

PROTOCOL : The protocol regarding improving the screening, detection, and management of patients with Hepatitis C follows the guidelines and recommendations of the American Association for the Study of Liver Diseases and the Centers for Disease Control (CDC). More information can be found at <https://www.hcvguidelines.org>.

PATIENTS AT RISK : The Ohio Department of Health and the Centers for Disease Control at high-risk of acquiring this infection as:

- Baby boomer cohort (born between 1945-1965)
- People who inject drugs, including those who injected only once many years ago
- Recipients of clotting factor concentrates made before 1987, when more advanced methods for manufacturing those products were developed
- Recipients of blood transfusions or solid organ transplants before July 1992, when better testing of blood donors became available
- Chronic hemodialysis patients
- Persons with known exposures to HCV, such as – Health care worker after needle sticks involving HCV-positive blood – Recipients of blood or organs from a donor who tested HCV-positive
- Persons with HIV infection
- Children born to HCV-positive mothers

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Hepatitis-Prevention/hepatitis-prevention>

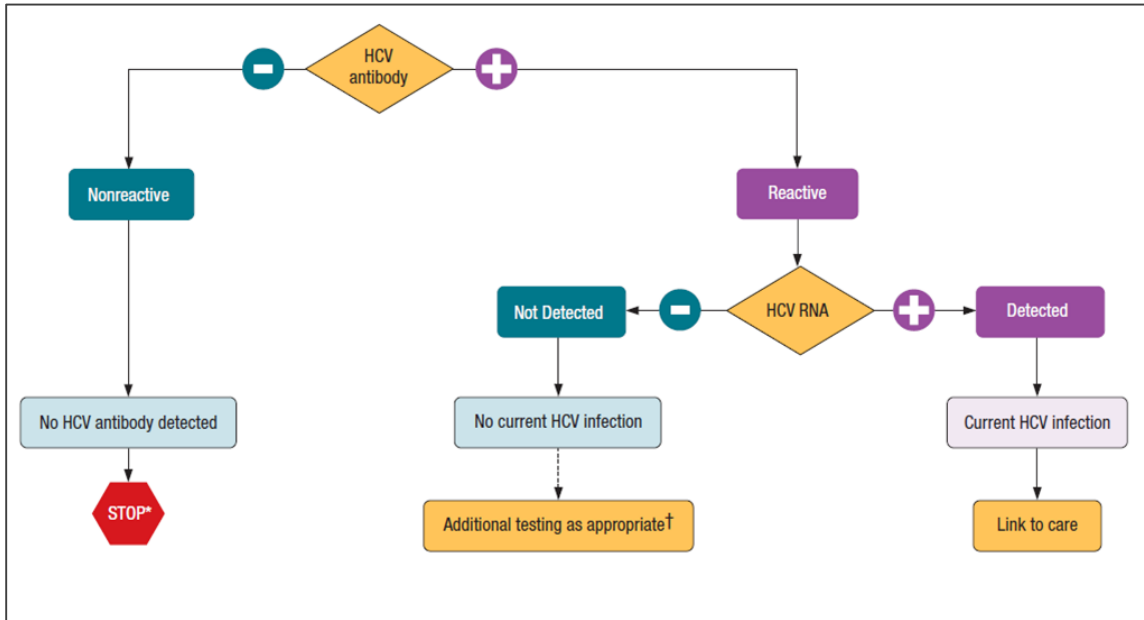
<https://www.cdc.gov/hepatitis/hcv/index.htm>

TESTING GUIDELINES:

Baby boomer cohort (born between 1945-1965)	One-time screening for all members of baby boomer cohort No prior HCV risk attainment recommended
People who inject drugs	Those currently injecting drugs Those who have ever injected drugs, even once
HIV-positive persons	At initial HIV-related medical visit Annually for all HIV-positive MSM
Children born to HCV-positive mothers	After 18 months if using an antibody screening At 1-2 months if using an RNA test, and repeated subsequently to confirm

<https://www.cdc.gov/hepatitis/hcv/index.htm>

TESTING SEQUENCE: A two-part testing sequence (HCV antibody and HCV RNA confirmatory) is required to confirm an active HCV infection.



CDC. Testing for HCV infection: An update of guidance for clinicians and laboratorians. *MMWR* 2013;62(18)
<https://www.cdc.gov/hepatitis/hcv/index.htm>

TESTING OUTCOME & FURTHER ACTION:

TEST OUTCOME	INTERPRETATION	FURTHER ACTIONS
HCV antibody nonreactive	No HCV antibody detected	Sample can be reported as nonreactive for HCV antibody. No further action required. If recent exposure in person tested is suspected, test for HCV RNA.*
HCV antibody reactive	Presumptive HCV infection	A repeatedly reactive result is consistent with current HCV infection, or past HCV infection that has resolved, or biologic false positivity for HCV antibody. Test for HCV RNA to identify current infection.
HCV antibody reactive, HCV RNA detected	Current HCV infection	Provide person tested with appropriate counseling and link person tested to care and treatment.†
HCV antibody reactive, HCV RNA not detected	No current HCV infection	No further action required in most cases. If distinction between true positivity and biologic false positivity for HCV antibody is desired, and if sample is repeatedly reactive in the initial test, test with another HCV antibody assay. In certain situations,‡ follow up with HCV RNA testing and appropriate counseling.

CDC. Testing for HCV infection: An update of guidance for clinicians and laboratorians. *MMWR* 2013;62(18)

COUNSEL:

- HCV-positive persons on adherence for those receiving treatment, transmission prevention, and liver health
- HCV-negative persons on harm reduction information, if necessary refer to Project DAWN location in [Ohio Hepatitis C Resource Guide](#).
- Persons with current HCV infection should receive education and interventions aimed at reducing liver disease progression and preventing HCV transmission.
- Abstinence from alcohol and, when appropriate, interventions to facilitate cessation of alcohol consumption should be advised for all persons with HCV infection.
- Evaluation for other conditions that may accelerate liver fibrosis, including hepatitis B and HIV infections, is recommended for all persons with active HCV infection.
- Evaluation for advanced fibrosis using liver biopsy, imaging, and/or noninvasive markers is recommended for all persons with HCV infection to facilitate an appropriate decision regarding HCV treatment strategy, and to determine the need for initiating additional measures for cirrhosis management
- Vaccination against hepatitis A and hepatitis B is recommended for all susceptible persons with HCV infection.
- Vaccination against pneumococcal infection is recommended for all patients with cirrhosis.
- All persons with HCV infection should be provided education about how to avoid HCV transmission to others.

LINKAGE TO CARE:

- All persons with active HCV infection should be linked to a clinician who is prepared to provide comprehensive management.
- The Ohio Department of Health [Linkage to care form](#) must be filled out with patient information at the top and the first 2 questions answered (not necessary to include first appointment information).

HEPATITIS C HOTLINES FOR PATIENTS:

- Hepatitis C? We're Listening - 1-877-HELP-4-HEP (877-435-7443) <http://www.help4hep.org/>
- Hep C Connection HelpLine - 1-800-522-HEPC (4372) <http://www.hepc-connection.org/>
- Ohio HIV/STD Prevention Hotline - 1-800-332-2437 ohiv.org