

Hepatitis C Virus Infection: An Overview

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Globally, the World Health Organization estimated that 71 million people are chronically infected by hepatitis C virus (HCV) infection. The HCV transmission has changed considerably, reflecting the evolution of medicine (the cloning of the HCV), the health and social changes. Parenteral exposure is the main way of HCV transmission. Currently, in many countries, routine blood donor screening by nucleic acid amplification testing for the presence of HCV RNA has been introduced. Although the HCV prevalence people who inject drugs exceeds 80% in some countries, the ongoing transmission of HCV is reducing in some countries by harm reduction efforts due to needle and syringe programs and opioid substitution therapy.

In 2014, the WHO published the first guidelines on HCV, which point out how HCV infection takes a different path from other chronic viral infections because currently available therapies allow eradication. Nosocomial or iatrogenic factors, behavioural risk (such as experimentation with injection drug use, unsafe tattooing, and high risk sex) were key contributors to the HCV epidemic in baby boomers (people born between the years 1946 and 1964). Currently, people most at risk for HCV infection are those had blood transfusions, blood products, or organ donations before the 90s, prisoners, health care workers, drug users, infants born to HCV-infected mothers.

The recent introduction of new direct-acting antiviral drugs (DAAs) has completely changed the scenario of HCV treatment, probably because they are able to treat more than 90% of HCV-infected patients. Moreover, the DAA treatment in these populations at higher risk of contracting infection could potentially decrease transmission but much more re-infections.

Therefore, given the high prevalence in these groups of patients, it is conceivable that an anti-HCV screening, with subsequent detection of HCV-RNA in positive subjects could be offered to greatly reduce by anti-viral treatment the HCV infection in the world.

Biography:

Dr. Cristina Stasi graduated in Medicine and Surgery at the Catholic University of "Sacred Heart" in Rome. In 2006 she specialized in Gastroenterology at the University of Pisa. From 2006 to 2009 she took part in clinical research projects at the "Careggi" University Hospital in Florence. At the same time she improved her knowledge in Study Design, Management of Clinical Research Project, Statistics, and Epidemiology. In 2013 she received her PhD in Experimental and Clinical Medicine from the University of Florence. Currently, she is collaborating with the Regional Health Agency of Tuscany and with the Department of Clinical and Experimental Medicine, University of Florence on clinical research projects on chronic hepatitis. In 2017 she obtained the National Scientific Qualification to function as Associate Professor of Gastroenterology in Italian Universities. She has published more than 50 papers in reputed international journals and she is serving as an editorial board member of some peer-reviewed journals.