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Hepatitis C

An Update on the Infectious Disease Affecting the Liver

by Maggie Smith R.N.

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Hepatitis C is an infectious disease affecting the liver, caused by the hepatitis C virus (H.C.V) which is passed from one person to another through blood to blood contact. (i.e. sharing needles or injecting equipment or through unsafe tattooing or piercing methods).

Acute hepatitis C refers to the first six months after infection. Between 60 and 70 percent of people infected develop no symptoms during this acute phase. In the minority of people who experience acute phase symptoms, they are generally mild and non-specific, and because of this rarely lead to a specific diagnosis of hepatitis C.

Chronic hepatitis C is defined as infection with the hepatitis C virus persisting for more than six months.

The virus persists in about 85 percent of people infected. Chronic infection can progress to scarring of the liver (fibrosis), and advanced scarring (cirrhosis) which is generally apparent after many years. In some cases, those with cirrhosis will go on to develop liver failure or possibly liver cancer.

Hepatitis C is tested for with a blood test. The first part of testing is an antibody test. If this is positive a hepatitis C viral load or P.C.R. test and genotype will be done.

There are six main genotypes (strains) of hepatitis C. Each genotype contains numerous subtypes, labelled a, b, or c. Genotypes 1a and 1b (55 percent prevalence) and 3a (37 percent prevalence) are the most common genotypes in Australia.

In Australia, it is estimated that approximately 291,000 people have been exposed to the hepatitis C virus and have hepatitis C antibodies, of whom around 217,000 were living with chronic hepatitis C.

Current Treatment for H.C.V. is normally 'combination therapy' which is pegylated interferon and ribavirin. Pegylated Interferon can be given on its own, 'monotherapy', but combination therapy has a higher success rate.

Hepatitis C Virus

Treatment is interferon given as an injection subcutaneously, (under the skin into the fat) once a week and taking ribavirin tablets daily for six to twelve months. The length of treatment depends on the genotype infecting a person. Being a current injecting drug user does not prevent a person from going on treatment. The main thing for a person still injecting drugs is to be mindful that treatment can clear the strain of virus they are infected with, but if injecting habits still expose a person to a blood-borne virus, it is possible to be infected with another strain of H.C.V..

It's also important for a person to be aware that treatment needs to be continuous. Which means there has to be the commitment that once a person starts treatment they need to stay on it. Be aware of the possible side-effects of treatment, some people have no side-effects, some get mild flu like symptoms and others may get possible emotional disturbances like being short tempered, tired or depressed. These side-effects may only last for the first few months of treatment or they may continue for the whole time a person is on treatment. As a rule these side-effects stop once a person completes their treatment.

There are two new drugs most likely going to be available in Australia by the end of next year and a number of others in final stages of research for the treatment of hepatitis C. The two new drugs will be used in conjunction with the current combination therapy. They will not totally change hepatitis C treatment; they will, however, shorten the length of treatment and increase the chance of a cure for people with genotype 1. The two new drugs are called Incivek® (telaprevir) and Victrelis® (boceprevir). They are both a type of drug called protease inhibitors. A problem with the current types of treatment is that the drugs do not specifically target H.C.V. Interferon stimulates the immune system and ribavirin is an anti-viral, but not specifically for H.C.V.

Protease inhibitors are directly acting antivirals and Incivek (telaprevir) and Victrelis (boceprevir) directly target the reproduction of H.C.V. They inhibit (block) H.C.V. cells from multiplying.

Victrelis has been approved and has been released for public use by the T.G.A. in Australia. It is yet to be listed on the Pharmaceutical Benefits scheme, so cost is still a problem for many people, but this is being reviewed. To access treatment talk to your doctor.

Summary:

In Australia, it is estimated that approximately 291,000 people have been exposed to the hepatitis C virus and have hepatitis C antibodies

- hepatitis C is a virus that causes liver inflammation and liver disease;
- hepatitis C is spread through blood-to-blood contact;
- it is a slow-acting virus, and for most people does not result in serious disease or death
- approximately 291,000 Australians have been exposed to hepatitis C virus and 217,000 are living with chronic hepatitis C
- there is a treatment for hepatitis C called Pegylated Interferon and Ribavirin
- viral genotype is the most important predictor of response to treatment
- there is no vaccination currently available for hepatitis C.

This information is provided courtesy of Hepatitis Australia. Useful and reliable websites are [Hepatitis Australia](#)  and [Hepatitis N.S.W.](#) . Hepatitis helpline number is 1800 803 990.

Maggie Smith R.N.

Maggie was born in Brisbane and grew up on Stradbroke Island and moved to Sydney in 1996. She has been a nurse for over twenty years and is currently working as a clinical nurse specialist in sexual health and H.I.V. services. Through this role she was introduced to the transgender community and the specific, specialised and often under-resourced area of health care and education. She is committed to improving access, knowledge and skills in health care to the transgender community especially within sexual health and is especially passionate about raising awareness within the medical and nursing field of the need for improved health services to the transgender community. As a member of the Gender Centre's Management Committee for several years, she has assisted the Manager and staff in developing health services through her knowledge of the health care system.

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The Gender Centre is committed to developing and providing services and activities, which enhance the ability of people with gender issues to make informed choices. We offer a wide range of services to people with gender issues, their partners, family members and friends in New South Wales. We are an accommodation service and also act as an education, support, training and referral resource centre to other organisations and service providers. The Gender Centre is committed to educating the public and service providers about the needs of people with gender issues. We specifically aim to provide a high quality service, which acknowledges human rights and ensures respect and confidentiality.