What you should know about hep C
I’m worried.

Being told you have hepatitis C (hep C) can be beyond stressful. You probably don’t know much about it. You have what seems like a thousand questions for your doctor. And your life has turned in a whole new direction. Worse, you don’t know which way to go.

This short guidebook can help. Think of it as a quick way to locate what you need to know about hep C. Not all the answers are here, but it’s a great way to start the conversation with your healthcare provider.

I’ve never heard of hep C before today.

Hepatitis at its most basic level means inflammation of the liver. When the liver is inflamed or damaged, the way it functions can be affected. Many things can cause inflammation of your liver: heavy drinking, some medications, toxins, and certain medical conditions. Most often, it is caused by a virus.
Hep C can be “acute,” meaning it’s a new infection, or “chronic,” which means lasting a long time. Chronic hep C is what we are talking about throughout most of this booklet.

There are about ~2.3 million people in the U.S. living with hep C

I have no idea how I got this.

The hep C virus spreads when infected blood comes in contact with the blood of an uninfected person. Nowadays, it is common for people to get infected with the hep C virus by sharing needles, syringes, or other items used for preparing or injecting drugs.

Before 1992, hep C was also often spread through blood transfusions and organ transplants. Today’s extensive screening of the U.S. blood supply has stopped this source of infection.
Are certain people more likely to get hep C?

Some people are at increased risk for having hep C, including:

- Current or former injection drug users, even if they injected only once years ago
- People who were born between 1945 and 1965
- People who received clotting factor concentrates made before 1987
- Recipients of blood transfusions or solid organ transplants prior to July 1992
- Hemodialysis patients
- People with known exposures to the hep C virus, such as:
  - Healthcare workers who get stuck by needles involving blood from someone who is infected with the hep C virus
  - Receivers of blood or organs from a donor who tested positive for the hep C virus
- People with HIV
- Children born to mothers with the hep C virus
- People who are in prison or jail
- People who take drugs through the nose, such as cocaine users
- People who received body piercings or tattoos done with unclean tools
I have no symptoms, so how do I have hep C?

Most people with chronic hep C infection do not show any symptoms or have general symptoms such as chronic fatigue and depression. Even if people with hep C show no symptoms, they can still spread the virus on to others.

If hep C can last a long time, does it have long-term effects?

Of every 100 people infected with the hep C virus:
- **75–85** people will progress to chronic hep C
- **10–20** people will develop cirrhosis over 20–30 years

Out of 100 people with chronic hep C and cirrhosis, every year:
- **3–6** people will develop liver failure
- **1–5** people will develop liver cancer

Whether your liver is infected with hep C or under attack in another way, the damage to your liver is likely to progress in a similar way. The basic danger is the same—that your liver will become so damaged that it can no longer work correctly.
I don’t want to spread hep C to others.

People with hep C can do many things to prevent spreading the virus to their friends and family:

- **Avoid sharing** toothbrushes and dental or shaving equipment
- **Cover any bleeding wound** to prevent it from coming into contact with another person’s blood
- **Those who continue to inject drugs should:**
  - Avoid reusing or sharing syringes, needles, water, cotton, and other drug preparation equipment
  - Use new sterile syringes and filters, and disinfected cookers
  - Clean the injection site with a new alcohol swab
  - Dispose of syringes and needles after one use in a safe, puncture-proof container
- **Do not to donate blood, and discuss donating body organs, other tissue, or semen with a healthcare professional**
- **Practice safe sex**
- **Clean household surfaces** and implements contaminated with visible blood from an HCV-infected person by using a dilution of one part household bleach to nine parts water. Gloves should be worn when cleaning up blood spills.

Ways the hep C virus is **NOT** spread:

- Sneezing or coughing
- Hugging
- Holding hands
- Sharing eating utensils
- Drinking glasses
- Through food or drinks
What about treatments for hep C?

Today, there are medications for treating chronic hep C. What’s more, hep C treatments have gotten better over the last 10 years. Patients take pills—they don’t need injections, and the treatments can be as short as 8 to 12 weeks. Also, these treatments can cure over 95% of people and with few side effects. Cure means the virus that causes hep C can’t be found in the blood, three months after treatment is completed.

How do you know you are cured?

After you have finished your treatment, you will need to see your healthcare provider 12 weeks later. That’s when you’ll take a blood test to see if the virus can be found in your bloodstream. If the virus is undetectable, you are considered “cured.” This is also called a sustained virologic response or SVR.

Will I need any follow-ups with my doctor?

During treatment, your doctor may want you to come in for occasional check-ups. For people with cirrhosis, there is still a risk of liver cancer even after hep C is cured. Those patients should be monitored regularly by their doctor.
Could I get another hep C infection after a cure?

Having had hep C once does not make you “immune” to getting hep C again.

You have much less of a chance of a second infection (called “reinfection”) with hep C than the chance of a first-time infection, but it can happen. For example, people who continue to use injection drugs can get reinfected.

The best way to **AVOID** reinfection is to reduce risky behaviors that could expose you to the hep C virus:

- Do not use injection drugs
- Avoid blood-to-blood exposure to other people
- Do not share needles for any reason
- Use condoms with a new partner or with a partner who has used injection drugs

What else do I need to know?

Here are a few ways to take care of your health:

- Make sure your vaccines are up to date. Check with your doctor to see if you need the hep A or hep B vaccines. Also, people with cirrhosis are recommended to get the pneumococcal vaccine.
- People should **avoid alcohol** because it can cause additional liver damage. Many scientific studies show a strong connection of excess alcohol use and developing or worsening liver fibrosis, and developing liver cancer.
- They also should **check with their doctor** before taking any prescriptions, herbs, supplements, or over-the-counter medications, because these can possibly damage the liver.
Patient support resources

There are a number of resources and support options on the internet. Support groups give patients a way to share feelings, hopes, and fears. To find a local group near you, check out the following organizations:

- **Centers for Disease Control and Prevention**
  [cdc.gov/hepatitis/hcv/cfaq.htm](http://cdc.gov/hepatitis/hcv/cfaq.htm)

- **Mayo Clinic**

- **American Liver Foundation**
  Offers discussion communities and listings of support groups by state.
  [inspire.com/groups/american-liver-foundation](http://inspire.com/groups/american-liver-foundation)