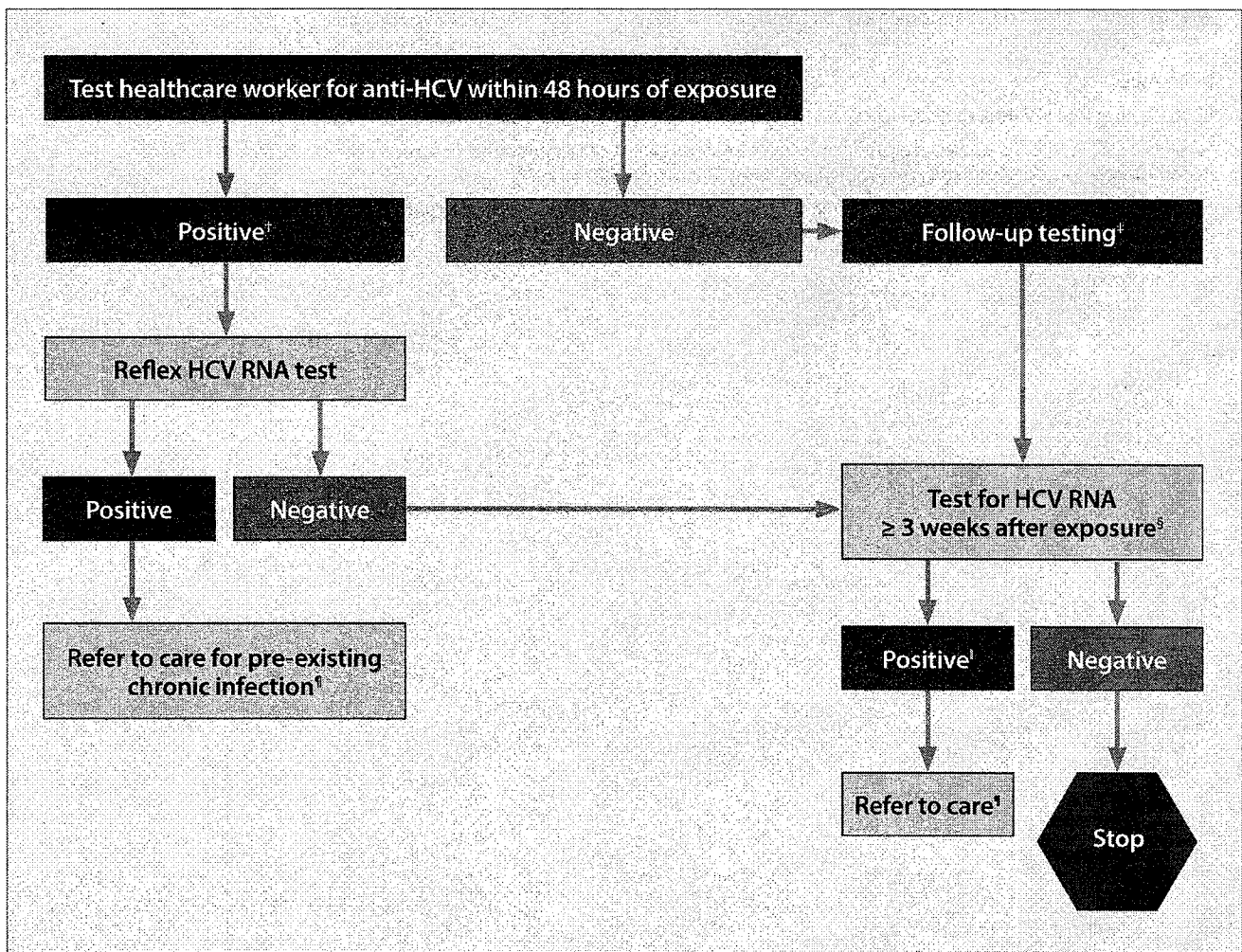


# Information for Healthcare Personnel Potentially Exposed to Hepatitis C Virus (HCV)

## 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>.

Test the source for HCV RNA<sup>3</sup>. If the source is HCV RNA positive, or if HCV infection status unknown, follow the algorithm below:



<sup>†</sup>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.

<sup>†</sup>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>

<sup>†</sup>Anti-HCV testing at  $\geq 6$  months with reflex to HCV RNA test, if positive, could also be done.

<sup>§</sup>A single negative HCV RNA test using currently available FDA-approved tests in the US 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>†</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>†</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>CDC Division of Viral Hepatitis, manuscript in preparation, *Prevalence of false-positive hepatitis C antibody results, NHANES 2007-2012*.