

# HEPATITIS C – RD 9

## DEFINITION

Hepatitis C virus (HCV) is a small, enveloped, single-stranded RNA virus. This virus mutates rapidly, so changes in the envelope proteins may help it invade the immune system. Hepatitis C infection is the most common chronic blood-borne infection in the United States. Hepatitis C is transmitted via parenteral, sexual (although not efficiently transmitted via sex), and perinatal. It is not transmitted fecal-oral route. Hepatitis C is considered a reportable condition in the state of North Dakota.

## SUBJECTIVE

May include:

1. Complete medical, family, social history, sexual history
2. Newly acquired HCV infection is often asymptomatic. When symptoms do occur, they may include fatigue, N/V, joint and muscle pain, abdominal pain, loss of appetite, itchy skin, and dark-colored urine
3. Groups at risk for HCV infection include both subjective and objective data. Subjective risk factors include:
  - a. IV drug use
  - b. Transfusions and organ transplants received before 1992
  - c. Intranasal cocaine use
  - d. Sharing personal items with an infected person
  - e. High-risk sexual activity
  - f. Clotting factors received before 1987
  - g. Occupational exposures – healthcare worker with needle, sharps, or mucosal exposure
  - h. Long-term hemodialysis patients
  - i. Persons who were ever incarcerated

## OBJECTIVE

May include:

1. Vital signs; fever
2. Asymptomatic but with a high-risk history
3. Jaundice (25% cases), with hepatomegaly and splenomegaly
4. Groups at risk for HCV infection include both subjective and objective data. Objective risk factors include:
  - a. HIV-infected individuals
  - b. Tattooing and body piercing
  - c. Mother-to-infant contact (rare, but still considered a risk)
  - d. Individuals having signs and symptoms of liver disease
  - e. Persons born between 1945 and 1965

## LABORATORY

1. FDA cleared test for antibody to HCV (i.e. immunoassay, EIA or enhanced CIA)
2. Positive antibody test should be followed by NAAT to detect HCV RNA

## ASSESSMENT

Hepatitis C Infection: acute or chronic

## PLAN

1. Treatment is now available - over 90 % of people who complete treatment with direct-acting antivirals are cured
2. Persons confirmed to be HCV-positive should be evaluated by referral
3. Offer vaccination for hepatitis A and B if non-immune. There is no vaccine for hepatitis C
4. Offer HIV testing and other STIs as indicated
5. No post-exposure treatment with immune globulin effectively prevents HCV infection

Effective Date: December 2024

Last Reviewed: November 2024

Next Scheduled Review: November 2025

6. If the client is seeking a hormonal contraceptive method, and symptomatic, with an uncertain HCV status, provide barrier methods until testing have been completed
7. Long-term partners of a person with chronic HCV should be tested every 5 years
8. Patient is infectious 4 to 6 weeks before symptoms and unpredictable after symptoms; screen sexual partners

#### CLIENT EDUCATION

1. To reduce the risk for transmission to others, the HCV+ person should be advised not to donate blood, body organs, or semen. Reinforce the risk of transmission for HCV+ can occur without the symptoms of infection
2. Do Not share any personal items that might have blood on it (e.g. toothbrushes or razors)
3. Cover cuts and skin lesions to prevent spread of infection thru secretions of blood
4. Counsel IV drug users never to reuse or share syringes, water or drug preparation equipment and to safely dispose of used syringes. Counsel on Harm Reduction /syringe exchange programming if available
5. Partners of infected patients need to be screened; barrier protection should be used by individuals with more than one sexual partner, and monogamous long term steady sex partners can use their discretion
6. HCV+ women do not need to avoid pregnancy or breastfeeding
7. Counsel all HCV+ clients regarding the increased risk of liver disease with alcohol use
8. The CDC recommends one-time HCV testing for adults born between 1945 and 1965 regardless of HCV risk
9. Advise and provide up-to-date immunization for Hepatitis A and Hepatitis B as indicated

#### CONSULT / REFER TO PHYSICIAN

1. Persons confirmed to be HCV positive should be evaluated by referral
2. Referral if history is suggestive of alcohol/substance abuse
3. Referral for counseling, as needed

#### REFERENCES

1. [CDC STI Treatment Guidelines, 2021](#)
2. [Hepatitis C - FAQs, Statistics, Data, & Guidelines | CDC](#)