State of Alaska Epidemiology Bulletin

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Hepatitis C Clearance and Reinfection — Alaska, 2023–2024

Background

Hepatitis C virus (HCV) is a bloodborne infection that is frequently asymptomatic and can cause cirrhosis, liver cancer, and death if untreated.[1] HCV is curable with direct-acting antiviral medications, which were FDA-approved for all genotypes in 2016.[2] Most HCV infections can be treated in primary care settings using the national *Simplified HCV Treatment* guidelines.[2] Persons with hepatitis B, decompensated cirrhosis, or certain other conditions might need specialist consultation.[2]

While newly reported HCV cases in Alaska decreased in recent years, rates among Alaska adults aged <40 years were more than double the 2018–2023 national rates.[3] Most new HCV infections in the U.S. are related to sharing contaminated needles or other equipment used to inject drugs.[1] Alaska has a goal of HCV elimination by 2030 through testing, prevention (including harm reduction), and curative treatment. National HCV elimination goals for 2030 call for ≥80% of persons with HCV to achieve viral clearance either via spontaneous resolution, which can occur in some chronic infections, or cure following antiviral therapy.[2,4] This *Bulletin* compares HCV testing, clearance, and reinfection in Alaska with national data and provides recommendations for HCV elimination.

Methods

Positive tests indicating past or present HCV infection, including HCV antibody tests and tests for HCV RNA, are reportable to the Alaska Section of Epidemiology (SOE). As of September 3, 2023, HCV RNA-negative test results are also required to be reported. Using national guidance for standardized HCV clearance cascades,[5] we characterized people according to five criteria: (1) ever infected, using any positive HCV antibody, HCV RNA, or HCV genotype test during the index period of January 1, 2023–December 31, 2023; (2) received HCV RNA test during the follow-up period (January 1, 2023–December 31, 2024) among those ever infected; (3) initial infection, with first detectable HCV RNA result during the follow-up period among those tested; (4) cured or cleared, with subsequent undetectable HCV RNA result during the follow-up period among those with initial infection; and (5) persistent infection or reinfection for those with a subsequent detectable HCV RNA result during follow-up among those previously cured or cleared.

Results

In 2023, 3,390 people had a positive test for HCV antibody or RNA. Of those, 90% (n=3,039) had viral testing during 2023 or 2024. Of those with viral testing, 60% (n=1,817) had testing indicating initial infection. Among those with initial infection, 32% (n=578) had evidence of viral clearance; of those, 11% (n=61) had persistent infection or reinfection (Figure). The HCV clearance cascade below provides a breakdown by age group and sex (Table).

Figure. Hepatitis C Virus Clearance Cascade — Alaska, 2023–2024

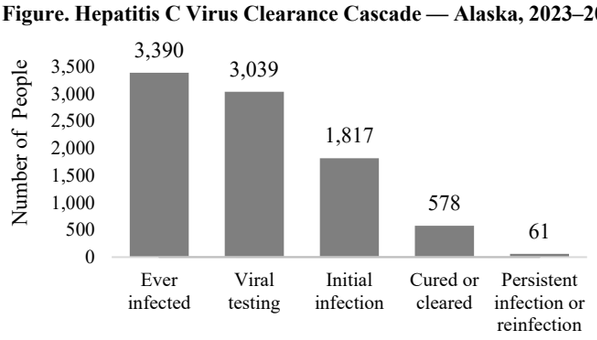

Table. HCV Clearance Cascade, by Available Demographics — Alaska, 2023–2024

	Ever Infected (n=3,390)*	Received RNA Test (n=3,039)	HCV RNA+ (n=1,817)	Cleared Infection (n=578)	Persistent Infection/ Reinfection (n=61)
Age Group (years)					
0–19	27 (1%)	24 (1%)	14 (1%)	7 (1%)	0 (0%)
20–39	1729 (51%)	1587 (52%)	1061 (58%)	326 (56%)	45 (74%)
40–59	1011 (30%)	893 (29%)	512 (28%)	169 (29%)	13 (21%)
60+	623 (18%)	535 (19%)	230 (13%)	76 (13%)	3 (5%)
Sex (if known)					
Female	1355 (40%)	1173 (39%)	592 (33%)	164 (28%)	17 (28%)
Male	1974 (58%)	1805 (59%)	1191 (66%)	404 (70%)	44 (72%)

**This includes people with a positive HCV antibody, RNA, or genotype test.*

Discussion

Alaska is less than halfway to the national goal of ≥80% of persons with HCV achieving viral clearance by 2030. Only 32% of those with initial infection had viral clearance, which is slightly lower than the national estimate of 34%.[6] Among persons who achieved viral clearance, few had evidence of reinfection. These data do not include persons who did not receive HCV RNA testing after infection or after clearance and thus might underestimate infections or clearance.

Efforts to eliminate HCV in Alaska are challenged by ongoing exposure risk and barriers to testing and treatment. To address this, effective strategies include expanding access to medications for opioid use disorder, strengthening harm reduction services, reducing structural and logistical barriers, and integrating HCV testing and treatment within existing harm reduction programs.

Recommendations

1. Test for HCV in all adults at least once and again during each pregnancy. Test persons with risk factors such as injection drug use more frequently (i.e., every 3–6 months).
2. Test infants with perinatal exposure at age 2–17 months.[2]
3. Ensure a positive HCV antibody test is followed by a confirmatory HCV RNA test to assess for active infection.
4. Test for hepatitis B surface antigen to facilitate treatment decision-making and vaccinate those patients who are not yet immune to hepatitis A and B.
5. Consider using HCV RNA rapid tests to facilitate prompt treatment; start in patients with barriers to follow-up.
6. Treat persons aged ≥3 years with active HCV infection for HCV according to national guidelines.[2] Most adults may be eligible for simplified treatment in primary care settings.[2]
7. Treat patients for HCV regardless of ongoing substance use.
8. For patients who inject drugs, provide (or link them to) harm reduction services, including syringe service programs and medication for opioid use disorder.
9. Contact the Section of Epidemiology at 907-269-8000 to ask about past hepatitis B and C results for your patients.
10. Report all cases of HCV infection and pregnancy in someone infected with HCV to the Section of Epidemiology (SOE) by calling 907-269-8000.

References

1. CDC. Clinical Overview of Viral Hepatitis. Updated Jan 31, 2025.
2. AASLD and IDSA. HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C. Available: www.hcvguidelines.org
3. SOE *Recommendations and Reports*. "Newly Reported Chronic Hepatitis C Among Adults–Alaska, 2016–2023." Volume 24, No. 2. July 22, 2024.
4. HHS. Viral Hepatitis National Strategic Plan. Updated Feb 4, 2025.
5. Montgomery MP, et al. Development of a Standardized, Laboratory Result–Based Hepatitis C Virus Clearance Cascade for Public Health Jurisdictions. *Public Health Rep* 2023;139(2):149–53.
6. Tsang CA et al. State-Specific Hepatitis C Virus Clearance Cascades — United States, 2013–2022. *MMWR* 73(21);495-500.

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