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## Making sense of hepatitis C

The new recommendations on hepatitis C virus (HCV) from the US Centers for Disease Control and Prevention (CDC) provide a reasoned and thorough blueprint for controlling an epidemic the dimensions of which have only recently been measured (*MMWR* 1998; 47: RR-19). Nearly 4 million Americans—or 1.8% of the US population—have been infected by HCV. HCV causes 8000–10 000 deaths and costs over \$600 million in medical bills and work-loss each year. Unfortunately, the CDC plan lacks the money to support it. Many local health departments—especially those in large, urban areas—which are already underfunded and are pressured by the AIDS epidemic cannot hope to carry out yet another massive public education, testing, and surveillance programme that the CDC report suggests.

HCV is an especially vexing problem for public health officials. It is almost a stealth disease. Tracking the incidence of HCV is nearly impossible. There are no reliable clinical or laboratory markers for acute HCV infection. Symptoms are lacking or non-specific in at least 80% of newly infected patients, anti-HCV antibody appears only months after exposure, and serum activities of alanine aminotransferase fluctuate from normal to raised throughout the course of infection. HCV-related chronic liver disease develops insidiously and take decades to present.

Identification of risk groups is equally challenging. Who should be tested? Clearly those who have received tainted blood or blood products and injection drug users. But what about those with a history of tattooing or body piercing, intranasal cocaine users, or long-term sex partners of HCV-positive patients—or even persons with a history of multiple sex partners? These are not small cohort groups. Yet, to the best of its epidemiology so far, the CDC can only classify these persons as being of “uncertain need” for HCV testing.

Given these uncertainties, who would want to be a local health official charged with planning an HCV public-education campaign and carrying out a comprehensive testing programme, one that includes counselling and treatment referral for

those testing positive for HCV exposure? Dealing with the “worried well” would alone be enough to break the budget. Imagine the demand for testing from even a fraction of those falling into the “uncertain need” category. How much money would be left to make sure infected persons are informed of the rapidly evolving treatment options or the need for alcohol abstinence and hepatitis A vaccination?

How much money is needed will be determined by the burden of disease. The current CDC budget for HCV—only \$9.5 million in 1998, is far too little. Indeed, it is a far smaller amount to do the job than CDC itself estimated earlier this year to the US Congress, when it put the cost at \$48 million. And it is only a portion of what the American Liver Foundation says is needed. By the foundation's accounting, the CDC plan would require \$73 million annually, with \$50 million alone going on testing, counselling, and referral. In 1997, the foundation spent \$7.5 million on public education—nearly twice what CDC could afford.

Clearly the problem of HCV will require a responsible partnership of public and private organisations. Unfortunately, the Schering Corporation has already breached the public trust with a US newspaper campaign that appears designed more to creating HCV hysteria than public understanding. In the advertisement, the company gives the impression that anyone who has had their ears—or any other body part—pierced, has a tattoo, or who has “shared a razor, toothbrush, or any item that could carry blood”, is at risk for HCV infection and should be tested. “To put it bluntly”, the company warns that “every living, breathing human being can get hepatitis C—even you”. Last year, Schering sold \$140 million worth of the HCV treatment interferon  $\alpha$ -2b in the USA alone, which helped make interferon its second biggest product worldwide. The advertisement has infuriated US public health officials, as well it might. If we are to make progress against this perplexing epidemic, careful and disinterested voices must prevail.

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