Hepatitis C: A Wake-up Call Courtesy of Science

June 11, 2018 By Lucinda K. Porter RN

Every so often, I'll read an article or study about hepatitis C, and feel shaken to my core. "Long-Term Liver Disease, Treatment, and Mortality Outcomes Among 17,000 Persons Diagnosed with Chronic Hepatitis C Virus Infection" by Anne Moorman and colleagues is a core shaker. (Infectious Disease Clinics of North America Volume 32, Issue 2, June 2018, Pages 253-268)

Moorman and team used data from "real-world" patients with hepatitis C, collected from the Chronic Hepatitis Cohort Study (CHeCS). The purpose of CHeCS was to improve the understanding of chronic viral hepatitis in "real-world" U.S. patients and the impact of their screening, care, and treatment. This report summarizes results to date collected from more than 17,000 subjects. CHeCS also follows 4300 subjects with hepatitis B. January 1, 2006 is the starting point for the data. Data was collected in Pennsylvania, Michigan, Oregon, and Hawaii.

Here is what stood out the most:

CHeCS analyzed death certificates and found a noticeable absence of the mention of hepatitis C. Of participants who died, hep C was mentioned in 19 percent of decedents, and 30 percent of those with deaths attributed to liver disease. This shows a clear problem with the reporting of hepatitis C-related deaths.

The researchers extrapolated these data and estimate that more than 100,000 patients with or of hepatitis C every year. Since treatment reduces risk of death, this stresses the urgent need to screen and treat people with hepatitis C. To date, approximately half of the chronic hep C cases have been identified, and of these, only 5 to 6 percent have been successfully treated.

Other points that stood out for me:

- Participants had substantial comorbidities, such as kidney disease, diabetes and coronary artery disease.
- These comorbidities were likely to complicate the management of their hepatitis C.
- Approximately one-third of the participants had mild to moderate kidney disease.
- The rate of liver cancers was 48.6 times higher than the national average.

- There was also a higher risk of pancreatic, kidney, non-Hodgkin lymphoma, and lung cancers.

What will it take to change the course of hepatitis C screening, treatment and elimination? I don’t know, but this information is hard to ignore.

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