

What is Hep C?

Hepatitis C is a blood borne virus. It is transmitted when blood from someone with hep C enters another person's blood stream. If untreated, it can cause damage and cancer to the liver. Treatment is easy and available.

Risk factors:

There are a number of risk factors for hepatitis C. A person may need a test, even if these happened a long time ago.

- Had unprotected sex with someone who may have had hepatitis C, especially if there were opportunities for blood to blood contact.
- Had beauty treatments using needles which may not have been sterilised, including semi-permanent make up.
- Had a piercing, tattoo, cut-throat shave or acupuncture using equipment which may not have been sterilised.
- Received a blood transfusion before 1996.
- Had dental or medical treatment abroad in unsterile conditions.
- Shared needles or other equipment used for injecting and snorting drugs, including crack pipes.

Testing:

Testing is easy and there are different ways to get tested. If a person has been exposed to the hepatitis C virus and the virus is transmitted to them, they will develop antibodies to the hepatitis C virus. Antibodies don't show up in the blood straight away, it can take 3 months (and sometimes 6 months) before antibodies are picked up by a test. When antibodies are found in the blood, this result is hepatitis C antibody positive.

After a potential exposure to the virus, a test is needed at 3 months and again 3 months after that. If a person remains at risk from hepatitis C, it is good practice for them to have a test every 12 months. If a person has hepatitis C antibody positive test, a further test and investigation may be needed before starting treatment.

To find out more about the risk factors for hepatitis C visit the website: phw.nhs.wales/hep-c/

Symptoms:

Not everyone experiences symptoms of an early hepatitis C infection. Symptoms can be misinterpreted as another illness.

Feeling sick/
vomiting

Tiredness

Loss of appetite

Abdominal pain

High temperature
(above 38C)

Jaundice (yellowing
of eyes and skin)

Re-infection:

Test for hepatitis C three months after potential exposure and again three months later.

If a person remains at risk, annual testing is recommended. A positive result may require further tests.

Types of testing:

- Dried Blood Spot Test (DBST)** = finger-prick blood collected onto a card and tested in the laboratory – a good option in settings where staff are not trained to take blood from a vein or for people with poor venous access. Tests for Hepatitis B, Hepatitis C and HIV. (Looks for antibodies/ exposure to a virus).
 
- Venous blood sample** = a blood sample taken from a vein. This can test for past exposure to hepatitis C, current infection, and other blood-borne infections at the same time.
- Oral lateral flow test** = mouth swab to detect exposure for the hepatitis C virus in 20 minutes – great for people who are needle-phobic. (not available in all services).
- Micro-capillary blood test / Micro-cap (using Cepheid GeneXpert)** = a finger-prick test where a few drops of blood are collected into a small tube and then put into a machine. Tests for active hepatitis C infection/ hepatitis C RNA in 60 minutes. (not available in all services).

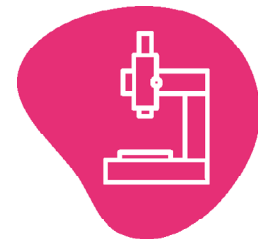
Treatment:

Hepatitis C can be cured with tablets called Direct Acting Antivirals (DAAs).

They are effective 90-95% of the time (usually one dose of tablets a day for 8-12 weeks).

Treatment is available to everyone.

12 weeks after a person finishes their treatment, a repeat test will be taken to check if the virus has been eliminated from their system. The test looks for active hepatitis C infection/ hepatitis C RNA.



What the testing results mean:

Roughly 25% of people who acquire a hepatitis C infection spontaneously clear the virus in the first 6 months, however, 75% go on to develop chronic hepatitis C. Spontaneous clearance is where the body's immune system automatically fights the virus. Treatment will be offered including to people who have had the virus for less than 6 months

Hep C antibody negative = has not come into contact with the hepatitis C virus

Hep C antibody positive + hep C RNA negative = previously came into contact with hepatitis C, does not have active/ current infection

Hep C antibody positive + hep C RNA positive = has active/ current hepatitis C virus

There may be some cases when a person may have had hepatitis C virus where the hepatitis C antibody is not picked up on some forms of testing. If a person has had successful treatment, or has cleared the virus spontaneously, they are not protected from being infected if they come into contact with the virus again – it's important to reduce the risk of coming into contact with the virus again. Repeat testing is recommended at least every 12 months

Hepatitis C Elimination:

There is currently a global goal of eliminating hepatitis by 2030. Learn more about hepatitis C by visiting the PHW website - phw.nhs.wales/hep-c/