

Acute Hepatitis C Infection

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Disclosures

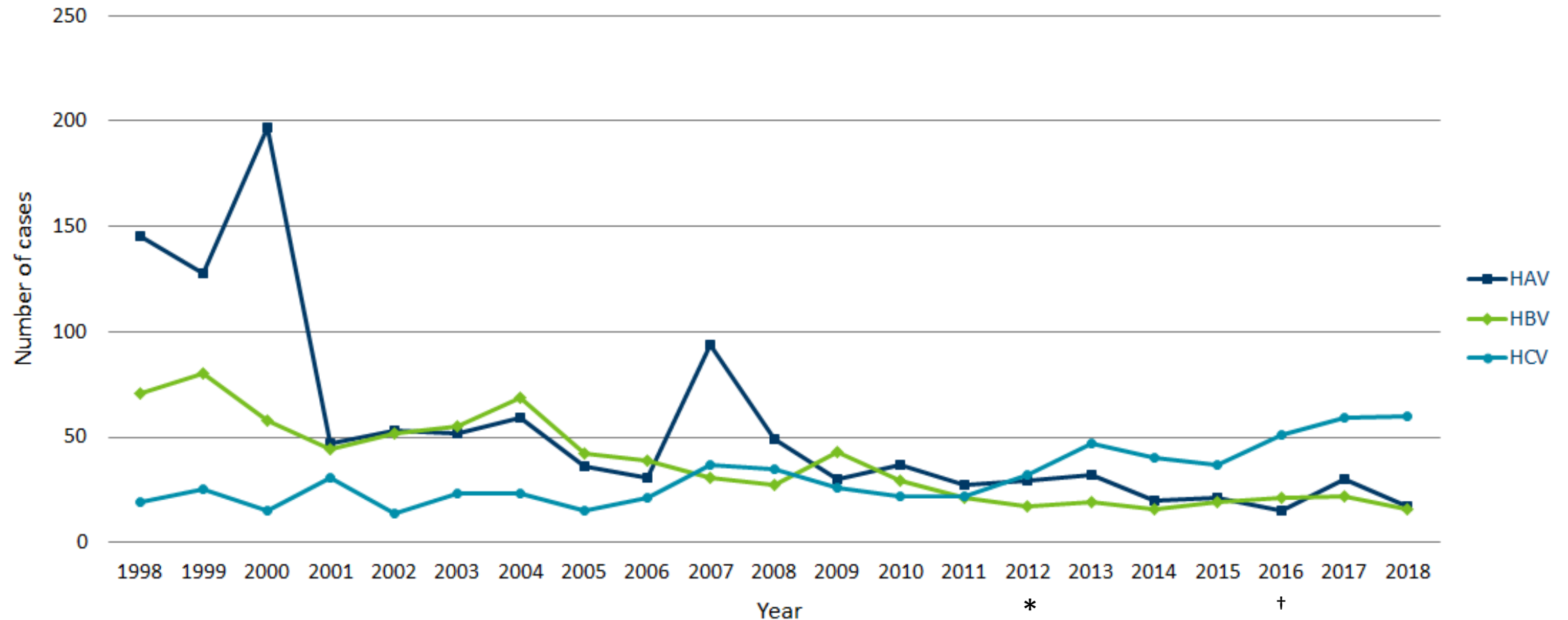
- No conflicts of interest to report

Objectives

- Recognize the clinical manifestations of acute hepatitis C
- Diagnose acute hepatitis C infection
- Discuss the approaches to management of acute hepatitis C infection

Acute Hepatitis C Infection

- First 6 months of HCV infection following presumed HCV exposure



Epidemiology

- Case reports of acute hepatitis C have increased in the US since 2010
- In 2018, a total of 3,621 cases of acute hepatitis C were reported to CDC. Actual number is probably closer to 50,300.
- Most often parenteral exposures

Natural Course

- Spontaneously clearance in 20-50% of patients
 - Majority will happen within 6 months
 - Predictors: jaundice, ALT elevation, HBsAg positive, female sex, younger age, genotype 1, host genetic polymorphisms (IL28B gene)
- Transient suppression can occur
 - Single undetectable HCV RNA insufficient to declare spontaneous clearance
 - Repeat in 12 weeks

Clinical Presentation

- Most often asymptomatic
- Nonspecific symptoms
 - Fatigue, anorexia, abdominal pain, low-grade fever, nausea, vomiting
 - <25% develop jaundice
 - Acute liver failure very rare (<1%)

Labs

- ALT may be normal, elevated due to acute infection or elevated due to other liver insults
- Suspect acute HCV infection in the following circumstances:
 - New rise in ALT without an alternate cause
 - Low or fluctuating HCV RNA values
 - Spontaneous clearance

Diagnosis

- When suspected -> HCV antibody and HCV RNA
- Positive HCV RNA, negative HCV antibody = seronegative window period
- Positive HCV antibody after a prior negative = seroconversion
- Diagnosis complicated in immunosuppressed individuals with impaired antibody production

Management

- Pre-exposure or post-exposure prophylaxis with antiviral therapy is not recommended


To treat or not to treat...

- AASLD/IDSA guidelines
 - “test and treat” strategy and according to the simplified approach if eligible
 - Reduce HCV incidence and prevalence
 - Concern about loss to follow up
- Some will recheck HCV PCR after 12 weeks

Management

- Insurance might request documentation of chronic infection
- Treatment
 - Study looked at 6 vs 12 weeks of sofosbuvir/velpatasvir, stopped early due to inferiority
 - Same as that for chronic hepatitis C infection

Recommendations for Medical Management and Monitoring of Acute HCV Infection

RECOMMENDED	RATING 
After the initial diagnosis of acute HCV with viremia (defined as quantifiable RNA), HCV treatment should be initiated without awaiting spontaneous resolution.	I, B
Counseling is recommended for patients with acute HCV infection to avoid hepatotoxic insults, including hepatotoxic drugs (eg, acetaminophen) and alcohol consumption, and to reduce the risk of HCV transmission to others.	I, C
Referral to an addiction medicine specialist is recommended for patients with acute HCV infection related to substance use.	I, B

Summary

- Recognize the clinical manifestations of acute hepatitis C
- Diagnose acute hepatitis C infection
- Approach management of acute hepatitis C infection

Questions?

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