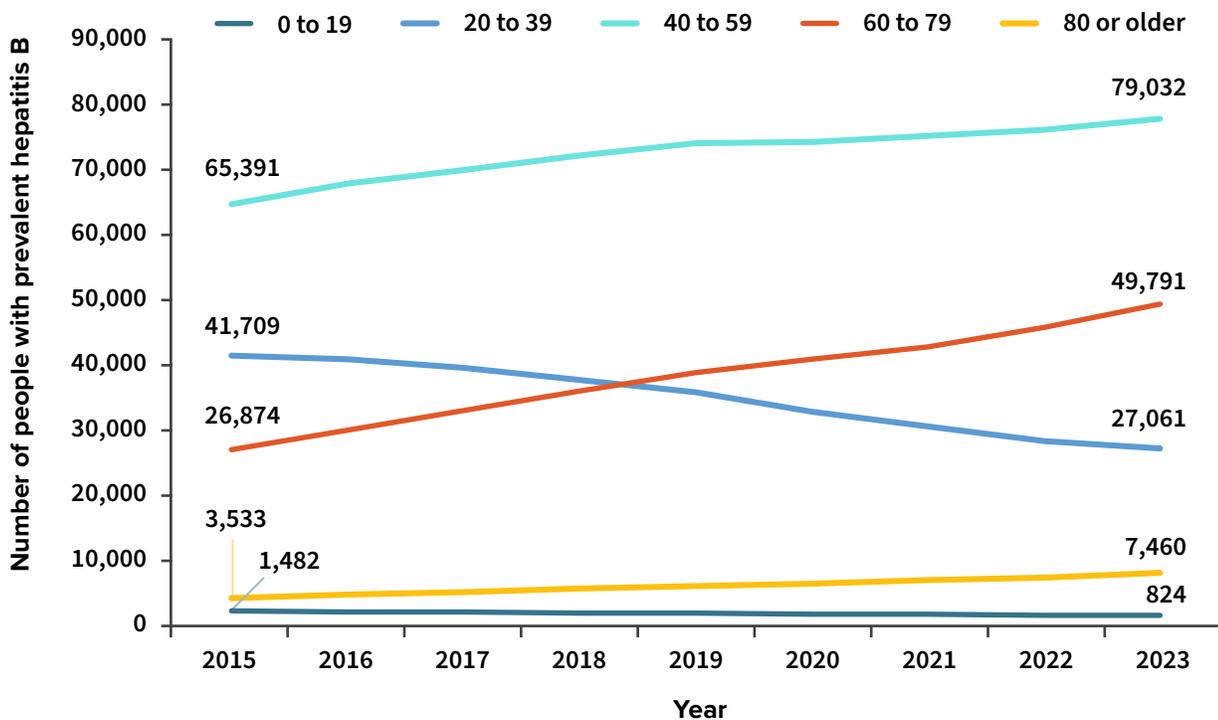


Figure 9. Estimated Number of People With Diagnosed Chronic Hepatitis B in NYC by Age Group, 2015 to 2023



Perinatal Hepatitis B

Figure 10. Number of Infants Born to People With Hepatitis B in NYC Who Had Live Births by Year of Birth, 2015 to 2024

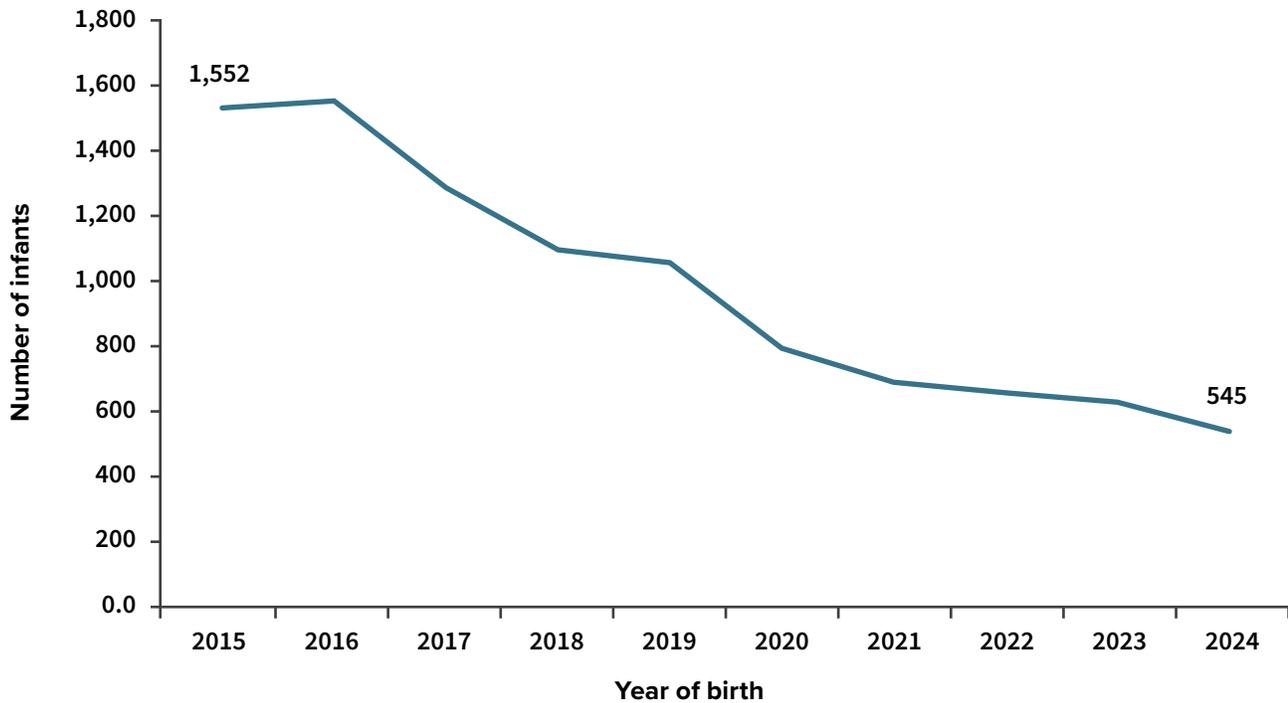


Figure 11. Prenatal Testing and Treatment Among People With Hepatitis B in NYC Who Had Live Births, 2024

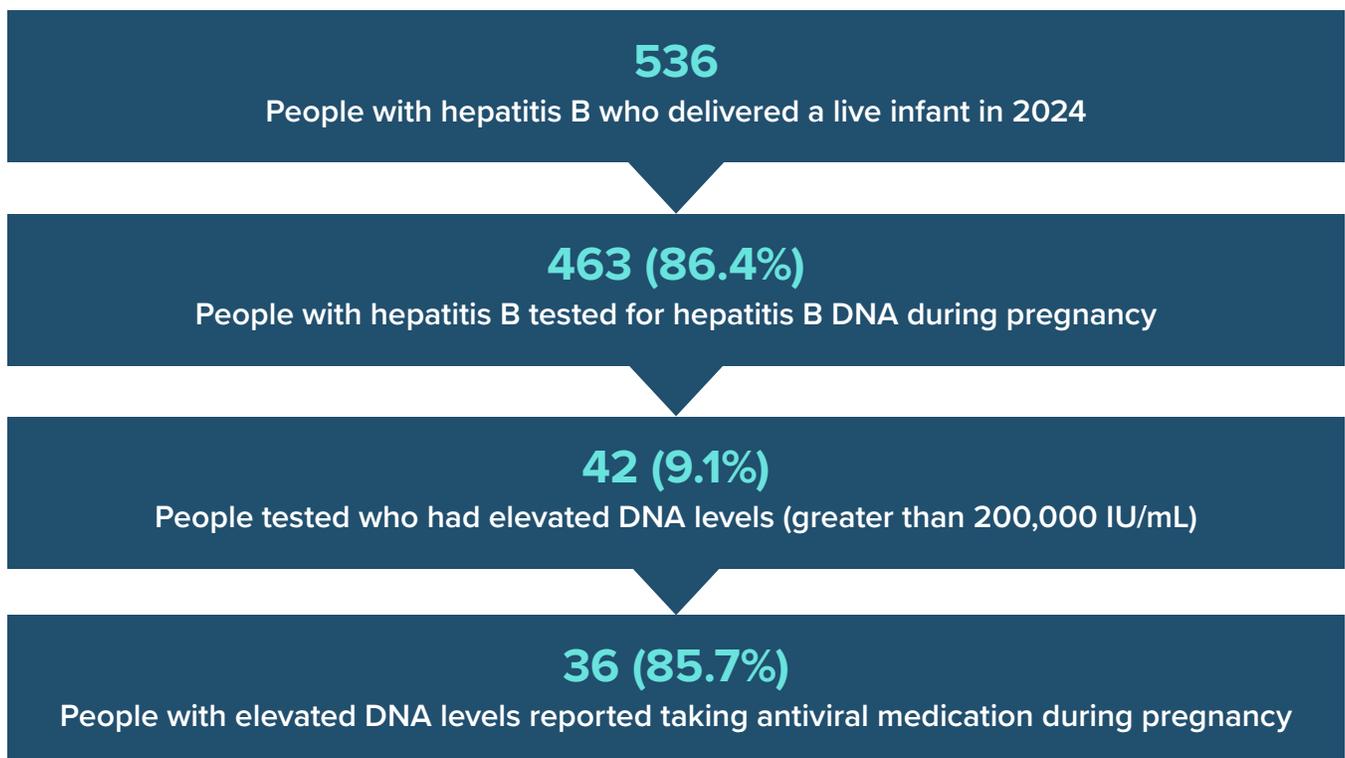
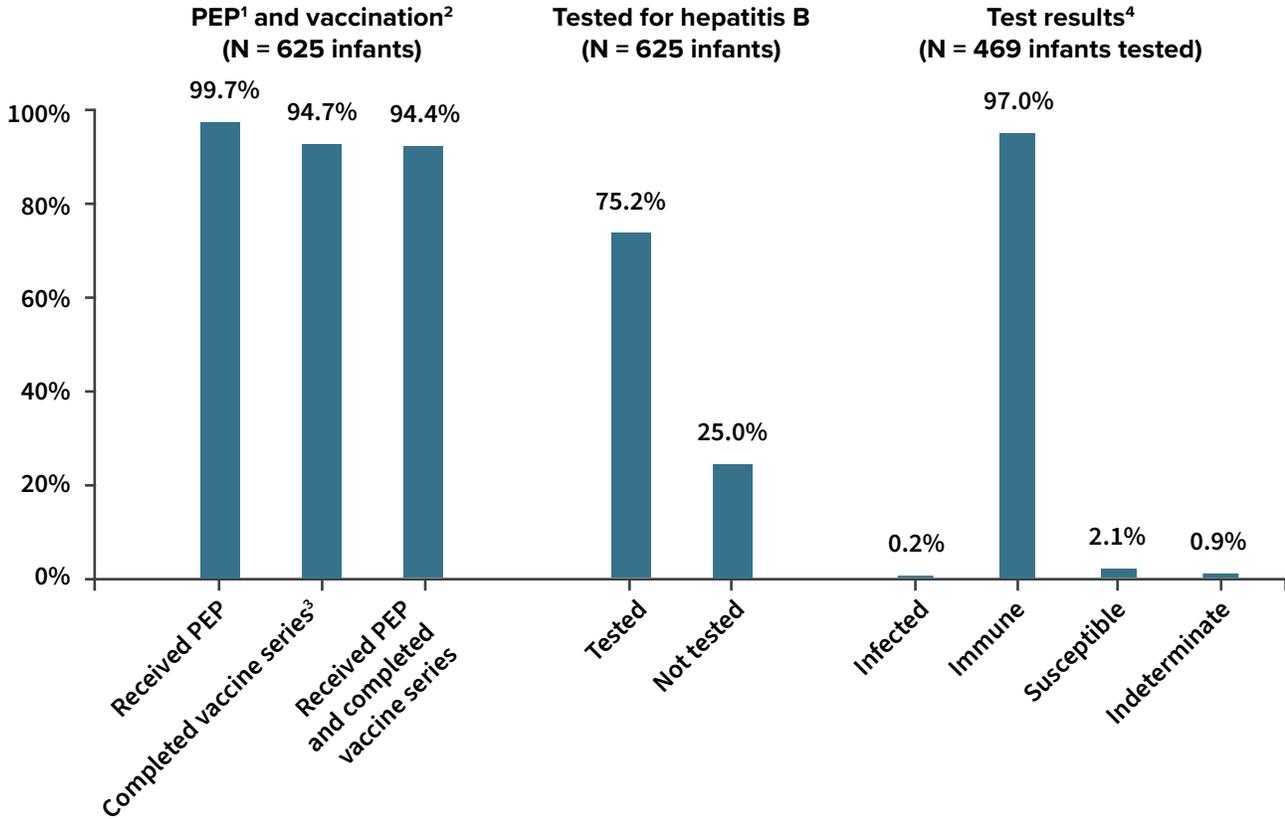


Table 4. Characteristics of People With Hepatitis B in NYC Who Had Live Births, 2024

	Number of people	Percentage of each group
Total	536	100.0
Race and ethnicity		
Asian, non-Latino	275	51.3
Black, non-Latino	195	36.4
Latino	19	3.5
White, non-Latino	46	8.6
Unknown	1	0.2
Borough		
Bronx	122	22.8
Brooklyn	185	34.5
Manhattan	60	11.2
Queens	141	26.3
Staten Island	28	5.2
Region of birth		
China	198	36.9
West Africa	160	29.9
West and Central Asia	30	5.6
Caribbean	24	4.5
South Asia	30	5.6
United States	19	3.5
Europe	23	4.3
Mexico and Central and South America	24	4.5
Southeast and East Asia (excluding China)	15	2.8
Middle East	8	1.5
Other or unknown	5	1.0

Hepatitis B Post-Exposure Prophylaxis (PEP) at Birth, Vaccination, and Testing for Infants Born in 2023

Figure 12. Percentage of Infants Born to Pregnant People With Hepatitis B in NYC Who Received Hepatitis B PEP, Vaccination, and Testing, 2023



Hepatitis B Vaccination at Birth

To protect against hepatitis B infection, universal hepatitis B vaccination is recommended for all infants within 24 hours after birth (known as the “birth dose”). In 2024, there were 96,669 infants born in NYC.⁵

66.8%

Percentage of infants born in NYC in 2024 who received the birth dose within 24 hours after birth

72.4%

Percentage of infants born in NYC in 2024 who received the birth dose within 72 hours after birth

¹ Defined as administration of hepatitis B immune globulin and the first dose of the hepatitis B vaccine series within one day of birth.

² Not mutually exclusive.

³ Defined as receiving three valid doses of hepatitis B vaccine including a dose given at age greater than or equal to 164 days.

⁴ Percentage calculated out of those tested (N = 469).

⁵ NYC Dept of Health and Mental Hygiene. Citywide Immunization Registry. Accessed April 4, 2025.

Hepatitis B Deaths

Figure 13. Number of Deaths and Age-Adjusted Death Rate¹ Where Hepatitis B Is Listed as a Cause of Death in NYC, 2015 to 2023

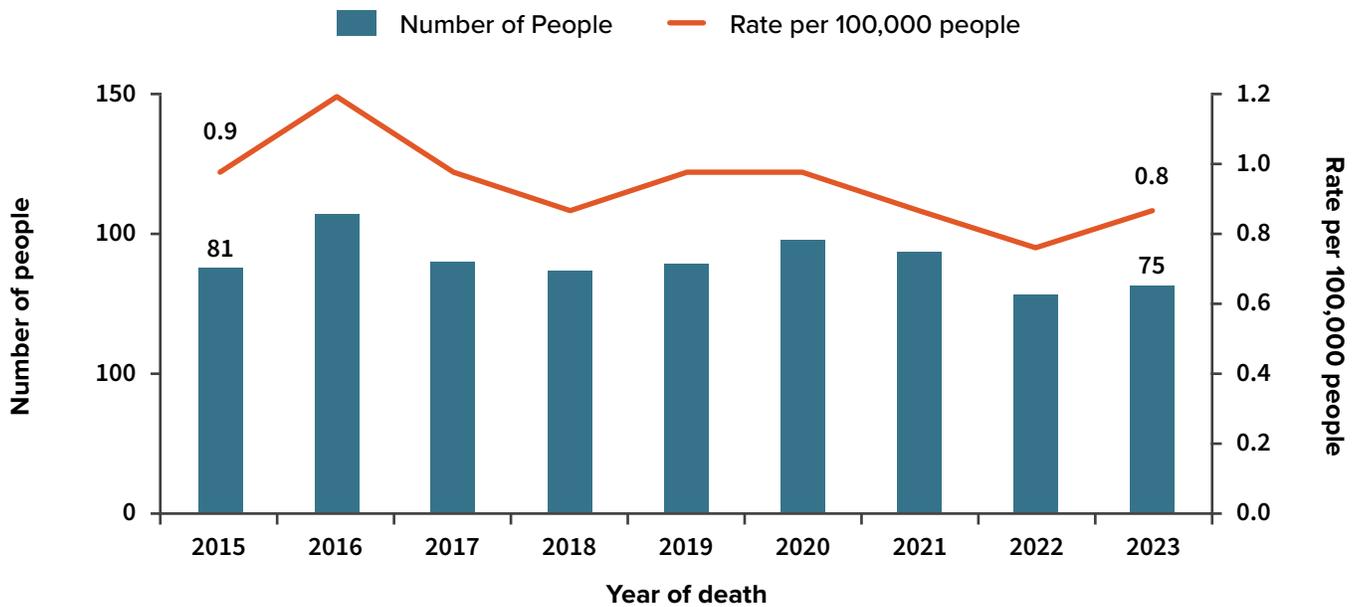
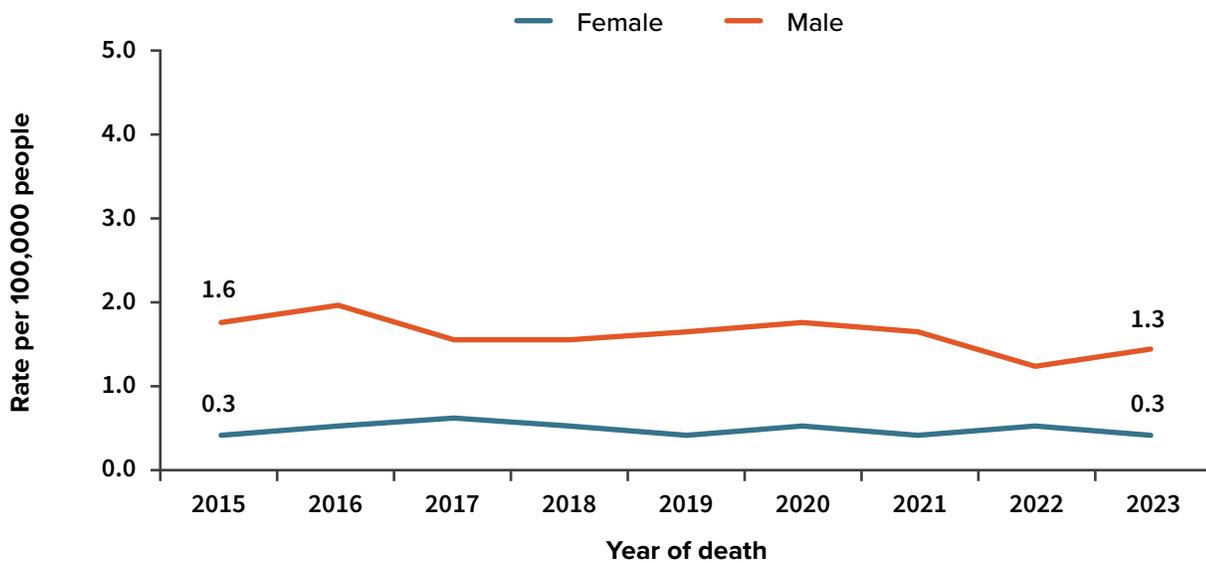


Figure 14. Age-Adjusted or Age-Specific Death Rate¹ Where Hepatitis B Is Listed as a Cause of Death in NYC by Sex, Age, and Race and Ethnicity, 2015 to 2023

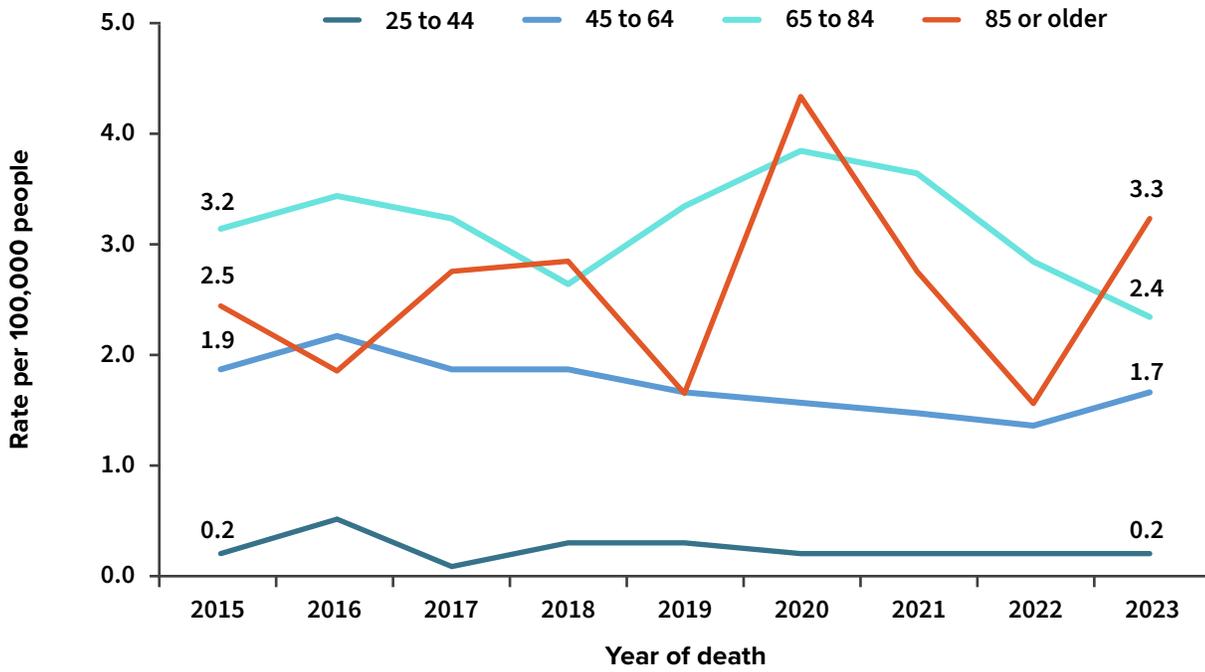
Sex



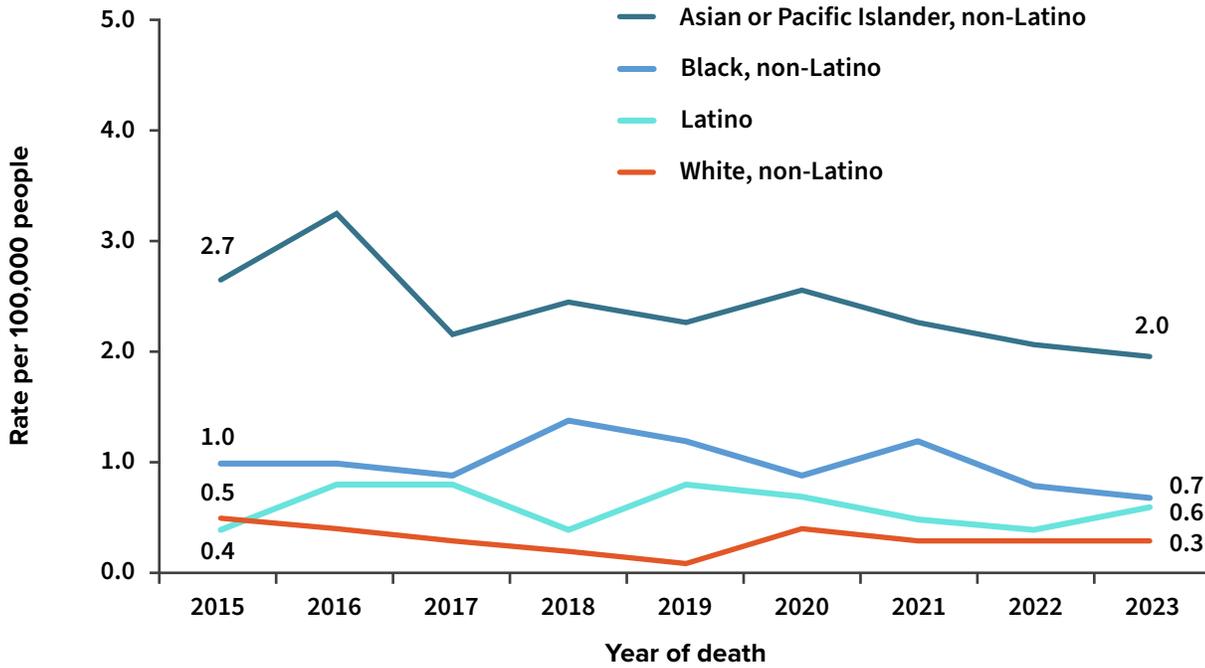
¹The population used in the age-adjusted rate calculation was based on the 2020 Census population estimates, 2023 vintage. The 2020 Census counts are higher than the estimates, rendering potentially overestimated rates.

Figure 14 (continued). Age-Adjusted or Age-Specific Death Rate¹ Where Hepatitis B Is Listed as a Cause of Death in NYC by Sex, Age, and Race and Ethnicity, 2015 to 2023

Age group in years



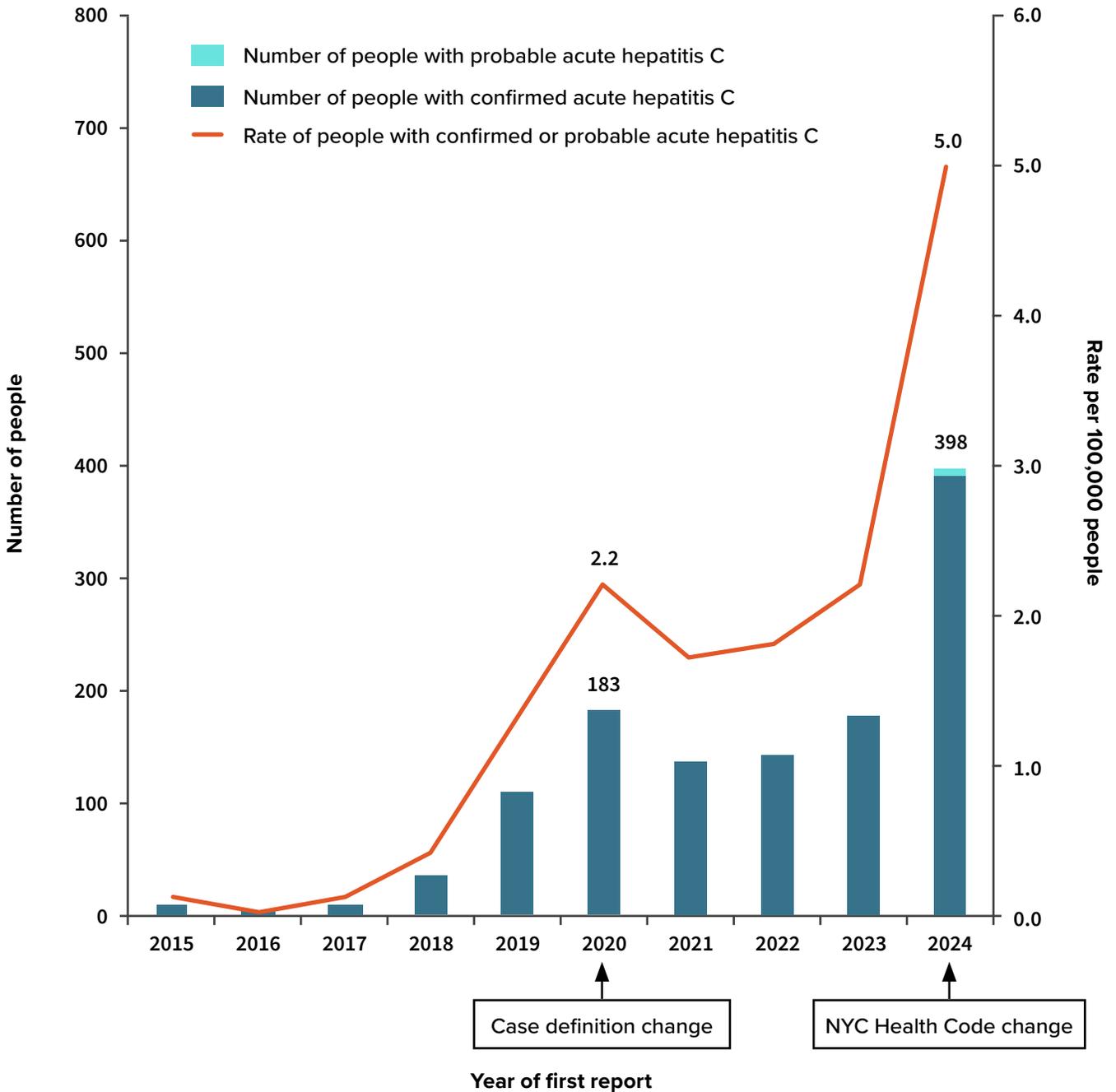
Race and ethnicity



Hepatitis C

Figure 15. Number and Rate of People Reported With Acute Hepatitis C and Those With Newly Reported Chronic Hepatitis C in NYC, 2015 to 2024

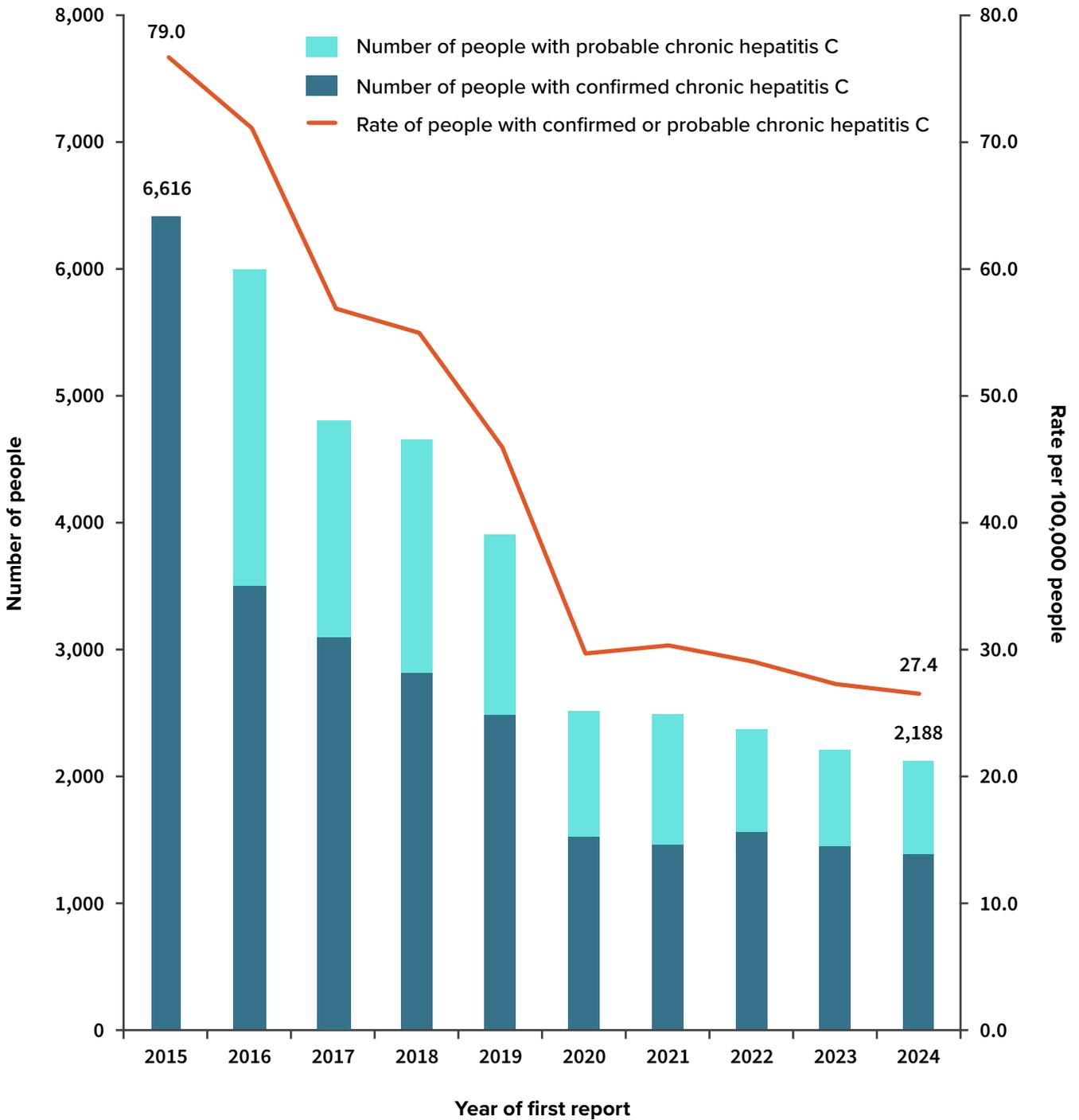
Acute hepatitis C



The increase in acute hepatitis C cases in 2024 was driven in large part by implementation of laboratory reporting of negative hepatitis C antibody in 2024, which improved the detection of acute hepatitis C identified via hepatitis C antibody seroconversion.

Figure 15 (continued). Number and Rate of People Reported With Acute Hepatitis C and Those With Newly Reported Chronic Hepatitis C in NYC, 2015 to 2024

Chronic hepatitis C



In 2024, the rate of chronic hepatitis C in NYC decreased slightly from the rate in 2023 and reached its lowest level in the past decade.

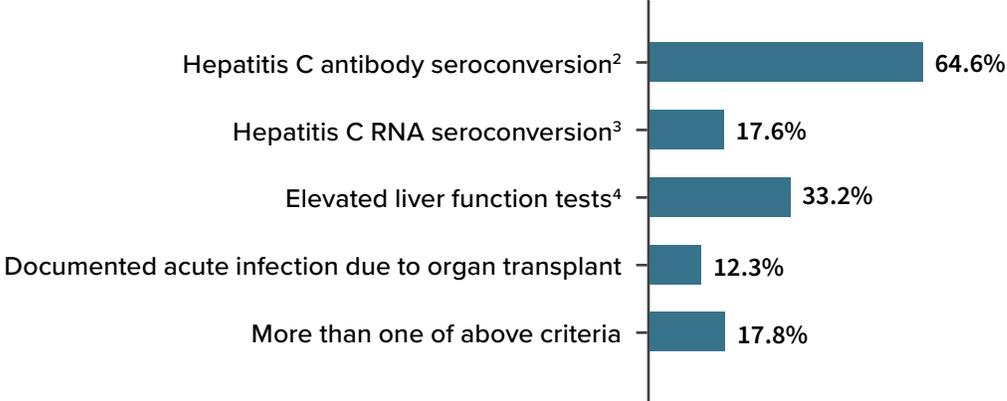
Acute Hepatitis C

Table 5. Characteristics of People Reported With Acute Hepatitis C in NYC, 2024

	Number of people	Percentage of each group	Rate per 100,000
Total	398	100.0	5.0
Sex			
Female	156	39.2	3.7
Male	242	60.8	6.3
Age group at time of report			
3 to 19	4	1.0	0.3
20 to 29	48	12.1	4.1
30 to 39	107	26.9	8.2
40 to 49	85	21.4	8.3
50 to 59	71	17.8	7.0
60 to 69	43	10.8	4.5
70 or older	40	10.1	4.1
Race and ethnicity			
American Indian, non-Latino	2	0.5	Rates not calculated due to large proportion with unknown race and ethnicity
Asian, non-Latino	28	7.0	
Black, non-Latino	102	25.6	
Latino	66	16.6	
Native Hawaiian or Pacific Islander, non-Latino	0	0.0	
White, non-Latino	80	20.1	
Two or more races or underrepresented race, non-Latino	3	0.8	
Unknown	117	29.4	
Borough of residence			
Bronx	83	20.9	6.4
Brooklyn	104	26.1	4.2
Manhattan	98	24.6	6.3
Queens	97	24.4	4.4
Staten Island	16	4.0	3.4
Neighborhood poverty level¹			
Low	62	15.7	3.6
Medium	194	49.2	5.1
High	82	20.8	5.2
Very high	56	14.2	6.1
Hepatitis C RNA testing			
Positive	229	57.5	Not applicable
Negative	156	39.2	
Not done	13	3.3	

¹Excludes four people with a correctional facility residential address at the time first reported with hepatitis C.

Figure 16. Percentage of People Reported With Acute Hepatitis C in NYC by Method¹ of Acute Status Ascertainment, 2024



In 2024, 193 hepatitis C cases were classified as acute infections via detection of hepatitis C antibody seroconversion alone. These represent cases that may not have been identified as acute infections in previous years. The NYC Health Code change in 2024 enabled better detection of hepatitis C antibody seroconversions due to mandated reporting of negative hepatitis C antibody lab results.

¹Not mutually exclusive.

²Positive hepatitis C antibody test within 12 months of a negative hepatitis C antibody test.

³Positive hepatitis C RNA test within 12 months of a negative hepatitis C antibody or negative hepatitis C RNA test.

⁴Peak serum alanine aminotransferase levels greater than 200 IU/L or peak total bilirubin levels greater or equal to 3.0 mg/dL.

Characteristics of People Newly Reported With Chronic Hepatitis C

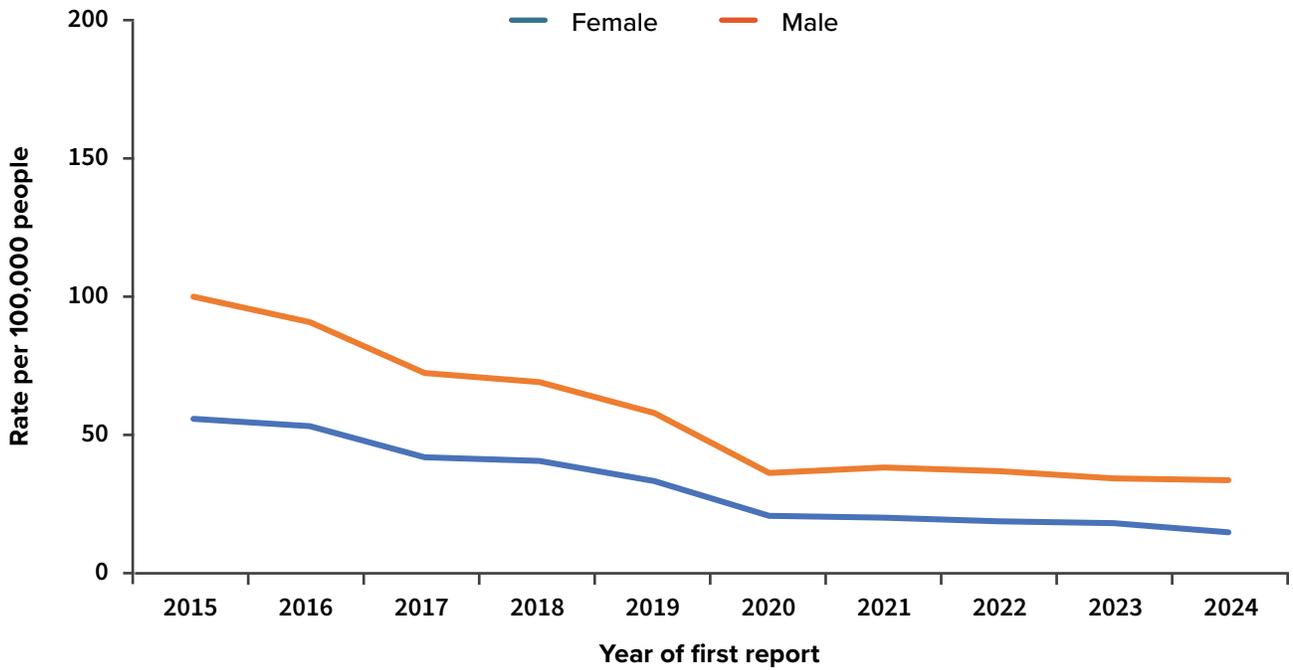
Table 6. Characteristics of People Newly Reported With Chronic Hepatitis C in NYC, 2024

	Number of people	Percentage of each group	Rate per 100,000
Total	2,188	100.0	27.4
Sex			
Female	799	36.5	19.2
Male	1,385	63.3	36.2
Unknown	4	0.2	N/A
Age group at time of report			
3 to 19	41	1.9	2.7
20 to 29	207	9.5	17.9
30 to 39	484	22.1	37.0
40 to 49	425	19.4	41.3
50 to 59	382	17.5	37.4
60 to 69	338	15.5	35.7
70 or older	311	14.2	31.6
Race and ethnicity			
American Indian, non-Latino	6	0.3	Rates not calculated due to large proportion with unknown race and ethnicity
Asian, non-Latino	130	5.9	
Black, non-Latino	376	17.2	
Latino	339	15.5	
Native Hawaiian or Pacific Islander, non-Latino	1	0.1	
White, non-Latino	356	16.3	
Two or more races or underrepresented race, non-Latino	17	0.8	
Unknown	963	44.0	
Borough of residence			
Bronx	506	23.1	38.7
Brooklyn	711	32.5	28.8
Manhattan	409	18.7	26.2
Queens	474	21.7	21.7
Staten Island	88	4.0	18.5
Neighborhood poverty level¹			
Low	301	14.2	17.6
Medium	1,000	47.3	26.4
High	425	20.1	27.1
Very high	383	18.1	41.5
Unknown	4	0.2	N/A

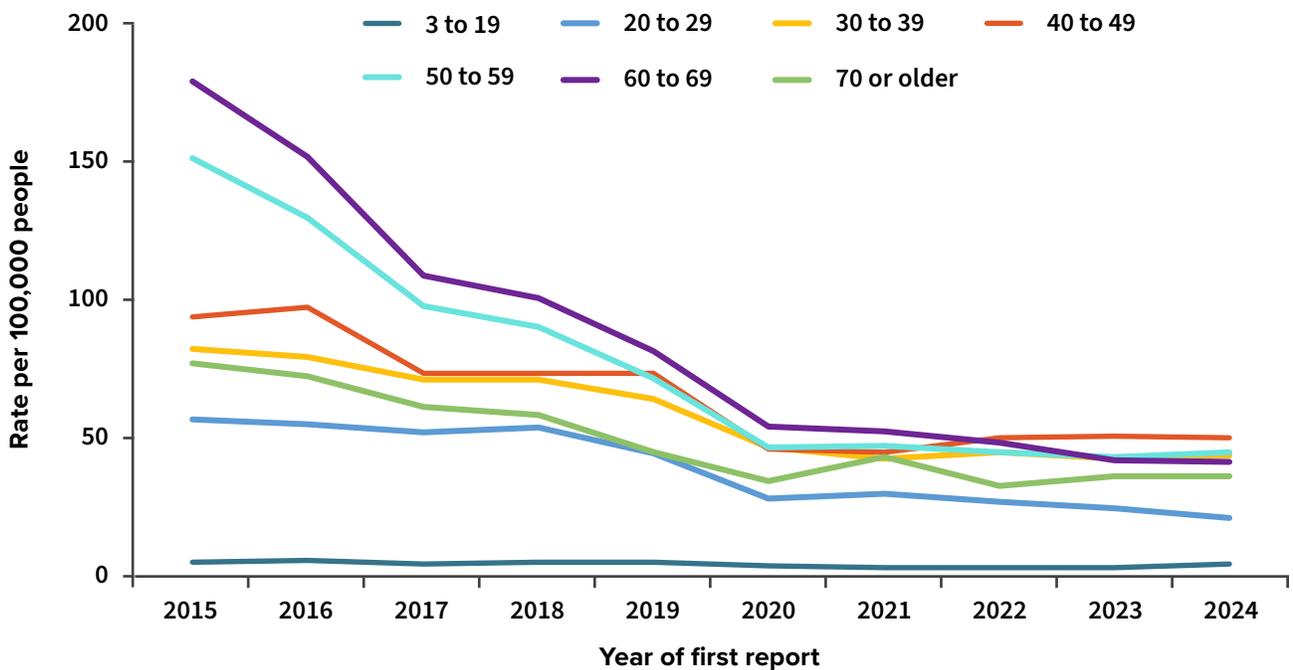
¹Excludes 75 people with a correctional facility residential address at the time first reported with hepatitis C.

Figure 17. Rates of People Newly Reported With Chronic Hepatitis C in NYC by Sex and Age Group, 2015 to 2024

Sex

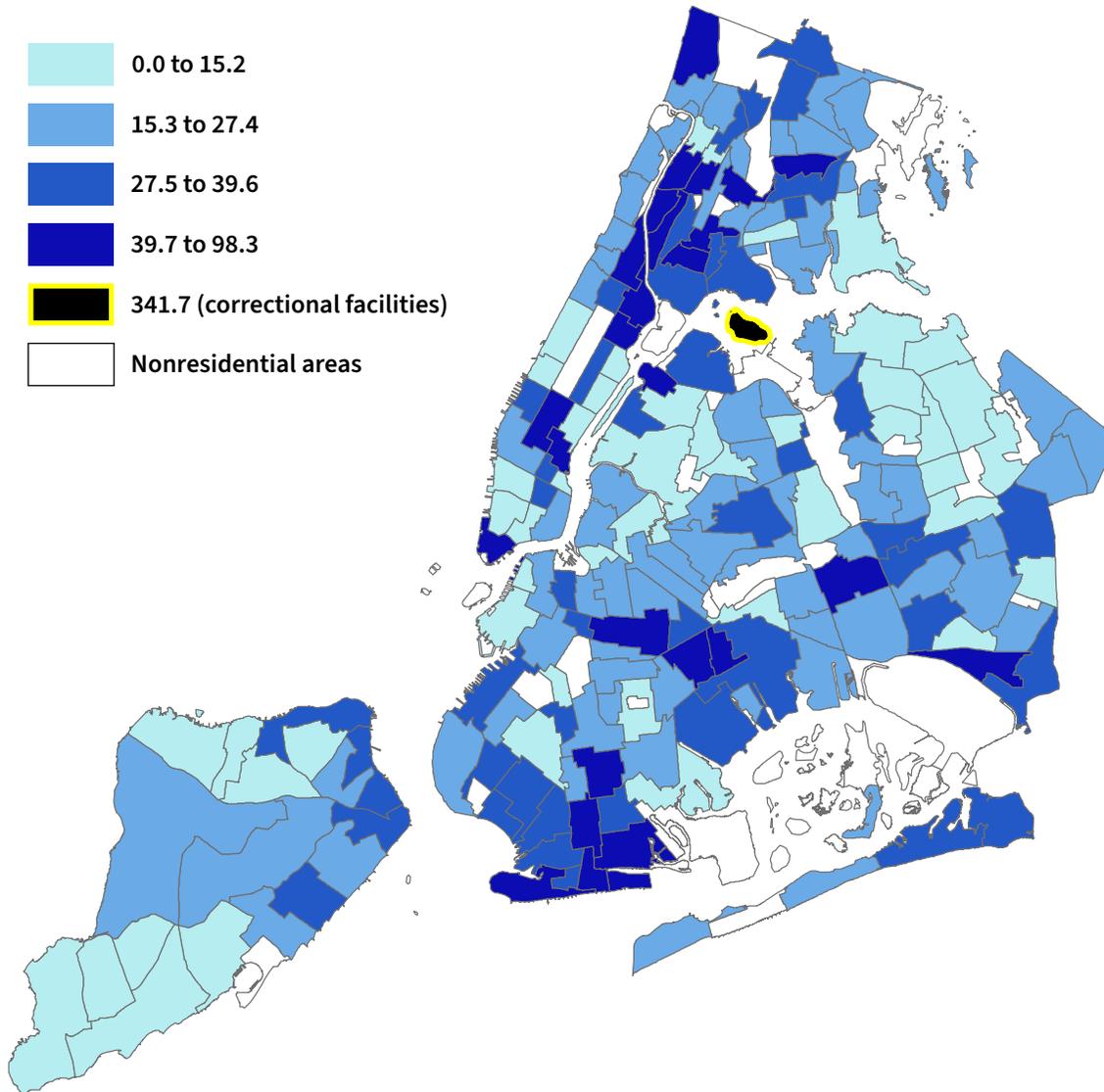


Age group in years



Chronic Hepatitis C: Geographic Distribution

Figure 18. Rate of People Newly Reported With Chronic Hepatitis C in NYC by Neighborhood Tabulation Area (NTA), 2024¹



Neighborhoods with the highest rates of people newly reported with chronic hepatitis C (per 100,000 people):

Rikers Island, Bronx (341.7)

Brighton Beach, Brooklyn (98.3)

Melrose South-Mott Haven North, Bronx (68.2)

Midtown-Midtown South, Manhattan (65.2)

Pelham Parkway, Bronx (64.5)

East Tremont, Bronx (64.2)

Sea Gate-Coney Island, Brooklyn (59.5)

Morrisania-Melrose, Bronx (57.6)

Murray Hill-Kips Bay, Manhattan (52.8)

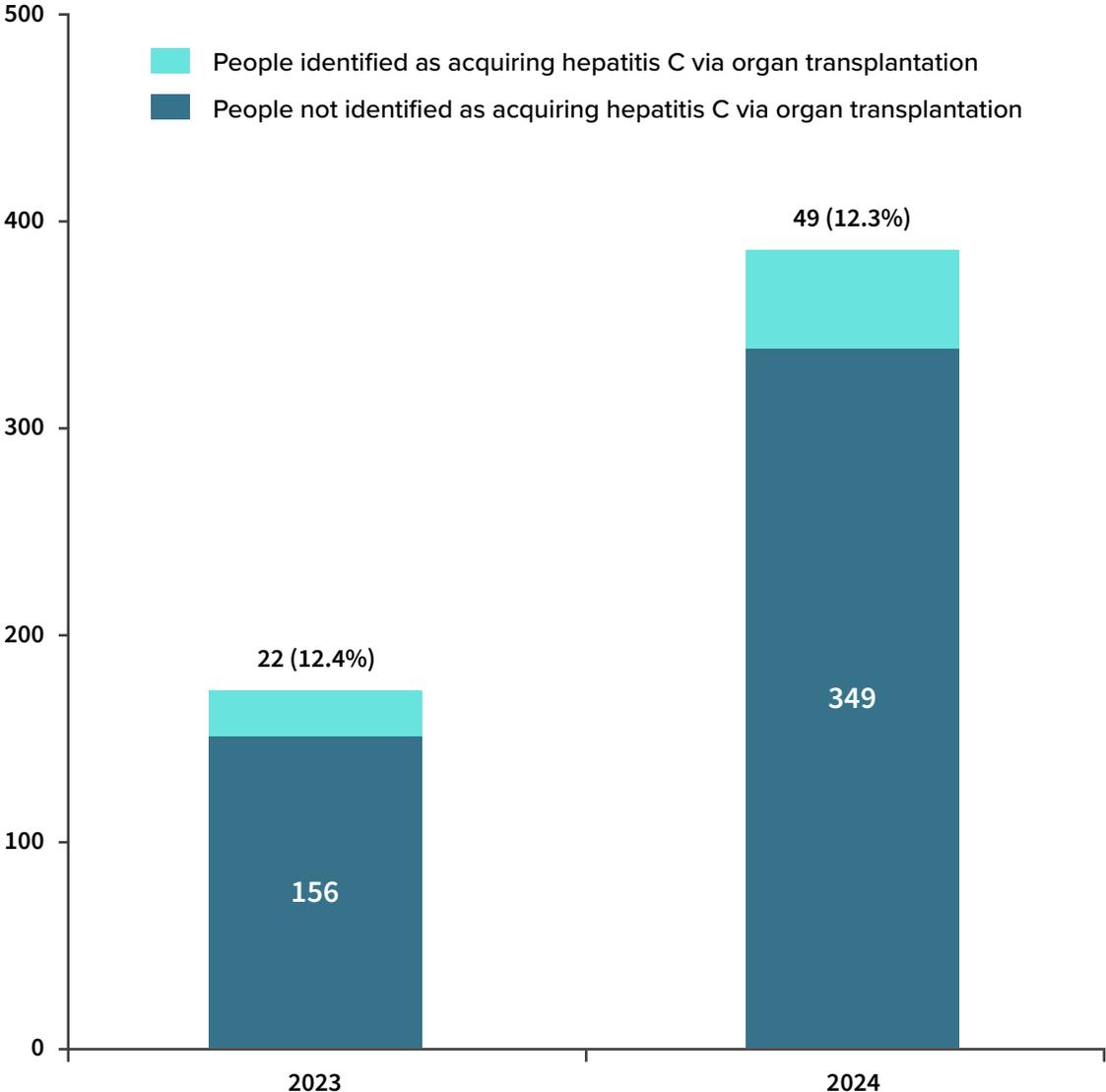
NYC rate: 27.4

¹NTAs could not be determined for 117 people (4.9%) based on their address at first report.

People Newly Diagnosed With Hepatitis C Due to Organ Transplantation

With the availability of effective treatment for hepatitis C, the number of transplantations from organ donors with hepatitis C to organ recipients without hepatitis C has increased. In 2024, the NYC Health Department worked with the CDC, the NYS Department of Health, and New York transplant centers to ascertain how the increase in these types of transplantations contributed to the number of people with acute hepatitis C reported to health departments in 2023 and 2024.

Figure 19. Number of People Newly Reported With Acute Hepatitis C in NYC Who Were Identified as Having Acquired Hepatitis C Via Organ Transplantation From an Organ Donor With Hepatitis C, 2023 to 2024¹



¹In 2023, there were 27 people identified as acquiring hepatitis C via organ transplantation who were classified as having chronic hepatitis C. In 2024, all people identified as acquiring hepatitis C via organ transplantation were classified as having acute hepatitis C.

Prevalence of Chronic Hepatitis C

Figure 20. Estimated Number of People and Percentage of the NYC Population With Diagnosed or Undiagnosed Chronic Hepatitis C in NYC, 2015 to 2023

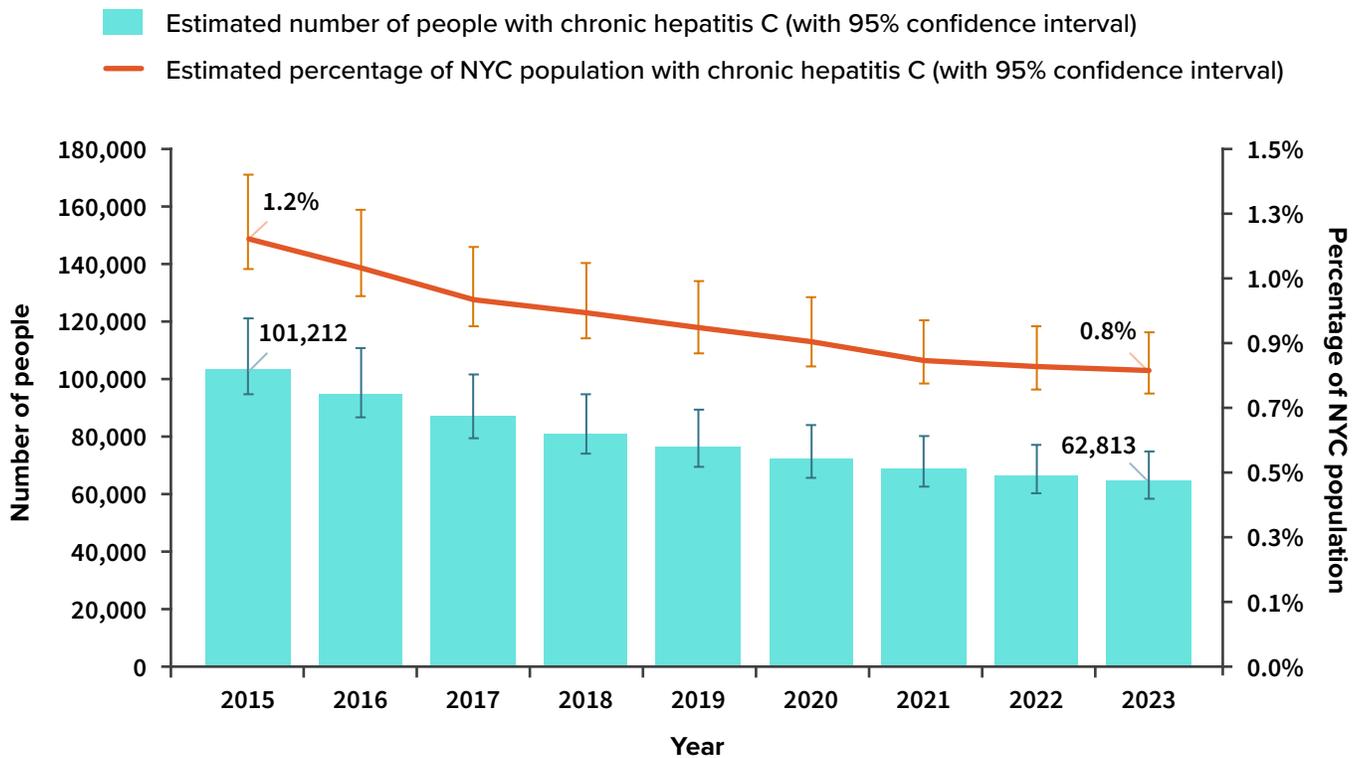
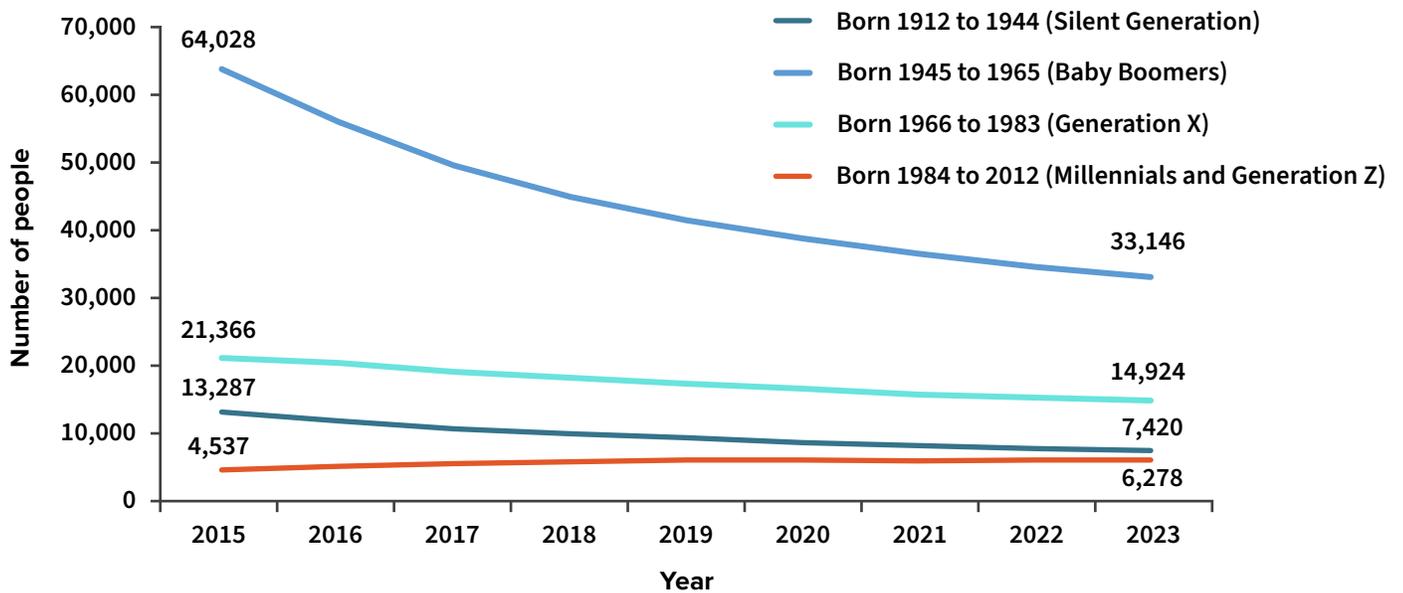
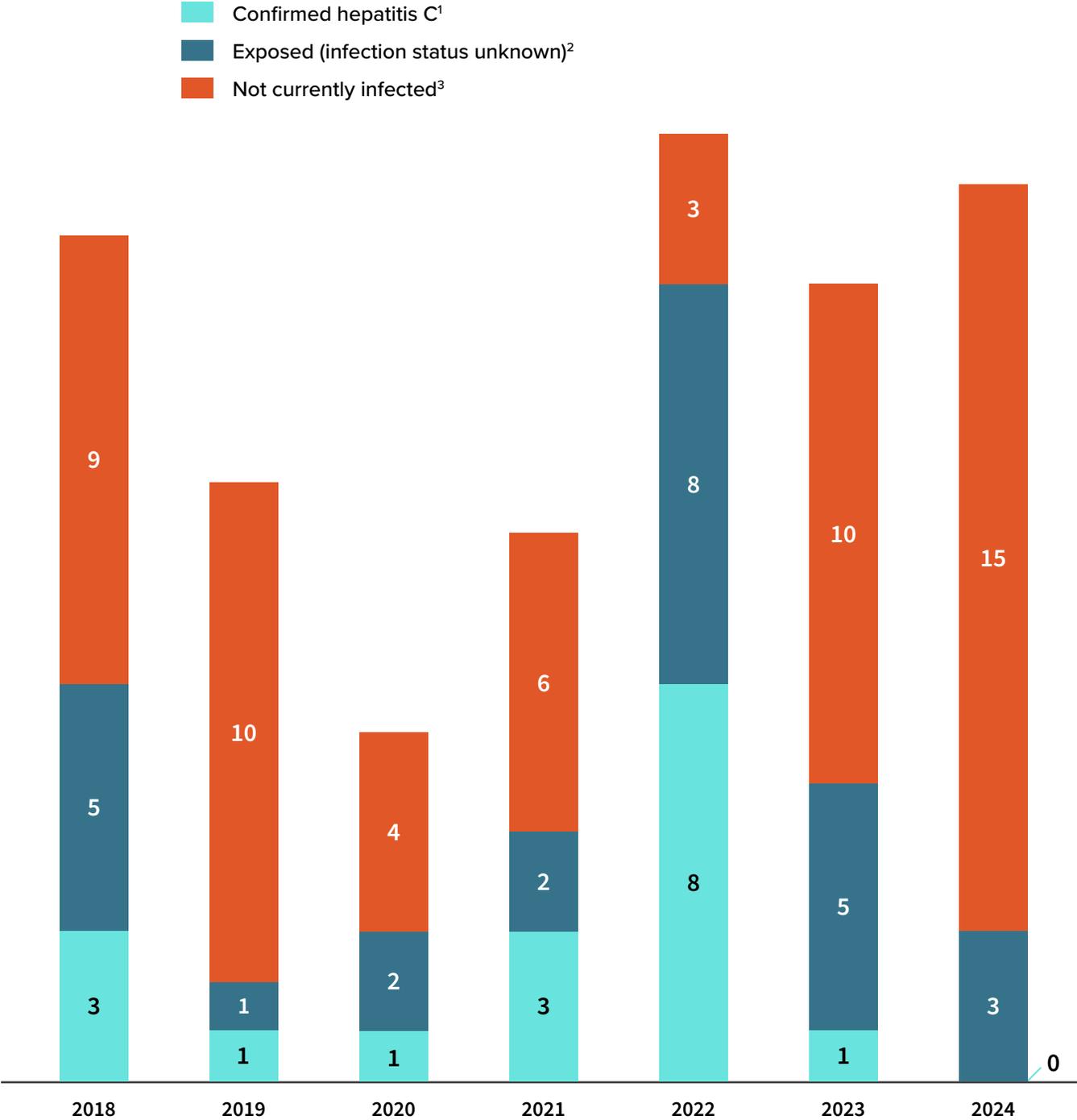


Figure 21. Estimated Number of People With Diagnosed or Undiagnosed Chronic Hepatitis C in NYC by Birth Cohort, 2015 to 2023



Perinatal Hepatitis C

Figure 22. Number of Children Ages 2 to 36 Months Newly Reported With Hepatitis C in NYC, 2018 to 2024

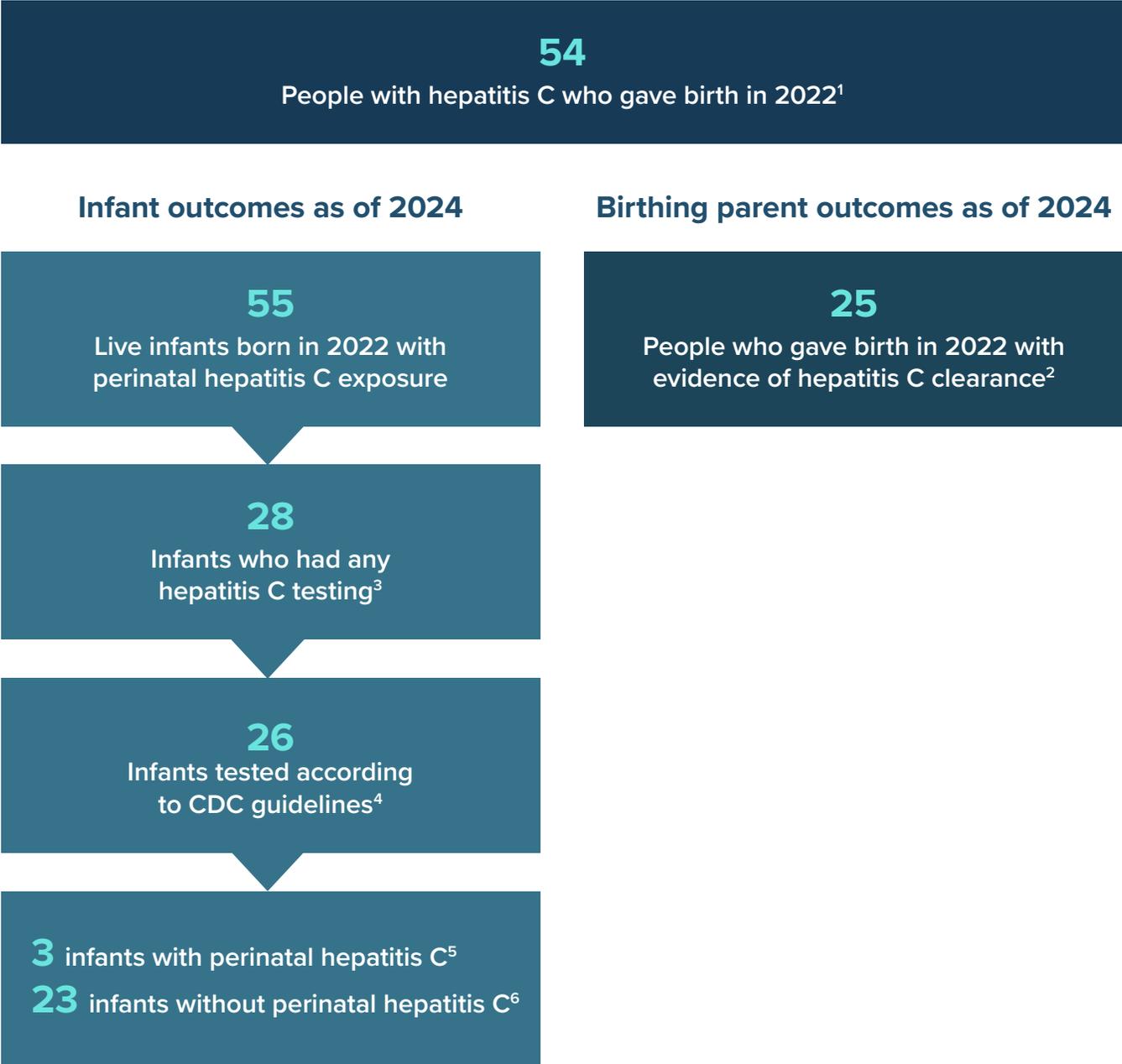


¹RNA positive between ages 2 and 36 months.

²Antibody positive with no RNA result between ages 2 and 36 months or RNA positive between 0 and 2 months.

³RNA negative between ages 2 and 36 months or antibody negative between ages 18 and 36 months.

Figure 23. Current Hepatitis C Status of Pregnant People with Hepatitis C Who Gave Birth in 2022 in NYC and Current Hepatitis C Status of Their Live Infants in 2024



¹Hepatitis C RNA-positive test present from the date of last menstrual period to up to 14 days after pregnancy outcome, or one year prior to pregnancy without evidence of clearance as indicated by an RNA-negative test.

²Most recent hepatitis C RNA was negative as of May 19, 2025.

³Hepatitis C antibody and/or RNA test.

⁴Hepatitis C antibody test at age 18 months or older with confirmatory hepatitis C RNA if antibody test was positive, or hepatitis C RNA test at 2 months or older.

⁵Positive hepatitis C RNA at age 2 to 36 months.

⁶Negative hepatitis C RNA at age 2 to 36 months or negative hepatitis C antibody at older than 18 months.

Enhanced Hepatitis C Surveillance

The NYC Health Department investigates select cases of newly reported hepatitis C in people ages 18 and older to identify or confirm acute hepatitis C; collect information on demographics, risk factors, and health care utilization; and provide linkage to care services. In 2024, the Health Department investigated 140 people with newly reported hepatitis C in NYC, of whom 74 (52.8%) had acute hepatitis C. Investigations included medical chart reviews for all, health care provider interviews for 136 (97.2%) people, and patient interviews for 50 (35.7%) people.

Table 7. Characteristics of People Ages 18 and Older Newly Reported With Hepatitis C and Investigated Through Enhanced Surveillance in NYC, 2024

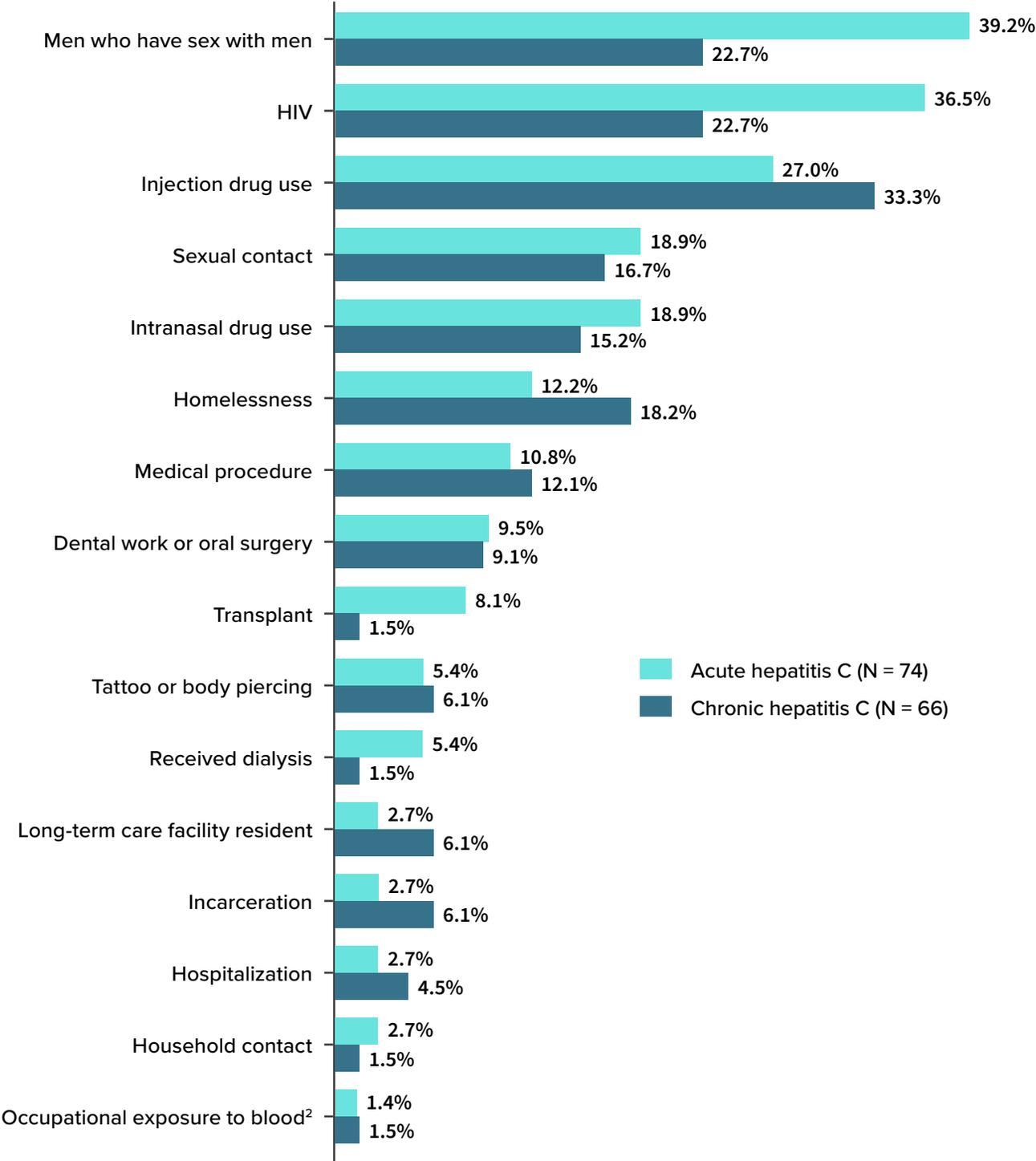
	People with chronic hepatitis C		People with acute hepatitis C	
	Number of people	Percentage of each group	Number of people	Percentage of each group
Total	66	100.0	74	100.0
Age				
18 to 29	14	21.2	8	10.8
30 to 39	27	40.9	28	37.8
40 to 49	19	28.8	25	33.8
50 to 65	4	6.1	11	14.9
65 or older	2	3.0	2	2.7
Gender identity				
Woman/girl	17	25.8	6	8.1
Man/boy	44	66.7	62	83.8
Transgender man/boy	1	1.5	1	1.4
Unknown	4	6.1	5	6.8
Race and ethnicity				
American Indian, non-Latino	1	1.5	1	1.4
Asian, non-Latino	5	7.6	9	12.2
Black, non-Latino	10	15.2	13	17.6
Latino	13	19.7	21	28.4
White, non-Latino	27	40.9	24	32.4
Two or more races or underrepresented race, non-Latino	2	3.0	0	0.0
Unknown	8	12.1	6	8.1

Table continued on next page ►

Table 7 (continued). Characteristics of People Ages 18 and Older Newly Reported With Hepatitis C and Investigated Through Enhanced Surveillance in NYC, 2024

	People with chronic hepatitis C		People with acute hepatitis C	
	Number of people	Percentage of each group	Number of people	Percentage of each group
Reasons for hepatitis C screening (not mutually exclusive)				
Routine bloodwork	47	71.2	53	71.6
Risk factors	27	40.9	40	54.1
Drug or alcohol treatment program screening	5	7.6	5	6.8
Incarceration	4	6.1	2	2.7
Abnormal liver function tests	4	6.1	14	18.9
Previously tested positive for hepatitis C	1	1.5	1	1.4
Symptoms	5	7.6	7	9.5
Pregnancy	2	3.0	0	0.0
Transplant recipient or candidate	0	0.0	5	6.8
Had health insurance	51	77.3	57	77.0
Undergoing treatment for hepatitis C at time of interview	15	22.7	35	47.3

Figure 24. Percentage of People Ages 18 and Older Newly Reported With Hepatitis C and Investigated Through Enhanced Surveillance in NYC by Reported Risk Factor,¹ 2024



¹Not mutually exclusive.

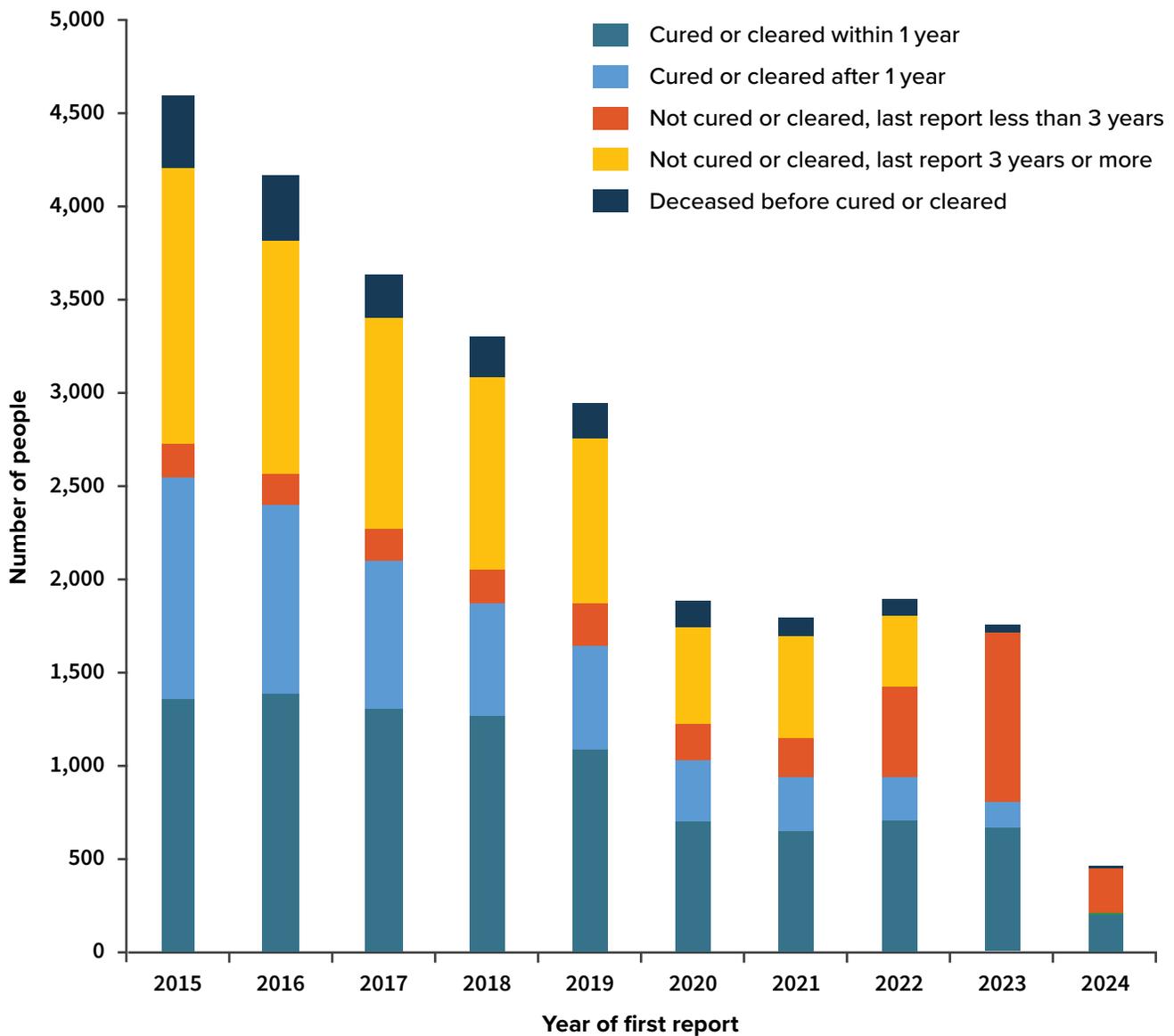
²Involving injections, anesthesia, or blood products.

Hepatitis C Testing and Care

Following amendments to the NYC Health Code requiring laboratories to report negative hepatitis C RNA test results, effective July 2014, the NYC Health Department began using these data to track how many and how quickly people with hepatitis C experience cure or clearance, as indicated by a negative hepatitis C RNA test.¹

Figure 25. Hepatitis C Cure and Clearance Among People Newly Reported With a Positive Hepatitis C RNA² Test in NYC by Year of First Report, 2015 to 2024

Number of people



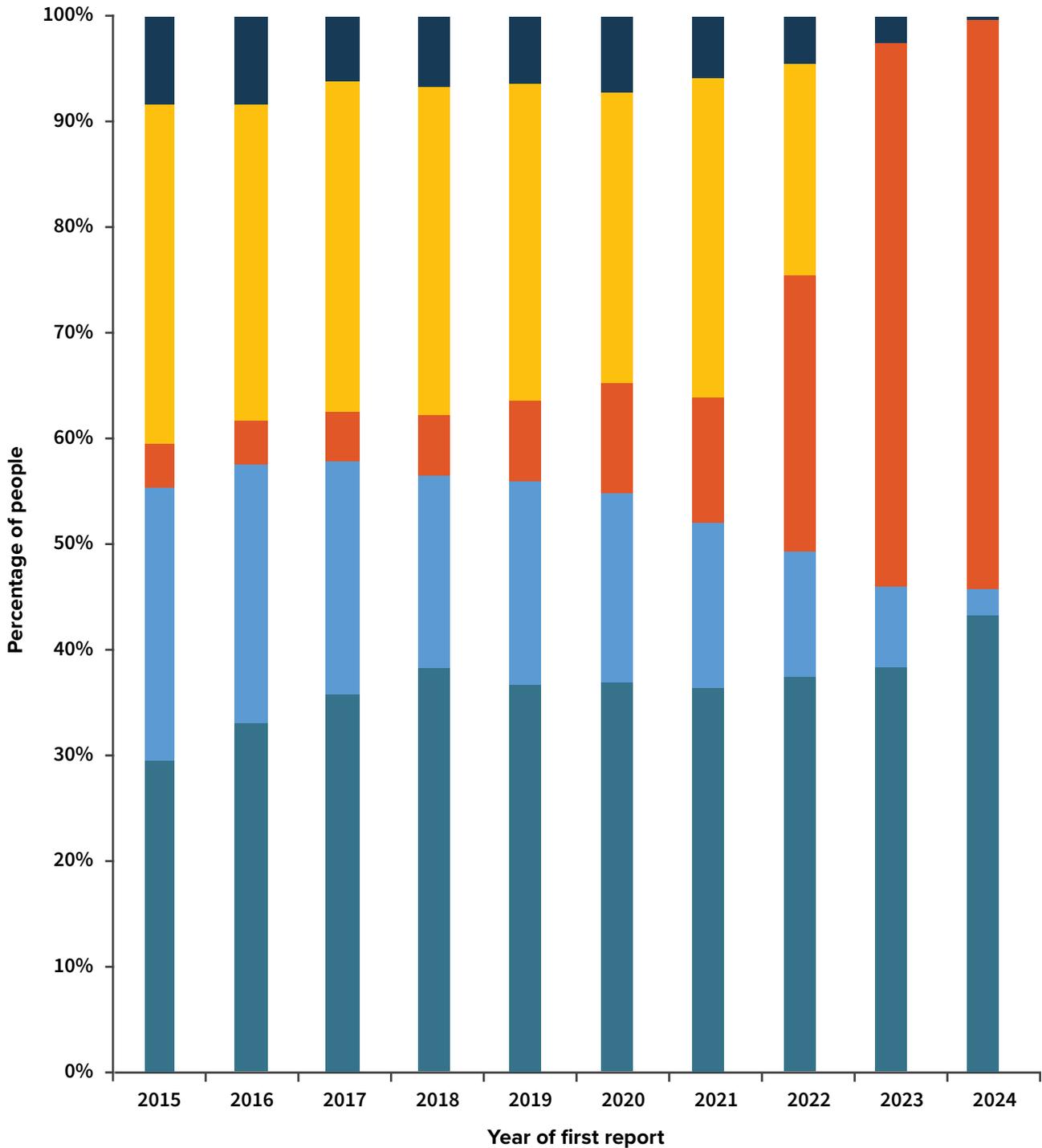
¹ People who are cured or cleared are those with a confirmed hepatitis C infection who have a negative or undetectable hepatitis C RNA test. Cure or clearance can be achieved with treatment or spontaneously.

² RNA detection by nucleic acid test or genotype testing.

Figure 25 (continued). Hepatitis C Cure and Clearance Among People Newly Reported With a Positive Hepatitis C RNA² Test in NYC by Year of First Report, 2015 to 2024

Percentage of people

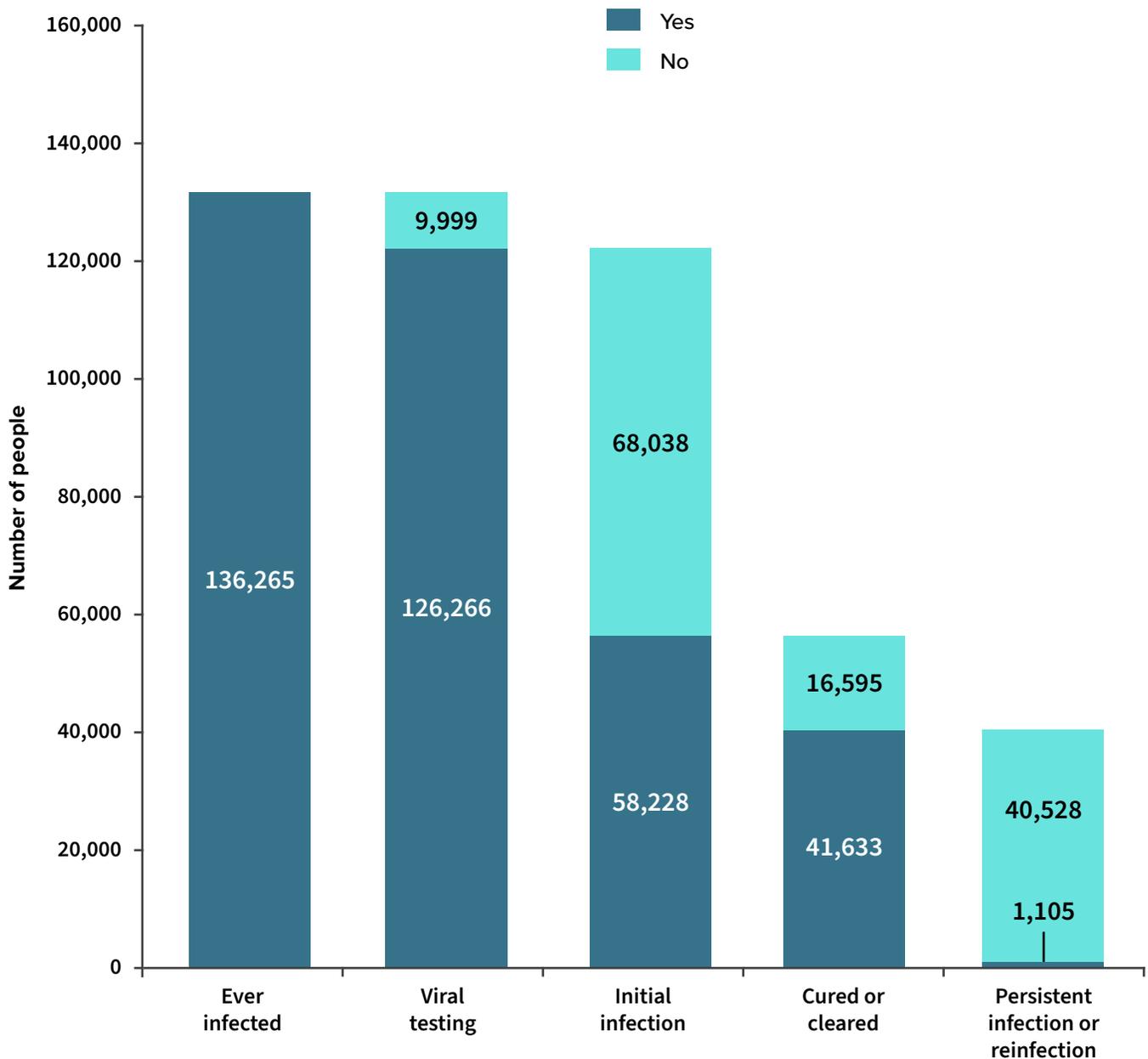
- Cured or cleared within 1 year
- Cured or cleared after 1 year
- Not cured or cleared, last report less than 3 years
- Not cured or cleared, last report 3 years or more
- Deceased before cured or cleared



Hepatitis C Clearance Cascade

The NYC Health Department monitors the progression of people reported with hepatitis C from testing to cure or clearance.¹

Figure 26. Laboratory Result-Based Hepatitis C Clearance Cascade, NYC, July 1, 2014, to December 31, 2024²



¹ CDC laboratory result-based method for calculating number and percentage of people tested and cured or cleared of hepatitis C: Montgomery MP, Sizemore L, Wingate H, et al. Development of a standardized, laboratory result-based hepatitis C virus clearance cascade for public health jurisdictions. *Public Health Rep.* 2023;139(2):149-153. doi:10.1177/00333549231170044

² The NYC laboratory result-based hepatitis C clearance cascade analytic period starts July 1, 2014, when the requirement for laboratories in NYC to report negative hepatitis C RNA test results went into effect.

Figure 27. Percentage of People at Each Stage of Hepatitis C Care for Laboratory Result-Based Hepatitis C Clearance Cascade, NYC, July 1, 2014, to December 31, 2024¹

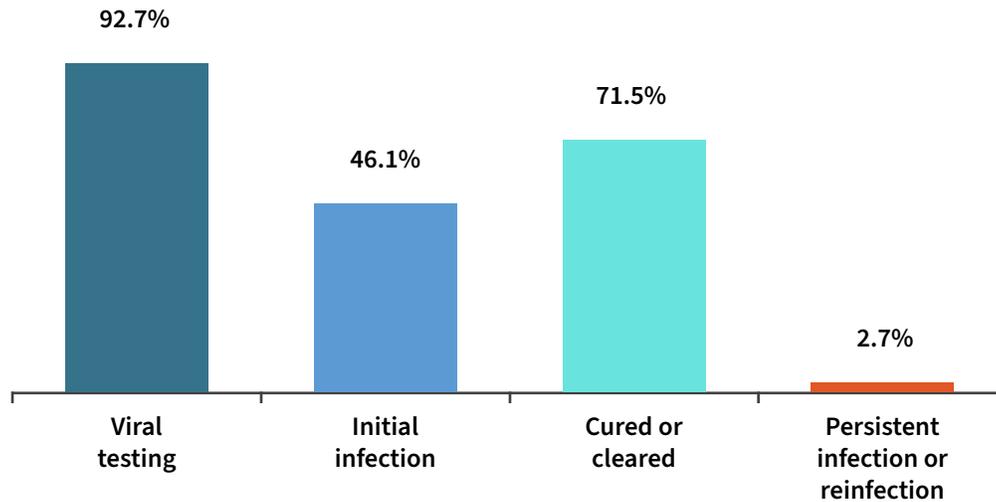
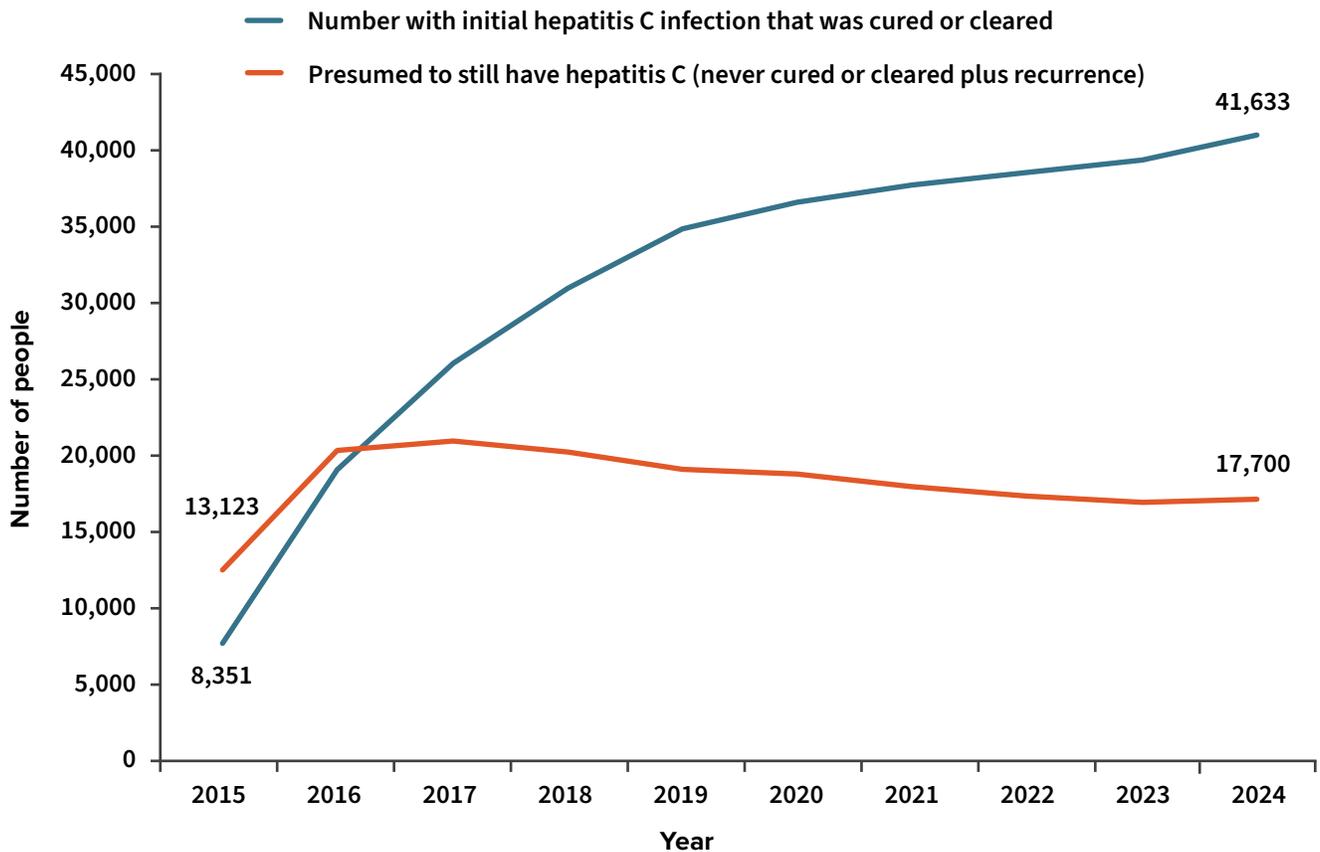


Figure 28. Cumulative Number of People With Confirmed Hepatitis C Since July 1, 2014 Who Experienced Cure or Clearance or Are Presumed to Still Have Hepatitis C in NYC, 2015 to 2024



¹The NYC laboratory result-based hepatitis C clearance cascade analytic period starts July 1, 2014, when the requirement for laboratories in NYC to report negative hepatitis C RNA test results went into effect.

Hepatitis C Recurrence: Persistent Infection or Reinfection

Hepatitis C recurrence occurs when a person has a positive hepatitis C RNA test at any time after cure or clearance. Using laboratory-based surveillance data alone is not sufficient to distinguish reinfection from persistent infection, which could be caused by incomplete treatment, treatment failure, or viral breakthrough.

Figure 29. Number of People in NYC Who Experienced Hepatitis C Recurrence and Number of People With Recurrence Who Are Presumed to Still Have Hepatitis C in 2024, by Year of Reported Recurrence, 2015 to 2024

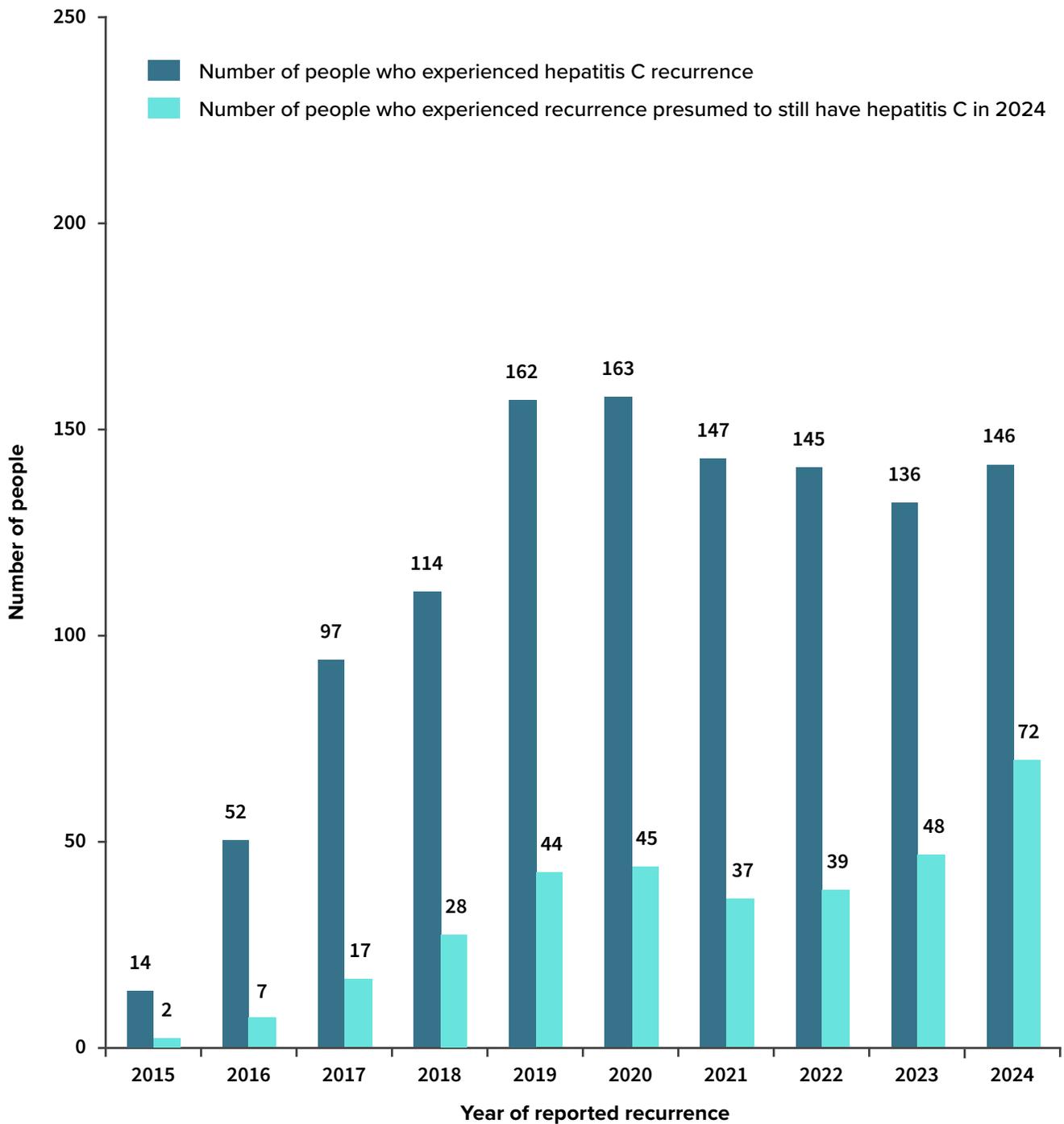


Table 8. Characteristics of People Who Experienced Hepatitis C Recurrence in NYC, 2015 to 2024

	Number of people	Percentage of each group	Rate per 1,000 person years after cure or clearance
Total	1,213	100.0	18.1
Sex			
Female	280	23.1	11.0
Male	933	76.9	22.5
Age group at first hepatitis C occurrence			
3 to 19	9	0.7	18.0
20 to 29	249	20.5	32.3
30 to 39	382	31.5	29.5
40 to 49	252	20.8	20.6
50 to 59	179	14.8	11.6
60 to 69	100	8.2	7.3
70 or older	42	3.5	9.8
Race and ethnicity			
American Indian, non-Latino	1	0.1	8.5
Asian, non-Latino	59	4.9	11.6
Black, non-Latino	246	20.3	17.5
Latino	362	29.8	30.1
Native Hawaiian or Pacific Islander, non-Latino	1	0.1	0.0
White, non-Latino	383	31.6	21.0
Two or more races or underrepresented race, non-Latino	39	3.2	33.2
Unknown	122	10.1	N/A
Borough			
Bronx	331	27.3	22.9
Brooklyn	309	25.5	14.8
Manhattan	324	26.7	22.9
Queens	188	15.5	13.2
Staten Island	61	5.0	19.3
Neighborhood poverty level			
Low	174	14.3	16.4
Medium	522	43.0	18.6
High	252	20.8	23.0
Very high	265	21.8	17.7
Time to recurrence			
Less than 1 year from cure or clearance	650	53.6	N/A
1 year or more from cure or clearance	563	46.4	N/A
Had genotype change from first to second occurrence ¹	142	70.0	N/A
Presumed still infected in 2024 ²	368	31.9	N/A

¹ Among those for whom genotypes of the first and second hepatitis C occurrences were available.

² Excludes 59 people who were deceased after having a recurrent hepatitis C RNA-positive event.

Hepatitis C and HIV Co-Infection

Figure 30. Number and Percentage of People Newly Diagnosed With Chronic Hepatitis C in NYC Who Have HIV, by Year of First Report of Hepatitis C, 2015 to 2024

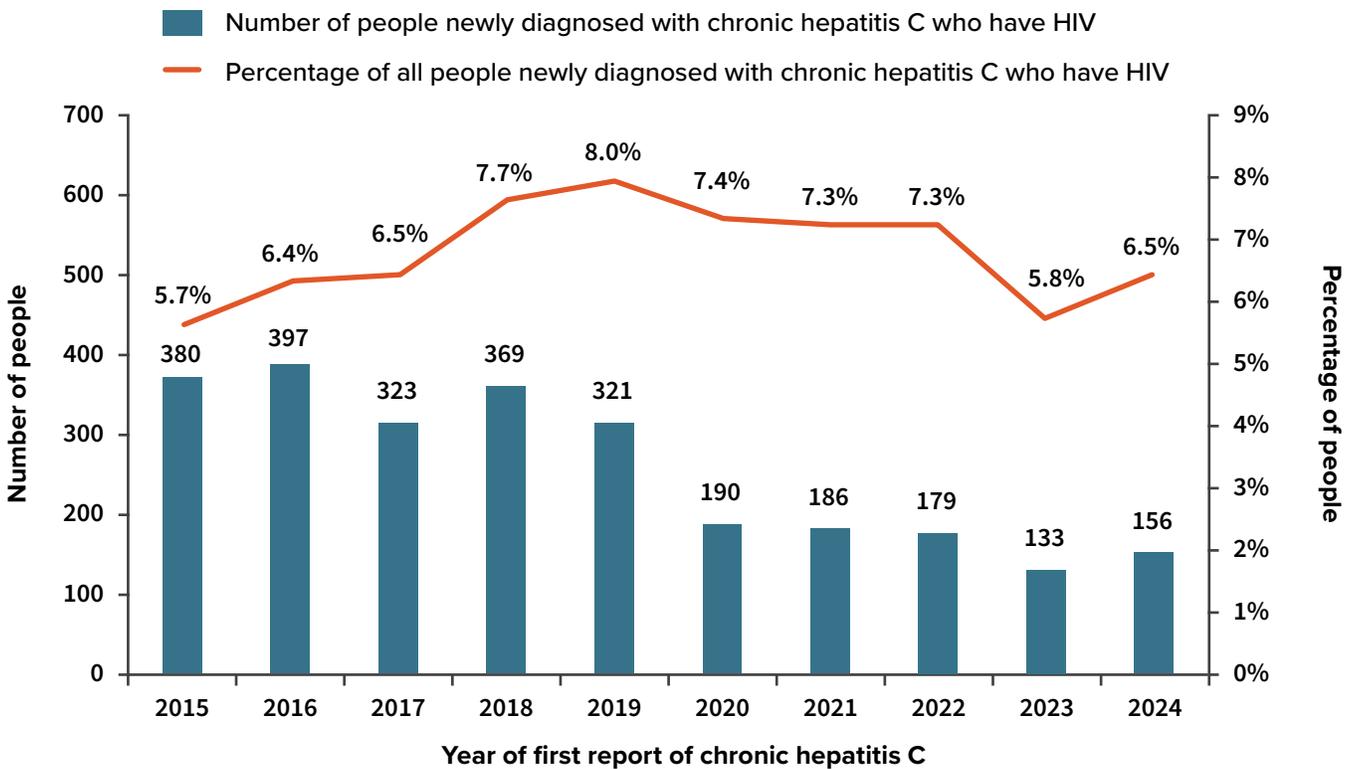
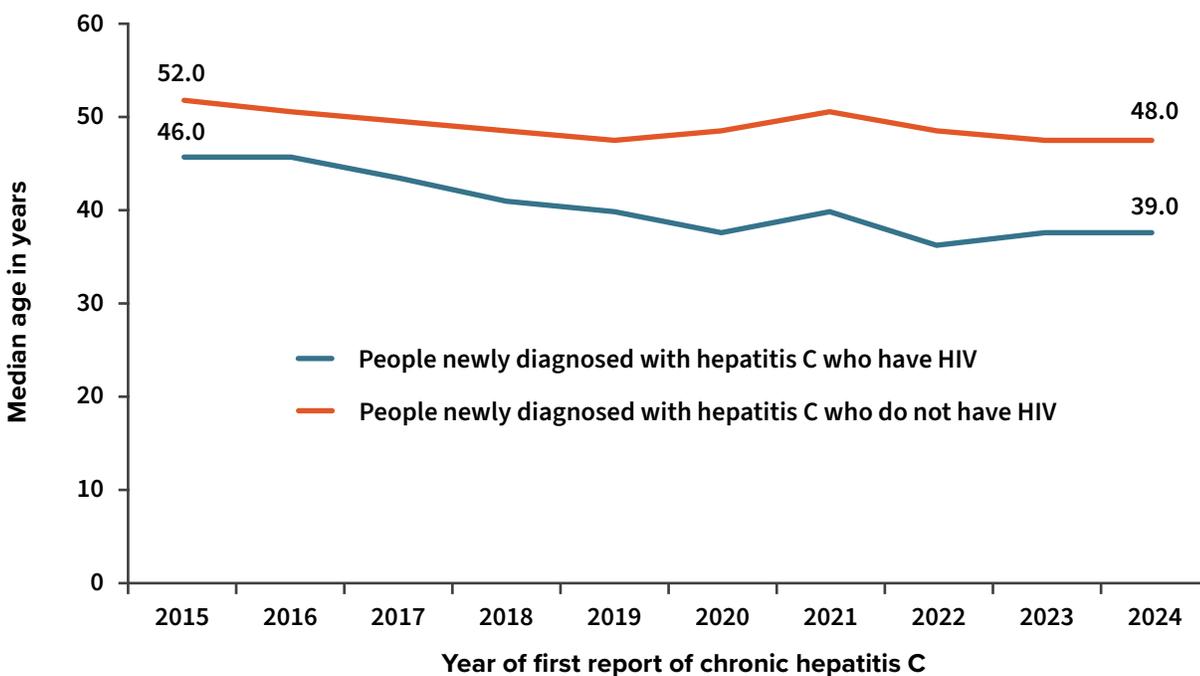
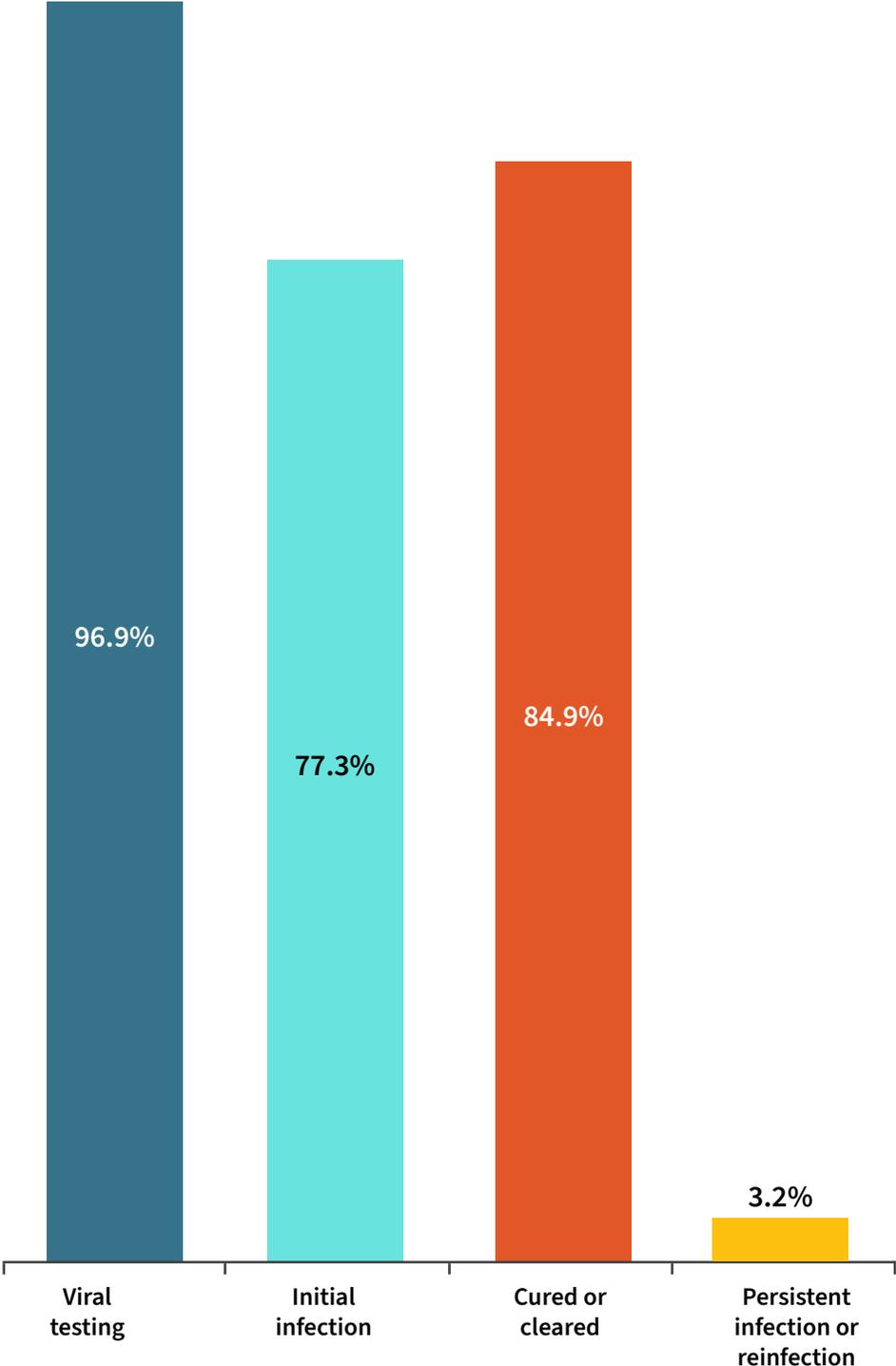


Figure 31. Median Age at Time of First Report of Hepatitis C for People With and Without HIV Co-Infection in NYC, 2015 to 2024



Hepatitis C Clearance Cascade for People With HIV

Figure 32. Percentage of People at Each Stage of the Laboratory Result-Based Hepatitis C Clearance Cascade for People With Confirmed Hepatitis C and HIV Co-Infection, NYC, July 1, 2014, to December 31, 2024 (N = 9,918)



Hepatitis C Deaths

Figure 33. Number of Deaths and Age-Adjusted Death Rate¹ Where Hepatitis C Is Listed as a Cause of Death in NYC, 2015 to 2023

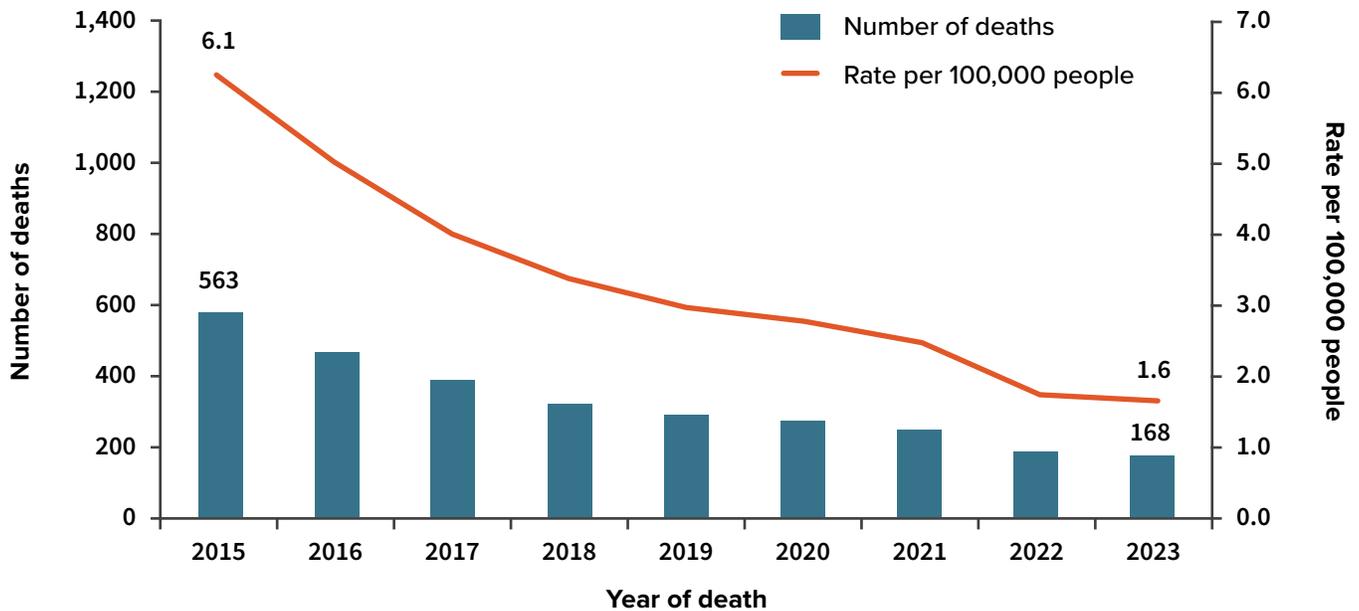
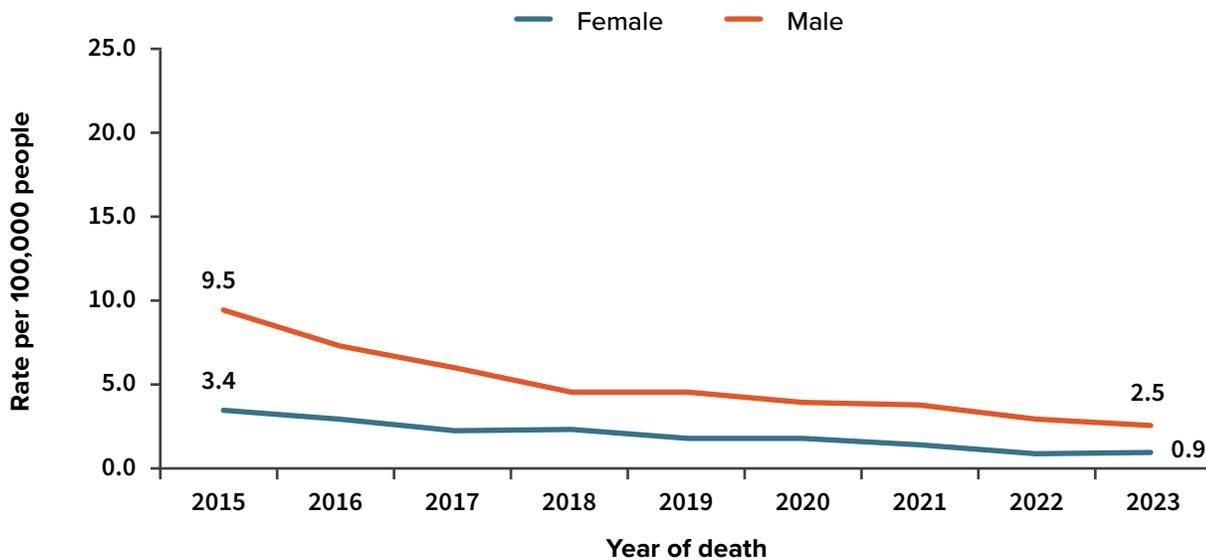


Figure 34. Age-Adjusted or Age-Specific Death Rate Where Hepatitis C Is Listed as a Cause of Death in NYC by Sex, Age, and Race and Ethnicity, 2015 to 2023

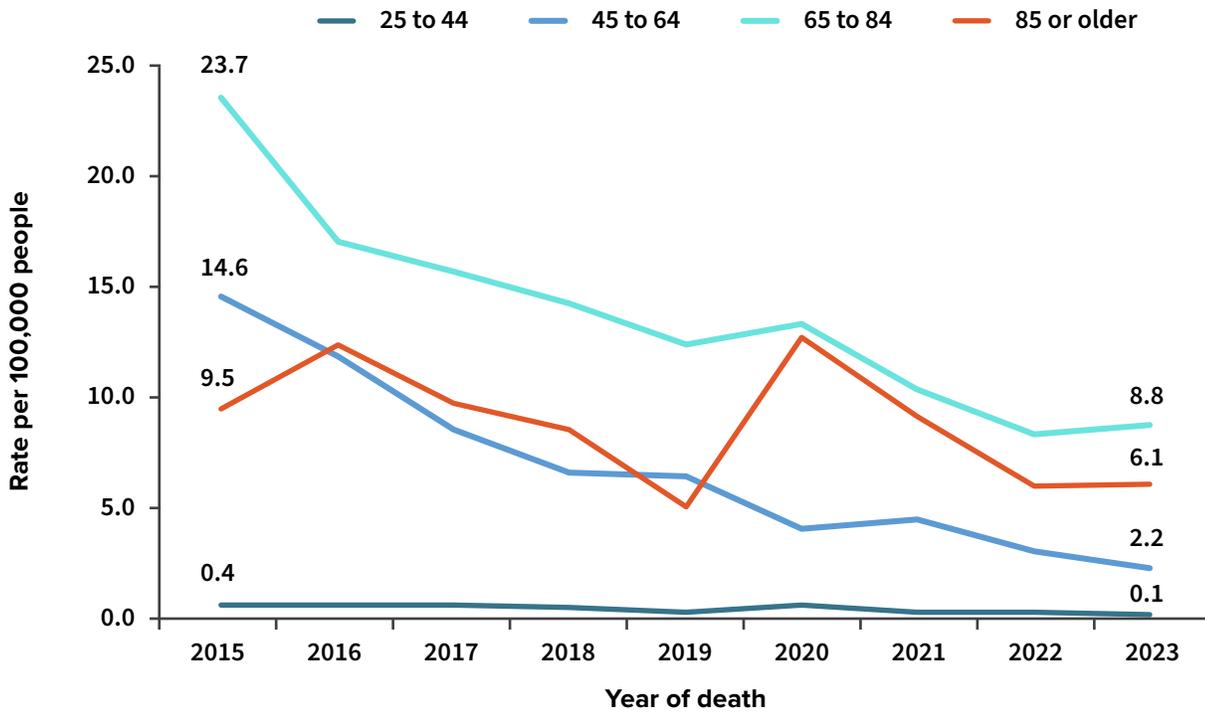
Sex



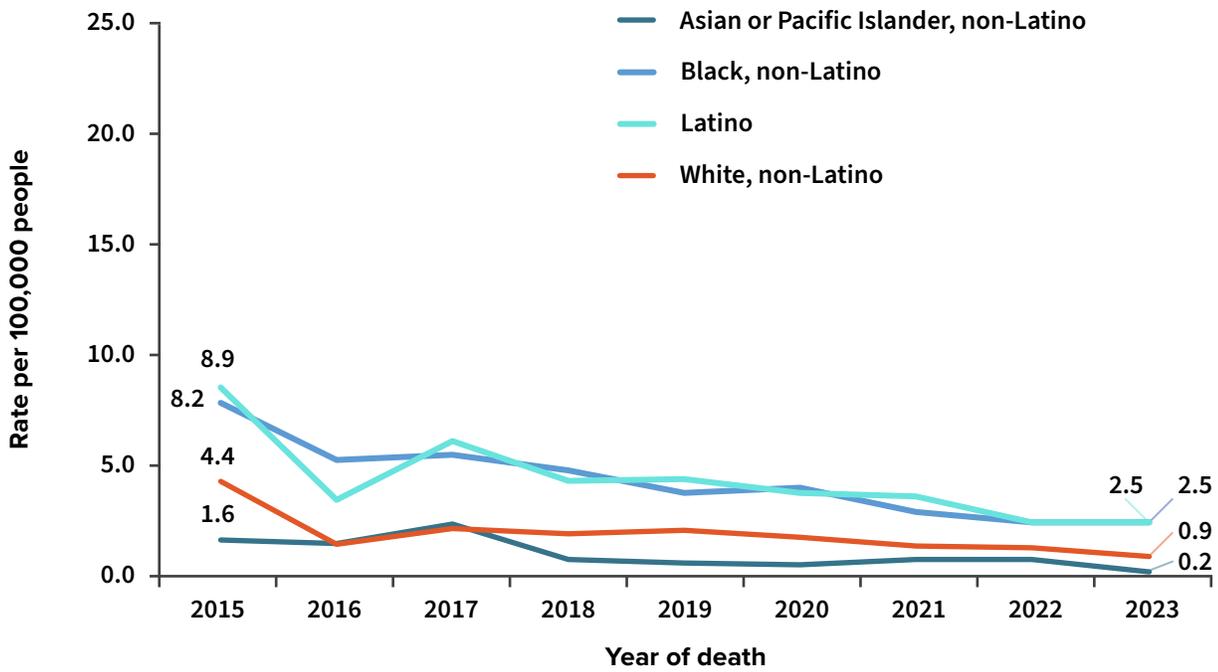
¹The population used in the rate constructions was based on 2020 Census population estimates, 2023 vintage. The 2020 Census counts are higher than the estimates, rendering potentially overestimated rates.

Figure 34 (continued). Age-Adjusted or Age-Specific Death Rate Where Hepatitis C Is Listed as a Cause of Death in NYC by Sex, Age, and Race and Ethnicity, 2015 to 2023

Age group in years



Race and ethnicity

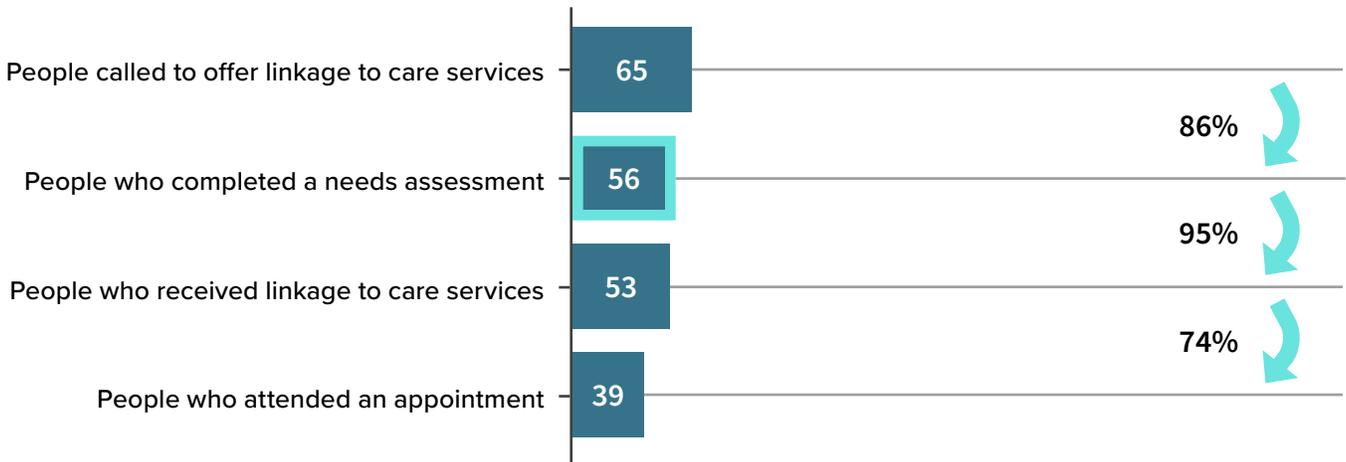


Linkage to Care

The NYC Health Department identifies people who are not in care for hepatitis B or hepatitis C through surveillance data and referrals, and contacts them to offer linkage to care services.

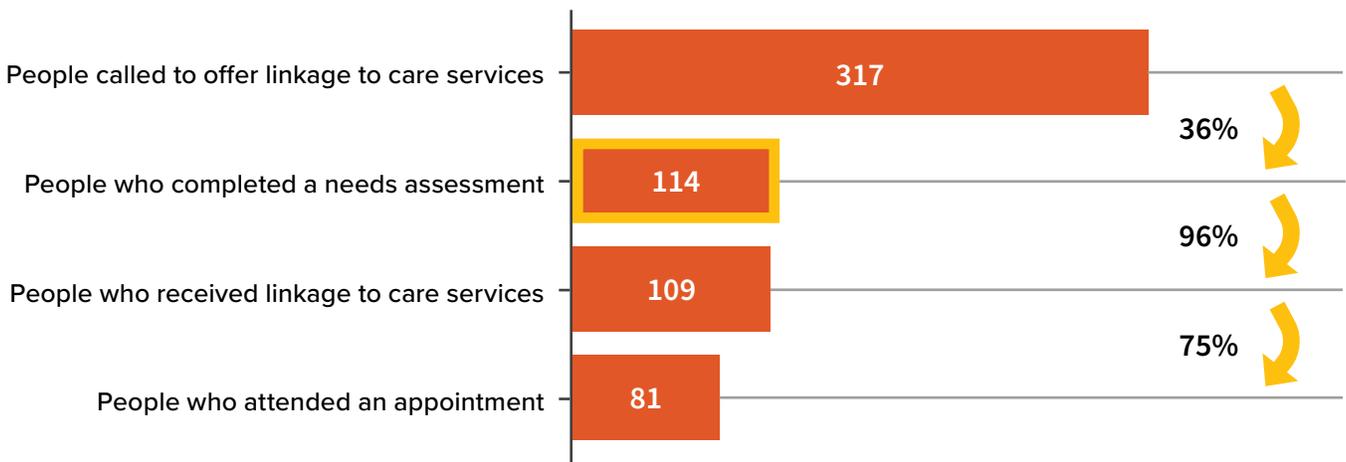
Figure 35. Linkage to Care Outcomes for People With Hepatitis B or Hepatitis C Who Were Contacted by the NYC Health Department and Offered Linkage to Care Services in NYC, 2024

Hepatitis B linkage to care



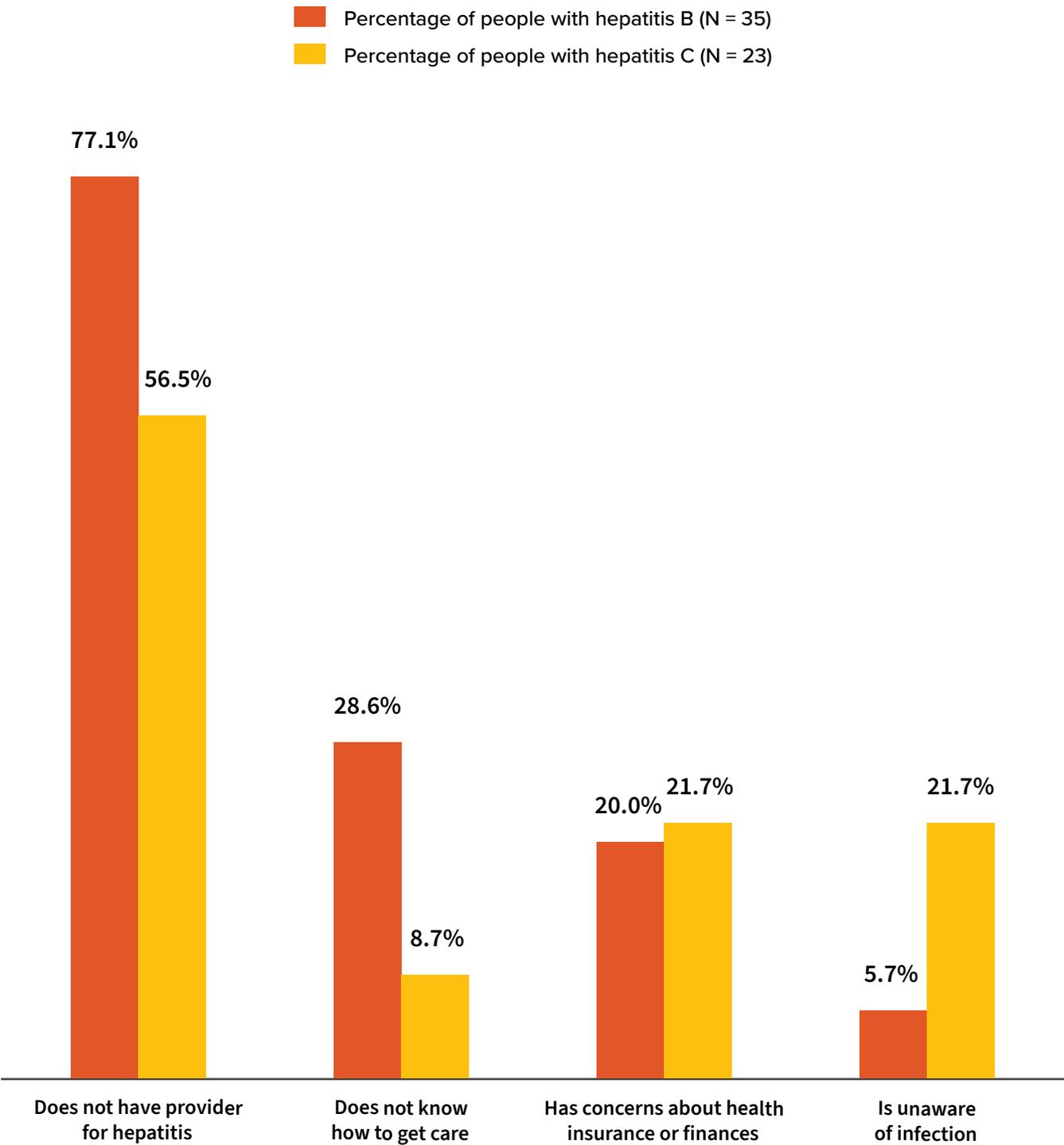
93% of people reported being aware of their infection at the initial assessment.

Hepatitis C linkage to care



89% of people reported being aware of their infection at the initial assessment.

Figure 36. Self-Reported Reasons¹ for Not Engaging in Hepatitis B or C Care Among People Who Were Not in Care at the Time of Initial Needs Assessment for Hepatitis Linkage to Care Services in NYC, 2024



¹Each person could report multiple reasons. Percentages are out of people who reported not engaging in hepatitis care at the initial assessment.

Table 9. Characteristics of People With Hepatitis B or Hepatitis C Who Were Contacted by the NYC Health Department and Offered Linkage to Care Services in NYC, 2024

	People with hepatitis B		People with hepatitis C	
	Number of people	Percentage of each group	Number of people	Percentage of each group
Total	65	100.0	317	100.0
Sex				
Female	28	43.1	43	13.6
Male	37	56.9	274	86.4
Age				
19 or younger	0	0.0	0	0.0
20 to 29	16	24.6	23	7.3
30 to 39	26	40.0	92	29.0
40 to 49	16	24.6	84	26.5
50 to 59	4	6.2	53	16.7
60 or older	3	4.6	65	20.5
Race and ethnicity				
American Indian, non-Latino	0	0.0	2	0.6
Asian, non-Latino	13	20.0	5	1.6
Black, non-Latino	31	47.7	92	29.0
Latino	13	20.0	109	34.4
Native Hawaiian or Pacific Islander, non-Latino	0	0.0	1	0.3
White, non-Latino	4	6.2	68	21.5
Two or more races or underrepresented race, non-Latino	1	1.5	4	1.3
Unknown	3	4.6	36	11.4
Borough				
Bronx	15	23.1	76	24.0
Brooklyn	32	49.2	82	25.8
Manhattan	8	12.3	85	26.8
Queens	9	13.8	69	21.8
Staten Island	1	1.5	5	1.6
Language spoken				
English	26	40.0	173	54.6
Language other than English	36	55.4	19	6.0
Unknown	3	4.6	125	39.4
HIV co-infection	1	1.5	158	49.8
Live in high- or very high-poverty neighborhood	33	50.8	156	49.2
History of incarceration	4	6.2	100	31.5
History of substance use	0	0.0	143	45.1
Uninsured at initial assessment	9	13.8	23	7.3

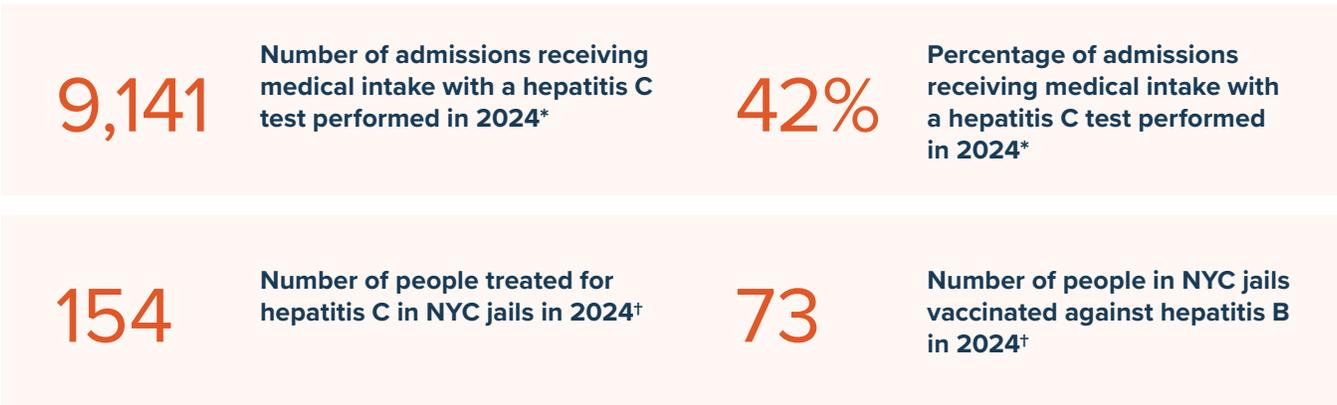
Hepatitis A and B Vaccinations

Table 10. Hepatitis A and B Vaccinations Administered in NYC Health Department Clinics and by Other NYC Providers in NYC, 2024¹

	Total hepatitis vaccine doses administered in NYC in 2024	Number of individuals who completed the hepatitis vaccine series ² in 2024
NYC Health Department Immunization Clinic		
Hepatitis A, ages 4 to 18	3,195	1,708
Hepatitis A, ages 19 and older	310	137
Hepatitis B, ages 4 to 18	3,450	1,869
Hepatitis B, ages 19 and older	2,286	472
NYC Health Department Sexual Health Clinics		
Hepatitis A	810	195
Hepatitis B	1,701	441
NYC providers³		
Hepatitis A	254,137	146,871
Hepatitis B	544,393	211,125

Viral Hepatitis in Correctional Facilities

Correctional Health Services (CHS) offers hepatitis C testing to all people newly admitted to NYC jails. CHS also offers hepatitis C treatment to people while they are under CHS’ care. Hepatitis C testing and treatment and hepatitis B vaccination are voluntary.



* Based on rapid test, antibody test, or viral load test in 2024 for individuals who received medical intake in 2024. Number and percentage exclude those who refused testing.

† Includes those who completed or partially completed treatment or vaccination, respectively.

¹Data source: NYC Citywide Immunization Registry (CIR).
²Total number of individuals who completed either hepatitis A or hepatitis B vaccine series in 2024 with at least one dose from the clinic listed. The Citywide Immunization Registry (CIR) participates in data exchange with the NYS Immunization Information Systems (IIS) from six jurisdictions and also with the Veterans Health Administration. In this report, doses received from the external information systems are counted toward vaccine series completion.
³NYC health care providers are required to report all immunizations administered to children newborn to age 18. Immunizations administered to adults ages 19 and older may be reported with consent of the patient, according to NYS Public Health Law and the NYC Health Code. Due to the consent requirement, adult vaccination data in the Citywide Immunization Registry may be incomplete.

NYC Viral Hepatitis Elimination Plan

In 2021, the NYC Health Department and community partners released the Plan to Eliminate Viral Hepatitis as a Major Public Health Threat in New York City by 2030 (NYC Viral Hepatitis Elimination Plan),¹ which sets forth three goals:

1. Reduce new hepatitis C infections among people in NYC by 90% by 2030.
2. Reduce premature deaths among people with chronic hepatitis B and chronic hepatitis C in NYC by 65% by 2030; improve the health of people with hepatitis B and C in NYC.
3. Reduce health inequities related to viral hepatitis infection among people in NYC.

Below are updates on select indicators that help to measure progress toward elimination plan goals.

Hepatitis B

Progress indicator:

65% reduction in mortality due to hepatitis B among Asian and Pacific Islander people in NYC

Baseline (2017):

2.2 deaths per 100,000 Asian and Pacific Islander people

Goal (2030):

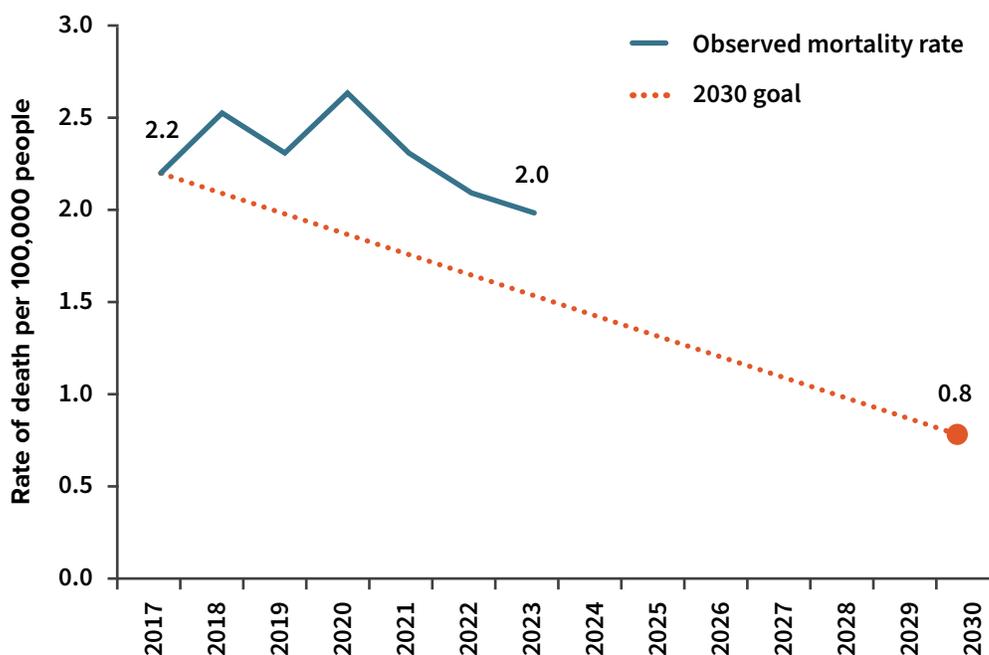
0.8 deaths per 100,000 Asian and Pacific Islander people

Current (2023):

2.0 deaths per 100,000 Asian and Pacific Islander people

Status: Not on track

Figure 37. Observed Age-Adjusted Death Rate Where Hepatitis B Is Listed as a Cause of Death in NYC Among Asian and Pacific Islander People From 2017 to 2023 Compared With 2030 Elimination Goal



¹The NYC Viral Hepatitis Elimination Plan is available at nyc.gov/assets/doh/downloads/pdf/cd/viral-hepatitis-elimination-plan.pdf.

Hepatitis C

Progress indicator:

80% of people in NYC reported with confirmed hepatitis C since 2014 will test RNA negative

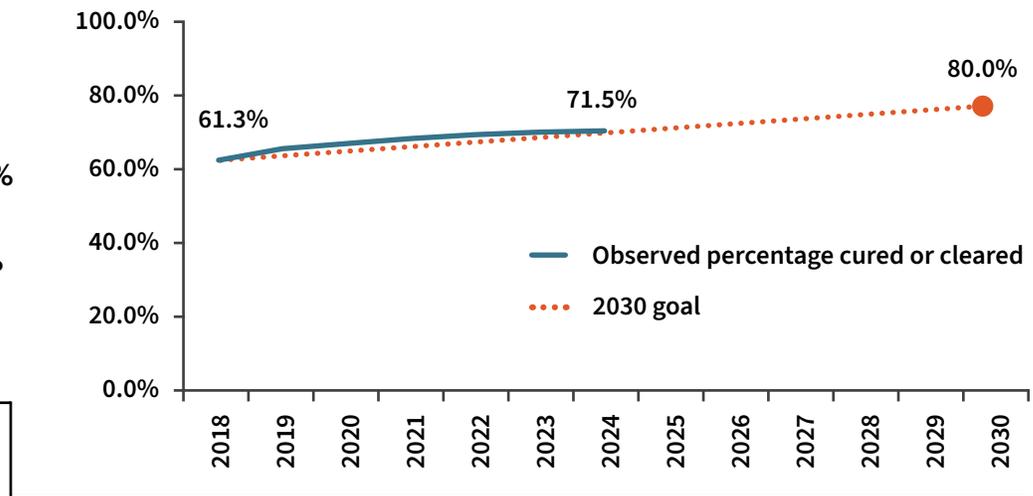
Baseline (2018): 61.5%

Goal (2030): 80.0%

Current (2024): 71.5%

Status: On track

Figure 38. Observed Proportion of People Reported With Confirmed Hepatitis C in NYC since 2014 Who Tested RNA Negative From 2018 to 2024 Compared With 2030 Elimination Goal



Progress indicator:

65% reduction in mortality due to hepatitis C among non-Latino Black and Latino people in NYC

Baseline (2018):

5.7 deaths per 100,000 non-Latino Black people;

6.4 deaths per 100,000 Latino people

Goal (2030):

2.0 deaths per 100,000 non-Latino Black people;

2.2 deaths per 100,000 Latino people

Current (2023):

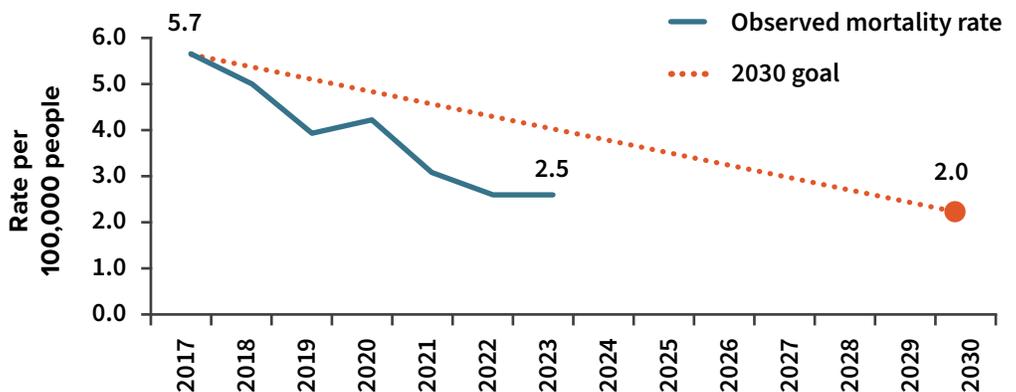
2.5 deaths per 100,000 non-Latino Black people;

2.5 deaths per 100,000 Latino people

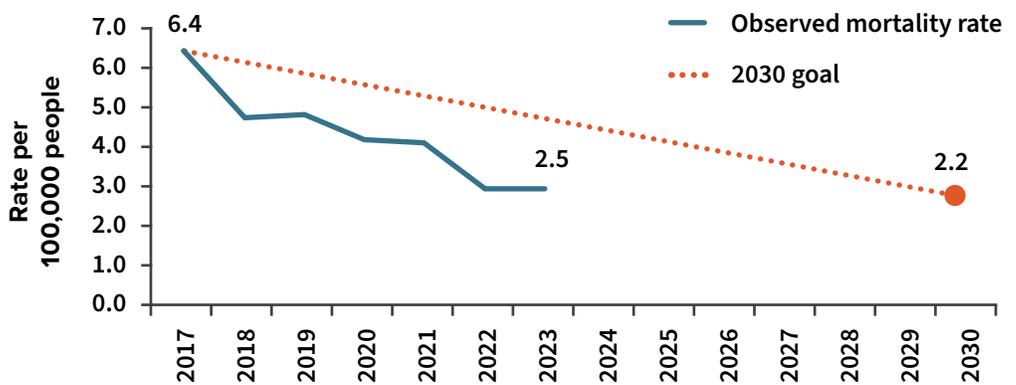
Status: On track

Figure 39. Observed Age-Adjusted Death Rate Where Hepatitis C Is Listed as a Cause of Death in NYC Among (A) non-Latino Black People and (B) Latino People From 2017 to 2023 Compared With 2030 Elimination Goal

(A) Non-Latino Black People



(B) Latino People



Technical Notes

Acute and chronic infection: Hepatitis A is an acute (short-term) infection lasting a few weeks to several months and does not typically cause long-term illness or damage to the liver. Hepatitis B and C infections can be acute or chronic (long-term). Acute hepatitis B and C infections occur within the first six months after exposure to the respective viruses. Some people with acute infections go on to develop chronic hepatitis B and C infections which, if left untreated, can cause liver damage.

Acute hepatitis C surveillance: The NYC Health Department identifies acute hepatitis C through electronic laboratory reporting of negative hepatitis C antibody and negative hepatitis C RNA tests, liver function tests (ALTs and total bilirubin), provider reports, and enhanced surveillance investigations to obtain clinical and laboratory evidence of new infections, symptoms, and test results not reported electronically. The Health Department conducts enhanced surveillance investigations for people ages 18 and older newly reported with acute hepatitis C in NYC. Required reporting of negative and indeterminate hepatitis C antibody test results as of January 2024 facilitated the identification of hepatitis C seroconversions and enhanced the ability to distinguish new and acute hepatitis C infections from prevalent and chronic infections, and likely contributed to the increase in the number of acute hepatitis C cases from 2023.

Case definitions: Cases included in this report meet CDC and Council of State and Territorial Epidemiologists criteria for confirmed hepatitis A,¹ confirmed and probable acute hepatitis B,² confirmed and probable chronic hepatitis B,² confirmed perinatal hepatitis B,³ confirmed and probable acute hepatitis C,⁴ confirmed and probable chronic hepatitis C,⁵ and confirmed perinatal hepatitis C.⁶ In 2024, the CDC implemented a new case definition for confirmed and probable acute hepatitis B. The exclusion of discrete onset of any sign or symptom consistent with acute viral hepatitis from clinical criteria and expanded laboratory criteria for diagnosis contributed to the increase in identified acute hepatitis B cases in 2024.

Case numbers and case rates: This report presents case numbers and case rates per 100,000 for people newly reported with hepatitis A, B, and C in NYC. Age-adjusted rates were calculated using the following age categories: 0-24, 25-44, 45-64, 65-84, and ≥ 85 years, weighted to the U.S. 2000 standard population. 2021 intercensal estimates provided by the NYC Health Department's Bureau of Epidemiology Services were used to calculate all rates except those for Rikers Island, for which estimates were provided by NYC Correctional Health Services.

¹ National Notifiable Diseases Surveillance System (NNDSS). Hepatitis A, acute: 2019 case definition. Updated April 16, 2021. Accessed July 24, 2025. <https://ndc.services.cdc.gov/case-definitions/hepatitis-a-acute-2019>

² NNDSS. Hepatitis B, acute and chronic: 2024 case definition. Accessed July 24, 2025. <https://ndc.services.cdc.gov/case-definitions/hepatitis-b-acute-and-chronic-2024>

³ NNDSS. Hepatitis B, perinatal infection: 2017 case definition. Accessed July 24, 2025. <https://ndc.services.cdc.gov/case-definitions/hepatitis-b-perinatal-virus-infection-2017>

⁴ NNDSS. Hepatitis C, acute: 2020 case definition. <https://ndc.services.cdc.gov/casedefinitions/hepatitis-c-acute-2020>

⁵ NNDSS. Hepatitis C, chronic: 2020 case definition. <https://ndc.services.cdc.gov/casedefinitions/hepatitis-c-chronic-2020>

⁶ NNDSS. Hepatitis C, perinatal infection: 2018 case definition. <https://ndc.services.cdc.gov/case-definitions/hepatitis-c-perinatal-infection-2018>

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Cause of death: This report includes underlying and nonunderlying (multiple) causes of death for deaths occurring in NYC or among NYC residents. Causes of death are not mutually exclusive and are coded using ICD-10 classifications. The codes used for acute and chronic hepatitis B are B16.0, B17.0, B18.0, and B18.1; the codes used for acute and chronic hepatitis C are B17.1 and B18.2.¹

Correctional facilities: The NYC Health Department combines people reported from any NYC correctional facility to Rikers Island on maps. Although the jail at Rikers Island has a Queens ZIP code (11370), all Rikers Island data are categorized as reported from the Bronx.

Electronic laboratory reporting: Laboratories are required to report specific hepatitis A, B, and C test results electronically to the NYC Health Department in compliance with NYC Health Code Article 13. In 2024, changes were made to the Health Code to require laboratories to report negative results of hepatitis B surface antigen, hepatitis B envelope antigen, and hepatitis C antibody tests. Visit Laboratory Reporting Requirements (Health Code Article 13) at NYC Rules.²

Electronic laboratory reporting (ELR) requirement updates: In 2024, changes were made to Article 13 of the NYC Health Code to require laboratories to report negative results of hepatitis B surface antigen, hepatitis B envelope antigen, and hepatitis C antibody tests.

Enhanced hepatitis C surveillance: In 2024, the NYC Health Department's Viral Hepatitis Surveillance selected people for investigation based on the following criteria: ALT > 200 IU/L or total bilirubin ≥ 3.0 mg/dL; evidence of seroconversion based on a negative hepatitis C antibody or RNA test result in the 12 months prior to their first positive hepatitis C test reported to the Health Department through electronic laboratory reporting or by the provider; reported by a dialysis facility; reported by the provider as a possible case of acute hepatitis C; 18 years or older.

Hepatitis A, B, and C: Hepatitis A, B, and C are caused by viruses that infect and can damage the liver. Hepatitis A is usually passed from one person to another through contaminated food or water or through sexual contact, and is usually resolved within six months. Hepatitis B is passed from one person to another through blood, semen, or vaginal fluids and can develop into a lifelong infection that can cause liver failure and cancer if untreated. Hepatitis C is passed from one person to another through blood and can cause liver failure and cancer if untreated. Vaccines can protect against hepatitis A and B, and medications can manage hepatitis B and cure hepatitis C. Visit nyc.gov/health/hepatitis.

Neighborhood poverty: The NYC Health Department uses American Community Survey data from 2018 to 2022 to define an area's poverty level as the percentage of residents within a ZIP code with incomes below 100% of the federal poverty level (FPL). Neighborhood poverty

¹ CDC, National Center for Health Statistics. Health, United States: cause of death. January 23, 2025. Updated June 9, 2025. Accessed July 24, 2025. <https://cdc.gov/nchs/hus/sources-definitions/cause-of-death.htm>

² <https://rules.cityofnewyork.us/rule/laboratory-reporting-requirements-health-code-article-13>

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categories include: low (less than 10% below FPL); medium (10% to less than 20% below FPL); high (20% to less than 30% below FPL); very high (greater than or equal to 30% below FPL). These categories do not apply to people whose first or most recently reported address is an NYC correctional facility.¹

Neighborhood Tabulation Area (NTA): NYC Department of City Planning developed aggregations of census tracts that are subsets of NYC's 55 Public Use Microdata Areas. NTA boundaries and associated names may not definitively represent neighborhoods. Visit nyc.gov/content/planning/pages/resources/datasets/neighborhood-tabulation.

Perinatal exposure to hepatitis C: Viral Hepatitis Surveillance uses the NYC Health Department's Office of Vital Statistics data on live births matched to the hepatitis C registry to identify infants with perinatal hepatitis C exposure. For the 2024 reporting year, the most recent live birth data available was for the birth year 2022. Hepatitis C infection in pregnancy was defined by the presence of an HCV RNA-positive test in the time between the last menstrual period through 14 days after the birth, or by confirmed infection without evidence of clearance in the 12 months prior to pregnancy.

Prevalence estimates: The NYC Health Department calculates hepatitis B and C prevalence using the most recent and complete surveillance data, accounting for death, out-migration from NYC, and undiagnosed and cleared infection.²⁻⁴ This report presents 2023 prevalence estimates reflecting the most recent year that American Community Survey data were available to estimate out-migration.

Race and ethnicity: Race and ethnicity information are often missing in laboratory reports, which are the primary data source for viral hepatitis surveillance in NYC. The NYC Health Department uses other sources such as provider reports, electronic health records, and interviews conducted for case investigation to obtain race and ethnicity information. In this report, race and ethnicity for analyses of viral hepatitis surveillance data were combined into the following mutually exclusive categories: American Indian, non-Latino; Asian, non-Latino; Black, non-Latino; Latino; Native Hawaiian, non-Latino; white, non-Latino; two or more races or underrepresented race, non-Latino; unknown. For analysis of viral hepatitis mortality data provided by the NYC Health Department's Office of Vital Statistics, race and ethnicity were combined into the following mutually exclusive categories: Asian or Pacific Islander, non-Latino; Black, non-Latino; Latino; white, non-Latino.

¹ Toprani A, Hadler JL. Selecting and applying a standard area-based socioeconomic status measure for public health data: analysis for New York City. NYC Dept of Health and Mental Hygiene: Epi Research Report; May 2013. <https://www.nyc.gov/assets/doh/downloads/pdf/epi/epiresearch-SES-measure.pdf>

² Moore MS, Bocour A, Winters A. Surveillance-based estimate of the prevalence of chronic hepatitis B virus infection, New York City, 2016. *Public Health Rep.* 2019;134(6):695-702. doi:10.1177/0033354919882962

³ Bocour A, Greene SK, Laraque F, Winters A. Estimating the prevalence of chronic hepatitis C virus infection in New York City, 2015. *Epidemiol Infect.* 2018;146(12):1537-1542. doi:10.1017/S095026881800170X

⁴ Anger HA, Misra K. Drivers of diverging trends in estimated HCV prevalence by birth cohort in New York City, 2015-2022. Oral presentation at: Council of State and Territorial Epidemiologists Annual Conference; June 2025; Grand Rapids.

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Reporting year: Variability in reporting year in this report is due to data lag or follow-up time required to measure outcomes. For both hepatitis B and C, perinatal exposure data reflect most recent birth data as of 2022, and for hepatitis B, the most recent vaccination outcomes as of 2022, from the NYC Health Department’s Office of Vital Statistics. Hepatitis B and C death data are only available starting in 2015. Hepatitis C cure and clearance data lag is due to follow-up time required to measure outcomes, reflecting the earliest year data were available after hepatitis C negative RNA reporting began in 2015. Multiyear program summaries include 2024 data and cumulative data.

Sex and gender identity: Surveillance data on the sex of people with viral hepatitis come from laboratory reports and cannot be parsed as sex assigned at birth, legal sex, or gender identity. Gender identity is collected when investigating hepatitis A, B, or C cases and this information is reported.

Viral Hepatitis Surveillance: The NYC Health Department maintains a registry of people living in NYC with current or previous hepatitis A, B, or C infection reported to the NYC Health Department, as required by the NYC Health Code.

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