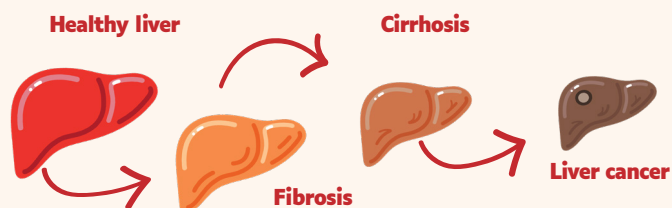


CONSEQUENCES OF THE VIRUS

For people who develop chronic hepatitis, the inflammation of the liver leads to an accumulation of scar tissue that replaces damaged liver cells. This process is called **fibrosis**.

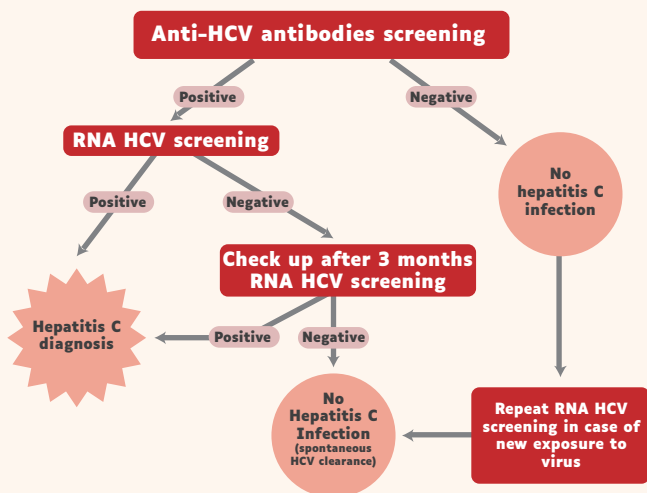
The most advanced stage of fibrosis is called **cirrhosis**: at this stage, the damaged liver cells hinder the liver's overall function. Around 20% of people living with hepatitis C will develop cirrhosis within 20 years.



The risk of developing **liver cancer** (or hepatocellular carcinoma) is 2% to 5% per year for people with cirrhosis.

SCREENING

After an acute hepatitis C infection or a successful treatment, people will retain anti-HCV antibodies for life. The virus leaves its mark, but it doesn't confer immunity.



There is no vaccine to prevent hepatitis C. You may, however, be vaccinated for hepatitis A and B.

TREATMENT

Hepatitis C is treated with direct-acting antivirals (DAA). These molecules target certain viral proteins that are necessary for the replication of HCV. **Treatment lasts for 8 to 12 weeks**, is 98% effective, and causes few side effects. **In Quebec, treatment is covered by both RAMQ and the IFHP.**



The Public Health Agency of Canada authorized a treatment for children aged three years and older in June 2022.

Hepatitis C can be treated and cured, but we cannot develop immunity. Reinfection is therefore possible.

ALCOHOL AND DRUGS

Alcohol can be hepatotoxic, or toxic to the liver. The consumption of alcohol reduces the rates of spontaneous HCV clearance and can seriously aggravate the evolution of liver disease for people living with the virus.

It is important to note that **the efficacy of DAAs is not altered by present or past alcohol or drug consumption.** Alcohol and drug consumption should not impede access to treatment.

COINFECTIONS

People living with HBV/HCV coinfection face a higher risk of cirrhosis and liver cancer than those with only one infection..

THE ESSENTIALS OF HEPATITIS C

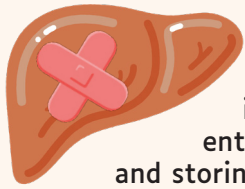


Still have questions? Don't hesitate to contact us:

- info@capahc.com
- 1-866-522-0444 (no fees within Canada)
- capahc.com

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WHAT IS HEPATITIS?



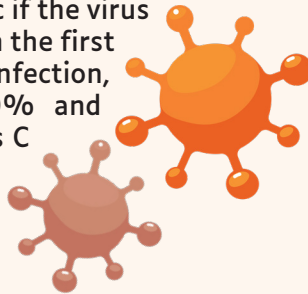
The term "hepatitis" means inflammation of the **liver**. The liver is a vital organ and is responsible for filtering what enters the body, eliminating toxins, and storing nutrients. Hepatitis may be:

- **Viral**, if caused by any of the five following hepatitis viruses: A, B, C, D or E.
- **Non-viral**, if it is caused by exposure to medication, drugs, toxic substances, contaminated food or water, certain nutritional supplements, certain mushrooms or by an auto-immune disease.

CHRONIC OR ACUTE HEPATITIS C?

The acute phase of infection manifests within six months of contamination. For 15% to 40% of cases, the body eliminates the virus without any treatment within the first six months following primo-infection, which is known as a **spontaneous HCV clearance**.

Hepatitis C is considered chronic if the virus stays in the body for longer than the first six months following primo-infection, which represents between 60% and 85% of cases. Chronic hepatitis C is generally **asymptomatic** for many years (10, 20, and even 30 years).



WHO IS AFFECTED BY HEPATITIS C?

In Canada, it is estimated that approximately 1% of the population carries anti-HCV antibodies and that 0.54% of the population--or 387,000 people--live with chronic hepatitis C. 24% of people living with the virus in Canada are not aware of their status.

In Quebec, it is estimated that more than 37,000 people are living with HCV.

HOW IS HCV TRANSMITTED?

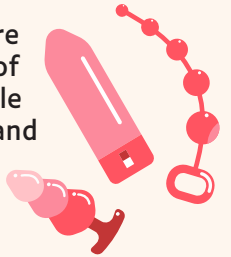
The hepatitis C virus is most often **transmitted by blood**. There is a risk of transmission in the following situations:

- Sharing materials for **injecting drugs**, and/or **hormones**, and/or **steroids**: including syringes, needles, filters, spoons, water, menstrual cups and/or tampons;
- Sharing materials for **inhaling drugs**, such as straws or pipes;
- Practices involving piercing or cutting skin, such as tattooing, acupuncture and/or wet cupping therapy. There is a risk of transmission for these practices only if they are not performed with sterile and single-use equipment (including tattoo ink);
- BDSM, fisting, or anal sex without a condom;
- Medical, dental and surgical care involving non-sterile materials and/or blood or tissue products that were not tested for HCV. In Canada, blood tissues samples have been routinely screened for HCV since 1992;
- Sharing personal hygiene instruments that may have been in contact with blood: nail-clippers, toothbrushes, razors...

Sexual transmission of HCV is rare. Nevertheless, it is important to note that gay and bisexual men (cis and trans) who have sex with other men (GBMSM) face an increased risk of HCV transmission. In recent years, it has been observed that seropositive GBMSM who

consume drugs (often by injection) in a sexual context are the most at risk of contracting HCV.

Certain factors or practices are associated with increase risk of contact with blood (even if not visible to the naked eye: micro-lesions) and therefore increase the risk of exposure to HCV:



- The presence of another STBBI
- Anal sex without a condom
- Anal penetration with a fist (fisting) without protective gloves
- Sharing sex toys
- Multiple sexual partners
- Group sex
- Anal cleaning or douching
- Practices involving cutting or piercing skin (e.g.: BDSM)
- Drug use prior to or during sex (Party'n Play or Chemsex)

→ Oral sex is considered to be very low risk for transmitting HCV.

The risk of **vertical transmission** is 5.8%. For pregnant people living with HIV and HCV, the risk of transmission is 10% to 30%.

To prevent transmission of the virus:



Use single-use drug consumption materials.

Do not share personal hygiene materials.



Use sterile and single-use materials for tattooing, piercing, acupuncture...

Get screened in order to know your status and have access to treatment in cases of positive diagnosis.

It is also important to raise awareness, inform, and educate those around you about HCV.