

Viral Hepatitis

MDFMR CCT – April 13, 2010

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+ Why Hepatitis?

- You will see it!
- We are doing a poor job at recognizing high risk populations, screening, and immunizing
- Preventable disease which has significant long-term costs
- Family physicians are ideally suited - continuity with children, adults and pre-natal patients





The Schedule

Case-based Lecture

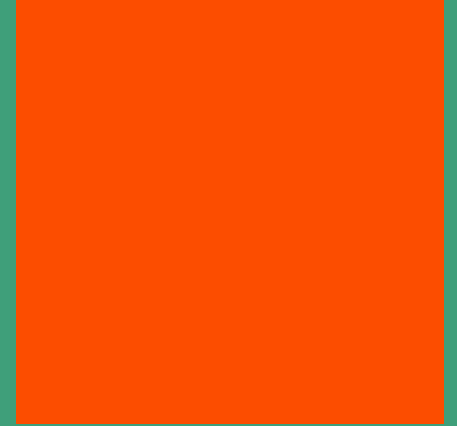
Cirrhosis

Serologies

Hep A & B, Pregnancy & Vaccines

Snacks and General Questions

Jeopardy



+ Tiffany

32 yo female requesting screening for hepatitis.

Read about Naomi Judd whose life was saved by routine screening.

Has chronic fatigue and feels achey all over.

PMH depression & SI





Risk factors for hepatitis



- IVDU
- Tattoos w/o sterile supplies
- Vertical transmission
- High risk sexual behavior
- Transfusion or transplant before 1992
- Dialysis
- Travel or birth in endemic areas
- Needlestick injuries

+ Screening guidelines - HCV

USPSTF

Not enough evidence to support screening asymptomatic individuals for Hep C.

AASLD/AGA

Screen people with risk factors including those with unexplained elevated LFTs and spouses of persons known to have Hep C.

+ Diagnostic tests - HCV

- Acute Hepatitis Panel?
- Hepatitis C Ab (Anti-HCV) – ELISA
- HIV
- Hepatitis B screening?
- Other labs for fatigue??



+ Patient Education - HCV

- Transmission prevention
- Alcohol avoidance
- Weight loss
- Medications to avoid
- Next steps in the evaluation of Hepatitis C



+ Evaluation of Hep C Ab +

- Screen for HIV, Hep A & B
- Hep A & B vaccination if appropriate
- Consider ddx chronic liver disease
Hemachromatosis, Wilson's disease, Autoimmune
- Evaluate liver function INR, albumin, platelets
- Hep C viral load and genotype

+ Natural history of HCV - 1

- 20% sero-convert after acute infection

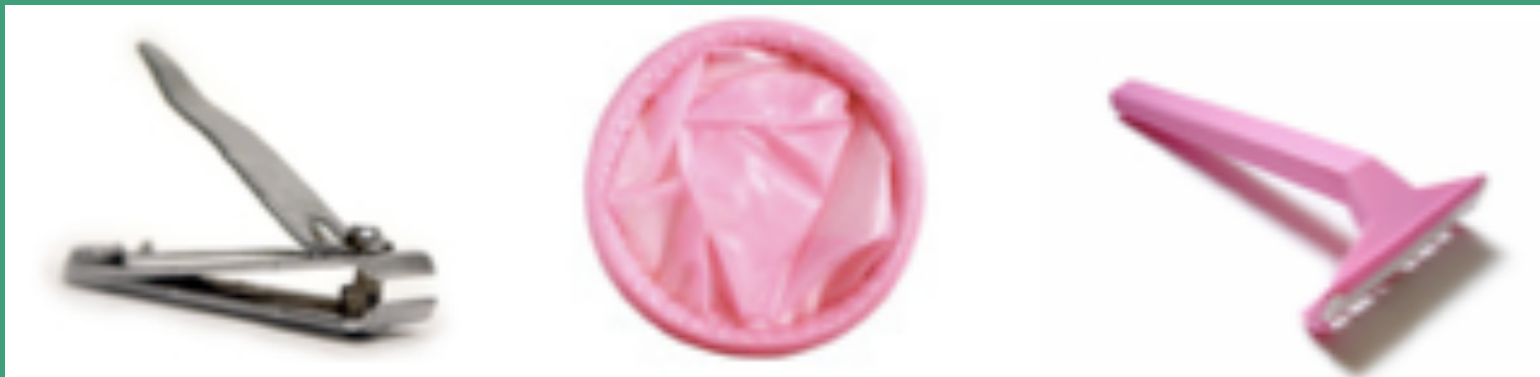
(HCV Ab + but RNA/viral load neg)

This typically happens within first 6 mo

- 30% chronic, non-progressive disease
- Asking history to determine possible timing of onset is important!

+ Partner precautions - HCV

- No razors, nail clippers or toothbrush sharing
- Condoms not recommended in monogamous relationships (transmission 1/1000 per year)

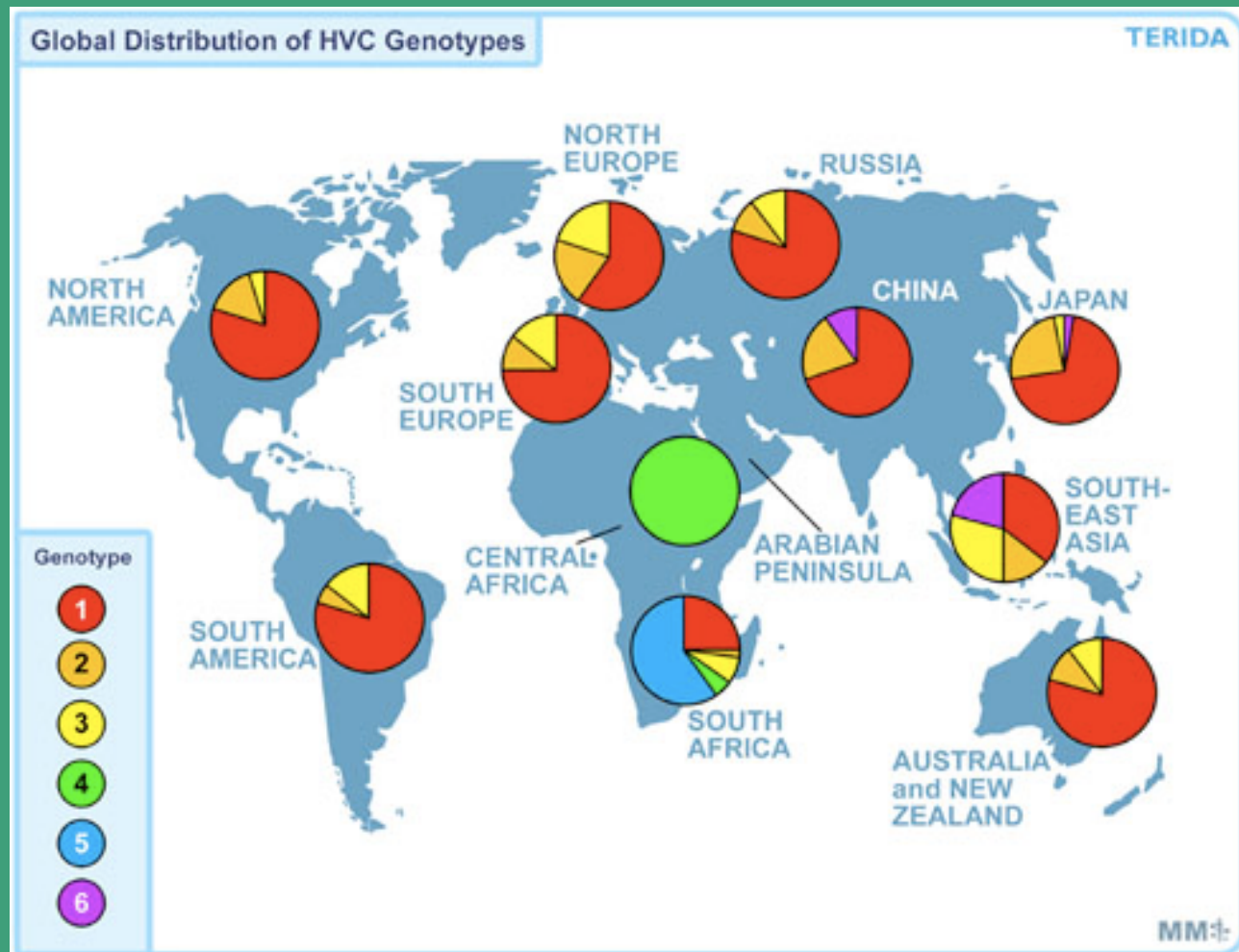


+ Natural history of HCV - 2

Risks of progression

- Obesity
- Comorbid HIV or HBV
- Alcohol
- Marijuana
- Age 40 yo or greater
- Smoking
- Male
- Cirrhosis develops in 20% patients after 10-20 years
- Complications develop in 30% of patients with cirrhosis within 4 years

+ Viral loads and Genotypes



+ Viral loads and Genotypes

- Genotype 1 - 42% response rate to tx
- Genotype 2-3 - 82% response rate to tx
- Normal LFTs or U/S are not reliable indicators of severity of dx or prognosis
- VL > 800,000 is considered high
- VL does not correlate with severity of disease progression like in HIV

+ Treatment of HCV

- Dose depends on viral genotype
- Oral Ribavirin daily
- Pegylated interferon sc injection weekly
- 48 weeks of tx!



+ Contraindications to HCV tx

- Active depression or suicidality
- Pregnancy
- Uncompensated cirrhosis
- Autoimmune or hematologic disorders
- Other severe chronic illness
- Non compliance

+

Side Effects of HCV tx

Common

- Fatigue
- Malaise
- Nausea/Vomiting
- Weight loss
- Depression
- Headache

Severe and Uncommon

- Suicide
- Hemolytic anemia
- Retinopathy
- Pulmonary fibrosis
- Autoimmune thyroiditis
- Sepsis

+ How to decide re: HCV tx?

- Liver biopsy
- Genotype and viral load
- Contraindications & Compliance
- Age and Race
- Timing of infection



+ Extra-hepatic Manifestations

- Renal dysfunction
- Rheumatologic
- Hematologic
- Diabetes mellitus
- Auto-immune thyroiditis

Cryoglobulinemia!!!!

+ Primary care

- Consider monitoring TSH, UA for casts and fasting blood sugars
- Follow for development of cirrhosis
- Encourage treatment compliance
- Revisit transmission precautions
- Ensure appropriate vaccinations received



