Hepatitis C in the United States: A Hidden and Growing Epidemic

In a public health emergency in the first half of 2015, 170 people in Scott County, Indiana, were diagnosed with HIV as a result of reusing contaminated needles while injecting drugs. Of the 170, 85% were co-infected with hepatitis C virus (HCV). Increased investment in HCV surveillance could have forestalled the Indiana outbreak, limiting the spread of both HIV and HCV, and averting the considerable cost of treating both infections.

THE NUMBER OF AMERICANS (3.2 MILLION) LIVING WITH CHRONIC HEPATITIS C VIRUS (HCV) IS NEARLY FIVE TIMES THE POPULATION OF WASHINGTON, D.C.

BUT SHOCKINGLY, AN ESTIMATED 75% OF THESE INFECTIONS ARE UNDIAGNOSED.

IF LEFT UNTREATED, HCV OFTEN LEADS TO CHRONIC ILLNESS THAT CAN PROGRESS TO CIRRHOSIS, LIVER FAILURE, CANCER & DEATH.

HCV SURVEILLANCE IS CRITICALLY IMPORTANT IN IDENTIFYING CASES AND TARGETING PREVENTION EFFORTS. YET NINE STATES AND THE DISTRICT OF COLUMBIA DON’T EVEN HAVE ESTIMATES OF HCV CASES...

... AND THE CDC’S HCV SURVEILLANCE SYSTEM HAS BEEN CRONICALLY UNDERFUNDED.

RIGHT NOW THE CDC BUDGET FOR HCV SURVEILLANCE IS ABOUT $1 PER PERSON LIVING WITH HCV IN THE U.S.

THIS HAS LEFT LARGE GAPS IN THE EFFORT TO DIAGNOSE AND PREVENT NEW INFECTIONS, EACH OF WHICH COULD LATER COST $84,000 TO TREAT.

$84,000 TO TREAT

AS A MINIMUM FIRST STEP TO RESPOND TO THE GROWING HCV EPIDEMIC, THE CDC’S BUDGET FOR VIRAL HEPATITIS MUST BE DOUBLED FROM $30M TO $60M.

$30M

$60M