

Facts on African Americans & Hepatitis C Virus (HCV)

Compiled by the Office of HIV/AIDS and Infections Disease Policy (April 2015)

HCV Burden

- HCV disproportionately affects African Americans. Between 1999 and 2002, HCV prevalence among African Americans (3.2%) was more than two times that of non-Hispanic whites (1.5%), in an analysis of National Health and Nutrition Examination Survey (NHANES) III data.ⁱ
- In an analysis of the data from 2003 – 2010 NHANES, African Americans accounted for 11% of the population, yet represented 25% of participants living with HCV.ⁱⁱ

HCV and related Mortality

- Among patients with HCV, the highest mortality rates have been observed among ethnic minorities including African Americans.ⁱⁱⁱ
- In 2011, according to the Centers for Disease Control and Prevention, the death rate with HCV listed as a cause of death was 7.89 per 100,000 for African Americans, compared to 4.19 per 100,000 for whites and 3.14 per 100,000 for Asian Americans and Pacific Islanders.^{iv}
- African Americans have the highest mortality rates of liver and bile duct cancer.^v HCV is a major cause of liver cancer.
- In 2010, chronic liver disease and cirrhosis, which is often related to HCV, was the:
 - 7th leading cause of death among African Americans ages 45-54,
 - 10th leading cause of death among African Americans ages 55-64 years, and
 - 5th leading cause of death among African Americans ages 65 years and older.^{vi}

African Americans and Exposure to HCV

- Sickle cell disease is very common in the African American community, affecting 1 in 12 African Americans.^{vii} Patients with sickle cell disease may require blood transfusions for treatment. Because the blood supply in the U.S. was not screened for HCV until 1992, patients who received blood transfusions prior to screening may have been infected with HCV. An analysis of National Hospital Discharge Survey data indicated that sickle cell disease is associated with higher risk of HCV.^{viii}
- Of people who inject drugs who were newly infected with HIV between 2004-2006, 57.5% were African American.^{ix} Injection drug use is the primary behavioral risk factor for hepatitis C and approximately one-quarter of people living with HIV are coinfecting with hepatitis C.

Treatment Efficacy & Access

- Previously available HCV therapies were less effective for African Americans compared to other races. The VIRAHEP-C trial found that only 28% of African Americans with chronic HCV genotype 1 were cured by pegylated interferon and ribavirin compared with 52% of white Americans.^x
- In the past, African Americans have been underrepresented in HCV clinical trials.^{xi}

- New, interferon-free treatments have cure rates as high as 90% to 100%, and trials show no difference in treatment response rates in African Americans compared to other races.^{xii}
- According to an analysis of 2011 data, African Americans were uninsured at a rate higher than that of the overall US population. The states with the greatest number of African Americans who are uninsured although they qualify for Health Insurance Marketplace tax credits, Medicaid, or the Children’s Health Insurance Program (CHIP), were Florida, Georgia, Texas, North Carolina, and New York.^{xiii}

Opportunities

- The Affordable Care Act (ACA) provides many opportunities to diagnose and treat HCV and reduce health disparities for African Americans. As of June 2014, 1.7 million African Americans aged 18 to 64 have gained health insurance since ACA enrolment began. With preventive screenings available without cost-sharing under the ACA, now is a critical time to scale-up HCV testing, linkage to care, and treatment in the African American community.

ⁱ Armstrong GL, Wasley A, Simard EP, McQuillan GM, Kuhnert WL, Alter MJ. The prevalence of hepatitis C virus infection in the United States, 1999 through 2002. *Ann Intern Med* 2006; **144**: 705–714. <http://annals.org/article.aspx?articleid=723191>

ⁱⁱ Denniston et al. Chronic Hepatitis C Virus Infection in the United States, National Health and Nutrition Examination Survey 2003 to 2010. *Ann Intern Med*. 2014;160:293-300.

ⁱⁱⁱ Ly K. N., Xing J., Klevens R. M., Jiles R. B., Holmberg S. D. (2014) Causes of death and characteristics of decedents with viral hepatitis, United States, 2010. *Clin. Infect. Dis.* 58, 40–49. Available at: <http://cid.oxfordjournals.org/content/early/2013/11/04/cid.cit642.full>

^{iv} Viral Hepatitis Surveillance United States 2012. CDC. (p. 51)

^v NCI 2013. Seer Cancer Statistics Review, 1975-2010. Table 1.21. http://seer.cancer.gov/csr/1975_2010/sections.html

^{vi} National Vital Statistics Reports. Volume 62, Number 6. Deaths: Leading Causes for 2010. Melonie Heron. (p. 71, Table 2)

^{vii} Centers for Disease Control and Prevention. Data & Statistics. Sickle Cell Disease. Available at: <http://www.cdc.gov/ncbddd/sicklecell/data.html>

^{viii} Nouraie M, Nekhai S, Gordeuk VR. Sickle cell disease is associated with decreased HIV but higher HBV and HCV comorbidities in U.S. hospital discharge records: a cross-sectional study. *Sex Transm Infect.* 2012 Nov;88(7):528-33. doi: 10.1136/sextrans-2011-050459. Epub 2012 May 24. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/22628662>

^{ix} CDC. HIV Infection Among Injection-Drug Users --- 34 States, 2004—2007. *MMWR*. November 27, 2009 / 58(46);1291-1295. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5846a2.htm?mobile=nocontent>

^x Chung RT, Gale M, Jr, Polyak SJ, Lemon SM, Liang TJ, Hoofnagle JH. Mechanisms of action of interferon and ribavirin in chronic hepatitis C: summary of a workshop. *Hepatology.* 2008;47:306–20. doi: 10.1002/hep.22070.

^{xi} KR Reddy, JH Hoofnagle, MJ Tong, WM Lee, P Pockros, EJ Heathcote, D Albert, T John, for the Consensus Interferon Study Group. Racial differences in response to therapy with interferon in chronic hepatitis C. *Hepatology,* 30 (1999), pp. 787–793

^{xii} M Manns, S Pol, IM Jacobson, et al. All-oral daclatasvir plus asunaprevir for hepatitis C virus genotype 1b: a multinational, phase 3, multicohort study. *Lancet,* 384 (2014), pp. 1597–1605

^{xiii} Assistant Secretary of Planning and Evaluation Issue Brief. Eligible Uninsured African Americans: 6 in 10 Could Receive Health Insurance Marketplace Tax Credits, Medicaid or CHIP. December 2013. Available at: http://aspe.hhs.gov/health/reports/2013/UninsuredAfricanAmericans/ib_UninsuredAfricanAmericans.cfm