What is hepatitis C?
Hepatitis C is a blood borne infection of the liver caused by the hepatitis C virus (HCV). In the United States, people born between 1945 and 1965 are 5 times more likely to have hepatitis C compared to people born in other years. Of individuals exposed to HCV as adults, 85% will develop chronic hepatitis C; of these, 10-20% will develop hepatic cirrhosis, putting them at risk of liver failure. Of those with chronic HCV, 1-5% will develop hepatocellular carcinoma (HCC).

What has VA done to treat hepatitis C?
VA is the single largest HCV care provider in the United States. VA has screened more than 90% of Veterans in our care who were born between 1945 and 1965. Almost all Veterans with HCV in VA care are eligible for treatment as there are very few contraindications to current therapies. Therefore all Veterans with HCV should be evaluated for treatment. VA has treated over 100,000 Veterans since the availability of all oral antivirals with a cure rate of 95%.

Who should be tested for hepatitis C?
Baby boomers, Veterans who served in the Vietnam War era, those with alcohol or substance use disorders, and those with psychiatric conditions or without stable housing are particularly likely to be affected. In 1998, VA began to implement a comprehensive program to screen Veterans for HCV based on one or more of the following risks:

- Abnormal liver test results or liver disease
- Born between 1945 and 1965 – once in a lifetime testing unless there are other risk factors
- Current or former injection drug user, even if injected only one time or many years ago. Current drug users should be tested at least once a year, more often if possible.
- Ever shared needles, syringes, or other equipment to inject or snort drugs

- Treated for a blood clotting problem before 1987
- Received a blood transfusion or organ transplant before July 1992
- On kidney dialysis treatment
- Vietnam-era Veteran
- Were incarcerated
- Work in healthcare or public safety and exposure to blood through a needlestick or injury with another sharp object on the job
- HIV infection
- Multiple sex partners
- Current or past sex partner(s) with HCV infection
- Obtained tattoos or body-piercings in non-regulated settings
- History of alcohol abuse or dependence
- Born to a mother infected with hepatitis C

How is hepatitis C diagnosed?
The diagnosis of chronic HCV infection is made with a positive HCV antibody test (which identifies exposure) followed by reflexive testing with hepatitis C RNA. A positive qualitative or quantitative viral load confirms chronic infection. Approximately 15-20% of those who test positive for HCV antibody may have negative HCV RNA, indicating spontaneous clearance of the virus. Chronic HCV infection is defined as an active infection with a detectable HCV viral load lasting longer than 6 months.

The positive HCV antibody test remains positive for the lifetime of the exposed individual and should not be repeated. In a patient who completed HCV treatment with a cure, a diagnosis of re-infection can be made with an HCV quantitative or qualitative RNA.
What are the symptoms of hepatitis C?
Most persons with acute or chronic HCV infection have few if any symptoms. Symptoms can range from mild to severe. The most common symptoms prior to development of end-stage liver disease include fatigue, myalgia, arthralgia, poor appetite, and nausea. Later symptoms include dark-colored urine, easy bruising or bleeding, jaundice, and fluid retention.

How is chronic hepatitis C treated?
Chronic HCV is easily cured in most individuals (including those with HIV and cirrhosis) with oral direct acting antiviral agents (DAAs). All HCV genotypes (1-6) can be cured with an 8-12 week regimen and with a 16-24 week regimen in more difficult cases. Patients with previous failure or relapses are all able to be treated. DAAs are well tolerated with occasional mild side effects including headache and fatigue.

Achievement of cure (known as sustained virologic response) is defined as an undetectable HCV virus 12 weeks after treatment completion. All patients with HCV should be evaluated by their provider and considered for HCV treatment. VA’s goal is to treat and cure all our patients with HCV.

How can hepatitis C be prevented?
Unlike hepatitis A and B, there is currently no available vaccine for HCV. The best way to prevent HCV infection is to avoid any contact with blood; not sharing needles, syringes, razors, or toothbrushes. The risk of sexually transmitted HCV infection is 3% or less among monogamous serodiscordant couples. Veterans should be counseled about limiting the number of sex partners and the consistent use of condoms with new partners and those whose HCV status is unknown.

Today, the most common mode of HCV transmission is injection drug use. Patients who use injection drugs should be counseled about harm reduction strategies including referral to VA and community programs that can provide clean needles.

What other care is important for Veterans with chronic hepatitis C?
Veterans with chronic HCV infection should be offered HIV and HBV testing. Veterans without immunity to hepatitis A or B should be offered vaccination.

Resources:

Find additional information and patient materials at [www.hepatitis.va.gov](http://www.hepatitis.va.gov)