

# Hepatitis C Screening and Testing Recommendations

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Indiana State  
Department of Health

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# Mission and Vision

## **Mission:**

To promote, protect, and improve the health and safety of all Hoosiers

## **Vision:**

A healthier and safer Indiana



Indiana State  
Department of Health

# Agenda

- Public health burden
- Priority populations
- Injection drug use and hepatitis C
- Who to test
- Testing recommendations
- Missed opportunities for screening
- Recommendations for providers



# HCV: Public Health Burden

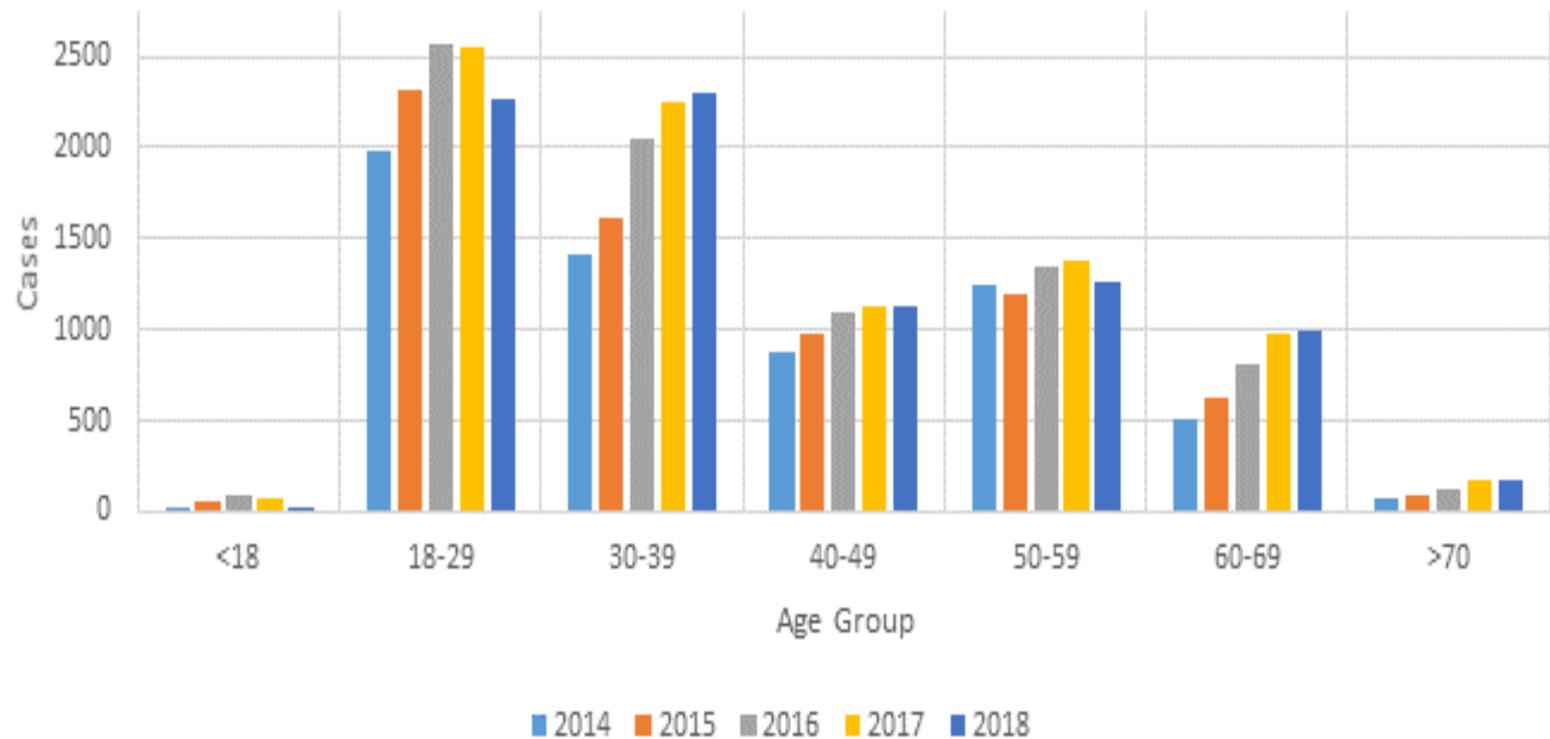
- An estimated 2.4 million Americans living with hepatitis C (HCV)
- An estimated 44,300 acute hepatitis cases in 2017
- Acute HCV cases are rapidly increasing among younger populations, 20 -39 years, due to the current opioid epidemic
- HCV killed more Americans than the 60 other reportable infectious diseases combined



26 people  
per day  
in Indiana  
in 2018

received their first  
reactive HCV test

## Acute and Chronic Hepatitis C Case Counts by Age Group - Indiana, 2014-2018



# How do you get it?



**SHARING  
SYRINGES**



**THROUGH  
PREGNANCY**



**NON-STERILE  
INSTRUMENTS**



**SEXUAL CONTACT  
WITH AN INFECTED  
PERSON**

# Blood-to-Blood

# How do you know you have it?

## Get tested!



ABDOMINAL PAIN



FEVER



DARK URINE



JOINT PAIN



DIARRHEA



FATIGUE  
(EXTREME TIREDNESS)



NAUSEA



VOMITING



JAUNDICE  
(YELLOWING OF  
THE EYES)



PALE STOOLS  
(POOP)



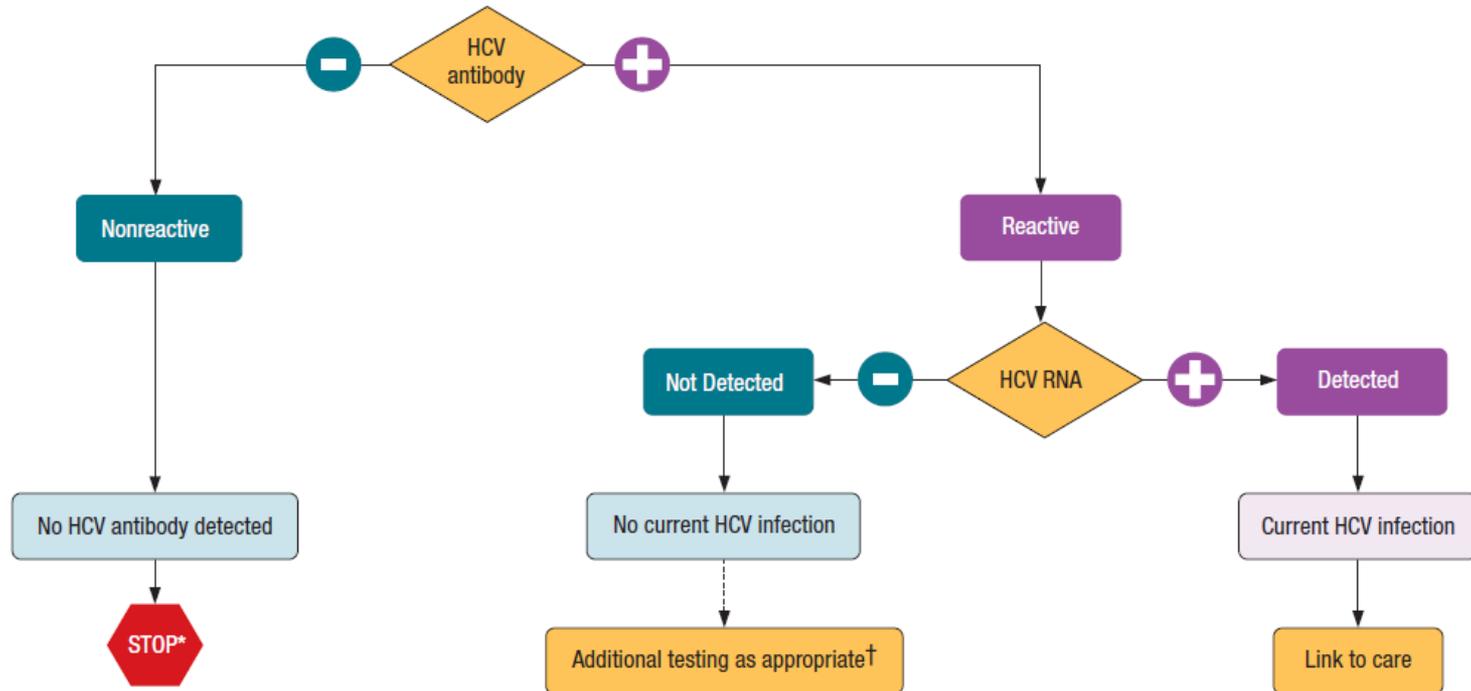
LOSS OF APPETITE



# HCV Screening and Testing

- **HCV Antibody (screen)**
  - Antibody-indicates current or past infection
    - Rapid Test – results in 20 minutes
    - Laboratory conducted (EIA-enzyme immunoassay)
    - Anti-HCV usually become detectable between 8 and 12 weeks
- **HCV RNA (test)**
  - Virus-indicates current infection (confirmatory)
  - HCV RNA can be detected in blood within one to two weeks after infection

# Recommended Testing Sequence For Identifying Current HCV Infection



\* 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.

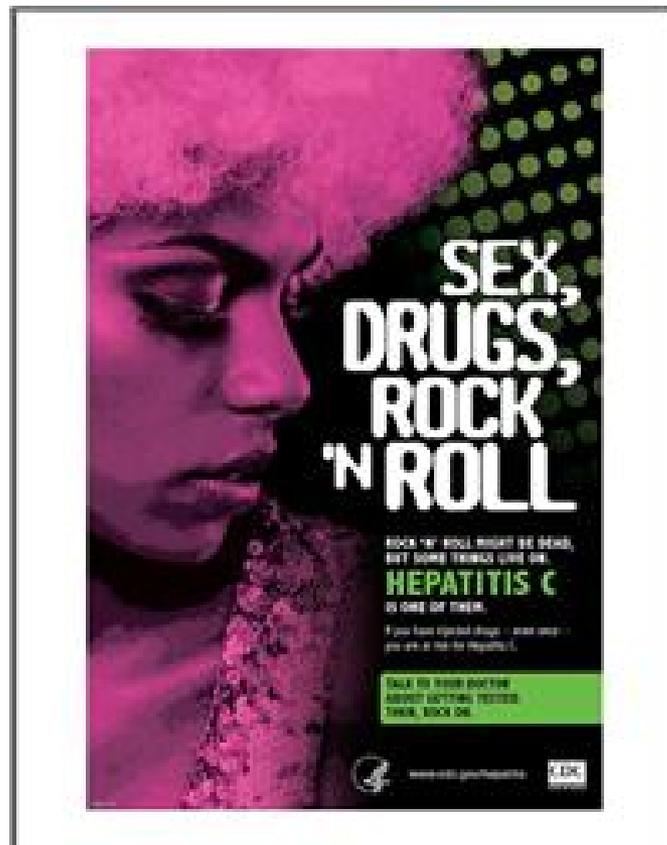
† To differentiate past, resolved HCV infection from biologic false positivity for HCV antibody, testing with another HCV antibody assay can be considered. Repeat HCV RNA testing if the person tested is suspected to have had HCV exposure within the past 6 months or has clinical evidence of HCV disease,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

# Why screen?

- Over half of people living with HCV are unaware of their infection status.
- Acute HCV infection is often asymptomatic.
- HCV exposure occurs most often among new injectors.
- Reduce HCV transmission.
- Reduce complications associated with chronic HCV.
- HCV is curable!



# Current Screening Recommendations



**BABY BOOMERS HAVE THE HIGHEST RATES OF HEPATITIS C.**

Talk to your doctor about getting tested.  
Early detection can save lives.



[www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis)



# 1945-1965 Birth Cohort

- Account for 75% of person infected with HCV<sup>1</sup>
  - Most are believed to have become infected in the 1960-1980s, when transmission of HCV was the highest.
- Six times more likely to be HCV-infected than adults born in other years<sup>2</sup>.
- Account for 73% of deaths associated with HCV infection<sup>3</sup>.
- Increased risk of HCV-associated morbidity and mortality<sup>3</sup>.

1. CDC Hepatitis C: Why People Born from 1945-1965 Should Get Tested.

<https://www.cdc.gov/knowmorehepatitis/media/pdfs/factsheet-boomers.pdf>;

2. CDC: Viral Hepatitis Surveillance, United States, 2016;

<https://www.cdc.gov/hepatitis/statistics/2016surveillance/pdfs/2016HepSurveillanceRpt.pdf>,

3. .CDC People Born 1945-1965 (Baby Boomers). <https://www.cdc.gov/hepatitis/populations/1945-1965.htm>

# Future of HCV Screening Recommendations

- One-time screening
  - Adults 18 and older
  - Pregnant women



WHY?



# Pregnant Women at Risk for HCV Benefit from Universal Screen

— Test deemed more efficient, cost-effective diagnostic approach versus risk-based screening

by Elizabeth Hlavinka, Staff Writer, MedPage Today

This article is a collaboration between



ADVERTISEMENT



## Risk-based testing in primary care missed most patients with HCV

Smith BD. *Clin Infect Dis*. 2015;doi:10.1093/cid/civ002.

February 2, 2015

## Risk-based testing missed 35% of HCV-positive prison inmates

**Publish date:** December 18, 2018

**Author(s):** [Mark S. Lesney](#)

## Risk-Based Hepatitis C Screening in Pregnancy Is Less Reliable Than Universal Screening: A Retrospective Chart Review

[Sarah Boudova](#),<sup>1</sup> [Katrina Mark](#),<sup>2</sup> and [Samer S El-Kamary](#)<sup>3</sup>

# Key Populations

- PWID
- Incarcerated
- MSM



# People Who Inject Drugs

- Account for the greatest increase in new HCV infections in the United States<sup>1</sup>.
- IDU accounts for at least 60% of new HCV infections in the United States<sup>1</sup>.
- The prevalence of HCV infection among people who inject drugs (PWID) is estimated to be 70%<sup>2</sup>.
- New HCV infections occurring primarily among young persons in nonurban areas<sup>2</sup>.

1. HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C <https://www.hcvguidelines.org/evaluate/testing-and-linkage>;

2. Office of HIV/ AIDs Policy, Hepatitis C Prevention Opportunities Among PWID <https://www.hhs.gov/hepatitis/blog/2015/05/28/now-available-archived-webinar-on-hepatitis-c-prevention-opportunities-among-people-who-inject-drugs.html>;



# **AASLD/IDSA HCV Guidance: Screening recommendations for PWID**

- Annual HCV testing is recommended for PWID with no prior testing, or past negative testing and subsequent injection drug use.
- More frequent testing should be considered depending on level of risk.
- Active or recent drug use or a concern for reinfection is not a contraindication to HCV treatment.

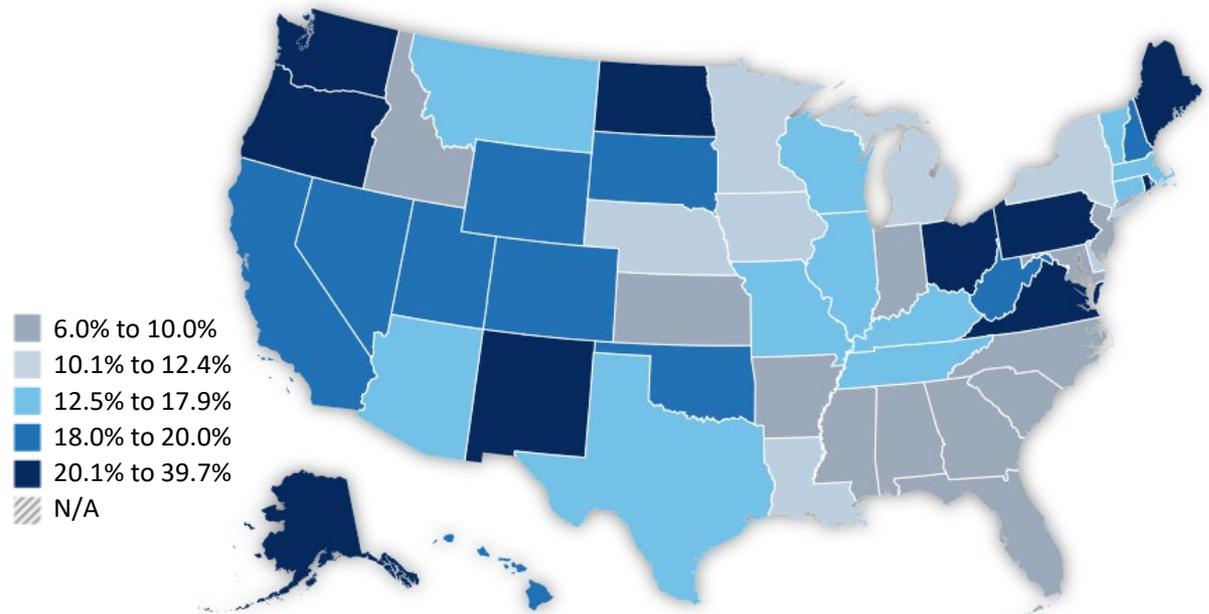


# AASLD/IDSA HCV Guidance: Screening recommendations for PWID

- Substance use disorder treatment programs and syringe service programs should offer routine, opt-out HCV-antibody testing, with reflexive or immediate confirmatory HCV-RNA testing.
- Integration of HCV testing services into harm reduction services provided by medication-assisted treatment (MAT) programs, needle/syringe programs, and acute detoxification programs provide an opportunity for routine screening in this key population.

# High Burden of HCV Among Incarcerated Populations

- 2.2 million people incarcerated at end of 2016 in United States.
- **Nearly 1/3 of Americans with HCV spend at least part of the yr in a correctional facility.**
- Up to 40% of people who are incarcerated in some states are HCV Ab positive.



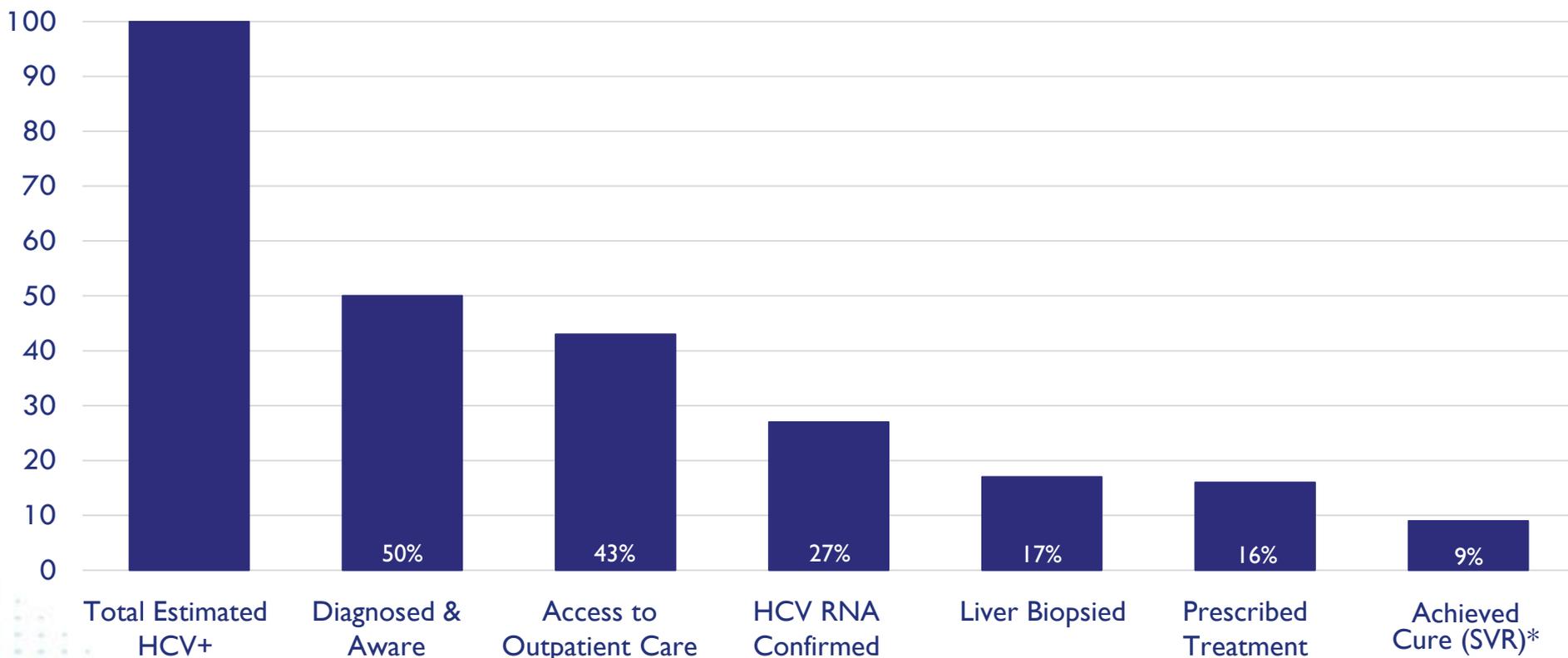
# Case Series: Sexually Acquired HCV Among MSM Receiving PrEP in NYC and San Francisco

- 2013-2018: 15 HCV infections among 14 MSM receiving PrEP
  - 87% asymptomatic; all detected by routine ALT or HCV monitoring
  - One half reported increasing sex partners and drug use after starting PrEP.
    - Risk factors for HCV acquisition were the same as those of MSM with HIV who acquired HCV, including sexualized use of meth, some by injection.
  - Three cleared spontaneously within 12 wks (including one reinfection); eight treated and cured; one treated with unknown outcome; tree currently undergoing treatment.

# AASLD/IDSA HCV Guidance: MSM

- All MSM should be counseled about the risk of sexual HCV transmission . . . and educated about measures to prevent HCV infection or transmission.
- Annual HCV testing is recommended for:
  - Sexually active MSM living with HIV; and
  - MSM receiving PrEP.
- More frequent testing may be warranted based on risk assessment.

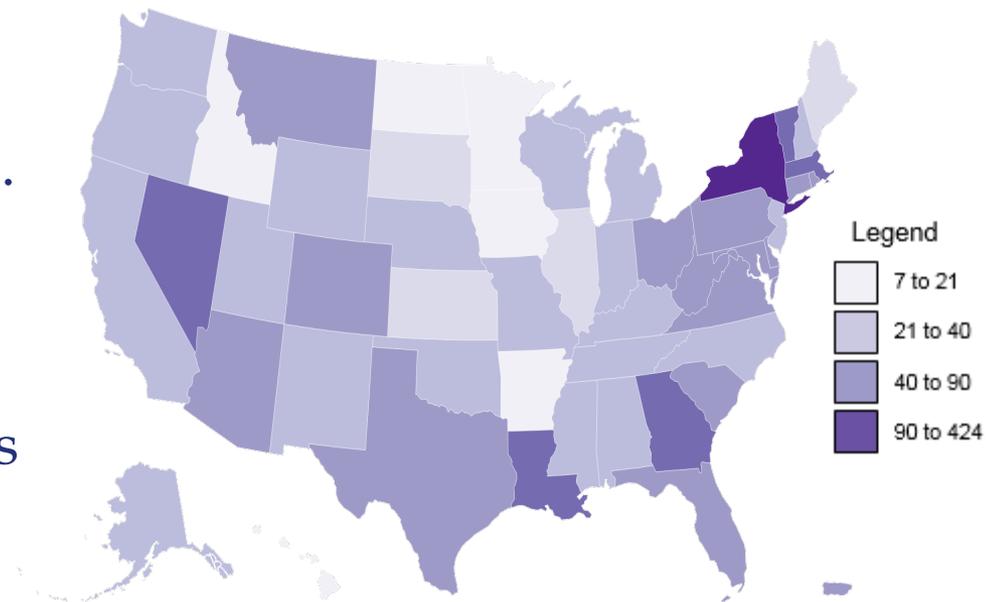
# Missed Opportunities along the HCV Care Cascade



Yehia, B. The treatment cascade for chronic hepatitis C virus infection in the United States: A systematic review and meta analysis. PLoS One. 2014;9(7): e101554.

# Missed Opportunities for HCV Screening

- Nationally, only 29% of substance abuse facilities offer HCV screening (2018).
- Nationally, only 25% of facilities in the CDC-defined vulnerable counties offer HCV testing,
- In Indiana, only 25% of substance abuse treatment centers offer HCV screening (2018),



Source: [opioid.amfar.org](http://opioid.amfar.org)



# Recommendations for Providers

- Evaluate current screening practices and policy in your facility or organization.
- Use clinical decision tools (electronic reminders).
- Develop policy for routine testing.
- Identify challenges/barriers to integrating testing into services and ways to overcome those challenges.
- **Develop strategies to eliminate stigma and discrimination associated with populations affected by HCV in your practices.**

# Recommendations for Providers

## Screen

- All persons who are injecting or who have ever injected.
- Conduct an assessment on all patients to identify additional risk associated with HCV transmission.
- Offer one-time screening to all persons born during 1945-1965 regardless of risk.

## Confirm

All HCV antibody positive test results should be followed up with an HCV RNA confirmatory test.

# Recommendations for Providers

# TREAT!!!!!!!



HCV Guidance: Recommendations for  
Testing, Managing, and Treating  
Hepatitis C



# What are we doing at ISDH?

- HCV Services Program
- HCV Perinatal Program
- INPEP (Peer Education Program)
- Working with DOC and FSSA
- Rapid screening at SSPs



# Contact Information

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