

Hepatitis C Virus (HCV) Screening: Key Info for Primary Care Providers

Who should be tested for HCV?

- All persons born between 1945-1965 (baby boomers) should be tested for hepatitis C.
- HCV testing is also recommended for those who:
 - Ever injected drugs (even briefly) or currently inject drugs
 - Have certain medical conditions, including persons:
 - who received clotting factor concentrates produced before 1987
 - who were ever on long-term hemodialysis
 - with persistently abnormal alanine aminotransferase levels (ALT)
 - who have HIV infection
 - Were prior recipients of transfusions or organ transplants, including persons who:
 - were notified that they received blood from a donor who later tested positive for HCV infection
 - received a transfusion of blood, blood components, or an organ transplant before July 1992
- **When ordering HCV testing, healthcare providers should order HCV antibody testing with reflex to quantitative or qualitative HCV nucleic acid testing (NAT). Reflex testing should be the default option for HCV testing** because the NAT result is necessary to determine if an HCV antibody-positive test indicates past infection that has resolved or a currently active infection.

Why is the recommendation to test all baby boomers for HCV even if a patient does not have a known risk factor?

- People born during 1945-1965 are five times more likely to have HCV infection
- 75% of people with HCV were born from 1945-1965
- HCV can cause serious health problems including liver damage, cirrhosis, liver cancer and even death. In fact, HCV is a leading cause of liver cancer and the #1 cause of liver transplants.
- Because HCV usually lies silent with no symptoms until liver damage appears, half of the people with HCV do not know they are infected
- New treatments can cure HCV infection for most people in a shorter time than previous treatments and with fewer side effects, preventing liver damage, cirrhosis, and even liver cancer.

Why are baby boomers at higher risk for HCV infection?

- The reason is not completely understood. Most baby boomers are thought to have been infected in the 1970s and 1980s when rates of HCV were the highest. HCV is primarily spread through contact with blood from an infected person. Many baby boomers could have gotten infected from contaminated blood and blood products before widespread screening of the blood supply began in 1992 and universal precautions were adopted.

Others may have become infected from injecting drugs, even if only once in the past. Many baby boomers do not know how or when they were infected.

- If your patient has HCV, additional tests can see if there is liver damage. This helps determine how soon treatment should be started.

Drug treatment for HCV is expensive and I've heard it is often difficult to get a patient's insurance to pay for it if you don't have liver damage yet. Should I still test my patients?

- It's important to test your patients in order to identify those with liver damage who should be treated as soon as possible. According to AASLD/IDSA expert guidelines, ALL patients should be considered for antiviral therapy. If a patient has early stage disease and cannot be treated right away because of restrictions on insurance coverage for treatment, it is still important to know that they are infected so you can monitor for progression of illness and treat promptly if disease progresses and/or when eligibility criteria for coverage changes. In addition, if your patient knows they have HCV they can take other steps to keep their liver healthy.
- HCV-positive persons should be evaluated (by referral or consultation, if appropriate) for presence of liver damage (chronic liver disease), including assessment of liver function tests, evaluation for severity of liver disease and need for treatment, and determination of the need for hepatitis A and hepatitis B vaccination.

Where can I get more information about evaluation and treatment of HCV infections?

- *Guidance for Testing, Managing, and Treating Hepatitis C* is published by the American Association for the Study of Liver Diseases and the Infectious Disease Society of America, and is available at: <http://www.hcvguidelines.org/>
- *HCV Online* is an outstanding, comprehensive and authoritative clinical resource for clinicians that includes information about evaluation, treatment and more. It is available from the University of Washington at <http://www.hepatitisc.uw.edu/>

What is the HCV Test & Cure Coalition (HCV-TAC)?

- HCV-TAC is a partnership of five King County healthcare systems, the Hepatitis Education Project, the University of Washington, and Public Health – Seattle & King County. HCV-TAC partners are working together to improve testing, evaluation, treatment and cure of persons at risk for, and infected with, HCV.
- HCV-TAC clinical partners include Neighborcare Health and HealthPoint community health clinics, Harborview Medical Center, Swedish Medical Center, and Group Health Cooperative of Puget Sound.
- The Hepatitis Education Project is a patient support and advocacy organization that offers in-person and phone education and support to patients with viral hepatitis, delivers treatment case management, and enrolls patients in Medicaid and the Health Benefit Exchange.

If you have questions about where patients can receive HCV testing, evaluation and treatment in King County, call our Hepatitis C Test & Cure team at 206-263-2017