


## HCV Testing and Linkage to Care

<b>Recommendations for One-Time Hepatitis C Testing</b>	
RECOMMENDED	RATING 
One-time, routine, opt out HCV testing is recommended for all individuals aged 18 years or older.	I, B
One-time HCV testing should be performed for all persons less than 18 years old with activities, exposures, or conditions or circumstances associated with an increased risk of HCV infection (see below).	I, B
Prenatal HCV testing as part of routine prenatal care is recommended with each pregnancy.	I, B
Periodic repeat HCV testing should be offered to all persons with activities, exposures, or conditions or circumstances associated with an increased risk of HCV exposure (see below).	IIa, C
Annual HCV testing is recommended for <a href="#">all persons who inject drugs</a> , for <a href="#">HIV-infected men who have unprotected sex with men</a> , and <a href="#">men who have sex with men taking pre-exposure prophylaxis (PrEP)</a> .	IIa, C
<p><b>Risk Activities</b></p> <ul style="list-style-type: none"> <li>• Injection drug use (current or ever, including those who injected only once)</li> <li>• Intranasal illicit drug use</li> <li>• Use of glass crack pipes</li> <li>• Male engagement in sex with men</li> <li>• Engagement in chem sex (defined as the intentional combining of sex with the use of particular nonprescription drugs in order to facilitate or enhance the sexual encounter [<a href="#">Bourne, 2015</a>])</li> </ul> <p><b>Risk Exposures</b></p> <ul style="list-style-type: none"> <li>• Persons on long-term hemodialysis (ever)</li> <li>• Persons with percutaneous/parenteral exposures in an unregulated setting</li> <li>• Healthcare, emergency medical, and public safety workers after needlestick, sharps, or mucosal exposure to HCV-infected blood</li> <li>• Children born to HCV-infected women</li> <li>• Recipients of a prior transfusion or organ transplant, including persons who:                     <ul style="list-style-type: none"> <li>◦ Were notified that they received blood from a donor who later tested positive for HCV</li> <li>◦ Received a transfusion of blood or blood components, or underwent an organ transplant before July 1992</li> <li>◦ Received clotting factor concentrates produced before 1987</li> </ul> </li> <li>• Persons who were ever incarcerated</li> </ul> <p><b>Other Conditions and Circumstances</b></p>	

## Recommendations for One-Time Hepatitis C Testing

- HIV or HBV infection
- Sexually active persons about to start pre-exposure prophylaxis (PrEP) for HIV
- Chronic liver disease and/or chronic hepatitis, including unexplained elevated alanine aminotransferase (ALT) levels
- Solid organ donors (living and deceased) and solid organ transplant recipients

## Initial HCV Testing and Follow-Up

### Recommendations for Initial HCV Testing and Follow-Up

RECOMMENDED	RATING
HCV-antibody testing with reflex HCV RNA polymerase chain reaction (PCR) testing is recommended for initial HCV testing.	I, A
Among persons with a negative HCV-antibody test who were exposed to HCV within the prior 6 months, HCV-RNA or follow-up HCV-antibody testing 6 months or longer after exposure is recommended. HCV-RNA testing can also be considered for immunocompromised persons.	I, C
Among persons at risk of reinfection after previous spontaneous or treatment-related viral clearance, HCV-RNA testing is recommended because a positive HCV-antibody test is expected.	I, C
Quantitative HCV-RNA testing is recommended prior to initiation of antiviral therapy to document the baseline level of viremia (ie, baseline viral load).	I, A
HCV genotype testing may be considered for those in whom it may alter treatment recommendations.	I, A
Persons found to have a positive HCV-antibody test and negative results for HCV RNA by PCR should be informed that they do not have evidence of current (active) HCV infection but are not protected from reinfection.	I, A

## Counseling Persons With Active HCV Infection

### Recommendations for Counseling Persons With Active HCV Infection


RECOMMENDED	RATING
Persons with current HCV infection should receive education and interventions aimed at reducing liver disease progression and preventing HCV transmission.	IIa, B
Abstinence from alcohol and, when appropriate, interventions to facilitate cessation of alcohol consumption should be advised for all persons with HCV infection.	IIa, B
Evaluation for other conditions that may accelerate liver fibrosis, including hepatitis B and HIV infections, is recommended for all persons with active HCV infection.	IIb, B

## Recommendations for Counseling Persons With Active HCV Infection

Evaluation for advanced hepatic fibrosis using noninvasive tests (serum panels, elastography) or liver biopsy, if required, is recommended for all persons with HCV infection to facilitate an appropriate decision regarding HCV treatment strategy, and to determine the need for initiating additional measures for cirrhosis management (eg, hepatocellular carcinoma screening) (see <a href="#">Monitoring</a> section).	I, A
Vaccination against hepatitis A and hepatitis B is recommended for all susceptible persons with HCV infection.	IIa, C
Vaccination against pneumococcal infection is recommended for all patients with cirrhosis.	IIa, C
All persons with HCV infection should be provided education about how to prevent HCV transmission to others.	I, C

## Linkage to Care

### Recommendation for Linkage to Care

RECOMMENDED	RATING 
All persons with active HCV infection should be linked to a healthcare provider who is knowledgeable in and prepared to provide comprehensive management.	IIa, C

**Last update:** October 24, 2022