Hepatitis C

Objectives of Public Health Management:

1. Ensure referral and follow up of cases
2. Prevention of onward transmission
3. Identify local outbreaks

Transmission: Blood borne virus. Most commonly transmitted by sharing equipment for injecting drugs.

Other risk factors include: sexual contact, receipt of blood product (prior to screening for Hep C), dialysis, surgical or dental procedure (particularly overseas), tattooing/body piercing/acupuncture, unprotected sex, receiving an infected blood product, vertical transmission, needlestick injury.

Epidemiological risk factors include homelessness, time in prison, and being born in high incidence countries.

Incubation period: 2-12 weeks for the acute phase.

Infectious period: As long as the patient is Hepatitis C PCR positive.

Background Information

Hepatitis C is a notifiable disease. The Regional Virology Laboratory (RVL) inform the Duty Room via email of positive hepatitis C PCR results.

The RVH hepatology team are responsible for treatment of patients with Hep C.

Key Control Measures

1. IPC advice to case and contacts
2. Contact tracing and testing
3. Identify linked cases and take early action to prevent onward transmission
4. Treatment as prevention

N.B. Many of these control actions are completed by clinical teams.

Duty Team Actions

1. Enter case details onto HP Zone
    a. Demographic details: name, address, gender, date of birth, H&C number, GP

2. Select case definition
    a. *Unspecified* – will apply to the vast majority of cases, unless they meet the criteria of acute or chronic as below
    b. *Acute* – only select this option if the laboratory have explicitly stated this is an acute infection
    c. *Chronic* – only select this option if the reporting clinician has stated this is a chronic infection

3. Enter further details of case

a. Laboratory markers – paste in lab results, and enter details of notifier
b. Onset date – as Hep C is often a largely asymptomatic infection, in majority of cases this will be 'uncertain'
c. Add any known risk factors (N.B. May need to be updated if further information becomes available)

4. Inform STIBBVSurveillance@hscni.net (email HPZ number)

5. Follow up with clinicians

A small number of teams identify the majority of cases: Belfast Inclusion Health Service, Hepatology, GUM, Antenatal Screening and Prison Healthcare (see appendix for source codes). There are agreed pathways in place in these services to complete the public health actions required, therefore no further action is required from the Duty Room if these teams sent the test.

Clinicians working in other teams will require the Hepatitis C standard letter to remind them of the actions required (see template letter). These include: IPC advice; referral to hepatology; testing for HIV and Hepatitis B; Hepatitis A, Hepatitis B, influenza and pneumococcal vaccination; identification of risk factors, and high risk contacts.

6. If pregnant, notify the Trust antenatal screening coordinator (appendix 1).

7. Duty Consultant to consider discussing complex/unusual cases or strategic issues with the relevant lead consultant/nurse. This might include potential outbreaks; nosocomial transmission; health care workers; and groups of contacts potentially exposed.

Criteria for Considering Case Closure:

- All Public Health actions listed above completed.

Appendix 1.

Contact details for Trust Antenatal Screening Co-ordinators

DL-BTUrgentScreenResult@belfasttrust.hscni.net

AIS@northerntrust.hscni.net

specialist.midwives@setrust.hscni.net

antenatal.results@southerntrust.hscni.net

antenatalinfection.screening@westerntrust.hscni.net