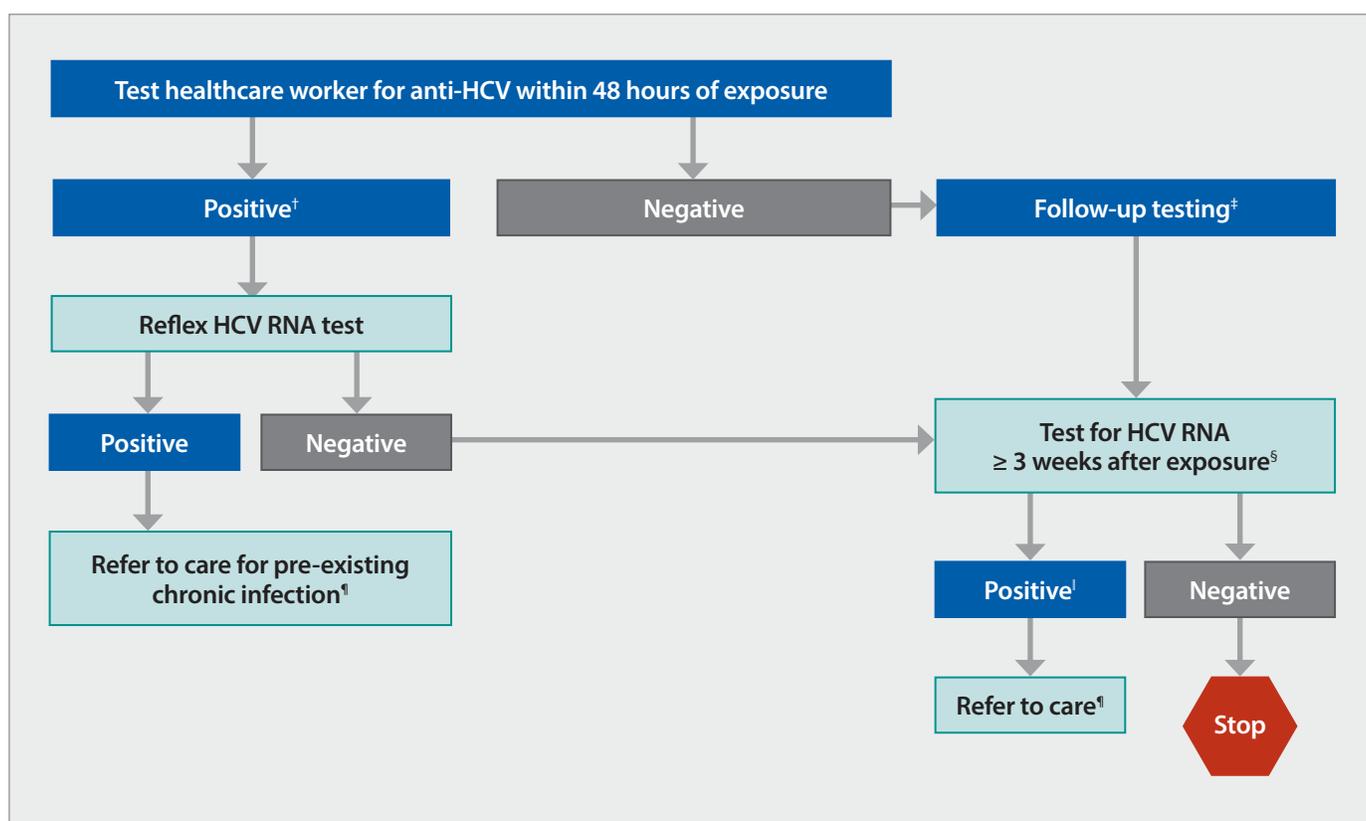


# Information for Healthcare Personnel Potentially Exposed to Hepatitis C Virus (HCV)

## Recommended Testing and Follow-up

Exposure to viral hepatitis has long been recognized as an occupational risk for healthcare personnel, with recommendations previously established for the management of occupational exposures to hepatitis C virus (HCV). This notice, which is based on current laboratory guidance<sup>1</sup>, updates the 2001 HCV testing algorithm for healthcare personnel<sup>2</sup>. Postexposure prophylaxis (PEP) of hepatitis C is not recommended, as outlined in the 2001 MMWR on management of healthcare personnel who have occupational exposure to blood and other body fluids<sup>2</sup>.

Test the source for HCV RNA\*. If the source is HCV RNA positive, or if HCV infection status unknown, follow the algorithm below. After a needlestick or sharps exposure to HCV-positive blood, the risk of HCV infection is approximately 1.8%<sup>2</sup>. If the healthcare worker does become infected, follow AASLD/IDSA guidelines ([www.hcvguidelines.org](http://www.hcvguidelines.org)) for management and treatment of hepatitis C.



\*If it is not possible to test source for HCV RNA, then test for antibodies to HCV (anti-HCV) and screen HCW exposed to anti-HCV positive source. Note that persons with acute infection may test HCV RNA positive but anti-HCV negative.

†In a nationally representative population sample with low (1%) HCV infection prevalence, 22% of anti-HCV positive results were determined to be false-positive. An additional 10% had indeterminate results in a confirmatory assay; most were likely to be false-positive. Among the subset of persons testing anti-HCV screening reactive and subsequently HCV RNA negative, 50% of the anti-HCV tests were false-positive.<sup>3</sup>

‡Anti-HCV testing at  $\geq 6$  months with reflex to HCV RNA test, if positive, could also be done.



<sup>5</sup>A single negative HCV RNA test using currently available FDA-approved tests in the US (all with lower limit of detection <100 IU/mL in serum)<sup>4</sup> is considered sufficient to rule out chronic HCV infection when screening an HCV antibody-positive individual with no known ongoing risk of exposure. HCV RNA becomes detectable within 3 weeks after exposure even when the antibody is still undetectable. Persons who develop symptoms of acute HCV infection such as jaundice may be tested earlier than 3 weeks, but if negative would require re-testing at  $\geq 3$  weeks. Spontaneous clearance of acute infection may occur up to six months after exposure, therefore persons testing HCV RNA positive < 6 months after exposure should be tested again at  $\geq 6$  months to determine infection status.

<sup>1</sup>All patients with current HCV infection as evidenced by a positive HCV RNA test result should be evaluated by a practitioner with expertise in assessment of liver disease severity and HCV treatment. Guidance for hepatitis C treatment may be found at [www.hcvguidelines.org](http://www.hcvguidelines.org) and is changing rapidly with the advent of new therapies.

<sup>4</sup>Spontaneous clearance of infection may occur up to six months after exposure; persons testing HCV RNA positive < 6 months after exposure should be tested again at  $\geq 6$  months after exposure to determine infection status.

## References

<sup>1</sup>CDC. Testing for HCV Infection: An Update of Guidance for Clinicians and Laboratorians. MMWR 2013; 62(18): 362-5.

<sup>2</sup>Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis. MMWR 2001; 50 (RR11): 1-42.

<sup>3</sup>Moorman A, Drobeniuc J, Kamili S. Prevalence of false-positive hepatitis C antibody results, National Health and Nutrition Examination Study (NHANES) 2007-2012. J Clin Virol 2017; 89: 1-4.

<sup>4</sup>FDA Executive Summary, Prepared for the March 21-22, 2018 meeting on the Reclassification of HIV and HCV Diagnostic Devices Joint Panel Meeting of the Blood Products Advisory Committee and the Microbiology Devices Panel of the Medical Devices Advisory Committee. Table 3: FDA Approved HCV RNA Tests for the Detection of HCV RNA in HCV Antibody Positive Individuals, Table 4: FDA Approved HCV RNA Tests for the Quantitation of HCV in Anti-HCV Positive Individuals. <https://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/BloodVaccinesandOtherBiologics/BloodProductsAdvisoryCommittee/UCM598744.pdf> Accessed April 27, 2018.