

Media centre

Hepatitis C

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Key facts

- Hepatitis C is a liver disease caused by the hepatitis C virus.
- The disease can range in severity from a mild illness lasting a few weeks to a serious, lifelong condition that can lead to cirrhosis of the liver or liver cancer.
- The hepatitis C virus is transmitted through contact with the blood of an infected person.
- About 150 million people are chronically infected with hepatitis C virus, and more than 350 000 people die every year from hepatitis C-related liver diseases.
- Hepatitis C can be treated using antiviral medicines.
- There is currently no vaccine for hepatitis C; however, research in this area is ongoing.

Hepatitis C is a contagious liver disease that results from infection with the hepatitis C virus. It can range in severity from a mild illness lasting a few weeks to a serious, lifelong illness.

The hepatitis C virus is usually spread when blood from an infected person enters the body of a susceptible person. It is among the most common viruses that infect the liver.

Every year, 3–4 million people are infected with the hepatitis C virus. About 150 million people are chronically infected and at risk of developing liver cirrhosis and/or liver cancer. More than 350 000 people die from hepatitis C-related liver diseases every year.

Geographical distribution

Hepatitis C is found worldwide with some countries having chronic infection rates as high as 5% and above.. The main mode of transmission in these countries is attributed to unsafe injections using contaminated equipment.

Transmission

The hepatitis C virus is most commonly transmitted through exposure to infectious blood. This can occur through:

- receipt of contaminated blood transfusions, blood products and organ transplants;
- injections given with contaminated syringes and needle-stick injuries in

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- health-care settings;
- injection drug use;
- being born to a hepatitis C-infected mother.

Hepatitis C may be transmitted through sex with an infected person or sharing personal items contaminated with infectious blood, but these are less common.

Hepatitis C is not spread through breast milk, food or water or by casual contact such as hugging, kissing and sharing food or drinks with an infected person.

Symptoms

The incubation period for hepatitis C is 2 weeks to 6 months. Following initial infection, approximately 80% of people do not exhibit any symptoms. Those who are acutely symptomatic may exhibit fever, fatigue, decreased appetite, nausea, vomiting, abdominal pain, dark urine, grey-coloured faeces, joint pain and jaundice (yellowing of skin and the whites of the eyes).

About 75–85 % of newly infected persons develop chronic infection and 60–70% of chronically infected people develop chronic liver disease; 5–20% develop cirrhosis and 1–5% die from cirrhosis or liver cancer. In 25% of liver cancer patients, the underlying cause is hepatitis C.

Diagnosis

Diagnosis of acute infection is often missed because a majority of infected people have no symptoms. Common methods of antibody detection cannot differentiate between acute and chronic infection. The presence of antibodies against the hepatitis C virus indicates that a person is or has been infected. The hepatitis C virus recombinant immunoblot assay (RIBA) and hepatitis C virus ribonucleic acid (RNA) testing are used to confirm the diagnosis.

Diagnosis of chronic infection is made when hepatitis C virus RNA is identified by nucleic acid testing in a person with antibodies against hepatitis C virus. Specialized tests are often used to evaluate patients for liver disease, including cirrhosis and liver cancer.

Getting tested

Early diagnosis can prevent health problems that may result from infection and prevent transmission to family members and other close contacts. Some countries recommend screening for people who may be at risk for infection.

These include:

- people who have received blood, blood products or organs before screening for hepatitis C virus was implemented, or where screening was not yet widespread;
- current or former injecting drug users (even those who injected drugs once many years ago);
- people on long-term haemodialysis;
- health-care workers;

- people living with HIV;
- people with abnormal liver tests or liver disease;
- infants born to infected mothers.

Treatment

Hepatitis C does not always require treatment. There are 6 genotypes of the hepatitis C virus and they may respond differently to treatment. Careful screening is necessary before starting the treatment to determine the most appropriate approach for the patient.

Combination antiviral therapy with interferon and ribavirin has been the mainstay of hepatitis C treatment. Unfortunately, interferon is not widely available globally, it is not always well tolerated, some virus genotypes respond better to interferon than others, and many people who take interferon do not finish their treatment. This means that while hepatitis C is generally considered to be a curable disease, for many people this is not a reality.

Scientific advances have led to the development of new antiviral drugs for hepatitis C, which may be more effective and better tolerated than existing therapies. Two new therapeutic agents, telaprevir and boceprevir, have recently been licensed in some countries. Much needs to be done to ensure that these advances lead to greater access and treatment globally.

Prevention

Primary prevention

There is no vaccine for hepatitis C. The risk of infection can be reduced by avoiding:

- unnecessary and unsafe injections;
- unsafe blood products;
- unsafe sharps waste collection and disposal;
- use of illicit drugs and sharing of injection equipment;
- unprotected sex with hepatitis C-infected people;
- sharing of sharp personal items that may be contaminated with infected blood;
- tattoos, piercings and acupuncture performed with contaminated equipment.

Secondary and tertiary prevention

For people infected with the hepatitis C virus, WHO recommends:

- education and counselling on options for care and treatment;
- immunization with the hepatitis A and B vaccines to prevent coinfection from these hepatitis viruses to protect their liver;
- early and appropriate medical management including antiviral therapy if appropriate; and
- regular monitoring for early diagnosis of chronic liver disease.

WHO response

WHO is working in the following areas to prevent and control viral hepatitis:

- raising awareness, promoting partnerships and mobilizing resources;
- formulating evidence-based policy and data for action;

- preventing transmission; and
- executing screening, care and treatment.

WHO also organizes World Hepatitis Day on 28 July every year to increase awareness and understanding of viral hepatitis.