

Patient information

Hepatitis C

Digestive Diseases Care Group

Hepatitis C

Hepatitis C is a blood-borne virus that infects the cells of the liver. Most cases occur in people who share needles or injecting equipment contaminated with traces of blood to inject 'street drugs' however there are other causes. Some people clear the infection naturally. Some people with persistent infection remain free of symptoms, although others have symptoms. Persistent infection can lead to 'scarring' of the liver (cirrhosis) and may lead to liver cancer. Treatment can clear the infection in a majority of cases.

What is hepatitis C?

Hepatitis means inflammation of the liver. There are many causes of hepatitis, of which the hepatitis C virus is only one. Hepatitis C is a virus which is carried in the bloodstream to the liver, it can then affect and damage your liver. There are six types of the hepatitis C virus. These different types are called genotypes and they are numbered 1 to 6. The most common subtypes of hepatitis C in the UK are genotypes 1 and 3. It is important to know which type you have, as different types respond differently to treatment. It is possible to be infected with more than one type of hepatitis C at the same time.

How can you get hepatitis C?

Hepatitis C is a blood-borne disease. The main source of infection is from blood from an infected person.

- Most cases are caused by using contaminated needles or injecting equipment (spoons, syringes, filters, water for injection, etc.) to inject drugs ('sharing needles'). Even a tiny amount of an infected person's blood left on a needle is enough to cause spread to others.
- Some people who received blood transfusions or blood prior to 1991 were infected with hepatitis C from some donor blood. Since 1991 all blood and blood products donated in the UK are screened for hepatitis C.
- There is also a risk of contracting hepatitis C from needle stick accidents, or other injuries involving blood spillage from infected people.
- There is a small risk of contracting the virus from sharing toothbrushes, razors and other such items which may be contaminated with infected blood. (The virus can live outside the body, possibly for up to four days.)

- There is even a small risk from inhaling drugs like cocaine, as these can make the inside of your nose bleed. If that happens, tiny spots of blood can fall on to the note you are using and, if that is used by someone else, your blood can travel up their nose and into their bloodstream.
- There is also a small risk from re-used equipment used for tattooing, body piercing, acupuncture, etc.
- There is a small risk an infected mother can pass on the infection to her baby.
- There is a small risk an infected person can pass on the virus whilst having sex.

The virus is not passed on during normal social contact, such as holding hands, hugging, or sharing cups or crockery.

What are the symptoms and how does hepatitis C progress?

Many people with hepatitis C feel entirely well and have few or no symptoms. Any symptoms that may be present (see below) are often initially thought to be due to another illness. This may mean hepatitis C may be diagnosed when you have had the virus for some time. Many people have hepatitis C without knowing it.

It is helpful to think of two phases of infection with HCV. An acute phase is when you first become infected and a chronic (persistent) phase in people where the virus remains long-term.

Initial infection:

In about one quarter to one half of cases the virus is cleared from the body by the immune system within two to six months. If this happens then you will have no long-term effects from the virus. Younger people and women are more likely to clear the virus in this way.

Acute phase of hepatitis C

Acute means 'new' or 'for a short time'. This phase lasts for the first six months. When first infected with the virus, most people have no symptoms, or only mild ones. If symptoms do occur, they develop about seven to eight weeks after being exposed to the virus and may include feeling sick (nausea), being sick (vomiting) and feeling generally unwell. Some people go 'yellow' (become jaundiced). This is due to a build-up of the chemical bilirubin which is made in the liver and spills into the blood in some liver conditions. It is unusual to have severe symptoms.

Chronic phase of hepatitis C

When infection with hepatitis C lasts for longer than six months, it is known as chronic hepatitis C infection. The course of the chronic infection varies considerably between people and it is very unpredictable. Of those people who develop chronic infection:

Some people have mild or no symptoms. However, even if you have no symptoms, you can still pass on hepatitis C to others who may develop problems.

The most common symptoms of chronic hepatitis C are:

- extreme tiredness,
- poor concentration
- memory problems
- muscle and joint aches.

There is actually no relationship between the severity of symptoms and the degree of liver damage. This means some people can have liver inflammation without having any symptoms.

About one third of people with chronic hepatitis C infection develop cirrhosis over a period of about 20-30 years. Cirrhosis is like a 'scarring' of the liver, which can cause serious problems and 'liver failure' when it is severe. Some people with chronic hepatitis C have no symptoms for many years until they develop cirrhosis. Only when the liver starts to fail with cirrhosis do symptoms appear.

A small number of people who develop cirrhosis go on to develop liver cancer.

How is hepatitis C diagnosed?

A simple blood test can detect antibodies to hepatitis C in your blood. (Antibodies are proteins made by the immune system to attack germs such as viruses, bacteria, etc.) A positive test means you have at some stage been infected with hepatitis C.

However, this test remains positive even in people who have cleared the virus from their body. (The antibodies remain even if the virus has gone.) Also, it can take up to six months for the antibody test to become positive after a person has first been infected, as the body may take a while to make these antibodies. So, a negative test does not necessarily rule out a recently acquired infection. A repeat test in a few months may be advised in some people who have recently been at risk of catching hepatitis C.

If the antibody test is positive then a further blood test is needed to see if the virus is still present. This is called a PCR test. This is a more specialised test which detects particles of the virus. The PCR (polymerase chain reaction) test determines whether you are currently infected by detecting the presence of the genetic material of the virus in the blood. This genetic material is called RNA and this test is sometimes referred to as an RNA test.

Assessing the severity of the infection

If you are found to have virus present then other tests may be advised to check on the extent of inflammation or damage to the liver.

For example:

1. Blood tests called liver function tests. These measures the activity of chemicals (enzymes) and other substances made in the liver.
2. Tests to check for other illnesses which can be passed on in the same way, such as HIV or hepatitis B.
3. An ultrasound scan of the liver.

4. Transient elastography (fibroskan) to assess for any long term damage as a result of hepatitis C.
5. Other tests may be done if cirrhosis or other complications develop.

How can I prevent passing on the virus to others?

If you have a current hepatitis C infection you should:

- Not share any injecting equipment such as needles, syringes, etc.
- Not donate blood or carry a donor card.
- Not share razors, toothbrushes or anything else that may possibly be contaminated with blood.
- Use condoms when having sex. The risk of passing on hepatitis C during sex is small but risk is reduced even further by using condoms.
- Advise anybody with whom you have had sex or shared needles to have tests as well, to check they do not have hepatitis C.
- There is currently no vaccine available to protect against hepatitis C.

Treatment

Treatment for Hepatitis C has improved drastically over past five years. It is tablet based medication with very few side effects.

The type of medication you will receive will depend on a few factors:

- Genotype.
- If you have been treated previously.
- Whether or not you have scarring of the liver (cirrhosis).

Treatment length will vary depending on which drug you receive. Your nurse will inform you of the drug or drug combination and the length of treatment you require.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information for patients and carers

Hepatology Specialist Nurses

Tel: 0151 706 2805

Text phone number: 18001 0151 706 2805

The Hepatitis C Trust: hepctrust.org.uk Tel: 020 7089 6221

British Liver Trust ; britishlivertrust.org.uk Tel: 01425 481320

Helpline: helpline@britishlivertrust.org.uk

Support group enquiries : support@britishlivertrust.org.uk

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