Department of Health and Mental Hygiene
Mary T. Bassett, MD, MPH
Commissioner

September 2015

Dear Colleague,

We are at a turning point in the fight against hepatitis C virus (HCV) infection. The latest HCV antiviral medications can cure infection in over 90% of patients. The new regimens are typically 8 to 12 weeks and cause minimal side effects. The medical community now has an unprecedented opportunity to prevent secondary transmission, cirrhosis, end-stage liver disease, liver cancer and death from HCV infection—but early identification and linkage to care remain critical first steps.

Across the nation, HCV now causes more deaths annually than HIV and remains a leading indication for liver transplant.[1] In New York City, an estimated 145,600 or 2.4% of residents are currently infected with HCV, but many remain undiagnosed.[5] One-third of people with a positive HCV antibody test have not had a confirmatory HCV RNA test[6] to determine their infection status, which suggests that they are not in HCV-specific care. There is a higher rate of newly-reported HCV cases in poorer neighborhoods, and many people who are diagnosed with HCV do not receive appropriate health counseling, education and vaccinations.[7]

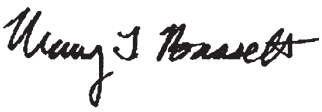
Because most people with HCV infection are "baby boomers," New York State Law now requires all primary care physicians to offer an HCV test to all people born between 1945 and 1965, as well as those with risk factors for HCV infection. This requirement is consistent with recommendations from the Centers for Disease Control and Prevention and the U.S. Preventive Services Task Force.[2,3,4]

The Health Department strongly recommends that providers:

1. **Perform an HCV Antibody test on at-risk patients and every patient born between 1945 and 1965.** For a list of risk factors, visit nyc.gov/health and search "Hep C info for providers."
2. **Order an HCV RNA test to determine infection status** for patients who test positive for HCV antibody.
3. **Evaluate all patients with current HCV infection for treatment.** With proper support, even people with psychosocial issues or who are actively using drugs can be cured of HCV infection.[8]

The Health Department developed this toolkit to provide basic steps and resources for HCV screening, diagnosis and referral to treatment. Join us in improving the health outcomes of all New Yorkers living with HCV.

Sincerely,



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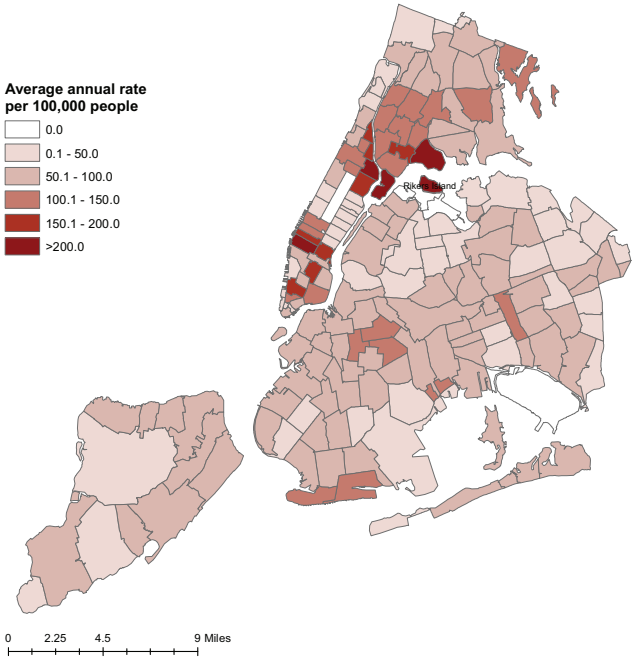
To view the references for the statistics listed above, visit nyc.gov/health and search "HCV toolkit."

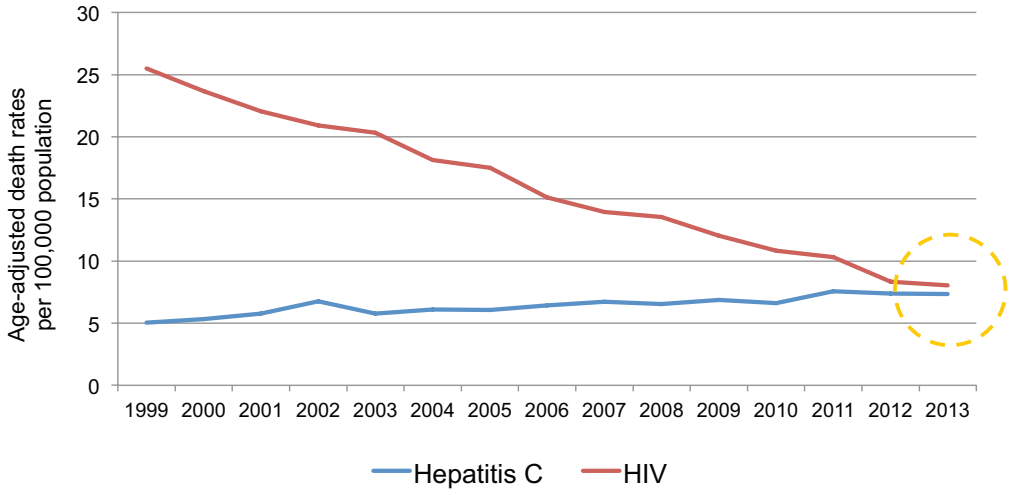
Hepatitis C in New York City

HCV Surveillance: Newly Reported Patients in NYC by Zip Code, 2012-2013



- About 50% of New Yorkers with chronic hepatitis C infection do not know they are infected.
- 54% of New Yorkers recently diagnosed with HCV infection are baby boomers, born between 1945 and 1965.
- High poverty areas such as East Harlem and Hunts Point-Mott Haven have the highest HCV rates.
- HCV related deaths are increasing in NYC and are projected to exceed those associated with HIV.
- Hepatitis C can be cured, and the treatment is now shorter, easier and more effective than ever.
- All-oral interferon-free therapy is now available, with treatment regimens lasting 8 to 12 weeks.
- Cure rates (Sustained Virologic Response) are over 90%.

Death Rates from Hepatitis C and HIV in NYC, 1999 to 2013



Source: New York City Department of Health and Mental Hygiene Bureau of Vital Statistics

For references and additional resources, visit nyc.gov/health and search "HCV Toolkit."

References

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