BACKGROUND

Hepatitis C Virus (HCV) is a blood-borne communicable disease that affects the liver and can lead to chronic infection, sometimes resulting in hepatocellular carcinoma and death. This report examines racial disparities in HCV infection rates reported through the Michigan Disease Surveillance System (MDSS) and HCV-related health outcomes (liver cancer and death rates) reported to MDHHS Vital Records.

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<th>Disparity</th>
<th>African Americans</th>
<th>Caucasians</th>
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<td>HCV Infection Rate</td>
<td>HIGHER</td>
<td>LOWER</td>
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<td>Age at HCV Diagnosis</td>
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<td>HCV Confirmatory Testing</td>
<td>LOWER</td>
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<td>Liver Cancer Rate</td>
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<td>Liver Cancer Mortality Rate</td>
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</table>

Rate of Chronic HCV Infection per 100,000  
(Data Source: MDSS, 2014)

- African Americans: 45
- Caucasians: 108
- Disparity: 2.4x Higher

Age at HCV Diagnosis  
(Data Source: MDSS, 2014)

- Caucasians: 44.3, 11.9 Years Older
- African Americans: 56.2

Rate of Liver Cancer Incidence per 100,000  
(Data Source: Vital Records, 2014)

- African Americans: 17.8
- Caucasians: 8.1
- Disparity: 2.2x Higher

Rate of Liver Cancer Mortality per 100,000  
(Data Source: Vital Records, 2014)

- African Americans: 8.8
- Caucasians: 4.1
- Disparity: 2.1x Higher
Take Home

The rate of liver cancer and liver cancer mortality are twice as high in African Americans compared to Caucasians.

The disparity in these liver health outcomes may be the result of trends in Hepatitis C Virus infection.

Compared to Caucasians, African Americans:

- Have a higher rate of HCV infection
- Are diagnosed at an older age (delayed treatment)
- Are receiving HCV RNA testing at a lower rate
- Are being evaluated for HCV treatment at a lower rate (genotype testing)

In 2014, the Michigan Behavioral Risk Factor Survey indicated that Whites (88.7%) were more likely to have healthcare coverage compared to Blacks (82.4%).

Reference: Michigan BRFS Annual Tables

Removing barriers to access to health insurance and health care may help reduce HCV-related disparities.

Earlier diagnosis, improved HCV testing, linkage to care, and treatment can greatly improve HCV-related health outcomes and reduce racial disparities.

Racial Disparities in HCV Testing

A significantly lower proportion of African Americans receive HCV confirmatory testing and genotype testing (a marker the patient is being evaluated for treatment) compared to Caucasians. (Data Source: MDSS, 2014)

* Chi-square test: p < 0.001

Recommended Testing Sequence for Identifying Current Hepatitis C Virus (HCV) Infection

Reference: CDC Testing Algorithm for Identifying Current Hepatitis C Virus Infection