

Hepatitis C

What to know *now* about testing and treatment



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Hepatitis remains a serious health threat that kills thousands of Americans annually and is a leading cause of liver cancer. The U.S. is facing rising rates of viral hepatitis, with tens of thousands of people newly infected with viral hepatitis every year.

In Massachusetts, cases of hepatitis C are rising. An estimated 250,000 people are now infected with hepatitis C. Hispanic/Latinx individuals are infected with hepatitis C at 1.3 times, black individuals at 1.2 times, and American Indian/Alaska Native individuals at 1.1 times the rate of white individuals. Not enough testing is done, especially in primary care settings, where opportunities to identify and treat cases are being missed. The Massachusetts Department of Public Health (DPH) estimates that only about 14% of Massachusetts residents have been tested for hepatitis C virus (HCV) infection at least once.

While hepatitis A and hepatitis B are vaccine-preventable, hepatitis C is not. Hepatitis C can, however, be cured. In fact, more than 95% of chronic infections can be cured with simple, well-tolerated oral treatments.

DPH urges clinicians to increase testing and treatment for hepatitis C.

Treating hepatitis C: addressing myths

- For most patients, hepatitis C treatment is not complicated and can begin without first waiting to see if someone spontaneously clears the virus on their own.
- Treatment can be administered by primary care practitioners; it does *not* need to be prescribed by a specialist such as a hepatologist or gastroenterologist.
- There are no clinical contraindications for treatment of patients who are using, or recently stopped using, drugs or alcohol.
- Most patients tolerate treatment well. Clinicians should not assume that patients are unable or unwilling to adhere to treatment practices.
- MassHealth and most insurers in Massachusetts **do not restrict treatment** based on sobriety.
- For most insurers in Massachusetts, there are no limits on the number of times a patient may be treated for hepatitis C. Patients are not restricted to a single course of treatment.

More than 95% of people with hepatitis C infection can be cured with 8-12 weeks of oral medication. Yet data show that in Massachusetts, only about 4 of 10 people with chronic hepatitis C infection receive treatment within one year after diagnosis.

Testing for hepatitis C: current recommendations

Hepatitis C infection is diagnosed with blood tests to show if a person has been exposed to the virus (antibody test) and to show if the person currently has hepatitis C (RNA test).

- Hepatitis C testing should start with an HCV antibody test. Positive/reactive antibody results should automatically trigger (i.e., reflex test) a nucleic acid test for hepatitis C RNA.
- Antibody and RNA tests should be performed on samples collected at the same patient visit.



- If the antibody test result is negative, this indicates no hepatitis C infection. For people with recent or ongoing risk exposure, repeat testing should be performed.
- If the antibody test result is positive and the RNA test shows the presence of hepatitis C RNA, this indicates current hepatitis C infection, and the individual should be connected immediately to treatment.
- If the antibody test result is positive and the RNA test result is negative, this indicates that an individual does not have current hepatitis C infection. Clinicians may consider additional testing to determine an individual's hepatitis C infection status.

Consistent with CDC recommendations, all health care providers are urged to test all adult patients for hepatitis C at least once.

Laboratory testing: what needs to happen

A 2022 DPH survey of laboratories found that only 1/3 of clinical laboratories in Massachusetts currently conduct CDC-recommended reflex testing. Key barriers include the fact that some laboratories do not currently have orders that enable reflex testing, or order mechanisms allow only for an antibody test.

DPH urges laboratories and health care providers to update operational practices to support, as a standard of practice, reflex testing on same-day samples.

Latest guidance for hepatitis C testing

Most newly reported cases of hepatitis C infection are among people under age 30 who inject drugs. However, testing is urged for all groups as indicated below.

- Universal testing is strongly recommended for:
 - All adults aged 18 years and older, at least once in their lifetime
 - All pregnant people during every pregnancy
- Testing regardless of age or setting is recommended for anyone at risk:
 - People who inject drugs and shared needles, syringes, or other injection equipment, even if once or many years ago
 - People with HIV infection
- Routine periodic testing is recommended for:
 - People with ongoing risk, especially people who inject drugs
 - People with medical conditions such as those receiving hemodialysis
 - Any person who requests hepatitis C testing

Resources for health care providers to support clinical decision-making

- CDC testing recommendations: [cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm#B1_down](https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm#B1_down)
- Information on treatment management of hepatitis C infection: [hcvguidelines.org](https://www.hcvguidelines.org)
- Recommended testing sequence: [cdc.gov/hepatitis/hcv/pdfs/hcv_flow.pdf](https://www.cdc.gov/hepatitis/hcv/pdfs/hcv_flow.pdf)
- Updated operational guidance for testing: [cdc.gov/mmwr/volumes/72/wr/mm7228a2.htm](https://www.cdc.gov/mmwr/volumes/72/wr/mm7228a2.htm)
- Toolkit for hepatitis testing and treatment in primary care: [mass.gov/info-details/enhancing-hepatitis-c-testing-and-treatment-for-young-injection-drug-users](https://www.mass.gov/info-details/enhancing-hepatitis-c-testing-and-treatment-for-young-injection-drug-users)

