Hepatitis C Screening and Treatment Updates

Hepatitis C overview
Hepatitis C is the most common chronic blood borne infection in the United States. Approximately 3.2 million people are infected. The majority of people infected will not experience any life shortening complications yet in 10-15% of patients, it can cause cirrhosis, may cause liver cancer (if cirrhotic), and is currently the leading cause of liver transplant. Most people who have the infection do not yet know they have the infection. Additionally, many people, including health care providers, do not know that it can be cured.

Who to screen
This year, the Center for Disease Control (CDC) developed a new recommendation that individuals born between 1945-1965 also get screened for Hepatitis C. The new recommendation is advocated as the vast majority of those with Hepatitis C are baby boomers (73%) and many exposed individuals may not feel comfortable disclosing, recall, or be aware of a past risk exposure. By implementing this new age cohort screening approach, it is estimated that up to 800,000 more cases of Hepatitis C would be identified and potentially 121,000 lives saved. Both the American Association for the Study of Liver Diseases (AASLD) and the American Gastroenterology Association (AGA) support the age cohort screening recommendation. Screening should also be offered to anyone who has any risk factors for blood/body fluid borne infections, or if they request it. This test (when done for screening purposes) may not be paid for by all payors at 100% coverage level. Patients should check with their insurance plan to see if it will be covered.

Which Hepatitis C screening test to order
At HealthPartners, the first test to order is the Hepatitis C antibody with reflex. If this test is positive, the lab will automatically run the Hepatitis C RNA quantitative test. If the Hepatitis C quantitative test has a detectable value, the patient has Hepatitis C. If the quantitative test is less than 12 IU/ml and says undetected, the patient does not have Hepatitis C. Individuals who have had the infection but gotten rid of it (either on their own or via previous treatment) may have a positive Hepatitis C antibody test but an undetectable Hepatitis quantitative test. Additionally, there is a high false positive rate in the hepatitis C antibody test.

When your patient has a positive test result
If your patient has a detectable Hepatitis C virus level, it is important to include the following:
• Offer reassurance (this is a slow acting infection and the majority of people will not have significant life threatening complications from this infection).

• Advise minimal alcohol use, caution with hepatotoxic medications, optimal weight control, and Hepatitis A and B vaccinations.

• Advise the patients to not donate blood and be careful exposing others to their blood.

• Offer Hepatitis C patient information. The CDC has good patient education materials, [http://www.cdc.gov/hepatitis/HCV/PDFs/HepCGeneralFactSheet.pdf](http://www.cdc.gov/hepatitis/HCV/PDFs/HepCGeneralFactSheet.pdf)

• Order a Hepatitis C genotype, Hepatitis B Surface Antigen and HIV test*, abdominal ultrasound, liver panel, INR, and CBC and refer to the Hepatology clinic (a new diagnosis alone does not typically require an urgent appointment).

*Note: patients who are co-infected with Hepatitis C, B and/or HIV are at risk for more progression in their liver disease and a priority for treatment.

• Advise patients that treatment currently is complex and careful medical and psychiatric evaluation and assessment is undertaken before starting treatment (patients should not expect that they will start treatment on their first visit to the Hepatology clinic).

• A liver biopsy is not always needed or advised.

The majority of patients exposed to Hepatitis C will have it as a chronic infection (defined as persisting more than 6 months). A certain number (20%) may be able to get rid of the infection on their own (within 6 months of exposure). There is no test that distinguishes acute from chronic infection although if the patient is feeling unwell, has very elevated transaminases and a high Hepatitis C virus level, and there is a known exposure, the patient may have acute Hepatitis C. In these patients, we typically do not offer treatment for a few more months as they may be able to get rid of the infection on their own.

Current and Future Hepatitis C Treatments

Hepatitis C treatment medications and duration are determined by the Hepatitis C Genotype (of which there are 6). Some genotypes are relatively easier to treat than others. Currently, all patients with Hepatitis C get treated with pegylated interferon (a weekly subcutaneous self-administered injection) and ribavirin, a twice daily oral medication. Treatment is also tailored to the Genotypes. If the patient has an undetectable Hepatitis C quantitative level 6 months after completing the treatment, they are considered cured of Hepatitis C. The cure rate is widely variable. Some patients have a 90% chance of a cure while others, particularly those who have cirrhosis and been treated before, have a low chance of success around 14%.

In the next 2-3 years, there will be different treatment options. There will be treatments that do not include interferon. It is expected that treatment regimens may include 3-4 oral medications with different mechanisms of action, interfering with the viral replication cycle.

Conclusion

Hepatitis C is easily diagnosed by blood test. Screening should be offered to patients with known risk factors as well as the CDC now recommends screening of persons born between 1945-1965, given that almost 75% of those with Hepatitis C were born in this period. Treatment options are more effective and particularly future medications (expected in the next 2-3 years) will be better tolerated. More extensive screening could
reduce the risk of further transmission and offer more timely evaluation, education and treatment.

The United States Preventive Services Task Force and the ICSI Preventive services guideline committee are in the process of reviewing this topic, but they have not made formal recommendations yet. The HealthPartners Clinical Care Committee has reviewed the Pearl and agrees that screening patients born from 1945 - 1965 is appropriate.

References:


Questions: Please reply to this e-mail, and your questions(s) will be directed to the authors of Pearl, Aynsley Smith CNP and Irshad Jafri MD.

To get your patients in to see our Liver specialists, call 651-254-8680.

Pearls of Knowledge Archive

All Pearl recommendations are consistent with professional society guidelines, and reviewed by HealthPartners Physician Leadership.