

---

**Date:** July 10<sup>th</sup>, 2013

**ATTN:** Medical Health Officers and Branch Offices  
Public Health Nursing Administrators and Assistant Administrators  
Holders of Communicable Disease Control Manuals

**Re:** **Changes to the Communicable Disease Control Manual**  
**Chapter 1 – Communicable Disease Control Chapter:**  
**Hepatitis C Guidelines**

**Please note the following changes to the Hepatitis C Guidelines of the Communicable Disease Control Manual, Chapter 1:**

Based on input from PHNs the following sections have been altered for content and/or clarity and consistency of wording:

**Section 5.0 Case Classification, Chronic Case**

FROM:

3) duration of anti-HCV reactivity of  $\leq 12$  months cannot be established, such as in the case of a person with a single reactive test result with no existing prior test results

TO:

3) duration of anti-HCV reactivity of  $\leq 12$  months cannot be established, such as in the case of a person with no previous anti-HCV tests on record

**Section 6.4 Resolved Infection**

FROM:

HCV infections resolve 1) spontaneously, usually within 6 months of infection; or 2) following a course of antiviral therapy. Individuals with resolved infection typically have serum that is anti-HCV reactive but no longer have detectable HCV RNA after 2 consecutive HCV RNA tests. A sustained virological response (SVR) to treatment is defined as having no detectable HCV RNA in plasma or serum 6 months after treatment completion.

TO:

HCV infections may resolve either spontaneously, usually within 6 months of infection; or following a course of antiviral therapy resulting in a sustained virological response (SVR) indicating the patient has cleared the virus.

Individuals with resolved infection typically have serum that is anti-HCV reactive but no longer have detectable HCV RNA. Resolved infection is confirmed after 2 consecutive negative HCV RNA tests (to rule out false negative).

A sustained virological response (SVR) to treatment is defined as having no detectable HCV RNA in plasma or serum 6 months after treatment completion.

### **Section 7.0 HCV Flowchart**

- Removed bullet 2, Case Identification: Clarify current infection status (HCV RNA)
- Added bullet 2, Case Management: Recommend confirmation of infection by HCV RNA (Appendix C)

### **Section 8.0 Transmission**

Added sentence to paragraph 4: If the nipples become cracked or bleed, mothers can abstain from breastfeeding until they are healed (see 9.1, page 9).

### **Section 9.0 Case Management 9.1 Management of Adults**

Removed sentence: Note: HIV diagnoses among young persons who inject drugs in BC has decreased (1) but many share syringes, leaving them at risk for HIV infection (22). HIV incidence in older injection drug users may have levelled off, likely due to a “saturation” effect.

### **Section 9.0 Case Management 9.1 Management of Adults**

Added sentence: Recommend breastfeeding to new mothers who are infected with HCV. If the nipples become cracked or bleed, mothers can abstain from breastfeeding until they are healed. To prevent cessation of milk supply, mothers may consider expressing and discarding breast milk until their nipples are healed. Breastfeeding is not recommended for mothers co-infected with HIV.

### **Section 16.0 Epidemiology (top of p. 21)**

FROM:

There is no vaccine to prevent HCV infection and current treatment can clear the virus from the body in about 55% of individuals who are able to tolerate the side effects of the standard combination of pegylated interferon and ribavirin. Treatment uptake is expected to increase as new more effective treatments with higher cure rates become available.

TO:

There is no vaccine to prevent HCV infection. Current treatment can clear the virus from the body in over 70% of individuals who are able to tolerate the side effects and complete the course of therapy. Treatment uptake is expected to increase as new, more effective treatments with higher cure rates become available.

### **Appendix A: Moderate to low risk: sexual contact**

FROM:

Unprotected vaginal sex during menstruation carries some transmission risk as the virus may be present in menstrual blood

TO:

Unprotected vaginal sex during menstruation carries a theoretical transmission risk

Please ensure:

**These sections dated October 2012 have been removed and destroyed from the Communicable Disease Control Manual, Chapter 1 – Hepatitis C Guidelines**

Please ensure:

**These sections dated July 2013 have been inserted to the Communicable Disease Control Manual, Chapter 1 – Hepatitis C Guidelines**

This document will be posted on the BCCDC website at: <http://www.bccdc.ca/dis-cond/comm-manual/CDManualChap1.htm>

For print copies of the CD Control Manual, these guidelines can be placed in Chapter 1, directly after the Hepatitis B (September 2009) section.

If you have any questions or concerns about this document, please contact Sandi Mitchell, Hepatitis Nurse Educator (604-707-2435 / [sandi.mitchell@bccdc.ca](mailto:sandi.mitchell@bccdc.ca)) or Dr. Gail Butt, Clinical Lead, Hepatitis (604-707-2434 / [gail.butt@bccdc.ca](mailto:gail.butt@bccdc.ca)).

Sincerely,

A handwritten signature in blue ink, appearing to read "Gina Ogilvie".

Gina Ogilvie MD MSc CCFP FCFP  
Medical Director  
Clinical Prevention Services  
BC Centre for Disease Control

pc: BC Ministry of Health:

Dr. Perry Kendall  
Provincial Health Officer

Dr. Eric Young  
Deputy Provincial Health Officer

Dr. Bob Fisk  
Medical Consultant  
Non-Communicable Disease

Craig Thompson  
Director, CD Prevention – Immunization

Warren O'Briain  
Executive Director  
Communicable Disease and Addiction Prevention