

The pharmaceutical treatments currently available for people with hepatitis C are pegylated interferon and ribavirin, commonly called 'combination therapy' or pegylated interferon as monotherapy (on its own). Combination therapy has a higher success rate in clearing the hepatitis C virus than treatment with pegylated interferon alone.

Using combination therapy involves injecting interferon subcutaneously (under the skin) once a week for either six or 12 months, and taking ribavirin capsules/tablets daily. The course of treatment must be continuous and the length of treatment depends on your genotype (or strain of the virus) and early response to the treatment.

To receive pegylated interferon and ribavirin combination therapy under the government subsidised scheme (S100) you need to meet the following criteria:

- a positive hepatitis C antibody test;
- active hepatitis C (tested with PCR);
- not be pregnant or breastfeeding, or for men—your partner must not become pregnant while you are on treatment and 6 months after treatment has ceased; and
- use contraception, with both partners taking precautions to prevent pregnancy.

People who inject drugs and/or use methadone and people co-infected with HIV are eligible for S100 combination therapy. You cannot be refused treatment because you continue to inject drugs.

People with genotype (or strain of hepatitis C) 1, 4, 5 or 6 who are eligible for 48 weeks of treatment may only continue treatment after the first 12 weeks if the result of a PCR test shows that the virus has become undetectable or the viral load has decreased (measured by at least a 2 log drop—a 2 log drop means two zeros are knocked off the viral load measurement). For more information on PCR and other tests for hepatitis C download the **Hepatitis C: know your tests factsheet** on this site.

People with genotype 1, 4, 5 or 6 who are PCR positive at week 12 but have attained at least a 2 log drop in viral load may only continue treatment after 24 weeks if HCV is not detectable by a PCR test at week 24.

Similarly, people with genotype 2 or 3 with cirrhosis or bridging fibrosis (the stage of liver damage before cirrhosis) may only continue treatment after 24 weeks if HCV is not detectable by a PCR test at week 24. PCR tests at week 24 are unnecessary for people with genotype 1, 4, 5 or 6 who test PCR negative at week 12.

Pegylated interferon monotherapy is available for people who cannot take ribavirin. This treatment involves taking pegylated interferon on its own and is available under the government subsidised scheme (S100).

If you are considering therapy, your doctor can refer you to your nearest treatment centre, which is usually located within a gastroenterology unit at a major hospital.

How effective is combination therapy?

Combination therapy is successful in treating some people with hepatitis C. The efficacy of treatments for hepatitis C has substantially improved in recent years. About 80% of people with genotype 2 and/or 3 and approximately 50% of people with genotype 1 who finish treatment, will clear the virus (genotypes 1 and 3 are the most common strains of hepatitis C in Australia).

Treatment is generally better tolerated and has higher success rates when the person has not developed advanced liver disease or cirrhosis.

Does combination therapy have side effects?

Some people report no side effects while others may have flu-like symptoms, such as fever, chills, muscle aches and headaches. These are usually experienced in the first few months of treatment although for some they can last the whole way through treatment. Other side effects may include becoming forgetful, short-tempered, tired or depressed. Fortunately most side effects disappear once treatment has stopped. Life-threatening complications are rare. For more information on managing side effects download the **Hepatitis C: managing treatment side effects factsheet** on this site.

It is difficult to predict how you might respond to treatment, and what side effects you might experience. Having few side effects does not mean that the treatment is not working. Some people are anxious about commencing treatment with combination therapy because the pegylated interferon needs to be injected. Most treatment centres will provide training for safe self-injection of pegylated interferon at home. Sharing these concerns with a friend, counsellor or nurse may reduce anxiety and help solve the problem.

After Treatment

It is important to understand that you may not feel 100% when you first finish treatment. You may not feel completely well again for a number of months as it can take a while for the affects of the drugs to subside.

Also remember that even if you do not have a sustained response to treatment, pegylated interferon can have a protective effect on your liver. This means damage to your liver may progress more slowly, and/or that your liver may be better protected from cancer.

For more information

For further information on hepatitis C please contact the national infoline 1300 HEP ABC (1300 437 222). The infoline diverts to information and support lines at your local state or territory hepatitis council.

Some of the information on hepatitis C above has been abridged from various resources, these resources include:

Contact (Hepatitis Australia)—can be ordered from your local Hepatitis Council (ph. 1300 437 222) or download PDF from www.hepatitisaustralia.com

Thinking about Treatment for Hepatitis C (Hepatitis Australia)—can be ordered from your local Hepatitis Council (ph. 1300 437 222) or download PDF from www.hepatitisaustralia.com

Pegylated combination therapy factsheet (Hepatitis C Council of NSW)—Download PDF from www.hepatitisc.org.au/quickref/factsheet.html