

# Hepatitis C & injecting drug use

In Australia, injecting drugs (now or in the past) is the most common risk factor for contracting HCV. The majority of people who have injected drugs have hepatitis C. People who inject and don't have hepatitis C are at great risk of infection.

Anyone who has ever shared injecting equipment may have possibly caught hepatitis C. It doesn't matter what was injected (heroin, methadone, pills, speed or steroids), it is the possible blood-to-blood contact during injecting that transmits HCV.

People who inject drugs will benefit from good medical follow-up after a hepatitis C diagnosis. Knowing about HCV status is important in deciding to make the recommended lifestyle changes to improve overall health (see previous page).

People who already have hepatitis C should inject as safely as possible to avoid passing the virus on to others or becoming reinfected with a different HCV genotype or sub-type. Being HCV antibody positive doesn't protect against further HCV infections.

## For more information

People should speak to their doctor. If necessary they can also refer people to a liver specialist.

### **Hep C Helpline**

9332 1599 (Sydney callers)  
1800 803 990 (other NSW callers)

### **Prison's Hep C Helpline**

NSW prisoners can use their prison 'Smartcard', or 9332 1599 (Sydney callers)  
1800 803 990 (other NSW callers)

### **Online hep C information**

[www.hepatitisc.org.au](http://www.hepatitisc.org.au)

### **Online hep C support**

[www.hepcaustralasia.org](http://www.hepcaustralasia.org)

### **ADIS** (Alcohol & Drug Information Service)

9361 8000  
1800 422 599

### **NUAA** (NSW Users & AIDS Association)

9369 3455  
1800 644 413

### **Family Drug Support**

1300 368 186

### **Liver donation**

*Lifelink*  
9229 4003

Local contacts include:

# Hepatitis C

## A brief introduction



because understanding  
is the answer

# What is hepatitis?

'Hepatitis' means liver *inflammation* (bruised and swollen). It can be caused by drinking too much alcohol, by different kinds of viruses, or by toxic chemicals and drugs.

There are a number of hepatitis viruses, eg. A, B & C. Although they all affect the liver, they are quite different viruses. They are transmitted differently, do not cause the same level of illness and may require different treatments.

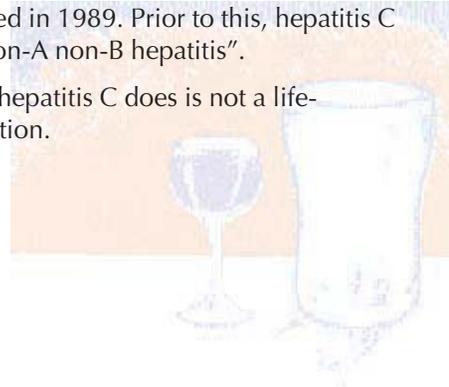


# What is hepatitis C?

It is a medical condition involving infection with the hepatitis C virus (HCV).

HCV was identified in 1989. Prior to this, hepatitis C was known as "non-A non-B hepatitis".

For most people, hepatitis C does is not a life-threatening condition.



# How does hepatitis C affect people?

Hepatitis C does not become a life-threatening condition for most people.

There are usually no signs of illness when people initially contract HCV.

For approximately one in four people, the virus is cleared by their immune system within the first twelve months. Three out of four people do not clear the virus and experience an ongoing HCV infection that will last indefinitely (called chronic hepatitis C).

Over a long period of time, chronic hepatitis C can affect people to varying degrees (see Fig 1, below).

## Fig 1. Chronic hepatitis C community outcome

This chart depicts the estimated illness burden of Australia's hepatitis C epidemic. It does not aim to show *illness outcome* (prognosis) for an individual. Personal factors such as alcohol intake, age when HCV was acquired and current level of liver inflammation influence a person's prognosis and individuals are advised to seek medical advice regarding their own situation.

One of every four people who contract HCV will clear their infection naturally within the first 12 months. Three of every four people experience a *chronic* (ongoing) hepatitis C infection.

Generally speaking, hepatitis C is a concern only for those people with chronic hepatitis C. It is believed that of 100 people with chronic hepatitis C, approximately ...

45% may never develop liver damage

45% may develop progressive liver damage

7% may develop *cirrhosis* (liver scarring) (after 20 yrs)

4% may develop cirrhosis followed by liver failure or cancer (after 40 yrs)



# Is there a test for hepatitis C?

When people respond to infections, their immune system produces human antibodies. These float around in the blood stream, searching for the viruses that triggered them. They attach themselves to the viruses and help to disable or kill them. HCV antibody tests are blood tests that look for human HCV antibodies and are commonly used for diagnosis of hepatitis C.

HCV antibody tests provide evidence of present or past infections. If a person returns a positive HCV antibody test, has previously experienced transmission risks and has abnormal liver function tests, it is likely they have the hepatitis C virus.

On the other hand, if a person is HCV antibody positive but has no past transmission risks and has normal liver function tests, it is possible they have returned a false positive antibody test.

*PCR tests* (Polymerase Chain Reaction) are often used to confirm present HCV infection. They differ from antibody tests in that they look for the actual virus itself.

They can determine the presence of HCV in blood (PCR viral detection test). They can also determine the amount of virus circulating in the blood (PCR viral load test). And they can determine the HCV sub-type that a person has (PCR genotype test).

Other blood tests – called liver function tests – help determine if someone has liver inflammation and/or liver damage.

A *liver biopsy* (microscopic examination of a tiny sample of liver tissue) is the only accurate way of telling whether the liver is damaged.

# How do you catch hepatitis C?

HCV is primarily contracted through blood-to-blood contact with someone who is already infected. In Australia, this primarily involves sharing of drug injecting equipment, unsterile tattooing or skin piercing, needlestick injuries or receiving blood transfusions prior to February 1990. A slightly higher prevalence exists among some Australian migrant communities due to higher rates of unsterile medical procedures in many overseas countries.

Since February 1990, Australian blood banks have screened donated blood for HCV and are now considered among the safest in the world.

Hepatitis C cannot be contracted by hugging, or sharing plates, cutlery, toilets or washing machines. Although HCV is rarely passed on through sex, sexually active people need to consider safe sex due to the range of sexually transmissible diseases with which they can become infected.

If an expectant mother is HCV antibody positive and PCR positive, there is an approximate 5% risk that the virus will be passed on to a baby during pregnancy or at birth. The risk is increased if the mother has a *high viral load* (lots of virus circulating in her bloodstream). HCV has not been shown to be passed on via breast milk.

Currently, there is no vaccine to prevent HCV infection.

# Taking care of yourself

It is important that people with hepatitis C take a sensible approach to alcohol. The risk of serious liver damage is higher for those who are also heavy drinkers. Reducing alcohol intake should be the first step in any attempt to reduce the risk of serious liver damage. This is also an important step before considering treatment options.

People who have hepatitis C would benefit from reducing alcohol use below the following recommendations - that were made for people in the general community who don't have liver illness:

- Women should drink no more than two standard alcoholic drinks per day
- Men should drink no more than four standard drinks per day
- Everyone who drinks regularly should have at least two alcohol-free days per week
- Everyone should avoid binge drinking (drinking a lot in a short period of time).

In addition, those people with hepatitis C who have evidence of progressive liver damage would benefit from cutting out alcohol use altogether.

Further actions to help improve level of health:

- Consider having hepatitis A and hepatitis B vaccinations
- Eat a balanced diet
- Learn how to manage stress and seek counselling if needed
- Rest when feeling unwell
- Check with a pharmacist or doctor when taking prescription or over-the-counter drugs and follow the directions carefully.

# Is there any treatment?

## Peg Combo therapy

Currently, the standard treatment for hepatitis C in Australia is pegylated interferon/ribavirin combination therapy (often called 'peg combo therapy').

It is available on prescription from doctors and specialists. Although it is very expensive to purchase on a general prescription, subsidised access at a greatly reduced rate is possible through the Pharmaceutical Benefits Scheme S100 program. People have to meet certain criteria to receive government-subsidised therapy.

Access to these drugs is also possible through industry-funded, special access programs which run at selected interferon treatment centres.

Pegylated combination therapy involves interferon injections and ribavirin tablets. Overall, it is believed that a person's chance of achieving a sustained response with pegylated combination therapy is related to their HCV genotype and the amount of virus in their blood. Genotypes 2 and 3 are associated with a higher sustained response rate to combination therapy (up to 80%) than genotypes 1 or 4 (up to 50%).

Pegylated combination therapy can have serious side effects and treatment needs to be carefully monitored by a person's specialist and GP.

## Complementary and Alternative Medicine

Therapies used to reduce liver damage and improve overall health include Traditional Chinese Medicine (TCM), Western herbal medicine, acupuncture, naturopathy, massage, meditation and vitamin supplements.

There have been few clinical trials of such therapies but evidence indicates that some herbal preparations (such as Milk Thistle) can reduce liver inflammation and help normalise liver function test results.

If people seek treatment from a complementary therapist they should:

- Make sure the therapist has experience in working with hepatitis C
- Ensure they are properly qualified and belong to a recognised professional organisation
- Ask how much the treatment will cost.

It is beneficial when a person's doctors and complementary health practitioners communicate together.

For more detailed information on all these treatments, people can phone the NSW *Hep C Helpline*.

# How can we stop HCV spreading?

- People with HCV should not donate blood.
- People who inject should not share *any* injecting equipment, including needles and syringes, spoons, filters, water, swabs & tourniquets. Hands should be washed thoroughly before and after injecting. Ideally, people should always use a new fit for every hit. Tables or benches should be wiped down before people prepare a hit. Used fits should be disposed of in a fitpack
- Blood spills should be wiped up with absorbent paper towel and the spill site cleaned with detergent and water. Ideally, single-use gloves should be worn
- Cuts and wounds should be covered with waterproof dressings
- Body piercing and tattooing should be done at premises that are registered with the Local Council and who comply with the NSW Health Skin Penetration Guidelines: [www.health.nsw.gov.au/health-public-affairs/publications/skinpen/pdf/skinpen.pdf](http://www.health.nsw.gov.au/health-public-affairs/publications/skinpen/pdf/skinpen.pdf)
- Razors, toothbrushes and other personal grooming tools should not be shared
- People should practice safe sex during sexual activities that might involve blood-to-blood contact.

For more detailed information on reducing HCV transmission risk, people should phone the NSW *Hep C Helpline*.