HEPATITIS C
Fact sheet - July 2015

Key facts
- Hepatitis C is an infectious liver disease caused by hepatitis C virus.
- Hepatitis C can lead to both acute and chronic liver infections. A majority of those who are chronically infected with this virus (55-85%) develop cirrhosis of the liver or liver cancer.
- The common modes of infection are through unsafe injection practices, inadequate sterilization of medical equipment and use of unscreened blood and blood products.
- Antiviral treatment can successfully cure hepatitis C infection in 50-90% of persons, but unfortunately access to these drugs and treatment is low.
- Currently there is no vaccine available for hepatitis C, however, research in this area is ongoing.
- WHO has launched new guidelines for the screening, care and treatment of persons with hepatitis C infection.

Hepatitis C is an infectious liver disease caused by the hepatitis C virus (HCV), which is spread primarily through contact with the blood of an infected person.

Disease epidemiology
- Globally, an estimated 180 million people or roughly 3% of the world's population are currently infected. A majority of those who are chronically infected develop cirrhosis of the liver or liver cancer.
- Around 15-45% of infected persons recover within 6 months without any treatment and the remaining 55-85% of persons develop chronic HCV infection.
- HCV infection in India has a population prevalence of around 1%, and occurs predominantly through blood transfusion and the use of unsterile glass syringes.
- HCV genotypes 2 and 3 are prevalent in 60-80% of the population.

Transmission
- HCV is transmitted through infected blood.
- Common modes of transmission include sharing needles, syringes or other equipment used to inject drugs; needlestick injuries in health-care settings; and from an infected mother to her baby at birth.
- Less commonly, a person can also get HCV infection through sharing personal care items such as razors or toothbrushes with an infected person and also through sexual contact with a person infected with HCV.

Symptoms
- Symptoms include fever, tiredness, loss of appetite, nausea, vomiting, abdominal pain, dark urine, grey-coloured faeces, joint pain and jaundice.
- Around 80% of persons infected may not exhibit any symptoms at all.

Diagnosis
- Since acute HCV infection is usually asymptomatic, early diagnosis of the HCV infection is rare.
- Even for those who go on to develop chronic HCV infection, the infection may often remain undiagnosed until serious liver damage has developed.
- Screening for anti-HCV antibodies with a serological test identifies people who have been infected with the virus. Subsequent testing for HCV ribonucleic acid (RNA) is needed to confirm chronic hepatitis C infection.
At-risk populations
These include:
• Injections used by drug users
• Beneficiaries of donated blood and blood products that may be infected
• Those getting body piercing or tattoos done with non-sterile instruments
• Health care workers injured by needle sticks and other sharps
• Recipients of blood or organs from a donor who tested positive for HCV
• HIV-infected persons
• Children born to mothers infected with HCV

Treatment
• The current standard treatment for hepatitis C is a combination of antiviral therapy with interferon and ribavirin, which are effective against all the genotypes of hepatitis viruses (pan-genotypic).
• Antiviral treatment can cure hepatitis C infection successfully in 50-90% of cases.
• Scientific advances have led to the development of very effective new antiviral drugs for hepatitis C, which are safer and better-tolerated than existing therapies. However, at present these treatments are expensive.

Prevention
• Prevention of HCV infection depends upon reducing the risk of exposure to the virus in health-care settings and in high risk populations
• Currently there is no vaccine available for hepatitis C.

WHO response
WHO has launched new guidelines for screening, care and treatment of persons with hepatitis C infection.
• HCV serology testing should be offered to individuals who are part of a population with high HCV prevalence or who have a history of HCV risk exposure/behaviour.
• Nucleic acid testing (NAT) for the detection of HCV RNA should be performed directly following a positive HCV serological test to establish the diagnosis.
• Screening for alcohol use in those that test positive for HCV and behavioural alcohol reduction intervention should be conducted as necessary.
• All adults and children with chronic HCV infection, including people who inject drugs, should be assessed for antiviral treatment.
• Pegylated interferon in combination with ribavirin is recommended for the treatment of chronic HCV infection.
• Treatment with direct-acting antivirals telaprevir or boceprevir, given in combination with pegylated interferon and ribavirin, is suggested for genotype 1 chronic HCV infection.
• Sofosbuvir, given in combination with ribavirin with or without pegylated interferon (depending on the HCV genotype), is recommended in genotypes 1, 2, 3 and 4 HCV infections.
• Simeprevir, given in combination with pegylated interferon and ribavirin, is recommended for persons with genotype 1b HCV infection.

WHO also organizes World Hepatitis Day on 28 July every year to increase awareness and understanding of viral hepatitis.