

PROTOCOL: The protocol for improving screening, detection, and management of hepatitis C virus (HCV) infection follows the guidelines and recommendations of the American Association for the Study of Liver Diseases (AASLD) and the Infectious Disease Society of America (IDSA). More information can be found at

<https://www.hcvguidelines.org>.

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

- People who inject drugs, including those who injected only once many years ago
- People who have received blood products or organ transplants, including:
 - Recipients of clotting factor concentrates made before 1987
 - Recipients of blood products or solid organ transplants before July 1992
- People with known exposures to HCV, such as:
 - Health care workers after needlesticks involving HCV-positive blood
 - Recipients of blood or organ(s) from a donor who tested HCV-positive
- People who have undergone chronic hemodialysis
- People with persistently abnormal alanine aminotransferase (ALT) levels
- People with HIV infection
- Children born to mothers who have hepatitis C

Additional risk factors may include:

- Sex with an infected partner, particularly anal sex
- Unregulated tattoos or body piercings
- Sharing personal items, such as razors, with someone who has HCV

SOURCE MATERIAL AND ADDITIONAL INFORMATION:

- <https://www.cdc.gov/hepatitis/hcv/index.htm>
- <https://www.cdc.gov/knowmorehepatitis/index.htm>
- <https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm>
- <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Hepatitis-Prevention/hepatitis-prevention>
- CDC. Testing for HCV infection: An update of guidance for clinicians and laboratorians. MMWR 2013;62(18)
<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6218a5.htm>

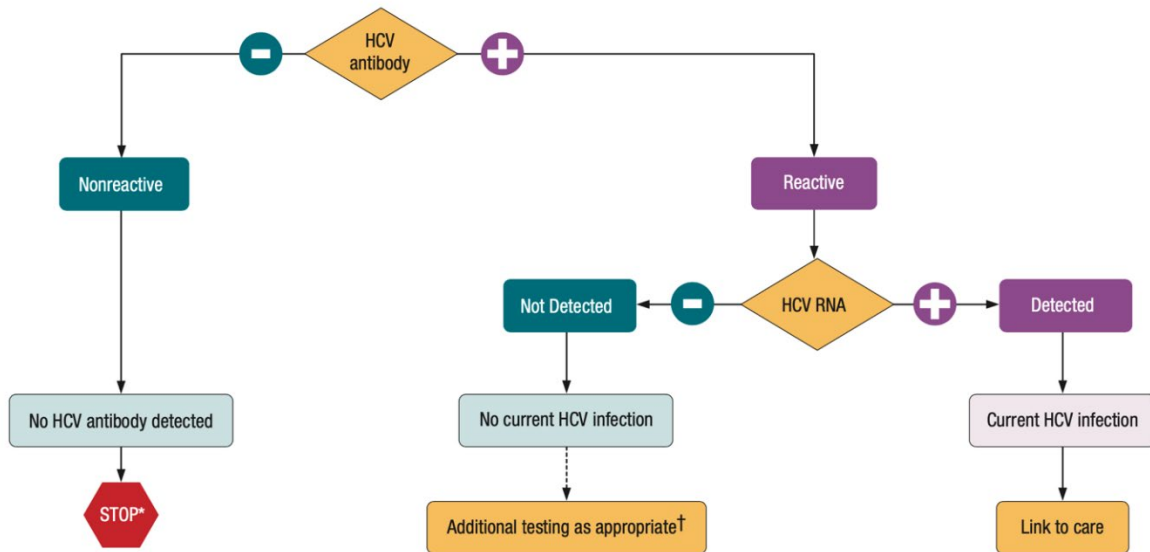
TESTING GUIDELINES: The CDC recommends one-time hepatitis C testing in all adults (18 years and older) and all pregnant women during every pregnancy. People with ongoing risk factors, including people who inject drugs and people with selected medical conditions, such as those who ever received maintenance hemodialysis, should be tested regularly.

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

Recommended Testing Sequence for Identifying Current Hepatitis C Virus (HCV) Infection



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



* For persons who might have been exposed to HCV within the past 6 months, testing for HCV RNA or follow-up testing for HCV antibody is recommended. For persons who are immunocompromised, testing for HCV RNA can be considered.

† To differentiate past, resolved HCV infection from biologic false positivity for HCV antibody, testing with another HCV antibody assay can be considered. Repeat HCV RNA testing if the person tested is suspected to have had HCV exposure within the past 6 months or has clinical evidence of HCV disease, or if there is concern regarding the handling or storage of the test specimen.

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

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.

* If HCV RNA testing is not feasible and person tested is not immunocompromised, do follow-up testing for HCV antibody to demonstrate seroconversion. If the person tested is immunocompromised, consider testing for HCV RNA.

† It is recommended before initiating antiviral therapy to retest for HCV RNA in a subsequent blood sample to confirm HCV RNA positivity.

‡ If the person tested is suspected of having HCV exposure within the past 6 months, or has clinical evidence of HCV disease, or if there is concern regarding the handling or storage of the test specimen.

HEALTH CENTER SCREENING BEST PRACTICE:

- Implement an automated standing order for HCV screening that is Universal Opt-Out in the adult patient population
- Utilize annual HCV risk assessment and ongoing testing for those at risk
- Utilize an HCV Antibody test that reflexes to an HCV RNA test
- Utilize a population health management tool to run gap reports and patient registries. Azara DRVS has a Hepatitis C Module:
<https://azarahealthcare.com/solutions/drvs-add-on-modules/#hepc-hiv>

COUNSEL:

- **HCV-positive persons**
 - Medication adherence (for those receiving treatment)
 - Transmission and re-infection prevention
 - Liver health, including the importance of avoidance of alcohol
- **HCV-positive and negative persons**
 - Harm reduction information, if necessary refer to the [Project DAWN | Ohio Department of Health](#) location in the [Ohio+HCV+Resource+Guide+PDF.pdf](#)
 - Abstinence from alcohol and, when appropriate, interventions to facilitate the cessation of alcohol consumption

SCREEN AND PREVENT:

- Screen for hepatitis B and HIV
- Screen for other sexually transmitted infections as indicated
- Discuss biomedical prevention for HIV
- Vaccinate for hepatitis A and B if non-immune
- Vaccinate against pneumococcal infection in all patients with cirrhosis

EVALUATE DISEASE STAGE: Evaluation for advanced fibrosis using a liver biopsy, imaging, transient elastography, and/or noninvasive markers (FibroSure) 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 including screening for hepatocellular carcinoma

LINKAGE TO CARE: All persons with active HCV infection should be linked to a clinician who is prepared to provide comprehensive management.

HEPATITIS B CONSIDERATIONS:

- Evaluation for other conditions that may accelerate liver fibrosis, including hepatitis B and HIV infections, is recommended for all persons with active HCV infection.
 - For hepatitis B, screen all adults aged 18 years and older at least once in their lifetime using a [triple panel test](#).

- Periodic risk-based testing should continue, including people incarcerated, people with a history of sexually transmitted infections or multiple sex partners, and people with hepatitis C virus infection.

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

CURBSIDE CONSULT FOR PROVIDERS:

OACHC CURBSIDE CONSULTS for MAT/SUD (ymaws.com)

Hepatitis C Management | National Clinician Consultation Center (ucsf.edu)