HCV is transmitted primarily through blood-to-blood contact:

- injection drug use
- needle stick injury
- blood transfusion
- unsanitary tattooing or piercing
- high risk sexual contacts

80% of people with HCV do not know that they are infected because they do not have obvious symptoms. However, mild symptoms may include:

- Fever
- Fatigue
- Loss of appetite
- Nausea
- Vomiting
- Abdominal pain
- Dark urine
- Joint pain
- Jaundice

Blood is tested for HCV antibodies (IgG) to screen for exposure to HCV. If positive, blood is tested for presence of HCV genetic material (RNA) to confirm a current infection.

If virus is present, the HCV genotype is determined through a blood test. There are 6 main HCV genotypes which influence treatment options.

Before start of antiviral treatment, the amount of virus in the blood (viral load) is determined by measuring HCV RNA.

Monitoring and treatment

The goal of treatment is to eradicate the virus from the body. Effectiveness of treatment is determined by monitoring HCV viral load during and after treatment at several time points.

If HCV viral load becomes undetectable, chronic hepatitis C has successfully been cured.

A new class of anti-HCV drugs, direct-acting antiviral agents (DAAs), has revolutionised treatment for chronic hepatitis C, with cure rates of >90% in 8-12 weeks.

Diagnosing: first step to manage hepatitis C

Diagnosis

- 80 to 125 million people are chronically infected with HCV (the virus is present in the blood)
- 3 to 4 million new infections each year
- 80 to 125 million people are chronically infected with HCV (the virus is present in the blood)
- 31% of liver cancers are HCV-related
- 20-30% of people infected develop liver cirrhosis and annually 3-5% progress to liver cancer

Hepatitis means inflammation of the liver and is often caused by a virus.