HEPATITIS C VIRUS (HCV) - POST EXPOSURE TESTING
(OCCUPATIONAL HEALTH)

To be used in conjunction with the Occupational Exposure section of the agency Infection Control Manual

I. DEFINITION:

Hepatitis C is a liver disease caused by the hepatitis C virus: the virus can cause both acute and chronic hepatitis infection, ranging in severity from a mild illness lasting a few weeks to a serious, lifelong illness. Hepatitis C (HCV) The hepatitis C virus is a bloodborne virus and the most common modes of infection are through unsafe injection practices; inadequate sterilization of medical equipment; and the transfusion of unscreened blood and blood products. HCV is not transmitted efficiently through occupational exposures to blood. The risks of transmission of HCV after exposure to blood or body fluids infected with HCV are as follows:

II. LABORATORY TESTING:

A. FOR THE SOURCE

Draw (venipuncture) one serum separator tube of the source’s blood for baseline testing for antibody to HCV (anti-HCV).

B. FOR THE EXPOSED EMPLOYEE

1. All employees who have a BBP occupational exposure are encouraged to participate in baseline serology testing. The employee must elect to consent or decline to having their blood specimens collected for baseline testing using (ODH1087) Bloodborne Pathogen Post-Exposure Consent Declination Form to document the employee’s choice.

2. With the employee’s signed consent, draw (venipuncture) one full serum separator tube of the employee’s blood for baseline anti-HCV testing through the contract lab. Note this same tube of the employee’s blood will be used for HBV testing.

3. If the source is known to be HCV postive at the time of the exposure, draw (venipuncture) an additional tube of the employee’s blood to perform ALT lab testing as part of the employee’s baseline lab test.

4. All lab test results are documented on the Employee Health Specimen Log.

5. Perform follow-up testing (e.g., at 4-6 months) for anti-HCV and ALT activity.

6. Confirm all anti-HCV results reported positive by enzyme immunoassay using supplemental anti-HCV testing (e.g., recombinant immunoblot assay [RIBA] or NAT for RNA).

C. SPECIAL CONSIDERATIONS

1. Employees with positive anti-HCV results at baseline are to be referred to their PCP for follow up.

2. Employees who convert to a positive anti-HCV test during post BBP exposure follow up are to be referred to an Infectious Disease Specialist through the OSDH Occupational Health Nurse Manager.
D. MANAGEMENT FOR THE EXPOSED EMPLOYEE:

1. In the absence of PCP for HCV, recommendations for post exposure management are intended to achieve early identification of chronic disease through monitoring for symptoms of viral illness and additional serology testing. If post exposure follow-up on the exposed employee indicates the presence of HCV, immediately contact the Occupational Health Nurse Manager located in the Human Resource Office of OSDH Central Office (405-271-4171) for further assistance in getting exposed employee referred for medical management from an Infectious Disease Specialist.

2. Provide employee centered counseling:
   a. The employee exposed to HCV infected blood does not need to take any special precautions to prevent secondary transmission during the follow-up period; however, they should refrain from donating blood, plasma, organs, tissue, or semen.
   b. The exposed employee does not need to modify sexual practices or refrain from becoming pregnant.
   c. If the exposed woman is breastfeeding, she does not need to discontinue.
   d. Modification to the exposed employee’s patient-care responsibilities are not necessary to prevent transmission to clients solely based on their exposure to HCV positive blood.

FOR THE SOURCE:

Refer clients with positive anti-HVC test results to their PCP for further testing and follow-up.

REFERENCE:

MMWR June 29, 2001/Vol 50/No. RR-11.