



HEPATITIS C VIRUS

What Is It?

Hepatitis C is the most common bloodborne virus in the United States. More than 3 million Americans are living with chronic infection. Hepatitis C is responsible for an estimated 8,000 to 10,000 deaths each year in the US due to chronic liver disease (cirrhosis) and liver cancer. Hepatitis C is caused by the Hepatitis C Virus (HCV), one member of a group of viruses that cause this kind of disease. Hepatitis B Virus (HBV) is another important virus in this family. Hepatitis C is a concern for healthcare providers. Blood infected with the HCV is more infectious than HIV infected blood but not as infectious as HBV. Additionally, HCV is more common in the US than HIV.

How can you get it?

Hepatitis C is transmitted via contact with the blood or body fluids of a person infected with HCV.

You can get HCV by:

- A needle stick from a bloody needle
- A cut from a bloody sharp object
- Infectious fluids entering through an open wound, scrape, broken cuticle, or chapped skin
- Through mucous membranes, such as in the eye, nose, or mouth

Several groups are noted to have a high risk of hepatitis HCV including parenteral (IV) drug abusers, persons who received blood products before 1992, persons with HIV, and hemodialysis patients.

What are the symptoms?

Hepatitis C often shows no symptoms until significant liver damage is done. This is why you must get tested. For people who do show symptoms of acute HCV infection, these include:

- Mild fever
- Muscle or joint aches
- Vague abdominal pain
- Loss of appetite
- Jaundice (yellow skin color)

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- Tea-colored urine and light clay-colored bowel movements

Many of these symptoms go undetected because they are so mild and can disappear completely. The majority of people infected with Hepatitis C do not notice symptoms until after the virus causes liver damage, as long as 10 or more years after initial infection.

A small number of people infected with HCV are able to clear the virus from their bodies. Hepatitis C becomes a chronic (life-long) infection in the majority (75-85%) of patients.

Signs and symptoms of liver disease from chronic HCV may include:

- jaundice, dark urine, light colored bowel movements
- fatigue
- abdominal pain, loss of appetite, nausea, vomiting
- easy bruising or excessive bleeding
- swollen abdomen and/or ankles
- joint pain

Persons with the chronic hepatitis C run the risk of developing severe health complications, including cirrhosis, liver cancer, liver failure, and death.

How do you prevent it?

There is currently no vaccine for Hepatitis C. The best ways for fire fighters and other first responders to prevent HCV transmission are to become educated and consistently use safe sharp practices, apply universal precautions and report any possible exposures. This is part of a comprehensive [OSHA required program for Bloodborne pathogen exposures](#).

You can help prevent the spread of HCV through:

- Sharps Safety
 - Training and consistent use of safer needle techniques and devices
 - Proper sharp disposal
- Using Universal Precautions
 - Hand hygiene (wash with soap and water or using an alcohol based hand rub)
 - Personal protective equipment (PPE) (gloves, gowns, masks and goggles that offer mouth, nose and eye protection)
 - Proper handling and disposal of instruments/devices and clothing contaminated with blood or body fluids

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What should you do if you are exposed to HCV infected blood or body fluid?

Immediately following any sharps injury or body fluid exposure:

- Wash needlesticks and cuts with soap and water
- Flush splashes to the nose, mouth, or skin with water
- Irrigate eyes with clean water, saline, or sterile irrigants
- Report the incident to your supervisor
- Immediately seek medical treatment

Medical evaluation for a HCV exposure:

- You will be evaluated for bloodborne pathogen exposure
- If you are exposed to Hepatitis C, you should have blood drawn as soon as possible (within 7 days) for **baseline testing for antibodies to HCV and liver function**
- The CDC recommends follow-up HCV and liver testing, options include
 - Anti-HCV antibody testing at 4-6 months after exposure, or
 - HCV RNA testing 4-6 weeks post-exposure
- Since false positive results can occur, all positive anti-HCV antibody results should be confirmed by a second, different test (ex., recombinant immunoblot assay [RIBA™])

The goals of post-exposure medical care are (1) early identification of HCV infection and referral to liver specialists who can offer further management and (2) prevention of future exposures. Other than thoroughly cleaning the wound, there is no specific post-exposure treatment for Hepatitis C. Currently no vaccine for HCV is available. Immune globulin therapy and antiviral medications have not been proven useful and are not recommended.

What kinds of treatment are available for Hepatitis C?

Anyone infected with HCV should discuss all of their medical treatment options with a healthcare provider who specializes in treating hepatitis.

- Acute HCV: While there is no specific medication to treat acute Hepatitis C infection, it is still very important to see your healthcare provider. Symptoms of acute HCV infection can usually be managed with rest, fluids, and adequate nutrition. Regular medical follow-up is critical to identify signs of liver disease as soon as these develop.
- Chronic HCV: Treatments for chronic HCV are available. Combination therapy with two medicines, interferon and ribavirin, is most often used. It's important to know

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that not every person with chronic Hepatitis C needs or will benefit from treatment. In some cases, these drugs may cause serious side effects.

- All patients with HCV need to understand how to protect their liver from further damage by getting immunized for hepatitis A/B, avoiding alcohol, discussing all medications with their provider, and having continuing medical care.

For More Information and Frequently Asked Questions (FAQs), Check Out :

- IAFF Hepatitis C site: <http://www.iaff.org/HS/Resi/hepc/frames/HCV.html>
- Centers for Disease Control and Prevention (CDC):
<http://www.cdc.gov/hepatitis/HCV/index.htm>
 - CDC, Exposure to Blood: What Healthcare Personnel Need to Know:
http://www.cdc.gov/HAI/pdfs/bbp/Exp_to_Blood.pdf
 - CDC, Immunization of Health-Care Workers:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/00050577.htm>
- National Digestive Diseases Information Clearinghouse (NDDIC):
http://digestive.niddk.nih.gov/ddiseases/pubs/hepc_ez/index.aspx
- Canadian Centre for Occupational Health and Safety (CCOHS):
http://www.ccohs.ca/oshanswers/diseases/hepatitis_c.html
- Public Health Agency of Canada (PHAC): <http://www.phac-aspc.gc.ca/hepc/faq-eng.php>