

Abbreviations: HCV, hepatitis C virus; MSM, men who have sex with men; PrEP, pre-exposure prophylaxis; STI, sexually transmitted infection.

- The presence of HCV antibodies alone may not indicate active HCV infection.
- In patients with a history of a reactive HCV antibody test result, subsequent screening requires an HCV RNA test, not an HCV antibody test, to detect infection.
- HCV antibodies do not prevent future HCV infections; prevention measures are needed for individuals with ongoing risk factors.
- The timing of HCV treatment is determined with respect to the likelihood of spontaneous clearance and patient or care provider concerns regarding risk of transmission.
- Patient education should include the following information:
 - If patients have acute HCV infection, they may be infectious and should avoid transmitting HCV to others.
 - HCV infection may clear spontaneously (i.e., without treatment).
 - Treatment options are available if HCV infection is established.

KEY POINTS

- Clinicians must offer an HCV screening test to every individual born between 1945 and 1965. If an individual accepts the offer and the test is reactive, the clinician must offer the individual follow-up healthcare (including an HCV RNA test) or refer the individual to a healthcare provider who can provide follow-up healthcare.
- Clinicians must report all suspected or confirmed cases of HCV infection, specifying acute or chronic, to the local health department of the area where the individual resides, in full compliance with New York State laws and regulations.

NEW YORK STATE LAWS

• See the NYSDOH AI guideline PEP to Prevent HIV Infection > Management of Potential Exposure to Hepatitis C Virus.

Potential Exposure to HCV in an Occupational Setting:

- See the NYSDOH AI guideline *Pre-treatment Assessment in Adults With Chronic Hepatitis C Virus Infection*.
- If HCV RNA is detected after a positive HCV antibody test result, the patient has confirmed chronic HCV infection and clinicians should evaluate for treatment. (A2)
- Clinicians should repeat HCV antibody and RNA tests 24 weeks after exposure to assess for spontaneous HCV clearance or chronic HCV infection; earlier testing may be indicated for patients at increased risk of transmitting HCV to others. (A3)
- Clinicians should perform laboratory screening for HIV, HAV, and HBV infections in all patients with possible acute HCV infection, given the similar risk factors for acquisition. (A3)
- Clinicians should suspect acute HCV infection if a patient has detectable HCV RNA in the absence of a positive antibody test or a documented negative HCV antibody test result within the previous 6 months and a newly positive HCV antibody test result. (A3)

Acute HCV

- See the NYSDOH AI guideline PEP to Prevent HIV Infection > Management of Potential Exposure to Hepatitis C Virus.
- After a known HCV exposure, which generally occurs in an occupational setting, clinicians should perform a baseline HCV antibody test, and if positive, an HCV RNA test and liver function tests, including a liver enzyme test. (A2)
- Testing After Known HCV Exposure
 - In patients with a history of a positive HCV antibody test result, clinicians should perform an HCV RNA test (not an HCV antibody test) for screening. (A1)
 - If the HCV antibody test result is negative and acute HCV infection is suspected, clinicians should perform an HCV RNA test. (A1)
 - If the HCV antibody test result is positive, clinicians should perform an HCV RNA test. (A1) Some laboratories perform reflex testing and automatically test for HCV RNA after a positive HCV antibody result.

HCV RNA Testing

- Clinicians should perform HCV screening using either a laboratory-based HCV antibody test or a point-of-care rapid antibody test. (A1)

HCV Antibody Testing

ALL RECOMMENDATIONS (continued from P.1) **P.2**

Interpretation of HCV Test Results [a]			
Anti-HCV	HCV RNA	Interpretation	Response
Positive	Detected	Acute or chronic HCV infection	Evaluate for treatment.
Positive	Not detected	<ul style="list-style-type: none"> • Resolution of HCV by spontaneous or treatment-related clearance, <i>or</i> • HCV infection during period of intermittent viremia, <i>or</i> • False-positive antibody screening result 	<ul style="list-style-type: none"> • Perform HCV RNA testing based on risk factors. • Repeat HCV RNA testing if acute exposure is known or suspected.
Negative	Detected	<ul style="list-style-type: none"> • Early acute HCV infection, <i>or</i> • Chronic HCV infection in immunosuppressed patients 	<ul style="list-style-type: none"> • Evaluate for treatment if patient has risk factors. • Repeat testing if patient has no risk factors or exposure and a false-positive result is suspected.
Negative	Unknown	Presumed absence of HCV infection if the HCV RNA testing was not performed or the status is unknown	Perform HCV antibody testing based on risk factors.

Note:
a. For more information about interpreting HCV test results, see the Association of Public Health Laboratories Interpretation of Hepatitis C Virus Test Results: Guidance for Laboratories.



← Use this code with your phone's QR code reader to go directly to a mobile-friendly version of the guideline.

■ This 1/4-Folded Guide is a companion to the New York State Department of Health AIDS Institute guideline *Hepatitis C Virus Screening, Testing, and Diagnosis in Adults*. The full guideline is available at www.hivguidelines.org.

HIV CLINICAL RESOURCE ■ **1/4-FOLDED GUIDE**
VISIT HIVGUIDELINES.ORG TO LEARN MORE OR VIEW COMPLETE GUIDE



HCV SCREENING, TESTING, AND DIAGNOSIS IN ADULTS

NYSDOH AIDS INSTITUTE HIV CLINICAL GUIDELINE OCTOBER 2022

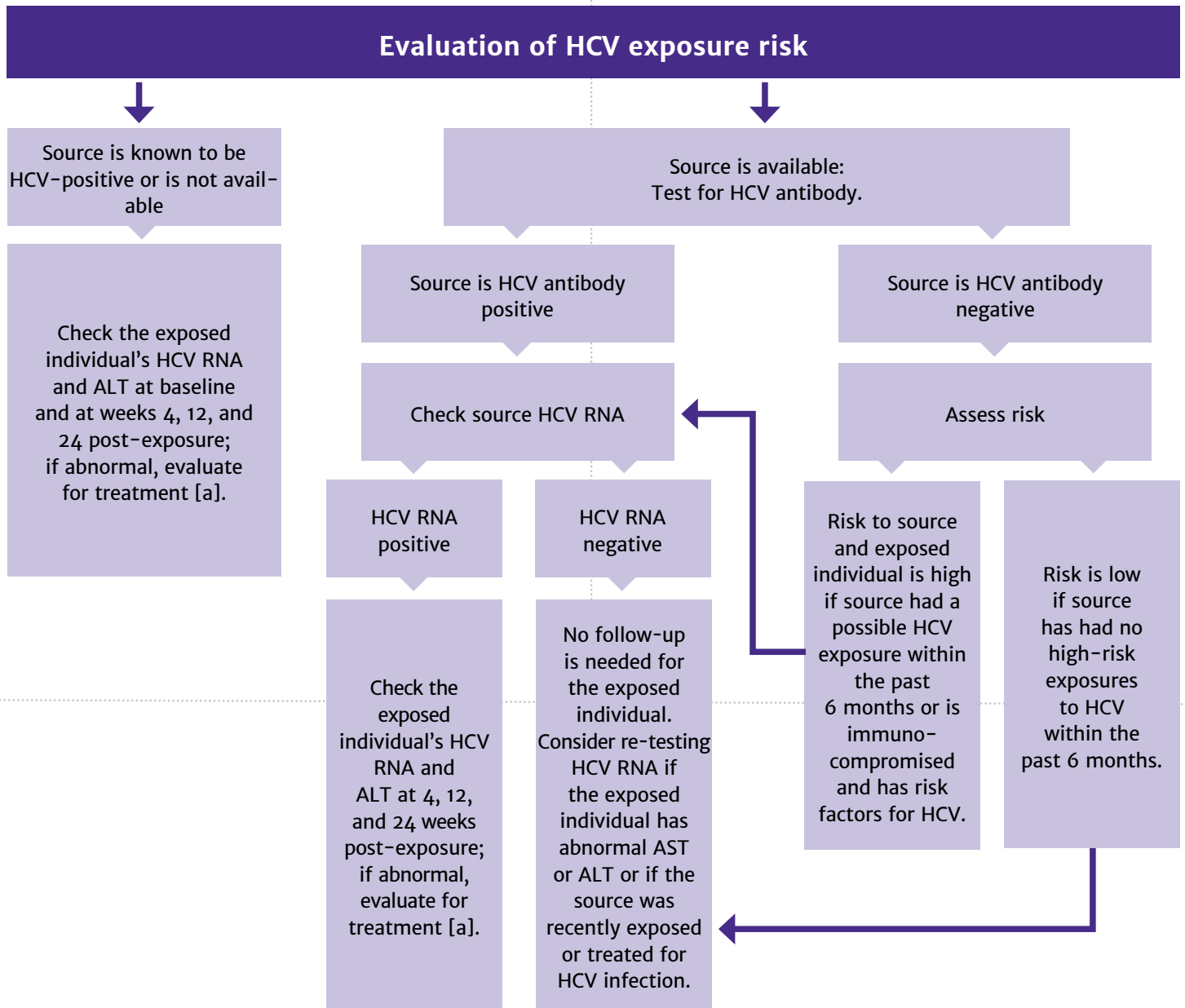
ALL RECOMMENDATIONS **P.1**

Routine Testing

- Clinicians should perform HCV screening at least once for all patients ≥18 years old who are not known to have HCV infection. (A2)
- Clinicians should repeat HCV screening in all patients who are planning to get pregnant (A2) or are currently pregnant (B3), and screening should be repeated with each pregnancy. (B3)
- Clinicians should perform *repeat* HCV testing based on individual exposure to the following risk factors, at least once if risk exposure is episodic and annually if ongoing:
 - Injection (A1) or intranasal (A2) drug use
 - Hemodialysis (A1)
 - HIV infection diagnosis (A1)
 - Sex partner(s) with HCV infection (A2)
 - Tattoo, piercing, or acupuncture obtained in a nonsterile setting (A2)
 - Incarceration (A2)
 - Unexplained liver disease or abnormal transaminase levels (A1)
- Clinicians should recommend *repeat* HCV testing at *least annually* to MSM and others who are not known to have HCV infection and:
 - Engage in receptive anal sex and other behaviors that may tear mucous membranes (A2)
 - Have multiple sex partners (A2)
 - Are taking PrEP to prevent HIV acquisition (A3)
 - Are transgender women (B3)
 - Engage in sex while using recreational mind-altering substances, particularly methamphetamine (A2)
 - Have been diagnosed with another STI within the previous 12 months (A2)

Continued on P.2 →

FIGURE: Evaluation of Hepatitis C Virus Exposure Risk and Recommended Follow-Up



Abbreviations: ALT, alanine aminotransferase; AST, aspartate aminotransferase.

a. If at any time the serum ALT level is elevated, repeat HCV RNA testing to evaluate for acute HCV infection. If HCV infection is identified, refer to a clinician with experience in treating HCV for medical management. See the NYSDOH AI guideline *Treatment of Chronic Hepatitis C Virus Infection in Adults*.