

Hepatitis C

Reporting Obligations

Lab confirmed cases of Hepatitis C shall be reported to the local Health Unit.

REPORTING FORM

Epidemiology

Aetiologic Agent:

The hepatitis C virus (HCV) is a small, single-stranded RNA virus and is a member of the Flaviviridae family. At least 6 major genotypes and approximately 100 subtypes exist. There is limited evidence about any differences in clinical outcome between the various types; however, differences do exist in responses to antiviral therapy according to HCV genotypes.

Clinical Presentation:

Most cases are usually asymptomatic or have mild illness; presentation is similar to other hepatitis diseases and when symptoms are present, the onset is slow and insidious with anorexia, vague abdominal discomfort, nausea and vomiting and fatigue. A high percentage (50-80%) of infected persons develop chronic infection.

Modes of transmission:

HCV is primarily transmitted by blood-to-blood contact (parenterally). Sexual and mother-to-child have been documented but appears far less efficient or frequent than the parenteral route.

Incubation Period:

Ranges from 2 weeks to 6 months, most commonly 6-9 weeks.

Period of Communicability:

From one or more weeks before the onset of symptoms; most persons are probably infectious indefinitely.

Additional Resources

1. [Can J Gastroenterology. "Management of chronic Hepatitis C: Consensus Guidelines, 2015."](#)
2. [Canadian Liver Foundation. "Healthy Living with Viral Hepatitis."](#)
3. [Healthy Canadians, Government of Canada. "Hepatitis C."](#)
4. [OHA. "Communicable Disease Surveillance Protocols for Ontario Hospitals."](#)
5. [Canadian AIDS Treatment Information Exchange \(CATIE\). "Hepatitis C"](#)
6. [SMDHU HealthSTATS: Hepatitis C](#)

References

1. [Ministry of Health and Long Term Care, Infectious Diseases Protocol, 2009.](#)

Risk Factors/Susceptibility

Medical:

Blood transfusion; co-infection with existing STI; invasive surgical/dental/ocular procedures; organ/tissue transplant

Behavioural/Social:

Inhalation/Injection Drug use; shared drug equipment or personal items; tattoo/piercing; electrolysis/acupuncture; high risk sexual practices; occupational exposure; sexual partner is Hep C+; blood exposure (fighting, accident)

Diagnosis & Laboratory Testing

Two serology tests can screen for chronic Hepatitis C infection for patients with risk behaviours or potential past exposures to HCV:

1. anti-HCV testing to assess for previous exposure (if positive, the patient will have antibodies for life) and
2. HCV-RNA testing to check for active virus.

For the RNA test, 2.5 ml of frozen serum, separated within 4 hours of collection (at the lab) must be submitted to an Ontario Public Health Laboratory with a completed [Hepatitis PCR Requisition](#).

TESTING INFORMATION & REQUISITION

Treatment & Case Management

[The Primary Care Management of Chronic Hepatitis C – Professional Desk Reference 2009](#) provides guidelines for who should be screened, determining chronic Hepatitis C infection, evaluation, education, and counseling of the HCV infected adult, and assessing for acute Hepatitis C infection.

[Counselling Guidelines for Hep C](#) outline the areas to review with your patient, including information about community support agencies and a reminder not to donate blood or blood products.

The patient is eligible for free Hepatitis A and B vaccines. To order, please fill out the [Vaccine Order Form](#).

Public Health staff will be involved in case and contact investigations, as needed

Patient Information

PATIENT FACT SHEET