

### How is hepatitis C transmitted?

Before 1992, when widespread screening of the blood supply for HCV began in the United States, the infection was spread through blood transfusions, blood products, organ transplants, other health care exposures, intranasal illicit drug use and shared equipment, including needles used to inject drugs. Today, most people become infected with the HCV by sharing equipment, including needles, to inject drugs. While health care related exposures still occur, they are rare. Hepatitis C can also be transmitted through shared personal items that may have come in contact with HCV infected blood such as razors or tooth brushes, from a pregnant mother with HCV to her infant, or by having sex with a person who is infected with HCV. Sexual transmission of HCV most often involves men who have sex with men.

Hepatitis C cannot be transmitted through sharing eating utensils, breastfeeding, hugging, kissing, holding hands, coughing, or sneezing. The infection is also not spread through food or water or transmitted by insect bites.

Currently, there is no vaccine to prevent HCV transmission and there is no post-exposure prophylaxis (PEP) to prevent infection after and exposure to HCV. The best way to prevent HCV infections is to avoid or reduce behaviors that put you at risk for HCV infection, such as injection drug use or sharing injection related equipment including syringes. Access to sterile needles and new injection equipment, medication assisted treatment (MAT) and recovery services are evidence-based public health strategies to decrease transmission of HCV in the community.

### Who should be tested for Hepatitis C?

The CDC and the United States Preventive Task Force (USPTF) recommend HCV testing based on a person's age, past or ongoing risk behavior, exposure or conditions associated with increased risk of HCV infection.

- **Age** — All persons born between 1945 and 1965 should be screened for HCV once without determining risk. This group, may also be referred to as the “Birth Cohort” or “Baby Boomers.”
- **Risk behavior or exposure** — Other persons should be screened for past or on-going risk behaviors or exposures associated with an increased risk of HCV infection. Persons with past behaviors or exposures should be testing once and persons with current or on-going risk behaviors or exposures should be tested for HCV infection regularly.
  - Risk behaviors include
    - History of injection drug use, including people who have injected once
    - Intranasal illicit drug use.
  - Risk exposures include
    - Long term blood dialysis,
    - Needle exposure in an unregulated settings such as informal body piercings or tattoos
    - Healthcare, emergency medical, and public safety workers after needle sticks, sharps, or mucosal exposures to HCV-infected blood
    - Children born to women living with HCV infection
    - Prior recipients of blood transfusions or organ transplants, including persons who:
      - Recipient of blood from a donor and notified donor tested positive for HCV infection
      - Recipient of blood transfusion, blood components, or organ transplant before July 1992
      - Received clotting factor concentrates produced before 1987
      - History of incarceration
- **Conditions** — Persons with conditions associated with increased HCV infection risk, including people
  - Living with HIV
  - Who are sexually active and starting pre-exposure prophylaxis (PreP) for HIV
  - With unexplained chronic liver disease and/or chronic hepatitis including elevated liver enzymes
  - Recipient of a solid organ donation (deceased or living)