

Start Screening for Hepatitis C Virus!

On March 2, 2020, the United States Preventive Services Task Force (USPSTF) released an updated recommendation statement on screening for hepatitis C virus (HCV) infection. The USPSTF concluded the following:

| Recommendation | Grading | Suggestions for Practice |
|--|---|--------------------------------|
| The USPSTF recommends screening for HCV infection in adults aged 18 to 79 years. | B. The USPSTF recommends the service. There is high certainty that the net benefit is moderate, or there is moderate certainty that the net benefit is moderate to substantial. | Offer or provide this service. |

Considerations for Practice

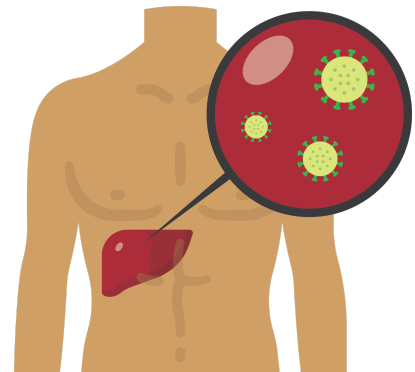
The updated recommendation applies to all asymptomatic adults aged 18 to 79 years without known liver disease.

- Assessment of risk: although all adults aged 18 to 79 years should be screened, a number of factors could increase their risk. These may include past or current injection drug users and pregnant adults.
 - Clinicians should consider screening adolescents younger than 18 years, and adults older than 79 years who may be at a high risk (e.g., past or current injection drug use).
 - Clinicians may want to consider screening pregnant persons younger than 18 years.
- Screening tests: screening with anti-HCV antibody testing followed by polymerase chain reaction testing for HCV RNA is accurate for identifying patients with chronic HCV infection.
- Screening intervals: most adults need to be screened only once. Persons with continued risk for HCV infection (e.g. past or current injection drug use) should be screened periodically. There is limited information about the specific screening interval that should occur in persons who continue to be at risk.

- Screening implementation: important considerations for screening implementation include:
 - Communicating to patients that screening is voluntary and undertaken only with the patient's knowledge and understanding that HCV screening is planned
 - Informing patients about HCV infection, how it can and cannot be acquired, the meaning of positive and negative test results, and the benefits and harms of treatment
 - Providing patients the opportunity to ask questions and to decline screening
- Treatment: the purpose of antiviral treatment regimens for HCV infection is to prevent long-term health complications of chronic HCV infection (e.g., cirrhosis, liver failure, and hepatocellular carcinoma). Currently, all-oral direct-acting antiviral regimens without interferon have been accepted as the standard treatment for chronic HCV infection.

What can I do?

- Educate yourself! Read about HCV and the updated screening recommendations. Changes start with you.
- Share your knowledge with others. Ensure all staff are knowledgeable about HCV and kept up to date on current screening recommendations. Share this handout with other health care staff.
- Encourage leadership to update the clinic protocol on screening for HCV.
- Generate community awareness and knowledge by sharing our community resources on HCV.



Additional Tools and Resources

Centers for Disease Control and Prevention: <http://ow.ly/iUrh50yMXew>
 United States Preventive Services Task Force: <http://ow.ly/P25250yMXgk>
 Mayo Clinic: <http://ow.ly/tS3O50yMXhW>