
a series of fact sheets written
by experts in the field of liver
disease

Disease Progression: Acute Hepatitis C

Alan Franciscus, Editor-in-Chief

According to the CDC there are approximately 17,000 acute infections of hepatitis C annually in the United States. There is not a lot of information about the course of acute hepatitis C and what we do know about the course of acute HCV infection is mostly from experimental studies where hepatitis C was given to chimpanzees and from small studies of people who acquired hepatitis C from blood transfusions and needle-stick accidents.

People exposed to the hepatitis C virus usually develop detectable HCV antibodies within one to two weeks after exposure. In the first two weeks of the acute phase HCV RNA (viral load) quickly rises (5 to 10 million IU/ml [international units]), just before the ALT levels starts to peak and symptoms start to appear. The ALT levels will begin to rise as high as 1000 IU/mL, indicating liver inflammation. If any symptoms do appear they can last from 3 to 12 weeks after exposure.

Only about one-third of people initially infected with hepatitis C develop symptoms. These may include flu-like symptoms, jaundice, fever, and nausea.

Interestingly, the people who develop symptoms are more likely to spontaneously clear the virus (naturally rid the hepatitis C virus from their bodies). The reasons that some people spontaneously clear HCV is not completely understood, but some studies have shown that a broad-based immune response by CD4 and CD8 T-cells to the hepatitis C virus helps to eliminate the virus.

There is also some evidence that other factors influence spontaneous clearing, such as:

Gender:

Women seem to resolve acute infection more than men. An analysis that combined existing studies (meta-analysis) of people who were acutely infected with hepatitis C found that 40% of women and 19% of men were able to naturally clear the virus.

Immune status:

Chronic infection rates are higher in people with HIV.

Race:

According to the NHANES III study, only 14% of black men were able to spontaneously clear the virus compared to 32% of whites.

Age at time of infection:

Up to 45% of children born to hepatitis C infected mothers will spontaneously clear HCV. Some studies have shown that 70% of people below the age of 20 cleared the virus as opposed to only 24% of those age 20 or older.

Acute hepatitis C is rarely fatal unless there are other liver diseases present at the time of exposure.

Chronic

If a person tests positive for the hepatitis C virus 6 months following exposure, it is called chronic hepatitis C.

Treatment

Treatment of acute HCV is currently undergoing research. In some studies the sustained virological response is as high as 95-98% with standard interferon. Surprisingly, data from pegylated interferon monotherapy studies have found a lower treatment response rate, but it was most likely affected by higher dropout rates and low adherence to the medications in the study. High induction dosing of standard interferon has also been found to increase the chances of achieving an SVR in people with acute HCV. There have been no studies that have found that adding ribavirin to interferon increases treatment response.

Since some people may clear the virus on their own, there is ongoing research to find out the optimal time to start HCV therapy and what factors would increase the likelihood for successful treatment of acute hepatitis C.

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