

Hepatitis C

Hepatitis C is a viral infection of the liver. The Hepatitis C virus (HCV) infection is the most common chronic bloodborne infection in the United States; approximately 3.2 million persons are chronically infected. Infection is most prevalent among those born during 1945–1965, the majority of whom were likely infected during the 1970s and 1980s when rates were highest.



Who is at risk for HCV infection?

The following persons are at known to be at increased risk for HCV infection:

- Current or former injection drug users, including those who injected only once many years ago
- Recipients of clotting factor concentrates made before 1987, when more advanced methods for manufacturing those products were developed
- Recipients of blood transfusions or solid organ transplants before July 1992, when better testing of blood donors became available
- Chronic hemodialysis patients
- Persons with known exposures to HCV, such as
 - health care workers after needlesticks involving HCV-positive blood
 - recipients of blood or organs from a donor who tested HCV-positive
- Persons with HIV infection
- Children born to HCV-positive mothers

How is HCV transmitted?

HCV is transmitted primarily through repeated exposures to infected blood, such as

- Injection drug use (currently the most common means of HCV transmission in the United States)
- Receipt of donated blood, blood products, and organs (once a common means of transmission but now rare in the United States since blood screening became available in 1992)
- Needlestick injuries in health care settings
- Birth to an HCV-infected mother

HCV can also be spread infrequently through

- Sex with an HCV-infected person (an inefficient means of transmission)
- Sharing personal items contaminated with infectious blood, such as razors or toothbrushes (also inefficient vectors of transmission)
- Other health care procedures that involve invasive procedures, such as injections (usually recognized in the context of outbreaks)

What are the signs and symptoms of acute HCV infection?

Persons with newly acquired HCV infection usually are asymptomatic or have mild symptoms that are unlikely to prompt a visit to a health care professional. Approximately 20%–30% of those newly infected with HCV experience fatigue, abdominal pain, poor appetite, or jaundice. When symptoms occur, they can include

- Fever
- Dark urine
- Abdominal pain
- Nausea
- Joint pain
- Fatigue
- Clay-colored stool
- Loss of appetite
- Vomiting
- Jaundice

Treatment: It is curable. There is a chronic form of the disease. Approximately 15%–25% of persons clear the virus from their bodies without treatment and do not develop chronic infection; the reasons for this are not well known.

Why do most persons remain chronically infected with HCV?

A person infected with HCV mounts an immune response to the virus, but replication of the virus during infection can result in changes that evade the immune response. This may explain how the virus establishes and maintains chronic infection.

Who should be tested for HCV infection?

HCV testing is recommended for anyone at increased risk for HCV infection, including:

- Persons born from 1945 through 1965
- Persons who have ever injected illegal drugs, including those who injected only once many years ago
- Recipients of clotting factor concentrates made before 1987
- Recipients of blood transfusions or solid organ transplants before July 1992
- Patients who have ever received long-term hemodialysis treatment
- Persons with known exposures to HCV, such as
 - health care workers after needlesticks involving HCV-positive blood
 - recipients of blood or organs from a donor who later tested HCV-positive
- All persons with HIV infection
- Patients with signs or symptoms of liver disease (e.g., abnormal liver enzyme tests)
- Children born to HCV-positive mothers (to avoid detecting maternal antibody, these children should not be tested before age 18 months)

*From the desk of
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