

Hepatitis C Data Snapshot: Washington State 2022

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Technical notes, definitions, and data limitations

- Hepatitis C data for 2018–2021 were extracted from the Washington Disease Reporting System (WDRS) in September 2022, and data for year 2022 were extracted in January 2024. The data presented in this report may differ slightly from other reports due to timing of data extraction and updates to case information.
- **Cases** (e.g., hepatitis C case reporting, investigation, count) refer to persons diagnosed with a specific disease, condition, or health event (e.g., hepatitis C infection).
- Acute and chronic case counts include both probable and confirmed cases, based on [Centers for Disease Control and Prevention \(CDC\) surveillance case definitions](#).
- **Rates per 100,000 persons**, also known as “crude” or “unadjusted” rates, are calculated by dividing the number of events (e.g., case reports) by the population (e.g., county, state, United States) for a given time period (e.g., one year), and then multiplying by 100,000. A rate is a measure of how often an event occurs in a population within a given time period.
- The COVID-19 pandemic likely led to an underreporting of hepatitis C cases to the Washington State (WA) Department of Health (DOH) in 2020–2022, due to limited resources for hepatitis C screening, linkage to care, and investigations. Data from this period, as presented in this report, should be interpreted with caution.

Hepatitis C overview

What is hepatitis C?

Hepatitis C is a liver infection caused by the hepatitis C virus (HCV). It is the most common bloodborne infection in the United States.

What is the difference between hepatitis A, B, and C?

Hepatitis A, B, and C are different viruses that infect the liver. They share many signs and symptoms, but people can become infected in different ways. While there are effective vaccines to prevent hepatitis A and B, there is no vaccine to prevent hepatitis C. However, people with hepatitis C can be treated and cured.

What is the difference between acute and chronic hepatitis C infections?

Acute hepatitis C is a new infection. It occurs within the first six months after someone is exposed to hepatitis C virus. Acute hepatitis C can cause a short-term illness or no symptoms. Without treatment, some people clear the virus, but most will develop chronic infection.

Chronic hepatitis C is a lifelong infection that may occur if acute hepatitis is left untreated. It can cause serious health problems such as liver damage, severe scarring and impairment of the liver (cirrhosis), liver cancer, and even death.

How does hepatitis C spread?

Hepatitis C usually spreads through contact with blood from an infected person. Many people become infected by sharing drug-injection equipment. Other ways hepatitis C

can spread include through birth, health care exposures, sex with an infected person, unregulated tattoos or body piercings, sharing personal items that may have had contact with blood, organ transplants from a hepatitis C-positive donor, and blood transfusion (which is rare since 1992).

Who should get tested for hepatitis C?

Everyone who is 18 years of age or older should get tested at least once in their lifetime. In addition, people should get tested who:

- Are pregnant (get tested during each pregnancy)
- Currently inject drugs (get tested regularly)
- Have ever injected drugs, even if it was just once or many years ago
- Meet any other [CDC testing criteria](#)

How many people have hepatitis C in the United States (U.S.)?

It is now estimated that between 2.4 million and 4 million adults had hepatitis C in the U.S. from 2017–2020.¹

In 2022, 4,848 cases of acute hepatitis C were reported in the U.S., representing a 3.5% decrease from the 5,023 cases reported during 2021. After annual increases during 2015-2021, the 2022 acute case count still reflects a 99% increase from the 2,436 cases reported during 2015. The rate of acute hepatitis C decreased 6.3% between 2021 and 2022.

Considering that many people do not have symptoms and do not get tested for hepatitis C, the CDC estimates the actual number of acute cases occurring in 2022 was probably closer to 67,400.²

Frequently asked questions

What kind of data does the Hepatitis C Surveillance Program at DOH collect?

Most hepatitis C reporting comes from laboratory reports. Information in laboratory reports is limited and typically includes name, birth date, sex or gender, and place of residence.

Laboratory reports very rarely include race and ethnicity information. Laboratory reports **do not** contain information such as how someone became infected with hepatitis C, hepatitis C treatment status, or insurance status.

Why is the Hepatitis C Surveillance Program unable to collect additional data on race and ethnicity, potential exposure, and treatment information?

Despite being legally required through [Chapter 246-101 WAC](#), case reporting from health care providers is rare, so most hepatitis C information comes from laboratory reports.

When capacity permits, public health investigators at the state and local levels may follow up with patients or health care providers to obtain additional information. However, hepatitis C surveillance in public health is under-funded and under-resourced compared to the volume of cases; many jurisdictions are only able to interview a small proportion of people with newly reported hepatitis C infections or cannot conduct any interviews at all.

How many people are currently living with hepatitis C in WA?

Due to surveillance data limitations, it is challenging to estimate the current burden of hepatitis C in WA.

A one-time funded analysis conducted by [CDA Foundation \(CDAF\)](#) estimated that at the beginning of 2018 there were 59,100 people living with active hepatitis C infection in WA.

To continue producing current estimates, it would be necessary to expand the capacity of the Hepatitis C Surveillance Program to routinely gather information on how many people with hepatitis C infections have been cured, died, or moved out of state. Similar programs are funded for HIV surveillance systems and lead to accurate estimates of HIV rates and trends.

Is there a way to estimate how many people have received treatment in WA each year, or how much treatment costs each year?

With the current scope of the surveillance program, we cannot accurately estimate how many people have received treatment or total costs of treatment in WA. To do this, we would need reliable reporting of negative hepatitis C tests and resources for expanding the information collected during case investigation.

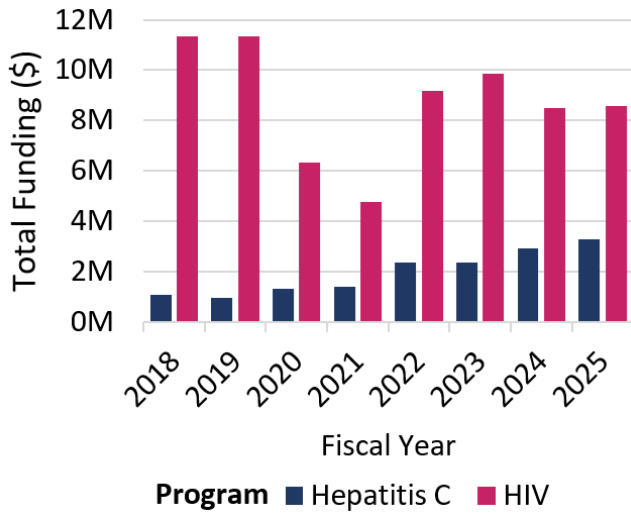
How much money does DOH receive to conduct hepatitis C surveillance and prevention activities?

The DOH Hepatitis C Surveillance and Prevention programs received about \$2 million to \$3 million in funds for each fiscal year 2022

through 2025. This is a marked increase from previous years.

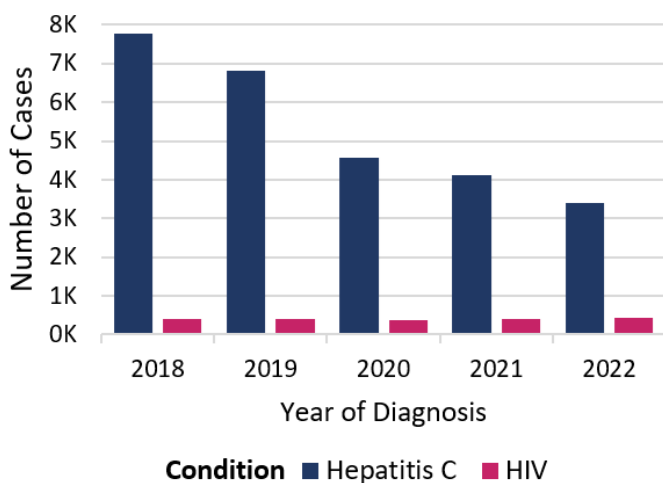
By comparison, DOH HIV Surveillance and Prevention programs received between roughly \$4 million to \$12 million in funds for each fiscal year 2018–2025 (see *Figure 1*).

Figure 1. Hepatitis C and HIV Surveillance and Prevention Funding Comparison, 2018–2025



The number of newly diagnosed hepatitis C infections (including acute and chronic) was between 8–20 times higher than the number of newly diagnosed HIV infections for each year 2018–2022 (see *Figure 2*).³

Figure 2. Newly Diagnosed Hepatitis C and HIV Cases Comparison, 2018–2022



How many people have been diagnosed with hepatitis C in WA?

2022

In 2022, there were 107 newly diagnosed acute hepatitis C infections and 3,286 newly diagnosed chronic hepatitis C infections among people living in WA that were reported to DOH.

The statewide rate for new diagnoses was 1.4 acute and 41.8 chronic hepatitis C infections per 100,000 persons living in WA in 2022.⁴

Figure 3. Numbers and Rates of Acute Hepatitis C Infections, 2018–2022

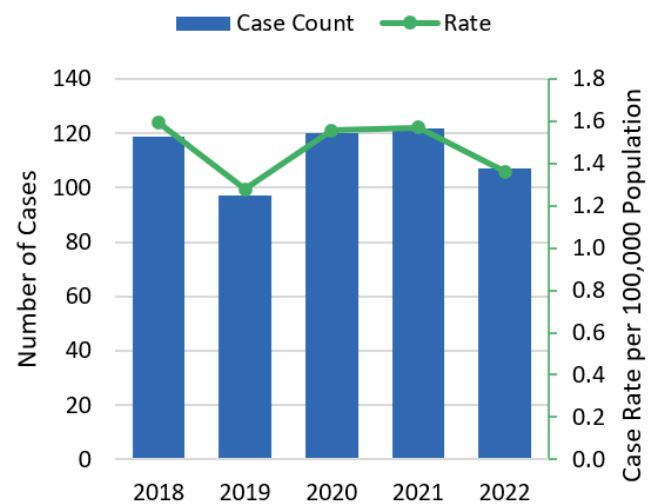
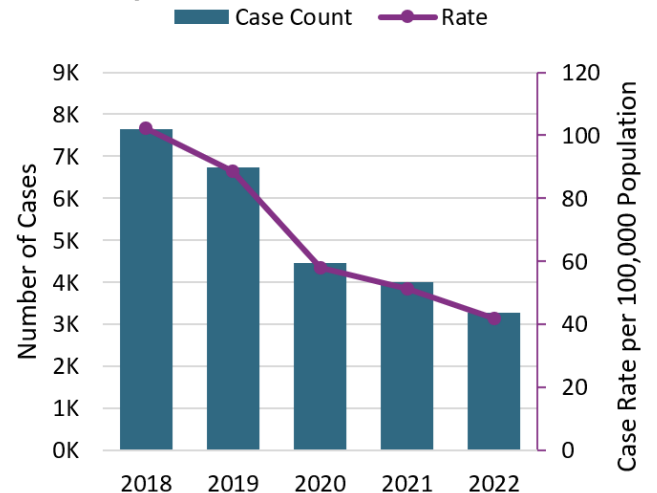


Figure 4. Numbers and Rates of Chronic Hepatitis C Infections, 2018–2022



2018–2022

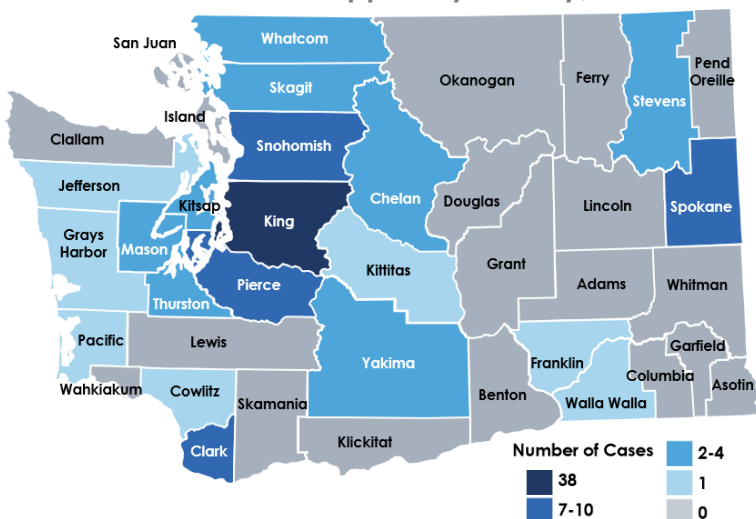
An average of 113 new acute hepatitis C infections were reported annually from 2018 through 2022, with an average rate of 1.5 infections per 100,000 population. The number of reported acute infections increased each year except in 2019 and 2022, and ranged from 97 to 122 cases.

An average of about 5,225 new chronic hepatitis C infections were reported annually from 2018 through 2022, with an average rate of 68 infections per 100,000 persons, and chronic case reports declined each year during this period. This decrease may be partly due to reduced hepatitis C screening and reporting since the COVID-19 pandemic began in 2020, along with a transition to a new disease surveillance system in 2018, which improved the identification of new infections and reduced duplicate person information. Chronic and acute hepatitis C remain a public health concern in WA.

County of residence, 2022

There were 20 counties that reported one or more acute hepatitis C infections in 2022.

Figure 5. Number of Acute Hepatitis C Infections Mapped by County, 2022



In 2022, 37 out of 39 counties reported one or more chronic hepatitis C infections.

Figure 6. Number of Chronic Hepatitis C Infections Mapped by County, 2022

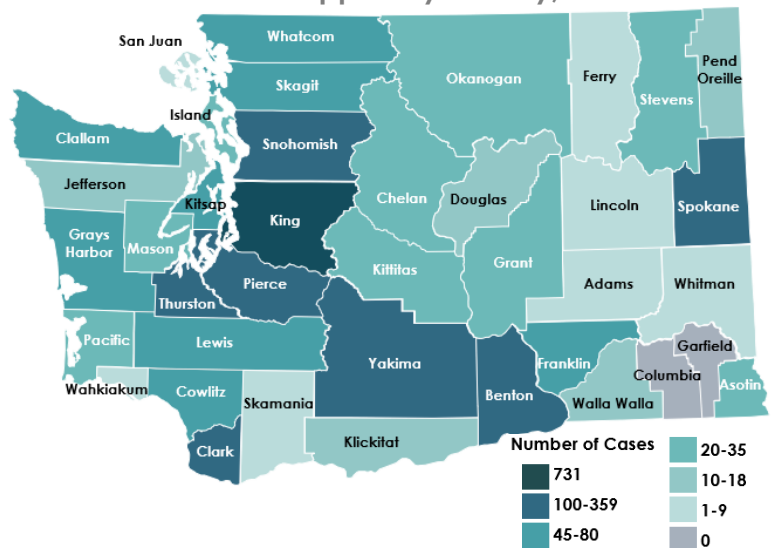
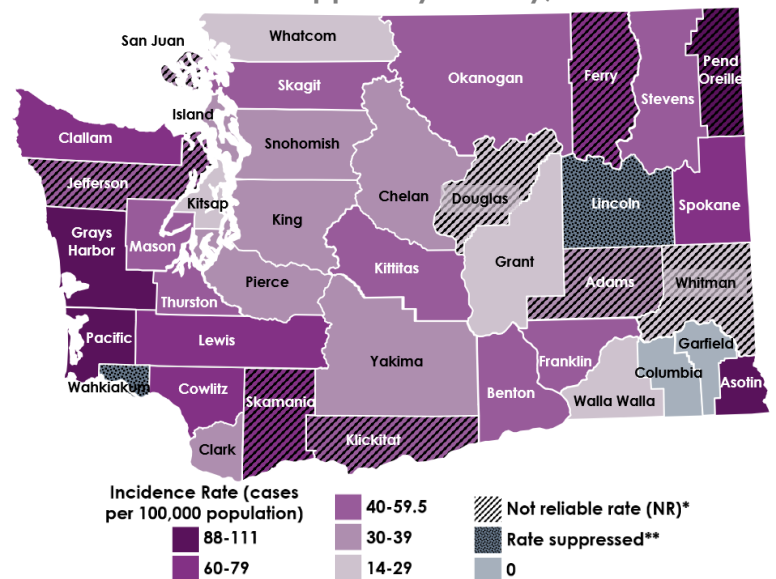


Figure 7. Rate of Chronic Hepatitis C Infections Mapped by County, 2022



In Figure 7, 'rate suppressed' indicates that fewer than 5 chronic cases were reported; the rate is not shown to ensure statistical reliability. 'Not reliable rate (NR)' indicates that fewer than 17 chronic cases were reported in the county, making the accuracy of the rate uncertain.

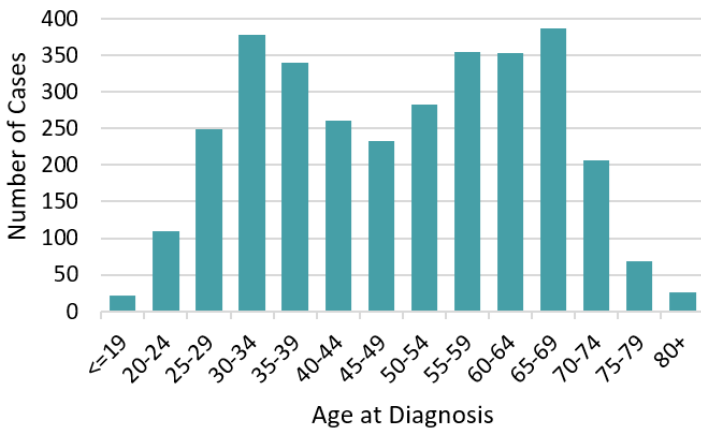
In 2022, there were 5 acute and 202 chronic hepatitis C infections diagnosed among individuals in correctional and other state facilities (these cases are not represented in Figures 5–7).

Who has been diagnosed with hepatitis C in WA in 2022?

Age and gender, 2022

In 2022, newly reported chronic hepatitis C infections were most common among two age groups: adults aged 55–69 years, who made up 33% of cases (with a peak at age 65), and adults aged 25–39 years, who accounted for 30% (with a peak at age 31). Adults aged 40–54 years represented 24% of cases.

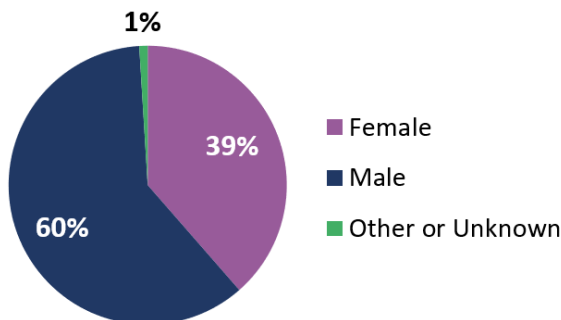
Figure 8. Chronic Hepatitis C Infections by Age in Years, 2022



Not represented in Figure 8: <1% of chronic case reports had missing age information.

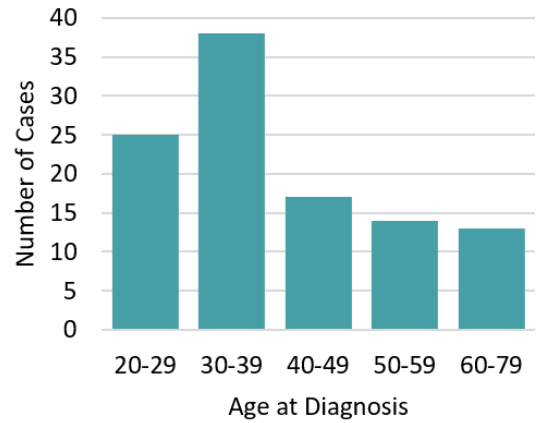
About six out of every ten chronic infections were reported among males.

Figure 9. Proportion of Chronic Hepatitis C Infections by Gender, 2022



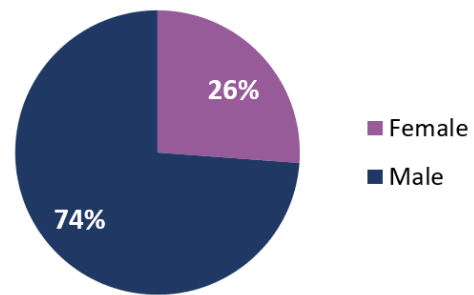
In 2022, the largest proportion of reported acute infections occurred among individuals aged 30–39 years (36% of cases), followed by those aged 20–29 years (23% of cases).

Figure 10. Acute Hepatitis C Infections by Age in Years, 2022



Almost three-quarters of acute infections were reported among men.

Figure 11. Proportion of Acute Hepatitis C Infections by Gender, 2022



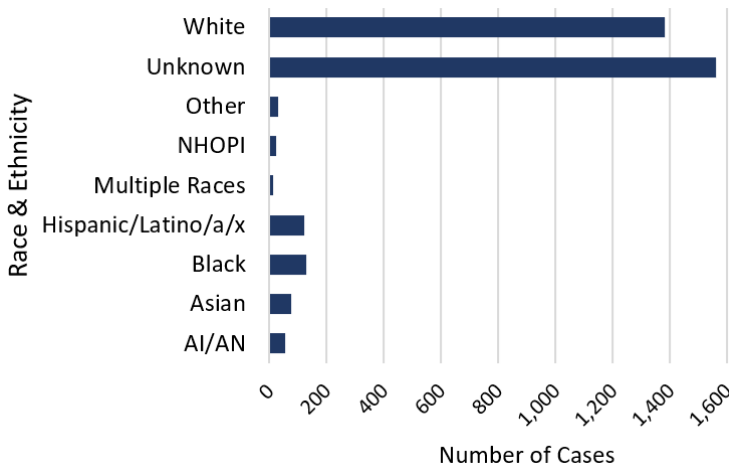
In Figures 9 & 11, ‘Gender’ may represent a person’s current gender identity or sex assigned at birth, depending on what information was collected.

Race and ethnicity, 2022

In Figures 12 & 13, hepatitis C cases are classified as ‘Hispanic/Latino/Latina/Latinx’ if indicated as ethnicity. Otherwise (if ethnicity is reported as either ‘Not Hispanic/Latino/Latina/Latinx,’ or is unknown/missing), cases are categorized based on reported race.

Abbreviations: AI/AN – American Indian/Alaska Native; NHOPI – Native Hawaiian/other Pacific Islander.

Figure 12. **Number of Hepatitis C Infections (Acute & Chronic) by Race & Ethnicity, 2022**



Among all 2022 case reports, ‘Unknown’ race comprised 23% of acute cases, and ‘Unknown’ or ‘Other’ race comprised 48% of chronic cases.

Figure 13. **Comparison of Hepatitis C Infections (Acute & Chronic) and WA Population by Race & Ethnicity, 2022**

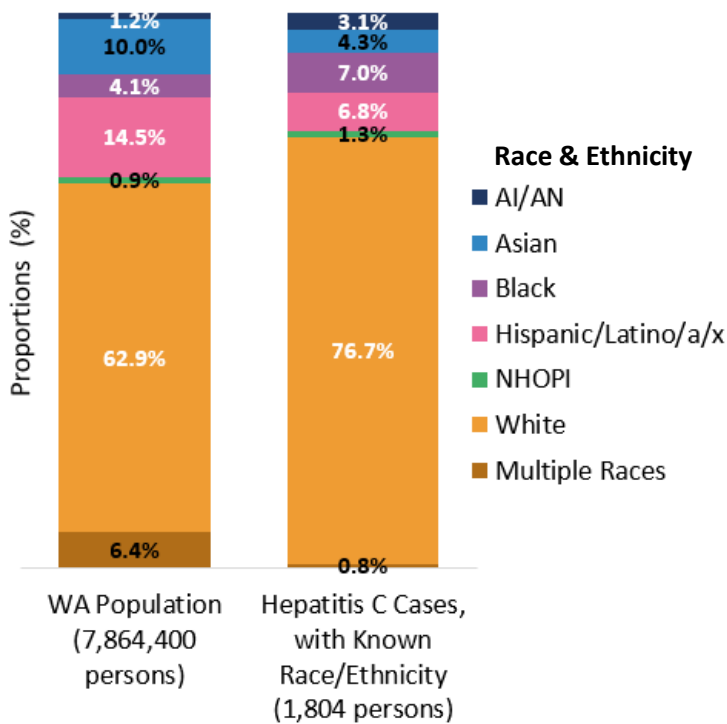


Figure 13 shows the proportions of hepatitis C cases in 2022 relative to the WA population by race and ethnicity.⁴ Hepatitis C case percentages were calculated excluding cases with ‘Unknown’ or ‘Other’ race to ensure comparability to WA population race data.

Among cases with known race/ethnicity, the majority (76.7%) were White. AI/AN and Black persons were the most overrepresented for hepatitis C infections: AI/AN individuals comprised 3.1% of cases (vs. only 1.2% of WA population), and Black individuals comprised 7.0% of cases (vs. 4.1% of WA population).

Injection drug use (IDU) is a common risk factor for acute hepatitis C

Infection risk is determined by an investigator and may vary based on whether they are able to reach a patient for an interview, as well as whether exposure information is reported by the patient or a provider. Reporting may also be influenced by stigma related to substance use.

In 2022, exposure information was available for 63 out of 107 acute hepatitis C case reports. Among these, 62% indicated IDU as a risk factor, and 70% indicated recent substance use (including IDU) as a risk factor. Excluding substance use, 30% reported other exposures, including organ transplant from a hepatitis C positive donor, sexual contact, unintentional needlestick, or tattooing.

Pregnancy and risk for perinatal hepatitis C infection

Hepatitis C can be transmitted from a birthing parent to their baby during pregnancy or delivery, resulting in perinatal infection. This occurs in approximately 6% of pregnancies where the mother or birthing parent has hepatitis C.

Perinatal hepatitis C refers to the infection in infants and toddlers (aged 2 months to 36 months). Perinatal hepatitis C became a reportable condition in 2018. From 2018–2022,

there were a total of 18 reported perinatal hepatitis C infections among infants and toddlers living in WA.

Although hepatitis C treatment is not currently approved for use during pregnancy, it is safe to begin treatment once the parent has given birth and completed breastfeeding or chest-feeding. Children can start treatment at age 3.

Information and resources on hepatitis C

- [WA DOH – Hepatitis C](#)
- [WA DOH – Hep C Hub \(Resources\)](#)
- [CDC – Hepatitis C](#)

References

1. Hall, E. W., Bradley, H., Barker, L. K., et al. (May 2024). Estimating hepatitis C prevalence in the United States, 2017–2020. *Hepatology*. DOI: [10.1097/HEP.0000000000000927](https://doi.org/10.1097/HEP.0000000000000927).
2. Centers for Disease Control and Prevention. Viral Hepatitis Surveillance Report – United States, 2022. <https://www.cdc.gov/hepatitis-surveillance-2022/about/index.html>. Published April 2024.
3. Infectious Disease Assessment Unit, Washington State Department of Health. Washington State HIV Surveillance Report, 2023 Edition.
4. Washington State [Population Interim Estimates \(PIE\)](#), March 2022. Developed by Public Health – Seattle & King County.

Suggested citation

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Contact information

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