

Hepatitis C Virus (HCV) Information for Health Care Providers

Key facts

1. Many people with hepatitis C don't have any symptoms.
2. CDC recommends testing for everyone 18+.
3. Testing for HCV should include an HCV antibody test that reflexes to an HCV RNA test.
4. There is a cure for HCV and treatment is recommended for nearly all persons living with HCV infection.

What is Hepatitis C virus (HCV)?

Hepatitis C is a bloodborne virus that impacts the liver. Persons who are newly infected with HCV may not have symptoms. About 75% of those who become infected with HCV will develop a chronic infection. This infection can be cured with direct acting antiviral medications.

About 10-20% of people living with HCV will develop scarring of the liver, called cirrhosis. This can increase the risk of liver cancer. Cirrhosis is the most common reason for a liver transplant in the US.

Treatments for HCV have significantly improved in the last decade and are more effective, take less time, and have fewer side effects. Treatment is recommended for all people currently living with HCV.

How is HCV transmitted?

All persons with HCV RNA in their blood are considered able to transmit HCV.

The most common route of transmission is sharing needles or other drug use equipment. Less frequent ways that HCV is spread include

sex, sharing personal items like razors or toothbrushes, needlestick injuries, and tattoos or piercings outside of a licensed facility.

What are the signs and symptoms of HCV?

- 80% of infections are asymptomatic.
- Symptoms may include fever, abdominal pain, loss of appetite, nausea, jaundice, or dark urine.
- Liver function test results are less generally pronounced than with hepatitis B infection.
- Acute disease tends to be mild and insidious in onset and the average incubation period is six to seven weeks, with a range of two weeks to six months.

Who should be tested for HCV?

The Centers for Disease Control and Prevention (CDC) recommend universal hepatitis C screening. This includes all individuals aged 18 years or older and all pregnant persons during each pregnancy.

Individuals with ongoing or new risk factors (e.g., injection drug use, tattoos outside of a licensed facility) should be routinely tested for HCV.

People at increased risk of HCV should be vaccinated for hepatitis B and hepatitis A.

How can HCV be prevented?

HCV can be prevented by treating all blood and bodily fluids as if they were infectious. Standard precautions should be used to reduce the risk of transmission in health care or other high-risk settings.

Persons who inject drugs can reduce the risk of HCV infection by using new, sterile syringes and drug use equipment for each injection and never sharing needles or other drug use supplies.

What is the treatment for HCV?

Treatment for HCV infection generally consists of an eight-to-twelve-week course of oral medication. In many cases, the regimen may be prescribed by a primary care provider. Treatment guidelines are available to assist with treatment decisions at [HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C \(www.hcvguidelines.org/\)](https://www.hcvguidelines.org/).

Current treatments cure over 95% of HCV infections and have minimal side effects. Most insurance companies no longer require sobriety from drugs or alcohol as a condition of treatment coverage.

What are the long-term effects of HCV?

Hepatitis C can lead to liver disease, liver failure, cirrhosis, hepatocellular carcinoma, and death. HCV is the leading indication for liver transplantation in the United States.

What should be reported?

HCV is a reportable disease in Minnesota. All positive hepatitis C serology must be reported to MDH within one working day. Additionally, the results of all viral detection tests (HCV RNA) must be reported.

How should occupational HCV exposures be handled?

Recommendations can be found at [Testing and Clinical Management of Health Care Personnel Potentially Exposed to Hepatitis C Virus — CDC Guidance, United States, 2020 \(www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6906a1-H.pdf\)](https://www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6906a1-H.pdf).

There is no routinely recommended post-exposure prophylaxis following an exposure to HCV.

If possible, perform anti-HCV and HCV RNA testing of the source patient.

For a person exposed to an HCV-positive or unknown status source patient:

- Perform baseline testing for anti-HCV with reflex to HCV RNA as soon as possible following exposure.
- Perform follow-up HCV RNA testing at three to six weeks.
- Perform anti-HCV with reflex to HCV RNA at four to six months.
- If HCV infection is identified, refer to a specialist for follow-up care.

Additional considerations:

- Institutions should establish policies and procedures for exposure to bloodborne pathogens and ensure that staff are familiar with them.
- Clinicians who care for persons with occupational exposure to HCV should be familiar with the risks for HCV infection and recommendations for postexposure counseling, testing, and follow-up.

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