

Hepatitis C

A Brief Overview for Healthcare Providers

The Impact of Hepatitis C

Chronic infection with hepatitis C virus (HCV) is a leading cause of liver failure, liver cancer, and liver transplantation. Deaths from chronic HCV in the United States reached nearly 20,000 in 2015, surpassing deaths from 60 other reportable infectious conditions combined – including HIV, pneumococcal disease, and tuberculosis.

In addition to the over 3.5 million people currently infected with HCV in the U.S., the opioid epidemic is fueling increases in injection drug use, which is in turn driving a surge in new, or acute, HCV infections among people who inject drugs, especially young people. There are also growing rates of sexual transmission of HCV among HIV-positive men who have sex with men.

Critical Issue: Undiagnosed Infections

Approximately 50% of persons with HCV have never been tested and do not know they are infected. In addition, many persons who have tested antibody-positive have not had HCV RNA testing to confirm their infection. Persons with a positive RNA test have active, chronic HCV infection and should be provided, or referred for, disease staging and treatment.

Hepatitis C Can Be Cured

Newer treatment regimens are shorter in duration and have fewer side effects compared with older interferon-based treatment regimens, and most importantly, are curative. In fact, over 95% of patients treated using the new regimens are cured. Treatment courses are eight to 24 weeks, depending on degree of liver fibrosis, viral genotype, and treatment type and history.

Benefits of Cure

Patients who are cured of HCV experience a 50% reduction in all-cause mortality, a 75% reduction in mortality from liver disease, and an improved quality of life. Treating individuals with HCV is a key strategy to prevent further transmission of the virus and has the potential to lead to the elimination of HCV in this country.

Why Aren't More People Being Treated and Cured?

People who are not tested and remain undiagnosed have no opportunity for care and treatment. After diagnosis,

patients trying to access treatment can encounter challenges such as financial barriers, treatment restrictions, and being un- or underinsured, among others. Provider restrictions – a legacy of complex interferon treatment regimens – can also limit treatment access in some areas. Progress is being made on many of these challenges, and some resources such as patient assistance programs, are currently available.

Actions for Healthcare Providers

- **Screen** all persons born 1945-1965 (Baby Boomers) once in their lifetime without attaining past risk. This action will identify 77% of persons infected.
- **Screen** all persons with risk factors for HCV, including persons who are currently or who have ever injected drugs (even one time), and HIV-positive persons at their first medical visit, plus annually for all HIV-positive MSM. For complete risk factor information, visit www.cdc.gov/hepatitis/hcv/guidelinesc.htm
- **Confirm** HCV infections by performing HCV RNA tests on all patients who screen antibody-positive.
- **Refer and link** for confirmatory testing if HCV RNA testing is not conducted within your healthcare setting. If already RNA-confirmed, patients should be referred and linked to be assessed for treatment.
- **Counsel** HCV-positive persons on adherence for those receiving treatment, transmission prevention, and liver health. Counsel HCV-negative persons on harm reduction information.
- **Follow up** with antibody-positive patients in your practice to ensure they receive a confirmatory RNA test and are linked to care for treatment.
- **Implement** systems to promote screening and referral for care. These systems include standing orders for nurses and medical assistants to screen for HCV, electronic medical records (EMR) prompts and reminders, and clinical decision support tools in your EMR to track and follow up with patients with HCV.
- **Consult** the most up-to-date HCV prevention and treatment guidelines at www.hcvguidelines.org.

See back page for resources and suggested reading.

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Sources and Suggested Readings:

Barua, S., et al. (2015). Restrictions for Medicaid reimbursement of Sofosbuvir for the treatment of hepatitis C virus infection in the United States. *Annals of Internal Medicine*. 163(3): 215-24.

Denniston, M. M., et al. (2014). Chronic hepatitis C virus infection in the United States, National Health and Nutrition Examination Survey 2003 to 2010. *Ann Intern Med*. 160(5): 293-300.

Edlin, B. R. & Winkelstein, E. R. (2014). Can hepatitis C be eradicated in the United States? *Antiviral Research*. 110: 79–93.

Hagan, H., Pouget, E., & DesJarlais, D. (2011). A systematic review and meta-analysis of interventions to prevent hepatitis C virus infection in people who inject drugs. *Journal of Infectious Disease*. 204(1): 74-83.

Infectious Disease Society of America and American Association for the Study of Liver Disease. HCV Guidance: Recommendations for testing, managing, and treating hepatitis C. <http://www.hcvguidelines.org/full-report/initial-treatment-hcv-infection>.

Ly, K. N., Hughes, E. M., Jiles, R. B., & Holmberg, S. D. (2016). Rising mortality associated with hepatitis C virus in the United States, 2003-2013. *Clinical Infectious Diseases*. 62(10): 1287-8.

Simmons, B., et al. (2015). Long-term treatment outcomes of patients infected with hepatitis C virus: A systematic review and meta-analysis of the survival benefit of achieving a sustained virological response. *Clinical Infectious Diseases*. 61(5): 730-40.

Suryaprasad, A. G., et al. (2014). Emerging epidemic of hepatitis C virus infections among young nonurban persons who inject drugs in the United States, 2006–2012. *Clinical Infectious Diseases*. 59(10): 1411-9.

Yehia, B., Schranz, A., Umscheid, C. A., & Lo Re, V. (2014). The treatment cascade for chronic hepatitis C virus infection in the United States: A systematic review and meta-analysis. *PLoS One*. <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0101554>

Resources:

Testing Recommendations for Hepatitis C Virus Infection (CDC).

<http://www.cdc.gov/hepatitis/hcv/guidelinesc.htm>

Viral Hepatitis – Recommendations for Specific Populations and Settings (CDC).

<http://www.cdc.gov/hepatitis/populations/hiv.htm>

Hepatitis C FAQ for Health Professionals (CDC).

<http://www.cdc.gov/hepatitis/hcv/hcvfaq.htm#section1>

A National Strategy for the Elimination of Hepatitis B and C: Phase Two Report (National Academies of Sciences, Engineering, and Medicine).

<http://www.nationalacademies.org/hmd/Reports/2017/national-strategy-for-the-elimination-of-hepatitis-b-and-c.aspx>

Resources Available Through Your Local or State Health Department

- *[insert local health department resources]*