

Interim Guidance for Hepatitis C Testing from CDC

Hepatitis C virus (HCV) is the most common bloodborne infection in the United States. The Centers for Disease Control and Prevention (CDC) estimates at least 1.6% of people in the US have chronic infection. Deaths from HCV have recently surpassed deaths from HIV, and it is the number one cause of liver cancer and liver transplants in the US. At least 5,000 individuals in Vermont are known to be infected, though estimates place the actual number at 10,000-12,000.

CDC has released interim guidance for hepatitis C virus (HCV) testing because of two developments:

- 1) RIBA, the confirmatory test for HCV antibody, is no longer being produced and providers should use NAT (also known as PCR or RNA) testing to confirm HCV infection after a positive antibody result. NAT testing has the added benefit of confirming active infection, rather than only HCV antibody.
- 2) Rapid HCV antibody testing is now available. The test has similar specificity and sensitivity to laboratory testing and can be conducted with a fingerstick blood sample. The test takes twenty minutes to develop results.

Options for hepatitis C testing include:

- Drawing a blood sample for HCV antibody, and if positive, testing the patient for HCV RNA to confirm active infection.
- Testing a patient with the HCV rapid antibody test, and if that is reactive, drawing a sample for HCV RNA.

Test Outcome	Interpretation	Further Action
HCV antibody non-reactive	No HCV Antibody detected	<ul style="list-style-type: none"> • Sample can be reported as non-reactive. • If recent exposure to HCV is suspected, test for HCV RNA.
HCV antibody reactive	Presumptive HCV infection, past or present	<ul style="list-style-type: none"> • Positive HCV antibody means past or present HCV infection, or biologic false positive. • Test for HCV RNA to identify current infection.
HCV antibody reactive + HCV RNA detected	Current HCV infection	<ul style="list-style-type: none"> • Provide appropriate counseling, and link person to medical care and treatment. • Offer HAV and HBV immunization. • Advise to reduce or eliminate alcohol.
HCV antibody reactive + HCV RNA not detected	No current HCV infection	<ul style="list-style-type: none"> • Patient has likely cleared the infection without treatment (15-25% of patients do). • Repeat antibody test to eliminate possibility false positive HCV antibody result. • Counsel patient on how to avoid reinfection.

People who should be tested for HCV include:

- Injection drug users or anyone who has injected illegal drugs, even once.
- People born from 1945-1965.
- People who received blood or organ transfusions before 1992, or clotting factors before 1987.
- People who have received non-sterile tattoos, including at home, or in a correctional facility.
- People with persistently elevated liver enzymes.
- People with HIV.
- Children born to mothers with HCV (testing should occur at 18 months to exclude maternal antibodies).

Over 200 drugs are in development for the treatment of HCV, and newer treatments are likely to be oral, rather than injectable, and have higher success rates.

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