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 invade the immune system. Hepatitis C infection is the most common chronic blood borne infection in the United States. Hepatitis C is transmitted via parenteral, sexual, and perinatal. It is not transmitted fecal-oral route. The incubation period can range from 1 week to six months. The treatment goal is to 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. Approximately, 75% of cases progress to chronic hepatitis. 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 (uncommon), joint and muscle pain, abdominal pain, loss of appetite, itchy skin, yellow skin (uncommon), nausea/vomiting (common) and dark colored urine 3. Groups at risk for HCV infection includes both subjective and objective data. Subjective risk factors include: a. IV drug use b. Transfusions and organ transplants received before 1992 c. Intranasal cocaine use d. Sharing personal items with an infected person e. High-risk sexual activity f. Clotting factors received before 1987 g. Occupational exposures – health-care worker with needle, sharps, or mucosal exposure h. Long-term hemodialysis patients i. Persons who were ever incarcerated
OBJECTIVE	May include: 1. Vital signs; fever 2. Asymptomatic but with high risk history 3. Jaundice (25% cases), with hepatomegaly and splenomegaly 4. Groups at risk for HCV infection includes both subjective and objective data. Objective risk factors include: a. HIV infected individuals b. Tattooing and body piercing c. Mother-to-infant contact (rare, but still considered a risk) d. Individuals having signs and symptoms of liver disease e. Persons born between 1945 and 1965
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. 3. CBC and LFTs are included in initial testing
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 methods until testing have been completed. (See chart of Medical Eligibility Criteria for Contraceptive Use) 7. Long-term partners of a person with chronic HCV should be tested every 5 years 8. Patient is infectious 4 to 6 weeks before symptoms and unpredictable after symptoms; screen sexual partners
CLIENT EDUCATION	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 to share any personal items that might have blood on it 3. Cover cuts and skin lesions to prevent spread of infection thru secretions of blood; blood spills should be cleaned with bleach and bagged independently before placed in the trash 4. Partners of infected patients need to be screened; barrier protection should be used, and monogamous partners can use their discretion if the partner is hepatitis negative, but all partners should be tested every few years to detect any seroconversion. 5. HCV+ women do not need to avoid pregnancy or breastfeeding. 6. Counsel all HCV+ clients regarding the increased 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. 8. Advise and provide up-to-date immunization for Hepatitis A and Hepatitis B as indicated.
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:

1. https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf
2. Hepatitis C - FAQs, Statistics, Data, & Guidelines | CDC
3. Hepatitis C: MedlinePlus Medical Encyclopedia
4. https://www.health.nd.gov/sites/www/files/documents/Files/MSS/HIVSTIHEP/CTR/CTRManual.pdf
5. Buttaro, T., Trybulski, J., Polgar-Bailey, P., Sandberg-Cook, J. (2017). Primary care: A collaborative practice. (5th ed.). Elsevier: St. Louis, MO.