Hepatitis C is a liver disease caused by the hepatitis C virus. The remaining 55%–85% will develop chronic HCV infection. The risk of cirrhosis in people with chronic HCV is 15%-30% over the course of 20 years. HCV is transmitted through blood. The most common transmission routes include unsafe injection practice, use of non-sterile medical equipment, and transfusion of unscreened blood and blood products.

When and in whom initiate HCV therapy

All people with HCV should receive antiviral therapy.

Treatment is indicated

- People with significant fibrosis (F3) or cirrhosis (F4), including decompensated cirrhosis
- People with HCV/HBV coinfection
- People with HCV/HIV coinfection
- People with significant fibrosis (F3) or cirrhosis (F4), including decompensated cirrhosis
- People with HCV/HBV coinfection
- People with HCV/HIV coinfection

Treatment should be provided when there is a possibility

People with no or mild disease (F0-F1) and none of the extrahepatic manifestations

Treatment is justified

People with moderate fibrosis (F2)