COMMUNICABLE DISEASE MANUAL POLICIES/PROCEDURES

HEPATITIS C

OBJECTIVE: Control and management of Hepatitis C Virus (HCV).

DESCRIPTION: Hepatitis C is an inflammation of the liver caused by HCV. Historically, it was known as parenteral Non-A, Non-B and only associated with blood transfusions. Confirmed risk factors for obtaining Hepatitis C are IV drug abuse and receiving blood transfusions or blood products prior to blood screening, which started in July, 1992. Risk factors of low prevalence are multiple sex partners, history of STD's, or long term steady sex partners of HCV positive persons. Not confirmed risk factors of very low prevalence are recipients of transplanted tissue, intranasal cocaine or other non-injecting illegal drug use, and history of tattooing or body piercing. As many as 70% of patients can develop chronic liver disease and 20% develop cirrhosis. A person may be a carrier. There are drugs that are licensed to treat individuals with chronic HCV infection. There are 6 known genotypes and 50 subtypes of HCV. Viral genotyping must be done to determine the course of treatment, if available, for that genotype.

Children Born to Women with HCV Infection should be tested for HCV infection, because approximately 5% of these children will acquire the infection. The duration or presence of passive maternal antibody in infants is approximately 18 months. Therefore, testing for anti-HCV should not be performed until after 18 months of age. If earlier diagnosis is desired, NAA testing to detect HCV RNA may be performed at or after the infant's first well-child visit at one (1) to two (2) months of age.

EQUIPMENT: Nurse Referral Form and MDSS User Manual (disease specific form will be found in MDSS). Hard copy forms can be found in the Communicable Disease Case Forms Notebook located in the nursing area. MDHHS web site at www.michigan.gov/cdinfo and CDC Web site at www.cdc.gov/diseasesconditions/az/a.html.


PROCEDURE: A. Case Investigation

1. Referral received per phone call, laboratory results, or automatically through MDSS.

2. Check MDSS, PHN database, or family folder for past records and document all case investigation proceedings.

3. Get positive lab results along with Comprehensive Metabolic Panel to verify test results and determine acute or chronic case.

4. Contact MD to confer regarding diagnosis of Hepatitis C and ordering additional lab work when necessary. Also refer to MDCH flowchart, and
CDC flowchart for reporting acute and chronic Hepatitis C, and current case definition in MDSS.

B. MDSS Case Report

1. Complete case investigation using disease specific form in MDSS.

2. PHN reviews case for completeness and mark case for supervisor's “review”.

C. Education and Counseling for Individuals with Hepatitis C Infection

The following guidelines are recommended to educate and counsel individuals with Hepatitis C:

- *Provide counseling to prevent HCV transmission to others.* HCV-infected individuals should take the following precautions to prevent transmission to others:
  
  Do not donate blood, body organs, other tissue or semen.
  Do not share toothbrushes, dental appliances, razors or other personal care items that might have blood on them.
  Cover cuts and sores on the skin to keep from spreading infectious blood or secretions.

- *Provide counseling for chronic liver disease.* HCV-infected individuals should take the following precautions to protect their liver from further harm:
  
  Do not drink alcohol.
  Do not start any new medicines, including over-the-counter and herbal medicines, without checking with their doctor.
  Get vaccinated against Hepatitis A and Hepatitis B.

- *Refer for medical management.* HCV-infected persons should be referred for medical management to:
  
  Assess for evidence of chronic liver disease.
  Assess for severity of disease and possible treatment.

D. Testing for Hepatitis C

HCV testing is recommended for anyone at increased risk for HCV infection including:

- Persons born from 1945 through 1965
- Persons who have ever injected illegal drugs, including those who injected only once many years ago.
- Recipients of clotting factor concentrates made before 1987
- Recipients of blood transfusions or solid organ transplants before July 1992.
- Patients who have ever received long-term hemodialysis treatment
- Persons with known exposures to HCV, such as health care workers after needle sticks involving HCV-positive blood or recipients of blood or organs from a donor who later tested HCV-positive
- All persons with HIV infection and active TB disease
- Patients with signs or symptoms of liver disease (e.g. abnormal liver enzyme tests)
- Children born to HCV-positive mothers (to avoid detecting maternal antibody, those children should not be tested before age 18 months)
- Pregnancy
- MSM
- Those sexually assaulted within the last year with no follow-up care

RESOURCES:
- Current Red Book
- Current Control of Communicable Diseases Manual
- Current disease specific “Fact Sheet”