



# Hepatitis C: Where Are We Now?

Local Health Departments and Hepatitis C: Webcast 1.1

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# Changing Epidemiology of HCV Transmission and Disease

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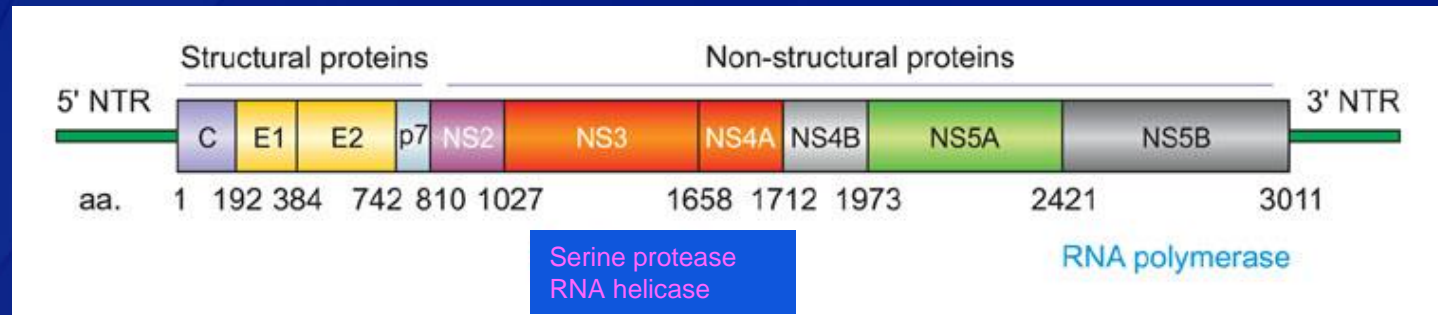
Division of Viral Hepatitis

National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention



# Discovery of Hepatitis C Virus (HCV)

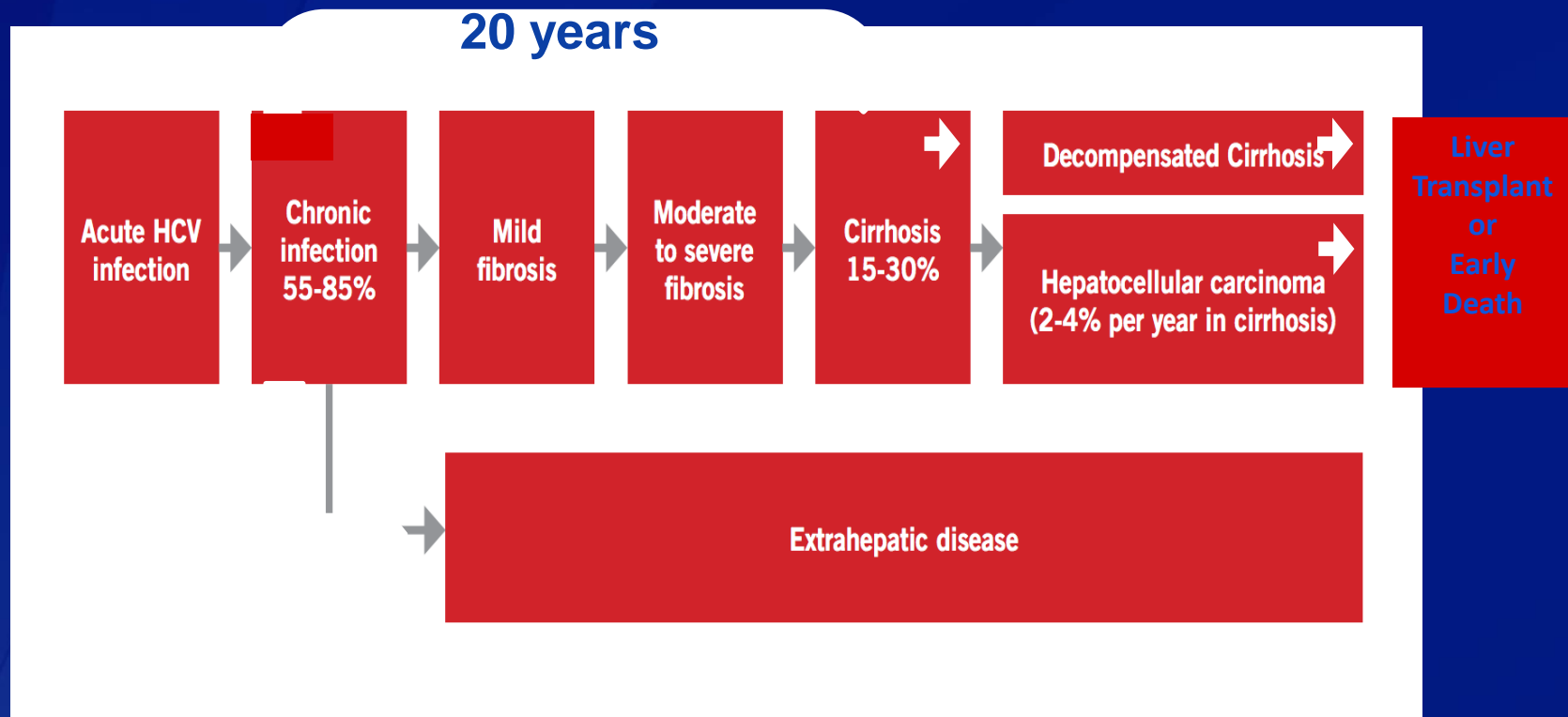
- Discovered in 1989, RNA virus, family *Flaviviridae*
- 9,600 nucleotide genome-single polyprotein
  - Structural proteins
  - Non-structural proteins - viral replication and targets of therapy
  - High genetic diversity leads to intra-host variants “quasispecies”
  - 7 major genotypes that predict treatment response
    - Genotype 1 accounts for ~ 70% of infections in US
  - No vaccine candidates for licensure



# Natural History of HCV Infection

In 20 years, 15-30% progress to cirrhosis

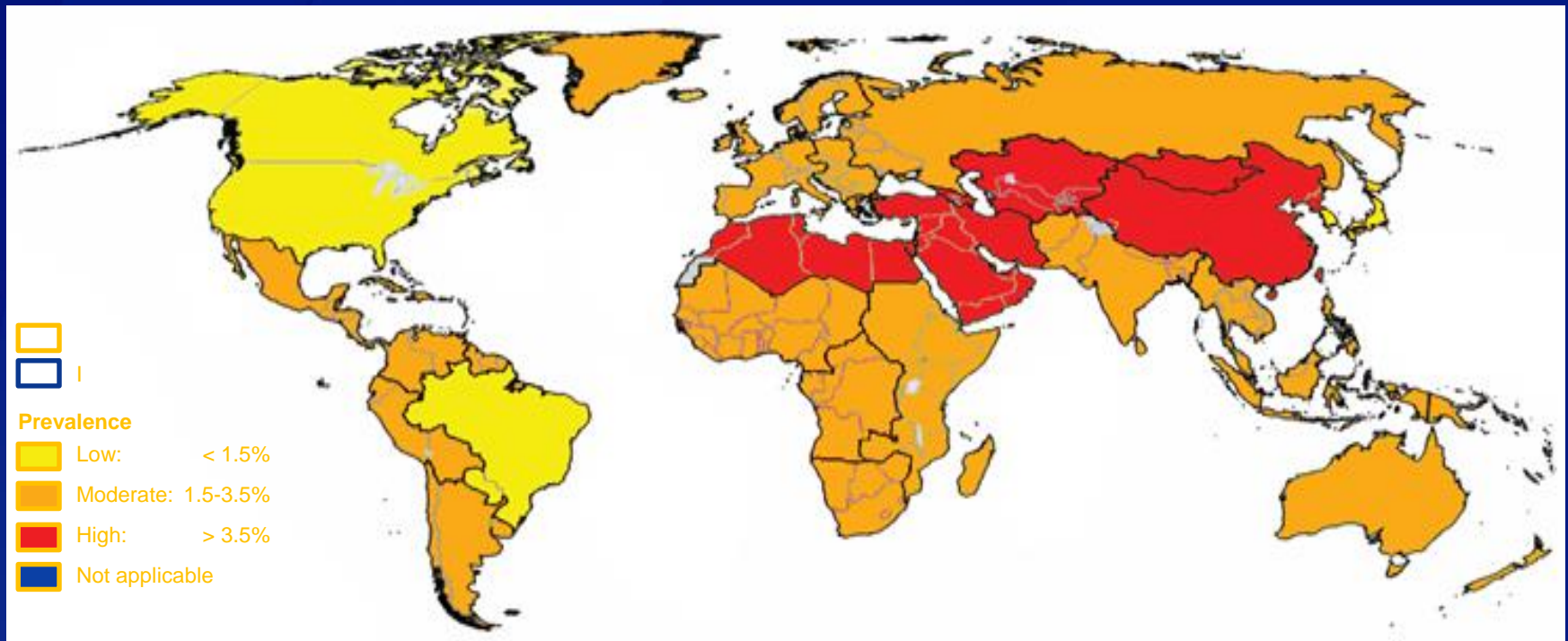
Progression accelerated by HIV, HBV, alcohol use, and fatty liver



HIV: Human immunodeficiency virus. HBV: Hepatitis B virus.

Hepatocellular carcinoma = Liver cancer. Decompensated Cirrhosis = End stage liver disease.

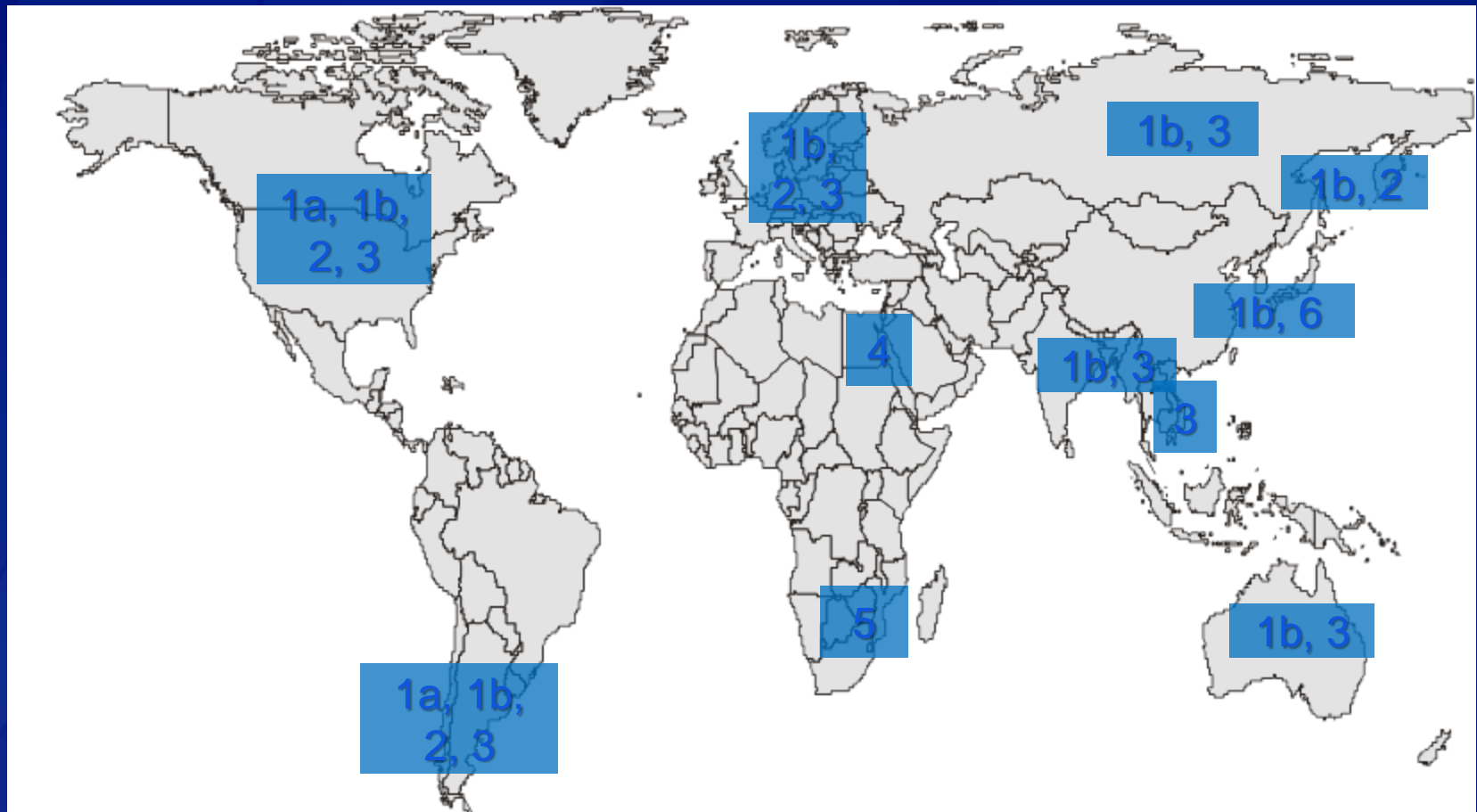
# Global Hepatitis C Burden is Large and Highest in Asia and Africa



- 3-4 million new infections per year
- 130-150 million chronic infections

*Liver International*. WHO unpublished data; pages 1-3, June 8, 2012; Perz JF, et al. *J Hepatol*. 2006; Zhuang X, et al. *Drug Alcohol Depend*. 2012; Serano L, et al. *J Int Assoc Physicians AIDS Care (Chic)*. Jul 24, 2012; Pitt L, et al. *Eur J Public Health*. 2009;76P. <http://www.who.int/mediacentre/factsheets/fs164/en/>

# Six HCV Genotypes and Subgenotypes Vary by Region: Important Predictor of Treatment Response



# Hepatitis C is a Leading Cause of Infectious Disease Deaths Worldwide, 2010

Disease	Estimated Deaths per Year
Lower respiratory tract infections	~ 2.65 million
HIV/AIDS	~ 1.34 million
Diarrheal diseases	~ 1.26 million
Tuberculosis	~ 1.29 million
Malaria	~ 855 million
<b>Hepatitis C Virus</b>	<b>~ 704,000</b>
<b>Hepatitis B Virus</b>	<b>~ 602,000</b>
Meningitis	~ 304,000
Measles	~ 96,000
Hepatitis E Virus	~ 50,000

# A Large Number of Persons Are Living with Hepatitis C in the United States; Many Are Unaware of Their Infection

Virus	Prevalence	% Unaware of Infection
HCV	2.7 million (2.2 – 3.2 million)	45%-60%

Estimated HCV Infection Among Homeless and Incarcerated Persons (Not Included in NHANES)

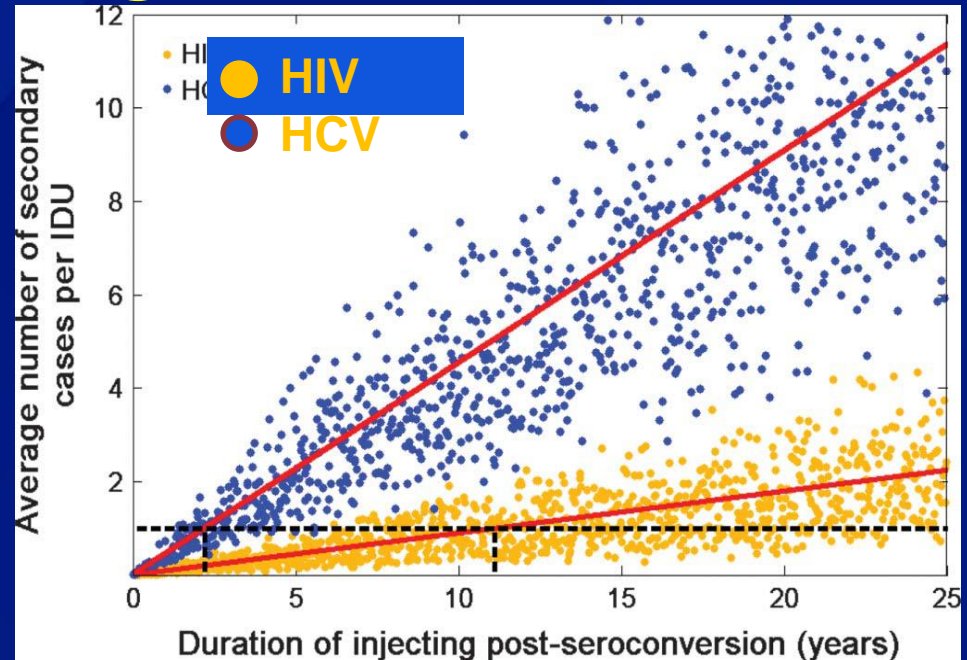
360,000-840,000  
22%-52%



# **HCV Transmission Risks Globally**

# HCV Transmission Among People Who Inject Drugs

- **Transmission risks**
  - Injection duration
  - Frequency of injecting
  - Equipment sharing, not just sharing needles



- **Incidence declined in response to harm reduction for HIV (e.g., syringe access programs)**

# HCV Infections among Persons Who Inject Drugs

- Anti-HCV antibody + among PWID between 30% and 70%
- Anti-HCV prevalence among younger injectors (18—29 yo) between 10% and 36%
- Anti-HCV incidence among PWID between 5-42/100 person years
- HCV prevalence ~ 1.5 million HCV + PWID in United States



# Healthcare-associated HCV Transmission

- Larger contributor to transmission before viral discovery
- Prevention measures have reduced not eliminated transmission risk
- Total 18 outbreaks reported to CDC 2008-2013
  - 223 outbreak-associated cases
  - >90,550 at-risk persons notified for screening
  - Settings
    - Outpatient ( e.g., surgical centers), dialysis
    - Hospitals
    - Long term care
  - Modes of transmission
    - Syringe reuse
    - Other poor infection control
    - Drug diversion

# Sexual Transmission

- Heterosexual
  - Attributable risk for 14 % of cases of incident HCV
  - Low risk among discordant couples- 0.07%/ 100 pyrs.
- Men Who Have Sex With Men (MSM)
  - HIV+ MSM have eight fold higher risk than HIV-MSM
    - Swiss Cohort Study- 4.1/100 pyrs.
    - U.S. cohort studies .26-.40/100 pyrs.
    - Boston clinic- 1.63/100 pyrs; 70% non IDU
  - Risks
    - Unprotected rectal intercourse
    - non injection drug use (e.g., XTC)
    - Other STIs
  - CDC recommends annual HCV testing



# Perinatal Transmission of HCV

- **Transmission from HCV RNA + mothers**
  - Mono-infected 6.5%
  - HIV –infected- 13.6%
- **Transmission risks**
  - HCV viral load
    - < 6 log viral load- 3.9%
    - > 6 log viral load – 14.3%
  - Prolonged rupture of membranes( > 6 hours; OR 9.3)
  - Often cited but poor or no supportive data
    - Internal fetal monitoring
    - Vaginal versus cesarean delivery
- **No risk from breast feeding**
- **No recommendations for maternal testing**
- **Role of new antivirals yet to defined**

# Other Exposures Associated with HCV Transmission

- Non-injecting drug use- (e.g. cocaine); 0-17% HCV+
- Household exposures: 9% HCV+
- Unregulated tattooing: 2–3 times higher likelihood of HCV infection

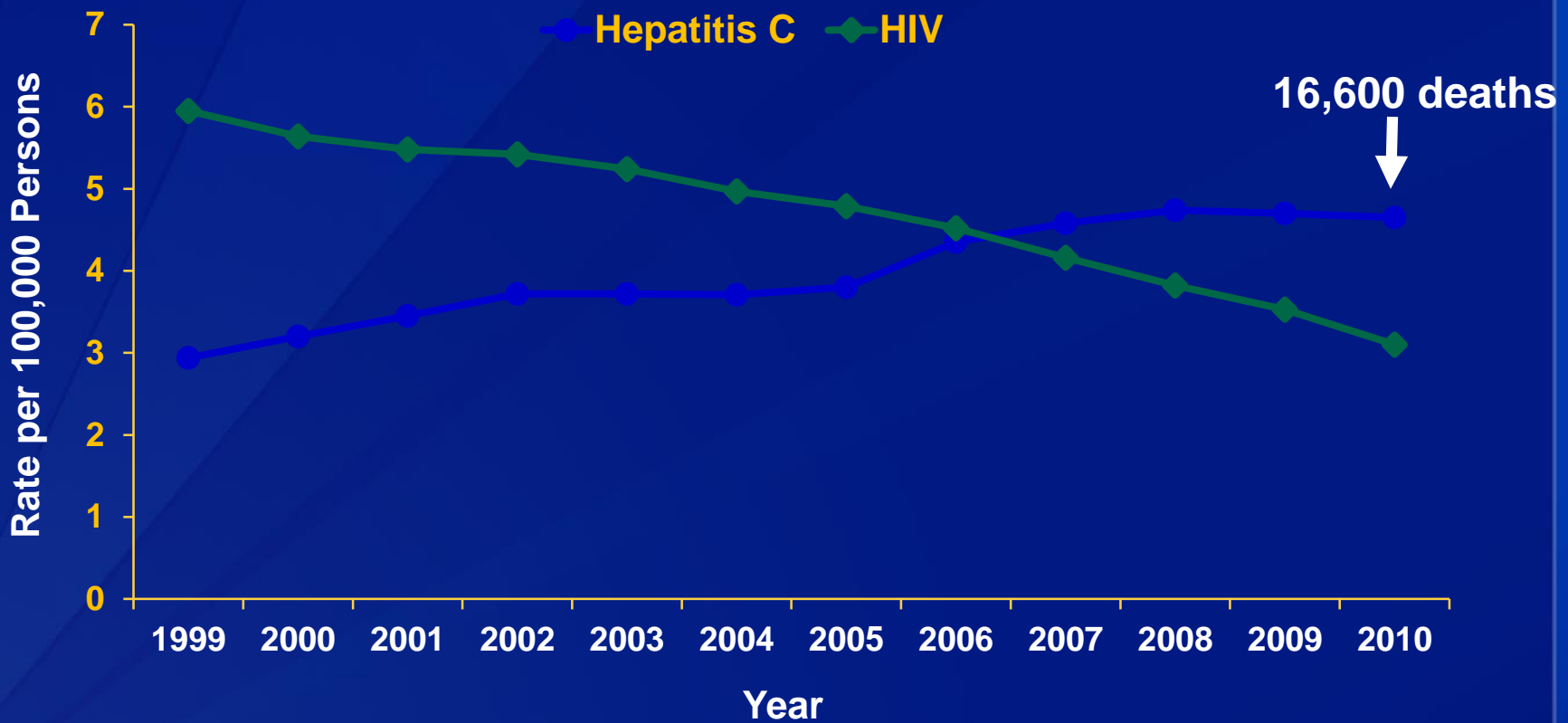
# **Trends in HCV- Associated Disease and Mortality in the United States**



# HCV is a Major Cause of Liver Disease and Associated Health Care Costs

- HCV is a major cause of liver disease
  - 40,000 (36%) of persons on liver transplant waitlist
  - 50% of persons with liver cancer; 2.5% annual increase
- Substantial HCV-related costs
  - Three-fold higher disability days (1.36 vs 0.34) than others
  - \$21,000 in annual health costs vs \$5,500 for others
  - From 2002 to 2010, HCV-positive patients aged 50-59 years had largest increases in hospital admissions (164%) and charges (341%)
- Successful hepatitis C treatment reduces health costs (\$900 vs \$1,378 per patient per month)

# In the United States, at a Time of Declines in HIV Deaths, Mortality From HCV is Increasing

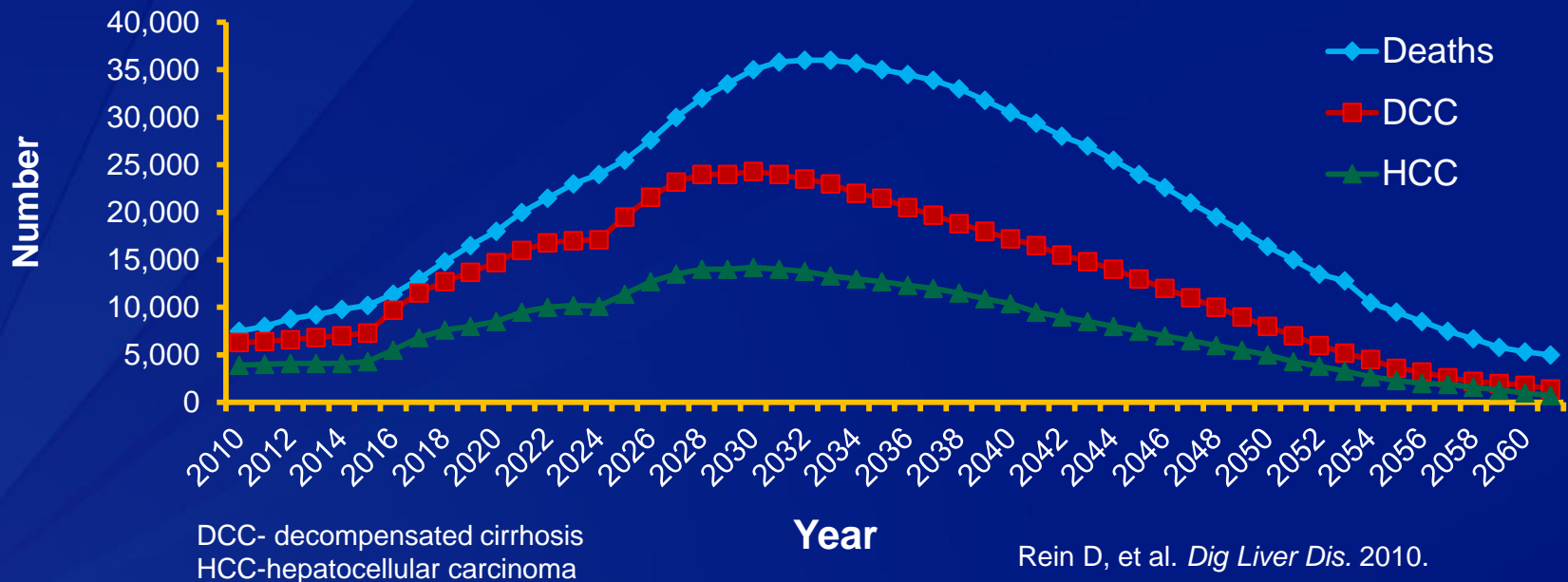


Ly KN, Xing J, Klevens RM, Jiles RB, Holmberg SD. Causes of death and characteristics of decedents with viral hepatitis, United States, 2010. *Clin Infect Dis*. 2014 Jan;58(1):40-9.

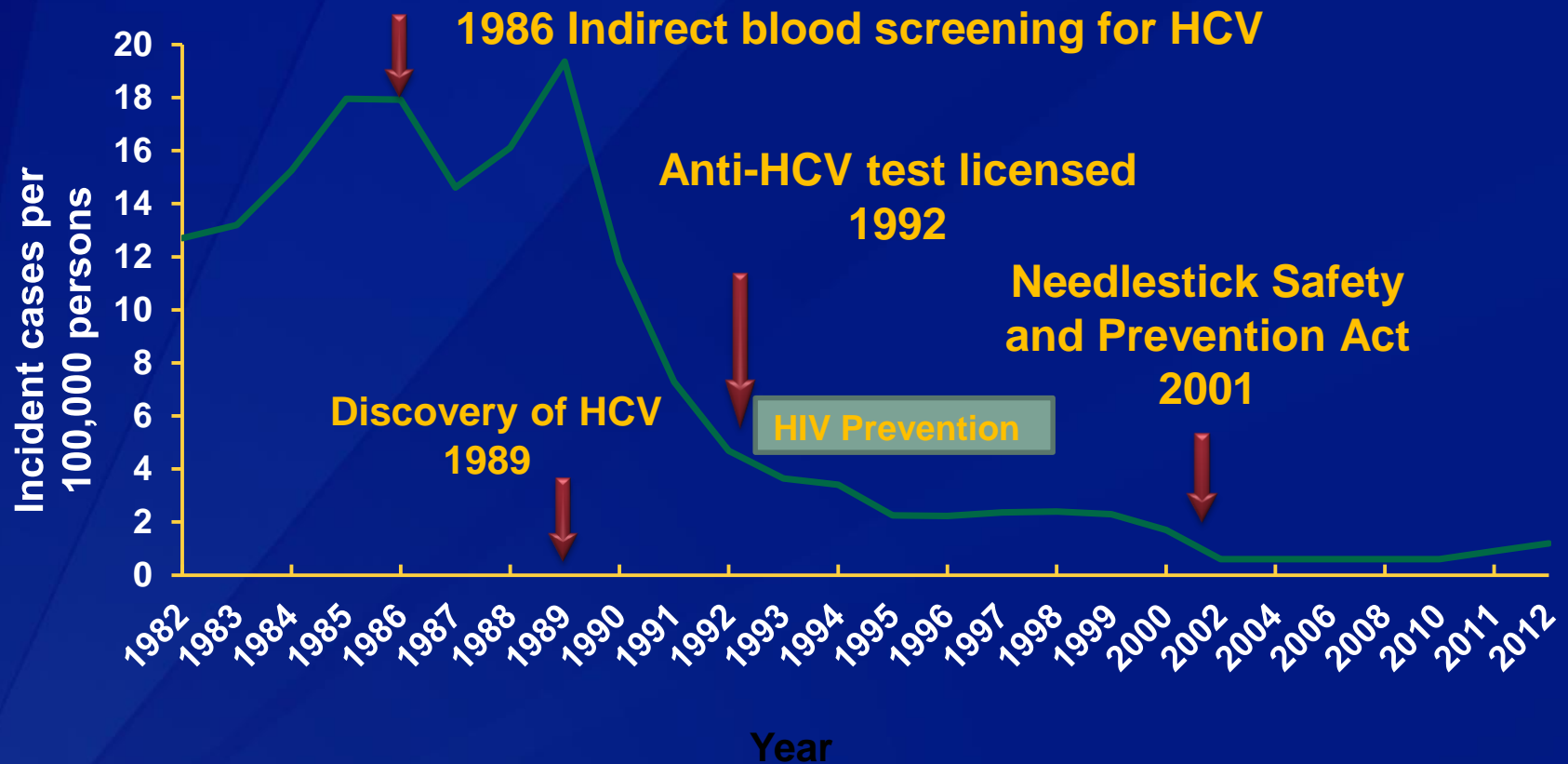
# In Absence of New Interventions, the Burden of Hepatitis C is Projected to Continue to Grow in the United States

## ■ Markov model of life-time health outcomes

- Of 2.7 million HCV-infected persons in primary care:
  - 1.47 million will develop decompensated cirrhosis (DCC)
  - 350,000 will develop hepatocellular carcinoma (HCC)
  - 897,000 will die from HCV-related complications



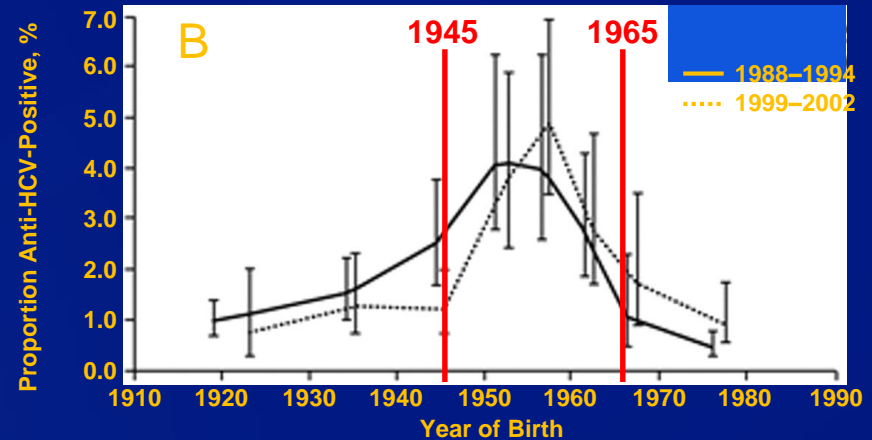
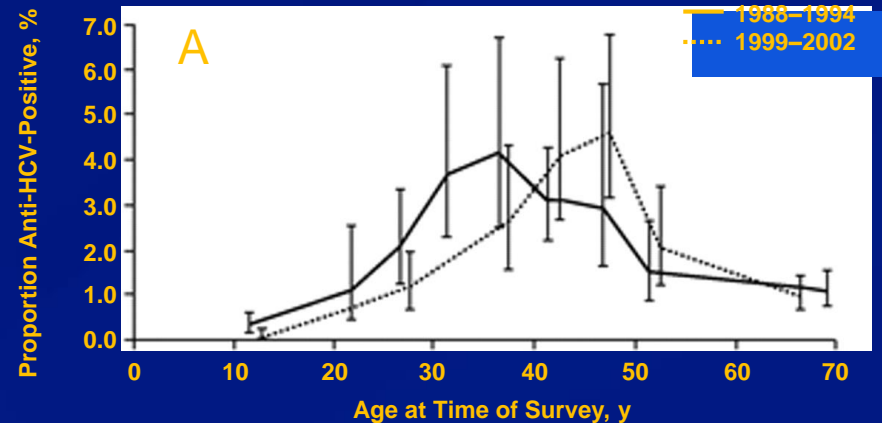
# Discovery of HCV and Impact on HCV Incidence in US



**22,000 cases of incident HCV infection reported in 2012**

# Two of Three Americans Living with HCV Were Born During 1945-1965

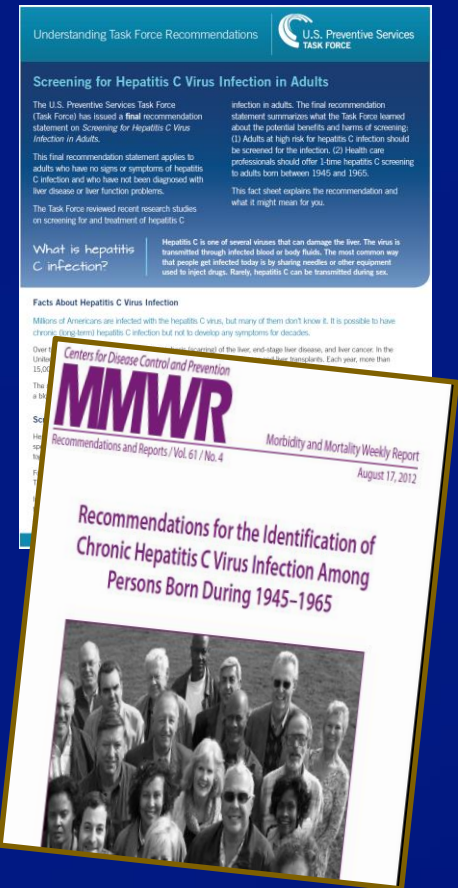
- Reflects high HCV incidence in distant past
- Five-fold higher prevalence than others (3.39% vs .55%)
- 81% of all HCV+ adults
- 73% of all HCV-related mortality



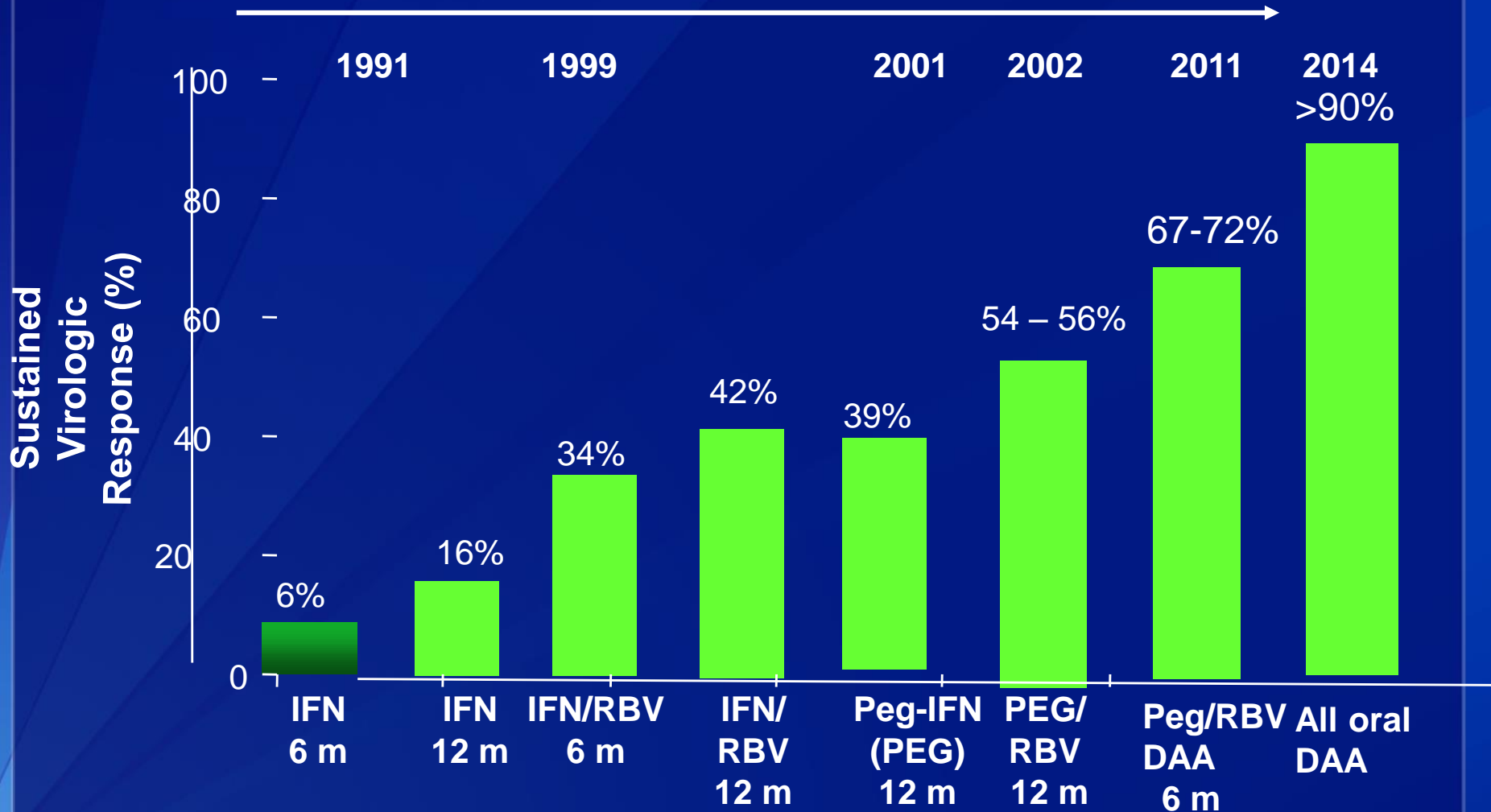
Kramer, et al. *Hepatology*. 2011; Ly, et al. *Ann Int Med*. 2012.  
Smith, et al. *AASLD Liver Meeting*. San Francisco, CA. 2011;  
Armstrong, et al. *Ann Int Med*. 2006;

# CDC and USPSTF Updated Recommendations for HCV Testing

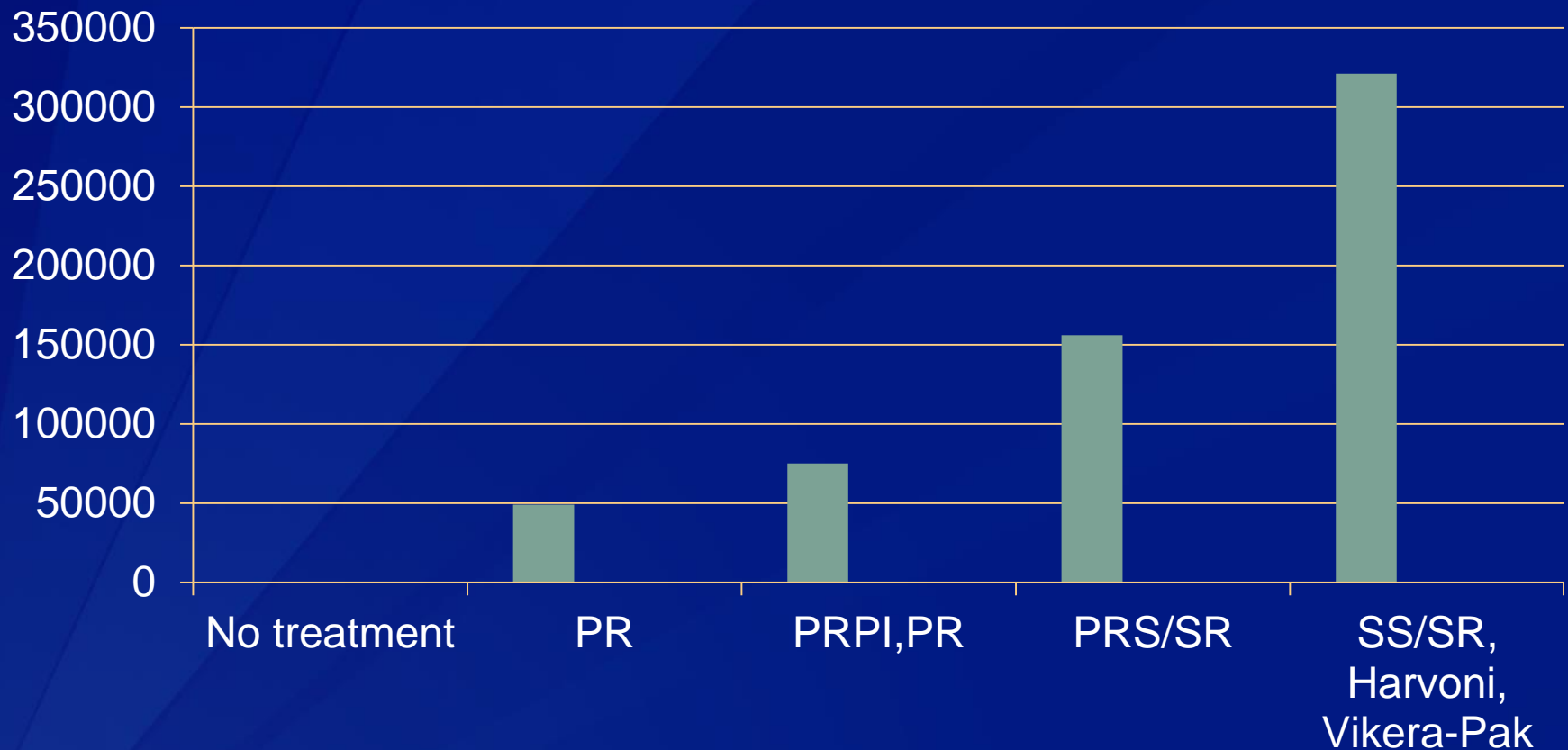
- One time screening test for persons born 1945-1965
- **Major risk**
  - Past or present injection drug use
- **Other risks**
  - Received blood/organs prior to June 1992
  - Received blood products made prior to 1987
  - Ever on chronic hemodialysis
  - Infants born to HCV infected mothers
  - Intranasal drug use
  - Unregulated tattoo
  - History of incarceration
- **Medical**
  - Persistently elevated ALT
  - HIV (annual testing)



# Advances in HCV Therapy



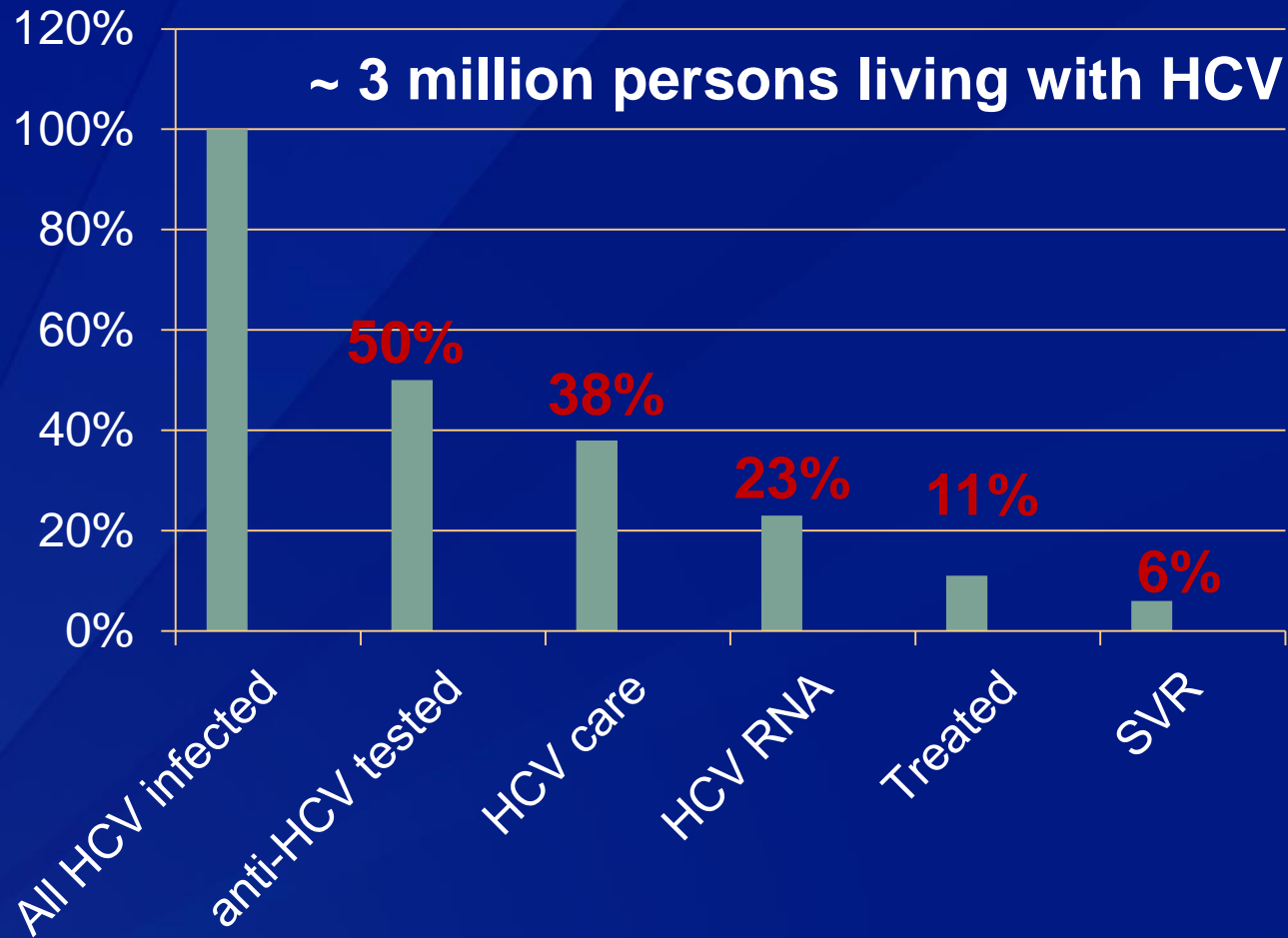
# HCV Deaths Averted with Birth Cohort Testing Using Different Treatments



PR = Pegylated Interferon plus Ribavirin for all genotypes, PRPI; PR = PR plus a protease inhibitor for genotype 1, PR for genotypes 2/3;  
PRS/SR = pegylated interferon, ribavirin, and sofosbuvir for genotype 1, and sofosbuvir plus ribavirin for genotypes 2 and 3;  
SS/SR = Sofosbuvir and Simeprevir for genotype 1, and sofosbuvir and ribavirin for genotypes 2 and 3.



# HCV Test, Care, and Cure Continuum



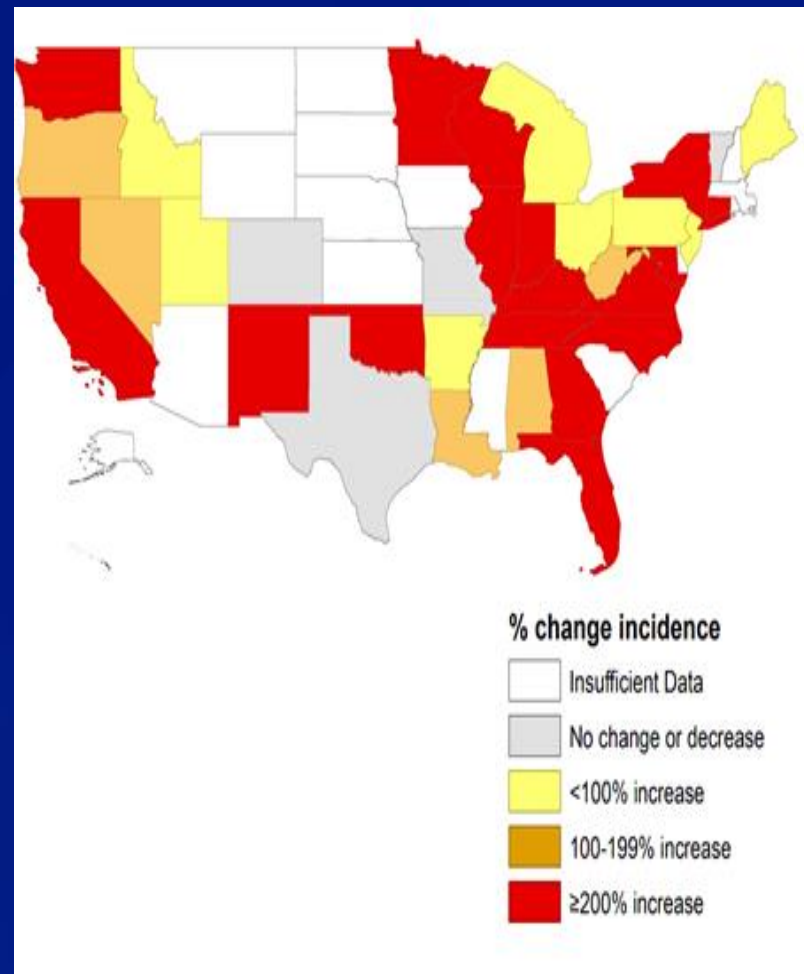
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Viral Hepatitis

# Reports of Acute HCV infection 2007-2013



# Recent Increases in New HCV Infection

- **Between 2007 and 2013**
  - Estimated 29,000 new HCV infections
  - 150% since 2010
  - 12 states report 66% of cases
  - (CA, FL, IN, KY, MA, MI, NJ, NY, NC, OH, PA, TN)

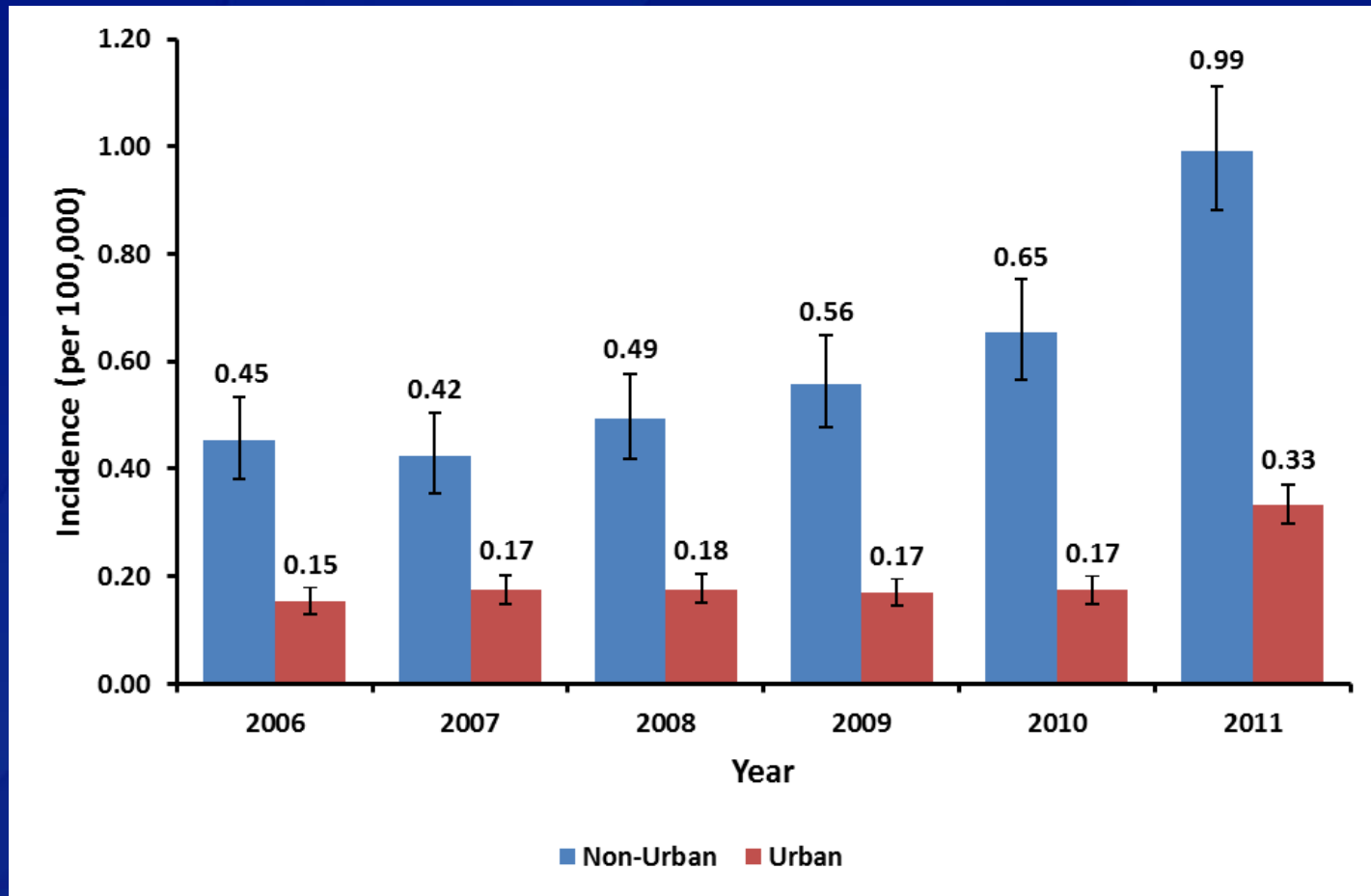


# Risks Among Persons 18-29 Years of Age with Acute HCV Infection

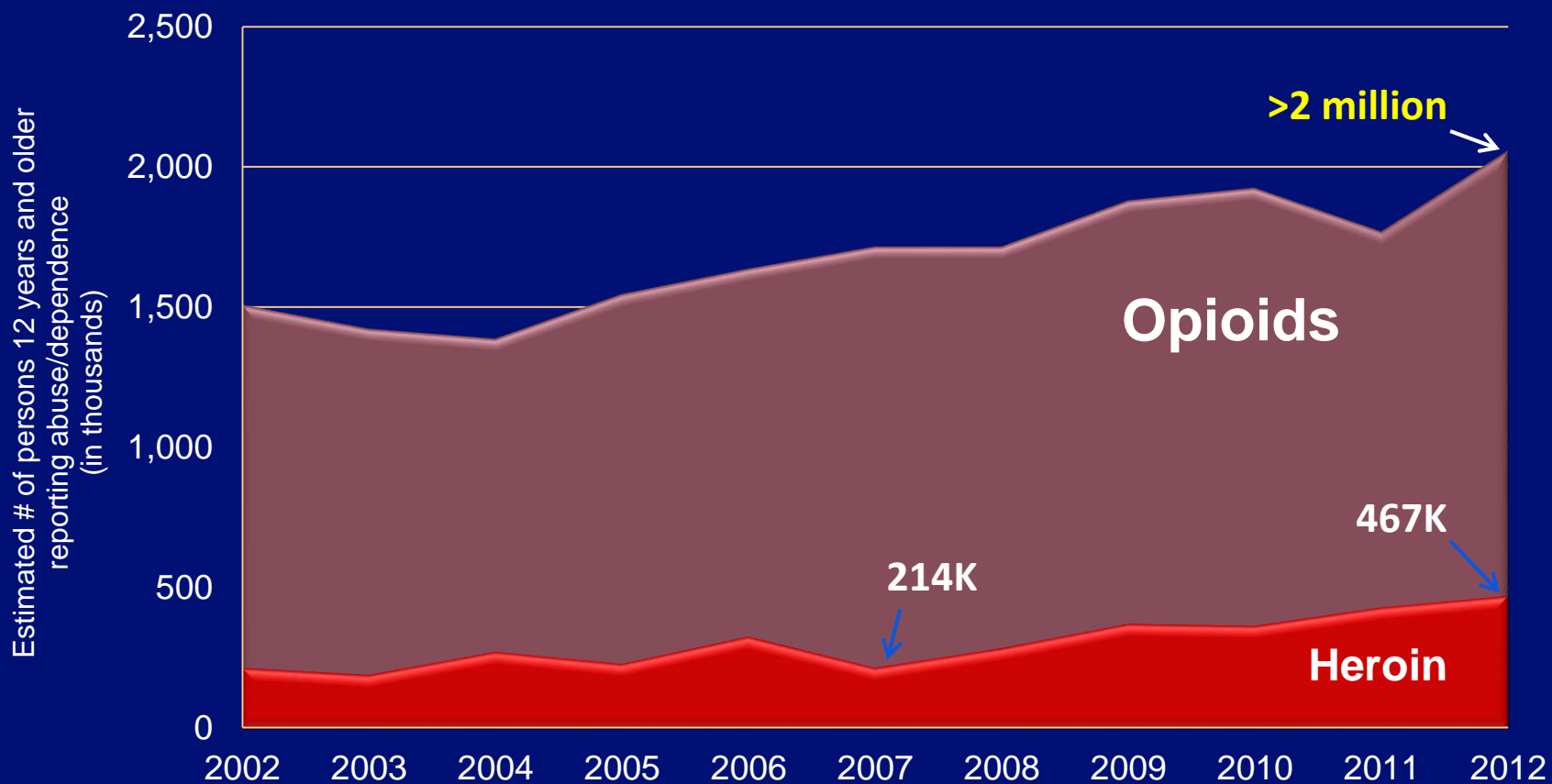
- 1202 cases of acute HCV investigated
  - 52% female
  - 85% white
  - 77% persons injected drugs
    - 57% shared needles/syringes
    - 82% shared equipment
- Percent use and mean age of drug use initiation
  - Powder cocaine: 71%, : 17.4 yrs.
  - Prescription opioids 76% : 17.9 yrs.
  - Heroin: 61%: 19.7 yrs.



# Hepatitis C Incidence by Urbanicity and Year of Diagnosis



# Heroin Use and Dependence is Increasing



# Interventions to Prevent HIV and HCV Among Persons Who Inject Drugs

Intervention	Decrease Injection Risks	Prevent HIV	Prevent HCV
Syringe exchange	++	+	<u>±</u>
Pharmacy access	+	<u>±</u>	*
Drug preparation equipment	+	*	<u>±</u>
Opioid substitution	++	++	+
Education	+	<u>±</u>	<u>±</u>
Supervise injection	+	<u>±</u>	<u>±</u>

++: sufficient data; ++ tentative data; ±: Inconclusive; \* : no data

# Multi-Component Interventions for HCV Prevention

A combination of *readily-available* and *low threshold* OAT (with methadone and/or buprenorphine) and SEPs have been shown to:

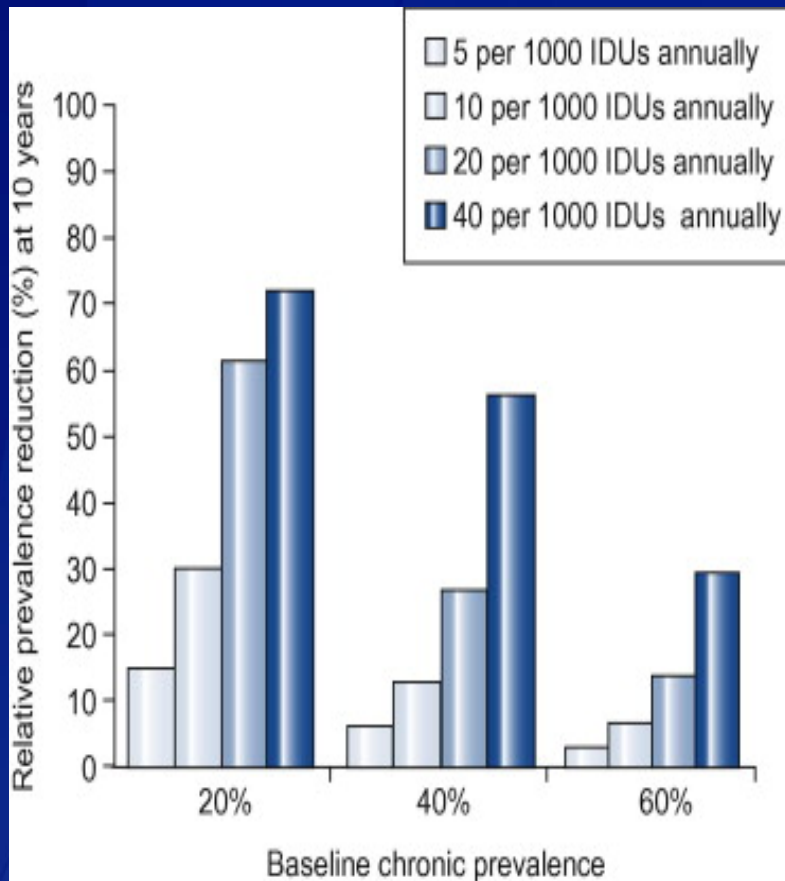
- Reduce syringe sharing
- Lower injecting risk
- Reduce incidence of HIV and HCV
  - Up to 80% in UK
  - Three fold - New York



OAT: Opioid Agonist Treatment  
SEP: Syringe Exchange Programs



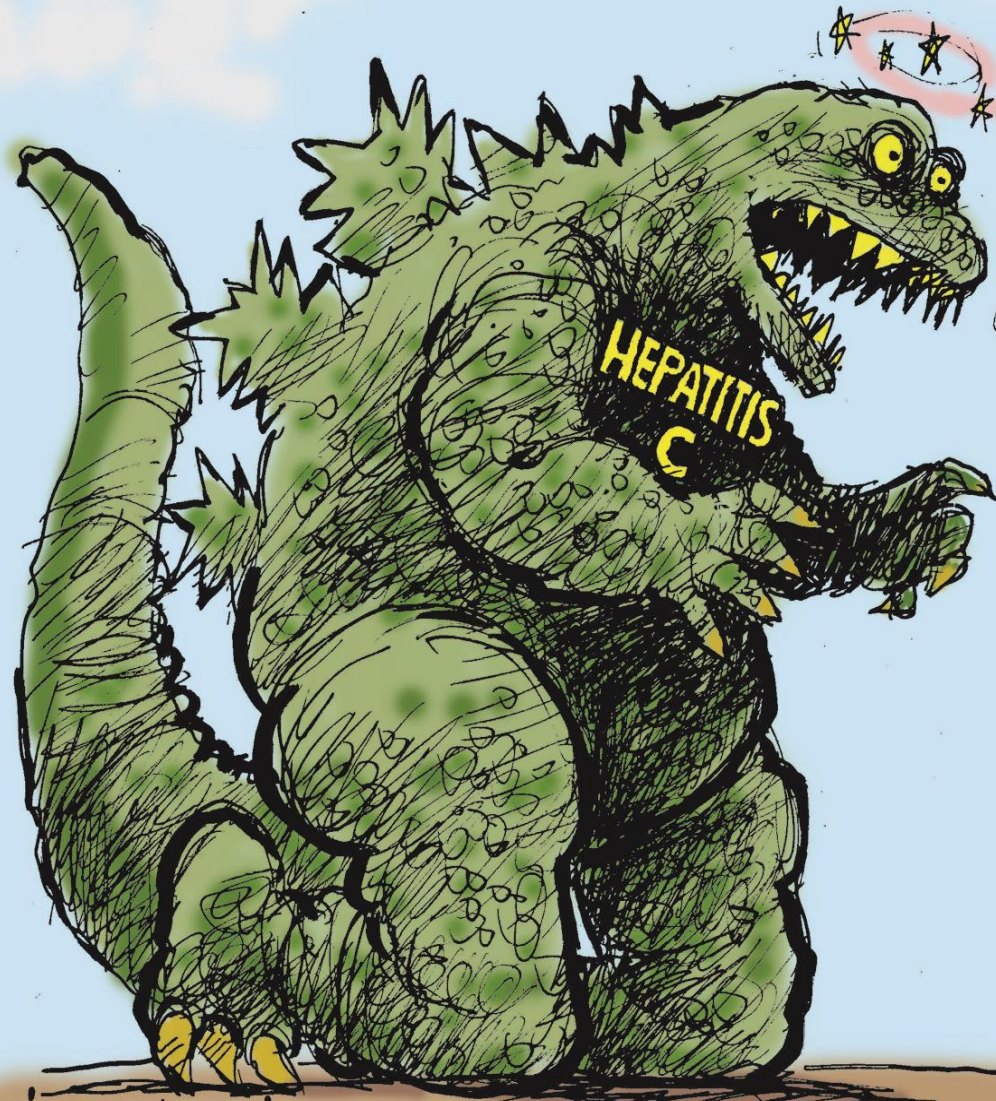
# Antiviral Therapy Might Be Used to Reduce HCV Prevalence Among Injecting Drug Users



- Annually treating 10 HCV infections per 1000 IDU and achieve SVR of 62.5%
- Projected to result in a relative decrease in HCV prevalence over 10 years of 31%, 13%, or 7% for prevalences of 20%, 40%, or 60%, respectively
- Can the HIV model of “Treatment as Prevention” be applied to HCV?

# Summary

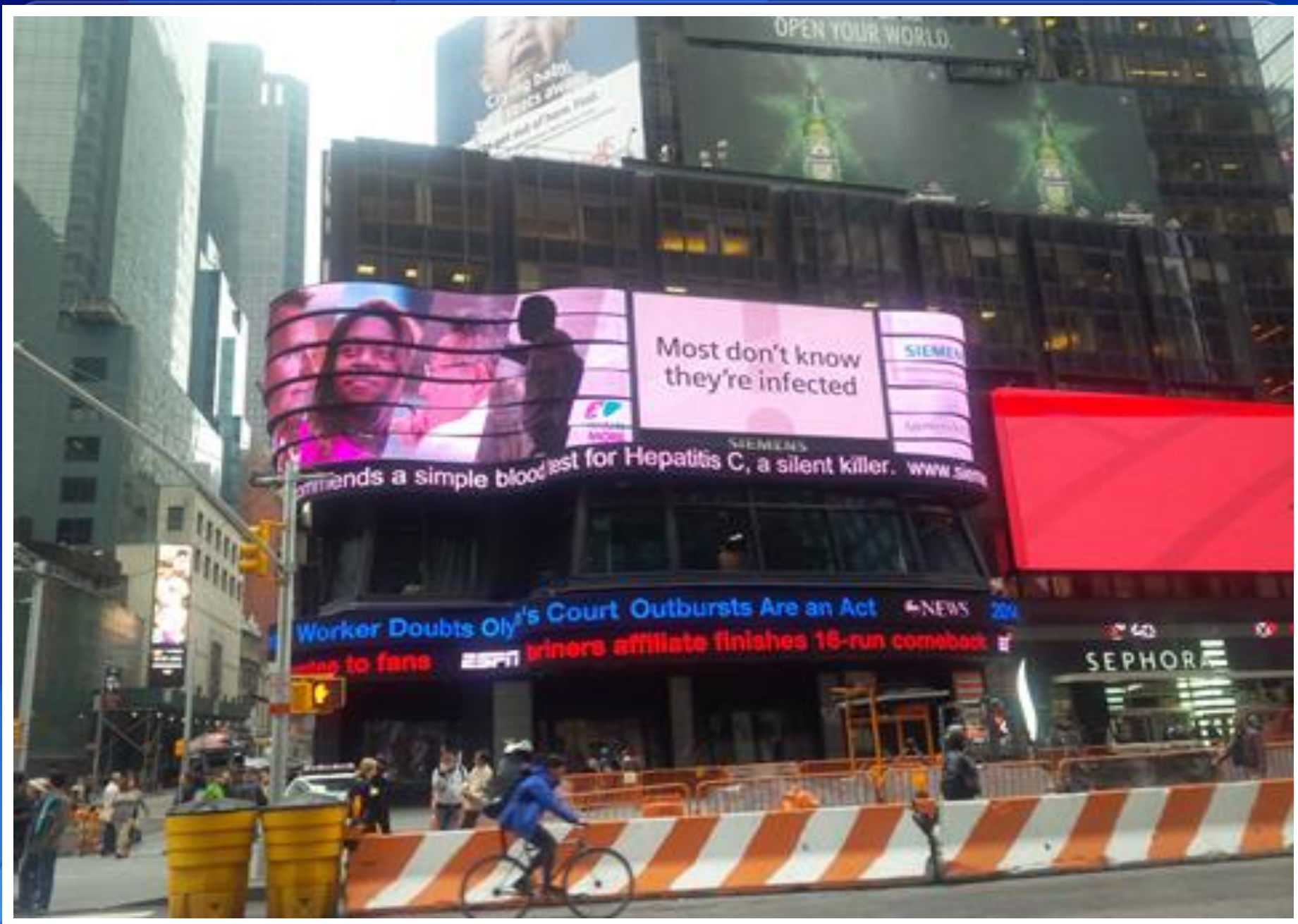
- Blood-borne exposures to HCV are major transmission risks
- The burden of HCV-related disease is large and growing
- Reports of acute HCV infection are increasing
- Many if not most persons living with HCV are undiagnosed
- CDC and USPSTF recommend HCV testing for persons born 1945-1965, past or present injection drug users, and others at risk
- Access to HCV prevention, testing, care, and treatment must improve to reduce HCV transmission and disease



IT TOOK US 25 YEARS  
TO BRING HIM TO  
HIS KNEES... NOW LET'S  
FINISH HIM OFF!...



MIKE LUCKOVICH 2014





# Local Health Departments and Hepatitis C

## NACCHO Educational Series

- Webcast 1.1 Hepatitis C: Where Are We Now?
- Webcast 1.2 The National Viral Hepatitis Action Plan
- Webcast 1.3 Viral Hepatitis C Testing Recommendations for Persons Born 1945-1965
- Webcast 1.4 Leveraging Partnerships to Address Hepatitis C: Philadelphia's Model

All materials available at [www.naccho.org/hepatitisc](http://www.naccho.org/hepatitisc)