

ISSUE

Hepatitis C Virus (HCV) is an emerging serious health risk in Indian communities. Prevention, screening and treatment guidelines, cost, and disease burden need to be addressed quickly in American Indian and Alaska Native health care.



BACKGROUND

HCV is a viral infection that can damage the liver acutely or become chronic and damage the liver over the lifetime of the individual. About 85% of those infected with HCV go on to chronic or lifetime infection with HCV. Many people are at higher risk for HCV infection, including people who have used injection drugs, people with multiple sexual partners, and those who had transfusions or organ transplants before July 1992. People with acute HCV usually do not show strong symptomology and those with chronic infection typically do not manifest symptoms for 20-30 years. In Indian communities with existing high rates of alcohol and substance abuse, HCV poses a substantial danger to many community members. Surveillance efforts have been limited up to the most recent years since no test was available for HCV before the early 1990s. Recently, screening and testing increased in Indian Health Service (IHS) facilities, with alarming rates being identified in many communities.

SITUATION

The need to identify people with HCV is paramount because medical management and counseling on reducing the risk of infection to others can extend the health of the infected individual and protect others in the community. Treatment exists for HCV but is expensive (approximately \$16,000 per patient for medication), time-consuming, carries significant side effects, and is effective in only about 40% of people with HCV infection. Lab testing for pre-1992 IHS transfusion recipients is estimated to cost over \$5 million. Identifying and testing those with risk factors would increase individual facility costs beyond current budget limits. Treatment of even a few individuals at a given facility will overstretch the budget at most IHS and tribal facilities.

OPTIONS/PLANS

The IHS has initiated plans to address the increasing concern about HCV and the impact on IHS and tribal communities and health systems. The IHS has proposed implementing a surveillance program to track HVC disease trends, developing screening and treatment guidelines, and exploring ways to address the costs associated with HVC screening, treatment, and prevention programs.

ADDITIONAL INFORMATION

For referral to the appropriate spokesperson, contact the IHS Public Affairs Staff at 301-443-3593.