The Emerging Issue of Hepatitis C Virus in the United States and in West Virginia

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Background

- As many as one-third of US Citizens are living at or below 200% of the federal poverty level, have struggled to afford the even modest prescription drug.
- Poverty in West Virginia is widespread: in 2013, the state ranked 41st in percentage of people who had incomes below the poverty line of $23,834 for a family of four (Center for American Progress, 2018), a situation mostly unchanged for over 50 years (Gabriel, 2014).
- The HCV outbreak as an economical and societal issue, is rooted in poverty (Fischer, 2015).
- HCV remains a mostly undetected disease due to its lack of symptoms until it reaches its later stages.
- There is currently no vaccine for hepatitis C.
- Very Expensive new Medications are the current form of treatment (WHO, 2015).
- The quality-adjusted life year or Quality-Adjusted-Life-Year (QALY) is a generic measure of disease burden, including both the quality and the quantity of life lived. It is used in economic evaluation to assess the value for money of medical interventions. One QALY equates to one year in perfect health.

Results

Table 1: Reported cases of acute HCV, West Virginia and the United States, 2011-2015 (per 100,000)

<table>
<thead>
<tr>
<th>Year</th>
<th>West Virginia</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>2.5</td>
<td>0.4</td>
</tr>
<tr>
<td>2012</td>
<td>3.0</td>
<td>0.6</td>
</tr>
<tr>
<td>2013</td>
<td>3.1</td>
<td>0.7</td>
</tr>
<tr>
<td>2014</td>
<td>3.4</td>
<td>0.7</td>
</tr>
<tr>
<td>2015</td>
<td>3.4</td>
<td>0.8</td>
</tr>
</tbody>
</table>

The nationwide rate of those admissions per 100,000 people increased from 4.76 to 13.81 per 100,000 people, a relative percent change of 190% in 2004-2005 compared to 2010-2011.

West Virginia Responses to Hepatitis C Virus Epidemic

- West Virginia has implemented Syringe Access Programs (SAPs).
- West Virginia consistently has reported over four times the national average of acute HCV cases, 3.4 per 100,000 in West Virginia compared to 0.8 in the U.S (CDC, 2012b).

Conclusions and Practical Implications

- One practical implication is the need for support from the local community, state and federal governments, and healthcare providers to comply with strict adherence to safe and effective standards of care.
- While these medications have been shown to be useful on a societal basis, they are quite costly (and therefore difficult to obtain) on an individual basis.
- These programs attempt to reduce the risk of spreading hepatitis by providing the public access to sterile syringe and needles to discourage the reuse and sharing of injection devices between drug partners during drug activity.
- On the other hand, in many states, including West Virginia, medications such as Harvoni requires prior authorization. The criteria for approval is long and specific. However, the approval criteria defeat the purpose of early intervention.