Hepatitis G Virus Fact Sheet

(adapted from materials developed by the Centers for Disease Control and Prevention)

Report to Minnesota Department of Health	Hepatitis G virus (HGV) is a rare cause of hepatic inflammation. Although chronic infection and viremia have been documented, histologic evidence is rare, and serum aminotransferase levels are usually normal. **At this time, reporting of HGV to the Minnesota Department of Health would be treated as anecdotal.**
Etiology	• HGV is a single-stranded RNA virus classified in the Flaviviridae family; the virus shares 27% homology with hepatitis C virus (HCV). • The name HGV denotes two independent viruses: HGV and GBV-C. The HGV has not yet been isolated. • The liver is not a significant site of replication
Signs and Symptoms	• Most infected persons are asymptomatic. • Incubation period is unknown.
Long-Term Effects	• HGV can cause chronic infection and viremia; however, there is no conclusive evidence to indicate that HGV causes fulminant or chronic liver disease. • Co-infection with hepatitis B virus (HBV) or HCV does not seem to worsen the course or severity of disease.
Transmission	• Blood and sexual contact • Transplacental, rarely
Communicability	• Unknown
Risk Groups	• Transfusion and organ transplant recipients • Injection drug users • Hemodialysis patients • Men who have sex with men
Prevention	• No specific measures have been identified.
Testing	• Currently, no serologic test is available. • PCR tests for HGV are not widely available.
Treatment & Medical Management	• None indicated.
Postexposure Management	• Not known.
Trends & Statistics	• HGV has been reported in adults and children throughout the world and is found in about 1.5% of blood donors in the United States. • Infection has been reported in 10% to 20% of adults with chronic HBV or HCV infection, indicating that co-infection is a common occurrence.
References	• Pickering L, eds. "Red Book 2000 Report of the Committee on Infectious Diseases, 25th ed." 2000, American Academy of Pediatrics.