

Hepatitis C

Information for Providers

What is hepatitis C?

Hepatitis C infection, caused by the hepatitis C virus (HCV), is the most common bloodborne infection in the United States with an estimated prevalence of over 3.2 million. People born between 1945 and 1965 are 5 times more likely to have hepatitis C than people born outside these 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).

Why is hepatitis C a problem in VA?

VA is the single largest HCV care provider in the United States, with a seroprevalence rate of 5.4% (3 times higher than that of the general U.S. population). Nearly 80% of Veterans in VA care who were born between 1945 and 1965 have been screened for HCV. Untreated HCV has led to increasing numbers of Veterans progressing to cirrhosis, end-stage liver disease, and HCC.

Who should be tested for hepatitis C?

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.

The Veteran desires to be tested, or one or more of the following risks are identified:

- ▶ Any person who requests screening
- ▶ Born between 1945 and 1965
- ▶ Current or former injection drug user, even if injected only one time or many years ago
- ▶ 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
- ▶ Abnormal liver test results or liver disease
- ▶ Work in health care 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
- ▶ Were incarcerated

How is hepatitis C diagnosed?

The diagnosis of HCV infection requires an HCV antibody test to determine past exposure or infection with HCV. Hepatitis C RNA testing should be performed to confirm the infection in those with a positive antibody test. Approximately 15-20% of those who test positive for HCV antibody may have negative HCV RNA, indicating spontaneous clearance of the virus.

- ▶ HCV antibody test, a serologic screening test for detection of anti-HCV antibodies, is the initial testing method for diagnosis of HCV infection.
- ▶ HCV RNA QUANT, an assay for the presence of HCV RNA (virus), is performed on a routine basis as a reflex test to confirm chronic HCV infection when the initial serologic screening (HCV antibody test) is positive.
- ▶ Chronic HCV infection is defined as an active infection with HCV lasting longer than 6 months.



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What are the symptoms of hepatitis C?

Most persons with acute or chronic HCV infection have few if any symptoms. When symptoms are present, they 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 can be treated and has extremely high rates of success. Success is defined as bringing the virus to undetectable level in the bloodstream during the course of treatment and the virus remains undetectable after treatment has been stopped. If a patient's virus is undetectable at 12 weeks after treatment is finished, then been cured of the hepatitis C virus. The treatment is with medication that is taken by mouth (no injections), usually for 3 months. Unlike in the past when HCV was treated with interferon, there are high cure rates in all genotypes (1-6), the side effects are very mild, and patients with cirrhosis and HIV coinfection, or previous failure or relapses, are all able to be treated. All patients with HCV should be evaluated by their provider and considered for HCV treatment. It is the goal of VA to treat and cure all patients of HCV.

How can hepatitis C be prevented?

There is no 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.

What other care is important for Veterans with chronic hepatitis C?

- ▶ Veterans who test positive for chronic HCV infection should be offered routine HIV and HBV testing.
- ▶ Veterans with chronic HCV infection without prior immunity to hepatitis A or B should be offered vaccination.

Resources:

- ▶ Chronic Hepatitis C Virus (HCV) Infection: Treatment Considerations (www.hepatitis.va.gov/provider/guidelines/index.asp)
- ▶ Hepatitis C Virus Antibody Screening and Diagnosis Testing Sequence (www.hepatitis.va.gov/provider/tools/screening-algorithm.asp)

Find additional information and patient materials at www.hepatitis.va.gov