

Clinical epidemiology of acute hepatitis C in South America

Melisa Dirchwolf✉, Sebastián Marciano, Ezequiel Mauro, Andrés Eduardo Ruf, Lucrecia Rezzonico, Margarita Anders, Daniela Chiodi, Néstor Gill Petta, Silvia Borzi, Federico Tanno, Ezequiel Ridruejo, Fernando Barreyro, Carolina Shulman, Pablo Plaza, Rodolfo Carbonetti, Luciana Tadey, Teresa Schroder, Hugo Fainboim

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Abstract

There is scarce data pertaining to acute hepatitis C (aHC) infection in South America. We aimed to describe clinical characteristics and evolution of aHC in a South American cohort. A retrospective survey was conducted at 13 hepatology units. All patients ≥ 16 years old with aHC diagnosis were included. Demographic, clinical and outcome information were registered in a standardized ad hoc questionnaire. Sixty-four patients were included. The majority were middle-aged (median age: 46 years) and female (65.6%); most of them were symptomatic at diagnosis (79.6%). HCV-1 was the most prevalent genotype (69.2%). Five patients had liver failure: three cases of severe acute hepatitis, one case of fulminant hepatitis and one case of acute-on-chronic liver failure. Nosocomial exposure was the most prevalent risk factor. Evolution was assessed in 46 patients. In the untreated cohort, spontaneous resolution occurred in 45.8% and was associated with higher values of AST/ALT and with the absence of intermittent HCV RNA viremia ($P = 0.01, 0.05, \text{ and } 0.01$, respectively). In the treated cohort, sustained virological response was associated with nosocomial transmission and early treatment initiation ($P = 0.04$ each). The prevalence of nosocomial transmission in this South-American cohort of aHC stresses the importance of following universal precautions to prevent HCV infection. *J. Med. Virol.* **89:276–283, 2017.** © 2016 Wiley Periodicals, Inc.

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