

## Prognosis Teaching Package #1: Hepatitis A- A deadly partner?

### New Patient Evaluation

Mr. W is 43 yo black male who is new to GMC. He has a remote history of a few 'experiments' with IVDU and was dx with Hepatitis C (by antibody and viral RNA titer) six months prior to your clinic visit. The diagnosis was made when he was donating blood. He had mild elevations of his transaminases, however had great function of his liver (PT-INR is normal). He underwent a liver biopsy which did not reveal any fibrosis and was started on a combination of interferon and ribavirin in GI clinic.

Since starting interferon/ribavirin, he has noted flu-like symptoms, worsening of depressive symptoms and general fatigue. These symptoms have resulted in some loss of work time for him as he works as a fork-lift operator and can not work safely when he does not feel well. He controls his symptoms with tylenol with some success. In addition, he has anorexia and has lost 15 lbs since starting the therapy.

Medications: Paxil, lansoprazole

NKDA

Social history: married to longstanding partner with whom he is monogamous. He has 6 children and 8 grandchildren and lives in South Boston. Nonsmoker- former drinker (none for the past 8 yrs). No other recreational drugs. He is religious and gets much support from his church community.

PE: unremarkable

Labs sign: for WBC: 4.3, HCT: 40.8, PLT 228. You note that his HCT is dropping  
He is also Hep B SAB+

The patient is quite motivated to do anything he can do to impact the course of his disease, therefore during your visit, you focus on encouraging compliance with his interferon/ribavirin therapy and also you discuss other aspects of prevention. You note that he has already been exposed to Hep B, but would like to check labs to determine whether he has been exposed to Hep A. He is somewhat concerned about this because he believes that his wife was told that she had been exposed to Hep A but not hep B or hep C.

In general , you would like to review data on prevention and health maintenance in the setting of known hep C infection. Specifically, you would like to know the data concerning superinfection with Hep A, in someone who has hep C.

You are very pushed for time. Please consider the following questions:

1. What are the possible resources you can use to answer some of these questions?
2. Will you use different resources to answer different kinds of questions that you have?
3. Specifically, consider how the information you find will help to change your management of your patient or your advise / counseling to him or his wife.

Paper(s) that will be read at the next session are:

Vento et al "Fulminant hepatitis associated with hepatitis A virus superinfection in patients with chronic hepatitis C." NEJM 1998;338:286-90