

## Spotlight on Hepatitis C

Hepatitis C is the most common bloodborne infection the US, and is the second most common reportable infection in Vermont after Chlamydia. An estimated 2% of the US population is infected with the hepatitis C virus meaning that -- in Vermont -- there may be as many as 12,000 people living with chronic hepatitis C.

In 2010 there were 539 confirmed cases of chronic hepatitis C reported to VDH, and 2 confirmed cases of acute hepatitis C.

### Who should be tested for hepatitis C?

- People who are currently injecting drugs or have ever injected drugs. About 60% of cases can be traced to injection drug use.
- Anyone who received a blood transfusion or organ donation before 1992.
- People with HIV.
- People on hemodialysis.
- People with elevated liver enzymes.
- Sexual partners of people with hepatitis C. Although the risk of sexual transmission between long-term heterosexual partners is about 5%, specific behaviors can increase the risk, including sex while on drugs, group sex, multiple sexual partners, unprotected anal sex, and sex during menstruation.
- Children born to mothers with hepatitis C should be tested 12-18 months after birth. There is a 4% risk of mother to child transmission.
- Healthcare workers who have been exposed to blood through needlestick injuries.

A positive antibody test (anti-HCV) indicates previous exposure but does not determine whether or not an individual is chronically infected. Follow up testing is necessary to determine active infection.

Some people who test positive for hepatitis C may meet the criteria for acute infection. The CDC definition of acute hepatitis C:

- Symptoms of acute illness may include nausea, vomiting, anorexia, abdominal discomfort and either a) jaundice/dark urine, or b) serum alanine aminotransferase (ALT) levels >400 IU/L.
- A positive antibody test (anti-HCV) OR hepatitis C virus recombinant immunoblot assay (HCV RIBA) OR nucleic acid test (NAT) positive for HCV RNA (including genotype).
- AND the patient must be IgM antibody to hepatitis A (IgM anti-HAV) *negative* and IgM antibody to hepatitis B core antigen (IgM anti-HBc) *negative*.

To increase the understanding of the epidemiology of hepatitis C in Vermont, the Vermont Health Department requires reporting of acute cases of hepatitis C.

*Continued ....*

# Vermont – Selected Reportable Diseases – 2011

(Data through MMWR Week 17 – 4/30/2011) – 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 §		
<b>Age</b>																																																									
<5	6	4	0	8	0	0	0	0	0	1	0	0	2	0	0	0	0	0	0	0	0	0	0	0	1	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12														
5-14	5	2	0	11	1	0	0	0	0	1	0	0	5	0	1	2	0	0	0	0	0	0	0	0	1	0	0	5	0	1	2	0	0	2	0	0	0	0	0	18																	
15-24	11	2	1	6	0	1	0	0	1	16	0	0	4	1	0	1	0	1	0	0	1	16	0	0	47	0	0	3	1	0	2	0	1	1	0	1	6																				
25-39	3	1	0	8	1	0	0	6	0	47	0	0	3	1	0	2	0	1	0	6	0	125	1	0	7	2	0	3	0	0	6	1	0	6	1	0	0	0	0	0																	
40-64	17	2	0	12	1	1	0	2	0	125	1	0	6	1	0	6	1	0	0	2	0	0	0	0	7	2	0	3	0	0	6	1	0	6	1	0	0	0	0	0																	
65+ —	6	0	0	3	4	0	0	1	0	7	2	0	3	0	0	1	1	0	0	1	0	0	0	0	7	2	0	3	0	0	1	1	0	1	1	0	0	0	0	0																	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0														
<b>Total (YTD)</b>																																																									
	48	11	1	48	7	2	0	9	1	197	3	0	23	3	1	12	2	2	0	9	1	197	3	0	23	3	0	23	3	1	12	2	2	37																							
<b>5-yr Median (YTD)</b>																																																									
	36	13	2	46	9	0	1	†	1	†	1	1	†	2	5	14	1	1	1	†	1	†	1	1	†	2	5	14	1	1	14	1	1	38																							
<b>County of Residence</b>																																																									
Addison	14	4		5	1	0	0	0		7		0	0	1		1	0		0	0		7		0	0	1		0	1		1	0								1																	
Bennington	1	0		3	0	0	0	0		2		0	7	0		1	0		0	0		2		0	0	0		7	0		1	0								1																	
Caledonia	1	0		1	0	0	0	0		12		0	0	0		0	0		0	0		12		0	0	0		0	0		0	0								2																	
Chittenden	7	0		22	1	0	0	7		74		0	1	2		3	0		0	7		74		0	1	2		3	0		16																										
Essex	1	0		0	0	0	0	0		2		0	0	0		0	0		0	0		2		0	0	0		0	0		0	0								0																	
Franklin	5	0		2	1	0	0	0		7		0	0	0		2	0		0	0		7		0	0	0		0	0		2	0								2																	
Grand Isle	1	0		0	0	0	0	0		1		0	0	0		0	0		0	0		1		0	0	0		0	0		0	0								0																	
Lamoille	3	2		2	0	0	0	1		5		0	0	0		0	0		0	1		5		0	0	0		0	0		0	0								5																	
Orange	2	1		1	0	0	0	0		7		0	1	0		0	0		0	0		7		0	1	0		0	0		0	0								0																	
Orleans	2	2		0	0	0	0	0		9		0	0	0		1	0		0	0		9		0	0	0		0	0		1	0								2																	
Rutland	2	0		1	1	0	0	0		17		0	7	0		1	0		0	0		17		0	7	0		7	0		1	0								3																	
Washington	3	2		6	1	1	0	1		17		0	1	0		1	0		0	1		17		0	1	0		1	0		1	0								0																	
Windham	4	0		2	0	1	0	0		19		0	5	0		2	2		0	0		19		0	5	0		2	2		2	2								3																	
Windsor	2	0		3	2	0	0	0		18		0	1	0		0	0		0	0		18		0	1	0		1	0		0	0								2																	
Unknown	0	0		0	0	0	0	0		0		0	0	1		0	0		0	0		0		0	0	1		0	1		0	0								0																	
<b>Total (YTD)</b>																																																									
	48	11	1	48	7	2	0	9	1	197	3	0	23	3	1	12	2	2	0	9	1	197	3	0	23	3	0	23	3	1	12	2	2	37																							

**(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*

Currently VDH only follows up on positive laboratory reports for individuals under age 25 and over age 60 to distinguish acute cases from individuals who are chronically infected. If you have a patient who meets the criteria for an acute case of hepatitis C please report the case to the Division of Health Surveillance. The form to report a case of hepatitis C is available here: [http://healthvermont.gov/prevent/hepatitis\\_c/documents/HepC\\_report\\_form.pdf](http://healthvermont.gov/prevent/hepatitis_c/documents/HepC_report_form.pdf)

Sources:

CDC, 2011. Hepatitis C FAQ's for the Public. Accessed April 12, 2011 at <http://www.cdc.gov/hepatitis/C/cFAQ.htm#transmission>

CDC, 2011. Hepatitis C, Acute: 2011 Case Definition, CSTE Position Statement Number: 10-ID-08. Feb 2011. [http://www.cdc.gov/osels/ph\\_surveillance/nndss/casedef/hepatitiscacutecurrent.htm](http://www.cdc.gov/osels/ph_surveillance/nndss/casedef/hepatitiscacutecurrent.htm)