

HEPATITIS C

WHAT IS HEPATITIS C?

Hepatitis C is an infection caused by the Hepatitis C virus (HCV). Hepatitis C causes serious damage to the liver and can be fatal. Infection interferes with the liver's ability to filter blood.

WHAT ARE THE SYMPTOMS AND HEALTH EFFECTS?

Infection with HCV can result in no or mild symptoms, acute (short-term) liver disease, and/or chronic (long-term) illness. Infection is diagnosed by a blood test that looks for the presence of antibodies produced by the body's immune system to the Hepatitis C virus.

- **Acute Hepatitis C** symptoms include jaundice (yellowing of the skin and eyes), fatigue, loss of appetite, nausea, and vomiting. It commonly takes 2 to 3 months for symptoms to appear after exposure (incubation period), and they may last from 2 weeks to 6 months.
- **Chronic Hepatitis C** is when the infection lasts for several months. Chronic infection develops in 75%-80% of infected individuals. Active liver disease develops in 70% of those with chronic infection. Of those with active liver disease, 10%-20% develop cirrhosis and 1%-5% develop liver cancer.

HOW IS THE DISEASE SPREAD?

Hepatitis C is a bloodborne disease. This means that HCV lives in blood and it can also live in any body fluid that contains blood. This includes semen and all vaginal/cervical fluids. The virus is also found in internal body fluids that surround the heart, the lungs, and bone joints (like the shoulder and elbows), as well as spinal fluid. HCV is not normally found in urine, feces or saliva. However, because of injury or illness, some of these substances may be contaminated with blood.

Hepatitis C is spread when infected blood, semen, vaginal/cervical fluid or other infectious materials pass into another person's body. HCV is most efficiently transmitted through large or repeated percutaneous exposure to infected blood (e.g., through transfusion of blood from unscreened donors or through use of injecting drugs). Although much less frequent, occupational, perinatal, and sexual exposures also can result in transmission of HCV. Hepatitis C is the most common chronic bloodborne infection in the United States. The number of people infected with Hepatitis C is estimated to be about 4 million people, four times the number of people infected with HIV, the virus that causes AIDS.

WHO IS AT RISK?

The workers with the greatest risk of becoming infected at work are those with jobs that involve routine exposure to blood and other body fluids. Health care and other workers can be exposed to Hepatitis C from needlesticks and cuts and nicks caused by sharp objects. Infection can also occur if workers have contact with blood or infectious body fluids through broken, cut or torn skin. There is a risk of infection if workers are splashed with blood or other body fluids that make contact with naturally wet skin in the eyes, nose, or mouth. Corrections staff, law enforcement, and public safety workers such as emergency medical personnel are at risk through exposure to blood or fluids infected with blood.

HOW CAN THE SPREAD OF HEPATITIS C BE PREVENTED?

Infection can be prevented by avoiding contact with blood and other fluids that might contain HCV. “Universal precautions” (also known as “standard precautions”) means treating everyone’s blood and body fluids as if they were infected.

Needlesticks can be prevented by using needleless systems, retractable syringes and other devices that have built-in safety features. “Barrier protection” must be used to shield all naturally wet skin (mouth, nose, eyes, etc.) and all broken, cut or torn skin. The barrier must be leak-proof so that infected blood or other fluids cannot pass through it. Latex rubber, other heavy rubbers, materials with certain types of vinyl, and other plastics are good barrier materials. Latex rubber gloves shield the hands by covering any tiny cuts, hangnails, and cracked dry skin that might provide an entry for the virus. Masks, goggles and face shields cover the naturally wet skin in the eyes, nose and mouth from splashes of blood or other infected materials.

WARNING: Many workers are allergic to latex and need to have gloves made of other materials that also provide effective barrier protection.

IS THERE A VACCINE OR EFFECTIVE TREATMENT?

There is no vaccine available to prevent infection with Hepatitis C, nor is there a proven cure. To date, there has only been limited progress in treating the disease, usually with interferon or other anti-viral medications.

WHAT LAWS EXIST TO PROTECT WORKERS FROM HEPATITIS C?

OSHA’s Bloodborne Pathogens Standard (29 CFR 1910.1030)

In 1986, AFSCME was the first union to request that the Occupational Safety and Health Administration (OSHA) issue a regulation to protect workers from occupational exposure to bloodborne diseases. OSHA issued the Bloodborne Pathogens Standard in 1991. The standard requires that employers:

- Have an exposure control plan to identify workers at risk.
- Provide safety needles and puncture proof containers for used sharps.
- Ensure that universal precautions are practiced.
- Provide gloves, masks, and other protective equipment.
- Provide prompt evaluation and treatment to workers who have a needlestick or other exposure to blood.
- Train workers each year on bloodborne diseases.

See “The OSHA Bloodborne Pathogens Standard” AFSCME fact sheet for more information.

Needlestick Safety and Prevention Act

The Needlestick Safety and Prevention Act passed in 2000 and amended the OSHA Bloodborne Pathogens Standard. The law strengthened the requirements to provide safety needles, record needlesticks, and involve workers in the selection of equipment and work practices to prevent needlesticks and other exposures to blood. In addition to the federal law, many states have passed needlestick prevention laws.

Laws:

OSHA’s Bloodborne Pathogens Standard (29 CFR 1919.1030) requires equipment, work practices, and other measures to prevent exposure to blood. The standard is on OSHA's web site at:

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

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For more information about protecting workers from workplace hazards, please contact the AFSCME Research & Collective Bargaining Department, Health and Safety Program at (202) 429-1215. You can also contact our office located at 1625 L Street, NW Washington, DC 20036.