

Hepatitis C factsheet: COVID-19 and hep C



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

COVID-19 and hep C Frequently Asked Questions (FAQ)

In this FAQ, we'll clear up some questions you may have about hep C and COVID-19.

This information is checked and confirmed by our panel of medical experts.

COVID-19 is an acronym that stands for COronaVirus Disease 2019. You might hear it called coronavirus, corona, SARS-CoV-2, or even rona. We'll simply call it COVID, COVID-19, or coronavirus in this FAQ..

You'll also hear terms like "social distancing," "physical distancing," "self-isolation," and "quarantine". These terms and what they mean are included in a glossary at the bottom of this FAQ.

This virus has only been known about since December 2019 so it's still relatively new, information changes quickly, the virus itself mutates and changes, and we continue to learn more. Compare COVID-19 to hep C which we've known about since the 1980s and hep B even earlier in the 1960s! We'll regularly update this page with up-to-date information.

The information provided here is only about the Australian context. The advice we give is relevant to the COVID-19 situation in Australia as of March 2021, and may not be correct for other countries.

And if you need any more information or want to talk with us, please get in touch through the Live Chat on our website, email info@hep.org.au, or give us a call on **1800 803 990**, Monday to Friday.

Here are some frequently asked questions and answers about COVID-19 and hep C.

Hep C and COVID-19

I have hep C, am I at higher risk of catching COVID-19?

There is no evidence to suggest that people living with hep C are at higher risk of catching COVID-19.

What's most important is that we all follow the government's advice and guidelines on how to keep ourselves and each other safe and stop the spread of COVID-19. All the latest information for how to keep yourself and others safe can be found at: www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert#protect-others-and-stop-the-spread

I have hep C, am I at higher risk of severe illness from COVID-19?

There is no evidence that having hep C puts you at a higher risk of severe illness from COVID-19.

The increased risk of serious illness or death from a COVID-19 infection relates to having additional health conditions that may contribute to a higher possible severity, including:

- coronary heart disease,
- hypertension (high blood pressure),
- diabetes,
- obesity¹
- cancer, and
- chronic respiratory diseases such as asthma, bronchitis and emphysema.

Hep C is not a listed health condition that may contribute to more severe illness with COVID-19.

Older people, particularly those over the age of 70, are also especially at risk of severe illness and death from COVID-19. Aboriginal people, particularly those over the age of 50, could also be

at greater risk of severe illness because of generally higher rates of chronic illness (see *Close The Gap*).²

Please be aware that number of young people and people who don't have underlying health conditions have had severe illness from COVID-19 and some have unfortunately died. Many people have undiagnosed conditions and everyone should try to minimise their risk of contracting the virus and passing it on to others.

I have hep C, are there extra precautions I need to take against COVID-19?

People with hep C do not need to take extra precautions with COVID-19.

We all need to take precautions to stop the spread of COVID-19, whether we have hep B or not, for our health and the health of our whole community. Follow the government's advice – currently that means social and physical distancing, washing hands, and staying home wherever possible. Keep up-to-date here: www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert

You should take extra precautions to protect yourself from COVID-19 if you:

- have an additional health condition (e.g. heart disease, diabetes, respiratory diseases; see list above);
- are over 70;
- are over 50 and Aboriginal;
- have a weakened immune system.

I am cured of hep C, am I more at risk with COVID-19?

There is no evidence to suggest that people cured of hep C are at higher risk of catching COVID-19 or being severely ill if they do get it.

This is unless you also have a chronic health condition, are over 70, or have a weakened immune system (see listed above).

Hep C and COVID vaccine

I'm concerned about getting the COVID vaccine because of past or current hep C. Should I be worried?

No. There is no reason to be concerned about getting the COVID vaccines. There is no evidence to suggest that the COVID vaccines have any negative impact on a person who has hep C or who had hep C.

COVID vaccines made available to people in Australia go through all the same safety checks and assurances as vaccines like the hep A and B vaccines. Hepatitis NSW encourages everyone to get the COVID vaccine when it is offered to them.

Some COVID-19 vaccines might require multiple doses of the vaccine to be effective. Just as with the hep B vaccine, it's important that you get all the required doses of the vaccine.

I'm on hep C treatment and I'm concerned about getting the COVID vaccine. Is there anything to worry about?

No. There is no reason to be concerned about the COVID vaccines if you're on hep C treatment. You should definitely keep taking treatment to have the best chance of being cured.

There is no evidence to suggest hep C treatment will be affected by the COVID vaccine or that the COVID vaccine will be affected by hep C treatment.

I have cirrhosis, should I still get the COVID vaccine?

Yes. The COVID-19 vaccines are safe and recommended for people with cirrhosis.

Getting a COVID-19 vaccination may be especially important for people with cirrhosis who are at increased risk of serious illness should they get COVID-19.

I've had a liver transplant, should I still get the COVID vaccine?

Yes. People who have had a liver transplant and are on anti-rejection drugs can and should still get the COVID vaccination. The vaccine is both safe and effective. People who have had a liver transplant are particularly vulnerable to severe illness if they get COVID-19 and so are encouraged to get the COVID vaccine when offered.

Hep C treatment and COVID-19

I've been talking to my doctor about hep C treatment, should I wait until this is over to start?

The best time to start hep C treatment is up to you. Unless you have significant liver damage, your hep C treatment can wait a few months as we navigate this pandemic, but please talk more to your doctor about it. We recommend starting treatment sooner rather than later so you can be cured and live free of hep C as well as reduce any risk of serious liver damage if your hep C is left untreated.

If you'd like to start treatment and don't know where to start, get in touch with us at Hepatitis NSW.

Should I keep taking my hep C treatment during this time?

Yes, you should definitely keep taking your hep C treatment. Only stop taking your treatment if told to by your doctor or specialist.

It's really important to keep taking your hep C treatment pills as normal and finish the treatment so you have the highest chance of being cured. If you stop taking your hep C treatment, the virus may come back and you might not be cured.

I am running out of hep C treatment pills but I'm worried about going to the pharmacy. Can I take it less frequently or wait until this is over?

You should definitely keep taking your hep C treatment, unless told not to by your doctor or specialist.

It's really important to keep taking your hep C treatment pills as normal to have the highest chance of being cured.

Pharmacies are an essential service and will stay open. Give your pharmacy a call and see if they can deliver or can help make your visit quick and safe. You may also be able to get a friend or family member to pick your medication up for you.

I'm on hep C treatment, will this make me more at risk of catching COVID-19 or having severe illness? Is my immune system weakened by the treatment?

There is no evidence to suggest that hep C treatments affect your immune system or make you more at risk of catching COVID-19.

Hep C treatments are called direct-acting antivirals (DAAs). This means that these super effective medications work directly to attack the hep C virus; they do not have any impact on your immune system.

Does the anti-virus medication I'm on for hep C (for example, Epclusa or Maviret) give me protection against COVID-19?

There is no evidence that hep C treatment has any effect on the virus causing COVID-19.³

COVID-19 is a new virus and we simply don't know what effect every anti-viral medication will have on it. The best way to protect yourself from COVID-19 is to follow the government's advice – that means social and physical distancing, washing hands, and staying home

Give the doctor who prescribed your treatment a call if there is any more information you want to know. If there is anything important you need to know about your hep C treatment and COVID-19, you'll find it here.

It's best not to read too much into things you might hear or see online about any medication you're on that could give a positive or negative effect against COVID-19.

Drug use and methadone

I'm worried about being able to access methadone while COVID-19 is going on.

Lots of methadone, buprenorphine, and suboxone clinics have worked with their clients to change their processes during the pandemic. Some have returned to old practices as the situation in Australia has stabilised while others have kept these changes. This might include more takeaways, longer-acting treatment, or changing conditions at the clinic to maintain physical distancing. Talk to your clinic and prescriber about what will work for you.

There may be some issues you or the clinic experience as these changes are made. If you're having any difficulty get in touch with us or NUAA (the NSW Users and AIDS Association) and we'll see if we can help out.

Where can I get sterile injecting equipment while staying home?

Lots of Needle and Syringe Program (NSP) outlets have changed the way they work to meet the needs of the community. Some injecting equipment can be sent in the post, some NSPs are doing deliveries, you can pick up bulk orders, and some opening times might have changed.

The NSP directory is a great place to find the nearest place to pick up injecting equipment. Give them a call to see if anything has changed.

www.health.nsw.gov.au/hepatitis/Pages/nsp-outlets.aspx

You can also contact our friends at NUAA who may be able to help out with any injecting equipment needs you might have. NUAA are currently taking mail orders. You can call them on 1800 644 413 or contact them on their website www.nuaa.org.au/contact-us

COVID-19 and other risks

I, or someone I know, is in rehab, prison, or a hospital, am I or they at higher risk of COVID-19 there?

If everyone is following the government's advice on how to stay safe – including social and physical distancing and washing hands – then we are all lowering our risk of coming into contact with COVID-19. Some places face different challenges in keeping everyone safe.

Rehab facilities are working really hard to protect clients and staff from COVID-19. The decision about whether to remain in a residential rehab is one for the person involved, rehab staff, and any healthcare professionals involved.

Physical distancing inside prisons is difficult but staff are taking action to reduce the risks. Justice Health have assured us that any person in custody who develops coronavirus-like symptoms will be immediately isolated from the general prison population, tested for COVID-19, and provided with a protective mask.

People who work in hospitals are at greater risk of being exposed to COVID-19 but there is lots of work being done to reduce the risk and keep everyone safe. All doctors, specialists, nurses, and health staff are doing everything they can to make hospitals as safe as possible at this time.

Should I get the flu vaccine, and will this protect me against COVID-19?

The flu vaccine won't help protect you against COVID-19 but can protect you against being infected with the most common strains of flu. Having the flu and COVID-19 could be potentially quite dangerous so we strongly recommend getting the flu vaccination.

You might have concerns about going to the doctors at this time and that's completely understandable. If you are one of the groups of people who are advised (are elderly, are immunocompromised, or have other health conditions) or required (have been exposed to COVID-19 or are in quarantine) to stay at home because of COVID-19, then it may be better to ensure your wellbeing by staying at home. We recommend giving your doctor a call to discuss what is the best course of action for you and your health.

You can read more about flu vaccinations and COVID-19 on this excellent webpage here: www.healthdirect.gov.au/blog/why-getting-your-flu-shot-in-april-2020-will-help-in-the-fight-against-covid-19

Liver health and COVID-19

I am receiving regular monitoring for my liver, but I'm worried about going to the clinic. What should I do?

All doctors, specialists, nurses, and health staff are doing everything they can to make clinics as safe as possible at this time. We recommend calling your doctor or specialist before any appointment to check if they have changed how they do things. They might do an appointment over the phone (Telehealth) or there might be extra steps and precautions to take when you visit.

For more information on what healthcare is available through Telehealth, follow this link: www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TempBB

I have liver cirrhosis, does this make me more at risk with COVID-19?

There is no evidence that people with cirrhosis have a greater risk of catching COVID-19 but having cirrhosis may increase the risk of serious illness if you do get COVID-19.

While having cirrhosis may increase the risk of severe illness with COVID-19, the evidence is limited at the moment.

If you have elevated liver enzymes or abnormal liver function test (LFT) as a result of liver disease, you may also be at risk of severe illness if you have COVID-19.

For these reasons, it's best to take all necessary precautions to keep yourself safe from COVID-19 by following government and medical recommendations.

Everyone with cirrhosis should see their liver specialist regularly to check for complications of cirrhosis and liver cancer. Call and speak to your specialist about what is best for you and your health.

I had a liver transplant years ago due to hep C. Should I be worried with COVID-19?

People who have had a liver transplant are on 'immunosuppressive' medication. There is currently no evidence that being on this medication increases the risk of severe COVID-19 infection.⁴

However long-term transplant patients are at risk of the health conditions that are known to increase the risk of severe COVID-19 – hypertension, diabetes, and obesity.⁵ For this reason, people who have had a liver transplant need to take particular precautions not to get infected.

Give your specialist a call and discuss your health with them. They'll be able to advise what steps to take and what is best for your health at this time.

COVID-19 virus and illness

Is this COVID-19 like the hep C virus?

We know that COVID-19 is very different to the hep C virus. COVID-19 affects breathing (the respiratory system) whereas hep C affects and infects the liver.

We're still learning about this particular new coronavirus, COVID-19, but we do know a lot about coronaviruses in general.

There are lots of coronaviruses which are common in animals and a small number have mutated to be able to infect humans. Some of these coronaviruses can cause mild illness and some can cause quite serious illness. You might have heard of SARS or MERS which were also coronaviruses.

I have a runny nose, sore throat, fever, or headache. Do I have COVID-19?

The only way to tell if you have COVID-19 is by getting a test.

If you are worried that you might have COVID-19, call your regular doctor or the **National Coronavirus Helpline on 1800 020 080**. They can advise if you might need to get tested.

Remember, if you feel really unwell, call 000 and seek urgent medical care.

Social distancing

This means keeping your distance from others to prevent the spread of COVID-19.

- Stay home as much as possible and only go out if it is essential.
- If you do have to go out in public, keep at least 1.5 metres from others.
- The more space between you and others, the harder it is for the virus to spread
- Avoid public gatherings, family events, weddings, and other social events
- Avoid handshaking, hugging, and kissing when greeting others.
- Practice good hygiene including hand washing, covering coughs or sneezing with a tissue or your elbow, and avoiding touching your face.

You can read more here: www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/how-to-protect-yourself-and-others-from-coronavirus-covid-19/social-distancing-for-coronavirus-covid-19

Physical distancing

This is another term for social distancing, emphasising the need to keep physically away from others to help prevent the spread of COVID-19.

Self-isolation (also known as self-quarantine)

Self-isolation means you must stay home or in your hotel room for 14 days.

You cannot leave for any reason except a genuine emergency.

You must self-isolate if:

- you have COVID-19
- you have been in close contact with someone confirmed to have COVID-19
- you arrived in Australia after midnight on the March 15, 2020

Self-isolation is really important to stop the spread of COVID-19.

This means you cannot go to public places such as work, social events, or shopping centres.

This means you cannot visit other people or have them visit you.

Breaking self-isolation puts the health of others in the community at serious risk. People have recently been jailed in Australia for breaking self-isolation requirements.

If you are isolating at home, ask others who are not in isolation to get food, medication, and other necessities and leave these at your front door.

For more information on self-isolation, see here: www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/how-to-protect-yourself-and-others-from-coronavirus-covid-19/self-isolation-self-quarantine-for-coronavirus-covid-19

Quarantine

See above.

SARS-CoV-2

- This is the technical name for the new coronavirus that originated in China in December 2019.
- The 'SARS' part stands for Severe Acute Respiratory Syndrome.
- The 'CoV' part stands for CoronaVirus.
- The '2' part stands for the fact this is the second coronavirus to cause SARS. You might have heard of the original SARS (or SARS-CoV-1) which also started in China in 2002.

COVID-19

- This stands for COronaVirus Disease 2019.
- When we talk about COVID-19 we talk about the disease or illness caused by catching the virus SARS-CoV-2.
- To make things as simple as possible, it's best to just use COVID-19 when referring to this current virus.
- There is still a lot we have to learn about COVID-19 including the best treatments, how it spreads, and how long it can survive outside the body. Scientists, researchers, health staff, and governments are all working around the clock to understand COVID-19 and we're learning more every day.

Coronavirus

- Viruses are grouped into families based on their similarities and given a name based on something they share.
- There are lots of coronaviruses, you might have heard of SARS from 2002-2004 or MERS from 2012.
- Hepatitis B, for instance, is a hepadnavirus while hepatitis C is a flavivirus.

Asymptomatic

- Someone who doesn't have symptoms is called asymptomatic – the symptoms of COVID-19 are absent.
- People who don't have symptoms of COVID-19 can often spread the virus to others unknowingly.
- The most common symptoms of COVID-19 are a dry cough, fever, sore throat, and/ or shortness of breath.
- The only way to confirm if someone has COVID-19 is to get tested.

Pandemic

- A pandemic is a global outbreak of a disease or virus.
- Pandemics happen when a virus spreads easily and can infect many people.
- Pandemics also happen when people do not have immunity or protection against a virus such as through vaccination.
- Other pandemics in human history include the Bubonic Plague, malaria, HIV/AIDS, and the Spanish flu.

Lockdown

- Almost every country around the world has dealt with this virus in their own way. Some countries have acted quickly and some have acted slowly. Some countries have had to stop almost everything and keep everyone in their homes to deal with COVID-19. This is called a lockdown.
- In Australia we have not yet put a lockdown in place but it is still possible that we might need in order to fight COVID-19.
- The government will let you know if we go into lockdown and what that will mean if we do. You will find that information here www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert

Essential services

- Some services are considered by the government as essential services and will remain open to everyone no matter what.
- This currently includes hospitals, pharmacies, banks, and supermarkets.
- The government may change what is considered an essential service at any time depending on the circumstances.

Telehealth

- With everyone needing to stay at home as much as possible and the extra impact on the health system of COVID-19, health services are changing the way they deliver healthcare to patients.
- This might mean your regular appointments are done over the phone or through your computer and might involve a video chat instead.
- Your doctor, specialist, or other health professional will let you know any changes
- You can read more here: www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TempBB

Other links/ further reading

You can read more here: www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert

Xu et al., Liver injury during highly pathogenic human coronavirus infections, onlinelibrary.wiley.com/doi/epdf/10.1111/liv.14435

Boettler et al., Care of patients with liver disease during the COVID-19 pandemic: EASL-ESCMID position paper
www.sciencedirect.com/science/article/pii/S2589555920300471

Zhang et al., Liver injury in COVID-19: management and challenges
www.thelancet.com/action/showPdf?pii=S2468-1253%2820%2930057-1

Endnotes

¹ www.ncbi.nlm.nih.gov/pubmed/32271993; www.ncbi.nlm.nih.gov/pubmed/32271368

² www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-covid-19/coronavirus-covid-19-advice-for-aboriginal-and-torres-strait-islander-peoples-and-remote-communities; www.healthdirect.gov.au/coronavirus-covid-19-groups-at-higher-risk-faqs#aboriginal

³ Email correspondence with Associate Professor Simone Strasser, 22/04/2020

⁴ Email correspondence with Associate Professor Simone Strasser, 22/04/2020

⁵ Email correspondence with Associate Professor Simone Strasser, 22/04/2020

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

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