Hepatitis C
Hepatitis C

The British Liver Trust works to:

- support people with all kinds of liver disease
- improve knowledge and understanding of the liver and related health issues
- encourage and fund research into new treatments
- lobby for better services.

All our publications are reviewed by medical specialists and people living with liver disease. Our website provides information on all forms of adult liver disease and our Helpline gives advice and support on general and medical enquiries. Call us on 0800 652 7330 or visit www.britishlivertrust.org.uk
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The liver

Your liver is your body's 'factory', carrying out hundreds of jobs that are vital to life. It is very tough and able to continue to function when most of it is damaged. It can also repair itself - even renewing large sections.

Your liver has around 500 different functions. Importantly, it:

- fights infections and disease
- destroys and deals with poisons and drugs
- filters and cleans the blood
- controls the amount of cholesterol
- produces and maintains the balance of hormones
- produces chemicals – enzymes and other proteins – responsible for most of the chemical reactions in the body, for example, blood clotting and repairing tissue
- processes food once it has been digested
- produces bile to help break down food in the gut
- stores energy that can be used rapidly when the body needs it most
- stores sugars, vitamins and minerals, including iron
- repairs damage and renews itself.
How liver disease develops

Liver damage develops over time. Any inflammation of the liver is known as hepatitis, whether its cause is viral or not. A sudden inflammation of the liver is known as acute hepatitis. Where inflammation of the liver lasts longer than six months the condition is known as chronic hepatitis.

Fibrosis is where scar tissue is formed in the inflamed liver. Fibrosis can take a variable time to develop. Although scar tissue is present the liver keeps on functioning quite well. Treating the cause of the inflammation may prevent the formation of further liver damage and may reverse some or all of the scarring.
Cirrhosis is where inflammation and fibrosis has spread throughout the liver and disrupts the shape and function of the liver. With cirrhosis, the scarring is more widespread and can show up on an ultrasound scan. Even at this stage, people can have no signs or symptoms of liver disease. Where the working capacity of liver cells has been badly impaired and they are unable to repair or renew the liver, permanent damage occurs.

This permanent cell damage can lead to liver failure or liver cancer. All the chemicals and waste products that the liver has to deal with build up in the body. The liver is now so damaged that the whole body becomes poisoned by the waste products and this stage is known as end stage liver disease. In the final stages of liver disease the building up of waste products affects many organs. This is known as multiple organ failure. Where many organs are affected, death is likely to follow.
What is hepatitis C?

Hepatitis C, sometimes called hep C or HCV, is a virus that is carried in the blood which infects and damages the liver. In this leaflet it is called hepatitis C.

A virus is a tiny particle that needs to infect and control the cells of your body in order to live and reproduce. The hepatitis C virus infects the cells in your liver, causing inflammation (swelling and tenderness) and fibrosis. In people with chronic (long-term) hepatitis C infection, inflammation and fibrosis continue to spread. Over time, usually many years, this can lead to cirrhosis.

Hepatitis: what does it mean?

Having hepatitis means that your liver has become inflamed. Hepatitis can be caused by a number of things including:

- drinking too much alcohol (the most common cause of liver damage)
- a virus infection, such as hepatitis C
- the body’s own immune system – a liver disease called autoimmune hepatitis
- the side effects of some drugs and chemicals.
**What happens if I’m infected with hepatitis C?**

People react differently to the hepatitis C virus. As the hepatitis C virus can take many years to make itself known, you could be living with it for many years without realising it. The hepatitis C virus disappears in one in four people with no lasting damage. However, up to one in three people with the virus are likely to develop cirrhosis – a serious liver disease – within 20 to 30 years. This also increases the risk of developing liver cancer. Both conditions can be life-threatening. Other people will live with mild liver problems.

**Other hepatitis viruses**

There are a number of viruses that infect the liver. The best known are hepatitis A, B, C, D and E. The ways in which they are spread, how they cause liver damage and the effects they can have on your health, are different. (Only hepatitis B, C and D cause chronic disease.)

Apart from hepatitis C, hepatitis A and B are the biggest problems for people in the UK. Hepatitis A often affects people travelling abroad. Hepatitis B also affects travellers but is more commonly passed on at birth, during sex or by injecting drug use.

**Co-infection**

Some people carry two or more different blood-borne viruses, such as hepatitis B, hepatitis C and HIV as they share similar routes of transmission. Infection with two or more viruses is called
co-infection. Co-infection tends to lead to faster progression to liver damage and also an increased risk of liver cancer and cirrhosis with its complications. It can make treatment more difficult. However, there is increasing experience in managing these complex conditions across the world and co-infection is not a bar to any particular treatment option.

Who is at risk of getting hepatitis C?

Anyone can get hepatitis C at any age, but the people most at risk are those who are exposed to blood and blood products. These are:

- people who inject drugs, especially if they share any drug-using paraphernalia
- people who received blood products in the UK before September 1991
- people who have received medical treatment or blood products in a country where hepatitis C is common
- people who were born in a country where hepatitis C is common.

How common is hepatitis C?

No one knows for sure how many people in the UK have hepatitis C, but it is estimated that more than 400,000 people are infected, with 170 million infected worldwide. Many people with hepatitis C do not know they have it and have never been tested for it.
How is hepatitis C passed on?

The hepatitis C virus is very infectious. This means that it is easy to catch if you are exposed to even a tiny amount of it. The virus lives mainly in blood, so any contact with blood that is already infected, however small, poses a risk.

A tiny amount of blood – too small to be visible to the naked eye – from someone with the virus is capable of passing on the infection if it gets into your bloodstream, for example, through an open wound, cut or scratch. This can apply to dried blood on objects and surfaces also, as the hepatitis C virus can survive for up to two weeks in dried blood.

The following activities all pose some risk of passing on the hepatitis C virus.

**Being given blood in hospital (blood product infusions) – very low risk in the UK**

Blood donations in the UK have been screened for hepatitis C since September 1991. This means that if you received blood or blood products before then there is a chance you may have been infected.

In some countries, blood and blood products may not be screened and patients may be put at risk by inadequately cleaned medical equipment such as dialysis machines.

**Injecting steroids or drugs – high risk if you share needles, syringes, etc.**

You run the greatest risk of getting hepatitis C if you inject steroids or drugs or share any of the ‘works’ – including needles, syringes, filters, spoons, water or cups. All of these may have an
invisible amount of infected blood in them which you could inject without realising it, even if you think you have cleaned them. It is thought that between 50 and 80 per cent of past and present users may be infected with hepatitis C. You only have to share infected injecting equipment once to be exposed to the virus. People who injected only a few times many years ago are now being diagnosed with hepatitis C.

Sharing cocaine straws – medium to unknown risk
Sharing a straw or a rolled bank note to snort cocaine could pose a risk as you may be exposed to the virus through nosebleeds.

Sharing a razor blade and hair clippers – low to medium risk
Razor blades and hair clippers may well have traces of blood on them sufficient to pass on infection and sharing should be avoided. This is low risk in professional salons as they should disinfect equipment between customers.

Sharing a toothbrush – low risk
Traces of blood can be found on toothbrushes and again this may be sufficient to pass on infection; sharing should be avoided.

Other social contact – no risk
Close contact, touching, eating together or sharing a cup with someone who has hepatitis C poses no danger.
Sex – low risk
Passing on hepatitis C through sex is possible, but unusual. It may be that partners get the virus by sharing personal items such as a toothbrush or a razor, rather than sex. Transmission, where it occurs, may be caused by blood to blood transmission rather than in sexual body fluids.

If, as a couple, only one of you has hepatitis C and the other has been negative (does not have hepatitis C) for many years, it is unlikely that the virus will be passed on through your usual sexual practices.

Women who have hepatitis C should ideally avoid penetrative sex during their periods.

If you have more than one sexual partner you should use condoms – this will also help protect you from hepatitis B and the HIV virus too.

Passing on hepatitis C is more common if you have a sexually transmitted illness. Also, anal or rough sex is more likely to pass on the infection. Oral sex is thought to be low risk.

Acupuncture, tattoos, body piercing – very low risk in professional parlours
A few people have become infected by dirty needles being used for ear and body piercing, acupuncture and tattooing. The best way to protect yourself is to ensure that disposable needles are used and that they come straight out of a sterile packet.
Saliva – very low risk
The hepatitis C virus has been detected in saliva (spit) but it is unlikely that kissing poses any danger. Reduce your risk by not sharing toothbrushes and by keeping good oral hygiene.

Mother to baby – medium risk
If you have hepatitis C and are pregnant there is a chance that your baby could become infected, usually at the time of birth. Less than six per cent of babies born to infected mothers get hepatitis C, although this is higher if there is a difficult delivery or if you also have another infection such as HIV. Delivering your baby with a caesarean section may reduce the risk of transmission of the virus to your baby during birth. However, it involves additional risks and should be discussed with your doctors and midwife.

It is common to find that babies have hepatitis C antibodies (protein in the blood produced by the body to try and fight the infection), but these usually disappear by the time the baby is 12 to 18 months old. This shows that the baby received the antibodies from the mother, but the baby has never been infected with the virus.

Breastfeeding – low risk
Most doctors think that breastfeeding is safe if the mother has no symptoms. In theory, infection is possible if you have cracked nipples that bleed and your baby has a cut in the mouth.

Bottle-feeding your baby with formula is an alternative without the risk of infection.
Injury during contact sports – low to medium risk

Sports such as boxing, rugby, hockey and football could put people at risk if they have open wounds and there is blood on things they come into contact with. To minimise the risk, make sure all cuts and wounds are covered by waterproof dressings or plasters before a match starts or as soon as they occur during a match.

Reducing the risk

Whether you think you may have hepatitis C or not, you can reduce the risk of spreading the virus by following these simple points.

- If you inject steroids or drugs you should never share anything you use for injecting, including needles, syringes, filters, spoons and water, even if you are tempted in the early stages of drug use.
- When travelling abroad, make sure any injecting equipment used to treat you is sterile.
- Make sure that only sterile needles are used if you are about to have acupuncture, a tattoo or a body or ear piercing. (If possible see that the needles come from a new sterile pack.)
- Always use your own toothbrush, razor, scissors and other personal items.
- Carefully clean cuts and wounds and cover them with a waterproof dressing.
- Clean up blood using undiluted household bleach from floors and work surfaces.
• Wash your hands if you get blood on them.
• Wear rubber gloves if handling anyone else’s blood or any articles that might be contaminated with blood.
• Dispose of blood-stained items carefully in a sealed plastic bag.
• If you have sex with more than one partner then practice safer sex (use a condom).
• If you know or suspect you are hepatitis C positive, do not register as an organ donor or donate blood or semen.

More specific advice for drug users is available. See ‘Further information’ on page 32.
What are the symptoms of hepatitis C?

Hepatitis C affects people very differently – many people with it may have no symptoms at all and may never know they have the virus. There is often little or no relation between the seriousness of the symptoms and the damage to the liver.

Symptoms are often hard to pin down and are frequently blamed on other problems. They can include:

- mild to serious tiredness (fatigue)
- anxiety
- weight loss
- loss of appetite
- inability to tolerate alcohol
- discomfort in the liver area (place your right hand over the lower right hand side of your ribs and it will just about cover the area of your liver)
- problems concentrating (‘brain fog’)
- feeling sick
- flu-like symptoms such as fever, chills, night sweats and headaches
- yellow skin or eyes, called jaundice (this is very rare and is a sign of advanced disease or acute infection).

Some of the symptoms may come and go. It is not unusual for people with hepatitis C to be diagnosed as having ME or chronic fatigue syndrome. Unfortunately, the liver does not start to complain until it is seriously damaged – often only then do people realise that there is anything wrong.
Different types of hepatitis C

To make matters more confusing there are different types (genotypes) of hepatitis C each with different subtypes. Knowing what type of hepatitis C virus you have is important as the types respond differently to treatment, with genotype 1 needing the longest course of treatment.

The most common types in the UK, Europe and USA are 1, 2 and 3. Subtypes are labelled a, b and c.

It is possible to be infected again with a different type of hepatitis C, or be infected with two types at the same time.

Because each type responds to treatment differently you will be given a test to find out which type you have.

Chronic or acute?

An acute illness means a short, sharp illness that may be severe, but most people recover within a few weeks without lasting effects. A chronic illness is one that lasts a long time (more than six months), possibly for the rest of a person’s life. In most cases hepatitis C is a chronic illness.
Testing for hepatitis C

There are a number of tests for hepatitis C. They are carried out to:

- find out if you have the virus (diagnosis)
- find out what type of hepatitis C you may have
- see how the disease is developing (progression)
- see how effective any treatment has been (response to treatment).

Things to think about before testing

Unfortunately having hepatitis C may not just affect your health; it may also affect you financially and those people close to you.

Most insurance companies and some other financial organisations will ask you whether you have been tested for hepatitis C, hepatitis B or HIV. If they know that you have any of these conditions you may be refused a life insurance policy, or a mortgage linked to a life insurance policy. People with hepatitis C can and do experience difficulties obtaining some financial products.

If you are diagnosed as having hepatitis C you may also have difficulty deciding who to tell. Bear in mind that if you do have hepatitis C it may well affect your family, sexual partner(s) and, if you inject drugs, anyone with whom you may have shared drug paraphernalia.

You may find it helpful to talk to your medical advisor, counsellor or, if you have one, drug worker about these issues. And if you do suffer any form of discrimination you may find it helpful to talk to your local Citizens Advice Bureau or local support agencies.
Confidentiality

Most drug agencies and GUM (genito-urinary medicine) clinics offer a confidential testing service and your GP can also arrange testing for you. If your test is positive, they will forward on your result to your GP so they can arrange on-going care and treatment.

Any doctor who diagnoses hepatitis is legally required to report this information, in confidence, to local public health doctors who are responsible for preventing the spread of infection. These public health doctors work under the strictest guidance about confidentiality. Anonymised data is then reported nationally to help monitor the spread and to inform the prevention and treatment of hepatitis.

Blood tests

There are three main types of blood tests. Unfortunately all of them can be difficult to interpret and it is best to discuss their meaning with your specialist or medical advisor.

A test that finds you have the hepatitis C virus is known as a ‘positive test’. Because of this, people with the virus are often called ‘hepatitis C positive’.

1. Antibody tests

Antibody tests look for the proteins made by the body that fight the hepatitis C virus, not the actual virus itself. There are two main problems with the test:

  a) Because it takes time for our bodies to make the right antibody for hepatitis C – usually between eight to 12 weeks, but sometimes as long as six months – you may be tested too soon after you are infected and the result
could wrongly indicate that you are negative (free of the virus).

b) A positive result, on the other hand, only shows that your body has made the antibody. It is not proof that you are still infected or infectious.

2. Polymerase chain reaction (PCR) or ‘viral RNA’ (Ribonucleic acid) test
These tests are used to see if you have the virus in your blood and are still infected with hepatitis C. Most people who test positive for antibodies will also test positive for the virus. A negative test may mean that you have cleared the infection but this will need to be confirmed with a second test after a period of three to six months.

3. Liver function tests (LFTs)
Liver function tests look at chemicals in your bloodstream that show whether your liver is damaged. They are not always reliable and need careful interpretation by your doctor.

Liver biopsy
Assessing the severity of liver damage from chronic hepatitis C can be important in making decisions on how best to treat hepatitis C. Some specially developed blood tests and scans can give useful information on how much scarring there is in the liver and your doctor may use these. However a liver biopsy is sometimes needed.

During a liver biopsy a tiny piece of the liver is taken for study. A fine hollow needle is passed through the skin into the liver and a small sample is withdrawn with the needle.
The test is usually done under local anaesthetic and may mean an overnight stay in hospital, although some people may be allowed home later the same day. As the test can be uncomfortable and there is a small risk of internal bleeding or bile leakage, a stay in bed of at least six to eight hours is needed. Ask your doctor for more information on this.

**Treatments**

Effective treatment for hepatitis C is available and can permanently clear hepatitis C from the blood and prevent further liver damage. Once you are diagnosed with hepatitis C it is important to get a prompt referral to a liver specialist doctor. They can give you information about the risks and benefits of treatment. Treatment can be prolonged and have side effects, so it is important you know that treatment is right for you before starting on it.

NICE (National Institute for Health and Clinical Excellence) recommends using the drugs pegylated interferon and ribavirin within the NHS to treat people with mild, moderate or severe chronic hepatitis. This was based on evidence showing that treatment with these drugs is effective in fighting the virus and stopping the disease getting any worse even when used in the early, mild stage of disease.

Because the damage caused by hepatitis C is very gradual in most people, even when treatment is needed there is often some choice of when to start it. Your specialist or medical advisor will be able to discuss these issues with you and your decision should be made in consultation with them.
Treatment will usually last for either six or 12 months, depending on the strain of hepatitis C you have and will consist of two different drugs taken in combination for the whole of this time:

- injections of interferon, now more likely to be a type called pegylated interferon (or ‘peginterferon’), which is a slow release version of the drug. It is given as a weekly injection, just under the skin.
- tablets taken twice every day called ribavirin.

Pegylated interferon can be injected by syringe or with a pen device.

**Side effects**

Interferon can cause a number of symptoms (similar to those caused by a viral illness when your immune system naturally releases interferon) including:

- fever
- headaches
- fatigue
- muscle aches.

In addition, the injections can cause:

- low mood (depression)
- susceptibility to other infections
- minor bruising and skin redness at the injection site
- sleep disturbance and poor concentration
- thyroid gland problems
- blood sugar disturbance
- skin irritation and hair loss.

Ribavirin can cause:

- stomach upsets (diarrhoea)
- anaemia.
Ribavirin is also very toxic to unborn children so that both men and women taking treatment should be using effective contraception during and for six months after treatment.

Because of these side effects treatment is carefully supervised and monitored with regular visits to a specialist clinic and blood tests to identify whether the doses or treatment need to be changed.

**Treating side effects**

Some side effects will respond to reducing the dose of treatment used and others can be helped with additional drugs.

Depression can be treated using anti-depressant tablets. For some people who have a high chance of developing depression, anti-depressants may be started before the HCV treatment.

Low blood counts (anaemia and low white cells) caused by the treatment can sometimes be helped with additional injections of medicines called growth factors. These are drugs that act on the bone marrow to make more of the cells that you need.

**Treatment course**

For people with type 2 or 3 hepatitis C, treatment usually lasts for six months. For those able to tolerate the full treatment the hepatitis C virus will be cleared permanently in up to eight out of ten people.

For people with type 1 and other genotypes, treatment usually lasts for up to 12 months.
For those able to tolerate the full treatment, the hepatitis C virus is cleared permanently in half of all cases. However, specialists should be able to accurately predict if the treatment is going to work or not after three months, and treatment may be stopped at that stage.

In some people who have a very good response within a few weeks of starting treatment, shorter courses can be as good, or almost as good, as the full length treatment. Please ask your doctor for more information on this.

**New drugs**

There are many new drugs to treat hepatitis C being developed in clinical trials at the moment. Ask your medical advisor or consultant about recent developments.

**Liver transplants**

For some people with hepatitis C who go on to get cirrhosis and develop life-threatening complications, a liver transplant may be an option.

A liver transplant will not cure hepatitis C, but in over eight out of ten people who are desperately ill this major operation is successful. The virus does infect the new liver and can sometimes cause disease after some years. However, the new liver does restore health and hepatitis C can potentially be treated even after a liver transplant.
Models of care

Most patients are being treated in hospital clinics. It may be possible in the future to treat some patients in GP surgeries or even at home and some pilot schemes have been launched to look at this.

Ask your medical advisor about recent developments.

Complementary or alternative medicine (CAM)

Many people with hepatitis C think about having complementary or alternative treatments in addition to, or instead of, their normal medical treatment.

If you are thinking of trying a type of CAM you need to look carefully at the possible risks and benefits. As with orthodox medical treatment, not all CAM treatments are safe. Make sure the person who is going to provide treatment is registered with an accredited body and knows about hepatitis C. Some CAM treatments can react with the medical treatments prescribed by your doctor (take particular care with herbal remedies). Because of this it is very important to talk to your doctor before starting a CAM. Do not stop taking the treatments given to you by your doctor without talking about it with her or him first.

There are many forms of CAM such as massage, aromatherapy, reflexology, t’ai chi and meditation which are aimed at relaxing the mind and body to relieve symptoms such as tiredness and aching muscles.
Traditional Chinese medicine, acupuncture and medical herbalism are other therapies that people with hepatitis C sometimes try.

**Diet**

For most people with hepatitis C, eating a normal, well-balanced diet with everything in moderation is all that is needed.

This means eating regular meals, including plenty of fruit and vegetables (at least five portions a day) and avoiding very fatty and sugary foods. Also, most people need two portions of food a day that are high in protein such as meat, poultry, fish, eggs, nuts, pulses, beans, cheese (limited as it is high in fat), milk and milk products.

Eating a variety of foods will help to ensure that meals are enjoyable as well as giving you a good supply of vitamins and minerals. Most people do not need vitamin supplements if they are eating a varied diet, but if you are worried talk to your doctor.

If you have symptoms of hepatitis C or feel unwell you may need more advice on a diet to suit your personal needs. Talk to your doctor or a state registered dietician or nutritionist for personal advice.

**Alcohol**

Hepatitis C can put your liver under strain and, ideally, you should not drink any alcohol at all. Research has also shown that drinking alcohol regularly aggravates hepatitis C infection and can speed up the progression from chronic hepatitis C to cirrhosis.
Cannabis

Research has also shown that regular cannabis use, like alcohol, aggravates hepatitis C virus infection and can speed up liver damage.
Useful words

**Antibodies** – a special protein made by the body’s defence (immune) system to fight and neutralise a foreign substance.

**Cirrhosis** – loss of normal liver function due to severe scarring (fibrosis), irregular bumps (nodules) and hardening of the liver caused by long-term, continuous damage.

**Enzymes** – chemicals (proteins) made by the body that have very exact jobs, triggering specific actions in the body.

**Gastroenterologist** – a doctor who specialises in problems of the throat, stomach, bowel (gut) and in diseases of the liver.

**HBV** – hepatitis B virus.

**HCV** – hepatitis C virus.

**Hepatologist** – a doctor who specialises in treating liver diseases.

**Hepatic** – anything relating to the liver.

**Inferior vena cava** – the large vein that carries blood back to the heart from the lower part of the body.

**Jaundice** – a condition in which the whites of the eyes go yellow; in severe cases the skin does too. This is caused by the yellow pigment (bilirubin) which is normally disposed of in the liver.
ME (myalgic encephalomyelitis) – also known as chronic fatigue syndrome, a condition in which a person always feels tired without a clear-cut medical reason.

RNA – Ribonucleic acid, essential for the manufacture of proteins. The genes of HCV and HIV are contained in the virus encoded as RNA and are referred to as RNA-viruses. Other viruses such as HBV are DNA-viruses.

Seroconversion – the point when the body starts to make antibodies in response to the presence of an antigen (a foreign body), such as a bacterium, virus or vaccine.

Viral load – the amount of virus in the blood.
Who else can help?

Face it: Hepatitis C Awareness
Information Manager, Hepatitis C Information Line
Freepost
PO Box 4000, Glasgow G3 8XX
Hepatitis C Information line: 0800 451 451
Open seven days a week 7am to 11pm
Textphone: 0800 0850 859
Email: hepatitisc@essentiagroup.com
Web: www.hepc.nhs.uk
Runs the Hepatitis C information line and website to provide information and useful advice about the disease.

Hep C Nomads
Also National Support via website
John and Chrissy Semple
Tel: 01326 569048
Email: hepcnomads@googlemail.com
Web: www.hepcnomads.co.uk

The Hepatitis C Trust
27 Crosby Row
London SE1 3YD
Helpline: 0845 223 4424
Open Monday to Friday 10.30am to 4.30pm
Email: helpline@hepctrust.org.uk
Web: www.hepctrust.org.uk
Runs a range of services to provide support, information and representation for people with hepatitis C, as well as a national telephone helpline staffed by volunteers.

UK Hepatitis C Resource Centre
276 Bath St
Glasgow G2 4JR
Hepatitis C Information Line: 0870 242 2467
Open Monday to Friday 10am to 4pm.
Email: info@hepccentre.org.uk
Web: www.hepccentre.org.uk
Helps anyone interested in hepatitis C. Funded by Department of Health (England) and the Scottish Executive and managed through the charity Mainliners.
Mainliners
2nd Floor, Downstream Building
1 London Bridge
London SE1 9BG
Hepatitis C Information line: 0870 242 2467
Tel: 020 7022 1890
Email: admin@mainliners.org.uk
Web: www.mainliners.org.uk
Working to improve quality of life and prevent HIV, hepatitis and drug related harm through outreach, information and education.

The Skipton Fund
PO Box 50107
London SW1H 0YF
Tel: 020 7808 1160
Web: www.skiptonfund.org
Set up by the government, the Fund distributes payments of £20,000 to people who can prove that they were infected with hepatitis C before 1991 due to treatment within the NHS. A further £25,000 is available if the hepatitis C leads to cirrhosis, liver cancer or a transplant.

C-Level
11 Queens Crescent
Glasgow G4 9AS
Tel: 0141 332 2520
Email: info@c-level.org.uk
Web: www.c-level.org.uk
C-Level is a prevention and Support service for anyone infected or affected by hepatitis C. We offer community outreach prevention, support groups, group work, drop in service, individual appointments, complimentary therapies and stress management. Our centre is open 5 days per week - just give us a call or stop by. You are not alone!

There are also a number of local support groups around the UK - ask your medical advisor for information.
Further information

The British Liver Trust publishes a large range of leaflets about the liver and liver problems, specially written for the general public.

Leaflets that you may find particularly helpful include:

- Alcohol and liver disease
- Cirrhosis of the liver
- Diet and liver disease
- Hepatitis B
- Liver disease tests explained
- Liver transplantation
- Life after liver transplant
- Living with liver disease

Contact us for more information:
Tel: 0800 652 7330
Email: info@britishlivertrust.org.uk
Web: www.britishlivertrust.org.uk

This leaflet is for information only. Professional, medical and other advice should be obtained before acting on anything contained in the leaflet as no responsibility can be accepted by the British Liver Trust as a result of action taken or not taken because of the contents.
Special thanks

Dr Matthew Cramp, Consultant Hepatologist and Honorary Senior Clinical Research Fellow, Derriford Hospital, Plymouth
Can you make a difference?

Liver disease is increasing alarmingly and the need to do more is greater than ever before...

For the British Liver Trust to continue its support, information and research programme, we need your help. We raise funds from many sources and a large proportion is donated by voluntary contributions. If you would like to send a donation it will enable us to continue providing the services that people need.

If you can help, please fill in the form on the page opposite.

If you wish to help us further with our work by organising or participating in a fundraising event or becoming a “Friend of the British Liver Trust” please:

Call us on
0800 652 7330

Email us at
info@britishlivertrust.org.uk

Make a donation via our website at
www.britishlivertrust.org.uk

or write to
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Ringwood, BH24 1HY
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