Latinos and Hep C

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Hepatitis C and other types of liver disease are important health concerns for Latinos, the largest and one of the fastest-growing ethnic groups in the United States. Studies have shown that Latino people are more likely to be living with hep C than the U.S. population as a whole.

According to the latest hepatitis C data from the Centers for Disease Control and Prevention (CDC), American Indians and Alaska Natives have the highest HCV incidence, or rate of new infections. Whites are now in second place, largely due to a rise in new cases related to the opioid epidemic. African Americans and Latinos have similar slowly rising rates, followed by Asians and Pacific Islanders.

But Latinos in the U.S. are a diverse population, and rates vary widely across groups. According to a 2014 study, Puerto Rican men were most likely to have hep C, with a prevalence rate of nearly 12%; men of Mexican, Cuban, Dominican or Central American origin had intermediate rates; and those from South America had the lowest rate, at 0.4%. This shows the importance of studying HCV in specific Latino communities.

While Latinos may be less likely to acquire HCV than whites, they are about 40% more likely to die from it. Chronic liver disease and cirrhosis are not among the top 10 causes of death for the U.S. population as a whole or for whites or Blacks. But they are the seventh leading cause of mortality for Latinos overall, rising to the third leading cause for those ages 55 to 64.

Several studies have found that, on average, Latinos experience more rapid hepatitis C disease progression and develop cirrhosis at a younger age. This may be because Latinos are more likely to have non-alcoholic fatty liver disease (NAFLD) and its more severe form, non-alcoholic steatohepatitis (NASH). Fatty liver disease is related to higher rates of obesity, diabetes and metabolic syndrome in this population. According to 2018 CDC statistics, 41% of Latino men and 48% of Latina women can be classified as having obesity. More frequent alcohol consumption may also play a role in liver disease progression.

What's more, Latinos are less likely to get timely care and treatment for hep C and other liver diseases. Factors contributing to this disparity include language barriers, reluctance to access health care because of immigration status and inadequate health insurance coverage. About one in five Latino people under age 65 do not have health insurance, according to the CDC.

However, when they do receive hep C treatment with the latest medications, Latinos have a high cure rate. Although some earlier studies showed Latino people did not respond as well to the old interferon-based therapy, this does not appear to be the case with new direct-acting antiviral drugs.

These disparities highlight the need for culturally sensitive education about the importance of HCV testing and treatment as well as stepped-up efforts to increase insurance coverage and provide care for everyone.

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