



Official reprint from UpToDate®
www.uptodate.com ©2013 UpToDate®



Patient information: Hepatitis C (Beyond the Basics)

Authors

Peter A L Bonis, MD
Sanjiv Chopra, MD

Section Editor

Adrian M Di Bisceglie, MD

Deputy Editor

Allyson Bloom, MD

INTRODUCTION

The term "hepatitis" is used to describe a common form of liver injury. Hepatitis simply means "inflammation of the liver" (the suffix "itis" means inflammation, and "hepa" means liver). Hepatitis has a number of causes, including alcohol abuse, large doses of certain medicines, poisonous mushrooms, and viruses.

Hepatitis C is caused by a virus that is spread from one person to another in blood and body fluids, such as by sharing IV drug needles, or "works", or during pregnancy and delivery. Chronic hepatitis C is the most common chronic liver disease and causes 8000 to 13,000 deaths each year among people who have developed advanced cirrhosis and complications related to cirrhosis. The majority of liver transplants performed in the United States are done for people with chronic hepatitis C.

This article discusses the symptoms, causes, and long-term management of hepatitis C virus (HCV). Articles about hepatitis A and B are available separately. (See "[Patient information: Hepatitis A \(Beyond the Basics\)](#)" and "[Patient information: Hepatitis B \(Beyond the Basics\)](#)".)

HEPATITIS C SYMPTOMS

When you are first exposed to the hepatitis C virus and become infected, you have "acute hepatitis C". Most people have no symptoms of infection during this time.

In 70 to 80 percent of people, the infection becomes chronic. The word "chronic" implies that the infection will be prolonged, or even lifelong, unless you get treatment that cures the infection.

Many people with chronic hepatitis C have no symptoms, even if there is serious liver damage. Of those who do develop symptoms, the most common symptom is fatigue; other less common symptoms include nausea, lack of appetite, muscle or joint aches, weakness, and weight loss.

HOW DID I BECOME INFECTED WITH HEPATITIS C?

The hepatitis C virus is spread by contact with blood.

Blood and blood products — Hepatitis C was commonly spread by contaminated blood transfusions until the early 1990s, when a blood test was developed to screen blood donors for hepatitis C. As a result,

the current risk of becoming infected with hepatitis C from a blood transfusion is quite small, estimated at 1 in 1.9 million. (See "[Patient information: Blood donation and transfusion \(Beyond the Basics\)](#)".)

Sex — The hepatitis C virus can be spread through sex, although the risk is much smaller than with other types of viruses. The risk of transmission between **stable monogamous** sexual partners (ie, between sexual partners who have no other sexual contacts) is estimated to be approximately 1 in 1000 per year. Because of this small risk, most experts do not feel that use of condoms is necessary to prevent transmission of hepatitis C in monogamous couples.

However, if you do NOT have a stable monogamous sexual partner, you SHOULD use condoms. This is to protect you from new infections (such as HIV or other sexually transmitted diseases), as well as to protect your partner from acquiring hepatitis C.

The risk of transmitting the virus is higher in people who are infected with both hepatitis C and HIV. Condoms are recommended during sex for all people who have HIV.

Other transmission — There is no evidence that kissing; hugging; sneezing; coughing; casual contact; sharing food, water, eating utensils, or drinking glasses; or having other contact without blood exposure can spread the hepatitis C virus.

However, sharing toothbrushes, razors, and other objects that might be contaminated with blood is **not** recommended. This also applies to implements (such as straws) used to inhale cocaine and needles and syringes used to inject drugs.

Pregnancy — The risk of transmitting hepatitis C to your baby during pregnancy probably depends on the level of virus in your bloodstream. In general, the risk is about 5 to 6 percent (about 1 in 20) but is increased in people who are also infected with HIV, in whom the risk increases to 12 percent, or one in eight.

Women with hepatitis C who are pregnant or thinking about getting pregnant should speak to their doctor about these risks. (See "[Vertical transmission of hepatitis C virus](#)" and "[Pregnancy in women with pre-existing chronic liver disease](#)".)

HEPATITIS C DIAGNOSIS

Blood tests — Hepatitis C is diagnosed with a blood test. In most cases, a screening blood test (hepatitis C virus antibody) is done because you have one or more risk factors for the infection, including the following:

- Recent exposure to blood infected with HCV (eg, an accidental needle stick)
- Being HIV positive
- Past or current sexual partner of a person with HCV
- Previous or current use of IV drugs
- Previous or current use of hemodialysis (a treatment for kidney failure)
- Recipient of donated blood or organs before July 1992 or blood clotting factors before 1987

Less commonly, a screening test will be done because you have symptoms of recent hepatitis infection, such as a lack of appetite, nausea, flu-like symptoms, yellow discoloration of the skin (jaundice), or pain under the ribs on the right side (where the liver is located) ([figure 1](#)).

If the screening test is positive for hepatitis C, further testing is performed to confirm that the virus is present. Results of these tests are used to guide treatment:

