



Highlights

- Chronic HCV is the cause of 20% of liver cancer cases in the United States²
- HCV is more prevalent in males (60%) than females (40%)
- Individuals who inject drugs account for 75% of new cases of HCV nationwide
- CDC now recommends universal HCV screening for adults over 18 and as part of prenatal care
- Montana Medicaid no longer requires advanced stages of liver damage, 6 months of sobriety, or prescriber specialty

Visit www.GetTested.MT.gov to find HCV testing sites that offer affordable screening and treatment.

Hepatitis C (HCV) is a viral infection of the liver that can range from a mild illness lasting a few weeks to a serious, lifelong illness. Hepatitis C is often described as “acute”, meaning a new infection or “chronic”, meaning a potentially lifelong infection. Around 15-25% of infected individuals clear the infection on their own and do not develop chronic disease.¹ When left untreated, HCV can cause serious liver problems, including liver damage, cirrhosis (scarring of the liver), liver cancer, and even death. Transmission of HCV occurs when blood from a person infected with the hepatitis C virus enters the body of someone who is not infected. Risk factors for HCV include injection drug use, having an existing HIV infection, and being born between 1945-1965 before recognition and widespread screening of blood products was available.

Due to the COVID-19 pandemic, the year 2020 had decreased testing leading to low numbers of cases. Of the acute cases of HCV in 2020, 50% were between 26 and 35 years old. This may be influenced by decreased testing among age groups higher at risk of complications due to COVID-19. Chronic cases of HCV tend to be younger (26-40 y.o.) and males (60% vs. 40%). American Indians make up 25% of all reported HCV cases in Montana.

Figure 1. Rate per 100,000 of chronic and acute HCV cases - Montana, 2016-2020

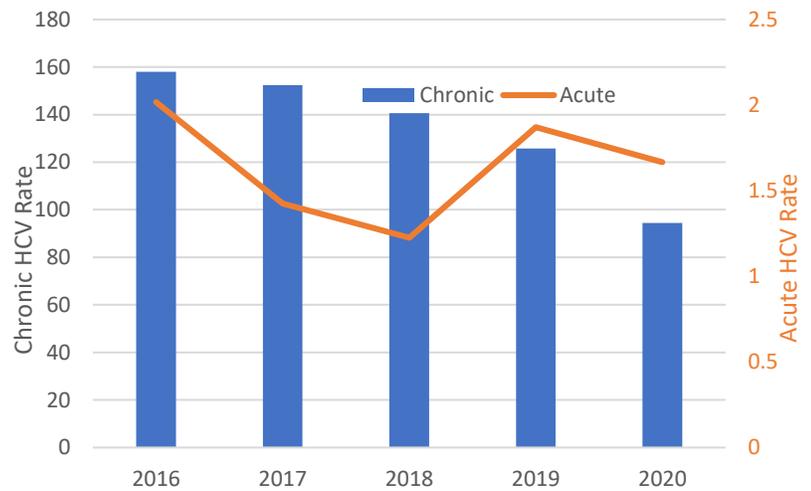
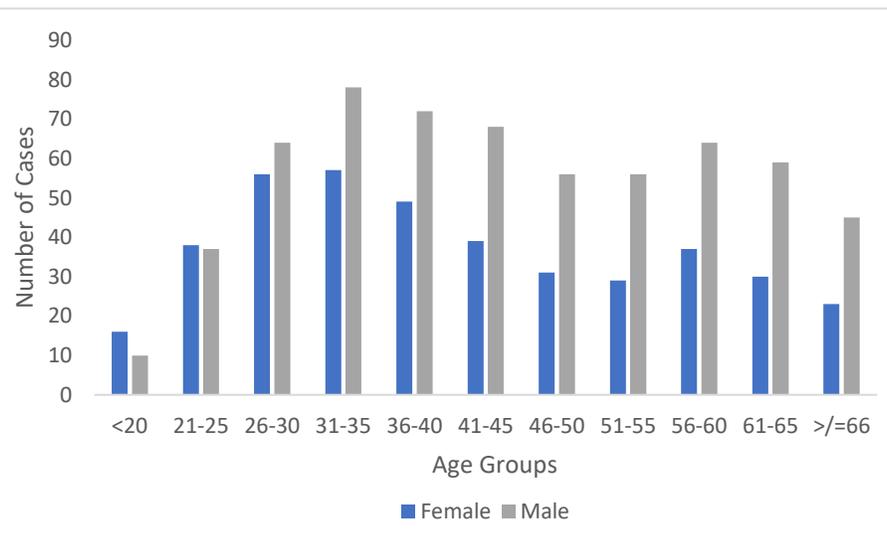


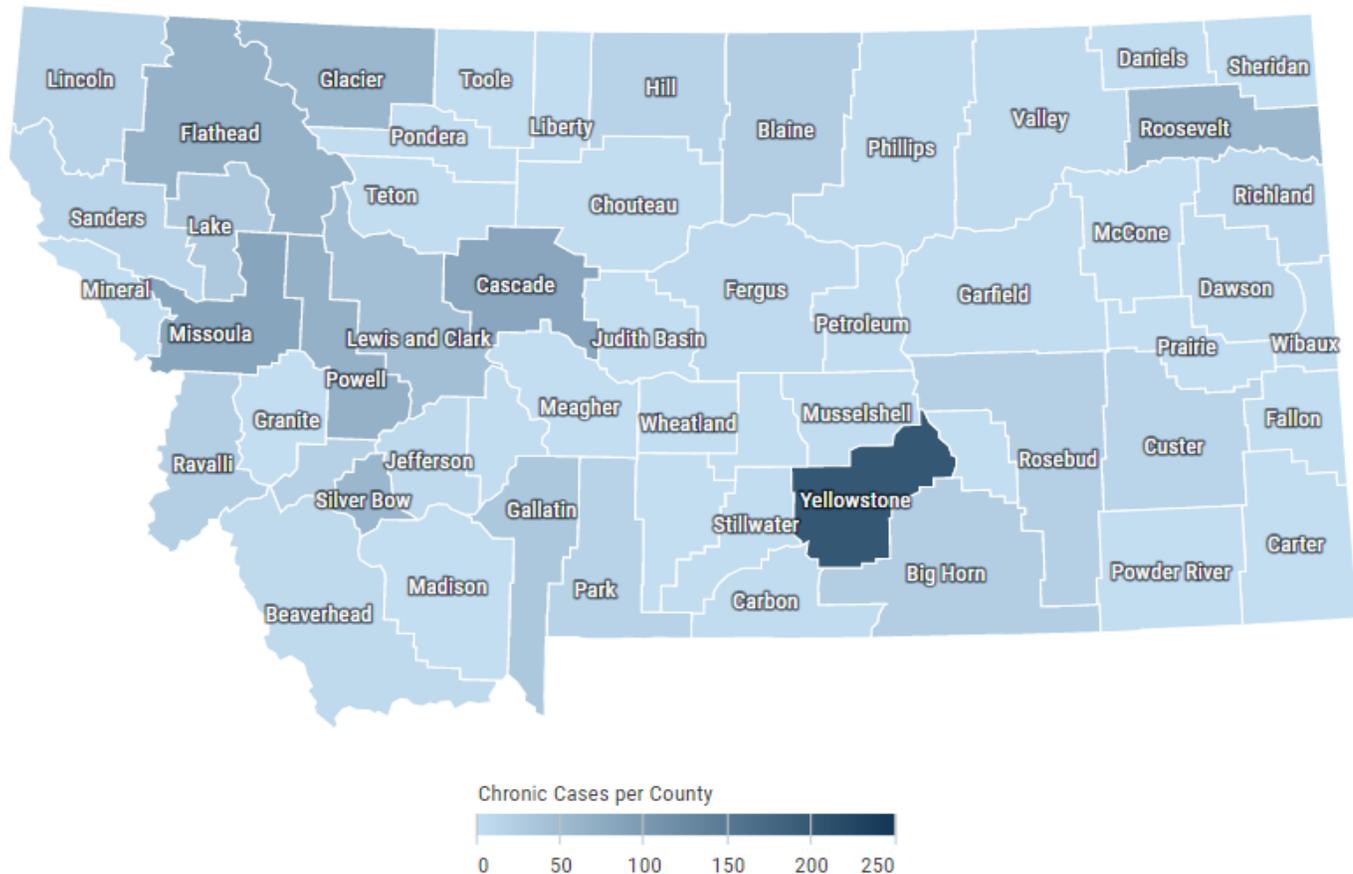
Figure 2. Chronic HCV cases by age groups — Montana, 2020



Montana data shows an increase in the number of reported HCV cases in individuals under the age of 35 potentially due to the high transmission risk of sharing needles to inject drugs.

The map below shows the demographic distribution of chronic HCV cases in 2020. Chronic HCV cases are both frequent and consistent among Montana’s counties. HCV distribution closely follows population distribution with Yellowstone county having the highest percentage (18.2%) and Cascade county (7.4%) ranking second. It should be noted that jurisdictions with robust HCV screening practices may experience higher disease rates which can contribute to some reporting bias.

Figure 3. Chronic HCV cases by county – Montana, 2020



Hepatitis C can be treated, controlled, and monitored for those infected with the disease. There is currently no treatment recommended for acute HCV. CDC guidelines recommend following the patient and implementing treatment if the condition becomes chronic. The treatment for chronic HCV varies based on the individual and the level of liver damage. There are currently different drugs and short-term therapies (ranging from 8-12 weeks) to eliminate the HCV virus with a 90% success rate¹. However, individuals who have developed liver damage from the virus will also require the appropriate treatment for their condition.

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<https://dphhs.mt.gov/publichealth/cdepi>

¹Centers for Disease Control and Prevention

²Makarova-Rushe OV, Altekruse SF, McNeel TS, Ulahannan S, Duffy AG, Graubard BI, et al. Population attributable fractions of risk factors for hepatocellular carcinoma in the United States. *Cancer*. 2016;122:1757-1765.