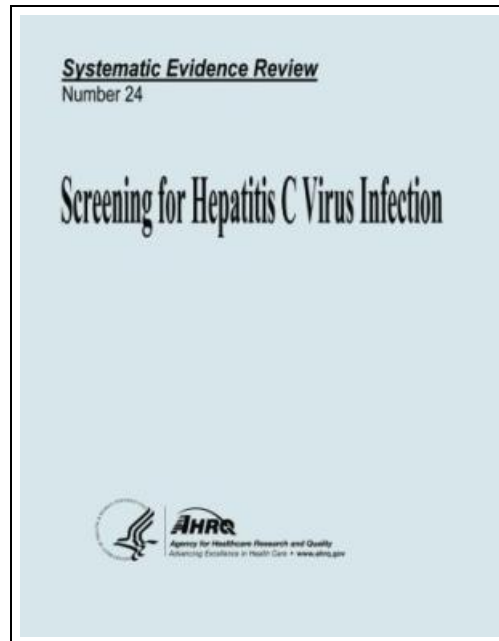


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Createspace Independent Publishing Platform, United States, 2013. Paperback. Condition: New. Language: English . Brand New Book ***** Print on Demand *****. In this systematic review, we focus on whether it is useful to test for anti-hepatitis C virus (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...



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