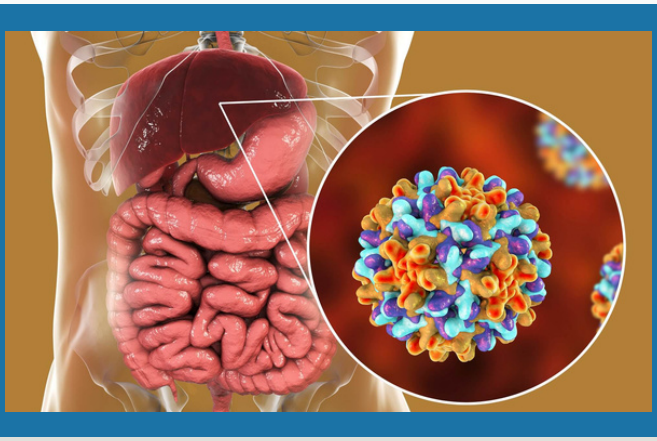
gihealth.com.au reception@gihealth.com.au 03 9709 2777

Endoscopy Gastrointestinal Medicine Nutrition

The Centre for GI Health

HEPATITIS C

Hepatitis C is a disease of the liver caused by the hepatitis C (HCV) virus. 75% of people who contracted the virus will develop chronic hepatitis C. 25% of people do clear it spontaneously without intervention. Around 20 – 30% of people with chronic hepatitis C will develop cirrhosis (hardening of the liver), generally after 20-30 years of infection.



SCREENING & DIAGNOSTICS

Transmission of the virus is associated with identifiable risk factors. High risk populations for HCV infection:

- People who inject drugs or who have previously injected drugs
- Sex workers
- People who received a blood transfusion or organ transplant before 1990
- People with tattoos or body piercing
- People who have had a needlestick injury
- Migrants from high prevalence regions (eg. Egypt, South East Asia, Mediterranean/Eastern Europe & Africa)
- Children born to HCV-infected mothers
- People infected with HIV or hepatitis B virus
- People in custodial settings /prisons

The appropriate screening test for HCV is serology: HCV antibodies (blood test).

If HCV serology (HCV antibodies) is positive, then a polymerase chain reaction (PCR) assay for HCV RNA should be done (also a blood test) to confirm current/chronic infection.

PRE-TREATMENT ASSESSMENT

- Blood tests: Viral load and genotyping, full blood count, kidney function, clotting test.
- Ultrasound of abdomen
- Fibroscan of liver to assess degree of scarring (fibrosis)
- Gastroscopy to screen for varices if fibroscan indicates liver cirrhosis.
- Consider concomitant medications for risk of drug-drug interactions, including over the counter preparations and recreational drugs.

TREATMENT

DAAs (Direct-acting antivirals) are the treatment of choice. They have minimal side effects and very safe to use.

Current DAAs: Epclusa (12 weeks) and Maviret (8 weeks)

Response rate is 95% (i.e. loss of HCV RNA at 12 weeks post completion of treatment).

Those who responded to treatment have a better outlook and less likely to develop cirrhosis or develop decompensated liver disease.