

a series of fact sheets written
by experts in the field of liver
disease

Occupational Exposure to Hepatitis C

Alan Franciscus, Editor-in-Chief

HEPATITIS C VIRUS (HCV) IS TRANSMITTED through blood-to-blood exposure. The most common transmission routes include sharing HCV infected needles and drug preparation tools, and blood products/transfusions received before 1992. Sexual transmission is less common but has been documented in studies.

Some transmission routes including tattooing, body-piercing and sharing personal items such as toothbrushes and razors are possible transmission routes, but are not well documented. Health-care workers are at risk because of needlestick accidents and unavoidable situations that may result in direct contact with blood from an HCV infected individual.

Health-Care Workers

Health-care workers or healthcare personnel are defined as people whose occupational activities involve contact with patients or with blood or other body fluids from patients in a health-care, laboratory, or public-safety setting.

Occupational Exposure

It has been well-documented that transmission of hepatitis C in a healthcare situation can occur. However, the general rate of transmission is considered very low – about 1.8%, which is similar to the prevalence rate in the general US population. The risk is primarily with needlestick accidents involving hollow-bore needles. Transmission from exposure to fluids or tissues other than HCV-infected blood can occur but it is uncommon. If exposure does occur, testing should be initiated and an occupational exposure report should be filed.

Prevention

According to the Occupational Safety and Health Administration (OSHA) all workers are required to keep a barrier between them and anyone's blood or body fluids.

All healthcare workers should always follow standard universal precautions including the use of gloves and face and eye protection if appropriate. Properly dispose of or sterilize used equipment. Safely dispose of used bandages, and clean and disinfect spilled blood and body fluids. Unlike hepatitis B, there is no pre- or postexposure vaccine or immunoglobulin (IG) to protect against HCV transmission.

Exposure

If exposure does occur the U.S. Public Health Service Guidelines for the management of HCV exposure include:

- For the source of infection—perform testing for anti-HCV (antibody).

- For the person exposed to an HCV positive source:
 - o Perform baseline testing for anti-HCV and ALT activity; and
 - o Perform follow-up testing at 4-6 months for anti-HCV and ALT activity—if earlier diagnosis of HCV infection is desired, testing for HCV RNA (viral load) may be performed at 4-6 weeks.
- All anti-HCV results should be confirmed by enzyme immunoassay using supplemental anti-HCV testing (RIBA).
- Information on counseling, testing and medical follow-up should be given to individuals exposed to hepatitis C.

Be Sure to Check Out the Other Factsheets in this Series:

HCV Transmission and Prevention

- *Are You at Risk for Getting Hepatitis C?*
- *Frequently Asked Questions about Sexual Transmission*
- *HCV Transmission and Prevention Overview*
- *How Long Does HCV Live on Surfaces?*
- *Mother-to-Child Transmission of Hepatitis C*
- *Preventing HCV and Transmission in Personal Care Settings*
- *Sexual Transmission of HCV*
- *HCV and Tattoos*

Antiviral Therapy for Post Exposure

There are currently no treatment recommendations for patients with acute hepatitis C, but recent data has shown that up to 98% of people treated with conventional or pegylated interferon monotherapy were able to rid their bodies of the hepatitis C virus. However, the best time to start HCV medications after exposure and who should be treated remain unknown. Since there are no recommendations for treatment, the decision should be made by the patient in collaboration with a healthcare provider.

Additional information about this topic is available from the CDC

CDC Report: *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis:*

www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm

For more information about hepatitis C, hepatitis B and HCV coinfections, please visit www.hcvadvocate.org.

<p>• <i>hcsPFACTsheet</i> • A publication of the Hepatitis C Support Project</p>	
<p>Executive Director Editor-in-Chief, HCSP Publications Alan Franciscus</p> <p>Design Paula Fener</p> <p>Production C.D. Mazoff, PhD</p> <p>Contact information: Hepatitis C Support Project PO Box 427037 San Francisco, CA 94142-7037 alanfranciscus@hcvadvocate.org</p>	<p>The information in this fact sheet is designed to help you understand and manage HCV and is not intended as medical advice. All persons with HCV should consult a medical practitioner for diagnosis and treatment of HCV.</p> <p>This information is provided by the Hepatitis C Support Project • a nonprofit organization for HCV education, support and advocacy • © 2009 Hepatitis C Support Project • Reprint permission is granted and encouraged with credit to the Hepatitis C Support Project.</p>
	