

# CDC guidance issued for testing, management of HCP exposed to hep C

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be tested with a NAT for HCV RNA at three to six weeks postexposure if follow-up testing is recommended based on the source patient's status. Referral to care is recommended if the source patient or HCP is found to be positive.

"Health care providers can use this guidance to update their procedures for postexposure testing and clinical management of HCP potentially exposed to hepatitis C virus," the authors write.

**More information:** [Abstract/Full Text](#)

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(HealthDay)—In a U.S. Centers for Disease Control and Prevention guidance report, published in the July 24 issue of *Morbidity and Mortality Weekly Report*, recommendations are presented for testing and clinical management of health care personnel (HCP) exposed to the hepatitis C virus (HCV).

Anne C. Moorman, M.P.H., from the CDC in Atlanta, and colleagues provide recommendations for a testing algorithm and clinical management for HCP with potential occupational exposure to HCV.

The authors note that baseline testing of the source patients and HCP should be performed as soon as possible after the exposure, ideally within 48 hours. The options for testing the source patient are using a nucleic acid test (NAT) for HCV RNA or testing the source patient for antibodies to HCV (anti-HCV), then testing for HCV RNA if the patient is positive; the first option is preferred. For HCP, baseline testing for anti-HCV with reflex to a NAT for HCV RNA if positive should be conducted as soon as possible following exposure. HCP should

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