WISCONSIN AIDS/HIV PROGRAM NOTES

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Hepatitis C Virus Infection in Wisconsin: Annual Surveillance Data for 2014 and Implications for HIV Transmission in People Who Inject Drugs

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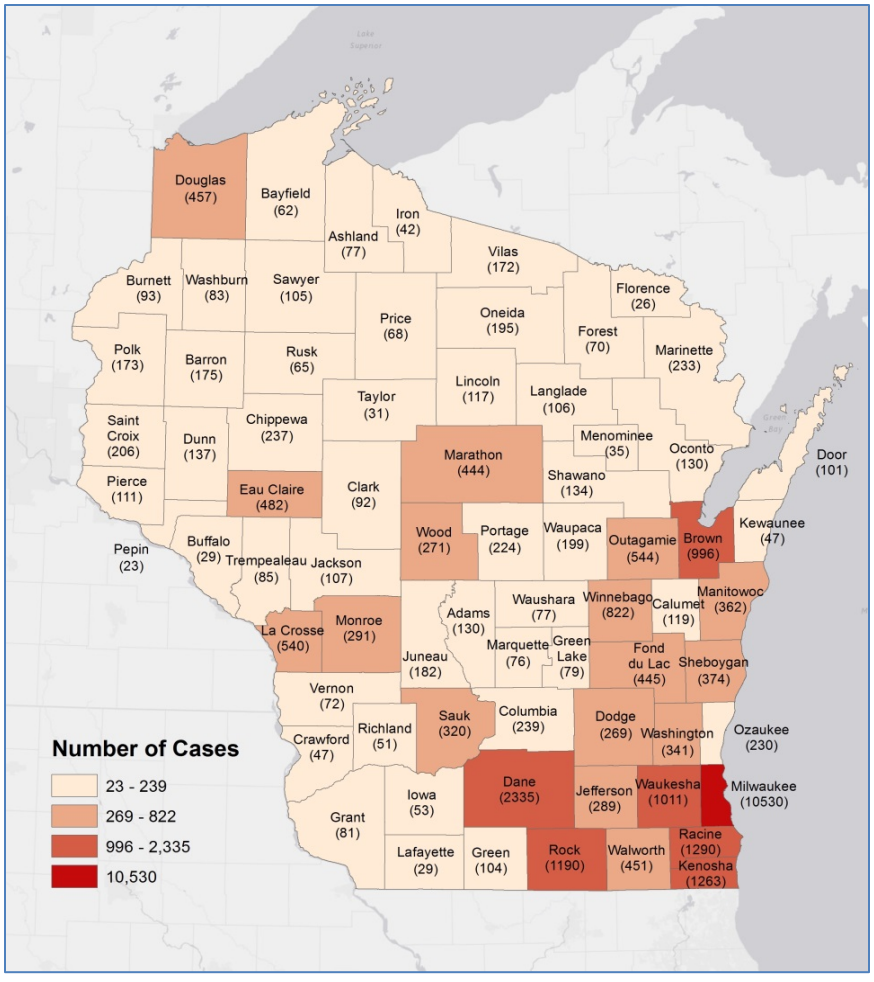
World Hepatitis Day is July 28. In 2010, the World Health Organization created World Hepatitis Day to raise awareness about viral hepatitis and to call for access to treatment and better prevention programs. This report summarizes hepatitis C virus (HCV) case reports received by the Wisconsin Division of Public Health (WDPH) during 2014 and recommendations from the Centers for Disease Control and Prevention (CDC) for health departments and health care providers to assist in the identification and prevention of HIV outbreaks among people who inject drugs (PWID).

Background

Based on national estimates, about 74,000 people in Wisconsin have HCV infection. The majority of people are unaware they are infected because they do not look or feel ill. People born in 1945-1965 are more likely to have HCV and were likely infected decades earlier, before many prevention measures were in place and when rates of HCV were highest. Today, most people become infected with HCV by sharing needles or other equipment used to inject drugs.

Past, present and acute hepatitis C virus infections reported, 2000-2014



Rates of acute, or recent, HCV infection are increasing in Wisconsin, and the same trend has been reported among young nonurban PWID in many communities in the United States. In 2015, the Indiana State Department of Health investigated an outbreak of HIV among PWID, more than 80% of whom were co-infected with HCV.[1] Increases in HCV infection among young adults is an indicator of an increase in injection drug use. There is potential for HIV transmission among networks of PWID and communities that are without access to syringe exchange programs.

Recent Data Show an Increase in Reported Hepatitis C Cases in Wisconsin

The Wisconsin Hepatitis C Surveillance Summary for 2014 is now available on the web (see https://www.dhs.wisconsin.gov/publications/p00440-2014.pdf) and presents reports of past, present or acute HCV infection reported in Wisconsin in 2014. During 2014, 3,217 past, present or acute HCV diagnoses were reported in Wisconsin, at a rate of 56.1 cases per 100,000 people. From 2013 to 2014, the rate of all HCV reports increased by 21%. The increase in number of reports was largely from two age groups: under age 30, and aged 50-69 years.

Injection Drug Use Is the Primary Risk for New HCV Infection

The primary risk for new HCV infection was injection drug use, reported by 65% of acute cases in 2014. Corresponding increases in substance abuse treatment data and overdose data suggest the increase in HCV among younger adults is associated with an increase in injection drug use in Wisconsin. A nationwide rise in reported acute cases of HCV has been recognized in PWID in the United States, with the greatest increase among people in nonurban regions of the country.[2,3] The Wisconsin Viral Hepatitis Program continues to support HCV testing within agencies providing harm reduction services (for example, HIV and sexually transmitted disease testing, clean syringes, overdose prevention and counseling) to PWID. Integrated health care services are recommended to treat substance abuse and prevent HCV and HIV infection.[4]

Alert from the Centers for Disease Control and Prevention

Communities at risk for unrecognized clusters of HIV and HCV infection include those with recent increases in the number of HIV infections attributed to injection drug use or increases in the number of HCV infections, particularly among people aged 35 and younger. In response to this concern, the CDC issued a Health Advisory via the CDC Health Alert Network on April 24, 2015.[5]

Recommendations for health departments and health care providers are available from the CDC. Key practices in this list include the following:

- Ensure people actively injecting drugs or at high risk of drug injection have access to integrated prevention services, including linkage to care and treatment services.
- Ensure people actively injecting drugs are counseled not to share needles and syringes or drug preparation equipment and have access to sterile injection equipment from a reliable source.
- Venues such as emergency departments and community-based clinics may encounter unrecognized infections and are reminded of the importance of HIV testing as well as HCV testing, per recommendations.[6,7,8]
- Local health departments should notify their state health department and CDC of any suspected clusters of recent HIV or HCV infection.
- Ensure all people diagnosed with HCV infection are tested for HIV infection and that all people diagnosed with HIV infection are tested for HCV infection.

- Encourage HIV and HCV testing of syringe-sharing and sexual partners of people diagnosed with either infection.

Racial Disparities among those Reported with HCV

Non-Hispanic Whites continue to comprise the majority of HCV cases reported in Wisconsin (2,213 reports, 69% of all new reports in 2014), and the rate of 46 HCV cases per 100,000 non-Hispanic Whites in 2014 was higher than reported for the previous year. However, for the past five years, rates of HCV have remained disproportionally high for American Indians (135 HCV cases per 100,000) and non-Hispanic Blacks (100 HCV cases per 100,000) living in Wisconsin relative to other racial and ethnic groups in the state. The disparity of higher rates of acute HCV among American Indians/Alaska Natives is also reported at the national level.[9]

Reports from the Baby Boomer Cohort Have Increased

More Wisconsin residents aged 50-69 were reported with HCV in 2014 compared to 2013. The increase likely reflects HCV screening among those born from 1945 to 1965. This is consistent with CDC recommendations since 2012 for identifying chronic HCV infection. New treatments for HCV, which can be expensive even for those with health insurance, are well-tolerated and can cure most chronic HCV infections. The CDC estimates that one-time testing of those born during 1945 to 1965 will identify 800,000 infections in the United States. Coupled with linkage to care and treatment, one-time testing will likely avert more than 120,000 HCV-related deaths. This strategy will save an estimated $1.5 billion to $7.1 billion in liver-disease-related costs.[10] The Wisconsin Viral Hepatitis Program continues to promote one-time testing for anti-HCV for adults born from 1945 to 1965.

For more information

Questions regarding Wisconsin hepatitis C virus data may be directed to Lauren Stockman, Hepatitis C Epidemiologist, lauren.stockman@wi.gov, 608-267-0359.

Questions regarding the Wisconsin Viral Hepatitis Prevention Program may be directed to Sheila Guilfoyle, Viral Hepatitis Program Coordinator, sheila.guilfoyle@wi.gov, 608-266-5819.

Additional resources

Wisconsin Department of Health Services
https://www.dhs.wisconsin.gov/viral-hepatitis/hcv.htm

Centers for Disease Control and Prevention
http://www.cdc.gov/hepatitis/HCV/index.htm

National Notifiable Diseases Surveillance System
http://wwwn.cdc.gov/nndss/case-definitions.html

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