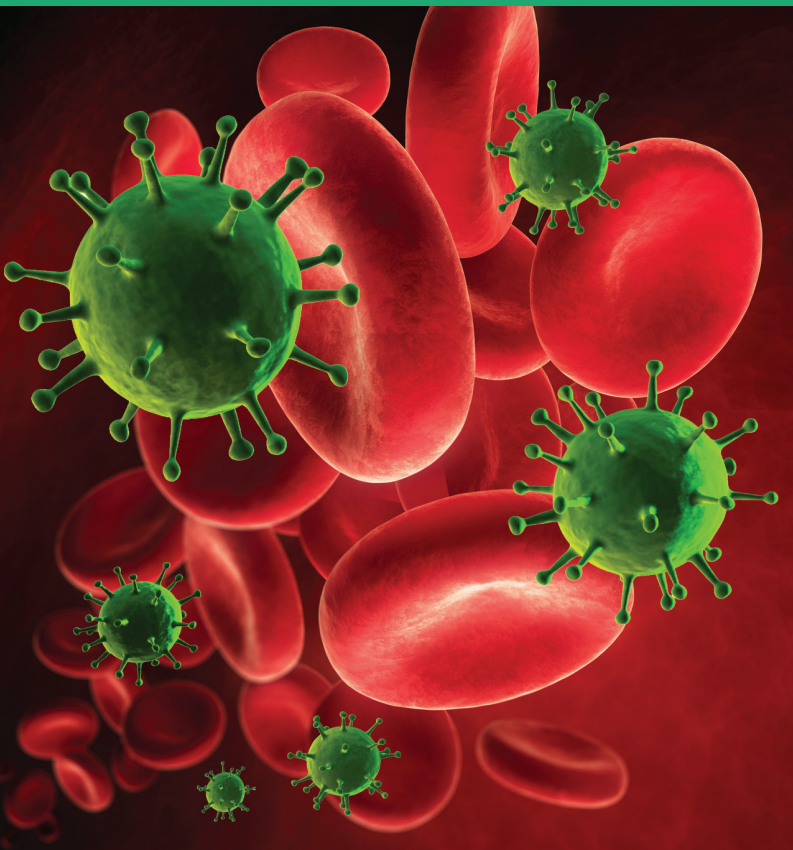


Hepatitis C

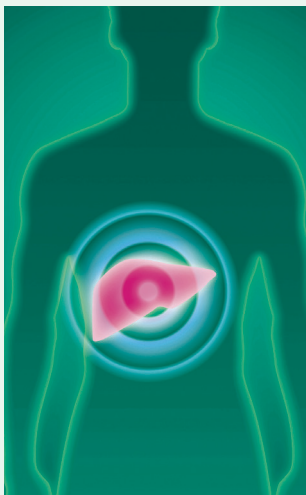
Information Leaflet



What is hepatitis C?

Hepatitis C is an inflammation of the liver caused by infection with the hepatitis C virus. A new infection (acute hepatitis C) can still be spontaneously cleared in the first six months. In most people, however, the acute infection lasts for longer. Hepatitis C then becomes chronic and will not go away on its own without treatment. Over years, untreated hepatitis C can cause serious liver damage such as cirrhosis or liver cancer. It may also increase the risk of other diseases (e.g. kidney and cardiovascular disease or other tumours).

The infection may remain asymptomatic for a long time, but symptoms such as joint pain, fatigue and depression are also possible.



Key facts

- Hepatitis C is almost always **curable** today.
- The virus is transmitted through blood-to-blood contact.
- There is no vaccine against hepatitis C.
- Hepatitis C is a disease that progresses slowly over many years.
- After years or decades, untreated hepatitis C can cause serious and even fatal liver damage. This is why therapy is important.
- You often don't notice you have hepatitis C, even if your liver is damaged. Only a specific blood test can provide information on this.

Hepatitis C infections

People who received blood products before 1991, have a history of drug use or who have been treated medically, tattooed or pierced under non-sterile conditions are at risk.

Transmission during vaginal intercourse is rare, provided that this does not involve injuries or contact with blood. However, the risk is very high for sexual practices that can result in injury such as fisting, unprotected anal sex and/or co-infection with HIV (e.g. in homosexuals and on the BDSM scene).



About 5% of pregnant women who are positive for hepatitis C can also infect their newborns. A caesarean section does not reduce this low risk any further.

However, hepatitis C is not transmitted under everyday conditions, i.e. *not* by coughing or sneezing, *not* by shaking hands or hugging, *not* by contact with door handles, *not* by using the same toilet and *not* by drinking from the same glass or bottle. People who are particularly worried sometimes ask whether it is possible to become infected in these situations via invisible blood residues if you have a micro-injury, chapped lips, bleeding gums or a mosquito bite at the same time; however, such

artificial scenarios almost never occur in reality. We are not aware of any case anywhere in the world where a hepatitis C infection was proven to have occurred under such circumstances.

A vaccination against hepatitis C has not yet been developed. However, the infection can now almost always be cleared with medication.



Diagnosis

After infection, it usually takes six to nine weeks for the immune system to produce HCV antibodies (anti-HCV). Antibodies are an immune reaction and not part of the virus. If the antibody test is positive, it is not quite clear whether the hepatitis C virus is still present. Therefore, if the test for HCV antibodies is positive, a second, more elaborate PCR test is performed, which detects the genetic material of the virus (HCV RNA) directly. If this test is positive, you have hepatitis C and should seek specialist medical advice to help you clear the infection.

If you want to find out whether an infection has occurred shortly after exposure to a high-risk situation (e.g. needlestick injury in a hospital), the direct test for HCV RNA can also be performed earlier: In the event of infection, this gives a positive result after one to two weeks.

What should you do if the test is positive? First of all: Don't panic! Hepatitis C is a solvable problem for most people nowadays.

To begin with, further tests are necessary: firstly, to find out whether your liver is already damaged – some hepatitis C infections are only discovered after many years. Secondly, tests are important to evaluate which medications to use to treat your infection and how long your infection should be treated for.

Hepatitis C viruses are not all the same. A variety of subgroups called genotypes exist. Genotypes 1 to 6 have been known for some time and an additional genotype, genotype 7, was recently discovered. The HCV genotype is determined by a blood test. This will help your doctor to give you a suitable medication and to plan the duration of your treatment.

Other important issues with regard to HCV therapy are the condition of the liver, viral load, concomitant diseases and possible previous therapies.

Treatment of hepatitis C

Hepatitis C is curable in the vast majority of cases today. Until a few years ago, the treatment still had a lot of side effects and not all patients were cured. Fortunately, new medications have changed this.

Today, patients take tablets every day. The therapy duration is usually eight to twelve weeks.

95% of all patients are cured already after the first therapy. Of course these odds only apply to patients who take their tablets every day without fail!

The virus and, thus, the HCV RNA disappear permanently from the blood during the healing process. All that remains are the antibodies that the immune system has produced in response to the virus.

During treatment, the viral load becomes so small in nearly all patients that it can no longer be measured in the laboratory. This is why it is not yet possible during therapy to determine whether the virus has



already been completely eliminated or whether tiny amounts are still present. To ensure that the viral infection has really been cleared, it is extremely important to repeat the virus test twelve weeks after the end of therapy. If the test for the virus is still negative, this is referred to as a cure (*another term: “sustained virologic response” or SVR*).

In rare cases, relapse occurs: The virus can be detected again after the end of therapy. *If* relapse occurs, this almost always happens in the first four to twelve weeks after the end of therapy. These patients may then require further, more intensive treatment with additional medication, but again have a 95% chance of being cured. In other words: Almost all patients are cured today.

Hepatitis C therapy is expensive, but the price of the medications has now been significantly reduced. If you have health insurance in Germany, the treatment will be paid for. As a rule, the therapy is carried out by appropriately qualified medical specialists. If a doctor does not carry out the treatment, we recommend changing doctor.

Risks and side effects

Hepatitis C therapy is much simpler today than it used to be. The tablets are highly effective and mostly very well tolerated. This was not always the case: Previously, only therapies with interferon injections and ribavirin tablets were available, which had a lot of side effects and only some patients were cured.

Many patients experience few or no side effects with the new tablet therapies. However, side effects are possible: These include, for example, headaches and fatigue. Some patients report gastrointestinal problems or diarrhoea, which may persist to some extent after the end of therapy.

In addition, it is important to note some precautionary measures:

- If you take other medicines, natural remedies or drugs, these can result in serious interactions with hepatitis C medications. Be sure to tell your doctor about anything you are taking. Grapefruit can also cause interactions. If the package leaflet recommends doing so, avoid grapefruit and grapefruit juice during therapy.
- If you have a hepatitis B infection or HIV co-infection in addition to hepatitis C, tell your doctor about this.
- In advanced liver cirrhosis (Child-Pugh class B or C), only certain hepatitis C medications may be used.
- If you already have cirrhosis of the liver (scarring), your liver must be monitored on a permanent basis. With cirrhosis, there is an increased risk of liver tumours, even if the virus has been cleared.
- If you have had liver cancer before, there is still an increased risk that the tumour will recur. Therefore, your liver must be closely monitored before, during and after the therapy.

Where should I go?

It is best to seek advice in a specialist medical practice or outpatient clinic for gastroenterology and hepatology. HIV physicians and addiction practices/clinics sometimes also offer hepatitis C therapies.

In specialist medical practices or clinics, it can sometimes take a few weeks to months to get an appointment. In this case it is important to know: With hepatitis C, you can usually wait for the appointment without worrying. Even if the virus may be dangerous for the liver in the long term, the damage almost always occurs insidiously over years or even decades. Nevertheless, therapy should not be postponed forever.

Patients who are already seriously ill and have, for example, advanced cirrhosis, benefit from treatment as early as possible. It can be helpful to point this out when making an appointment and to ask for an appointment as soon as possible.

Further information is available from the Deutsche Leberhilfe e.V., which also offers a non-binding initial consultation for non-members. We speak German and English.

Deutsche Leberhilfe e.V.

Krieler Str. 100

50935 Cologne

Phone: 0221/2829980

Fax: 0221/2829981

Email: info@leberhilfe.org

Website: www.leberhilfe.org



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