

HEPATITIS C: Notes about the Disease

Hepatitis C virus (HCV) infection is the most common blood-borne illness in the United States. More than 4 million Americans have been exposed to the virus, and nearly 3 million are thought to be chronically infected, making this disease four to five times more widespread than HIV infection. HCV is the most common reason for liver transplantation in the United States and causes 10,000 to 12,000 deaths annually. Like Hepatitis B, HCV infections can be both acute and chronic. Chronic HCV infection develops in 70-85% of HCV-infected persons; 60-70% of chronically infected persons have evidence of active liver disease.¹ The majority of infected persons might not be aware of their infection because they are generally asymptomatic and not clinically ill. However, infected persons serve as a source of transmission to others and are at risk for chronic liver disease or other HCV-related chronic diseases decades after infection.

HCV is most efficiently transmitted through large or repeated percutaneous exposure to infected blood. Persons with certain risk behaviors, including men who have sex with men and injection drug users, have high rates of HCV. Persons known as “baby boomers” are also at risk. About 1 in 33 “baby boomers”, aged 46-64, is infected with HCV.² Although much less frequent, occupational, perinatal, and sexual exposures also can result in transmission of HCV. There is no vaccine for Hepatitis C.

Testing is recommended for anyone at increased risk for Hepatitis C infection. Blood tests performed to test for hepatitis infection include screening tests for antibody to HCV, HCV recombinant immunoblot assay or RIBA, and tests to detect the presence of the Hepatitis C virus.

HCV-positive persons should be evaluated for presence of chronic liver disease, including assessment of liver function tests, evaluation for severity of liver disease and possible treatment, and determination of the need for Hepatitis A and Hepatitis B vaccination.³ A diagnosis of active Hepatitis C disease does not in itself indicate a need for treatment. Typically, patients require treatment only if the disease is causing significant liver damage or if their symptoms are severe. Because Hepatitis C is often asymptomatic, liver biopsy is the most reliable and definitive means of confirming the presence and extent of liver damage. Combination therapy with pegylated interferon and ribavirin is the treatment of choice at this time. However, promising new drug therapies may improve treatment methods and response rates.

Currently, only the acute form of Hepatitis C is reportable in NC.

1. Centers for Disease Control and Prevention, *Hepatitis C information for Health Professionals*, www.cdc.gov/hepatitis.
2. United States Department of Health and Human Services, “*Combating the Silent Epidemic of Viral Hepatitis*”, *Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis*, May, 2011.
3. Centers for Disease Control and Prevention, *Hepatitis C information for Health Professionals*, www.cdc.gov/hepatitis.