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Study: Dramatic rise in hepatitis C-related deaths in the United States

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Hepatitis C-related deaths in the United States increased by 123 percent from 1995 through 2004, the most recent year for which data are available. Mortality rates peaked in 2002, then declined slightly overall, while continuing to rise among people 55 to 64 years old. These findings appear in the April issue of *Hepatology*, a journal of the American Association for the Study of Liver Diseases (AASLD).

Hepatitis C virus (HCV) is the most common blood-borne infection in the United States, affecting about 1.3 percent of the population. Up to one-in-five sufferers develop liver cirrhosis, and up to one-in-20 develop liver cancer. HCV is the top reason for liver transplantation, and the 16th leading cause of premature death in the country. Recent evidence has suggested that disease burden and mortality from chronic HCV infection may increase in the coming years, as the number of persons with longstanding infections continues to rise.

To update estimates of trends and demographics of hepatitis C-related mortality in the U.S., a team of researchers led by Matthew Wise of UCLA and including researchers from the CDC and the Los Angeles County Department of Public Health analyzed mortality rates derived from U.S. Census and multiple-cause-of-death data from 1995-2004. They included 56,409 HCV related deaths, including those for which the disease was the underlying cause; those for which chronic liver disease was the underlying cause and hepatitis C was a contributing cause; and those for which HIV was the underlying cause and chronic liver disease and hepatitis C were contributing causes.

During the study period, HCV-related mortality rates increased from 1.09 deaths per 100,000 persons in 1995 to 2.57 per 100,000 in 2002, before declining slightly to 2.44 per 100,000 in 2004. Average annual increases were smaller during 2000-2004 than 1995-1999. The most dramatic age-specific increases were observed among 45 to 54 year olds who had an increase of 376 percent, and 55 to 64 year olds who had an increase of 188 percent. For the latter group, rates rose for the entire duration of the study.

“The highest mortality rates were observed among males, persons aged 45-54 and 55-64 years, Hispanics, non-Hispanic blacks and non-Hispanic Native American/Alaska Natives,” the authors report. They suggest that demographic differences are related to prevalence among the various populations.

The observed increases likely reflect both true increases in mortality and the growing use of serologic tests for HCV, the authors say. “As such, true increases in hepatitis C-related mortality during 1995-1999 were likely more gradual than the observed trends, and differences in mortality patterns between the time periods are difficult to interpret.” While the study was limited by possible inaccuracies in death certificate data, the authors believe that this more likely lead to an underestimate of the true number of hepatitis C-related deaths.

“In summary, substantial increases in overall hepatitis-C-related mortality rates have occurred since 1995,” the authors conclude. “The relatively young age of persons dying from hepatitis C-related liver disease has made hepatitis C-related disease a leading infectious cause of years of potential life lost as well as an important cause of premature mortality overall.” They point out the ongoing need for measures to prevent progression of liver disease among those infected with HCV, and the need for ongoing analysis of mortality trends.

Source: Blackwell Publishing