

9. Hepatitis C

Hepatitis C (HCV) is a blood-borne viral infection caused by the hepatitis C virus that primarily affects the liver. It can cause both acute and chronic infection, and chronic infection may lead to serious liver disease if left untreated.

Hepatitis C is mainly transmitted through exposure to infected blood, including:

- Unsafe injections and medical procedures.
- Sharing needles and syringes among people who inject drugs.
- Transfusion of unscreened blood or blood products (now uncommon where blood screening is routine).
- Less commonly, through sexual exposure or from mother to child during pregnancy or childbirth.

Approximately 55–85% of people with acute HCV infection develop chronic hepatitis C. Over many years, chronic infection can progress to liver fibrosis, cirrhosis, liver failure, and hepatocellular carcinoma (liver cancer).

- HCV antibody testing to identify previous or current infection.
- HCV RNA (or HCV core antigen, where available) to confirm active infection before starting treatment.

WHO recommends treatment with direct-acting antiviral (DAA) medicines for all eligible people with chronic hepatitis C. Current DAA regimens can cure more than 95% of infections and are well tolerated with few side effects.

There is no vaccine for hepatitis C. Prevention relies on:

- Safe injection practices.
- Screening of blood donations.
- Infection prevention and control in healthcare settings.
- Harm reduction services for people who inject drugs (e.g., needle and syringe programmes and opioid agonist therapy).

References

- World Health Organization. Guidelines for the care and treatment of persons diagnosed with chronic hepatitis C virus infection. Geneva: WHO; 2018.

- World Health Organization. Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections 2022–2030. Geneva: WHO; 2022.
- World Health Organization. Hepatitis C – Fact Sheet. WHO. Updated periodically