Curing Hepatitis C

What you need to know
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What is hepatitis C?

Hepatitis C is a virus that injures the liver. The injury often happens slowly over a long time. You can live for many years with hepatitis C and not know you have it because you don’t feel sick or have any symptoms. Over time, hepatitis C can make you very sick.

There are six different strains (genotypes) of the hepatitis C virus and they can all be cured.
Does everyone need hepatitis C treatment?

About one in four people clear hepatitis C on their own (spontaneous clearance), but most people need treatment to cure hepatitis C. When someone doesn’t clear the virus within the first six months, they have a chronic hepatitis C infection.

If you have been diagnosed with chronic hepatitis C, you need treatment to be cured. Speak with a nurse or doctor about your treatment options.
What is hepatitis C treatment?

Hepatitis C treatments are highly effective and cure over 95% of people with hepatitis C.

- Treatment means taking pills, usually for 8 or 12 weeks.
- For most people, treatment means taking one to three pills once a day.

How does being cured help me?

- The hepatitis C virus can no longer injure your liver. Treatment also prevents liver failure and lowers your chances of getting liver cancer.
- The health of your liver may get better over time.
- You may have more energy or less body pain. For many people, quality of life gets better.
- You cannot pass the hepatitis C virus to other people.
How does hepatitis C treatment work?

- Hepatitis C treatment stops the virus from making copies of itself, and over the weeks of treatment, the virus is cleared from your body.
- The type of treatment you get is not affected if you use street drugs.
- Another medicine called ribavirin may be added to your treatment if your liver is severely injured.
- A nurse or doctor will help you choose the best treatment for you. The goal is to make treatment safe, effective and tolerable.
- After being cured, you will still test positive for antibodies to the hepatitis C virus for the rest of your life. This does not mean that you have hepatitis C.
What if I am pregnant or planning a pregnancy?

Treatment is generally not recommended during pregnancy. There is not a lot of information on the effects of treatment during pregnancy. Research is being done on hepatitis C treatment during pregnancy so this may change in the future.

Treatment that includes ribavirin can cause severe birth defects and must not be taken during pregnancy. Ribavirin should not be used by either partner for at least six months before trying to get pregnant.

Use birth control if you are having sex that can lead to pregnancy.

Talk to a nurse or doctor about your treatment options and when to start treatment.
How much will it cost me to get treated?

Most people don’t pay out of pocket. The cost of treatment is covered through public health insurance plans (provincial, territorial or federal).

If you have private insurance from a job, your plan should cover the cost of treatment.

Speak with a nurse or doctor about your options.

How can I prepare to start and stay on treatment?

To give your treatment the best chance of working, you need to take all your pills, every day, as prescribed by your nurse or doctor.

**It is very important that you complete the entire course of your treatment.**

Part of getting ready for treatment is setting up the supports you’ll need to stick to treatment. Work with a nurse or doctor to add your treatment to your daily routine.
Here are some tips that may help with treatment:

- Do a “dry run” before starting treatment. Practise your treatment routine using candies or mints.
- Take your pills at the same time as you do a daily activity, like brushing your teeth or eating breakfast.
- Get a tool that can help keep track of your pills, for example, using a blister pack, daily dosage pill container, an app or a diary. A digital alarm can help remind you to take your pills.
- Identify a support network of family, friends, service providers and supportive people. Reach out to them about any concerns you have about sticking to treatment and try to come up with a plan together.
- If you use street drugs, be as honest as you can with your nurse or doctor about all the drugs you are taking. This information can be helpful for your treatment and support plan. It doesn’t mean you have to stop using drugs before starting treatment.
What should I expect with treatment?

Before treatment, your nurse or doctor will usually ask you about your health history and do some tests to measure your liver health. These tests may include blood tests, an ultrasound or a FibroScan (which measures liver health using ultrasound waves).

Speak with your nurse or doctor about:

- Any health conditions you have and any medicines, street drugs or supplements you take.
- How often you will speak with your healthcare team during treatment.

This information helps you and your nurse or doctor choose the best treatment for you and the best way to support you during treatment.
For most people, hepatitis C treatment causes only mild side effects, which usually decrease or stop a few weeks after starting treatment. The most common side effects include headache, feeling more tired than usual, stomach upset and diarrhea.

You may not experience any side effects, or you may get only one or a few side effects.

Speak with your nurse or doctor if you want support to manage your side effects.

A blood test is done 12 weeks after you finish your treatment to check if you are cured of hepatitis C.

If you are not cured of hepatitis C, you will need to be re-treated. Speak with your nurse or doctor about your options.
How can I stay healthy after being cured?

1. Prevent re-infection

After you are cured, you can get hepatitis C again.

If you use street drugs, use new drug equipment every time you use. This includes needles, syringes, filters, washes, water and cookers. Use your own pipe or stem, mouthpiece, and rolled paper or straws if you smoke or snort drugs.
If you are having sex that has a higher chance of hepatitis C transmission, use condoms and lube.

Sexual transmission of hepatitis C is *not common*. Transmission through condomless anal sex between men is *rare* and transmission through heterosexual sex is *very rare*. Your risk of getting re-infected increases if you have HIV and/or a sexually transmitted infection. Your risk also increases with sex where blood is present and with chemsex (using specific drugs to enhance or prolong sex).

Speak to your nurse or doctor about regular testing for re-infection.

If you get hepatitis C again, you will need to be treated again if you don’t clear the virus on your own (spontaneous clearance). Discuss your treatment options with your nurse or doctor.
2. Monitor liver cirrhosis

Cirrhosis is a very severe form of liver injury, which can be caused by the hepatitis C virus over time.

If you have cirrhosis, you will need to get checked for liver cancer regularly. This usually means getting a liver ultrasound every six months.

Drinking alcohol is hard on the liver. If you have cirrhosis, it is helpful to stop or reduce the amount of alcohol you drink.

3. Protect your liver from hepatitis A and B

Get vaccines against hepatitis A and B, if you haven’t been vaccinated already. Discuss this with your nurse or doctor.
If I use street drugs, will treatment make me more likely to overdose?

Some hepatitis C treatment can change the effects of street drugs, which can contribute to an overdose. If you use street drugs after you start hepatitis C treatment, start slowly and use with someone you trust.

Naloxone helps reverse an opiate overdose and can save someone’s life. If naloxone is available and you want to learn how to use it, talk to a harm reduction worker about how to get training.
DISCLAIMER

Decisions about particular medical treatments should always be made in consultation with a qualified medical practitioner knowledgeable about HIV, hepatitis C, related illness and the treatments in question. CATIE provides information resources to help people who wish to support others or manage their own health care in partnership with their care providers. Information accessed through or published or provided by CATIE, however, is not to be considered medical advice.

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