



Hepatitis C

DEFINITION	<p>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. According to the CDC, there are approximately 180 million hepatitis C antibody positive individuals worldwide, 4.1 million of whom reside in the United States. The highest prevalence of the disease is among those aged 30 – 54 years. Often not recognized until asymptomatic persons are identified as HCV-positive. The incubation period can range from 2 weeks 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. The CDC recommends one-time HCV testing for adults born between 1945 and 1965 regardless of HCV risk.</p>
SUBJECTIVE	<p>Subjective data may include:</p> <ol style="list-style-type: none">1. Complete medical, family, social history, sexual history, and depression scale.2. Symptoms may include: fatigue, fever, joint and muscle pain, abdominal pain, loss of appetite, itchy skin, and dark colored urine.3. Groups at risk for HCV infections:<ul style="list-style-type: none">IV drug useHIV infected individualsTransfusions and organ transplants received before 1992Intranasal cocaine useSharing personal items with an infected personTattooing and body piercingHigh-risk sexual activityClotting factors received before 1987Occupational exposures – health-care worker with needle exposureMother-to-infant contact (rare, but still considered a risk).Individuals having signs and symptoms of liver disease.
OBJECTIVE	<ol style="list-style-type: none">1. May be asymptomatic but includes a high risk history2. Jaundice, hepatomegaly

	3. Abnormal liver function test.
LABORATORY	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. The anti-HCV testing is recommended for routine screening of hepatitis C. Persons testing negative for anti-HCV who had an exposure should be reassured they are not infected. 2. Persons determined to be anti-HCV positive should be evaluated by referral for the presence of active infection, possible chronic infection and possible treatment. 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 methods until testing have been completed. (See chart of Medical Eligibility Criteria for Contraceptive Use)
CLIENT EDUCATION	<ol style="list-style-type: none"> 1. To reduce the risk for transmission to others, the HCV+ person should be advised to not donate blood, body organs, or semen. Reinforce the risk of transmission for HCV+ can occur without the symptoms of infection. 2. Not 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 the increase risk of liver disease with alcohol use.
CONSULT / REFER TO PHYSICIAN	<ol style="list-style-type: none"> 1. Referral to a HCV specialist for follow-up care for all clients testing positive for hepatitis C. 2. Referral if history is suggestive of alcohol/substance abuse.

References:

1. Smith BD, Morgan RL, Beckett GA, et al. Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born during 1945-1965. MMWR Recomm Rep 2012; 61:1
2. Rapsilber, Lynn, MSN, “What to do with a Positive Hep C Test”, pp. 16-26. The Clinical Advisor, October 2012, www.ClinicalAdvisor.com.
3. Center for Disease Control and Prevention, Sexually Transmitted Disease Treatment Guidelines MMWR 2010, December 2010 (RR12); 1-110 www.cdc.gov/mmwr