



HEPATITIS



HEPATITIS C




INTRODUCTION

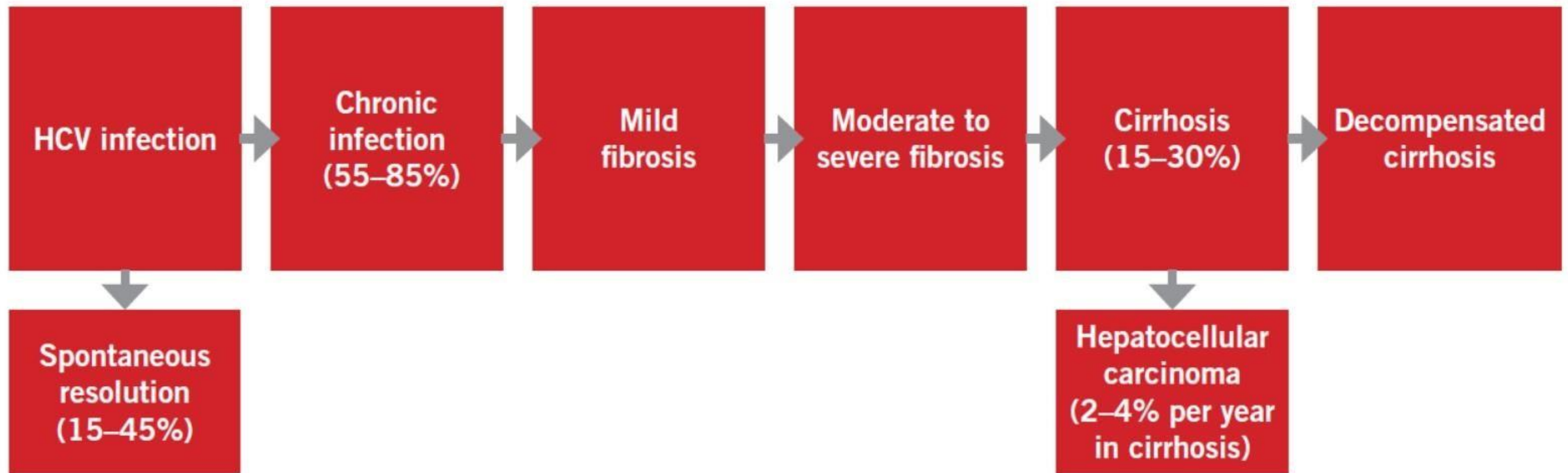
- ❑ Liver disease caused by Hepatitis C virus (HCV)
- ❑ Identified in 1989
- ❑ Single stranded RNA virus, belonging to flavivirus group, genus Hepacivirus.
- ❑ Causes both acute and chronic infection.
- ❑ **Incubation period-** 2 weeks to 6 months.



GEOGRAPHICAL DISTRIBUTION

- Found worldwide.
 - The most affected regions are the WHO Eastern Mediterranean Region and the WHO European Region, with an estimated prevalence in 2015 of 2.3% and 1.5% respectively.
 - Prevalence of HCV infection in other WHO regions varies from 0.5% to 1.0%.
 - Depending on the country, hepatitis C virus infection can be concentrated in certain populations. For example, 23% of new HCV infections and 33% of HCV mortality is attributable to injecting drug use.
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NATURAL HISTORY OF HCV INFECTION



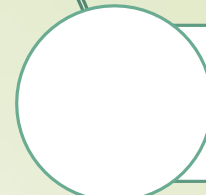


TRANSMISSION

HCV is a blood borne virus, most commonly transmitted through-



Receipt of contaminated blood transfusions.



Injections given with contaminated syringes & needle stick injuries



Less commonly through transplacental and sexual route.



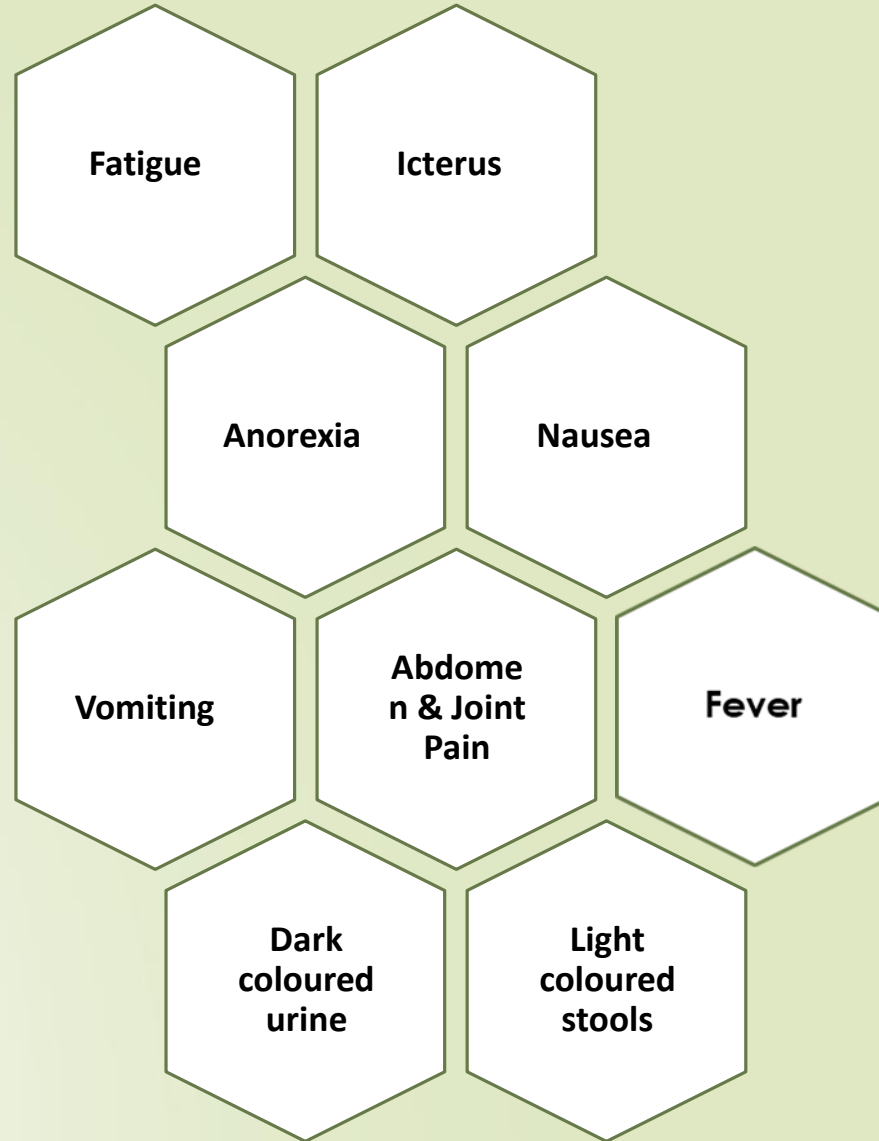
Being born to a Hepatitis C infected mother.



Not spread through breast milk, food, water or by casual contact.



SYMPTOMS





SCREENING AND DIAGNOSIS

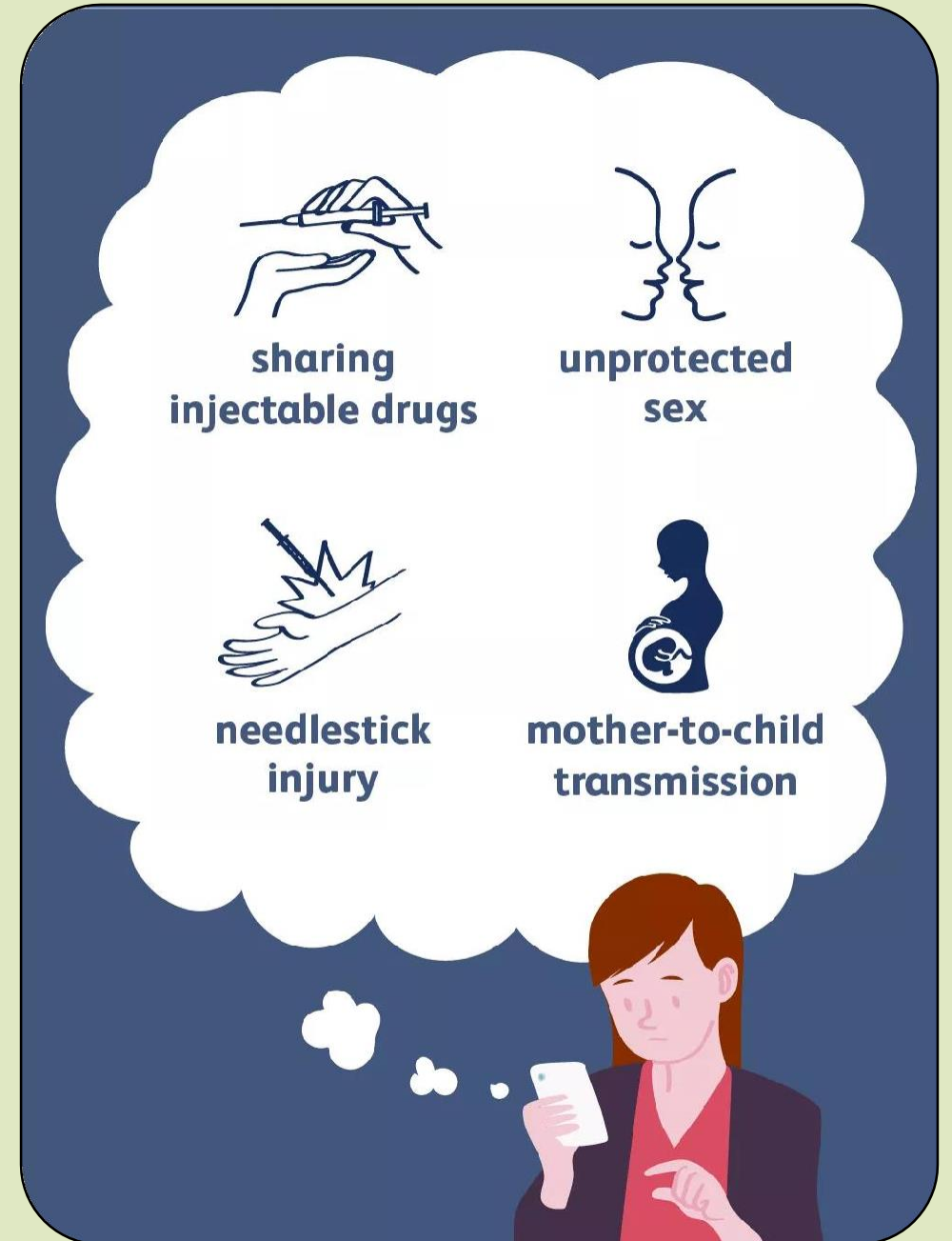
Serological tests for anti HCV antibodies

Nucleic acid test for HCV-RNA to confirm chronic HCV infection

Liver biopsy to assess the degree of liver damage

HIGH RISK FOR HCV INFECTION

- ❑ Injectable drug users.
- ❑ Recipients of infected blood.
- ❑ Health care workers.
- ❑ People living with HIV.
- ❑ People with abnormal liver tests or liver disease.
- ❑ Infants born to infected mothers.





TREATMENT

- A new infection with HCV does not always require treatment, as the immune response will clear the infection. However, when HCV infection becomes chronic, treatment is necessary.
- WHO's updated 2018 guidelines recommend therapy with pan-genotypic direct-acting antivirals (DAAs). DAAs can cure most persons with HCV infection, and treatment duration is short (usually 12 to 24 weeks), depending on the absence or presence of cirrhosis.
- WHO recommends treating all persons with chronic HCV infection over the age of 12.




TREATMENT (Contd...)

- In adolescents aged 12-17 years or weighing at least 36 kg with chronic HCV infection, WHO recommends:
 1. sofosbuvir/ledipasvir for 12 weeks in genotypes 1, 4, 5 and 6
 2. sofosbuvir/ribavirin for 12 weeks in genotype 2
 3. sofosbuvir/ribavirin for 24 weeks in genotype 3.
- In children aged less than 12 years with chronic HCV infection, WHO recommends:
 1. deferring treatment until 12 years of age
 2. treatment with interferon-based regimens should no longer be used.



PREVENTION AND CONTROL

PRIMARY PREVENTION

1. Hand hygiene: Including surgical hand preparation , hand washing and use of gloves.
 2. Safe and appropriate use of health care injections
 3. Safe handling and disposal of sharps and waste.
 4. Testing of donated blood for Hepatitis B & C.
 5. Training of health personnel.
 6. Promotion and use of condoms.
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SECONDARY AND TERTIARY PREVENTION

WHO Recommendations

1. Education and counselling on options for care and treatment.
2. Immunization with the Hepatitis A & B vaccines to prevent coinfection from these Hepatitis viruses to protect their Liver.
3. Early and appropriate medical management including antiviral therapy if appropriate.
4. Regular Monitoring for early diagnosis of chronic liver disease.

HEPATITIS.

TIME TO TEST.
TIME TO TREAT.
TIME TO CURE.

MORE THAN 60% OF LIVER
CANCER CASES ARE DUE TO
LATE TESTING AND TREATMENT
OF VIRAL HEPATITIS B AND C
INFECTIONS.



#TestTreatHepatitis
#WorldHepatitisDay

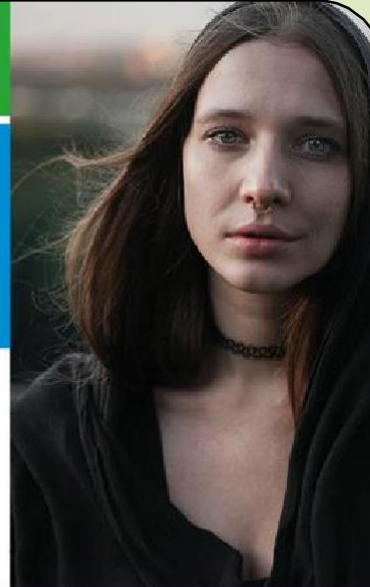


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HEPATITIS ATTACKS THE MOST VULNERABLE

Over 90% of new hepatitis B infections occur through mother-to-child transmission and during early childhood. But other groups are also at higher risk of both hepatitis B and C, including people who inject drugs; men who have sex with men; people who have had tattoos or acupuncture; partners of people living with hepatitis B; and health care workers.



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REFERENCES

- Parks textbook of Preventive and Social Medicine (*Chapter 5: Epidemiology of Communicable Diseases-Hepatitis C*)
- Community Medicine with recent advances. Author: A H Surryakantha (*Section 5: Epidemiology Chapter 20: Epidemiology of Communicable Diseases-Hepatitis C*)
- [World Health Organization https://www.who.int/news-room/fact-sheets/detail/hepatitis-c](https://www.who.int/news-room/fact-sheets/detail/hepatitis-c)
- [World Health Organization Infographics https://www.who.int/news-room/campaigns/world-hepatitis-day/2018](https://www.who.int/news-room/campaigns/world-hepatitis-day/2018)