Hepatitis C

**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 evade the immune system. Hepatitis C infection is the most common chronic blood borne infection in the United States. The incubation period can range from 1 week to six months. The treatment goal is improve histology, decrease the risk of hepatocellular carcinoma, and improve quality of life. Acute hepatitis C refers to the first six months, after infection. As many as 60-70% of individuals infected develop no symptoms during the acute phase. Hepatitis C can also be chronic and cause chronic liver disease ranging from mild to severe, including cirrhosis and liver cancer. Chronic disease is usually insidious and progresses slowly without any signs or symptoms for several decades. 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. Symptoms may include: fatigue, fever, joint and muscle pain, abdominal pain, loss of appetite, itchy skin, yellow skin, nausea/vomiting and dark colored urine
3. Groups at risk for HCV infections:
   - IV drug use
   - HIV infected individuals
   - Transfusions and organ transplants received before 1992
   - Intranasal cocaine use
   - Sharing personal items with an infected person
   - Tattooing and body piercing
   - High-risk sexual activity
   - Clotting factors received before 1987
   - Occupational exposures – health-care worker with needle, sharps or mucosal exposure
   - Mother-to-infant contact (rare, but still considered a risk)
   - Individuals having signs and symptoms of liver disease
     - long-term hemodialysis patients
   - Persons who were ever incarcerated

**OBJECTIVE**

May include:
1. Asymptomatic but with high risk history
2. Jaundice, hepatomegaly
3. Abnormal liver function test

**LABORATORY**

1. Anti-HCV testing is recommended for routine screening of asymptomatic persons based on their risk for infection.
2. Anti-HCV testing is recommended for any client seeking hormonal birth control if high risk history or symptoms suggestive of hepatitis C per Title X screening guidelines.

**ASSESSMENT**

Hepatitis C Infection: acute or chronic

**PLAN**

1. Treatment is now available. Over 90% of persons 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 STI as indicated.
5. No post-exposure treatment with immune globulin is effective in preventing HCV infection.
6. If client is seeking a hormonal contraceptive method, and symptomatic, with an uncertain HCV status, provide a barrier method until testing have been completed. (See chart of Medical Eligibility Criteria for Contraceptive Use)

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. Not to share any personal items that might have blood on it
3. Cover cuts and sores on the skin
4. HCV+ persons with long term steady sex partner do not need to change their sexual practices.
5. HCV+ women do not need to avoid pregnancy or breastfeeding.
6. Counsel all HCV+ clients regarding the increase risk of liver disease with alcohol use.
7. The CDC recommends one-time HCV testing for adults born between 1945 and 1965 regardless of HCV risk.

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: