

Section: Medical Exposure Control Plan – Information Fact Sheets
Subject: HEPATITIS-C
Section #: 383.06
Issue Date: March 21, 2011
Revision Date:
Approved By: 

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1. Identification

- a. Acute viral hepatitis is a common, worldwide disease that has different causes; each type shares clinical, biochemical, and morphologic features. Liver infections caused by non-hepatitis viruses (e.g., Epstein-Barr virus, yellow fever virus, cytomegalovirus generally are not termed acute viral hepatitis. At least 5 specific viruses appear to be responsible.
- b. Onset of the disease is slow and gradual, usually not noticed by the patient. Symptoms include anorexia, vague abdominal discomfort, nausea and vomiting, and progressing to jaundice less frequently than HBV. Severity range from unapparent in 75% of infections to rare fulminating fatal cases. Diagnosis currently depends on demonstration of antibody to the Hepatitis C virus (HCV).

2. Infectious Agents

- a. HCV is a single-stranded RNA flavivirus. Six major HCV subtypes exist with varying amino acid sequences (genotypes); these subtypes vary geographically and in virulence and response to therapy. HCV can also alter its amino acid pattern over time in an infected person (producing quasispecies).

3. Susceptibility

- a. Susceptibility is general. The degree of immunity following infection is not known.

4. Mode of Transmission

- a. Transmission of HCV occurs by percutaneous exposure to contaminated blood and blood products. The risk of HCV transmission by household contact and sexual activity has not been defined.

5. Incubation Period

- a. Ranges from 2 weeks to 6 months; most commonly 6 – 9 weeks

6. Period of Communicability

- a. From one (1) or more weeks before the onset of symptoms: may persist indefinitely

7. Isolation

- a. Universal precautions should be utilized. Prevent exposure to blood and blood product exposure to percutaneous and transmucosal routes.

8. Exposure Management

- a. Determination of a blood exposure should be reported
- b. The source patient can be screened for HCV and HIV at the time of blood exposure
- c. Post exposure with Immune Globulin is NOT effective for HCV
- d. Treatment may include alpha interferon and Ribavirin

9. Vaccination

- a. No known vaccination is available

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10. References

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