

Preventing hepatitis C patients from being lost in the health-care system

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A new study shows that many patients infected with the hepatitis C virus (HCV) are lost during different stages of health care to manage the disease. This real-life' view of the HCV patient care continuum in a major U.S. urban area is published in *Hepatology*, a journal of the American Association for the Study of Liver Diseases, and highlights the importance of generating awareness among clinicians and at-risk groups about appropriate HCV testing, referral, support and care.

Despite efforts to manage HCV, it is one of the most prevalent diseases with up to 150 million individuals worldwide living with chronic infection according to the World Health Organization (WHO). In the U.S. about 3.2 million people are infected with HCV, making it the main cause of [chronic hepatitis](#) disease. Up to 70% of those with acute infection have no symptoms and are typically unaware they have HCV until years later after the disease has progressed to cirrhosis, liver cancer (hepatocellular carcinoma [HCC]), or liver failure.

Medical evidence emphasizes HCV screening of at-risk individuals such as injection drug users, blood transfusion recipients, children born to mothers with chronic infection, or adults born between 1945 and 1965 in order to improve diagnosis of the disease. Yet some programs are not comprehensive and one prior study estimates that 50% to 75% of chronic HCV patients remain unaware of their infection.

"The inadequacy of screening programs has made it difficult for state health departments to accurately determine the extent of HCV and the

rate of transmission within the community," explains Kendra Viner, Ph.D., MPH, from the Philadelphia Department of Public Health. "Our study examines the management of HCV care at a population level to determine which patients tend to fall out of the medical system and why this might occur."

The present study uses the Philadelphia Department of Public Health's hepatitis surveillance data, which includes individuals who have a first positive HCV test reported to the department from January 2010 through December 2013. Population estimates were calculated using the 2010 U.S. Census along with the National Health and Nutrition Examination Survey (NHANES) data and accounts for high risk groups (homeless, incarcerated) who were not represented in NHANES estimates.

Results show that based on estimates from NHANES and high risk populations, 2.9% of the 1,584,848 Philadelphia residents were estimated to be positive for HCV. During the study time frame, the Philadelphia Department of Public Health received positive HCV test results from 13,596 individuals, with 1,745 (27%) of these individuals in care and 956 (15%) having been treated or receiving treatment.

"Our findings show that many HCV patients are lost at each stage of the [health care](#) continuum from screening to disease confirmation to care and treatment," concludes Dr. Viner. "The fact that so few patients with HCV are making it to treatment underscores the need to build awareness among at-risk groups of the importance of screening and continued care. It is critical that public health officials and clinicians understand why patients are lost at each stage so that changes can be made to improve care for those with chronic HCV."

More information: "The Continuum of Hepatitis C Testing and Care." Kendra Viner, Danica Kuncio, E. Claire Newbern and Caroline C. Johnson. *Hepatology*; [DOI: 10.1002/hep.27584](https://doi.org/10.1002/hep.27584)

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