Hepatitis C

Hepatitis C is an inflammation of the liver caused by infection with the hepatitis C virus (or HCV). Most new cases of hepatitis C occur among intravenous drug users. The disease may be either acute (short-lived) or chronic (ongoing).

About 40 percent of all people who have hepatitis C do not know how they were infected because their symptoms took so long to develop. Symptoms of liver damage may not be apparent for several years after infection with hepatitis C. In some people, the chronic form of the disease eventually results in severe, irreversible liver damage.

Before blood banks began routinely screening for HCV, some people became infected with the virus through blood transfusion. However, the number of contaminations from transfusion has decreased dramatically since the screening of blood products became standard procedure in 1992. Infection from hepatitis C is now most commonly spread through the sharing of contaminated needles and through procedures such as body piercing and tattooing. The virus also can be transmitted sexually. You are at risk of HCV if you:

- Use IV drugs (even experimentation with drugs many years ago)
- Have a job that exposes you to human blood
- Are a patient with kidney disease requiring hemodialysis (use of a kidney machine)
- Have multiple sex partners
- Live with a person who has hepatitis C
- Have body piercings or tattoos

Note your symptoms

Most people with hepatitis C have no symptoms. If they do occur, they usually take place from six to nine weeks after infection, although they may develop as early as two weeks or as long as six months later.

Symptoms may begin suddenly or gradually and are generally mild. Many people describe their symptoms as "flu-like." You may experience a loss of appetite or abdominal discomfort, fatigue,
malaise, which means basically feeling lousy, or body aches, nausea and vomiting and a low-grade fever. These symptoms sometimes are followed by jaundice, a yellowish discoloration of the whites of the eyes, skin and mucous membranes, accompanied by discoloration of the urine and stool. Once this stage occurs, usually one to two weeks after the initial symptoms, you may feel better, despite worsening jaundice.

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**Chronic hepatitis**

Among those with chronic hepatitis C, about 22 percent eventually develop mild liver damage; 15 percent experience moderate damage and 11 percent suffer severe damage. About 20 percent of those with chronic infection develop cirrhosis (a severe, sometimes fatal type of liver disease) within 20 years. In a small percentage of people who suffer severe liver damage from chronic hepatitis C, liver cancer eventually develops. This generally takes 20 to 30 years to occur.

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**What you can do**

You'll probably need extra rest at first to help you cope with symptoms like fatigue, body aches or malaise. However, bed rest usually is not necessary. You also may find that you feel better if you eat most of your day’s food in the morning, rather than in the afternoon or evening. Eating, small, low-fat, high-carbohydrate meals usually proves more tolerable than eating larger, heavy meals that are high in fat.

Avoid drugs or chemicals that may put an additional load on an already inflamed liver, such as alcohol, sedatives or any other nonessential drugs, such as acetaminophen (Tylenol) and the herbal supplement kava. Be sure your doctor is aware of any drugs, vitamins or herbal supplements you are taking.

You don't have to be isolated from others if you have Hepatitis C. You do, however, have to protect people from your blood. Do not share personal items such as razors, toothbrushes or nail clippers with other people. Be especially careful about wounds. Open wounds, even small ones, should be cleaned and covered.

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**What your doctor may do**

Treatment decisions are not based on a person's symptoms, since symptoms are not an accurate way of determining the severity of the illness. If your doctor suspects that you have been infected, he or she may test your blood for the presence of HCV antibodies, viral particles or elevated liver enzymes. However, as long as liver enzymes remain normal and there is no evidence of liver inflammation or damage, the only treatment necessary is eating a nutritious diet, avoiding alcohol, exercising regularly and visiting a doctor on a routine schedule to monitor the disease.

If initial test results indicate infection, the doctor may order additional blood tests and a liver biopsy (tissue sample) to confirm whether HCV is still active in the liver.
Antiviral medications may be prescribed if tests indicate that the virus is active or if active liver disease is confirmed. These medications boost the body's immune response to HCV and help prevent the virus from replicating. Most patients respond best to a combination of peginterferon alfa-2b (Intron A PEG-Intron or Pegasys) and ribavirin (Rebetol, Copegus). PEG-Intron is a long-lasting form of the better known antiviral medication interferon. For people who cannot tolerate ribavirin, interferon can also be prescribed by itself, but many patients relapse once treatment is discontinued.

In recent years, genotyping has become a useful tool for determining how well a person might respond to a specific drug therapy. The genotype, which can be detected in a blood test, indicates the specific genetic makeup of the virus. Talk to your doctor about the pros and cons of antiviral treatment.

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**Final note**

To date there is no vaccine or passive immunization available to prevent hepatitis C. However, antiviral medication may help stop the progression of the disease in those who already have it. If you think you may have been exposed to HCV, contact your doctor.