Hepatitis means inflammation of the liver and viral hepatitis refers to a group of viral infections that affect the liver. The most common types are hepatitis A (HAV), hepatitis B (HBV) and hepatitis C (HCV).

HAV infection is transmitted via the fecal-oral route through person-to-person contact or contaminated food or water. HBV infection is transmitted by exposure to infected body fluids often through unprotected sex with an infected partner or perinatally from an infected mother to her child at birth. Persons at high-risk are those who engage in unprotected sex with more than one partner, have a history of sexually transmitted diseases or injection drug use. HCV infection is transmitted by exposure to infected blood often through the use of injection drugs. Although much less frequent, occupational, perinatal, and sexual exposures also can result in transmission of HCV.

**PEOPLE WHO USE DRUGS ARE AT INCREASED RISK FOR VIRAL HEPATITIS**

People who use injection drugs are at increased risk for HBV and HCV infection through the sharing of needles and drug-preparation equipment. There have also been outbreaks of HAV among persons who use drugs due to unsanitary conditions and poor hand washing.

HCV prevalence in injection drug users is as high as 70 percent, and between 20-30 percent of uninfected injection-drug users acquire HCV infection each year. The first few years after onset of drug injection are especially high-risk periods. The rate of new infections with HBV among injection-drug users is between 10-20 percent. Transmission of HBV generally occurs as a result of drug-related and sexual exposures.

Experts recommend that people who use drugs be vaccinated against HAV and HBV. There is no vaccine for HCV. The best way to prevent HCV is by avoiding behaviors that can spread the virus, especially sharing needles or other equipment to inject drugs.

**VIRAL HEPATITIS TREATMENT**

Not all people living with chronic HBV or HCV infection will need treatment and many preventative measures including harm reduction are effective. There are effective treatments for HBV that can prevent progression to liver disease and new effective treatments for HCV that may increase HCV cure rates up to 75 percent.

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**HEPATITIS FACTS**

- An estimated six million Americans are living with chronic HBV and HCV infection
- Approximately 43,000 Americans were newly infected with HBV and 17,000 Americans with HCV in 2007
- Most people infected are unaware: roughly 65 percent with HBV and 75 percent with HCV
- The majority of new HCV infections occur among people who inject drugs
- 50-70 percent of people who inject drugs become infected with HBV within five years of injecting
- 50-90 percent become infected with HCV within five years of injecting
- People living with HCV and using drugs can be successfully treated and should not be denied treatment
- HBV is 100 times more infectious than HIV and HCV is 10 times more infectious than HIV

**EMERGING TRENDS AMONG YOUTH**

In recent years, public health departments have seen an alarming increase in HCV among people age 15-25. This underscores the need for increased comprehensive education and prevention services including access to sterile injection equipment, safe injection education, HBV, HCV and HIV testing and access to drug treatment programs.

Experts also note that young drug users may have participated in other risky behaviors before initiation of injecting and might have multiple physical, mental, and emotional health needs.
INTEGRATING HEPATITIS SERVICES

Changes in the way services are delivered have the potential to maximize prevention opportunities for populations with overlapping risks. Service integration provides clients seamless comprehensive services without repeated registration procedures, waiting periods, or other administrative barriers. Overlapping risks suggest the need for common solutions and enhanced collaboration among related programs. Viral hepatitis messages and services can and should be integrated into the following programs:

- Substance Use and Prevention Programs
- Syringe Services Programs
- Jail and Prison Health Programs
- HIV/STD Counseling, Testing & Referral Programs
- Evidence-Based Interventions
- Community Mobilization Activities
- Awareness Events:
  - National HIV Testing Day
  - Awareness Days
  - Festivals/Parades
- HIV Care and Treatment Programs

NASTAD has produced *Viral Hepatitis and HIV/AIDS Integration: A Resource Guide for HIV/AIDS Programs* which can be found on the NASTAD website.

HEALTH INEQUITIES AND DISPARITIES

Viral hepatitis continues to disproportionately affect African Americans, Asian Pacific Islanders, Latinos, Native Americans and immigrants from highly endemic countries, as well as gay and bisexual men, persons who use injection drugs and persons living with HIV/AIDS.

If a person who uses drugs is also a member of a disproportionately impacted racial or ethnic group, he or she may be at even greater risk of viral hepatitis infection.

Recommendations for Persons Who Inject Drugs

Any person who has ever injected drugs (even once many years ago) should:

- Be tested for HBV
- Be tested for HCV
- Be tested for HIV
- Be vaccinated against HAV and HBV
- If sexually active with partner(s) of unknown status, be tested for:
  - Syphilis
  - Gonorrhea
  - Chlamydia
- If under 26 years of age, be vaccinated against HPV

UNMET VIRAL HEPATITIS NEEDS

There is no federal funding to provide core public health services for viral hepatitis. Federal funding is needed for HBV and HCV testing and medical referral. States receive on average $90,000 annually for adult hepatitis prevention.

There is no federally funded national chronic hepatitis B and C surveillance system. An important step to controlling infectious diseases such as HBV and HCV is establishing a surveillance system to monitor disease incidence, prevalence and trends.

There is no longer funding for an at-risk adult hepatitis A and B vaccination initiative.

There is no hepatitis C vaccine. The provision of basic prevention services including syringe access services is the only way to prevent new HCV infections.

Viral hepatitis disproportionately impacts minorities and must be addressed in the context of health inequities.