

Hepatitis C

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1.

"Viral hepatitis is caused by infection with any of at least five distinct viruses, of which the three most commonly identified in the United States are hepatitis A virus (HAV), hepatitis B virus (HBV) and hepatitis C virus (HCV). All three of these unrelated viruses can produce an acute illness characterized by nausea, malaise, abdominal pain, and jaundice. HBV and HCV also can produce a chronic infection that is associated with an increased risk for chronic liver disease and hepatocellular carcinoma."

Source:

Centers for Disease Control and Prevention, "Surveillance for Acute Viral Hepatitis -- United States, 2007," Surveillance Summaries, March 16, 2007, MMWR 2009;58(No. SS-3), p. 2.

<http://www.cdc.gov/mmwr/PDF/ss/ss5803.pdf>

2.

"Chronic HCV infection can lead to severe liver disease, liver cancer and death. Rates of progression, though initially slow, increase over time. For example, after 20 to 40 years approximately 20 per cent of those infected will develop cirrhosis of whom approximately three per cent annually will die from decompensated cirrhosis or liver cancer. Chronic HCV can be successfully cleared in at least half of patients that are treated (Department of Health, 2002; Irving, presentation to ACMD, 2008)."

Source:

Advisory Council on the Misuse of Drugs, "The Primary Prevention of Hepatitis C Among Injecting Drug Users," (London, United Kingdom: February 2009), p. 7.

<http://drugs.homeoffice.gov.uk/publication-search/acmd/acmdhepreport228...>

3.

"HCV infection in IDUs is acquired primarily through injecting with an infected needle and syringe, which has been used by

someone else who is infected with HCV or possibly has become contaminated through contact with other contaminated injecting paraphernalia. The probability of becoming infected after using an infected syringe ranges from 1.5 to 5 per cent for HCV, in contrast to 0.34 to 1.4 per cent for HIV (Vickerman et al., in press)."

Source:

Advisory Council on the Misuse of Drugs, "The Primary Prevention of Hepatitis C Among Injecting Drug Users," (London, United Kingdom: February 2009), p. 12.

<http://drugs.homeoffice.gov.uk/publication-search/acmd/acmdhepreport228...>

4.

"Recommendation 1. Local service planners need to review local needle and syringe services (and be supported in this work) in order to take steps to increase access and availability to sterile injecting equipment and to increase the proportion of injectors who receive 100 per cent coverage of sterile injecting equipment in relation to their injecting frequency."

Source:

Advisory Council on the Misuse of Drugs, "The Primary Prevention of Hepatitis C Among Injecting Drug Users," (London, United Kingdom: February 2009), p. 28.

<http://drugs.homeoffice.gov.uk/publication-search/acmd/acmdhepreport228...>

5.

(2007) "With an estimated 3.2 million chronically infected persons nationwide, HCV infection is the most common bloodborne infection in the United States (6). No vaccine against HCV infection exists."

Source:

Centers for Disease Control and Prevention, "Surveillance for Acute Viral Hepatitis -- United States, 2007," Surveillance Summaries, March 16, 2007, MMWR 2009;58(No. SS-3), p. 2.

<http://www.cdc.gov/mmwr/PDF/ss/ss5803.pdf>

6.

(2005) "The hepatitis C virus (HCV) is a substantial public health problem. Globally, two per cent of the population may be infected (Shepard, 2005)."

Source:

Advisory Council on the Misuse of Drugs, "The Primary Prevention of Hepatitis C Among Injecting Drug Users," (London, United Kingdom: February 2009), p. 5.

<http://drugs.homeoffice.gov.uk/publication-search/acmd/acmdhepreport228...>

7.

(2007) "In 2007, a total of 849 confirmed cases of acute hepatitis C were reported; the overall national rate was 0.3 cases per 100,000 population (Table 2 and 9; Figure 17). Since 2003, hepatitis C rates have plateaued. After asymptomatic infection and underreporting were taken into account, approximately 17,000 new HCV infections occurred in 2007 (8)."

Source:

Centers for Disease Control and Prevention, "Surveillance for Acute Viral Hepatitis -- United States, 2007," Surveillance Summaries, March 16, 2007, MMWR 2009;58(No. SS-3), p. 5.

<http://www.cdc.gov/mmwr/PDF/ss/ss5803.pdf>

8.

(2007) "Of the cases reported in 2007 for which information concerning exposures during the incubation period was available, the most common risk factor identified was IDU (48%). During 1998–2007, IDU was reported for an average of 44% of persons (range: 38%–54%). In 2007, 42% reported having multiple sex partners during the incubation period, 10% reported having sexual contact with another known HCV-infected person, and 10% were MSM. Having had surgery was reported for 20% of persons with hepatitis C; the percentage was higher for persons aged >40 years (32%). A total of 2% reported occupational exposure to blood."

Source:

Centers for Disease Control and Prevention, "Surveillance for Acute Viral Hepatitis -- United States, 2007," Surveillance Summaries, March 16, 2007, MMWR 2009;58(No. SS-3), p. 6.

<http://www.cdc.gov/mmwr/PDF/ss/ss5803.pdf>

9.

"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.

<http://ajph.aphapublications.org/cgi/reprint/91/1/42.pdf>

10.

"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.

<http://ajph.aphapublications.org/cgi/reprint/90/10/1562.pdf>

11.

"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.¹⁵ 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.

<http://ajph.aphapublications.org/cgi/reprint/91/1/42.pdf>

12.

"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.

<http://ajph.aphapublications.org/cgi/reprint/92/8/1254.pdf>

13.

"Short-term use of smoked cannabis did not affect viral load in 15 HIV-positive patients and also is associated with adherence to therapy and reduced viral loads in 16 patients with hepatitis C infections."

Source:

American Medical Association, Council on Science and Public Health, "Report 3 of the Council on Science and Public Health: Use of Cannabis for Medicinal Purposes" (December 2009), p. 15.

http://americansforsafeaccess.org/downloads/AMA_Report.pdf

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