



www.hcvadvocate.org

living with HEPATITIS C

a series of stories written
by people living with
hepatitis C

..... Jason

Part 1

At the age of twenty-four I had hit bottom. I was depressed and having thoughts of suicide. It was at this point that I decided to make a change in my life. For the previous ten years I had run amuck, gang-banging (actively participating in a criminal gang), shooting dope (injecting drugs intravenously), and doing time (incarcerated in a correctional facility). During this period, I had shared needles and drug paraphernalia with other drug addicts, I had had multiple tattoos applied in unsafe conditions, and I had had unprotected sex with multiple partners. All of these behaviors put me at serious risk for contracting various blood-borne diseases. Besides depression, I was asymptomatic, but I had an inkling that something was not right within me.

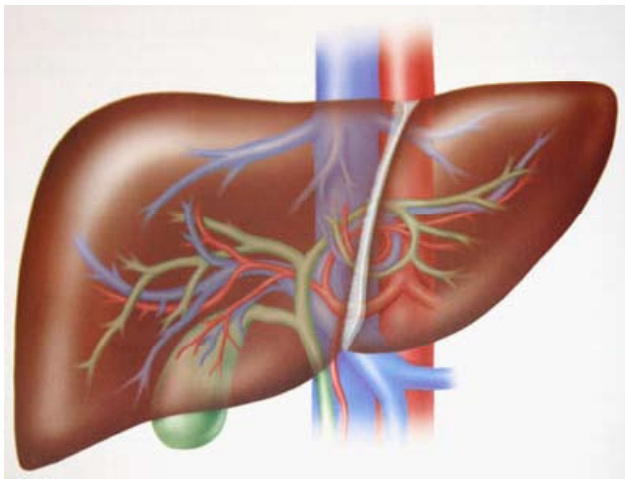
Most people with the Hepatitis C virus (HCV) do not know that they are infected with the disease until it is too late. The virus slowly attacks the liver, where it replicates, killing liver cells and causing inflammation. For some people infected with chronic HCV, the disease progresses into serious liver damage, cirrhosis, and liver cancer. This happens quietly over a period of ten to forty years. According to *A Guide to Understanding Hepatitis C: HCV* (Franciscus, 2006), by the time outward signs of the disease appear, damage is severe.

The year was 1999, and I was two months into a substance-abuse treatment program. HCV had been identified in 1989, and it was not yet common practice to test for the virus in substance-abuse treatment facilities (Hu, 2006). I had to strenuously advocate for myself to be tested for the virus. First, I was tested for HIV; and thankfully the results were negative. Then I was tested for HCV. The screening was a simple blood test that detects HCV antibodies. After a few days, I returned for the results. I had tested positive for HCV.

After I was stable in recovery, with steady employment and health insurance, I returned to the doctor to find out more about my diagnosis.

It was at this point that I became motivated to learn everything that I could regarding this disease that was slowly eating away at my liver. I spent many hours researching the disease, discussing it at length with my doctor and nurse, and attending various HCV support groups. Because of my experience, I am able to describe the pathology of the disease, analyze the social and psychological aspects of HCV infection, and evaluate the effects of the disease on the individual and his or her family.

The liver processes everything that is eaten, breathed, or absorbed through the skin. The liver stores vitamins and minerals for future use, and it produces bile, which assists the body in digesting food and absorbing nutrients as well as performing

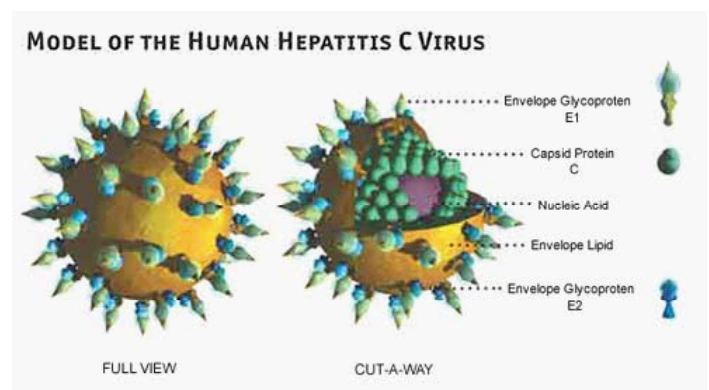


over 500 other critical functions within the body. It is the largest organ, weighing approximately three pounds, and it is about the size of a football. The liver is an extremely vital organ within the human body.

The term Hepatitis is used to describe an inflammation of the liver (Thompson, 1968). Hepatitis is a potentially life-threatening disease that is often caused by a viral infection, but it is also caused by liver damage from exposure to toxic chemicals, drugs, and other factors. Six hepatitis viruses have been identified to date. These viruses are categorized A through G. Of these six forms of viral hepatitis, Hepatitis A (HAV), Hepatitis B (HBV), and HCV are the most common. These viruses are related only in that they all cause liver inflammation.

According to an article published in the *International Journal of Medical Sciences* (Chen, Morgan, 2006), HCV “is a leading cause of chronic liver disease, cirrhosis, and hepatocellular carcinoma, as well as the most common indication for liver transplantation in many countries.” Approximately 170 million people worldwide are infected with HCV, with an estimated 3.5 million infected in the U.S. HCV differs from other types of viral hepatitis in that it mutates frequently. This frequent mutation and the fact that there are numerous subtypes of the disease have made it difficult to develop a vaccine for the virus. There is currently no cure or vaccine for HCV.

The HCV virus was first isolated from the serum of a person in 1989. Before this, the virus was referred to as “non-A, non-B hepatitis.” HCV is an RNA (ribonucleic acid) virus of the family flaviviridae. Other family flaviviridae diseases include dengue fever and yellow fever (Akanksha, Mehta, 1999). The HCV virus replicates in the cytoplasm (fluid that fills a cell) of hepatocytes (chief functional cells of the liver). HCV infection relies upon rapid reproduction and continual cell-to-cell spread of the virus. Persistent HCV infection also relies upon “a lack of vigorous T-cell immune response to HCV antigens” (Chen, Morgan, 2006).



How is Hepatitis C Transmitted?

HCV, commonly thought to be the most severe of the hepatic viruses, is a blood-borne pathogen. It is caused by direct blood-to-blood contact with someone who is infected with the virus. I probably acquired HCV through sharing needles when I was

an active intravenous drug user. Sixty percent of those infected with HCV in the U.S. are infected through high-risk drug use (CDC, 2007). However, it is possible that I acquired the disease through a variety of other unsafe behaviors. HCV is also transmitted through exposure to unclean tattooing or body piercing equipment; through intranasal cocaine use; through sharing shaving razors, nail clippers, or toothbrushes with someone who is infected; and through unprotected sex with multiple partners. I participated in almost all of these behaviors. According to the American Liver Foundation (2007), HCV can also be transmitted through exposure to contaminated blood among health care or public safety workers, by accidental needle-sticks, from solid organ transplants, in dialysis patients through nosocomial spread, from an infected mother to her baby at birth, and before 1992, through blood transfusions (American Liver Foundation, 2007).

Although HCV is not exclusively considered a sexually transmitted disease, there is a slight chance of transmission through unprotected sex. This risk is further reduced when an HCV-infected individual is involved in a monogamous long-term relationship. Various published studies looking at the incidence of sexually transmitting HCV produced varying results. For long-term monogamous relationships, the percentage of HCV being sexually transmitted is believed to be between zero and six tenths of a percent. The risk of sexual transmission is slightly higher, or one percent, for those in short-term relationships (Hepatitis-Central.com, 2007).

Who Should be Tested for HCV?

Individuals who have participated in high-risk behaviors such as intravenous drug use or unprotected sex with multiple partners should be screened for HCV. Those who may have been exposed to HCV-infected blood and equipment, such as health care and public safety workers, those who have received blood, blood products or organ donations from an HCV-infected donor, and long term kidney dialysis patients should also be screened. Children whose

mothers were infected with HCV at their time of birth and those who live with HCV-infected individuals and may have shared HCV blood exposed items such as toothbrushes and shaving razors or had sex with an HCV-infected partner should be tested as well.

HCV detection is a simple blood test. An ELISA (enzyme-linked immunosorbent assay) test is used to detect HCV antibodies in the blood (MedicineNet.com, 2005). Antibodies are proteins found in the blood that are used by the immune system to detect and neutralize bacteria and viruses. The RIBA HCV test is another HCV antibody test that can be administered. This test is sometimes administered as a secondary test to confirm ELISA results. When I returned to the doctor two years after my initial HCV screening, I was given a variety of other tests to determine my viral load, genotype, and liver biochemical/functions.

There are two blood tests that are administered to determine active HCV infection. The first of these is the Qualitative HCV RNA test. This test is reported simply as “positive” if active HCV is detected or “negative” if not detected. This test is often administered after treatment to determine whether the virus has successfully been eliminated from the body. The second test is the Viral Load Quantitative HCV test. This test measures the RNA (ribonucleic acid) particles in the blood. My viral load was over two million viral particles per milliliter of blood when I was first administered the Quantitative HCV test.

I was also administered a genotype test to determine the type of virus I carried. Hepatitis-Central.com (2007) explains that HCV is actually a range of viruses that are similar enough to be called Hepatitis C, yet distinct enough to be divided into several subgroups. There are eleven genotypes of HCV, which are classified one through eleven. Some of the eleven genotypes are broken into subgroups a, b, c, d, and e. The genotypes commonly found in the U.S. are types 1a and 2b. Genotype 1a is the most virulent of the HCV classifications and the one most resistant to treatment. I was diagnosed

with genotype 1a.

During the process of my initial diagnosis, I was given a hepatic panel that measured various liver functions. This series of blood tests measured alanine aminotransferase (ALT) and aspartate aminotransferase (AST) enzyme levels in my blood. These are enzymes that are released into the blood when the liver is damaged. My doctor also recommended other tests intended to measure the amount of bile duct blockage and cirrhosis as well as to measure blood clotting speed and bilirubin levels.

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Part 2 will focus on a discussion of acute vs. chronic, duration of disease and liver biopsy.

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Be Sure to Check Out These Other Stories

- Alan's Story
- Brian's Story
- Carol's Story
- David's Story
- Dee's Story
- Gerald Moreno's Story
- Jake's Story
- Kathleen's Story
- Leslie's Story
- Martha's Story
- Mike's Story: Part 1
- Rosa's Story
- Twila's Story

www.hcvadvocate.org/community/stories.asp

For more information about hepatitis C, hepatitis B and HCV coinfections, please visit www.hcvadvocate.org.

hcsPFACTsheet

A publication of the Hepatitis C Support Project

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The information in this fact sheet is designed to help you understand and manage HCV and is not intended as medical advice. All persons with HCV should consult a medical practitioner for diagnosis and treatment of HCV.

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