NC Hepatitis C: TLC (Test, Link, Cure)

A Public Health Program to Address Hepatitis C in North Carolina

Epi Overview:

Between 2010 and 2014, there was a threefold increase in the number of acute cases of hepatitis C reported in North Carolina. Injection use is the main factor cited in cases reported. The majority of these cases are reported in the western part of the state; however, some southeastern counties (New Hanover) are seeing marked increases in injection drug use.

Chronic hepatitis C is not reportable in North Carolina. Until chronic HCV becomes reportable we can only estimate the burden of chronic HCV using national prevalence estimates (1.1%, range 0.8%-1.5%). At this time we estimate that there are 110,000 (range 80,000-150,000) HCV-infected persons living in North Carolina.

The NC Hepatitis C: TLC program focuses on three areas: outreach, surveillance and linkage to cure.

Outreach:

- Provide HCV prevention messages through client education.
- Test high-risk populations for hepatitis C virus (HCV), HIV, and other sexually-transmitted infections (STIs).
- Vaccinate high-risk populations against hepatitis A/B.
- Targeted screening of high risk groups.

Surveillance:

- Laboratory reporting of all positive results from tests used to diagnosis HCV infection.

Linkage to cure:

- Hepatitis C Bridge Counselors
- Link patient to first medical visit
- Coordinate with SA/MH services
- Expanded primary care capacity to treat HCV
- Engagement of FQHCs and LHD providers
- Academic Mentorship Program
- Clinical algorithm for evaluation, treatment and referral

Impact:

- Increase in the number of high-risk persons in NC who know their HCV status; increasing the number of high-risk persons who know their HCV status is a public health priority for the following reasons:
    - HCV-infected persons can take proactive steps to promote liver health (e.g., abstain from alcohol, avoid acetaminophen, obtain hepatitis A/B vaccination, etc.).
    - HCV-infected persons who become ill might more quickly seek needed medical care and can inform their healthcare provider (HCP) of their HCV-status.
    - Some healthcare-associated HCV infections might be prevented if HCPs are aware that a patient is HCV-infected.
    - Approximately 6 of every 100 infants born to HCV-infected woman become infected. This infection occurs predominantly during or near delivery, and no treatment or delivery method (e.g., caesarian section) has been demonstrated to decrease this risk (1). However, some perinatal HCV infections might be prevented if more women know their HCV status and understand that HCV curative therapy is available.

- Increase in the number of persons in NC who are educated about HCV prevention.