Hep C Now Trumps HIV as Cause of Death in U.S.

February 21, 2012 By Tim Horn

More U.S. residents are now dying of hepatitis C complications than HIV-related illnesses, according to data summarized in the February 21 issue of Annals of Internal Medicine. Fortunately, an accompanying editorial notes, the future looks particularly bright for people living with hepatitis C, on account of the anticipated arrival of new treatments that are expected to substantially improve disease-free survival rates.

The report, authored by Kathleen Ly, MPH, and her colleagues of the CDC's Division of Viral Hepatitis Epidemiology and Surveillance Branch, is based on data involving 21.8 million deaths reported to the National Center for Health Statistics between 1999 and 2007. Data included in the CDC analysis are similar to those presented in November at the 62nd annual meeting of the American Association for the Studies of Liver Diseases (AASLD) in San Francisco.

The only cases included in the analysis involved reports that specified HIV, AIDS, hepatitis C virus (HCV) or hepatitis B virus (HBV) infection as possible contributors to the deaths. As viral hepatitis infection status may not have been known at the time of death in several cases, the reported data may not be completely accurate, Ly and her follow authors warn.

Encouragingly, death rates associated with chronic HBV infection—a major cause of liver failure and liver cancer—remained relatively flat between 1999 and 2007. In 2007, for example, 1,815 U.S. residents died of HBV-related complications, which translated into less than one chronic hepatitis B-attributable death per 100,000 people in this country.

The discovery that HCV infection is now responsible for more deaths than HIV infection is due, in large part, to the continued decline of AIDS-related deaths over the decade. Whereas HIV contributed to six per 100,000 deaths in 1999, the rate dropped to less than four per 100,000 deaths in 2007.

Conversely, hepatitis C–related deaths have increased sharply. Whereas HCV contributed to roughly three per 100,000 deaths in 1999, the HCV-related death rate exceeded four per 100,000 people in the United States by 2007.

With respect to crude numbers, roughly 12,700 HIV-related deaths were reported to the National Center for Health Statistics in 2007. More than 15,000 HCV-related deaths were reported to the

center that year.

Most viral hepatitis deaths occurred in people in the prime of their lives. About 59 percent of people who died of complications related to hepatitis B were baby boomers—men and women between the ages of 45 and 64. The impact of chronic hepatitis C was even more substantial: Roughly 73 percent of the deaths related to HCV were in baby boomers.

Not surprisingly, death rates were highest among certain populations. For example, people coinfected with both HBV and HCV faced a 30-fold increase in the risk of death from liver disease or related complications. Alcohol abuse was associated with a four-fold increase in the risk of death. Coinfection with HIV nearly doubled the risk of death from HBV-related complications and quadrupled the risk of death from HCV-associated liver disease.

“By 2007, HCV had superseded HIV as a cause of death in the United States, and deaths from HCV and HBV disproportionately occurred in middle-aged persons,” Ly and her colleagues conclude. “To achieve decreases in mortality similar to those seen with HIV requires new policy initiatives to detect patients with chronic hepatitis and link them to care and treatment.”

Harvey Alter, MD, and T. Jake Liang, MD, concur in an accompanying editorial published in the same issue of Annals of Internal Medicine.

“[T]reatments for chronic hepatitis C are evolving at such a rapid pace that in 5 years, interferon-free, oral, direct-acting antiviral regimens may achieve close to 90 percent cure rates,” they write.

“What is currently lacking in this optimistic perspective is a national ‘find-and-treat’ policy aimed at achieving maximum identification of HCV carriers and providing new-generation therapies to a large proportion of those identified cases. The individual and societal benefits of such a strategy are substantial, and the costs are in step with other well-established public health measures.”

Alter and Liang conclude: “The goal to prevent fibrosis progression and cancer evolution in patients with HCV infection is now achievable if our collective will can evolve as rapidly as our pharmacologic skill.”
