

Hepatitis

Introduction

Hepatitis is a term used to describe inflammation (swelling) of the liver. It can occur as a result of a viral infection or because the liver is exposed to harmful substances such as alcohol.

Some types of hepatitis will pass without causing permanent damage to the liver.

Other types can persist for many years and cause scarring of the liver (cirrhosis) and, in the most serious cases, loss of liver function (liver failure), which can be fatal. These types of long-lasting hepatitis are known as chronic hepatitis.

Initial symptoms of hepatitis caused by infection are similar to the flu and include:

muscle and joint pain

a high temperature (fever) of 38C (100.4F) or above

feeling sick

being sick

headache

occasionally yellowing of the eyes and skin (jaundice)

Symptoms of chronic hepatitis can include:

feeling unusually tired all the time

depression

jaundice

a general sense of feeling unwell

In many cases, hepatitis causes no noticeable symptoms, so when hepatitis is caused by a virus, many people are unaware they are infected.

Similarly, many people with hepatitis caused by alcohol are unaware that their drinking is harming their liver.

Types of hepatitis

The most common types of hepatitis are described below.

Hepatitis A

Hepatitis A, caused by the hepatitis A virus, is the most common type of viral hepatitis, it is more common in countries where sanitation and sewage disposal are poor.

Hepatitis A is usually caught by putting something in your mouth that has been contaminated with the faeces of someone with hepatitis A.

It is usually a short-term (acute) infection and symptoms will pass within three months. There is no specific treatment for hepatitis A other than using medication, such as the painkiller ibuprofen, to relieve symptoms.

A vaccination can protect you against hepatitis A. Vaccination is recommended if you are travelling to countries where the virus is common, such as the Indian subcontinent, Africa, Central and South America, the Far East and eastern Europe.

Hepatitis B

Hepatitis B is caused by the hepatitis B virus. This can be found in blood and body fluids, such as semen and vaginal fluids, so it can be spread during unprotected sex or by sharing needles to inject drugs.

Hepatitis B is uncommon in England and cases are largely confined to certain groups, such as drug users. It is much more common in other parts of the world, such as China, central and Southeast Asia and sub-Saharan Africa.

Most people infected with hepatitis B are able to fight off the virus and fully recover from the infection within a couple of months. The infection can be unpleasant to live with, but usually causes no lasting harm.

However, a small minority of people develop a long-term infection. This is known as chronic hepatitis B.

A vaccination is available for hepatitis B, which is recommended for people in high-risk groups, such as injecting drug users.

Hepatitis C

Hepatitis C is caused by the hepatitis C virus. This can be found in the blood and, to a much lesser extent, the saliva and semen or vaginal fluid of an infected person. It is particularly concentrated in the blood, so it is usually transmitted through blood-to-blood contact.

Hepatitis C often causes no noticeable symptoms or symptoms that are mistaken for the flu, so many people are unaware they are infected.

Around one in four people will fight off the infection and will be free of the virus. In the remaining three out of four people, the virus will stay in their body for many years. This is known as chronic hepatitis C.

Chronic hepatitis C can be treated by taking antiviral medications, although there can be unpleasant side effects.

There is currently no vaccination for hepatitis C.

Alcoholic hepatitis

Drinking excessive amounts of alcohol over the course of many years can damage the liver, leading to hepatitis. This type of hepatitis is known as alcoholic hepatitis.

It is estimated that as many as one in four moderate to heavy drinkers has some degree of alcoholic hepatitis.

The condition does not usually cause any symptoms and is often detected with a blood test.

If a person with alcoholic hepatitis continues to drink alcohol, there is a real risk that they will go on to develop cirrhosis and possibly liver failure.

Rarer types of hepatitis

Hepatitis D

Hepatitis D, caused by the hepatitis D virus, is only present in people already infected with hepatitis B (it needs the presence of the hepatitis B virus to be able to survive in your body).

Hepatitis E

Hepatitis E, caused by the hepatitis E virus, is very rare in the UK and is generally a mild and short-term infection. It is caught by putting something in your mouth that has been contaminated with the faeces of someone with hepatitis E. Person-to-person transmission is rare.

Autoimmune hepatitis

Autoimmune hepatitis is a very rare cause of chronic (long-term) hepatitis. The white blood cells attack the liver, causing chronic inflammation and damage. This can lead to more serious problems, such as liver failure. The reason for this reaction is unknown.

Symptoms include tiredness, pains in your abdomen, joint aches, jaundice (yellow tinge to your skin and whites of your eyes) and cirrhosis. See your DOCTOR immediately if you show any of these symptoms so that tests can be carried out for an early diagnosis.

Treatment for autoimmune hepatitis involves medicines that help suppress the immune system and reduce inflammation. Steroid medication (prednisolone) can gradually reduce your swelling over several weeks, and can then be used to control your symptoms.

Hepatitis A

Introduction

Hepatitis A is a type of viral liver infection widespread in parts of the world such as Africa and India.

Initial symptoms of hepatitis A are similar to flu and include:

low grade fever – usually no higher than 39.5C (103.1F)

joint pain

feeling and being sick

This may then be followed by symptoms related to the liver becoming infected, such as:

yellowing of the skin and eyes (jaundice)

passing very dark coloured urine and

pale faeces (stools or 'poo')

abdominal pain

itchy skin

Symptoms usually clear up within two months, although occasionally last up to six months. Older adults tend to have more severe symptoms.

In most cases the liver will make a full recovery.

Treating hepatitis A

There is no cure for hepatitis A so treatment involves making a person feel as comfortable as possible until the infection clears up.

This involves:

getting plenty of rest

using paracetamol to relieve pain - always make sure you never exceed the recommended dose as this could further damage your liver

taking a type of medication called an antiemetic to help with the symptoms of feeling sick (nausea) and being sick (vomiting)

What causes hepatitis A?

Hepatitis A is caused by the hepatitis A virus.

The virus is most commonly spread through what is known as the 'faecal-oral' route. This is when you put something in your mouth that has been contaminated by the faeces (stools) of someone with hepatitis A.

Eating foods that have been contaminated with raw sewage such as shellfish can also lead you to become infected, as can drinking contaminated water.

Less commonly, hepatitis A can be spread through:

sharing a needle with an infected person to inject drugs

during sex; particularly anal sex

The condition can also spread through close personal contact in 'closed environments' such as student halls, boarding schools and army barracks.

Who is affected

Hepatitis A is widespread in parts of the world that are poor, over-crowded and have limited access to sanitation and clean water, such as:

Africa

India

Pakistan

some parts of the Middle East and South America

Hepatitis A is much less common in Western countries. There were only 367 reported cases of hepatitis A infection in England and Wales during 2010; it is unclear how many of these infections were actually caught abroad.

Hepatitis A is most common in young children but often goes undetected as it tends not to cause any symptoms in this age group.

Others with an increased risk of catching hepatitis A include:

men who have sex with men

people who regularly inject drugs

sewage workers

people who travel to and /or work in less developed countries

Vaccination may be recommended for high-risk groups.

Vaccination

There is an effective vaccine that protects against hepatitis A. Read more about the hepatitis A vaccine and who should have it.

Preventing the spread of infection

If you are diagnosed with hepatitis A it is important anyone you could have infected is tested for the condition.

An infection can often be prevented if it is treated within two weeks of a person becoming exposed to the hepatitis A virus.

Testing may be recommended for:

people who live with you

people you have recently prepared food for

any person you have had sex with

It is also important to take some basic precautions in terms of hygiene such as washing your hands after going to the toilet and before preparing food.

Complications

In most people the infection will pass without causing any long-term problems. And once the infection passes you normally develop life-long immunity against the hepatitis A virus.

Complications tend to only occur in people with pre-existing liver disease and /or elderly people, with the most serious being liver failure (where the liver loses most or all of its functions).

Once liver failure has occurred, it is usually possible to sustain life for several years using medication. However, a liver transplant is currently the only option for curing liver failure.

Symptoms of hepatitis A

It takes between 2-6 weeks for symptoms of hepatitis A to develop after coming into contact with the virus (the incubation period); the average incubation period is around four weeks.

Initial symptoms of hepatitis A are similar to flu and include:

loss of appetite

feeling sick

being sick

feeling tired all the time (fatigue)

low grade fever – usually no higher than 39.5C (103.1F)

joint pain

mild headache

a general feeling of being unwell

If you smoke you may find you lose your taste for tobacco during this time.

Usually around 10 days after initial symptoms begin you will probably experience symptoms directly related to your liver (known as the icteric phase).

These include:

yellowing of the skin and eyes (jaundice)

darkening of your urine

your stools become paler

itchiness

Less common symptoms include:

abdominal pain

skin rash

persistent joint pain

In addition your liver may be swollen.

It is likely you will completely recover within a couple of months, although a small number of people have a return of symptoms (relapses) and in a small number of cases, symptoms may persist for up to six months.

Once you have recovered from hepatitis A, you are normally immune from it and should never catch the virus again.

When to seek medical advice

You should always contact your DOCTOR if you think you have hepatitis A - particularly in the following circumstances:

you have recently travelled to a part of the world known to have high rates of hepatitis A, such as Africa, India or Pakistan (remember the incubation period can be up to six weeks so it may have been a couple of months since your trip)

you develop jaundice

While hepatitis A is not usually a serious illness it is important to get it properly diagnosed in case your symptoms are due to a more serious condition such as hepatitis C (a more serious type of viral infection) or cirrhosis (scarring of the liver).

Also, it may be necessary to test your friends, family and any sexual partners in case you have spread the infection to them.

Causes of hepatitis A

Most cases of hepatitis A are thought to occur when a person is travelling in parts of the world that:

- have high levels of poverty

- are overcrowded

- have limited access to sanitation and clean water

The most common cause of hepatitis A is eating food contaminated by the stools of an infected person as a result of poor personal hygiene.

For example, you may get hepatitis A if you eat food prepared by an infected person who has not properly washed their hands.

It is also possible to become infected with hepatitis A by drinking contaminated water. This includes using ice cubes made from contaminated water and eating raw fruit or vegetables washed in contaminated water.

Also, shellfish can be infected if harvested from sea contaminated with sewage.

Known risk factors include:

- being a man who has sex with other men; read more about issues related to gay health

- regularly injecting illegal drugs

- working with or near sewage (untreated sewage is often contaminated by hepatitis A)

- working in institutions where levels of personal hygiene may be poor; such as a homeless shelter

people who live in or work in ‘closed environments’ such as student halls, boarding schools and army barracks

working with primates (monkeys, apes, baboons, chimps, gorillas, etc) – as these can also be infected with hepatitis A

having haemophilia – people with this blood clotting disorder often require a type of medication called a clotting agent, derived from human blood, which can sometimes become infected with the hepatitis A virus

If you are in one the above groups it is usually recommended you receive the hepatitis A vaccine.

Diagnosing hepatitis A

If you have been in contact with someone infected with hepatitis A or you begin to have symptoms associated with hepatitis A, such as jaundice (yellowing of the skin and eyes), see your DOCTOR.

Your DOCTOR will be able to diagnose hepatitis A with a blood test. If this shows a positive reaction to antibodies (proteins produced by your immune system to fight disease), it means your body is making antibodies to fight the hepatitis A virus present in your blood.

Further testing is usually only required if:

the diagnosis is uncertain

your symptoms show no sign of improvements after a few months

there is a concern you may have developed complications such as liver failure (loss of normal liver function)

In these circumstances one or more of the following tests may be recommended:

liver function test – this is a type of blood test that can be used to check how well your liver is working

ultrasound scan – where high frequency sound waves are used to build-up an image of the inside of your liver

liver biopsy – where a small sample of liver tissue is removed and checked for any problems

Treating hepatitis A

There is currently no cure for hepatitis A so treating the condition is based on making you feel as comfortable as possible until the infection passes.

The following self-care advice may help.

Plenty of rest

It is important to get plenty of rest; especially during the initial stages of the infection, as it is likely you will be feeling very tired and 'washed-out'.

You will probably need to stay off work (or school or college) until the flu-like symptoms of hepatitis A pass

Your DOCTOR will tell you when you can return to normal daily activities.

Pain relief

Paracetamol can help relieve any abdominal pain though it is important not to take too many tablets as this could damage your liver.

In most cases you should never take more than eight tablets (or capsules) of paracetamol in any 24 hour period. Always read the information leaflet that comes with your medication.

Coping with nausea and vomiting

If you are having problems with feeling sick (nausea) and /or being sick (vomiting) then the following advice may help:

try eating six smaller meals a day rather than three larger meals

avoid eating fatty foods as this can often make you feel worse

If you still have nausea and vomiting then your DOCTOR may prescribe a type of medication called an antiemetic. An antiemetic called metoclopramide is usually recommended.

Metoclopramide is available in tablet or capsule form, as a powder you can mix with water, or as an injection (the injected form of the medication is usually only required in severe cases).

Side effects of metoclopramide are uncommon and include:

diarrhoea

drowsiness – if you do develop drowsiness do not drive or use tools or machinery

Very severe vomiting could lead to dehydration which is potentially very serious. Symptoms of dehydration include:

dry, wrinkled skin that sags slowly into position when pinched up

an inability to urinate, or not passing urine for eight hours

sunken eyes

Resting your liver

It is important to rest your liver as much as possible until it fully recovers. This means you should not drink any alcohol until your DOCTOR (or the doctor in charge of your care) says it is safe to do so (your liver is responsible for filtering alcohol out of your blood).

Your liver is also responsible for processing many different medications, including over-the-counter painkillers, so it may be necessary to avoid certain medications (or reduce the dosage) until you recover.

Your DOCTOR can advise you on what, and how much, medication is safe to take.

Complications of hepatitis A

Complications of hepatitis A are rare but can include:

Cholestasis

A complication that can affect older adults with hepatitis A is that bile builds up inside the liver (bile is a substance used to help digest fats and is normally moved out of the liver into the gallbladder). The medical term for this build-up is cholestasis.

Symptoms of cholestasis include:

persistent jaundice (yellowing of the skin and eyes) that can often last longer than three months

a high temperature (fever) of or above 38C (100.4F)

diarrhoea

weight loss

Cholestasis will normally resolve by itself without the need for treatment.

Liver failure

A rare and potentially fatal complication of hepatitis A is that the infection stops the liver from working properly. This is known as liver failure.

This complication usually occurs:

in people with a pre-existing liver disease, such as cirrhosis (scarring of the liver) or hepatitis C (a more serious type of liver infection), or

in people with a weakened immune system (which could be the result of a condition such as diabetes, or as a side effect of a treatment such as chemotherapy)

Some symptoms of liver failure are similar to hepatitis A and include jaundice, and feeling and being sick.

Other symptoms of liver failure include:

a tendency to bleed and bruise easily

such as frequent nosebleeds or bleeding gums

hair loss

fever and shivering attacks – because you're more prone to infections

oedema – a build-up of fluid in the legs, ankles and feet

ascites – a build-up of fluid in your abdomen, which can make you look heavily pregnant

It is often possible to compensate for the loss of normal liver function using medication, but to achieve a complete cure, a liver transplant will be necessary.

Preventing hepatitis A

Good hygiene

An important prevention against the spread of hepatitis A is good personal hygiene.

Washing your hands well and frequently can help protect against a number of infections, viruses and bacteria.

It is essential to wash your hands after using the toilet and before preparing or eating food. Extra precautions include not sharing towels, eating utensils or toothbrushes.

Vaccination would normally only be recommended if you were travelling to certain parts of the world and /or you fell into a high risk group for infection.

Hepatitis A vaccination

Where further advice is required

Speak to your DOCTOR before having any vaccinations if:

you are pregnant

you are breastfeeding

you have an immune deficiency

you have any allergies

There are three main types of Hepatitis A vaccination, which are all highly effective.

Who should be vaccinated

Vaccination against hepatitis A is recommended if you:

are planning to travel to or live in parts of the world where hepatitis A is widespread – particularly if levels of sanitation and food hygiene are expected to be poor

have any type of long-term (chronic) liver disease

have haemophilia (a blood disorder than can affect the ability of blood to clot properly)

are a man who has sex with other men

regularly inject illegal drugs

work with or near sewage (untreated sewage is often contaminated by hepatitis A)

work in institutions where levels of personal hygiene may be poor, such as a homeless shelter

work with primates (monkeys, apes, baboons, chimps, gorillas, etc) as these can also be infected with hepatitis A

If you are unsure whether you should be vaccinated against hepatitis A, check with your DOCTOR.

Vaccination is not considered necessary if you are travelling to northern or western Europe, North America, Australia, New Zealand or Japan.

Types of vaccine

The three types of vaccine that protect against hepatitis A infection are:

monovalent vaccine, which provides protection against hepatitis A

combined hepatitis A and hepatitis B vaccine (hepatitis B is another type of liver infection most common in China, Africa and southeast Asia)

combined hepatitis A and typhoid fever vaccine (typhoid fever is a serious type of bacterial infection)

If you need vaccination because you are travelling, a single injection of the vaccine should be given two weeks before you leave, although it can be given up to the day of your departure if necessary. This will protect you against hepatitis A for about a year. A booster dose, given six to 12 months after the first dose, will protect you for at least 20 years.

The type of vaccine that is best for you will depend on your individual circumstances.

For example, combined vaccines may be recommended if you are planning to travel to parts of the world that also have high levels of hepatitis B and typhoid fever. The combined vaccines will need to be given four to six weeks before you travel.

Your DOCTOR can give you a vaccination for hepatitis A on the NHS. Travel health clinics can also give this vaccination, but there may be a charge.

The hepatitis A vaccine cannot be given to babies under the age of one.

Side effects

After having the hepatitis A vaccine, some people develop temporary soreness, redness and hardening of the skin at the injection site. A small, painless lump may also form at the injection site. This usually disappears quickly and is not a cause for concern.

Much less common side effects include:

tiredness

headache

loss of appetite

nausea

a slightly raised temperature – a normal temperature is 36-36.8°C (96.8–98.24°F)

Hepatitis B

Introduction

The liver

Your liver is your body's "factory", carrying out hundreds of jobs that are vital for life, including:

storing glycogen (carbohydrate that produces short-term energy)

making bile, which helps to digest fats

making substances that clot the blood

processing and removing any alcohol, toxins and drugs

You only have one liver, but it's very tough. It keeps going even when badly damaged, and it can keep repairing itself until it is severely damaged.

Hepatitis B is a type of virus that can infect the liver.

Symptoms can include:

feeling sick

being sick

lack of appetite

flu-like symptoms, such as tiredness, general aches and pains, headaches
yellowing of the skin and eyes (jaundice)

However, many people don't realise they have been infected with the virus, because the symptoms may not develop immediately, or even at all.

It takes between 40 and 160 days for any symptoms to develop after exposure to the virus.

How does hepatitis B spread?

Hepatitis B can be spread through blood and body fluids such as semen and vaginal fluids, so it can be caught:

during unprotected sex, including anal and oral sex

by sharing needles to inject drugs such as heroin

Hepatitis B in pregnancy

A mother can also pass on the hepatitis B infection to her newborn baby, but if the baby is vaccinated immediately after birth (see below), the infection can be prevented.

Read more about hepatitis B in pregnancy.

In England, people who are most at risk of contracting hepatitis B include the following:

people who inject drugs

people who change sexual partners frequently

Read more about the causes and risk factors for the hepatitis B infection.

How is it diagnosed?

Hepatitis B is diagnosed by a blood test that shows a positive reaction to hepatitis B surface antigen (the outer surface of the hepatitis B virus that triggers a response from your immune system). A positive result means your body is making antibodies to try and fight the hepatitis B virus.

Your DOCTOR may also request a liver function test. This is a blood test that measures certain enzymes and proteins in your bloodstream, which indicates whether your liver is damaged. It will often show raised levels if you are infected with the hepatitis B virus.

Stages of infection

In most cases, the hepatitis B virus will only stay in the body for around one to three months. This is known as acute hepatitis B.

In around 1 in 20 cases in adults, the virus will stay for six months or longer, usually without causing any noticeable symptoms. This is known as chronic hepatitis B.

Chronic hepatitis B is particularly common in babies and young children: 9 in 10 children infected at birth and around 1 in 5 children infected in early childhood will develop a long-term infection.

People with chronic hepatitis B can still pass the virus on to other people, even if it is not causing any symptoms.

Around 20% of people with chronic hepatitis B will go on to develop scarring of the liver (cirrhosis), which can take 20 years to develop, and around 1 in 10 people with cirrhosis will develop liver cancer.

How is it treated?

There is currently no specific treatment for acute hepatitis B, other than using painkillers to relieve symptoms.

Treatment for chronic hepatitis B depends on how badly your liver is affected. It can be treated using medications designed to slow the spread of the virus and prevent damage to the liver.

Can it be prevented?

There is a vaccine that is thought to be 95% effective in preventing hepatitis B. Because of the relative rarity of hepatitis B in England, the vaccine is not given as part of the routine childhood vaccination schedule.

Vaccination would usually only be recommended for people in high-risk groups, such as:

people who inject drugs or have a sexual partner who injects drugs

people who change their sexual partner frequently

people travelling to or from a part of the world where hepatitis B is widespread

Pregnant women are also screened for hepatitis B, and if they are infected their baby can be vaccinated shortly after birth to prevent them from also becoming infected.

Who is affected?

Hepatitis B is uncommon in England and cases are largely confined to certain groups such as drug users, men who have sex with men and certain ethnic communities (such as South Asian, African and Chinese).

In contrast, hepatitis B is common in other parts of the world, particularly East Asia and sub-Saharan Africa. The World Health Organization estimates that hepatitis B is responsible for 600,000 deaths a year worldwide.

Outlook

The vast majority of people infected with hepatitis B are able to fight off the virus and fully recover from the infection within a couple of months. The infection can be unpleasant to live with, but usually causes no lasting harm.

But for the small minority of people who go on to develop cirrhosis of the liver, and in some cases liver cancer, the outlook is poor.

Therefore it's important to get yourself vaccinated if you fall into one of the high-risk groups for catching hepatitis B.

Symptoms of hepatitis B

Most people remain healthy without any symptoms while they fight off the virus. Some will not even know they have been infected.

However, until the virus has been cleared from their body, they can pass it onto others.

If there are any symptoms, they will develop on average 60-90 days after exposure to the virus.

Common symptoms

Symptoms of hepatitis B include:

flu-like symptoms, such as tiredness, general aches and pains, headaches and a high temperature of or above 38C (100.4F)

loss of appetite and weight loss

feeling sick

being sick

diarrhoea

pain in your upper right-hand side

yellowing of the skin and eyes (jaundice)

Symptoms will usually pass within one-to-three months.

Chronic hepatitis B

Hepatitis B is said to be chronic when you have been infected for longer than six months.

The symptoms are usually much milder and tend to come and go. In many cases, people with chronic hepatitis B infection will not experience any noticeable symptoms.

Symptoms of chronic hepatitis B may include:

feeling tired all the time (fatigue)

loss of appetite

feeling sick

abdominal pain

muscle and joint pains

itchy skin

When to seek medical advice

Always make an appointment to see your DOCTOR if you have unusual symptoms that persist for more than a few days.

When to seek immediate medical advice

If you suspect that you have been exposed to the hepatitis B virus, seek immediate medical advice. It is possible to prevent infection with treatment but to be most effective it should be given in the first 48 hours after exposure (although it can sometimes be effective up to a week after exposure).

Causes of hepatitis B

You can become infected with hepatitis B if you are not immune (resistant) to the virus and you come into contact with the blood or body fluids of an infected person.

Many people with hepatitis B do not know they are infected.

The risk of hepatitis B for tourists is considered to be low. However, this risk will increase with certain activities, such as unprotected sex or receiving medical or dental treatment in a developing country (see below). Therefore, travellers are advised to get vaccinated against hepatitis B before visiting any country where this is a problem.

Exposure to infected blood

You are at risk of catching hepatitis B if you:

inject drugs and share needles and other equipment, such as spoons and filters, or you are having a sexual relationship with someone who injects drugs

have an open wound, cut or scratch, and come into contact with the blood of someone with hepatitis B

have medical or dental treatment in a country where equipment is not sterilised properly

work closely with blood (for example, healthcare workers and laboratory technicians are at increased risk of injury when the skin is accidentally punctured by a used needle)

have a blood transfusion in a country where blood is not tested for hepatitis B

have a tattoo or body piercing in an unsafe, unlicensed place (read more about the risks of body piercing)

share toothbrushes, razors and towels that are contaminated with infected blood

Exposure to infected body fluids

You are at risk of catching hepatitis B if you have sex with an infected person without using a condom.

Generally, your risk increases if you are sexually active and have unprotected sex with several different partners; this includes unprotected anal and oral sex.

Prostitutes (both women and men) also have an increased risk of contracting hepatitis B.

Geographical risks

You also have an increased risk if you (or your sexual partner) grew up, lived or worked in a part of the world where hepatitis B is relatively common.

Diagnosing hepatitis B

Hepatitis B is diagnosed by a blood test that shows a positive reaction to hepatitis B surface antigen (the outer surface of the hepatitis B virus that triggers a response from your immune system). A positive result means that your body is making antibodies to try and fight the hepatitis B virus.

Your DOCTOR may also request a liver function test. This is a blood test that measures certain enzymes and proteins in your bloodstream, which indicates whether your liver is damaged. These will often show raised levels if you are infected with the hepatitis B virus.

Treating hepatitis B

Hepatitis B and pregnancy

It is unclear whether many of these medications discussed on this page are safe to take during pregnancy.

Ideally, if you are trying to have a baby, discuss your plans with your doctor first, as it may be necessary to switch medication or stop it altogether.

If you think you may have become pregnant, tell your doctor as soon as possible.

If you are diagnosed with hepatitis B, it is likely that your DOCTOR will refer to you a specialist, usually a hepatologist (a liver specialist).

Most people tend to be free of symptoms and recover completely within a couple of months, never going on to develop chronic (long-term) hepatitis.

There is usually no specific treatment for acute (short-term) hepatitis B. Unless your symptoms are particularly severe, you should be able to manage them at home.

You can take over-the-counter painkillers such as ibuprofen and paracetamol and may be prescribed codeine if pain is more severe. Nausea (feeling sick) can often be controlled with a medication called metoclopramide.

If you are diagnosed as having a hepatitis B infection, you will be advised to have regular blood tests and physical check-ups.

Once your symptoms get better you will need further testing to check that you are free of the virus and have not developed chronic hepatitis B.

Chronic hepatitis B

If you have chronic hepatitis B, you will be symptom-free for much of the time.

However, you may need to take medication, possibly for many years, to prevent liver damage. You may also need regular tests to assess the state of your liver. This might include blood tests, an ultrasound and possibly a liver biopsy. This is to assess whether the virus is currently damaging the liver and how much damage has been done.

Medication

The main treatment for chronic hepatitis B is antiviral medication, which helps stop the hepatitis B virus from causing liver damage.

Most patients do not require treatment, as although the virus is present in the body, it does not always damage the liver. In some patients, their immune system suppresses the virus without causing damage. However if there is evidence of ongoing liver damage then treatment is required.

There are now very effective medications that can suppress the virus over many years and this can slow down the damage that is being done to the liver, allowing the body to repair this. However, it is unusual for this treatment to clear the virus permanently.

It is very important that you take your treatment as prescribed, even if you feel well or are finding side effects troublesome, as stopping treatment early can lead to drug resistance and could also lead to liver damage. Always speak to your doctor before you come off these drugs.

The two main types of antivirals are described below. You may require a combination of these.

Nucleoside analogs

Nucleoside analogs are a type of antiviral medicine that prevent the genetic code of the virus from being copied into healthy cells.

The two most commonly used nucleoside analogs in this country are called tenofovir and entecavir.

They have the advantage that serious side effects are rare.

Tenofovir

Tenofovir is available in tablet form which should usually be taken with food.

Side effects of tenofovir include:

diarrhoea

feeling sick

being sick

skin rash

feeling weak

dizziness

in rare cases, kidney problems

Entecavir

Entecavir is available in liquid form. The medication will also come with a special measurement spoon you can use to measure out your dose.

Side effects of entecavir include:

being sick

feeling sick

insomnia

dizziness

If you feel dizzy, avoid driving or using tools or machinery.

Lactic acidosis and nucleoside analogs

A rare but serious side effect that can occur with all types of nucleoside analogs is that the medication can cause a build-up of lactic acid in your blood. This is known as lactic acidosis and is potentially serious if left untreated.

Initial warning signs and symptoms of lactic acidosis include:

feeling very weak or tired

having unusual muscle pain

breathing difficulties

having stomach pain along with feeling or being sick

feeling usually cold, especially in your arms and legs

feeling dizzy or light-headed

having a fast or irregular heartbeat

If you experience any of these warning signs and symptoms, contact the doctor in charge of your care for advice.

Pegulated Interferon alfa

Pegulated Interferon alfa can be used in the treatment of hepatitis B where there are very high levels of the virus. It stimulates the immune system (the body's defence against infection) to attack the hepatitis B virus.

The medication is usually given by injection once a week over four-to-six months.

It's common to experience flu-like symptoms, such as a high temperature and muscle and joint pain, after beginning to take pegulated interferon alfa. Taking paracetamol can often help relieve these side effects and they should get better with time.

However, in some people pegulated interferon alfa can cause a wide range of persistent and unpleasant side effects. This means that treatment needs to be withdrawn and an alternative antiviral will need to be used.

If you start to feel any uncomfortable side effects of interferon alfa, tell your doctor.

Regular monitoring

If you have chronic hepatitis B, the state of your liver will need to be regularly monitored via blood tests to see how well you are responding to treatment.

Other tests may include an ultrasound scan – which is used to check for any abnormalities on the surface of your liver

The frequency of these other tests may depend on the results of your blood tests.

Preventing the spread of hepatitis B

While the medications mentioned above can slow the spread of chronic hepatitis B and hopefully prevent complications such as cirrhosis, they cannot cure the infection. This means you can still pass hepatitis B on to other people.

You should avoid having unprotected sex with someone, including anal and oral sex, unless you are sure they are immunised against hepatitis B.

If you are an injecting drug user, never share your needles with other drug users.

You should also take some sensible precautions to avoid the spread of infection, such as not sharing toothbrushes or razors with other people.

Complications of hepatitis B

Without treatment, about a third of people with chronic hepatitis B infection go on to develop a disease of the liver, which can be very serious.

It is estimated that 15%–25% of people with untreated chronic hepatitis B die of liver disease.

Cirrhosis

Scarring of the liver (cirrhosis) affects around one-in-five people with chronic hepatitis C, often many years after they first contracted the infection.

Cirrhosis doesn't usually cause any noticeable symptoms until extensive damage to the liver has occurred. It can then trigger symptoms such as:

tiredness and weakness

loss of appetite

weight loss

feeling sick

very itchy skin

tenderness or pain around the liver

If you do develop cirrhosis, it is important to prevent it getting worse by avoiding drinking any alcohol, which has a damaging effect on the liver.

While there are range of treatments that can sometimes relieve some of the symptoms of cirrhosis, the only hope of a complete cure is a liver transplant.

Read more about the treatment of cirrhosis.

Liver cancer

Around 1 in 10 people with cirrhosis caused by chronic hepatitis B will go on to develop liver cancer.

Symptoms of liver cancer include:

unexplained weight loss

being sick

feeling sick

jaundice

Read more about the treatment of liver cancer.

Fulminant hepatitis B

An uncommon and serious complication of acute hepatitis B is known as fulminant hepatitis B, where the immune system attacks the liver and causes extensive damage to it. Fulminant hepatitis B occurs in around 1 in 100 adults with chronic hepatitis B (it is much rarer in children).

It can lead to symptoms such as:

mental confusion

swelling of the abdomen due to a build-up of fluid

jaundice

This complication is a medical emergency and 7 out of 10 people will die from it.

Hepatitis C

Introduction

Hepatitis C is a virus that can infect and damage the liver.

You can become infected with hepatitis C if you come into contact with the blood or, less commonly, body fluids of an infected person.

In most cases, hepatitis C causes no noticeable symptoms until the liver has been significantly damaged.

When symptoms do occur, they are often vague and can be easily mistaken for another condition. Symptoms include:

flu-like symptoms, such as muscle aches and loss of appetite

feeling tired all the time

depression

Because of this, many people remain unaware that they are infected by hepatitis C.

How do you get hepatitis C?

The hepatitis C virus is present in the blood and, to a much lesser extent, the saliva and semen or vaginal fluid of an infected person. It is particularly concentrated in the blood, so it is usually transmitted through blood-to-blood contact.

Less commonly, people can get hepatitis C through sex or being exposed to infected body fluids at work.

Hepatitis C is more common in certain parts of the world, including North Africa, the Middle East and Central and East Asia, and this is thought to result from the use of shared needles for vaccination or medical treatment.

Getting tested

Because hepatitis C often causes no obvious symptoms, testing is usually recommended if you are in a high-risk group, such as being a current or former injecting drug user.

Your DOCTOR, sexual health clinic, GUM (genitourinary medicine) clinic or drug treatment service all offer testing for hepatitis C. It can be done using a blood test.

The sooner treatment begins after exposure to the hepatitis C virus, the more likely it is to succeed.

Read more about who should be tested for hepatitis C.

Treating hepatitis C

Hepatitis C can be treated with antiviral medicines designed to stop the virus from multiplying inside the body and prevent liver damage.

Two widely used antiviral medications are interferon and ribavirin.

There are six different strains of hepatitis C, known as genotypes, and some genotypes respond better to treatment than others.

With treatment, around half of people with genotype 1 will be cured, and around eight out of 10 people with genotype 3 will be cured.

Two new medications, released in 2011, called boceprevir and telaprevir, have been found to be effective in some people who do not respond to conventional antiviral treatments.

Who is affected?

Hepatitis C is more common in men than women as men are more likely to inject drugs.

Prevention

Unlike other forms of hepatitis, there is no vaccine for hepatitis C.

Two ways to reduce your risk of catching hepatitis C are:

Never share any drug-injecting equipment with other people (not just needles, but also syringes, spoons and filters).

Use a condom during sex with new partners.

Stages of infection

The first six months of a hepatitis C infection are known as acute hepatitis C. Around one in four people will fight off the infection and will be free of the virus.

In the remaining three out of four people, the virus will stay in their body for many years. This is known as chronic hepatitis C.

Depending on other risk factors, such as alcohol use, between 10% and 40% of people with untreated chronic hepatitis C will go on to develop scarring of the liver (cirrhosis), often more than twenty years after first catching the virus.

Around one in five people with cirrhosis will then develop liver failure, and one in 20 will develop liver cancer, both of which can be fatal.

Symptoms of hepatitis C

Only around one in four people will have symptoms during the first six months of a hepatitis C infection. This stage is known as acute hepatitis C.

The symptoms may include:

a high temperature of 38°C (100.4°F) or above

tiredness

loss of appetite

stomach pains

feeling sick

being sick

These symptoms occur a few weeks after infection.

In people who do have symptoms of acute hepatitis C, around one in five of them will also experience yellowing of the eyes and skin. This is known as jaundice.

In an estimated one in five cases of hepatitis C, the immune system will successfully eliminate the virus and the person will have no further symptoms (unless they become infected again).

In the remaining cases, the virus persists inside the body for many years. This is known as chronic hepatitis.

Chronic hepatitis C

The symptoms of hepatitis C can vary widely from case to case. In some people, symptoms may be barely noticeable. In others, they can have a significant impact on quality of life.

The symptoms can also go away for long periods of time (remission) and then return.

Some of the most commonly reported symptoms of hepatitis C include:

feeling tired all the time – sleeping does not seem to help improve energy levels

headaches

depression

problems with short-term memory, concentration and completing relatively complex mental tasks such as mental arithmetic – many people describe this combination of symptoms as "having a brain fog"

mood swings

indigestion or bloating

joint and muscle aches and pain

itchy skin

flu-like symptoms, like those that occur in the acute phase of the infection

abdominal pain

pain in the liver area (which is located in the right upper side of your abdomen)

When to seek medical advice

See your DOCTOR if you persistently have any of the chronic symptoms above, or if they keep returning, especially if you inject drugs or have injected drugs in the past.

None of the symptoms above automatically means you have hepatitis C, but they do require further investigation.

Causes of hepatitis C

You can become infected with hepatitis C if you come into contact with the blood or, less commonly, the body fluids of an infected person.

The blood has the highest concentration of the virus, so exposure to infected blood is the easiest way to get the virus. Just a small trace of blood can cause an infection. The virus can survive outside the body in patches of dried blood on surfaces for at least 16 hours, but no longer than four days (at room temperature conditions).

Injecting drugs

Hepatitis C is most commonly spread by people sharing contaminated needles, spoons and filters to inject drugs.

Injecting yourself with just one contaminated needle may be enough to become infected.

Cocaine

There have also been reports of people catching hepatitis C when sharing bank notes or straws to snort cocaine.

Cocaine can damage the inside of the nose, leading to bleeding. It possible to then inhale contaminated blood and become infected.

Less common causes

Unprotected sex

Hepatitis C may be transmitted during unprotected sex (sex without using a condom), although this risk is considered very low.

The best way to prevent transmission of hepatitis C through sex is to use a male condom or female condom. However, as the risk is very low, many couples in a long-term, stable relationship choose not to use a condom.

The risk of transmission through sex may be higher among men who have sex with men. The risk is also increased if there are genital sores or ulcers from a sexually transmitted infection, or if either person also has HIV.

If your partner has hepatitis C, you should be tested for the condition.

Sharing toothbrushes, scissors and razors

There is a potential risk that hepatitis C may be passed on through sharing items such as toothbrushes, razors and scissors.

Equipment used by hairdressers can pose a risk if it has been contaminated with infected blood and not been sterilised or cleaned between customers. However, most salons operate to high standards, so this risk is low.

Tattooing and body piercing

There is a potential risk that hepatitis C may be passed on through using tattooing or body piercing equipment that has not been properly sterilised.

However, most tattoo and body piercing parlours in the UK operate to high standards and are regulated by law, so this risk is low.

Mother to child

There is a small chance that a mother who is infected with the hepatitis C virus will pass the infection on to her baby. This can happen in around 2% of cases.

However, the risk is thought to increase if the mother also has HIV or particularly high levels of the virus.

Needlestick and splash injury

There is a small (approximately one in 30) risk of getting hepatitis C if your skin is accidentally punctured by a needle used by someone with hepatitis C. There is also a small risk of transmission if a splash of infected blood gets in your eyes or mouth.

Healthcare workers, nurses and laboratory technicians are at increased risk because they are in regular close contact with blood and bodily fluids.

Diagnosing hepatitis C

If you think you may have been exposed to hepatitis C, taking a test will put your mind at rest or, if the test is positive, allow you to start treatment early.

Your DOCTOR, sexual health clinic, GUM (genitourinary medicine) clinic or drug treatment service all offer testing for hepatitis C.

Testing for hepatitis C

Hepatitis C is diagnosed with two blood tests:

the antibody test

the PCR test

The antibody test

This blood test determines whether you have ever been exposed to the hepatitis C virus by testing for the presence of antibodies to the virus.

Antibodies are proteins produced by your immune system to fight invading particles, such as viruses, when they enter your bloodstream.

The test will not show a positive reaction for some months after infection. This is because your body takes time to make these antibodies.

If the antibody test is negative but you have had symptoms, or you have been exposed to hepatitis C, you may be advised to have the test again.

A positive test (showing antibodies) indicates that you have been infected at some stage. It does not necessarily mean you are currently infected, as you may have since cleared the virus from your body.

The only way to tell if you are currently infected is to have a second blood test, called a PCR test.

The PCR test

This blood test checks if the virus is still present by detecting whether it is reproducing inside your body.

A positive test – often reported as "detectable" or "detected" – means that your body has not fought off the virus, and the infection has progressed to a chronic (long-term) stage.

Test results usually come back within two weeks.

It is recommended that the following groups of people should be tested for hepatitis C:

ex-drug users

current drug users

people who received blood transfusions before September 1991

recipients of organ or tissue transplants before 1992, or in countries where hepatitis C is common

babies and children whose mothers have hepatitis C

anyone accidentally exposed to the virus (needlestick or splash injury), such as health workers

people who have received a tattoo or piercing where equipment may not have been properly sterilised

sexual partners of people with hepatitis C

people who have lived or had medical treatment in parts of the world where hepatitis C is more common – high risk areas include North Africa, the Middle East and Central and East Asia

If you continue to engage in high-risk activities, such as injecting drugs frequently, then regular testing may be recommended. Your DOCTOR will be able to advise you.

Other tests and referral

If you have the virus, your DOCTOR may recommend other tests to check for damage to your liver. These include liver function tests, which measure certain enzymes and proteins in your bloodstream that indicate whether your liver is damaged or severely inflamed.

Your DOCTOR will also refer you to a specialist centre for an assessment and to discuss treatment. The specialist will ask for more checks to assess the extent of liver damage, including blood tests and ultrasound scans of the liver and abdomen. Many centres are now using a fibroscan (a type of ultrasound) to check for liver damage and scarring.

The amount of liver damage can also be assessed by taking a sample of your liver tissue for examination. This is called a liver biopsy and involves passing a hollow fine needle through the skin into your liver. The cells are then examined under a microscope to assess the amount of liver damage and cirrhosis (scarring). The specialist will advise you about the need for a liver biopsy. However, a biopsy is not always necessary before treatment.

Treating hepatitis C

Most cases of acute hepatitis C are not treated as the person either does not have any symptoms or mistakes the symptoms for the flu.

If hepatitis C is detected during this acute phase, it is normally recommended that you are monitored for three months to see if your body fights off the virus.

If it doesn't, a six-month course of pegylated interferon (see below) may be recommended. This is successful at curing the infection in around 85% of cases.

Chronic hepatitis C

Treatment for chronic hepatitis C usually involves using a combination of two medicines:

pegylated interferon (given as an injection) – a synthetic version of a naturally occurring protein in the body that stimulates the immune system to attack virus cells

ribavirin (given as a capsule or tablet) – an antiviral drug that stops hepatitis C from spreading inside the body

This is known as combination therapy.

Course and dosage

The length of your recommended course will depend on which genotype of the hepatitis C virus you have.

If you have genotype 1, a 48-week course is recommended. For all other genotypes, a course of 24 weeks will be recommended.

You may have a blood test four weeks into your course, and again at 12 weeks. If the test shows that the medications are having little effect in removing the virus, it may be recommended that treatment is stopped as further treatment may be of little use.

You are normally given weekly injections of pegylated interferon. Ribavirin is normally taken twice a day with food.

How effective is treatment?

The effectiveness of combination therapy depends on the genotype of the hepatitis C virus.

Genotype 1 is more challenging to treat. Only half of people treated with combination therapy will be cured.

Other genotypes respond better to treatment, with a cure rate of around 75–80%.

Side effects

Side effects of combination therapy are common and can be severe. Three out of four people being treated will experience one or more side effect.

Side effects of combination therapy include:

a drop in the number of red blood cells (anaemia), which can make you feel tired and out of breath

loss of appetite

depression

anxiety

irritability

problems sleeping (insomnia)

difficulties concentrating and remembering things

hair loss

itchiness

feeling sick

dizziness

flu-like symptoms, such as a high temperature, that occur in the 48 hours after an interferon injection

Side effects may improve with time as your body gets used to the medications.

Tell your care team if any side effect is becoming particularly troublesome as your dosage may need to be adjusted.

Coping with side effects may be challenging, but it is recommended that you continue to take medication as instructed.

Missing doses to try to minimise side effects will reduce the chances of you being cured.

Ribavirin and pregnancy

Ribavirin will harm an unborn child if it is taken by a pregnant woman. If you are a woman of childbearing age, you will need to have a pregnancy test to confirm you are not pregnant before treatment can begin. If you find out you are pregnant, treatment will need to be delayed until you have your baby.

If you are not pregnant, you will still need to use a reliable method of contraception (preferably two methods) if you are sexually active.

Men who are taking ribavirin should not have sex with a pregnant woman unless they use a condom. If their partner is not pregnant but is of childbearing

age, she will need to be tested for pregnancy each month during treatment and for seven months after treatment has stopped.

Boceprevir and telaprevir

In April 2012, the National Institute for Health and Care Excellent (NICE) released guidance for two newer medications, boceprevir and telaprevir.

Both medications are known as protease inhibitors. Protease inhibitors block the effects of enzymes that viral cells need to reproduce.

The medications are designed to be used in combination with pegylated interferon and ribavirin and not as a sole treatment. The tablet is taken three times a day for 48 weeks.

It is still unclear whether boceprevir or telaprevir is more effective.

Side effects of boceprevir include:

flu-like symptoms such as a high temperature and chills

loss of appetite

feeling sick

insomnia

weight loss

shortness of breath

Side effects of telaprevir include:

anaemia

feeling sick

being sick

diarrhoea

haemorrhoids

itchy skin rash

Deciding against treatment

Some people with chronic hepatitis C decide against treatment. There can be several reasons for this, for example if they:

do not have any symptoms

are willing to live with the risk of cirrhosis at a later date

do not feel the potential benefits of treatment outweigh the side effects
treatment can cause

Your care team can give you advice about this, but the final decision about
treatment will be yours.

Re-infection

If the virus is cleared with treatment, you are not immune to future infections of
hepatitis C.

This means, for example, that if you continue to inject drugs after taking the
medicines, you risk becoming re-infected with hepatitis C.

Vaccination

It is possible to be infected with more than one type of hepatitis, which can
complicate treatment.

Therefore, if you have chronic hepatitis C, your DOCTOR or practice nurse
may recommend that you are vaccinated against hepatitis A and hepatitis B.

They may also recommend that you consider vaccination against seasonal flu
and pneumococcal infections.

Complications of hepatitis C

If it is not treated, chronic hepatitis C can sometimes cause scarring of the liver
(cirrhosis). This can develop up to 20 years after you first become infected.

A number of factors can increase your risk of getting cirrhosis, such as:

drinking alcohol

having type 2 diabetes

contracting hepatitis C at an older age

having HIV or other types of hepatitis, such as hepatitis B

Depending on these factors, the risk of cirrhosis can range from 10% to 40%.

Symptoms of cirrhosis include:

tiredness and weakness

loss of appetite

weight loss

feeling sick

very itchy skin

tenderness or pain around the liver

tiny red lines (blood capillaries) on the skin above waist level

jaundice

Other than a liver transplant, there is no cure for cirrhosis. However, treatments can help relieve some of the symptoms of cirrhosis and prevent the condition from worsening.

Liver failure

In severe cases of cirrhosis, the liver loses most or all of its functions. The liver has a wide range of functions, such as filtering toxins from the blood and producing a number of important hormones.

This is known as liver failure or end stage liver disease. Liver failure occurs in around one in five people with hepatitis-associated cirrhosis.

Symptoms of liver failure include:

hair loss

build-up of fluid in the legs, ankles and feet (oedema)

build-up of fluid in your abdomen that can make you look heavily pregnant (ascites)

dark urine

black, tarry stools or very pale stools

frequent nosebleeds and bleeding gums

a tendency to bruise easily

vomiting blood

Once liver failure has occurred, it is usually possible to sustain life for several years using medication. However, a liver transplant is currently the only way to cure liver failure.

Liver cancer

It is estimated that around one in 20 people with hepatitis-associated cirrhosis will develop liver cancer.

Symptoms of liver cancer include:

unexplained weight loss

feeling sick

vomiting

tiredness

jaundice

It is usually not possible to cure liver cancer, especially in people with cirrhosis, though chemotherapy can be used to slow the spread of the cancer.

Other complications

Other rarer complications of chronic hepatitis C include:

dryness of the mouth and eyes (caused by the destruction of sweat, saliva and tear glands)

patches of itchy skin (lichen planus)

swelling inside the kidneys (glomerulonephritis)

sensitivity to light, leading to blisters and ulcers on the skin

underactive thyroid gland

overactive thyroid gland

cryoglobulinemia (a disorder in which abnormal proteins may damage the skin, nervous system and kidneys)

non-Hodgkin's lymphoma (a type of cancer that affects the body's lymphatic system)

insulin resistance and diabetes

gallbladder disease

Preventing hepatitis C

There is no vaccination to protect against hepatitis C, but there are ways to reduce your risk of becoming infected.

Injecting drug users are most at risk of contracting the infection. Never share any injecting equipment, such as needles, syringes, spoons and filters.

Also, do not share razors, toothbrushes or towels that might be contaminated with blood. Use a condom if you are having sex with a new partner.

If you have hepatitis C

You can reduce the risk of passing hepatitis C on to other people by:

keeping personal items, such as toothbrushes or razors, for your own use

cleaning and covering any cuts or grazes with a waterproof dressing

cleaning any blood from surfaces with household bleach

not sharing needles or syringes with others

not donating blood

using condoms when having sex with new partners (seek advice about long-term partners)

Living with hepatitis C

Below are answers to some questions about living with hepatitis C, including questions about diet, the workplace, travelling and having a baby.

If you have hepatitis C, the following questions are answered below:

Do I need to eat a special diet?

Could anything I do make hepatitis C worse?

Is there anything else I can do to help myself?

Do I have to tell my boss?

Can I travel abroad?

Can I have a baby if I or my partner has hepatitis C?

Do I need to eat a special diet?

You will not usually need to change what you eat, as long as you eat a healthy, varied diet.

If your liver is badly damaged, however, your doctor may suggest limiting your intake of salt and protein to avoid putting too much strain on your liver. The hospital dietitian can advise you on what you can and cannot eat.

Could anything I do make hepatitis C worse?

Drinking alcohol can increase the damage to your liver. If you have hepatitis C, cut out or limit your intake of alcohol. If you need advice about this, ask your doctor or contact an alcohol self-help organisation.

If you are concerned that you are addicted to alcohol and are unable to stop drinking, contact your DOCTOR. Medications are available to help people quit alcohol.

Read more about treating alcohol misuse.

Is there anything else I can do to help myself?

Control your weight by eating a healthy diet and exercising regularly (aim for 150 minutes a week).

Some studies suggest that being overweight raises the risk of fatty deposits in the liver, which could make your condition worse. Being a healthy weight can also help you respond better to treatment.

Read more about healthy eating and fitness.

Do I have to tell my boss?

You do not have to tell your boss that you have hepatitis C, unless you are a healthcare worker.

However, if hepatitis C is affecting your performance at work and your employer knows about your condition, they may be obliged to make allowances for you, such as giving you leave of absence for going to the clinic, under the Equality Act 2010. Therefore, you may want to consider telling your boss about your condition. You may also be entitled to statutory sick pay to cover doctor appointments or time off work.

Can I travel abroad?

If you are planning to travel abroad, seek advice from your doctor or a travel clinic about vaccination.

It is also a good idea to take any documentation, such as details of blood tests or medical records, in case you need medical treatment abroad.

Read more about travel vaccinations and accessing healthcare abroad.

Can I have a baby if I or my partner has hepatitis C?

Yes, but there is a small risk (around 2%) of hepatitis C passing from mother to baby. The risk is higher if the mother also has HIV. If the male partner has hepatitis C, there is a very small risk the virus could spread to the female during sex. If you are female with a male partner who has hepatitis C, you may want to have a hepatitis C test.