Racial Disparities in Chronic Hepatitis C

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Hepatocellular Carcinoma (HCC) Incidence in the United States


Trends in HCV Mortality in US
1995-2004

Projected Prevalence of Chronic HCV, Cirrhosis, and Complications

Projected Number of Patients With Decompensated Cirrhosis and Hepatocellular Carcinoma

- Number of Cases
- Year


- Decompensated Cirrhosis
- Hepatocellular Carcinoma (HCC)

Secondary Prevention of HCV

- Screen at risk groups for anti-HCV
  - Abnormal ALT
  - History of past or current Injection Drug Use
  - Chronic Hemodialysis
  - Recipients of clotting factors before 1987
  - Recipients of transfusion or organ transplant prior to July 1992
  - Needle stick or mucosal exposure to HCV+ blood
  - HIV-positive
  - Children of HCV+ mothers
  - Sexual partner(s) of HCV+

# Diagnosis of HCV

## Sensitivity and Positive Predictive Value of EIA

<table>
<thead>
<tr>
<th>Assay</th>
<th>Sensitivity</th>
<th>Low Prevalence</th>
<th>High Prevalence</th>
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</thead>
<tbody>
<tr>
<td>EIA-1</td>
<td>70%-80%</td>
<td>30%-50%</td>
<td>70%-85%</td>
</tr>
<tr>
<td>EIA-2</td>
<td>92%-95%</td>
<td>50%-61%</td>
<td>88%-95%</td>
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<tr>
<td>EIA-3</td>
<td>97%-99%</td>
<td>25%</td>
<td>98%-99%</td>
</tr>
</tbody>
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Gretch DR. Hepatology. 1997;26(suppl 1):43S-47S.
Secondary HCV Prevention

- Anti-HCV screening of at-risk populations
- Medical evaluation for anti-HCV positive:
  - Risk reduction counseling
  - HAV and HBV Vaccination
  - Antiviral treatment
  - HCC Screening
  - Liver Transplantation for ESLD & HCC

- Effectiveness depend on access to healthcare

Barriers to Healthcare Access

- Access (e.g., insurance status, ability to pay for healthcare) is *the* most important predictor of the quality of healthcare (IOM)
- African Americans 2 times less likely to have private health insurance
- Latinos 3 times less likely to have private health insurance
Conclusion

Eradicating racial and ethnic disparities in HCV health and healthcare is necessary to realize national goal of HCV prevention and control in US.