Infectious Disease *Bulletin*

VERMONT DEPARTMENT OF HEALTH

Guidance • Support • Protection • Prevention

Division of Health Surveillance – Infectious Disease Epidemiology Section August 2012

Hepatitis C Testing for People Born From 1945-1965

The CDC has released draft guidelines for hepatitis C testing that recommend **one-time hepatitis C antibody testing for all people born from 1945-1965**. In Vermont, this could identify approximately 3,700 people who are unaware of their infection. Identification and treatment of chronic hepatitis C can help individuals avoid the serious outcomes of this disease, including liver cirrhosis and liver cancer. Hepatitis C virus (HCV) is the number one cause of liver cancer. Nationally, deaths from HCV have recently surpassed those from HIV.

HCV prevalence among the general population is estimated to be 1.6%. Among baby boomers, born 1945-1965, the prevalence is 3.2%. Baby boomers account for 73% of all HCV infections and 75% of deaths due to HCV.

The CDC also continues to recommend screening for people who have one or more of the following risk factors:

- Ever injected illegal drugs, even once.
- Received blood transfusion or organ transplant before 1992, or clotting factors before 1987.
- Sexual partners of people with HCV.
- People with more than one abnormal liver function test.
- People undergoing long-term hemo-dialysis.
- Known exposure to HCV, including needle-stick injury.
- Children born to mothers with HCV -- testing should happen after the baby is at least 18 months because maternal antibodies may be present until then.
- Individuals who are living with HIV.

Patients who have HCV antibody should receive confirmatory testing through RNA (i.e. PCR) testing to determine if they have chronic HCV. Between 15-25% of people who are exposed to HCV will clear the virus without treatment, though they will continue to be HCV antibody positive.

Patients who are HCV positive should be:

- Screened for alcohol abuse and counseled to reduce alcohol intake as well as intake of acetaminophen.
- Offered vaccination against hepatitis A and hepatitis B to reduce co-infection risk.
- Counseled about how to reduce the risk of spreading HCV to household, sexual, or drug use contacts.

Not all patients with chronic HCV need treatment. Patients should be counseled to eat healthy, and exercise routinely. They should also receive regular liver function tests to assess liver health.

Treatment for chronic HCV is 24-48 weeks of combination therapy using pegylated interferon and ribavirin. Newer treatments may also include a protease inhibitor. Treatment results in sustained virologic response in 40-80% of patients.

The *Infectious Disease Bulletin* can be viewed at: http://healthvermont.gov/pubs/IDB/index.aspx
For questions & comments, please contact Patsy Kelso at (802) 863-7240

Vermont – Selected Reportable Diseases – 2012

(Data through MMWR Week 30 7/28/2012) – Provisional

	Campylobacter	Cryptosporidium	E. coli*	Giardia	Group A Strep Inv**	Hepatitis A	Hepatitis B - Acute	Hepatitis B - Chronic	Hepatitis C - Acute	Hepatitis C - Chronic	Legionellosis**	Listeriosis	Lyme §	Meningococcal Inf.	Pertussis**	Salmonella	Shigella	Tuberculosis**	Varicella §
Age																			
<5	6	6	3	4	1	0	0	0	0	0	0	0	5	1	20	5	0	0	30
5-14	9	11	3	4	0	0	0	1	0	0	0	0	36	0	137	1	0	0	66
15-24	14	7	0	14	1	0	0	0	2	49	0	0	20	0	21	6	1	1	7
25-39	9	3	0	11	0	0	1	4	1	155	0	0	24	0	5	8	1	0	3
40-64	19	5	2	21	6	0	1	12	0	194	2	0	125	0	10	19	1	0	2
65+	5	3	0	6	5	0	0	0	0	11	2	0	53	0	0	11	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total (YTD)	**62**	**35**	**8**	**60**	**13**	**0**	**2**	**17**	**3**	**409**	**4**	**0**	**263**	**1**	**193**	**50**	**3**	**1**	**108**
5-yr Median (YTD)	**85**	**35**	**7**	**77**	**14**	**2**	**1**	**†**	**1**	**†**	**5**	**1**	**208**	**1**	**8**	**43**	**3**	**1**	**71**
County of Residence																			
Addison	7	11	0	4	0	0	1	2	1	22	0	0	21		49	5	0		2
Bennington	1	0	1	3	1	0	0	0	0	12	0	0	67		10	3	0		3
Caledonia	3	3	0	1	0	0	0	0	1	23	0	0	1		9	1	0		3
Chittenden	9	3	0	26	6	0	1	12	0	150	0	0	31		80	15	2		17
Essex	1	0	0	0	0	0	0	0	0	4	0	0	0		0	0	0		0
Franklin	4	0	1	2	0	0	0	0	0	24	2	0	2		3	1	1		7
Grand Isle	0	2	0	1	0	0	0	0	0	2	0	0	0		8	0	0		0
Lamoille	1	1	0	2	0	0	0	0	0	10	0	0	1		1	6	0		4
Orange	3	4	0	2	0	0	0	0	0	23	0	0	5		1	0	0		3
Orleans	4	1	0	3	0	0	0	0	0	11	0	0	2		4	2	0		7
Rutland	7	3	2	4	2	0	0	1	0	27	0	0	46		7	6	0		9
Washington	7	3	4	6	2	0	0	0	1	16	0	0	7		11	1	0		12
Windham	8	2	0	0	1	0	0	2	0	47	0	0	39		2	5	0		36
Windsor	7	2	0	6	1	0	0	0	0	38	2	0	41		8	5	0		5
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0		0
Total (YTD)	**62**	**35**	**8**	**60**	**13**	**0**	**2**	**17**	**3**	**409**	**4**	**0**	**263**	**1**	**193**	**50**	**3**	**1**	**108**

(802)863-7240 **1(800)640-4374 (VT)** **FAX: (802)865-7701**

Shiga toxin-producing Escherichia coli (STEC)

****This column partially obscured to protect patient confidentiality***

§ Includes both confirmed & probable cases

†Data captured differently in previous years; no 5-year median available

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For more information contact Alison Newman at the Vermont Department of Health, 802-951-4065, alison.newman@state.vt.us.

Other Resources:

CDC's Hepatitis C FAQ's for Health Professionals:
http://www.cdc.gov/hepatitis/HCV/HCVfaq.htm#section3

CDC MMWR: Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born During 1945-1965: http://www.cdc.gov/mmwr/pdf/rr/rr6104.pdf

American Association for the Study of Liver Disease (AASLD) Treatment Guidelines:
http://www.natap.org/2009/HCV/aasld.pdf