

Information about

Hepatitis C in Kids

A Guide for Parents and Carers

What is Hepatitis C?

Hepatitis C Virus (HCV) is a slow acting virus that causes inflammation and scarring of the liver. It is spread through blood to blood contact with someone who is already infected. There are 6 main types of HCV, known as **genotypes**. HCV genotype 1 and 3 are the most common in Australia.

How do children get HCV?

In Australia, most children acquire the virus from an infected mother. This is called **vertical transmission**. The risk of getting HCV from an infected mother is quite low, only about 5 of every 100 babies born to mothers who have HCV will acquire the virus.

Other ways to become infected with HCV are:

- sharing intravenous needles or razors with infected people
- using unsterile, contaminated tattooing/body piercing equipment
- using contaminated medical equipment
- receiving blood transfusions in countries where blood products are not screened
- rarely, infection can occur when open wounds are exposed to blood or body fluids of infected people.

What happens to children with Hepatitis C?

Of children who get Hepatitis C from their mothers, about 10 to 20% will clear the infection by themselves. All other children remain chronically infected, that is, they carry the virus in their blood and in the liver. Over a variable period of time (usually many years) the virus may cause inflammation and eventually scarring and irreversible damage to the liver. Liver cancer may also occur.

The rate at which liver damage occurs is variable. Most children with HCV infection will remain very well for many years, however, a few will become unwell as a result of the HCV infection during their childhood. Unfortunately, it is not possible to predict which children will become unwell and so it is important that all children with HCV infection are seen and followed up by a specialist.

How do you know if your child has Hepatitis C?

The only way to find out if your child has the HCV is by a blood test. There are several different tests which can be done. These are outlined below.

Testing

HCV PCR

This test looks for the presence of virus in the blood. It is unreliable in children under 2 months of age. As the virus may not be in the blood all the time, one negative PCR test does not mean there is no infection. The PCR test can also be used to determine how much virus is in the blood (viral load) and this information may be important when considering treatment.

Anti-HCV antibodies

This test measures the body's response to the virus. A positive anti-HCV antibody means that the person has been exposed to the virus. Antibodies can hang around in the blood for many years after the virus has cleared, so a positive antibody test **cannot** distinguish between someone who has been exposed to and cleared the virus, and someone who is still infected.

Babies who are born to HCV positive mothers acquire their mother's antibodies (transferred from mother to baby through the placenta). These antibodies are present in the baby's blood for around 12 to 18 months and do not necessarily mean that the baby is infected. Therefore, an antibody test is only used in children older than 18 months of age. If this is positive further testing will be required.

Liver Function Tests (LFT)

These tests show whether liver inflammation is occurring as a result of the virus infection. The liver tests can be abnormal in young children with HCV infection and need to be monitored closely.

Who should be tested?

All babies born to mothers who have Hepatitis C should be seen and tested by a specialist. HCV should also be looked for in older children who have abnormal liver function tests or who have had exposure to one of the risk factors above, e.g. intravenous drug use.

Why does your child need to be monitored?

Hepatitis C can cause permanent liver damage and even cancer, however, it is a silent disease, so your child will look and may feel well. It is therefore important that your child is monitored. Regular visits also allow you the opportunity to discuss any concerns you may have about your child's HCV, and options that are available for treatment when appropriate.

Can HCV be treated in children?

Treatments which can eradicate the virus are available in Australia. At present the main treatment is PEGylated interferon (weekly injection) and ribavirin (twice daily tablets). The length of treatment may be 6 to 12 months depending on the type of virus and how much virus is

in the blood. Like all medication, the treatment has side effects and hence must be prescribed and monitored by a specialist. Newer treatments are also under development and currently being tested in adults but are not yet available for children.

Looking after you and your family

In order to prevent other people from becoming infected with HCV, *standard precautions* should be practiced. This means avoiding contact with another person's blood, urine and other bodily fluids such as semen and menstrual blood. The term *standard precaution* is inclusive of everyone in order not to discriminate against persons who do have an infectious disease that can be spread through these fluids.

What this means for families is not sharing razor blades, toothbrushes or nail scissors. Blood spills should be cleaned up using gloves and household bleach. Blood stained materials such as sanitary pads should be disposed of safely and cuts should be cleaned and covered with a waterproof dressing.

When do I tell my child?

Children mature at different rates and so some children are ready to be told earlier than others. By around 8 years of age, most children have the ability to understand at a basic level. What is important is that you tell them the truth in terms that they can understand. The doctors, nurses, and support staff can help you during this time. The importance of educating children with HCV from a young age is that it provides the child (and family) with the information needed to look after themselves and maintain good health.

Immunisations

In addition to the recommended childhood immunisations in particular Hepatitis B, it is important for children with HCV to be immunised against Hepatitis A. This is to prevent your child getting another type of Hepatitis virus which will cause inflammation of the liver and may cause liver disease to develop more quickly.

Where can I go for more information?

There are several useful websites listed below which will provide you with more information:

Australian Hepatitis

www.hepatitisaustralia.com

Hepatitis C Council of NSW

www.hepatitisc.org.au

Hepatitis C Council of Victoria

www.hepcvic.org.au

ACT Hepatitis C Council

www.hepatitisresourcecentre.com.au

Hepatitis C Council of South Australia

www.hepccouncilsa.asn.au

Hepatitis C Council of Western Australia

www.hepatitiswa.com.au

Children's Liver Disease Foundation UK

www.childliverdisease.org/education/liver/diseases/
copy/hepc

Where can I see a specialist?

You need a referral from your local doctor and then you can make an appointment by faxing your letter to your nearest centre as listed below.

Victoria

Liver Clinic

Royal Children's Hospital Melbourne

Flemington Rd, Parkville VIC 3052

Contact Gastroenterology Department

Telephone (03) 9345 5060

Facsimile (03) 9345 6240

New South Wales

Paediatric Viral Hepatitis Clinic

The Children's Hospital at Westmead, Sydney

Contact Clinical Nurse Specialist

Telephone (02) 98453989 or (02) 98453999

Facsimile (02) 98453970

Queensland

Dept of Gastroenterology

Royal Children's Hospital

Herston Rd, Brisbane QLD 4029

Telephone (07) 3636 7887

Facsimile (07) 3636 3472

South Australia

Gastroenterology Department

Women's and Children's Hospital

North Adelaide SA 5006

Telephone (08) 8161 7352

Facsimile (08) 8161 6088

Western Australia

Gastroenterology Department

Princess Margaret Hospital for Children

Roberts Rd, Subiaco WA 6008

Telephone (08) 93408353

Facsimile (08) 93408093

Digestive Health Foundation

This information leaflet has been designed by the Digestive Health Foundation as an aid to people with polyps or for those who wish to know more about this topic. This is not meant to replace personal advice from your medical practitioner.

The Digestive Health Foundation (DHF) is an educational body committed to promoting better health for all Australians by promoting education and community health programs related to the digestive system.

The DHF is the educational arm of the Gastroenterological Society of Australia (GESA). GESA is the professional body representing the specialty of gastrointestinal and liver disease. Members of the Society are drawn from physicians, surgeons, scientists and other medical specialties with an interest in gastrointestinal disorders. GI disorders are the most common health related problems affecting the community.

Research and education into gastrointestinal disease are essential to contain the effects of these disorders on all Australians.

For further information on a wide variety of gastrointestinal conditions is available on our website.

dhf

Digestive Health Foundation

Digestive Health Foundation

c/- GESA

PO Box 508, Mulgrave 3170 Victoria, Australia

Telephone 1300 766 176 **Facsimile** (03) 9802 8533

www.gesa.org.au

©Copyright: Digestive Health Foundation November 2010  31610

This leaflet is promoted as a public service by the Digestive Health Foundation. It cannot be comprehensive and is intended as a guide only. The information given here is current at the time of printing but may change in the future. If you have further questions you should raise them with your own doctor.