A Hepatitis C Nightmare

October 1, 2014 By Lucinda K. Porter RN

I have a recurring hepatitis C nightmare, except that I can't make it go away by waking up. It is a daymare and it is real. My bad dream is that the prevalence of hepatitis C will increase, the hepatitis C death rate will rise, and my 17 years of devotion to hepatitis C advocacy will have been in vain. In fact, the truth is much worse, as I will tell you in a moment.

In August, two important hepatitis C-related documents were published. Both contained vital information for the hepatitis C community, and our healthcare system. These papers didn't make the headlines such as those that Sovaldi's price tag is making. However, both documents have serious consequences, and should be discussed together.

One publication I've written about before: "When and In Whom to Initiate HCV Therapy," which is part of the American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA) hepatitis C guidelines. This disappointing update may hinder access to hepatitis C treatment for patients who have early stages of liver disease. The bottom line is the guidelines prioritize who should be treated first, potentially slamming the door on a huge portion of hepatitis C patients. For more about this, read my previous blog, The Latest Hepatitis C Recommendations: Who Decides Your Future?

The other publication was the Centers for Disease Control and Prevention's 2012 Viral Hepatitis Surveillance Report. This should have been front-page news. Here are some important quotes:

- After receiving reports of approximately 800-1,000 cases of acute hepatitis C each year from 2006-2010, there was a significant increase of 45% in reported cases of acute HCV infection from 2010-2011, and **a 75% increase from 2010-2012**.
- Cases of acute HCV infection rose from 850 in 2010 to 1,229 in 2011 and to 1,778 in 2012.
- After adjusting for asymptomatic infections and under-reporting, 21,870 new infections of HCV occurred in 2012. This increase is thought to reflect a trend in new cases among adolescents and young adults.
- **Chronic HCV infections appear to be declining due, in part, to increasing mortality among HCV-infected persons--primarily adults aged 45 to 65 years--mortality that since 2007 has exceeded deaths from HIV/AIDS in the United States.**

What we have here is an increase in new hepatitis C infections and hepatitis C-related deaths, but the latest hepatitis C treatment recommendations have sanctioned the rationing of hepatitis C treatment. Why would we *reduce* our efforts to treat hepatitis C patients when the HCV prevalence and death rates are rising? One word: ***cost.*** The day Gilead slapped an $84,000 price tag on Sovaldi, the nightmare began.

Insurance providers, particularly state Medicaid programs have been quick to enact these recommendations. Their policies are discriminatory and immoral. What happened to the days when insurance meant our medical problems were covered? The definition of *insure* is, “secure or protect someone against.” I am not feeling protected right now.

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