Factsheet: Preventing Hep C Transmission

Introduction

Hepatitis C (also called hep C) is Australia’s most frequently reported notifiable infectious disease and is caused by the hep C virus (HCV). Evidence shows that it has been spreading within Australia at least since the early 1970s although it has possibly been present for decades prior to this.

Around 10,000 new hep C infections are estimated to be occurring annually.

Hep C transmission

HCV is a blood borne virus (BBV). Transmission is possible when HCV-infected blood from one person enters the bloodstream of another person.

In Australia, around 90% of new cases are estimated to occur as a result of blood-to-blood contact through sharing or reusing any equipment used to inject illicit drugs.

Other cases can occur from unsterile tattooing and unsterile body piercing, and vertical transmission (from mothers to their babies, during pregnancy and/or birth).

Around 5% of all cases in Australia have occurred through HCV contaminated blood transfusion and blood products. These cases occurred before screening tests were introduced in 1990.

Some people in Australia contracted hep C through unsterile medical injections and other medical procedures in their countries of origin.

Legal and political issues

Blood-to-blood contact while injecting drugs is the main transmission risk for hep C in Australia. Because of its illicit nature, injecting drug users are often stigmatised and discriminated against. This remains a major challenge for effective hep C prevention.

Drug user community organisations play a key role in hep C prevention and education, as well as in representing the interests of drug users.

The hep C incidence (number of new cases each year) remains unacceptably high, even with current hep C prevention and education initiatives such as Needle and Syringe Programs (NSPs).

Ultimately, this should cause consideration of additional harm reduction initiatives such as heroin prescription to registered users and medically supervised injection rooms.
Safe injecting advice

Illicit drug injecting presents risks for transmission of blood borne viruses. In addition to “use a new fit for every hit”, current safe injecting advice includes messages about the physical environment in which people inject, the whole range of equipment used, and the processes involved.

People are advised to make injecting as sterile as possible. Wash hands and wipe down the preparation area. Each person should have new single use equipment (swabs, mixing spoon, fit, filter, torniquet). Wash hands to avoid cross contamination before and after assisting others and safely dispose of used equipment.

Further details around safe injecting can be found in Handy Hints (contact NUAA, below) and The Hep Review magazine (contact the Hepatitis Helpline).

For further safe injecting advice, people should contact NUAA, ADIS or their local needle & syringe program (see below).

Needle and syringe programs

Introduced in the mid 1980s to contain the spread of HIV/AIDS among people who inject drugs, the Needle & Syringe Program (NSP) remains our key initiative for preventing blood borne viral infections such as HCV. While NSP has been successful in containing the spread of HIV/AIDS among people who inject drugs, they have been less successful in containing the spread of hep C.

The reasons for this are twofold. Firstly, the hep C prevalence among people who inject was already high when NSP was introduced (increasing the risk of infection whenever people shared injecting equipment). Secondly, hep C is a more infectious virus than HIV (the risk of infection through microscopic amounts of contaminated blood is higher).

NSPs remain a very cost-effective and successful initiative. Many public health experts believe Australia’s needle and syringe programs should be expanded and enhanced so as to better address the hep C epidemic.

Infection control in health care settings and other workplaces

In order to prevent transmission of bloodborne viral infections – including hep C – hospitals and other health care settings adopt “Standard Precautions”. This involves treating all blood and body fluids, except sweat, as being potentially infectious. With the exception of health care workers involved in exposure prone procedures, individuals with hep C are not obliged to inform their employer or other staff of their infection (see Workplace issues factsheet).

In line with Occupational Health & Safety legislation, all work places must provide readily accessible first aid and infection control measures. Any blood or body fluid spill in the workplace should be considered potentially infectious, whether the person is known to have hep C or not. When responding to blood spills, all staff should use standard infection control precautions regardless of their hep C status.
Other infection control

Hep C is spread by blood-to-blood contact. The risk of transmission through normal household contact (cooking and eating utensils, laundry facilities, toilets and bathrooms) is negligible.

People are advised to avoid activities where blood-to-blood contact can occur with others. Avoid sharing razors or toothbrushes. Cuts or wounds should be promptly cleaned and dressed when blood spills occur in the home, workplace or sporting venue (also see First aid & general precautions factsheet).

Because hep C is spread by blood to blood contact, it is rarely passed on through sexual contact. However, safe sex practices are needed when there is a risk for blood to blood contact.

For more information about anything in this factsheet, phone the Hepatitis Infoline on 1800 803 990 or go to www.hep.org.au

This factsheet was developed by Hepatitis NSW. It was reviewed by the Hepatitis NSW Medical and Research Advisory Panel.