Hepatitis C All Question Have The Answers Hepatitis Collection Book 3

For decades, having hepatitis C virus (HCV) was the equivalent of serving a life sentence—with a dangerous liver disease. All of that changed with the discovery that the virus could be defeated with a new treatment. To shed light on this groundbreaking therapy, Lucinda Porter, a registered nurse, a passionate HCV advocate, and a hep C patient herself, has written a comprehensive guide for people who are undergoing or considering this new hep C treatment. Ms. Porter begins by explaining what hepatitis C is. She then looks at both the mainstream and the alternative management techniques currently used to keep the virus in check. From there, she examines hep C's new therapy and what you can expect from it. The author demystifies test results, provides important questions you can ask your healthcare provider, and offers advice—all with the compassion of someone who has gone through the process herself. Well over 3 million North Americans live with hepatitis C. Here, at last, is all the information they need to make informed decisions about their future.

Hepatitis C can be a health problem for people who have been incarcerated. Adults in correctional facilities are at risk for Hepatitis C because many people in jails or prisons already have Hepatitis C. This sheet answers the questions: what is hepatitis, what is Hepatitis C, how is Hepatitis C spread, can Hepatitis C be prevented, how can you tell if someone has Hepatitis C, what are the symptoms of Hepatitis C, what happens if a person has Hepatitis C, can Hepatitis C be treated and what can people infected with Hepatitis C do to take care of their liver.

This document answers the questions: What is Hepatitis C?, what are the symptoms?, should I get tested?, how is Hepatitis C spread among people who inject drugs?, are there other ways Hepatitis C can spread?, can Hepatitis C be prevented?, can Hepatitis C be treated?, can someone get re-infected with Hepatitis C? and does injecting put you at risk for other types of hepatitis?

A National Strategy for the Elimination of Hepatitis B and C

100 Questions & Answers about Hepatitis C

Natural and Conventional Approaches to Recover Your Quality of Life

Hepatitis and Liver Cancer

Hepatitis C-What You Need to Know!

Question & Answer Manual

The practice improvement project was to determine if/or to what extent, a relationship existed between the timing of administering medication treatment to all infected individuals with the hepatitis C virus (HCV) upon diagnosis and at the early stages of liver disease and the cost-effectiveness of medical treatment. The project was based on the clinical question: In individuals who are infected with HCV, is it more cost-effective if medical treatment is administered at the early stages of the disease as compared to restricting medication treatment to only those individuals infected with the HCV who have advanced liver disease and co-morbidities? A quantitative method with a correlational design was used for this project. The analysis of the clinical question and predictions by the investigator were done with a simple regression analysis. The theoretical foundations for the project included health as expanding consciousness and the health belief model. The project's location was a community gastroenterology/hepatology clinic in southern California, and a sample of 100 patients infected with HCV divided in two groups was used (N=100). Group one (37%) early stage liver disease (ESLD) and group two (63%) advanced stage liver disease (ASLD). Results showed all participants achieved a cure and a significant correlation between the timing of administering medication treatment at the early stages of liver disease with an average cost of $83, 774.90 for ESLD group and of $104,143.90 ASLD group. However, medical cost continued to accrue for the ASLD group with surveillance and treatment of complications. Implications for practice; administration of medication treatment during ESLD lowers the high cost of medical treatment and surveillance associated with ASLD

Hepatitis C virus (HCV) is the most common chronic blood-borne infectious disease in the United States. The Centers for Disease Control and Prevention estimated that 16,000 Americans were newly infected in 2009, and between 2.7 and 3.9 million community-dwelling people were living with chronic HCV infection. The primary goal of chronic HCV detection and treatment is to prevent complications and death from HCV infection. Response to HCV treatment is typically defined by surrogate virological measures, such as sustained viral response (SVR) and early viral response (EVR). Studies have shown that a variety of factors affect treatment response, including viral or disease-related factors; treatment related factors, such as the dose and duration of treatment and treatment history; and patient related factors, such as age, race/ethnicity, comorbidities, and presence of fibrosis. Genotyping is among the best ways to predict viral response to treatment and is used to determine treatment type and duration. Randomized evidence has demonstrated that antiviral therapies are efficacious in the treatment of chronic HCV infection. When it comes to effectiveness and quality of care, however, a number of issues, including treatment adherence, need to be addressed. Adherence to HCV treatment is challenging because of the lengthy duration, complex treatment regimen, and frequent

adverse events. Adherence challenges are likely to become even more significant with the introduction of triple therapy. Several observational studies have examined the association between adherence and treatment outcomes, particularly SVR, in hepatitis C patients. The existing body of literature consistently shows that increasing adherence to dual therapy is associated with improved likelihood of achieving SVR. Therefore, efforts are needed to improve treatment adherence in HCV. Adherence, in the context of HCV treatment, includes patient adherence to both the medication regimen and the overall medical plan. Medication adherence is defined as the patient's use of antiviral agents according to the prescribed dose, duration, frequency, and timing. In contrast, medical plan adherence indicates that patients complete followup visits, laboratory tests, or other medical procedures according to the physician's directions. In this report, we refer to adherence to medication and adherence to the overall medical plan during HCV treatment as patient adherence, or “adherence” more generally. Nonadherence to HCV treatment may be associated with a lack of management of adverse events, higher pill burden and lengthy treatment, limited provider experience, active substance use, lack of social support, and presence of cirrhosis. Interventions for improving adherence can be categorized according to the primary risk factor they target: (1) policy-level interventions, (2) system-level interventions, (3) provider-level interventions, (4) regimen- or therapy-related interventions, (5) patient-level interventions, or (6) interventions designed to help manage adverse events. The Key Questions for this review are as follows. Key Question 1. In adult patients with chronic HCV infection undergoing antiviral therapy, what is the comparative effectiveness of treatment adherence interventions in improving intermediate (e.g., sustained viral response, histological changes, drug resistance, relapse rates, and treatment side effects) and health outcomes (e.g., disease-specific morbidity, mortality, QOL, transmission of HCV)? Key Question 2. What is the comparative effectiveness of treatment adherence interventions in improving treatment adherence (e.g., medication adherence, medical plan adherence)? Key Question 3. What are the harms associated with hepatitis C antiviral treatment adherence interventions?

Get the facts about Hepatitis C Having hepatitis C can be a transformative, extremely tough experience—especially without the right information. Healing Hepatitis C remedies that by combining the personal story of Christopher Kennedy Lawford, who unknowingly contracted the virus during his years of drug use, with the medical expertise of Dr. Diana Sylvestre, who has devoted her career to treating hepatitis C sufferers. Together they deal with the stigma and misinformation, and the fears and frustrations of this illness. Healing Hepatitis C serves as a valuable sourcebook for medical and treatment information: from what hepatitis C is to what it does, and from what to expect during treatment to how to communicate with your physician, to finding the support you need. Most of all, it walks you through the process of facing the diagnosis and treatment head-on, showing you that it is possible to get through hepatitis C—to be cured of it—without surrendering your life to it. Together Lawford and Sylvestre offer hope, humor, and medical expertise to help patients, their friends, and families navigate the numerous challenges of hepatitis C virus education, testing, and treatment.

100 Key Questions on Hepatitis C
With Critical Insights Your Doctor Won't Share
A Complete Guide for Patients and Families
Making Disease, Making Citizens
Phase Two Report
Hepatitis C--the Silent Epidemic : Hearing Before the Subcommittee on Human Resources of the Committee on Government Reform and Oversight, House of Representatives, One Hundred Fifth Congress, Second Session, March 5, 1998

Four million Americans have been stricken by Hepatitis C, and the numbers continue to grow. Covering every aspect of this serious liver disease, Dr. Fred Askari provides a clear and compassionate description of the complex medical issues that many doctors fail to adequately explain to their patients. Complete with a targeted resource list of support groups and organizations, Hepatitis C: The Silent Epidemic delivers the facts on t symptoms as well as up-to-the-minute news on drug and transplant treatment options.

Hepatitis B and C cause most cases of hepatitis in the United States and the world. The two diseases account for about a million deaths a year and 78 percent of world's hepatocellular carcinoma and more than half of fatal cirrhosis. In 2013 viral hepatitis, of which hepatitis B virus (HBV) and hepatitis C virus (HCV) are the most common types, surpassed HIV and AIDS to become the seventh leading cause of death worldwide. The w now has the tools to prevent hepatitis B and cure hepatitis C. Perfect vaccination could eradicate HBV, but it would take two generations at least. In the meantime, there is no cure for the millions of people already infe Conversely, there is no vaccine for HCV, but new direct-acting antivirals can cure 95 percent of chronic infections, though these drugs are unlikely to reach all chronically-infected people anytime soon. This report, the second of two, builds off the conclusions of the first report and outlines a strategy for hepatitis reduction over time and specific actions to achieve them.

Published while revolutionary changes are taking place in the treatment of hepatitis C, this authoritative guide will become the preferred reference for people with hepatitis C and their families.

screening in the VA health care system : hearing before the Subcommittee on National Security, Veterans Affairs, and International Relations of the Committee on Government Reform, House of Representatives, One Hundred Seventh Congress, first session, June 14, 2001
Hepatitis C Awareness for the General Population
Hepatitis C
The Silent Epidemic
A Lahey Clinic Guide
Phase One Report

Hepatitis C is a serious viral illness that affects the liver. Most often spread by blood-to-blood contact, the majority of people infected with hepatitis C do not know they are infected until liver damage has occurred. Because the hepatitis C virus changes its form frequently, presently there is no vaccine for HCV; but once diagnosed, effective treatment is available for many. Written for people diagnosed with hepatitis C and under the care of a physician, this informative book is designed to answer questions about the condition and allow the reader to play an active role in its

treatment.

In the past few years, remarkable progress has been made in our understanding of HCV biology, pathogenesis of infection, and structure-function relationships. This has led to quantum advances in clinical efficacy and tolerability. Yet, in spite of this amazing progress, there remain obstacles to widespread successful treatment. These issues include biological failures even with direct-acting agents, lack of options for individual with organ failures, drug-drug interactions, access to medications either due to lack of availability or affordability, and psychiatric and social issues. These problems are likely to remain in the future. Therefore, this book has been created by distinguished faculties from around the world to address the progress in our understanding of HCV infection and to review new treatment options, limitations, and accessibility of new therapeutic options.

Hepatitis CTen Questions and AnswersEliminating the Public Health Problem of Hepatitis B and C in the United StatesPhase One ReportNational Academies Press

The Black Person's Guide

Hepatitis C Survival Secrets

Hearing Before the Subcommittee on National Security, Veterans Affairs, and International Relations of the Committee on Government Reform, House of Representatives, One Hundred Sixth Congress, First Session, June 9, 1999

Cost-effectiveness of Early Treatment for Hepatitis C Infection

Hepatitis C Your Questions Answered

Your Complete Guide to Healing Hepatitis C

There is great potential to improve health outcomes for Veterans and other patients with chronic genotype 1 (GT1) Hepatitis C (HCV) infections through the use of newly-available triple combination therapies that include directly acting antivirals (DAA) along with recently developed patient genotyping (IL-28B) which is predictive of HCV treatment response. Chronic GT1 HCV infections have been historically difficult to treat, with low cure rates on standard two drug therapy (Pegylated Interferon + Ribavirin), high rates of side-effects and treatment discontinuation, and low rates of uptake. Recently, FDA approved two DAAs (boceprevir and telaprevir). Used in combination with standard two drug therapy as triple therapy, these DAAs show higher rates of sustained viral response, though they are also more costly and have more severe side-effect profiles. IL-28B genotyping can help to identify patients least likely to respond to standard therapy and hence who stand to benefit the most from triple therapy and for whom, therefore, the increased risks of side-effects may be most justified. We addressed four related questions: Key Question #1: What are the current usage patterns of directly acting antivirals and of IL-28B patient genotyping in the VA health system? And how do these patterns differ by VISN? Key Question #2: What will be the health impacts of using either of two available directly acting antivirals combined with pegylated interferon and ribavirin (triple therapy)? Key Question #3: How will be the magnitudes of the health impacts measured in Key Question #2 change if IL-28B patient genotyping is used to offer triple therapy to those less likely to benefit from two-drug pegylated interferon + ribavirin? Key Question #4: What will be the cost and resource use patterns when using either triple therapy or IL-28B-guided triple therapy? We used analysis of observational data and decision analysis to answer these questions over a 5 year time horizon, all in comparison to health outcomes and costs if standard two-drug treatment were continued without adoption of either of the new technologies. Importantly, these results are appropriate for short-term budgeting and planning considerations but are not appropriate for formal cost-effectiveness analyses as they do not represent the full costs and benefits experienced over a life time.

The global epidemic of hepatitis B and C is a serious public health problem. Hepatitis B and C are the major causes of chronic liver disease and liver cancer in the world. In the next 10 years, 150,000 people in the United States will die from liver disease or liver cancer associated with chronic hepatitis B virus (HBV) or hepatitis C virus (HCV) infections. Today, between 800,000 and 1.4 million people in the United States have chronic hepatitis B and between 2.7 and 3.9 million have chronic hepatitis C. People most at risk for hepatitis B and C often are the least likely to have access to medical services. Reducing the rates of illness and death associated with these diseases will require greater awareness and knowledge among health care workers, improved identification of at-risk people, and improved access to medical care. Hepatitis B is a vaccine-preventable disease. Although federal public health officials recommend that all newborns, children, and at-risk adults receive the vaccine, about 46,000 new acute cases of the HBV infection emerge each year, including 1,000 in infants who acquire the infection during birth from their HBV-positive mothers. Unfortunately, there is no vaccine for hepatitis C, which is transmitted by direct exposure to infectious blood. Hepatitis and Liver Cancer identifies missed opportunities related to the prevention and control of HBV and HCV infections. The book presents ways to reduce the numbers of new HBV and HCV infections and the morbidity and mortality related to chronic viral hepatitis. It identifies priorities for research, policy, and action geared toward federal, state, and local public health officials, stakeholder, and advocacy groups and professional organizations.

Hepatitis B and C cause most cases of hepatitis in the United States and the world. The two diseases account for about a million deaths a year and 78

percent of world's hepatocellular carcinoma and more than half of all fatal cirrhosis. In 2013 viral hepatitis, of which hepatitis B virus (HBV) and hepatitis C virus (HCV) are the most common types, surpassed HIV and AIDS to become the seventh leading cause of death worldwide. The world now has the tools to prevent hepatitis B and cure hepatitis C. Perfect vaccination could eradicate HBV, but it would take two generations at least. In the meantime, there is no cure for the millions of people already infected. Conversely, there is no vaccine for HCV, but new direct-acting antivirals can cure 95 percent of chronic infections, though these drugs are unlikely to reach all chronically-infected people anytime soon. This report, the first of two, examines the feasibility of hepatitis B and C elimination in the United States and identifies critical success factors. The phase two report will outline a strategy for meeting the elimination goals discussed in this report.

Interventions to Improve Patient Adherence to Hepatitis C Treatment: Comparative Effectiveness

Questions and Answers

Eliminating the Public Health Problem of Hepatitis B and C in the United States

Hepatitis C Viral Load Testing

Frequently Asked Questions

The tests considered in this report are polymerase chain reaction (PCR)-based tests used in the diagnosis and management of hepatitis C infection. These tests are sophisticated molecular techniques which can detect the ribonucleic acis (RNA) of the virus in a patient's blood. Hepatitis C is a major public helath issue in Australia which results in significant clinical morbidity. The cost of treatment of the disease is expensive, as is the cost of the complications of untreated disease. The serological tests considered in this review have only minimal issues of safety. Genotyping and viral load titre prior to interferon therapy are both predictors of the response to interferon therapy. The qualitative viral detection test used after at least four weeks of interferon therapy does have a high predictive value for predicting a sustainedresponse to therapy. The qualitative detection test is likely to be cost-saving because of the relative cost of the test versus the high cost of continuing interferon therapy. Viral load testing and genotyping are likely to be cost saving if the proportion of patients deciding not to commence interferon therapy as a result of the test is greater than 15 percent. MSAC recommended that on the strength of evidence pertaining to Hepatitis C Viral Load Testing public funding should be supported for these procedures providing the use of these tests is restricted to the consultant physicians who will manage the treatment and is only used for patients with confirmed hepatitis C who undertake antiviral therapy.

There are approximately 2.5 million cases of Hepatitis C in the United States and approximately 200 million worldwide. Whether you're a newly diagnosed patient, a friend or relative of someone with Hepatitis C, this book offers help. Written by two physicians from Lahey Clinic Medical Center, Dr. Fabry and Dr. Narasimhan, this book provides authoritative, practical answers to the most common questions about Hepatitis C.

The number of people infected with the Hepatitis C virus has risen to a staggering 200 million worldwide, yet there is surprisingly little information available to the public about this silent epidemic. Cara Bruce and Lisa Montanarelli, both of whom live with Hepatitis C and have become experts on the condition, guide those newly diagnosed step-by-step through the first year following diagnosis. They provide crucial information about the nature of the disease, treatment options, diet, exercise, the myriad of emotional issues that accompany the diagnosis, and much more. The First Year--Hepatitis C will be an invaluable guide for everyone struggling to rebuild their lives after a Hepatitis C diagnosis.

Treatment for Hepatitis C Virus Infection in Adults

The First Year: Hepatitis C

Screening for Hepatitis C Virus Infection

Healing Hepatitis C

Ten Questions and Answers

Hepatitis C Guidelines for Local Health Departments

As many as four million Americans suffer from the hepatitis C virus (HCV), but most don't even know they're infected. Here at last is the unprecedented book that smashes the myths about the disease as it offers authoritative, lifesaving information you won't find anywhere else. Living Healthy with Hepatitis C is your ultimate weapon against the biggest killer of all: fear. Discover new hope and help in its pages as you learn a comprehensive approach that puts you back in control of your life! Protect yourself from acquiring HCV Protect your loved ones from contracting it if you are infected Benefit from the latest medical treatments, including interferon, ribavirin, and other drugs Learn the pros and cons of alternative treatments, including herbs, supplements, and acupuncture Use diet, lifestyle, and exercise as potent weapons against HCV Avoid its worst consequences, including cancer and liver failure Understand HCV, the medical treatments, lab tests, clinical trials, and much more Take advantage of the latest breakthroughs, including a possible "magic bullet" leading to a cure PLUS extensive resources, including books, organizations, websites, periodicals, and more

All your questions answered about hepatitis C! From diagnosis to treatment and other important information you need to know about hepatitis C.

"Hepatitis C Survival Secrets" can be of tremendous help to anyone with chronic Hepatitis C. The book is based on decades of ongoing research, including countless communications with other Hepatitis C survivors. The goal of the book is to present you with various treatment options that show real evidence for supporting, protecting and improving liver health and function. As a Hepatitis C survivor you need to learn about the many strategies and approaches available to manage your illness. Some people choose to take the conventional medical approach simply because it's covered by health insurance; others

choose alternative medications because they believe they will be better off: and still others bury their heads in the sand and do nothing. Whatever you do, you qualify as a survivor as long as you stay alive. As one with Hepatitis C, ask yourself this question, "isn't it better to become an educated and informed survivor, an active survivor - someone who researches and takes control of his or her own destiny - instead of just crossing fingers ahd hoping for the best outcome"? This book will help you become more informed so you can make better decisions regarding your condition. Stories from actual survivors are scattered throughout the book to make certain points easier for you to understand and also to add a further human element to the concept of actually surviving Hepatitis C. In total, there are 55 Survival Secrets and 59 Survivor Stories included in "Hepatitis C Survival Secrets." Here is what a few medical experts have to say about Hepatitis C Survival Secrets: "A thoughtful, intelligent and comprehensive guide to navigating the therapeutic options for overcoming chronic Hepatitis C infection." Leo Galland, MD, author of " Power Healing" "I have known Ralph Napolitano for over eight years...This book, "Hepatitis C Survival Secrets" is his latest contribution to helping others with Hepatitis C. I highly recommend it." Dan Wen, MD "If you or a loved one has Hepatitis C, you simply MUST read this book." Dean Shrock, PhD, bestselling author of " Why Love Heals." "This book gets my highest recommendation." Vikki Shaw, PhD, Hepatitis C survivor

A Patient and a Doctor on the Epidemic's Front Lines Tell You How to Recognize When You Are at Risk, Understand Hepatitis C Tests, Talk to Your Doctor About Hepatitis C, and Advocate for Yourself and Others

Comparative Effectiveness Review Number 76

A National Strategy for Prevention and Control of Hepatitis B and C

Your Questions Answered

An Essential Guide for the Newly Diagnosed

Comparative Effectiveness Review Number 69

The fifth-year anniversary of the book ushers in a new phase of treatment and information, including protease inhibitors (which have been so successful in treating HIV), split-liver transplants, and prophylactic and ther vaccines for HCV. Bruce and Montanarelli also offer updated information on medications that are toxic to the liver; Eastern and Western approaches to healing; nutrition guides; the types of hepatitis that have been ide and what is known; and living with coinfection (HCV and HIV, HBV, and HAV). Alarming statistics: Hepatitis C is the most common bloodborne virus: It has infected 300 million people worldwide (4.1 million in the U.S.) kills 8,000 to 10,000 Americans each year. About 26,000 people in the U.S. are infected yearly. Chronic hepatitis C is the number one cause of liver transplants. Key lifestyle issues: The book offers emotional support diagnosed patients, helps them navigate and overcome insurance obstacles, as well as providing suggestions for making necessary changes in diet, exercise, drinking habits, drug use, dating, and sex life. Bruce and also debunk common myths and offer ideas for coping with depression, fatigue, and the side effects of medications.

Addressing the unique problems African Americans face in getting treatment for Hepatitis C--a disease that afflicts 3.9 million Americans--this text explains the economic and social barriers to quality care and gives Afr Americans strategies for receiving the best possible treatment despite these impediments. The ways in which the disease attacks the liver are discussed, as are the most up-to-date treatments for Hepatitis C, including Interferon, Pegasys, and Ribavin. Also included are tips for African Americans on how to best utilize health insurance during treatment and how to locate the best medical specialist.

Hepatitis C virus (HCV) is the most common chronic bloodborne pathogen in the United States. Based on a national survey of households, approximately 1.6 percent of U.S. adults over 20 years of age have antibodie indicating prior acute HCV infection. About 78 percent of patients with acute HCV infection develop chronic HCV infection, defined by the presence of persistent viremia. Chronic HCV infection has a variable course, bu leading cause of complications from chronic liver disease, including cirrhosis, liver failure, and hepatocellular carcinoma (HCC). Chronic HCV infection is associated with an estimated 15,000 deaths each year in the U States, and it is the most common indication for liver transplantation among American adults, accounting for more than 30 percent of cases. The prevalence of chronic HCV infection is thought to have peaked in 2001 million people, and the yearly incidence has declined from more than 200,000 cases per year in the 1980s to around 16,000 cases in 2009. However, complications related to chronic HCV infection, which frequently oc after decades of infection, are expected to rise for another 10 to 13 years. The goal of antiviral treatment for chronic HCV infection is to prevent the long-term health complications associated with HCV infection, such a cirrhosis, hepatic decompensation, and liver cancer, but it is extremely difficult to design and carry out clinical trials long and large enough to provide direct evidence related to these outcomes. The sustained virologic (SVR) rate is the standard marker of successful treatment in clinical trials because an SVR is strongly associated with the long-term absence of viremia. Recent studies have evaluated the association between achievi and reductions in mortality, liver failure, and cancer. Understanding the comparative benefits and harms of the various antiviral regimens is critical for making informed treatment decisions in patients with chronic HCV infection, particularly given the availability of new treatment options. This review assesses the comparative effectiveness of antiviral treatments in adults with chronic HCV infection who have not received previous antiv treatment. In addition to assessing the comparative effectiveness of different drug regimens, the review evaluates the effects of different medication doses, durations of therapy, and dosing strategies. To help with indiv clinical decisionmaking regarding antiviral therapy for chronic HCV infection, the review also evaluates how comparative effectiveness varies depending on HCV genotype, viral load, and other demographic and clinica characteristics. The following Key Questions are the focus of our report: Key Question 1: a. What is the comparative effectiveness of antiviral treatment in improving health outcomes in patients with HCV infection? b. H the comparative effectiveness of antiviral treatment for health outcomes vary according to patient subgroup characteristics, including but not limited to HCV genotype, age, race, sex, stage of disease, or genetic marke Question 2: a. What is the comparative effectiveness of antiviral treatments on intermediate outcomes, such as the rate of SVR or histologic changes in the liver? b. How does the comparative effectiveness of antiviral for intermediate outcomes vary according to patient subgroup characteristics, including but not limited to HCV genotype, age, race, sex, stage of disease, or genetic markers? Key Question 3: a. What are the compara associated with antiviral treatments? b. Do these harms differ according to patient subgroup characteristics, including HCV genotype, age, race, sex, stage of disease, or genetic markers? Key Question 4: Have improv intermediate outcomes (SVR, histologic changes) been shown to reduce the risk or rates of adverse health outcomes from HCV infection?

Assessment of Alternative Treatment Strategies for Chronic Genotype 1 Hepatitis C

Living Healthy with Hepatitis C

Hepatitis C & Incarceration

Systematic Evidence Review Number 24

Hepatitis C & Injection Drug Use

Living With Hepatitis C For Dummies

Hepatitis C virus (HCV) is a single-stranded, positive-sense RNA virus of the family Flaviviridae. HCV is the most common chronic bloodborne pathogen in the U.S. The prevalence of anti-HCV antibody in the U.S. is estimated at 1.6 %. Approximately 78 % of those who

test positive for anti-HCV antibody have the HCV detectable in the blood (viremia), indicating chronic infection; those with anti-HCV antibody but no viremia are considered to have cleared the infection. The prevalence of chronic HCV infection is thought to have peaked in 2001 at 3.6 million people. The yearly incidence of HCV infection averaged more than 200,000 cases per year in the 1980s, but by 2001 had declined to around 25,000 cases per year. The Centers for Disease Control and Prevention (CDC) estimated 16,000 new cases of HCV infection in 2009. HCV infection is a leading cause of complications from chronic liver disease and was associated with an estimated 15,000 deaths in the U.S. in 2007. One study estimated that the total number of patients with cirrhosis will peak at 1.0 million in 2020, though rates of hepatic decompensation and liver cancer are expected to continue to rise for another 10 to 13 years given the long lag time between infection and development of cirrhosis and other complications. Screening for HCV infection in asymptomatic adults who have no history of liver disease or known liver enzyme abnormalities may identify infected patients at earlier stages of disease, before they develop serious or irreversible liver damage. A high proportion of people with chronic HCV infection are thought to be unaware of their status. The purpose of this report is to review the evidence screening for chronic HCV infection in asymptomatic adults without known liver enzyme abnormalities. The Agency for Healthcare Research and Quality, which commissioned this review, also commissioned a separate but complementary review on effectiveness of antiviral treatments. These reviews will be used by the USPSTF to update its recommendations on HCV screening. This review focuses on research gaps identified in the 2004 USPSTF review and new studies published since that review. The following Key Questions are the focus of our report: Key Question 1: a. Does screening for HCV infection in nonpregnant adults without known abnormal liver enzymes reduce mortality and morbidity due to HCV infection, affect quality of life, or reduce incidence of HCV infection? b. Does screening for HCV infection during pregnancy reduce vertical transmission of HCV or improve mortality or morbidity for the mother or child? Key Question 2: a. What is the effectiveness of different risk- or prevalence-based methods for screening for HCV infection on clinical outcomes? b. What is the sensitivity and number needed to screen to identify one case of HCV infection of different risk- or prevalence-based methods for screening for HCV infection? Key Question 3: What are the harms associated with screening for HCV infection, including adverse effects such as anxiety, labeling, and impact on relationships? Key Question 4: a. What is the comparative effectiveness and comparative diagnostic accuracy of various tests and strategies for the workup to guide treatment decisions in patients who are HCV positive? b. What proportion of patients with screen-detected HCV infection receives treatment? Key Question 5: What are the harms associated with the workup for guiding treatment decisions? Key Question 6: a. How effective is counseling or immunizations of patients with HCV infection at improving health outcomes or reducing the spread of HCV? b. Does becoming aware of positive HCV infection status decrease high-risk behaviors? c. How effective is counseling or immunization of patients with HCV infection at improving intermediate outcomes, including change in high-risk behaviors? Key Question 7: Do any interventions decrease or increase the vertical transmission of HCV during delivery or in the perinatal period?

In this systematic review, we focus on whether it is useful to test for anti-hepatitis C virus (anti-HCV) antibody (Ab) in asymptomatic adults who have no history of liver disease or known liver function test abnormalities. The review is intended for use by the US Preventive Services Task Force (USPTF), which will make recommendations regarding screening in the general adult population or high-risk subpopulations. HCV is acquired primarily by large or repeated percutaneous exposures to blood. In approximately 1/3 of patients, acute HCV infection causes symptomatic illness (primarily jaundice, nausea, right upper quadrant pain, or fatigue) after a mean incubation period of 7 weeks. In other patients, acute HCV infection is anicteric and not associated with symptoms or transaminase elevations. HCV viremia is detectable in the blood within 2 weeks of acute infection. The natural course of chronic HCV infection varies widely. A proportion of patients with chronic HCV infection have only mild liver disease even after decades of infection or never develop histologic evidence of liver disease. In other patients, inflammation and fibrosis of the liver may progress to cirrhosis, which can lead to end stage liver disease (ESLD) or hepatocellular carcinoma (HCC). Once cirrhosis develops, patients have a much higher risk of death, and some may benefit from liver transplantation. The strongest predictors of a progressive course of chronic HCV infection appear to be older age at acquisition, co-morbid medical conditions (such as heavy alcohol use, HIV, and other chronic liver disease), and duration of infection. The mode of acquisition, viral load, transaminase level, and viral genotype have not been established as consistent predictors of disease progression, though some cross-sectional and longitudinal studies have found associations. Estimating the proportion of patients in the general population with HCV infection who will progress to cirrhosis has been difficult because the time of acquisition is rarely

recognized, particularly in asymptomatic patients, and a long duration (decades) is required to track patients to important endpoints. Factors affecting the rate of cirrhosis in a particular population include the prevalence of co-morbid conditions, the age at acquisition, the proportion receiving treatment, and whether the population was referred or community-based. Most data on the natural history of HCV infection has been in referral populations, but community-based cohort studies appear to be more representative of the general population. Questions addressed include: 1: Does screening for hepatitis C reduce the risk or rate of harm and premature death and disability? 2: Can clinical or demographic characteristics identify a subgroup of asymptomatic patients at higher risk for HCV infection? 3: What are the test characteristics of HCV antibody testing? 4: What is the false-positive rate and what are the harms associated with screening for hepatitis C virus? 5a: What are the test characteristics off the work-up for treatable disease? 5b: In patients found to be positive for hepatitis C antibody, what proportion of patients would qualify for antiviral treatment? 6: What are the harms associated with the work-up for active HCV disease? 7a: How well does antiviral treatment reduce the rate of viremia, improve transaminase levels, and improve histology? 7b: How well does antiviral treatment improve health outcomes in asymptomatic patients with hepatitis C? 7c: How well do counseling and immunizations in asymptomatic patients with hepatitis C improve clinical outcomes or prevent spread of disease? 8: What are the harms (including intolerance to treatment) associated with antiviral treatment? 9: Have improvements in intermediate outcomes (liver function tests, viral remission, histologic changes) been shown to reduce the risk or rate of harm from hepatitis C?
Since the naming of hepatitis C in 1989, knowledge about the disease has grown exponentially. So too, however, has the stigma with which it is linked. Associated with injecting drug use and tainted blood scandals, hepatitis C inspires fear and blame. Making Disease, Making Citizens takes a timely look at the disease, those directly affected by it and its social and cultural implications. Drawing on personal interviews and a range of textual sources, the book presents a scholarly and engaging analysis of a newly identified and highly controversial disease and its relationship to philosophies of health, risk and harm in the West. It maps the social and medical negotiations taking place around the disease, shedding light on the ways these negotiations are also co-producing new selves. Adopting a feminist science and technology studies approach, this theoretically sophisticated, empirically informed analysis of the social construction of disease and the philosophy of health will appeal to those with interests in the sociology of health and medicine, health communication and harm reduction, and science and technology studies.
Screening for Hepatitis C Virus Infection in Adults
Ebony
The Politics of Hepatitis C
Comparative Effectiveness Review Number 91
Viral Hepatitis C.
Conquering Hepatitis C

Chronic hepatitis C virus (HCV) infection is a major health problem affecting more than 3.2 million individuals in the United States. With the arrival of a simpler and safer treatment regimens, hepatitis C treatment has the potential to be successful in preventing the associated morbidity and mortality in the majority of affected individuals. The purpose of this quantitative Direct Practice Improvement (DPI) project was to increase hepatitis C awareness for the general population. By increasing awareness, encouraging individuals to get tested, and linking them to healthcare for treatment could help prevent further liver damage. Participants for the hepatitis C awareness program were invited from local communities in south Mississippi. The hepatitis C awareness program was approximately a 2-hour PowerPoint presentation followed by a question and answer session. The hepatitis C awareness program was based on Malcolm Knowles' adult learning theory. The program took place at a church located in Biloxi, Mississippi. The HCV knowledge of the 17 participants was measured by comparing a 10-question true or false pre-test with a post-test. It was found that the Hepatitis C awareness program for the general population did increase awareness about HCV and encouraged individuals to ask their primary care provider for hepatitis C screening blood test. The mean score for the pre-test was 65.23 and the mean score for the post-test was 99.41. The relationship between the pre-test and the post-test was investigated using Pearson product-moment correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity, and homoscedasticity. There was a strong, positive correlation between the two variables, r=0.367, n=17, where p

EBONY is the flagship magazine of Johnson Publishing. Founded in 1945 by John H. Johnson, it still maintains the highest global circulation of any African American-focused magazine.

A comprehensive, empathetic guide for anyone suffering from this serious liver disease Approximately 4 million Americans and 170 million people worldwide suffer from hepatitis C, a viral liver disease that is treatable but not curable. It accounts for more than 40 percent of U.S. liver disease deaths-about 8,000 to 10,000 people annually-and is the most common reason for liver transplantation. This compassionate guide explains how hepatitis C affects the liver and the body and provides solid advice on today's treatment options-from drugs (and their side effects) to transplants and alternative therapies-as well as tips on dealing with the emotional and financial burdens the disease brings with it. Nina L Paul, PhD (New York, NY) earned her doctorate in infectious disease epidemiology and immunology from Yale University. She has researched viruses (human immunodeficiency virus and others) and the immune system.

Assessment Report

Update on Hepatitis C

Public Health 2000

VA Outreach to Veterans at Risk for Hepatitis C Infection

Free from Hepatitis C