Hepatitis C among Native American People in Wisconsin, 2024

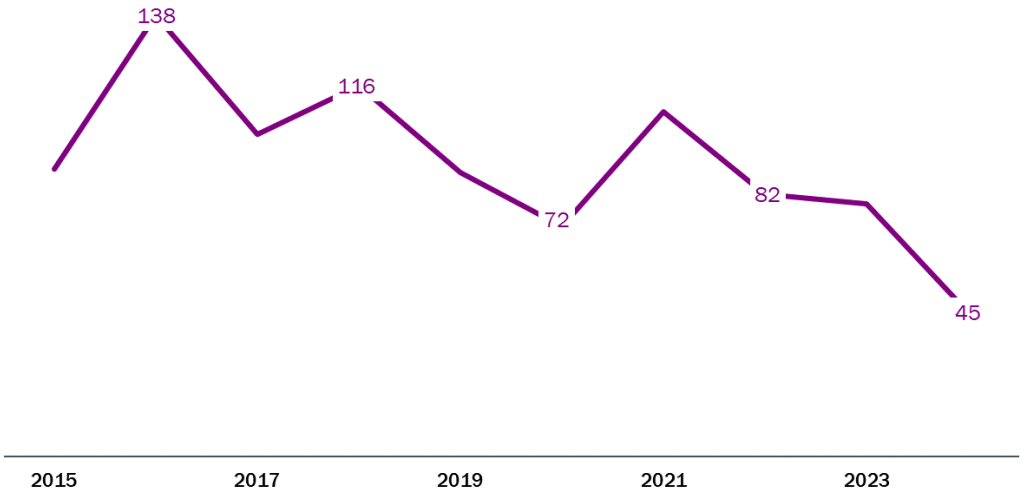
The hepatitis C virus (HCV) is the most common bloodborne virus in the United States. When left untreated, it can cause serious health problems, including cirrhosis, liver cancer, and even death. HCV disproportionately impacts Native American communities. Reducing this disparity is a priority for national and statewide viral hepatitis elimination efforts.

To provide a comprehensive profile on the impact of HCV among Native American people in Wisconsin, this fact sheet contains data for people who were ever reported as Native American, alone or in combination with other racial or ethnic identities, in the Wisconsin Electronic Disease Surveillance System (WEDSS). All demographic, risk behavior, and incarceration data presented in this report were obtained from WEDSS which includes laboratory test results, information from electronic medical records, and case interview data.

HCV Diagnosis Trends

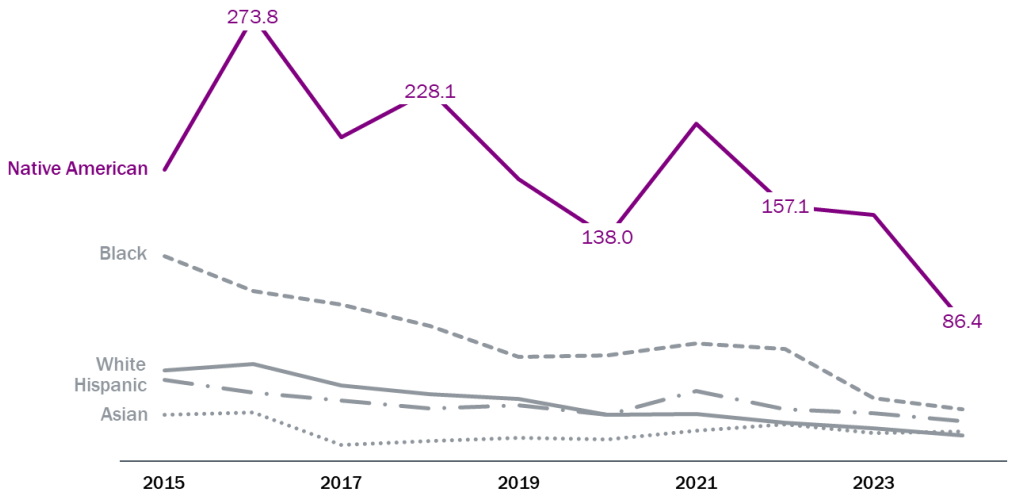
The number of Native American people diagnosed with HCV decreased to a 10-year low in 2024.

Number of Native American people diagnosed with HCV, Wisconsin, 2015–2024



Native American people have the highest HCV diagnosis rate among all racial and ethnic groups.

HCV diagnosis rate per 100,000 by race and ethnicity, Wisconsin, 2015–2024

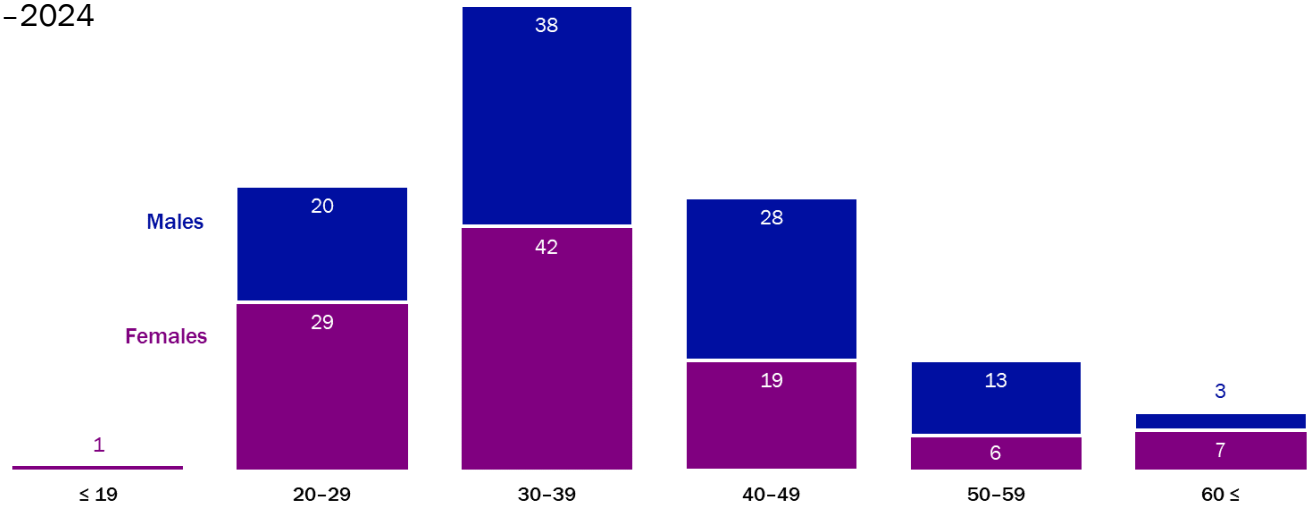


Demographics of People Diagnosed with HCV

Data on the next two pages describes recent demographic trends in HCV diagnosis among Native American people from 2022—2024. Multiple diagnosis years are combined to reduce data suppression due to small numbers.

Four in five (81%) Native American women diagnosed with HCV in Wisconsin were women of childbearing age (15-44 years old).

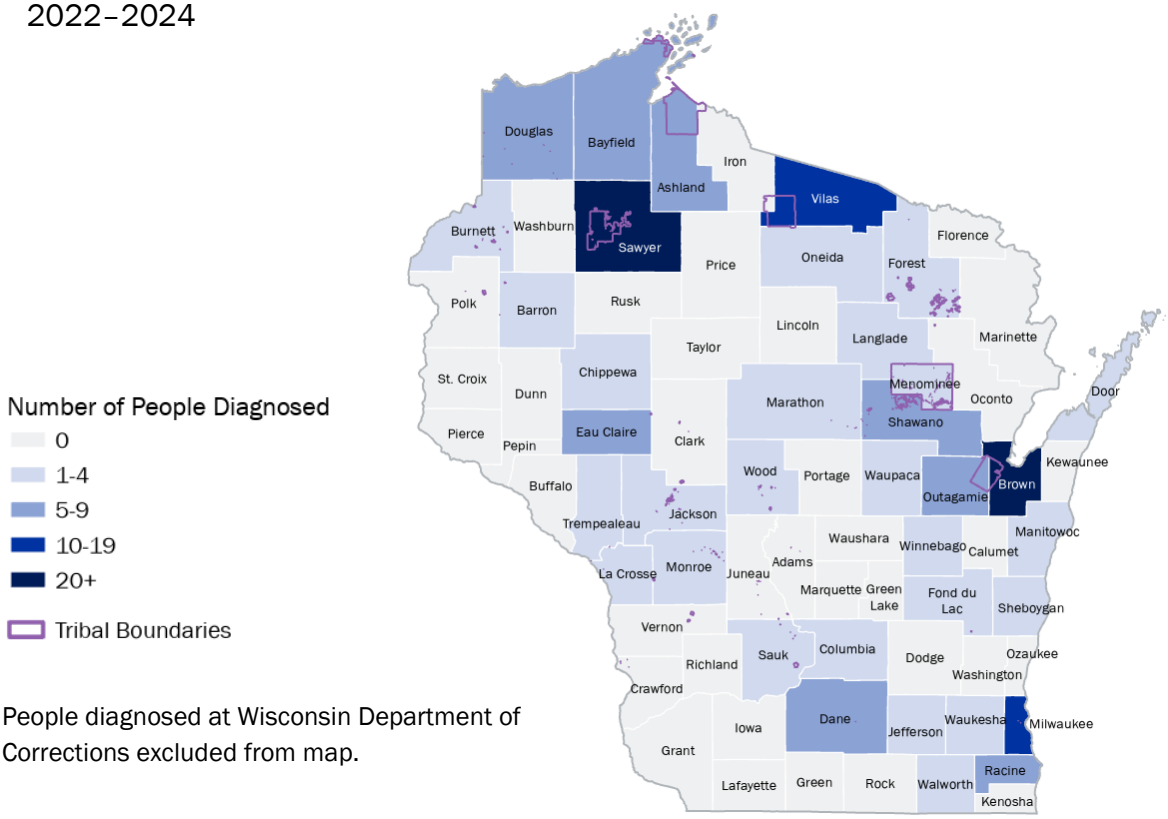
Number of Native American people diagnosed with HCV by gender and age at diagnosis, Wisconsin, 2022–2024



About 6% of infants born to people living with HCV will also acquire HCV. To prevent perinatal HCV transmission, the Centers for Disease Control and Prevention recommends all pregnant people be screened for HCV during each pregnancy.

Most Native American people diagnosed with HCV live in the northern and northeastern regions of the state.

Number of Native American people diagnosed with HCV by county of residence at diagnosis, Wisconsin, 2022–2024

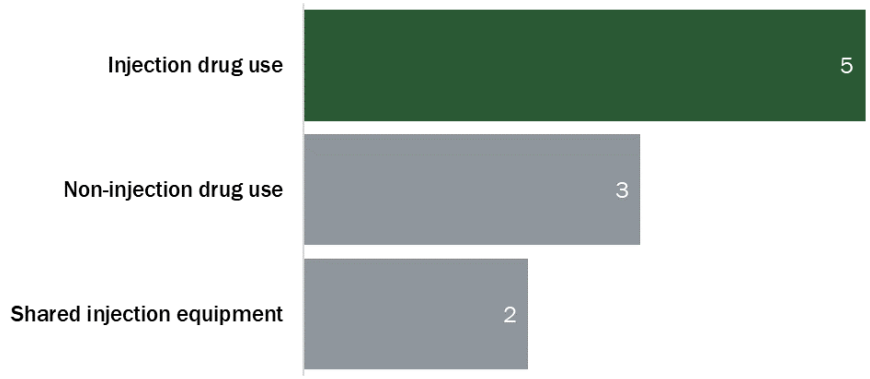


People diagnosed at Wisconsin Department of Corrections excluded from map.

Risk Factors and Priority Populations

Injection drug use was the most commonly reported risk factor among Native American people diagnosed with acute HCV.

Number of Native American people diagnosed with acute HCV with the reported risk behavior, Wisconsin, 2022–2024



Among Native American people diagnosed with HCV, 44% were currently incarcerated or had been incarcerated in the past.

Percentage of Native American people diagnosed with HCV with reported incarceration history, Wisconsin, 2022–2024

WI DOC: Wisconsin Department of Corrections

Rates of HCV in correctional institutions are much higher than the general U.S. population. One reason for this is that some populations more affected by incarceration, such as people who inject drugs, are also more likely to have HCV.

Long Term Health Impacts

From 2017–2021, the average rate of liver and intrahepatic bile duct cancers was 2.6 times higher among Native American people than white people in Wisconsin.

While chronic hepatitis C does not cause all instances of liver cancer, it does increase the risk for liver cancer along with other modifiable risk factors such as obesity, non-ceremonial tobacco use, and alcohol consumption.

When left untreated, chronic HCV can lead to death from cirrhosis or liver cancer. From 2019–2023, there were 20 HCV-associated deaths reported among Native American people in Wisconsin.

Sources: Wisconsin Cancer Registry System & Wisconsin Vital Records

HCV Clearance Cascade

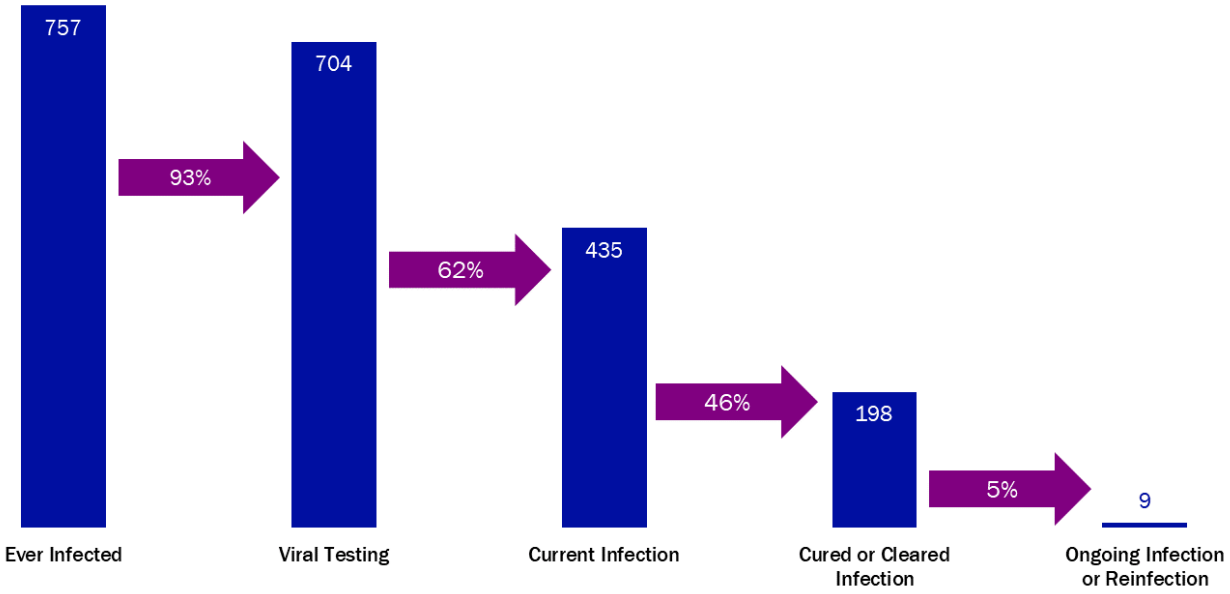
This clearance cascade for Native American people living with HCV in Wisconsin can be used to measure the impact of public health interventions and identify opportunities for improvement in HCV testing, linkage to care, and treatment. Using laboratory data reported to WEDSS, the cascade assesses HCV clearance among people diagnosed with HCV starting in 2018, the first, complete year of negative RNA reporting in Wisconsin.

Key Takeaways

- Confirmatory viral testing is high (93%) among Native American people identified as ever infected with HCV in Wisconsin. Viral testing is important to distinguish past infection that has been cured or cleared from current infection which requires linkage to care and treatment.
- Less than half (46%) of Native American people with confirmed HCV infection in Wisconsin have been treated. This is an important data-to-care opportunity that can include improving access to same-day treatment, offering patient navigation services, and expanding the number of HCV treatment providers.

In 2024, 46% of Native American people living with HCV had cured or cleared their HCV infection, the same as the overall statewide rate.

Native American people diagnosed with HCV, Wisconsin, 2018–2023



Ever Infected: There were 757 Native American people living in the state who were ever infected with HCV from 2018–2023 and were alive as of December 31, 2024. This includes people with any positive or "detected" HCV test result (e.g. antibody, RNA, or genotype test).

Viral Testing: Of the 757 people ever infected with HCV, 704 (93%) had an HCV viral test (RNA or genotype) performed as of December 31, 2024. A viral HCV test determines whether or not an individual is currently infected with HCV.

Current Infection: Of the 704 people with viral testing, 435 (62%) had a "detected" HCV viral test result, indicating current HCV infection.

Cured or Cleared Infection: Of the 435 people with confirmed, current HCV infection, 198 (46%) had a subsequent HCV viral test result of "not detected." The cascade is unable to distinguish between individuals who were cured of their HCV infection due to successful treatment response versus individuals who spontaneously cleared infection.

Ongoing Infection or Reinfection: Of the 198 people who had cured or cleared their HCV infection, 9 (5%) had a subsequent positive or "detected" HCV viral test result. The cascade is unable to distinguish the reason for ongoing infection (for example, incomplete treatment, treatment failure, viral breakthrough) or reinfection.