

Hepatitis C in Texas

Texas Department of State Health Services TB/HIV/STD Unit

The Big Picture.

Infection with hepatitis C Virus (HCV) is the most common blood-borne disease in the United States. Studies estimate that 1.8 percent of Texans are infected with HCV. Thus, there are approximately 368,000 cases of hepatitis C in Texas, 80 percent of which (about 300,000) are chronic (long-lasting) infections.

In Texas, estimates also indicate that there may be a greater disease burden among Blacks (2.8%) and Hispanics (2.0%). Other racial and ethnic groups (1.8%) carry the third highest rate and Whites have the lowest estimated infection rate (1.4%). Although most cases of infection occur in and around large urban areas, a disproportionate amount of the disease happens along the Texas/Mexico border.

How is HCV spread?

HCV is spread through contact with infected blood. HCV can be spread by sharing needles, razors, and tattoo/body piercing tools. It can also be spread through accidental exposure to infected blood. HCV is spread from infected mothers to newborns in rare instances. HCV is not easily spread through sex. It is more likely to be spread during sex acts involving blood, such as anal sex or menstrual blood. Note that although HIV is also a blood borne disease, there are differences in how it and HCV are transmitted.

Without medical intervention, about 15 to 25 percent of people will clear HCV from their bodies. Of the other 75 to 85 percent, a large percentage will develop chronic liver disease (60-70%) and/or cirrhosis (15-20%). A small percentage (1-5%) will die from liver cancer or cirrhosis. Some people may not have symptoms for many years after infection. Some people never have symptoms.

HIV Co-Infection

About one in four HIV-infected people in the United States are also infected with HCV. Among HIV-infected injection drug users, the HCV co-infection rate is estimated to be even higher (50%-90%).

Studies show that people who have HIV and HCV have higher levels of HCV in the blood, more rapid progression to HCV-related liver disease, and increased risk for cirrhosis and liver cancer. Liver failure is a leading cause of hospitalization for people with HIV. Because people with HIV are living longer due to HIV treatment advances, HCV complications have more time to develop.

HCV Risk and Prevention

HCV is prevented by avoiding contact with infected blood. Those at high risk for coming into contact with infected blood include current and former injecting drug users (IDU), recipients of blood products and organ transplants prior to 1992, health care and public safety workers, and infants born to infected mothers. Although HCV is not easily spread through sex, people with more than 50 lifetime sex partners and people having sex with an HCV-infected steady partner are also at risk.

There is no vaccine to prevent HCV. Prevention relies on education, risk assessment, testing and treatment referral. People at risk for HCV may benefit by participation in prevention activities designed to reduce health risks associated with injection drug use. Because HIV and HCV are transmitted through infected blood, prevention activities work well for both diseases. Since the introduction of HIV prevention activities, transmission of HCV has gone down among young IDUs.

HCV Treatment

Diet, exercise, not drinking alcohol or using unnecessary drugs, getting enough sleep and other healthy living choices can all enhance the quality of life for someone with HCV. People with HCV need to be monitored by a physician to ensure there is no progressive liver damage that would signal treatment strategies should be seriously considered.

Not everyone who has chronic HCV will need treatment. Treatment depends on many factors, including the type of HCV, virus levels, stage of liver disease and ability to tolerate therapy. For those needing treatment, new antiviral therapy has been very successful in providing a cure. The new therapy is less toxic, 90% effective and of a shorter duration (usually two to three months depending on HCV genotype). However, the new HCV treatments are very expensive and are not always covered by health insurance plans.

Cost of HCV

The cost of HCV is great. A 2005 study of hospital admissions in Texas found HCV to be the most costly of all hepatitis-related admissions. HCV hospital admissions totaled just below \$39 million, more than all other hepatitis types combined. Hepatitis related chronic liver disease resulted in more than \$150 million in hospital costs. HCV costs will continue to rise. While the number of new HCV infections is expected to decline, the number of infections that progress to cirrhosis is expected to increase.

Fighting HCV in Texas

More HCV resources, including prevention, testing and treatment, are needed to prevent the further spread of the disease. Early detection allows people more choices in treatment and care. Prevention stops new infections. Treatment improves quality of life.

Preventing new HCV infections saves money and saves lives.

For information on hepatitis testing in your area, please call 211.

FAST FACTS

Chronic hepatitis C is the leading cause of chronic liver disease and liver transplants in the United States.

Even with a liver transplant, HCV can reoccur and damage the new liver.

Liver disease from HCV is now the leading non-AIDS cause of death in the U.S. in people with HIV.

People affected by HCV are encouraged to contact the Texas Liver Coalition at (800) 72-LIVER or www.texasliver.org.

There is no vaccine for HCV.



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Publication No. E13-13113 (Rev 11/14)