

Hepatitis C (HCV)

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What Is Hepatitis?

Hepatitis is an inflammation, or swelling, of the liver. Alcohol, drugs (including street drugs, over-the-counter medications, prescription medications, and [complementary or alternative medications](#)),

poisons, several viruses and some liver conditions that are not related to alcohol use can cause hepatitis. Viral hepatitis is the term used for any inflammation of the liver caused by a virus.

Signs of hepatitis include:

- Jaundice (yellowing of the skin, eyes, and lining of the mouth)
- Dark-colored urine ("pee")
- Stool ("poop") that appears pale and clay-like
- Fatigue (extreme tiredness)
- Loss of appetite
- General aching
- Nausea (feeling you need to throw up)
- [Diarrhea](#) (you have to poop often, and poop is watery)

What Is Hepatitis C (HCV)?

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV). The US Centers for Disease Control and Prevention (CDC) estimates that in 2016 there were approximately 2.4 million people living with chronic (long-lasting) HCV in the United States. The World Health Organization (WHO) estimates that 58 million people are chronically infected with HCV worldwide, and 290,000 people died from it in 2019. About half of people who have HCV do not know that they are infected.

About 15 to 45 percent of people infected with HCV clear (get rid of) the virus from their bodies within the first six months of acquiring HCV without medical treatment around the world. Most people do not clear HCV on their own and go on to develop chronic infection.

Chronic HCV may not cause any symptoms for ten years or more. However, even without symptoms, it can cause serious liver damage leading to cirrhosis (irreversible scarring of the liver), liver failure, and death. In fact, HCV is one of the most common causes of liver disease. Cirrhosis caused by HCV is one of the most common reasons for liver transplants in America.

How Is HCV Spread?

HCV is spread in the following ways:

- Sharing [equipment for injecting drugs](#)
- Sharing equipment used to snort or smoke drugs (e.g., bills, straws, pipes)
- Sharing needles or inkwells that are used to apply tattoos
- Receiving a transfusion of blood, blood products, or organs before 1992 in the US; in some countries, HCV can still be spread through unscreened blood or blood products
- Having unprotected vaginal or anal sex with someone who has HCV
- Passing the virus from a pregnant person with HCV to their baby (less common)
- Sharing personal care items that may come in contact with another person's blood, such as razors or toothbrushes (less common)

You **cannot** get hepatitis C from casual contact with someone (e.g., hugging, kissing, sharing food and drink). HCV is also not spread through breast milk.

Prevention of HCV

Do not share equipment for using street drugs and make sure tattoo artists use sterile needles, ink, and inkwells.

Unfortunately, there is still no vaccine to prevent HCV infection. However, there are vaccines for two other types of hepatitis: A and B. People with HCV should get hepatitis A and B vaccinations as soon after their HCV diagnosis as possible. See our fact sheets on [hepatitis A](#) and [hepatitis B](#) for more information.

Perinatal or mother-to-child transmission of HCV is uncommon. A pregnant person may pass HCV to their baby in about six out of every hundred cases. Studies have found that the risk of perinatal transmission of HCV is twice as high in people living with HIV than in HIV-negative people. There is currently no known treatment that will prevent the transmission of HCV from pregnant person to child.

The best way to prevent HCV acquisition is to avoid exposure to blood that is infected with HCV. Do not share equipment for using street drugs and make sure tattoo artists use sterile needles, ink, and inkwells. Practicing safer sex is also a good idea; you can find tips to protect yourself in our [Safer Sex](#) fact sheet.

Testing for HCV

Most people who are living with HCV do not know it because they have no symptoms. Early signs of HCV can seem like the flu and often go unnoticed. The only way to know for sure if you have HCV is to get a blood test for it. Testing for HCV is usually recommended based on a person's risk of infection or exposure to ways in which HCV is spread (see list above).

In addition, the CDC recommends that everyone in the US born between 1945 and 1965 (the "baby boomers") get a one-time blood test for HCV. This recommendation is based on improvements in treatment for hepatitis C and high rates of HCV infection among that generation. The Canadian Liver Foundation has made similar recommendations for testing all people born between 1945 and 1975.

Tests for HCV include:

- **HCV antibody and nucleic acid tests**

If you are living with HIV, it is important that you be tested for HCV. The standard HCV test looks for antibodies to HCV in your blood. If your HCV antibody test is positive, your body may have acquired HCV at some point in time. However, this antibody test cannot tell whether you acquired HCV in the past and got rid of the virus, or if you are currently living with HCV.

If your HCV antibody test is positive, you may also get a nucleic acid test (NAT), which looks for the actual genetic material of the hepatitis C virus, also called the HCV RNA. If your NAT is positive, you are currently living with HCV. The NAT also measures the level of HCV in the blood (viral load).

If your NAT is negative (no HCV RNA in your blood), then you had HCV in the past and your body got rid of the virus on its own or the antibody test was incorrect (a false positive).

- **Liver enzyme (or liver function) tests**

Liver enzyme tests are blood tests that look at levels of liver enzymes (substances that your liver produces to bring about certain biological processes). Because levels of liver enzymes can tell us how well the liver is working, liver enzyme tests are often called liver function tests. Liver enzyme tests measure several substances that the liver produces, including ALT (alanine aminotransferase), AST (aspartate aminotransferase), bilirubin, albumin, and some indicators of your blood's ability to clot. Elevated (higher than normal) liver enzymes may indicate liver damage. However, some people with HCV have normal liver enzymes, even in very advanced disease.

- **Genotype tests**

Worldwide, there are six different types of HCV called genotypes. Different genotypes are more common in some regions than others. Genotype 1 is the most common globally and is also the most common in the US. Genotype 3 is very common in Southeast Asia, while genotype 4 is found mostly in the Middle East and central Africa. Genotype 5 is found almost entirely in South Africa, and genotype 6 is found in Asia.

Because different genotypes respond differently to the various treatments, it is important to have a genotype test before you begin HCV treatment. This will help you and your health care provider decide which treatments to use and for how long to use them.

- **Liver biopsy**

A liver biopsy involves inserting a needle through the skin into the liver to get a small sample that is examined under a microscope. A biopsy is a reliable way to determine how much damage has been done to your liver. It can also help you and your health care provider figure out when to start HCV treatment.

- **FibroSURE™ (or FibroTest)**

FibroSURE™ is a blood test that looks at six markers of liver activity to measure liver damage. It is often used as a non-invasive alternative (does not involve sticking needles into your body) to liver biopsy. This test is good at identifying either no liver damage or advanced liver damage. However, if the damage is somewhere between none and advanced, the test is not very helpful. A liver biopsy gives more detailed information about all levels of liver damage.

- **FibroScan™**

FibroScan is a relatively new non-invasive test. It is similar to an ultrasound exam and is done by your provider in the office or clinic. The scan uses a dull probe (instrument) that is pressed against the skin over the liver. FibroScan is used to measure liver damage and determine the amount of liver fibrosis or scarring. Because the sound waves it uses must pass through body fat, it is not a good test for those who are obese (have a lot of body fat).

Women and Hepatitis C

Women who are living with HCV are different from men living with HCV in a few important ways. First, the good news: women's bodies are more likely to clear HCV on their own than men's bodies. This means that when women acquire HCV, their bodies are more successful at fighting it off. Women who develop chronic HCV infections are also more likely to get rid of HCV with treatment. Lastly, liver disease tends to progress more slowly in pre-menopausal (still have their periods) women than in men.

However, women with HCV face a few extra challenges compared with men with HCV. First, women's livers are more sensitive to alcohol and are therefore more likely to be damaged by smaller amounts of alcohol. For women living with HCV, it is best to avoid alcohol altogether. HCV-positive women who do drink alcohol should have no more than one drink per day.

Secondly, women are more likely to experience [side effects](#) when taking the drugs that used to be the standard HCV treatment – pegylated interferon and ribavirin. Specifically, [depression](#) and [anemia](#) are more common in women than men who take these drugs. The good news is that many new HCV drugs now provide more effective treatment without either interferon or ribavirin, and therefore these older medicines are now rarely used.

Too much body weight can also lead to fat in the liver (called fatty liver or hepatic steatosis). Fat in the liver increases inflammation and liver damage and increases the risk of cirrhosis in women living with

HCV. Being overweight and having fat in the liver also lowers the chances that HCV treatment will get rid of the hepatitis C virus.

HIV and HCV Co-Infection

Because both HIV and HCV can be spread by contact with infected blood, many people are living with both viruses. This is called co-infection. Co-infection is even more common among people who inject street drugs and live with HIV.

It is important for people living with HIV to know whether they have HCV.

HCV can progress (get worse) more rapidly and lead to serious liver damage more often in people living with HIV. According to the CDC, living with HIV more than triples the risk of liver disease, liver failure, and liver-related death due to HCV. [Pregnant people](#) with HCV who are also living with HIV are twice as likely to pass HCV on to their babies than HIV-negative people. Co-infection with HCV may also make HIV treatment more challenging, but it is unclear whether it makes HIV disease progress faster.

For these reasons, it is important for people living with HIV to know whether they have HCV. The CDC recommends that all people living with HIV be screened for both hepatitis B and hepatitis C. Some experts recommend that people living with HIV who are at risk for HCV be screened every year.

Treatment of HCV/HIV Co-Infection

Treatment of HIV/HCV co-infection can be complicated. If possible, try to have a health care provider who is familiar with both viruses. The good news is that HCV can be treated successfully, even in people living with HIV, and that there are several new and effective HCV drugs.

Recent research shows that waiting to treat HCV until a person has serious liver disease makes treatment less effective and can lead to death. We also now know that people living with HIV are more likely to develop HCV-related liver damage and do so more quickly than HIV-negative people. If they wait to start HCV treatment, people living with HIV are at risk for liver problems even after they have been cured of HCV. The longer HCV treatment is put off, the worse the outcome.

In the past, when HCV treatment involved interferon, experts often advised waiting with treatment. Now, however, there are several interferon-free treatment options that are much more successful, even in people co-infected with HIV and HCV. These medications are often referred to as DAAs, or direct-acting antiviral agents.

For more information about HCV treatment, see our fact sheet on the [Treatment of Hepatitis C](#).

Taking Care of Yourself

Because there is no vaccine for HCV, the best way to avoid getting it is to understand how it is spread and protect yourself through [safer sex](#) and by [using clean injecting needles](#). You can also keep your liver healthy by:

- Eating a [healthy diet](#)
- Avoiding [alcohol and street drugs](#)
- Getting regular [physical activity](#)
- Getting vaccinated against [hepatitis A](#) and [hepatitis B](#)

See our fact sheet on [Caring for Your Liver](#) for more information.

Additional Resources

Select the links below for additional material related to hepatitis C.

- [Viral Hepatitis – Hepatitis C Information \(US Centers for Disease Control and P...](#)
- [HIV and Hepatitis B and Hepatitis C Coinfection \(HIV.gov\)](#)
- [HIV and Your Liver \(Viral Hepatitis, Fatty Liver\) \(POZ\)](#)
- [Hepatitis C \(World Health Organization\)](#)
- [Know More Hepatitis: Hepatitis C \(US Centers for Disease Control and Prevention\)](#)
- [7 Ways Hepatitis C Affects Women Differently than Men \(Hepatitis Central\)](#)
- [Hepatitis C Information for Women \(HepatitisCentral.com\)](#)
- [Hepatitis C and HIV \(aidsmap\)](#)
- [FAQs: Hepatitis B and Hepatitis C in Pregnancy \(The American College of Obstetr...](#)
- [Hepatitis C Sheds Enough in the Rectum to Transmit Through Anal Sex \(POZ\)](#)
- [What Are the Symptoms of Hepatitis C in Women \(healthline\)](#)
- [Hepatitis C \(Mayo Clinic\)](#)
- [HIV and Hepatitis C \(HIVinfo\)](#)
- [Hepatitis C – Women's Health Guide \(US Department of Veterans Affairs\)](#)
- [Hepatitis C Basic Information \(US Department of Health and Human Services\)](#)
- [Co-Infection with Hepatitis C \(Terrence Higgins Trust, UK\)](#)
- [HIV and Hepatitis C Coinfection \(New York State Department of Health, PDF\)](#)



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