

NUNAVIK PUBLIC HEALTH NEWSLETTER

HEPATITIS C

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BACKGROUND

Given the growing concern over the issue of substance abuse in Nunavik, greater vigilance is called for with regard to the increased risk of transmission of the hepatitis C virus (HCV).

HCV is transmitted when the blood of an infected person comes into contact with another person's blood. In Canada, the virus is mostly transmitted when persons share drug use paraphernalia, especially needles.

HCV is classified as a reportable disease (MADO) by medical laboratories and clinicians.

SCREENING

Primary risk factors that are accepted grounds for screening:

- Person who uses or has used drugs (inhaled or injected).
- Person who is or was incarcerated.
- Infant or child born of a mother with the virus.
- Person exposed to potentially contaminated blood or other bodily fluids (e.g., getting tattoos or piercings done in a non-sterile setting, fighting, etc.).
- Person with an HIV infection, lymphogranuloma venereum (LGV) or having possibly contracted hepatitis B through blood.
- MSM (man having sexual relations with other men, HARSAAH in French) who has HIV or who would be a good candidate for a pre-exposure prophylaxis with regard to HIV.
- Person hailing from a region where HCV is endemic.

In situation where a patient is reluctant to answer questions about risk factors, you may offer HCV screening based on your clinical judgment.

Please note that the MSSS recommends systematically offering HCV screening to pregnant women at their first prenatal visit, along with screening for chlamydia, gonorrhea, syphilis, HIV and hepatitis B.

Window period:

The window period¹ with regard to HCV is **three months**. As such, if screening is carried out during the window period, serological testing must be repeated 3 months after exposure to the virus.

Recommended screening tests:

The first screening test recommended to detect HCV is the HCV antibody test or **anti-HCV test** (enzyme immunoassay [EIA]).

When the result of an anti-HCV test is reactive (positive), a second screening test, this one for **HCV RNA (viral load)** must be performed to determine whether the result is indicative of a prior HCV that is now resolved (no viral load detected) or a current chronic or acute infection (viral load detected).

Note that 25% of people with an acute case of hepatitis recover spontaneously; the remaining 75% of people will develop chronic hepatitis C.

¹ This window period is the time between exposure to a blood-borne and sexually transmitted infection and the moment when a laboratory analysis can detect the infection.

Persons with a prior history of HCV should undergo **RNA HCV** screening (viral load) immediately to test for a new infection, given that their anti-HCV is generally positive for life.

To confirm a diagnosis of acute HCV, other causes of hepatitis (notably hepatitis A and hepatitis B) must be ruled out. It is recommended to do so by screening for IgM anti-HBc and IgM anti-VH_a (or at least AgHBs).

Reflex testing:

The reflex test is a simplified HCV testing procedure. The laboratories that use this technique automatically perform an RNA HCV when anti-HCV results are positive. Works are currently underway at the MUCH laboratory to adopt this practice. You will be notified once it is introduced and in effect.

RECOMMENDATIONS

See page 19 of the guide for the taking in charge and treatment of persons infected with the hepatitis C virus ([La prise en charge et le traitement des personnes infectées par le virus de l'hépatite C](#)) for recommendations on how to:

- Control the progression of the hepatitis virus.
- Enhance protection through vaccination.
- Limit the risk of transmission.
- Support infected women of child-bearing age.

Treatment:

New direct action antiviral therapies are available, and have proven to be effective in $\geq 95\%$ of cases, with few side effects. The duration of treatment is between 8 and 12 weeks. This treatment should be considered for everyone with an HCV infection.

IDENTIFICATION OF CONTACTS AND SUBSEQUENT RECOMMENDATIONS

There is no post-exposure prophylaxis available for HCV.

Once the Public Health team has conducted its investigation, the contacts identified are usually encouraged to undergo an HCV screening test.

RESOURCES:

When dealing with a case of HCV, reach out a co-worker experienced in this regard or a specialist. The following resources are also available:

La prise en charge et le traitement des personnes infectées par le virus de l'hépatite C (The taking in charge and treatment of persons infected with the hepatitis C virus)

Guide pour la prophylaxie et le suivi après une exposition au VIH, au VHB et au VHC (Prophylaxis and follow-up subsequent to an exposure to HIV, HBV or HCV)

Définitions nosologiques (Nosologic definitions)

[Fiche technique pour la gestion des cas, des contacts et des éclosions - Hépatite C, mise à jour 2023](#) (Data sheet for the management of hepatitis C cases, contacts and outbreaks, updated 2023)

[Guide québécois de dépistage \(Québec screening guide\)](#)

Guide des bonnes pratiques en prévention clinique - MSSS (Best practices guide for clinical prevention - MSSS)

All cases of hepatitis C must be reported to Public Health authorities by one of the following means:

- Form AS-770, that can be filled out and submitted either by:
 - e-mail, at STBBI.NRBHSS@ssss.gouv.qc.ca **OR**
 - e-mail, at mado-declarations.rr17@ssss.gouv.qc.ca **OR**
 - fax, to 1 866 867-8026.
- At night, on weekends and on statutory holidays, the report must also be made by telephone, to the Public Health Infectious diseases physician on call, at 1 855 964-2244 or 1 819 299-2990.

***These contact details are solely for health professionals
and may not be shared with the public.***