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Chronic HCV Infection: ightarrowScreening Assessment Guide





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Who Should be Screened for HCV Infection?

All adults and individuals with or without known risk factors are recommended for HCV screening^{1–4}

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One-time testing for HCV infection is recommended for all individuals aged **18 years and older**¹⁻⁴

All pregnant women should be screened⁴

HCV screening is recommended for **any person who requests it**, regardless of age or disclosure of risk, as patients may be reluctant to disclose stigmatizing risks^{2,3} **One-time HCV testing** (in patients aged <18 years) & **periodic repeat testing** is recommended for persons with the following:^{1–4}



Risk behaviors

- Current or former injection drug users (including those who only injected once)
- Annual testing recommended for current injection drug users
- · Persons with intranasal illicit drug use
- Men who have sex with men
 - Annual testing recommended



Other conditions and circumstances

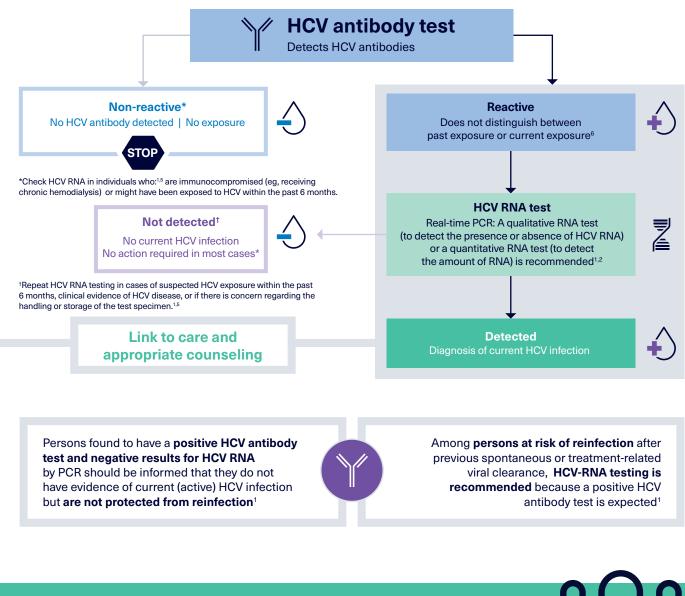
- Persons who have HIV infection
- · Sexually active persons about to start PreP for HIV
- Persons with unexplained chronic liver disease and/or chronic hepatitis, including elevated ALT levels
- Persons who are solid organ donors (deceased and living) and solid organ transplant recipients

Risk exposures

- · Persons who were ever incarcerated
- · Persons who were ever on long-term hemodialysis
- Persons who have had percutaneous/parenteral exposures in an unregulated setting (eg, tattoos received outside of licensed parlors)
- Healthcare, emergency medical, and public safety workers after needle stick, sharps, or mucosal exposures to HCV-positive blood
- Children born to HCV-positive women
- 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
 - Received clotting factor concentrates produced before 1987

How Is HCV Screened for and Diagnosed?

Recommended testing sequence:^{1,4}



All persons with active HCV infection should be **linked to a healthcare provider** who is prepared to provide comprehensive management¹



$\oplus_{\mathcal{G}}$ Linkage to care for all patients with HCV infection

is recommended due to known benefits of care and treatment in reducing the risk of disease progression and all-cause mortality, and the potential public health benefit of reducing transmission through early treatment, viral clearance, and reduced risk behaviors. Not linking patients to care can delay appropriate clinician assessment and result in negative health outcomes.¹

With simplified treatments, there is an opportunity for non-specialist providers to engage in HCV management and treatment and participate in linking patients to appropriate care.

Abbreviations

AASLD

American Association for the Study of Liver Diseases

ALT Alanine aminotransferase

CDC Centers for Disease Control and Prevention

CPT Current procedural terminology

HCV Hepatitis C virus

HIV Human immunodeficiency virus

IDSA Infectious Diseases Society of America

PCR Polymerase chain reaction

PreP Pre-exposure prophylaxis

RNA Ribonucleic acid

References

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Reflex testing

Diagnosis of HCV infection can be facilitated by automatically testing for HCV RNA on the same sample if the HCV antibody test is positive.

ICD-10 Diagnosis Codes:

Acute hepatitis C: B17.1 | Chronic hepatitis C: B18.2

Antibody test with reflex to quantitative HCV RNA test:

CPT code: 86803⁷ | Quest Diagnostics[™] code: 8472⁸ | LabCorp code: 144050⁹

HCV antibody test:

CPT code: 86803¹⁰ | LabCorp code: 1440659¹⁰

Quantitative HCV RNA test:

CPT code: 87522¹¹ | Quest Diagnostics[™] code: 35645¹² | LabCorp code: 551300¹¹



