

HEPATITIS C FACT SHEET

The Disease

Hepatitis C is a disease of the liver caused by the hepatitis C virus.

Number Infected

It is estimated that 4.1 million Americans, including 160,000 Michigan residents have ever been infected with hepatitis C.

Signs and Symptoms

In the early stages of the disease, hepatitis C may cause few or no symptoms. It is estimated that 60 to 70 percent of individuals infected with the virus do not know they are infected.

In individuals who are symptomatic, signs and symptoms may include: 1) jaundice, 2) fatigue, 3) dark urine, 4) abdominal pain, 5) loss of appetite, and 6) nausea.

Long-Term Effects

Fifteen to 25 percent of people infected with the hepatitis C virus will clear the virus from their body. Seventy-five to 85 percent will go on to develop chronic infection.

Disease progression in those chronically infected is variable but it can move from fibrosis, to cirrhosis, to end-stage liver disease and death. Ten to 20 percent of those chronically infected will develop cirrhosis within 20 to 30 years after infection.

Hepatitis C is the leading indicator for liver transplantation.

In addition, hepatitis C causes 8,000 to 10,000 deaths per year in the United States.

Transmission

Transmission occurs through blood-to-blood contact. Modes of transmission include:

Injection Drug Use: Injection drug use is the primary mode of transmission. The virus is transmitted through the sharing of needles, syringes, and other drug paraphernalia. It is estimated that 60 to 90 percent of injection drug users are infected with the virus. Sixty to 70 percent of all new infections are among this population.

Sexual Contact: The virus can be spread through sexual contact. Risk of sexual transmission is highest among individuals with multiple sexual partners and/or those with another sexually transmitted disease. Approximately 5 percent of persons seen in sexually transmitted disease clinics, who do not have a history of injection drug use, are infected. Sexual transmission between monogamous partners appears to be extremely rare.

Occupational Exposure: This virus can be transmitted during occupational exposure to blood through needlesticks or exposure to other sharp objects contaminated with blood. Risk of infection is approximately 1.8 percent for a single needlestick exposure.

Perinatal Transmission: The virus can also be transmitted from mother to child at birth. Approximately 5 percent of babies born to infected mothers are infected with the virus.

Receipt of Blood Transfusions/Organs/Blood Products: In addition, the virus was transmitted through transfusions and solid organ transplants before July 1992 and through the receipt of blood products produced

before 1987. Today, risk of transmission through these routes is extremely low because blood products and organs are screened for hepatitis C.

Prevention Strategies

Messages designed to prevent the spread of hepatitis C include:

Injection Drug Use: Do not shoot drugs. If you shoot drugs, get treatment. If you cannot stop using, never share needles and “works.”

Sexual Transmission: If you have more than one sexual partner or if you have been diagnosed with a sexually transmitted disease, correctly use condoms every time you have sex to prevent the spread of hepatitis C and other sexually transmitted diseases.

Occupational Exposure: If you are a health care or public safety worker, always follow routine barrier precautions and safely handle needles and other sharp objects contaminated with blood.

Blood Transfusions/Organs/Blood Products: If you are infected with hepatitis C, do not donate blood, organs, or tissue.

Treatment/Medical Management

Individuals at risk for infection with the hepatitis C virus should be offered testing and counseling.

Individuals found to be infected with the virus should be evaluated by their physician for liver disease and should work with their physician to make an individual decision about treatment.

Currently, the treatment of choice is a combination therapy using pegylated interferon and ribavirin. The length of treatment and potential outcome is dependent on the genotype of the hepatitis C virus with which a person is infected.

Genotype 1: The course of treatment for individuals infected with genotype 1, the most common genotype in the United States, is generally 48 weeks. Approximately five out of ten individuals completing this course of treatment have a Sustained Viral Response, defined as the absence of detectable virus in the blood six months after treatment ends.

Genotype 2 and Genotype 3: The course of treatment for individuals infected with genotypes 2 and 3 is generally 24 weeks. Approximately eight out of ten individuals completing this course of treatment have a Sustained Viral Response.

Treatment is expensive and many infected people are uninsured or underinsured. In addition, treatment can result in significant side effects and is not tolerated by everyone.

Even without treatment, risk of progression can be minimized through: 1) abstinence from alcohol and other drugs, and 2) vaccination with the hepatitis A vaccine and/or the hepatitis B vaccine.

For More Information:

Centers for Disease Control and Prevention: <http://www.cdc.gov/ncidod/diseases/hepatitis/c/>

American Liver Foundation: <http://www.liverfoundation.org/db-home/articles>

HCV Advocate: <http://www.hcvadvocate.org/>



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