

Hepatitis B in Indiana, 2024

Executive Summary Report



September 2025

National and State Rates

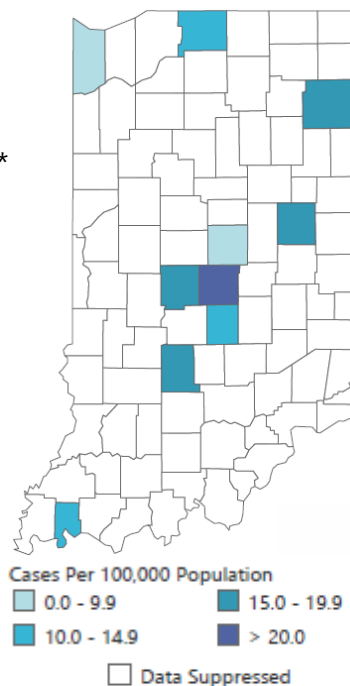
According to the [2023 Viral Hepatitis Surveillance Report](#) from the Centers for Disease Control and Prevention (CDC), the national incidence rate of **acute hepatitis B (HBV) has remained relatively stable from 2021-2023**.¹ After accounting for underreporting and other factors, the CDC estimated 14,400 total acute HBV infections nationally in 2023 even though there were only 2,214 newly reported cases.¹ Indiana **tied for eighth** in the nation for the highest rates of reported acute hepatitis B infection (2023 state rate is 1.1 cases per 100,000 population, national rate is 0.7 cases per 100,000 population).¹

A total of **911 confirmed and probable cases** of acute, perinatal and chronic hepatitis B were newly reported to the Indiana Department of Health (IDOH) in 2024 (**13.2 per 100,000 population**). [Zero Is Possible—Indiana \(ZIP-IN\)](#) regions 7 and 9 in the central portion of the state, had the highest rates of HBV in Indiana in 2024 (18.6 and 13.9 per 100,000 population, respectively).

Map of HBV in Indiana

The map on the right shows newly reported cases* of hepatitis B as rates per 100,000 population. Counties that are blank had no reported cases or have been suppressed due to unstable rates.

*Cases include perinatal, acute and chronic with classifications of confirmed and probable. Rates do not include cases identified through IDOC or FCI.



Risk Exposures

The 2024 top risk factors* included:

- Ever experiencing incarceration (**24.6%**)
- Having contact with someone living with hepatitis (**21.6%**)
- Using street drugs without injecting (**20.1%**)
- Ever using intravenous drugs (**12.6%**)

Ever experiencing incarceration has consistently been the top risk factor since 2020. Contact with someone living with hepatitis B as a risk factor has decreased by 44.1% since 2023.

*Removed 'unknown' or missing responses

Perinatal HBV

Nationally, the number of perinatal cases of HBV reported in 2023 (n=7) **decreased** from 2022 (n=13). In Indiana there were 144 infants born to mothers living with hepatitis B in 2024. Due to prevention efforts, Indiana has not had a reported case of perinatal HBV since 2020. The CDC recommends [universal screening for HBV](#) during **each pregnancy** to ensure any infants born to a woman living with HBV can receive hepatitis B immune globulin (HBIG) and hepatitis B vaccine **within 12 hours of birth** to help prevent transmission.

2024 Fast Facts

- **115 newly reported confirmed acute cases of HBV in 2024**
- **47.4% increase since 2023**
- **558 newly reported confirmed chronic cases of HBV in 2024**
- **32.5% increase since 2023**
- **4.6% of all newly reported HBV cases were identified through the Indiana Department of Corrections (IDOC)**
- **61.1% of cases were male individuals**
- **51.7% of cases were individuals age 30-49 years**
- **Rate per 100,000 population:**
 - **Ages 30-39: 26.6**
 - **Ages 40-49: 27.0**

HBV Case Demographics

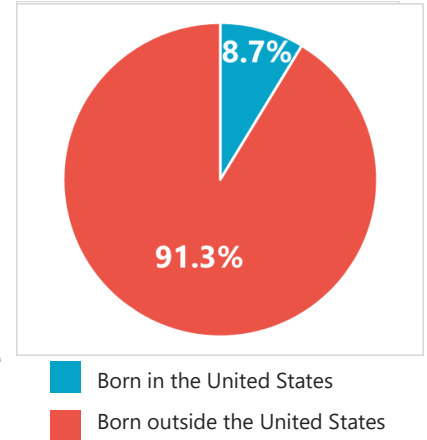
Despite making up **10.6%** of the Indiana population, **Black Hoosiers** accounted for **30.0%** of hepatitis B infections in Indiana in 2024. From 2020 to 2024, males of all races and ethnicities were, on average, older at the time of their first reported HBV infection when compared to their female counterparts. Delayed HBV screening can result in liver disease progression and worse health outcomes.

Hepatitis B Worldwide

In Indiana, **91.3%** of newly reported cases* of HBV in 2024 reported a birth country outside of the United States. The [World Health Organization \(WHO\)](#) estimates there were **254 million** people living with chronic hepatitis B across the world in 2022.³ Hepatitis B infections have the highest rates in the WHO Western Pacific Region, WHO African Region, and WHO South-East Asia Regions.³

WHO also estimates that hepatitis B resulted in **1.1 million deaths worldwide** in 2022, mainly due to cirrhosis and liver cancer.³

*Removed 'unknown' or missing responses



HBV and HDV

Hepatitis D is a liver disease that can only infect people who are also living with HBV. The infection can either be acquired simultaneously with HBV, known as a coinfection, or in people who are already living with HBV, known as a superinfection. Chronic HDV generally causes a more aggressive and rapid progression of liver disease than chronic HBV alone.

While HDV is not nationally notifiable, it is reportable in Indiana. In 2024, there were **five suspected cases of HDV** reported to IDOH.

HDV superinfection accelerates progression of chronic HBV in

70-90%

of people living with HBV, regardless of age.⁴

Testing and Vaccines Save Lives

In 2023, the CDC released new screening and [testing recommendations for HBV](#). All adults aged 18 and older should be **tested at least once in their lifetime** using a triple HBV panel test and any person who requests testing should be tested regardless of disclosure of risk factors.

While there is no cure, hepatitis B is vaccine-preventable. The [CDC recommends](#) everyone **aged 0-59** get vaccinated for hepatitis B regardless of reported risk factors. [The Advisory Committee on Immunization Practices \(ACIP\) and CDC also recommend](#) all infants receive the first dose of the hepatitis B vaccine within 24 hours of birth, then complete the three-dose series before 15 months of age.²

Note: Changes to the CSTE (Council of State and Territorial Epidemiologists) case definitions for [acute and chronic hepatitis B](#) were implemented in 2024. These changes included additional ways a case could be confirmed through laboratory criteria and therefore account for at least part of the rise in confirmed cases in 2024 compared to 2023.

Sources:

- Centers for Disease Control and Prevention. Viral Hepatitis Surveillance Report – United States, 2023. <https://www.cdc.gov/hepatitis-surveillance-2023/hepatitis-b/index.html>. Published April 2025. Accessed August 2025.
- Schillie S, Vellozzi C, Reingold A, et al. Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices. MMWR Recomm Rep 2018;67(No. RR-1):1–31. DOI: <http://dx.doi.org/10.15585/mmwr.rr6701a1>.
- World Health Organization. Hepatitis B. <https://www.who.int/news-room/fact-sheets/detail/hepatitis-b>. Published July 2025. Accessed August 2025.
- World Health Organization. Hepatitis D. <https://www.who.int/news-room/fact-sheets/detail/hepatitis-d>. Published July 2025. Accessed August 2025.

For more information on hepatitis B:
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