<table>
<thead>
<tr>
<th>Report to Minnesota Department of Health</th>
<th>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. <strong>At this time, reporting of HGV to the Minnesota Department of Health would be treated as anecdotal.</strong></th>
</tr>
</thead>
</table>
| 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. |