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Hepatitis C Virus Infection – Alaska, 1999-2002

Introduction

In 1996, hepatitis C virus (HCV) infection became a condition reportable to the Section of Epidemiology by healthcare providers and laboratories. In addition to routine Infectious Disease Reports, more detailed epidemiology of Alaska hepatitis C cases was presented in a 1999 Bulletin (http://www.akepi.org/bulletins/docs/rr1999_2.pdf). The data in this current bulletin represent an update of the demographic features of hepatitis C cases reported to Epidemiology for the subsequent 4-year period, 1999 through 2002.

Reporting criteria

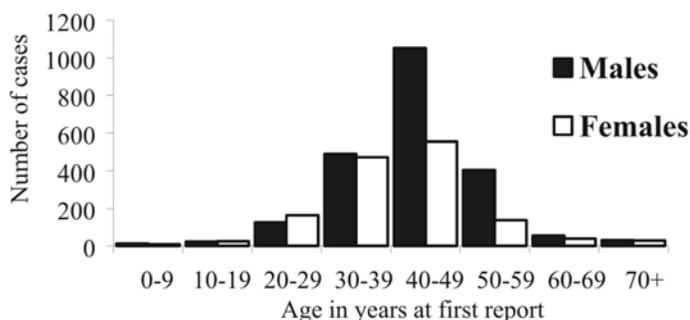
All cases reported to the Section of Epidemiology had laboratory evidence of HCV infection. This included a positive result for any of the following tests: HCV enzyme immunoassay (EIA), HCV recombinant immunoblot assay RIBA, HCV RNA polymerase chain reaction (PCR), or HCV genotype determination. Positive results from EIA screening tests were not necessarily confirmed.

Number of case reports received

Year Reported	Number of New Reports Received
1999	1,153
2000	819
2001	825
2002	883
Total	3,680

Age and sex distribution

Age was known for 3,662 of the reported cases in 1999-2002. Note that age at first report may **not** be the same as age at first diagnosis. The majority (44.4%) of HCV cases were between 40-49 years of age at the time of first report.



Sex was known for 3,627 cases; both age and sex were known for 3,610 of all cases reported. Males comprised the majority (59.8% or 2,210) of all HCV cases reported. Although most cases of either sex were 40-49 years of age at first report; almost 50% (or 665 of 1,422) of females were <40 years old at first report compared to 29.5% (or 646 of 2,188) of males. It is unknown whether this difference represents a difference in healthcare seeking behavior, risk factors, testing practices, or reporting coverage.

Race distribution

Race of hepatitis C cases was not specified for over 60% of reports for each year and the entire 4-year period.

Race Reported	Number of New Reports Received (% of total)	
Unknown	2,249	(61.1%)
Alaska Native	921	(25.0%)
White	448	(12.2%)
Asian/Pacific Islander	18	(0.5%)
Black	44	(1.2%)
Total	3,680	(100%)

Alaska Natives comprised the largest identified race group with 25.0% of cases; disproportionate to their distribution (~17%) in the total Alaska population.

Place of residence at first report

Of cases for whom residence was known (n=3,667), most resided in Anchorage or the Matanuska-Susitna Borough. Residence of cases followed overall population distribution. Note that residence may actually reflect location where cases sought healthcare, and because cases are often diagnosed and reported long after initial HCV exposure, residence is unlikely to reflect where HCV was acquired.

Residence ⁺	Percent of First Reports in Region	Percent of Population in Region*
North	2.1	3.8
Interior	12.8	15.8
Southwest	2.2	6.2
Anchorage and Mat-Su	59.4	50.7
Gulf Coast	12.3	4.0
Southeast	11.2	19.5

⁺ Regions composed of same census areas as those reported in the aforementioned 1999 "Hepatitis C" Epidemiology Bulletin.

* Proportions based on 1999 estimates for Alaska census areas.

Limitations of data

Although HCV cases must be reported to Epidemiology, surveillance is passive and it is unknown to what extent reports received reflect the true prevalence or distribution of hepatitis C in Alaska. Therefore, conclusions about these data should be made cautiously.

Recommendations

1. Complete and accurate information about hepatitis C cases should be reported promptly to Epidemiology. Details about reporting can be found in the Conditions Reportable to Public Health manual, available online at <http://www.akepi.org/pubs/rtr.pdf>.
2. Persons at risk for hepatitis C should be tested. Risk criteria include past or current history of injection drug use (even if only once); persistently abnormal liver function tests; long-term kidney dialysis; and receipt of a blood transfusion or organ transplant prior to 1992, or a blood product for clotting disorders prior to 1987. It is important that persons are aware of their HCV status because of specific precautions to take, e.g., avoiding consumption of alcohol.