Hepatitis C (HCV) counselling is an ongoing process that gives professionals an opportunity to provide patients with information about HCV disease, address risk behaviors and provide education to reduce transmission to others.

**Ongoing Care:** The importance of having a medical practitioner for ongoing care and assessment of liver function must be stressed. Up to 80% of patients who test positive for HCV go on to develop chronic HCV. Most people will have no symptoms and do not feel sick even though they are infected.

**Other Blood Tests:** Discuss the need for further blood work, only a HCV-RNA (PCR) test can confirm active virus. If active virus is present, HCV viral load and genotype will be completed. Other testing should include liver enzymes, hepatitis A & B and HIV.

**Vaccines:** Immunization against hepatitis A and B is recommended if there is no evidence of past infection or immunity. Both vaccines are available free of charge from the Health Unit. The combined Hepatitis A and B vaccine (TWINRIX™) is not publicly funded.

**Alcohol:** Drinking alcohol combined with chronic viral hepatitis can impair regeneration and promote fibrosis. HCV patients have double the risk of getting cirrhosis if they drink alcohol. Ideally, patients should avoid alcohol if possible.

**Tobacco:** Smoking increases the risk of liver cancer if you have HCV.

**Medications:** Patients should discuss all over the counter medications, prescribed medication and herbal treatment with their medical practitioner as they could be toxic to the liver.

**Injection Equipment:** Individuals who use intravenous drugs should be told not to share any injection equipment (including needles, syringes, water, cooker, spoons and cotton). Injection equipment should be disposed of carefully. Sharps must be placed in a hard plastic shell container (like a bleach bottle) or a metal tin can with a tight fitting lid. Lids can be reinforced with tape. Provide information on Superior Points. Individuals should also be instructed NOT to share straws or crack pipes.

**Tattooing/Body Piercing:** Only sterile or new equipment should be used each time. Ink pots should be for single use only and should not be shared by others.

**Sexual Transmission:** Individuals with multiple sexual partners should be counselled about safer sex practices and advised to inform potential sexual partners that there is a small risk of transmission of hepatitis C (see fact sheet). Contact tracing of past sexual partners is not currently recommended. Safer sex means not having sex or always using condoms during anal and vaginal sex and using a condom or barrier during oral sex. The prevalence among long term sexual partners with continuing sexual exposure is relatively low (<5%). Individuals should be encouraged to discuss this issue with their partner and the partner should consider testing for hepatitis C. The risk increases in men who have sex with men and in individuals who have multiple sex partners.
**Perinatal Transmission:** There is evidence that 3 to 7% of pregnant women with Hepatitis C will transmit the infection to the baby in utero. Testing for Hepatitis RNA should take place on two occasions; between the ages of 2 & 6 months and again at 18 months (after maternal antibody is likely to have cleared). HCV positive infants should be referred to a pediatrician.

**Breast Feeding:** There is no evidence of HCV transmission through breastfeeding. Women should refrain from breastfeeding if nipples are cracked and bleeding.

**Household Transmission:** Any open wounds should be covered until healed. Individuals should be counseled not to share personal hygiene items that may be contaminated by blood, such as razor blades, nail clippers, scissors, and toothbrushes. Use bleach to clean up blood spills. Surfaces should be soaked with one part bleach to nine parts water and left for 10 minutes before wiping off. It is not necessary to avoid close contact with family members or to avoid sharing meals of serving utensils.

**Blood Donations:** HCV positive individuals should be told not to donate blood, organs, tissue, semen or breast milk. They should also be asked if they have donated blood since they became infected or if they received a blood transfusion in the past. The Canadian Blood Services will then be notified by the Public Health Nurse. Fax the Transmission Disease Notification to 613 – 560-7250 or email lbtb.neon@blood.ca

**HCV Status:** Patients should be encouraged to share information on their HCV status with health care workers who may come in contact with their blood (e.g. dentists).

**Patient Resources:** You may wish to make your client aware of local resources through Elevate NWO (345-1516 or toll free at 1-800-488-5840). Resource materials are also available from the Canadian Liver Foundation (1-800-563-5483), www.liver.ca or CATIE (1-800-263-1638), www.catie.ca

**Compensation Programs:** If infected with HCV for the first time through a blood transfusion before 1986 or after July 1, 1990, phone 1-866-344-3361. If infected with HCV for the first time between the period January 1, 1986 to July 1, 1990 phone 1-866-434-0944.

**Treatment:** HCV can be treated in many patients. Treatment does have side effects and is not always successful. Even without treatment, most patients with chronic infection do not die of liver disease and most live a normal life span.

**REFERENCES**
1. Tom Wong and Samuel S. Lee: Hepatitis C – A Review for Primary Care Physicians; Can. Med. Assoc. 2006; 174(5)

For further information contact the Infectious Disease Program at 625-8318 or toll free 1-888-294-6630, ext. 8318.