

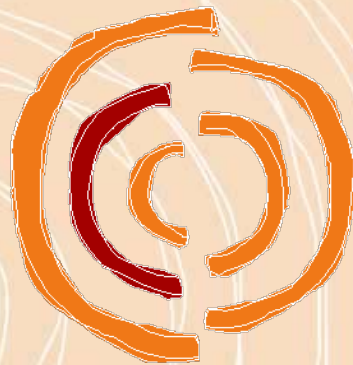


Hepatitis C

Council of NSW







Hepatitis C
Council of NSW

HEPATITIS C: An Overview

What Will We Look At?

The A,B and C of Hepatitis
Prevalence

Transmission & Prevention

Standard Precautions

Disclosure and Discrimination

Services

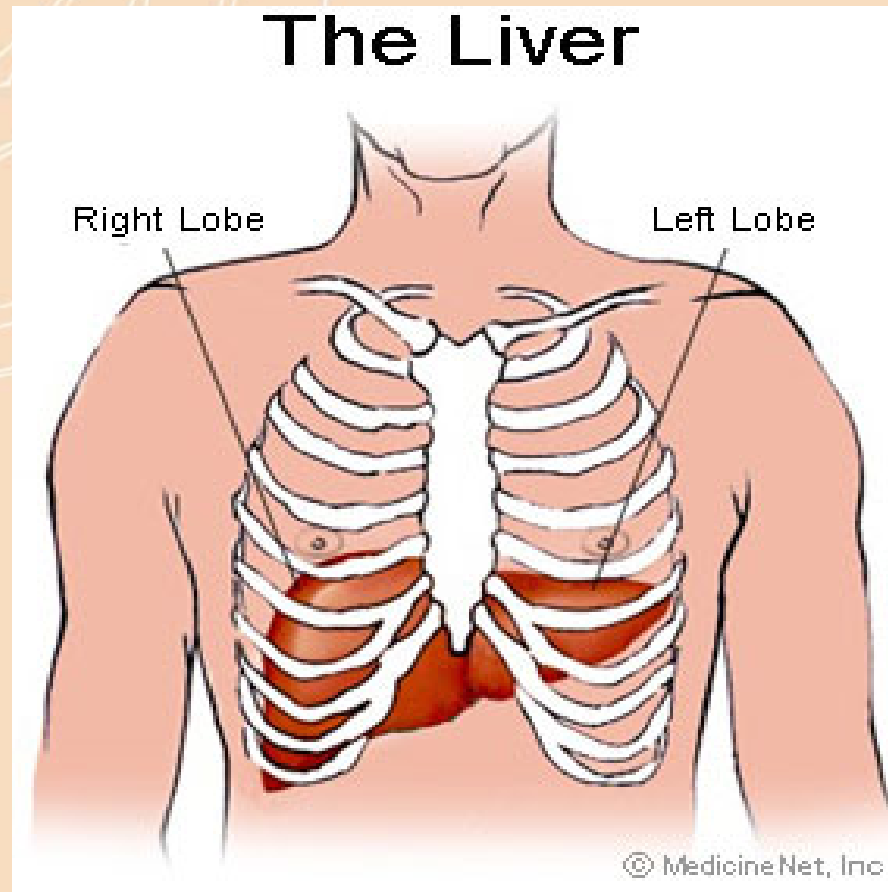
How is hep C relevant to your work?

What does ... currently do around hep C?

The LIVER

Cleans body's blood, absorbs nutrients

Makes proteins, carbohydrates and fats



Hepatitis

Hepatitis = Inflammation of the liver

- Hepatitis has many different causes

Hepatitis C = a virus which causes hepatitis

- Different from hepatitis A and hepatitis B

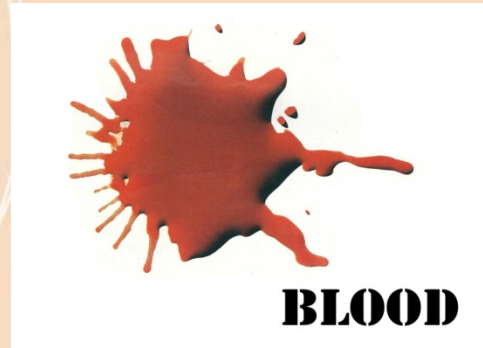
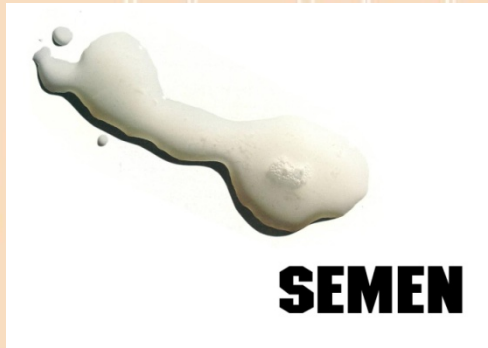
The ABC of Hepatitis

Hepatitis A is transmitted by:



...for example in contaminated food. It causes an acute illness that lasts a few weeks or so. There is a vaccine.

Hepatitis B is transmitted by:



...and can be transmitted through sexual contact and injecting drug use. The good news is, it rarely results in a chronic illness, and there is a vaccine available.

Hepatitis C is transmitted by:



...and is usually transmitted through injecting drug equipment. It leads to chronic illness in $\frac{3}{4}$ people exposed. There is no vaccine and exposure doesn't provide immunity.

Viral hepatitis A, B, C

	A	B	C
Transmission	Faecal-oral	Blood-to-blood Body fluids	Blood-to-blood
Vaccine	Yes	Yes	No
Antibodies protect?	Yes	Yes (for most adults)	No
Acute symptoms?	Common	Common	Rare
Chronic infection common in adults?	No	No (5%)	Yes (75%)

Hepatitis B vaccinations

Are a course of 3 injections over 3-6 months

Everyone should get vaccinated for hep B unless they are already immune, including workers.

People considered 'at risk' may be able to get them free, from places such as sexual health clinics and KRC.



Prevalence

Prevalence of hep C

An estimated 264,000 people had been exposed to hepatitis C in Australia at the end of 2005

...ie approximately 1% of the population

How did they contract it?

- 82.3% exposed as a result of injecting drugs
- 10.9% migrants from countries with high hep C prevalence
- 6.8% recipients of contaminated blood/blood products or exposed via other transmission routes

There were around 9,700 new infections in 2005

Hepatitis C Virus Projections Working Group

- Estimates and Projections of the Hepatitis C Virus Epidemic in Australia 2006 -
MACASHH Hepatitis C Sub-Committee

Priority Populations

- links with high risk behaviours practices or settings

Young people

Almost 9000 teenagers are injecting drug users in Australia

2005 Annual Surveillance Report, 2004 National Drug Strategy Household Survey

Prisoners

40% of males and 65% of women are estimated to have hepatitis C

Butler, T, *Inmate Health Survey 2002*

Aboriginal People

Do not access health services as readily as non-indigenous people

Youth

High hepatitis C incidence in new injecting drug users: a policy failure? Lisa Maher, National Centre in HIV Epidemiology and Clinical Research and School of Public Health and Community Medicine, University of NSW 2007

Key points :

- 215 hep C negative drug users in South West Sydney were recruited into this study. 204 were new injectors – injecting less than 6 years and under 30 years of age
- After one year of injecting almost half of the 204 new injectors had become hep C positive
- Of those in the sample who had been injecting for less than a year at the beginning of the study – 98% had acquired hep C in the 1st year of the study

Recommendations

- Retaining at-risk youth in school environments
- Expansion of peer education activities in terms of scope and content
- Need specialised and further investigation into significant minority of young injectors who report that family members inject
- Practical safe injecting information
- Acknowledge embedded social disadvantage and inequality

Risk for Hepatitis C -Transition and initiation to injecting drug use among youth in a range of injecting drug user networks

Carla Treloar et al
NCHSR

Transmission – the game

Transmission

Blood-to-blood

Sexual Transmission

- Hep C is not classified as a sexually transmissible disease
- Controversial subject, and some conflicting evidence
- Although risk is very low, certain sexual practices may increase risk of transmission
- Compared to IDU *very* low risk

Transmission

Risk Activities

Risk

Sharing / reusing fits

extremely high

Sharing / reusing other injecting equipt

very high

Unsterile tattooing / body piercing

high

Vertical transmission (before or at birth)

mod / low

Sharing razors, toothbrushes

mod / low

Health care worker needle stick injury

mod / low

Sexual activity (no blood-blood contact)

very low

Blood transfusion/blood products <Feb 90 (in Aust.)

very low

Blood transfusion/blood products >Feb 90 (in Aust.)

extremely low

Breast feeding

extremely low

Needlestick injury (approx) in Health Care settings

If the needle is infected with:

HIV	0.3%
Hepatitis B	30%
Hepatitis C	1.8 – 3%

What happens to you if you have a needlestick injury?

Standard Precautions

Standard Precautions

Principles:

Assume everyone is infectious

- ✓ Protect yourself - many people don't know if they have HCV or other blood borne viruses
- ✓ Prevent discrimination – treat everyone the same

Standard Precautions

Principles in the workplace:

Be blood aware

- ✓ Your skin is the first line of defence - cover cuts and abrasions with waterproof dressing
- ✓ Wash hands before and after first aid or cleaning
- ✓ Wear gloves and eye protection when appropriate
- ✓ Clean any blood spills with soapy water and disposable materials
- ✓ Dispose of blood stained articles appropriately
- ✓ Avoid combative situations

Testing for hepatitis C

How do you know you have hep C?

- Cannot tell by looking at someone
- Symptoms are rare – may include jaundice, fatigue and pain
- People at risk of hep C need two tests to check for the virus

Test 1: Antibody Test

Test 2: PCR (polymerase chain reaction) test

Where do you go for a test?:

- GP
- Sexual health clinic
- Liver Clinic
- Community Health Centre
- AMS
- Justice Health

Hep C Treatment

What it Involves?

Hepatitis C Treatment

- Treatment is available for people with hep C (only once)


Treatment consists of:

Pegylated INTERFERON injections weekly

RIBAVIRIN tablets daily

- Success rate 50% genotype 1&4 80% 2&3
- Medications need to be taken at the same time everyday

Side effects of treatment

On the body	On the mind
<ul style="list-style-type: none">• Fever / chills• Headaches• Nausea• Fatigue / sleep disturbances• Weight loss• Injection site reactions• Joint / muscle ache• Anemia• Eye problems• Thyriod disfunction• Hair Thinning• Skin irritation / rash	<ul style="list-style-type: none">• Brain Fog: memory loss & poor concentration• Irritability / mood swings / anxiety• Depression <p><i>N.B 'Out of character' behavior from prisoners on treatment maybe genuine. If concerned pls contact Justice Health Staff</i></p> 

Self Management

Basic messages

- Alcohol in moderation (or none at all)
- Weight management
- Balanced diet – reduce fat intake
- Hepatitis A & B vaccination
- Regularly monitor liver function (LFTs)
- Not smoking
- Managing stress
- Avoid re –infection
- Moderate exercise

Other Self Management issues

- Disclosure / discrimination
- Support
- Preventing transmission
- Treatment
- Complementary therapies

Disclosure and Discrimination

Disclosure and hepatitis C

No one has to disclose their hep C status to you

You don't have to tell anyone you have hepatitis C except:

- If you are giving blood to the Blood Bank
- On insurance applications, especially life insurance
- If you are a health care or dental worker involved in “exposure-prone procedures”
- If you are in the Australian Defence Force

Hepatitis C is a notifiable disease, so the Health Department is confidentially informed of any diagnosis

Hepatitis C related Discrimination

- **Because of past or present or assumed drug use**
- **Because of fear of contagion**
- ❖ The Anti-Discrimination Act 1977 (NSW) makes it is against the law to harass or treat someone with hepatitis C unfairly
- ❖ Covered under disability discrimination

Where can you incorporate hep C further into your work?

What can ... as an organisation do further to address hep C in priority communities?

Hep C Helpline

Tel: 9332 1599 (Sydney callers)

Tel: 1800 803 990 (Other NSW Callers)

Website

www.hepatitisc.org.au



Hepatitis C Council of NSW

phone: 9332 1853 fax: 9332 1730

hccnsw@hepatitisc.org.au

