



Hepatitis C: Newly Diagnosed

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What is hepatitis?

Hepatitis means inflammation of the liver. There are two main causes of hepatitis - excessive consumption of alcohol/drugs and infection with viral hepatitis. There are five main types of viral hepatitis; A, B, C, D and E. Each virus is different in the way it is transmitted, in the symptoms it causes and in its medical management. This Fact Sheet will focus only on hepatitis C.

What is hepatitis C?

Hepatitis C is a blood-borne virus, meaning a virus that is found in and transmitted by blood. There are just over 200 000 people in Australia with hepatitis C. To become infected with hepatitis C you must have blood-to-blood contact. This means that blood from someone with hepatitis C must enter your bloodstream via broken/damaged skin or a mucous membrane surface (see over for more information on transmission).

Acute and chronic hepatitis C

When first infected with hepatitis C about 25% of people naturally clear the virus from their body within the first six months. The remaining 75% go on to become chronically infected. The only way to find out whether or not you have cleared the virus is to have a test called a PCR at least six months after becoming infected. Those with chronic hepatitis C will have a positive PCR whereas those who have cleared the virus will have a negative PCR, but will still have hepatitis C antibodies detected on a test. For more information on PCR testing see 'Tests and Treatments Fact Sheet'.

Many people who are newly infected with hepatitis C do not have any symptoms and often don't know they have the virus until a routine health check.

Acute (initial) symptoms, if experienced, vary from person to person and include nausea and abdominal discomfort, tiredness, yellow discoloration of the skin and eyes (jaundice), dark urine and pale stools. The acute phase of the illness lasts for up to six months.

The symptoms of chronic hepatitis C can range in severity, frequency and onset. Many people only begin to experience symptoms after 10 to 15 years. Common symptoms include:





- general feeling of being unwell
- fatigue and tiredness - "brain fog"
- abdominal discomfort, with nausea, bloating and changes in bowel habits
- discomfort over the liver (upper right side of abdomen)
- mood changes (commonly depression)
- sweating
- intolerance to alcohol and spicy/fatty foods

Transmission

Hepatitis C is transmitted via blood-to-blood contact. Only microscopic (tiny) amounts of blood are needed to transmit hepatitis C. In Australia most transmissions have occurred through:

- sharing injecting equipment – including syringes, needles, tourniquets, swabs, spoons, filters or water. Unwashed hands may also have blood on them in amounts too small to be seen but able to cause transmission of hepatitis C if in contact with broken skin – for example if placed over a fresh injection site.
- unsafe tattooing or body piercing – where needles, dyes and dye tubs may be re-used or disposable gloves are not used for each person. This is more of a concern if a tattoo is done whilst travelling overseas, especially in resource poor countries. Receiving a tattoo whilst in the Australian prison system is high risk for hepatitis C transmission due to the re-using of equipment and the high prevalence of hepatitis C amongst prison inmates.

Less common modes of hepatitis C transmission include:

- Healthcare exposures – such as needlestick injuries or blood splashes. Adherence to standard precautions in the workplace minimises the risk of exposure. Healthcare workers who work with exposure-prone procedures (such as some types of surgery/dentistry where the risk of sharps injuries are increased) have a duty to know their hepatitis C status and those with hepatitis C may require modification of duties.
- Sharing personal grooming items, such as razors, toothbrushes, tweezers nail files or scissors due to the risk of blood contamination via skin puncture.
- From mother to baby at birth (vertical transmission) -- hepatitis C is not transmitted via breast milk, however cracked/bleeding nipples can be a source of transmission and breastfeeding during this time is not recommended.
- Blood transfusion in Australia prior to 1990 – before the Australian blood supply was screened for hepatitis C some people became infected through receiving blood or blood products. All blood donations in





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Australia are now screened for blood borne viruses, including hepatitis C. Transfusions overseas may still carry a risk.

What about sexual transmission?

Hepatitis C is not considered to be a sexually transmitted infection and studies of long-term partners (where only one partner has hepatitis C) supports this. Where sexual transmission has occurred it is likely to be via blood-to-blood contact, such as:

- where there are cuts/broken skin on or near the genitals
- during menstruation
- during anal sex (due to the fragility of the lining of the rectum)
- where sexual activity itself involves blood

Transmission during sex via sexual fluids (semen/vaginal fluid) is thought to be rare however may potentially occur if a person has a high level of hepatitis C virus. This may be during acute infection or where there is co-infection with HIV. In addition, sexual fluid infected with hepatitis C would need to make contact with broken/damaged tissue of the uninfected person for transmission to occur.

Mother-to-baby transmission

Approximately 1 in 15 (7%) babies born to mothers with hepatitis C will become infected, meaning more than 9 out of 10 babies will NOT become infected. The risk of infection to the baby increases if the mother has a high hepatitis C viral load or is co-infected with hepatitis B or HIV. It is worthwhile letting the midwife and obstetrician know the mother's hepatitis C status so that procedures which increase the potential for blood exposure can be avoided. For information on testing babies and children see the 'Tests and Treatments Fact Sheet'.

Telling others

If you have recently been diagnosed with hepatitis C it is worth taking some time to consider who you might want to tell. Most people usually want to tell at least one person they are close to for support. This may be a partner, friend or family member. There is no hurry, take your time and think it through. You may benefit from talking with a counsellor about who/how to tell or by calling the Hepatitis Info Line on 1800 703 003.





Telling partners

Deciding if, when and how to tell partners or potential partners is an individual decision and may vary depending on each situation. In the end you need to feel comfortable with the decision you make. Safe sex is recommended for all new partners regardless of hepatitis C status.

If you do decide to tell someone it may be useful to have some written information and the Hepatitis Info line number on hand. Encourage those you tell to make contact with the Hepatitis Info line so that they can ask the questions they need to.

You are not legally obliged to tell anyone your hepatitis C status, with a few exceptions including:

- if you are donating blood or body organs
- if you are a healthcare workers performing exposure prone medical/dental procedures
- if you plan to join the armed forces
- if you are applying for health insurance (if the question is asked)

There is no legal obligation to disclose your status to health professionals (including doctors, nurses and dentists) as they should all be using standard infection control precautions to protect against transmission of all blood-borne viruses. You may however choose to tell some health-care professionals about your hepatitis C status as this may assist them in providing better health care for you. For example, some medications are toxic to the liver and these could be avoided. Your health care is important and if you don't feel comfortable talking openly with your healthcare practitioner consider trying another one.

Discrimination

Some people have reported experiencing prejudice, stigma and discrimination because of their hepatitis C status. This is largely due to lack of knowledge and unfounded fear. Discrimination is illegal, and if you believe you have been discriminated against you can contact the Victorian Equal Opportunity Commission.

Taking care of yourself

The liver processes everything that we eat and drink and filters toxins from the body. A healthy diet and lifestyle is important for liver health, especially when you have a chronic illness like hepatitis C that puts strain on the liver. A healthy diet and lifestyle includes:

- high amounts of fruit, vegetables and whole grains (breads and cereals)
- moderate amounts of meat and dairy products





- low amounts of fats and sugars
- plenty of water
- moderate amounts of physical activity
- enough rest

A dietician can help you to plan a healthy diet for your liver. Talk with your doctor about a referral.

Alcohol and drugs, including nicotine, are toxic to the liver. Heavy alcohol consumption increases liver damage so it is advisable to drink alcohol in moderation or not at all. If you smoke cigarettes consider quitting or cutting down. If you are using drugs take care to minimise harm by filtering drugs when injecting, using clean water and sterile equipment.

Some people with hepatitis C use complementary therapies including Chinese medicine, herbalism, naturopathy and acupuncture. There are few research trials to measure the effectiveness of complementary therapies for hepatitis C, however some people report positive benefits. If you are considering seeing an alternative practitioner ensure that they have up-to-date qualifications and are experienced and knowledgeable about hepatitis C. As with all medications there is the possibility for side effects and interactions with other medications, so be sure to tell your doctor about all of the medicines you are taking.

Medical management of hepatitis C

It is advisable to find a doctor that you are comfortable with to ensure you receive good medical care and that you are kept up to date with the latest information on hepatitis C management. There are standard tests that need to be done regularly, including liver function and viral load testing (see 'Tests and Treatments Fact Sheet'). Call Hepatitis Victoria who can let you know of doctors with an interest in hepatitis C in your area. Your doctor can also keep you informed about treatments for hepatitis C and refer you to a gastroenterologist (liver specialist) if you are interested in starting treatment.

Treatments

Current treatment for hepatitis C consists of a combination of pegylated interferon injections and ribavirin tablets. There are several exciting new treatments that have had success in clinical trials overseas which will soon be available in Australia. For more information about treatments see 'Tests and Treatments Fact Sheet' and 'Interferon/Ribavirin Fact Sheet'.





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Support and information

Hepatitis Victoria 1800 703 003

<http://www.hepcvic.org.au/>

Hepatitis Australia 1300 437 222

<http://www.hepatitisaustralia.com/home>

Hepatitis C support groups

<http://www.hepvc.org.au/page/support>

Under Review

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