

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

Hepatitis C Quarterly Surveillance

Report: Quarter 2 (4/1/2023-6/30/2023)

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COUNTY OF SAN DIEGO
HEALTH AND HUMAN
SERVICES AGENCY



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Table of Contents

Definitions	3
Abbreviations	3
Hepatitis C Surveillance in San Diego County, Q2 2023 Executive Summary.....	4
Overall	4
By Gender	4
By Age	4
By Race/Ethnicity.....	4
By Geography.....	4
By Genotype	5
Disease Reports and Investigations.....	6
Gender	7
Selected Characteristics	8
Genotype	9
HHSA Region.....	10
Risk Factors	11

Definitions

Quarters are based upon calendar year and are defined as follows:

Quarter 1 (Q1): January 1 – March 31

Quarter 2 (Q2): April 1 – June 30

Quarter 3 (Q3): July 1 – September 30

Quarter 4 (Q4): October 1 – December 31

Abbreviations

CDC = Centers for Disease Control and Prevention

CSTE = Council of State and Territorial Epidemiologists

ELR = electronic laboratory report

HCV = hepatitis c virus

HHSA = Health and Human Services Agency

HIV = human immunodeficiency virus

MSM = men who have sex with men

PEH = persons experiencing homelessness

PWID = people who inject drugs

SANDAG = San Diego Association of Governments

Source: HIV/HCV Epidemiology and Surveillance Program, Epidemiology and Immunizations Services Branch, Health and Human Services Agency, County of San Diego. Current as of 10/3/2023. Data are provisional and subject to change as more information becomes available. CDC/CSTE criteria for [acute](#), [chronic](#), and [perinatal](#) hepatitis C cases are used for classification.

Hepatitis C Surveillance in San Diego County, Q2 2023 Executive Summary

Overall

- Approximately 1,500 hepatitis C disease reports were received by the County of San Diego Epidemiology Unit during Q2 of 2023. 567 chronic and 17 acute cases have been identified thus far for Q2 of 2023. No perinatal cases were identified during this quarter. Approximately 300 disease reports were forwarded for investigation to the HIV/HCV Epidemiology and Surveillance Program. This number represents all cases with detectable HCV RNA, persons less than or equal to 29 years of age with positive anti-HCV, pregnant persons, and anyone experiencing acute hepatitis C. Only cases meeting any of these criteria are investigated at this time.

By Gender

- In Q2, males accounted for 62 percent of newly reported chronic cases and 94 percent of acute cases. Male chronic case rate was higher than females at 21 and 12 per 100,000 persons, respectively. No female acute cases were reported during Q2.

By Age

- Persons 45-64 years of age had the highest rate of newly reported chronic infections among all age groups. Approximately 39 percent of newly identified chronic cases were among this age cohort. Persons 25-44 years of age had the highest rate of acute infections and account for 71% of the new cases.

By Race/Ethnicity

- Of the approximately 60 percent of chronic cases with race/ethnicity reported in Q2, native Hawaiian or other pacific islander persons accounted for the highest rate of newly reported chronic cases while non-Hispanic white persons accounted for the highest number of new cases at 27 percent. 82 percent of acute cases had known race/ethnicity data. Hispanic persons had the highest rate and accounted for 35 percent of newly reported acute cases.

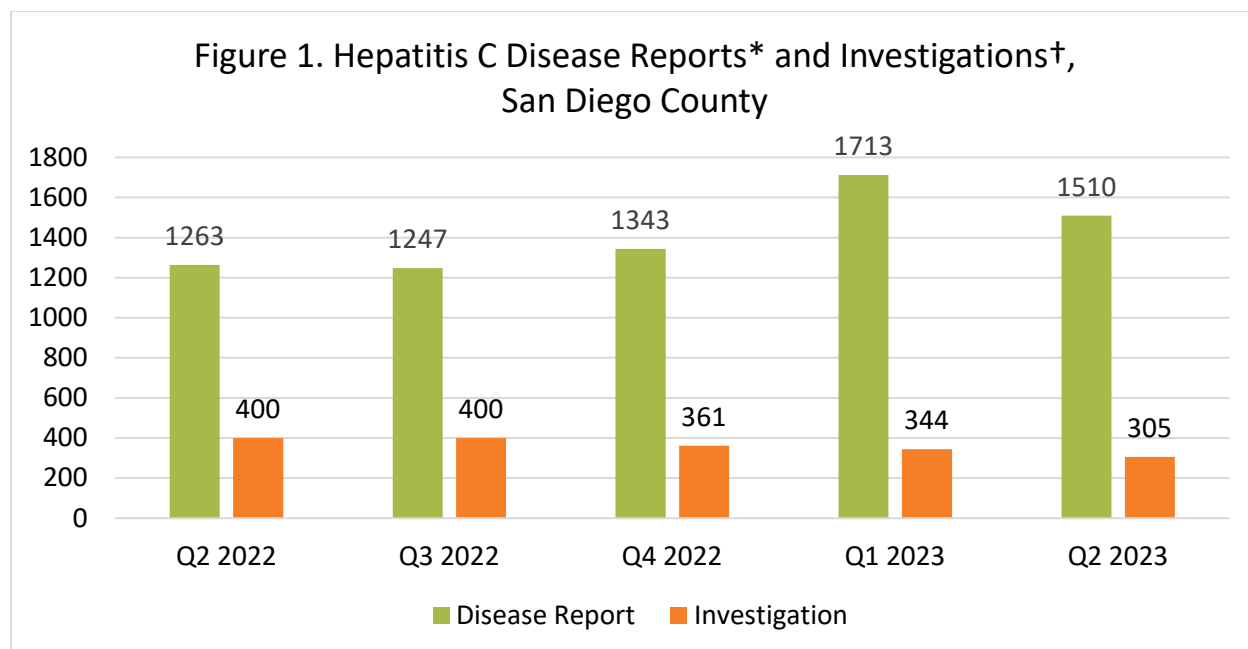
By Geography

- Central region had the highest rate of newly reported cases followed by South. Both regions have higher rates compared to the county.

By Genotype

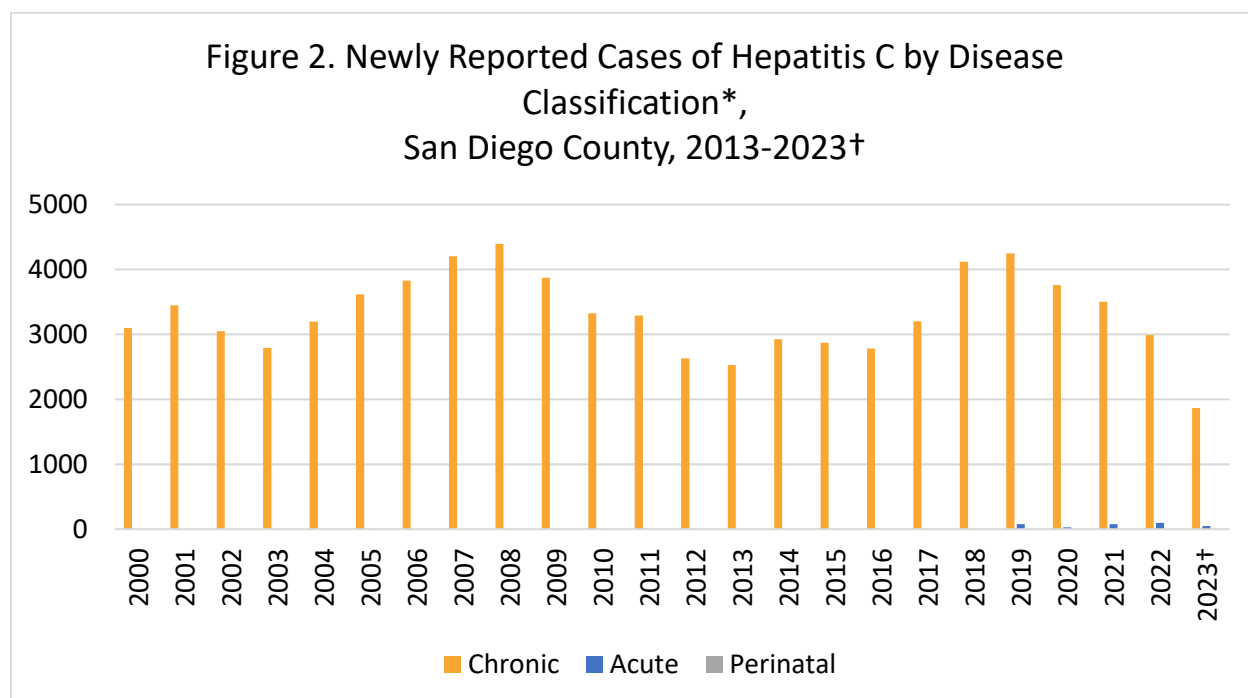
- In Q2 2023, 11 percent (N=62) of chronic cases and 41 percent (N=7) of acute cases had genotype information available. Genotype 1 was the most frequently reported among chronic cases. Genotype 3 was the most frequently reported among acute cases.

Disease Reports and Investigations



* Newly reported disease incidents only. Includes all resolution statuses and cases classified as chronic, acute, or perinatal.

† Kaiser Permanente initiated sending negative HCV ELRs in 2022 Q4. The result is an increased number of disease reports and decreased number of investigations as negative results are used to rule out active infections. Does not include pre-existing cases reopened for investigation.

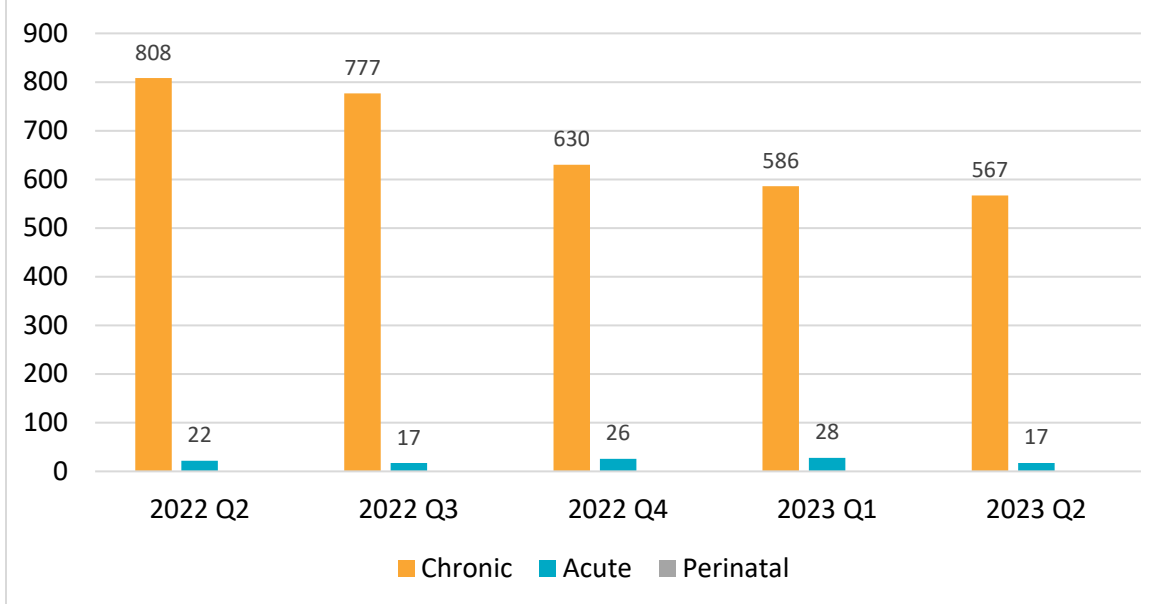


* Includes confirmed and probable cases following CDC/CSTE case criteria.

† 2023 data are through 10/3/2023. Includes confirmed and probable cases following CDC/CSTE case criteria.

Grouped by CDC disease year. Data from 2023 are preliminary and may change as new/updated information is received.

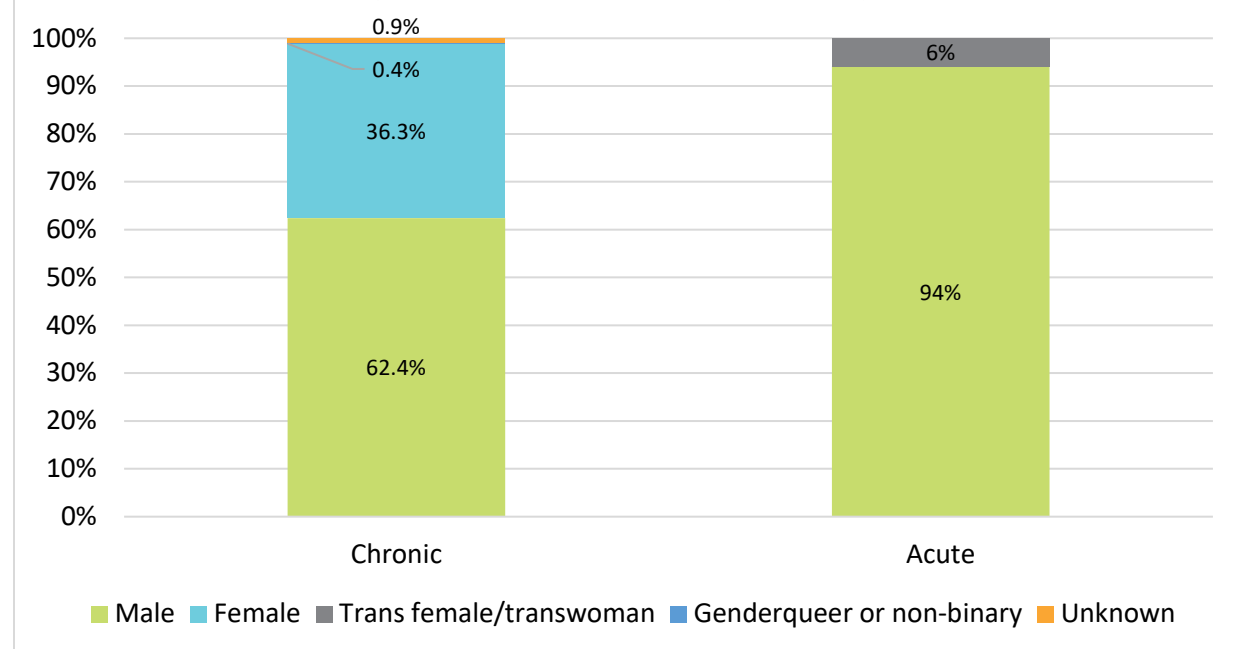
Figure 3. Newly Reported Cases of Hepatitis C by Disease Classification*, San Diego County



* Includes confirmed and probable cases following CDC/CSTE case criteria. Data from 2023 are preliminary and may change as new/updated information is received.

Gender

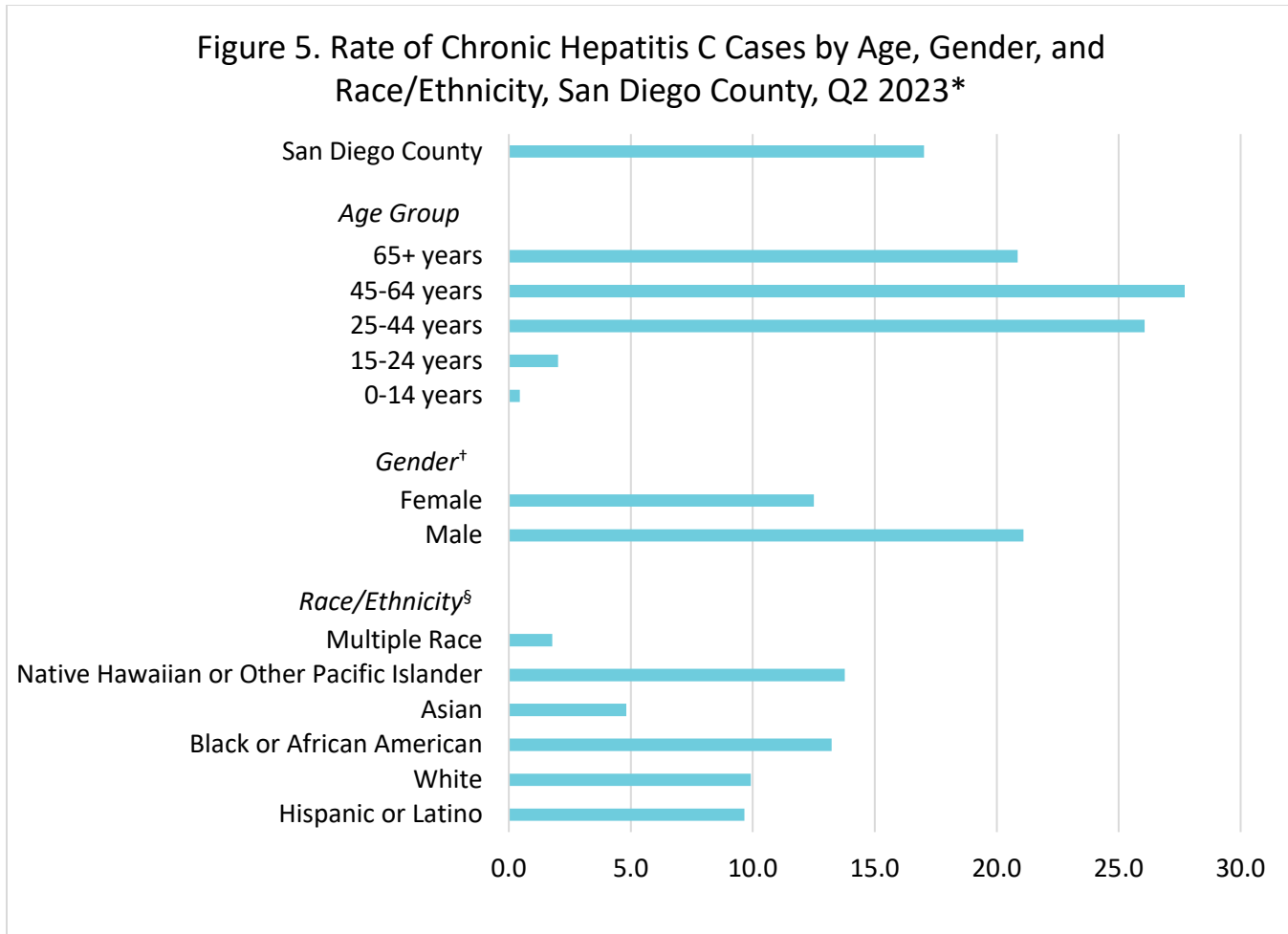
Figure 4. Gender Proportions of Chronic (N=567) and Acute (N=17) Hepatitis C Cases, San Diego County, Q2 2023*



* Data from 2023 are preliminary and may change as new/updated information is received.

Selected Characteristics

Figure 5. Rate of Chronic Hepatitis C Cases by Age, Gender, and Race/Ethnicity, San Diego County, Q2 2023*



* Rate per 100,000 population using SANDAG 2019 population estimates, vintage 2020. Data from 2023 are preliminary and may change as new/updated information is received.

† Rates were not calculated for transgender and genderqueer or non-binary persons because information on those identities is not consistently collected. There were 0 transgender cases and 2 genderqueer or non-binary person reported for Q2 2023. Rates for cases which gender is unknown were also not calculated. There were 5 cases with unspecified gender for Q2 2023.

§ Caution should be used when interpreting rates by race/ethnicity, since race/ethnicity information was not reported for a large proportion of chronic cases.

Genotype

Figure 6.1. Chronic Hepatitis C Case Genotypes*, San Diego County, Q2 2023† (N=62)

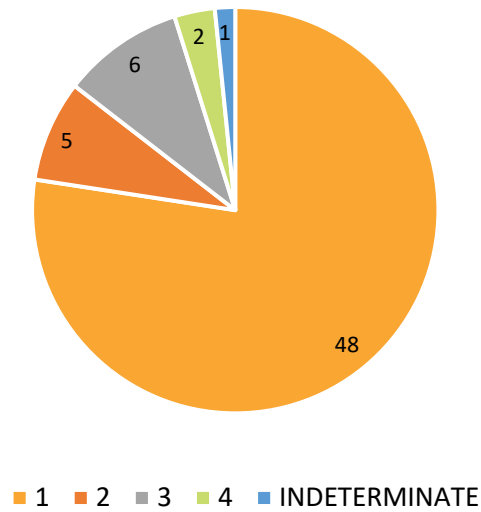
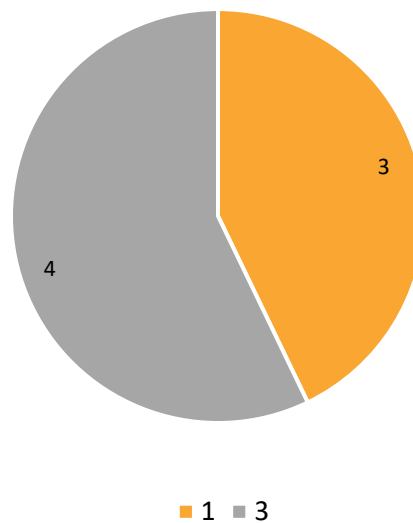


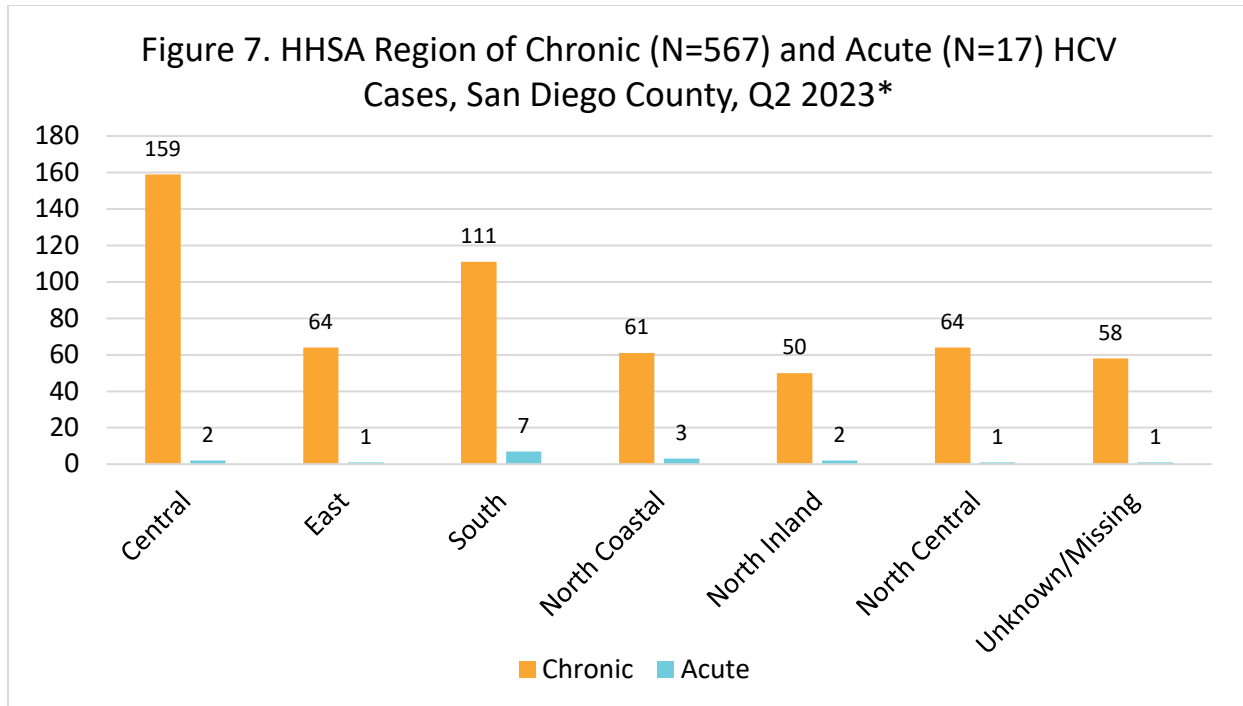
Figure 6.2. Acute Hepatitis C Case Genotypes*, San Diego County, Q2 2023† (N=7)



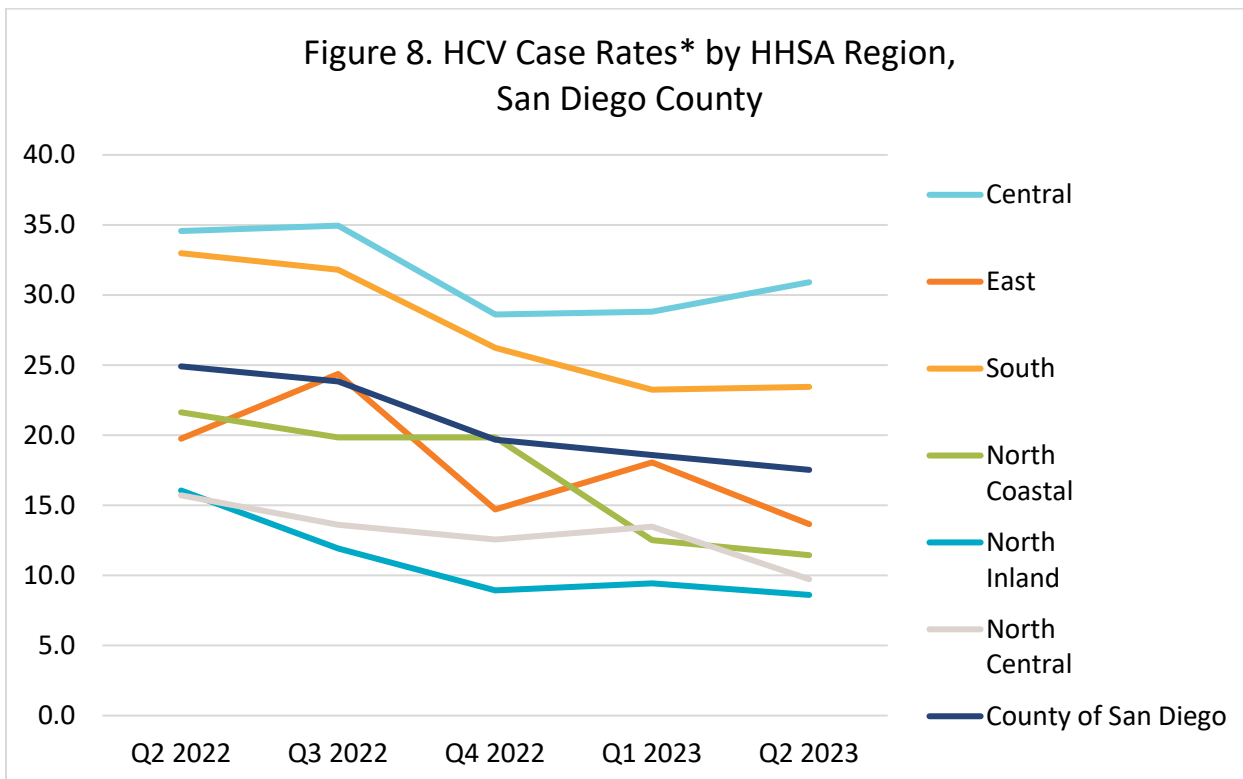
* Persons may test positive for more than one genotype. Subtypes collapsed into major genotypes.

† Data from 2023 are preliminary and may change as new/updated information is received.

HHSA Region

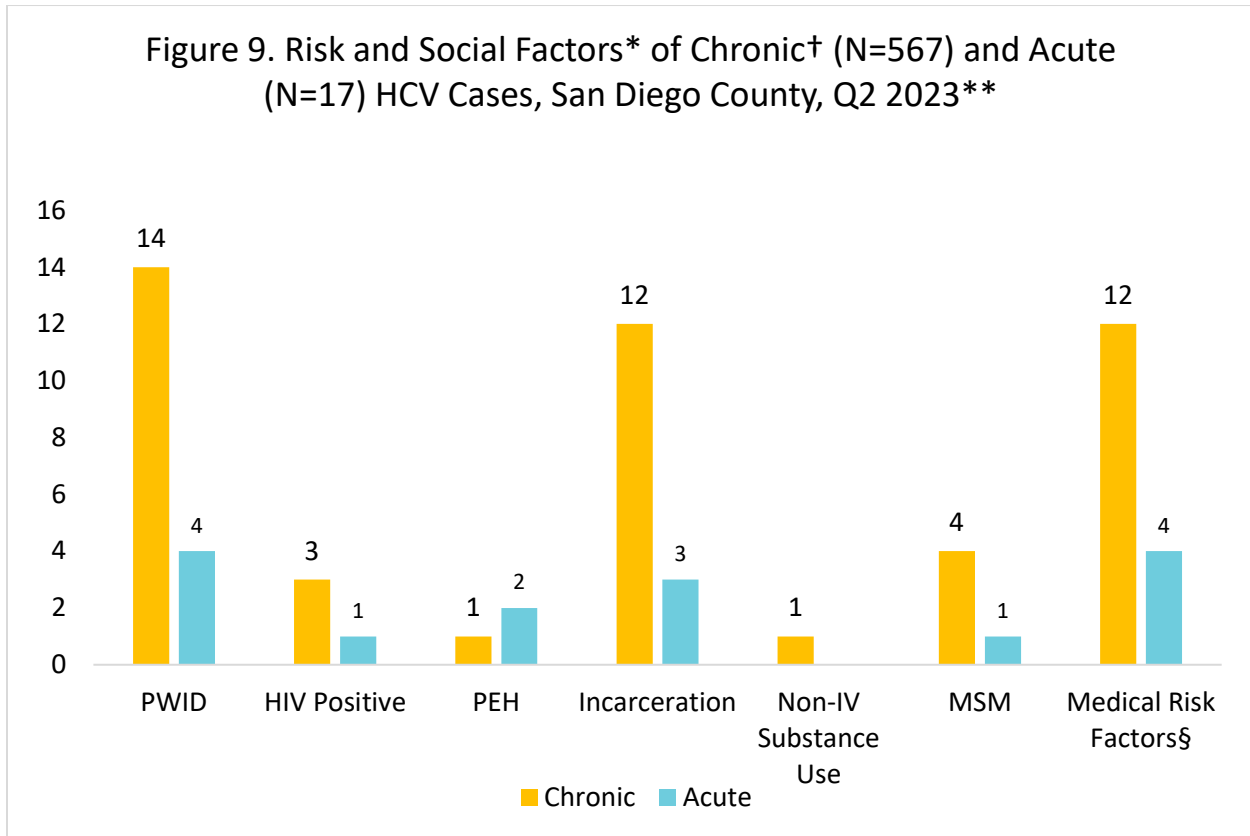


* Data from 2023 are preliminary and may change as new/updated information is received.



* Rate per 100,000 population using SANDAG 2019 population estimates, vintage 2020. Includes confirmed and probable cases following CDC/CSTE case criteria. Cases classified as chronic, acute, or perinatal. Data from 2023 are preliminary and may change as new/updated information is received.

Risk Factors



* Cases may have more than one risk factor. Incarceration includes county, state, and federal facilities.

† Data obtained through enhanced surveillance efforts. Does not include all reported incidents.

§ Includes but is not limited to surgery, transfusions, organ transplants, dental work, dialysis, and foreign procedures.

** Data from 2023 are preliminary and may change as new/updated information is received.