

关于印发《中国防治病毒性肝炎行动计划（2025—2030年）》
的通知

Notice on the Issuance of the "China Action Plan for the Prevention and
Control of Viral Hepatitis (2025-2030)"

国疾控传防发（2025）13号

各省、自治区、直辖市及新疆生产建设兵团疾控局、发展改革委、公安厅（局）、
司法厅（局）、财政厅（局）、卫生健康委、医保局、中医药局、药监局：

To the Disease Control and Prevention Bureaus, Development and Reform
Commissions, Public Security Departments (Bureaus), Justice Departments (Bureaus),
Finance Departments (Bureaus), Health Commissions, Medical Insurance Bureaus,
Traditional Chinese Medicine Bureaus, and Drug Administrations of all provinces,
autonomous regions, municipalities directly under the Central Government, and the
Xinjiang Production and Construction Corps:

为落实《“健康中国2030”规划纲要》要求，进一步加强我国病毒性肝炎防治工作，维护人民群众生命健康，国家疾控局等9部门联合制定了《中国防治病毒性肝炎行动计划（2025—2030年）》，现印发给你们，请认真组织实施，切实落实各项政策和保障措施，确保目标如期实现。

To implement the requirements of the "Healthy China 2030" Outline, further
strengthen the prevention and control of viral hepatitis in my country, and safeguard
the lives and health of the people, the National Center for Disease Control and
Prevention and nine other departments have jointly formulated the "China Action Plan
for the Prevention and Control of Viral Hepatitis (2025-2030)", which is now issued
to you. Please conscientiously organize and implement it, and earnestly implement
various policies and guarantee measures to ensure that the goals are achieved as
scheduled.

国家疾控局

国家发展改革委

公安部

司法部

财政部

国家卫生健康委

国家医保局

国家中医药局

国家药监局

National Administration for Disease Control and Prevention

National Development and Reform Commission

Ministry of Public Security

Ministry of Justice

Ministry of Finance

National Health Commission

National Healthcare Security Administration

State Administration of Traditional Chinese Medicine

State Drug Administration

2025年9月3日

September 3, 2025

中国防治病毒性肝炎行动计划（2025—2030年）

China's Action Plan for the Prevention and Control of Viral Hepatitis (2025-2030)

为落实《“健康中国2030”规划纲要》要求，进一步加强我国病毒性肝炎防治工作，维护人民群众生命健康，制定本行动计划。

This action plan is formulated to implement the requirements of the "Healthy China 2030" Outline, further strengthen the prevention and treatment of viral hepatitis in my country, and safeguard the lives and health of the people.

一、总体要求

坚持以习近平新时代中国特色社会主义思想为指导，深入贯彻党的二十大和二十届二中、三中全会精神，全面落实习近平总书记关于健康中国的重要论述，实施健康优先发展战略，坚持预防为主、科学防治，强化社会共治、落实“四方责任”，促进医疗、医保、医药协同发展和治理，创新医防协同、医防融合机制，着力提升防治效能，大力推动病毒性肝炎防治工作高质量发展。

总目标：持续夯实免疫屏障，不断提升检测发现率、诊断率和治疗率，持续降低新发感染，有效控制病毒性肝炎流行，减少病毒性肝炎相关肝硬化和肝癌的发生及其导致的死亡，为消除病毒性肝炎公共卫生危害奠定坚实基础。至2030年，具体工作指标如下：

I. Overall Requirements

Adhere to the guidance of Xi Jinping Thought on Socialism with Chinese Characteristics for a New Era, thoroughly implement the spirit of the 20th National Congress of the Communist Party of China and the Second and Third Plenary Sessions of the 20th Central Committee, fully implement General Secretary Xi Jinping's important expositions on a healthy China, implement the health-first development

strategy, prioritize prevention and scientific prevention and treatment, strengthen social co-governance, implement the "four-party responsibility" policy, promote the coordinated development and governance of medical care, medical insurance, and pharmaceuticals, innovate mechanisms for coordinated and integrated medical and prevention efforts, focus on improving prevention and treatment effectiveness, and vigorously promote high-quality development of viral hepatitis prevention and treatment.

Overall Goal: Continue to strengthen the immune barrier, continuously improve detection, diagnosis, and treatment rates, continuously reduce new infections, effectively control the prevalence of viral hepatitis, reduce the incidence of viral hepatitis-related cirrhosis and liver cancer, and the resulting deaths, and lay a solid foundation for eliminating the public health threat posed by viral hepatitis. By 2030, specific work targets are as follows:

1. 儿童甲肝、乙肝疫苗全程接种率持续保持在 95%及以上, 新生儿乙肝疫苗首剂及时接种率持续保持在 90%及以上。

2. 5 岁以下儿童乙肝病毒表面抗原流行率降至 0.2%及以下。

3. 乙肝母婴传播率降至 1%及以下。

4. 全国临床用血乙肝、丙肝病毒核酸检测率达 100%, 医疗机构安全注射比例达 100%, 注射吸毒人群综合干预措施覆盖比例达 95%以上。

5. 慢性乙肝患者诊断率达 80%及以上, 新报告慢性乙肝患者抗病毒治疗率达 80%及以上。

6. 慢性丙肝患者诊断率达 80%及以上, 慢性丙肝患者抗病毒治疗率达 80%及以上。

1. The full vaccination rate for hepatitis A and B vaccines among children should have been maintained at 95% or above, and the timely first-dose vaccination rate for newborns has been maintained at 90% or above.

2. The prevalence of hepatitis B surface antigen in children under 5 years old has been reduced to 0.2% or below.

3. The mother-to-child transmission rate of hepatitis B has been reduced to 1% or below.

4. The national hepatitis B and hepatitis C virus nucleic acid testing rate for clinical blood use has reached 100%, the safe injection rate in medical institutions has reached 100%, and the coverage rate of comprehensive intervention measures for injecting drug users has reached over 95%.

5. The diagnosis rate for chronic hepatitis B patients has reached 80% or above, and the antiviral treatment rate for newly reported chronic hepatitis B patients has reached 80% or above.

6. The diagnosis rate for chronic hepatitis C patients has reached 80% or above, and the antiviral treatment rate for chronic hepatitis C patients has reached 80% or above.

二、加强预防接种，夯实免疫屏障

(一) 保持儿童疫苗及时和全程高接种率。医疗卫生机构做好首剂乙肝疫苗及时接种和甲肝、乙肝疫苗全程接种工作，对未接种和未全程接种甲肝、乙肝疫苗的儿童，及时予以补种并完善有关记录，持续巩固儿童甲肝、乙肝疫苗常规免疫接种成效。托幼机构和学校做好儿童入托、入学预防接种证查验工作。

(二) 推动成人疫苗接种工作。促进经常接受输血或血液制品者、免疫功能低下者、乙肝病毒表面抗原阳性者家庭成员及性伴等乙肝病毒感染高风险人群主动接种乙肝疫苗，倡导没有乙肝疫苗接种史的成年人接种乙肝疫苗。水产食品经营人员、污水处理人员、相关实验室人员等甲肝、戊肝病毒高暴露风险人群的所在单位，建议其相关人员接种甲肝、戊肝疫苗。甲肝、戊肝高流行地区根据疫情防控需要，按照知情自愿原则，开展甲肝、戊肝疫苗接种工作。

II. Strengthening Vaccinations and Strengthening Immune Defence

(1) Maintain high, timely, and complete vaccination rates for children. Medical and health institutions should ensure timely administration of the first dose of hepatitis B vaccine and a complete course of hepatitis A and B vaccinations. Children who have not received or have not received the full course of hepatitis A and B vaccines should be promptly vaccinated and relevant records should be updated to continuously consolidate the effectiveness of routine hepatitis A and B vaccinations for children. Childcare institutions and schools should ensure that vaccination certificates are verified for children entering childcare and school.

(2) Promote Adult Vaccination. Promote hepatitis B vaccination for individuals at high risk of hepatitis B infection, such as those who frequently receive blood transfusions or blood products, those with compromised immune function, and family members and sexual partners of individuals with positive hepatitis B surface antigen. Adults without a history of hepatitis B vaccination are encouraged to receive the vaccine. Workplaces where individuals at high risk of exposure to hepatitis A and E, such as aquatic food operators, sewage treatment workers, and laboratory personnel, are employed are advised to vaccinate their personnel against hepatitis A and E. In areas where hepatitis A and E are highly prevalent, hepatitis A and E vaccination should be carried out based on the needs of epidemic prevention and control and on an informed, voluntary basis.

三、加强综合防控，阻断源头传播

(三) 加快全面消除乙肝母婴传播。医疗卫生机构按规定为所有孕产妇尽早提供乙肝检测，为符合治疗条件的乙肝病毒感染孕产妇提供规范抗病毒治疗。在 12 小时内，尽早为乙肝病毒表面抗原阳性产妇所生婴儿接种乙肝疫苗、注射乙肝免疫球蛋白，并按要求做好定期随访工作，及时评估预防乙肝母婴传播效果，同步推进艾滋病、梅毒、乙肝母婴阻断工作，尽早实现消除“艾梅乙”母婴传播目标。

(四) 持续强化感染防控和血液安全。医疗卫生机构强化医源性感染管理意识和责任,充分发挥感染防控科室作用,加强开展血液透析、口腔诊疗及有创和侵入性诊疗等服务项目重点科室的院内感染控制管理,严格消毒透析设备、肠镜、胃镜、手术器械、牙科器械等医疗器械,严格规范注射、静脉输液、侵入性诊断治疗等医疗行为。血站持续落实临床用血乙肝、丙肝病毒核酸检测全覆盖的措施。卫生监督机构依法加强对医疗卫生机构和医疗美容机构院内感染防控、血站人员资质及消毒隔离制度规范等执行情况的监督执法。

(五) 加强危险因素综合干预。大力开展爱国卫生运动,健全城乡生活垃圾和污水处理设施,不断改善城乡环境卫生,加强食品卫生和饮用水卫生管理,持续减少甲肝、戊肝经饮食饮水传播。卫生健康、疾控、公安和司法行政等部门持续巩固注射吸毒人群戒毒药物维持治疗、清洁针具交换、社区戒毒、社区康复等工作成效。加强文身、文眉、修脚等行业针具、工具和用品卫生消毒管理。

III. Strengthen comprehensive prevention and control to block transmission at the source

(3) Accelerate the complete elimination of mother-to-child transmission of hepatitis B. Medical and health institutions shall provide hepatitis B testing for all pregnant women as soon as possible, and provide standardized antiviral treatment for those infected with hepatitis B who meet treatment requirements. Within 12 hours, infants born to mothers with positive hepatitis B surface antigen (HBsAg) shall be vaccinated with hepatitis B vaccine and hepatitis B immunoglobulin. Regular follow-up visits shall be conducted as required to promptly assess the effectiveness of preventing mother-to-child transmission of hepatitis B. Simultaneously, efforts to prevent mother-to-child transmission of HIV, syphilis, and hepatitis B shall be advanced, aiming to achieve the goal of eliminating mother-to-child transmission of HIV, syphilis, and hepatitis B as soon as possible.

(4) Continuously strengthen infection prevention and control and blood safety. Medical and health institutions shall strengthen awareness and responsibility for the management of nosocomial infections, fully leverage the role of infection prevention and control departments, strengthen nosocomial infection control management in key departments providing services such as hemodialysis, dentistry, and invasive and intrusive diagnostic and treatment procedures, strictly disinfect dialysis equipment, colonoscopes, gastroscopes, surgical instruments, dental instruments, and other medical devices, and strictly regulate medical procedures such as injections, intravenous infusions, and invasive diagnostic and treatment procedures. Blood stations will continue to implement measures to fully cover nucleic acid testing for hepatitis B and C viruses in clinical blood supplies. Health supervision agencies will strengthen supervision and law enforcement of nosocomial infection prevention and control measures in medical and cosmetic institutions, as well as the qualifications of blood station personnel and the implementation of disinfection and isolation regulations.

(5) Strengthen comprehensive interventions for risk factors. Vigorously carry out patriotic health campaigns, improve urban and rural domestic waste and sewage treatment facilities, continuously improve urban and rural environmental sanitation,

strengthen food and drinking water hygiene management, and continuously reduce the transmission of hepatitis A and hepatitis E through food and water. Departments of health, disease control, public security, and judicial administration will continue to consolidate the progress of drug maintenance treatment, clean needle exchange, community-based detoxification, and community-based rehabilitation for injecting drug users. Strengthen the hygienic and disinfection management of needles, tools, and supplies in industries such as tattooing, eyebrow tattooing, and pedicures.

四、加强检测监测，及时发现传染源

(六) 加大检测发现力度。各地疾控部门研究适合本地区的病毒性肝炎检测策略，分类实施，促进病毒性肝炎感染者早检测、早发现。结合艾滋病和性病防治工作，推进开展“多病共检”。针对重点地区、重点人群，探索通过健康体检等方式，提高病毒性肝炎检测发现率。利用现代信息技术，探索自我检测等主动检测模式。医疗卫生机构为病毒性肝炎感染高风险人群以及不明原因肝脏生化检测异常者提供检查服务。对检查发现的阳性者提供必要的确诊及抗病毒治疗等服务，不具备条件的要及时转诊。公安、司法行政部门做好监管场所被监管人员中艾滋病病毒感染者和易感染艾滋病危险行为人群的乙肝病毒表面抗原和丙肝抗体检测工作。除职业特殊确需检测外，不得要求在入学、就业体检中开展乙肝项目检测。二级及以上综合医院和传染病专科医院、各级疾控机构应加强乙肝病毒表面抗原、丙肝抗体、乙肝和丙肝病毒核酸检测能力建设，同级医疗卫生机构互认检测结果。医疗卫生机构强化实验室质量控制，定期组织开展实验室检测质量评估。

(七) 强化信息管理和监测评估。依托国家和省统筹区域传染病监测预警和应急指挥信息平台，建立完善覆盖病毒性肝炎等重大和重点传染病管理信息系统，充分发挥信息化支撑作用，按照卫生行业诊断标准正确分类和报告病毒性肝炎病例。加强重点人群和医疗机构哨点监测工作，及时掌握病毒性肝炎流行情况。强化急性病例和 5 岁以下儿童病例流行病学调查，做好乙肝、丙肝耐药及相关不良临床结局监测，加强分析研判，指导完善防治策略措施。

IV. Strengthen testing and monitoring to promptly identify sources of infection

(6) Increase testing and detection efforts. Local disease control departments should develop viral hepatitis testing strategies appropriate for their regions and implement them in a categorized manner to promote early detection and early detection of viral hepatitis infections. In conjunction with HIV and STD prevention and control efforts, promote the implementation of "multi-disease co-testing." Targeting key areas and populations, explore methods such as health checkups to increase the detection rate of viral hepatitis. Leverage modern information technology to explore proactive testing models such as self-testing. Medical and health institutions should provide testing services for individuals at high risk of viral hepatitis infection and those with unexplained abnormal liver biochemical test results. Those who test positive should be provided with necessary diagnostic and antiviral treatment services. Those who are unable to meet these requirements should be promptly referred for treatment. Public security and judicial administrative departments should conduct hepatitis B surface antigen and hepatitis C antibody testing for individuals in detention facilities who are

infected with HIV and those engaging in risky behaviors that increase the risk of HIV infection. Hepatitis B testing should not be required during school entrance or employment physical examinations, except for those specifically required for occupational reasons. Secondary and higher-level general hospitals, infectious disease specialty hospitals, and disease control agencies at all levels should strengthen their capacity for testing for hepatitis B surface antigen, hepatitis C antibody, and hepatitis B and C virus nucleic acid, and mutual recognition of test results among medical and health institutions at the same level. Medical and health institutions should strengthen laboratory quality control and regularly organize laboratory testing quality assessments.

(7) Strengthen information management and monitoring and evaluation. Relying on the national and provincial coordinated regional infectious disease surveillance, early warning, and emergency command information platforms, establish and improve a management information system covering major and key infectious diseases, including viral hepatitis. Fully leverage the role of information technology in supporting this effort, and correctly classify and report viral hepatitis cases in accordance with health industry diagnostic standards. Strengthen sentinel surveillance efforts in key populations and medical institutions to keep abreast of the prevalence of viral hepatitis. Strengthen epidemiological investigations of acute cases and children under five years of age, monitor hepatitis B and C drug resistance and related adverse clinical outcomes, strengthen analysis and assessment, and guide the improvement of prevention and control strategies and measures.

五、加强治疗服务，提高治疗效果

(八) 持续提高诊疗的规范性。医疗卫生机构按照病毒性肝炎临床和行业标准，优化诊疗流程，对病毒性肝炎患者开展治疗前检查和治疗符合性评估，动员符合治疗条件的患者接受规范抗病毒治疗，并提供随访及相关不良临床结局监测等服务，积极治疗发现的肝硬化、肝癌患者。探索互联网诊疗及药品配送服务模式，为病毒性肝炎患者及其家属提供健康教育和咨询服务，提高患者治疗依从性和治疗效果。

(九) 推动乙肝分级诊疗。卫生健康、中医药、疾控等部门加强医疗机构、基层医疗卫生机构和疾控机构工作协同。医疗机构通过强化院内医防融合机制，统筹优化院内非专门科室、专门科室、传染病防控科室的乙肝转诊、治疗与随访流程。医疗机构与基层医疗卫生机构建立乙肝患者双向转诊机制，开展乙肝分级诊疗服务，提高治疗能力和水平。疾控机构通过强化医防协同机制，指导和督促医疗机构、基层医疗卫生机构做好乙肝患者的全程健康服务工作。

(十) 提高治疗药物可及性。鼓励医疗卫生机构开展病毒性肝炎防治药品临床综合评价，强化评价结果应用，提高用药的精准性和科学性，鼓励基层医疗卫生机构优先配备纳入国家集中采购和基本药物目录的乙肝抗病毒治疗药品。卫生健康、医疗保障等部门支持患者凭借医疗机构开具的院外调配处方在医保定点零售药店购买乙肝抗病毒治疗药品，并按医保规定结算。卫生健康等部门将符合遴选原则的病毒性肝炎抗病毒治疗药品纳入基本药物目录，医疗保障部门将符合条件的丙肝抗病毒治疗药品按程序纳入医保支付范围。科技、卫生健康等部门加大创新药物研发力度，积极研发乙肝功能性治愈的创新方案。药品监督管理部门将

符合条件的病毒性肝炎抗病毒治疗药品纳入优先审批通道,加快新药注册审批上市。工业和信息化部督促企业保障药品持续供给。民政、财政、卫生健康、疾控等部门要按规定统筹落实各项社会保障政策,保障生活困难患者持续接受抗病毒治疗,切实减轻治疗负担。

(十一)充分发挥中医药作用。中医药部门进一步完善中医临床诊疗方案,加强中西医结合诊疗工作,探索开展中医特色健康管理,提高病毒性肝炎患者治疗效果和生活质量。

V. Strengthen Treatment Services and Improve Treatment Effectiveness

(8) Continuously Improve the Standardization of Diagnosis and Treatment. Medical and health institutions shall optimize diagnosis and treatment processes in accordance with clinical and industry standards for viral hepatitis. They shall conduct pre-treatment examinations and treatment compliance assessments for viral hepatitis patients, mobilize eligible patients to receive standardized antiviral treatment, provide follow-up and monitoring of related adverse clinical outcomes, and actively treat patients with cirrhosis and liver cancer. Explore internet-based diagnosis and treatment and drug delivery service models, provide health education and consultation services to viral hepatitis patients and their families, and improve patient compliance and treatment outcomes.

(9) Promote tiered diagnosis and treatment for hepatitis B. Departments such as health, traditional Chinese medicine, and disease control shall strengthen coordination among medical institutions, primary healthcare institutions, and disease control agencies. Medical institutions shall strengthen the integration of medical and preventive care within hospitals and coordinate and optimize the referral, treatment, and follow-up processes for hepatitis B among non-specialized departments, specialized departments, and infectious disease prevention and control departments within hospitals. Medical institutions and primary healthcare institutions shall establish a two-way referral mechanism for hepatitis B patients, implement tiered hepatitis B diagnosis and treatment services, and improve treatment capacity and quality. Disease control agencies will strengthen the coordinated medical and preventive care mechanism and guide and supervise medical institutions and primary healthcare facilities to provide comprehensive health services for hepatitis B patients.

(10) Improve access to therapeutic drugs. Medical institutions will be encouraged to conduct comprehensive clinical evaluations of viral hepatitis prevention and treatment drugs, strengthen the application of evaluation results, and improve the precision and scientific nature of medication use. Primary healthcare facilities will be encouraged to prioritize the use of hepatitis B antiviral drugs included in the national centralized procurement and essential drug lists. Health, medical insurance, and other departments will support patients in purchasing hepatitis B antiviral drugs at designated retail pharmacies under medical insurance with prescriptions issued by medical institutions, with payment settled in accordance with medical insurance regulations. Health and other departments will include viral hepatitis antiviral drugs that meet selection criteria in the essential drug list, and medical insurance departments will

include eligible hepatitis C antiviral drugs in the medical insurance reimbursement scope according to procedures. Science and technology, health, and other departments will increase their efforts in the research and development of innovative drugs and actively develop innovative solutions for the functional cure of hepatitis B. Drug supervision and administration departments will prioritize the approval of eligible viral hepatitis antiviral drugs, expediting the registration, approval, and marketing of new drugs. The Ministry of Industry and Information Technology will urge companies to ensure a continuous supply of medicines. The civil affairs, finance, health, and disease control departments will coordinate and implement various social security policies in accordance with regulations to ensure that patients facing financial difficulties continue to receive antiviral treatment and effectively reduce the burden of treatment.

(11) Fully leverage the role of Traditional Chinese Medicine (TCM). TCM departments will further improve TCM clinical diagnosis and treatment protocols, strengthen integrated TCM and Western medicine diagnosis and treatment, explore and implement TCM-specific health management, and improve treatment outcomes and quality of life for patients with viral hepatitis.

六、加强宣传教育，强化社会支持

(十二) 大力开展健康宣教。卫生健康、中医药、疾控等部门坚持经常性与集中性宣传教育相结合，充分利用传统媒体及互联网、移动客户端等新媒体，积极宣传病毒性肝炎防治知识、防治措施和效果、基本医保政策等，引导树立“每个人是自己健康第一责任人”的理念，倡导健康生活方式，提高公众自我防范、主动检测，以及患者积极规范治疗意识。结合世界肝炎日、全国儿童预防接种日等重要时间节点，大力开展主题宣传教育活动。

(十三) 强化社会支持动员。依法保护病毒性肝炎患者入学、就业等合法权益，反对歧视和污名化，倡导关爱患者，营造全社会关心支持病毒性肝炎防治工作的良好氛围。引导和支持社会组织、爱心企业、志愿者和社会公众人物等社会力量，依法有序参与病毒性肝炎防治工作，配合做好宣传教育、综合干预和关怀救助等工作。

七、加强组织实施，确保取得实效

各有关部门强化组织领导，加强统筹协调，明确任务分工，加大资源投入，全面指导各地有关部门开展病毒性肝炎防治工作。科技、卫生健康、疾控等部门将病毒性肝炎相关研究纳入国家科技计划范畴，支持开展新型预防、检测与治疗技术研究，强化基础性和应用性研究，加快科技成果转化和推广应用。积极参与全球卫生治理，开展国际合作与交流。各地卫生健康、中医药、疾控部门加强防治体系建设，配齐配强防治专业人员，加强人员培训，强化防治队伍和能力建设。国家疾控局负责制定本行动计划评估方案并组织开展评估。

VI. Strengthen publicity and education, and enhance social support

(12) Vigorously carry out health education. Departments such as health, traditional Chinese medicine, and disease control should adhere to a combination of regular and centralized publicity and education, making full use of traditional media and new media such as the internet and mobile clients to actively promote knowledge, prevention and

treatment measures, and basic medical insurance policies for viral hepatitis prevention and treatment. This will foster the concept that "everyone is primarily responsible for their own health," promote healthy lifestyles, and enhance public awareness of self-prevention, proactive testing, and patients' proactive and standardized treatment. Coinciding with important dates such as World Hepatitis Day and National Child Vaccination Day, vigorously carry out thematic publicity and education activities.

(13) Strengthen social support and mobilization. Legally protect the legitimate rights and interests of viral hepatitis patients, including access to school and employment, oppose discrimination and stigmatization, advocate for caring for patients, and foster a positive atmosphere of social concern and support for viral hepatitis prevention and treatment. Guide and support social forces, including social organizations, charitable enterprises, volunteers, and public figures, to participate in viral hepatitis prevention and treatment in an orderly and lawful manner, and cooperate in publicity and education, comprehensive intervention, and care and assistance efforts.

VII. Strengthen Organizational Implementation to Ensure Effectiveness

VII. Strengthen Organizational Implementation to Ensure Effectiveness

All relevant departments should strengthen organizational leadership, enhance overall coordination, clarify division of labor, increase resource investment, and provide comprehensive guidance to relevant local departments in viral hepatitis prevention and control efforts. The science and technology, health, and disease control departments should incorporate viral hepatitis research into national science and technology plans, support research into new prevention, detection, and treatment technologies, strengthen basic and applied research, and accelerate the commercialization and application of scientific and technological achievements. They should actively participate in global health governance and engage in international cooperation and exchanges. Local health, traditional Chinese medicine, and disease control departments should strengthen the development of prevention and control systems, fully staff and strengthen prevention and control professionals, enhance personnel training, and strengthen prevention and control teams and capacity building. The National Center for Disease Control and Prevention is responsible for developing and organizing the evaluation plan for this action plan.