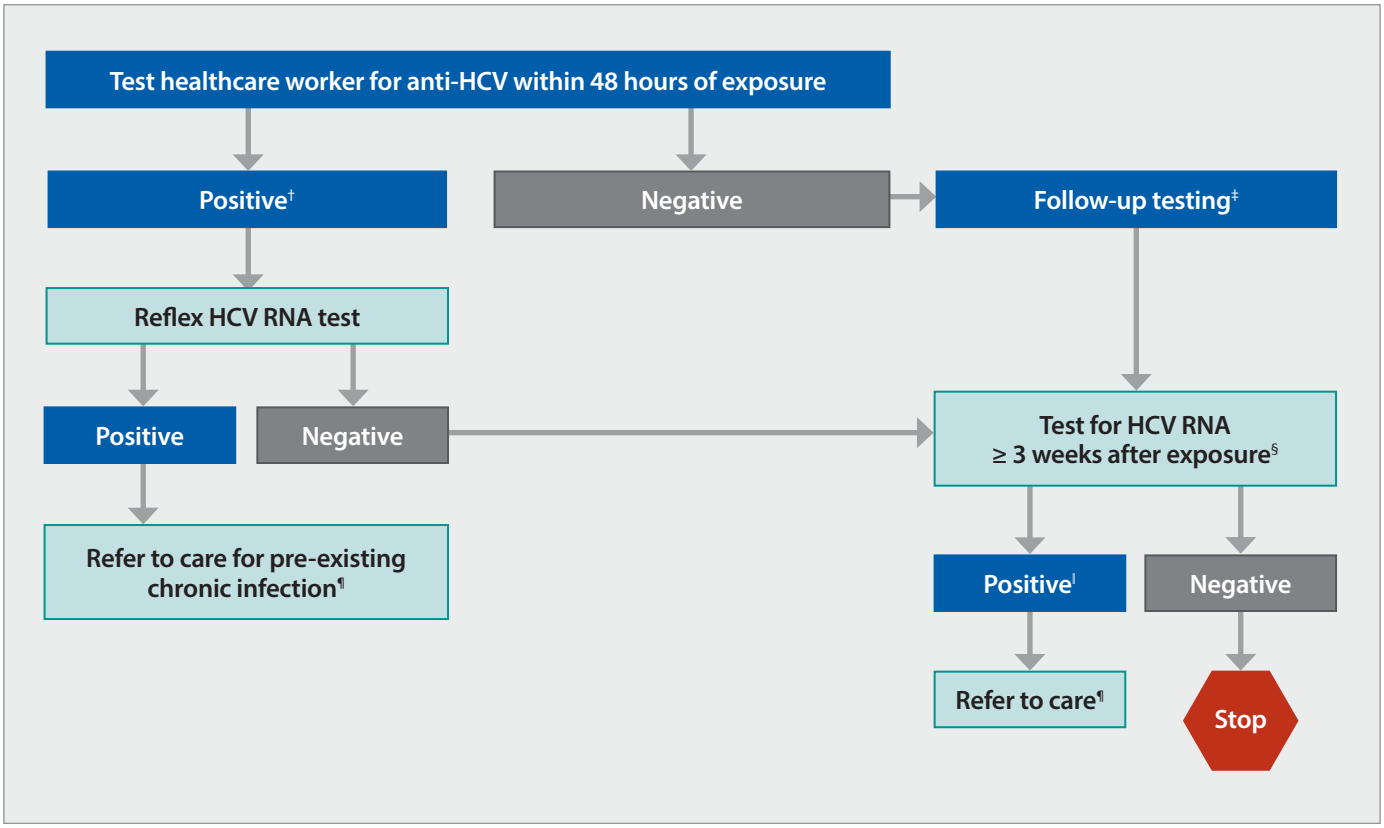
Information for Healthcare Personnel Potentially Exposed to Hepatitis C Virus (HCV)

Recommended Testing and Follow-up

Exposure to viral hepatitis has long been recognized as an occupational risk for healthcare personnel, with recommendations previously established for the management of occupational exposures to hepatitis C virus (HCV). This notice, which is based on current laboratory guidance[1], updates the 2001 HCV testing algorithm for healthcare personnel[2]. Postexposure prophylaxis (PEP) of hepatitis C is not recommended, as outlined in the 2001 MMWR on management of healthcare personnel who have occupational exposure to blood and other body fluids[2].

Test the source for HCV RNA*. If the source is HCV RNA positive, or if HCV infection status unknown, follow the algorithm below. After a needlestick or sharps exposure to HCV-positive blood, the risk of HCV infection is approximately 1.8%[2]. If the healthcare worker does become infected, follow AASLD/IDSA guidelines (www.hcvguidelines.org) for management and treatment of hepatitis C.



*If it is not possible to test source for HCV RNA, then test for antibodies to HCV (anti-HCV) and screen HCW exposed to anti-HCV positive source. Note that persons with acute infection may test HCV RNA positive but anti-HCV negative.

†In a nationally representative population sample with low (1%) HCV infection prevalence, 22% of anti-HCV positive results were determined to be false-positive. An additional 10% had indeterminate results in a confirmatory assay; most were likely to be false-positive. Among the subset of persons testing anti-HCV screening reactive and subsequently HCV RNA negative, 50% of the anti-HCV tests were false-positive.[3]

‡Anti-HCV testing at >= 6 months with reflex to HCV RNA test, if positive, could also be done.

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[§]A single negative HCV RNA test using currently available FDA-approved tests in the US is considered sufficient to rule out chronic HCV infection when screening an HCV antibody-positive individual with no known ongoing risk of exposure. HCV RNA becomes detectable within 3 weeks after exposure even when the antibody is still undetectable. Persons who develop symptoms of acute HCV infection such as jaundice may be tested earlier than 3 weeks, but if negative would require re-testing at ≥ 3 weeks. Spontaneous clearance of acute infection may occur up to six months after exposure, therefore persons testing HCV RNA positive < 6 months after exposure should be tested again at ≥ 6 months to determine infection status.

[ǁ]All patients with current HCV infection as evidenced by a positive HCV RNA test result should be evaluated by a practitioner with expertise in assessment of liver disease severity and HCV treatment. Guidance for hepatitis C treatment may be found at www.hcvguidelines.org and is changing rapidly with the advent of new therapies.

[¶]Spontaneous clearance of infection may occur up to six months after exposure; persons testing HCV RNA positive < 6 months after exposure should be tested again at ≥ 6 months after exposure to determine infection status.

References

[1]CDC. Testing for HCV Infection: An Update of Guidance for Clinicians and Laboratorians. MMWR 2013; 62(18): 362-5.

[2]Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis. MMWR 2001; 50 (RR11): 1-42.

[3.]Moorman A, Drobenuic J, Kamili S. Prevalence of false-positive hepatitis C antibody results, National Health and Nutrition Examination Study (NHANES) 2007-2012. J Clin Virol 2017; 89: 1-4.