

Hepatitis C, Advanced Liver Disease & Health Care Disparities

What you **NEED** to KNOW!

Despite the seriousness of Hepatitis C Virus (HCV) in Vulnerable Veteran Populations, few Veterans know about the disease or get tested for it. Early detection of chronic viral hepatitis infection can save lives!

We need your help to reduce HCV and increase awareness of this silent killer within many of our Vulnerable Veteran Populations. While VA provides care to more than 180,000 Veterans with HCV, the prevalence of chronic hepatitis C in Veterans in VHA care is three times that of the general U.S. population.

According to the U.S. Centers for Disease Control and Prevention, HCV can survive on environmental surfaces at room temperature for three weeks. Exposure to HCV infected blood, sharing needles, razors, scissors, nail clippers, or a toothbrush with an infected person could be fatal if left untreated. It is also possible that HCV can be transmitted through sexual contact with an infected person.

Advanced liver disease (ALD) can result from untreated Hepatitis C Virus. Approximately 40,000 Veterans with HCV infection were identified as having ALD in 2015. Nearly, 90% of these patients were born between 1945 and 1965 and served during the Vietnam Era. Black Veterans represented 34% of the cases with ALD.

Did You Know?

Minority Veterans

HCV is higher for some racial and ethnic minority Veterans and they are less likely to receive treatment for HCV (Saha et al., 2007). In the VHA, some racial and ethnic minorities diagnosed with HCV are disproportionately more at risk for having ALD.

Race/ethnicity	Unique Veterans , FY 2014		Veterans with HCV and Advanced Liver Disease	
	N	%	N	%
American Indian and Alaska Native	32583	1	223	1
Asian	50737	1	58	0
Black	903666	15	13003	34
Hispanic or Latino	338989	6	2721	7
Native Hawaiian and Pacific Islander	35981	1	203	1
White	3925616	64	19572	50
Multiple races	74632	1	892	2





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Unknown	785445	13	2125	5

Socioeconomic factors have been proposed to play a role in access to care and treatment of HCV. Many minority communities have disproportionately lower socioeconomic status, greater barriers to access to health care, and greater risks for and burden of disease compared with Whites or the general population living in the same geographical area (Tohme et al., 2013).

In the United States, the most commonly reported age at first diagnosis of HCV infection is 18 to 34 years for Hispanic, Asian, and Al/AN communities compared with 45 to 54 years for Black communities. Moreover, the highest rates of HCV infection were reported by Blacks, Hispanics, and Asians aged 55 to 64 years and Al/ANs aged 45 to 54 years, and a gradual increase in the risk for HCV infection with increased age (Tohme et al., 2013). Testing Veterans aged 45 to 64 years for HCV regardless of previous history of exposure to risk factors would probably help to detect most undiagnosed infections, initiate treatment, and prevent future complications and transmission. VA currently recommends HCV testing for Veterans born between 1945 and 1965.

Military Era/Aging Veterans

Approximately 2% of Veterans born before 1945 and 1% of Veterans born after 1965 who had a VHA outpatient visit in 2012 had HCV (Backus et al., 2014). Several studies have been initiated to better understand the high frequency of HCV in Veterans of the Vietnam conflict. However, the reasons for the increased prevalence of hepatitis C are not completely clear. In a major study on the epidemiology of HCV in Veterans in VHA care, HCV was most closely associated with injection drug use. The study did not find evidence that transfusions, including battlefield transfusions, were a primary route for transmission of HCV, and did not find an association between being in combat status and HCV (Dominitz et al., 2005).

Birth Cohort	Unique Veterans with Outpatient Encounter, 2014		Veterans with HCV and Advanced Liver Disease	
	N	%	N	%
Born before 1945	1847787	30	3479	9
Born between 1945 and 1965	2822286	46	34562	89
Born after 1965	1458944	24	749	2
Unknown	18632	0	7	0

According to the Mayo Clinic, the reason that baby boomers (non-combat Vietnam Era Veterans) have high rates of HCV is not completely understood. Most boomers are believed to have become infected in the 1970s and 1980s when rates of HCV were the highest. Since people with HCV can live

for decades without symptoms, many baby boomers are unknowingly living with an infection they got many years ago. Others may have become infected from injecting drugs, even if only once in the past. Still, many baby boomers do not know how or when they were infected.

Military Era		/eterans, 2014	Veterans with HCV and Advanced Liver Disease		
	N	%	N	%	
WWII	308152	5	278	1	
Korean	795929	13	1466	4	
Vietnam	3127810	51	35052	90	
Gulf	1561898	25	1621	4	
Multiple	19539	0	74	0	
Peace	102	0	0	0	
Unknown/None	334219	5	306	1	

Geography

72% of Veterans with HCV live in urban areas and 28% lived in rural and highly rural areas (U.S Department of Veterans Affairs, 2015). Because of the epidemic of injection drug use, new cases of HCV are increasing in the U.S., particularly in rural areas. Given the demographics of Veterans in VA care, this may put Veterans in all areas, especially in rural locales, at increased risk for infection with HCV.

Geography	Unique Veterans, FY 2014			ith HCV and iver Disease
	N	%	N	%
Rural	2205776	36	10041	26
Urban	3919289	64	28675	74
Unknown	22584	0	81	0

Share what you've learned and encourage conversations with your Veterans about screening for HCV. Many Veterans can get care and treatment that can limit disease advancement, prevent liver cancer deaths, and help break the cycle of unknowingly transmitting the virus to others.

To learn more about Health Equity visit:

https://vaww.vha.vaco.portal.va.gov/SITES/OHE/Pages/Default.aspx

To learn more about the OHE Hepatitis C Virus-Advanced Liver Disease Dashboard visit:

https://vaww.vha.vaco.portal.va.gov/sites/OHE/Pages/ALD-VISN%20Dashboard.aspx

http://www.hsrd.research.va.gov/news/video/heap.cfm



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