

US hepatitis C infections triple amid opioid epidemic

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According to reports released on Thursday by the Centers for Disease Control and Prevention (CDC), the rate of new hepatitis C infections nearly tripled between 2010 and 2015. The rate increases were concentrated heavily among injectable drug users, highlighting the relationship between the growth in new hepatitis C infections and the ongoing opioid epidemic in the United States.

The hepatitis C virus (HCV) attacks the liver, and can ultimately result in cirrhosis, liver cancer and liver failure. The CDC estimates that 3.5 million individuals are infected with the disease in the United States, making it the most common blood-borne virus in the nation.

In 2014, 19,659 deaths were associated with HCV, an all-time high and more than the combined deaths of the 60 other infectious diseases tracked by the CDC, including HIV, pneumococcal disease and tuberculosis.

The two reports were published in the CDC's latest issue of *Morbidity and Mortality Weekly Report* (MMWR).

According to the first report, the number of newly reported HCV cases grew from 850 in 2010 to 2,436 in 2015, an increase of 294 percent. These figures, however, are undoubtedly lower than the actual rate of new infections because it can take years before individuals with HCV display symptoms, leaving most cases undiagnosed. The CDC estimates that the true figure for new infections in 2015 to be closer to 33,900.

The generation of baby boomers, those between the ages of 52 and 72, is the group most likely to be infected with HCV. The largest increase in rates of new infections, however, has taken place among younger people between the ages of 20 and 29, most likely due to injectable drug use. This points to the relationship between the ongoing opioid epidemic and the rise in

HCV cases.

“These new infections are most frequently among young people who transition from taking prescription pills to injecting heroin, which has become cheaper and more easily available in some cases,” John Ward, director of the division of viral hepatitis at the CDC and an author of the first report, told CNN. “In turn many—most in some communities—people who inject drugs become infected with hepatitis C.”

The greatest increases in HCV infections correspond to the regions that have been hardest hit by the opioid epidemic: Appalachia, and rural areas of the Midwest and New England. Seven states had at least twice the national average of new HCV infections: Indiana, Kentucky, Maine, Massachusetts, New Mexico, Tennessee and West Virginia. Ten other states had lower rates, but were still above the national average: Alabama, Montana, New Jersey, North Carolina, Ohio, Oklahoma, Pennsylvania, Utah, Washington and Wisconsin.

A second report released by the CDC found that HCV infection rates among women giving birth nearly doubled between 2009 and 2014. The growing rates again matched closely to those areas of the country most impacted by the opioid epidemic.

“If I overlaid a map of the United States and looked at rates of newborn opioid withdrawal after birth, it would be very similar,” Stephen Patrick, lead author of the paper and an assistant professor of pediatrics and health policy at Vanderbilt, told CBS News. “We suspect this is highly linked to the opioid epidemic.”

The report found that HCV infection rates among women giving birth rose from 1.8 to 3.4 instances per 1,000 live births. The rates were the highest in West Virginia (22.6 instances per 1,000 live births) and Tennessee (10.1). The disease is transmitted from

mother to infant in around 6 percent of births, although this figure could be higher, according to Patrick.

“My worry is that some infants will convert to having hepatitis C without anyone knowing, or treating the infant,” Patrick said.

The development of direct-acting antiviral drugs, first approved in 2011, marked a significant advance in the treatment of HCV. Despite the immense progress on this front, only a limited segment of the population infected by HCV has benefited. This is a direct result of the high prices charged by pharmaceutical companies for these drugs.

For example, a 12-week course of Merck’s Zepatier costs \$54,000, while AbbVie’s Viekira is priced at \$83,000. However, the most widely used drugs are Gilead’s Sovaldi, priced at \$84,000, or \$1,000 a pill, and Harvoni, priced at \$94,500.

A US senate report released in December 2015, which summarized the findings of an 18-month investigation based on thousands of pages of internal company documents, called attention to substantial evidence that Gilead priced its HCV drugs at the highest price it thought the market could bear in order to maximize its revenue.

“There was no concrete evidence in emails, meeting minutes or presentations that basic financial matters such as R&D costs or the multibillion-dollar acquisition of Pharmasset, the drug’s first developer, factored into how Gilead set the price. Gilead knew these prices would put treatment out of the reach of millions and cause extraordinary problems for Medicare and Medicaid, but still the company went ahead,” said Senator Ron Wyden on the release of the report.

The high costs of these drugs, which essentially offer a cure for the disease, has led government and private health insurers to ration access to the drugs, especially among the most at-risk populations such as prison inmates where the HCV infection rate is nearly nine times as high as in the population as a whole.

In Louisiana for example—where health secretary Rebekah Gee is attempting to get generic versions of the drugs on the market before the patents of the branded versions expire by invoking a 1910 federal law—there are 73,000 people infected with HCV, but Medicaid can only cover 300 patients per year. One in 63 babies in the state are now born to mothers infected with the disease.

The growing opioid epidemic, responsible for the rising rates of HCV infections, reflects the immense social crisis in the United States in which millions of workers are facing unemployment, stagnant or falling wages, and a dramatic growth in social inequality.

The epidemic has been exacerbated by the actions of unscrupulous pharmaceutical companies—such as Purdue Pharma, maker of OxyContin, and Insys Therapeutics, maker of the fentanyl product Subsys—which have flooded communities throughout the country with highly addictive opioids since the late 1990s.

Once addicted to these prescription painkillers, many drug users switch to the often cheaper and more readily accessible alternative of heroin, often sharing needles and helping to spread HCV and other blood-borne diseases.

Drug manufacturers played down the addictive nature of their drugs, heavily marketed them to doctors (sometimes outright bribing doctors), and turned a blind eye to clinics and pharmacies that were clearly nothing but pill mills, allowing the drugs to pour into the black market. Drug distributors—such as McKesson, Cardinal Health, and AmerisourceBergen—who purchase drugs from manufacturers and then distribute them to pharmacies, have likewise ignored such abuses because they led to additional drug sales.



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