

# Hepatitis C Virus

	CHARACTERISTICS
Synonym or Cross Reference	HCV, non-A non-B hepatitis, parenterally transmitted non-A non-B hepatitis, non-B transfusion-associated hepatitis, post-transfusion non-A non-B hepatitis Footnote 2, and HCV infection.
Disease	N/A
Morphology	Small (50nm), single-stranded, enveloped RNA virus of the Flaviviridae family and Hepacavirus genus. 6 major genotypes and over 100 subtypes. North America main genotypes: types 1, 2, & 3.
Zoonosis	None
RISK GROU	JP & CONTAINMENT REQUIREMENTS
ABSL-2	For all procedures utilizing infected animals.
BSL-2/BSL-2+	For all procedures involving suspected or known infectious specimen or cultures, work in a BSC unless otherwise approved and stated in lab-specific manual.
Risk Group 2	Risk Group 2

#### LABORATORY HAZARDS

Primary Hazards	Needlestick injury, or cuts with sharp instruments
Sources	Samples described in IBC protocol.
Lab Acquired Infections (LAIs)	Seroprevalence studies (Western countries) have shown 1% antibody-to-HCV rates among hospital- based workers (e.g., lab, healthcare provider).

#### PERSONAL PROTECTIVE EQUIPMENT

Additional Precautions	Additional PPE may be required depending on lab-specific SOPs and IBC Protocol.
Minimum PPE Requirements	Lab coat, disposable gloves, safety glasses, closed toed shoes, long pants.

### SPILL PROCEDURES

Large	Immediately notify all lab personnel and clear the area. Remove any contaminated PPE/clothing before exiting the lab. Lock all entry doors, post warning signage, and deny entry. Call DPS (213-740-4321) and ask to notify EH&S. Inform the PI and/or Lab Manager/Supervisor.
Small	Notify all lab personnel lab. Remove contaminated PPE and don new PPE. Cover spill area with absorbent material and add fresh 1:10 bleach:water. Allow 20 minutes (or as directed) contact time. After 20 minutes, clean up and dispose of materials.

## VIABILITY

Disinfection	Use 10 % dilution of household bleach (minimum 0.3% sodium hypochlorite) for 20 to 30 minutes, or an acceptable time approved by IBC and EH&S.
Survival Outside Host	HCV is relatively unstable; however, in plasma it can survive drying and environmental exposure to room temperature for at least 16 hours

	HEALTH HAZARDS
Host Range	Humans. Chimpanzees have been used as experimental hosts.
Incubation Period	Ranges from 2 to 12 weeks
Infectious Dose	Unknown
Modes of Transmission	Parenteral: infected needles (e.g., shared by drug users), blood transfusion, organ transplantation, contaminated medical, tattoo, and body piercing equipment. Less common routes: sexual contact, sharing razors and/or toothbrushes, mother to child during pregnancy and childbirth.
Signs and Symptoms	60-75% of patients are asymptomatic. Acute hepatitis symptoms: fatigue, myalgia, low-grade fever, right upper quadrant pain, nausea, vomiting, jaundice, arthralgia, maculopapular rash, and mild hepatosplenomegaly. Chronic symptoms: chronic hepatitis, cirrhosis, and hepatocellular carcinoma. Extrahepatic manifestations (uncommon): mixed essential cryoglobulinaemia, membranous or membranoproliferative glomerulonephritis, non-Hodgkin's lymphoma, Sjorgren's syndrome, lichen planus, and porphyria cutanea tarda.

	EXPOSURE PROCEDURES
Medical Follow- up	Visit USC's designated healthcare provider. Bring a copy of this PSDS.
Mucous Membrane	Flush eyes for 5-10 minutes at eyewash station.
Other Exposures	Immediately wash affected area with soap and water for 15 minutes.
Reporting	Immediately report incident to supervisor, notify EH&S, and complete Manager's Report.
MEDICAL PRECAUTIONS/TREATMENT	

Prophylaxis	Postexposure prophylaxis with immune globulin or antiviral agents is not recommended
Surveillance	Monitor for symptoms. Initial test: enzyme immunoassay for HCV antibodies. PCR methods to detect HCV RNA. Other tests: Branched DNA assay and transcription mediated amplification.
Treatment	Monotherapy: pegylated interferon (polyethylene glycol and interferon-alpha). Combined therapy: ribavirin with pegylated- or standard interferon.
USC Requirements	Immediately report any exposures to Environmental Health & Safety.
Vaccines	None. Vaccines are in development to prevent initial infection, viral persistence, or clear viraemia in individuals with chronic HCV infections.

#### REFERENCES

BMBL http://tiny.cc/cdc-bmbl
CDC https://www.cdc.gov/

Canadian PSDS http://tiny.cc/canada-gov-psds NIH Guidelines http://tiny.cc/nih-bio-secure

