Hepatitis C is a liver infection caused by the Hepatitis C virus (HCV). Hepatitis C is spread through contact with blood from an infected person. Today, most people become infected with the Hepatitis C virus by sharing needles or other equipment used to prepare and inject drugs. For some people, Hepatitis C is a short-term illness, but for more than half of people who become infected with the Hepatitis C virus, it becomes a long-term, chronic infection. Chronic Hepatitis C can result in serious, even life-threatening health problems like cirrhosis and liver cancer.¹ There are potentially 4.7 million people living with Chronic Hepatitis C in the United States² and 4,136 reports of Acute Hepatitis C diagnoses in 2019.¹

There is currently no vaccine to prevent the transmission of HCV.

Racial Disparities

In the United States, HCV disproportionately impacts American Indian/Alaska Natives (AI/AN). While AM/Al make up less than 1% of the U.S. population, they have a significantly higher rate (3.6 per 100k) of new Acute HCV diagnoses than any other demographic group.

This significant disparity exists despite the fact that just 2% of new Acute HCV diagnoses occur in AI/AN populations. The vast majority of new Acute HCV diagnoses (64.9%) occur in White Americans, with Hispanic/Latino Americans accounting for 8.5%. Unfortunately, surveillance and reporting on HCV are notoriously lax, meaning that many data points are missing, including race. As a result, 17.3% of reported diagnoses were listed as “Other”.¹

Sex/Gender Disparities

Males are significantly more likely to be diagnosed with Acute HCV than their female counterparts, with rates of new diagnoses of 1.6 and 1.0, respectively.¹

Age Disparities

Until the 2010s, HCV was largely considered a disease that impacted persons born between 1945-1965. Since 2015, the highest incidence rates of Acute HCV have been in persons aged 20-39.

Income Disparities

Little research has been conducted on income disparities and Acute HCV diagnoses in the United States. That said, of the ten states with the highest rates of new diagnoses, 4 states—KY, WV, TN, and FL (in order from most to least impoverished)—fall within the 20 most impoverished states in the U.S., where at between 24.7% and 33.3% of residents earn below 150% of the Federal Poverty Level.

Regional Disparities

Acute HCV diagnoses are relatively evenly distributed across the U.S. The incidence of new diagnoses impacts Americans living in the Northeast, Midwest, and South relatively equally, with incidence rates of 1.6, 1.6, and 1.5 (per 100k), respectively, compared to the national rate of 1.3.¹

Disparities in Modes of Transmission

Surveillance data for HCV is notoriously sparse in providing risk factors for transmission in newly diagnosed cases. In 60.7% of reported cases, either no risk factors were identified, or the data are missing. Of the 39.3% of reported cases with identified risk factors, 67% report Injection Drug Use as the primary risk factor.¹

Prevention and Treatment

There is currently no vaccine to prevent the transmission of HCV. HCV can, however, be effectively cured through 8 to 12-week regimens of Direct-Active Antiviral drugs. The cost of treatment, however, is significant, with the lowest-priced authorized generics costing between $20,000 and $30,000 for 12 weeks of treatment.

References

