



Hepatitis C

Quick reference guide for primary care

What is hepatitis C?

- A disease caused by the hepatitis C virus (HCV), which is a blood-borne virus spread mainly through blood-to-blood contact.
- It can damage the liver, potentially causing cirrhosis and primary liver cancer.
- Symptoms can take years or decades to occur.
- An estimated 4,000 people are infected in Northern Ireland.¹
- HCV has been associated with injecting drug use, but can be transmitted in a variety of ways.

Why should I be proactive in diagnosing it?

- The majority of those infected are probably unaware of it.
- The latest generation of anti-viral treatments will clear the hepatitis C virus in up to 80–90 % of patients, depending on virus genotype and other factors.

Who is at risk and should be tested?

Hepatitis C testing should be offered to anyone who:

- has unexplained abnormal liver function tests (eg elevated ALT) or unexplained jaundice;
- has injected drugs, including image and performance enhancing drugs like anabolic steroids, using shared equipment, however long ago and even if only once or twice;
- had a blood transfusion in the UK before September 1991 or received any blood products in the UK before 1986;
- has received medical or dental treatment in countries where infection control may be poor;
- is the child of a mother with hepatitis C;
- is a regular sexual partner of someone with hepatitis C;
- has been accidentally exposed to blood where there is a risk of transmission of hepatitis C;
- has had tattoos, piercings, acupuncture or electrolysis where infection control procedures are poor;

- is a migrant from a medium or high prevalence country (see www.hpa.org.uk/MigrantHealthGuide for specific information on countries).

How do I test for HCV?

The primary screening test is a blood test for antibodies to the virus (anti-HCV), which indicate if a person has ever been infected with HCV. A positive test should be confirmed by testing a second sample.

It can take three months for antibodies to become detectable, therefore a negative test should be repeated if the exposure was within six months of the test. Where there are low level antibodies present, it can be difficult to determine whether this is false positive or real reactivity.

Around 20–40% of people will clear the virus naturally, so a test to detect HCV RNA is required to establish if the patient is still infected. This test is done automatically on samples that test positive by the antibody test. Chronic infection with HCV is present if a person has antibodies to the virus and is HCV RNA positive.

How do I explain the testing procedure?

Pre-test discussion should include:

- hepatitis C, its natural history and the benefits offered by treatment;
- assessment of exposure risks and establishing when the last risk activity took place;
- implications of a positive result for the individual and his/her family or close contacts.

Post-test discussion for the following results should include:

Negative antibody result

- the need for further testing if the last exposure risk occurred in the preceding three month 'window period';
- ways of avoiding infection in the future.

Positive antibody result

- the need for a second blood sample to confirm the results – tests for HCV RNA can also be performed on this sample if the positive antibody result is confirmed;
- advice not to donate blood or carry an organ donor card.

Positive HCV RNA result

- the need for referral to a specialist for further assessment;
- advice to stop or reduce alcohol consumption (associated with more rapid progression of liver disease);
- ways of avoiding infecting others;
- consideration of the need to test other family members or close contacts.

Vaccination against hepatitis A and B, the annual flu, and pneumococcal infection are recommended.

Negative HCV RNA result

- a positive antibody and negative HCV RNA test indicates a previously resolved infection, but not immunity to further infection;
- the need for a second HCV RNA test after 4–6 weeks to confirm the negative status in patients who are antibody positive and HCV RNA negative.

How is hepatitis C treated?

For many years, interferon has been central to treatment of chronic hepatitis C (in combination with ribavirin since 2000). The introduction of newer oral antiviral drugs in 2014/15 is expected to revolutionise treatment of chronic hepatitis C and lead to shorter courses of all oral treatments without the need for interferon. The success rate of treatments will exceed 90% depending of various factors (including virus genotype).

All treatment of chronic hepatitis C in Northern Ireland is in keeping with guidelines issued by the National Institute for Health and Care Excellence (NICE). Treatment may have side effects but these can be satisfactorily managed in most cases. Treatment may be contraindicated for some medical and psychiatric conditions.

Infection control measures

A patient with chronic hepatitis C should be advised to take the following steps to prevent transmitting the infection to others:

- never share any equipment if injecting drugs;
- never share toothbrushes, razors or other personal items with anyone;
- always clean up their own blood from floors and work surfaces using undiluted household bleach;
- carefully clean cuts and wounds and cover with a waterproof plaster;
- if having sexual contact with more than one partner, practice safer sex (use a condom);
- do not register as an organ donor or donate blood or semen.

Further information

Liver Unit

1st Floor, East Wing Royal Victoria Hospital
Royal Victoria Hospital
Grosvenor Road
Belfast BT12 6BA
Tel: 028 9063 3529

Hepatitis nurse specialists: 077 8888 3457

For queries about testing or interpretation of results, telephone virology on 078 8908 6946 or email: blt.dutyvirologist@belfasttrust.hscni.net

Hepatitis B and C Managed Clinical Network:
www.hepbandcni.net

1. Department of Health, Social Services and Public Safety. Strategic framework and action plan for the prevention and control of hepatitis C in Northern Ireland, 2004–2007. Belfast: DHSSPS, 2004.

This guide is based on Hepatitis C – quick reference guide for primary care, produced by the Department of Health, England.



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