

## What is hepatitis C?

- an infectious blood borne virus mainly affecting the liver
- it can be acute or chronic - acute hepatitis only lasts 6 months and is rare
- 85% of people will be chronically infected
- symptoms may not be present in either acute or chronic infection
- 20% of those with chronic disease will progress to cirrhosis within 20 years
- unlike hepatitis A and B there is no vaccine

In the developed world hepatitis C accounts for:  
40% of cases of end-stage liver disease  
60% of hepatocellular carcinoma (liver cancer)  
30% of liver transplants

## How is it diagnosed?

- most people who become infected with hepatitis C are unaware of it at the time
- a brief illness lasting 2-12 weeks resembling other forms of hepatitis may follow infection - but not always
- incubation period is 2-6 months
- people with the virus may remain well for years making the virus hard to diagnose
- only 1 in 10 people infected are currently diagnosed
- antibody detection tests taken from a blood sample show exposure to the virus but cannot tell whether or not a person is currently infected
- viral detection tests identify viral particles in the blood and are able to demonstrate current infection
- genotype tests -the hepatitis C virus is not a single virus. There are several closely related families of HCV which can be separated on the basis of their genetic

material into different 'genotypes'. The different genotypes do not appear to result in different patterns of disease but they do differ in their response to treatment.

## What are the symptoms of hepatitis C?

There may be none, but can include:

- fatigue, often severely debilitating
- depression, malaise, apathy
- indigestion, particularly after fatty foods
- attacks of 'brain fog' - inability to concentrate and remember simple things
- mood swings, particularly toward anger
- adverse reactions to alcohol and / or reduced tolerance
- aching joints and stiffness
- menstrual and bleeding disorders
- itchy skin

## How is it transmitted?

- it is spread by direct contact with human blood
- sharing needles and other injecting equipment
- possibly via shared snorting equipment (eg for cocaine)
- blood transfusion or blood products (pre 1991 in UK)
- tattooing with unsterilised equipment
- piercing with unsterilised equipment
- needle stick injury
- not sexually transmitted unless there is
- blood contact with infected person
- Infrequently from a mother to her baby (about 1 in 20 cases)

**It is NOT acquired through everyday social contact such as hugging, kissing, holding hands, sharing toilets, crockery, cutlery etc**

## What is the treatment for hepatitis C?

Today the standard treatment is a combination of pegylated interferon alpha (self-injected subcutaneously) and ribavirin (anti-viral pills)

## Who should be tested?

- people with abnormal liver function tests (LFTs) found on routine investigation
- people who have a history of drug use
- people who received blood transfusions or blood products prior to screening in 1991
- people treated for haemophilia or Von Willebrand's disease before 1985
- people with unexplained symptoms that may suggest an underlying liver or viral disease

## Is it ever mis-diagnosed?

Yes, symptoms are often non-specific and can be mistaken for other conditions such as

- anaemia
- hypo/hyperthyroidism
- depression
- IBS (irritable bowel syndrome)
- ME

The only way to be sure is to ask your doctor for a hepatitis C test.



Produced in June 2003 by  
Norwich Hepatitis C Support Group  
Email: [norwich\\_hepc@btinternet.com](mailto:norwich_hepc@btinternet.com)  
Web: [www.norwich-hepc.org.uk](http://www.norwich-hepc.org.uk)

things you should know  
about

Hepatitis C

