

# 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. Most people do not experience acute hepatitis C infection symptoms and many people with chronic hepatitis C have few symptoms for the first 10 to 15 years after infection. Chronic hepatitis C can lead to liver damage and sometimes death due to cirrhosis and liver cancer. In the United States, an estimated 2.7–3.9 million people are infected with HCV. Chronic liver disease develops in up to 70% of chronically infected persons. Heavy alcohol use can also speed the progression of hepatitis C disease. Approximately 20% to 30% of people with untreated chronic hepatitis C will develop cirrhosis over 20–30 years. Among people with cirrhosis caused by chronic hepatitis C infection, 1% to 4% develop end-stage liver disease or liver cancer each year. Chronic hepatitis C infection is a leading indication for liver transplant in the United States and Oregon. New, highly effective hepatitis C treatments can cure more than 95% of people living with hepatitis C and successful hepatitis C treatment can slow or stop liver disease progression.

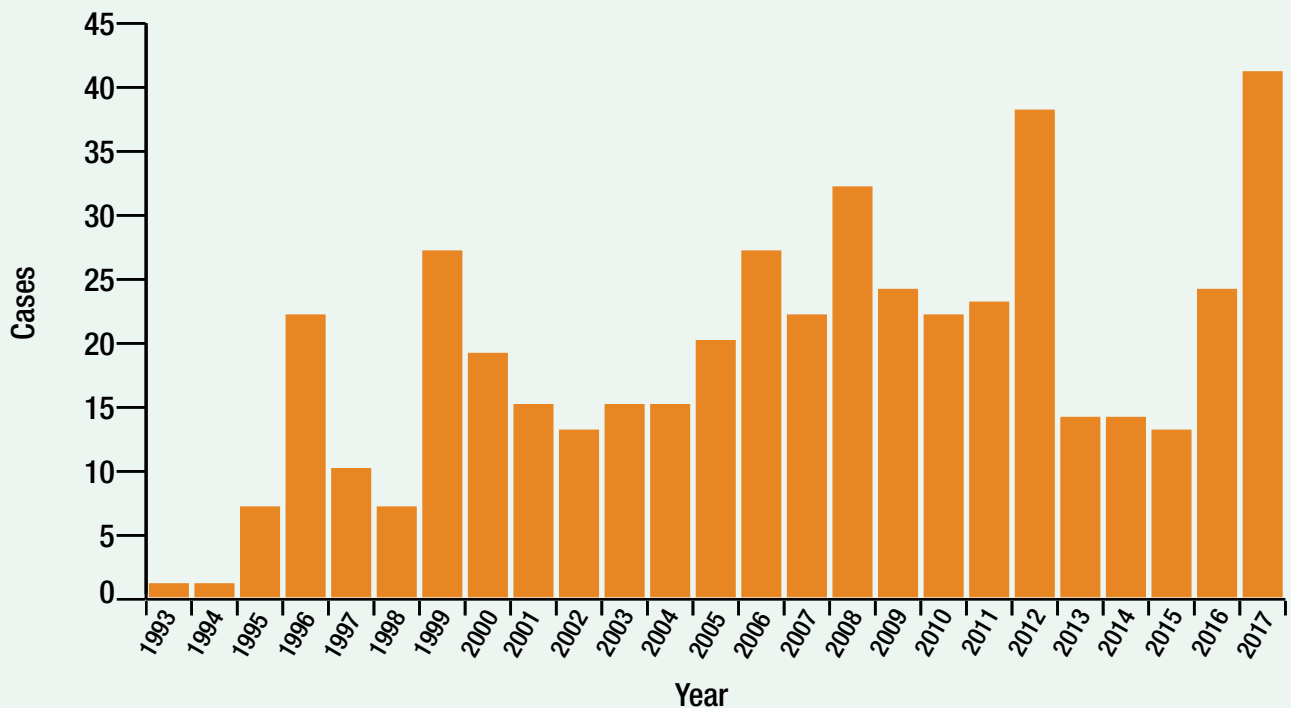
Analysis of U.S. mortality data shows a steady increase in deaths from HCV during the last 15 years, reaching 19,659 deaths in 2014. Factors associated with HCV-related deaths included chronic liver disease, HBV co-infection, alcohol-related conditions, minority status and HIV co-infection. Mirroring national trends, deaths from HCV in Oregon have risen steadily over the last decade, averaging more than 500 deaths annually in Oregon during the last five years. In 2015, Oregon's hepatitis C mortality rate of 9.9 deaths per 100,000 population was twice the U.S. hepatitis C death rate of 4.9 deaths per 100,000 populations. The most recent available national hepatitis C data are from 2015.

Some of the state's highest chronic hepatitis C rates are in rural areas. In Oregon, hepatitis C disproportionately affects African Americans and American Indians compared to Whites. There is no vaccine for hepatitis C and no post-exposure prophylaxis. 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.

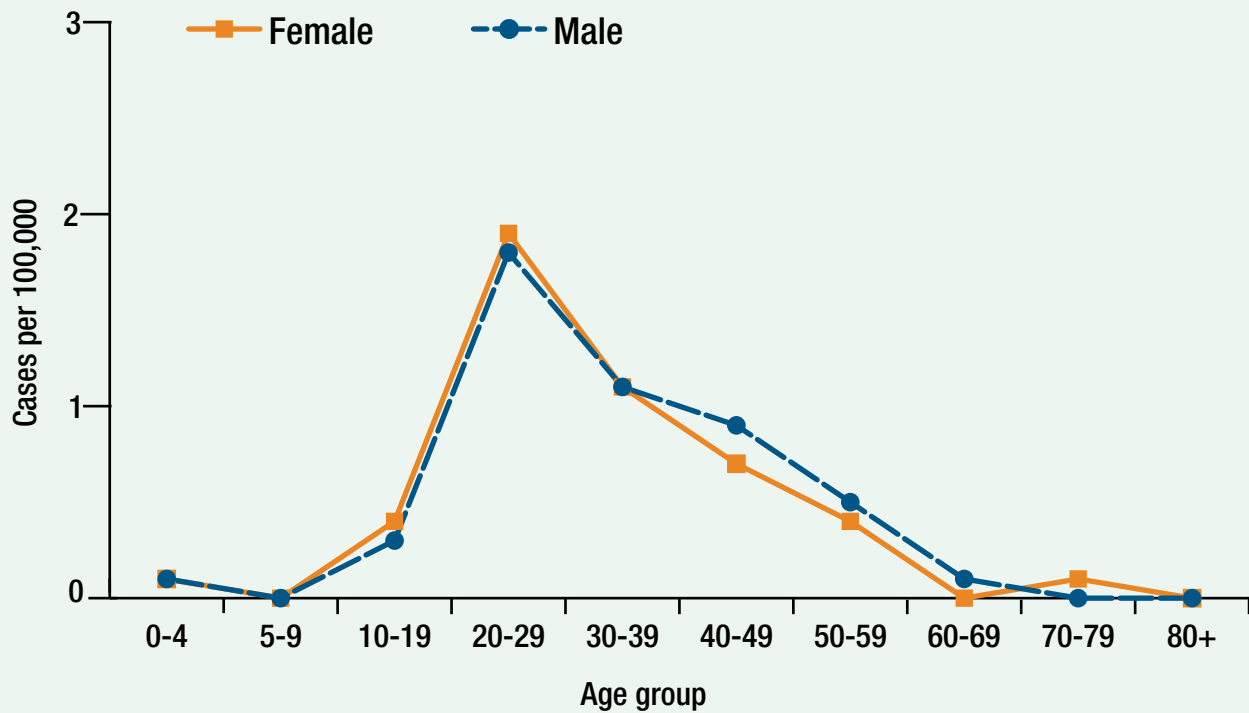
# Acute hepatitis C

On average during 2005–2017, there were 23 acute hepatitis C cases reported annually in Oregon. In 2017, 41 cases were reported. Thirty-seven (90%) of the cases were <40 years of age, and 23 (56%) were female. Injection drug use remains the predominant risk factor reported by cases (63%). There were no health care-associated acute hepatitis C cases in 2017. Currently there is no vaccine for hepatitis C.

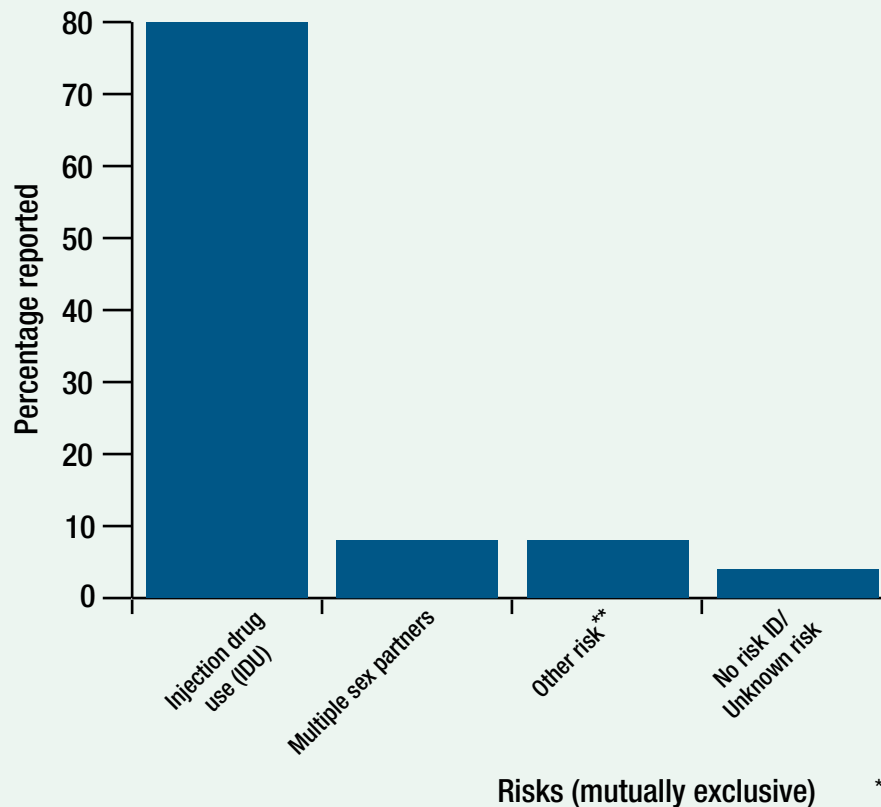
Acute hepatitis C by year: Oregon, 1993–2017



## Acute hepatitis C by age and sex: Oregon, 2008–2017



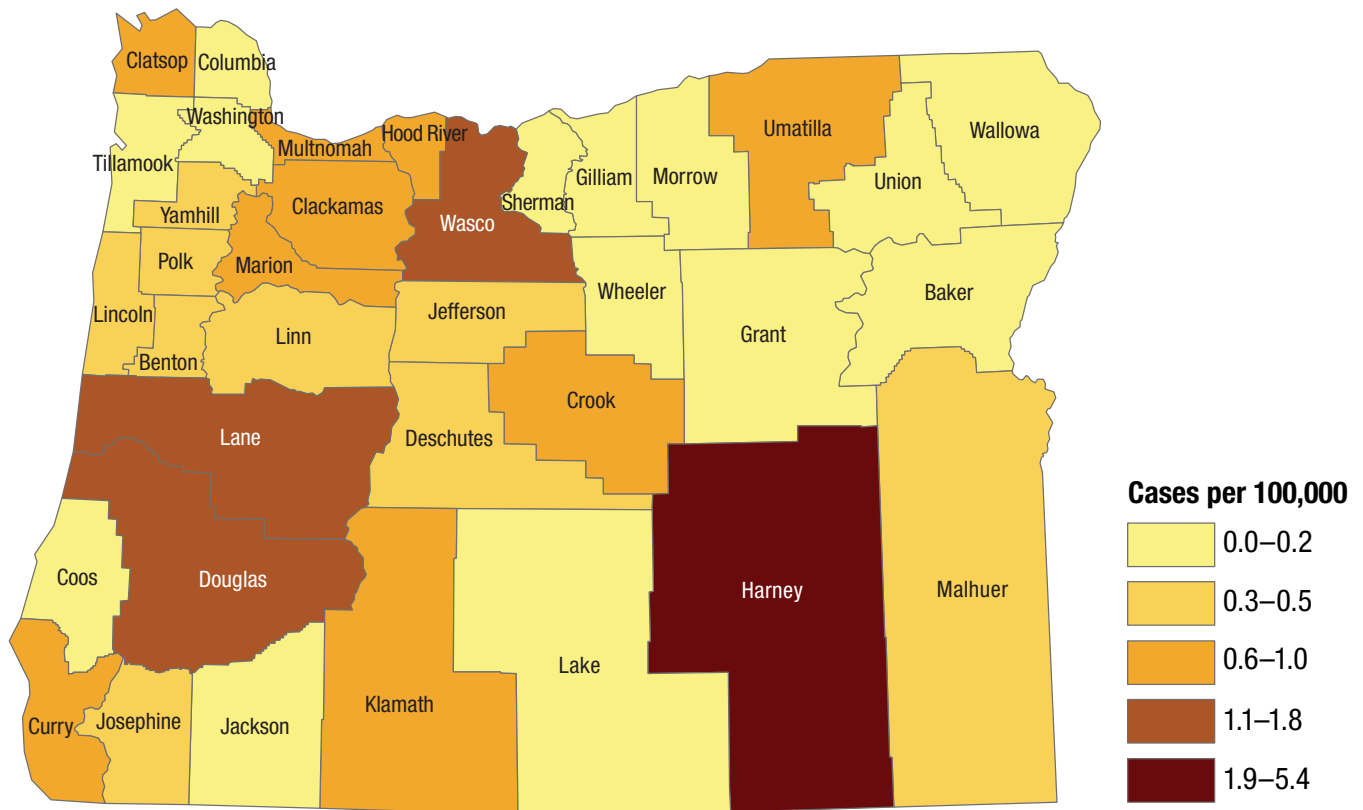
## Reported risk factors for acute hepatitis C among interviewed cases: Oregon, 2017



Risks (mutually exclusive)

\*Transfusion, infusions, dialysis, surgery  
 \*\*Street drugs, needlestick, tattoo, pierce, other blood exposure

## Incidence of acute hepatitis C by county of residence: Oregon, 2008–2017



### Prevention

- Health care workers should use universal precautions and best practices to prevent needlestick injuries.
- Persons who inject drugs should:
  - › Avoid sharing needles or works with others.
  - › Use only clean needles and works.
  - › Purchase new sterile needles from pharmacies.