Hepatitis C virus (HCV) infection is the most prevalent among those born between the years of 1945–1965 (the “baby boom” years). This group was likely to become infected during the 1970s and 1980s when HCV rates were the highest. Although baby boomers comprise 27% of the U.S. population, they account for 75% of all HCV infections (CDC, 2012). Baby boomers also represent 73% of HCV-associated mortality and are at greatest risk for hepatocellular carcinoma and other HCV-related liver disease.

HCV infection is the most common chronic bloodborne infection in the United States. It is estimated that 3.2 million Americans are chronically infected with HCV and the CDC projects that the incidence of HCV infection is greater than the number of known cases. For example, in 2011, although only 1,229 cases of confirmed HCV were reported in the United States, the CDC estimated that approximately 7,200 to 43,400 new HCV infections occurred that year (CDC, 2011). Of persons newly infected with HCV, 60% to 70% are asymptomatic or have a mild clinical illness; therefore, acute HCV is rarely identified or reported. When symptoms do occur, 20% to 30% of those newly infected with HCV experience fatigue, abdominal pain, anorexia, or jaundice an average of 4 to 12 weeks after exposure. There is no effective pre- or postexposure prophylaxis and there is no vaccine for HCV.

HCV is most efficiently transmitted through large or repeated percutaneous exposure to infected blood (e.g., through transfusion of blood from unscreened donors) and can also be transmitted through occupational, perinatal, and sexual exposures, although much less efficiently. If healthcare providers experience a sharps exposure from an HCV-positive patient, the risk of HCV infection is approximately 1.8% (range: 0%–10%). It is possible for HCV to be transmitted via a blood splash to the eye, but the risk is low (CDC, 2013). The best way to avoid this risk is to adhere to standard precautions and use personal protective equipment and sharps with engineered sharp injury protection. Healthcare providers should dedicate multidose vials to a single patient, and needles and syringes should not be used for more than one patient or reused to draw up additional medication. Many of the individuals with the HCV are unaware that they are infected and do not receive medical monitoring and treatment. For every 100 persons infected with HCV, approximately:

- 75 to 85 will go on to develop a chronic infection;
- 60 to 70 will go on to develop chronic liver disease;
- 5 to 20 will go on to develop cirrhosis over a period of 20 to 30 years; and
- 1 to 5 will die from the consequences of chronic infection (liver cancer or cirrhosis) (2013).

Chronic HCV infection is also the leading indication for liver transplants in the United States. Although HCV may have been a death sentence a generation ago, new effective drugs have been approved by the U.S. Food and Drug Administration (e.g., simeprevir [Olysio]) for the treatment of HCV infection.

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The author declares no conflicts of interest.

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DOI: 10.1097/NHH.0000000000000093

REFERENCES


Q: Why is the Centers for Disease Control and Prevention (CDC) recommending that all baby boomers be tested for Hepatitis C?