

Hepatitis C

Hepatitis C virus (HCV) is a bloodborne infection that may cause both acute and chronic hepatitis C. The most common signs and symptoms of acute hepatitis C include jaundice, fatigue, dark urine, abdominal pain, loss of appetite and nausea. Acute hepatitis C cases are underreported because 80% are asymptomatic, and laboratories cannot distinguish between acute and chronic HCV infection. Chronic hepatitis C can lead to liver damage and sometimes death due to cirrhosis and liver cancer. In the U. S., an estimated 2.7–3.9 million people are infected with HCV. Chronic liver disease develops in up to 70% of chronically infected persons, and hepatitis C is the leading indication for liver transplant. Analysis of U.S. mortality data shows a steady increase in deaths from HCV over the last 15 years, reaching 19,659 deaths in 2014. Factors associated with HCV-related deaths included chronic liver disease, HBV co-infection, alcohol related conditions, minority status and HIV co-infection. Mirroring national trends, deaths from HCV in Oregon have risen steadily over the last decade, averaging more 500 deaths annually in Oregon during the last five years. Oregon's HCV mortality rate during 2009–2013 is more than six times higher than Oregon's HIV mortality rate. HCV mortality is also higher in Oregon than in the U.S. as a whole. In 2014, the most recent year national data are available, the age-adjusted Oregon mortality rate was 10.8 deaths per 100,000 persons, compared to the national mortality rate of 5.0 deaths per 100,000.

There is no vaccine for hepatitis C.

Hepatitis C is spread from one person to another primarily by percutaneous exposure to human blood; most infections are due to illegal injection drug use. Uncommonly, the virus can also be transmitted through sexual contact and from infected mothers to their infants at the time of birth. The risk for perinatal HCV transmission is approximately 4%. If the mother is co-infected with HIV, the risk for perinatal infection increases to approximately 19%. Since the adoption of routine blood donor screening in 1992, HCV is transmitted less than one time for every 2 million units of blood transfused. Cases can occur in health care settings, most commonly related to improper reuse of syringes or multidose vials.