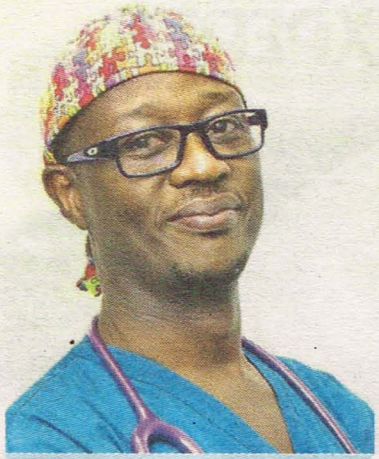
How hepatitis B and C attack the liver



SURGEON'S CORNER

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Hepatitis B and C are viral infections that target the liver, the organ that keeps our bodies clean, stores energy, and helps fight disease. They are respectively caused by the hepatitis B virus (HBV) and the hepatitis C virus (HCV). Unlike flu or a cold, hepatitis B and C are not spread by casual contact. You cannot catch them by shaking hands, sharing food, or hugging. These viruses are spread through blood and body fluids in specific ways.

They are present in the bloodstream of people who are infected. They spread when infected blood or other body fluids enter another person's bloodstream. This can happen in several ways.

For hepatitis B, common transmission routes include mother-to-child during childbirth, unprotected sex, sharing needles or syringes, unsafe medical or dental procedures, contact with infected blood through cuts or needles.

Hepatitis C is most often spread through sharing needles, blood transfusions that are not properly screened and unsafe clinical or traditional procedures involving blood.

In both cases, the virus enters the bloodstream and begins multiplying in the liver. Often, there are no early symptoms, which allows the infection to spread silently.

DIAGNOSIS

The only way to know for sure if someone has hepatitis B or C is through blood tests.

For hepatitis B, specific markers in the blood show if the virus is present and whether the infection is recent or chronic. For hepatitis C, antibody tests are used followed by confirmatory tests that show whether the virus is actively multiplying.

Diagnosis allows doctors not only to confirm the infection but also to judge how much liver damage has occurred and what treatment is needed.

TREATMENT

The For hepatitis B, antiviral medications are used to suppress the virus and protect the liver. Treatment may be long-term, and patients often need lifelong monitoring. For hepatitis C, modern antiviral drugs can cure it. Treatment typically lasts a few months and stops the virus permanently.

With hepatitis B, it is possible for the virus to disappear completely, especially soon after infection. But for chronic hepatitis B, the virus usually stays in the body, and treatment focuses on control rather than a cure. Hepatitis C, on the other hand, can generally be cured completely with modern therapy — meaning the virus is eliminated from the body.

Without diagnosis and treatment, chronic hepatitis B or C can lead to; cirrhosis (permanent scarring of the liver), liver failure (when the liver stops working) and liver cancer (one of the leading causes of cancer death in Africa).

PREVENTION

1. Get vaccinated for hepatitis B — this is safe and highly effective
2. Use condoms to reduce sexual transmission
3. Avoid sharing needles or tattoo equipment
4. Get tested if you are at risk
5. Routine vaccination at birth and during childhood
6. Safe medical and traditional practices
7. Universal screening of blood supplies
8. Public awareness and education campaigns

HOW BIG IS THE PROBLEM?

In Uganda, about 4% to 6% of adults live with chronic hepatitis B, and hepatitis C is also present in the population, though less well quantified. Some regions, especially the north, show higher prevalence due to historical disruptions in health services and lower vaccination coverage.

Uganda has screened millions of people and linked hundreds of thousands to care through national programmes that offer free testing, treatment and vaccination, a model that has surpassed early global targets and serves as an example for the region.

More than 30% of people with hepatitis B now know their status and can access treatment, which is a major achievement in public health response. But a large share remains unaware, underscoring the urgent need for continued awareness, screening, and care.

HOW THE BODY FIGHTS THE INFECTIONS

When a person is first infected, the body's immune system tries to fight the virus.

In the case of hepatitis B, many adults can clear the virus within a few months, eradicating it entirely. However, if the virus persists beyond six months, the infection becomes chronic, and the immune system fails to eliminate it.

For hepatitis C, the situation is different — the majority of the people cannot clear the virus on their own and become chronically infected. The virus hides in the liver, causing ongoing inflammation and damage unless treated.

One of the biggest challenges with hepatitis B and C is that people can be infected for years without feeling sick. These are truly "silent" diseases. When symptoms do appear, they may include ongoing fatigue, loss of appetite, nausea or stomach discomfort, dark urine or pale stools and jaundice (yellow eyes or skin). Many people feel entirely normal until the liver is already significantly damaged.

Anyone can get hepatitis B or C, but certain groups are at higher risk, including newborn babies of infected mothers, people with multiple sexual partners, healthcare workers exposed to blood, people who receive injections, transfusions, or procedures where infection control is poor and individuals who share needles, tattoos, or body piercing tools.

In Uganda, regions with low vaccination coverage and limited access to health services often see higher rates of infection.