

Hepatitis C - Reporting

Hepatitis C virus (HCV) is a nationally notifiable disease and is classified as a Class B reportable disease in Ohio.

All healthcare providers are required to report cases or suspect cases of Hepatitis C by end of the next business day. Medical laboratories are also required to report positive hepatitis C test results by the end of the next business day.

Provider and laboratory reports should be sent to the health jurisdiction in which a patient resides. It is the responsibility of the health departments to report the information to the Ohio Department of Health via ODRS, the Ohio Disease Reporting System.

Contact information:

Ohio Dept of Health
Viral Hepatitis Surveillance
246 N High St
Columbus, OH 43215

Email:
Hepatitis@odh.ohio.gov

Fax:
(614) 564-2439

2020 OHIO HEPATITIS C: SURVEILLANCE SUMMARY

The Centers for Disease Control and Prevention (CDC) data from 2015-2019 reveals most states, including Ohio, have observed an overall increase in reported acute hepatitis C infections (HCV). The CDC has estimated that reported HCV cases represent only about 1 of every 14 acute HCV cases. In 2019, the most recent year national data is available, CDC estimates 57,500 new acute HCV infections occurred nationally. An acute HCV infection is the 12-month period following a recent HCV exposure with or without clinical expression in a person not previously reported with HCV.

Ohio acute HCV case reporting trends have largely mirrored the national trend. Ohio's rate of confirmed acute HCV trended upward and was above the national rate from the years 2015 to 2019 (**Figure 1**). When including all reported HCV cases classifications (acute, chronic, confirmed, and probable), overall cases and rates have decreased in Ohio since 2016 (**Figure 2**).

Figure 1. Confirmed Acute HCV by Year, Ohio vs. United States, 2015-2019

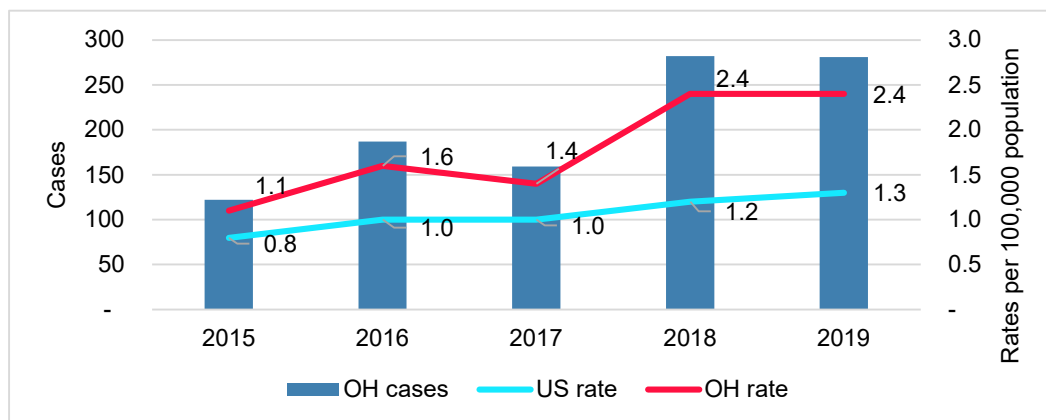
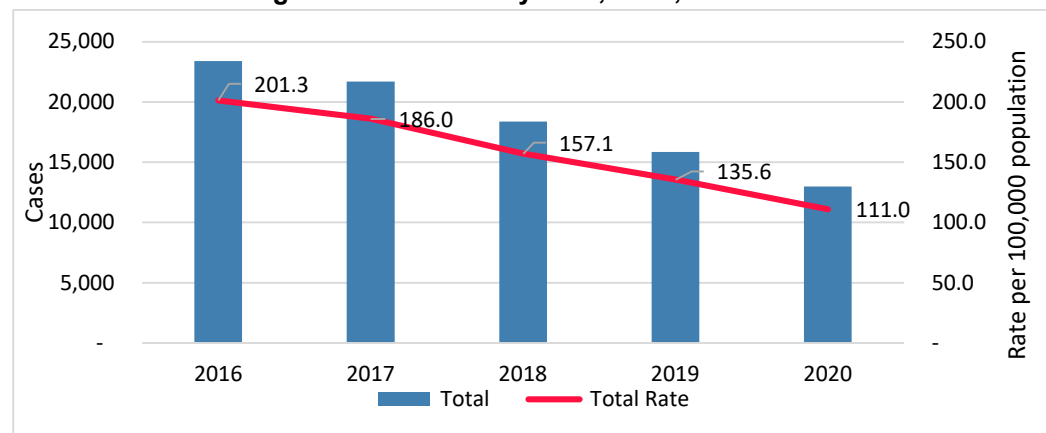


Figure 2. Total HCV by Year, Ohio, 2016-2020



Source of U.S. data: Centers for Disease Control and Prevention. Viral Hepatitis Surveillance Report - United States, 2019. <https://www.cdc.gov/hepatitis/statistics/2019surveillance/index.htm>. Published May 2021.

Source of Ohio data: Ohio Department of Health Viral Hepatitis Surveillance program, reported as of August 9, 2021.

Rates are shown per 100,000 persons and were calculated using census estimates for that year, except 2020 which uses 2019 census data.

NEW IN 2018 - PERINATAL HEPATITIS C

Due to a national increase in viral hepatitis C infections among women of childbearing age, the CDC anticipated a concurrent rise in HCV transmission by pregnant women to their infants and recommended adding perinatal HCV among the nationally notifiable conditions under public health surveillance. While currently there are no approved treatments for children under age 3, interest in quantifying cases of perinatal transmission has grown.

It is generally accepted that maternal HCV antibodies may remain transient in the infant for up to 18 months after delivery. Therefore, an HCV RNA test is preferred for screening for perinatal HCV. An infant aged 2 months to 36 months with a positive HCV viral detection test and is not known to have been exposed to HCV via a mechanism other than perinatal transmission is classified as a confirmed perinatal HCV case. After 36 months of age, if viral loads are sustained, the child is then be classified as a chronic HCV case.

In 2018, the first year of reporting, Ohio showed 40 newly classified cases of perinatal HCV. Cases for 2019 and 2020 have remained comparable to 2018, with 41 and 39 cases, respectively (**Table 1**). Across all three years, the highest number of perinatal HCV cases were among white, non-Hispanic children: 52.5% in 2018, 58.5% in 2019, and 71.8% in 2020.

Table 1. Number of Perinatal Hepatitis C Diagnoses, Ohio, 2018-2020

| | 2018 | 2019 | 2020 |
|--------------------------------|-----------|-----------|-----------|
| Race | | | |
| American Indian/Alaskan Native | 0 | 0 | 0 |
| Asian/Pacific Islander | 0 | 0 | 0 |
| Black/African American | 0 | 0 | 0 |
| White | 28 | 29 | 33 |
| Other | 10 | 8 | 6 |
| Not Specified | 2 | 1 | 0 |
| Ethnicity | | | |
| Hispanic/Latino | 2 | 1 | 3 |
| Non-Hispanic/Non-Latino | 28 | 33 | 33 |
| Not Specified | 10 | 7 | 3 |
| Sex | | | |
| Female | 22 | 22 | 21 |
| Male | 18 | 19 | 18 |
| Not Specified | 0 | 0 | 0 |
| Total | 40 | 41 | 39 |

Centers for Disease Control and Prevention. HCV Challenges. May 2019. <https://www.cdc.gov/nchhstp/pregnancy/challenges/hcv.html>

Source of Ohio data: Ohio Department of Health Viral Hepatitis Surveillance program, reported as of August 9, 2021

Other – includes children of more than one race

Some LHDs based the child's race solely on the race of the mother. Mothers were almost exclusively white, non-Hispanic

PREGNANCY and PERINATAL HEPATITIS C

In April 2020, the CDC recommend hepatitis C screening for all pregnant women during each pregnancy to assess the risk of perinatal transmission.¹ The risk of an HCV infected mother transmitting the virus to their infant, called vertical transmission, is approximately 4% to 7%; however, this risk appears to be significantly higher for a mother with a high hepatitis C viral load or a mother that is coinfectd with HIV. Though there is no antiviral treatment approved for use by pregnant women who are HCV positive, identifying HCV positive pregnant women will allow healthcare providers to link patients to potential treatments postpartum and identify any at-risk infants for future testing and monitoring.

In Ohio, from 2018-2020, there were 120 reported cases of children under 3 years of age confirmed with a positive HCV RNA as being perinatal HCV cases. Of these cases, most birth mothers were diagnosed with HCV prior to pregnancy (**Table 2**).

Table 2. Hepatitis C Diagnosis of Birth Mother

| Year | After delivery n (%) | At the time of delivery n (%) | Prior to delivery n (%) | Prior to pregnancy n (%) | Unknown n (%) | Total n |
|------|-------------------------|----------------------------------|----------------------------|-----------------------------|------------------|------------|
| 2018 | 4 (10%) | 1 (3%) | 5 (13%) | 26 (65%) | 4 (10%) | 40 |
| 2019 | 2 (5%) | 3 (7%) | 9 (22%) | 23 (56%) | 4 (10%) | 41 |
| 2020 | 0 (0%) | 2 (5%) | 7 (18%) | 26 (67%) | 4 (10%) | 39 |

Information regarding the birth mother is sought to investigate HCV status. The RNA status of the birth mother at the time of perinatal diagnosis was unknown for a significant number of perinatal HCV cases for all three years (**Table 3**).

Table 3. HCV RNA Status of Birth Mother During Pregnancy

| Year | Unknown n (%) | RNA positive n (%) | Total n |
|------|------------------|-----------------------|------------|
| 2018 | 13 (32.5%) | 27 (67.5%) | 40 |
| 2019 | 14 (34.1%) | 27 (65.9%) | 41 |
| 2020 | 13 (33.3%) | 26 (66.7%) | 39 |

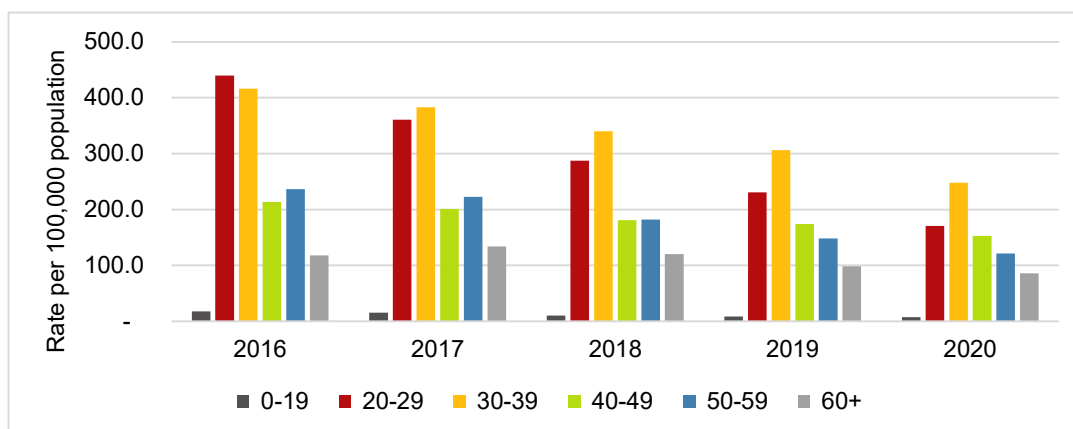
¹ Source: Schillie S, Wester C, Osborne M, Wesolowski L, Ryerson AB. CDC Recommendations for Hepatitis C Screening Among Adults — United States, 2020. *MMWR Recomm Rep* 2020;69(No. RR-2):1–17. DOI: <http://dx.doi.org/10.15585/mmwr.rr6902a1>

Source of Ohio data: Ohio Department of Health Viral Hepatitis Surveillance program, reported as of August 9, 2021.

OHIO HCV DEMOGRAPHIC INFORMATION

- In 2016, the highest total HCV case rates were in people aged 20-29 years, followed by people aged 30-39 years. From 2017 to 2020, those age groups reversed order with the 30-39 age group having the highest case rates followed by the 20-29 age group (**Figure 3**).
- Between 2016 and 2017, case rates for the 60+ age group increased 13.6% from 118.0 to 134.0 per 100,000 population. All other age groups decreased between 2016 and 2020.

Figure 3. Total HCV Rates by Age, Ohio, 2016-2020



- Variations in total HCV case rates may be due to a variety of factors, a few of which are mentioned here. The CDC has noted that HCV cases rose dramatically from 2004-2014 coinciding with the opioid epidemic. As a result, additional resources were allocated to jurisdictions for HCV surveillance and prevention activities. Since 2016, Ohio has seen fewer cases partly due to additional funding for enhanced prevention and surveillance follow-up efforts. CDC accepted changes to the 2016 case definition added the classification of Not A Case for persons who tested HCV RNA negative within 6 months of a positive antibody test. As RNA tests were ordered more frequently and more national labs reported negative results, fewer confirmed cases have been seen during the past four years. CDC case definitions for HCV were revised again for 2020 reporting which altered classification status for individuals who may be positive for HCV with simultaneous infections with hepatitis A or hepatitis B, additionally, this definition removed the requirement of having clinical symptoms for the HCV acute definition. Reporting of HCV treatment into the Ohio Disease Surveillance System is not routinely recorded, therefore it is not known how much of the decline in Ohio's total HCV rates is an outcome of treatment resulting in cure.

Source of Ohio data: Ohio Department of Health Viral Hepatitis Surveillance program, reported as of August 9, 2021.

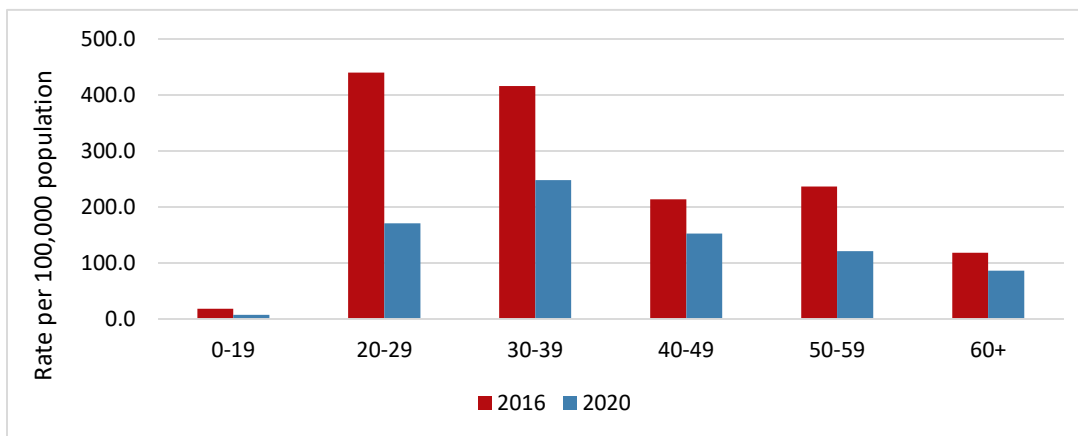
Rates are shown per 100,000 persons and were calculated using census estimates for that year, except 2020 which uses 2019 census data.

Total hepatitis equals all hepatitis C cases, both "acute" and "chronic", "probable" and "confirmed".

2020 data may not represent a true decline in incidence or cases of hepatitis C and may be a reporting artifact as a result of COVID-19.

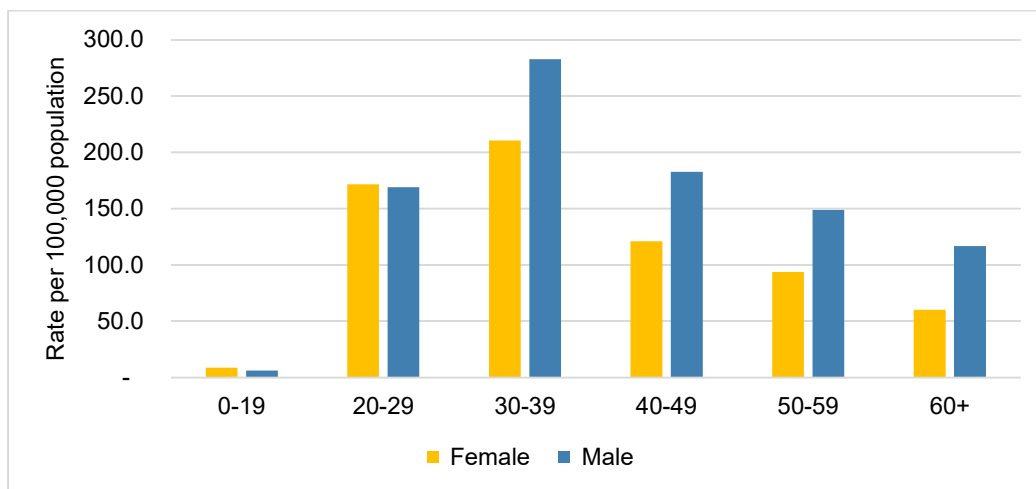
- During the 5-year period between 2016 and 2020, overall total HCV case rates decreased by 44.9%. Case rates decreased by 59.3% for the 0-19 age group, 61.2% for the 20-29 age group, 40.4% for the 30-39 age group, 28.5% for the 40-49 age group, 48.8% for the 50-59 age group, and 27.2% for the 60+ age group (**Figure 4**).

Figure 4. Total Case Rate, Ohio, 2016 vs. 2020



- In 2020, females in the 20-29 age group had a slightly higher case rate than males, 171.5 vs. 168.9 per 100,000 respectively. The case rates for males were significantly higher starting at age 30 (**Figure 5**).
- Overall case rate for females in 2020 was 92.5 per 100,000 and 129.1 per 100,000 for males.

Figure 5. Total HCV Rates by Age and Sex, Ohio, 2020



Source of Ohio data: Ohio Department of Health Viral Hepatitis Surveillance program, reported as of August 9, 2021.

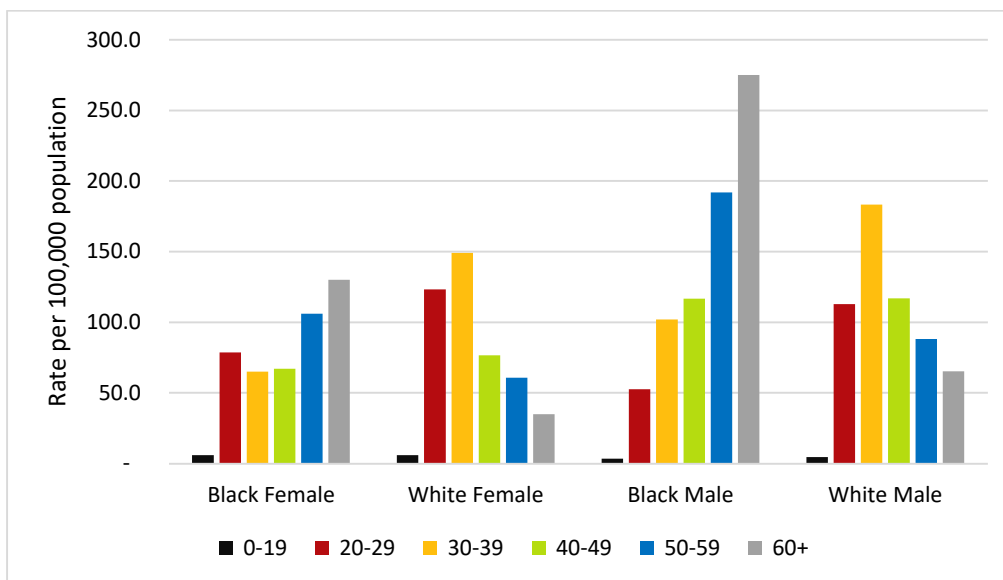
Rates are shown per 100,000 persons and were calculated using census estimates for that year, except 2020 which uses 2019 census data.

Total hepatitis equals all hepatitis C cases, both "acute" and "chronic", "probable" and "confirmed".

2020 data may not represent a true decline in incidence or cases of hepatitis C and may be a reporting artifact as a result of COVID-19.

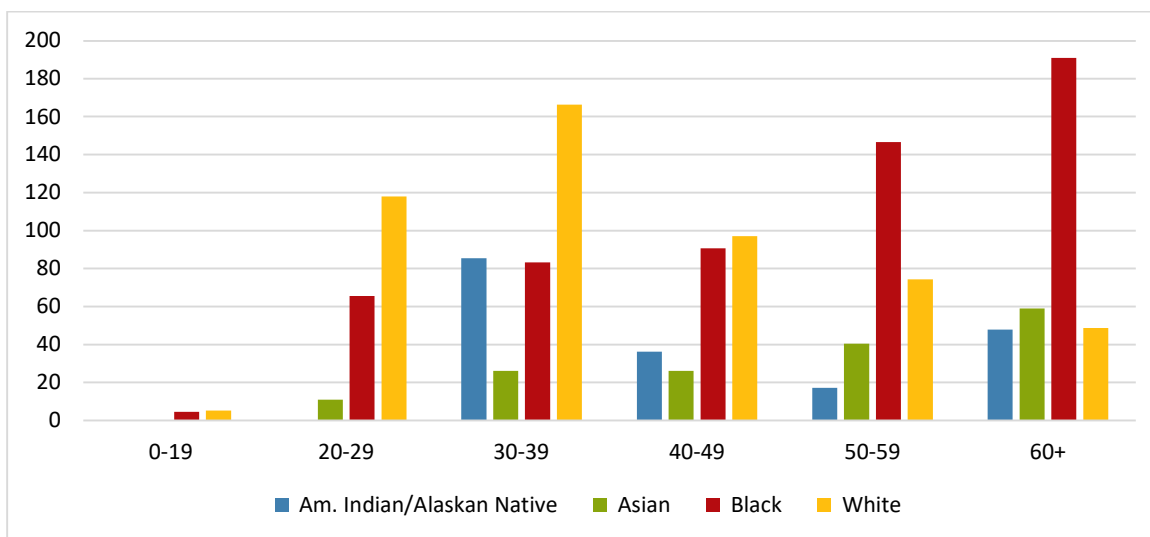
- When broken down by race and age, white persons ages 20-39 and black persons ages 50+ had significantly higher rates of infection in Ohio in 2020 than any other racial group (**Figure 6**).

Figure 6. Total HCV Rates by Age, Sex, Race, Ohio, 2020



- Rates of infection among black persons increased with age, while rates peaked for white persons in the 30-39 age group before decreasing in subsequent age groups (**Figure 7**).

Figure 7. Total HCV Case Rates by Age, Race, Ohio, 2020



Source of Ohio data: Ohio Department of Health Viral Hepatitis Surveillance program, reported as of August 9, 2021.

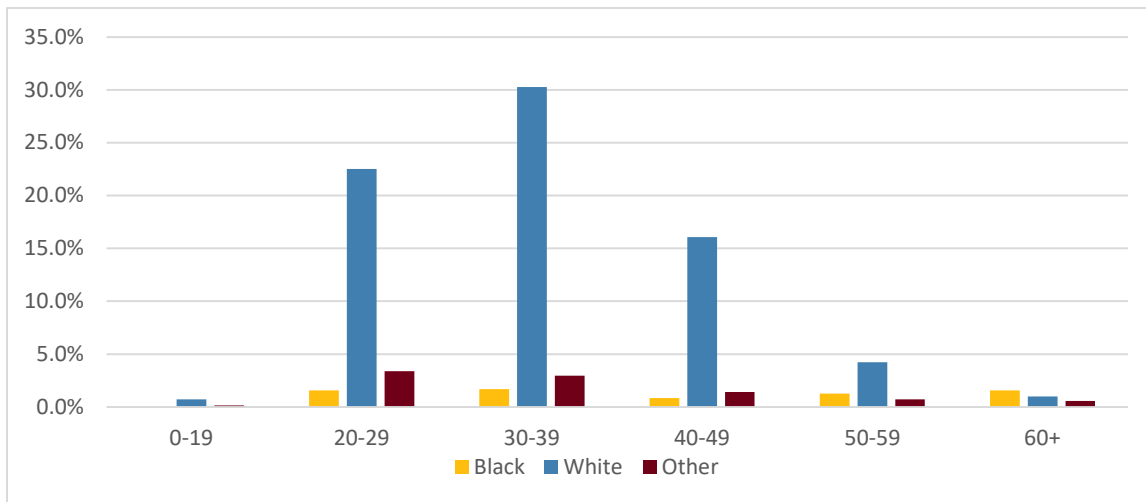
Rates are shown per 100,000 persons and were calculated using census estimates for that year, except 2020 which uses 2019 census data.

Total hepatitis equals all hepatitis C cases, both "acute" and "chronic", "probable" and "confirmed".

2020 data may not represent a true decline in incidence or cases of hepatitis C and may be a reporting artifact as a result of COVID-19.

- HCV positive diagnoses among state correctional inmates accounted for 5.5% (n=710) of the total HCV Ohio cases in 2020. Of these cases, 0.8% were ages 0-19, 29.2% ages 20-29, 39.0% ages 30-39, 20.1% ages 40-49, 7.3% ages 50-59, and 3.5% were ages 60+.
- Of the cases diagnosed in state corrections, 61.5% were white males, 13.2% white females, 6.6% black males and 8.6% were classified as other.
- When examined by race and age, 68.9% of the state correctional cases in 2020 identified their race as white and were between the ages of 20 and 49 years old (**Figure 8**).

Figure 8. Percent of State Correctional Cases, Total HCV, Race by Age, Ohio, 2020



Source of Ohio data: Ohio Department of Health Viral Hepatitis Surveillance program, reported as of August 9, 2021.

Total hepatitis equals all hepatitis C cases, both "acute" and "chronic," "probable" and "confirmed."

Cases are included in Other race category if multiple races were chosen or if the case did not fit into any of the listed categories.

Table 4 shows the breakdown of Ohioans diagnosed with Hepatitis C in between 2016 and 2020, by age group, race, ethnicity, and sex.

Table 4. Demographic Summary, Total HCV Cases in Ohio, 2016-2020

| | 2016 No. | 2017 No. | 2018 No. | 2019 No. | 2020 No. | 2020 Rate |
|--------------------------------|---------------|---------------|---------------|---------------|---------------|--------------|
| Age | | | | | | |
| 0-19 | 517 | 448 | 295 | 240 | 208 | 7.2 |
| 20-29 | 6,841 | 5,632 | 4,496 | 3,584 | 2,652 | 170.8 |
| 30-39 | 5,932 | 5,522 | 4,796 | 4,527 | 3,664 | 248.1 |
| 40-49 | 3,042 | 2,832 | 2,529 | 2,412 | 2,117 | 152.6 |
| 50-59 | 3,891 | 3,592 | 2,867 | 2,283 | 1,868 | 121.1 |
| 60+ | 3,127 | 3,644 | 3,348 | 2,791 | 2,442 | 85.9 |
| Not Specified | 47 | 13 | 28 | 10 | 21 | - |
| Race | | | | | | |
| American Indian/Alaskan Native | 26 | 15 | 20 | 17 | 12 | 26.9 |
| Asian/Pacific Islander | 54 | 82 | 81 | 79 | 71 | 22.1 |
| Black/African American | 2,318 | 2,118 | 1,821 | 1,584 | 1,334 | 81.3 |
| White | 14,797 | 13,355 | 11,575 | 9,419 | 6,890 | 71.2 |
| Other | 1,274 | 1,207 | 1,164 | 1,042 | 903 | - |
| Not Specified | 4,928 | 4,906 | 3,698 | 3,706 | 3,762 | - |
| Ethnicity | | | | | | |
| Hispanic/Latino | 315 | 310 | 267 | 300 | 231 | 49.1 |
| Non-Hispanic/Non-Latino | 12,309 | 11,211 | 10,640 | 8,199 | 6,155 | 54.9 |
| Not Specified | 10,773 | 10,162 | 7,452 | 7,348 | 6,586 | - |
| Sex | | | | | | |
| Female | 9,790 | 9,153 | 7,753 | 6,720 | 5,514 | 92.5 |
| Male | 13,597 | 12,520 | 10,560 | 9,109 | 7,398 | 129.1 |
| Not Specified | 10 | 10 | 46 | 18 | 60 | - |
| Total | 23,397 | 21,683 | 18,359 | 15,847 | 12,972 | 111.0 |

Source of Ohio data: Ohio Department of Health Viral Hepatitis Surveillance program, reported as of August 9, 2021.

Rates are shown per 100,000 persons and were calculated using census estimates for that year, except 2020 which uses 2019 census data.

Total hepatitis equals all hepatitis C cases, both "acute" and "chronic," "probable" and "confirmed."

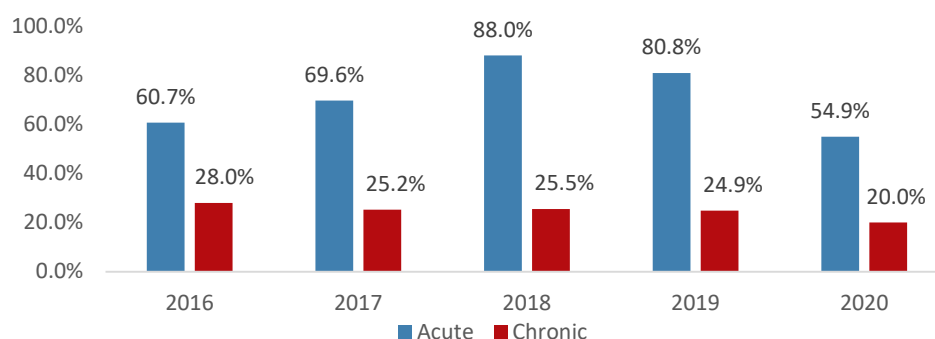
Cases are included in Other race category if multiple races were chosen or if the case did not fit into any of the listed categories.

2020 data may not represent a true decline in incidence or cases of hepatitis C and may be a reporting artifact as a result of COVID-19.

RISK FACTORS CONTRIBUTING TO DISEASE TRANSMISSION

Determining risk factors or behaviors that contribute to disease transmission is paramount in the prevention of an infectious disease. With hepatitis C cases in 2020, more information was gathered about risk factors for acute cases than chronic cases (**Figure 9**). Comparatively, positively identified acute HCV risk factors rose from 2016-2019 then declined in 2020. Chronic risk factor identification remained largely unchanged from 2016-2020. The volume of chronic cases may have played a role in the decreased reporting of risk factors compared to acute cases, in addition to the impact of COVID-19 on HCV testing, reporting, and the ability of local health departments to provide follow-up case interviews and investigations for both acute and chronic cases.

Figure 9. Hepatitis C- Acute and Chronic, Percentage of Risk Factor Questions Answered ‘Yes’, Ohio, 2016-2020



Of the 273 hepatitis C acute cases reported in 2020, 54.9% (n=130) had at least 1 affirmative risk factor reported. Some key risk factors for hepatitis C acute are shown in **Table 5**.

Table 5.

| Acute Risk behavior (n=237) | Risk positively identified n (%) | No Risk identified n (%) | Risk information missing n (%) |
|---------------------------------------|----------------------------------|--------------------------|--------------------------------|
| Injection drug use | 44 (18.6%) | 31 (13.1%) | 162 (68.4%) |
| Street drugs (non-injection) | 24 (10.1%) | 12 (5.1%) | 201 (84.8%) |
| Multiple sexual partners | 12 (5.1%) | 23 (9.7%) | 218 (92.0%) |
| Contact with HCV positive person | 55 (23.2%) | 9 (3.8%) | 173 (63.4%) |
| Household contact (non-sexual) | 7 (3.0%) | 5 (2.1%) | 225 (94.9%) |
| Ever had Sexually Transmitted Disease | 42 (17.7%) | 28 (11.8%) | 167 (70.5%) |

The overwhelming majority of chronic hepatitis C cases, 20.0% (n=2,542) of the 12,700 chronic case reported, had missing risk behavior information (**Table 5**). Key behavioral risk factors for chronic HCV are shown in **Table 6**.

Table 6.

| Chronic Risk behavior (n=12,700) | Risk positively identified n (%) | No Risk identified n (%) | Risk information missing n(%) |
|---------------------------------------|----------------------------------|--------------------------|-------------------------------|
| Injection drug use | 860 (6.8%) | 230 (1.8%) | 11,610 (91.4%) |
| Contact with HCV positive person | 350 (2.8%) | 133 (1.0%) | 12,217 (96.2%) |
| Household contact (non-sexual) | 145 (1.1%) | 42 (0.3%) | 12,513 (98.5%) |
| Ever incarcerated | 1,265 (10.0%) | 240 (1.9%) | 11,195 (88.1%) |
| Ever had Sexually Transmitted Disease | 947 (7.5%) | 361 (2.8%) | 11,392 (89.7%) |

Source of Ohio data: Ohio Department of Health Viral Hepatitis Surveillance program, reported as of August 3, 2021.

Reported cases may have more than one risk behavior identified.

- Of reported risk factors, 18.6% of acute cases and 6.8% of chronic cases identified positive injection drug use (**Figure 10**).
- Only 23.2% of acute cases and 2.8% of chronic cases identified known contact with a person who has suspected or confirmed hepatitis C as a risk factor (**Figure 11**).

Figure 10. Hepatitis C- Acute and Chronic, Percentage of Injection Drug Use, Ohio, 2020

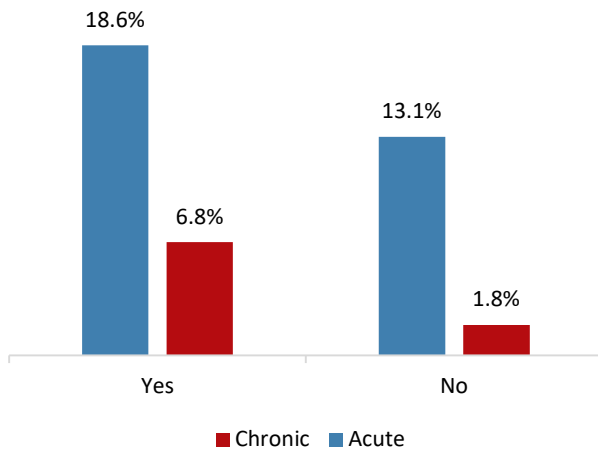
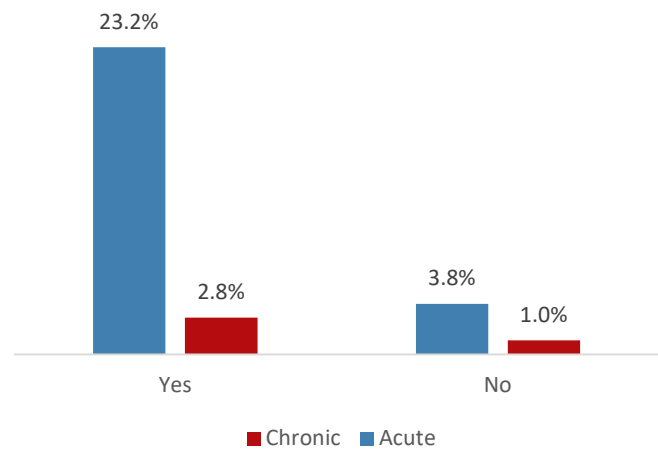


Figure 11. Hepatitis C - Acute and Chronic, Percentage of Contact with a HCV positive person, Ohio, 2020



Source of Ohio data: Ohio Department of Health Viral Hepatitis Surveillance program, reported as of August 3, 2021.

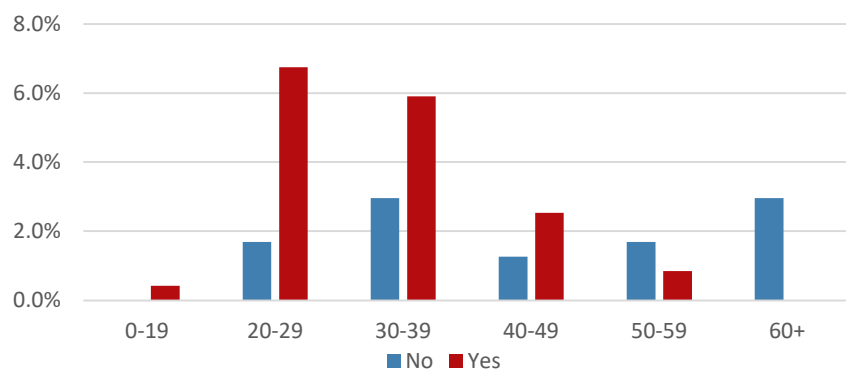
Reported cases may have more than one risk behavior identified.

Acute risk behaviors occurred within six months prior to symptom onset, except for STDs.

In their most recent Viral Hepatitis Surveillance Report, the CDC has indicated that nationally, the highest rates for acute hepatitis C in 2019 occurred between ages 20-39 years.² The CDC states that this population has been most impacted by fatal overdoses and injection drug use for certain populations. Of the cases with injection drug use reported nationally, 67% reported an affirmative for injection drug use in 2019. In Ohio, 48.7% of total hepatitis C cases (acute, chronic, confirmed, and probable) diagnosed in Ohio in 2020 were in the 20–39-year age range. Within this age group, 13.9% of acute hepatitis C cases and 4.8% of chronic hepatitis C cases indicated injection drug use.

Ohio hepatitis C acute cases in 2020 showed that only 31.6% of cases answered yes or no to whether injection drugs were used during the acute period of 6 weeks to 6 months prior to a positive hepatitis C test. Of this population, 16.5% of white persons reported the use of injection drugs versus 0.4% of black persons.

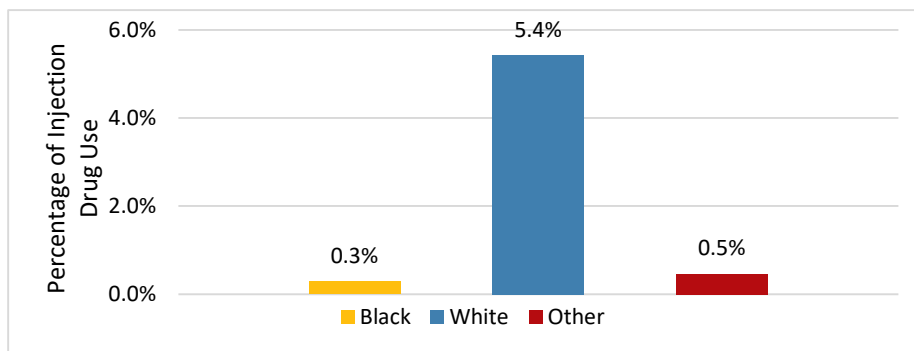
Figure 12. Hepatitis C- Acute, Percentage of White Persons by Age and Injection Drug Use status, Ohio, 2020



When examining injection drug use by race and age, 0.4% of white persons age 0-19, 6.8% of white persons age 20-29, 5.9% of white persons age 30-39, and 2.5% white persons age 40-49 engaged in injection drug use during the acute period (**Figure 12**). Comparatively, only 0.4% of black persons age 30-39 reported injection drug use in this same period.

Hepatitis C chronic cases had a significantly lower response rate than acute cases regarding whether injection drugs had ever been used. Of the 12,700 chronic cases reported in Ohio in 2020, only 8.6% had a yes or no response. Of these, 5.4% of white persons, 0.3% of black persons, and 0.5% of other racial/ multi-racial individuals indicated that injection drugs had been used during their lifetime (**Figure 13**).

Figure 13. Hepatitis C- Chronic, Percentage of Injection Drug Use by Race, Ohio, 2020



2 Source: Centers for Disease Control and Prevention. Viral Hepatitis Surveillance Report – United States, 2019. <https://www.cdc.gov/hepatitis/statistics/2019surveillance/index.htm>. Published May 2021.

Source of Ohio data: Ohio Department of Health Viral Hepatitis Surveillance program, reported as of August 3, 2021.

Reported cases may have more than one risk behavior identified.

Cases are included in Other race category if multiple races were chosen or if the case did not fit into any of the listed categories.

COUNTY-LEVEL VULNERABILITY ASSESSEMENT ASSOCIATED WITH PERSONS WHO INJECT DRUGS

ODH performed a county level analysis to identify potential Ohio counties at increased risk of a human immunodeficiency virus (HIV) cluster or HCV outbreak associated with non-sterile injection of opioids. Nationally, there has been a steady increase of acute HCV cases since 2012 and alarming increases in drug overdoses in the last decade. The CDC states that prescription opioid abuse has contributed to the increase in injection drug use, thereby increasing the risk for transmission of HIV, HCV and hepatitis B virus (HBV).³

When comparing Ohio counties for vulnerability, a significant number of southern counties were ranked in the top 10 counties at increased risk of an HIV cluster or HCV outbreak. The counties identified are significantly rural and all except Fayette and Montgomery counties had new HCV infection rates in 2020 higher than the state average of 111.0 per 100,000 population and are listed below (**Table 6**).

Table 6. 2018 Ohio Counties Potentially at Increased Risk of an HIV Cluster/HCV Outbreak Associated with Non-Sterile Injection of Opioids

| County | Total HCV Cases | Total HCV Rates | Increased Risk Rank (of 88) |
|------------|-----------------|-----------------|-----------------------------|
| Pike | 91 | 327.7 | 1 |
| Scioto | 222 | 294.8 | 2 |
| Gallia | 44 | 147.2 | 3 |
| Fayette | 29 | 101.7 | 4 |
| Adams | 48 | 173.3 | 5 |
| Lawrence | 217 | 364.9 | 6 |
| Ross | 167 | 217.8 | 7 |
| Jackson | 41 | 126.5 | 8 |
| Montgomery | 573 | 107.8 | 9 |
| Marion | 86 | 132.1 | 10 |

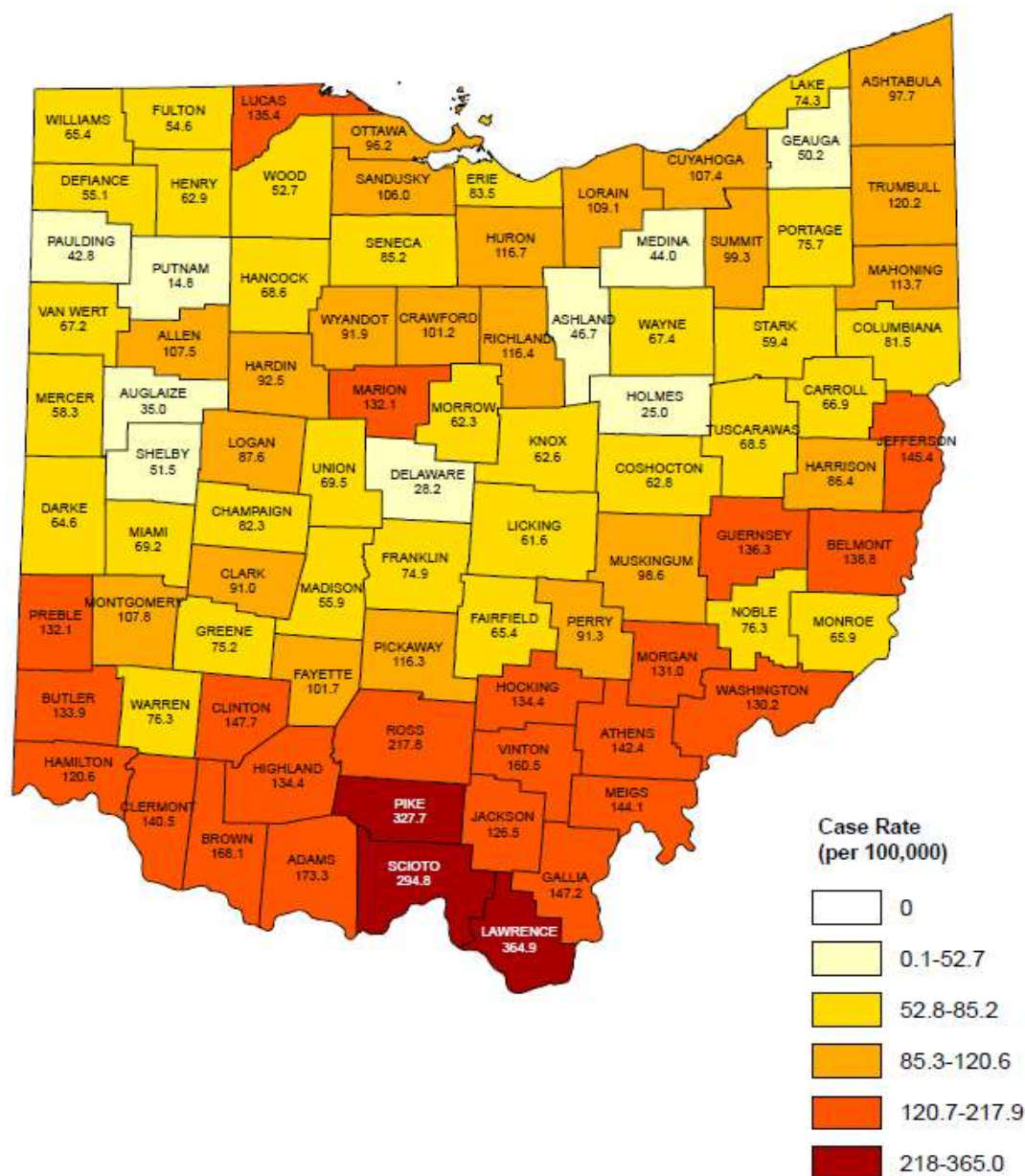
³ Source: Centers for Disease Control and Prevention. *Managing HIV and hepatitis C outbreaks among people who inject drugs—A guide for state and local health departments*. March 2018. Available at: <https://www.cdc.gov/hiv/pdf/programresources/guidance/cluster-outbreak/cdchiv-hcv-pwid-guide.pdf>

Source of Ohio data: *Ohio Vulnerability Assessment of Areas at Increased Risk of an HIV/HCV Cluster/Outbreak*, Ohio Department of Health STI/HIV/Hepatitis Surveillance Section, April 16, 2019.

OHIO COUNTIES

County-level analysis of total HCV cases shows that of the 88 counties in Ohio, 30 had HCV case rates greater than the state rate of 111.0.0 per 100,000 population for 2020. There were 17 Ohio counties where the total HCV case rate increased between 2019 to 2020, ranging from 0.8 to 56.7 percent rate increase. The remaining 71 counties had decreasing HCV case rates ranging from 1.2 to 56.9 percent rate decline during the same time period. Changes in case rates can be impacted by various factors, including increased or decreased HCV testing and reporting in certain areas, improved follow-up opportunities of local health jurisdictions, or increased surveillance. 2020 HCV data also may be a reporting artifact as a result of COVID-19. Overall county rates are shown in **Figure 14**.

Figure 14. Total Hepatitis C Case Rates by County, Ohio, 2020



OHIO HEPATITIS C SUMMARY

- Ohio's hepatitis C acute case rates have been higher than the national average from 2015 to 2019.
- Total HCV cases and rates in Ohio have been on a decline since 2016, from 201.3 to 111.0 per 100,000 population in 2020.
- Perinatal hepatitis C testing became a nationally notifiable reportable condition in 2018.
- There have been 119 HCV RNA positive perinatal cases reported in Ohio between 2018 and 2020, with 58.8% of the cases being white, non-Hispanic.
- At the time of delivery, 63.0% of birth mothers were aware of their HCV positive status.
- The highest rates of total HCV infections in 2020 are seen in white males ages 20-49 and black males ages 50-60+.
- HCV positive diagnoses among state correctional inmates accounted for 5.5% of total HCV Ohio cases in 2020, with 74.8% of cases being among white persons, and 84.1% among males.
- Risk factor information remains largely unknown due to underreporting and difficulties in obtaining information.
- Only 54.9% of acute cases and 20.0% of chronic cases indicated a positive risk factor for 2020.
- Of the 88 counties in Ohio, 30 counties were above the state rate of 111.0 per 100,000 population.
- Overall, the state rate decreased from 135.5 per 100,000 population in 2019 to 111.0 per 100,000 in 2020, this represents an 18.1% case rate decrease.
- Changes in case rates may be due to a number of factors, including increased or decreased testing, improved follow-up opportunities of local health jurisdictions, increased surveillance or may be a reporting artifact as a result of COVID-19.

CONTACT:

OHIO DEPARTMENT OF HEALTH, VIRAL HEPATITIS SURVEILLANCE PROGRAM

246 N. HIGH ST, COLUMBUS, OH 43215

FAX | (614) 564-2439

EMAIL | HEPATITIS@ODH.OHIO.GOV