

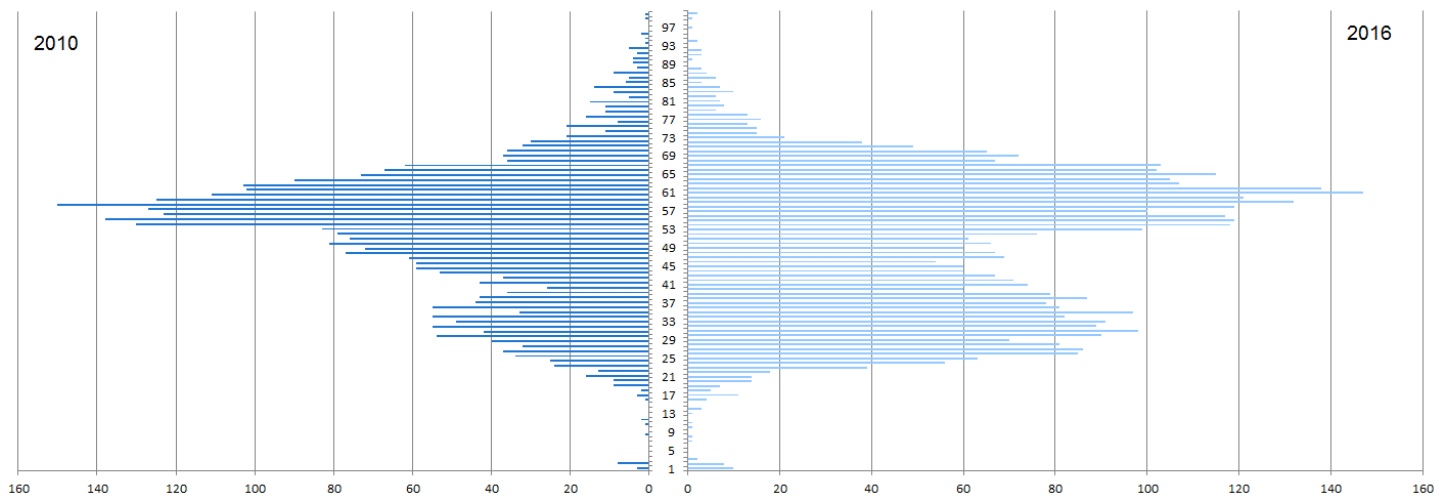


Hepatitis C Virus Infection in Philadelphia

Hepatitis C virus (HepC) causes an infection of the liver. The virus spreads through blood-to-blood contact, sexual intercourse, exposure to blood-contaminated surfaces or objects, and mother-to-child transmission. The acute phase of HepC infection occurs within the first 6 months of exposure to the virus, and it usually causes no symptoms. Most HepC infections (80%) will become chronic, or lifelong, and can lead to serious liver damage, including cirrhosis and liver cancer. Since 2013, several medications have been available that can cure >95% of HepC infections. This CHART examines trends in HepC infection among Philadelphia residents. These trends only include diagnosed HepC infections that were reported to the Philadelphia Department of Public Health.

A New Epidemic of HepC Among Young Adults in Philadelphia

Age of persons with newly-identified HepC infections, Philadelphia

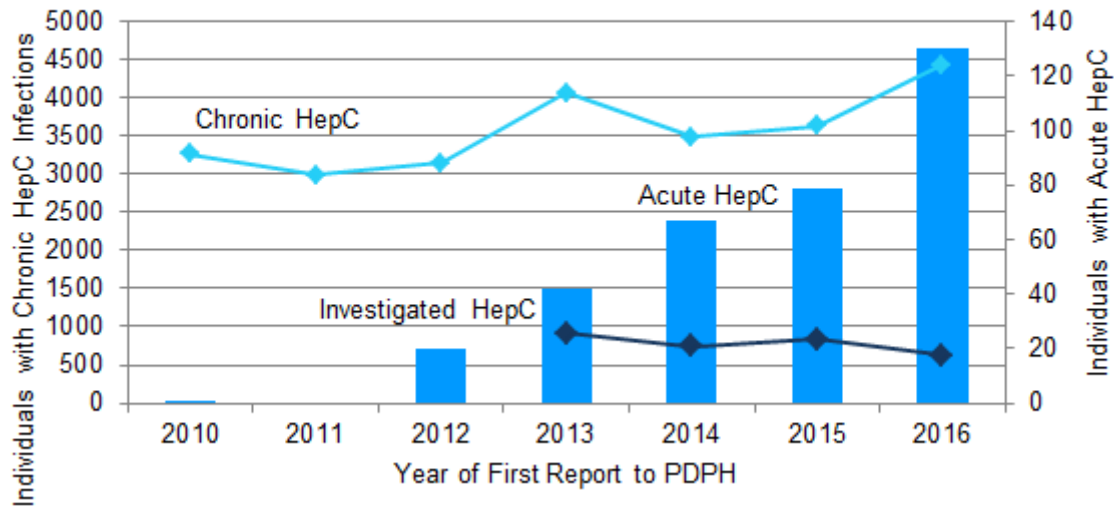


- At least 54,000 persons in Philadelphia (3.5% of the population), have a past or present HepC infection.
- Each year, approximately 3,500 new cases of HepC are reported to PDPH.
- Among HepC cases diagnosed 2013 – 2017, 40% were non-Hispanic white and 36% were non-Hispanic black.
- In the past 5 years, there has been a dramatic shift in the age distribution of HepC cases in Philadelphia. There are now two distinct populations: 1) individuals born 1945 to 1965, who have likely had the disease for many years/decades and 2) people 18-35 years of age, who are more recently infected.
- The number of newly-identified cases of HepC infection among 18-35 year olds nearly than doubled from 660 in 2010 to 1161 in 2016.

(Source: Philadelphia Department of Public Health, Division of Disease Control)

Acute HepC Infection is Also Increasing

Acute and chronic cases of HepC reported to PDPH, 2010 - 2016

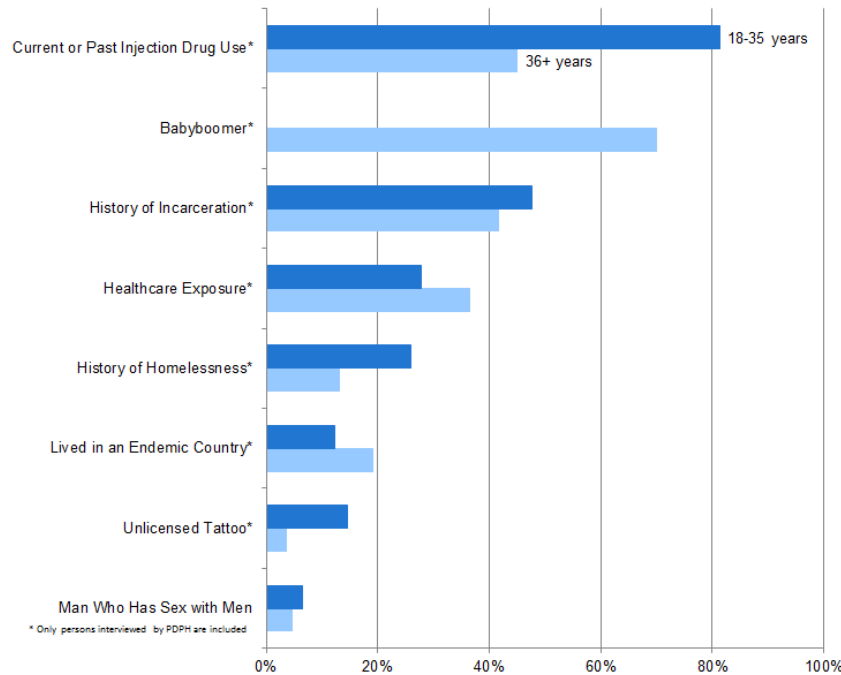


- The number of acute HepC infections identified by the Health Department increased tenfold between 2012 and 2016.

(Source: Philadelphia Department of Public Health, Division of Disease Control)

HepC in Young Adults is Linked to Injection Drug Use

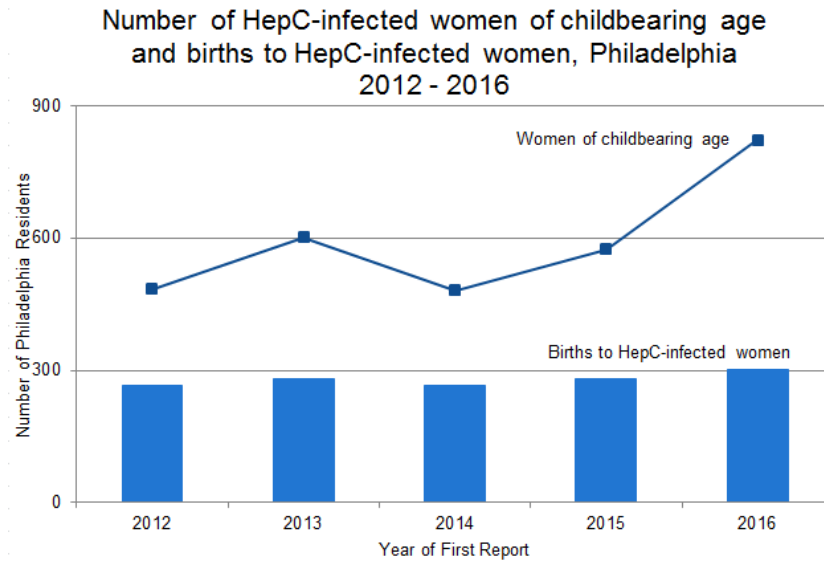
Risk factors among newly reported individuals with chronic HepC, Philadelphia, 2013-2017



- Injection drug use is the primary risk factor for 81% of HepC-infected 18-35 year olds interviewed by PDPH.

(Source: Philadelphia Department of Public Health, Division of Disease Control)

Pregnant Women are Increasingly Found to be Infected with HepC



- The number of women of childbearing age (14-44 years) with a new HepC diagnosis reported to PDPH nearly doubled from 2012 to 2016.
- The increase in the number of HepC-infected women of childbearing age in Philadelphia has led to a rise in the number of infants born to HepC-infected women.
- The number of HepC-infected women who gave birth in 2016 is likely to be higher than the reported number (301) because women are not routinely screened for HepC during pregnancy.
- Approximately 5% of infants born to HepC-infected women become chronically infected.

(Source: Philadelphia Department of Public Health, Division of Disease Control)

What Can Be Done

The Health Department Is:

- Providing free HepC-related education materials and guidance on local resources for HepC testing and care on the [Viral Hepatitis Program website](#)
- Working with health care providers to promote HepC testing and linkage to care for HepC-exposed infants and their mothers, through the nation's first Perinatal HepC Program
- Building providers' capacity to identify and treat HepC infection among HIV-positive persons and people who inject drugs
- Supporting the use of clean syringes and equipment via harm reduction programs to reduce the risk of HCV transmission among people who inject drugs

Healthcare providers can:

- Screen all individuals with a history or current use of injection drug use for HCV. If negative, rescreen users every 6 months
- Encourage people currently using injection drugs to use clean syringes and equipment with every use
- Regularly screen all persons with risk of exposure to HepC, in particular pregnant women who report a risk, and refer all HepC-infected patients for treatment
- Screen all infants born to HepC-infected women for HepC. While no intervention is available to prevent perinatal transmission, treatment and cure is available for chronically infected children
- Perform a HepC RNA test on any HepC antibody-positive patient to clarify the patient's infection status
- Report all acute and chronic HepC infections, as well as pregnancies of HepC-positive women, to the Department of Public Health, in accordance with the Philadelphia Health Code
- Record the HepC exposure risk of children born to HepC-positive women, to ensure that the child's pediatrician knows that the child will require HepC testing
- Link all HepC-infected persons to specialists for follow-up and treatment

Health Systems can:

- Enable and encourage providers to always order a HepC RNA test to confirm a positive HepC antibody test.
- Ensure that laboratories are reporting all positive HepC tests as well as negative HepC RNA and Genotype results to PDPH

People Can:

- Know your risk for HepC by using [resources available online](#) and request testing for HepC from your health care provider
- Learn how to protect your contacts and loved ones by:
 - Not sharing razors or other household items that may get blood on them
 - Using condoms consistently
 - If injecting drug, using clean needles and supplies with each injection
 - If getting a tattoo, using only licensed tattoo parlors
- Get treatment if infected. The [Viral Hepatitis Program](#) has information on finding a HepC specialist
- Inform your child's pediatrician if you have HepC infection, so that your children can be tested
- Join [Hepatitis C Allies of Philadelphia \(HepCAP\)](#), a coalition of community stakeholders advocating for HepC prevention and care in Philadelphia

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Thomas Farley, MD, MPH
Commissioner
Philadelphia Department of Public Health
1401 John Fitzgerald Kennedy Boulevard, Room 600
Philadelphia, PA 19102

215-686-5200
healthdept@phila.gov
<http://www.phila.gov/health>

All PDPH CHARTs are available on <http://www.phila.gov/health>.