

Hepatitis C Fact Sheet

Hepatitis C (HCV) is the virus that causes the liver disease Hepatitis C.

HCV is found primarily in the blood. Hepatitis C can be both a short-term (acute) illness and an ongoing (chronic) infection that may gradually damage the liver. An estimated 75-85% of HCV-infected persons will develop chronic infection. In the US, chronic HCV is the most common reason for liver transplantation

HCV is spread mainly by exposure to blood and blood products.

HCV is spread when the blood of an infected person enters the body of a person who is not infected. Mainly this involves direct passage of blood through the skin, i.e. through sharing needles or "works" when injecting drugs. Much less often, sexual or mother-to-child transmission may occur. It is not spread by casual contact such as hugging, sharing food utensils, or sharing a bathroom. HCV is not spread by breastfeeding.

Persons at highest risk for infection include people who:

- Ever used illegal injection drugs (even if only once or just a few times, long ago)
- Received blood transfusions, blood products, or donated organ or tissue before June 1992
- Received clotting factors made before 1987

Other risk groups include:

- Long-term dialysis patients
- Healthcare workers who have a blood exposure (i.e. needlestick) to an infected person on the job
- People born to a HCV-infected mother
- Those who have had multiple sex partners, high-risk sexual behavior, and/or sexually transmitted disease
- One notified that he/she received blood from a donor who later tested positive for HCV

Symptoms to look for

- Fatigue
- Yellow skin and eyes (jaundice)
- Loss of appetite
- Dark-colored urine
- Nausea and vomiting
- Joint Pain
- Abdominal pain
- Clay-colored stool

Many persons have no symptoms of HCV infection. If a person does develop symptoms, , these symptoms may appear about 6 to 8 weeks after exposure, but this time period can vary among individuals. Some persons find out they are infected only after lab tests are done (for example, after giving blood).

Diagnosis depends on a blood test.

Testing for HCV is recommended if a person is in one or more of the increased risk categories listed above or has an undiagnosed liver problem. When you test positive for anti-HCV (screening test), it means you have been infected with HCV. It does not tell you whether you currently have HCV. Most people will still have the virus six months after infection (chronic), but 15-25% of persons have antibodies, but not the virus. In these people the immune system was able to get rid of the virus. Generally a confirmation test is indicated.

Treatment is available for some people with HCV.

There is treatment for HCV, and the medications used depends on the genetic makeup (or genotype) of the virus. The effectiveness of the treatment varies according to many factors, including the genotype, treatment regimen, and characteristics of the infected person. Consultation with a healthcare provider is needed to discuss treatment options as well as other ways to protect the liver, for example, by not drinking alcohol and avoiding certain medicines.

Prevent hepatitis C by avoiding exposure and practicing good hygiene.

Injecting drug users should not share needles or works with others. The use of latex condoms may decrease the risk of catching or passing HCV through sex.

Persons with hepatitis C should get vaccination against hepatitis A and hepatitis B.