

What is hepatitis C?

Hepatitis C is a blood borne virus that causes liver inflammation and scarring. Up to 2% of the world's population is infected by the virus.

How is hepatitis C spread?

Hepatitis C can only be spread from person-to-person by blood-to-blood contact. Common modes of transmission include blood transfusions before 1992 in the United Kingdom, needle stick injuries, intravenous drug use and from mother to baby (5% risk). Other possible modes of transmission include sharing razors and toothbrushes, inhaling contaminated drugs such as cocaine, tattooing, body piercing, acupuncture and anal intercourse. Vaginal intercourse does not carry a significant risk.

What is the outlook for a patient with hepatitis C?

After contracting the virus, about 1 in 5 patients will clear it completely. The other 4 of 5 will go on to develop chronic hepatitis C, which leads to liver cirrhosis in around 20% of patients over 20 years. Patients with cirrhosis are at risk of liver failure and liver cancer in the long term. More information regarding cirrhosis and liver cancer is given on additional information leaflets.

How is hepatitis C diagnosed?

Hepatitis C is diagnosed by blood testing. Severity of liver scarring is assessed by ultrasound tests (including Fibroscan where available) and sometimes liver biopsy.

How is the spread of hepatitis C limited?

There is no vaccination for hepatitis C. It is therefore important to prevent spread of the condition by avoiding sharing injecting equipment, not donating blood or organs, not sharing equipment such as razors and toothbrushes and using barrier methods of contraception if engaging in anal intercourse.

What are the treatment options for hepatitis C?

Treatment for hepatitis C has been revolutionised by the development of direct acting antiviral therapy. Currently, patients with certain viral strains (genotypes 1 and 4) will definitely have access to this therapy. The treatment involves an 8 to 24 week course of tablets with few side effects and high rates of long term cure (> 90%). Patients are being prioritised according to liver disease severity and risk of death. For the other strains, first line treatment still includes a weekly injection along with daily tablets. The details of these regimens are laid out for health professionals at www.easternliver.net under "Guidelines", but are freely accessible if they are of interest.

It is important to maintain a healthy, balanced diet and take regular exercise. Alcohol intake should be minimised and not used in the context of cirrhosis. Vaccination against hepatitis A and hepatitis B is recommended for those patients who have not been exposed to the virus previously.

Further information and useful contacts

- www.patient.co.uk
- www.nhs.uk/hepc
- www.britishlivertrust.org.uk
- www.hepctrust.org.uk