Latest Data Show Dramatic Rise in Hepatitis A, Smaller Increase in Hep C

Hepatitis A and B can be prevented with vaccines, and hepatitis C can be cured with antiviral treatment.

July 31, 2020 By Liz Highleyman

Coinciding with World Hepatitis Day on July 28, the Centers for Disease Control and Prevention (CDC) this week released its latest viral hepatitis surveillance report, showing that new cases of hepatitis A continue to increase dramatically, hepatitis B remains stable and hepatitis is rising at a slower rate.

"The United States is currently losing the battle with viral hepatitis, further demonstrating the tremendous need for investment in our public health infrastructure and specifically for dedicated funding to eliminate viral hepatitis," Frank Hood, manager of hepatitis advocacy at The AIDS Institute, said in a press release.

Hepatitis A

The latest annual summary details reported and estimated cases of acute, or newly diagnosed, viral hepatitis in 2018, the last year for which complete data are available.

In 2018, the CDC received 12,474 reports of acute hepatitis A. Based on symptoms, referrals to care and treatment, and rates of reporting to local and state health departments, the agency estimates that there are actually two cases of hep A for every one reported case. Therefore, after accounting for underreporting, the CDC estimates that the total number of new infections is closer to 24,900.

The reported case count corresponds to a rate of 3.8 cases per 100,000 people—an increase of nearly 850% from five years ago. New cases of hepatitis A began rising in 2016, with a dramatic upturn since 2017. According to The AIDS Institute, the 2018 estimate represents a 371% increase from the prior year.

Data from death certificates from all 50 states and Washington, DC, show that the age-adjusted hepatitis A death rate in 2018 was 0.05 per 100,000 people, more than double the rate of 0.02 deaths per 100,000 seen in 2017.

While hepatitis A has traditionally been linked to contaminated food and water, the recent increase is mainly driven by widespread person-to-person outbreaks, primarily occurring among people who use drugs and people experiencing homelessness. Half of the reported cases in 2018 that included risk information were associated with injection drug use. The rise was steepest among white people ages 20 to 49, with men and women both seeing sharp increases.

Hepatitis A resolves on its own and does not led to chronic infection, but in some cases, it can cause serious illness and death.

Fortunately, hep A can be prevented with a vaccine. The CDC recommends vaccination for groups at risk, including all children and adolescents, people who inject drugs, people who use noninjected recreational or street drugs, people experiencing homelessness, men who have sex with men, people with chronic liver disease (including hepatitis B or C), people with an occupational risk for hep A, travelers to certain countries and people in direct contact with individuals known to have the virus.

Hepatitis B

New cases of hepatitis B declined after the introduction of routine vaccination of children in the early 1990s, and rates have been relatively stable since 2010. In 2018, a total of 3,322 cases of acute hep B were reported to the CDC, corresponding to a rate of 1.0 cases per 100,000 people. The estimated actual number of cases after accounting for underreporting was 21,600. This estimate represents a 3% decrease from 2017, according to The AIDS Institute.

Death certificate data show that the age-adjusted hepatitis B death rate was 0.43 deaths per 100,000 people, a slight decrease from 0.46 deaths per 100,000 in 2017.

Over half of the reported new hep B cases in 2018 occurred among people ages 30 to 49. New infections increased among Native Americans and Latinos, remains stable among Black and Asian people and decreased slightly among white people. More than a third of cases (36%) with available risk information were associated with injection drug use.

Most adults who acquire hepatitis B naturally clear the infection, but up to 10% develop chronic, or long-lasting, infection. Over years or decades, this can lead to liver fibrosis, cirrhosis and liver cancer.

Hep B can also be prevented with a vaccine, which is recommended for people who inject drugs, people with multiple sex partners, men who have sex with men, those with sexually transmitted infections, people with HIV or hepatitis C, people with chronic liver disease or diabetes, people who receive kidney dialysis, those at risk for occupational exposure, incarcerated people, certain international travelers and household contacts of individuals who have the virus.

Hepatitis C

A total of 3,621 cases of acute hepatitis C were reported to the CDC in 2018. This corresponds to 1.2 cases per 100,000 people, a 71% increase since 2014. After accounting for underreporting, the

estimated actual number was 50,300 cases—a 14% increase over 2017, according to The AIDS Institute.

This is the first year the CDC has conducted standardized surveillance for perinatal hepatitis C transmitted from mother to child during pregnancy or around the time of birth. There were 214 such cases reported in 2018.

Death certificate data show that the age-adjusted hepatitis C death rate was 3.72 per 100,000 people. This reflects a 26% decrease in hep C–related deaths since 2014, largely thanks to the advent of better treatment. Nonetheless, 15 jurisdictions saw an increase in hep C deaths from 2017 to 2018.

More than 65% of acute hepatitis C cases reported in 2018 occurred among people ages 20 to 39 years. This represents a shift from prior years when hep C was regarded as largely a disease of baby boomers, many of whom contracted the virus long ago. Native Americans saw the steepest rise in new hep C cases, reaching a rate of 3.6 cases per 100,000 people. Nearly three quarters (72%) of the reported cases with available risk information involved injection drug use.

A majority of people who acquire hepatitis C develop chronic infection. As with hep B, this can lead to serious complications, including cirrhosis and liver cancer. There is no vaccine for hep C, but it can be treated with direct-acting antiviral medications. More than 90% of people can be cured with a two- or three-month course of well-tolerated treatment.

More Funding Needed

Like other national epidemics, including HIV and COVID-19, viral hepatitis disproportionately affects communities of color and people experiencing homelessness. The multiyear rise in new hep C cases is largely attributable to the ongoing opioid crisis.

“Despite this scant funding, CDC and its grantees have been working hard to respond to hepatitis A and C outbreaks, promote vaccination and treatment for hepatitis B, address the infectious disease complications of the opioid epidemic and protect individuals living with viral hepatitis from COVID-19,” said Rachel Klein, deputy executive director of The AIDS Institute. “However, if we continue to woefully underfund this critical public health effort, we are likely to continue to see increases in viral hepatitis across the country and especially in communities battling a multitude of structural barriers to health.”

Click here to learn more about hepatitis A.

Click here to learn more about hepatitis B.

Click here to learn more about hepatitis C.
