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**DEPARTMENT OF
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DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



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Technical Bulletin

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Topic: CDC Recommendations for Hepatitis C Screening Among Adults

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To: Healthcare Providers, Long-Term Care Facilities, Correctional Facilities

Background:

Hepatitis C is the most reported bloodborne infection in the United States, with nearly 2.4 million persons in the nation living with hepatitis C virus (HCV).¹ National surveillance data showed increase in reported cases of acute HCV infection every year from 2009 to 2017 with the highest rates of acute infection among persons aged 20–39 years.¹ There is no vaccine for protection against HCV and no effective pre- or postexposure prophylaxis is available. Over half of persons who become infected with HCV will develop chronic infection. However, direct-acting antiviral treatment can result in virologic cure in most persons with an 8-12-week oral medication regimen. In April 2020, the Centers for Disease Control and Prevention (CDC) published updated HCV screening guidance for adults.

CDC Guidance:

The following are recommendations for hepatitis C screening:

- Universal hepatitis C screening (new recommendations):
 - Hepatitis C screening at least once in a lifetime for all adults aged ≥ 18 years, except in settings where the prevalence of HCV infection (HCV RNA-positivity) is $< 0.1\%$
 - Hepatitis C screening for all pregnant women during each pregnancy, except in settings where the prevalence of HCV infection (HCV RNA-positivity) is $< 0.1\%$
- One-time hepatitis C testing regardless of age or setting prevalence among persons with recognized conditions or exposures (existing recommendations):
 - Persons with HIV
 - Persons who ever injected drugs and shared needles, syringes, or other drug preparation equipment, including those who injected once or a few times many years ago
 - Persons with selected medical conditions, including persons who ever received maintenance hemodialysis and persons with persistently abnormal alanine transaminase (ALT) enzyme levels
 - Prior recipients of transfusions or organ transplants, including persons who received clotting factor concentrates produced before 1987, persons who received a transfusion of blood or blood components before July 1992, persons who received an organ transplant before July 1992, and persons who were notified that they received blood from a donor who later tested positive for HCV infection

- Health care, emergency medical, and public safety personnel after needle sticks, sharps, or mucosal exposures to HCV-positive blood
- Children born to mothers with HCV infection
- Routine periodic testing for persons with ongoing risk factors, while risk factors persist
 - Persons who inject drugs and share needles, syringes, or other drug preparation equipment
 - Persons with selected medical conditions, including persons who ever received maintenance hemodialysis
 - Any person who requests hepatitis C testing should receive it, regardless of disclosure of risk, because many persons might be reluctant to disclose stigmatizing risks

Patient follow-up after hepatitis C screening should include:

- Persons with negative anti-HCV test:
 - Should be informed of their test results and reassured that they are not infected, unless they were recently exposed to infection (e.g., recent injection drug use)
 - Repeat testing should occur for persons with ongoing risk behaviors
 - Persons with negative anti-HCV and positive HCV RNA test results may signify a recent HCV infection
- Persons with positive anti-HCV and negative HCV RNA test results:
 - Should be informed that they do not have current HCV infection. Test results indicate either a resolved past infection or a false-positive anti-HCV test result. Additional testing might be warranted to determine the patient's status
- Persons with positive anti-HCV and positive HCV RNA test results:
 - Should be informed that they have active HCV infection and would benefit from curative treatment. They will need further evaluation before treatment, medical care for possible liver disease, and ongoing medical monitoring
 - Persons with HCV infection should be provided information about treatment options, how to prevent transmission of HCV to others, and drug treatment, as appropriate. Persons with hepatitis C also should be informed about the resources available to them within their communities, including providers of medical evaluation, harm reduction, and social support
 - At the time when positive test results are communicated to patients, health care providers should evaluate the patient's level of alcohol and drug use and provide a brief alcohol or drug use intervention, if clinically indicated

The following is recommended for management of person with HCV infection:

- Medical evaluation (by either a primary-care clinician or specialist [e.g., in hepatology, gastroenterology, or infectious disease]) for chronic liver disease, including treatment and monitoring
- Hepatitis A and hepatitis B vaccination
- Screening and brief intervention for alcohol consumption
- Avoiding new medicines, including over the counter and herbal agents, without first checking with their health care provider
- HIV risk assessment and testing
- Weight management or losing weight and following a healthy diet and staying physically active for persons who are overweight (BMI $\geq 25\text{kg/m}^2$) or obese (BMI $\geq 30\text{kg/m}^2$)
- Avoiding or stopping donating blood, tissue, or semen
- Refraining from sharing appliances that might have contact with blood, such as toothbrushes, dental appliances, razors, nail clippers, glucose meters, and lancet devices

Resources:

¹ https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm?ACSTrackingID=USCDCNPIN_171-DM59703&ACSTrackingLabel=Support%20CDC%27s%20new%20Know%20More%20Hepatitis%20Campaign&deliveryName=USCDCNPIN_171-DM59703

Questions:

For updated guidance, please review the DPBH Technical Bulletin [website](#) and Nevada's health response [website](#) regularly.



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