

Hepatitis C in NYC: Opportunities for Elimination

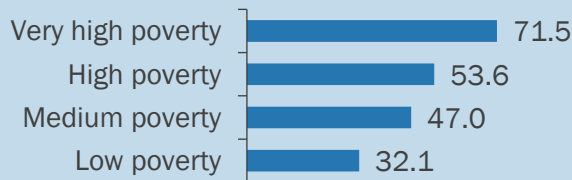
91,000 Estimated number of people with current hepatitis C infection in NYC*

40% Estimated percentage of NYC residents with chronic hepatitis C who are undiagnosed

*For information about how the hepatitis C prevalence estimate is calculated, see Appendix 1.

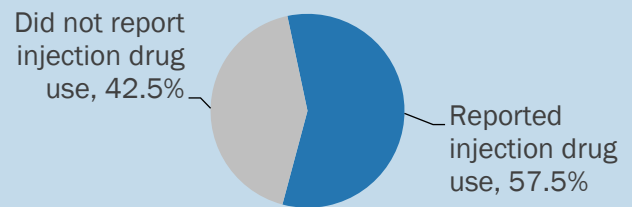
Hepatitis C can be cured, making elimination of the disease a reality. But two in five NYC residents with hepatitis C remain undiagnosed.

Rate of hepatitis C infection per 100,000 people by neighborhood poverty level



The rate of hepatitis C infection in high-poverty neighborhoods is twice the rate in low-poverty neighborhoods.

More than half of people ages 18 to 34 with current hepatitis C infection* reported injection drug use.

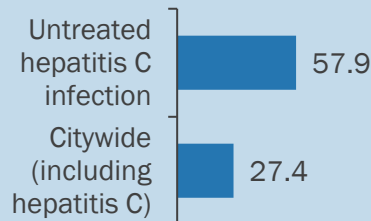


*Reported through enhanced surveillance

Hepatitis C can be cured, yet more than one-third of NYC residents diagnosed with hepatitis C remain untreated.

38% Estimated percentage of people diagnosed with chronic hepatitis C who have not initiated treatment

Percentage of people who died prematurely



The percentage of people with hepatitis C who die prematurely is two times higher than all premature deaths in NYC.

Health Department Response

The Health Department has worked to eliminate hepatitis C by:

- Expanding hepatitis C patient and peer navigation services in neighborhoods with high rates of hepatitis C, reaching more than 13,000 people since 2014 with prevention, testing, linkage to care and care coordination services. Care coordination is shown to significantly increase rates of treatment initiation and cure.³
- Building capacity of health care facilities to promote hepatitis C treatment in 4,200 patients with hepatitis C and HIV coinfection during 2017–2019
- Training more than 1,000 health care providers to screen, treat and cure hepatitis C
- Funding dissemination of sterile drug-use equipment to 18,000 people who use drugs annually

³ Deming R, Ford MM, Moore MS, et al. Evaluation of a hepatitis C clinical care coordination programme's effect on treatment initiation and cure: A surveillance-based propensity score matching approach. *J Viral Hepat.* 2018 Nov;25(11):1236-43.