

What is Hepatitis C?

Hepatitis refers to inflammation and damage to the liver. One of the most common causes of hepatitis is the hepatitis C virus (HCV). It causes acute (short-term) infections in some individuals, but in most individuals, the virus remains in the body causing serious chronic (long-term) infection.

Symptoms of Hepatitis C

Acute Infection

Many people with acute HCV infections remain asymptomatic and are unaware they are infected, but can still pass the virus to others (1). Possible symptoms that can occur 2-12 weeks post-exposure include:

- · Yellowing of the skin or eyes
- Lack of appetite
- Diarrhea
- Vomiting
- Fever
- Dark urine
- Joint pain
- Fatigue

Chronic Infection

More than 50% of HCV-infected people develop a chronic infection (2). Most individuals with chronic HCV remain asymptomatic or only show general symptoms such as fatigue or depression. Over several decades, mild to severe liver disease develops in most affected individuals, including cirrhosis (5-25% of cases) and liver cancer (3). Several factors increase the risk of cirrhosis, including being male, >50 years, increased alcohol consumption, hepatitis B or HIV coinfection, and immunosuppressive therapy (3). Chronic HCV infection is a common reason for a liver transplant in the United States (4).

Hepatitis C Information Sheet

Who is at increased risk of Hepatitis C?

- HIV-positive individuals
- · Current or former injectable drug users
- Individuals on hemodialysis
- Individuals who have received blood or organ donations prior to July 1992 or clotting factors before 1987
- Health care personnel who may be exposed to contaminated blood
- Children born to HCV-positive mothers

How is Hepatitis C diagnosed?

HCV diagnosis is by laboratory analyses of a blood sample to detect HCV antibodies that are produced by the immune system in response to the HCV infection. A reactive result indicates either a current or past HCV infection. Additional testing is required to diagnose an active infection and determine the viral load.

How is Hepatitis C managed?

- Medical evaluation for liver disease
- Vaccinations for hepatitis A and B (there are none available for HCV)
- HIV testing
- · Limit alcohol consumption
- Lose weight for overweight and obese individuals
- Do not donate blood, tissue, or semen
- · Avoid sharing items that may come into contact with blood
- Cover any cuts or sores to reduce the risk of transmission
- Take "direct-acting" antiviral medications to eliminate HCV from the body. >90% of HCV patients can be cured with 8-12 weeks of oral therapy (5)

How do I reduce my risk?

- Don't share needles
- Be in a long-term mutually monogamous relationship
- · Avoid unregulated tattoos or body piercings
- Don't share personal items that may have been in contact with infected blood (e.g. glucose monitors, razors)

References:

- (1) Viral Hepatitis Q&As from the Public. July 28, 2020.
- (2) Liang TJ, Rehermann B, Seef LB, & Hoofnagle JH. (2000) Pathogenesis, natural history, treatment, and prevention of hepatitis C. Ann Intern Med, 132 (4), 296-305.
- (3) Thomas DL & Seef LB. (2005) Natural history of hepatitis C. Clin Liver Dis, 9 (3), 383-398.
- (4) Definition & Facts of Liver Transplant. March 2017.
- (5) Initial Treatment of Adults with HCV Infection. August 2020.

Where can I find more info?

Visit www.genetrackdiagnostics.com for full test information, including specimen collection requirements

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Email: support@genetrackdiagnostics.com

Phone: 1-888-802-0703

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