

Hepatitis C

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1.

"HCV [Hepatitis C Virus], also transmitted parenterally, is the most prevalent bloodborne infection in the United States; approximately 3.2 million persons are chronically infected with HCV (4). No vaccine for this infection is available."

Source:

Centers for Disease Control and Prevention, "Surveillance for Acute Viral Hepatitis -- United States, 2005," Surveillance Summaries, March 16, 2007, MMWR 2007;56(No. SS-3), p. 2.

2.

"Of the cases reported in 2005 for which information concerning exposures during the incubation period was available, the most common risk factor identified for hepatitis C was injection-drug use (50%). During 1995-2005, injection-drug use was reported for an average of 39% of persons (range: 31%-50%). In 2005, 14% of persons with hepatitis C reported having had surgery, and 23% of persons reported having had multiple sex partners during the incubation period. A total of 8% of persons reported occupational exposure to blood."

Source:

Centers for Disease Control and Prevention, "Surveillance for Acute Viral Hepatitis -- United States, 2005," Surveillance Summaries, March 16, 2007, MMWR 2007;56(No. SS-3), pp. 5-6.

3.

"In the United States, chronic HCV infection accounts for 8,000 to 10,000 related deaths annually. It has become the leading cause of liver transplantation, accounting for 30% of all liver transplants. The Centers for Disease Control and Prevention (CDC) conservatively estimates expenditures devoted to HCV to be more than \$600 million annually."

Source:

Wong, John B., MD, McQuillan, Geraldine M., PhD, McHutchison, John G., MD, and Poynard, Thierry, MD, "Estimating

Future Hepatitis C Morbidity, Mortality, and Costs in the United States," American Journal of Public Health, Vol. 90, No. 10, Oct. 2000, p. 1562.

4.

"Injection drug users (IDUs) account for more than 60% of all new hepatitis C virus (HCV) infections in the United States. Fifty to eighty percent of new IDUs are infected within 6 to 12 months of initial injection. Current treatment regimens are not highly effective, and no vaccine against HCV is available."

Source:

Udeagu Pratt, Chi-Chi N., MPH, Paone, Denise, EdD, Carter, Rosalind J., PhD, and Layton, Marcelle C., MD, "Hepatitis C Screening and Management Practices: A Survey of Drug Treatment and Syringe Exchange Programs in New York City," American Journal of Public Health, Vol. 92, No. 8, Aug. 2002, p. 1254.

5.

"Hepatitis C virus (HCV) infection is very common among injection drug users. Studies of injection drug users in regions with a longstanding pattern of endemic injection drug use have reported prevalences of HCV antibody in the range of 65% to 90%, even where HIV prevalence is quite low.¹ 5 The majority of HCV infections become chronic, resulting in a large reservoir of HCV infection among injection drug users. Incidence of HCV infection in previously uninfected injection drug users ranges from 10 to 30 per 100 person-years at risk."

Source:

Hagan, Holly, PhD, Thiede, Hanne, DVM, MPH, Weiss, Noel S., MD, DrPH, Hopkins, Sharon G., DVM, MPH, Duchin, Jeffrey S., MD, and Alexander, E. Russell, MD, "Sharing of Drug Preparation Equipment as a Risk Factor for Hepatitis C," American Journal of Public Health, Vol. 91, No. 1, Jan. 2001, p. 42.

6.

"The potential for blood-borne viral transmission via injection equipment other than syringes was reported in an earlier study of equipment collected in a Miami shooting gallery, where HIV-1 DNA was detected in rinses from cottons and cookers and in water used to clean paraphernalia and to dissolve drugs. A sterile syringe may become contaminated when the tip of the needle is inserted into a contaminated cooker or when the drug is drawn up through contaminated filtration cotton. This type of

injection risk behavior appears to be quite common, and fewer injection drug users may recognize the hazard of sharing drug preparation equipment than recognize the hazard of sharing syringes. The present study suggests that HCV may be transmitted via the shared use of drug cookers and filtration cotton even without injection with a contaminated syringe."

Source:

Hagan, Holly, PhD, Thiede, Hanne, DVM, MPH, Weiss, Noel S., MD, DrPH, Hopkins, Sharon G., DVM, MPH, Duchin, Jeffrey S., MD, and Alexander, E. Russell, MD, "Sharing of Drug Preparation Equipment as a Risk Factor for Hepatitis C," American Journal of Public Health, Vol. 91, No. 1, Jan. 2001, p. 43.

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