

A Guide to Comprehensive Hepatitis C Counseling and Testing

National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention
Division of Viral Hepatitis



Preface

The purpose of this CDC Hepatitis C Counseling and Testing manual is to provide guidance for hepatitis C counseling and testing of individuals born during 1945–1965. The guide was used in draft form as part of a field assessment conducted among primary care providers, who field tested the manual and provided recommendations for improving its utility.

The field assessment was conducted under contract with the Battelle Memorial Institute and the American Academy of Family Physicians National Research Network.

This manual is intended for guidance only and may be updated and revised at any time. If you have any questions concerning *The Guide to Comprehensive Hepatitis C Counseling and Testing*, contact: 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348 or cdcinfo@cdc.gov.

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Testing Patients for Hepatitis C

The Need for Hepatitis C Testing in Primary Care

- ◆ The Centers for Disease Control and Prevention (CDC) and the U.S. Preventive Services Task Force (USPSTF) recommend that adults born during 1945–1965 should receive one-time testing for hepatitis C virus (HCV) without prior ascertainment of HCV risk (Strong Recommendation, Moderate Quality of Evidence).
- ◆ Full implementation of the hepatitis C testing recommendations in primary care would help identify more individuals with hepatitis C, allowing them to get into care and treatment sooner.

Background and Rationale

High Prevalence of HCV Infection in People Born 1945–1965

Of the estimated 3 million people with chronic hepatitis C in the U.S., 75% were born during 1945–1965. National prevalence data show that people born during these years have a five times higher prevalence of hepatitis C than other adults.

Increasing HCV-Associated Morbidity and Mortality

Hepatitis C is a leading cause of liver transplants and liver cancer. Annual HCV-associated mortality in the U.S. increased more than 50% from 1999 to 2007. People born during 1945–1965 account for 73% of all HCV-associated deaths.

Limited Effectiveness of Current Testing Strategies

About 50% of persons with chronic hepatitis C do not know that they are infected. Testing based solely on elevated alanine aminotransferase (ALT) levels is estimated to miss 50% of chronic infections.

Benefits of HCV Testing and Care

Clinical preventive services including regular medical monitoring, hepatitis A and B vaccination, and behavior changes like alcohol reduction/cessation, and achieving and maintaining a healthy BMI can improve health outcomes for persons with HCV infection.

Benefits of HCV Treatment

New therapies, including interferon-free regimens, can halt disease progression and provide a virologic cure in most HCV-infected persons. These treatment options increase the effectiveness and reduce the duration of therapy for many patients.

Testing Patients for Hepatitis C

Resource Implications

Studies of HCV testing of people born from 1945 to 1965, and linking them to care and treatment, have found this strategy to be cost effective. One-time testing is estimated to identify 800,000 infections and, with linkage to care and treatment, to avert more than 120,000 HCV-related deaths and to save \$1.5–\$7.1 billion in liver-disease-related costs.

Source: Centers for Disease Control and Prevention (CDC). [Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born During 1945–1965](#) (MMWR 2012;61(RR04);1-18).

Testing Recommendations for Hepatitis C Virus Infection

The CDC recommends the following persons be tested for HCV infection:

- ◆ Adults born during 1945 through 1965 (no prior ascertainment of HCV risk needed)
- ◆ Anyone who currently injects drugs or who has ever injected drugs, even once or many years ago
- ◆ Anyone who has the following medical conditions, including:
 - ◇ received clotting factor concentrates produced before 1987
 - ◇ was ever on long-term hemodialysis
 - ◇ persistently abnormal ALT
 - ◇ HIV infection
- ◆ Anyone who has received a transfusion of blood, blood components, or an organ transplant before July 1992
- ◆ Healthcare, emergency medical, and public safety workers after needlesticks, sharps, or mucosal exposures to HCV-positive blood
- ◆ Children born to HCV-positive women

Testing should be initiated with anti-HCV. A reactive result should be followed by a nucleic acid test (NAT) for HCV ribonucleic acid (RNA).

Testing Patients for Hepatitis C

The tool below can be used to help identify patients who should be tested for HCV.

Patient born between 1945 and 1965:

- Yes. Test for HCV infection. No further risk assessment needed.
- No. Ascertain HCV risk as indicated below. If any of the questions are answered 'yes', then the patient should be tested for HCV infection.

Patient had a blood transfusion or organ transplant before 1992:

- Yes
- No

Patient currently uses (or previously used, even once) intravenous drugs:

- Yes
- No

Patient received clotting factor concentrates produced before 1987:

- Yes
- No

Patient has ever been on long-term hemodialysis:

- Yes
- No

Patient has persistently abnormal alanine aminotransferase levels (ALT):

- Yes
- No

Patient has HIV infection:

- Yes
- No

Patient works in healthcare, emergency medical, or public safety and has been exposed to HCV-positive blood due to needlestick, sharps, or mucosal exposure:

- Yes
- No

Hepatitis C Overview

- ◆ Hepatitis C virus (HCV) infection is the most common chronic blood-borne infection in the United States; approximately 3 million people in the U.S. are living with chronic hepatitis C.
- ◆ Chronic HCV infection develops in 75%–85% of HCV-infected persons; about 15%–25% of people will clear the virus from their bodies without treatment.
- ◆ The majority of infected persons might not be aware of their infection because they are not clinically ill. However, infected persons serve as a source of transmission to others and are at risk for chronic liver disease or other HCV-related chronic diseases decades after infection.
- ◆ Over time, approximately 60%-70% of people with chronic hepatitis C develop liver disease and 1%-5% will get liver cancer and die.
- ◆ HCV is most efficiently transmitted through large or repeated percutaneous exposure to infected blood (e.g., through injecting drugs). Although much less frequent, occupational, perinatal, and sexual exposures can also result in transmission of HCV.
- ◆ Before improved screening of the blood supply began in 1992, hepatitis C was also spread through blood transfusions and organ transplants.
- ◆ There is no vaccine available for hepatitis C.

