HCV Myth Busters

This article examines five myths that persist about hepatitis C; it originally appeared in the HCV Advocate

October 5, 2015 By Alan Franciscus

Ever since I've been working in hepatitis C there have been many, many myths about hepatitis C. Thankfully, some of the myths have disappeared, but unfortunately, many still linger. I have included the most common myths I still hear, but these are by no means all of the myths circulating out there!

1. **Myth:** Hepatitis C is a death sentence!

FACT: When someone is newly diagnosed with hepatitis C, one of the first questions he or she asks themselves is this question. Yes, too many people die from hepatitis C but it is not necessarily hepatitis C that is killing people—the lack of diagnosis, medical care and treatment are responsible for all the deaths. No one should die from hepatitis C! If everyone with hepatitis C was diagnosed early on, received regular monitoring and was treated with HCV medications we would not see these many deaths that we see. But of course, that is not reality so people are needlessly dying.

2. **Myth:** Genotype 1 is the ‘worst’ genotype!

FACT: Wrong! As it turns out genotype 3 turns out to be the genotype that has the lower treatment response, and that seems to increase the chances of developing fatty liver. While the direct link between genotype 3 and fatty liver is not completely understood, it is known that when people with genotype 3 are cured the fatty liver is reduced and sometimes completely resolved. It is well-known that fatty liver increases the rate of HCV disease progression that can lead to cirrhosis. People with genotype 3 also have faster rates of disease progression.

There may also be a link between genotype 3, insulin resistance and viral load, but more studies are needed.People with genotype 3 and cirrhosis have a much lower response rate with the two currently approved HCV medications—Sovaldi plus ribavirin and Daklinza plus Sovaldi. More HCV medications are under development to meet this unmet medical need.

3. Myth: HCV has no symptoms!

FACT: Come on! Anyone who is living with hepatitis C can tell you that there are many symptoms from hepatitis C. They may come on so gradually that some people with hepatitis C may not even notice that the symptoms are from hepatitis C. When cured, however, the symptoms for the most part fade away. The most common symptoms are fatigue. The type of fatigue can be mild, moderate or severe. It is difficult to measure some of the symptoms and that is the reason that they are many times dismissed. There are many other symptoms such as muscle and joint pain, brain fog,skin problems, insomnia, and of course there can be some very severe symptoms and problems associated with hepatitis C.

4. **Myth:** There is a hepatitis C vaccine!

FACT: BIG FALSE! This myth is because people get hepatitis A, B, C confused and lump them all together. There is a vaccine to protect against hepatitis A and hepatitis B. But, don’t we wish there was a vaccine for hepatitis C? There are also other confusing myths out

there like: “Isn’t that the one you get from eating bad food?”; “Isn’t hepatitis C that one when hepatitis A gets worse, turns into hepatitis B, gets even worse and turns into hepatitis C —all of these are myths.

Note: It is important to remember, however, that people with hepatitis C should be vaccinated against hepatitis A and hepatitis B if they are not immune. You don’t want to get another hepatitis virus on top of hepatitis C.

5. **Myth:** Hepatitis C is a sexually transmitted disease!

FACT: Hepatitis C is not classified as a sexually transmitted disease. It can be transmitted sexually, but it is uncommon among people who are in a stable long-term monogamous relationship. In people who are not in a stable long-term monogamous relationship the risk of sexual transmission is higher. If you fall within this group safer sex practices should be followed.

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