HCV ~ Quick Facts	
Causative agent	Small, single-stranded enveloped RNA virus in flavivirus family
Signs and symptoms	Typically asymptomatic, but may present with fever, headache, fatigue, loss of appetite, nausea, vomiting, diarrhea, abdominal pain, dark urine, grey-colored stools, joint pain, and jaundice
Transmission	 Percutaneous exposure to infected blood is the most efficient mode of HCV transmission Mucous membrane exposures to blood also can result in transmission, although this route is less efficient HCV can be detected in saliva, semen, breast milk, and other body fluids; these body fluids are not believed to be efficient vehicles of transmission Perinatal transmission is an important route of transmission
Infectious Period (time	• As soon as 1-2 weeks after exposure, although most people do
from exposure to	not experience symptoms
symptoms)	 Individuals who are HCV RNA positive are considered infectious
Incubation period (time	2-12 weeks
from exposure to	
symptoms)	
Laboratory Diagnosis	HCV RNA appears in the blood 1-2 weeks after exposure, and HCV antibodies can be detected 4-10 weeks after exposure and as late as 6 months after exposure
Screening	Universal hepatitis C screening:
	 Hepatitis C screening at least once in a lifetime for all adults aged 18 years and older, except in settings where the prevalence of HCV infection (HCV RNA-positivity) is less than 0.1%
	 Hepatitis C screening for all pregnant women during each pregnancy, except in settings where the prevalence of HCV infection (HCV RNA-positivity) is less than 0.1%
	One-time hepatitis C testing regardless of age or setting prevalence among people with recognized conditions or
	People with HIV
	 People who ever injected drugs and shared needles, syringes, or other drug preparation equipment, including those who injected once or a few times many years ago
	 People with selected medical conditions, including: people who ever received maintenance hemodialysis
	 people with persistently abnormal ALT levels
	 Prior recipients of transfusions or organ transplants, including: people who received clotting factor concentrates produced before 1987

	 people who received a transfusion of blood or blood components before July 1992
	 people who received an organ transplant before July 1992
	 people who were notified that they received blood from a donor who later tested positive for HCV infection
	Health care, emergency medical, and public safety personnel after needle sticks, sharps, or mucosal exposures to
	<u>HCV-positive blood</u> pdf icon[PDF – 1/7 KB]
	Children born to mothers with HCV infection
	while risk factors persist:
	• People who currently inject drugs and share needles, syringes, or other drug preparation equipment
	People with selected medical conditions, including:
	 people who ever received maintenance hemodialysis
	Any person who requests hepatitis C testing should receive it,
	reluctant to disclose stigmatizing risks
Prevention	 Harm reduction measures (use of clean needles, syringes, rinse water) to minimize the risk of spread through injection drug use Strict adherence to standard precautions and other infection control practices in healthcare settings Use of condoms can prevent the minimal risk of sexual
	 transmission 4) Not sharing personal items that might have blood on them, such as toothbrushes, dental appliances, razors, nail clippers, glucose meters, and lancet devices
	5) Getting <u>vaccinated</u> against viral hepatitis A and B can reduce the likelihood of further liver damage.
Treatment	 Although initial regimens were often ineffective and carried a high risk of serious adverse events, Directly Acting Antivirals (<u>DAAs</u>) are better tolerated and have much improved effectiveness
	• Approximately 90% of HCV-infected persons can be cured of infection with 8–12 weeks of therapy, regardless of genotype, prior treatment experience, fibrosis level, or presence of cirrhosis