Youth Hep C Testing, Treatment Rates Are Inadequate

The majority of new cases of hepatitis C occur among people younger than 30 who inject drugs.

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Even as the opioid epidemic causes a surge of new cases of hepatitis C virus (HCV) among young people, testing for the virus in this population remains suboptimal, and actual treatment is rare.

According to the Centers for Disease Control and Prevention (CDC), the proportion of the U.S. hep C population that was between 15 and 24 years old increased from 3.8% in 2009 to 9.1% in 2013 to 2016. Today, the majority of new cases are among people younger than 30 years old who inject drugs. Indeed, injection drug use—specifically, the sharing of drug injection equipment—is the major risk factor for transmission among young adults.

In 2015, nearly 4,250 people 15 to 24 years old died of drug-related overdoses, according to the National Institute on Drug Abuse. The majority of these deaths were related to opioid use.

“We need to consider and test for hepatitis C in younger age groups when we identify opioid or other injectable substance use,” Rachel Epstein, MD, MSc, an infectious diseases physician at Boston Medical Center and a coauthor of the new study, said in a press release. “Improving our standards for testing and identifying at-risk populations sooner and treating those with chronic infection are necessary to ultimately reduce hepatitis C transmission.”

Publishing their findings in the Journal of the American Medical Association, Epstein and her colleagues analyzed electronic health record data on 268,124 people 13 to 21 years old who were seen at a network of federally qualified health centers.

A total of 1.8% of the cohort tested positive for HCV antibodies, including 7% of those for whom there was documentation of substance use. Forty-five percent of the cohort members who tested positive for antibodies and received RNA testing were positive for chronic HCV.

Of those in the new analysis who tested positive for HCV RNA, just 36.6% received further testing to determine their viral genotype. A lone individual had documentation of HCV treatment.

“These data are cause for concern—and action—to ensure that patients are not only being tested but are also receiving the treatment necessary to cure the disease,” said Sabrina Assoumou, MD,

MPH, also an infectious diseases physician at Boston Medical Center and the senior author of the study. “As patients do not always disclose substance use, more universal testing and earlier identification of HCV is critical to prevent transmission and morbidity from disease progression.”

The CDC and the U.S. Preventive Services Task Force are in the process of developing guidelines recommending HCV testing for all adults.

“This is now an easily treatable virus, meaning that HCV elimination is possible,” said Epstein. “However, to achieve this, we must focus on early detection and on removing barriers to testing and treatment so we can connect patients to treatment early to improve individual care and prevent future transmission.”

To read a press release about the study, click here.

To read the study abstract, click here.

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