

Hepatitis C, Acute

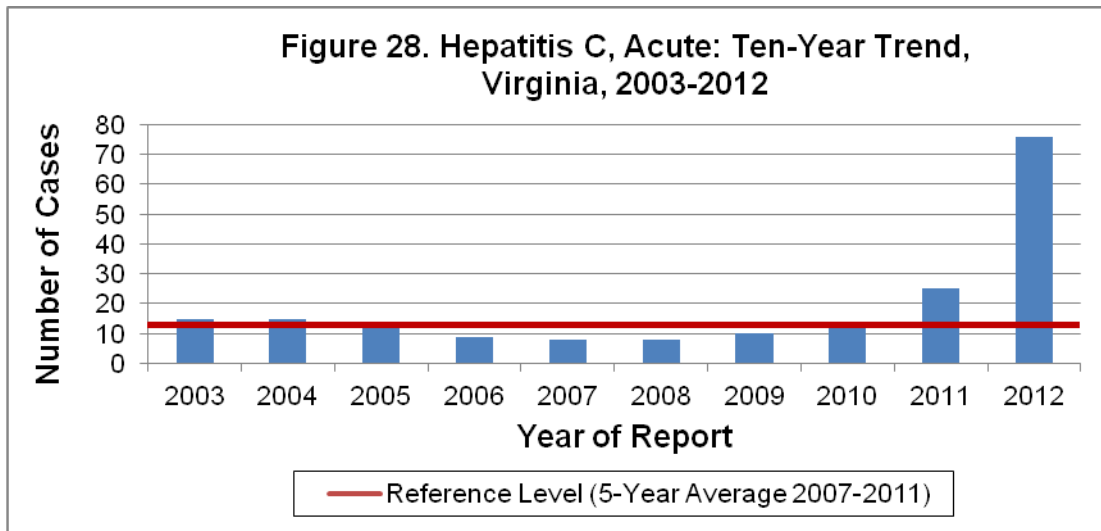
Agent: Hepatitis C virus (HCV), a member of the Flavivirus family

Mode of Transmission: Infection is spread when blood of someone with HCV enters the body of another person. Infection can occur during injection drug use if needles, syringes, or other equipment are shared or during healthcare procedures if needle stick injuries occur. Infrequently, HCV can be spread through sex with a person infected with hepatitis C, through the sharing of personal items contaminated with infectious blood, such as razors or toothbrushes, through healthcare involving invasive procedures, or during delivery if the expectant mother has hepatitis C. Before 1992 when blood screening for HCV became available, receipt of donated blood, blood products, and organs was a common means of transmission, but now is a less common risk factor.

Signs/Symptoms: Fever, fatigue, loss of appetite, nausea, abdominal discomfort, or jaundice.

Prevention: Preventive measures include avoidance of the following: contact with blood; sharing of needles or other equipment used for injecting drugs; sharing of personal items such as razors, toothbrushes, nail clippers, or glucose monitoring equipment; or obtaining a tattoo or body piercing from an unlicensed facility or in an informal setting. Additional preventive measures include practicing safe sexual practices and proper infection control during medical and dental procedures and avoidance of donating blood if infection with HCV is known.

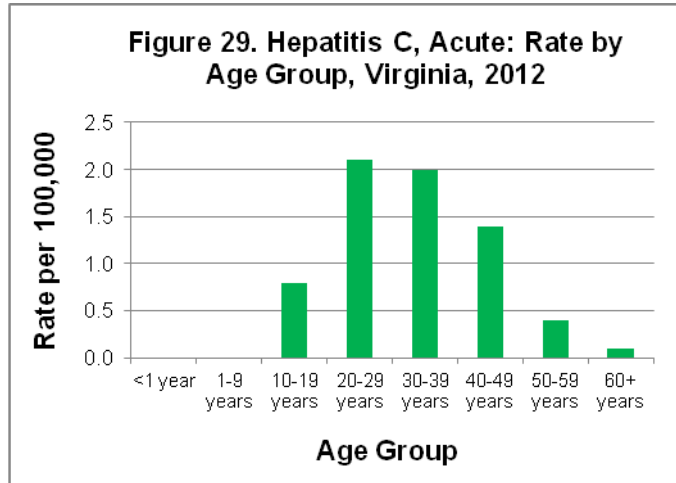
Other Important Information: Approximately 20-30% of new infections cause symptoms. HCV infections become chronic in 75-85% of cases. As people with chronic HCV infection age, they are at higher risk for developing chronic liver disease, cirrhosis, and liver cancer. No vaccine is available to prevent HCV.



Seventy-six cases of acute hepatitis C infection were reported in 2012, which is more than three times the 25 cases reported in 2011, and six times greater than the five-year average of 12.8 cases per year (Figure 28). This increase in part may be attributed to changes in the surveillance case definition such that some cases of illness were counted in 2012 that would not have been counted in previous years. Case definition changes included being able to count a case in a person who tested positive if that person had tested negative within the prior six months, even in the absence of symptoms, and instead of requiring negative tests for

hepatitis A and hepatitis B, it now says those test results must be negative if the tests were conducted.

The incidence rate was highest in the 20-29 and 30-39 year age groups (2.1 and 2.0 per 100,000, respectively) (Figure 29). No cases of hepatitis C infection were reported in children less than 10 years of age. Of the fifty-six cases for which race information was available, fifty-four were reported from the white population (0.9 per 100,000), and two from the black population (0.1 per 100,000). Males had a slightly higher rate for infection with acute hepatitis C than females, with rates of 1.0 and 0.8 per 100,000, respectively.



Incidence rates observed in the southwest and northwest regions (2.5 and 2.2 per 100,000) were more than three times the rates observed in the other regions, which ranged from 0.1 to 0.6 per 100,000. Disease onset occurred throughout the year with a slightly lower incidence in the fourth quarter (16%). Risk factor data were available for 29% of the cases, with some individuals reporting more than one risk factor. Among persons providing risk information, 73% reported sexual contact with a known HCV-infected partner and 18% had injected non-prescribed drugs. One death was attributed to acute hepatitis C infection among the 76 cases reported in 2012.