What is hepatitis C?
Hepatitis C is a virus that uses liver cells to reproduce. As the body’s immune system works to defend against this virus, inflammation, injury, and ultimately scarring of the liver may occur. The hepatitis C virus is found in the blood of persons who have this disease. Hepatitis C is spread by contact with the blood of an infected person.

How is hepatitis C diagnosed?
There are several blood tests that can be done to determine if you have been infected with hepatitis C. Your doctor may order just one or a combination of these tests. The following are the types of tests your doctor may order and the purpose for each:

- **Anti HCV (antibody to hepatitis C).** This test is usually done first. If positive, it should be confirmed. This test does not tell whether the infection is new (acute), chronic (long-term) or is no longer present (resolved). If you have a confirmed positive anti-HCV, your doctor can order a test for HCV RNA
- **HCV RNA** This test will tell you if you have the virus present in your blood, which indicates that you are currently infected.

Who should get tested for hepatitis C?
- Current or former injection drug users, including those who injected only once or a few times many years ago;
- Persons who were treated for clotting problems with a blood product made before 1987 when more advanced methods for manufacturing the products were developed;
- Persons who were notified that they received blood or an organ from a donor who later tested positive for hepatitis C;
- Persons who received a blood transfusion or solid organ transplant before July 1992 when better testing of blood donors became available;
- Long-term hemodialysis patients;
- Persons who have signs or symptoms of liver disease (e.g., abnormal liver enzyme tests);
- Healthcare workers after exposures (e.g., needle sticks or splashes to the eye) to hepatitis C-positive blood on the job;
- Children born to hepatitis C-positive women;
- Persons who received body piercing or tattoos done with non-sterile instruments;
- Persons with HIV infection; and
- Persons born between 1945 and 1965.

How is hepatitis C virus spread from one person to another?
Hepatitis C virus is spread primarily by direct contact with human blood. For example, you may have gotten infected with hepatitis C virus if:

- You ever injected street drugs (even once), because the needles and/or other drug “works” used to prepare or inject the drug(s) may have had someone else's blood that contained hepatitis C virus on them;
- You received blood, blood products, or solid organs from a donor whose blood contained hepatitis C virus;
- You were ever on long-term kidney dialysis as you may have unknowingly shared supplies/equipment that had someone else's blood on them;
- You were ever a healthcare worker and had frequent contact with blood on the job, especially accidental needle sticks;
• Your mother had hepatitis C at the time she gave birth to you as during birth her blood may have gotten into your body;
• You ever had sex with a person infected with hepatitis C virus; or
• You lived with someone who was infected with hepatitis C virus and shared items such as razors or toothbrushes that might have had his/her blood on them.

**Is there any evidence that hepatitis C virus has been spread during medical or dental procedures done in the United States?**
Medical and dental procedures done in most settings in the United States do not pose a risk for the spread of hepatitis C. There have, however, been some reports that hepatitis C virus has been spread between patients in hemodialysis units where supplies or equipment may have been shared between patients and in outpatient clinics where proper infection control was not maintained.

**Can hepatitis C virus be spread by sexual activity?**
Yes, but this does not occur very often. If you are having sex, but not with one steady partner:
• You and your partners can get other diseases spread by having sex (e.g. HIV, hepatitis B, syphilis, gonorrhea or chlamydia);
• You should use condoms correctly and every time you have sex; and
• You should get vaccinated against hepatitis B.

**Can hepatitis C virus be spread within a household?**
Yes, but this does not occur very often. If hepatitis C virus is spread within a household, it is most likely due to direct exposure to the blood of an infected household member.

**Should pregnant women be routinely tested for anti-HCV?**
No. Pregnant women have no greater risk of being infected with hepatitis C virus than non-pregnant women, and interventions to prevent mother-to-child transmission are lacking. If pregnant women have risk factors for hepatitis C, they should be tested for anti-HCV.

**What is the risk that hepatitis C virus-infected women will spread hepatitis C virus to their newborn infants?**
Approximately five percent of infants born to hepatitis C virus-infected women become infected; however, the risk becomes greater if the mother has both HIV infection and hepatitis C. Infection occurs at the time of birth, and there is no treatment that can prevent this from happening. Most infants infected with hepatitis C virus at the time of birth have no symptoms and do well during childhood. More studies are needed to find out if these children will have problems from the infection, as they grow older. There are no licensed treatments or guidelines for the treatment of infants or children under the age of three years infected with hepatitis C virus. Children with elevated ALT (liver enzyme) levels should be referred for evaluation to a specialist familiar with the management of children with hepatitis C virus-related disease.

**Is it safe for a mother infected with hepatitis C virus to breastfeed her infant?**
Yes. There is no documented evidence that breastfeeding spreads hepatitis C. Therefore, having hepatitis C is not a contraindication to breastfeed. The hepatitis C virus is transmitted by infected blood, not by human breast milk. There are no current data to suggest that the hepatitis C virus is transmitted by human breast milk.
Is it safe for the hepatitis C-positive mother to breastfeed if her nipples are cracked and bleeding?

Data are insufficient to say yes or no. However, the hepatitis C virus is spread by infected blood. Therefore, if the hepatitis C-positive mother’s nipples and/or surrounding areola are cracked and bleeding, she should stop nursing temporarily. Instead, she should consider expressing and discarding her breast milk until her nipples are healed. Once her breasts are no longer cracked or bleeding, the hepatitis C-positive mother may fully resume breastfeeding.

How can you protect yourself from getting hepatitis C and other diseases spread by contact with human blood?

- Do not ever shoot drugs. If you shoot drugs, stop and get into a treatment program. If you cannot stop, never reuse or share syringes, water or drug works, and get vaccinated against hepatitis A and hepatitis B.
- Do not share toothbrushes, razors or other personal care articles. They might have blood on them.
- If you are a healthcare worker, always follow Standard Precautions and safely handle needles and other sharps. Get vaccinated against hepatitis B.
- Consider the health risks if you are thinking about getting a tattoo or body piercing. You can get infected if:
  - The tools that are used have someone else's blood on them.
  - The artist or piercer doesn’t follow good health practices, such as washing hands and using disposable gloves.
  - The ink used for your tattoo is contaminated with someone else’s blood.

What can persons with hepatitis C virus infection do to protect their livers?

- Stop drinking alcohol.
- See the doctor regularly.
- Do not start any new medicines or use over-the-counter, herbal and other medicines or supplements without a physician’s knowledge.
- Get vaccinated against hepatitis A and hepatitis B.

What other information should patients with hepatitis C be aware of?

- Hepatitis C virus is not spread by sneezing, hugging, coughing, food or water, sharing eating utensils or drinking glasses, or casual contact.
- Persons should not be excluded from work, school, play, child-care or other settings on the basis of their hepatitis C virus infection status. There is no evidence of transmission from food handlers, teachers, or other service providers in the absence of blood-to-blood contact. There is a low but present risk for transmission with sex partners.
- Sharing personal items that might have blood on them, such as toothbrushes or razors, can pose a risk to others.
- Cuts and sores on the skin should be covered to keep from spreading infectious blood or secretions.
- Donating blood, organs, tissue, or semen can spread hepatitis C to others.
- Involvement with a support group may help patients cope with hepatitis C.
What are the chances of persons with hepatitis C virus infection developing long-term infection, chronic liver disease, cirrhosis, liver cancer, or dying as a result of hepatitis C?

Of every 100 persons infected with HCV approximately:

- 75 to 85 persons will develop long-term infection,
- 60 to 70 persons will develop chronic liver disease,
- Five to 20 persons will develop cirrhosis over a period of 20 to 30 years, and
- One to five persons will die from the consequences of long-term infection (liver cancer or cirrhosis).

What is the treatment for chronic hepatitis C?

Because of advances in the field of antiviral therapy for chronic hepatitis C, individuals with hepatitis C should consult with physician specialists knowledgeable about hepatitis C to obtain the most up-to-date recommendations regarding treatment.
Disease Fact Sheet  Hepatitis C and Healthcare Workers

What is the risk for hepatitis C virus infection from a needle stick exposure to hepatitis C virus contaminated blood?
After needle stick or sharps exposure to hepatitis C virus-positive blood, about 2 healthcare workers out of 100 (1.8%) will get infected with hepatitis C virus (range 0% - 10%).

Other than needlesticks, do other exposures, such as splashes to the eye, pose a risk to healthcare personnel for hepatitis C transmission?
Although a few cases of hepatitis C transmission via blood splash to the eye have been reported, the risk for such transmission is expected to be very low. Avoiding occupational exposure to blood through the use of Standard Precautions is the primary way to prevent transmission of bloodborne infections among healthcare personnel. Depending on the medical procedure involved, Standard Precautions may include the appropriate use of personal protective equipment such as gloves, masks, gowns, and protective eyewear.

What are the recommendations for follow-up of healthcare workers after exposure to hepatitis C virus-positive blood?
Anti-viral agents (e.g., interferon) or immune globulin should not be used for postexposure prophylaxis.
1. For the source, baseline testing for anti-HCV.
2. For the person exposed to a hepatitis C virus-positive source, baseline and follow-up testing including:
   o Baseline testing for anti-HCV and ALT activity; and
   o Follow-up testing for anti-HCV and ALT activity at 4-6 months. (If earlier diagnosis of hepatitis C virus infection is desired, testing for HCV RNA may be performed at 4-6 weeks.)
3. Confirmation by supplemental testing of all anti-HCV results reported as positive by enzyme immunoassay.

Should hepatitis C virus-infected healthcare workers be restricted in their work?
There are no CDC recommendations to restrict a healthcare worker who is infected with hepatitis C virus. The risk of transmission from an infected healthcare worker to a patient appears to be very low. All healthcare personnel, including those who are hepatitis C virus-positive, should follow strict aseptic technique and Standard Precautions, including appropriate hand hygiene, use of protective barriers, and safe injection practices. CDC has guidance regarding the management of hepatitis B-infected healthcare workers and students and this can be accessed at http://www.cdc.gov/mmwr/PDF/rr/rr6103.pdf.