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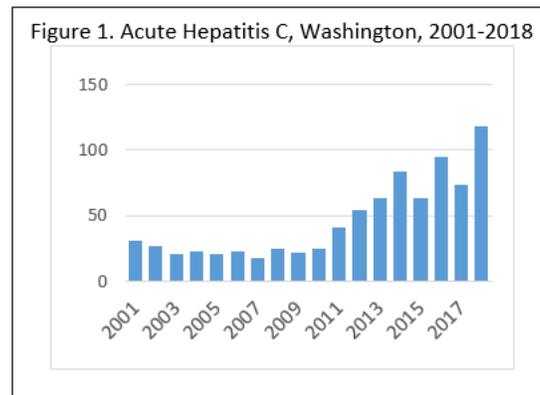
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Hepatitis C in the United States and Washington State

Hepatitis C virus (HCV) is the most common bloodborne infection in the United States. In this country, HCV is a leading reason for liver transplant, a leading cause of liver cancer, and kills more people each year than all other reportable infectious diseases combined. While HCV is not vaccine-preventable, new medications can cure the infection in nearly all patients.

Public Health Actions

Acute HCV has been reportable in Washington since 1981; chronic cases became reportable in December 2000. From 2001 to 2010, an average of 24 cases of acute HCV infection were reported annually. The number of acute cases has risen dramatically since 2011, which may reflect a rise in injection drug use associated with the opioid epidemic. In 2018, there were 118 reports of acute HCV infection in Washington, the most since 1995.



The number of chronic HCV reports has also increased. From 2001 to 2010, there were an average of 5,322 newly reported chronic HCV cases yearly. In 2016 there were 8,118 and in 2017 there were 8,839 new reports. Data for 2018 are not finalized, but the number of reports is expected to rise. An estimated 65,000 Washingtonians are living with HCV and an average of 582 HCV-associated deaths occur annually in Washington.



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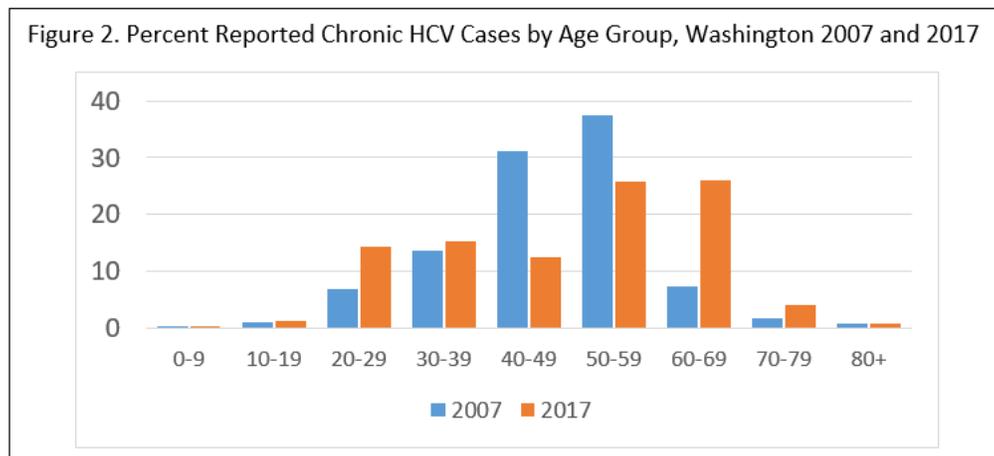
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From 2007 to 2017 the state had a shift in age distribution among newly reported chronic cases, indicating two epidemics: one among baby boomers (born 1945-1965) and one among younger persons who inject drugs. In 2007, 68.6% of chronic cases were among baby boomers (then ages 42 to 62 years) and 21.9% were among persons under age 40 years. In 2017, 52.2% of chronic cases were among baby boomers (then ages 52 to 72 years) and 31.0% were among those under 40 years (Figure 2.) Baby boomers who have had HCV infections for decades are at high risk of cirrhosis and liver cancer. Young injection drug users with HCV are currently at high risk of overdose death, HIV infection, and fulminant hepatitis but late complications may occur years after their infections were acquired.



Given a lack of resources for HCV compared with conditions such as HIV or sexually transmitted diseases, most local health jurisdictions do not have dedicated staff working on HCV. The Washington State Department of Health leverages limited federal and state funds to support some activities: rapid HCV antibody screening in community settings, an HCV health education program, Project ECHO (virtual clinical consultation to train primary care providers to treat HCV), and a few screening programs in county jails and federally qualified health centers. The Washington State Department of Health also supports a number of syringe service programs, assisting persons who inject drugs to prevent infections and helping connect them to healthcare and social services

The Washington State Hepatitis C Elimination Initiative

Elimination is distinct from eradication. Eradication is reducing the global incidence of a disease to zero through deliberate efforts, obviating the need for further control measures. Eradication usually exterminates the agent or removes it completely from nature. Elimination is a state where the disease is no longer a public health threat. With HCV elimination, those few who become infected with HCV would learn their status quickly and access care promptly, preventing further spread of the virus. Almost all person living with HCV can be cured with short-course, well-tolerated, all-oral treatment. Scaled-up HCV treatment paired with prevention of infection can lead to HCV elimination.

As HCV-related mortality rises, there is a global conversation about HCV elimination occurring, both at the World Health Organization and in a number of countries. While the United States does not have a national HCV elimination strategy, the National Academies of Sciences,

Engineering & Medicine did release *A National Strategy for the Elimination of Hepatitis B and C* (2017), and the U.S. Department of Health & Human Services developed the “National Viral Hepatitis Action Plan, 2017-2020”. A number of Tribal Nations and organizations, states and local jurisdictions are working on HCV elimination strategies.

In September 2018, Governor Inslee issued Directive 18-13, “Eliminating hepatitis C in Washington by 2030 through combined public health efforts and a new medication purchasing approach”. One of the Directive’s major components was establishing a committee with a broad array of stakeholders to draw on existing efforts, best practices, and community knowledge to develop a comprehensive strategy to eliminate the public health threat of HCV in Washington by the year 2030.

Using the principles of collective impact, the Washington State Department of Health convened multisector partners on October 2018 for the Hep C Free WA Coordinating Committee. Members include representatives from state agencies and offices (e.g., the Health Care Authority, Department of Corrections, Department of Labor and Industries, Office of Financial Management, Office of the Insurance Commissioner), Tribal health centers, local health jurisdictions, federally qualified health centers, community-based organizations, syringe services programs, opioid treatment programs, academic institutions (e.g., University of Washington, Washington State University), healthcare plans, professional organizations, and individuals affected by HCV.



The Committee established three work groups: Data & Strategic Information, Clinical Strategies, and Community-Based Responses & Interventions, each to draft recommendations. The recommendations will be refined based on public feedback to provide the final recommendations to the Governor in late July 2019, along with a description of next steps for the implementation and evaluation phases. The Committee will continue to meet, monitoring implementation and evaluation and refining the plan as efforts evolve.

In addition to creating the Hep C Free WA Coordinating Committee and the developing the elimination plan, the Governor’s Directive also calls for the Health Care Authority (HCA) to secure innovative methods to purchase HCV drugs and ensure timely healthcare access to Washingtonians living

with HCV. Approximately 30,000 people living with HCV in Washington are covered by state-purchased health care insurance, including Washington Apple Health (Medicaid), the Public Employees Benefits Board Program, the Department of Corrections, the Department of Labor & Industries, and the Department of Social & Health Services (state hospitals).

HCA released a request for proposals for pharmaceutical manufacturers to bid on January 22, 2019, and on April 25 announced AbbVie US LLC as the apparently successful bidder. AbbVie had the best overall portfolio to assist Washington with eliminating HCV. They offer a product that will treat about 97 percent of all patients with HCV and have demonstrated a commitment to partner with HCA to eliminate HCV through investment in the Hep C Free WA initiative.

HCV Testing and Case Reporting

To achieve a state free of HCV, public health and healthcare providers should ensure that HCV testing is available for any person who:

- Was born from 1945 through 1965
- Currently injects drugs
- Ever injected drugs, even many years ago
- Is living with HIV
- Ever received long-term hemodialysis
- Received clotting factor concentrates before 1987
- Received transfusions or organ transplants before July 1992
- Has abnormal alanine aminotransferase levels (ALT)
- Was born to a parent living with HCV
- Has a healthcare-related exposure (e.g., needlestick)



In addition, it is essential to ensure that all cases of acute, chronic, and perinatal HCV are reported by health care providers, facilities, and laboratories to the local health jurisdiction and that local health jurisdictions report case investigations to the Washington State Department of Health. With a coordinated public health effort, we can eliminate HCV in Washington.

Resources

For more information about Hep C Free WA, email HepCFreeWA@doh.wa.gov or visit:

<https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Hepatitis/HepatitisC/EliminatingHepatitisC>.

Governor's Directive 18-13

<https://www.governor.wa.gov/sites/default/files/18-13%20-%20Hepatitis%20C%20Elimination.pdf>

Washington HCV surveillance

<https://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/ChronicHepatitisSurveillance>

Health Care Authority

<https://www.hca.wa.gov/about-hca/clinical-collaboration-and-initiatives/eliminating-hepatitis-c>

National Academies of Sciences, Engineering and Medicine Reports on Viral Hepatitis

<https://www.cdc.gov/hepatitis/nasemreports.htm>

National Viral Hepatitis Action Plan

<https://www.hhs.gov/sites/default/files/National%20Viral%20Hepatitis%20Action%20Plan%202017-2020.pdf>

WHO

<https://www.who.int/hepatitis/publications/hep-elimination-by-2030-brief/en/>