

Hepatitis C Virus: A Brief Summary

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV) that typically produces no symptoms. Over decades, it can lead to severe liver disease, including cirrhosis and liver cancer. Most of those infected are unaware that they have the disease. HCV is the most common chronic blood-borne infection in the United States, with an estimated 4.1 million Americans (1.8 percent of the population) being infected. The virus is transmitted via blood, most commonly by injection drug use, and, before 1992, by blood transfusion. No vaccine is available and no medications have proven effective in preventing infection after exposure.

Hepatitis C can be acute or chronic. Most people (70–85 percent) develop chronic infections. The disease progresses very slowly; within 20 to 30 years after infection, 10 to 20 percent of those with chronic disease will develop cirrhosis, and 1 to 5 percent liver cancer.

Based on national estimates, approximately 340,000 Floridians are chronically infected with HCV, and around 23,000 new cases are reported each year. However, because the initial stages of hepatitis C infection are either asymptomatic or associated only with mild symptoms, most new infections are not diagnosed. Hepatitis C was made a notifiable disease in Florida in July 1999. Prior to that time, all hepatitis C cases were classified as “hepatitis non-A/non-B.”

The infection is diagnosed by detection of HCV virus antibodies in blood. Since screening procedures for blood donors were instituted in the early 1980s, the predominant mode of HCV transmission in the U.S. has been injection drug use, which accounts for an estimated 60 percent of new cases.

Although the prevalence of HCV infection is higher among persons with multiple sexual partners, the risk of transmission between long-term steady partners is low. The risk of transmission from mother to child during birth is 5 to 6 percent. Rates of HCV infection in health care workers are the same as, or lower than, rates in the general population, although unintentional needle stick injury still poses a risk.

The treatment for hepatitis C has evolved substantially since the introduction of highly effective therapies in 2011. Since that time, new drugs with different mechanisms of action have become, and continue to become, available. For a complete list of currently FDA-approved therapies to treat hepatitis C, visit: www.hepatitisc.uw.edu/page/treatment/drugs.

Who should be tested for HCV?

- All Baby Boomers born from 1945–1965
- Anyone who had a blood transfusion or organ transplant before July 1992
- Persons who were ever on long-term hemodialysis
- People who injected drugs, even once many years ago
- Persons with hepatitis B or HIV/AIDS

References:

1. Centers for Disease Control and Prevention (CDC). Recommendations for prevention and control of hepatitis C virus infection and HCV-related chronic disease. MMWR 1998;47 (No. RR-19)
2. CDC. Testing for HCV infection: An update of guidance for clinicians and laboratorians. MMWR 2013; Vol. 62
3. CDC website: cdc.gov/hepatitis/hcv
4. CDC. MMWR Recommendations for the Identification of Chronic Hepatitis C Infection Among Persons Born During 1945–1965 August 17, 2012 / 61(RR04);1-18