

Hepatitis C, Acute

Agent: Hepatitis C virus (HCV), a member of the Flavivirus family

Mode of Transmission: Hepatitis C is primarily spread when blood from someone infected with HCV enters the body of someone not infected, usually by passing through the skin. The most common means of HCV infection in the U.S. is injection drug use, including the sharing of needles, syringes, or other equipment used to inject drugs. Infection can also occur from needlestick injuries in health care settings, or by being born to an HCV-infected mother. Infrequently, the virus can be spread by sharing personal items contaminated with infectious blood (razors or toothbrushes), or by having sexual contact with someone infected with HCV. Before 1992, when blood screening for HCV became available, receipt of donated blood, blood products, and organs was a common means of transmission. This is now a rare occurrence.

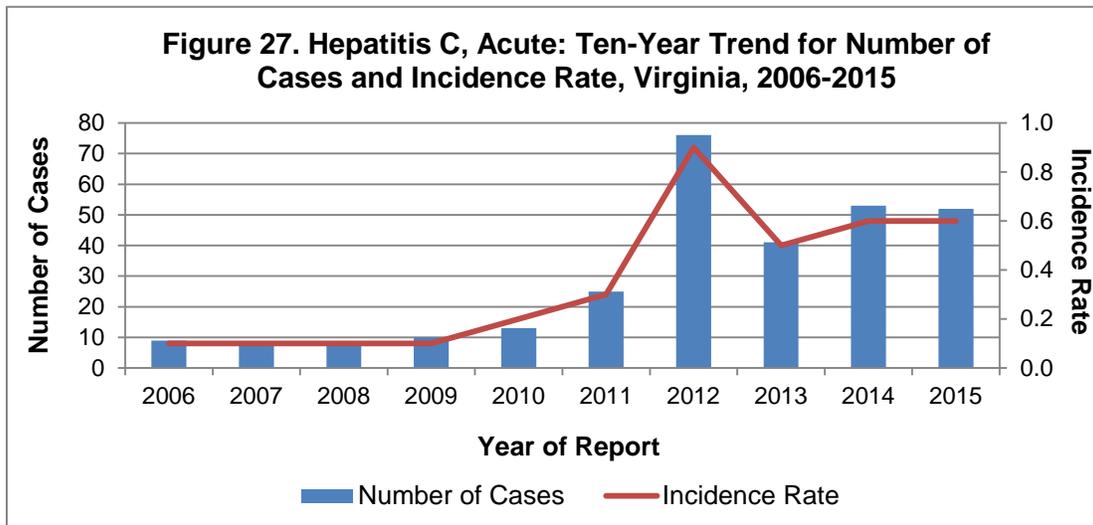
Signs/Symptoms: Often (70-80% of the time), no symptoms occur. Fever, fatigue, loss of appetite, nausea, abdominal discomfort, and jaundice are common symptoms when they do occur.

Prevention: Preventive measures include avoiding behaviors that can spread the disease, including sharing needles or other equipment used to inject drugs. Standard precautions and infection control practices should be followed during all medical and dental procedures. Any body piercing or tattooing should take place in a licensed facility. Sharing of personal items potentially contaminated with blood, such as razors and toothbrushes, should be avoided. Safe sexual practices and not donating blood if infected with HCV are also recommended.

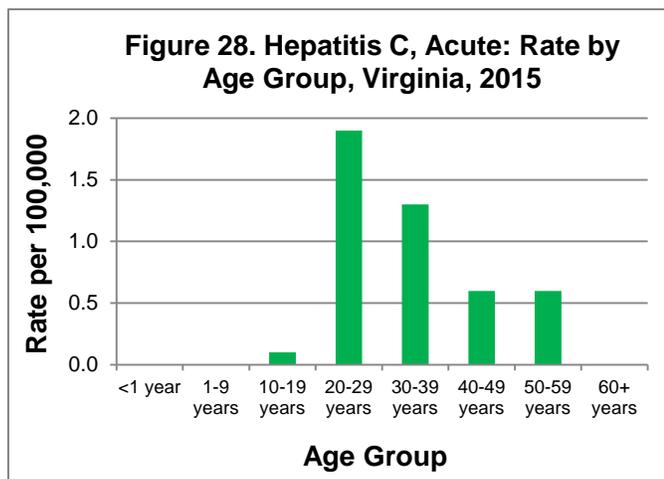
Other Important Information: HCV infections become chronic in 75-85% of cases. As people with chronic HCV infection age, they are at higher risk for developing chronic liver disease, such as cirrhosis and liver cancer. No vaccine is available to prevent HCV.

Hepatitis C, Acute: 2015 Data Summary	
Number of Cases:	52
5-Year Average Number of Cases:	41.6
% Change from 5-Year Average:	+25%
Incidence Rate per 100,000:	0.6

In 2015, 52 cases of acute hepatitis C infection were reported in Virginia, compared to 53 cases reported in 2014. This is a 25% increase when compared to the 5-year average of 41.6 cases per year (Figure 27). The true incidence of this condition is likely to be increasing. However, incidence is difficult to assess because the data are also affected by changes that were made to the national surveillance case definition in 2012 (allowing cases to be counted based on laboratory criteria alone) leading to a higher number of reported cases, while also acknowledging that cases are undercounted due to the large percentage of infections that go undetected because of the absence of symptoms.



The highest incidence rate (1.9 per 100,000) occurred in the 20-29 year age group, followed by the 30-39 year age group (1.3 per 100,000). No cases of acute hepatitis C infection were reported in persons less than 10 years of age (Figure 28). Race was available for 71% of cases. Among those with a known race, 35 were among the white population resulting in an incidence rate of 0.6 per 100,000. The rate among both the black and “other” race populations was similar at 0.1 per 100,000. Incidence of acute hepatitis C infection among females was 0.7 per 100,000, while the incidence among males was 0.5 per 100,000.



In 2015, 79% percent of acute hepatitis C cases occurred in two regions in the state. The highest number of cases and incidence rate were both seen in the northwest region with 21 cases and an incidence rate of 1.6 per 100,000. This was followed closely in the southwest region with 20 cases being reported and a rate of 1.5 per 100,000. Nine cases were reported from the central region (0.6 per 100,000), and one case each were reported from the northern and eastern regions. Incidence rates by locality can be seen in the map below. Disease onset occurred throughout the year with 58% of cases having onset in the second and third quarters of the year. No acute hepatitis C outbreaks were reported in Virginia in 2015.

Certain behaviors can place a person at greater risk for infection with hepatitis C virus. Most people become infected with hepatitis C virus by sharing needles, syringes or other equipment while injecting drugs. Other at risk behaviors can include receiving needlestick injuries in health care settings, practicing unregulated, unsafe or unclean body piercing or tattooing, or being born to a mother infected with hepatitis C. Less common risks include engaging in unsafe sexual practices, or sharing personal items that may be contaminated with blood from an infected person (toothbrushes, razors). During 2015, patient history information on

potential risk factors was obtained for 40% of cases. Among those reporting at least one potential risk factor in the 2 weeks to 6 months prior to onset of symptoms, 38% injected drugs not prescribed by a doctor, 29% reported non-injected street drug use, 24% had received a tattoo, 14% were incarcerated, and 10% had a part of their body pierced. No deaths were attributed to acute hepatitis C infection in 2015.

Hepatitis C, Acute, Incidence Rate by Locality Virginia, 2015

